جامعة المستقبل
Mustaqbal University
أول جامعة أهلية بمنطقة القصيم

Quality System for the Administration Units in UOM

Prepared By

The Quality and Accreditation Sustained Committee

First Version

January 2025

Policy Identification Card

Guide Title	Quality System for the Administration Units in UOM
Code	UOM-QA-QAD-POL-004-V1
Purpose	Organizing the work within all the University's departments
Owner	The Quality and Accreditation Sustained Committee
Reference	ISO 9001 ETEC quality standards UOM Quality Policy and System
Scope	All the University's departments
First Version	January 2025
Revision	Planned every two years
Current Edition	January 2025


بسم الله الرحمن الرحيم

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Introduction

Quality assurance for a process is defined as a group of activities that must be performed in order to identify potential sources of problems and shortcomings in the process and to deal with them beforehand to avoid the occurrence of problems and drawbacks in the process, and to achieve continuous improvement. This technique contrasts with that of monitoring the process and checking the process outcomes in order to determine its shortcomings after the fact.

The educational processes in the universities are supported and facilitated through many supporting units in the universities, such as the Student Admissions and Registration Department, Learning Resources Department, the Scientific Research Department, the Information Technology Department, etc. To ensure the realization of a comprehensive quality a system ensuring the quality in UOM deanships and administration units should be developed. Quality assurance of the various deanships, directorates, and units' activities requires studying all the aspects and activities of these entities.

Chapter I
Policy and System of Departments' Quality Assurance

1.1 Introduction

Mustaqbal University adopts quality policies aligned with the standards of the National Center for Academic Accreditation and Assessment (NCAAA). The University is committed to maintaining its institutional accreditation and continuously monitoring, reviewing, and evaluating all its programs in accordance with academic and administrative quality standards—making quality assurance a fundamental part of its mission: "*Introducing distinguished educational and professional environment, enhancing innovation, encouraging partnerships to effectively meet community demands.*"

The first two strategic goals of the University drive its quality assurance and academic accreditation efforts, as they focus on enhancing practices and improving efficiency to facilitate both institutional and programmatic accreditation.

Strategic Goals of the University (First Strategic Plan)

1. Providing best practice institutionalization, governance, and automation, and obtaining institutional accreditation.
2. Improving teaching and learning quality, and obtaining program accreditation.
3. Scientific, professional, and skill empowerment of university graduates.
4. Enhancing research, development, and postgraduate studies.
5. Providing a stimulating environment for innovations and sustainable community services.
6. Strengthening educational, research, and community partnerships.
7. Developing the university's own resources, diversifying and sustaining its income sources, and marketing its services and products.

Numerous strategic initiatives—directly or indirectly—support the implementation of the University's quality assurance system and the attainment of institutional and program accreditation. These include the first, seventh, ninth, twelfth, thirteenth initiatives, among others. Table 1 presents all 33 institutional

initiatives included in the University's strategic plan.

Table 1: UOM Institutional Initiatives

Strategic Initiatives	
1.	Institutional accreditation initiative
2.	Preparing a plan for research and development initiative
3.	Establishing a university, a refereed magazine initiative
4.	Establishing research, consulting, training and service center initiative
5.	Electronic, professional training initiative
6.	Awareness for progressive future initiative
7.	Programs accreditation initiative
8.	Future jobs specialization initiative
9.	Development of learning and teaching methods initiative
10.	Introducing flexible different professional programs initiative
11.	Graduate services initiative
12.	Electronic learning initiative
13.	Partnership of national and international lecturers initiative
14.	Developing legislative and governing regulations initiative
15.	Developing organizational structure initiative
16.	Administration and strategic planning automation (Dashboard) initiative
17.	Improving the University international classification initiative
18.	Conducting higher studies with super universities nationally and internationally initiative
19.	Retaining and conducting and professional satisfaction initiative
20.	Developing the University electronic infrastructure initiative
21.	Developing electronic websites initiative

Strategic Initiatives	
22.	Studying study fees, coding them and payment initiative
23.	Developing maintenance and utilities initiative
24.	Participating in international database rules initiative
25.	Developing scientific, research, community and investment partnership initiative
26.	Supporting community programs initiative
27.	Rationalizing initiative
28.	Increasing operational and non-operational profits initiative
29.	Developing marketing and information dimensions initiative
30.	Having a channel for University in you tube initiative
31.	Investment, endowment, and backing initiative
32.	Foundation of sport hall and entertainment activities initiative
33.	Opening a new branch of the University initiative

1.2 Quality Assurance Policies of the Departments

Quality assurance processes encompass all administrative units of the University and constitute an integral component of routine management and planning activities. The applied measures focus particularly on outcomes. Faculty, administrative staff, and students maintain a strong commitment to ongoing improvement and regularly review their performance. Quality is assessed based on evidence derived from performance indicators and credible external standards. The University's quality policy is founded on the following principles:

1. Establishing an Effective System for Quality Assurance and Management, Connected to Senior Leadership and Covering All Activities and Units

As part of UOM's ambitious efforts to enhance its performance and academic programs and to achieve its strategic objectives, the University established the Department of Quality and Accreditation. It was essential to establish the arrangements needed to support the implementation of quality assurance processes across the entire institution. Accordingly, Quality Assurance Units were established in all colleges and administrative units, with clearly defined

responsibilities documented in approved manuals, such as the *Quality System for Academic Programs at Mustaqbal University*. These units are evaluated and monitored periodically by the Quality and Accreditation Department and by relevant committees, including the Standing Committee for Quality and Academic Accreditation.

