

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

4.00 pm on Thursday, 18 June 2020  
via MS Teams

### **Supplement 1**

- Full internal audit report: HESA student data
- Full internal audit report: Research Excellent Framework (REF)

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# LONDON SOUTH BANK UNIVERSITY

## INTERNAL AUDIT REPORT - FINAL

DATA QUALITY - HESA STUDENT RETURN  
MAY 2020

LEVEL OF ASSURANCE	
Design	Operational Effectiveness
Substantial	Substantial



# LONDON SOUTH BANK UNIVERSITY, DATA QUALITY - HESA STUDENT RETURN

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## DISTRIBUTION

Richard Flatman	Chief Financial Officer
Ralph Sanders	Director of Planning, Information & Reporting
Lisa Upton	Head of Registry
Karen McLernon	Head of Performance Analysis
Natalie Ferer	Group Financial Controller
Richard Duke	Director of Strategy and Planning



## REPORT STATUS LIST

Auditors:	Chris Sudlow
Dates work performed:	9 - 16 March 2020
Draft report issued:	8 April 2020
Final report issued:	26 May 2020

# LONDON SOUTH BANK UNIVERSITY, DATA QUALITY - HESA STUDENT RETURN

## EXECUTIVE SUMMARY

### LEVEL OF ASSURANCE: (SEE APPENDIX I FOR DEFINITIONS)

Design		There is a sound system of internal control designed to achieve system objectives.
Effectiveness		The controls that are in place are being consistently applied.

### SUMMARY OF RECOMMENDATIONS: (SEE APPENDIX I)



### TOTAL NUMBER OF RECOMMENDATIONS: 3

### BACKGROUND:

London South Bank University (LSBU) submits its mandatory student data return to the Higher Education Statistics Agency (HESA) annually. The student data return requires a range of details relating to students, including course information, qualifications on entry to the University and personal characteristics, to be submitted to HESA. Data is submitted in stages by the University as part of an iterative process where HESA cross-checks the data submission against a variety of data sources and returns a list of queries for LSBU to review.

The Office for Students (OfS) raised queries on LSBU's 2018/19 student data return. As these queries were raised two days before the sign-off date, there was insufficient time for these queries to be analysed and addressed prior to the deadline and therefore the return was submitted late. This matter was reported to the Audit and Risk Committee at the time.

The process is primarily the responsibility of the Registry team although, prior to submission, the Planning, Performance and Assurance (PPA) team analyses the return data and queries anomalies with the Registry team in order to sense-check unusual or unexpected fluctuations in figures. The analyst that conducts this review is also responsible for providing an assurance report on the HESA student data return to the Vice Chancellor prior to final sign-off. The HESA student data return is considered a medium impact return by the University's PPA team. Medium impact is the rating used for returns that have a moderate impact on funding and where there is an external impact on LSBU's reputation. In the case of the HESA student data return, the reputational impact is considered significant as it directly influences the University's standing in league tables both domestically and internationally. The University acknowledges that the HESA student data return therefore requires additional internal scrutiny in comparison to other medium impact returns.

The sub-team within Registry that deals with the HESA student data return comprises of a temporary contractor, who replaced a senior registrar that left in summer 2019, in addition to two deputy assistant registrars. Interviews for a senior registrar to replace the contractor took place during the fieldwork phase of the audit and there is a longer term plan for a further additional hire to support the sub-team responsible for the submission of the student data return.

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Data is validated by the Registry team using the HESA validation kit that is available to academic institutions and is known as the HESA workbench. LSBU's student data is held in the student information system (QL) which Registry and Admissions staff update with, for example, enrolment details. Most students also have access to a web version of QL through which they provide personal information prior to enrolment. The HESA workbench is accessed via the QL back-end system which allows the Registry team to review data input at the front end (for example, via the student portal) and review, correct and validate errors flagged by HESA.

In relation to oversight, the work of the Registry team is initially approved by the Head of Registry and subsequently by the Director of Planning, Information and Reporting prior to the sign off by the Vice Chancellor. The PPA analyst reviews elements of the HESA return and provides assurance to the Vice Chancellor in an impact report, which is approved by the Head of Performance Analysis.

For 2019/20, the return date was initially due 15 September 2020 and the final submission date is 30 October 2020. However, the OFS has suspended external returns deadlines due to the Covid-19 pandemic and a revised deadline has yet to be submitted.

## KEY FINDINGS:

One finding of medium significance and two findings of low significance have been raised through our audit. These findings relate to incomplete or inaccurate data capture which needs correcting before the submission of the HESA student data return. This therefore exacerbates inefficiencies in the reporting process. We also identified that the process to learn from previous data returns could be strengthened by formalising it.

## CONCLUSION:

As a result of our review we are able to provide substantial assurance in relation to both the design and the operational effectiveness of the control environment supporting the HESA student data return.


## OUR TESTING DID NOT IDENTIFY ANY CONCERNS SURROUNDING THE CONTROLS IN PLACE TO MITIGATE THE FOLLOWING RISKS:

- ✓ LSBU does not have clear guidance to support the effective compilation and submission of the HESA student data return within the required timeframe
- ✓ Roles and responsibilities are unclear, have not been fully communicated or do not align with defined processes meaning key processes are inefficient or not completed
- ✓ Those with review and sign-off responsibilities may not have sufficient knowledge, experience or information to enable them to effectively assess the accuracy of the HESA student data return
- ✓ Insufficient challenge is provided by stakeholders outside of the Registry team meaning the return completed is inaccurate
- ✓ Capacity issues to meet submission deadlines when re-submissions are required due to validation issues

# LONDON SOUTH BANK UNIVERSITY, DATA QUALITY - HESA STUDENT RETURN

## DETAILED FINDINGS

RISK: DATA USED IN CREATION OF THE HESA STUDENT DATA RETURN MAY BE NOT BE COMPLETE, ACCURATE OR IN THE REQUIRED FORMAT LEADING TO INACCURACIES OR INEFFICIENCIES IN THE DATA RETURN PROCESS

Ref	Sig.	Finding
1		<p>CPD student enrolment data is incomplete and supporting enrolment forms were not stored on the University document management system, INVU.</p> <p>Our testing of ten HESA errors relating to CPD students marked on QL as enrolled between 14 August 2019 and 6 November 2019, identified all were missing personal characteristics (ie nationality, ethnic origin). Furthermore, the eight of the sample had no enrolment form present on the student record system used by Registry to verify missing information.</p> <p>Of the two students that did have enrolment forms scanned in, one had not completed the personal characteristics section on the enrolment form. Although the second student had completed the personal characteristics section, the information had not been input into QL.</p> <p>CPD students cannot use the self-service system used by other students which helps in the collation of this data. Instead, paper-based enrolment forms are completed in a face to face enrolment session with the LSBU Admissions team on behalf of the School of Health and Social Care. Where incomplete data is identified on submission to HESA, the Registry team will have to source this data prior to re-submission.</p> <p>The current processes used to collate CPD data is causing inefficiencies in the HESA student data return process as incomplete data identified on submission to HESA is required to be sourced prior to re-submission.</p>

## RECOMMENDATION:

The University should consider reviewing the process around the enrolment of CPD students for the School of Health and Social Care. Specifically, consideration should be given to:

- whether the enrolment of all CPD students should be conducted centrally
- the introduction of a process which guarantees the timely upload of enrolment forms by Health and Social Care Student Administration team once they are completed. This process should include an element of quality assurance to ensure that data is both accurate and complete prior to upload

## MANAGEMENT RESPONSE:


Enrolment is at a module by module level for HSC CPD. Centralised processing would require resource transfer to Registry from the HSC Admin Team / additional resource plus development of an online enrolment process and system. This project is under consideration.

