


# The Catholic University of Eastern Africa

<b>TITLE</b>	<b>AUTHOR</b>
<b>PROCEDURE FOR INTERNAL QUALITY AUDITS (CUEA/VC/MR/03)</b>	<b>MANAGEMENT REPRESENTATIVE</b>
	<b>NO. OF APPENDICES:</b>
	<b>THREE (3) 7.1 – 7.3</b>
<b>AUTHORIZATION</b> This Standard Operating Procedure is issued under the authority of:	
<b>TITLE</b>	<b>VICE CHANCELLOR</b>
<b>SIGNATURE</b>	
<b>DATE</b>	<b>9 January 2019</b>
<b>ISSUE DATE</b>	<b>9 January 2019</b>
<b>STAMP CONTROLLED / UNCONTROLLED</b>	<b>CONTROLLED</b>
<b>NOTE:</b> Write amendments on the page provided (Clause 0.2) Controlled copies of this document will be in the Vice Chancellor and the Directorate of Quality Assurance	

## 0. CONTENTS AND RECORD OF CHANGES

Revision	02	Date	9 Jan 2019
----------	----	------	------------



# Quality Management Procedure

CUEA/VC/MR/03

**Title**

**Procedure for Internal Quality Audits**

Page 2 of 12

## 0.1 Table of Contents

0.	Contents And Record Of Changes .....	1
1.0	Purpose .....	2
2.0	Scope .....	3
3.0	References .....	3
4.0	Definition of Terms .....	3
5.0	Principal Responsibilities .....	4
6.0	Method .....	4
6.1	Internal Audit Planning .....	4
6.2	Audit Phases .....	6
6.3	Audit Process .....	8
6.4	Audit Records .....	9
6.5	Management Report of Audits .....	9
7.0	Appendices .....	10
7.1	Context .....	10
7.1.1	External / Internal Factors .....	10
7.1.2	Relevant Interested Parties .....	10
7.2	Risk Analysis And Control .....	11
7.3	Required Organizational Knowledge .....	12

## 0.2 Record of Changes

No.	Date (dd-mm-yy)	Details of Changes		Authorization
		Page	Clause/subclause	Title
1.	09-01-2019	1 - 12	Review of complete procedure	MR


## 0.3 Distribution / Circulation

This quality management procedure is available on CUEA servers for authorized users.

## 1.0 PURPOSE

The purpose of this procedure is to describe how CUEA plans and conducts internal quality audits of the quality management system to ISO 9001 and / or other applicable standards. In addition, the procedure is used to assess the effectiveness of the implementation of the quality management system and to identify areas for improvement as required by ISO 9001 and defined in the CUEA-QMM.

Revision	02	Date	9 Jan 2019
----------	----	------	------------

	<h2>Quality Management Procedure</h2>	<b>CUEA/VC/MR/03</b>
<b>Title</b>	<b>Procedure for Internal Quality Audits</b>	Page 3 of 12

## 2.0 SCOPE

This procedure applies to audits of all activities that comprise the QMS implemented in CUEA as laid down in the CUEA-QMM, based on related documentation and records, including policies, practices, and results of CUEA services.

## 3.0 REFERENCES

This procedure makes reference to the following documents which form part of the QMS documentation:

- 3.1 CUEA-QMM
- 3.2 ISO 9000, Quality Management Systems – Fundamentals and Vocabulary
- 3.3 ISO 9001, Quality Management Systems – Requirements
- 3.4 ISO 19011, Guidelines for Quality and / or Environmental Management System Auditing

## 4.0 DEFINITION OF TERMS

### 4.1 Definitions of Terms Used

For the purpose of this procedure all terms contained in ISO 9000 and ISO 19011 shall apply in addition to the following terms:

- 4.1.1 **Auditee:** Refers to a specific functional department or section to be audited under the responsibility of the respective Head
- 4.1.2 **Audit team leader:** An Internal Quality Auditor designated or appointed to lead an audit
- 4.1.3 **Audit team:** One or more Internal Quality Auditors selected to conduct an audit
- 4.1.4 **Audit scope:** This is the extent or boundaries of an audit which may include a defined physical location, functional positioning, activities and processes as well as time period for performance of an audit.

