



# VCU

**VIRGINIA COMMONWEALTH UNIVERSITY  
AUDIT, INTEGRITY AND COMPLIANCE COMMITTEE MEETING  
DECEMBER 10, 2021  
JAMES BRANCH CABELL LIBRARY  
RICHMOND, VIRGINIA  
AGENDA**

**OPEN SESSION**

**1. CALL TO ORDER**

**Shantaram Talegaonkar, *Chair***

**FOR ACTION:**

**2. APPROVAL OF MINUTES**

(September 17, 2021)

**Karen Helderman, *Executive Director,  
Audit and Compliance Services***

**FOR INFORMATION:**

**3. AUDITOR OF PUBLIC ACCOUNTS-  
REPORTS FOR THE FISCAL YEAR  
ENDING JUNE 30, 2021**

**Mike Reinholtz, *Director, Auditor  
of Public Accounts***

**4. REPORT FROM EXECUTIVE DIRECTOR OF  
AUDIT AND COMPLIANCE SERVICES**

**Karen Helderman, *Executive Director,  
Audit and Compliance Services***

- a. Committee Dashboard Measures
- b. Ethics and Compliance Program Update
- c. Internal Audit Quality Assurance Review
- d. Social Media Audit Report

**5. DATA GOVERNANCE UPDATE**

**Monal Patel, *Associate Vice Provost  
Institutional Decision and Support***

**CLOSED SESSION**

**6. Freedom of Information Act Section 2.2-3711 (A)  
(7) and (19), specifically:**

**A. Audit Report for Discussion**

**Karen Helderman, *Executive Director  
Audit and Compliance Services***

- 1. Review of President's  
Discretionary Accounts and Travel

- 2. Fischer IAM Security

**B. University Counsel Litigation Update**

**Jake Belue, *Associate  
University Counsel***

**7. RETURN TO OPEN SESSION AND  
CERTIFICATION**

**Shantaram Talegaonkar, *Chair***

- Approval of Committee action on matters  
discussed in closed session, if necessary

**8. ADJOURNMENT**

**Shantaram Talegaonkar, *Chair***

**CONFIDENTIAL SUMMARY  
AIC COMMITTEE  
OF THE BOARD OF VISITORS  
December 10, 2021  
OPEN SESSION**

**ACTION ITEMS:**

- Approval of Minutes from September 17, 2021

**FOR INFORMATION/COMMITTEE REVIEW:**

**1) Items that may be action items at upcoming committee meeting:**

- None

**2) Items that the board needs to be aware of, but will not require action (all linked here)**

- Dashboard Measures: Review the committee dashboard that provides a snapshot of relevant oversight areas.
- Internal Audit Quality Assurance Review: Report on the completion of an annual assessment of Internal Audit's compliance with the Institute of Internal Auditors standards.
- Social Media audit report: Social Media's operations were adequate and managed effectively; however, there is one Board level recommendation to improve the governance over decentralized social media accounts.

**EXECUTIVE REPORTS**

- Mr. Reinholtz, audit director with the Virginia Auditor of Public Accounts will meet with the committee to discuss the FY2021 annual financial statement and compliance audit of the university. Topics covered will include audit timing, scope and objectives, management responsibilities, and auditor responsibilities.
- Ms. Helderman will briefly cover the Dashboard Measures, the Internal Audit Quality Assurance Review, and the Social Media audit report. Most current presentation linked.
- Ms. Patel will provide an update on VCU's Data Governance program and planned activities.



**Board of Visitors  
Audit, Integrity and Compliance Committee  
7:45 a.m.  
September 17, 2021  
James Cabell Library  
901 Park Avenue, Room 303, Richmond, Virginia**

**Minutes**

**COMMITTEE MEMBERS PRESENT**

Dr. Shantaram Talegaonkar, Chair  
Mr. Peter Farrell, Vice Chair  
Mr. Andrew Florance  
Mr. Keith Parker  
Dr. Tonya Parris- Wilkins

**COMMITTEE MEMBERS ABSENT**

Ms. Coleen Santa Ana  
Ms. Alexis Swann

**OTHERS PRESENT**

Ms. Karen Helderman  
Dr. Michael Rao, President  
Mr. Jacob A. Belue  
Staff from VCU

**CALL TO ORDER**

Mr. Peter Farrell, Vice Chair, called the meeting to order at 7:49 a.m.

**APPROVAL OF MINUTES**

Mr. Peter Farrell asked for a motion to approve the minutes of the May 13, 2021 meeting of the Audit, Integrity and Compliance Committee, as published. After motion duly made and seconded, the minutes of the May 13, 2021 Audit, Integrity, and Compliance Committee meeting were approved. A copy of the minutes can be found on the VCU website at the following webpage <http://www.president.vcu.edu/board/minutes.html>

### **Audit, Integrity and Compliance Committee Charter and Meeting Planner**

Karen Helderman presented the committee charter and meeting planner for approval as required annually. The charter and planner reflect the duties and responsibilities of the committee as required by the board bylaws and the planner provides the timeline for the presentation of required committee reports and materials.

