

Presentation of Continual Improvement Processes

SQPS061

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Table of Contents

SQPS061

INTRODUCTION.....	3
1 PURPOSE.....	3
2 SCOPE	3
3 RESPONSIBILITY	3
4 PROCEDURE	4
4.1 PANEL 1 – DEMONSTRATION OF TREND AND TARGET	4
4.2 PANEL 2 – PARETO	5
4.3 PANEL 3 – PROBLEM DESCRIPTION AND CORRECTIVE ACTIONS	5
4.4 PANEL 4 – CONTROL OF ACHIEVED RESULTS	6
4.5 PRESENTATION FORMAT	6
4.6 USER GUIDELINE	6
5 REFERENCES.....	6
6 APPENDICES	7
6.1 SQPS061 APPENDIX 1 STANDARD FORM (MONTHLY REPORTING)	7
6.2 SQPS061 APPENDIX 2 STANDARD FORM (WEEKLY REPORTING)	7
6.3 SQPS061 APPENDIX 2 STANDARD FORM (DAILY REPORTING)	7
7 MODIFICATION INDEX	7

SQPS061

Presentation of Continual Improvement Processes

Introduction

A common format for presentation of continual improvement processes facilitates and enforces

- Quick understanding of information between Veoneer and supplier
- Same level of information at Veoneer and supplier
- Comparison / Benchmarking between Veoneer and supplier

1 Purpose

A standardized presentation format for follow-up of continual improvement processes.

2 Scope

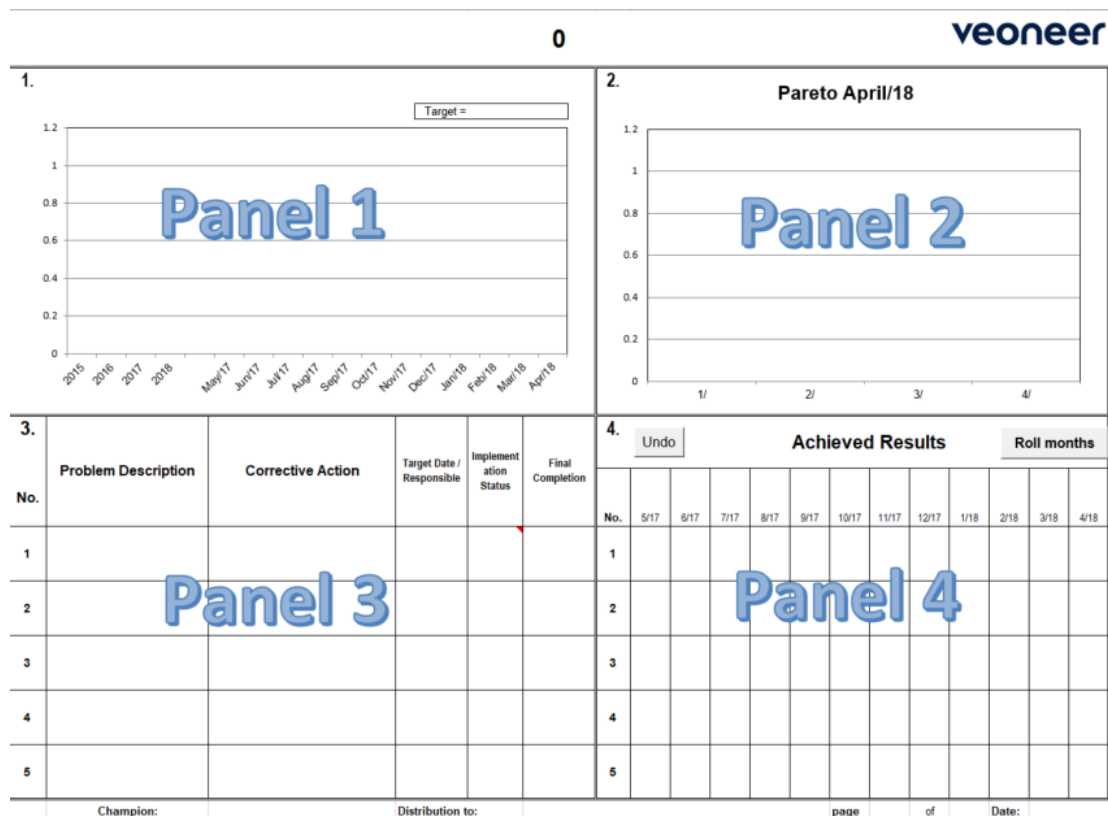
This SQPS is to be used to track improvement processes, which are important for the success of the business, for example: Policy Deployment Indicators, KPI (VS006), QOS (Quality Operating System Primer), etc.

