GUIDELINES FOR LEADERS' PERFORMANCE AUDIT

QUALITY ASSURANCE UNIT

INSTITUTION FOR THE LEARNING AND QUALITY ASSURANCE DEVELOPMENT

UNIVERSITAS NEGERI SURABAYA

2019

GUIDELINES FOR LEADERS PERFORMANCE AUDIT

This document serves as a guideline to carry out the internal quality assurance system (audit) in Universitas Negeri Surabaya by evaluating the higher education standards implemented by all leaders in the university (including in the university, faculty, department, study program, and other work units' levels).

The audit of the leaders' performance in Universitas Negeri Surabaya is carried out annually through monitoring the targets given by the Ministry of Education and Culture to Universitas Negeri Surabaya.

Generally, this audit aims to enable the leaders in Universitas Negeri Surabaya to conduct evaluations in order to analyze the weaknesses, strengths, opportunities, and challenges faced by the leaders in all levels (including working units, study programs, departments, faculty, and university).

The objectives in preparing the guidelines for the leaders' performance audit are to:

1. control the internal quality assurance system (within Universitas Negeri Surabaya), especially in improving the performance of university leaders, faculties, departments, study programs and other working units.
2. map the leaders' performance in Universitas Negeri Surabaya based on the planning programmed.

This audit document is functioned to assist the leaders (all levels) to understand the condition within their responsibility (working area), identify the strengths, weaknesses, as well as opportunities relating to the program (planning) designed and targeted by the Ministry (government). Hence, the leaders are possibly to fully comprehend the responsibilities and tasks underlined by their positions referring to the vision and mission previously stated.

The referred leaders of Universitas Negeri Surabaya who are targeted in this audit are:

1. Leaders at the university level; including: Rector, Vice Rector 1, Vice Rector 2, Vice Rector 3, and Vice Rector 4.
2. Deans, Heads of Department, and Heads of Study Program of all the faculties in Universitas Negeri Surabaya (FISH, FE, FIO, FE, FT, FIP, FBS, FMIPA, and Postgraduate Program)
3. Heads of institutions in Universitas Negeri Surabaya (LPPM, LP3M, Libraries, Language Center, Community Service Bodies, and Polyclinics).

Audit activities stated in the guidelines are carried out by conducting document audits on:

1. All documents related to HR (Human Resources; lecturers, staff and other employees), Vision and mission;
2. Documents on civil services;
3. Documents on higher education output and achievement;
4. Documents on Study Program Specifications; and
5. Documents of the Faculties accreditation.

Internal audit activities according to the guidelines are carried out by auditors appointed by the Quality Assurance in the University level (BPM).

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FOREWORD

By the grace of God Almighty, the audit guidelines for the leaders' performance of Universitas Negeri Surabaya were successfully compiled and can be used as a reference to conduct audits for leaders' performances at all levels (including university, faculties, departments, study programs, and work units).This guideline contains objectives, goals, scope, implementation, techniques, and instruments. Furthermore, this guideline is expected to assist auditors in conducting the required audits.

Surabaya, July 2019
QAU
Universitas Negeri Surabaya

A. INTRODUCTION

One of the efforts to run the Internal Quality Assurance System (SPMI) in UNESA is by evaluating the implementation of higher education standards implemented by the leaders of the University, Faculties, Departments, Study Programs, and Work Units through internal performance audits. This audit is carried out to control and develop SPMI referring to the national higher education standards (SN-Dikti), higher education internal standards, BAN-PT, international accreditation/certification.

In addition to evaluate the standards set by the university, performance audits are carried out continuously every year to obtain data on the ministerial performance targets of the leaders within UNESA. The leaders' performance audit results are used to prepare the individual evaluation of strengths, weaknesses, opportunities and challenges of the University, Faculties, Departments, Study Programs, and the Work Units led.

B. GOALS

The guideline is purposely to:

1) control the internal quality assurance system related to the determination, implementation, and evaluation of 5 standards on HR, 32 standards on Governance, 25 standards on VMTS, 33 standards on Output and 34 standards on study program Specifications
2) improve the leaders' performance of the universities, faculties, departments, study programs, and work units
3) know and map the extent to which the leaders' performance within UNESA achieved referring to the programs planned in each work unit
4) revise the achievement and increase the standards of higher education in UNESA
5) collect the data and documents relating to the referred standards in order to be used appropriately

C. PURPOSES

Assisting the leaders of all levels (universities, faculties, departments, study programs, and work units) to get a better understanding on their conditions and identify strengths and weaknesses in the achievement of work programs that have been planned, by knowing the success of the vision and mission of each work unit.