2. **Providing Adequate Material, Financial, and Human Resources to Support Quality Assurance Requirements**

Educational institutions must remain committed to sustaining and improving quality through effective leadership and active participation by faculty and staff. To fulfill this commitment, UOM has undertaken the following actions:

- Integrating strategic quality and accreditation projects into the University's 2020–2025 Executive Plan.
- Providing financial and human-resource support to all quality units and committees across the institution.
- Strengthening the Department of Quality and Accreditation with qualified staff and experienced consultants, and reinforcing its structure with the required units.

3. **Ensuring the Participation of All Stakeholders (Faculty, Staff, and Students) in Quality Assurance Processes**

Quality assurance activities required to maintain high standards are applied across all functions performed within the educational institution. Faculty, staff, students, alumni, and employers participate in performance evaluation and improvement planning through the quality committees described in this manual. They also contribute to periodic reporting (e.g., course reports, self-study reports) and institutional surveys (e.g., student evaluations of programs and services). Stakeholder participation is further encouraged through reduced teaching loads, summer compensation, accreditation incentives, and other forms of support described in Section (2).

4. **Establishing a Centralized System for Data Collection, Documentation, Analysis, Management, and Reporting**

The University has established several central units and systems dedicated to data collection, documentation, analysis, management, and periodic reporting:

- **Statistics and Information Unit**, referenced in the *Information Collection, Analysis, and Exchange System Manual at Mustaqbal University*.

- **Electronic Academic System (e-Register)** for faculty and students, which includes electronic records, teaching loads, course registration, grades, and student course evaluations. Details are available on the Information Technology Department webpage.
- **Official Administrative Communication System** through institutional email via Microsoft Teams for department and unit leaders.
- **Stakeholder Relationship Management System (DAAEM)**, an electronic technical support system operated by the Information Technology Deanship.

5. Utilizing a Variety of Mechanisms and Tools to Monitor Performance and Measure Progress at All Levels

Specific performance indicators were identified, and appropriate benchmarks were selected to evaluate the achievement of goals and objectives and the quality of the university's core functions. This was accomplished by adopting the indicators proposed by the National Center for Assessment and Accreditation, in addition to performance indicators proposed by various university departments. Chapter Four of this guide reviews some of these proposed indicators.

The university's Strategic Planning Department periodically measures and monitors the strategic plan's performance indicators. The Quality and Accreditation Department, through its quality assurance units in colleges and departments, measures the performance indicators approved by the National Center for Assessment and Accreditation annually and prepares detailed reports on quality levels based on the measurement results. For more information on the approved performance indicators, their measurement cycle, and how they are used in periodic quality reports, please refer to the "Performance Indicators at Mustaqbal University" guide.

6. Conducting Benchmarking for Institutional Performance Using Defined Performance Indicators

The University is committed to benchmarking its performance at both the institutional level and within its individual units, as follows:

• Departments and centers implement specific standards established by the Quality and Accreditation Department under the supervision of the Standing Committee for Quality and Academic Accreditation. These standards include periodic comparisons of the performance of these units with similar departments in other Saudi universities.

• In addition to monitoring the performance indicator reports of administrative

units, the Quality and Accreditation Department utilizes internal benchmarking of the university's performance and prepares an annual performance indicator and benchmarking report. This report includes key strengths, opportunities for improvement, and implementation recommendations. It is then presented to the Standing Committee for Quality and Academic Accreditation, and the findings and recommendations of these reports are communicated to relevant stakeholders.

7. Utilizing the Results of Satisfaction Surveys and Performance Evaluations for Continuous Improvement

At the institutional level, improvement is achieved through the following:

- Using the results of annual surveys (e.g., course evaluations, program evaluations, employer satisfaction surveys, and alumni surveys) to formulate actionable recommendations directed to relevant units and senior leadership.
- Using the results of annual performance indicator measurements to develop improvement recommendations.
- Following up on the implementation of improvement recommendations during the annual measurement cycle through internal reviews conducted by the Department of Quality and Accreditation.
- Developing action plans to address recommendations from independent reviewers and external accreditation bodies.

At the level of units and academic programs, improvement is achieved through:

- Preparing periodic internal review reports and communicating resulting recommendations to programs and units annually. The Department of Quality and Accreditation follows up on the implementation of these recommendations during the next review cycle.
- Developing unit and program evaluation reports based on NCAAA and administrative standards, producing actionable recommendations submitted to senior leadership, with follow-up conducted by the Department of Quality and Accreditation during the subsequent review cycle.

8. Utilizing Internal Audit Department Reports

• The university's administrative structure includes an Internal Audit Department responsible for monitoring the compliance of all academic and administrative

units with governing regulations and laws.

- The observations of the university's Internal Audit Department are used to improve departmental performance, thereby strengthening governance and accountability requirements.