### **Audit and Compliance Services Department Charter**

Karen Helderman presented the department charter for Audit and Compliance Services which outlines the responsibilities of the department.

### **Report from the Executive Director of Audit and Compliance Services**

Karen Helderman provided an update on previously unresolved findings reported in the fiscal year 2020 annual follow-up report. She also presented the fiscal year 2021 annual follow-up report, which included one board level and four management level past due corrective action plans. The Executive Director shared the results of two audit reports involving outside professional activities and the RealSource purchasing system, as well as an overview of the annual Integrity and Compliance Services report. The annual report noted a favorable decline in the number of reported misconduct concerns (likely due to the remote work conditions last year), a favorable decline in the number of high severity concerns, and a continued favorable substantiation rate. Although VCU favorably tracks below industry average for individuals wishing to remain anonymous when reporting a concern, our percentage did increase slightly this year from 21% to 27%.

### **Information Technology Update**

The Chief Technology Officer updated the committee on VCU's Information Technology services and noted that phishing continues to be a primary security threat. He also offered a description of VCU's posture regarding ransomware attacks which were reported on the completion of corrective action plans related to the FY20 Annual Report of Past Due Findings that were due since the last committee meeting.

### **CLOSED SESSION**

On motion made and seconded, the Audit, Integrity, and Compliance Committee of the Virginia Commonwealth University Board of Visitors convened into closed session under Section 2.2-3711 (A)(7) and (8), of the Virginia Freedom of Information Act for consultation with legal counsel pertaining to specific legal matters requiring legal advice by counsel and actual or probable litigation, where such consultation or briefing in open meeting would adversely affect the negotiating or litigating posture of the university, namely a survey of and status report on the university's positions in potential and current litigation in state and federal courts and other legal matters relating to pending investigations; and under Section 2.2-3711 (A)(19) for discussion of specific cybersecurity vulnerabilities and briefing by staff concerning actions taken to respond to such matters, specifically pertaining to human subjects research data and related IT processes.

### **RECONVENED SESSION**

Following the closed session, the public was invited to return to the meeting. Mr. Farrell, Vice Chair, called the meeting to order. On motion duly made and seconded the following resolution of certification was approved by a roll call vote:

#### **Resolution of Certification**

**BE IT RESOLVED**, that the Audit, Integrity, and Compliance Committee of the Board of Visitors of Virginia Commonwealth University certifies that, to the best of each member's knowledge, (i) only public business matters lawfully exempted from open meeting requirements under this chapter were discussed in the closed meeting to which this certification resolution applies, and (ii) only such public business matters as were identified in the motion by which the closed session was convened were heard, discussed or considered by the Committee of the Board.

<b><u>Vote</u></b>	<b><u>Ayes</u></b>	<b><u>Nays</u></b>
Dr. Shantaram Talegaonkar, Chair	X	
Mr. Peter Farrell, Vice Chair	X	
Mr. Andrew Florance	X	
Mr. Keith Parker	X	
Dr. Tonya Parris-Wilkins	X	

All members responding affirmatively, the motion was adopted.

### **ADJOURNMENT**

There being no further business, Mr. Farrell, Vice Chair, adjourned the meeting at 9:09 a.m.

# AUDIT, INTEGRITY, AND COMPLIANCE COMMITTEE

## DASHBOARD MEASURES

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### INFORMATION TECHNOLOGY GOVERNANCE - DATA INTEGRITY



#### DATA GOVERNANCE PROGRAM (development of program)



Program progressing successfully

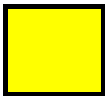


Barriers / challenges encountered that may have an impact on issue resolution or implementation. Executive Council to resolve challenge.



Significant challenge encountered; will require decision from Executive Leadership Team to resolve

The Student Data Warehouse project continues to move forward. Since the last BOV meeting, stakeholders including Strategic Enrollment Management and Student Success Functional Leaders, Data Analysts, Academic Unit consumers of data, Data Stewards, and Data Trustees provided business requirements through focus group sessions. The sessions were framed with four guiding questions pertaining to 1) Most often asked data/information questions; 2) Data/Information gaps; 3) Examples of data/information that gives you pause; 4) Impactful integration points for student data. A consultant has been engaged to assist in turning those requirements into technical specifications, and a cloud-based data warehouse vendor (the same one utilized by VCU Health) has been engaged to provide a pilot warehouse environment.



