An Orientation on SEVOTTAM IS 15700: 2005

By:

P. JANAKIRAM,

CENTRE FOR GOOD GOVERNANCE
Knowledge • Technology • People

Dr. MCR HRD Institute Campus, Road No. 25, Jubilee Hills, Hyderabad
Ph. 040-23686131, Mob. 9989334048
E-mail: janakiram.p@cgg.gov.in

Agenda

- What is SEVOTTAM
- Importance of Quality Management System
- Objectives of SEVOTTAM
- About IS 15700: 2005
- Model for Implementation of IS 15700: 2005
- Components of IS 15700: 2005
- Documents for Implementation
- Measurement Tools
- Actions for implementing SEVOTTAM

About CGG

Centre for Good Governance (CGG) is a Government of Telangana Institution, Located at Dr. MCR HRD campus (ATI), Hyderabad

Experience of working on various projects of Governments

Knowledge Partner for preparation of Business Rules for Telangana

Worked in State Reorganisation and District Reorganisation

Experience of working with various Ministries, Departments, State Governments, Corporations and PSUs

Completed development of Competency based training plans for 6 ministries in Government of India

About SEVOTTAM

- SEVOTTAM is a Quality Standard for Public Service Delivery
- Service Excellence is the vision
- An Assessment & Improvement model
- Objective is improvement in Qualitative Service Delivery
- Operated by Department of Administrative Reforms & Public Grievances (DARPG), GoI
- Bureau of Indian Standards (BIS) developed IS 15700:2005
- Envisaged as part of 2nd ARC

Importance of Quality Management Principles (ISO)

- Customer Focus
- Leadership
- Involvement of People
- Process Approach
- Systems approach to Management
- Continual Improvement
- Factual Approach to Decision Making
- Mutually Beneficial Stakeholder Relationships

About IS 15700: 2005

- Developed by Bureau of Indian Standards (BIS)
- In lines with ISO standards
- Emphasis on Customer Satisfaction
- Process Oriented Approach
- Continuous Improvement mandate

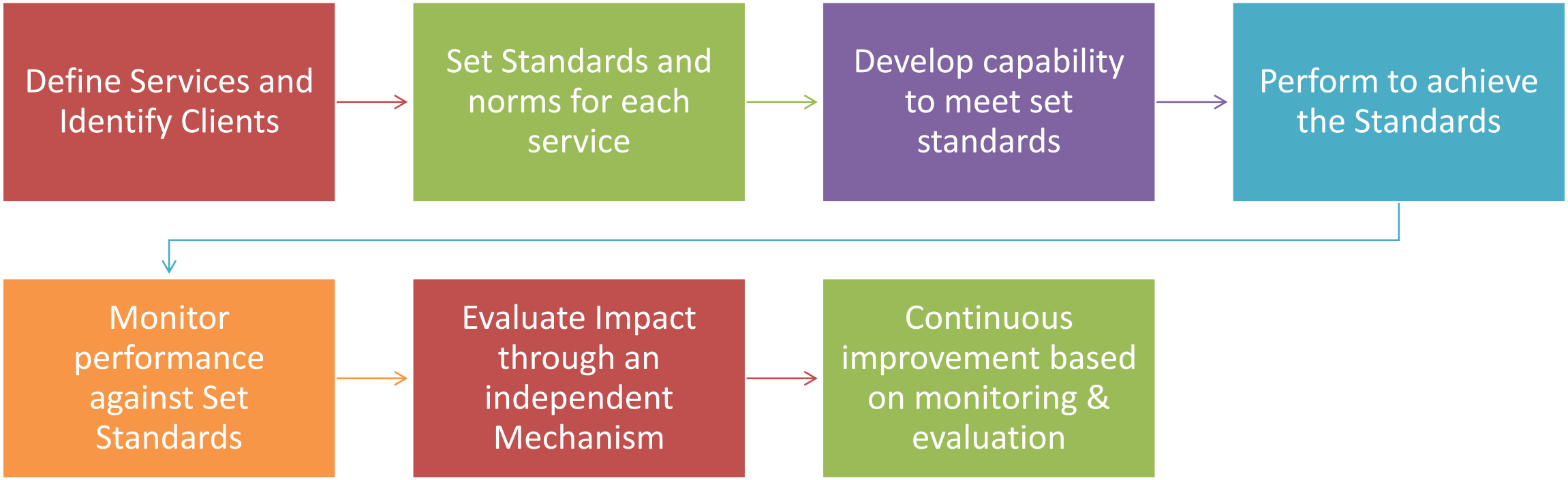
Objectives of IS 15700: 2005

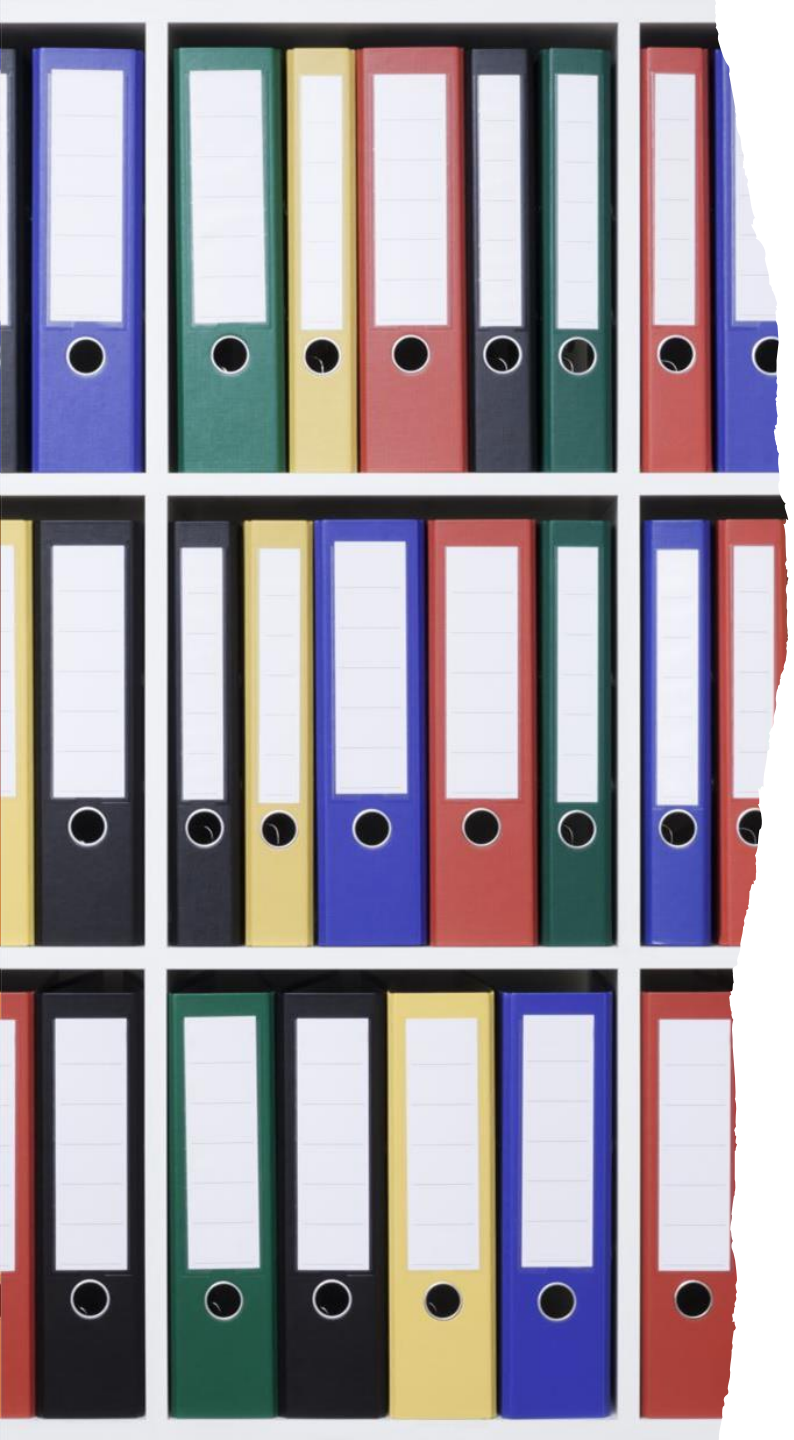
Needs to demonstrate ability to Consistently provide Effective & Efficient service that meets customer and applicable legal, statutory and regulatory requirements