9. Conducting Developmental Research and Studies Necessary for Performance Improvement and Goal Achievement

The University's strategic plans were developed based on a carefully designed developmental approach. The University has also engaged in the development study associated with the *Evaluation of Quality in Private Colleges and Universities Project*, which was launched in 2020 and continues to progress through multiple phases.

In pursuit of quality and accreditation objectives, the Quality and Accreditation Department prepares annual reports that analyze the performance of all colleges, programs, and administrative units in accordance with national quality standards. These reports employ a comprehensive range of research tools—including surveys, statistical analyses, and both quantitative and qualitative methods—to identify strengths and improvement opportunities at the institutional level. Subsequently, actionable recommendations are formulated and submitted to the University's senior leadership for direction, implementation, and follow-up.

10. Continuous Evaluation and Improvement of the Quality Assurance System

The internal quality assurance system at UOM is evaluated annually upon the completion of internal reviewing processes, based on the following:

1. The results of internal reviews and the practices undertaken during the internal review of the University's administrative units.

2. Policies approved by the Standing Quality Committee or proposed to the Quality and Accreditation Department, based on internal developments (e.g., establishing new units related to quality operations, changes in the administrative structure, or senior leadership decisions that directly intersect with quality processes), or external developments such as changes in accreditation bodies' policies or updates to quality standards.

3. Feedback from stakeholders, including quality coordinators in academic programs and members of quality committees, was collected through various electronic communication channels.

4. Academic program accreditation results, including comments and recommendations related to quality enhancement within the programs.

1.3 The Stages of the Quality Assurance Cycle at the Departmental Level

In its commitment to enhancing performance quality within each department and achieving institutional excellence, the Quality and Accreditation Department at Future University has adopted an integrated quality assurance system. Key features of this system include:

• Monitoring performance against approved targets.

• Ensuring efficiency and effectiveness in task execution.

• Identifying opportunities for improvement and addressing challenges continuously.

• Supporting data-driven decision-making.

The system is based on the principles of professional quality, continuous improvement, and adherence to university standards and strategic plans. This includes:

- Meticulous planning

- Implementation

- Performance measurement using key performance indicators (KPIs)

- Administering employee and beneficiary satisfaction surveys

- Data documentation and analysis. The continuous improvement cycle forms the core of the quality assurance system, and this cycle is illustrated in Fig. 1.1.

The cycle includes the following stages:

1- Planning and Implementation

2- Data Collection

Fig. 1.1: Continuous improvement cycle

Data is collected through:

• Key Performance Indicator (KPI) results.

• Periodic progress reports.

• Employee and beneficiary satisfaction surveys.

• Administrative follow-up records (attendance, completion, task quality).

• Meeting and workshop outcomes.

Data is documented and submitted to the Quality Unit monthly or quarterly, depending on the type of indicator.

3- Results Analysis and Evaluation Based on Targets

• Comparing performance with the desired target.

• Analyzing positive and negative deviations.

• Identifying improvement indicators.

4- Identifying Strengths and Opportunities for Improvement

Based on data analysis, strengths and opportunities for improvement are identified:

• Strengths: These are aspects, practices, or results that the department achieves exceptionally, exceeding targets or demonstrating high performance efficiency, contributing to enhancing work quality and achieving departmental goals.

• Improvement Opportunities: These are aspects or processes that still need development or efficiency enhancement, whether due to failure to achieve the desired target or the presence of performance gaps or deficiencies. Improving these areas presents an opportunity to raise the level of quality and achieve optimal performance.

5- Proposing Actions to Address Weaknesses or Improvement Opportunities

An approved operational development plan for improvement is developed, including:

Actions, associated objectives, responsible party, timeframe, and performance indicators.

6- Monitoring Progress

The implementation of the activities and procedures of the operational development plan is monitored, and a progress report is prepared. This report identifies completed tasks, outstanding tasks, obstacles encountered, and suggestions for development and improvement. These suggestions are then incorporated into the following annual plan.

1.4 Stages of the University-Level Quality Assurance Cycle

The university-level quality assurance cycle consists of two stages:

1. Short-term (annual) stage.

2. Long-term (6-7 years) stage.

1.4.1 Short-term stage

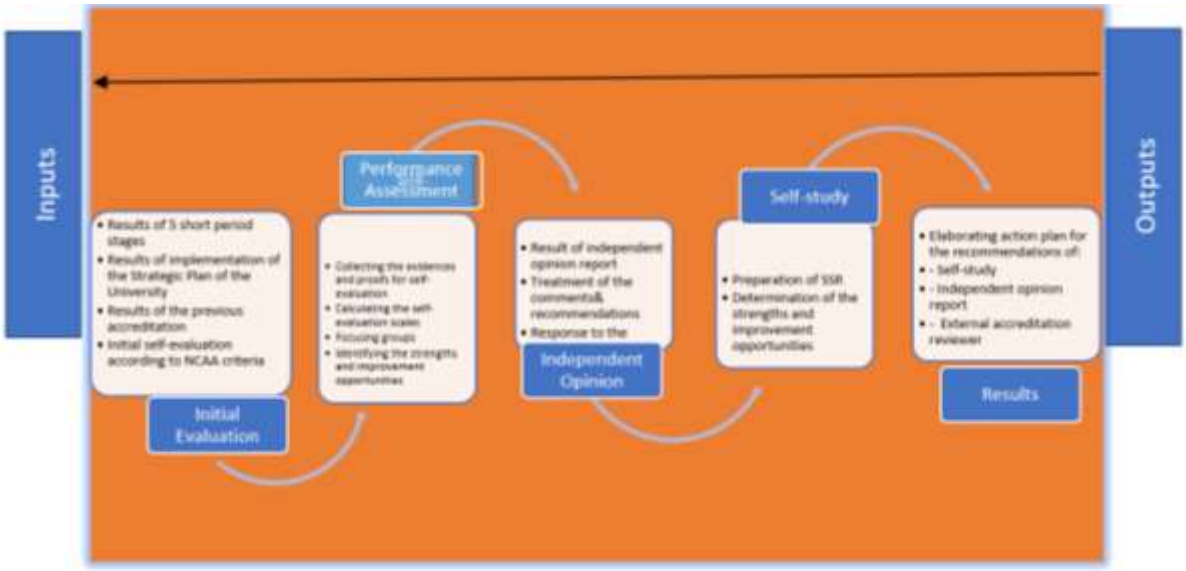

Figure 1.2: Quality assurance short cycle

The short-term cycle begins at the end of the academic year. It starts with developing plans for internal reviews, performance indicator measurement, and stakeholder surveys, all based on the objectives of the Quality and Accreditation Department and the University's strategic quality goals. This is followed by the implementation of these plans—measuring performance, conducting internal reviews, gathering results, analyzing findings, and generating improvement recommendations accordingly. The cycle concludes with communicating these recommendations to the relevant entities (e.g., academic programs and major Departments), which in turn develop their own implementation plans. These improvement plans serve as the primary outputs of this stage and form the main inputs for the following year's cycle.

1.4.2 Long-Term Stage

This stage recurs every six or seven years, aligned with the beginning and end of institutional accreditation cycles. The inputs to this stage include several key elements, most notably:

1. Results of the short-term stages (performance indicators and benchmarking results, survey outcomes, and internal review findings) for at least the previous five years.
2. Results of implementing strategic objectives, including those related to quality and accreditation.
3. Results of the previous institutional accreditation, along with subsequent development plans and the extent of their implementation.
4. Results of the preliminary institutional performance evaluation based on the National Center for Assessment and Accreditation standards.

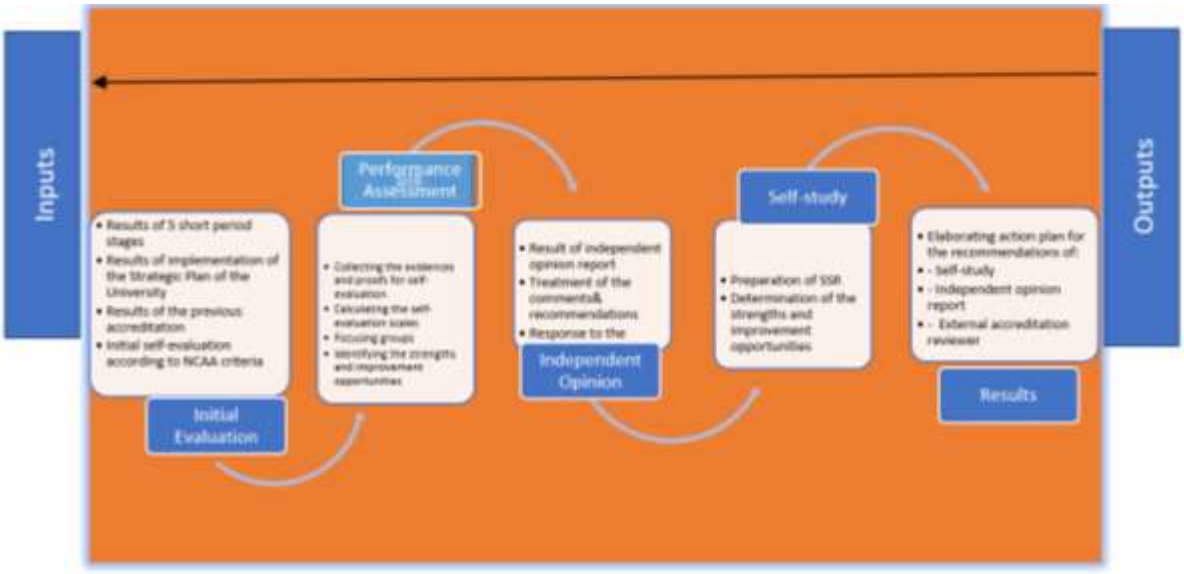

Figure 1.3: long quality assurance comprehensive cycle

Following this, all academic and administrative units across the University are evaluated in accordance with the institutional standards of the National Center (eight standards), and the results are documented in the institutional self-evaluation instruments. The outcomes of this evaluation are then submitted for an independent external review, through which a report is prepared assessing the University's overall performance against the institutional standards. This stage concludes with the preparation of the Institutional Self-Study Report, accompanied by improvement and development plans designed to implement the

recommendations derived from the self-evaluation processes and the independent external review. The stage continues with systematic follow-up on the implementation of these improvement and development plans, such that the outputs of this phase form the primary inputs for the next measurement cycle.