#### DATA SECURITY (number of security incidents / breaches)



No data breaches have occurred or seem likely to occur; security risks are well understood and being mitigated; resources viewed as aligned with threat and risk environment



No breach has occurred, but minor security incidents or near-misses have occurred; significant audit findings have occurred but are being mitigated; some overload or barriers / challenges encountered that may require adjustment or reallocation of resources



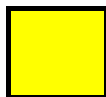
Significant breach requiring notification has occurred or conditions exist where significant barriers/challenges are likely to produce unacceptably high levels of risk

Phishing remains the top threat affecting our organization, not only potentially resulting in the theft of credentials and/or money, but also potentially allowing more advanced threats such as malware downloaders for ransomware crime groups to enter the university computing environment. As of the end of October 2021, we have seen a 17% increase in the number of actual phishing scams detected over the entire calendar year of 2020. From an external threat perspective, ransomware crime groups are becoming more sophisticated with advanced capabilities that rival some of the nation-states that have engaged in hacking. We are in the process of designing and revising our security architecture to address the risks associated with more sophisticated attacks combined with diminished visibility due to more remote work; both through a new proposal for a security architecture that provides location-agnostic protection, as well as the enhancement of internal system resilience.

Inadvertent exposure of sensitive data still occurs but the frequency has drastically lessened in the past 6 months. Conversely, due to standardized encryption of computing devices, we have not seen a data security incident related to the loss or theft of an unencrypted computing device this year. Ransomware and business partner/supply chain security risks continue to be the top sources of potentially catastrophic security incidents. Aside from the Solarwinds supply-chain attack in January of this year, we have neither seen any supply-chain attacks that affected VCU, nor successful mass ransomware deployments in the university environment. Efforts continue to be made on third-party assessments and the continued hardening of internal assets.

Further efforts have been spent on the review of data security plans for research projects and consultation with research administrators and investigators on secured data handling with human subject research data. We are continuing the collaboration with the Office of the Vice President for Research and Innovation to establish a Research Computing Center to better support research computing and use of data.

## ERM PROGRAM



### Status of ERM mitigation plans



Program progressing on schedule



Program not on schedule; ERM Committee to address.



Program significantly behind schedule; Executive Management attention required.

The risk owners are continuing to update their portions of the risk mitigation plans, with input and guidance from the consultant and AVP of SRM as necessary. The ERM Steering Committee will meet in October and December to review and approve risk mitigation plans. They will then be forwarded to the Cabint for review and approval.

## PLANNED AUDIT STATUS



### PLANNED AUDITS (status of audits - planned and unplanned to available resources)




### SPECIAL PROJECTS (status of special projects - planned and unplanned to available resources)



Progressing as planned and within overall budget



Some overload or barriers / challenges encountered that may require adjustment or reallocation of resources to resolve

 Significant overload or barriers / challenges encountered resulting in major delays or changes to scheduled work plan

The audit plan is progressing; however, the Deputy Auditor's retirement at the beginning of the fiscal year along with the resignation of a senior auditor may delay the delivery of a few audits. We have successfully hired a new Deputy Auditor who will begin working in mid-December 2021 and have advertised the Senior Auditor vacancy.


## INSTITUTIONAL COMPLIANCE PROGRAM





**Compliance requirements compared to known material violations**



**Compliance Program Oversight & Effectiveness**

 No known material noncompliance; or ownership and accountability for compliance risks are established and operating at explicitly or implicitly approved levels of risk tolerance or appetite

 Challenges encountered that have an impact on visibility, verification, strategy implementation or resolution

 Significant challenges to institutional compliance strategy or resolution encountered

**Notes:** There are no known material compliance violations as related to regulatory, legal or university policies. Compliance status with requirements has been identified and remains known to risk owners. Self-assessments remain ongoing. Institutional infrastructure to ensure effective oversight related to the compliance program's risk profile remains in progress and aligns with annual initiatives.

The Program's oversight role has been affected by vacancies. The program onboarded a new Chief Ethics and Compliance Officer on December 6, 2021, but two of the three compliance specialist positions are currently vacant and recruiting is underway. One vacancy, a training and communications specialist, was intentionally held vacant through COVID in anticipation of possible budget reductions. To fulfil the program's annual training requirement, we employed a vendor to create content and it is scheduled for deployment university-wide in January 2022. Given the need for continuous training and communications, we began advertising to fill this vacancy in early November 2021 and interviews will begin by early December. The second vacancy is a senior compliance specialist position primarily responsible for managing concerns reported to compliance partners and the university helpline. This individual also conducts internal investigations, where necessary. This position became vacant on December 6, 2021 and the job posting is active and we remain hopeful to fill the position by early February.



# **Audit and Management Services**

## **Quality Assurance and Improvement Program**

### **December 2021 Update**

Within Audit and Compliance Services, Audit and Management Services (AMS) is responsible for providing internal audit services to both the Virginia Commonwealth University (VCU) and VCU Health System. The department has identified the International Professional Practices Framework (IPPF) as its conceptual framework. The IPPF represents authoritative guidance by the Institute of Internal Auditors (IIA) and mandates conformance with the following elements.

- Core Principles for the Professional Practice of Internal Auditing
- Definition of Internal Auditing
- Code of Ethics
- *International Standards for the Professional Practice of Internal Auditing (Standards)*

AMS maintains a quality assurance and improvement program to provide continual evaluation of conformance with the IPPF, to assess the efficiency and effectiveness of the internal audit activity and to identify opportunities for improvement. This evaluation is done through internal and external assessments.