### 4.2 Abbreviations and Acronyms

Revision	02		Date	9 Jan 2019
----------	----	--	------	------------



## Quality Management Procedure

CUEA/VC/MR/03

**Title**

**Procedure for Internal Quality Audits**

Page 4 of 12

- 4.2.1 CUEA The Catholic University of Eastern Africa
- 4.2.2 DQA Directorate of Quality Assurance
- 4.2.3 HOD Head of Department
- 4.2.4 HOF Head of Functions
- 4.2.5 IQA Internal Quality Auditors
- 4.2.6 MR Management Representative
- 4.2.7 QMM Quality Management Manual
- 4.2.8 QMS Quality Management System
- 4.2.9 VC Vice Chancellor

### 5.0 PRINCIPAL RESPONSIBILITIES

- 5.1 The MR has the overall responsibilities for planning, coordinating, executing and monitoring internal audits. This includes drawing up of annual audit programme, audit notification, appointment of auditors, follow up of corrective actions, and presentation of overall audit results reports to senior management.
- 5.2 The MR is responsible for ensuring that this procedure is implemented and that it remains adequate for its intended purposes.
- 5.3 The process owner is responsible for ensuring that the areas under their control cooperate with the Internal Auditor and MR, and for ensuring execution of nonconformity corrective actions within the agreed timescales.
- 5.4 The Audit Team Leader (Auditor) is responsible for making necessary arrangements with the Auditee, drawing an Audit Plan, general management of an Audit: specifically performance at opening and closing meetings, auditing, resolving problems during the Audit, and filling Audit reports with MR.

### 6.0 METHOD


#### 6.1 Internal Audit Planning

##### 6.1.1 General

6.1.1.1 An Annual Internal Audit programme shall be prepared and issued by the MR covering all activities that comprise the QMS implemented in CUEA.

6.1.1.2 Each functional area and its constituent departments, sections and campuses on other locations shall be audited at least once a year or as deemed necessary. More audits may

Revision	02		Date	9 Jan 2019
----------	----	--	------	------------

	<h2>Quality Management Procedure</h2>	<b>CUEA/VC/MR/03</b>
<b>Title</b>	<b>Procedure for Internal Quality Audits</b>	Page 5 of 12

be performed at certain areas or activities depending on the status of nonconformity / complaints or deemed to be critical to its integrity or required by other standards implemented.

6.1.1.3 Each function may conduct functional Internal Audits depending on the applicable service standard implemented.

6.1.1.4 Unscheduled or unannounced audits may also be conducted as may be necessary.

### 6.1.2 Audit Programme

6.1.2.1 The annual Internal Audit Programme is a series of audits covering CUEA-Wide QMS for the year. The programme schedules dates/months and assigns audit teams for all auditable activities per functional area including regional spread.

6.1.2.2 Once the audit programme has been prepared, it shall be submitted for approval by the VC after which MR will publish and distribute to all functional departments and other CUEA Campuses.

6.1.2.3 For unscheduled or unannounced, function specific internal audits, a similar programmes shall be developed and circulated as necessary.

### 6.1.3 Audit Team Selection

6.1.3.1 The MR or QMS Coordinator shall nominate from staff trained and competent in internal auditing to carry out internal audits.

6.1.3.2 Staff assigned (Internal Quality Auditors) to carry out audits shall be as much as possible independent or have no direct responsibility of the function / activities being audited.


6.1.3.3 The nominated IQA shall be part of an audit team which may consist of one or more auditors depending on the scope and duration of the audit. Each audit team shall be assigned an Audit Team number.

6.1.3.4 The MR or delegated Coordinator shall also name the Audit Team Leader who shall perform responsibilities (but not limited to) detained in sub-clause 5.4 above.

6.1.3.5 A record of all trained staff in Internal Quality Auditing shall be maintained by MR and or the Human Resource Office and these shall be updated based on the evaluation of Internal Quality Audit results.

### 6.1.4 Audit Notification

Revision	02		Date	9 Jan 2019
----------	----	--	------	------------

	<h2>Quality Management Procedure</h2>	<b>CUEA/VC/MR/03</b>
<b>Title</b>	<b>Procedure for Internal Quality Audits</b>	Page 6 of 12

6.1.4.1 Once the Audit Programme has been issued, the MR or delegated Coordinator shall notify the Auditee and Audit Team Leader (the parties) of the proposed date of the Audit. All parties will be asked to acknowledge notification or arrangements and the request agreement.

6.1.4.2 Closer to the time of the Audit, the Audit Team Leader or Coordinator shall issue a detailed audit plan to the Auditee. Where this is not practicable, this shall be communicated at the earliest opportunity to the Auditee.

## 6.2 Audit Phases

### 6.2.1 Initial System Review

6.2.1.1 Before the commencement of any Audit, each functional area shall be requested to submit their current QMS documentation to MR for review. The objective of such review is to ascertain that the functional areas documentation is adequately developed to meet the generic requirements of CUEA overall QMS.

6.2.1.2 The MR or Coordinator shall undertake the review and where practicable define the appropriate QMS structure, audit scope, objectives and criteria for the functional area to be submitted to the Audit Team Leader. The output of such a review is also to facilitate appropriate selection of Audit Teams and Audit time estimation.


