

Meeting of the Group Audit and Risk Committee**Supplement**

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Agenda Item 5

	INTERNAL
Paper title:	External Audit Progress Report
Board/Committee:	Group Audit and Risk Committee
Date of meeting:	05 October 2021
Author(s):	KPMG
Sponsor(s):	Richard Flatman, Group CFO
Purpose:	For Information
Recommendation:	The Committee is requested to note the report.

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Progress Report

London South Bank University
External Audit 2020-21
5 October 2021

Section One

External Audit Progress Report - 5 October 2021

Since the last meeting of the Audit Committee on 15 June 2021, we have:

- Completed our interim audit testing, which focused on the effectiveness of the processes and controls in place and the response to the cyber security incident in December 2020.
- Commenced our final audit fieldwork on 20 September.
- Key findings from testing to date include:
 - Bank Reconciliations – during the 2019-20 audit we found a high number of reconciling items included on the two main bank accounts. This remained the case at the time of our interim audit. We understand that progress clearing the existing backlog of transaction was delayed as a result of the disruption arising from the cyber security incident in December 2020. We are currently reviewing the year-end bank reconciliations and, if necessary, would include an error in our final Audit Completion Report for any reconciling items that cannot be supported.
 - Pension Assumptions – the standard pensions assumptions used by the University's actuaries, Barnett Waddingham, are derived based on a number of factors. During the 2019-20 audit management introduced an approach to review assumptions used by the actuary, and subsequently adopted a revised discount rate and pay increase to those used by Barnett Waddingham. We raised a recommendation that management put in place a framework for reviewing assumptions on a consistent basis. We have requested a paper from management explaining this process and how it has been applied this year, noting that management has used its own best estimate for salary increase but reverted to the Barnett Waddingham standard rates for other assumptions.

Ahead of the next meeting of the Audit Committee on 11 November 2021 we will:

- Complete our audit of the year end financial statements and annual report, alongside the financial statements of the subsidiaries.
- Debriefed the findings of our audit with managements on 18 October
- Prepared our final Audit Completion Report

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Issue	Impact
<p>Recurrent funding for 2021-22</p> <p>At the end of July, the OfS published allocations of recurrent funding to higher education providers for the academic year 2021-22. The overall grant distributed by the OfS in the 2021-22 academic year is £1,437 million, consisting of £1,266 million in recurrent grant, £21 million for national facilities and regulatory initiatives and £150 million in capital funding. This reflects the grant settlement from government for the 2021-22 financial year (1 April 2021 to 31 March 2022) and terms and conditions of grant the Secretary of State has applied to that grant.</p> <p>Changes to grant for individual providers compared with 2020-21 arise for two reasons:</p> <p>a. Changes to OfS funding methods and budgets for 2021-22. The most significant contributory factors are:</p> <ul style="list-style-type: none"> • The increase in the proportion of funding provided through the main high-cost subject funding allocation • The reduction of 50 per cent to the rate of high-cost subject funding provided for subjects in the performing and creative arts and media studies <p>The removal of the targeted allocation for students attending courses in London and of London weighting in the student premium funding methods</p> <ul style="list-style-type: none"> • The increase to the targeted allocation for specialist institutions. <p>b. Changes in student numbers at each provider relative to all others.</p>	<p>The University should ensure it is familiar with the published allocations of recurrent funding for 2021-22 and the implications.</p>

Issue	Impact
<p>Clarification on the requirements of the accounts direction</p> <p>At the end of July, the OfS published a clarification to their Accounts Direction.</p> <p>Access and participation Plan Expenditure</p> <p>The clarification includes promised reiteration of the guidance issued last year on Access and Participation plan materiality that "We expect auditors to adopt a materiality threshold in this area at the same level set for the financial statements as a whole (at provider 'entity' level) and we expect the audit opinion to reflect this."</p> <p>Reporting deadlines</p> <p>The clarification also covers the reporting deadlines for 2021 accounts (which must be published within 7 months of the year end - or 28 February 2022 for most of our HE providers)</p> <p>Senior staff pay disclosures</p> <p>The AD clarification includes some notes on senior staff pay disclosures:</p> <ul style="list-style-type: none"> • where the head of provider is on secondment from another post or "acting-up" the total remuneration paid by the provider should be disclosed, not just the portion allocated to the secondment or acting up role • where the head of provider is employed or paid by an entity other than the providers (e.g. if part of a group structure) the full set of disclosures required by the accounts direction must be included and a note added to clarify which entity is responsible for funding the remuneration • for the avoidance of doubt, the table of the number of staff with a FTE equivalent basic salary of over £100k should include the head of the provider • where the head of the provider has chosen not to accept or waive some element of their remuneration, the amount awarded to the individual but not acceptance, or received but waived, should be disclosed, with a brief explanation • For the calculation of the pay multiple, both 'basic salary' and 'total remuneration' should be gross of any waivers <p>Consolidation</p> <p>The guidance clarifies that all subsidiaries, whether or not their purpose is related to the provision of higher education must be consolidated. The only exceptions would be where the provider, with the agreement of its auditors, excludes dormant or immaterial subsidiaries from consolidation.</p>	<p>The University should note the clarifications to the accounts direction and consider how these should be reflected in their 2020-21 financial statements.</p>

Issue	Impact
<p>Terms and Conditions of OfS Funding</p> <p>In July 2021 the OfS published its Terms and Conditions of funding for 2021-22. These apply to the recurrent and capital funding the Office for Students will distribute to registered providers. Terms and conditions of OfS funding are supplementary to any conditions of registration that apply. The key conditions of the funding and arrangements for clawback remain the same as in prior years. There are some minor changes in the terms and conditions compared to those in effect for 2020-21. Some of these are set out below:</p> <p>Arrangements for payment of grant</p> <p>The OfS normally pay formula-based and competitive capital grants according to a funding profile that is notified separately. The terms and conditions of funding now require providers to notify the OfS if payment according to that profile will result in them receiving funding in advance of need (that is, in advance of them incurring the capital expense). Were this to occur, OfS would suspend or reduce payments due according to the profile, reflecting the provider's circumstances, and require it to submit evidence of expenditure before the OfS released further funding.</p> <p>Student premium funding</p> <p>An additional formula-based student premium allocation has been made in 2021-22 for student transitions and mental health. This is earmarked for activities and services that support students transitioning into higher education, particularly to address the challenges that this can present for mental health.</p> <p>Funding to address student hardship</p> <p>This element of grant is earmarked for distribution in the academic year to students aiming for a higher education qualification who are facing hardship, particularly where it is needed to support their continuation of study and successful outcomes. It must not be used to meet providers' own costs. OfS reserve the right to recover any hardship funding that is not used for the purposes intended.</p> <p>Capital Funding</p> <p>Allocations of capital funding are provided to enhance the learning experience of higher education students at providers, by helping raise the quality of their learning and teaching facilities. The 2021-22 terms and conditions of funding are more specific in respect of the purposes to which capital grants may be used, and there is a stronger emphasis on capital grants being used to directly support relevant facilities in relation to one of more eligible projects.</p> <p>In addition, any capital grants awarded for 2021-22 through a bidding competition must be used:</p> <ol style="list-style-type: none"> On expenditure items included in the provider's successful bid. In accordance with any other terms and conditions that we may specify when we award the grant 	<p>The University should note the funding requirements for 2021-22 and ensure it has adequate processes and controls in place to ensure ongoing compliance.</p> <p>The University should be aware of the changes (although minor) to the terms and conditions for OfS funding.</p>

Issue	Impact
<p>Financial sustainability of higher education providers in England</p> <p>At the end of June, the OfS published a report analysing the overall financial position of universities, colleges and other higher education providers registered with the OfS. It examined forecast data from higher education providers and found that the sector projects a decline in financial performance in 2020-21 followed by a slow recovery from 2021-22 onwards.</p> <p>The OfS concluded that the overall financial position of higher education providers remains sound, with generally reasonable financial resilience, despite the many operational and financial challenges arising from the coronavirus pandemic. However, the OfS found that there continues to be significant variation in the financial performance and strength of individual higher education providers.</p> <p>The OfS found that providers have generally responded to the challenging circumstances brought about by the Covid-19 pandemic through sensible and prudent financial management, including good control of costs and the effective management of cashflow to protect sustainability. There was evidence of prudent management of liquidity, building contingency to accommodate the financial pressure expected from coronavirus. This has been achieved through the generally effective management of cash outflow, including restraint on capital expenditure, where this has been possible.</p> <p>Looking ahead, the OfS analysis shows that the sector is forecasting continued income growth in the next four years, supported primarily by expectations of strong domestic and international student recruitment. Domestic and international student numbers are projected to increase by 12.3 and 29.5 per cent respectively between 2020-21 and 2024-25, with associated rises of 14.4 and 46.6 per cent for the related income.</p> <p>Net liquidity is forecast to be lowest in 2020-21 and 2021-22 as providers manage the financial implications from coronavirus. Providers are forecasting steady growth in net liquidity from 2022-23, underpinned by these expectations of strong student recruitment.</p> <p>There remain some significant financial challenges to overcome over the next few years. Examples could include: extended operational restrictions from new variants of coronavirus, which could affect student recruitment; the implications of global economic recovery for spending, business interaction and the employment market; changes to government policy relating to student fees and funding; and the need to secure the financial sustainability of pension schemes.</p>	<p>The provider should note the OfS analysis and consider the implications for future financial forecasts and any assessment of financial sustainability.</p> <p>The risks and challenges highlighted in the document should be taken account of in sensitivities and scenarios developed alongside financial forecasts.</p>



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	INTERNAL
Paper title:	Internal Audit – Follow Up
Board/Committee:	Group Audit and Risk Committee
Date of meeting:	05 October 2021
Author(s):	BDO
Sponsor(s):	Richard Flatman, Group CFO
Purpose:	For Review
Recommendation:	The Committee is requested to note the report.

Executive summary

The attached report shows progress with implementing actions from previous audits. As reported at the June meeting, a large number of actions had been outstanding and BDO and staff have worked over the summer to update progress and verify implementation of a number of actions and the report shows progress with implementing actions since the last follow up report to this committee. Outstanding and overdue recommendations across The Group are mostly in progress, including a number relating to IT reviews.

Recommendation

The Committee is requested to note the report.

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INTERNAL AUDIT FOLLOW UP REPORT - FINAL

LONDON SOUTH BANK UNIVERSITY

September 2021

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Restrictions of use

The matters raised in this report are only those which came to our attention during the course of our audit and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. The report has been prepared solely for the management of the organisation and should not be quoted in whole or in part without our prior written consent. BDO LLP neither owes nor accepts any duty to any third party whether in contract or in tort and shall not be liable, in respect of any loss, damage or expense which is caused by their reliance on this report.

INTERNAL AUDIT RECOMMENDATION FOLLOW UP

Executive Summary

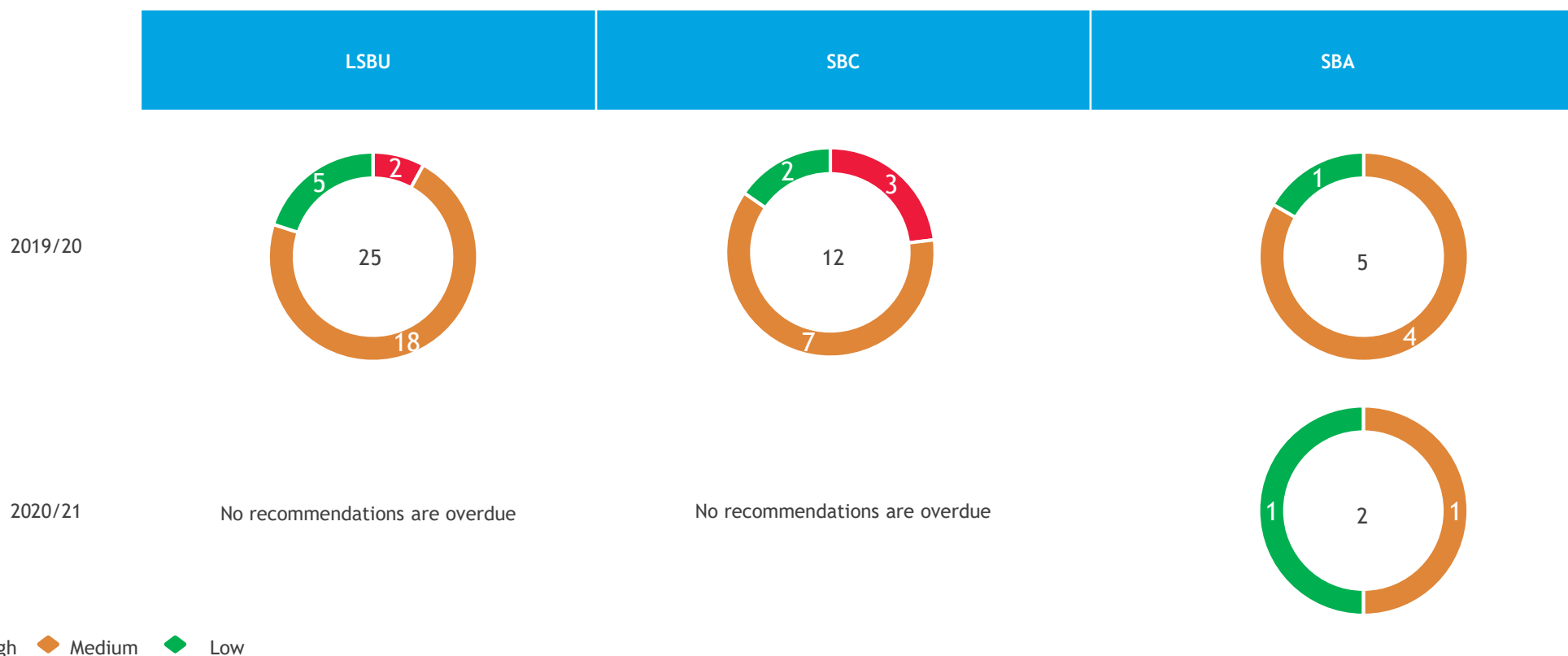
The Audit and Risk Committee is required to assess whether internal audit recommendations previously made to address control weaknesses have been effectively implemented. This report provides an update on the current position. Our assessment of recommendations that are overdue is based on the original agreed date for implementation.