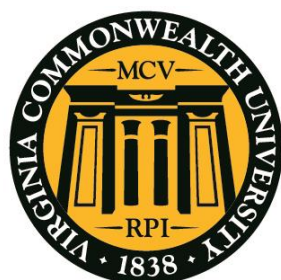
Internal assessments of the AMS internal audits are conducted through ongoing monitoring by the audit management team as part of their supervisory review and through periodic self-assessments by the Special Projects and Quality Assessment Coordinator. The most recent periodic internal audit assessment was performed by Donna Crawford (Special Projects and Quality Assessment Coordinator) and was rated as “generally conforms,” the highest assessment scale rating listed in the IIA *Quality Assessment Manual*. This assessment did not identify any significant areas of nonconformance with the IPPF.

During the review period, Donna Crawford has participated in departmental meetings and trainings, observed the continuous improvement of audit reporting and reviewed board and other audit supporting documentation. Based on such exposure during fiscal year 2021 to date, the following statements can be made:

- AMS is effectively achieving the IIA Core Principles.
- AMS is considered to be in conformance with the definition of Internal Auditing.
- The internal auditors of AMS are in conformance with the IIA Code of Ethics.
- AMS is independent and objective.

The most notable opportunity for improvement is to refine the timeliness of documented review, approval and closeout of audit workpaper files; however, the deficiency does not have a significant negative impact on the internal audit activity’s effectiveness or overall conformance with the *Standards*.

An external quality assessment report (dated October 2019) was issued by Dixon Hughes Goodman LLP and presented to the board in December 2019. The highest rating of generally conforms was received. As stipulated by the *Standards*, an external assessment is due every five years or in 2024. External quality assessors are to be independent and objective. The board is encouraged to provide oversight during the external quality assessment process to reduce perceived or potential conflicts of interest.



# VCU

VIRGINIA COMMONWEALTH UNIVERSITY

## **VCU Social Media**

*Final Report*  
*October 16, 2021*

**Audit and Compliance Services**

## Overview

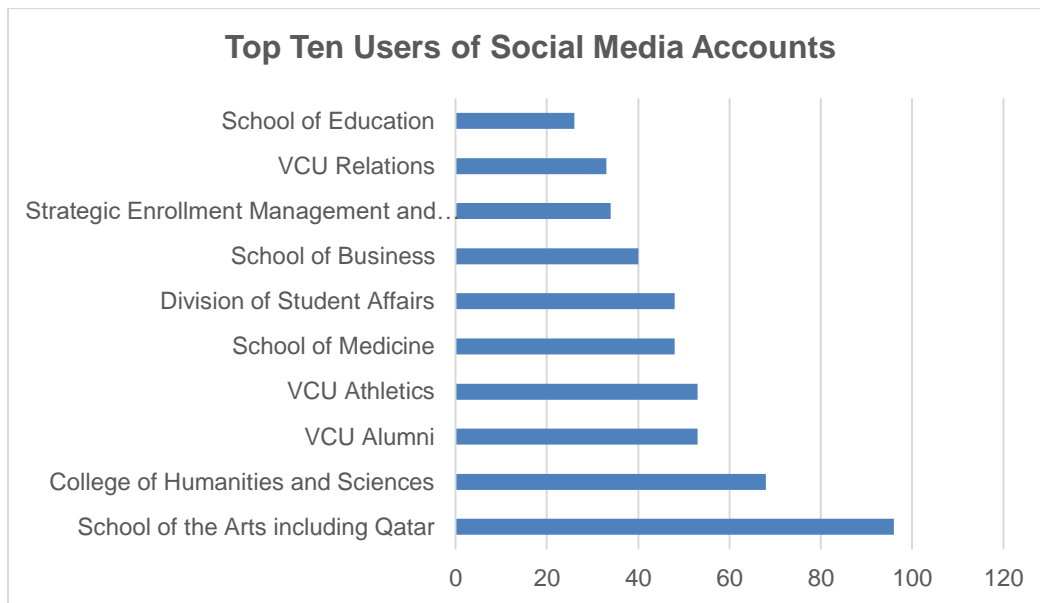
VCU Social Media (Social Media) plans and builds content for central VCU social media accounts (accounts). They collaborate with brand managers to integrate social media into communication strategies, and offer consulting and training for social media administrators. Social Media is responsible for:

- Registering, updating and decommissioning accounts timely
- Identifying social media leaders for schools and units
- Provide social media leadership and expertise in safety, risk and issues management to leaders and social media administrators
- Maintaining current and relevant guidelines
- Provide training to social media leaders and administrators
- Work with stakeholders across campuses to identify, evaluate and mitigate organizational risks and stay in compliance with relevant rules and regulations such as the Freedom of Information Act (FOIA) and the American with Disabilities Act (ADA)
- Manage strategy, optimization, editorial and content creation for VCU main social media channels
- Provide social media consultation on university level communications and paid media coordination back-up
- Monitoring for potential crisis, issues and complaints against VCU students/faculty/staff including Title IX
- Evaluating, measuring and analyzing social media efforts for VCU's main accounts

VCU established the Social Media unit in 2013 and it has three positions, two communication specialists and a director.