Aims to enhance customer satisfaction

Aims to continually improve its service and service delivery process

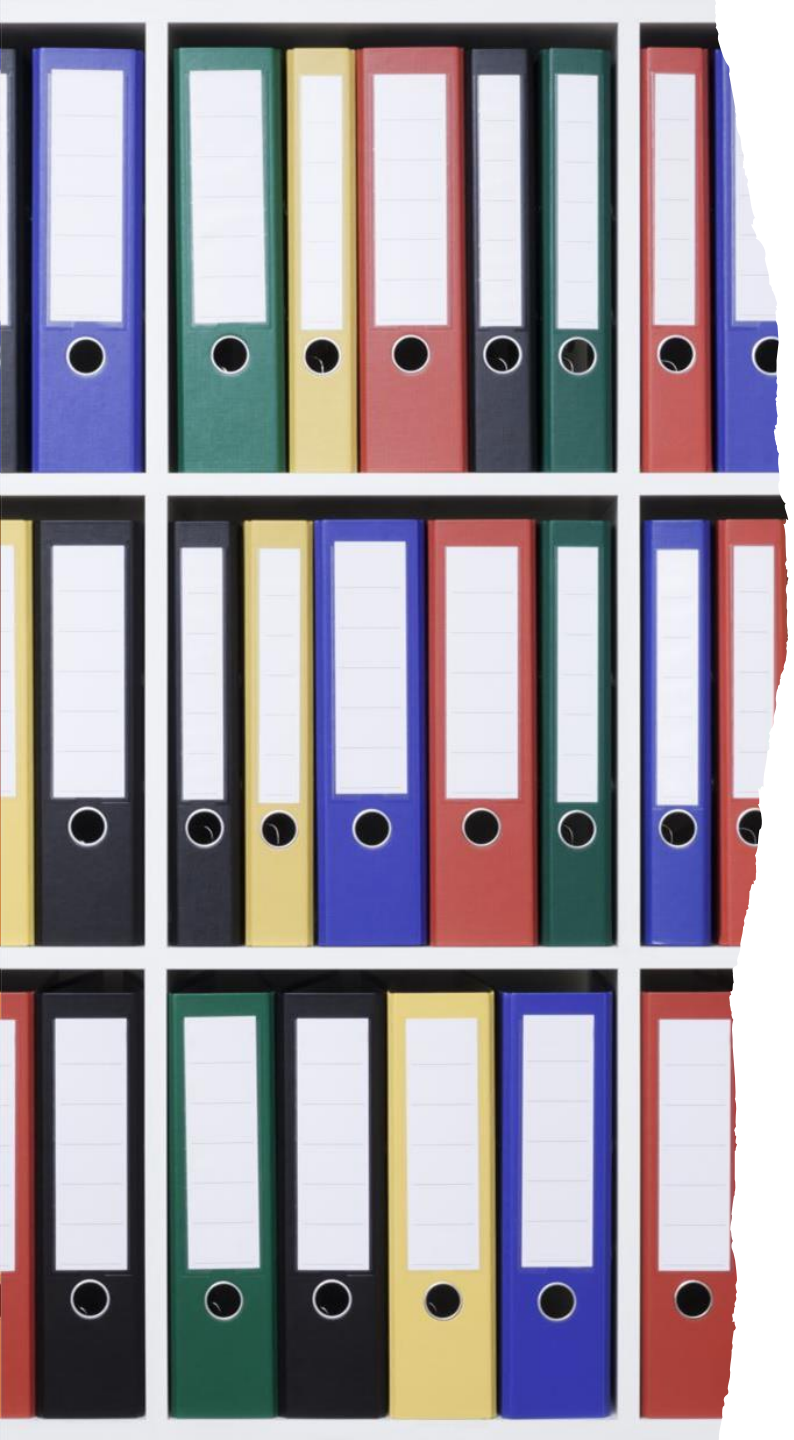
Model for Implementation of SEVOTTAM





IS 15700: 2005 Components

1. Scope
   - Provide Effective and Efficient services to customer
   - Enhance Customer Satisfaction
   - Continually improve services & service delivery process
2. Reference
   - ISO 9000: 2005
3. Terms & Definitions
4. Documentation Requirements
   - Service Quality Manual
   - Control Documents
   - Control of Records



IS 15700: 2005 Components

5. Management Responsibility
   - Management Commitment
   - Customer Focus
   - Service Quality Policy and Citizen’s Charter
   - Objectives
   - Responsibility, Authority and Communication
   - Management Review
6. Resource Management
7. Citizen’s Charter, Service Provision and Grievance Handling
8. Implementation, Monitoring, Measurement and Improvement

Documents Required for Implementation

- Service Quality Manual
- Citizen’s Charter
- Documentation Process
- Templates
- SOPs
- Work Instructions
- Forms
- Records

Measurement Tools

Quality Service Questionnaire

Measurement of Expectation – Tangibles (Look & Feel, appearance)

Measurement of Importance – Reliability & Responsiveness

Measurement of Perception – Assurance & Empathy

Procedure for Calculation – Gap for each statement

- SERVQUAL Score = Perceptions Score – Expectation Score

Weightages can also be Assigned to 5 dimensions

A common Client Satisfaction Survey can be designed to carry out the survey

Action for Implementing IS: 15700

Preparation

Define Objectives

Documentation

Quality Manual

SOPs

Manuals

Forms to be maintained

Reports to be maintained

Implementation

Internal Audit

Use of PDCA

Plan

Do

Check

Act

PDCA

PLAN

DO

CHECK

ACT

Thank You

QCI

Quality Council of India

Excellence in Public Service Delivery

Implementation of Assessment - Improvement Framework (IS : 15700)

TRAINING MANUAL

Towards a Citizen Friendly Government

Department of Administrative Reforms and Public Grievances

Government of India

Excellence in Public Service Delivery

Implementation of Assessment –
Improvement Framework
(IS : 15700)

TRAINING MANUAL

QUALITY COUNCIL OF INDIA

II Floor, Institution of Engineers Building
Bahadur Shah Zafar Marg
New Delhi -110002

RAJNI RAZDAN
सचिव
SECRETARY

भारत सरकार,
कार्मिक, लोक शिकायत तथा पेंशन मंत्रालय,
प्रशासनिक सुधार और लोक शिकायत विभाग,
सरदार पटेल भवन, संसद मार्ग,
नई दिल्ली–110001

GOVERNMENT OF INDIA ,
MINISTRY OF PERSONNEL, PUBLIC GRIEVANCES
& PENSIONS,
DEPARTMENT OF ADMINISTRATIVE REFORMS
& PUBLIC GRIEVANCES,
SARDAR PATEL BHAVAN, SANSAD MARG,
NEW DELHI-110001

MESSAGE

I am happy to note that the Quality Council of India, an active partner of Department of Administrative Reforms and Public Grievances, is bringing out a training manual to provide standardized training material for use of training institutions to educate government officials on various aspects of 'Sevottam' and the Indian quality Standard IS 15700.

We are looking forward to empower our training institutes, both at the centre and the states to make them important resource centres to educate government officials for implementation of 'Sevottam' in the country.

I hope all the training institutes who would like to become training providers under this national programme, would benefit from this initiative of the Quality Council of India, supported by the Department of Administrative Reforms and Public Grievances.

RRazdan
(Rajni Razdan)

Please Visit Our Websites : http://darpg.nic.in; http://darpg-grievance.nic.in; http://goicharters.nic.in
Telefax : ++ 91 11 2374 2133; ++ 91 11 2374 2546

Girdhar J. Gyani
Secretary General

Quality Council of India
2nd Floor, Institution of Engineers Building
Bahadur Shah Zafar Marg
New Delhi – 110 002, India

FOREWORD

The initiative of promoting excellence in public service delivery of the government organizations launched by the Department of Administrative Reforms and Public Grievances (DARPG) through 'Sevottam' is an important step in promoting citizen-friendly government. It has been the privilege of QCI to be associated with DARPG in developing and implementing this initiative right from the early days of its conceptualization.

While QCI will play its mandated role of accreditation of certification bodies for IS 15700 through the National Accreditation Board for Certification Bodies (NABCB) and registration of personnel/training programmes for IS 15700 through National Registration Board for Personnel and Training (NRBPT), at the request of DARPG, we decided to go beyond and provide handholding support to the 10 identified Ministries/organizations implementing IS 15700 under the 'National Quality Campaign' assigned to QCI by the Central Government and overseen by the National Board for Quality Promotion (NBQP) under the chairmanship of Lt. Gen. H. Lal, former DGQA and DG, BIS, and currently DG of FICCI Quality Forum.

Recognizing that we need to build considerable resources for counselling, training and auditing for IS 15700 and keeping in mind DARPG's requirement that the large number of training institutions already there in the government sector should get involved in implementing IS 15700, we decided that it would help if standardized training material is prepared and given to them in the first instance. Accordingly we engaged Major General N.K. Dhir, who was Convenor of BIS' expert panel, which developed IS 15700 as also the guidance standard which is being published shortly, and Mr. Anupam Kaul, a member of the above panel and till recently head of the National Institute of Training for Standardization (NITS) of BIS which initiated training programmes in IS 15700, to develop the material. I am happy to place this document in your hands for use by training institutions and QCI will readily provide this document either in printed form or in CD to any training institutions who may like to take up training in IS 15700. We have already launched a registration scheme for training programmes in IS 15700 and we would be happy if the training providers register themselves with NRBPT to become a partner in this very important national initiative.

I would like to place on record the support we have got from DARPG in taking this initiative and am grateful to Ms. Rajni Razdan, Secretary, DARPG, for her message.

(Girdhar J. Gyani)

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PART -I

QUALTY CONCEPTS

CHAPTER - I

Quality Management Systems

General concepts

Introduction

All organizations, large or small, have an established way or system of doing business. A quality management system is about how an organization manages its business activities which are associated with quality of service. Quality management system helps an organization to build systems which enable it to provide quality service consistently. It may be clarified that characteristics of the service(s) and their standards (norms) are defined in the respective service standards, and not in the quality management standards. Therefore, quality management system standards are not alternate to service standards. In fact, they are complementary to each other. The use of service standards together with quality management system standards help in not only maintaining but also continually improving quality of services, which may result in enhancing customers' satisfaction and competitiveness.

Quality management systems standards take into consideration eight quality management principles, namely, customer focus, leadership, involvement of people, process approach, system approach to management, continual improvement, factual approach to decision making, and mutually beneficial supplier relationships, which are relevant and applicable to all organizations providing service.

Quality management standards promote the adoption of a process approach when developing, implementing and improving the effectiveness of a quality management system, to enhance customer satisfaction by meeting customer requirements.

For an organization to function effectively, it has to identify and manage numerous linked activities. Set of inter-related or interacting activities which transforms inputs into outputs is termed as process. Often the output from one process is the input to the next process.

The application of a system of processes within an organization, together with the identification and interactions of these processes, and their management, can be referred to as the ‘process approach’.

An advantage of the process approach is the ongoing control that it provides over the linkage between the individual processes within the system of processes, as well as over their combination and interaction. In addition, it highlights the value addition at every stage.

When used within a quality management system, such an approach emphasizes the importance of

- understanding and meeting requirements,
- the need to consider processes in terms of added value,
- obtaining results of process performance and effectiveness, and
- continual improvement of processes based on objective measurement.

(Note-Introduction is an extract from IS: 15700, Foreword)

Eight Quality Management Principles

Leadership

Leaders establish unity of purpose and direction of the organization. They should create and maintain the internal environment in which people can become fully involved in achieving the organization's objectives.