Chapter II

Departments Quality Criteria

The following criteria have been established to be followed by the University's departments:

1- Strategic Planning

2- Management and Authorities

3- Management of Quality Assurance and Improvement

4- Beneficiaries' Support

5- Resources, Infrastructure, Facilities, and Equipment

6- Partners

7- Financial Planning and Management

8- Human Resources

9- Deanship/ Directorate Relation with the Community

10- Deanship/Directorate Outcomes

These criteria have been separated into sub-criteria, which in turn have been divided into practices, which facilitates the accuracy of evaluation. The details of these sub-criteria and practices are given in the following table:

Criterion	Sub-criterion
1- Strategic Planning	1-1 Appropriateness of the mission, 1-2 Usefulness of the mission statement, 1-3 Development and review of the mission, 1-4 Use made of the mission statement, 1-5 Relationship between mission, goals and objectives. 1-6- Setting strategic planning

2- Management and Authorities	2-1 Governing body. 2-2 Leadership. 2-3 Planning processes. 2-4 Institutional integrity. 2-5 Internal policies, and regulations 2-6 Organizational climate 2-7 Supporting units and affiliated entities
3- Management of Quality Assurance and Improvement	3-1 The University's commitment to quality improvement. 3-2 The scope of quality improvement. 3-3 Management of Quality Assurance. 3-4 The use of indicators and benchmarks. 3-5 Ensuring the realization of the standards through an independent body.

4- Beneficiaries' Support	4-1 Beneficiaries' records 4-2 Beneficiaries' management 4-3 Planning and evaluation of beneficiaries' services 4-4 Counseling, orientation and general publicity services

5- Resources, Infrastructure, Facilities and Equipment	5-1 Policies, planning and evaluation 5-2 Quality and adequacy of facilities and equipment 5-3 Administration and implementation 5-4 Information technology and decisions support
6- Partners	6-1 Existence of partners and their participation in the Deanship/Directorate Administration Council and its committees. 6.2 Cooperation of the Deanship with other deanships and the Directorate with other directorates from inside the Deanship or others.

7- Financial Planning and Management	7-1 – Financial Planning and preparation of the budget. 7-2 – Management of finance and resources. 7-3- Financial audit and Risk Management.
8- Human Resources	8-1 Policy and Administration 8-2 Recruitment 8-3 Personal and Career Development 8-4 Discipline, Complaints and Dispute Resolution
9- Deanship/ Directorate Relation with the Community	9-1 Institutional Policies on Community Relationships 9-2 Serving and interacting with the Community

10- Deanship/Directorate Outcomes	10-1 Institutional oversight of deanship/directorate activities 10-2 Outcomes of deanship/directorate. 10-3 Deanship/directorate development processes. 10-4 Activities evaluation and review processes. 10-5. Existence of a continuous improvement process. 10-6 Guidance and technical assistance for the beneficiaries. 10-7 Quality of serving the beneficiaries. 10-8 Support for improvements in the quality of services. 10-9 Qualifications and experience of the staff. 10-10 Qualitative training of the staff. 10-11 Partnership arrangements with other supporting entities

Chapter III
Linking the Department's Quality Criteria to ISO Standards and ETEC Standards

3.1 Linking the Department's Quality Criteria to ISO Standards

ISO 9001 standards are international quality management system standards developed by the International Organization for Standardization (ISO) to help organizations organize their processes and improve the quality of their products and services, regardless of their size or industry.

ISO 9001 specifies the requirements for certification of a quality management system by an independent body. The standards define "products and services" as applying to services, processed materials, hardware, and software provided to the customer. Beyond the purpose of the standards, references, and definitions, there are seven ISO 9001 standards that relate to the activities to be considered when implementing a quality management system:

1. Scope
2. Reference
3. Definitions
4. Context of the organization
5. Leadership
6. Planning
7. Support
8. Operation
9. Performance evaluation
10. Improvement

To facilitate the implementation of ISO 9001 by departments to obtain accreditation, while simultaneously meeting the standards required for institutional accreditation, it is essential to ensure that these standards align with ISO standards.

A comparison of departmental standards with those applied in ISO 9001 reveals a correlation, as illustrated in the following table:

Table 2: Relation of Deanships/Directorates developed criteria to ISO 2009 criteria

		ISO 9001 Criteria										Notes
		1	2	3	4	5	6	7	8	9	10	
Deanship/Directorate Criteria	1	x	x				X					
	2					x						
	3									x	x	
	4							X	x			
	5							X				
	6							x				
	7						x					
	8							x				
	9							X	x			
	10								x			

The main differences between the developed criteria and those of the ISO 9001 are that the developed criteria are designed such that they are oriented towards supporting the education, research and community services processes to suit UOM and, in general, other higher educational institutions.

