This Quality Management System Procedure for the

**Continual Improvement Process**

has been reviewed for adequacy by the *Management System Document Review Committee* and is issued on the authority of the Executive: SABS Standards.

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Senior Manager: Process and Support Date

................................................... ................................................ Standards Executive Date

The definitive version of this procedure is available to all SABS Standards staff and is maintained in pdf format on a secure server in the Enterprise workspace of the SABS Livelink Document Management System under [014/000/001/02 STD-SP Division Procedures](http://172.16.1.15/sabslivelink/llisapi.dll?func=ll&objId=3913332&objAction=browse&viewType=1)

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# Purpose

The purpose of this document is to define the process used for continual improvement by the SABS Standards Division, to enhance customer satisfaction, and to identify the records needed to provide evidence of conformity to the requirements and the effective operation of the continual improvement procedure.

# Scope

This document defines the process for continual improvement within the SABS Standards Division and includes the following elements:

a) SABS Standards Improvement Request (IRQ) System;

b) Customer *complaint*s and *dispute*s;

c) Nonconforming work;

d) Continual Improvement;

e) Corrective action; and

f) Preventive action.

The procedures for customer *complaints* and *disputes*, nonconforming work, continual improvement, corrective action and preventive action have been combined into one to identify the continual improvement process, including the improvement request (*IRQ*) system in place within the SABS Standards Division.

This document addresses the requirements of the following clauses of SANS 9001:2015.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Reference to applicable clause number** | | | | | | | |
| **Standard** | **Understanding Needs and expectation of interested parties** | **Customer *focus*** | **Non- conforming work** | **Corrective action** | **Continual Improvement** | **Analysis and evaluation** | |
| SANS 9001:2015 | 4.2 | 5.1.2  5.2.2 (c)  5.3 (d)  8.2.1 I  9.1.2  9.1.3 | 10.2  10.2.1 | 10.2 | 5.2.1 (d)  10.38.5.1 | 9.1.3 | |
|  |  |  |  |  |  |  |

# Policy

It is the policy of the SABS Standards Division to

1. investigate all customer *complaints* and *disputes* in order to determine the validity of each *complaint* and to take corrective and preventive action to reduce the recurrence of the cause,
2. identify nonconforming work or services that do not conform to a defined procedure or to the requirements of the customer,
3. plan and implement the necessary monitoring, measurement and analysis mechanisms used to ensure that customer requirements are met, and that the conformity and improvement of the quality management system is maintained,
4. implement a corrective action process of nonconformities, and
5. implement a preventive action process to ensure that the risks of potential nonconformities are identified and actions are taken to eliminate such risks, or to reduce them to a tolerable level.

# Definitions and abbreviations

**4.1 Definitions**

**complaint**

expression of dissatisfaction by a person or organization which relates to operational activities or service delivery from the SABS Standards Division

**day**

working day

**dispute**

disagreement arising from a contractual agreement or the interpretation thereof between the SABS Standards Division and the organization that entered into the agreement

**4.2 Abbreviations**

**BU** business unit

**IRG** improvement request register

**IRQ** improvement request

**QAO** Quality Assurance Officer

**QMS** Quality Management System

**QuESH** quality, environmental, safety and health and related matters

# Normative references

**SABSSTD 1**, The SABS Standards Division quality management system quality manual.

**SANS 9001/ISO 9001:2015**, *Quality management systems –– Requirements*.

**STD-SP-05**, *Management review*.

# Improvement request (IRQ) system

**NOTE**CSP 121A, SABS Improvement System refers.

**6.1 IRQ categories**

IRQ*s* are raised for any of the described occurrences listed below and are categorized as follows:

|  |  |
| --- | --- |
| ***IRQ* CATEGORY** | **DESCRIPTION** |
| CC | Customer *complaint*sand *dispute*s |
| INT | Nonconformities detected by the SABS Standards Division’s management and staff |
| Internal audit nonconformities |
| Internal *complaints* within the SABS Standards Division |
| MR CAL | Nonconformities arising from management review meetings |
| OTHER | Other |

**NOTE 1**   Safety incidents are reported in accordance with the HSE system implemented in SABS and captured in SM2-Monthly HS Inspection Reports.