Involvement of People

People at all levels are the essence of an organization and their full involvement enables their abilities to be used for the organization's benefit

Process Approach

A desired result is achieved more efficiently when activities and related resources are managed as a process

System Approach to Management

Identifying, understanding and managing interrelated processes as a system contributes to the organization's effectiveness and efficiency in achieving its objectives

Process Approach

A desired result is achieved more efficiently when activities and related resources are managed as a process

Continual Improvement

Continual improvement of the organization's overall performance should be a permanent objective of the organization

Factual Approach to Decision Making

Effective decisions are based on the analysis of data and information

Mutually Beneficial Supplier Relationships

An organization and its suppliers are interdependent and a mutually beneficial relationship enhances the ability of both to create value

Important Terms & Definitions

IS/ISO 9000: 2005 Quality management systems – Fundamentals and vocabulary (*Third resision)* provides definitions and explanations, where relevant for general terms used in the context of quality management. Whenever in doubt, this International Guide should be referred. The following terms are frequently used in relation to the implementation of IS 15700 and are therefore reproduced with elaboration as necessary

Quality - Degree to which a set of inherent characteristics fulfils requirements.

The earlier definitions of quality (see Fig 1) described it as an attribute or a function of some variable. It should be noted that the present definition presents quality as a relational value (degree) based on its ability to satisfy all stated or implied requirements.

Examples of quality requirements are shown in Fig 2.

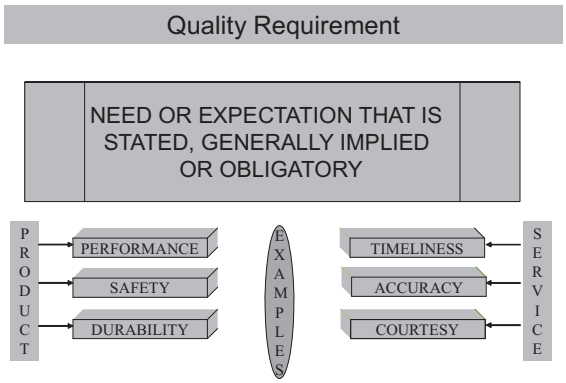


Fig 1

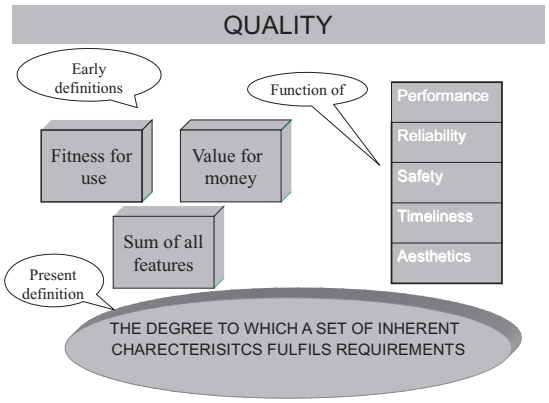


Fig 2

Customer - Organization or person that receives a product and/or service.

Example: Consumer, client, citizen, end-user, beneficiary and purchaser

Customer Satisfaction - Customer's perception of the degree to which the customer's requirements have been fulfilled.

Customer complaints are a common indicator of low customer satisfaction but their absence does not necessarily imply high customer satisfaction.

Even when customer requirements have been agreed with the customer and fulfilled, this does not necessarily ensure high customer satisfaction.

Complaint (Grievance) - Expression of dissatisfaction made to an organization related to its products, services and/or process(es), where a response or resolution is explicitly or implicitly expected.

Public Service Organization - An organization which provides service(s) to public at large and/or whose activities influence public interest.

Example: Government ministries and departments, Regulatory bodies, Public utility service providers, etc.

Service - The results generated, by activities at the interface between the organization and the customer and by organization's internal activities, to meet customer requirements.

Service Delivery - The organization's activities, including those at the customer interface, necessary to provide the service.

Stakeholder (Interested Party) - Person or group having an interest in the performance or success of an organization.

Example: Customers, owners, people in an organization, suppliers, bankers, unions, partners or society.

Top Management - Person or group of people, who directs and controls an organization at the highest level

Several requirements specified for top management in IS 15700 shall apply to this person or group of persons collectively. Top management is subject to both internal as well as external audits.

Citizens' Charter - Citizens' charter is a document declaring the intentions and the commitment of an organization for providing effective and efficient service, taking into account customer's expectations and minimum acceptable levels of service, thereby providing assurance that the organization complies with the service quality standards.

Service Quality Policy - The overall intentions and direction of an organization as regards service quality, as formally expressed by top management.

An organization needs to establish both the Citizen's charter which is a public declaration of intentions and commitments towards quality, and the Quality Policy which is a driving statement for the staff and other partners in service delivery that facilitates the framing of service quality objectives, which form a part of internal management.

Service Quality Objectives - Something sought, or aimed for, related to service quality

PDCA Cycle – It is a quality loop that can be applied for any quality initiative or programme. It comprises of four stages to manage the programme, which are:

- **Plan:** establish the objectives and processes necessary to deliver results in accordance with customer requirements and the organization's policies;
- **Do:** implement the processes

- **Check:** monitor and measure processes and product against policies, objectives and requirements for the product and report the results;
- **Act:** take actions to continually improve process performance

Understanding the *Process Approach*

For organizations to function effectively, they have to identify and manage numerous interrelated and interacting processes. An activity using resources, and managed in order to enable the transformation of inputs into outputs, can be considered as a process. Often, the output from one process will directly form the input into the next process. The systematic identification and management of the processes employed within an organization and particularly the interactions between such processes is referred to as the "process approach".

Examples of inputs and outputs

- equipment
- materials
- components
- energy
- information
- financial resources
- design

Process approach assumes greater significance when applied in the context of the service organization, because unlike manufacturing organizations, here due to simultaneous production and consumption of services, the related processes and their interactions have to be managed with a greater degree of control and precision.

An advantage of the process approach is the ongoing control that it provides over the linkage between the individual processes within the system of processes, as well as over their combination and interaction. In addition, it highlights the value addition at every stage.

When used within a quality management system, such an approach emphasizes the importance of

- understanding and meeting requirements
- the need to consider processes in terms of added value
- obtaining results of process performance and effectiveness, and
- continual improvement of processes based on objective measurement.

In plain words process approach would mean recognizing that a series of processes are needed to provide a service. The typical actions to manage the process (es) are :

- Systematically defining the activities necessary to obtain a desired result

- Establishing clear responsibility and accountability for managing key activities
- Analyzing and measuring of the capability of key activities
- Identifying the interfaces of key activities
- Focusing on resources, methods, & materials.

Chapter II

Quality in Service Sector

Understanding Services

Services have come to occupy a major share of the world economy. Over the past decade we have seen the spectacular increase in IT enabled services transacted across continents. Even traditional services such as banking, telecom services have undergone exceptional changes, the chief driver being inflow of global service companies setting world class standards as benchmarks. A significant indicator of growing consciousness of service standards is the increasing adoption of ISO 9001 Standard by the service sector in recent times comprising a host of industries such as healthcare, hospitality, financial, education, construction, transportation and many others. Some of these developments have influenced sectors rendering public service and we have seen even government agencies subjecting themselves to the discipline of quality management.

Over the years several attempts have been made to understand services as distinct from products so that that can be standardized and controlled with the objective of, meeting customer requirements and improving quality. The combined work of several researchers determined that there are fundamental differences between products and services and therefore they have to be treated differently. However, services rarely come in isolation. The overall product is generally a combination of goods and services, where there respective content keeps varying with the nature of services. Fig 3 gives a spectrum from pure goods to pure services, and their combinations:

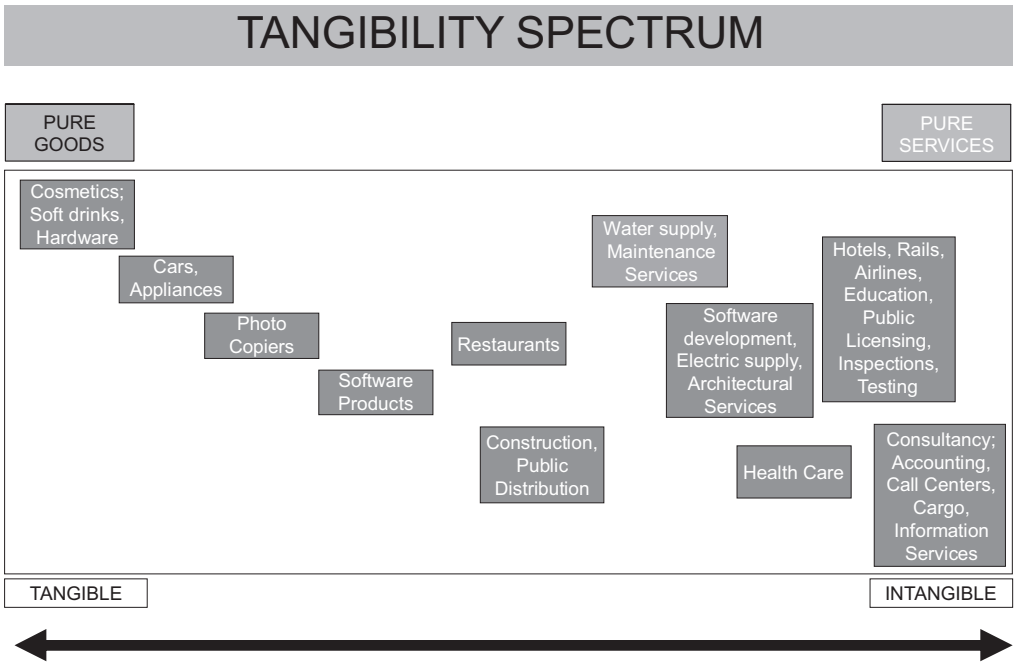


Fig 3

Understanding difference between Products and Services

While analyzing the overall product of an organization, it is prudent to segregate the components of goods and services. The quality of goods can be ensured in the normal way, by having a set of technical specifications, controlling their design and manufacturing processes (where relevant) or verifying them through inspection and testing, rectifying or rejecting the defectives and packaging them to reach the customer safely. The quality of services however is a function of many variables, for which it is essential to understand how they differ from products:

1. **Services are intangible.** Unlike products, which can be standardized, services are non material in nature and lack a physical form or shape. This means that the customer does not have the convenience of appraising the service, as he would do to a product, before purchasing. He can only 'experience' the service and later remember the experience as good or bad (in degrees of satisfaction levels). The perception that remains in memory is the quality of service as far as the consumer is concerned.