3.2 The Analogy between the Departments' Quality Criteria and the NCAAA Criteria

The Deanships/Directorates quality criteria, when followed, should improve the works and achievements of UOM and other Saudi Arabia Universities if they are adopted there. Also, they help the University to get the institutional accreditation. These criteria are supporting to most of the criteria of the NCAAA institutional accreditation as shown in the following table:

NCAAA Institutional Accreditation Standards	Directorates Criteria									
	1	2	3	4	5	6	7	8	9	10
Standard 1. Mission, Vision and Strategic Planning	X									
Standard 2: Governance, Leadership and Administration		X	X							
Standard 3: Learning and Teaching			X	X		X				
Standard 4: Students				X						
Standard 5: Faculty and Staff								X		
Standard 6: Institutional Resources					X		X			
Standard 7: Research and Innovation				X						X
Standard 8: Community Partnership									X	

"Mission, Vision and Strategic Planning" resembles "Strategic Planning" criterion of the Deanships/Directorates. "Governance, Leadership and

Administration” resembles "Management and Authorities" and "Management of Quality Assurance and Improvement" criteria of the Deanships/Directorates. "Learning and Teaching" contains the outcomes of the education process and how to improve it, and it is analogous to "Management of Quality Assurance and Improvement", "Beneficiaries' Support", "Partners" and "Deanship/Directorate Outcomes" as these are outcomes of the deanships/directorates. The “Students” resembles the “Beneficiaries Support” as the students are the education process target and the beneficiaries are the target of the deanships/directorates. "Faculty and Staff" are the human resources of the university as a whole, and resemble the "Human Resources" of deanships/directorates. “Institutional Resources” criterion of the institutional accreditation is analogous to “Resources, Infrastructure, Facilities and Equipment" and "Financial Planning and Management" as all these are resources of the deanships/directorates. "Research and Innovation" is analogous to the "Beneficiaries Support" and " Deanship/Directorate Outcomes" criteria as the first is an outcome of the university and the other two are outcomes of the deanships and directorates. "Community Partnership" resembles " Deanship/ Directorate Relation with the Community" are similar.

Chapter IV
Key Performance Indicators for the Departments Covered by the System

4.1 Deanships and Administration Units Covered by the System

All departments and centers at Future University are subject to its quality system. The departments are as follows:

- Strategic Planning Department
- Quality and Accreditation Department
- Internal Audit Department
- Budget Department
- Admissions and Registration Department
- Student and Graduate Affairs Department
- Scientific Research Department
- Learning Resources Department
- Training Department
- Graduate Studies Department
- Social Responsibility Department
- Risk Management Department
- Information Technology Department
- Human Resources Department
- E-Learning and Distance Education Department
- International Cooperation and Information Exchange Department
- Legal Affairs Department
- Finance Department
- Facilities and Inventory Department
- Contracts and Procurement Department
- Marketing Department
- Media and Corporate Communications Department
- Security and Safety Department
- Mustaqbal Innovation Center

- Mustaqbal Institute for Studies and Consulting
- Statistics and Information Unit

4.2 KPIs for the Departments

4.2.1 Concept of Performance Indicators

The performance indicators are considered the most important tools for evaluating the quality of the academic and administrative performance, and it is one of the major practices which support making decisions and processes of following up, development and continuous improvement. To complete the efforts of evaluation and continuous improvement of directorates of the University some KPIs have been suggested.

A detailed explanation will be presented for these suggested indicators which are used in the system of internal audit in UOM, according to time schedule for the measuring periods, in addition to a unified mechanism for determining the target values in accordance with the objectives of the University strategic plan.

There is a wide range of usable various indicators, but to be able to use most of these indicators, decisions should be taken regarding many items of information which should be quantitatively expressed, and used as performance indicators. The indicators should be identified in advance as a part of planning process. For example when basic objectives are established, certain indicators should be determined so that these objectives can be continuously monitored. Also, it is essential for the deanships to identify performance indicators to be applied in its different departments and directorates to follow up their performance and practices. This allows comparison between different deanships and directorates, thus permitting the University to steadily control and evaluate the performance of its different units. The information related to these indicators should be collected in a standard formatted form, and saved in a central data base.

To use and rely upon these indicators, continuous evaluation of these indicators should be performed to determine their suitability, and the appropriateness and effectiveness of the method of collecting and saving the data used for calculating these indicators, and consequently utilizing these indicators to judge the quality of the institution and future planning.

4.2.2 Suggested Key Performance Indicators

There are some suggested indicators, which are recommended to be applied periodically to assess and evaluate the performance of the departments in UOM. These are as follows:

1- Existence of a clear mission of the deanship/directorate that is suitable to its nature of work.

2- The extent of consistency of the deanship/directorate mission with the University mission

3- The extent of satisfaction of the deanship/directorate dealers with its dealings.

4- The extent of satisfaction of the employees with the deanship/directorate work conditions and environment.

5- Rate of executing the dealings (transactions) of the deanship/directorate.

6- The quality of the archiving system of the deanship/directorate dealings and documents.

7- Ratio of the number of dealers with the deanship/directorate to the manpower of it.

The timing and period of application of the KPIs depend on the nature of work of the deanship/directorate

Chapter Five

Internal Quality Auditing in Departments

5.1 Introduction

Internal auditing is one of the most important quality assurance tools in Saudi universities. It is a systematic, independent, and objective evaluation process aimed at verifying the extent to which departments adhere to approved policies, procedures, and standards, identifying strengths and opportunities for improvement, and supporting data-driven decision-making.

