Quality Assurance / Quality Improvement Programme 2005-2006

Peer Review Group Report

for the

EOLAS Group

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1. Introduction

This Quality review has been conducted in accordance with a framework model developed and agreed through the Conference of Heads of Irish Universities' (CHIU) Inter-University Quality Steering Committee (IUQSC) and complies with the provisions of Section 35 of the Universities Act (1997).

2. Profile of the Unit

Location of the Unit

The various component units of the EOLAS (**E**ducational **O**rganisational **L**egislative **A**dvisory **S**ervices) Group are currently housed in four locations across the campus. Quality Promotion, Internal Audit and Institutional Research and Analysis are located on the first floor of the Bea Orpen Building. Health and Safety is housed in the School of Nursing Building. Disability Services and Freedom of Information are both located in the Administration Building, the former on the ground floor, and the latter on the second floor, within the Human Resources Department. Some Disability Service staff are based elsewhere on campus – the Careers Advisor within Student Affairs and the Adapted Physical Activity Officer in the University's Sports Club.

Staff

Table 2.1:   Staff of the EOLAS group

Unit	Position	Name	
Disability Office	Senior Disability Officer	Pat Hoey	Full-time, permanent
	Disability Officer	Fiona Fitzgerald	Full-time, Contract, 1 year (April 06)
	Unit Administrator	Marian Scullion	Full-time, Contract, 1 year (Aug. 06)
	Assistive Technology Officer	Gary Craig	Full-time, Contract, 1 year (Dec 06)
	Learning Support Officer	Lucy Dendy	Part-time, Contract, 6 months (June 06)
	Secretary	Kirsty Rickard	Full-time, Contract, 1 year (June 06)
	Adapted Physical Activity	Brenda Hopkins	Full-time Contract, 1 year (April 06)
	Careers Advisor	Maeve Gallagher	Full-time, Contract, 1 year (Aug. 06)

Equality Director	Vacant (advertised Feb. 06)		Full-time Contract, 3 years
Freedom of Information	Freedom of Information Officer, HR Administrator	Joe Maxwell	Full-time, permanent
Health & Safety	Health & Safety Officer	Eileen Tully	Full-time, permanent
	Admin. Assistant	Margaret Keegan	Part-time, Contract, 1 year (Dec 06)
Institutional Research and Analysis	Institutional Research and Analysis Officer	Maura McGinn	Full-time, permanent
Internal Audit	Internal Auditor	Pamela McDonald	Full-time, Contract, 5 years (Feb. 08)
Quality Promotion Unit	Director of Quality Promotion	Heinz Lechleiter	Full-time, permanent (on secondment from SALIS for 5 years, May 2010)
	Secretary	Fiona Dwyer	Full-time, Contract, 6 months (May 06). Replacing full-time permanent staff on extended sick leave

Products / Processes

The group acts as an advisory and information centre on issues related to regulatory, or statutory obligations of the University. The EOLAS group consists of specialists who provide assistance to staff and students in the areas of Institutional Analysis, Disability, Equality, Freedom of Information, Health & Safety, Internal Audit and Quality Promotion.

EOLAS aims to promote best practice within the University through the provision of information, guidance and reviews, and the facilitation and support of solution based self-reflective practices.

EOLAS provides integrated services as a model of collaborative activity within the university. This synergy is intended to give added value to the range of services provided by the individual offices.

The EOLAS Group's objective is to provide an integrated internal consultancy service to the University community, and to support the University's strategic objectives of leading change, promoting innovation and translating knowledge.

3. The Self-Assessment Process

The Co-ordinating Committee

The leaders of each of the sections in the group formed the co-ordinating committee.

The members are:

Mr Pat Hoey – Senior Disability Officer

Mr Joe Maxwell – Freedom of Information Officer

Ms Eileen Tully – Health & Safety Officer

Ms Maura McGinn – Inst. Research & Analysis Officer

Ms Pamela McDonald – Internal Auditor

Dr. Heinz Lechleiter – Director of Quality Promotion

Methodology Adopted

To commence the quality review process:

- The Group members held twelve meetings in preparation for the review.

- Members took part in two 'Away Days', where they discussed the Strategy, Mission and Vision of the Group, the Role of EOLAS in the University, and examined ways to improve and maximise the energy and synergy of the Group and its contribution to the University.

- The review was discussed with the President and the relevant committees (i.e. Health and Safety Steering Group, Quality Promotion Committee, Audit Committee, Disability Steering Group).

- Discussions also took place with all relevant staff and specifically in the Disability Office.

- The final draft of the self assessment report was circulated to staff before going to the PRG. Staff were reminded of their option to meet with the PRG during their visit.

- Staff and Student Questionnaires were compiled and made available on the University Website. 174 responses were received from staff, and 601 from students. Additionally, a separate survey of students with disabilities was carried out.

- Feedback from staff and students was also sought in two separate focus groups (staff and student), which were serviced by an external facilitator. Summary reports from each grouping were provided to the EOLAS Group.

4. The Peer Review Group Process

Methodology & Schedule of Activity

The review process consisted of a number of meetings between the PRG and relevant stakeholders. This included:

- Consideration of Self-Assessment Report with EOLAS group collectively
- Consideration of individual sections of the report with appropriate staff from the following*:*
    - Institutional Analysis
    - Internal Audit
    - Disability Office
    - Health & Safety
    - Freedom of Information
    - Quality Promotion
- Meetings with representative selections of stakeholder groups including the following:
    - Students (Students with a disability, Student Union)
    - Audit Committee Chair (Phone conference)
    - Committee and Steering Group members
    - University Community members.
- Meeting of PRG with the former Deputy President.
- Meeting with Senior Management (President, Secretary, Director of Finance and Director of Human Resources)

This was followed by an exit presentation made by the Chair of the PRG, to staff of the EOLAS group, summarising the principal findings of the PRG.

Further information was sought relating to the DCU committee and reporting structure and its relationship to the EOLAS group. This information about the structure was made available. Whilst most of the review process was conducted in the Bea Orpen Building, the PRG visited the Disability unit and the Health & Safety Office noting the disparity between the standards of accommodation of these units respectively.

Overall Comments on the Visit

The interaction with all concerned in the review process indicated that people working in the different sections were committed to and participated fully in the quality review process. All those that the PRG spoke to were open and frank in their exchange of views and it should be noted here that there was universal praise for the high quality of each of the component services included in EOLAS.

The PRG would like to acknowledge the excellent administrative arrangements that were put in place for the review and acknowledge the support it received from the Quality Office for the duration of the visit.

View of the Self-Assessment Report

Whilst the Self-Assessment Report exceeded the guideline limit of 30 pages this was understandable given that the existing template does not provide for a unit with the

range of separate activities which make up EOLAS. The SAR however was clearly written and the format used of describing EOLAS and then each individual unit is to be commended. Although the size of the appendices appeared initially rather daunting they proved useful and reflected the substantial amount of work which had gone into the whole quality review process in EOLAS.

The PRG noted the vacancy in the Equality Directors position and had received no information in relation to this function and so it was not considered during the review process.

5. Findings of the Review Group

5.1 EOLAS Group

Background and Context

The Review Group found that there was a lack of clarity amongst the staff of the group and the general University community as to the role and rationale for the EOLAS group and the name EOLAS was confusing even for those who knew about it. Whilst individual functions within the group are known and understood it was clear that there is an issue as to the visibility of EOLAS as a Group. The Review Group found little evidence of the anticipated efficiencies and synergies that this group might provide for the functions included in the group. EOLAS does however provide peer support for individuals who might otherwise be isolated by virtue of their unique functions.

The rationale for EOLAS which emerged over the process of the review visit was that of a group which can provide independent advice on regulatory matters which govern the University; the constituent functions act as internal consultants in the University. It was clear to the PRG that there is a need and desire for this group to move beyond the compliance and regulatory role to one of support and advice to the University community and as a driver for culture change. It is clear the quality review process has brought some focus to bear on the individual units as to their collective function in the University and has provided some insight into particular projects which are of benefit to the University. However there is no proven track record of such projects and no clear management input into the identification or prioritisation of such projects.

Planning and Organisation

Members of EOLAS work autonomously in their own areas of responsibility and co-operate on areas of common interest. The Group reports to the President. EOLAS meets bi-monthly to review progress, discuss areas of common interest and identify potential for further cooperation between the Group members. The Group meets with the President on a quarterly basis to inform him of ongoing developments within the group and its constituent parts and to discuss future developments. The President indicated that this was an efficient use of his time in that he could meet with these functions as a group rather than individually. However the President's busy schedule has resulted in the postponement of scheduled meetings and difficulties have understandably been encountered by some functions in seeking to meet with him at short notice to resolve policy/operational issues.

It was clear to the PRG that there is a disconnect between how the group is managed in theory and in practice i.e. the staff see very much bottom up management whereby they develop the activities of their respective functions and have this approved by Senior Management rather than their activities being focused by Senior Management. It is the view of the PRG that because these units have huge potential to develop and to provide a wide range of services to the University it is important that their work is prioritised by the University Senior Management and is authorised by them. Senior Management needs to be aware of what is not being done as well as what is being done.