Responsible Officer: Ralph Sanders and Lisa Upton

Implementation Date: 01/09/2021

# LONDON SOUTH BANK UNIVERSITY, DATA QUALITY - HESA STUDENT RETURN

RISK: DATA USED IN CREATION OF THE HESA STUDENT DATA RETURN MAY BE NOT BE COMPLETE, ACCURATE OR IN THE REQUIRED FORMAT LEADING TO INACCURACIES OR INEFFICIENCIES IN THE DATA RETURN PROCESS

Ref	Sig.	Finding
2		<p>Entry errors in QL has meant tariff data has not been populated.</p> <p>There were 119 instances where the incorrect qualification code had been entered against qualifications eligible for tariffs on enrolment. As qualification codes generate UCAS tariff points in QL, this meant that no associated UCAS tariff points were populated for these qualifications. These were all incorrectly entered by the same user.</p> <p>Although such errors would be flagged during the HESA return process, the Registry team will then have to check and manually overwrite each error. The root cause in this instance appears to have been a lack of knowledge on the part of the employee responsible for initially entering the information into QL. We were informed that due to the number of course codes, there was no appetite to change this field from a free-text to a pre-selected list to prevent this issue re-occurring.</p> <p>An additional testing of ten students from a wider population indicated a further three instances where tariff data was not present for eligible qualifications. One of these instances related to a UCAS mapping issue while the other two appeared to stem from data entry issues where tariffs had not been picked up in QL due to inaccuracies in the initial qualification entry. However, the root cause was not possible to identify. The Registry team believes this is due to a UCAS mapping issue.</p> <p>If qualifications are incorrectly recorded in QL, tariff data will be incomplete and the HESA student data return will need correcting prior to final submission.</p>

## RECOMMENDATION:

University should ensure that the staff responsible for entering student enrolment data into QL are appropriately trained.

To further reduce the risk of error and inefficiency in its HESA student data return, the University should also consider introducing controls around the entry of enrolment data, whereby the work of more junior or temporary staff is overseen by senior team members or management. A sample check could be completed for junior/temporary staff.

In addition, the Registry team should consider introducing a data check whereby qualification data which generates tariff points is subject to a completeness/accuracy check against a master list of qualification codes.

To prevent manual entry errors, LSBU could consider removing the free-text option and introducing a drop down of all qualification codes which generate tariff points.

## MANAGEMENT RESPONSE:

We will use this audit to provide feedback to the Admissions team and Fees & Bursaries team and Registry enrolment team to escalate the impact of incorrect tariff points data capture and recording in the student record system. We will generate an action plan to put in place recommendations.



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# LONDON SOUTH BANK UNIVERSITY, DATA QUALITY - HESA STUDENT RETURN

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Responsible Officer: Andrew Rataczak and Kathryn O Shea

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Implementation Date: 31/07/20

# LONDON SOUTH BANK UNIVERSITY, DATA QUALITY - HESA STUDENT RETURN

RISK: LESSONS LEARNT FROM LAST YEAR'S SUBMISSION ARE NOT IDENTIFIED AND ISSUES ARE NOT ADDRESSED PRIOR TO THE 2019/20 SUBMISSION

Ref	Sig.	Finding
3		<p>Lessons learnt from the HESA student data return process are not recorded for future reference.</p> <p>The Registry team advised that it informally discussed issues from the 2019 HESA student data return as and when they arose but there was no documented evidence to support this nor are actions arising from this documented.</p> <p>Similarly there was no wider interaction between the Performance Analysis team and Registry to discuss lessons learned and agree improvements.</p> <p>If lessons learnt are not recorded, potential issues from previous returns may be forgotten nor addressed for the 2019/20 return.</p>

## RECOMMENDATION:

As responsibility for the majority of the work relating to the 2020 HESA student data return lies chiefly with the Registry team, the Head of Registry should consider scheduling time after completion for the team to discuss what went well and where there might be room for improvement.

From a wider perspective, the Heads of Registry and Performance Analysis should consider meeting to discuss lessons learned in 2020, specifically in relation to how the two teams might improve collaboration for future student data returns.

Where lessons learnt have resulted in process changes, these should be reflected in the HESA process notes used by the team.

## MANAGEMENT RESPONSE:

The External Reporting and PPA teams will hold a look back meeting within one month of the next HESA Student return submission to discuss issues that arose during the returns process and document actions and improvements for the next cycle, including timelines and responsibilities.

Responsible Officer: Lisa Upton and Karen McLernon

Implementation Date: Within one month of the next HESA Student return submission (date is tbc)

# LONDON SOUTH BANK UNIVERSITY, DATA QUALITY - HESA STUDENT RETURN

## OBSERVATIONS

### KEY DEPENDENCY WITHIN THE PPA TEAM

Only one member of the Performance Analysis team has been trained in how to scrutinise the HESA student data return. This has been recognised by the Head of Performance Analysis who is in the process of training the other member of the team.

## BEST PRACTICE BENCHMARKING

We reviewed the processes implemented at three other HEIs to compile and validate their HESA returns. On the whole, these processes were largely aligned to LSBU's.

We have listed how other University's manage their lessons learnt process following a HESA return.

Institution 1	Institution 2	Institution 3
<p>A formal, minuted, wrap-up meeting is held after submission of HESA student data return with representatives from this university's equivalents of LSBU's Registry, PPA and Admissions teams.</p> <p>Meeting duration : 2 hours</p> <p>Actions are agreed and assigned owners</p>	<p>Regular informal meetings occur between this university's equivalents of LSBU's Business Intelligence Analyst and the Registry team as well as wider oversight meetings fortnightly to discuss updates relating to the HESA student data return.</p>	<p>Workshops are run towards the end of the return process to formally identify issues such as 'bad data' at this university.</p> <p>Consideration is given to inviting departments which present data challenges to the workshops to help resolve issues for future returns.</p> <p>Suggested improvements for the following year are acknowledged and, where appropriate, actioned.</p>

## GOOD PRACTICE:

During the audit, we identified a number of areas of good practice, this included:

- The sub-team within Registry that is responsible for conducting the day to day analysis required in the submission of the HESA student data return is located in the same area of the same office as Registry. This has led to a healthy degree of informal interaction between the team members who regularly cross-check work with each other in the course of the working day. This allows for rapid resolution of issues that would otherwise be more time-consuming and allows the team to be more efficient.
- A key goal of the three members of Registry that compile the HESA student data return is to be cross-trained as far as is practicable. This is to enable them to cover different elements of the work in the event of unforeseen absence.
- Job descriptions and organisation charts for the Registry and Performance Analysis teams clearly outline roles and responsibilities in relation to the HESA student data return.
- Internal guidance to support Registry team members with the technical aspects of the HESA student data return is thorough and is regularly updated.

# LONDON SOUTH BANK UNIVERSITY, DATA QUALITY - HESA STUDENT RETURN





## STAFF INTERVIEWED

BDO LLP APPRECIATES THE TIME PROVIDED BY ALL THE INDIVIDUALS INVOLVED IN THIS REVIEW AND WOULD LIKE TO THANK THEM FOR THEIR ASSISTANCE AND COOPERATION.