Internal review at the university is based on the departmental quality standards outlined in Chapter Two, which are consistent with the Education and Training Evaluation Commission's standards for institutional accreditation. Departmental performance is evaluated based on the "Internal Audit Guide at Mustaqbal University" (https://uom.edu.sa/quality-assurance-management/).

5.2 The Concept of Auditing

First: Definition of Internal Auditing

Internal auditing is a comprehensive and planned evaluation process aimed at examining departmental performance, verifying adherence to standards and policies, assessing the quality of processes, identifying opportunities for improvement, and providing actionable development recommendations.

Second: Objectives of Internal Auditing

1. Verifying Compliance

• Compliance with approved policies and procedures

• Compliance with national quality standards

• Compliance with the department's operational plan

2. Improving Administrative Performance

• Enhancing the Efficiency of Operations

• Enhancing the Quality of Services

• Supporting Decision-Making

3. Enhancing Transparency and Accountability

• Documenting Performance

• Identifying Gaps

• Reporting to Senior Management

4. Supporting Institutional and Program Accreditation

• Providing readily available evidence and documentation for self-assessment

• Addressing gaps before accreditation visits

Third: Principles of Internal Auditing

1. Independence

• Auditors are not affiliated with the department they are auditing

• Teams are comprised of neutral parties

2. Objectivity

• Reliance on evidence and documentation

• No judgments are made without supporting documentation

3. Professionalism

• Use of approved measurement tools

• Adherence to professional ethics

4. Confidentiality

• Sharing audit results only with authorized parties

5. Continuous Improvement

• Considering the audit as part of the annual quality cycle

Fourth: Scope of the Review

The scope of the review includes:

• Organizational structure

• Policies and procedures

• Operational plan

• Performance indicators

• Services provided to beneficiaries

• Records and documents

• Human resources within the department

• Environment and facilities

• Technology systems

• Level of compliance with the standards of the Education and Training Evaluation Commission.

Fifth: Types of Review

1. Annual Periodic Review

• Includes all departments

• Based on an annual plan

2. Thematic Review

• Focuses on a specific topic such as:

o Risk management

o Beneficiary satisfaction

o Governance

o Safety

3. Follow-up Review

• To verify the implementation of recommendations

4. Emergency Review

• In the event of critical observations or recurring complaints.

5.3 Review Procedures

Internal reviews are conducted according to a systematic cycle consisting of three main phases, each of which includes a set of detailed procedures.

First: Review Preparation Phase

This phase includes preparing the scientific and organizational basis for the review.

1. Preparing the Annual Audit Plan

This includes:

• Identifying the targeted departments

• Defining the scope of the audit for each department

• Establishing the timeline

• Identifying the tools to be used (forms, checklists, standards)

• Approving the plan by the Standing Quality Committee

2. Forming the Audit Teams

This includes:

• Selecting experienced members

• Ensuring there are no conflicts of interest

• Training auditors on the standards and forms

• Distributing tasks within the team

3. Gathering Primary Documentation

This includes:

• Requesting documents from management

• Reviewing the operational plan

• Reviewing annual reports

• Reviewing performance indicators

• Reviewing manuals and policies

• Analyzing customer satisfaction surveys

4. Preparing the Field Visit Plan

This includes:

• Identifying the individuals to be interviewed

• Identifying the records to be examined

• Identifying the services to be evaluated

• Preparing the visit schedule

Second: The Auditing Implementation Phase

This phase involves the actual implementation of the audit.

1. Opening Meeting

Includes:

• Team introductions

• Explanation of audit objectives

• Clarification of audit scope

• Agreement on communication mechanism

2. Desk Review

Includes:

• Document review

• Data analysis

• Comparison of performance against targets

• Verification of policy compliance

3. On-site Visits

Includes:

• Staff interviews

• Record review

• Verification of procedures

• Evaluation of services provided

• Environmental and facility assessment

• Verification of occupational safety

4. Rubric Application

Includes:

• Scoring of each criterion

• Documentation of evidence

• Recording of observations

• Identification of strengths

• Identification of opportunities for improvement

5. Closing Meeting

Includes:

• Presentation of preliminary findings

• Discussion of observations

• Hearing management's responses

• Clarification of next steps

Third: Final Report Preparation Phase

1. Report Drafting

Includes:

• Writing an introduction

• Presenting the methodology

• Presenting the results

• Presenting strengths

• Presenting opportunities for improvement

• Writing recommendations

2. Internal Report Review

Includes:

• Review by the team leader

• Review by management Quality

• Report Approval

3. Submitting the Report to Senior Management

This includes:

• Sending the report to the relevant department

• Sending a copy to the Standing Committee for Quality

• Saving the report in the electronic system

5.4 Post-Review Phase

The post-review phase is the cornerstone of ensuring continuous improvement across departments at Future University. During this phase, review findings are transformed into measurable and trackable action plans, addressing gaps, reinforcing strengths, and enhancing readiness for institutional and program

accreditation.

This phase comprises four main steps, each with its own set of detailed procedures.