**NOTE 2**   CP 170, HSE Policy refers.

**6.2 Central register**

The Senior Manager: Processes and Support shall hold on record a central improvement request register (*IRG*) and associated Improvement Request (*IRQ*) forms.

The *IRG* is in an Excel spreadsheet format and contains all open and closed *IRQ*s. The *IRG* is available on a secure server in the Enterprise workspace of the SABS Livelink Document Management System in [014/017/004/003](http://172.16.1.15/sabslivelink/llisapi.dll?func=ll&objId=3756590&objAction=browse&viewType=1). The *IRG* is updated as required and reviewed at least once a month by the Standards *QAO*.

The QAO shall submit a monthly status report on all open and overdue IRQs to the department’s monthly report for a decision on the action to be taken.

**6.3 Opening of an IRQ**

An Improvement Request (IRQ), available from the [QMS Document Master Register](http://172.16.1.15/sabslivelink/llisapi.dll/3913264/02_QMS_Document_Master_Register_%28DMR%29.pdf?func=doc.Fetch&nodeid=3913264), shall be completed for all *complaints*, and *disputes*, nonconformities detected by management and staff and audit nonconformities, and then forwarded electronically to the Senior Manager: Processes and Support for registration by the *QAO* in the *IRG*.

**6.4 Actioning of an IRQ**

**6.4.1**  The Senior Manager: Processes and Support shall forward the complaint or nonconformity to the investigator.

**6.4.2**  The investigator shall register the complaint and share it with the relevant manager investigated and copy the Senior Manager to whom the manager reports. The investigator shall consult with relevant parties. Relevant parties shall provide the investigator with objective evidence. The investigator shall investigate the complaint, and produce an investigation report with recommendations. The Senior Manager: Processes and Support shall provide conclusion on, and implementation of the corrective action(s). The investigator shall provide the Senior Manager: Processes and Support and other relevant parties with investigation report for comment. Comments may be accepted or declined by the Senior Manager: Processes and Support.

All investigations of complaints and disputes shall be referred to the Standards Approval Committee (SAC) for further deliberation prior to finalization.

**6.4.3** The departmental Senior Manager: Processes and Support shall be responsible for the implementation of the corrective action(s).

**6.4.4**In the case of a *complaint* registered against a Senior Manager, the *complaint* shall be forwarded to the SABS Standards Executive for allocation to an independent and impartial person. The SABS Standards Executive shall be responsible for sanctioning the implementation of the corrective action(s).

**6.5 Closing of an IRQ**

**6.5.1** When *complaints*, *disputes* and nonconformities are resolved, the *IRQ,* shall be signed off by the Standards Executive before close out.

**6.5.2** All records relating to the investigation of an *IRQ* including corrective and preventive action taken, shall be attached to the *IRQ*.

**6.5.3**The following criteria shall be applied to ensure the effective close out of corrective and preventive actions:

1. Were the necessary actions put in place to correct the detected nonconformity?

1. Were the necessary actions put in place to reduce the nonconformity from recurring?
2. Were the necessary preventive actions taken to reduce reoccurrence?
3. Is sufficient documented evidence available for audit and analysis purposes?

**6.5.4**  Refer to subclause 7.1.3 for the corrective action timeline for customer *complaints*.

**6.5.5**  Refer to subclause 10.6 for the internal audit corrective action timeline.

**6.6 Maintenance of the *IRG***

The *IRG* shall be maintained by the Standards *QAO*.

**6.7  Verification of closed IRQs**

**6.7.1**  When corrective action requires verification of implementation, the relevant *IRQ* numbers shall be noted by the auditor and verified at a scheduled visit, or verified at the next internal audit to ensure the effectiveness of implementation.

**6.7.2**  When corrective action is expected to take longer than 25 working *days*, an action plan and a request for extension of corrective action shall be submitted by the relevant departmental Senior Manager to the Senior Manager: Processes and Support for registration in the *IRG* by the *QAO*.

**6.7.3** The *QAO* shall register the extension date in the *IRG*.

# Complaints and disputes

# 7.1  Complaints

**7.1.1   Origin**

*Complaints* arising from grievances are received from customers, organizations, other SABS *BUs* (internal *complaints*) and members of the public who may consider that the SABS Standards Division has not fulfilled its duties or obligations.