2. **Services are heterogeneous in nature.** A Service outcome is a function of many variables and therefore not uniform. The variables could arise due to differences in person delivering the service (his temperament, knowledge, mood), difference in person in receiving the service (his background, knowledge of service, previous experience, responsiveness), the setting (the environment in which the transaction takes place), back up support, circumstance etc. Thus unlike products, which are assembly line made under identical conditions, the predictability of a service outcome being uniform is much lower. Besides, the perception for an otherwise uniform delivery may also vary from one consumer to another, for example people who come form higher social or economic strata have higher expectations.

3. **Services are dependent on the delivery person.** While products are dependent on good designing and production facilities, services are very often (though not always, such as through electronic medium) delivered by people. Thus personal attributes play a major role on the manner of delivery. A service outcome may be satisfactory, yet the behaviour of the delivery person may leave a poor opinion of the overall delivery. In other areas, personal skills, competence and knowledge of rules and procedures, attitude, fairness etc all make the service quality dependent on him. Modern service organizations, such as Call centers tend to overcome this by careful training on the manner in which conversations are held, responses given and monitoring these.

4. **Customer is inseparable in the delivery process.** One of the unique features of services is that the customer is a partner in the delivery process and must perform some role for the service to be delivered. Examples include the filling of application form, making oral requests or providing responses, obeying rules etc. A service is likely to fail or get affected if the customer does not play his own part properly. This feature also leads to most service related disputes, as often the consumer is not aware of his own role. A proactive service

organization is expected to also inform the consumers on their obligations (for example the display of a filled application form as a guide).

5. **Simultaneous Production and Consumption.** Another unique feature of services is that they are consumed as they are being produced. There is thus very limited opportunity to correct any deficiency, before delivery. Most of the time ,the deficiency is known after the service performance. Organizations who realize the importance of this attribute, take proactive measures with their regular clients such as keeping them informed of changes in rules and procedures, the current status of service delivery etc.

6. **Applying Quality Assurance to Services.** As services are produced and consumed simultaneously it is difficult to assure their quality in the traditional sense as for products whose quality is assured on very high confidence levels. However, those elements of services that are tangible or where they are subject to prior evaluation can be brought under quality assurance. Examples of this include the goods associated with services (forms, documents, municipal drinking water), equipment (maintenance of public utilities e.g ATMS, pay phones, acknowledgement of letters, emails etc.

7. **Services cannot be stocked.** There is no means to produce services in advance, store them for future supply, or pre-inspect them before releasing in the market. Hence there are very limited buffers or cushion available to ensure a steady flow of quantum and quality of service as per market demand. This is the reason why on certain days, banks may have much longer queues with attendant strain resources and consequently on the patience of both consumers and the service providers. Organizations gain experience on such patterns and plan for re-allocation of resources.

8. **Services are irreversible.** Another unique feature of services is that they cannot be reprocessed or repaired as far as the transaction itself is concerned. Where a deficiency has occurred, it remains as an (bad) experience with the consumer. Service sectors therefore have to resort to damage control after the event, such as offering apology or compensation in some form. However, consumers are often more tolerant of service lapses and tend to accept apology or compensation.

Other differences between products and services relate to testing before delivery which is possible only for products, the transportability of products from production facility to consumer which is not possible for services. Waiting time in the case of services often becomes a crucial factor, wh ile people are prepared to wait longer for products too be delivered.

Because of these fundamental differences between products and services:

- people perceive greater risk in purchasing services than products
- because of their own involvement, people tend to complain less for deficient services as compared to products

- there is a greater degree of prior information seeking and post evaluation of services

Classification of Services

In order to understand the quality requirements for Services, it is first necessary to see whether all types of services can be treated as one or whether their quality requirements vary with context. As a first step in this direction let us examine how the context changes based on nature of service, type of demand, extent of customer involvement, service recipient, degree of customisation, professionalism etc. The following table classifies them based on 12 variables and the extreme attribute for each with illustrations. It should however be remembered that actual services would have a combination of these variables. However this classification would help us in determining and prioritizing the service quality dimensions that follow.

	VARIABLE	ATTRIBUTES	EXAMPLES
1	What is the of the service result act	Tangible	Repair / Hotel
		Intangible	Education / Advertising
2	Who is the direct recipient of service	People	Healthcare
		Possessions	Car maintenance
3	What is the relationship of the service provider with customers	Membership	Clubs / Resorts / Banks/Insurance
		No formal membership	Hotel / Healthcare
4	What is the nature of Service Delivery	Continuous	Electric / Water supply / Newscasting
		Discrete	Postal / courier / Healthcare
5	What is the degree of service Customization	Low	Water supply / Pollution control
		High	Architecture / Construction / Security
6	What is the degree of Customer involvement in service delivery	Low	Media based information services
		High	Interactive phone net based services
7	What is the Nature of service Demand	Low variability	Postal / telecom services
		High variability	Electric supply / Hospitality
8	How good is the Supplier's capability & capacity to meet peak demand	Good	Net based services
		Bad	Many
9	What are the Methods of Service delivery	Low contact	Public utility services : Electric / water supply; road maintenance
		High Contact	Medical / Hospitality
10	Extent of Availability of service Outlets	Single / restricted	Govt Offices e.g. RTO, Registrar, Education Board, Town Development authority
		Multiple	Post Offices, Bank (ATMs), Petrol Stations
11	What is the Extent of equipment /	Low	Net based services, consultancy,

	facility attributes forming part of the service product		Accounting ,legal
		High	Gas cylinder refill services, Equipment maintenance
12	What is the Extent of contribution of people attributes delivering the service	Low	Road maintenance, Cleaning services, Automated services e.g ATMs
		High	All across-the- counter-services, call centers, audio / visual presentation services

Service quality

The ISO 9000 definition of Quality is Degree to which a set of inherent characteristics fulfils requirements.

This definition applies both to products as well as services. However due to typical attributes of services such as intangibility, customer involvement, simultaneous production & consumption, difficulty of testing before delivery and irreversibility, the quality of services have to be understood as distinct from products. Service quality differs from product quality in 3 aspects:

- Service quality is more difficult for the consumer to evaluate than goods quality. It is hard to find precise and measurable variables of service attributes.
- Quality evaluations are not only based on **results of services** but also on the **manner of delivery**.
- Service quality perceptions result from a direct comparison of consumer's expectations with actual service performance

Service quality is therefore a function of the gap between the customer expectations and the customer perceptions. If expectations are greater than performance, then perceived quality is less than satisfactory and hence customer dissatisfaction occurs.

While customer perceptions are based on direct experience (sometimes based on experience of others), Customers expectations are built from various sources. These include:

- Word of mouth communications from other customers
- The personal needs of each individual customer
- The customer's past experience of the service
- External communications by the service provider – the expressed and implied messages in advertisements, brochures etc.
- Services offered by the competition

It is logical that any measurement of service quality therefore must examine the difference between expectations and perceptions. The overall difference or Gap in Service Quality is built up from several aspects within the organization that contribute to it. Figure 4 gives a representation of these Gaps:

Customers' expectations	Gap 1	Suppliers' perception of customer expectations
Suppliers' perception of customer expectations	Gap 2	Service Quality Standard
Service Quality Standard	Gap 3	Level of service actually delivered
Level of service actually delivered	Gap 4	Service quality promised e.g through claims, charters
Service quality promised / Customer's expectations	Gap 5	Perception of service after consumption

Fig4

The first four gaps (Gap 1, Gap 2, Gap 3, Gap 4,) are identified as functions of the way in which service is delivered, whereas Gap 5 pertains to the customer and as such is considered to be the true measure of service quality. The measurement of service quality (gap between expectations and perceptions) has to be carried out for those dimensions of quality that are significant and relevant to the organizations. The measurement methodology has been described in the Chapter on, Measurement Tools.

Service quality dimensions

When considering dimensions of service quality, it should be realized that customer's perception is the only valid perspective. While management and employees should strive to understand the quality requirements, their own beliefs or judgement of quality dimensions cannot over-ride the customer's expectations, neither should they attempt at measuring quality achievements only thorough internal means, as these would invariably leave major gaps. Consumer expectations of quality are varied and encompass a whole lot of considerations or dimensions. Several attempts have been made to standardize the dimensions. A general consensus has emerged in standardizing 5 basic dimensions of Service Quality which incorporate 5 additional dimensions within them. The following are the five dimensions of service quality:

- **tangibles** associated with the service that bear on the quality of service being delivered. These relate to appearance of physical facilities, equipment, personnel and communication aids
- **reliability**, i.e ability to perform the promised service dependably and accurately (including **security**, that is freedom from danger, risk or doubt),
- **assurance**, which includes **credibility** of service provider (trustworthiness, believability, honesty), knowledge and **competence** of personnel
- **responsiveness** i.e. willingness to help customers and provide prompt service, **accessibility** of relevant personnel and methods of **communicating** with the customers

- **empathy** which is the human element associated with the service delivery and includes the need of being heard and attended with dignity and understanding. It is the caring, individualized attention which the service firm provides to its customers and a conscious efforts at understanding the special needs of customers

It can be seen that the above 5 (including additional 5) dimensions of service largely cover all services including public services. Some of the important features of public services such as fairness and equity are covered by the dimension of 'Assurance', timeliness is covered under 'responsiveness', service outcome under 'reliability', etc. The measurement of service quality is in fact done on these five basic dimensions spread over the relevant activities and outreach of the organization.

Building Service Quality

ISO 9000 defines Service delivery as *'The organization's activities, including those at the customer interface, necessary to provide the service.'* As the definition indicates, the service is dependent on a number of activities, some of them taking place at the service provider /customer interface.

Since service evaluation is based on the experience of the transaction which lasts only for a finite duration, it is essential that all components, all building blocks should be synchronised perfectly to contribute to the attainment of the service objectives. Numerous examples exist where the absence of a form, a person, or a piece of information leads to delays or complete service failure.