Emma Downes	Business Intelligence Analyst
Terry Eastham	Assistant Registrar
Karen McLernon	Head of Performance Analysis
Helen Roper	Deputy Assistant Registrar
Wendy Salmon	Senior Academic Registrar - External Returns
Ralph Sanders	Director of Planning, Information and Reporting
Lisa Upton	Head of Registry
Jenny Vent	Deputy Assistant Registrar

# LONDON SOUTH BANK UNIVERSITY, DATA QUALITY - HESA STUDENT RETURN

## APPENDIX I - DEFINITIONS

LEVEL OF ASSURANCE	DESIGN OF INTERNAL CONTROL FRAMEWORK		OPERATIONAL EFFECTIVENESS OF CONTROLS	
	FINDINGS FROM REVIEW	DESIGN OPINION	FINDINGS FROM REVIEW	EFFECTIVENESS OPINION
<b>Substantial</b> 	Appropriate procedures and controls in place to mitigate the key risks.	There is a sound system of internal control designed to achieve system objectives.	No, or only minor, exceptions found in testing of the procedures and controls.	The controls that are in place are being consistently applied.
<b>Moderate</b> 	In the main there are appropriate procedures and controls in place to mitigate the key risks reviewed albeit with some that are not fully effective.	Generally a sound system of internal control designed to achieve system objectives with some exceptions.	A small number of exceptions found in testing of the procedures and controls.	Evidence of non compliance with some controls, that may put some of the system objectives at risk.
<b>Limited</b> 	A number of significant gaps identified in the procedures and controls in key areas. Where practical, efforts should be made to address in-year.	System of internal controls is weakened with system objectives at risk of not being achieved.	A number of reoccurring exceptions found in testing of the procedures and controls. Where practical, efforts should be made to address in-year.	Non-compliance with key procedures and controls places the system objectives at risk.
<b>No</b> 	For all risk areas there are significant gaps in the procedures and controls. Failure to address in-year affects the quality of the organisation's overall internal control framework.	Poor system of internal control.	Due to absence of effective controls and procedures, no reliance can be placed on their operation. Failure to address in-year affects the quality of the organisation's overall internal control framework.	Non compliance and/or compliance with inadequate controls.

## RECOMMENDATION SIGNIFICANCE

<b>High</b> 	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.
<b>Medium</b> 	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.
<b>Low</b> 	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.

# LONDON SOUTH BANK UNIVERSITY, DATA QUALITY - HESA STUDENT RETURN

## APPENDIX II - TERMS OF REFERENCE

### PURPOSE OF REVIEW:

The purpose of this review is to provide independent assurance over the controls in place to ensure the completeness and accuracy of the HESA student return.

### KEY RISKS:

- LSBU does not have clear guidance to support the effective compilation and submission of the HESA student data return within the required timeframe
- Roles and responsibilities are unclear, have not been fully communicated or do not align with defined processes meaning key processes are inefficient or not completed
- Those with review and sign-off responsibilities may not have sufficient knowledge, experience or information to enable them to effectively assess the accuracy of the HESA student data return
- Data used in creation of the HESA student data return may be not be complete, accurate or in the required format leading to inaccuracies or inefficiencies in the data return process
- Insufficient challenge is provided by stakeholders outside of the Registry team meaning the return completed is inaccurate
- Capacity issues to meet submission deadlines when re-submissions are required due to validation issues
- Lessons learnt from last year's submission are not identified and issues are not addressed prior to the 2019/20 submission

### SCOPE OF REVIEW:

The following areas will be covered as part of this review:

- The documented policies, procedures and guidance in place to compile the HESA student data return within the required timeframe
- The clarity of responsibilities for compiling the return, challenging the accuracy and responding to queries from HESA
- The extent to which responsible staff remain up to date with the changing requirements for the returns.
- Compilation processes including quality of data sources
- Robustness of validation and sign off processes prior to submission
- Capacity planning within the team to ensure changes to the return can be made by the submission deadline
- Lessons learnt process from prior year submissions.

However, Internal Audit will bring to the attention of management any points relating to other areas that come to their attention during the course of the audit. We assume for the purposes of estimating the number of days of audit work that there is one control

# LONDON SOUTH BANK UNIVERSITY, DATA QUALITY - HESA STUDENT RETURN

environment, and that we will be providing assurance over controls in this environment. If this is not the case, our estimate of audit days may not be accurate.

## APPENDIX III

### SCOPE AND APPROACH:

Interviews were held with key stakeholders involved in the production and validation of the HESA student data return, to identify the controls in operation for each of our areas of audit work. The associated controls were assessed to determine that they were sufficiently robust and, where appropriate, evidence was obtained to substantiate their effectiveness.

Specifically, we reviewed whether the key activities required in the compilation and validation of the HESA student return were clearly documented. Walkthroughs were undertaken of the key processes involved in the compilation and validation of the return. We assessed whether roles and responsibilities for the compilation and review of the return were clearly defined, assigned and understood. This included whether the following responsibilities were assigned to separate individuals/teams:

- production of return
- review of return
- sign-off of return.

We considered whether there were any gaps, duplications in the process or key dependencies on the personnel involved. We considered how the University keeps up to date with changes to the return and issues being experience within the sector. We confirmed whether key personnel involved with the return attended official HESA training, workshops or seminars.

Walkthroughs of the HESA error review processes were undertaken to identify whether this is well controlled. For a sample of three data types required in the return, we considered the data sources and systems involved. We identified the extent to which manual entry is involved. Based on internal recommendations and our collective audit knowledge, the areas of the HESA student data return selected for sampling were:

- Tariffs to verify if tariff data was accurately captured at enrolment, input into the student record system and reported to HESA correctly
- Masters Courses to verify if data on students was accurate
- Continuing Professional Development (CPD) to verify whether data on students pursuing development courses run by the School of Health and Social Care was accurate.

Although we originally sought to avoid areas covered in the student data audit, management requested we review CPD as this was an area where a large number of HESA data errors have occurred year on year. The previous audit focused on application data whereas this audit focused on enrolment data instead.

The review and validation within the Registry team prior to submission was inspected. We also reviewed how the PPA team provides independent scrutiny and challenge of the return prior to submission.

The processes to learn lessons from the 2018/19 submission were reviewed. We considered whether LSBU has considered any process improvements or changes prior to the 2019/20 submission.

**FOR MORE INFORMATION:**

**RUTH IRELAND**

+44 (0)20 7893 2337  
ruth.ireland@bdo.co.uk

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# LONDON SOUTH BANK UNIVERSITY

## INTERNAL AUDIT REPORT - FINAL

RESEARCH EXCELLENCE FRAMEWORK (REF)  
MARCH 2020

LEVEL OF ASSURANCE	
Design	Operational Effectiveness
Moderate	Moderate



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## DISTRIBUTION

Professor Pat Bailey	Provost
Professor Peter Doyle	Head of the Research Office
Dr Karl M Smith	Research Impact Manager and REF Coordinator



## REPORT STATUS LIST

Auditors:	Alex McDonald, Nkem Efulu
Dates work performed:	11 - 14 February 2020
Draft report issued:	4 March 2020
Final report issued:	31 March 2020






# LONDON SOUTH BANK UNIVERSITY, REF

## EXECUTIVE SUMMARY

### LEVEL OF ASSURANCE: (SEE APPENDIX I FOR DEFINITIONS)

Design		Generally a sound system of internal control designed to achieve system objectives with some exceptions.
Effectiveness		Evidence of non-compliance with some controls that may put some of the system objectives at risk.