Full details of the status of these recommendations are set out from page 4. We've included details of those recommendations we wish to bring to the Audit and Risk Committee's attention; for example where implementation dates have changed or where no response has been received.

Overdue recommendations




As at 30 September 2021 the following recommendations are overdue by significance:

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INTERNAL AUDIT RECOMMENDATION FOLLOW UP SUMMARY 2019/20

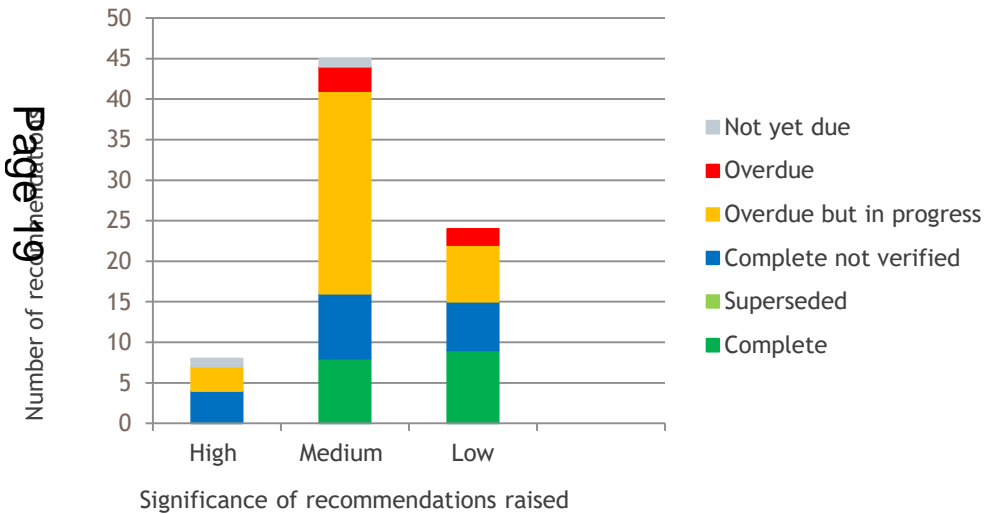
LSBU

Audit Title	Significance (definition at appendix 1)				Total raised	Complete	Complete not verified	Superseded/ Risk accepted	Overdue but in progress	Overdue	Not yet due
				No rating							
Financial Controls (AP and payroll)	2	4	3	0	9	6	0	0	3	0	0
UKVI Tiers 2 and 5	0	7	0	0	7	4	2	0	1	0	0
Student Data 1 - continuous auditing	0	3	4	0	7	4	1	0	1	1	0
REF	0	4	4	0	8	3	0	0	4	1	0
Financial Controls - Accounts Receivable	1	8	2	0	11	7	0	0	4	0	0
Data Quality - HESA Student Return	0	1	2	0	3	2	1	0	0	0	0
Information Security	4	8	0	0	12	1	5	1	5	0	0
Apprenticeships	0	2	1	0	3	1	1	0	1	0	0
Estates	0	1	3	0	4	4	0	0	0	0	0
Family transition	0	0	1	0	1	1	0	0	0	0	0
Student data 2	0	1	2	0	3	1	1	0	1	0	0
UKVI Tier 4	1	6	2	0	9	2	4	0	3	0	0
Total	8	45	24	0	77	36	15	1	23	2	0

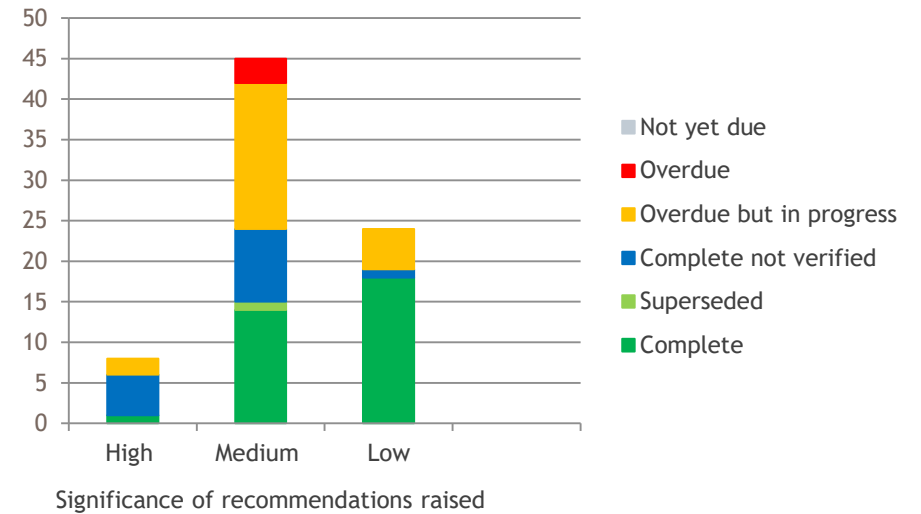
INTERNAL AUDIT RECOMMENDATION FOLLOW UP SUMMARY 2019/20

LSBU

Status as at June 2021:




Status as at September 2021:




2019/20 MEDIUM AND HIGH SIGNIFICANCE OVERDUE RECOMMENDATIONS

LSBU

Financial controls (#1)							
Finding	Recommendation / agreed action	Sig.	Original Due date	Revised due date	Resp. Person	Update	Status
<p>iTrent access rights Security groups should be established to reflect the different roles being undertaken by the HR and Payroll teams, with appropriate access assigned within these. Security groups should then be assigned to staff dependant on their role. Administrator access should not be provided to any roles.</p> <p>LSBU should introduce a report showing what actions have been completed by the system administrator account. This report should be produced and reviewed by a member of staff without iTrent system administrator rights on a monthly basis.</p>	<p>1) Security groups should be established to reflect the different roles being undertaken by the HR and Payroll teams, with appropriate access assigned within these. Security groups should then be assigned to staff dependant on their role. Administrator access should not be provided to any roles.</p> <p>The system administrator account should be sufficiently restricted and not used to process the month end payroll. Management should consider restricting the accounts ability to process payroll.</p> <p>2) LSBU should introduce a report showing what actions have been completed by the system administrator account. This report should be produced and reviewed by a member of staff without iTrent system administrator rights on a monthly basis.</p>		31 Dec 19	TBC	Dave Lee, Head of HR Operations	<p>Jun 21 - Additional security groups have been implemented in iTrent to reflect the roles of the HR and Payroll teams.</p> <p>Reports are being produced monthly to show users who have access rights and this was updated in May 2021 to show users who have system administrator access. However, it is noted that this only shows the users that have access not the actions they have undertaken.</p>	<p>1) Complete</p> <p>2) Overdue but in progress</p>


2019/20 MEDIUM AND HIGH SIGNIFICANCE OVERDUE RECOMMENDATIONS

LSBU

Financial controls (#2)							
Finding	Recommendation / agreed action	Sig.	Original Due date	Revised due date	Resp. Person	Update	Status
<p>There are no controls to restrict changes to supplier standing data and there is no exception reporting of changes to supplier details. When suppliers request changes to their details (eg addresses or bank details), it is logged by the Procurement team. It validates the request through a secondary channel (eg if requested via email, it is confirmed via phone, or vice versa). The change is then processed and confirmed as accurate by a second member of the team outside of Agresso, before being processed in the system.</p> <p>A periodic check of the validity of all changes to supplier details is not being completed. It is possible for a member of the Procurement team to amend supplier details and confirm the change without a secondary check or approval, as this is not a system enforced control. We understand a check used to be completed periodically by the former Operations Procurement Manager, who left in April 2019, but that this has not occurred since the role was removed. In the absence of controls to restrict changes to supplier details and a lack of exception reporting, there is an increased risk of erroneous or fraudulent changes being made to supplier standing data.</p>	<p>The current off-line manual dual-check that currently takes place in Procurement team is an administrative check. We are exploring whether an automated workflow for approval can be created in Agresso. While the feasibility of this is being investigated, an independent check to verify the changes to data will be performed outside of Procurement, for example in the Payments Team and a monthly exception report generated and reviewed.</p>		31 Dec 19	28 Feb 22	James Rockliffe, Head of Procurement / Brian Wiltshire, Payments Manager	<p>Sept 21</p> <p>Work commenced in late 2019/early 2020 to explore whether changes to supplier data can be controlled using workflow in Agresso. This overlapped with a project already underway to transfer New Supplier processes to Agresso. The changes to Agresso's configuration however are complex and resource intensive. The impact of COVID and then the IT outage significantly delayed progress - however the workstreams have been combined and are on track to deliver by Feb 2022.</p> <p>When the extent of work required to utilise Agresso became apparent, the manual check performed by the Procurement Operations Manager referred to in the original finding was reintroduced. This check has been in place since Sept 2020 and reduces the likelihood of erroneous or fraudulent changes being made to supplier standing data.</p> <p>Whilst transferring supplier record management to Agresso will significantly reduce the risk overall profile, the reintroduction of a periodic manual check is an effective mitigating action until the changes to the system have been designed and implemented.</p>	Overdue in progress


2019/20 MEDIUM AND HIGH SIGNIFICANCE OVERDUE RECOMMENDATIONS

LSBU

Apprenticeships (#1)							
Finding	Recommendation / agreed action	Sig.	Original Due date	Revised due date	Resp. Person	Update	Status
<p>Unit4 is largely populated through manual data entry. There is a key dependency on the Apprenticeship Administrator, as they are the only member of staff who inputs the data into Unit4.</p> <p>A limited number of data fields automatically feed through from the application systems (Wozzad and UK Apps) into Unit4, which means that the remaining data has to be manually input into the system by the Apprenticeship Administrator.</p> <p>As the number of apprentices is expected to rise, the data entry processes are not scalable as there may be insufficient resources available to ensure all data is entered by the first date of learning for each apprentice (which is usually in September).</p>	<p>Group Director of Apprenticeships is working with the LEAP team on the following</p> <p>1) The specification of the updated SRS and how it will meet apprenticeship requirements presented to LEAP in 2019.</p> <p>2) The time scale for implementation.</p> <p>Once this information is received, on the basis of this response, a business case may be submitted to procure an end-to-end purpose designed apprenticeship system. An integrated application and record system by module which supports apprentice programmes will ensure that apprenticeships are fully integrated into university processes.</p> <p>Additional staffing for manual data input will be a last resort for both accuracy and cost efficiency reasons. The Head of Registry and Director of Apprenticeship are meeting with the relevant software providers - Wozzard and Unit 4 to make temporary updates until the new SRS is in place via LEAP.</p>		30 Nov 20	30 Apr 22	Head of Registry/Group Director of Apprenticeship	<p>Sep 21 - We have a mapping exercise with the LEAP team and the SRS team. The result is that the new SRS although it is an improvement will not cover the requirements of the Apprenticeships team.</p> <p>We have been engaging with suppliers externally since January (Aptem and Smart Assessor) to understand their systems and how they support the apprentice journey.</p> <p>We have now started working with the LEAP team, IT team and the procurement team on the next steps. I have said that we need to have the system in place by April 2022.</p>	Overdue but in progress


2019/20 MEDIUM AND HIGH SIGNIFICANCE OVERDUE RECOMMENDATIONS

LSBU

Accounts receivable (#3)							
Finding	Recommendation / agreed action	Sig.	Original Due date	Revised due date	Resp. Person	Update	Status
<p>LSBU currently has a high number of unallocated receipts sitting on its two bank accounts (NatWest and Barclays) which have not been matched to student or commercial customer accounts in Agresso and QLX as a result of issues with the automated receipt to matching process.</p> <p>The NatWest unallocated receipts balance per the January 2020 bank reconciliation included 520 receipts that had not been allocated to customer or student accounts. This totalled £2,563,043.40 of which £1,135,493.93 was over one month old. Similarly the Barclays unallocated receipts balance per the January 2020 bank reconciliation included 620 receipts that had not been allocated to accounts. This totalled £7,168,097.72 of which £3,139,067.24 was over one month old.</p> <p>Receipts are automatically matched to student and commercial customer accounts within the sales ledger control account based on payment references (student reference number or customer invoice number). However, the automatic matching process has been undermined by insufficient detail on payment references caused by the following two issues:</p>	<p>LSBU should review the system issues currently preventing consistent allocation of customer receipts. LSBU should work with its developers to recover the Access database and should work with Barclays to increase the functionality of the switch function so that all payment reference information is captured</p> <p>LSBU should also increase manual activities for allocating customer receipts. For instance, in month reconciliations would enable LSBU to identify customer receipts that have not been allocated in real time.</p>		31 July 20	TBC	Julian Rigby, Head of Financial Processing	<p>The bank reconciliation tool project has been further delayed due to IT outage and resource constraints. Additional staff have been used to bring the bank reconciliation up to date and to maintain it going forward.</p>	Overdue but in progress