Within an organization, services are classified as Primary services and support services. Primary services are mostly rendered at the Supplier/ Customer **interface** e.g at the counter or in the front office or when a public inspector visits a site for checking compliance. In situations where the organization has registered members such as Bank account holders or income tax assesses, or telephone subscribers, the interface with the customer is of a continuous nature, as at every point of time, the customer is being serviced in some manner, e.g processing or holding information relating to customer, maintaining his account. The service experience in such case is passive and becomes active only when there is a physical encounter. In such cases customers draw their perception over a period of time based on the overall impact of their encounters and the outcome of the services being rendered.

Primary services are also rendered during interface with customer's possessions that takes place at the back office (not visible to the customer) e.g offsite repair services, handling of baggage by airlines, testing of samples. As a general rule, primary services are those that directly address the consumers.

Support services are those that are performed to make the primary services possible. These are located behind the interfaces. While some support services are directly connected to the primary services, others impact them indirectly. For example updation of

Information in a computer network that is used for client servicing is a direct support service. On the other hand, maintenance of the computer hardware lends indirect support.

Supporting Services include

- human resource management,
- maintenance
- purchasing, inventory management
- inspections
- information processing
- technology management
- customer research and
- planning for these

In order to ensure the quality of service, it is important that both primary as well as supporting delivery processes need to be **effective and efficient** and therefore all actions needed to identify them, determining their interactions and to monitor them need to be taken. The responsibilities of service provider will include;

- Planning and Providing the input resources which are
  - Human resources
  - Equipment
  - Information / Training to persons
  - Facilities / Environment
  - Finance
  - Other resources such as Technology / Software

- Controlling the processes. The service provider is required to
  - Ensure timely availability of input resources
  - Ensure proper sequence of activities
  - Ensure accessibility of service outlet to intended customer
  - Ensure courtesy, friendliness and willingness of server to respond to queries
  - Maintain the equipment / environment / inventory / information

- Monitoring the Output Service Quality, i.e
  - Ensure conformance to service standards
  - Record the compliance levels
  - Measure and analyse the quantifiable variables e.g time, errors, internal process failures

- Obtain customer feedback / record complaints and analyse

- Improving based on feedbacks
  - Market research on customer perceptions
  - Close the Service Quality Gaps:
  - Taking corrective actions on deficiencies and non-conformances
  - Setting objectives and meeting them
  - Updating of Citizen's Charter

PART-II

QUALITY IN PUBLIC SERVICE ORGANIZATIONS

CHAPTER - III

SEVOTTAM

Genesis of *Sevottam*

Department of Administrative Reforms and Public Grievances, Ministry of Personnel & Training, Government of India has initiated an exercise seeking solutions to the following issues:

- Aligning public service delivery performance in India with citizen's expectations
- Institutionalizing continuous improvement and assessment of performance in the Government organizations against clear and improving standards
- Benchmarking quality of service delivery by government organizations and grading them on performance
- Providing public service providing government organizations a scheme for acquiring (and retaining) a symbol of excellence in service delivery

The solutions are now developed into a model coined *Sevottam*

The *Sevottam* has been launched as a certification scheme which provides for the award of the *Sevottam* symbol of excellence to public service organizations that implement and are able to show compliance to a set of management system requirements that have been specified in a specially created standard document. It takes into account unique conditions of service delivery by Public service organizations in India and the sectoral and regional variations in service delivery standards and offers a systematic way to identify weaknesses in specific areas and rectify them through systemic changes and process re-engineering.

Objectives of *Sevottam*

Obtaining a *Sevottam* symbol of excellence requires:

- Successful implementation of Citizen's Charters
- Service Delivery Preparedness and achievement of Results
- Sound Public Grievance Redress Mechanism

***Sevottam* is supported by a Standard**

Based on the objectives of *Sevottam*, the Bureau of Indian Standards (BIS) has developed IS 15700: 2005 after following the laid down procedures for standard formulation. A panel of 15 experts from 11 organizations including Govt Departments, Industry associations, PSUs, DARPG, TCS, QCI, BIS, prepared the draft standard over a course of 3 meetings. The Draft Standard was widely circulated for comments amongst 250 stakeholders, including the Secretaries of Government Departments, all major industry associations & others.

The comments received were scrutinized by the Panel and taken into account for preparing the final draft . The final draft was approved by the Quality Management Sectional Committee and then by the Management & Systems Division Council of BIS.

Salient features of IS 15700

General

- The Indian Standard has been structured around the Quality Management Systems principles and practices adopted for ISO 9001 implementation. However there are significant differences between IS 15700 and ISO 9001 and should not therefore be taken as an alternative for each other.
- The Indian standard lays down Quality Management performance requirements for Public Service Organizations with focus on Service Quality, Public Grievance redress and citizen interface
- It is a Generic Standard which means that it lays down general requirements and conditions that need to be implemented. The actual standards of services rendered and the manner of their effective and efficient delivery are to be specified by the Department / Organization concerned.
- The Standard is applicable to all public service organizations, irrespective of size or type of service
- It is a Certifiable standard, which means that the department / organization can be assessed by independent audit teams to determine whether they comply to the various requirements specified in the Standard and if they do then a certificate of compliance can be awarded to them.

Principal contents

IS 15700 focuses on 3 key elements:

- Formulation of a realistic Citizen's Charter through a consultative process
- Identification of services rendered, Service delivery processes, their control and delivery requirements
- An effective process for complaints handling

In order to sustain the key elements, the Standard lays down requirements for an effective and efficient management system which includes:

- Commitment of the Top management & its responsibilities for effective control and provision of resources
- Periodic review of the system including monitoring of measurable objectives, customer feedback indices
- Internal quality audits
- Continual improvement

It is envisaged that in the course of implementation and to meet the requirements specified in

the Standard IS 15700, the Departments would be taking the following typical actions:

- Process improvement and systemic changes
- Review of obsolete rules and regulations
- Implementation of IT initiatives
- Decentralization
- Greater responsibility / better training to cutting edge employees
- Improved infrastructure, basic facilities, etc.

A system for awarding *Sevottam* certification has been institutionalized.

In the long term all Ministries/Departments need to start preparing for achieving *Sevottam* within defined time frame. Service Delivery Organizations that start immediately will be the pioneers in achieving *Sevottam*. The DARPG is now setting up a dedicated unit with technical support from Quality Council of India and other professional organizations for providing handholding support to Ministries/Departments for *Sevottam* implementation as directed by PMO. This Training document has been prepared to provide support for the training of executives in the Ministries / departments who will be responsible for implementation.

India is among the first countries in the world to have an excellence model supported by a standard for managing public service delivery

CHAPTER - IV

Contemporary Initiatives

Historical Background

The concept of Total Quality Management in Training for State/Central Training Institutions was introduced in the year 1996-97 with the following objectives:-

- Raise awareness of Quality and Performance standards in the management of training within government.
- Develop criteria for national standards for training institutes, trainers, consultants through a lead institution, in partnership with 4/5 state level institutes; and
- Apply TQM methodology and techniques in the functioning of government training institutes

11 Government institutes participated in the programme.

In a Conference of Chief Ministers of various States and Union Territories held on 24 May, 1997 in New Delhi, presided over by the Prime Minister of India, an "Action Plan for Effective and Responsive Government" at the Centre and State levels was adopted.

One of the major decisions taken during the conference was that the Central and State Governments would formulate Citizens' Charters, starting with those sectors that have a large public interface (e.g. Railways, Telecom, Posts, Public Distribution Systems).

The Charters were required to include:

- standards of service and time limits that the public can reasonably expect,
- avenues of grievance redress and
- a provision for independent scrutiny with the involvement of citizen and consumer groups.

Well over 100 Citizens' Charters by the Central Government Ministries/ Departments/ Organizations and more than 600 Charters by various agencies of State Governments & Administrations of Union Territories have already been formulated. Most of the national Charters are posted on the government's websites and are open to public scrutiny.

Problems faced in Implementing the Charters

Even though the initiative carried a sincere purpose of improving accountability and transparency in the government service delivery and received high levels of compliance, it did not achieve the desired results. Some of the reasons that were later analysed were :

- The Charters were published mostly to fall in line with government direction, instead of

being internal initiatives for improvement and thus became relegated to a routine activity

- During formulation, the consultation process (with public and others) was minimal or largely absent. They did not therefore reflect the true expectations of the consumers of the government service
- In majority of cases, the concerned staff were not adequately trained and sensitized.
- Transfers and reshuffles at the crucial stages of formulation / implementation of a Citizens' Charter severely undermined the strategic processes which were put in place and hampered the progress of the initiative
- The standards / time norms of services in Citizens' Charter were either too lax or too tight and therefore, unrealistic. This treatment created an unfavorable impression about their purpose and sincerity.
- The concept behind the Citizens' Charter was not properly understood. Information brochures, publicity materials, pamphlets produced earlier by the organizations were mistaken for Citizens' Charters.

Lessons learnt

Like any new effort, the Citizens' Charter initiative has been looked at with skepticism by bureaucrats as well as citizens. An effective awareness campaign amongst all the stakeholders at the initial stage is thus essential to overcome this skepticism. These awareness campaigns need to be designed and delivered innovatively and effectively.

Merely issuing of Citizens' Charter does not change the mindset of the staff and the clients, developed over a period of time. Regular, untiring and persistent efforts are required to bring about the attitudinal changes.

A new initiative always encounters barriers and misgivings from the staff. Resistance to change, particularly among the implementing staff is also natural. Involving and consulting them at all the levels of formulation and implementation of Citizens' Charter has to be factored in for overcoming this resistance. At the same time reforming all the processes at once encounters massive resistance. It is advisable to break it into small components and tackle one at a time.

A built-in mechanism is needed for monitoring, evaluating and reviewing the working of the Charters, preferably through an outside agency.

Contemporary developments in other countries

The Citizen's Charter concept was first articulated and implemented in the United Kingdom in 1991 as a national programme with a simple aim - To continuously improve the quality of public services for the people of the country so that these services respond to the needs and wishes of the users.