**7.1.2  General rules**

**7.1.2.1**  The Senior Manager: Processes and Support shall be responsible for drawing the attention of the Standards Executive to *complaints* of such a serious nature as to have wider implications and which in consequence could require action by the Standards Executive.

**7.1.2.2**  Refer to subclause 6.4 for the responsibilities of actioning *complaints*.

**7.1.2.3  RULE:  Should a *complaint* that is connected with a problem other divisions within SABS, in combination with one or more of the departments in the Standards Division be received, the Senior Manager: Processes and Support shall, after evaluation of the *complaint*, inform the Standards Executive and allocate the *complaint* to the specific *BU* to take the lead in addressing the problem, and to ensure liaison with the SABS Standards Division.**

**7.1.2.4**  *IRQs* arising as a result of customer *complaints* shall be investigated with the following objectives in mind:

1. to determine the validity of the *complaint*;
2. to determine if there are other customers affected by the complaint;
3. to notify other customers, when relevant, of the potential effect to them; and
4. to determine why the subject matter of the *complaint* was not detected by the *QMS* prior to the *complaint* being lodged and to correct the continual improvement system to allow for improved monitoring, where relevant.

**7.1.2.5**  A *complaint* received concerning another SABS *BU* shall first be acknowledged within a two-*day* period giving the complainant information as to who will further be handling the *complaint*, before passing it to the relevant General Manager, Regional Manager or Senior Manager, who will arrange for it to be registered and for an *IRQ* to be raised. A copy of the acknowledgement shall accompany the *complaint*.

**7.1.2.6**  *Complaints* which have possible legal implications shall be referred to the Manager: Legal Services for advice before any statement is made or correspondence is sent to the complainant.

**7.1.3  Procedure**

**7.1.3.1***Complaints* shall be acknowledged by the Senior Manager: Processes and Support or QAO in writing within 2 *days* of receipt.

**7.1.3.2**   Internal/external *Complaints* shall be finalized within 14 *days* of receipt.

**7.1.3.3**When the *complaint* takes longer than 14 *days* to finalize, an interim report with a corrective action plan developed by the responsible departmental manager and endorsed by the responsible departmental Senior Manager indicating when the final report may be expected, shall be completed and sent by the Senior Manager: Processes and Support for dispatch to the complainant.

**7.1.3.4**  Where the *complaint* has not been resolved and no feedback has been received by the Senior Manager: Processes and Support before the 14-days deadline, the *complaint* shall be escalated to the Standards Executive.

**7.1.4  Preparation for closure**

**7.1.4.1**  The Senior Manager: Processes and Support shall issue a formal report to the complainant on completion of the investigation.

**7.1.4.2**  The Standards Executive shall sign off the complaint report and forward it to the QAO for close out in the *IRG*.

**7.1.4.3**  A customer satisfaction survey shall be submitted with the report, to request feedback from the customer. If the customer does not return the satisfaction survey within 10 days, the QAO shall file the survey when closing the complaint.

* + - 1. Records of the final conclusion of the *complaint* shall be kept.

# 7.2  Disputes

**7.2.1**  In the event of a disagreement arising out of a SABS Standards contract, or the interpretation of the contractual requirements or obligations therein (or both), the contracting parties shall first try to reach an agreement or a settlement before a formal *dispute* is lodged.

**7.2.2**The *dispute* shall be recorded as an *IRQ* and be referred to the Standards Executive, who will endeavour to settle the *dispute* through bona fide negotiations.

**7.2.3**In the event that the contracting parties are unable to reach agreement through the intervention of the Standards Executive, the *dispute* shall be submitted to and decided upon by arbitration in accordance with the rules of the Arbitration Foundation of Southern Africa (AFSA), by an arbitrator agreed upon between the contracting parties or, failing agreement, appointed by AFSA.

**7.2.4**Records of all *disputes* and their supporting documentation shall be kept. *Disputes* shall be reported at the management review meetings for monitoring purposes.

# 8  Nonconforming work

**8.1**Each employee has the responsibility and authority to take prompt action and report nonconformities, incidents or deficiencies, at any stage of a QMS process in order to ensure timely detection and action.