D. BENEFIT

Leadership performance audit is an activity to find out source of the problem in leadership performance inadequacy, overcome obstacles and causes of the performance failures, and increase achievement of the leaders at all levels (universities, faculties, departments, study programs, and work units).

E. TARGET

1. First level leaders of University (Rector, Vice Rector I, II, III, and IV)
2. Deans/Director and Heads of study program within UNESA (FISH, FE, FT, FMIPA, FIP, FBS, FIO and Postgraduate Program)
3. Work Units within UNESA (LPPM, LP3M, Library, Language Center, BLU, Policlinic).

F. SCOPE

The scope of the leaders' performance audit is the required documents related to 5 standards on HR, 32 standards on Governance, 25 standards on VMTS, 33 standards on Output and 34 standards on Study program Specifications. The scope of the leaders' performance audit must include checking the adequacy and effectiveness of the control structure as well as the quality of the performance achievements of all leaders within UNESA which are carried out with responsibility in achieving the objectives set.

G. DEFINITION

a. Document of Human Resources

   Consisting of:

   1) Mapping lecturers in study program as well as lecturers and staffs in faculty;
   2) Documenting lecturer work data (articles, ISBN, HaKI, citations, science and technology works);
   3) Monitoring and evaluating documents for lecturers; and

      Regarding to certain conditions, such as: violations of the code of ethics (for lecturers and staff), transfer, and early retirement

b. Document Vision and Mission

   1) Documents on surveys of Faculty VTMS understanding.
   2) Documents on surveys of Study Program VTMS understanding.
   3) Document on monitoring VTMS achievement.

c. Governance Documents

1) Renstra document, annual renop, and annual work program.
2) Contents completeness of the strategic plan document.
3) Performance targets setting that have been well defined.
4) Strategic plan document being used as a reference for preparing the annual work plan document.
5) Formal document on the governance system according to the institutional context to ensure accountability, sustainability and transparency, as well as to mitigate the potential risks.
6) Valid evidence documents related to institutional efforts to protect academic integrity and quality of higher education.
7) Formal document on personnel assignment at all levels of management with clear duties and responsibilities to achieve the vision, mission and culture and strategic objectives of the institution.
8) Valid documents related to the establishment of good communication between leaders and internal stakeholders to encourage the achievement of the vision, mission, culture and strategic objectives of the institution.
9) Substantiation documents of review and improvement of leadership and institutional management structures to achieve planned organizational performance.
10) Formal substantiation document of the functioning of the higher education functional and operational management system including of 5 aspects.
11) Formal document and management guidelines covering 11 aspects.
12) Valid documentary evidence regarding the implementation of policies and management guidelines covering 11 aspects.
13) Formal strategic plan document and evidence of an approval and determination mechanism covering 5 aspects.
14) SPMI formal document as proved by the existence of 5 aspects.
15) Valid evidence documents related to good practices in developing a quality culture in higher education through management review meetings.
16) Document on developing networks and partnerships (domestic and foreign).
17) Document monitoring and evaluation of cooperation partner satisfaction.

d. Documents of Higher Education Output and Achievement

18) National indexed reputable journal.

19) Global indexed reputable journal.
20) Innovation product documents to strengthen the innovation capacity of at least 1 innovation product.

e. Documents of Study Program Specification

21) Document for developing the specifications of the study program is carried out, evaluated, and its success is increased.
22) Study program development documents based on priorities according to capacity, needs and Vision and Mission Goals of UPPS.
23) Research road map document is according to the study program specifications and there is continuous evaluation of its achievement.
24) Community service road map documents that are in accordance with the specifications of the study program and there is an evaluation of the implementation of its achievement on a continuous basis.
25) SWOT analysis result document.
26) Curriculum development documents that develop study program specifications.
27) Study program standard documents derived from PT.
28) Standard achievement success analysis document includes identification of root causes, supporting factors for success, inhibiting factors for standard achievement and a brief description of the follow-up.
29) User response documents of graduates in assessing the success of study program specifications.
30) Outcome documents of graduates in accordance with the specifications of the study program.

f. Accreditation Success Documents at the Faculty

31) Documents on the number of study programs A.
32) International accredited study program documents.