VCU has approximately 775 accounts, spread over 45 schools or units. Chart 1 represents the top ten schools or units that operate and manage the highest number of accounts.

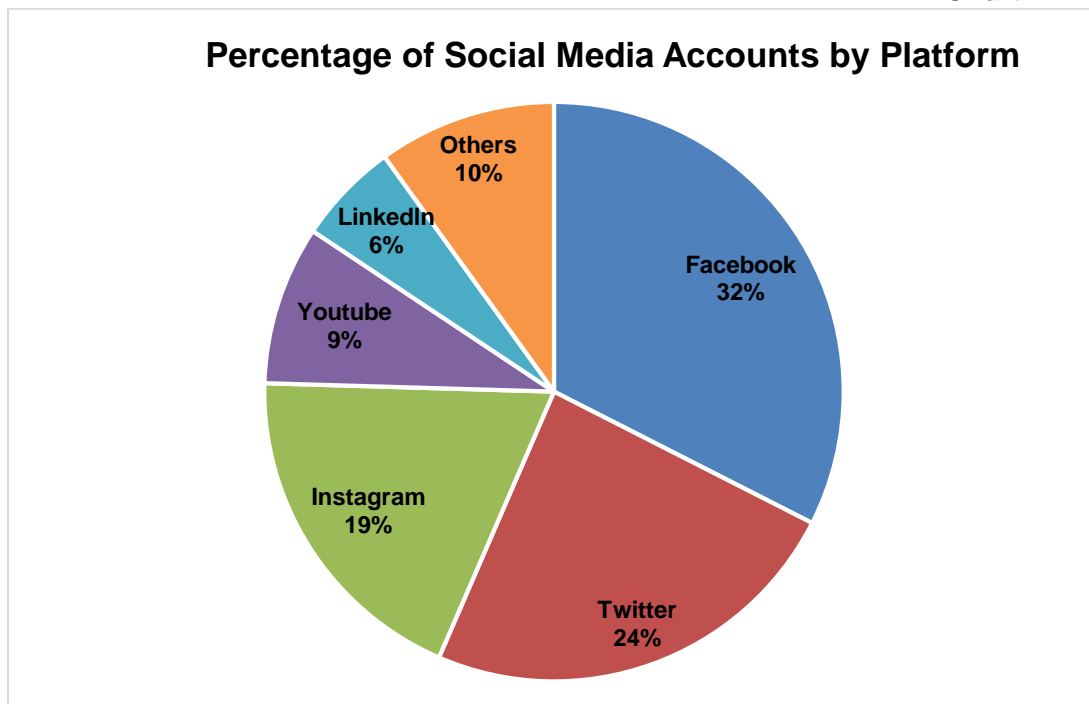
**Chart 1**



Source: Information provided by VCU Social Media in August 2021

Schools and units use various social media platforms including Facebook, Instagram and Twitter, which are the most commonly used. Chart 2 is a graphical representation of the types of social media platforms that schools and units use.

**Chart 2**



Source: Information provided by VCU Social Media in August 2021

## **Social Media Administrators and Leaders**

Social Media identifies a communication leader for a school or unit. Schools and units assign at least two administrators to manage and operate their accounts. Social Media guidelines require all university accounts to be registered with them after the communication leader approves the accounts.

Administrators are responsible for managing posts on accounts, including monitoring for growing crises or issues such as complaints towards faculty, staff, students, threats or emergencies. Social Media instructs schools and units to not delete or hide third party posts as this could violate the third party's First Amendment rights and instead escalate inappropriate posts or threats to the school or unit management and Social Media.

## **Applications Managing Social Media Accounts**

Social Media acquired JIRA software, which is a service or project management tool used in managing governance service requests and data. Schools or units can use the tool to register, add or update account or administrator information, records destruction, promote appropriate content to VCU community, promote campus events, access information on accessibility training and report issues pertaining to accounts.

Social Media uses Hootsuite for publishing and monitoring VCU central posts on social media platforms. This application also acts as a tool to schedule posts on Twitter and LinkedIn accounts. Additionally, the unit manually monitors schools or units posts that contain VCU mentions or hashtags.

## **Training**

Social Media requires administrators and leaders to complete a one-time Social Media Accessibility (Americans with Disabilities Act) training prior to operating accounts. Additionally, Social Media has presentations pertaining to the Virginia Freedom of Information Act (FOIA), and Social Media Security and Legal Considerations available on Google drive.

## **Purpose**

The objective of the audit was to determine whether VCU Social Media's operations and governance were adequate and managed effectively.

## **Scope and Audit Procedures**

Our scope of the VCU Social Media audit encompassed fiscal year 2021 and included resource management; social media account management; governance and training.

Our audit procedures consisted of the following.

