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Quality Procedure

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Purpose

The procedure is established and maintained to ensure effective and timely process-based risk management is planned and implemented in Pustaka Negeri Sarawak (Pustaka).

Scope

This procedure is applicable to all relevant functions and processes in Pustaka quality management system (QMS).

Process

1.0 Determining the Scope of Risk Management

1.1 The Chief Executive Officer (CEO), Heads of Sectors (HOS), Heads of Divisions (HOD) and the Quality Management Representative (QMR) shall determine the scope of the risk management based on the Process Map for the Provision of Information and Depository Services.

2.0 Formation of a Risk Management Team

2.1 Once the scope of risk management has been determined, the HOS shall form a Risk Management Team (RMT) and appoint an RMT Leader for each Division under his administration to plan, implement, coordinate and monitor the implementation of the risk management program.

3.0 Determination of Internal and External Issues

- 3.1 Once the RMT have been formed, the RMT Leader shall plan and conduct a session to determine internal and external issues that affect the purpose and strategic direction of the organisation.
 - 3.1.1 The issues determined shall be documented in the Matrix of Internal and External Issues (MIEI).
 - 3.1.2 The MIEI shall cover those applicable processes needed for the quality management system within the function/department/unit.

4.0 Root Cause Analysis

- 4.1 Based on the MIEI, the RMT shall perform a root cause analysis by linking negative internal and external issues which represent the root causes to the issues which are in the forms of failure modes/potential failure modes.
 - 4.1.1 The RMT shall conduct the root cause analysis by using a horizontal tree diagram.

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5.0 Failure Mode Effect Analysis Header

- 5.1 After the root cause analysis has been completed, the RMT shall complete the header of the Failure Mode Effect Analysis (FMEA) form by filling in the following:
 - a) Program title
 - b) RMT members

6.0 Assessment of Risk

- 6.1 After the header of the FMEA form has been completed, the RMT shall record down the root causes from the horizontal tree diagram to the main part of the FMEA form.
 - 6.1.1 The failure mode/potential failure mode from the horizontal tree diagram lead box shall be entered into the column of "Failure mode/Potential failure mode" of the FMEA form.
- 6.2 Once the root causes have been transferred to the FMEA form, the RMT Leader shall lead the RMT to conduct a risk assessment based on historic data, experience and other relevant sources to determine the following:
 - a) (S) the severity of the consequence of the failure/potential failure using the scale 1 10, where 1 is insignificant and 10 is catastrophic. See Criteria for Determining the Severity of the Consequence of Failure;
 - b) (O) the probability of occurrence of each of the root causes, using the scale 1 10, where 1 is extremely unlikely and 10 is inevitable. See Criteria for Determining the Probability of Occurrence of Failure;
 - c) (D) the existing control (s) of each of the root causes, using the scale 1 10.
 - where 1 means the control is absolutely able to detect the root cause and 10
 - means the control is unable to detect the root cause or no control exists. See
 - Criteria for the Determining the Likelihood of Detection of Failure.
 - d) the risk priority number RPN, which is $S \times O \times D$.

7.0 Evaluation of Risk

7.1 After the risk assessment has been done and the RPN has been obtained, the RMT shall perform a risk evaluation to determine the significance of the risk by comparing the calculated RPN with the threshold RPN.

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- 7.1.1 The threshold RPN can only be obtained when the RPNs for all the processes within the scope of the QMS have been obtained.
- 7.1.2 Threshold RPN that exceeds 125 shall be considered as significant RPN that requires actions/new controls to be determined and planned in order to reduce the risk/significant RPN.

8.0 Determination of Action Plans to Address Risk

- 8.1 After the significance of all the risks has been determined, the RMT shall then determine action plans to address the risks.
 - 8.1.1 The action plans shall include:
 - a) actions/controls to address the risk;
 - b) responsibilities names and positions;
 - c) timeframes effective date, estimated completion date and expected review date for each of the actions.
 - 8.1.2 The action plans shall take into consideration the requirements of interested parties and the strength/positive internal issues and the opportunities/positive external issues to mitigate the weaknesses/ negative internal issues and threats/external negative issues.
 - 8.1.3 The action plans shall also take into account the integration of actions into the QMS processes, e.g. amending/improving the methods and criteria in the relevant processes/procedures and related support documents/guidelines/work instructions, installing new engineering controls or redesign the products/services.
 - 8.1.4 Options to address risks can include avoiding risk, taking risk in order to pursue an opportunity, eliminating the risk source, changing the likelihood or consequences, sharing the risk, or retaining risk by informed decision.
 - 8.1.5 Opportunities can lead to the adoption of new practices, launching new products, opening new markets, addressing new customers, building partnerships, using new technology and other desirable and viable possibilities to address the organization's or its customers' needs.

9.0 Implementation of Action Plans

9.1 After the action plans have been determined, the RMT Leader shall get approval from the relevant HOS.

Note: Consent of the CEO is required if the action plans involved high cost.

9.2 Once the action plans have been approved, the RMT Leader shall coordinate Online copy of this documented information is the latest

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and monitor the implementation of the action plans within the planned timeframes.

- 9.1.1 If the action plans are unable to be implemented or the time frames are unable to be met, the risk management team shall immediately amend the actions plans accordingly.
- 9.3 Whenever there is new issue or change to the process or product/service, the RMT Leader shall update the MIEI, and lead the RMT to re-determine the root cause, conduct the risk assessment and plan the actions within 10 working days from the confirmation of new issue or change.

10.0 Evaluation of the Effectiveness of Action Plans

- 10.1 Upon completion of all the actions, the RMT Leader shall plan a session to evaluate the effectiveness of the implemented action plans.
 - 10.1.1 The session to evaluate the effectiveness of the implemented action plans should be within 3 months to 9 months or longer, case to case basis.
- 10.3 When the planned session for evaluation is due, the RMT Leader shall lead the RMT to conduct the evaluation of the effectiveness of the implemented action plans by rating the severity (S), occurrence (O) and detection (D) and recalculate the RPN.
 - 10.1.1 The implemented action plans are considered effective if the recalculated RPN is below the threshold RPN.
 - 101.2 If the re-calculated RPN still exceeds the threshold RPN, the RMT Leader shall lead the RMT to re-examine the root causes and the action plans.

11.0 Preparation of Risk Management Report

- 11.1 When the evaluation of effectiveness is completed, the RMT Leader shall within 5 working days compile a Risk Management Report, which should consist of the following
 - a) The Failure Mode Effect Analysis
 - b) Root cause analysis
- 11.2 Upon completion of the Risk Management Report, the RMT Leader shall submit in hardcopy to the Document Controller (DC) for safekeeping.

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12.0 Control of Documented Information

- 12.1 Upon completion of the Risk Management Report, the RMT Leader shall immediately place the report in the Risk Management File and keep the file at his office or workplace.
 - 12.1.1 The Risk Management Report shall be categorised as "Open" document and can be accessed by every staff.
 - 12.1.2 The Risk Management Report shall be kept for a maximum of 3 years.
- 12.2 When the Risk Management Report has passed its retention period, the respective HOU/HOS/HOS shall within 30 working days and through e-mail seek the permission of the CEO to dispose it in accordance with Pustaka Negeri Sarawak records management guidelines and practices based on Sarawak State Library Ordinance 1999.

Annexes

- a) Failure Mode Effect Analysis form.
- b) Root Cause Analysis diagram.

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