2019/20 MEDIUM AND HIGH SIGNIFICANCE OVERDUE RECOMMENDATIONS


LSBU

Accounts receivable (#4)							
Finding	Recommendation / agreed action	Sig.	Original Due date	Revised due date	Resp. Person	Update	Status
Audit testing of credit control activities identified that some current customer and student debts have not been chased in line with University policy (e.g. monthly requests for payments) primarily as the systems and processes used to support credit control activities at LSBU are ineffective.	<p>LSBU should establish whether a debt collection module can be added to either Agresso or QLX to streamline and automate existing processes.</p> <p>If this is not possible, the team should complete the checklist on a monthly basis and provide the Head of Financial Processing with an itemised list of debts chased in relation to total debts due for both student and customer income.</p>		31 July 20	30 Oct 21	Julian Rigby, Head of Financial Processing	<p>Aug 21 - Monthly chasing now in place and can be tested by BDO in a future audit. This recommendation should be ongoing due to the Cyber incident.</p> <p>All team have had access since May/June and are doing monthly chasing.</p> <p>Some work needed on setting up standard letters and updating written procedures. Revised due date 30th Oct 2021</p>	Overdue but in progress

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2019/20 MEDIUM AND HIGH SIGNIFICANCE OVERDUE RECOMMENDATIONS


LSBU

Accounts receivable (#4)							
Finding	Recommendation / agreed action	Sig.	Original Due date	Revised due date	Resp. Person	Update	Status
<p>Duplicate customer accounts exist in both the LSBU and SBUEL Agresso ledgers as there are no system driven controls or manual checks in place to prevent and detect creation of duplicate customer accounts in the system.</p> <p>We identified three duplicate customers in the LSBU customer list in Agresso and four duplicate customers in the SBUEL customer list in Agresso (e.g. six and eight customer accounts in the ledgers respectively). In some instances there may be business justification for setting up multiple customer accounts in Agresso for the same customer (e.g. engagements with different parts of the same NHS Trust). However, these duplicates all related to the same customer engagement and were therefore considered to be duplicates that had been set up erroneously.</p> <p>Disaggregation of customer records in Agresso due to duplicate customer accounts may result in customers obtaining credit limits in excess of their recommended credit limits.</p> <p>Duplicate customer records could also cause customer management issues as invoices can be raised on the wrong customer accounts. At present, the AR team has to manually check whether sales order requisitions have been raised on the correct account.</p>	<p>LSBU should review the duplicate customers identified during our audit and close the necessary customer accounts in Agresso. LSBU should also conduct additional credit checks on these duplicate customers and reset credit limits in the system to appropriate levels.</p> <p>LSBU should also assess whether the Agresso system contains system rules for identifying and preventing the creation of duplicate customers. In the absence of formal system rules, the Head of Financial Processing should conduct a bi-annual review of customers in Agresso and test whether there are any duplicate customers set up and introduce a manual check for assessing whether existing customer accounts exist before setting customers up.</p>		31 July 20	30 Nov 21	Julian Rigby, Head of Financial Processing	<p>Aug 21: When a new account is requested, the team already checks that the account does not exist already.</p> <p>Any account that has been active in the last 12 months has already been checked and a small number of accounts were removed.</p> <p>For all others of which there are a large number we will investigate an efficient way of archiving or making inactive. The query is still with our Systems Manager so implementation date is now due Nov 2021.</p>	Overdue but in progress

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2019/20 MEDIUM AND HIGH SIGNIFICANCE OVERDUE RECOMMENDATIONS


LSBU

IT security (#5)							
Finding	Recommendation / agreed action	Sig.	Original Due date	Revised due date	Resp. Person	Update	Status
<p>The main bulk of the backups are based on business logic. Data domain devices have been used for backup storage.</p> <p>We noted that the backup is running at around 75-90% of capacity and there is no off-site backup copy.</p> <p>Some recovery scenarios have been tested, but regular backup testing is not performed.</p> <p>There is a risk that backup and recovery practices for the information systems are not adequate to support the provision of key business services</p>	<p>1) The University should formally introduce a backup policy that outlines the backup requirements and specifications for the different systems. Aspects of systems' criticality and data prioritisation should be considered.</p> <p>2) Backup and restore plans should be developed according to the result of the business impact analysis. These plans should be formally approved by business management.</p> <p>The backup retention periods should be formalised in correlation with retention periods defined by legal or business requirements.</p> <p>Representative samples from the backups (e.g. system images, database, files) should be tested on a regular basis (e.g. at least annually). The results from the restores should be documented and any deviations analysed.</p>		<p>30/11/2020 - Backup Strategy has been developed for the Group, with costs identified and approved by the Group Executive.</p> <p>01/12/2020 - Implementation begins.</p> <p>Duration will be defined by the strategy.</p>	<p>15 Oct 21</p>	<p>Malvina Gooding, Group Director of IT Services</p>	<p>Aug 21:</p> <p>1) The back up policy has not yet been created. Each institution has a policy, however these are now out of date.</p> <p>The Security and Resilience Board has requested the new policy is completed for the next meeting in mid-October 2021.</p> <p>2) The new backup solutions was delivered in July 21.</p>	<p>1) Overdue but in progress</p> <p>2) Complete</p>

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2019/20 MEDIUM AND HIGH SIGNIFICANCE OVERDUE RECOMMENDATIONS


LSBU

IT security (#8)							
Finding	Recommendation / agreed action	Sig.	Original Due date	Revised due date	Resp. Person	Update	Status
<p>Local administrator accounts on workstations and servers are often needed for management purposes.</p> <p>We noted that the local administrator account is not disabled on all computers in the University IT estate and local administrator passwords are not managed.</p> <p>Compromised local administrator accounts on computers in the secure perimeter increases the risk of further escalation of security compromises to other more sensitive computers and services.</p>	<p>IT should disable the local administrator accounts on all computers on University computers.</p> <p>IT should deploy a Microsoft Local Administrator Password Solution (LAPS) to handle the Local Administrator passwords.</p>		<p>30/11/2020 - Analysis complete to understand the additional support burden on IT Services if this change is made.</p> <p>01/12/2020 - Report options to Group Executive and agree the future policy.</p> <p>01/01/2021 - Begin implementation of new policy.</p>	TBC	Malvina Gooding, Group Director of IT Services	<p>Aug 21 - Partially implemented - every server now has a unique password, so one password being compromised wouldn't compromise whole system.</p> <p>After the cyber event, all local passwords on servers and desktops were changed. Admin passwords also changed. Passwords are now stored securely in a tool called LastPass.</p> <p>Other solutions are being looked at. There is a proposed project to update all systems with a tool will check out a password when they need it and reset when checked back in. Two-factor authorisation is also being considered.</p> <p>There is an open policy discussion on the desktop side, with a decision to be made. Need to ask Stuart when it'll be decided. The implication to business, IT and overall, is vast, as now most staff are on laptops as hybrid working situation.</p>	Overdue but in progress

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2019/20 MEDIUM AND HIGH SIGNIFICANCE OVERDUE RECOMMENDATIONS

LSBU

IT security (#9)							
Finding	Recommendation / agreed action	Sig.	Original Due date	Revised due date	Resp. Person	Update	Status
<p>The ICT Asset Management policy has been in draft since 2017. Snow (an asset management tool) is used to track hardware and software. The IT department is currently updating and reviewing the accuracy of the information Snow captures.</p> <p>We understand that ownership of information security assets is not formally assigned and the concept of asset custodian is not used.</p> <p>We also noted that a system of recording the information security value of the assets and their criticality is not implemented or formalised.</p>	<p>The ICT Asset Management policy should be re-reviewed, and additional supporting procedures and processes for asset identification, asset prioritisation and asset classification, ownership and lifecycle should be developed.</p> <p>An information security asset inventory for all University owned assets should be established. For each identified asset, ownership of the asset should be assigned with a corresponding classification level.</p> <p>This process could be applied to all Group assets as plans for integration evolve.</p>		<p>30/09/2020 - SNOW data has been cleaned.</p> <p>30/11/2020 - Policy has been agreed and tools identified.</p> <p>30/11/2020 - Missing data for existing assets has been collected.</p> <p>01/12/2020 - Implementation of new policy commences.</p>	15 Oct 21	Malvina Gooding, Group Director of IT Services	<p>Aug 21 - As part of the cyber recovery process to bring devices back online, all end point devices required patching and security software installed. As part of this work asset data is being validated and updated. Whilst the data has been collected, the tool implementation has been delayed due to recovery. Once the work is complete the clean data will be restored into SNOW (estimate Oct 21)</p> <p>An asset policy is in place, but needs updating. Each institution has its own separate policy, which will need aligning.</p>	Overdue but in progress

2019/20 MEDIUM AND HIGH SIGNIFICANCE OVERDUE RECOMMENDATIONS


LSBU

IT security (#10)							
Finding	Recommendation / agreed action	Sig.	Original Due date	Revised due date	Resp. Person	Update	Status
<p>There is no formal information security incident management procedure defining roles, responsibilities and escalation paths resulting from a serious information security incident.</p> <p>Information security could be further compromised as a result of inconsistent and ineffective incident response.</p>	<p>A formal incident management procedure should be adopted by the University. This procedure should address roles, responsibilities, time frames for reporting and recovery activities during serious an IT security incident.</p>		1 Jan 21	30 Nov 21	Graeme Wolfe - Head of IT Security	<p>Aug 21 - A procedure had been in draft but this will now be reviewed in light of the cyber incident.</p> <p>The review is due to commence shortly. Another draft was produced recently, but there was no response from colleagues in IT over the suitability of its content.</p>	Overdue but in progress

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2019/20 MEDIUM AND HIGH SIGNIFICANCE OVERDUE RECOMMENDATIONS

LSBU

IT security (#12)							
Finding	Recommendation / agreed action	Sig.	Original Due date	Revised due date	Resp. Person	Update	Status
<p>IBM Security Identity Management, which provides centralised identity lifecycle management is implemented at the University.</p> <p>However, the business requirements that specify how access is managed and who may access information and systems under what circumstances are not documented.</p> <p>In addition, we were informed that there is no practice of regular access rights review and that privileged access rights are reviewed on an ad-hoc basis.</p> <p>Failure to control access to data and IT systems to authorised users, processes, or devices increases the risk of data security exposures.</p>	<p>Based on business and information security requirements, the University should establish and document an access control policy.</p> <p>The access control policy should be supported by formal procedures related to:</p> <ul style="list-style-type: none"> • A formal user registration and de-registration process • The provisioning process for assigning or revoking access rights granted to all user types to all systems and services • Management of privileged access rights • Review of user access rights. 		31/12/2020 - Role-based access policy introduced.	TBC	Malvina Gooding - Group Director of IT Services	<p>Aug 21 - A role based access policy is being discussed, but is responsibility for University as a whole. It has wide implications and hence a decision is unlikely to be made in the short term. The cyber event delayed the project.</p> <p>No updated due date has been set due to the long term decision making needed.</p> <p>However mitigating controls were brought in after the cyber event, including new firewalls and segmenting all services, which are now access based, not user based.</p> <p>Staff can't access a service if not on an approved list.</p>	Overdue but in progress

2019/20 MEDIUM AND HIGH SIGNIFICANCE OVERDUE RECOMMENDATIONS


LSBU

REF (#1)							
Finding	Recommendation / agreed action	Sig.	Original Due date	Revised due date	Resp. Person	Update	Status
Recommendations raised from the 2018/19 Mock REF exercise have not been developed into specific action plans or been monitored. Although some of the recommendations have been implemented, for example the creation of a war chest of 5% of the REF quality-related research funding (QR), these decisions have not been documented or actions tracked.	<p>The full results of the mock REF should be shared with the Research Committee, with recommendations actioned and their progress monitored at each meeting.</p> <p>UoA findings and recommendations should be shared with Schools. Recommendations should be agreed with the Schools, and tracked as part of the annual Research Centre reviews.</p>		31 Mar 20	29 Sep 21	Karl Smith, Research Impact Manager and REF Coordinator	Sep 2021 - Work is now underway to develop and expand the university's Annual University Research Audit (AURA) in order that it incorporates elements of the mock-REF. The initial proposal for the expanded AURA, inclusive of how the key findings will be disseminated across the university, will be presented to the University Research Committee on 29 September 2021.	Overdue in progress