Functions, Activities and Processes

The functions, activities and processes of the individual units are dealt with in the individual unit reports. There are also some commonalities between the offices of the EOLAS group. The common themes, activities and ongoing projects outlined below, involving various group members, go beyond the purely legislative and statutory functions.

Joint Activities

One of the aims of the EOLAS Group is to be an integrated information source and to provide support for managers who have responsibility for any or all of the areas the individual group members champion. With this in mind the EOLAS Group has held briefing sessions for new Heads of Schools, Deans and Senior Administrators on a number of occasions.

Joint Projects

EOLAS has initiated joint projects across some of the various offices in the Group.

The following are examples of current projects and planned completion times for the projects.

Project	Offices	Planned completion
Specific Safety Issues for Students/Staff with a Disability	o Health & Safety o Disability	September 2006
Statistical Digest – Easy access to statistical information on internal web	o Institutional Research and Analysis o Quality Promotion o Freedom of Information	September 2006
Risk and Knowledge Management – draft guidelines for the University	o Internal Audit o Quality Promotion o Institutional Research and Analysis o Health and Safety	February 2007

Joint Themes

Many of the concerns shared by EOLAS are intimately linked with the question of shared values and behaviours, many of them unwritten and even unknown - in short, the organisational culture. EOLAS can play a positive role in supporting culture change if it succeeds in proactively accessing decision makers within the university on all levels.

Client Perspective

The surveys established that EOLAS is not well known throughout the University. Staff are not conversant with EOLAS as a group, but are much more aware of the individual offices. To address this issue, the EOLAS Group proposes to publish a brochure outlining the services provided by each of the members. The Group recognises that it must continue to develop a cohesive identity, and seek to engage Senior Management in its collective activities.

Staff Perspective

EOLAS members agree that the formal grouping of the units creates a valuable and valued network. The Group has proven to be a good sounding board for sharing ideas and gaining feedback in connection with issues arising in individual units of the Group. The progression and completion of joint projects will facilitate greater communication across what are in essence quite diverse units.

The Group intends to increase the regularity of meetings from bi-monthly to monthly and is committed to delivering on the joint projects thus far identified. It is also planned to develop and deliver future common projects, initially around the theme of culture change, and possibly widening and deepening the scope of the risk and knowledge management project.

Units within the EOLAS Group report either to the President or the Deputy President. It is recognised that the President, in particular, has significant demands on his time, and is required to be impartial. This may inhibit his ability to act as an advocate or 'champion' for the Group within the University Senior Management Group. It is suggested therefore that the current reporting structures of the various EOLAS units should be reviewed.

Table 1.2: Current **Unit** Reporting Relationships

EOLAS as a Group currently report to the President

Unit	Number of staff	Reporting Relationship
Disability Service	7.5	Deputy President
Equality Office	1	President
Freedom of Information	1	President

Office		
Health & Safety Office	1.5	President
Institutional Research and Analysis	1	Deputy President
Internal Audit	1	President
Quality Promotion Unit	2	Deputy President

<div align="right">* As at 25th January 2006</div>

The EOLAS group suggest in the SAR that the EOLAS Convenor (currently a six month term of office) should be appointed for twelve months and s/he should attend University Executive meetings to ensure that the Group is fully appraised of relevant ongoing issues within the University.

Management of Resources

Physical Resources:

The various component units of the EOLAS Group are currently housed in four locations across the campus.

Financial Resources:

The EOLAS group does not have an assigned budget. To date, the costs of specific EOLAS Group activities have been met by the President's Office. A modest common budget would facilitate the planning of group activities and projects. Some of the individual Units have non-pay budgets which are directly allocated. Details are included in the individual unit reports.

Human Resources

At the time of writing, a University Senior Management review of the "organisation of administrative support" for the EOLAS Group is underway. The PRG and the EOLAS Group are concerned that the diverse and specialised nature of the individual units' operations and activities be reflected in the output from this review.

EOLAS note in their SAR that in order to further the development of the EOLAS Group each member will be required to devote a significant proportion of time to EOLAS activities. This will impact on the operation of the individual offices and should be formally recognised, perhaps via the Performance and Management Development Scheme (PMDS).

Findings

- The name EOLAS needs to be further considered as it is somewhat confusing and provides no meaningful identity for the functions within the unit. It is recommended that the name of the unit be reconsidered.

- Whilst the PRG recognise the critical nature of the compliance role of EOLAS and the need for the group to continue its support and advice role, both the understanding of the role of the unit and the level of awareness of it in the University community is poor. There is a need to clarify and publicise the role and rationale for the EOLAS unit to ensure clarity of purpose amongst the sub-units involved and the University community.

- Currently, EOLAS is seen as a loose affiliation of units which have typical characteristics of regulatory functions and a need for independence. There needs to be an understanding of whether this structure should continue or, alternatively, become a more closely coupled unit with a single head of EOLAS and a common administrative support structure. Consideration should be given as to where EOLAS is to be in the spectrum of loose to more closely integrated units. It is the PRG's view that the group and the University might be best served by maintaining a relatively loose connection between the units and for EOLAS to be an advisory network rather than a single administrative unit.

- The current reporting relationship of the EOLAS group with the President's office, with individual units also reporting to the Deputy President, has some advantages. However, the President has numerous demands on his time and given the level of direction, coordination and senior management input required by the group, the PRG recommends that the reporting relationship with the President should be reconsidered and recommend that it might be more appropriate that the group and all individual sections report to the Deputy President.

- Many of the activities of the units in EOLAS involve regulatory and compliance issues and demand a level of independence. In this context the PRG feel that the Disability Office is different and recommends that it would be better placed as a unit in Student Affairs. This is further explored in the section on Disability.

- In the units of EOLAS, many of the critical functions have no shadowing or understudy function of permanence. There is a risk of potentially serious problems in the event of one of these officers leaving their function on a temporary or full time basis, unless immediate cover is available. It is recommended that an audit of critical functions should be undertaken throughout the University to ensure that, in the event that a specific position becomes vacant, clear, smooth transition arrangements are available to be implemented, on a temporary basis until such time as the function is reinstated permanently.

- There is an urgent need for the University to set clear work priorities in the light of the magnitude of the demand for the individual services of EOLAS and the limited resources which are available to provide these services.

5.2 The Disability Service

Background and Context

The Disability Service was established in 1996 with the appointment of a Disability Officer and has developed, over the past ten years, primarily through the Higher Education Authority's Strategic Initiative Fund.

Table 1.3

Number of Students registered with the Disability Service for the Academic Years

Students with Disabilities (Registered with the Disability Service)	2001 / 2002	2002 / 2003	2003 / 2004	2004 / 2005	2005 / 2006
Hearing Impaired/Deaf	3	8	10	10	10
Visually Impaired/Blind	5	9	11	10	10
Multiple	3	7	7	8	8
Ongoing Medical Condition	1	2	8	7	6
Mental Health	3	6	7	9	5
Physical / Mobility	14	30	35	32	32
Specific Learning Difficulty	9	24	39	48	60
Other	5	2	0	0	2
Total	**43**	**88**	**117**	**124**	**133**

The Disability Office highlighted in the course of the review that the number of students with disabilities is not growing significantly on campus.

Planning and Organisation

The Disability Service has developed a 'team approach' with a range of expertise available within the Disability Service's Team. This support ranges from Learning Support to Assistive Technology and through Sport and Careers advice.

Communication is primarily through daily team member contact; however there are also fortnightly team meetings and agendas are circulated before meetings with the relevant minutes. A Disability Service Strategic Plan 2005/2006 was developed in August 2005, with interlinking individual team member's work plans**,** performance measurements and training and development needs. Staff have monthly individual meetings with the Senior Disability Officer with reviews of assigned work.

There is a plan to further develop and re-organise the team structure with three sub-teams, learning support team – administrative team and finally a planning, project and strategic development team

The service operates with two budgets, the ESF Fund for Students with Disabilities and the HEA Strategic Initiative Fund. See Table below for budget detail for academic year 2005/2006.

Table 1.4 **Sources of Funds for Academic Year 2005/2006**

Description of fund	€AMOUNT
HEA Strategic Initiative Fund	253,000
ESF Fund for Students with Disabilities	284,798

Functions, Activities and Processes

The service has four main functions:

- To provide support to learners with disabilities in the university through a range of interventions;
- To offer advice and guidance to students with disabilities, parents and guidance counsellors in relation to access;
- To deliver disability equality training to staff and to contribute to the development of a culture of inclusiveness whereby all people with disabilities, both learners and staff, can participate in the totality of life on the campus.
- The Disability Service also advises the University on its legal obligations under equality and disability legislation.