### SUMMARY OF RECOMMENDATIONS: (SEE APPENDIX I)

High		
Medium		
Low		

TOTAL NUMBER OF RECOMMENDATIONS: 8

### BACKGROUND:

The Research Excellence Framework (REF) is the UK's system for assessing the quality of research in UK higher education institutions. Institutions are invited to make submissions in 34 units of assessment (UoA) and the outcome of the assessment plays an important role in determining the research reputation of an institution and its position in league tables. The last exercise took place in 2014 and a next one is to take place in 2021. The REF outcomes are used to inform the allocation of public funding for universities' research.

A Research Committee is responsible for overseeing the LSBU's research activities encompassing REF. A REF Working Group is responsible for the development and review of proposals to enhance the University's performance in the three elements of the REF; Research Outputs, Impact, and Environment. The Research Office sits under the University's Provost, and is responsible for the coordination and management of LSBU's REF submissions. Research Centres and Research Groups were set up in 2017, located within Schools, to focus on the research strengths of the University, and to underpin LSBU's Unit of Assessment (UoA) submissions. LSBU currently has 12 Research Centres; each School has at least one Research Centre. There are around 35 Research Groups; each School has at least two Research Groups.

Outputs are stored on the University's cloud-hosted database of research outputs; LSBU Open Research, which academics deposit to via Symplectic. Impact case studies are stored on SharePoint. Self-assessments of the quality of outputs provided by researchers are conducted in the Annual University Research Audit (AURA) conducted at LSBU each year. The Library and Learning Resources team (LRR) is responsible for ensuring every paper and output exists, and meets the publishing requirements (open access requirements).

LSBU aims to have all approved outputs reviewed internally using the REF scoring system, by reviewers chosen on experience. The Code of Practice states that LSBU commits to ensuring that  $\geq 50\%$  of eligible research outputs in contention for submission are reviewed by at least one reviewer external to the University. All impact case studies are to be reviewed externally by impact consultants. A Mock REF is also held annually; the first of which occurred in 2017/18. All REF decision makers, advisers, and reviewers are required to undertake REF-oriented Equality, Diversity and Inclusivity (EDI) training.

The Code of Practice was approved by Research England in November 2019.

# LONDON SOUTH BANK UNIVERSITY, REF

In REF 2014, LSBU was in joint 89th position, with a Grade Point Average (GPA) of 2.52, where GPA 4.0 is the maximum score possible (100% 4\*, i.e. world-leading). LSBU's REF 2014 performance yielded a QR income of c.£1.8 million per year. For REF2021, the University aims to have each School to submit at least one Unit of Assessment (UoA), and move LSBU to a mid-table position by raising their GPA from 2.52 in REF 2014 to  $\geq 2.80$ .

## KEY FINDINGS:

We have raised four medium significance findings and four low significance findings.

The medium findings relate to a lack of Research Office oversight and tracking of how many research outputs have been reviewed, and weaknesses in the action tracking and implementation of improvements identified from REF2014 and the mock REF and gaps in equality and diversity training by REF advisors and decision makers.

## CONCLUSION:

Our audit highlighted that although there is an overall framework of governance arrangements, structures and processes for overseeing and reporting on the REF process, there are improvements that could be made around the monitoring of REF process including implementation of recommendations generated from various reviews, mock REF exercises, or previous REF submissions.

As a result of our findings, we are able to provide moderate assurance over the design of the controls that are in place to mitigate the risks relating to the preparations for the REF2021 submission, and moderate assurance of the effectiveness of controls.


## OUR TESTING DID NOT IDENTIFY ANY CONCERNS SURROUNDING THE CONTROLS IN PLACE TO MITIGATE THE FOLLOWING RISKS:

- ✓ Governance, structures and processes may not be in place or planned to be put in place in preparation for REF 2021 with the consequences that preparations are not overseen, controlled and reported appropriately
- ✓ Research outputs and impact case studies may not be captured and stored, or may not be correctly catalogued
- ✓ The assessment criteria for REF 2021 is not adequately disseminated across the University.

# LONDON SOUTH BANK UNIVERSITY, REF

## DETAILED FINDINGS

RISK: INFORMATION PROVIDED BY SCHOOLS MAY NOT BE ACCURATE OR COMPLETE

Ref	Sig.	Finding
1		<p>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> <p>A report outlining the findings of the 2018/19 mock REF exercise was presented to the Provost and Head of the Research Office in February 2019, with an overview presentation also given to the Research Committee.</p> <p>The report detailed a number of findings and associated recommendations. Recommendations were also generated for each UoA (in which sit the Research Centres) as part of the mock REF process.</p> <p>The mock REF report outlined specific UoA recommendations, such as:</p> <ul style="list-style-type: none"> <li>• Plans for achieving REF target - development of researchers</li> <li>• Action plan (Interventions and timeline) for achieving output quality targets</li> <li>• Action plan (Interventions and timeline) for achieving output volume and FTE target.</li> <li>• Work required to ensure 3*-4* Impact + 2* research is secured.</li> </ul> <p>However, these recommendations were not actioned, tracked, nor reported to Schools. Whilst Research Centres are reviewed annually, these reviews do not follow up on the recommendations raised within the Mock REF.</p> <p>Without recommendations being actioned and implemented, there is a risk that the Mock REF process will be ineffective, and not drive useful change to improve the quality of the University's REF2021 submission.</p>

### RECOMMENDATION:

The full results of the mock REF should be shared with the Research Committee, with recommendations actioned and their progress monitored at each meeting.

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.

# LONDON SOUTH BANK UNIVERSITY, REF

## MANAGEMENT RESPONSE:

We are very grateful to the work of the auditors in assessing how well the REF and Impact team have adhered to the commitments given in the REF Code of Practice and further, how effective the Mock REF reports issued to date have been in reflecting on preceding reports, targets and commitments.

We note the recommendations made by the auditors to ensure wider dissemination of Mock REF findings, and hereby commit to ensuring that:

- mock REF progress review reports appropriately reference commitments previously made and further, that they act as a means of tracking progress against agreed goals and targets, with recommendations clearly articulated
- mock REF outcomes issued in reports are conveyed to Schools via the Research Committee and the REF Working Group, with recommendations clearly articulated
- we ask the REF Working Group if they would like the Research Office to present Mock REF summaries at School Townhalls.

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Responsible Officer: Karl Smith, Research Impact Manager and REF Coordinator

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Implementation Date: 31 March 2020

# LONDON SOUTH BANK UNIVERSITY, REF

## RISK: INFORMATION PROVIDED BY SCHOOLS MAY NOT BE ACCURATE OR COMPLETE

Ref	Sig.	Finding
2		<p>The REF submission is reviewed by discipline-based expert panels, assessing universities' submissions across 34 Units of Assessments (UoAs). The UoAs are comprised of three elements; research outputs, research impact, and research environment.</p> <p>Research outputs are measured in terms of the quality of submitted research, such as journal papers, or book chapters. This element carries a weighting of 60% in the overall outcome awarded to each submission.</p> <p>The following were noted with regards to research output reviews:</p> <ul style="list-style-type: none"> <li>• All approved outputs should be reviewed internally using the REF scoring system. 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.</li> <li>• LSBU also commits to ensuring that <math>\geq 50\%</math> 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.</li> <li>• 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.</li> <li>• 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.</li> </ul> <p>Without adequate tracking and monitoring processes in place, there is a risk that outputs will not be adequately reviewed in line with the Code of Practice, negatively impacting the University's REF2021 submission, and potential future research income.</p>

### RECOMMENDATION:

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.