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2019/20 MEDIUM AND HIGH SIGNIFICANCE OVERDUE RECOMMENDATIONS


LSBU

REF (#2)							
Finding	Recommendation / agreed action	Sig.	Original Due date	Revised due date	Resp. Person	Update	Status
<p>The following were noted with regards to research output reviews:</p> <ul style="list-style-type: none"> The Research Office Schools to complete reviews by 28 February 2020 for the 2014-2019 period, as stated in the Code of Practice. However, School completion rates and timings are not monitored. <p>LSBU also commits to ensuring that 50% of eligible research outputs in contention for submission are reviewed by at least one reviewer external to the University. Whilst the Schools have been informed of the requirements, there is no tracking in place to monitor completion rates at Research Office level and therefore no assessment of whether this target can be realistically be achieved can be made.</p> <ul style="list-style-type: none"> Whilst annual reviews occur over Research Centres, which note the number of reviews completed, these are not monitored as a whole over the University, on an ongoing basis. The Code of Practice states that output marks will be fed back constructively to authors, with the caveat that the score may not reflect the final score given by the REF sub-panels. Although Schools monitor this the Research Office has no tracking processes in place to monitor to what extent Schools have honoured this obligation. 	<p>The mock REF exercise should be adapted to include a section in which Schools report on their progress over completing internal and external output reviews.</p> <p>Directors of Research should be tasked with the responsibility of ensuring that output feedback from the reviewers is shared with the authors.</p> <p>A spreadsheet could be created by the Research Office, to monitor the progress of reviews across each School.</p> <p>Schools should communicate the number of outputs in which feedback has been provided to authors to the Research Office so it can monitor whether the target of 50% of outputs being reviewed is being achieved.</p>		20 May 20	31 Dec 21	Karl Smith, Research Impact Manager and REF Coordinator	<p>Sep 21 - The full REF 2021 review, inclusive of the recommendations for the next REF, is expected to be completed by the end of 2021: we have recognised that significant consultation will be required in the development of the REF paper, hence the delay.</p>	Overdue in progress

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2019/20 MEDIUM AND HIGH SIGNIFICANCE OVERDUE RECOMMENDATIONS

LSBU

REF (#3)							
Finding	Recommendation / agreed action	Sig.	Original Due date	Revised due date	Resp. Person	Update	Status
<p>Following the REF 2014 results, the REF Coordinator developed the LSBU Roadmap for REF 2021 Success. This document outlines the targets and the action plan for achieving a stronger performance in REF 2021. However, there is no formalised process in place for monitoring the implementation of the Roadmap, as a result, actions are not tracked against set targets.</p> <p>There is a risk that support is not provided to critical areas, which could lead to an inability to achieve a strong performance in REF 2021 and enhancement of LSBU research income.</p>	<p>A structured process for monitoring agreed actions and target should be put in place to ensure the achievement of targets in a timely manner. There should be regular meeting with staff involved in the REF process to ensure that actions are discussed.</p> <p>The REF Coordinator should prepare a summarised progress report and this should be discussed with the Research Committee to ensure that priority and support are provided to the achievement of targets set for REF 2021 submission.</p>		31 Mar 20	1 Dec 21	Karl Smith, Research Impact Manager and REF Coordinator	<p>Sep 21 - The work on the development of the new template for the Research Centre roadmaps is now in train.</p> <p>We aim to have a draft of the template ready for sharing with the University Research Committee on 29 September 2021.</p> <p>We plan to share the agreed template with Research Centre Heads in October 2021, with each Centre's roadmap to be completed by December 2021</p>	Overdue in progress


2019/20 MEDIUM AND HIGH SIGNIFICANCE OVERDUE RECOMMENDATIONS

LSBU

REF (#3)							
Finding	Recommendation / agreed action	Sig.	Original Due date	Revised due date	Resp. Person	Update	Status
<p>We received the training completion spreadsheet from the HR Department, and found that from 59 people:</p> <ul style="list-style-type: none"> • Eight have not completed either the training or quiz • 12 have completed the training slides but not the quiz <p>We also compared the training completion list to the list of Research Centre Heads, UoA leads, Directors of Research and Deans and found two names missing.</p> <p>The REF Code of Practice states that internal research output reviewers are required to have the REF EDI training. We were informed that Research Centres have requested that Schools ensure their reviewers take the training. However, there is no formalised tracking at Research Office level to confirm whether this has occurred.</p> <p>The REF to-do list also has an incomplete action EDI Training - Internal Output Reviewers, with a due date of 10/02/20.</p>	<p>1) REF decision makers and advisors</p> <p>Reminders should be sent to staff who are yet to complete the training by the HR Department.</p> <p>2) The staff members who are not on the training completion list should be added and informed of the requirement to complete the training.</p> <p>3) A full reconciliation should be performed to ensure that all REF decision makers and advisors are aware of the need to complete the training.</p> <p>4) Internal research output reviewers</p> <p>Communication should be issued to Schools and reviewers to re-clarify the training requirements they need to undertake.</p> <p>5) Completion rates should be monitored, with reminders issued where completion rates are low.</p> <p>Wider staff base</p> <p>6) A REF training framework should be implemented, aimed at academics/researchers who will be submitting outputs and impact case studies.</p>		20 Jul 20	30 Sep 21	Karl Smith, Research Impact Manager and REF Coordinator	<p>Aug 21:</p> <p>We haven't completed the REF recommendations yet but I am looking to complete them by mid-late September.</p>	Overdue

2019/20 MEDIUM AND HIGH SIGNIFICANCE OVERDUE RECOMMENDATIONS


LSBU

Student data - continuous auditing (#1)							
Finding	Recommendation / agreed action	Sig.	Original Due date	Revised due date	Resp. Person	Update	Status
The way in which the University monitors student engagement through the Student Point of Contact (SPOC) report is not useful and the way in which it operates the Student Engagement procedure is inefficient.	LSBU should review how it monitors student engagement and whether the factors monitored can be adapted for different courses/subjects which have different requirements. An assessment should be made over whether the SPOC report can be adapted to address its current shortcomings or whether the SAM report should be enhanced. Either way, the tools used should help put the student's engagement in context and have the facility to capture and process key dates where engagement is not to be expected, such as reading weeks and placements (a process should be created to obtain these dates from timetabling with clear timeframes to ensure these dates are obtained prior to the academic year).		31 May 20	1 Dec 21	Jamie Jones and BI Team	Aug 2021: We will return to using the existing SPOC system in September 2021. As part of the LEAP programme we are considering alternative technology solutions to our engagement/attendance system issues and reporting. A further update will be available in December 2021.	Overdue

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2019/20 MEDIUM AND HIGH SIGNIFICANCE OVERDUE RECOMMENDATIONS

LSBU

UKVI Tier 2 and 5 (#6)							
Finding	Recommendation / agreed action	Sig.	Original Due date	Revised due date	Resp. Person	Update	Status
<p>Tier 2 file checklists are not consistently reviewed and signed off.</p> <p>Recruitment creates manual staff files for each Tier 2 employee which have a checklist on the front covering the key UKVI processes from job advertisement to CoS application and RTW checks. It was intended that the checklist should be independently checked as complete by a member of HR. One of the seven manual files checked did not have a checklist, and for another four the checklist had not been independently checked. The sign-off field section is not dated.</p> <p>There is a risk that Tier 2 requirements have not been complied with prior to CoS applications and that RTW checks have not been completed prior to a Tier 2 employee starting work.</p>	<p>Independent file reviews should be carried prior to CoS applications being made, and checklists should be signed and dated to evidence this.</p> <p>The files can be signed off by another member of the recruitment team with a sample verified by the Recruitment Partner on a monthly basis.</p>		28 Feb 20	TBC	Marisha Drayton, Recruitment Partner	Sep 21 - The review is currently in progress	Overdue but in progress


2019/20 MEDIUM AND HIGH SIGNIFICANCE OVERDUE RECOMMENDATIONS

LSBU

UKVI Tier 4 (#4)							
Finding	Recommendation / agreed action	Sig.	Original Due date	Revised due date	Resp. Person	Update	Status
<p>The Tier 4 student attendance monitoring (SAM) report is inaccurate and requires extensive manual checking.</p> <p>Not all lecture rooms at the University are correctly mapped to the SAM report and so attendance at lectures delivered at these is not picked up in the SAM report.</p> <p>Attendance is reported against rooms assigned in class timetables which may be incorrect or not structured to reflect actual teaching patterns. For example architecture students can use a suite of architecture studios but the timetable may not reflect all of these.</p>	<p>1) Set up robust contact points from September 2020 until December 2020. Current SAM report to be reviewed to reflect expected contact points against actual student contact points.</p> <p>2) To enhance the Tier 4 Attendance Monitoring Policy and put reporting in place for January 2021 to comply with new UKVI changes.</p>		<p>1) 21 September 2020</p> <p>2) 25 January 2021</p>	<p>30 Sep 21</p>	<p>1) Gary Smith and Ken Rose - design. Nuria Prades to approve</p> <p>2) Gary Smith and Ken Rose - design. Nuria Prades to approve</p>	<p>Sep 21 - It to be reviewed at engagement meeting.</p>	<p>Overdue but in progress</p>


2019/20 MEDIUM AND HIGH SIGNIFICANCE OVERDUE RECOMMENDATIONS

LSBU

UKVI Tier 4 (#5)							
Finding	Recommendation / agreed action	Sig.	Original Due date	Revised due date	Resp. Person	Update	Status
<p>There is no centralised reporting and monitoring of attendance for students on research degrees, on placements and internships, or during dissertation progression.</p> <p>Although the Tier 4 Attendance policy sets out the roles and responsibilities for day to day attendance monitoring and case management decisions for taught, research and placement students there is only centralised attendance reporting for taught students (SAM report process). For other students responsibility is devolved to schools or the Placement team, and there is no overall visibility over this process.</p> <p>There is a risk of a lack of clarity around the requirements for attendance monitoring for non-taught students, and that it is not being carried out and monitored to demonstrate compliance with UKVI requirements.</p>	<p>1) Align reporting with taught programmes</p> <p>2) Update the Tier 4 Attendance Monitoring Policy to include non-taught programmes/course components (i.e. dissertation, placements).</p>		<p>1) 21 September 2020</p> <p>2) 25 January 2021</p>	30 Sep 21	<p>1) Gary Smith - lead, Directors of Education and Student Experience and Director of Operations - design</p> <p>2) Nuria Prades</p>	<p>Sep 21: Non-taught elements to be recorded on Haplo. Process to be discussed at Engagement meeting as above.</p>	Overdue but in progress




2019/20 MEDIUM AND HIGH SIGNIFICANCE OVERDUE RECOMMENDATIONS

LSBU

UKVI Tier 4 (#5)							
Finding	Recommendation / agreed action	Sig.	Original Due date	Revised due date	Resp. Person	Update	Status
<p>I&C does not have access to student information relating to the background to third failed attempts.</p> <p>Students who do not successfully complete their course after three attempts have their Tier 4 sponsorship withdrawn unless there are extenuating circumstances. I&C does not have direct access to background information it needs to investigate failed attempts, including records of extenuating circumstances, which is held at academic level. This may impact its evaluation as to whether sponsorship should be withdrawn and could affect the University's Tier 4 completion rate.</p> <p>There is a risk that UKVI compliance metrics are adversely impacted because students have their sponsorship withdrawn unnecessarily.</p>	<p>1) Put in place a procedure with SLAs with relevant stakeholders ("who does what when"). Review process of extenuating circumstance for Exam Boards decision. Provide guidance to Exam Boards around extenuating circumstances for T4 students.</p> <p>2) Explore expanded functionality of the current SID system and its use to be rolled out to all relevant stakeholders (Legal, Registry, Executive, etc).</p>		21 Sep 20	30 Sep 21	<p>1) Gary Smith - lead, Directors of Education and Student Experience and Director of Operations - design</p> <p>2) Nuria Prades</p>	<p>Sep 21: Item pending - Salesforce and visibility of comms around 3rd attempts will improve reporting for Sept 21 semester. Due to IT outage and Covid, students were allowed extenuating circumstances so this impacted our 3rd attempt reporting. This will be documented for each student for UKVI record keeping responsibilities.</p>	Overdue but in progress