A detailed description of the services provided was include in the SAR and included areas such as:

- Administration
- Service Provision/Advocacy
- Raising Disability Awareness
- Policy Development and Review
- Student Support Management
- Database Development
- Educational Support Worker System
- ESF Funds for Students with disabilities
- Library Supports
- Learning Support for Students with Specific Learning Difficulties
- Assistive Technology
- Sports Service
- Careers Service.

It was clear to the PRG that the department provides a service which is holistic in nature covering all the major aspects of a student's academic and social life. It was also clear to the PRG that the Senior Disability Officer spends a disproportionate amount of time trying to preserve and protect many of these functions due mainly to the fact that all staff, other than the Senior Disability Officer, are on temporary contracts.

Customer Perspective

Feedback for the SAR was received via a questionnaire completed by students with disabilities, registered with the Disability Service, and the generic staff questionnaire completed in relation to attitudes to the EOLAS group and its disparate offices. In addition to the information below it was clear from the discussions with all stakeholders, particularly the students that there had been significant improvements in the Disability Service in the last 18 months.

The recent student with disabilities user questionnaire identified some interesting trends.

While 72% or respondents had made initial contact with the Disability Service before the end of semester one, some 28% only made initial contact before examinations and during semester two, thereby limiting the level of support available to them during their first semester in college. 36% of student respondents use the service once a term with 21% using the service on a weekly basis.

The following are the responses to a range of questions, rated as percentages within listed categories.

Question	Excellent/Very Good/Good	Fair/Need of Improvement
Response time to queries	100%	Not Applicable
Support in applying for funding	91%	9%
Level of support provided	92%	8%
Attitude of DS Staff	95%	5%
Opening Hours of DS	94%	6%
Liaison with Academic Staff on your behalf	89%	11%
Attitude of Academic Staff	92%	8%
General Level of Awareness of Disability Issues	84%	16%

There is a very high recognition of the excellence of service provided by the staff of the Disability Service. Interestingly, there is also recognition of the positive attitude of academic staff towards the University's students with disabilities and a very high general awareness of 'disability issues' on campus.

The following services provided by the Disability Unit were rated as follows:

Service	Excellent/Very Good/Good	Fair/Need Improvement
Reception/Information Desk	97%	3%
Needs Assessment	89%	11%
A.T. Assessment and Support	88%	12%
A.T./I.T. Training	83%	17%
Open Access Room in Library	79%	21%
Study Skills Support	87%	13%
Alternative Media/Text Access	96%	4%
Tutor Support	89%	11%
Note Taking Service	95%	5%
Alternative Exam Arrangement	89%	11%
Career Support Service	92%	8%
Sports Service	91%	9%

The University Staff questionnaire survey and focus group identified some interesting issues.

97% of the valid poll rated response times from the Disability Service to queries within the range of 'satisfactory, good or excellent'. 98% of the valid poll rated the Disability Service's assistance in enabling the University to fulfil its legislative and statutory obligations within the range of 'satisfactory, good or excellent'.

74% of the valid poll rated the performance of the Disability Service in supplying the university community with sufficient information in relation to its function within the range of 'satisfactory, good or excellent', with 26% rating this as either 'fair or poor'.

26% of the valid poll indicated that they had changed some of their work practices as a result of their interaction with the Disability Service. 74% of the valid poll indicated the impact of the Disability Service on the culture of the University as being either 'good or excellent'.

The poll return indicates an exceptionally high satisfaction level with the response time to queries from the Disability Service and also in its effectiveness in supporting the university to fulfil its legislative and statutory obligations in relation to the inclusion of people with disabilities.

While, it also indicates a high level of satisfaction with the dissemination of information by the service it is an area that needs further work. While the service is seen as impacting positively on the culture of the university there is a somewhat limited transfer of this into the day to day practice of individuals within the university.

Staff Perspective

A Disability Service Strategic Plan 2005/2006 was developed in August 2005 - with interlinking individual team members' work plans**,** performance measurements and training and development needs.   Key in the development of the Disability Service Plan for 2005/2006 was the disability service planning day. On-going team communication is through fortnightly team meetings. Meeting agendas are circulated before meetings with relevant minutes.

Staff have monthly individual meetings with the senior disability officer with reviews of assigned work. There is a plan to further develop and re-organise the team structure with three sub-teams, learning support team – administration team and finally a planning, project and strategic development team. These developments have been informed by staff views of the challenges facing the delivery of a quality service to all learners with disabilities, registered with the disability service, and of also meeting the needs of academic and administrative staff in supporting students with disabilities on campus.

Management of Resources

As outlined earlier, in relation to budgetary items, both disability service budgets are used in relation to the provision of supports to students with disabilities – either through the Fund for Students with Disabilities, for a range of support services, or through funding provided for staffing through the HEA Strategic Initiative Fund. Currently, the Disability Service has no non-pay /operational budget but uses a percentage of the HEA Strategic Initiative Fund budget for administrative costs. The Fund for Students with Disabilities provides individual student support through an educational needs assessment and funding application. Funding spend is recorded and returned to the National Office for Equity of Access to Higher Education and this is strictly monitored and audited by both the Department of Education and Science and the European Commission.

Findings

- The Disability Service, unlike other functions in EOLAS, is primarily a student service function and the PRG recommend that it should be located in Student Affairs. This will help ensure that student supports are maximised and that synergies in this and other Student Affairs services are exploited fully. It will also address the lack of a formal operations budget for the Disability Service. A "dotted line" relationship with EOLAS should be maintained in respect of compliance and regulatory functions.

- It is the view of the PRG that this is a flagship service for the University, with universal acclaim for the services provided, and is key in attracting and retaining students with disabilities. In order to maximise the intake of students with disabilities, the PRG recommend that:

    - the level of resources required to continue the service at the current level of operation should be secured. The current level of contract staff providing the services is untenable.

    - the admissions procedures for students with disabilities should be reviewed.

    - links with feeder schools need to be maintained, strengthened and widened.

- Whilst there are implications for staffing arising out of the Disability Act there is no current provision of services to staff. The work of the Disability Service is exclusively with students except in the rare circumstance where they provide advice to staff in relation to assistive technology or other supports. The PRG recommend that the implications of the Disability Act be examined by a wide range of University personnel, not just the Disability Service staff,

in light of the additional obligations it will place on the University in terms of Human Resources, Estates and Teaching and Learning Support.

- The requirements of the Disability Act to recruit and retain staff with disabilities will fall mainly to the Human Resources Department and the PRG would strongly recommend that DCU strive to be as exemplary in their employment of people with disabilities as it is with their education.

- The PRG met the staff of the Disability Office in their own offices. It was evident that the offices were cramped and inappropriate to the function. The PRG recommend that accommodation for the Disability Service be reviewed immediately.

- To maximise the impact of the service and embed awareness of disability issues in the University structures the PRG recommend that more use should be made of the Personal Tutor System. There is also a need to ensure that there are Faculty Coordinators in each faculty with responsibility for Disability.

- A review is needed of what the University can do in terms of assisting the placement in employment of students with disabilities.

5.3 Freedom of Information Office

Background and Context

The FOI Office at DCU seeks to foster a culture of openness and transparency in relation to how the University operates by enabling staff, students and members of the public to obtain access, to the greatest extent possible consistent with the public interest and the right to privacy, to information held by the University.

The FOI Acts 1997 and 2003 enable individuals to:

- Obtain information held by the University;

- Obtain reasons for decisions affecting oneself;

- Have official information relating to oneself amended where it is incorrect, incomplete or misleading.

This means that apart from information already published or otherwise available, individuals may apply for access to university records retrospectively to the date the FOI Act 1997 was implemented, which was 21 April 1998.

Under section 18 of the FOI Act 1998 individuals may apply for access to records that contain personal information about themselves, irrespective of when created, and to have made known to them the reasons for decisions made by the University that have materially affected them. This right was effective from 22nd October 2001.

The FOI Office provides advice to those wishing to obtain information from the University and guidance to staff members tasked with providing information held by the University. The FOI office provides regular awareness training on FOI issues and guidance on best practice in relation to official record keeping.

The FOI Office is tasked with ensuring that requests for information are dealt with in a timely manner and that the outcomes of such requests are tracked and reported on to ensure compliance with the FOI Acts.

The key tasks for the FOI Office following its establishment were to provide training for designated FOI decision makers (all Heads of schools and units) and to establish procedures for answering FOI requests as they were received. The FOI Office was aided in this through membership of the Universities FOI Officers Group under the auspices of CHIU (now Irish Universities Association).

Of the 154 FOI requests received to date, 33% were received within the first six months of the FOI ACT [1998] coming into force in the University sector. Subsequently, the number of FOI requests fell steadily and by mid 2003 had levelled out at a rate of 18-20 per year.

In June 2003, the FOI Officer took up additional duties in the Human Resources Department while maintaining the operations of the FOI Office. This is consistent with developments elsewhere in the University sector, with the majority of FOI Officers being assigned additional duties following the downturn in FOI requests. The reporting lines remain as before, with the FOI Officer reporting independently to the President on FOI matters and reporting separately to the HR Director on work undertaken on behalf of the HR department.