The programme was re-launched in 1998 by the Government which rechristened it "Services First". It was based on nine principles which are: Standards, openness, consultation, access and choice of service to consumers wherever possible, equity, corrective action, efficiency, improvement and, cooperation with others.

The UK Charter Mark Scheme was developed as a award and recognition scheme for which a set of evaluation criteria were published. The Charter Mark is a registered certification mark, owned by the Government Communications Group in the Cabinet Office of UK. Applications for Charter Mark are administered by four different Assessment bodies accredited by the UK Accreditation Services (UKAS) with the Cabinet Office retaining overall control of the scheme. Any of the fiur assessment bodies can be approached for certification for obtaining the Charter Mark. The Government of UK is presently engaged in a developing a new National Customer Service Standard

The UK's Citizens' Charter initiative aroused considerable interest around the world and several countries implemented similar programmes e.g.

- Australia (Service Charter, 1997),
- Belgium (Public Service Users' Charter 1992),
- Canada (Service Standards Initiative, 1995),
- France (Service Charter, 1992),
- India (Citizens' Charter, 1997),
- Jamaica (Citizens' Charter 1994),
- Malaysia (Client Charter,1993),
- Portugal (The Quality Charter in Public Services, 1993), and
- Spain (The Quality Observatory, 1992) (OECD, 1996).

Canada - Institute for Citizen-Centred Service

In 1998-99, the award-winning, intergovernmental Citizen-Centred Service Network (CCSN) released a series of reports, tools, and recommendations aimed at improving citizen satisfaction with public-sector service delivery in Canada. These included:

- Citizens First: a national survey of citizen expectations, satisfaction levels, and priorities for service improvement;
- The Common Measurements Tool (CMT): a survey tool for assessing client satisfaction; and
- A database highlighting good practice in service delivery.

The CCSN also recommended the establishment of an institute to sustain and further develop these efforts. The Institute For Citizen-Centred Service (ICCS) is the product of this vision. In 2000, federal, provincial, and territorial representatives of the Public Sector

Service Delivery Council agreed to establish the ICCS as an ongoing centre of expertise in citizen-centred service. Supported by the Public Sector Chief Information Officers' Council and incubated by the Institute of Public Administration of Canada, the ICCS is working with governments across Canada (and around the world) to improve citizen satisfaction with public-sector service delivery.

The research contained in the Citizens First study has been followed by two other reports (the Citizens First 2000 and Citizens First 3).

Chapter V

Quality in Public Services

Balance of Interest

Public servants have a tougher job to do than mangers in the private sector. Public Service, as distinct from private service involves balancing the needs of the individual or group of customers within the broader framework of the public interest.

Additionally, needs and expectations from Public service may vary for different groups. For example the issue of permitting commercial establishments in Delhi had two opposing demands. While the traders association demanded the continuation of small businesses in residential areas to sustain the livelihood of traders, the Resident Welfare Associations vehemently opposed it on the grounds that commercial activity disturbs the privacy and peace of residents.

They may also have to balance the interests of immediate clients with those of citizens (society) as a whole. For example the rights and privileges and justifiable needs of service quality of tax payers (individual / corporate) are subject to their compliance with the statutory provisions which have been laid to serve the society. An assessee may have reason to be dissatisfied with the imposition of penalties or other deterrent measures but the public servant may use discretion where he thinks it (the imposition of penalty) is in public interest. In such an event, the public servant, while carrying out his statutory duties as to ensure that the affected party is dealt in a fair and transparent manner, is duly informed of the procedures and his own rights and is dealt with the dignity he deserves as a citizen himself.

In public services, therefore, the satisfaction of immediate clients needs to go hand in hand with the confidence of all citizens in the institutions of government. Equally, Clients are also citizens themselves, whose pride and belief in citizenship can be strengthened or weakened by the service experience.

Equity

Equity is a key principle in public services. A public service has to be conceived and designed in a manner that the benefits of the services offered are available equally and without discrimination to all clients / members of the public. In reality, this is rarely achieved and biases based on background of the client, e.g. economic status, social status, community, native hood on the one hand and the influence factors of other clients leads to imbalances in dispensing the services, which in turn multiplies in the overall perception of the quality of services.

Note : Personal greed and corruption in public services are also factors that significantly

influence the principle of equity, but these are being dealt on an institutional level by the Government by bodies such as the Vigilance Commission and instruments such as the RTI Act, and through administrative reforms. These are not directly covered within the scope of IS 15700, although some of the provisions of the Standard would have an effect on the reduction of these factors.

In Public Services, where the discretion in the hands of individuals has significant influence on the need of the client, e.g. law enforcement, licensing, leasing, issue of commodities etc. the service design should incorporate inherent safeguards to protect as far as the possibly the principle of equity and non-discrimination. E-governance models are being developed with major objectives being reduction of personal discretion and eliminating human delays. However measures such as an effective complaints and appeals mechanisms and setting up of public committees can also contribute significantly in eliminating biases and indiscriminate use of discretion.

Citizen Centric Service

Government service delivery is citizen-centered. It should be conceived and executed with the needs, perspectives and satisfaction of citizens foremost in mind.

The quality of government service delivery can and should contribute to strengthen democratic citizenship, the bonds of confidence and trust between citizens, and between citizens and the government.

It should be conceived and executed from the outside-in—not inside-out—with the needs, perspectives and satisfaction of citizens foremost in mind.

Many of the clients of government are "involuntary clients," whose service relationship with government derives from their obligations as citizens, or from the rights of other citizens. For example, the maintenance of law and order requires citizens to abide by law, while the public service protects them against violations by offenders.

CITIZEN AND CUSTOMER - By "**Customers**", we mean the direct users or recipients of government services. But the Customers of government services are not "just" Customers, as they would be in the private sector. They are also themselves taxpayers and citizens, and therefore bearers of rights and duties in a framework of democratic community.

Citizens expect excellent performance from public services. They are also quick in forming opinions based on failures observed by themselves, through experiences of others as well as on general perceptions of the quality of particular public services.

In a survey titled 'Citizens First' carried out by the Citizen-Centered Service Network, composed of senior service delivery officials from the government in Canada, the following factors emerged:

95% of people expect the quality of public service to be as high as or higher than that provided by the private sector.

Five factors explain over 70% of satisfaction or dissatisfaction in using a government service: timeliness; fairness; courtesy/going the extra mile; competence and outcome.

When all five factors are done well, ratings of 80% or better are achieved. But when just one driver is inadequate, ratings drop by 20 percentage points.

- The most important driver is timeliness: 60% of the time, when citizens are not satisfied, it is because we take too long.
- One in four times when citizens try to find a service, they have trouble locating the right access point.
- When citizens access the right organization, 60% are then disappointed by being shunted to voice mail, passed off to several different people who don't know the answer (and don't promise to find it and call back), or other impediments.
- Sixteen per cent of requests need more than one organization to solve their request (for example, a passport requires a provincial birth certificate).
- Citizens priorities for service improvements include improved telephone service, one-stop service, reduced red tape, and more mail and electronic service delivery.

Distinction between State functions and Services

In rendering public service the dimensions of state functions and service to the customers may have to be segregated. This is important because a public servant's prime responsibility is to implement law as it exists (with the underlying assumption that law serves the common interest of the society). However while delivering services required y law, it is always possible to do so with service orientation, i.e. facilitating the client in the service delivery. For example most clients, except professionals, are generally not aware of the legal provisions, their interpretations, the exemptions etc. A service provider could set up a facilitation cell (a requirement of IS 15700) where all such information and other assistance could be provided. A congenial environment, helpful staff, politeness & courtesy, fair and patient hearings, timely dispensation of applications & complaints / appeals are all service quality dimensions that can be incorporated in statutory services and monitored.

Other public services e.g. Postal / telephone/ banking/ healthcare/ education services are pure services. In fact many of these services are in competition with the private sector. Here all service dimensions as discussed in Chapter 3 apply. However in reality the several problems faced by Service providers, the bureaucratic methods of work, lack of infrastructure, mismanagement or inefficient provision of resources , a general lack of accountability and lack of training contribute to deficiency in these services being deficient and inefficient in relation to the counterpart services in private sector.

Even for those services where statutory service constitute the core function, there are several

activities that are pure services. For example in the Income tax Department, Revenue collection, anti-evasion instruments are State functions, while Processing of refunds , information dissemination are pure Service functions.

When conducting the initial analysis and determining Service Standards, it is recommended that the State and Pure Service functions should be segregated. The service dimensions applicable to each function should then be identified for subsequent treatment.

Public services in India – Issues & Solutions

A recent study was carried out by the Transparency International in India for various public services. While the main emphasis of the study was to evaluate the degree of corruption, it also examined the possible causes and the expectations of the public for making improvements. Following are the findings of the study as relevant to quality of Public Services:

1. Classification of Services

The Study classified Public Services with the following attributes.

- Monopolistic nature of services
- Large Public Interface and intensity of interface
- Services directly affecting day-to-day life of the common man
- High dependence on these services by the common man
- Essentiality of the services
- Spread of services across the country

It can be seen that each classification has a bearing on the quality of services as well as on the treatment for improvement. For example when services are monopolistic such as the Railways, lack of competition preclude any focus on customer retention and consequently on the services offered. Even Service Standards are developed to suit the requirements of the service provider and the customer requirements are also laid based on the perception of the service provider rather than proactively determining their expectations. (Gap 1 of the Service Quality Gaps : Fig 4)

A large public interface and intensity of interface implies more visibility e.g. Road Corporations - PWD (interface with deliverable) , postal services (interface with personnel and deliverables), State transport services etc. Because of peculiar nature of service sector, instances of failures get talked about much more than compliances. Thus the service provider has to exert more in raising compliance levels (of service outcome), compared to services where interface is low (in the extreme case - internal security agencies that are a part of the public service spectrum, but have no visible interface, hence hardly anyone complaints on their performance).

Essentiality of Services e.g. Power / Water supply require uninterrupted supply as the critical factor. In certain ways, public transport, healthcare and primary education are also essential services, where availability, accessibility and reliability are major quality determinants. Each of the above classification could be similarly illustrated on the basis of existing public services and their major quality requirements.