- Interviews with:
  - Social Media Director

- Social media administrators in the College of Humanities and Sciences, School of the Arts, VCU Athletics, Development and Alumni Relations and School of Medicine – Dean’s office, Surgery and Urology to gain an operational understanding of processes and practices
  - Social Media staff to gain an understanding of their job roles and responsibilities.
- Review of:
  - Guidelines, procedures, metrics and training documents
  - Peer institution social media websites
  - Terms, conditions and privacy setting options for different social media platforms
  - State and Federal regulations applicable to social media accounts
  - Staff roles and responsibilities documentation
- Testing of social media accounts and pages for active content posting
- Performed data analysis to identify incomplete and incorrect data

## **Summary of Major Business Issues and Management’s Action Plans**

### Develop Governance over Decentralized Social Media Accounts

According to Social Media, during FY 2021 there was a 40% increase in registrations of new accounts, resulting in a total of approximately 740 decentralized social media accounts. Due to this high volume of accounts, lack of resources, increased data management needs and other emerging priorities, such as crisis management and content needs, Social Media did not:

- Provide consistent training and communication updates to schools and units for compliance with all social media guidelines.
- Maintain accurate information pertaining to communication leaders and administrators, including notification to communication leaders regarding new social media account identification.
- Communicate the required use of the JIRA application.

Inadequately trained social media leaders and administrators increases the risk that they may not conform to the guidelines by:

- Deleting or hiding third-party comments.
- Including content and posts that are not locally approved or monitored.
- Incorrectly using social media platforms in a way that could harm the university’s brand.
- Improperly managing access that could lead to unauthorized users gaining control of the account.

Social Media should provide training to communication leaders and administrators on the Social Media Guidelines as well as notifying communication leaders when a new account has been

assigned to them. In addition, Social Media should investigate social media software that might aid in managing the growing number of decentralized social media accounts. Alternatively, they may consider engaging a consultant to explore options for managing social media on an enterprise scale. Lastly, Social Media should communicate and require the use of JIRA for registering all social media accounts.

**Management's Action Plan:** *Concur. Social Media will do the following:*

- Provide training
  - *Conduct Annual Social Media Administrator Summit training and we will record this and make available for our social administrators Google group.*  
*Responsibility: Director of Integrated Media Strategy Completion Date: Nov 10, 2021*
  - *Social Media will create Interactive training for our social media guidelines and track completion.*  
*Responsibility: Director of Integrated Media Strategy Completion Date: January 2023*
- Notify central unit communication leaders  
*Explore technical ways within the JIRA system to include units' communication leaders (STRAT COMM) in the account approval process. Will need to communicate with communication leaders about added responsibility and improve onboarding of new communication leaders that includes social media property management expectations as part of the role.*  
*Responsibility: Director of Integrated Media Strategy Completion date: May 2022*
- Assess brand risks, mitigations and resource needs  
*Reputational threats and legal risks to social properties continue to increase in frequency and complexity as we are also experiencing an increase in the number of VCU-owned social properties to protect and administrators to educate. Protecting our brand and the 800+ social media properties is an issue of campus-level significance and should be considered by the University Budget Advisory Committee. We will advocate for additional resources to be budgeted toward social media governance management.*  
*Responsibility: Vice President, University Relations/Associate Vice President, Public Affairs/ Director of Integrated Media Strategy Completion date: FY 23 (July 1, 2022)*
- Require JIRA usage
  - *Social Media has communicated the change to JIRA and are currently working with our web team to update and improve our JIRA service desk process after we identified issues in the BETA phase.*  
*Responsibility: Director of Integrated Media Strategy and University Relations web team Completion Date: May 2022*
  - *We will address the importance of account registrations in regular communications to unit-level communicators and an annual message to VPs and Deans from the Vice President for University Relations.*  
*Responsibility: Director of Integrated Media Strategy Completion Date: January 2023 (if possible)*

## Conclusion

In our opinion, based on the results of our audit, VCU Social Media's operations were adequate and managed effectively; however, governance of decentralized accounts was not managed effectively.

A recommendation to strengthen VCU Social Media's operations was included in a separate report furnished to management.

Prior to releasing this report in final form, the draft report was reviewed by, and management's action plans were provided or approved by, the following officials:

Tristana Nesvig Trani  
Michael Porter  
Grant Heston

Director of Integrated Media Strategy, Public Affairs  
Associate Vice President, Public Affairs  
Vice President, University Relations

Our audit was conducted in conformance with the *International Standards for the Professional Practice of Internal Auditing* and included an evaluation of internal controls and such procedures as we considered necessary in the circumstances.

