10. Improvement

10.1 General

DILG determines and selects opportunities for improvement and implements any necessary actions to meet customer requirements and enhance customer satisfaction. These include:

- improving products and services to meet requirements as well as to address future needs and expectations;
- b) correcting, preventing or reducing undesired effects; and
- c) improving the performance and effectiveness of the quality management system.

Examples of improvement can include correction, corrective action, continual improvement, breakthrough change, innovation and re-organization.

10.2 Nonconformity and corrective action

DILG carries out correction and corrective action. When a nonconformity occurs, including any arising from complaints, DILG is document is UNCONTROLLED when DOWNLOADED and/or PRINTED.

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- reacts to the nonconformity and, as applicable, take action to control and correct it, and/or deal with the consequences;
- evaluates the need for action to eliminate the cause(s) of the nonconformity, in order that it does not recur or occur elsewhere, by: reviewing and analyzing the nonconformity; determining the causes of the nonconformity; determining if similar nonconformities exist, or could potentially occur;
- c) implements any action needed;
- d) reviews the effectiveness of any corrective action taken;
- e) updates risks and opportunities determined during planning, if necessary; and
- f) makes changes to the quality management system, if necessary.

The need for corrective action is determined on the basis of identified actual nonconformities through the findings of the QMS Assessment Committee or external auditor or on reported unmet quality objectives through the results of the process performance monitoring and measurement. Corrective action requests are likewise triggered by such events as client/customer complaints, or a management review output or directive and other lapses or deviation identified. This need identification is stated in the Corrective Action Report (CAR) issued by the QMS Assessment Committee for assessment-related areas or the Bureau/Service Deputy QMR/Regional QMR through the Central and Regional QMS Secretariat for non-assessment-related areas.

Corrective actions are appropriate to the effects of the nonconformities encountered.

DILG retains documented information as evidence of the nature of the nonconformities and any subsequent actions taken and the results of any corrective action.

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Relevant Documented Information:

SP: Process Performance Monitoring and Measurement Procedure

QP: Provision of Internal Audit Services Procedure

SP: Nonconformity and Corrective Action Procedure

SP: Management Review Procedure

SP: Services Complaint Handling Procedure

10.3 Continual improvement

DILG continually improves the suitability, adequacy and effectiveness of the quality management system. DILG considers the results of analysis and evaluation, and the outputs from management review, to determine if there are needs or opportunities that shall be addressed as part of continual improvement

DILG adopts a continual improvement philosophy throughout the entire organization. The improvement effort is driven by the quality policy, quality objectives, audit/assessment results, performance results, corrective and preventive actions, management review, customer/client feedback, risk and risk controls, and other catalysts for positive change.

Improvement opportunities are identified by analyzing quality performance data and information as well as information on clients customer satisfaction. Causes of identified nonconformities are determined and corrective actions are implemented to ensure that these causes do not recur. Preventive actions are implemented to eliminate the causes of potential nonconformities. Corrective and preventive actions taken are recorded and are followed up to ensure that they have been properly implemented and that they are effective.

Quality performance is evaluated by performance measurement and monitoring of the quality management system. When quality performance falls short of a defined objective, the operating unit concerned identifies and implements specific actions to address the cause of the non-attainment. When a quality objective is achieved, the management may, at its discretion, set a new or higher objective in this area and identifies improvements for achieving it.

Relevant Documented Information:

SP: Nonconformity and Corrective Action Procedure

SP: Services Complaints Handling Procedure

SP: Client Satisfaction Survey Procedure

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