The Study also classifies Services as Basic and Need based:

- Basic Services (Examples)
  - Electricity supply
  - Water Supply
  - Govt Hospitals
  - Public Distribution
  - Schools (Secondary education)
  - Public transportation
- Need Based Services (Examples)
  - Income Tax
  - Municipal
  - Judiciary
  - Land administration
  - Police (Crime / Traffic)

2. Problems faced by Service Providers

The major problems expressed by the staff working for the public services that prevented them from rendering better quality of services are as follows

- Basic Services:
  - Heavy Work load : Increasing load without addition of personnel
  - Outdated infrastructure : e.g electricity / water distribution
  - Lack of Incentive (linked to customer satisfaction)
  - Political interference
- Need Based Services:
  - Citizens do not abide by law
  - Citizens do not complain
  - Pressure of influential people
  - Lack of training to staff to cope with increased customer expectations
  - Centralized decision making : layers of bureaucracy

3. Improvements suggested by Citizens

- Citizen's Interface:
- Citizen's Charter
  - Should be drafted in consultation with all stakeholders
  - Should have realistic and measurable action standards – not just statement of intent
  - Penal provisions for failures against declared standards
  - Should be properly displayed and easily available to users
  - Should be periodically reported upon by independent agency
- Faster Grievance Redress Mechanism:
  - Should be faster
  - To improve confidence, service provider should display information on complaints received, resolved and pending
  - Information should be available on whom to approach if grievances are not attended in normal course
- Satisfaction Surveys :
  - Periodical, Independent surveys to benchmark, measure and track quality of service
  - Findings should be made public
- Public Awareness :
  - Generate greater awareness about various standards of services, procedures and initiatives
- Public Hearings :
  - Appoint Ombudsman for holding periodic public hearings with stake holders
- Internal systems:
- Simplify procedures :
  - Make Rules, forms simple & user friendly
  - Provide more assistance to users
  - Work to reduce dependence on middlemen / touts
  - Display samples of filled forms / agreements
- Greater transparency :
  - Publish reports on public expenditure
- Use of Technology:
  - Use ICT (Information & Communication Technology) Enabled Services to reduce personal interaction

- Outsource certain services :
  - Based on Service level agreement with Integrity pact
- Users Committees :
  - Should be empowered to seek accountability of deficient services
- Performance based incentives to staff :
  - Introduce fixed and performance based components in staff compensation package
  - Link variable component to objectives and measurable outcomes e.g customer satisfaction
- Training of Staff :
  - How to deal with citizens
  - How to manage stress
  - Technology aids
- Separate Regulations and Service functions
- Involve RWAs in delivery processes
- For example setting up ward committees and empowering them

The inputs provided in the above survey reflect the expectations of the common man. These are for guidance of the trainees and do not necessarily find equivalent provisions I the Indian Standard IS 15700. However most of these issues are appropriately covered.

Integration of Public Services

Users experience public services as a whole rather than a series of departments. This means that 'seamless services' are an aspect of good quality services and that requires different departments and organizations to work together in partnerships. Interfaces within the Department are often become weak links and causes of service failure. During implemntain of a Service improvement programme these interfaces should be specially identified and the roles and responsibilities at both ends of the interfaces should be clearly defined. A similar approach would be required when services are outsourced.

Outsourced services are rendered on behalf of the organization and the liability for any action arising out of deficient service would rest with the organization. This becomes critical when legal requirements are also to be complied as may be applicable to public service organizations. In such cases, a Service level Agreement (SLA) must be entered into with the outsourced service supplier establishing the exact nature of service and the service standards required, together with performance guarantees and liability clauses. The SLAs should be constantly reviewed. The empanelment of Tax return preparers by Income Tax Department is an example of such outsourced service.

PART- III
Implementing IS: 15700

Chapter- VI

Explanation of IS: 15700

IS 15700 is a Generic Standard that enables an Organization to establish systems to provide quality services consistently, effectively and efficiently. It also provides for systems to ensure Continual Improvement in Services and Processes. It is a certifiable standard, which implies that it contains requirements that can be demonstrated by the service provider and evaluated for compliance, by an external agency such as a certification Body.

The Standard does not lay down Department specific requirements which are to be specified by the Department itself. It is however applicable to all organizations, which can be termed as Public Service Organizations, irrespective of size or type of service. Public service organizations including Government Ministries and Departments, Regulatory Bodies, Public Utility Service Provider, etc, which are either directly providing service to society at large or those which through their policies, directives, regulations, etc, indirectly affect the services being provided by these service providers, are eligible for certification under this scheme. For example, Government Ministries/Departments, Public transport services, Public water supply services, Public distribution services, Insurance companies, Public health care services, Postal services, Telecommunication Services, Education services, Regulatory bodies, etc. It also permits certification of multiple sites that a department or a Public Service Organization may have. However for these orgaizations, the certification scope shall include all central functions where policy is formulated and directed and who will be responsible for the activities of the Organization.

As mentioned in the Scope, it does not apply for employment related disputes referred for resolution outside an organization.

The standard provides emphasis on `citizen focus' and includes following three key elements:

- Formulation of a realistic Citizen's Charter through a consultative process
- Identification of services rendered, Service delivery processes, their control and delivery requirements
- An effective process for complaints handling

The Salient features of IS 15700 are also described in Chapter 1

Process approach

The Standard requires the adoption of process approach in setting up the quality Management System of the Organization. An activity using resources, and managed in order to enable the transformation of inputs into outputs, can be considered as a process. Often the output from

one process directly forms the input to the next. The application of a system of processes within an organization, together with the identification and interactions of these processes and their management, can be referred to, as the "process approach. Process approach affords much greater control on the inter linkages between various processes and on the their combination.

The Standard also encourages the adoption of 8 Quality Management Principles, as enunciated in ISO 9000.

Clause 3 of the Standard contains the various terms used and their definitions; these have been dealt in Chapter 3.

Clause 4 of the Standard contains the various requirements for controlling the various documents and records needed to support the quality management system. These have been dealt in Chapter 7. Documented procedures are required for the control of documents and records.

Clause 5 specifies several requirements for Top Management of the organization, some of which are actions for which Top management is directly responsible and others where it has to ensure by other means that the actions are being taken. Direct responsibilities of Top Management include:

- establishing a Quality Policy for the organization
- constituting a Working group for preparing the Citizen's Charter
- appointing a member of its management as the Nodal Officer at the Apex level and where applicable Nodal officer(s) at the Unit level
- conducting management reviews

Indirect responsibilities which are to be ensured by Top Management are as follows:

- determining customer requirements and meeting them
- documentation of Servcie Quality Policy and citizen's Charter and ensuring that these are appropriate, communicated and made available to all employees and stake holders, commit to comply with all requirements and continual improvement, and reviewed from time to time
- establishing service quality objectives and complaints handling objectives ensuring that they include inputs from customers and legal requirements
- establishing and communicating responsibilities and authorities at various levels to implement the requirements of the Standard
- establishing processes for effective communication

Clause 5 also specifies requirements in respect of the following:

- Service Quality Policy : it should be written in a manner that it can provide the basis for setting the service quality objectives and complaints handling objectives

- Service quality objectives and complaints handling objective: These must derived from the service quality policy and established at relevant functions and levels within the organization. All the objectives shall be measurable and documented.
- Working Group for preparing Citizen's Char ter: The Working Group is a fairly represented body having membership from top management function, middle management, staff unions, customers and other important stakeholders. Their selection itself should be done in a transparent manner. The Working Group is responsible for the identification of all key services and stakeholders of the organization. The Citizen's charter should be prepared in consultation with all stakeholders and got approved from appropriate authority. The Working Group is al so responsible for the issue and regular updating of the Citizen's charter. The Nodal Officer at the Apex level is the member secretary of the Working Group and all actio ns have to be coordinated by him.
- Responsibilities of Nodal Officer include the establishment of all the required processes for service delivery, citizen's charter, compla ints handling. He is also the principal Public Grievance Officer of the Organization. He is responsible for obtaining feedback from customers and organizing internal quality audit and to present the findings to Top management during management reviews, suggesting improvements based on the available feedback. The Nodal Officer at the unit level is required to perform similar functions and also to report regularly to the Apex level Nodal Officer on the unit level performance of the Qaulity System
- Management reviews are to be conducted by Top Management (Group) on a periodical basis to ensure that all established systems and processes are suitable and adequate to satisfy the requirements of the Standard and the established Service Standards and Objectives. The Outcome of the review should include recommendations for improvements and any changes in the previously established standards and objectives.

Clause 6 of the Standard deals with management of resource requirements for implementing the Standard and the service improvement programme. Resources include persons, infrastructure, and work environment.

The requirements for persons relate to two aspects. One they should be aware of their job responsibilities and the tasks to be performed, which should be defined and they should be trained to cover any gaps. Training should al so include the quality management procedures and objectives and what the individual must do to attain those objectives (which may include objectives cascaded to individual level). Training is also required on the complaint handling procedures and the individuals responsibility in discharging them.

The other aspect relates to the service environment where employees have to deal with customers and therefore need to be sensitized and where necessary trained in soft skills such as communication, behaviour (courtesy), promptness, and the importance of providing support and correct information that is necessary for service outcome.

The organization must take both these aspects into consideration for proper deployment of people and in their development. Records are necessary to demonstrate evidence that the training and deployment was done as per plan.Infrastructure and Work environment have to be reviewed in the context of their contribution in effective service delivery. Some aspects of

both tangible equipment and physical environment has direct bearing on the quality of service as transacted or experienced by the customer, while others relate to support processes that may not be visible to the customer but their influence on the processes and on the persons may be significant. The Standard requires all needs of infrastructure and work environment to be determined by the organization, which implies a concerted action with evidence of planning, provision of the resources determined, again evidenced through the procurement and supplies and later ensuring that these remain in the desired condition through maintenance, augmentation etc. It is obvious that the review of needs and provision shall be an ongoing activity and may also involve long term planning as a part of continual improvement or breakthrough improvement plans.

Clause 7 covers the three principal requirements of the Standard, which are the formulation and implementation of the Citizen's Charter, Service delivery processes and Complaint handling procedures.