First: Preparing an Implementation Plan for Improvement Recommendations

Upon receiving the internal review report, the department immediately begins preparing an operational and developmental plan to address the recommendations. This phase includes the following procedures:

1. Analyzing the Recommendations in the Review Report

Sub-Procedures:

• Analyzing the report and identifying the criteria that scored below 85%.

• Classifying the recommendations as:

o Urgent (must be implemented within one month)

o Short-term (3 months)

o Medium-term (6 months)

o Long-term (one full year)

• Identifying and prioritizing recommendations directly related to the Education and Training Evaluation Commission's standards. 2. Hold an internal meeting to discuss the recommendations:

• Invite the department manager, quality officers, unit heads, and stakeholders.

• Present the audit results using figures and graphs.

• Discuss the reasons for the gaps.

• Identify proposed actions to address each gap.

3. Prepare an implementation plan for the recommendations:

The plan should include the following elements:

• Clearly and specifically formulate the improvement action for each recommendation.

• Identify the person directly responsible for implementation (name/unit/committee).

• Precisely define the timeframe (start date - end date).

• Define a Key Performance Indicator (KPI) to measure the success of the action, such as:

• Percentage of guide updates

• Percentage of user satisfaction

• Number of completed actions

• Percentage of policy compliance

• Identify the required resources (financial, human, technical, and training).

• Define the documentation mechanism (minutes, reports, forms, images, and electronic links).
• Obtain approval of the plan from the department manager and then from the Quality and Accreditation Department.

Second: Monitoring the Implementation of the Improvement Plan

The Quality and Accreditation Department will monitor the implementation of the recommendations according to a precise and systematic mechanism.

1. Periodic Follow-up
• Submitting monthly or quarterly reports from departments.
• Using a standardized template that includes:
o What has been accomplished
o What has not been accomplished
o Reasons for non-completion
o Needs
• Updating an electronic tracking dashboard at the university level.

2. Field Visits for Verification
• Visiting the department to verify the actual implementation of procedures.
• Examining updated evidence and documentation.
• Interviewing staff to verify their understanding of the new procedures.
• Ensuring the implementation of policies after their updates.

3. Joint Follow-up Meetings
Sub-actions:
• Holding meetings between the Quality Management Department and department heads every two months.
• Discussing progress rates, challenges, and proposed solutions.
• Rescheduling certain procedures when necessary.

4. Updating Performance Indicators
• Comparing performance indicators before and after implementing recommendations.
• Analyzing deviations.
• Submitting an analytical report to senior management.

Third: Measuring the Impact of Improvement

After implementing the procedures, their impact on departmental performance is evaluated.

1. Analyzing Data Before and After Improvement
• Comparing Performance Indicator Results
• Analyzing Beneficiary Satisfaction Survey Results

• Measuring the Level of Compliance with Policies and Procedures
• Evaluating the Quality of Documents After Update
2. Preparing the Improvement Impact Report
• Documenting What Was Completed and What Was Not Completed
• Analyzing the Reasons for Non-Completion
• Measuring the Impact of Improvement on:
o Service Quality
o Beneficiary Satisfaction
o Process Efficiency
o Speed of Completion
• Submitting the Report to the Quality and Accreditation Department
3. Addressing Remaining Recommendations
• Rescheduling Uncompleted Recommendations
• Providing Additional Support (Training, Resources, Systems)
• Submitting Recommendations to Senior Management When Needed

Fourth: Integrating Improvement Results into the Annual Quality Cycle

The results of implementing the recommendations are a fundamental input for the university's short-term quality cycle and include:

1. Updating the department's operational plans
• Incorporating the improvement procedures into the next year's plan
• Adjust objectives based on audit findings.
• Submit the plan to senior management for approval.
2. Improve institutional policies and procedures
• Update manuals and policies based on audit findings.
• Standardize procedures across similar departments.
• Submit amendments to the Standing Committee for Quality and Accreditation.
3. Support institutional and program accreditation
• Use audit findings as evidence for self-assessment.
• Enhance readiness to meet the requirements of the Education and Training Evaluation Commission.
• Address gaps affecting accreditation.
4. Promote a culture of quality and continuous improvement
• Disseminate best practices across departments.
• Recognize outstanding departments.
• Conduct workshops on continuous improvement.

Conclusion

The Departmental Quality System at Future University represents an integrated institutional framework aimed at enhancing the efficiency and effectiveness of administrative performance and ensuring the quality of processes and services provided to all departmental stakeholders, both within and outside the university.

Implementing this system is not an end in itself, but rather an ongoing process requiring institutional commitment, active participation from all departmental staff, and close cooperation between quality assurance units and executive departments. This collaboration is essential to ensure continuous improvement, raise performance levels, and foster a culture of quality, governance, and accountability.

Future University emphasizes that the success of this system depends on:

- Strict adherence to approved policies and procedures
- Commitment to internal review and continuous improvement cycles
- Utilizing data and performance indicators in decision-making
- Leveraging the results of self-assessment and benchmarking
- Effective response to the recommendations of internal and external auditors. Thus, this system constitutes a fundamental pillar for achieving institutional and program accreditation, supporting administrative excellence, and strengthening the university's ability to fulfill its mission in education, research, innovation, and community service.

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