Quality Procedure

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Purpose

This procedure is established and maintained to ensure that formal continual improvement programs are identified, planned implemented and monitored to continually improve the business processes of Pustaka Negeri Sarawak (Pustaka).

Scope

This procedure is applicable to all business processes and functional areas in Pustaka.

Process Details

1.0 Initiation of Program

1.1 Based on analysis and evaluation, perception monitoring and other sources of information, the respective Head of Sector/Head of Division (HOS/HOD) shall identify areas or processes for continual improvement.

2.0 Planning of Program

2.1 After determining the need for continual improvement, the respective HOS/HOD shall discuss the proposed program with the Quality Management Representative (QMR) and the Chief Executive Officer (CEO) to get the latter's consent.

2.2 Once the proposed program is consented by the CEO, the respective HOS/HOD shall set up a continual improvement program (CIP) team and appoint its members through e-mail within 10 working days from the date of the consent.

Note: The Innovation and Sustainability (I&S) Division, the overall CIP Coordinator, must be notified by e-mail about the formation of the CIP team.

2.3 Once appointed, the CIP team shall established a CIP by identifying and defining the following details within 60 working days:

a) Title of the improvement program;
b) Statement of problem / Current situation;
c) Objectives of the improvement program;
d) Analysis of root causes; and
e) Action plans including activities, timescales and responsibilities.

3.0 Implementation of Program

3.1 Upon completion of the CIP, the CIP team shall submit the CIP in hardcopy to the CEO for approval within 10 working days.

3.2 Upon receipt of the CIP, the CEO shall approve the CIP within 5 working days.

3.2.1 If the CEO disagrees with the CIP, the CIP team shall make the necessary amendments and resubmit the CIP for approval.

3.3 When the CIP has been approved, the process owners (PO) or designated officers (DO) identified in the CIP shall implement the planned activities within the stipulated timescales.

4.0 Monitoring of Program

4.1 When the PO or DO commences the implementation of the planned activities in the CIP, the CIP Coordinator shall monitor the progress of the CIP via the CIP Progress Report and the CIP Implementation Monitoring Table.

4.2 When each planned activity is almost due, the CIP Coordinator shall issue e-mail notification for CIP Progress Report.

4.3 Upon the completion of each planned activity, the PO or DO shall prepare a CIP Progress Report within 5 working days to record evidence of the implementation of the activity.

4.3.1 If a CIP Progress Report for a due planned activity is not received within 10 working days, the CIP Coordinator shall send Reminder 1 to notify the PO or DO via e-mail within 2 working days to submit the report.

4.3.2 If a CIP Progress Report not received 10 working days after Reminder 1, the CIP Coordinator shall send Reminder 2 to notify the PO or DO via e-mail within 2 working days to submit the report.

4.3.3 If a CIP Progress Report not received 10 working days after Reminder 2, the CIP Coordinator shall send Reminder 3 to notify the PO or DO via e-mail within 2 working days to submit the report. The Top Management shall be informed via e-mail as well.

4.4 Once, the CIP Progress Report has been prepared, the PO or DO shall submit it to the CIP Coordinator within 5 working days.

4.5 Upon receipt of the CIP Progress Report, the CIP Coordinator shall record the details of the report in the CIP Implementation Monitoring Table within 2 working days.

4.6 Upon completion of the CIP, the CIP Coordinator shall complete the Innovation and Sustainability Division Quality Objectives Monitoring Table within 2 working days.

5.0 Review of Program

5.1 At least 12 months after the completion of the CIP, the CIP team leader shall evaluate the program by comparing situations before and after the program.

5.1.1 If the objective of the CIP is achieved, the newly implemented action plans, methods or resources are considered effective and shall be formalized into the existing quality management system.

5.1.2 If the objective of the CIP is not achieved, the planned activities shall then be revised for further implementation/improvement. Another CIP shall be initiated by the relevant process HOS/HOD.

6.0 Control of Documented Information

6.1 After the establishment of the CIP, the CIP Coordinator shall immediately place the CIP in the CIP file and keep the file in the Central Registry room.

6.1.1 The CIP file shall be categorised as “Open” document and can be accessed by every staff.
6.1.2 The CIP shall be kept for a minimum of 5 years.

6.2 After the completion of each planned activity, the CIP Coordinator shall immediately place the CIP Progress Report in the CIP file and keep the file in the Central Registry room.

6.2.1 The CIP file shall be categorised as “Open” record and can be accessed by every staff.
6.2.2 The CIP Progress Report shall be kept for a minimum of 5 years.

6.3 After the completion of the CIP monitoring, the CIP Coordinator shall immediately place the CIP Implementation Monitoring Table in the CIP file and keep the file in the Central Registry room.

6.3.1 The CIP file shall be categorised as “Open” record and can be accessed by every staff.
6.3.2 The CIP Implementation Monitoring Table shall be kept for a minimum of 5 years.

6.4 After the completion of the CIP evaluation, the CIP Coordinator shall immediately place the CIP Evaluation Report in the CIP file and keep the file in the Central Registry room.

6.4.1 The CIP file shall be categorised as “Open” record and can be accessed by every staff.

6.4.2 The CIP Evaluation Report shall be kept for a minimum of 5 years.

6.5 When the CIP file has passed its retention period, the CIP Coordinator shall notify the Departmental Record Officer to seek permission of the Records Management Division for the disposal of the file.

6.6 Upon completion of the Innovation and Sustainability Division Quality Objectives Monitoring Table, the Head of the Innovation and Sustainability Division or other designated shall keep it in the Innovation and Sustainability Division ISO9001:2015 file and keep the file at the Innovation and Sustainability work area.

6.6.1 The Innovation and Sustainability Division Quality Objectives Monitoring Table shall be categorised as "Open" document and can be accessed by every staff.

6.6.2 The Innovation and Sustainability Division Quality Objectives Monitoring Table shall be kept for a minimum of 5 year.

7.0 Disposal of Documented Information

7.1 When the Innovation and Sustainability Division ISO9001:2015 file has passed its retention period, the Head of Innovation and Sustainability Division or other designated officer shall seek the advice of the Departmental Record Officer for the disposal of the file.