  
**Executive Director**  
**Audit and Compliance Services**





Board of Visitors  
Audit, Integrity and Compliance Committee  
**December 10, 2021**



**VCU**

## For Action: Approval of Minutes

- Audit, Integrity and Compliance Committee Meeting held on September 17, 2021
- Motion to approve the Minutes







# Auditor of Public Accounts (APA)

Mike Reinholtz, Audit Director



- Annual Audit for Year Ended June 30, 2021
  - Independent Auditor's Report (Opinion) on the Financial Statements
  - Report on Internal Control and Compliance
  - Required Communications

# Committee Dashboard Measures

-  Data Governance Program
-  Data Security
-  ERM Mitigation Plans
-  Planned Audits
-  Planned Special Projects
-  Ethics and Compliance Program Oversight

# Ethics and Compliance Program Update

- Suzanne Milton, Chief Ethics and Compliance Officer
  - ✓ Distinguished career in Ethics and Compliance with US Foods and Boeing
  - ✓ Career with US Postal Service serving as legal counsel and in various human resources roles
- Two of three compliance specialist positions vacant and recruiting
- Vendor used to create annual Ethics and Compliance training
  - ✓ Scheduled for mid-January roll-out
- State required Financial Disclosure Statements
  - ✓ Expect email from the Ethics Advisory Council on January 1; must complete by February 1
  - ✓ \$250 fine from the Commonwealth's Attorney for late submission
  - ✓ Filings are public on the Council's searchable database

# Internal Audit Quality Assessment

Audit and Management Services maintains a quality assurance and improvement program

- Internal assessments - ongoing and periodic
- External assessment - every 5 years - completed October 2019

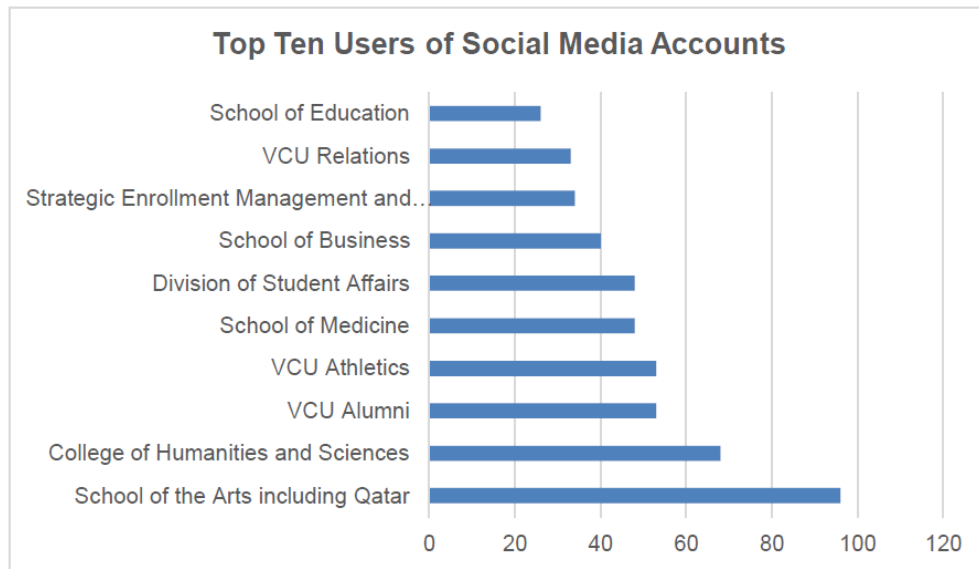
Internal assessment results

- Work conforms with Institute of Internal Auditors (IIA) Standards
- Internal audit staff are independent and comply with IIA Code of Ethics
- Recommended more timely close out of final audit work papers

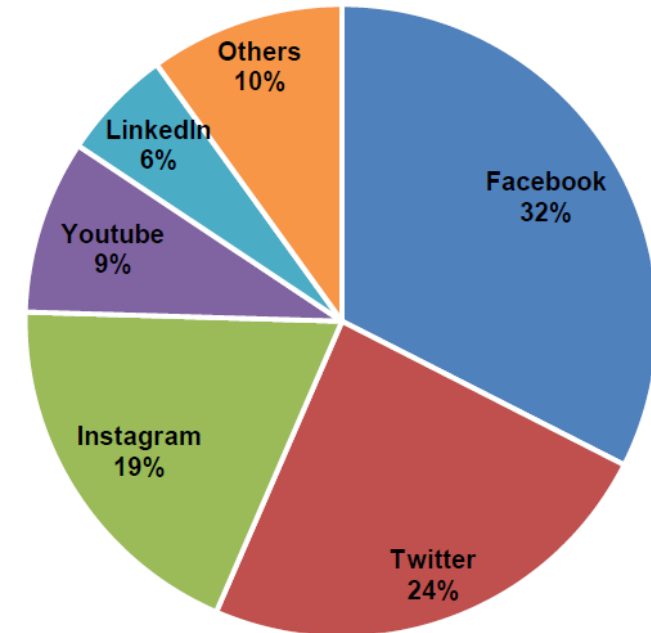
# Social Media Audit Report

## 775 Social Media Accounts

- 740 represent decentralized accounts
- 40% increase in registration of new accounts during FY21



Percentage of Social Media Accounts by Platform



**Audit Recommendation:** Rise in accounts & lack of resources has led to inadequately trained communication leaders and administrators. Risks include:

- posting content that's not locally approved;
- using the platform in ways that are harmful to the VCU brand; and
- improperly managing user access

# Data Governance Update

December, 2021

Presented by Monal Patel, AVP Institutional Research & Decision Support  
Co-chair of Data and Information Management Committee (DIMC)





# Focus of the Data Governance Program

- Building on foundational work & accomplishments
- Creating a collaborative approach toward innovative work
- Culminating in Impact of VCU's data governance program



# Important foundational accomplishments

## Organizing for Success



Established a decision-making steering committee

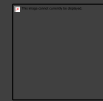


Approved policy and aligned it with revised charter

## Increasing Visibility & Connections



Created a [dashboard portal](#) and launched [DIMC](#) website



Linked to the MCV data governance committee



Partners in data security and quality discussions



RamsData, Learning Sessions

# Collaborative focus towards innovation

## OneVCU Stewardship



Recognize and formalize data stewards



Establish ownership of stewardship tasks;  
resolution of data issues

## One Authoritative Data Source



Gather business requirements for an authoritative data warehouse



Establish institutional definitions;  
transparency and vetting



Purchase Snowflake for building the data warehouse

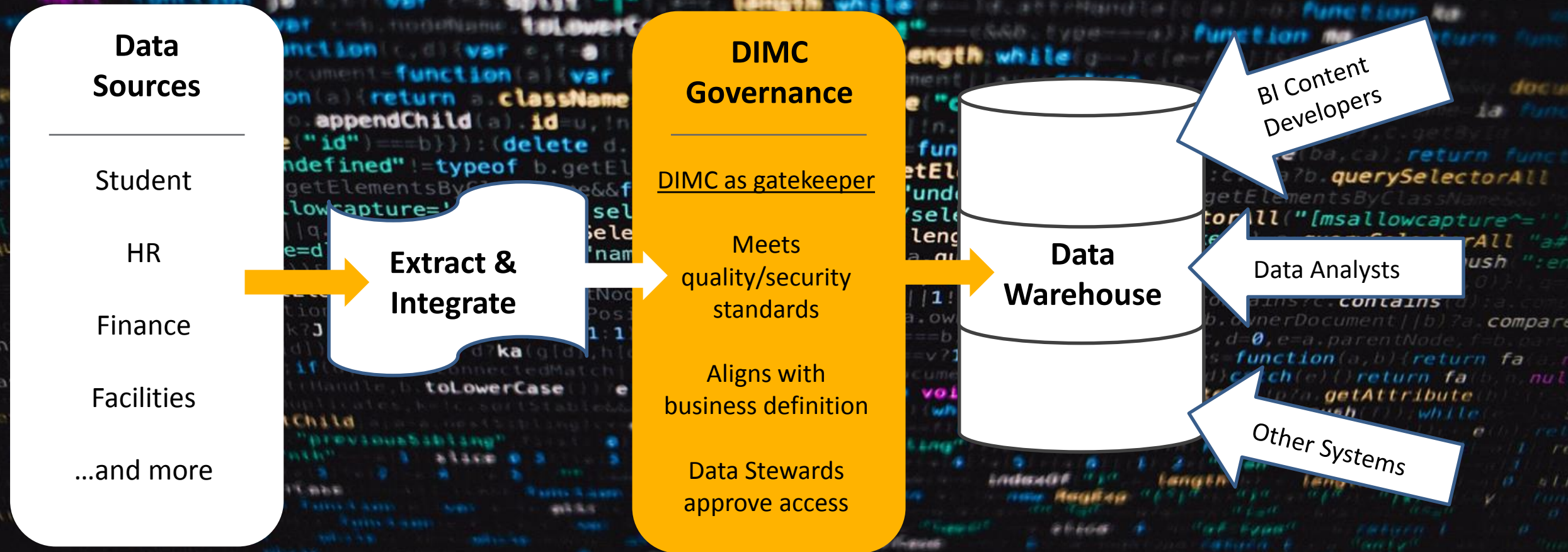


# One Authoritative Data Source

## Why a centralized data warehouse?

- Establishes a central, governed repository of information; an authoritative single source of truth
- Facilitates effective implementation of institutional change management
- Wrangle a de-centralized data ecosystem; pockets of excellence exists in silos
- Use modern technology to integrate heterogeneous enterprise data sources (Student, HR, Finance); generating advanced insights

# Data warehouse framework





An aerial photograph of a university campus plaza. The plaza is paved with reddish-brown bricks and has several black metal benches. People are walking across the plaza, and their long shadows are cast on the ground. There are green trees and bushes around the edges of the plaza. A yellow diagonal line runs from the top right towards the bottom left, separating the image from the text area.

# A Data Governance Program's Impact

**Governed Data Warehouse helps us meet strategic goals in a changing world:**

- **Scale**: Scale-up data maturity
- **Speed**: Be nimble and agile in governing new data sources
- **Accountability**: Create an awareness and expectation of quality and security
- Data-driven **culture**: Instill a culture of reporting and analytics first

**Discussion**