Planning and Organisation

The FOI Office comprises one staff member who reports directly to the President on FOI related issues. Formal decision making with regard to FOI requests is carried out as prescribed by the FOI Acts. The designated decision makers under FOI are the Heads of schools and units. The FOI Office does not have delegated powers to make formal FOI decisions to release or withhold information. The FOI Office acts in an advisory capacity to both requesters and decision makers. The FOI Office generally leaves all budgetary matters in the hands of the Finance Office. It is a low spending unit with modest requirements.

Communication to DCU staff on FOI matters is carried out primarily via the FOI website and through face-to-face seminars held twice yearly and advertised through an all-staff email. In the implementation phase of FOI, all Heads were trained in FOI and each school and unit was given the opportunity to avail of seminars on FOI. Furthermore, a series of lunch-time seminars were held to which all staff were invited. Approximately 100 staff attended these seminars. In recent times, the numbers attending the seminars have fallen to 6-10 per session.

To date, communication of FOI matters to the student body has mainly been done through briefings each year to the Students' Union Executive. Following feedback garnered through this quality review process, it is stated in the SAR that there is now an intention to inform the wider student population of their rights under FOI by providing seminars and explanatory leaflets at induction.

Functions, Activities and Processes

The functions of the unit are to ensure organisational compliance with the university's obligations under the Freedom of Information (FOI) Acts, 1997 and 2003. Requests for information are dealt with initially by designated FOI decision makers and subsequently by internal reviewers, should the client be unhappy with the outcome of the initial request. The FOI Office provides support to the decision makers and internal reviewers. The President has delegated responsibility to Heads of schools and units to act as decision makers and they have overall responsibility for the initial decision in response to a request.

The table below gives an indication of the outcomes of FOI requests in terms of being fully granted, refused or withdrawn and subsequently handled outside of the FOI process.
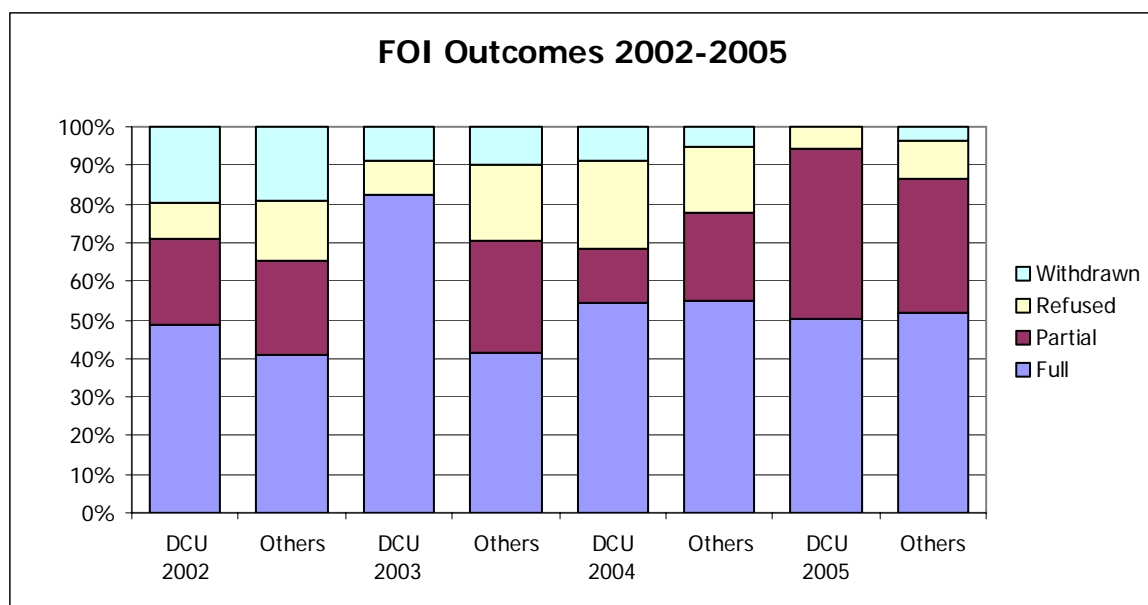
Overall, the outcome of FOI request handling is broadly similar to that in the other universities. In the SAR, it is indicated that staffing and facilities are adequate, and that key requirements under the legislation are being met. It is also reported that support and cooperation from CSD, Finance and HR has been excellent.

Root cause cures rather than quick fixes have been applied to areas which were seen as potential sources of FOI requests, most notably student exam scripts and staff access to personnel files. Viewing days were put in place for exam scripts, thus avoiding some requests that may otherwise have arisen. While staff have always had access to their personnel files, access to personnel records now includes references and medical reports.

Customer Perspective – Staff & Students

Exposure to FOI operations has been limited to a relatively small cadre of staff concentrated in the President's Office, Secretary's Office, Finance, HR and a small number of schools. A focus group comprised of a cross-section of University staff

was convened on 11th January 2006 to ascertain their views on the various offices within the EOLAS Group. The majority of staff in the focus group had awareness of the FOI Office and the service was described as "working well".

A survey and focus group meeting was also carried out with the student population. The overwhelming majority were unaware of the existence of the FOI Office and were unfamiliar with its functions. This is not surprising, as FOI has not been included in the induction process carried out in September each year. The Students' Union is aware of FOI, as each incoming administration is briefed on the FOI Acts annually.

Management of Resources

The FOI office is located in the HR unit in the Administration Building and the equipment of HR is available to it. The budgetary situation remains somewhat unclear but in practice this has never been a problem as the needs of the unit are modest. The FOI Office is staffed by one part-time officer with responsibilities as outlined above. This level of staffing is adequate given the current level of FOI Activity. The FOI Officer is also a member of the HR Department with full responsibilities for a number of schools and units in that area.

It is understood by HR management that the response to FOI requests should take precedence over the HR work in the event of conflicting demands due to any increase in FOI requests received. This has worked satisfactorily to date in respect of FOI requests. However, the SAR indicates that it has on occasion been difficult to ring fence time to perform some of the ongoing administrative duties required of the FOI Office, such as updating section 15 and 16 manuals, statistical analysis, etc.

Findings

- Notwithstanding the significant reduction in formal FOI requests, it is important to maintain a culture of openness.

- There is a need for the University to ensure that record keeping continues to achieve a reasonable level of information and is not seen as meaningless because of a lack of detail in, for example, minutes of meetings.

- There is a need to protect the time needed by the FOI officer to work on FOI matters rather than his HR responsibilities.

- Some clarification is needed from the Finance Office about the budget for FOI and the income from charges.

- Recognition is needed that HR and FOI may be perceived by staff and students to conflict. This can occur where confidentiality wishes by the University "establishment" are at odds with a climate of open access. The PRG understands that this has not been a problem to date.

5.4 Health & Safety Office

Background and Context

The Health & Safety Office was established in October 2000 with the recruitment of the current Health & Safety Officer. The objective of the Office is to provide advice, assistance and support to the DCU community on all aspects of occupational health and safety and in so doing maintain the University in good standing in relation to health and safety legislative obligations and national and international best practice. In common with other offices within EOLAS, the reporting structure was changed in 2002 and the Office now reports to the President.

The Health & Safety Office is currently staffed by a full-time Health and Safety Officer and a part-time Secretary Grade 2 whose temporary contract expires in December 2006.

The work of the office covers matters arising from legislation such as occupational health and safety legislative requirements. Given the diverse nature of DCU's research, teaching, laboratory and support services activities, the campus is home to a significant number of occupational safety and health hazards (carcinogens, biological agents, confined spaces etc), the control of which is governed by legislation.

The office also includes advice on safety in hotel and hostel accommodation, in the performing arts, and in catering. The legislation which has to be complied with includes the Safety, Health & Welfare at Work Act, 2005 and the Fire Services Act 1981 (and amendments 2003).

Planning and Organisation

The Health and Safety Office is responsible for the co-ordination and/or management of various teams of staff who perform vital health and safety functions across the University.

These include:

(1) The **Health & Safety Steering Group** which is a sub group of DCU Executive, chaired by the Dean of the Faculty of Science.

(2) The **Health & Safety Consultation Group** which advises the Health & Safety Steering Group, chaired by the Health & Safety Officer

(3) Team of **Fire Wardens** (150 approx)

(4) Team of **First Aiders** (70 approx)

(5) **First Aid Steering Group** which reports to the Health & Safety Steering Group

(6) **Ad hoc working groups** convened to examine various cross campus health & safety issues and advise on policy development

In addition the Office, working in close cooperation with the Estates Office, carries significant responsibility for the implementation of fire safety management systems in all buildings (residential and non residential) on campus.

While the stand-alone Health & Safety Office reports to the President, the Health & Safety Officer is not for administrative purposes deemed to be a "Head". To address

this issue in part the President arranged in the past year that the Health and Safety Officer attend Heads meetings and this has had some benefits from a visibility and networking point of view.