6.2.1.3 Where documentation submitted is not adequate or incomplete, the MR or Coordinator will prepare additional guidance to the IQAs and present to the appropriate Audit Team during the IQAs briefing.

6.2.1.4 Where the function being audited has a history of previous unclosed Internal Quality Audit corrective actions or results of an external audit or outstanding complaints, the MR or Coordinator shall point them out to the Audit Team for follow up. Copies of such outstanding items shall be made out for the Audit Team.

6.2.1.5 Additionally, where a function has made specific requests for an Audit, or management priorities or concerns have been raised on the performance of certain processes in the function, the Audit Team shall also be alerted of the same.

6.2.1.6 A pre-audit summary report shall be prepared by the MR or the Coordinator following such a review. The pre-audit summary report should include where practicable, the designated Auditee Representative(s), the dates of previous audits, audit objective, audit criteria, management priorities, outstanding corrective action or complaints, etc.

Revision	02		Date	9 Jan 2019
----------	----	--	------	------------

	<h2>Quality Management Procedure</h2>	<b>CUEA/VC/MR/03</b>
<b>Title</b>	<b>Procedure for Internal Quality Audits</b>	Page 7 of 12

### 6.2.2 Audit Preparation and Internal Quality Auditors Briefing

6.2.2.1 Following agreement by the Auditee and the Auditor, the MR or Coordinator shall initiate all logistical arrangements to facilitate the Audit. Such arrangements shall include but not limited to obtaining financial resources necessary, transportation, travel and accommodation, booking meeting rooms, availing and updating the respective audit files, printing of audit forms, requisition necessary stationary, and other auditing needs.

6.2.2.2 Prior to each Audit, an IQA's Briefing Meeting shall be convened by the MR or Coordinator to discuss the audit procedure (refresher) with the IQAs, avail the audit files, forms, pre-audit summary reports, obtain feedback from auditors, and any issues relevant to the audits.

6.2.2.3 Any issues raised or feedback obtained shall be noted by MR or the Coordinator and used as improvement aspects for the audit process. Minutes of such briefing meeting may be kept but as a minimum a record of attendance shall be filed by the MR.

6.2.2.4 Each Audit Team Leader shall also hold a team briefing. The briefing will include but not limited to familiarization of Audit Team members, overall QMS structure, development and / or discussion of the Audit Plan, the role of each IQA in the Audit, audit techniques to be used, scope of the audit, preparation of audit checklist, and any areas of concern.

### 6.2.3 Document Review Audit and Audit Plan Preparation


6.2.3.1 Prior to the commencement of the o-site audit, the Audit Team Leader and / or Audit Team shall undertake a Document Review Audit of the functional area's documentation. The objective of such review is to determine the status of conformity of the QMS as documented with the audit criteria.

6.2.3.2 The document review shall take account of all overall CUEA QMS mandatory requirements, the applicable statutory regulations, the complexity of the function, the specific structure of the function, the specific scope of QMS implemented (certified) in the function, volume of work, the level of autonomy and delegated authority; and provide input for planning for on-site audit and witness audits.

6.2.3.3 Where it is not possible to conclusively undertake a review, such document review may be conducted or deferred until the on-site activities have commenced, as long as this will not be detrimental to the conduct of the Audit.

6.2.3.4 If the Document Review Audits is found to be inadequate, the Audit Team Leader shall inform the MR and Auditee, and a decision made as to whether the Audit should be

Revision	02		Date	9 Jan 2019
----------	----	--	------	------------

	<h2>Quality Management Procedure</h2>	<b>CUEA/VC/MR/03</b>
<b>Title</b>	<b>Procedure for Internal Quality Audits</b>	Page 8 of 12

shortened or concerns resolved. Either way, Audit Reports shall be submitted on the level of inadequacy of documentation.

6.2.3.5 The Audit Team Leader shall prepare or update (if done earlier) an Audit Plan and obtain agreement with the Audit Team and Auditee respectively. The Audit Plan should schedule audit activities in detail, including timing of each item. In addition, the Audit Plan should reflect the sample of activities based on the scope of the function being audited.

6.2.3.6 Where a tentative Audit Plan would have been prepared by MR and Coordinator, the Audit Team Leader is a liberty to make amendments and add necessary details. The Audit Plan should where possible provide time each day for a short review of the day's findings, reporting any additional document review and planning for the next day's activities.

### **6.2.4 On-site and Witness Audit Activities**

6.2.4.1 The Audit Team shall carry out the audit based on the Audit Plan. You may need to start with the HOD as appropriate. Upon asking question, the IQAs shall establish the facts, record the evidences, evaluate the facts for compliance and clarify any misunderstandings.