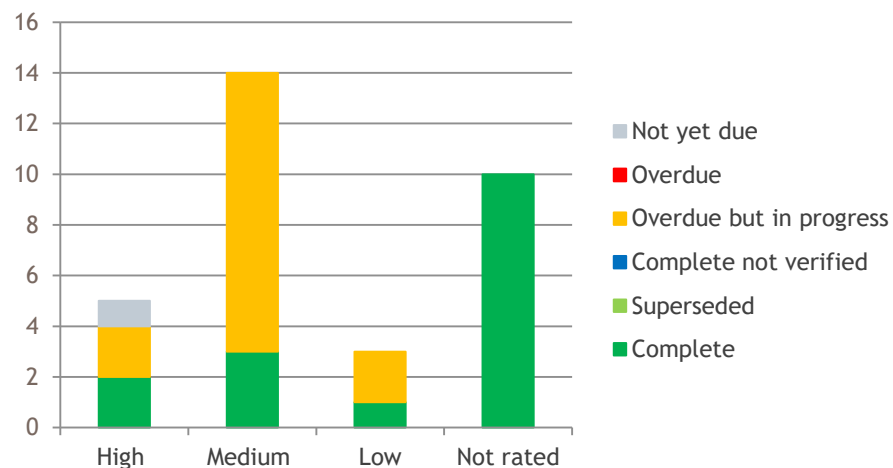
INTERNAL AUDIT RECOMMENDATION FOLLOW UP SUMMARY 2019/20

SBC

Audit Title	Significance (definition at appendix 1)				Total raised	Complete	Complete not verified	Superseded	Overdue but in progress	Overdue	Not yet due
				No rating							
Financial Controls	2	2	1	0	5	2	0	0	3	0	0
Information Security	2	7	1	0	10	0	1	0	9	0	0
Health and safety	1	5	1	0	7	7	0	0	0	0	0
ESFA Subcontractor Controls Assurance	N/A	N/A	N/A	10	10	9	0	1	0	0	0
Total	5	14	3	10	32	18	1	1	12	0	0

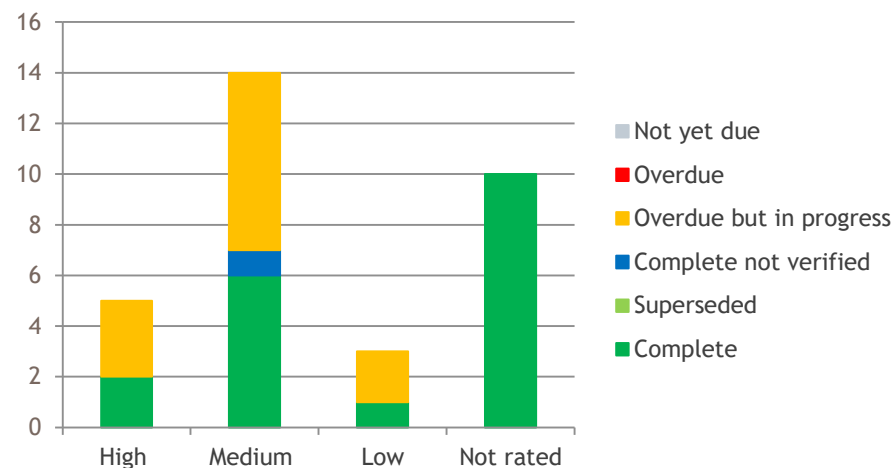
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Status as at June 2021:



Significance of recommendations raised


Status as at September 2021:



Significance of recommendations raised

2019/20 MEDIUM AND HIGH SIGNIFICANCE OVERDUE RECOMMENDATIONS


SBC

Financial controls (#2)							
Finding	Recommendation / agreed action	Sig.	Original Due date	Revised due date	Resp. Person	Update	Status
Supplier bank detail changes are not independently verified with the respective supplier and there is a lack of segregation of duties over the setting up of suppliers and changing their bank details.	<p>The AP team should implement an additional step into the supplier change process whereby it contacts the key contact at the supplier to check whether the bank detail change is genuine.</p> <p>Management should assess whether exception reporting could be introduced to check amendments to the supplier master file prior to payment runs being processed. The individual who carries out this check should not have edit access to the supplier master file.</p> <p>Management should explore whether an extra workflow control step could be introduced within Agresso whereby the Finance Director (or someone who does not have edit access to the supplier master file in Agresso) approves the bank detail change rather than the use of a hardcopy form.</p>		ASAP	Spring 2022	Bridget Omakobia, Head of Finance, Payroll and Pensions	<p>1) Complete</p> <p>2) and 3) Management will seek to include as part of the next step in implementing the additional functionality in Agresso.</p>	Overdue but in progress

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2019/20 MEDIUM AND HIGH SIGNIFICANCE OVERDUE RECOMMENDATIONS


SBC

Financial controls (#3)							
Finding	Recommendation / agreed action	Sig.	Original Due date	Revised due date	Resp. Person	Update	Status
<p>We identified two issues with regards to the accounts payable process at the College.</p> <p>Firstly, Goods receipt notes (GRN) are not sent to the Accounts Payable Officer upon receipt by the relevant departments.</p> <p>Secondly, POs raised in Symmetry, relating to invoices not paid before the cut-off (August 2019) have not been migrated across to Agresso. Although the AP Officer and the Finance and Procurement Officer can access Symmetry to check if a PO has been raised previously there is nothing documented in Agresso that there is a PO.</p>	<p>The College's Financial Regulations should be updated to align with the University's Financial Regulations to require goods/service receipting by the budget holder/department that originally requested the goods/service.</p> <p>The AP team should not process invoices for payment until it has received confirmation that goods/services have been received. This control should be built into Agresso (in line with the University's control framework) so that the GRN is linked to the PO and the invoice, and that a three way match (GRN, PO and invoice) can be made prior to payment being made.</p> <p>The AP team should ensure that a check of Symmetry is performed prior to processing invoices for payment. It should investigated whether the relevant POs can be transferred across and if not, the PO number should at least be recorded in Agresso.</p>		ASAP	Spring 2022	Bridget Omakobia, Head of Finance, Payroll and Pensions	<p>Aug 21:</p> <p>This project was delayed due to the IT outage, but work is now progressing and the revised due date of Spring 2022 remains.</p>	Overdue but in progress

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2019/20 MEDIUM AND HIGH SIGNIFICANCE OVERDUE RECOMMENDATIONS

SBC

IT security (#1)							
Finding	Recommendation / agreed action	Sig.	Original Due date	Revised due date	Resp. Person	Update	Status
<p>At Lambeth College, key systems including email and the Distributed File System (DFS) are running on legacy operating systems.</p> <p>At the time of audit there were 45 Windows 2008 servers and five Windows Server 2003 Enterprise Edition on the LSB Lambeth College network.</p> <p>Microsoft ended support for Windows Server 2003 operating system on 14 July 2015 and ended support for Windows 2008 on 14 January 2020.</p> <p>Systems that are not effectively managed and kept up to date will be vulnerable to attacks that may have been preventable.</p>	<p>We recommend management put in place a plan to decommission or upgrade these systems.</p>		<p>31/12/2020 - email migration and remaining services assessed.</p> <p>31/08/2021 - data centre split and half relocated to SBC.</p>	<p>30 Nov 21</p>	<p>Malvina Gooding - Group Director of IT Services</p>	<p>Sep 21 - Exchange migration is in progress expected completion Nov 21.</p> <p>All possible upgrades - 2019 Servers completed</p> <p>2 x 2003 Server - Library systems - in progress</p> <p>23 x 2008 Server - currently being decommissioned - in progress</p>	<p>Overdue in progress</p>


2019/20 MEDIUM AND HIGH SIGNIFICANCE OVERDUE RECOMMENDATIONS

SBC

IT security (#2)							
Finding	Recommendation / agreed action	Sig.	Original Due date	Revised due date	Resp. Person	Update	Status
<p>To ensure that the network is available when required, the network should be run on robust, reliable hardware and software.</p> <p>We reviewed the Lambeth College network diagram and identified core network devices Cisco 2851 and Cisco 2801 integrated services routers and Cisco Catalyst 4506 and 6509 switches. This network equipment is now obsolete and no longer supported by the supplier.</p> <p>We were informed that there is an action plan to replace the network equipment.</p> <p>Legacy network equipment represents an increased risk of network and IT services being compromised or becoming unavailable in the event of faults.</p>	<p>The legacy network equipment should be replaced to ensure that the network is run on vendor supported network devices. The equipment should have security functionality built-in that enables additional security controls to be incorporated easily.</p>		<p>01/12/2020 - Tender awarded and new managed service contract begins. 31/03/2021 - Core network redesigned and installation complete</p>	30 Sep 21	<p>Alex Denley, Director of Innovation & transformation and James Rockliffe, Director of Procurement Services (responsible for the successful procurement of the new network technology and service). Graeme Wolfe - Head of IT Security (responsible for ensuring the network design is secure).</p>	<p>Sep 21 - All hardware has now been purchased.</p> <p>The SBC network refresh is part of Phase 1A of the network refresh program with an estimated go live end of Sept 21. This dependant on the JISC leased lines being delivered mid sept.</p> <p>JISC has escalated and is aiming for lines installed 17 September, but this is dependant on results of site surveys. No reports have been received yet.</p> <p>There is a risk of more slippage in terms of implementation, but this is out of SBC control - it is dependent on BT Openreach's timing.</p>	Overdue but in progress

2019/20 MEDIUM AND HIGH SIGNIFICANCE OVERDUE RECOMMENDATIONS

SBC

IT security (#3)							
Finding	Recommendation / agreed action	Sig.	Original Due date	Revised due date	Resp. Person	Update	Status
<p>As part of the integration process with the University, an external company performed an inventory of the infrastructure and applications at the College.</p> <p>We were informed that besides those inventories there are no processes related to information security asset management.</p> <p>As an asset management process is not in place there is a risk of compromising the confidentiality, integrity and availability of the assets, due to inappropriate identification and protection of assets.</p>	<p>IT should:</p> <ul style="list-style-type: none"> Develop a formal asset register which is accurate, up to date, consistent and aligned with other inventories. For each identified asset, ownership of the asset should be assigned. Develop a procedure for asset management that will include regular asset reviews. Conduct and document an asset-based risk assessment. Align implemented security measures with the outcome of the asset-based risk assessment. <p>These measures could be led at Group level.</p>		<p>30/11/2020 - Policy has been agreed and tools identified.</p> <p>30/11/2020 - Missing data for existing assets has been collected.</p> <p>01/12/2020 - Implementation of new policy commences.</p>	<p>31 Oct 21</p>	<p>Malvina Gooding, Group Director of IT Services</p>	<p>Sep 21 - This work will be schedule post Network go live, with the plan to include data in the LSBU deployment of SNOW scheduled in Oct 21.</p>	<p>Overdue but in progress</p>

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2019/20 MEDIUM AND HIGH SIGNIFICANCE OVERDUE RECOMMENDATIONS

SBC

IT security (#4)							
Finding	Recommendation / agreed action	Sig.	Original Due date	Revised due date	Resp. Person	Update	Status
<p>The College back-up solution is based on Veeam back-up software. The back-ups are stored locally and there is no off-site backup copy.</p> <p>The current back-up approach is based on weekly full back-ups but without daily incremental back-ups. We were informed that there is no formal evidence of the implemented backup strategy.</p> <p>In addition we noted that regular backup testing is not performed.</p> <p>There is a risk that Lambeth College will be unable to recover the data or recover in time in the event that access to the back-ups is required.</p>	<p>Based on business requirements, IT should develop backup documentation, strategy and a technical solution with at least one copy of the backup stored off site. Regular testing of the back-ups should also be introduced.</p>		<p>30/11/2020 - Backup Strategy has been developed for the Group, with costs identified and approved by the Group Executive.</p> <p>01/12/2020 - Implementation begins.</p> <p>Duration will be defined by the strategy.</p>	<p>31 Oct 21</p>	<p>Malvina Gooding, Group Director of IT Services</p>	<p>Sep 21 - A backup policy is in place.</p> <p>There is no cloud off site backup but there is currently a DLT off site storage in a rotation which is a 4 week retention period. There is also 1 week of on site data in this rotation.</p> <p>Once the network goes live, SBC will be reviewing to see if the new backup managed service at LSBU can be expanded to cover the college.</p>	<p>Overdue but in progress</p>


2019/20 MEDIUM AND HIGH SIGNIFICANCE OVERDUE RECOMMENDATIONS

SBC

IT security (#5)							
Finding	Recommendation / agreed action	Sig.	Original Due date	Revised due date	Resp. Person	Update	Status
<p>We reviewed the patch management practice at Lambeth College and noted that there is no formal documentation that describes the requirements for patch management.</p> <p>In addition we were informed that there is a manual process for identifying, acquiring, installing and verifying patches for products and systems. Considering the number of devices in the IT estate, the manual process is inappropriate for consistent and timely application of the security updates.</p> <p>Poor patching can allow malicious software to infect the network and allow security weaknesses to be exploited.</p>	<p>Based on the business criticality of the systems, IT should develop a patch management strategy and implement a technical solution for automated patch deployment on devices in the Lambeth College IT estate.</p>		<p>31/08/2020 - Patch management policy approved. 30/09/2020 - New patch management activity commences, and reporting begins.</p>	<p>31 Oct 21</p>	<p>Malvina Gooding, Group Director of IT Services</p>	<p>Sep 21 - A group policy was completed, and is now in the implementation stage.</p> <p>KPIs are to be reported to Security and Resilience board.</p> <p>The toolset at SBC is behind LSBU. It is being done but reporting isn't as user friendly. End points - whilst systems are being patched, reporting on tool hasn't been set up.</p> <p>End point automatically patched monthly</p> <p>2019 Servers - Automated patching in place</p> <p>2003/8 - Manual security and critical patches</p>	<p>Overdue but in progress</p>