Functions, Activities and Processes

The activities of the Health and Safety Office are grouped as follows:

(1) Provision of information, advice and technical support to management, staff and students on all aspects of occupational health and safety.

(2) Emergency Planning

(3) Sourcing and arranging a varied range of specialist and general health and safety training for staff at all levels, delivering office ergonomics and manual handling training on an ongoing basis, and carrying out ergonomic risk assessments on individual staff on receipt of specific requests

(4) Recording and analysis of all injuries and incidents reported by staff or student)

(5) The co-ordination and administration of the University Health & Safety Steering and Consultation groups and participation in standing committees of the Science Faculty particularly the Biological Safety Committee and the Faculty Health and Safety Committee

(6) Updating and maintaining the DCU Framework Safety Statement and School/Unit Safety Statement Template and collating the safety statements of individual schools and units

(7) Managing the risk assessment process for pregnant employees

Customer Perspective

Staff Survey

The staff survey indicated that

➢ 83% of staff that responded were familiar with the Health & Safety Office.

➢ Of staff that expressed an opinion regarding the helpfulness and professionalism of the office, over 80% of the ratings were either 'excellent' or 'good'.

➢ On the question of the impact of the Office on the culture of the University the rating of 78% of respondents was 'good' or 'excellent'.

➢ On the issue of dissemination of sufficient information the result was less positive with 68% of responses falling into the 'good' or 'excellent' category.

The staff survey results indicate that those who have contact with the H&S office are in the main satisfied with the service, but there may be an information deficit in communication with the staff body as a whole.

Most members of the staff focus group had had some interaction with the office. The group noted that the H&S Officer's remit was 'huge' and expressed concern regarding the resourcing of the office.

Student Survey

Just 31% of students indicated that they were aware of the existence of the H&S Office. Comments indicate again that students involved in clubs and societies have had positive exposure to the Health and Safety Office.

Most members of the Student focus group were aware of the existence of the office & felt that it was proactive in its approach. They noted that the office engaged with students at various points throughout the year/college life.

Staff Perspective

The Health & Safety officer is concerned that given the increasing demands placed on the Health and Safety Office, the current staff complement of 1.5 is inadequate to manage the workload involved in delivering an effective service to the University. She finds it is difficult to develop the service strategically when operational issues are constantly to the forefront. Her assistant is employed on fixed term contract which is due to terminate in December 2006.

Management of Resources

The Health and Safety office is located in Block H the School of Nursing building. With the expected access to on-site occupational health specialists as a result of the opening of the Healthy Living Centre, the Health & Safety Office and the University will derive significant benefits from the two operations being housed in the same building.

Financial resources are allocated as follows:

- Spending on **safety training and minor works** to improve the safety of the physical environment, accounted for approximately 70% of the €69,000 'non-pay' expenditure of the Health and Safety Office in 2004/05.

- The **Joint Projects & Consultancy** heading allows the Health and Safety Office to assist schools and units in rectifying local safety issues or initiating local safety projects which might not otherwise be tackled.

Findings

- There is no agreed Campus Emergency Plan, despite significant preparatory work having been completed, and the PRG recommend that this be completed and adopted as soon as possible.

- The PRG are of the view that the current staffing level represents the minimum that is consistent with the University meeting its statutory obligations. It is recommended that the retention of the current secretarial post holder is addressed as a matter of urgency.

- Overall responsibility for fire safety management within the University is not clearly defined. There is evidence of a degree of ambivalence in relation to the respective roles and responsibilities of her role and that of the Estates Office (who manage the physical systems), and the Schools/Units who provide the local Fire Wardens. It is recommended that these responsibilities are clarified.

- It was noted that meetings of the Health & Safety Committee were sometimes cancelled and not rescheduled. Best practice guidance from the HSA is that safety is a management issue and therefore needs the attention and active

participation of senior management. It is recommended that meetings of the Health & Safety Committee are formalised within the University Calendar and are accorded the same status and significance as meetings of the Audit Committee.

- There is limited Occupational Health provision available given the size and nature of the institution. It is recommended that the University benchmarks its provision against comparable institutions and takes a view as to the relative risks of increasing the provision and maintaining the status quo.

- The relationship between the Health & Safety Officer and Estates Office is clearly crucial. The PRG found no evidence to indicate anything other than an effective working relationship but we recommend that formal regular minuted meeting between the two offices should be resumed to ensure that matters of mutual concern are systematically managed.

- The PRG recommends that statistics are produced on a regular basis say quarterly, to ensure that wherever possible the University is able to learn from experience and take appropriate preventative measures.

5.5 Institutional Research & Analysis Office

Background and Context

The role of the Institutional Research and Analysis Office (IRAO) is to manage the institutional analysis function within the University. This includes conducting analyses and producing reports on issues of interest to the University as well as making statutory reports and generating analyses to support budget development.

The office provides a variety of services for members of the DCU community, that is, it provides services directly to Schools, Units and Central Management structures in DCU. In addition to the DCU Community the IRAO provides reports for external bodies including the HEA, CSO and other State Bodies. The IRAO also engages in data related projects with other offices in DCU and outside organisations such as the HEA and the IUA with a view to enhancing DCU's data and reporting mechanisms. Survey activities include the regular Survey of Student Opinion of Teaching, the DCU Student Experience Survey and the Survey of Incoming Students.

The IRAO's core objective is to support decision-making at all levels in DCU through the provision of relevant and accurate information and analyses, focussing specifically on supporting central and School/Unit management teams.

The Institutional Research and Analysis Office was established in 2005. It is a one person office associated with the Presidents Office and since 2005 has become a member of the Eolas Group.

Planning and Organisation

Management Structure

The Institutional Research and Analysis Office is part of the Presidents Office and reports to the Deputy President directly.

Internal requirements come from all parts of the DCU community and are usually requested from the IRAO directly. External requirements come through various

avenues and some are requested directly from the IRAO. The FOI office, Registry, Public Affairs all receive requests from external bodies. In many cases the IRAO will provide information as part of the University's response.

Budgeting

The IRAO has no budget of its own. All needs are requested through the President's Office. Prior to the IRAO being moved to the Presidents Office the role of the Office was part of the Registry and its budget was sourced from there. There is a need for clarification about the budget available to this office so that activities can be planned with respect to the resources which are available.

Committees

The Office takes part in and provides information to the EOLAS Group: the Retention Taskforce: the Quality Promotion Committee: the Key Performance Indicators Taskforce and the IUQB Institutional Research Project.

Communication

Information gathered from both the student and staff questionnaires suggest that a substantial proportion of the staff (75%) and student (96%) communities are unaware of the work of the Institutional Research and Analysis Office. Of note also is that over half the staff that answered the question gave a poor rating when asked if they felt the IRAO supplied sufficient information to its function within the DCU Community.

Good links with internal and external bodies are essential for the development of the role of the IRAO in the University. Promotion of the office must take place to increase awareness of the office and its services. The IRAO website has not been updated since the change in the reporting lines. The Irish Universities Quality Board (IUQB) is currently running a project with the aim to improve the organisation and efficiency of Institutional Research (IR) in all Irish universities. This project will help the DCU office establish links with other universities and promote a common definition of IR and of the output from each office.

Functions, Activities and Processes

All projects are documented and annual reports or projects to be repeated are fully specified and methodology documents are written up. Any processes that could be systematised are discussed with Computer Services Department (CSD) and potential for automation is researched.

It is early stages for the current post holder and there are many ideas for new products and services but development plans have not yet been approached. New membership in EOLAS and the KPIT has forged links where joint projects and new services are envisaged.

Clerical and secretarial support for the IRAO comes from Registry: Prior to the establishment of the IRAO in the Presidents Office, its predecessor was within the Registry and it is in the Registry that much of the knowledge and processes for the workings of the IRAO were obtained. The Registry continue to be a close colleague of the IRAO as much of the information used in reporting and analysis originates from the Registry and much of the quality assurance of reporting would be passed through

the relevant section of the Registry. It is a concern of Registry that backup support is not available in IRAO if the one person in this unit is not available.

IRAO also works with CSD and Faculty Administrators. All support received from the various units and departments appear to be satisfactory.

Customer Perspective

A staff focus group was carried out by an external facilitator and a questionnaire was administered via the internet. The survey was issued to all staff and 174 responses were obtained. The questionnaire asked the user to rate the IRAO on its helpfulness, professionalism and response time.

- In relation to the helpfulness of the Office 87% those who answered the question give an excellent or good rating.

- 91% rate professionalism of the IRAO as excellent or good

- 84% rate the response time in the same way. No poor responses were given to any of these questions.

When asked for further comments about the Office almost a third of the comments were seeking further information about the office, a number were seeking access to generic reports, a number stated they thought the office was working well and some people suggested further assistance for academic staff with their Surveys of Student Opinion of Teaching (SSOT's). The comments from the focus group which met the PRG were entirely consistent with the picture of overall quality and excellence which emerged from the survey.