6.2.4.2 The IQAs shall collect all the details obtained from the Audit and record findings thereto.

### **6.2.5 Close Out and Follow Up Audit**

6.2.5.1 The Audit Team member shall ensure that appropriate corrective actions are suggested and agreed upon by the Auditee. The close out audit shall be carried out within 30 days.

## **6.3 Audit Process**


### **6.3.1 Opening Meeting (Introductory)**

6.3.1.1 Each Audit Team shall hold an opening meeting, during which the IQAs will state the purpose of Audit, confirm the Audit Plan, and assure Auditee of confidentiality and record list of attendance. Attendance record is as in Form CUEA VC/DQA/03/fm 02 as in Appendix B.

### **6.3.2 Auditing and Sampling**

Revision	02		Date	9 Jan 2019
----------	----	--	------	------------



	<h2>Quality Management Procedure</h2>	<b>CUEA/VC/MR/03</b>
<b>Title</b>	<b>Procedure for Internal Quality Audits</b>	Page 9 of 12

6.3.2.1 Each specific area identifiable at department level shall be sampled by the IQAs for auditing. Audit findings shall be recorded as stipulated in form CUEA VC/DQA/03/fm 02 as in Appendix B.

6.3.2.2 After the Audit and during the IQAs review meeting, the IQAs shall agree on any non conformity raised and report this in the Corrective Action Plan as in Appendix C.

6.3.2.3 The Audit Team Leader shall ensure that the non conformities are correctly raised for ease of understanding by the Auditee.

### **6.3.3 Closing Meeting**

6.3.3.1 After the Audit is done a closing meeting shall be held during which the IQAs shall present their report of findings as in Appendix B, C and D (CUEA/VC/DQA/03/fm 02, CUEA/VC/DQA/03/fm 03, and CUEA/VC/DQA/03/FM 04).


### **6.4 Audit Records**

6.4.1 Once documentation has been finalized, each department shall keep records of the audit as per Procedure for Control of Records - QMP 02 (CUEA/VC/DQA/02).

### **6.5 Management Report of Audits**

Audit Reports shall be forwarded to MR for review.

Revision	02		Date	9 Jan 2019
----------	----	--	------	------------

	<b>Quality Management Procedure</b>	<b>CUEA/VC/MR/03</b>
<b>Title</b>	<b>Procedure for Internal Quality Audits</b>	Page 10 of 12

## 7.0 APPENDICES

### 7.1 CONTEXT


#### 7.1.1 External / Internal Factors

(a)	External Factors	Identified Risk / Opportunity
(i)	Inflation affecting University running costs	Inability to run Internal Quality Audits as regularly planned for
(ii)	Competition from other Universities – Low number of students enrolment, low fees incomes	Lack of availability of funds to run an adequate refresher training programme for the Internal Quality Auditors – hence poor quality audits
(b)	Internal Factors	Identified Risk / Opportunity
(i)	Apathy towards audit exercise	Ineffective implementation of the internal quality procedure
(ii)	Regular internal quality audits	Enables management to make sound decisions for improvement of the University

#### 7.1.2 Relevant Interested Parties

	Party	Needs and Expectations
(a)	Students	Improvement of systems to ensure they receive satisfactory services
(b)	Government	Adherence to Statutory and regulatory requirements
(c)	Kenya Bureau of Standards	Adherence to necessary regulatory requirements


Revision	02		Date	9 Jan 2019
----------	----	--	------	------------

	<b>Quality Management Procedure</b>	<b>CUEA/VC/MR/03</b>
<b>Title</b>	<b>Procedure for Internal Quality Audits</b>	Page 11 of 12

## 7.2 RISK ANALYSIS AND CONTROL

No	Risk	Cause	Risk Assessment			Risk Level	Control / Treatment
			Likelihood	Impact	Likelihood / Impact		
1.	Inability to run a regular internal quality audit cycle	Cost of living - inflation	2	3	6	Medium	Include a contingency amount in the budget for Internal Quality Audits
2.	Ineffective implementation of the quality audit plan	Apathy of staff towards audits	1	3	3	Low	(i) Sensitize staff on the importance and benefits of Internal Quality Audits; and (ii) Ensure audit findings are not used to victimize staff

Revision	02		Date	9 Jan 2019
----------	----	--	------	------------

	<h2>Quality Management Procedure</h2>	<b>CUEA/VC/MR/03</b>
<b>Title</b>	<b>Procedure for Internal Quality Audits</b>	Page 12 of 12

### 7.3 REQUIRED ORGANIZATIONAL KNOWLEDGE

- (i) Knowledge of processes within CUEA
- (ii) Current functions and any changes in the functions
- (iii) Internal Quality Audit programme
- (iv) Guidelines for Internal Quality Auditors
- (v) Regulatory and Statutory requirements
- (vi) Resource requirements for audit cycles

Revision	02		Date	9 Jan 2019
----------	----	--	------	------------