**8.2**The relevant departmental Senior Manager shall be responsible for the handling and control of nonconforming work in accordance with the following directives:

1. evaluate the significance and impact of the nonconforming work;
2. determine if similar nonconformities exist or could potentially occur;
3. determine the type of corrective and preventive action to be taken;
4. where necessary, notify the customer and recall work; and
5. in instances where nonconforming work requires an investigation process to determine the corrective action to be taken, raise a formal Improvement Request (*IRQ)*.

# 9  Improvement

# 9.1  Monitoring, measurement and analysis

**9.1.1**TheSABS Standards Division shall plan and implement the necessary monitoring, measurement and analysis processes to ensure customer requirements are met, customer satisfaction enhanced, and conformity and improvement to the *QMS* is maintained.

**9.1.2**By analysing and evaluating reports and data, management shall ensure that quality policies and objectives are maintained and improved.

**9.1.3**The Senior Manager: Processes and Support shall prepare monthly *QuESH* reports for the Standards Executive on the performance of the *QMS* and include any recommendations for improvement in these reports.

**9.1.4**Reports are prepared for the following:

1. status of open *IRQs*;
2. status of open customer *complaints*;
3. status of monthly customer survey;
4. internal audits schedule; and
5. HSE reports.

# 9.2  Identification of improvement opportunities

The need for improvement may be identified through the following activities:

1. Customer satisfaction.

NOTE   The SABS Standards Division shall gather and use information supplied by its staff and by its customers through customer satisfaction surveys conducted by external consultants/agencies or internally, to establish views on the extent to which customer requirements have been met.

1. The following results are reported at the management review meetings (see STD-SP-05):
2. analysis of data to evaluate where continual improvement to the *QMS* can be made,
3. process quality control outputs,
4. audit results,
5. management review CALs, and
6. departures from the documented *QMS* and review of concessions.

# 9.3  Continual improvement

**9.3.1**The SABS Standards Division shall maintain a recurring process for identifying opportunities to improve the effectiveness of the *QMS* through the use of audit results, analysis of data and management reviews. In addition, management and staff are encouraged to offer suggestions for improvement in the operational processes and service to customers to support the quality principle "continual improvement".

**9.3.2**mprovement requests are co-ordinated, registered, managed and reported at the monthly management meetings and annually at management review meetings.

* + 1. Where improvements have an effect on customers, the impact shall be communicated to our customers.

# 10  Corrective action

# 10.1  General

The implementation and the efficacy of a corrective action system requires monitoring and control on a continuous basis.

Monitoring and controlling in this regard is performed by the activities of auditing, corrective action and management review.

When corrective action is required, the responsible person as defined in subclause 10.5 shall initiate a formal *IRQ* as described in clause 6.

The corrective action shall have the objective of addressing nonconformity, taking the necessary action to reduce its recurrence and, when necessary, of notifying the relevant customers of possible effects on any data which may have been issued prior to the detection of the nonconformity.

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# 10.2  Identification of corrective action sources

The need for corrective action shall be identified through the following activities:

1. process quality control outputs;

1. auditing;
2. management review;

1. customer *complaints;* and
2. departures from the documented *QMS*.

# 10.3  Departure from the documented QMS

**10.3.1**Corrective action has the objective of determining any modifications, amendments, revisions or additions to the documented *QMS* to improve an identified deficiency in the system raised during the document review or management review process.

**10.3.2**A formal *IRQ* shall be raised where departure from the documented *QMS* is identified.

**10.3.3**The corrective action has the aim of determining whether system or procedural changes are required.

# 10.4  Selection and implementation of corrective action

**10.4.1  Initiation**

Since all personnel are responsible for quality, they have the authority to initiate an *IRQ* via line management when a deficiency in a procedure or system is identified. The identified deficiency is raised as an *IRQ* as described in subclause 6.4.

**10.4.2  Investigation**

All *IRQ*s shall be investigated to determine the deficiency. This is done through a formal process of first identifying all possible solutions to correct the deficiency, and then selecting the most appropriate solution(s).

The proposed corrective action shall be recorded in the complaint report. Documented evidence of the investigation process shall be available.

The designated responsible person shall implement the corrective action within the time scale given in subclause 10.5

Records shall be kept of corrective action completed.

**10.4.3  Monitoring**

The departmental Manager shall monitor the implementation of the corrective action and its effectiveness. Simple output verification for effectiveness is required, unless the corrective action covers a process with several variable outputs and as such involves a system correction.