Directors of Research should be tasked with the responsibility of ensuring that output feedback from the reviewers is shared with the authors.

A spreadsheet could be created by the Research Office, to monitor the progress of reviews across each School.

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.

# LONDON SOUTH BANK UNIVERSITY, REF

## MANAGEMENT RESPONSE:

We note the auditor's comments concerning the scrutiny of research output reviews attained by School, with oversight by the REF and Impact Team (Research Office). In light of their comments, we propose the following:

- Mock REF reports produced by the REF and Impact team will include an explicit section on the levels of compliance required and attained by Schools with regard to research both internal and external output reviews.
- The REF and Impact team will include in their spreadsheets of research output reviews information that enables the ready tracking of compliance with reviewing requirements. These spreadsheets will include the number of outputs registered by a UoA's Significant Responsibility for Research cohort in Symplectic vs the number that have been internally and externally reviewed.
- The Research Office commits to emphasising in all communications regarding research output reviews with Schools the importance of relaying review scores to authors. Central monitoring of this is challenging so the Research Office will typically rely on the cooperation of Directors of Research (DoRs) and UoA leads in the fulfilment of this objective.

We will make a formal announcement at the next Research Committee meeting on 20 May 2020 regarding the need for output scores to be fed back to authors, with data presented on the percentage of outputs internally and externally reviewed. Further, we will request that the Research Committee formally task DoRs and UoAs with tracking research output reviews and their conveyance to output authors.

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Responsible Officer: Karl Smith, Research Impact Manager and REF Coordinator


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Implementation Date: 20 May 2020



# LONDON SOUTH BANK UNIVERSITY, REF

**RISK: THE UNIVERSITY IS NOT TAKING THE OPPORTUNITY TO IDENTIFY AND IMPLEMENT IMPROVEMENTS FOLLOWING THE REF 2014 RESULTS IN READINESS FOR THE NEXT EXERCISE**

Ref	Sig.	Finding
3		<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>

## RECOMMENDATION:

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.

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.

## MANAGEMENT RESPONSE:

We note the feedback relating to the implementation of the Roadmap since its inception. To ensure that the recommended actions are carried out effectively, we therefore commit to ensuring that:


- Research Centres are reviewed with reference to the Centre roadmaps
- The findings of reach Research Centre review are shared, in summary form, with the Research Committee via a summary report
- Research Centres are tasked with producing new three year roadmaps in the Autumn 2020 period
- The Research Committee is apprised, via a summary report, of the key elements of the new roadmap developed in Autumn 2020
- Research Centres will meet quarterly and reference to Roadmap commitments will be made in these meetings
- Following the receipt of the REF 2021 results, a new REF roadmap will be created and the findings adequately disseminated
- A REF submission Roadmap for the final 9 months (March-November 2020) of the REF 2021 period will be created and shared with the Research Committee.

Responsible Officer: Karl Smith

Implementation Date: 31 March 2020, Research Impact Manager and REF Coordinator

# LONDON SOUTH BANK UNIVERSITY, REF

RISK: INFORMATION PROVIDED BY SCHOOLS MAY NOT BE ACCURATE OR COMPLETE

Ref	Sig.	Finding
4		<p>We noted a number of issues related to REF training.</p> <p><u>REF decision makers and advisors</u></p> <p>The Code of Practice states that all REF decision makers and advisors are required to undertake REF EDI training. Classroom sessions were to commence in July/August 2019, and LSBU expected all REF decision makers (unless exceptional circumstances apply) to have attended the training by the end of October 2019.</p> <p>We received the training completion spreadsheet from the HR Department, and found that from 59 people:</p> <ul style="list-style-type: none"> <li>• Eight have not completed either the training or quiz</li> <li>• 12 have completed the training slides but not the quiz</li> </ul> <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> <ul style="list-style-type: none"> <li>• Director of Research for the School of Arts &amp; Creative Industries</li> <li>• Director of Research and Enterprise for the School of Business</li> </ul> <p>Without all REF decision makers and advisors completing the required training, there is a risk that they will be unaware of the underlying processes, potentially leading to inaccurate or complete information provided by Schools.</p> <p><u>Internal research output reviewers</u></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>The Research Office has also received feedback that the Code of Practice was not explicit enough as to what training the reviewers need to complete.</p> <p>If reviewers are not completing the required REF training, and with no completion rate tracking in place, there is a risk that their feedback will not be in line with REF requirements.</p> <p><u>Wider staff base</u></p> <p>Whilst presentations have been given to the wider staff base, on topics such as the REF Code of Practice, research outputs and impact case studies, we were informed that this has principally been on an ad-hoc basis and has not been formalised in any way or tracked. We appreciate that there is an extensive Researcher Development framework in place at the University, although this is not directly linked to REF, and more a holistic framework to improve researcher quality.</p>

## LONDON SOUTH BANK UNIVERSITY, REF

School staff meetings occur monthly, at which the REF Coordinator has given presentations. However, this has been at the request of Schools, rather than a systematic training session given to each School.

Without a wider understanding of the REF requirements, especially at an academic level, there is a risk that the University's REF2021 submission will not achieve its true potential.

### RECOMMENDATION:

#### REF decision makers and advisors

Reminders should be sent to staff who are yet to complete the training by the HR Department.

The staff members who are not on the training completion list should be added and informed of the requirement to complete the training.

A full reconciliation should be performed to ensure that all REF decision makers and advisors are aware of the need to complete the training.

#### Internal research output reviewers

Communication should be issued to Schools and reviewers to re-clarify the training requirements they need to undertake.

Completion rates should be monitored, with reminders issued where completion rates are low.

#### Wider staff base

A REF training framework should be implemented, aimed at academics/researchers who will be submitting outputs and impact case studies.

### MANAGEMENT RESPONSE:

We recognise that LSBU is still yet to achieve 100% compliance with REF EDI training requirements. We do wish to emphasise, however, that completion rates are closely monitored via the HR department, who maintains a record of training completions. Further, we currently have a good level of completions; current records indicate that ca. 74% of the key REF decision makers and advisors have undertaken the EDI online training and moreover, 95% have completed the classroom session. The Research Office does not currently track training completion by internal reviewers and responsibility for compiling data on course completion rests, as previously stated, with the HR department. Thus, moving forwards we will liaise with Schools to identify internal output reviewers and HR to identify if these reviewers have completed the online training. Hence, in order to improve compliance recording, the Research Office commits to:


- working with Schools to identify internal reviewers
- adding the names of the internal reviewers to the EDI compliance monitoring spreadsheet
- working with HR to confirm compliance with EDI training requirements
- ensuring that all individuals have completed the necessary EDI training by 20 July 2020.