2019/20 MEDIUM AND HIGH SIGNIFICANCE OVERDUE RECOMMENDATIONS

SBC

IT security (#6)							
Finding	Recommendation / agreed action	Sig.	Original Due date	Revised due date	Resp. Person	Update	Status
<p>As part of the integration process with the University, penetration testing on a set of external IT addresses at the College network was conducted in January 2020.</p> <p>Weekly vulnerabilities scans on external facing IP addresses are performed along with LSBU.</p> <p>However, whilst details of alerts are passed to the College, we understand there is no formal procedure for addressing these alerts.</p> <p>The lack of a formal procedure for addressing the alerts of penetration tests and vulnerabilities scans increases the risk of non-consistent approach in addressing identified vulnerabilities.</p>	<p>A formal procedure for addressing findings identified by penetration testing and vulnerabilities scans should be developed at Lambeth College.</p> <p>This could be a combined exercise with other parts of the Group.</p>		31 Jan 21	31 Jan 22	Graeme Wolfe - Head of IT Security.	<p>Sep 21 - The plan is to include all areas of the group in the next Penetration test being performed, though there are a number of known areas that need to be updated and upgraded before we perform the next test. With the ongoing work on the recovery of LSBU systems there is no point in performing the testing at the current time.</p> <p>This was supposed to be done in Jan 21, but cyber event delayed it.</p> <p>With all work focussed on recovery, the new due date is January 2022</p>	Overdue but in progress


2019/20 MEDIUM AND HIGH SIGNIFICANCE OVERDUE RECOMMENDATIONS

SBC

IT security (#7)							
Finding	Recommendation / agreed action	Sig.	Original Due date	Revised due date	Resp. Person	Update	Status
<p>There are no formal information security incident management procedures defining roles, responsibilities and escalation paths resulting from a serious information security incident.</p> <p>Information security could be further compromised as a result of inconsistent and ineffective incident response.</p>	<p>A formal incident management procedure should be adopted by the College. This procedure should address roles, responsibilities, time frames for reporting and recovery activities during serious an IT security incident.</p>		1 Jan 21	30 Nov 21	Graeme Wolfe - Head of IT Security.	<p>Sep 21 - The plan is to use the experience of the current incident at LSBU to create an Incident response plan.</p> <p>An LSBU procedure had been in draft but this will now be reviewed in light of the cyber incident.</p>	Overdue but in progress




2019/20 MEDIUM AND HIGH SIGNIFICANCE OVERDUE RECOMMENDATIONS

SBC

IT security (#8)							
Finding	Recommendation / agreed action	Sig.	Original Due date	Revised due date	Resp. Person	Update	Status
<p>Code of Practice 7 - Access to Data on College Computerised Administration Systems section of the Lambeth College Information Security policy sets the principles for access to the system and administration of users in the estate. This includes the processes to follow relating to the commissioning and de-commissioning of user access to the systems.</p> <p>However, we were informed that there is no practice of regular access rights review and that privileged access rights are reviewed on an ad-hoc basis.</p> <p>Having active accounts that are no longer required increases the 'attack surface' of an organisation which simply means the more accounts there are, the likelihood of an attacker being able to compromise an account increases. It may also lead to unnecessary cost if software licensing is based on active user accounts.</p>	<p>IT should perform a regular formal review of accounts used across the College and ensure that accounts not used for a defined period are disabled.</p>		<p>31/12/2020 - Role-based access policy introduced.</p>	<p>TBC</p>	<p>Malvina Gooding - Group Director of IT Services</p>	<p>Sep 21 - Progress on the Group RBAC project has been delayed due to the LSBU Cyber Event. Role based access controls will be included when the network is rolled out at SBC.</p>	<p>Overdue but in progress</p>

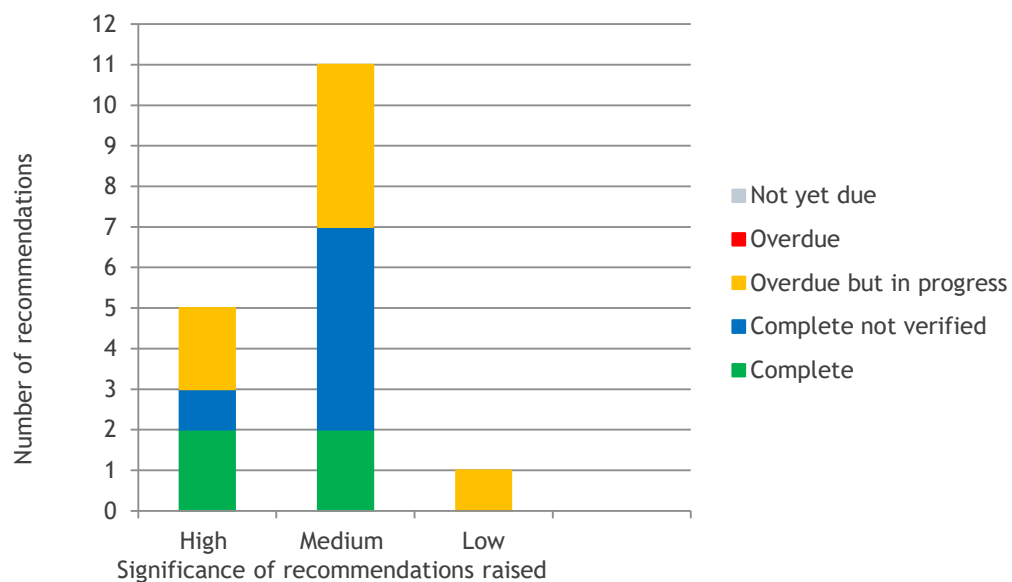
INTERNAL AUDIT RECOMMENDATION FOLLOW UP SUMMARY 2019/20

SBA

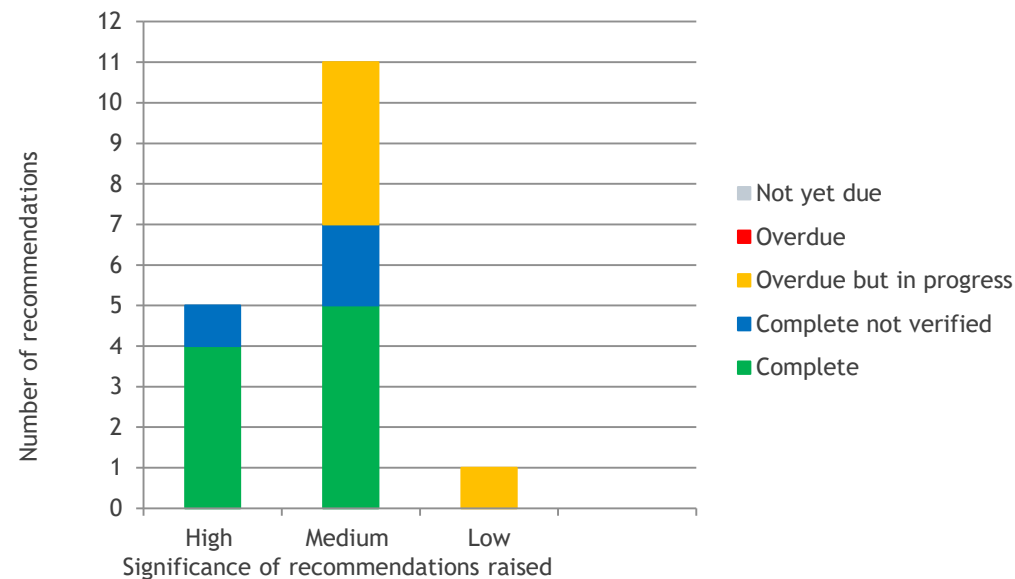
Audit Title	Significance (definition at appendix 1)				Total raised	Complete	Complete not verified	Superseded/ risk accepted	Overdue but in progress	Overdue	Not yet due
				No rating							
Financial Controls	4	4	0	0	8	7	0	1	0	0	0
Information Security	1	7	1	0	9	0	3	1	5	0	0
Total	5	11	1	0	17	7	3	2	5	0	0

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Status as at June 2021:




Status as at September 2021:



2019/20 MEDIUM AND HIGH SIGNIFICANCE OVERDUE RECOMMENDATIONS


SBA

IT Security (#3)							
Finding	Recommendation / agreed action	Sig.	Original Due date	Revised due date	Resp. Person	Update	Status
<p>There is an annual device audit that inventories the laptops desktops and phones, but there are no inventories related to IT infrastructure and applications in use.</p> <p>If there is not a complete asset management process in place, there is a risk of compromising the confidentiality, integrity and availability of the assets, due to inappropriate identification and protection of assets.</p>	<p>SBA should:</p> <ul style="list-style-type: none"> Develop a formal asset register which is accurate, up to date, consistent and aligned with other inventories. For each identified asset, ownership of the asset should be assigned. Develop a procedure for asset management that will include regular asset reviews. Conduct and document an asset-based risk assessment. Align implemented security measures with the outcome of the asset-based risk assessment. <p>This process could be managed at Group level.</p>		<p>30/11/2020 - Policy has been agreed and tools identified.</p> <p>30/11/2020 - Missing data for existing assets has been collected.</p> <p>01/12/2020 - Implementation of new policy commences.</p>	<p>31 Oct 21</p>	<p>Malvina Gooding - Group Director of IT Services</p>	<p>Sept 21: System still not recovered - expected October 21</p> <p>May 21: Partially - all assets are currently tracked in spreadsheets but a new system has been approved and will be rolled out in the coming months.</p> <p>A group asset register is still in development, with activity starting at LSBU first. Therefore, assets are being recorded but still need to join up activity at a Group level.</p>	<p>Overdue but in progress</p>

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2019/20 MEDIUM AND HIGH SIGNIFICANCE OVERDUE RECOMMENDATIONS

SBA

IT Security (#5)							
Finding	Recommendation / agreed action	Sig.	Original Due date	Revised due date	Resp. Person	Update	Status
<p>There is no history of regular penetration test and vulnerability scans at either of the academies' infrastructure.</p> <p>Lack of regular penetration testing and vulnerability assessments increases the risk of vulnerabilities going undetected.</p>	<p>Regular penetration testing and vulnerability scans should be implemented at least annually and upon significant changes. This will need to be negotiated with the outsource provider.</p>		<p>30/09/2020 - Vulnerability scans to commence at SBA.</p> <p>31/01/2021 - SBA to be included in annual penetration testing.</p>	<p>31 Jan 22</p>	<p>Graeme Wolfe - Head of IT Security.</p>	<p>Sept 21: Will be done in Jan 22 across all group, SBA included</p> <p>E2E vulnerability scanning tool has been extended to SBA.</p> <p>Last penetration test was in 2020. Soon to commission next test and dark web scan.</p>	<p>Overdue but in progress</p>

2019/20 MEDIUM AND HIGH SIGNIFICANCE OVERDUE RECOMMENDATIONS


SBA

IT Security (#6)							
Finding	Recommendation / agreed action	Sig.	Original Due date	Revised due date	Resp. Person	Update	Status
<p>Information security policies provide the management direction and support information security in accordance with business requirements and relevant laws and regulations.</p> <p>We noted that South Bank University Engineering (UTC) does not have an information security policy.</p> <p>This increases the risk that an inappropriate set of security controls is implemented at UTC.</p>	<p>A comprehensive, documented information security policy should be produced by UTC and communicated to all individuals with access to UTC's information and systems.</p> <p>Assistance from the Group management could be sought for this process.</p>		<p>31/10/2020 - UTC approved the SBA information security policy.</p>		<p>Graeme Wolfe - Head of IT Security.</p>	<p>Sep 21 - Not yet in place. To be developed in line with LSBU Group Policy.</p>	<p>Overdue but in progress</p>

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


2019/20 MEDIUM AND HIGH SIGNIFICANCE OVERDUE RECOMMENDATIONS

SBA

IT Security (#7)							
Finding	Recommendation / agreed action	Sig.	Original Due date	Revised due date	Resp. Person	Update	Status
<p>At the academies, the management of access rights and permissions is the responsibility of Pallant Managed Services.</p> <p>We identified that the business requirements for deciding how access is managed and who may access information and systems under what circumstances is not established and documented.</p> <p>In addition, we were informed that there is no practice of regular access rights review and that privileged access rights are reviewed on an ad-hoc basis.</p> <p>Failure to control access to data and IT systems to authorised users, processes or devices increases the risk of data security exposures.</p>	<p>Based on business and information security requirements, the academies should establish and document an access control policy. The purpose of this policy is to ensure that both logical and physical access to data and systems is controlled and procedures are in place to ensure the protection of information systems and data.</p> <p>The access control policy should be supported by formal procedures related to:</p> <ul style="list-style-type: none"> • A formal user registration and de-registration process • The provisioning process for assigning or revoking access rights granted to all user types to all systems and services • Management of privileged access rights • Review of user access rights. 		<p>31/10/2020 - initial review complete. 31/12/2020 - Role-based access policy introduced.</p>	TBC	<p>Full review completed - Ewaen Igbinovia, Service Manager (Pallant Managed Services) Access control policy and procedures developed - Malvina Gooding, Group Director of IT Services</p>	<p>Sept 21 - Review undertaken. Users only have access to shared locations granted by IT and their personal drives. AD Manager Plus tool is used. Plan to move uses to OneDrive and GoogleDrive as appropriate.</p> <p>Group Role-Based Access Control not yet introduced.</p> <p>See role based rec for LSBU</p>	Overdue but in progress