Under such circumstances, the departmental Senior Manager shall monitor the implementation of the corrective action, and schedule an additional independent and impartial audit to verify effectiveness of the corrective action implemented.

If verification is acceptable, the relevant Senior Manager shall recommend the closure of the *IRQ* to the Senior Manager, Processes and Support.

If it is not acceptable, the *IRQ* shall not be closed out, and further action taken as required.

# Corrective action timelines for internal audit nonconformities

***Day* 1 *QAO* responsibility**

The *QAO* shall provide copies of the registered nonconformities from internal audits to the relevant department.

**Day 25 Relevant department responsibility**

The departmental manager shall submit the proposed corrective actions in an action plan format, completed corrective actions with sufficient supportive evidence as proposed in the action plan to their Senior Manager for endorsement. Once endorsed, the manager of the relevant department shall submit the documentation to the Senior Manager: Process and Support and, where applicable, request an extension by email, for non-conformities requiring additional time to clear. *QAO* shall update the extension on *IRG* spreadsheet.

***Day* 35 Senior Manager: Process and Support Responsibility**

The Senior Manager: Process and Support shall verify and accept/reject the proposed corrective actions and action plans where relevant. The *QAO* updates the *IRG* and forwards feedback to the departmental manager.

***Day* 45 Relevant department responsible**

The department Manager/Senior Manager shall submit additional evidence where required by the Senior Manager: Process and Support.

**Day 50 Relevant department responsible**

All *IRQs* closed.

# Root cause analysis

Root cause analysis shall be applied where necessary.

# Preventive action

**12.1**The SABSStandards Division has implemented regular management meetings and management review meetings to ensure that risks and opportunities are identified to eliminate nonconformities.

A preventive action process is implemented to ensure that the risks of potential nonconformities are identified and that specific actions are taken to eliminate such risks, or to reduce them to a tolerable level.

**12.2**The SABS Standards Division has implemented a prevention action process through the SABS Standards regular management meetings and management review system meetings to ensure that

1. the necessary action is taken to reduce the reoccurrence of the deficiency, and
2. the risks of potential nonconformities are identified and that actions are taken to eliminate such risks, or to reduce them to a tolerable level.

**12.3**Opportunities for identifying potential sources of nonconformities, either procedural or system based, shall be identified through

* 1. management review meetings,
  2. trend and risk analyses,
  3. document review,
  4. analysis of data to evaluate where continual improvement to the management system can be made,
  5. process quality control outputs, and
  6. audit results.

**12.4**Preventive actions are reviewed during management review meetings and processed through the management review Corrective Action Log (CAL).

**12.5**If long-term preventive action is required, the responsible departmental manager shall develop action plans endorsed by line management, implement them and monitor their effectiveness.

**12.6**Action shall be taken in accordance with the current CAL system in SABS Standards.

# Records

Records of IRQs and their support documentation are available on a secure server in the Enterprise workspace of the SABS Livelink Document Management System in [014/017/004 Continual Improvement](http://172.16.1.15/sabslivelink/llisapi.dll?func=ll&objId=3756590&objAction=browse&viewType=1).

# Replacement and withdrawal

Replaces STD-SP-04 ed 1.

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# Annex A Writing an effective corrective action plan

**Step 1:** **Clearly state the problem or weakness, including the root cause**

* What is happening?
* What is the effect?
* What should be happening?
* How can it be fixed?

**Step 2: List the individuals who will be responsible for the corrective action**

* Who should be responsible?

**Step 3: Create simple, measurable actions that address the root cause**

* List steps that need to be taken.

**Step 4: Identify the accountable person**

* Should one person be solely accountable?
* Should two people share the responsibility?
* Should there be a segregation of duties?

**Step 5: Set achievable deadlines**

* State a reasonable time frame to implement the corrective action.

**Step 6: Monitor the progress of the corrective action plan**

* When will supporting documentation be needed?
  + At the next management review meeting?
  + On hand, in case of an audit?
* What type of supporting documentation will be needed?

# Document revision/amendment history

|  |  |  |
| --- | --- | --- |
| **Revision No.** | **Effective date** | **Nature of Revision** |
| A |  | Align with SANS 9001:2015, remove STDF 04 and STDF 04.1, and remove Annexure B |
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