Responsible Officer: Karl Smith, Research Impact Manager and REF Coordinator

Implementation Date: 20 July 2020

# LONDON SOUTH BANK UNIVERSITY, REF

**RISK: GOVERNANCE, STRUCTURES AND PROCESSES MAY NOT BE IN PLACE OR PLANNED TO BE PUT IN PLACE IN PREPARATION FOR REF 2021 WITH THE CONSEQUENCES THAT PREPARATIONS ARE NOT OVERSEEN, CONTROLLED AND REPORTED APPROPRIATELY**

Ref	Sig.	Finding
5		<p>In 2017, the University was restructured around Research Centres and Research Groups, to focus on the research strengths of the University, and to underpin LSBU's UoA submissions to the REF.</p> <p>Whilst annual Research Centre meetings occur, they are not meeting regularly outside of these.</p> <p>Our audit has highlighted an overall deficiency in sharing REF feedback and the results from the Mock REF. Without regular Research Centre meetings and internal knowledge sharing, there is a risk that the University's UoA submissions will not achieve their full potential, affecting the University's REF2021 submission.</p>

## RECOMMENDATION:

Research Centres should meet quarterly to share areas of good practice, and discuss results from the annual Mock REF.

## MANAGEMENT RESPONSE:

We agree that there is need for Research Centres to convene at regular intervals. We hereby commit to ensuring that Research Centres will meet every three months where possible. To this end, a Research Centre Heads meeting has been arranged for 6 May 2020.


We also recognise the importance of ensuring that Centres can meet collectively (ie involving all Centre members) on a regular basis. Our proposal with respect to this is that Centre members meet once a year. We will discuss this matter with Centre Heads on 6 May 2020 in order to survey the options for such collective Centre meetings.

Responsible Officer: Karl Smith, Research Impact Manager and REF Coordinator

Implementation Date: 31 March 2020

# LONDON SOUTH BANK UNIVERSITY, REF

**RISK: THE REF CODE OF PRACTICE AND ACTION PLAN DOES NOT PROVIDE CLEAR DIRECTION TO STAFF ON THE PROCESS TO BE FOLLOWED OR HOW OUTPUTS AND CASE STUDIES WILL BE SELECTED**

Ref	Sig.	Finding
6		<p>Whilst an approved Code of Practice is in place and shared on the University website, it is the draft version. Annex XV Confirmation of approval of Code of Practice within the document is also left blank.</p> <p>The Code of Practice web page also includes out of date information, stating that “LSBU’s REF 2021 Code of Practice is currently being reviewed by Research England and the Equality and Diversity Advisory Panel (EDAP), and that some elements may be liable to change once LSBU receives feedback from Research England and the Equality and Diversity Advisory Panel in August 2019”. However the Code of Practice has already been approved, in November 2019.</p> <p>Furthermore, the REF 2021 Code of Practice states that the Provost should send out the draft and final copy of the Code of Practice to all staff via email. However, evidence of this was not provided.</p> <p>Without the correct approved Code of Practice in place and available to all staff, there is a risk that staff will be aware of the required REF processes.</p>

## RECOMMENDATION:

The Code of Practice should be finalised, with the web page updated.  
An email should be sent out from the Provost disseminating the final version to all members of staff.

## MANAGEMENT RESPONSE:

There is a clear need to ensure that the Code of Practice is available online in its correct form. We will therefore:


- ensure that the version of the Code of Practice currently in use and online is correct, addressing the points raised in this report and also other issues identified at LSBU
- update the webpage on which the Code of Practice is held.

Responsible Officer: Karl Smith, Research Impact Manager and REF Coordinator

Implementation Date: 31 March 2020

# LONDON SOUTH BANK UNIVERSITY, REF

**RISK: THE REF CODE OF PRACTICE AND ACTION PLAN DOES NOT PROVIDE CLEAR DIRECTION TO STAFF ON THE PROCESS TO BE FOLLOWED OR HOW OUTPUTS AND CASE STUDIES WILL BE SELECTED**

Ref	Sig.	Finding
7		<p>The Code of Practice does not outline the process if an output is published close to the deadline, which Schools feel is stronger than the previously submitted outputs.</p> <p>We were informed that an informal process is in place. Where an academic feels that they do have a highly rated output that is on the publication threshold, they would raise this with their Director of Research, who would arrange for it to be reviewed. If the output was found to be amongst the most highly rated outputs for the UoA, then its inclusion in the UoA would be proposed, with a reserve output identified in the event that it was not published within the REF 2021 timeframe.</p> <p>However, this process is not documented, nor has it been shared with staff. Without a documented procedure, there is a risk that Schools will be unaware of how to submit valid outputs near the deadline.</p>

## RECOMMENDATION:

The process should be documented and presented to the Research Committee for approval. This should then be shared with Schools.

## MANAGEMENT RESPONSE:

We agree that this is an issue that needs addressing. The following protocol has been developed and this will be presented to the Research Committee on 20 May 2020 for approval. This content will be added to the intranet pending its approval.


*Where, towards the end of the REF period (especially September-November 2020) an academic has a research output that is newly published or is on the cusp of being published, they should raise this with their Director of Research (DoR) and their UoA lead: we advise that the 2020 iteration of the Annual University Research Audit asks individuals if they have any outputs that are on the cusp of publication. All outputs identified through this pathway should be reviewed. Where such outputs are found to be amongst the most highly rated outputs for the UoA, then they should be included in the submission, with a reserve output identified in the event that they are not published within the REF 2021 timeframe (outputs must be published by 31 December 2020).*

Responsible Officer: Karl Smith, Research Impact Manager and REF Coordinator

Implementation Date: 25 May 2020

# LONDON SOUTH BANK UNIVERSITY, REF

**RISK: THE REF CODE OF PRACTICE AND ACTION PLAN DOES NOT PROVIDE CLEAR DIRECTION TO STAFF ON THE PROCESS TO BE FOLLOWED OR HOW OUTPUTS AND CASE STUDIES WILL BE SELECTED**

Ref	Sig.	Finding
8		<p>We reviewed the University's REF Code of Practice to the Guide to Submissions of Research England and Panel Criteria, and found no reference to double-weighting of outputs.</p> <p>Institutions may request that outputs of extended scale and scope be double-weighted (count as two outputs) in the assessment. Requests for double-weighting must be accompanied by a statement of up to 100 words explaining how the scale and scope of the output satisfies these criteria. Where requesting an output to be double-weighted, the submitting institution must reduce the number of outputs listed in the submission by one, and may include a 'reserve' output with each output requested for double-weighting.</p> <p>We appreciate that double-weightings are rare occurrences, and we confirmed that this was discussed at the REF Working Group meeting in January 2020, in preparation for the Mock REF starting in February 2020. Given that the Code of Practice has already been approved by Research England, double-weighting could not be added to it without it requiring re-approval. However, without having clear guidance or communication around double weighting the existence of double-weighting may not be known about and a clear and transparent process for determining when double-weighting can be used and for selecting outputs may not be in place.</p>

## RECOMMENDATION:

The existence of double-weighting should be communicated to staff and a clear process for identifying and selecting outputs to put forward for double-weighting should be introduced. This could be added to the intranet.