The feedback from the survey and focus group is invaluable and will help formulate strategy and assist the office in implementing change.

Staff Perspective

Quarterly probationary reviews are currently being held with the one person in this office in line with the DCU policy. These meetings are a useful forum to discuss the work of the office, to set objectives and goals and to discuss training and development needs.

Management of Resources

The IRAO has no direct budget and needs are met through the Presidents Office.

Systematisation of annual reporting is something that is an ongoing process and through the support of CSD new software and technology have been researched.

Processes for annual reporting have been documented and are distributed with the information requests.

Findings

- There was unanimous praise of the work of this unit. PRG found that there were huge expectations relating to this function and there is a need to manage such expectations and to embed into existing systems much of which is currently ad-hoc.

- There is a need to establish a University wide mechanism for resolving data difficulties.

- There is potential for using trend analysis rather than just ad-hoc reports. This function can be provided by IRAO.

- The role needs to have an input into the development of Management Information Systems (MIS) on campus as a key data user.

- PRG believe that it would be unwise to have this function associated with one particular office and as such its role should be protected as an independent function.

- Clarification is needed from the Finance Office about the budget for this independent unit.

- It is recommended that the University need to set clear work priorities in the light of the magnitude of the demand for the services of IRAO and the limited resources which are available.

5.6 Internal Audit

Background and Context

Internal Audit was established in DCU in February 2003, with the appointment of the current post holder on a five year Contract of Employment.

The Internal Auditor is not a designated 'Head'; however, by arrangement with the President, the Internal Auditor attends the monthly Heads' Meetings.

The Internal Auditor operates under a formal Charter, which was approved by the Governing Authority in 2003. A proposal for a new Charter for Internal Audit was presented to the Audit Committee by the University Secretary in December 2005. At the time of writing, this Charter was under consideration by the Committee.

The Internal Audit Service (IAS) is responsible for conducting an independent appraisal of all the University's system of internal control. It provides a service to the whole organisation, including the Governing Authority and all levels of management. The Internal Audit Service is responsible for giving assurance to the Audit Committee, Governing Authority and the President on the University's risks and its control arrangements. It also assists management by evaluating and reporting to them the effectiveness of the controls for which they are responsible. It is for the management to determine whether or not to accept audit recommendations and to recognise and accept the risks of not taking action.

The remit of the IAS also includes thirteen Campus Companies, which are subsidiaries of the University. Dublin City University Group revenues in 2004 (including research) were approximately €115 Million.

The scope of the Unit is not confined to financial statements or financial risks: much of the work of the Internal Auditor involves looking at reputational, operational or strategic risks. The Unit also gives an independent opinion on whether internal controls – such as policies and procedures – put in place to manage these risks are actually working as intended. Internal Audit may also review systems under development to ensure that good controls are built in, and may undertake consultancy services or special reviews at the request of management.

Planning and Organisation

There is currently only one staff member in the Department, therefore, all tasks and responsibilities are vested in one individual. The Internal Auditor reports administratively to the President, with whom quarterly meetings are scheduled.

The Internal Audit Service reports professionally to the Audit Committee, a statutory sub-committee of the Governing Authority, through formal meetings, usually held quarterly, and also informally, on occasion and as required, to the Chair of the Audit Committee.

The Secretary of the University is Secretary to the Audit Committee, although in practice the Internal Auditor has fulfilled this duty since 2003, with the agreement of the Audit Committee.

The budget amount allocated annually although adequate, is decided without input from the Internal Auditor, and is not formally advised to the Internal Audit Service. The current level of budget allocation does not provide for the purchase of external professional services or for the out sourcing of audits.

The Unit communicates internally with staff and management at all levels of the University Community. All Internal Audit reports, when finalised, are distributed to the management of the relevant area/s, the President and to the Audit Committee. The Unit communicates externally with a variety of bodies, as required, including the University's External Auditors, the Office of the Comptroller and Auditor General and the Internal Audit Units of other Higher Education establishments.

Functions, Activities and Processes

Annually, the Internal Auditor draws up a list of potential reviews, and an Audit Programme is agreed with the Audit Committee. Input is also sought from the President and Senior Management with regard to proposed reviews. Recently, requests have been received from some managers to have specific reviews, within their own area of responsibility, carried out by Internal Audit. This is the first time that Units have proactively engaged with Internal Audit, and hopefully this trend will continue. The University does not, as yet, have a Risk Management Framework in place. When a Risk Register has been set up, this will serve as the major driver of the Audit Programme.

Customer Perspective

As the Internal Auditor has no line function, it is essential to form a good relationship with staff of the University, in order to gain cooperation and willing participation in the reviews. In reviewing the responses to the Staff Questionnaire and remarks at the Focus Group sessions, a lack of awareness of the Unit, its role, scope and purpose was widely demonstrated.

Formal communication with the Audit Committee is usually in the form of a report given at each meeting of the Committee. The Internal Auditor also communicates, by telephone and email, with the Chair of the Audit Committee between meetings as required. Audit Committee minutes are sent to each member of the Governing Authority, and the Chair of the Audit Committee reports regularly to the Governing Authority. The Unit liaises with the External Auditors on matters pertaining to the

Audit of the Accounts of the University and Campus Companies, and also meets with the Lead Auditor during the conduct of the University's Audit by the Office of the Comptroller & Auditor General. Internal Audit reports are provided, on request, to the C&AG.

Staff Perspective

The Internal Audit Service in DCU has currently one member of staff. The Audit Committee, at its meeting in November 2005, requested that the External Auditors carry out a review of the staffing levels in the other Irish universities, for comparison with DCU. At the time of writing, their report has not yet been received.

Management of Resources

The allocated non-pay budget is monitored and managed by the Internal Auditor through a simple spreadsheet system. In the event of further staff resources being approved it will be necessary to review the accommodation and equipment of the Unit.

Findings

- It was noted that, by custom and practice, a number of University employees attend the Audit Committee. It is recommended that non members should only attend meetings of the Audit Committee at the explicit invitation of the Chairman.

- The Audit Committee has traditionally consisted of three members of the Governing Authority. There is currently a vacancy as one member has resigned from both the Governing Authority and the Audit Committee. It is recommended that the whole question of the membership of the Audit Committee is reviewed. Questions to be considered should include

  - Whether three members are sufficient for such an important committee.

  - Whether it may be possible to co-opt members with appropriate expertise who are not necessarily members of the governing body.

  - Whether there is a need to appoint a Deputy Chairman.

  - Whether there is a need for succession planning in relation to the position of the Chairman – some institutions use the role of Deputy Chairman as preparation for the role of Chairman.

- The Secretary of the University is Secretary to the Audit Committee, although in practice the Internal Auditor has fulfilled this duty since 2003, with the agreement of the Audit Committee. The Head of Internal Audit has referred to the difficulty of taking minutes at a meeting in which she is an active participant. It is recommended that a Minute Secretary to the Audit Committee is appointed.

- The PRG understands that, given current staffing levels, the Unit is unable to carry out a comprehensive work programme over a 3, or even, 5-year cycle. Best practice in Internal Audit is the adoption of a risk based approach – essentially Internal Audit resources are allocated to the areas of highest risk, as set out in an organisational risk register which has been duly approved at the highest level in the organisation. The University does not, as yet, have a Risk

Management Framework in place. When a Risk Register has been set up, this will serve as the major driver of the Audit Programme. In the absence of a risk register it was not clear to the PRG that there was a rational and logical basis for the allocation of Internal Audit resource to individual work tasks. It is recommended that the University puts in place a risk management framework as soon as this is practicable. This should then be used to drive the work of internal audit.

- Risk based audit typically requires an internal audit section to have access to a wider range of experience and expertise than can be practically provided within a small internal audit section. It is recommended that consideration is given to the provision of funding to allow the Internal Auditor to buy-in external expertise as required.

- Many internal audit functions in other organisations have developed key performance indicators which they can use to benchmark themselves sometimes against other organisations but more often over time within an institution. A good indicator of the effect of Internal Audit within an organisation is the proportion of recommendations which have been implemented by the time the follow up review takes place. It is recommended that the Audit Committee devises benchmarks to assess the effectiveness of the Internal Audit function.

- It is axiomatic that a head of internal audit has a need to be demonstrably objective in all of her or his professional dealings with the organisation. There are two principal theoretical risks to this objectivity. Firstly there is a risk that, through familiarity over a long period, the internal auditor becomes a part of the control system which she or he is employed to audit. If this happens there is a risk that the independent perspective, the essential hallmark of an effective internal auditor, may be lost. The second risk to objectivity might arise if an internal auditor feels that her or his position depends disproportionately upon the senior management of the organisation having a positive opinion of the service. In such circumstances the internal auditor might be tempted to tailor his or her recommendations in such a way as to make them acceptable to senior management rather than making recommendations that are properly objective. The current head of Internal Audit is on a fixed term contract. Such an arrangement provides a good safeguard against the former risk but leaves the Internal Auditor – in theory at least – vulnerable to the latter.