H. IMPLEMENTATION METHODS

a. Method

In conducting audit, auditors need to:

1. Interview

Auditor has to own skills in interviewing, documenting the results, identifying the findings, keeping confidentiality of the audit results, and making report.

2. Observation

Auditor has to check the compatibility between the documents and the facts.

b. Implementation

The implementation of leaders' performance audits can be carried out through several stages, including: planning, preparation, implementation, processing and presentation of audit results, as explained in the following steps:

1. Audit instrument compilation

No	Type of Instrument	Developer	Note
1.	Form 1. Checklist of the document completeness	PPM	Minimum standard reference for auditors to perform document checking
2.	Form 2. Audit notes	Auditor	Taking notes and classifying the types of findings including observations or nonconformities
3.	Form 3. Audit summary	Auditor and auditee	Description of the conditions and assigning categories based on the results of the audit notes agreed by the auditor with the auditee
4.	Form 4. Audit description	Auditor	1. Describing findings, criteria, root causes, consequences of the findings; 2. Planning of the improvement (auditee); 3. Fixing schedule, 4. Making prevention plans, 5. Scheduling the prevention 6. Being Responsible 7. Giving approval (auditors) 8. Providing recommendations and solution (to the auditee) for the problems found, 9. Doing results follow-up
5.	Form 5. Audit report	Auditor	1. Making executive summary 2. Audit results a. Condition - A1.xx b. Condition - A2. xx c. Condition - A3. xx d. Condition - A5. xx e. Condition - A6. xx 3. Conclusion 4. Attachment template (can be downloaded at htpps://www.ppm.unesa.ac.id/

2. Determining the audited unit

The QAC and leaders will determine the audited unit in a cross-sectional manner based on the needs to determine the baseline data on the achievement of the leadership. The audited units are all university leaders, faculties, study programs, work units within UNESA environment.

3. Audit Implementation

Audit mechanism is defined as:

a. QAC schedules audits
b. Synchronizing the perceptions of validated instruments of Audit Work Program
c. QAC and Rector, Vice Rectors, and Deans are together to carry out the audit according to schedule.
d. The auditors visit the head of the audited units to:
    1. Preliminary Stage; auditors and auditees arrange the schedule (agreement) for the audit and explain scope of the audit.
    2. Implementation Stage; auditor conducts the audit
    3. Conducting discussion for the observation results between the auditees and the auditors
    4. Surveillance stage; monitoring the results of audit results possibly improved
e. Auditors report the audit results according to a template which can be downloaded at www.ppm.unesa.ac.id

I. AUDITOR ETHICS

Auditor ethics are values or customary norms that underlie his/her behavior as good or bad; right or wrong; as well as his/her rights, obligations, and responsibilities. An ethical auditor is regulated by a code of ethics (seen through his/her moral behavior both written and unwritten) and must be obeyed thoroughly in order to avoid deviant behaviors possibly carried out by the auditor.

Ethics plays an important role in the auditor profession. An auditor's ethics affect the audit quality standards, because it relates to the auditor evaluation and judgment as he/she needs to have the responsibility and dedication to the institution or society. The ethics of an auditor are:

1. Having integrity in honesty, diligence and responsibility

2. Being objective, to show his/her professionalism, an auditor must be fair and just in evaluating and must not be affected by any personal interest/problems. For the benefit of the organization, an auditor must not do anything in contrary to his/her responsibility by participating in any activity that interferes with their judgment and must disclose all known facts so as not to interfere with the report
3. Not being allowed to ask or coerce other employees to take actions against the law
4. Being careful in utilizing and safeguarding information for personal gain in any form
5. Meeting the auditee to convey the intent and agenda of the arrival
6. Being punctual according to the agreement made
7. Dressing neatly
8. Being communicative and speaking politely
9. Being objective (referring to data base) in recording and classifying the types of findings or non-conformities
10. Involving the auditee in analyzing and assessing the conditions occur which make the interview (question and answer) possible.

J. AUDITOR SANCTION

Sanction/punishment for the auditors who violate the ethics:

1. Getting a warning letter
2. A subtle warning for minor offense and a stern warning for serious offense.

   (Auditors who violate the code of ethics will get a subtle warning if violation is not severe, but if there is no response, it will be concluded as severe violation deserving the stern warning).
3. Getting his/her position (as auditor) taken for a certain period of time
4. Getting dismissal (as auditor)

Attachments

1. Audit instrument of performance
2. Rubric