## MANAGEMENT RESPONSE:

There are only two REF Units of Assessment (UoAs) that are likely have outputs to extended length. These are 34 - Communication, Cultural and Media Studies, Library and Information Management - and 20 - Social Work and Social Policy. The REF Coordinator has sent to the Directors of Research and UoA leads for these two UoAs the relevant guidance on how to manage double-weighted outputs: this guidance is reproduced below. A page will be added to the intranet on the double-weighting of outputs under the *How to REF, Impact & AURA* menu. This content will be derived from the material presented below:

Guidance on double-weighted outputs:

Substantial pieces of co-authored work, reflecting large-scale or intensive collaborative research, in extended scale, may be described, pending Research England's approval, as double-weighted outputs. Where a double-weighting request has been submitted for an output, institutions may attribute the output to a maximum of two members of staff returned within the same submission. This output may be counted as the required minimum of one for each staff member. The inclusion of any reserve outputs in this instance must be in accordance with the minima and maxima requirements where the panel does not accept the request for double-weighting.

## LONDON SOUTH BANK UNIVERSITY, REF

Where a request to double-weight an output has been accepted by the sub-panel, the quality level assigned to the output will be entered twice into the outputs sub-profile. Where a request to double-weight an output is not accepted by the sub-panel the reserve output will be assessed. If no reserve output has been submitted, the output will contribute to the sub-profile as a single output and one instance of 'unclassified' will be entered into the outputs sub-profile ('Guidance on submissions', paragraph 281).

279. Institutions may request that outputs of extended scale and scope be double-weighted (count as two outputs) in the assessment. The panels provide more information in the 'Panel criteria' about outputs that may merit double-weighting in their discipline areas. Institution's requests for double-weighting must be accompanied by a statement of up to 100 words explaining how the scale and scope of the output satisfies these criteria (see the 'Panel criteria', paragraphs 237 to 247).

280. No single output may be counted as more than double-weighted (two outputs).

281. Where requesting an output to be double-weighted, the submitting institution must reduce the number of outputs listed in the submission by one (unless including a 'reserve' output, as described in paragraph 282). The sub-panels will decide whether to double-weight each output that has been so requested, according to the published criteria. This decision will be separate to the panel's judgement about the quality of that output. Where the panel decides to double-weight an output, it will count as two outputs in the submission. Where the panel does not accept the case for double-weighting, it will count the submitted output as a single output, and grade the 'missing' output as unclassified (unless a 'reserve' output is included).

282. Institutions may include a 'reserve' output with each output requested for double-weighting. Double-weighting requests should be made in accordance with the minima and maxima requirements for attributing outputs to staff, so that in the event the request is accepted, or in the event that it is not and the reserve output is instead assessed, the minimum of one requirement is met for each Category A submitted staff member (unless individual circumstances apply), and no more than five outputs are attributed to any one member of current or former staff (noting that, where accepted, a double-weighted output will count as two attributed outputs to one staff member, unless it is attributed to two staff members as outlined in paragraph 271).

283. A reserve output will be associated with the specific output for which double-weighting has been requested. If the request is declined, the panel will assess the associated reserve output. A 'reserve' output will only be assessed in the event that the panel does not accept the request for double-weighting.

237. The main and sub-panels recognise that there will be cases where the scale of academic investment in the research activity and/or the intellectual scope of the research output is considerable. The main and sub-panels want to recognise and double-weight such outputs in the assessment, so that they will count as two outputs both in a submission and in the calculation of the outputs sub-profile. The main panels have set out below their expectations in relation to receiving requests for double-weighting.

238. Institution's requests for double-weighting must be accompanied by a statement of up to 100 words explaining how the output satisfies the criteria.

239. As set out in the 'Guidance on submissions' (paragraphs 282 to 283), a reserve output may be submitted where a request for double-weighting is made. The reserve output may be attributed to any submitted member of staff, providing that it is in accordance with the minima and maxima requirements for attributing outputs to staff.



## LONDON SOUTH BANK UNIVERSITY, REF

240. Sub-panels will double-weight an output only if a request is made by the submitting institution, and the case is accepted by the sub-panel. Sub-panels will not double-weight any output for which a request has not been made by the institution.

241. Sub-panels will assess the claim for double-weighting separately from assessing the quality of the output, and there is no presumption that double-weighted outputs will be assessed at higher-quality grades. When assessing claims for double-weighting, the sub-panel will not privilege or disadvantage any particular form of research or type of output.

Main Panels C and D supplementary criteria - double-weighting

231. The sub-panels strongly encourage submission of outputs of extended scale and scope for consideration as double-weighted outputs.

232. The submission of a statement to evidence the claim for double-weighting is required and should briefly outline the reasons for the request, addressing the characteristics below.

233. The sub-panels in Main Panels C and D have identified the following characteristics which might apply (individually or in combination) to the research effort associated with a double-weighted output:

- the production of a longer-form output (e.g. book, long-duration creative work or multi-component output) demonstrating sustained research effort
- the generation of an extended or complex piece of research
- the collection and analysis of a large body of material
- the use of primary sources which were extended, complex or difficult to access
- the presentation of a critical insight or argument which was dependent upon the completion of a lengthy period of data collection or investigation of materials
- the undertaking of a complex, extended and/or multi-layered process of creative investigation (individual or collective)
- the investigation of a given theme in considerable depth, from different perspectives, and/or in relation to different contexts.

It is recognised that in some instances the characteristics listed in paragraph 246 may apply to short-form outputs such as journal articles, book chapters and short-duration creative work and justify the double-weighting of such items.

It is expected that most books, monographs, novels or longer-form outputs warrant double-weighting, although claims will not automatically be accepted.

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Responsible Officer: Karl Smith, Research Impact Manager and REF Coordinator

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Implementation Date: 31 March 2020

# LONDON SOUTH BANK UNIVERSITY, REF

## OBSERVATIONS

### AURA COMPLETION RATES

Self-assessments of the quality of outputs provided by researchers are conducted in the Annual University Research Audit (AURA) conducted at LSBU each year.

Completion rates have been falling year on year. We were informed that the Research Office has changed its emphasis to focus on the most research-active academics.

We appreciate that the self-assessed grade point average (GPA) has increased from 2017/18 to 2018/19, from 2.49 to 2.65.

### IMPACT CASE STUDY REVIEWS

Impact case studies and their associated feedback are managed directly by the Research Office, who has engaged with the two external reviewers (Impact Science, and Bulletin), and an external agency (the Innovation Partnership Consultancy) to support academics in producing and refining their impact case studies.

The Code of Practice does not state how many impact case studies are to be reviewed externally, although we were informed that the aim is for all of them to be reviewed. It would be good practice to set a target which can be monitored. Progress of the reviews is tracked via a spreadsheet, by the Research Development Administrator.

The list shows that of the 29 impact case studies:

- 17 have been aided by the external consultancy
- 13 have been reviewed by Impact Science
- Three have also been reviewed by Bulletin
- 16 are yet to be reviewed.

### OVERSIGHT OF EXTERNAL REVIEWER QUALITY

For the impact case studies, the external reviewers (Impact Science and Bulletin) were chosen on the basis of recommendations and the Research Office's own investigations.

For research outputs, the Directors of Research (DoR) were entrusted with the task of identifying reviewers.

The Research Office has no oversight of who the DoRs have selected. However as the reviewers need to be subject matter experts, it was deemed that the DoRs in their Schools have greater knowledge of who would be acceptable.

# LONDON SOUTH BANK UNIVERSITY, REF

## GOOD PRACTICE

We reviewed the last three Research Committee meeting minutes and confirmed that REF has been a recurring agenda item. Minutes showed discussion of compliance statistics of outputs, AURA findings, criteria for significant responsibility for research (SSR), investment recommendations, Code of Practice updates, and EDI training updates.