3 Responsibility

The **Supplier Quality Manager** for the local plant / company is responsible that this Document is observed.

4 Procedure

The presentation format is summarized on one page (landscape – printable in both DIN A4 and Letter format) and split into 4 related panels:



Panel 1 – Demonstration of trend and target

Panel 2 – Pareto

Panel 3 – Problem description and corrective actions

Panel 4 – Control of achieved results

4.1 Panel 1 - Demonstration of trend and target

Panel 1 shows the measurable / indicator.

Y-axis

The measurable / countable measuring unit is indicated. An appropriate scale shall be chosen so that the variations can be clearly seen.

X-axis

The measurable is shown over a period so that the trend is demonstrated. The period is chosen to present figures monthly, weekly or daily with averages yearly and monthly respectively.

Presentation of Continual Improvement Processes

The first 3 bars show the average of the last 3 years / months. The 4th bar shows the YTD (Year To Date) of the current year or MTD (Month To Date) of the current month. The following 12 bars show the results of the latest 12 months / weeks / days.

The target is shown as a line / curve in the panel. Note that step wise target can be used as well.

The target shall be reviewed and updated on a regular basis. Major changes of target shall be explained.

4.2 Panel 2 - Pareto

The purpose of this panel is to display the pareto of root causes explaining why the target has not been met for the reporting period.

A Pareto is a method used to arrange information in such a way that priorities for process improvement can be established. It focuses on efforts or the problems that have the greatest potential for improvement.

Y-axis

The measurable is indicated. An appropriate scale shall be chosen so that the variations can be clearly seen.

X-axis

The major reasons / groups generating the trend level reported in panel 1 shall be arranged in a pareto. Root causes shall preferably be used unless otherwise defined in specific applications.

The reasons / groups shall represent the latest and most important root causes and may thus vary from previous reported month / week / day and subsequent reporting month / week / day. The reasons / groups shall be numbered and the numbers are to be referenced in panels 3 and 4, see 4.3 and 4.4

Panel 2 sets the course for corrective actions in panel 3 and monitoring of the efficacy of the actions in panel 4.

4.3 Panel 3 - Problem description and corrective actions

The purpose of this panel is to describe the problem and to inform about corrective action(s) taken to solve the problem.

Numbering

The numbered problem groups of panel 2 are listed.

Problem description

The problem and/or root cause is defined in very short form.

Corrective Action

SQPS061

Presentation of Continual Improvement Processes





The defined actions are described.

Target date / Responsible

The date when the corrective actions are planned to be fully implemented and effective. Responsible person to be named.

Implementation status

The appropriate symbol is inserted to show the status of the corrective action:

- | | | |
|---|-------|---|
|  | Plan | Containment action implemented |
|  | Do | Permanent action/countermeasure defined |
|  | Check | Permanent action/countermeasure implemented |
|  | Act | Permanent action/countermeasure verified |

Final completion

The date when the corrective actions are fully implemented and effective.

4.4 Panel 4 - Control of achieved results

The purpose of this panel is to be able to follow the improvements achieved as a result of the implemented actions.

Numbering

The same numbering as in panel 2 and 3 is used.

Result

The result of each month / week / day is filled in with the same unit as in panel 2. Data is reported from the time the problem was observed however maximum for the latest 12 months / weeks / days.

4.5 Presentation format

The attached forms in appendix 6.1 and 6.2 (monthly and weekly reporting) can be used for presentation, when the supplier organization does not have an internal form that provides the same level of information.

4.6 User Guideline

The SQPS061 User Guideline includes examples how to fill in the presentation format.

5 *References*

SQPS061 User guideline

SQPS061

Presentation of Continual Improvement Processes

6 Appendices

6.1 SQPS061 Appendix 1 Standard form (Monthly reporting)

6.2 SQPS061 Appendix 2 Standard form (Weekly reporting)

6.3 SQPS061 Appendix 3 Standard form (Daily reporting)

7 Modification Index

Version #	Date / Author	Modification	Purpose
1.0	21-JAN-2022 / J. Dorado	Converted VS61(withdrawn) to SQPS.	First Release
1.1	21-NOV-2022/ J. Dorado	Minor corrections (Plant Quality Manager replaced with Supplier Quality Manager) and clarifications, updated text to also reflect use of appendix 3 (Daily Reporting)	Clarifications.