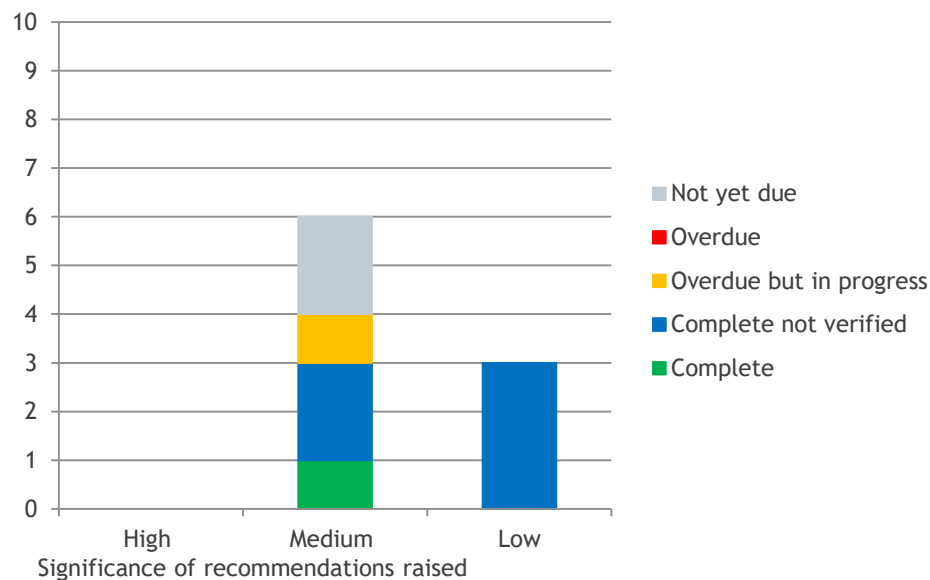
INTERNAL AUDIT RECOMMENDATION FOLLOW UP SUMMARY 2020/21

LSBU

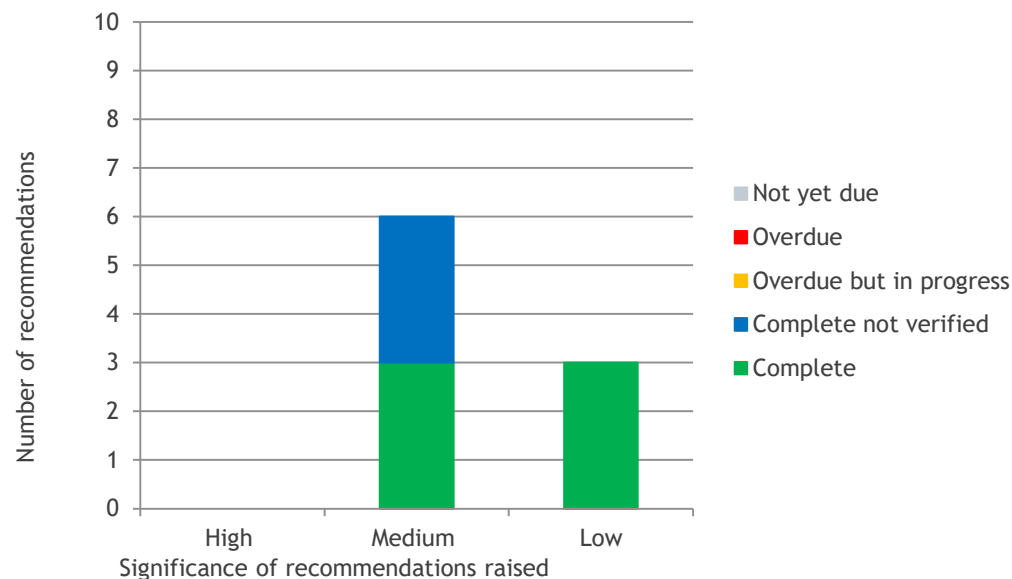
Audit Title	Significance (definition at appendix 1)				Total raised	Complete	Complete not verified	Superseded	Overdue but in progress	Overdue/ no response	Not yet due
				No rating							
Covid-19 Response	0	2	0	0	2	0	0	2	0	0	0
Financial Management Information, Cash Flow and Loan Covenants	0	2	3	0	5	3	2	0	0	0	0
UUK Code Compliance	0	2	0	0	2	1	1	0	0	0	0
Total	0	6	3	0	9	4	3	2	0	0	0

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Status as at June 2021:






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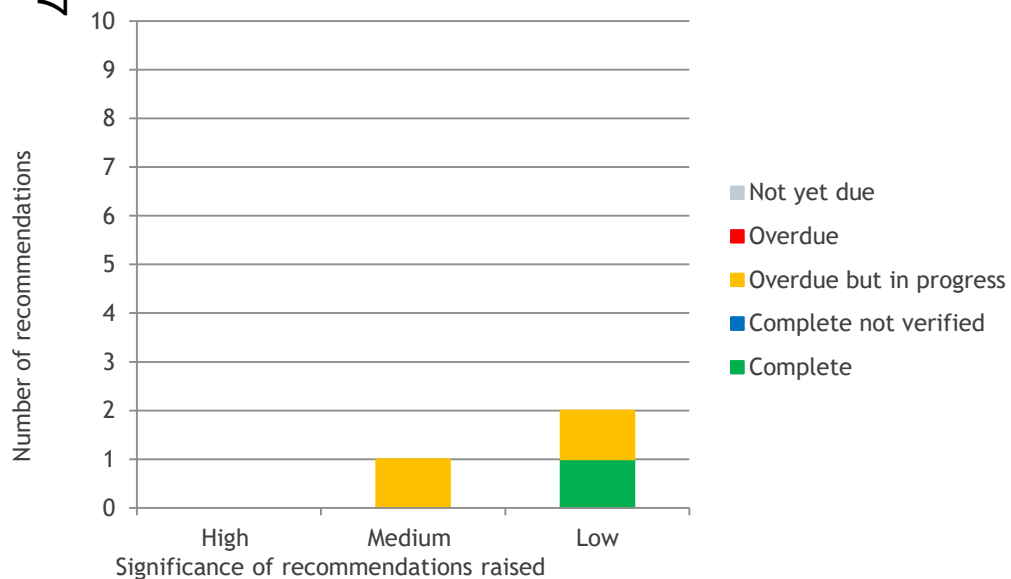
INTERNAL AUDIT RECOMMENDATION FOLLOW UP SUMMARY 2020/21

SBC

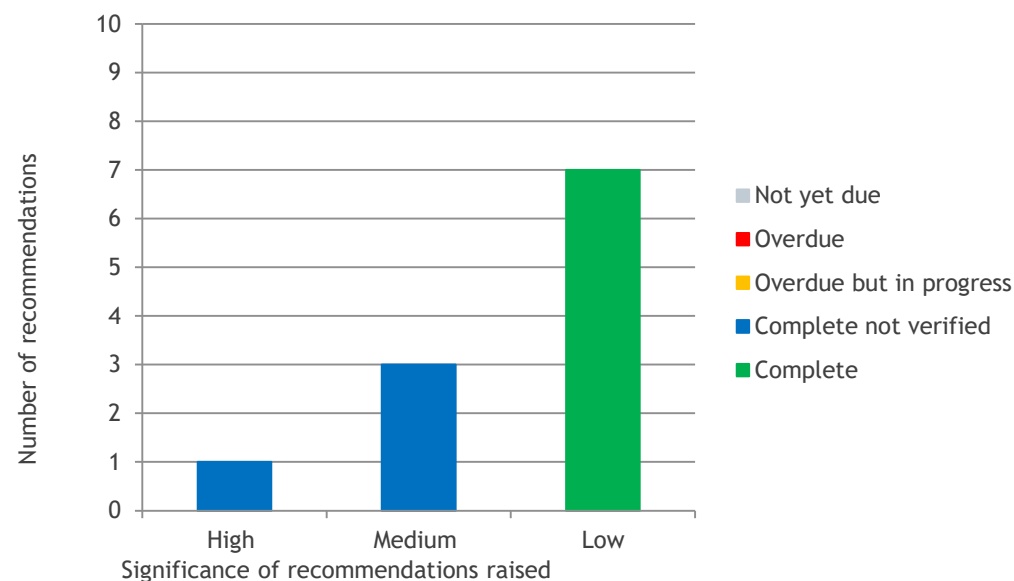
Audit Title	Significance (definition at appendix 1)				Total raised	Complete	Complete not verified	Superseded	Overdue but in progress	Overdue/ no response	Not yet due
				No rating							
Apprenticeships	1	1	3	0	5	3	2	0	0	0	0
Prevent	0	0	2	0	2	2	0	0	0	0	0
Staff absence management	0	2	2	0	4	2	2	0	0	0	0
	1	3	7	0	11	7	4	0	0	0	0

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Status as at June 2021:






Status as at September 2021:



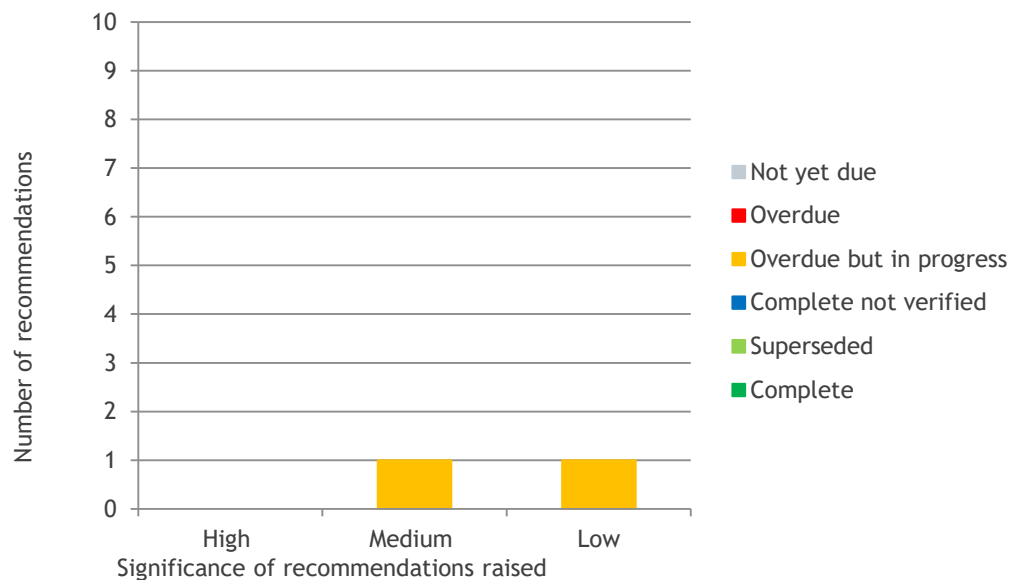
INTERNAL AUDIT RECOMMENDATION FOLLOW UP SUMMARY 2020/21

SBA

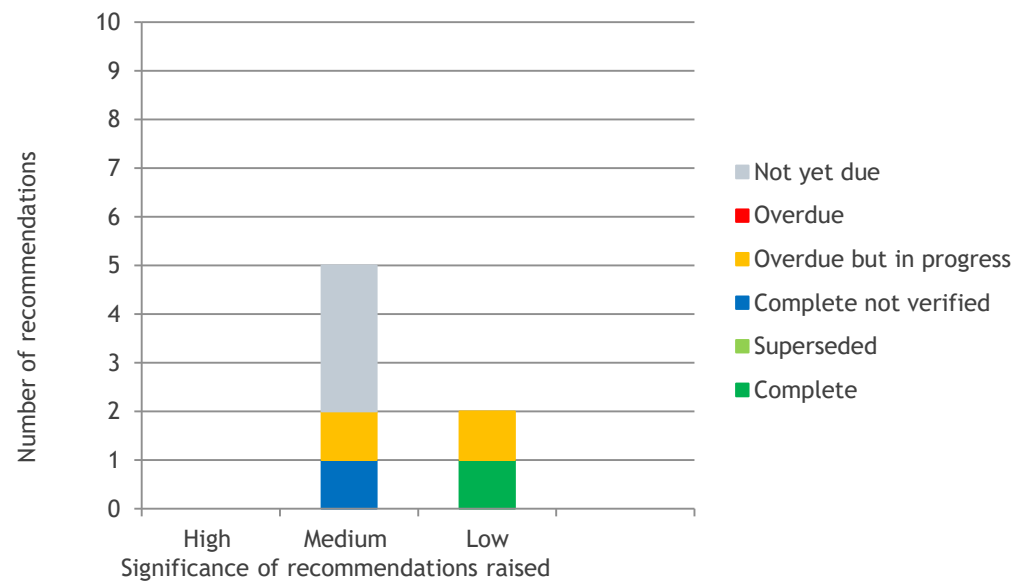
Audit Title	Significance (definition at appendix 1)				Total raised	Complete	Complete not verified	Superseded	Overdue but in progress	Overdue/ no response	Not yet due
				No rating							
HR Policies and procedures	0	1	1	0	2	0	0	0	2	0	0
Budget setting and controls	0	4	1	0	5	1	1	0	0	0	3
	0	5	2	0	7	0	0	0	2	0	3

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Status as at June 2021:




Status as at September 2021:






2020/21 MEDIUM AND HIGH SIGNIFICANCE OVERDUE RECOMMENDATIONS

SBA

HR policies and procedures (#1)							
Finding	Recommendation / agreed action	Sig.	Original Due date	Revised due date	Resp. Person	Update	Status
<p>SBA's key HR policies are not subject to regular periodic review in line with Department of Education (DfE) guidance.</p> <p>Specifically, the UAE disciplinary and grievance policies were last reviewed in 2014, and the UTC disciplinary and grievance policies were last reviewed in 2017. The DfE recommends that these are reviewed annually.</p> <p>Without a formal process for the periodic review of key HR policies and procedures, there is a risk that SBA's policies are not kept up to date with statutory regulations or aligned to recognised standards of good practice.</p>	<p>The HR polices should be reviewed as per DfE guidance, which is mostly on an annual basis, with consultation from employment law team, Principals, staff union representatives and any other key stakeholders.</p> <p>Consideration could also be given to amalgamating the academies' policies to create Trust wide grievance and disciplinary policies. This would reduce the need to review two policies every year.</p>		30 Nov 20	Summer 21 31 Dec 21	Jacqui Collins, Trust HR Manager	<p>Aug 21: This project has been further delayed by a number of operational capacity constraints, but work is underway and expected to be completed by Dec 21</p>	Overdue but in progress

APPENDIX I - DEFINITIONS

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

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	CONFIDENTIAL
Paper title:	Covid Outbreak Response Plan Update
Board/Committee:	Group Audit and Risk Committee
Date of meeting:	5 October 2021
Author:	Ed Spacey, Director of Group Assurance
Sponsor:	James Stevenson – Group Secretary
Purpose:	For information
Recommendation:	The committee is requested to note the content of the plan.