The REF Working Group and REF Code of Practice Working Group have also been meeting regularly and fulfilling their remit.

The data checking exercises are being consistently performed by the LLR, with annual compliance reports presented to the Research Committee. The Open Access compliance rate in February 2019 was 84%.

Clarifications from Research England over the Code of Practice were adequately actioned by the University, with the Code of Practice approved in November 2019.





## STAFF INTERVIEWED

BDO LLP APPRECIATES THE TIME PROVIDED BY ALL THE INDIVIDUALS INVOLVED IN THIS REVIEW AND WOULD LIKE TO THANK THEM FOR THEIR ASSISTANCE AND COOPERATION.




Professor Peter Doyle	Head of the Research Office
Dr Karl M. Smith	Research Impact Manager and REF Coordinator
Cassie Bowman	Open Access Officer

# LONDON SOUTH BANK UNIVERSITY, REF

## APPENDIX I - DEFINITIONS

LEVEL OF ASSURANCE	DESIGN OF INTERNAL CONTROL FRAMEWORK		OPERATIONAL EFFECTIVENESS OF CONTROLS	
	FINDINGS FROM REVIEW	DESIGN OPINION	FINDINGS FROM REVIEW	EFFECTIVENESS OPINION
<b>Substantial</b> 	Appropriate procedures and controls in place to mitigate the key risks.	There is a sound system of internal control designed to achieve system objectives.	No, or only minor, exceptions found in testing of the procedures and controls.	The controls that are in place are being consistently applied.
<b>Moderate</b> 	In the main there are appropriate procedures and controls in place to mitigate the key risks reviewed albeit with some that are not fully effective.	Generally a sound system of internal control designed to achieve system objectives with some exceptions.	A small number of exceptions found in testing of the procedures and controls.	Evidence of non compliance with some controls, that may put some of the system objectives at risk.
<b>Limited</b> 	A number of significant gaps identified in the procedures and controls in key areas. Where practical, efforts should be made to address in-year.	System of internal controls is weakened with system objectives at risk of not being achieved.	A number of reoccurring exceptions found in testing of the procedures and controls. Where practical, efforts should be made to address in-year.	Non-compliance with key procedures and controls places the system objectives at risk.
<b>No</b> 	For all risk areas there are significant gaps in the procedures and controls. Failure to address in-year affects the quality of the organisation's overall internal control framework.	Poor system of internal control.	Due to absence of effective controls and procedures, no reliance can be placed on their operation. Failure to address in-year affects the quality of the organisation's overall internal control framework.	Non compliance and/or compliance with inadequate controls.

## RECOMMENDATION SIGNIFICANCE

<b>High</b> 	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.
<b>Medium</b> 	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.
<b>Low</b> 	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.

# LONDON SOUTH BANK UNIVERSITY, REF

## APPENDIX II - TERMS OF REFERENCE

### PURPOSE OF REVIEW:

The purpose of the audit is to provide assurance over the arrangements the University has in place to prepare its submission for the REF 2021, due in November 2020.

### KEY RISKS:

Based upon the risk assessment undertaken during the development of the internal audit operational plan, through discussions with management, and our collective audit knowledge and understanding the key risks associated with the area under review are:

- Governance, structures and processes may not be in place or planned to be put in place in preparation for REF 2021 with the consequences that:
  - Preparations are not overseen, controlled and reported appropriately
  - Research outputs and impact case studies may not be captured and stored, or may not be correctly catalogued
  - Information provided by schools may not be accurate or complete
- The REF Code of Practice and action plan does not provide clear direction to staff on the process to be followed or how outputs and case studies will be selected
- The University is not taking the opportunity to identify and implement improvements following the REF 2014 results in readiness for the next exercise
- The assessment criteria for REF 2021 is not adequately disseminated across the University.

### SCOPE OF REVIEW:

The following areas will be covered as part of this review:

- The existing and planned governance arrangements, structures and processes for:
  - Overseeing and reporting on the REF process
  - Collecting, storing and reporting information relating to REF output and impact case studies
  - Ensuring the completeness and consistency of information provided by school and research centres relating to potential outputs and impact submissions
- Assessment of whether LSBU's REF Code of Practice provides clear direction to staff on the process and how outputs and case studies will be selected
- The process in place to implement improvements following the REF 2014 results and monitoring or any association action plans
- Assessment of whether the University's assessment criteria has been disseminated across the University.

However, Internal Audit will bring to the attention of management any points relating to other areas that come to their attention during the course of the audit. We assume for the purposes of estimating the number of days of audit work that there is one control environment, and that we will be providing assurance over controls in this environment. If this is not the case, our estimate of audit days may not be accurate.

# LONDON SOUTH BANK UNIVERSITY, REF

## APPENDIX III

### SCOPE AND APPROACH

Our approach was to conduct interviews to establish the controls in operation for each of our areas of audit work. We then sought documentary evidence that these controls are designed as described, and evaluated these controls to identify whether they adequately address the risks.

Specifically, we assessed the suitability of existing and planned governance arrangements, structures and processes for overseeing and reporting on the REF process. As part of this, we confirmed if preparations for the REF 2021 process are being appropriately managed and taken forward within the University, including speaking to members of the University Research Committee and REF Working Group. We will also reviewed the terms of reference of both the University Research Committee and REF Working Group to assess whether their roles and responsibilities with regard to REF 2021 are clearly defined and working in practice.

The roles of the Research Office, Academic Schools, Research Centres and Research Groups were assessed, to ascertain how they operate in regards to REF2021. For a sample of five Research Centres, we verified if they have had their annual review, and if the action plans generated from the Mock REF results had been followed up on.

We confirmed the processes with regard to how research outputs and impact case studies are captured and stored. The AURA process was also reviewed, to assess whether oversight is being applied and whether adequate reporting is made against the outputs and impact of submissions made by academics. We conducted a walkthrough of the Symplectic system, to ascertain how it feeds into the LSBU Open Research Portal.

The process for internal and external reviews of outputs and impact case studies was evaluated. This included assessing whether all approved outputs are reviewed internally using the REF scoring system. We also sought to confirm if feedback from the reviews had been fed back to Schools and academics. The Library and Learning Resources team's (LRR) data checking processes were also reviewed.

We reviewed the process for the annual Mock REF, to verify if the Mock REF occurred, that results were presented to the Research Committee, actions generated, and that feedback was given back to the Schools and authors.

The REF training content and requirements were assessed, to verify if all REF decision makers, advisors, and reviewers have completed the training, and whether there is wider staff training offered.

We evaluated whether LSBU's REF Code of Practice and action plan suitably define the selection criteria and process to undertake the REF 2021, and whether any clarifications sought by Research England have been adequately actioned by the University in the Code of Practice. The role of the REF Code of Practice Working Group was also assessed to confirm if it was fulfilling its duties.

The processes to identify and implement improvements from the REF2014 submission were assessed, to verify that an action plan has been developed based on the results of the REF 2014, and to confirm if the road map and action plan are regularly tracked and monitored to ensure that improvements are implemented in a timely manner by REF Coordinator. We assessed whether the Code of Practice and REF2021 assessment criteria have been adequately disseminated across the University.

FOR MORE INFORMATION:

**RUTH IRELAND**

+44 (0)20 7893 2337  
ruth.ireland@bdo.co.uk

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