  The Audit Committee is the ultimate guardian of the objectivity and independence of the Internal Audit service. The PRG recommends that the Audit Committee gives explicit consideration as to whether the fixed term contract arrangement represents the most appropriate method of service delivery for internal audit.

5.7 Quality Promotion Unit

Background and Context

The QPU was set up in 2001 in compliance with the Universities Act of 1997. Since inception, the unit set up all necessary mechanisms to conduct reviews in accordance with the legislation and based on best national and international practice, covering all schools, most units, and some of the research centres which were in existence at the initiation of the first cycle of reviews from 2001 to 2007.

It is the role of the Quality Promotion Unit (QPU) to:

- promote and facilitate continuous quality improvement across academic and administrative units throughout the University

- advise Executive and Academic Council on policies for quality assurance and improvement and good practice for the promotion of outstanding quality in teaching, research and administration throughout the University

- facilitate regular reviews in faculties, schools, units and sectors of the University

- enhance the quality of the student and staff experience at the University.

The QPU was also responsible for the co-ordination and drafting of the DCU Self-Evaluation Report in connection with the European Universities Association (EUA) review of the quality assurance procedures in Irish universities in 2004. The EUA Institutional Report on DCU contains a specific section on Quality Assurance (Section 10, p. 20-24). The EUA recommendations, which are in the process of being implemented, are as follows:

- Strengthen the explicit links between the various forms of quality assurance at DCU, as part of the University's ongoing development of a quality culture. (An audit of quality monitoring procedures is planned for autumn 2006. It is intended that possible synergies will be identified and subsequently put into action.)

- Align the quality review process with the University's strategic processes. (New faculty structures will be reviewed in 2nd cycle faculty reviews; theme leaders will be reviewed in 2nd cycle; results of quality reviews are fed back to strategic planning office.)

- INVENT should systematically inform the quality review process for relevant schools concerning research commercialisation, IPR, and related matters. (Included in templates for National Research Centres; will be included in templates of relevant schools.)

- Adopt a flexible approach when putting together peer review teams, in order to ensure that the collective expertise matches DCU's strategic needs. (A flexible approach is being adopted.)

- Ensure that the length of time allocated to the self-assessment phase is kept as short as usefully possible. The same applies in preparing the official University response to the peer group's report. (The length of the self-assessment phase has been shortened as much as practical.)

- Apply strict limits of 25-30 pages, excluding annexes, to the length of self-evaluation reports. (The limit has been applied to single units.)

- Make more systematic and effective use of the University's database. This will also help reduce the length of time needed to compile reports. (Close co-operation between the Institutional Research and Analysis Officer and the QPU will result in an easily accessible "Statistical Digest".)

- Reduce the overall length of the quality review cycle to match that of the strategic planning cycle. Six years is too long. Extra reviews can be comfortably fitted in each year to make this possible. (The strategic planning cycle has now been shortened from 5 to 3 years. Complete alignment is difficult to achieve.)

- Use relevant reports from the first round of quality review as good background documents for the second round to ensure that this builds on the previous outcomes. (This is embedded in the planning process for the 2nd cycle.)

- Identify University-wide issues for review which could contribute to the ongoing development of quality at DCU. (This is planned for the 2nd cycle where Themes and other University-wide topics will be covered.)

- Put in place mechanisms to ensure undergraduate students are more aware of the quality assurance process and contribute to this. (A student representative is on the QPC; a student forum on quality matters is planned for each semester.)

Planning and Organisation

The QPU reports to the President and works in close association with the Deputy President. The QPU works in conjunction with the Quality Promotion Committee (QPC), which is a sub-committee of Executive. The QPC is chaired by the Deputy President. Membership of the QPC is drawn from across the University and includes representatives from academic, administrative and support staff.

The QPU is partly funded by the HEA under the Strategic Initiatives Scheme. A grant of €215,000 for 2005 has been allocated to the University under the Quality Assurance programme. The university funds the staffing and running of the QPU and contributes a roughly equivalent amount to that provided by the HEA for quality improvement measures. Direct funding under the Strategic Initiatives Scheme has come to an end in 2006. In August 2005, a resource request was submitted to the IUA for a Quality Improvement Fund of €350,000 which the SAR proposes could be administered by the QPC directly, i.e. without recourse to the Budget Committee, in order to allow fast, un-bureaucratic, immediate and visible reaction to improvements suggested in the reviewed units' Quality Improvement plans. This would be a departure from present practice whereby allocation of funds is determined by the Budget Committee.

Communication in the QPU encompasses a multitude of communication partners, including members of the entire University community (specifically schools/units to be reviewed), Executive, Academic Council, Governing Authority, the Quality Promotion Committee, the IUA Quality Officers group, Peer Group members, the EOLAS group and others in connection with specific projects. The Director of Quality Promotion is, ex officio, a member of the Heads and Deans group and Academic

Council. He is, furthermore, a member of the Research Advisory Panel and the Partnership Forum. The QPU website contains most of the information necessary for schools and units due to undergo a review and other interested parties. Schools and units due for review are alerted to their upcoming reviews about 10 months before the Peer Group visit and all staff of the school/unit in question are given an introduction to the review process by the Director of Quality Promotion at a suitable time. The Director of the QPU provides regular reports to Executive, Academic Council and Governing Authority.

Functions, Activities and Processes

The functions, activities and processes of the QPU are determined by legislation laid down in the Universities Act of 1997. The procedure for quality reviews comprises five major stages:

- Self-assessment

- Visit by a peer review group

- Report by the peer review group with recommendations for improvements

- Development of an implementation plan

- Publication of the outcomes

In the SAR it is stated that there is generally good support for the QPU by other DCU units.

Customer Perspective

The main client groups of the QPU are staff (specifically staff of school/units to be reviewed or under review), students and management. Insights into the client perspective were gained, for the purposes of this review, through staff and student surveys and focus groups, but also from the issue groups for the 2004 EUA review and feedback on the quality review process in the SARs and PGRs of previous reviews. It is obvious, from the survey results, that the main body of undergraduate students are widely unaware of the existence and function of the QPU. Students are represented on the QPC (Education Officer of the Student Union and Postgraduate Representative) and it is made clear to all units reviewed – particularly schools – that students' opinions have to be sought and heard in the process of a review. In many cases students, especially postgraduate students, are represented in the local co-ordinating committees for quality reviews.

The main body of students is affected mainly indirectly by quality reviews, e.g. through surveys conducted in connection with reviews (student opinion of teaching, student experience surveys) and by improvements made as a result of quality reviews (e.g. improvement of equipment, restructuring of workload of academics etc.). The lack of awareness will hopefully be partly remedied by the planned production of the EOLAS brochure which is directed at the student population in DCU, and by the planned Student Forum on Quality Issues.

Knowledge about the QPU is much more widespread amongst staff than it is amongst students. Nevertheless, there is a surprising number of staff responding to the survey

who are unaware of the unit, considering the fact that most administrative units and most schools have undergone reviews and that all staff of units reviewed are involved in producing SARs. The source for this lack of awareness amongst staff in DCU needs to be investigated and explained.

The SAR draws attention to a recurring theme within staff comments that follow-through after quality assessments could be improved: "too often, the University doesn't respond in a meaningful way to these reports".

Management of Resources

Resources are allocated under clearly defined headings and it is not anticipated that there will be major fluctuations in the budget of the QPU. The Quality Improvement Fund (HEA funding under this heading, matched by a similar DCU contribution) is administered by the University's Budget Committee. The QIF is comparatively small and can only support specific and time-constrained projects arising from quality reviews. Units have to submit a detailed and prioritised funding request in order to access the QIF. The SAR proposes that "it might be possible to make a more immediate impact on quality issues if the fund were to be administered by the QPC. This would also make the process less bureaucratic and faster, and would make a small contribution to the perception of better follow-through after reviews". The EUA reviewers suggest that "The University should look upon its entire budget as a budget for quality improvement".

Findings

- The EUA recommendations in respect of quality improvement and assurance should continue to be implemented.

- The Quality Promotion Unit has a mandate not only to conduct Quality Reviews but also to ensure that quality permeates the University.

- The Quality Promotion Unit has a unique insight into the University-wide issues arising under the individual quality reviews it conducts.

- In general, students are largely unaware of the existence and work of the Quality Promotion Unit. The PRG noted that it is planned to produce an EOLAS brochure and to establish a Student Forum on quality issues to help address this lack of awareness. It is recommended that these measures are implemented as soon as possible.

- As the quality reviews are about to enter their second cycle it is important to ensure that the process is not negatively influenced by any perceptions of poor response to the first cycle of reviews.

- It is important that management's response is clear and transparent and staff should be left in no doubt as to the outcome of the review process.

- Appropriate follow-up mechanisms need to be in place to ensure the implementation of the Quality Review reports.