Executive summary

Following publication of the DFE Contingency Framework for Educational Settings, August 2021, our covid outbreak plan has been reviewed as per DFE requirement.

This document has also been shared with the Local Director of Public Health, and will be supplied to DFE.



Covid 19 Outbreak Response Plan Update September 2021

1.0 Background and Purpose

- 1.1 London South Bank University continues to take all necessary measures to have a Covid Safe campus, and by taking early preventative action, seeks to minimise the potential for virus transmission.
- 1.2 However, it is recognised, as per the national situation, that there will be instances where students, staff or visitors exhibit symptoms or test positively for Covid.
- 1.3 This plan sets out the approach for responding to such incidents. It builds upon the principles used in the original Outbreak Response Plan of 2020, and has been produced to follow the DFE Contingency Plan August 2021. Nothing in this document is designed to supersede or replace the need to follow all Government, NHS, Public Health England and Regulatory Guidance.
- 1.4 At the time of writing this document, 1 September 2021, the national position is that the Government requires university campuses to be open for in person teaching.

2.0 Overall Management of Risk

- 2.1 The University has adopted a range of specific measures to minimise the potential transmission of covid.
 - Policy on face coverings. This encourages the use of face coverings in crowded areas indoors as necessary, and provides a free supply of coverings and visors to students, staff and visitors as required.
 - Covid Lateral Flow Testing. Home Test Lateral Flow Test kits will continue to be distributed from various locations around campus, including each Hall of Residence Reception. There is an established communications campaign to strongly encourage returning students to test before arrival, and everyone on campus to test twice weekly on an ongoing basis.
 - Vaccination Policy. LSBU strongly encourages all students and staff to be vaccinated, and promotes this in a range of communication messaging. It includes making use of national advertising and work with the Local Public Health Team, and letters to Students from the Southwark Director of Public Health.
 - Pop up vaccination clinics. Partnership initiatives with the Director of Public Health includes a facility during Freshers week for drop in vaccinations at a dedicated pharmacy minutes from campus, and a vaccination van directly on campus. This is also further promoted onsite by Southwark Public Health Young Ambassadors.
 - Ventilation Checks. All campus buildings have undergone audits by Estates Management to ensure compliance with Health and Safety Executive requirements.

- Protective Screens at Receptions and student facing counters. These controls will remain in place.
- Hand sanitisation stations and enhanced cleaning regimes. These controls remain in place.
- Covid Risk Assessments are regularly reviewed organisationally and by building. Trade Unions and staff are actively involved and information shared.
- The promotion and use of “Safezone” Application, to facilitate track and trace on campus, and assist with potential outbreak control.

2.2 For large scale events or other occasions where close personal contact is anticipated (e.g. ceremonies and gatherings), LSBU reserves the right at any point to introduce the requirement for negative lateral flow tests, and or vaccination certificates prior to entry. This decision would be made by the Executive.

2.3 The co-ordinated and safe return onsite is implemented by a structured return to campus project group, managed via the Operations Board. This includes all health and safety arrangements and incident management. The Executive, as Strategic Project Board, oversee and monitor this.

3.0 Approach to Outbreak Management

3.1 London South Bank University (LSBU) works closely with Partner Agencies. Southwark Council’s Covid Outbreak Prevention and Control Plan uses a three pillar approach: Prevent, Identify and Control. Therefore, the University follows a similar three pillar approach as set out below.

3.2 Prevent

Train and raise awareness on how to stay safe. This includes return to campus online training for all students and staff. The importance of how to recognise covid symptoms/what to do, instructions for use of PPE and awareness of the face covering and hand hygiene policy. Personal Health Circumstances Questionnaires to protect those with vulnerabilities. Communications campaign to keep students and staff up to date and engaged, including a focus on those in Halls of Residence. Staff and Student Wellbeing Campaigns. Non-teaching staff working a proportion of time from home, as opposed to 100% on campus.

3.3 Identify

Staff Students and Visitors download the Safezone Application, available for Apple and Android devices. This enables the central reporting of covid symptoms, and track and trace throughout zones within all Campus Buildings. Strong encouragement of use of lateral flow home tests – with kits distributed on campus and in Halls of Residence. Central overview of case reporting, with immediate escalation through established 24/7 incident management routes, to ensure all appropriate action is taken. Wellbeing support programme for those affected.

3.4 Control

Monitor incidents, report data to required external parties including DFE, and as an employer the Self Isolation Service Hub (0203 743 6715) for staff testing positive, report/liaise with PHE if threshold of 2 connected positive cases, hold incident management meetings, implement communications if required, analyse cases/review risk assessments and learn lessons.

4.0 Transmission Risks

- 4.1 This plan notes that there may be an increased risk of transmission by young people in Higher Education.
- 4.2 To mitigate this, dedicated student awareness communications continue to be used, as well as working together with the Students Union. However it is worth reflecting that LSBU traditionally has a higher proportion of mature students than many other universities.
- 4.3 We recognise the importance of minimising potential wider community transmission when students return from or go home to different locations across the country. Students are instructed not to travel if they are unwell or suffering from any covid type symptoms.
- 4.4 We have planned enhanced communications at the start of the new academic year and towards the end of each term. The purpose is testing, early identification of symptoms and self isolation. Emphasising appropriate arrangements, avoiding close contact wherever possible, and student behaviour contracts further help prevent transmission by asymptomatic cases. We manage our own Halls of Residence, where self isolation wellbeing support is in place.
- 4.5 For any arriving international students from Amber countries who are required to quarantine, we have dedicated flats within Halls of Residence, prepared for this purpose.

5.0 Multi Agency and Partnership Working

- 5.1 The LSBU Director of Group Assurance maintains close links with the Southwark Director of Public Health. This enables the sharing of practice arrangements, identification of community trends, and alerting of any university related issues. This is in addition to the standard required reporting through the PHE London Coronavirus Reporting Centre (LCRC).
- 5.2 The University is the only educational establishment to have a seat on the Southwark Local Resilience Forum, where it contributes to a multi agency approach to all aspects of incident management, including Borough Covid response.
- 5.3 There are closely established links with the Southwark Emergency Planning Manager, and 24/7 contact arrangements. This serves to enable discussion of any major emerging issues across partner organisations.
- 5.4 LSBU will follow all appropriate regulations in providing notification of cases and data to LCRC, PHE and Employers Self-Isolation Service Hub, as well as DFE requirements.

6.0 Tracing of Contacts

6.1 Our App based system does not require scanning QR codes to register for different buildings / areas. It provides the ability to report suffering covid symptoms, and central track and trace of affected persons by pre-defined zones within buildings. In addition, it can enable the cascade of key safety messaging on covid issues.

6.2 For anyone who does not have smartphone access, there is an alternate procedure in place, which uses security door access tracing.

7.0 Communication

7.1 The University regularly communicates with all staff and students on covid awareness raising issues, recovery planning, and key national guidance changes impacting on our operations.

7.2 There is a structured approach to dealing with communication around any positive confirmed (LFT or PCR) cases. This includes a threshold of 5 cases triggering consideration of additional messaging, through to how in any major outbreak course, or building closures would be announced.

7.3 Pre-prepared media holding statements are in place to deal with any significant outbreak.

7.4 Communication forms a specific monitored workstreams within our Return to Campus and Recovery Project.

8.0 Engagement

8.1 There is an ongoing campaign to keep staff and students engaged and involved in how the university will operate in the new business as normal. This includes reassurance of the measures we are taking to keep everyone safe, and explaining we have appropriate systems to manage any incidents. Wellbeing services are available to all students and staff.

9.0 Incident Management

9.1 We have an Incident Management structure which operates 24/7.

9.2 Our response to a potential case or cases includes the following:

- Notification of symptoms / case received via App or alternative process;
- Action and advice provided to all cases. PHE LCRC notification if more than 2 positive cases;
- Track and Trace via App and instructions to close contacts; Deep clean areas of campus;
- Obligation to report staff positive cases to the national Self-Isolation Service Hub;
- Incident overview by Director of Group Assurance including strategic action/emerging trends/urgent steps and notification to Executive; Communications Team advised;
- Chair of Board of Governors kept informed by Executive;
- Incident Management Meetings for larger outbreaks and PHE input;
- Executive continue to review overall university threshold action levels.

- 9.3 Where incident management meetings are required, these will normally be chaired by a senior member of the University (Gold or Silver Command). In the event of multi agency representation from PHE, there may need to be a joint chair.
- 9.4 LSBU will take action in dealing with any suspected or positive cases, with reference to all PHE/NHS guidance. In addition, as an employer, we are required to notify the Self-Isolation Service Hub as soon as we are made aware a worker has received a positive test.

10.0 University Threshold Levels

- 10.1 London South Bank University follows the DFE Contingency Framework for Education August 2021, and recognises that a threshold for action should be considered in whichever of the following is reached first:
- where 5 students or staff who have mixed closely test positive within 10 days,
 - or 10% of staff and students who have mixed closely test positive within 10 days.
- 10.2. In theory, if staff or students who test positive remain home and isolated, the increase in positive cases in itself doesn't necessarily increase the risk on campus. It may just reflect increasing rates generally or increased testing.
- 10.3. Therefore, our primary concern would be if we saw increases in the number of tests on a daily basis coming back as positive at LSBU, or if there are clusters of cases at the university or in the immediate vicinity. PHE would be fully consulted, as would the Local Director of Public Health and all advice followed.
- 10.4 In any situation where we are alerted that a student or staff member is admitted to hospital with Covid, appropriate advice will be sought from all relevant public health officials, and the DFE helpline (0800 046 8687 option 1).
- 10.5 Actions and responses

Decisions will be made according to the specific circumstances, in line with our incident response approach paragraph 9.2.

In the event of an increase in the number of positive cases on a daily basis, actions are likely to include:

- Recommended use of face coverings in all indoor settings;
- Reinforcement of the need to take regular covid tests and increased communications around effective hand hygiene, and encouragement of social distancing wherever possible;
- Consideration of the re-introduction of onsite asymptomatic testing, as opposed to home test kits;
- Further enhanced cleaning regimes;
- Review of Covid Risk Assessments and Personal Health Circumstances Questionnaires;
- Analysis of any lessons learned from internal track and trace facilities;
- Additional Halls of Residence communications and emphasis of covid safe student behaviour, to attempt to minimise the potential for any outbreak within residences;
- Continuous liaison with all public health officials, following necessary advice.

Where any outbreak is appearing to expand despite all attempts to address by other means, further measures, supported by public health advice may include:

- Restrictions on open days and public events;
- Closure of some campus recreational or dining facilities where there is a significant possibility of an outbreak;
- Restrictions to number of users at any one time (safe booking systems) for shared study areas/Library.

10.6 **The opportunity of receiving face to face tuition will continue to be prioritised, for as long as it remains safe to do so and required/allowed by Government and regulatory agencies.**

10.7 This plan acknowledges that the Government has the option to re-introduce national shielding, to which the university would support online learning or working for those affected.

10.8 There may be a Government, regulatory requirement or public health advice to move towards severely restricted on campus operations, including full lockdown. In such cases LSBU will abide by all regulation, delivering teaching activity online, moving to remote working for staff, and considering extending the semester dates to support achieving essential practical course needs.