- The Quality Promotion Unit needs to be empowered to report to management on common issues and themes that arise in the Quality Review Process. Such reports should be made available to senior management and Governing Authority and should assist these bodies in establishing appropriate priorities for resource allocation to ensure maximum impact.

6. Recommendations for Improvement

The following notation is used in the recommendations for improvement.

- o P1: A recommendation that is important *and* requires urgent action.
- o P2: A recommendation that is important, but can (or perhaps must) be addressed on a more extended time scale.
- o P3: A recommendation which merits serious consideration but which is not considered to be critical to the quality of the ongoing activities in the Unit.

Additionally, the PRG indicate the level(s) of the University where action is required:

- o A: Administrative Unit
- o G: EOLAS Group Action
- o U: University Executive/Senior Management

EOLAS Group

Recommendations

1 P1- GU   The name EOLAS needs to be further considered as it is somewhat confusing and provides no meaningful identity for the functions within the unit. It is recommended that the name of the unit be reconsidered.

2 P1- GU   Whilst recognising the critical nature of the compliance role of EOLAS and the need for the group to continue its support and advice role there is a need to publicise the group in DCU, since their current visibility is low. There is a need to clarify the role and rationale for the EOLAS unit to ensure clarity of purpose amongst the sub-units involved and the University community.

3 P1 – U   Consideration should be given as to where EOLAS is to be in the spectrum of loose to more closely integrated units. It is the PRG's view that the Group and the University might be best served by maintaining a relatively loose connection between the units, in the form of an advisory network rather than a single administrative unit.

4 P1 – U   The current reporting relationship of the EOLAS group with the President's office has some advantages. However, the President has numerous demands on his time and given the level of direction, coordination and senior management input required by EOLAS, the PRG recommends that the reporting relationship with the President should be reconsidered and recommend that it might be more appropriate that the group and all individual sections report to the Deputy President.

5 P1 – U   Many of the activities of EOLAS involve regulatory and compliance issues and a need for a level of independence. In this context, the PRG

feel that the Disability Office is different and recommends that it would be better placed as a unit in Student Affairs. This is further explored in the section on Disability.

6 P2 – U   Given the relatively small resources available to each of the EOLAS units, it is important that, in the event that a specific position becomes vacant, clear, smooth transition arrangements are available to be implemented, on a temporary basis until such time as the function is reinstated permanently.

7 P1 – U   There is an urgent need for the University to set clear work priorities in the light of the magnitude of the demand for the individual services of EOLAS and the limited resources which are available to provide these services.

The Disability Service

Recommendations

8 P1 – U   The Disability Service, unlike other functions in EOLAS, is primarily a student service function and the PRG recommend that it should be located in Student Affairs. A "dotted line" relationship with EOLAS should be maintained in respect of compliance and regulatory functions.

9 P1 – U   The PRG recommend that the level of resources required to continue the service at the current level of operation should be secured. The current level of contract staff providing the services is untenable.

10 P2 – A   There is a need to review the admissions procedures for students with disability.

11 P1 – A   It is important that links with feeder schools are maintained, strengthened and widened as a matter of urgency.

12 P2 – U   The implications of the Disability Act need to be examined by a wide range of University personnel, not just the Disability Service staff, in light of the additional obligations it will place on the University in terms of Human Resources, Estates and Teaching and Learning Support.

13 P1 – U   The requirements of the Disability Act to recruit and retain staff with disabilities will fall mainly to the Human Resources Department and the PRG would strongly recommend that DCU strive to be as exemplary in their employment of people with disabilities as it is with their education.

14 P1 – U   The physical accommodation provided for the Disability Service is cramped and inappropriate to the function. The PRG recommend that accommodation for the Disability Service be reviewed immediately.

15 P2 – UA To maximise the impact of the service and embed awareness of disability issues in the University structures, more use should be made of the Personal Tutor system. There is also a need to ensure that there are Faculty Coordinators in each faculty with responsibility for Disability.

16 P2 – UA A review is needed of what the University can do in terms of assisting the placement of students with disabilities.

Freedom of information Office

Recommendations

17 P1 – U   It is important to maintain a culture of openness, notwithstanding the reduction in the number of formal FOI requests.

18 P3 – U   There is a need for the University to ensure that record keeping achieves a reasonable level of information and is not seen as meaningless because of a lack of detail in, for example, minutes of meetings.

19 P1 – U   There is a need to protect the time needed by the FOI officer to work on FOI matters rather than his HR responsibilities.

20 P2 – U   Some clarification is needed from the Finance Office about the budget for FOI and the income from charges.

21 P2 – U   Recognition is needed that HR and FOI may be perceived by staff and students to conflict. This can occur where confidentiality requirements of the University " establishment" are at odds with a climate of open access. The PRG understands that this has not been a problem to date.

Health & Safety Office

Recommendations

22 P1 – AU There is no agreed Campus Emergency Plan, despite significant preparatory work having been completed. The PRG recommend that this work be completed and adopted as soon as possible.

23 P1 – U   The PRG are of the view that the current staffing level represents the minimum that is consistent with the University meeting its statutory obligations. It is recommended that the retention of the current secretarial post holder is addressed as a matter of urgency.

24 P1 – AU Overall responsibility for fire safety management within the University is not clearly defined. There is evidence of a degree of ambivalence in relation to the respective roles and responsibilities of the Health & Safety Officer, the Estates Office and that of the Schools and Units who provide the local Fire Wardens. It is recommended that these responsibilities are clarified.

25 P2 – U   It is recommended that meetings of the Health & Safety Committee are formalised within the University calendar and are accorded the same status and significance as meetings of the Audit Committee.

26 P3 – U   There is limited Occupational Health provision available, given the size and nature of the institution. It is recommended that the University benchmarks its provision against comparable institutions and takes a view as to the relative risks of increasing the provision and maintaining the status quo.

27 P1 – UA Regular minuted meetings between the Estates and Health & Safety offices should be resumed to ensure that matters of mutual concern are systematically managed.

28 P3 – A Statistics should be produced on a regular basis, say quarterly, to ensure that wherever possible the University is able to learn from experience and take appropriate preventative measures.

Institutional Research & Analysis Office

Recommendations

29 P1 – AU There are huge expectations relating to this function and there is a need to manage such expectations and to embed into existing systems much of which is currently ad-hoc.

30 P2 – AU There is a need to establish a University wide mechanism for resolving data difficulties.

31 P3 – A There is potential for using trend analysis rather than just ad-hoc reports. This function can be provided by IRAO.

32 P1 – U The role needs to have an input into the development of Management Information Systems (MIS) on campus as a key data user.

33 P1 – U The PRG believe that it would be unwise to have this function associated with one particular office and as such its role should be protected as an independent function.

34 P2 – U Clarification is needed from the Finance Office about the budget for this independent unit.

35 P1 – U It is recommended that clear work priorities be set up in the light of the magnitude of the demand for the services of IRAO and the limited resources which are available.

Internal Audit

Recommendations

36 P1 – U It is recommended that non members should only attend meetings of the Audit Committee at the explicit invitation of the Chairman.

37 P2 – U It is recommended that the whole question of the membership of the Audit Committee is reviewed. Questions to be considered should include:

- Whether three members are sufficient for such an important committee.
- Whether it may be possible to co-opt members with appropriate expertise who are not necessarily members of the Governing Authority.

- Whether there is a need to appoint a Deputy Chairman.

- Whether there is a need for succession planning in relation to the position of the Chairman – some institutions use the role of Deputy Chairman as preparation for the role of Chairman.

38 P1 – UA It is recommended that a Minute Secretary to the Audit Committee is appointed.

39 P2 – AU It is recommended that the University puts in place a risk management framework as soon as this is practicable. This should then be used to drive the work of internal audit.

40 P2 – UA It is recommended that consideration is given to the provision of funding to allow the Internal Auditor to buy-in external expertise as required.

41 P1 – A It is recommended that the Audit Committee devises benchmarks to assess the effectiveness of the Internal Audit function.

42 P1 – U It is recommended that the Audit Committee considers whether the current fixed term contract for the head of internal audit represents the best way to maintain the independence and objectivity of the function.

Quality Promotion Unit

Recommendations

43 P2– U The EUA recommendations in respect of quality improvement and assurance should continue to be implemented.

44 P2 – G The PRG recommend the production of a brochure and the establishment of a student forum on quality issues to help address the general lack of awareness among students of the existence and work of the unit.

45 P2 – U As the Quality Reviews are about to enter their second cycle it is important to ensure that the process is not negatively influenced by any perceptions of poor response to the first cycle of reviews. It is recommended that Management's response to Quality Reviews is clear and transparent and staff should be left in no doubt as to the outcome of the review process.

46 P1 – U The PRG recommend that appropriate follow up mechanisms are put in place to ensure the implementation of the Quality Review reports.

47 P1 – U The Quality Promotion Unit needs to be empowered to report to management on common issues and themes that arise in the Quality Review Process. Such reports should be made available to senior management and Governing Authority and should assist these bodies in establishing appropriate priorities for resource allocations to ensure maximum impact.