Clause 7.1 specifies the minimum contents of the Citizen's Charter and the process that must be adopted for its formulation and updating. The contents must include the following:

- vision and mission statement of the organization,
- list of key service(s) being offered by the organization
- measurable service standards for the service(s) provided
- remedies available to the customer for non-compliance to the standards.
- Complaints handling procedure or reference to it
- name, address, telephone number and other contact details of the public grievance officer;
- any obligation on the part of the consumer necessary for fulfillment of the Service
- date of issue of the citizens' charter
- stakeholders consulted in preparing the Citizen's Charter

While all elements are important, the contents at b), c), d) and e) constitute the most significant elements of the Charter. The Standard also provides for the process that should be adopted in formulating the Charter at Clause 5.6.2 (Setting up of Working Group) and for its review and updation at Clause 7.1.2. The interactions with stakeholders specified in both these clauses are provided to ensure that the Service standards incorporated in the Citizen's Charter actually represent the customers needs and are not restricted because of constraints faced or convenience of the service organization.

The Standard also specifies some key characteristics of the Citizen's Charter. It should

- represent a systematic effort of the organization to focus on its commitment towards its customers
- be simple and easy understandable

- printed in local languages, as required;
- be non discriminatory

It is the responsibility of the working group to ensure that these Characteristics are represented in Charter itself and in the process. This shall be a matter of evaluation during external audits.

Clause 7.2 specifies various considerations that an organization must have in determining and establishing its delivery processes. Delivery processes have to be aligned first to the attainment of the Service standards, including compliance to regulatory requirements that have been declared through the Service Charter, or other means, and second for the attainment of quality and complaints related objectives set by the organization. It is possible that during the quality management implementation phase some processes have to be modified. Standardizing these processes may have to be done through documented Procedures or Work Instructions to ensure uniform understanding and implementation. While this is a choice of the organization, once determined, it is essential that the procedures are implemented fully and all concerned persons are aware of them. A special provision has been made for procedures for procurement and outsourcing, which should 'assure' that the right quality of product / service is being procured. Where equipment play a significant role in service provision it should be ensured that they are available at the point of use and where they are used for any verification, they have to be calibrated, for which records need to be maintained. In many services, customers deposit their documents or other property with the service provider. In other cases, they provide personal information to the department. The standard requires that these should be adequately protected while in the custody of the organization to prevent deterioration, damage, loss, theft, pilferage or unauthorized transfer. If applicable, the organization would be expected to demonstrate the planned process and actions taken in this regard.

Clause 7.3 requires the establishment of a documented procedure for Complaints handling and specifies in detail the various steps / stages that need to be built into the procedure. The terms "complaint" and grievance" have been used synonymously in IS 15700 and the implementing organization may use the term applicable to them. Complaints are an expression of dissatisfaction, oral or in writing, about the service or actions of an agency or its staff as well as the complaint handling process itself affecting an individual or group. It can also concern a failure by an organization to comply with its service standards in its citizen charter or other pledges made by the organization regarding services it provides to the public. Public complaints may include complaints made by members of the public on their dissatisfaction with any service delivery process including administrative action such as:

- Unjust/ not in accordance with the existing laws and regulations,
- Causing excessive delays in service delivery,
- Abuse of power,

- Mal administration
- Ineffective service delivery,
- Lack of transparency and discrimination in the delivery of the services.
- Service devoid of courtesy and human touch

The Standard requires an analysis of the complaints received to identify complaint prone areas and to use this information as a basis for setting the time norms for their redress. The standard also requires classification of complaints as critical, major or minor depending upon seriousness and severity. This information should be used for the degree of investigation, the promptness of actions including redress and corrective actions. The organization needs to publish information on complaints received periodically and it should include:

- numbers and types/categories of complaints;
- average redressal time for complaints;
- action taken as a result of complaints to improve services.
- complaints resolved and pending

Clause 8 of the Standard predominantly covers the Monitoring and Improvement actions of the overall Quality Managemt cycle, however Clause 8.1 requires organizations to take some specific actions. These are common and mandatory for all organizations. These are:

- the setting up single window systems at points of public contact
- setting up information and facilitation centres and help-lines
- widely publicizing the citizens' charter
- prominently display the citizens' charter
- publishing annually the data relating to performance

These actions are customer focused and their implementation would imply that the organization would not loose the customer orientation. Single window options can be extended to mean identified persons in offices who can deal with customers for all their needs as a single point contact. The annual publication of data relates to fulfilment of service quality objectives.

Clause 8.2 has two major approaches for monitoring and measurement of the service improvement efforts. The first approach relates to internal verifications, inspection, checks and where measurable objectives have been specified or service standards laid, recording of quantified results. The points of verification and the persons responsible have to be identified as a part of the process flow itself. However it is necessary to monitor at the points of service delivery. The second approach is the measurement of customer satisfaction as an ongoing activity. A suitable methodology or procedure should be e evolved for capturing the customers' perception of service received and the satisfaction derived. Measurements need to be made for all dimensions of service including personal behaviour by obtaining feedback on

scaled response sheets. This is a mandatory requirement and will be checked during external audits.

Clause 8.2 also requires capturing data related to complaints.

Clause 8.4 requires all information gathered through monitoring and measurement activities to be analyzed and processed as indicative statistics to enable meaningful deductions and decisions for further improvements.

Clause 8.3 covers requirements for internal audits, which is an integral element of all management systems. A detailed discussion on internal audits is covered in a subsequent Chapter.

Clause 8.5 requires organizations to take corrective actions whenever any non-conformances are observed with respect to service standards and established procedures internally or through complaints. This calls for conscious efforts and shall be an element of external evaluation; hence recording of observed non-conformances, investigations carried out and corrective actions taken is essential. When a non conformance has not actually occurred but there are strong indicators of its occurrence, preventive actions need to be initiated and records maintained.

Chapter-VII

Documentation for Service Quality Management System

Why Documentation

Quality Management System of an organization is required to be a Formal System.

A documented system is expected to help in fulfilling the requirements of such a system, which are :

- Need for system dependent organization (not a person dependent one).
- Documented system provides evidence of Management Commitment to Quality based practices.
- Practices demonstrating competence of the organization to achieve objectives.

Further a documented system:

- Enables communication of intent.
- Ensures consistency of action.
- Is a source for responsibility and authority.

Advantages of Documentation

The advantages of having quality management system documentation for an organization are many. These include, but are not limited to the following:

- It fully describes the quality management system of the organization and provides a permanent reference for :
  - Implementation of Service Quality Management System
  - Maintenance of QMS on day-to-day basis.
- It provides information for cross-functional groups so that they understand interrelationships better. It also leads to clarity in thinking (common understanding) and avoids differing perceptions of how to do work.
  - It aids in communicating the management's commitment to quality to its employees.
  - It helps in making employees to understand their role within the organization, thus giving them an increased sense of purpose and importance of their work.
  - It helps in providing mutual understanding between employees and the management.
  - It provides a basis for expectations of work performance.
  - It provides objective evidence that specified requirements have been achieved / met.
  - It provides a clear, efficient framework for operation.

- It provides a ready basis for training new employees and periodic re-training of current employees.
- It provides a basis for order and balance within the organization and consistency in operations based on documented processes.
- Provides a basis for continual improvement.
- It helps in providing confidence to customers, based on documented systems.
- Helps in demonstrating to stakeholders the capabilities of the organization
- It prevents use of ad-hoc and fire-fighting approach to management.
- It provides a clear framework of requirements for suppliers.
- Provides a basis for auditing and evaluating the quality management system.
- Providing a basis for evaluating the effectiveness and continuing suitability of the quality management system.

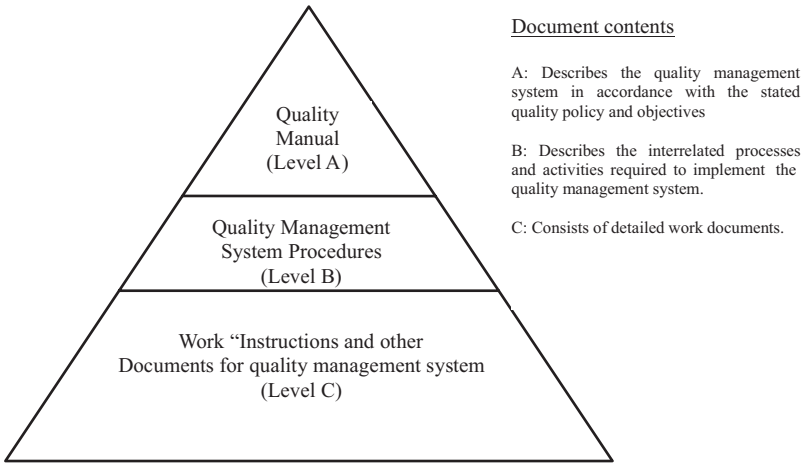
However one must not forget the **pit falls** of over-Documentation. It should be a value-adding activity, for deriving maximum benefits from the system.

Types of Documents

General

The arrangement of Quality Management System documentation typically follows either the processes of the organization or the structure of the applicable quality standard, or a combination of both. Any other arrangement that satisfies the organization's needs may also be used.

The structure of the documentation used in the quality management system may be described as a hierarchy. This structur e facilitates the distribution, maintenance and understanding of the documentation. A typical hi erarchy of quality management system documentation is given below.



The development of a hierarchy depends on the circumstances of the organization and its structure. The advantage of structuring of documentation are :

- Ease of distribution.
- Ease in maintaining Confidentiality.

The extent of the quality management system documentation can differ from one organization to another due to :

- The size of the organization and type of activities,
- The complexity of processes and their interactions, and
- The competence of personnel.

The quality management system documentation may include definitions. The vocabulary used should be in accordance with standard definitions and terms, which are referenced in IS 15700 or ISO 9000 or are in general dictionary usage.

IS 15700: 2005 requires following documents to be prepared

- Service quality manual
- Citizen's charter
- documented procedures required by the standard
  - Control of documents
  - Control of quality records
  - Complaints Handling
- documents required by the organization to ensure the effective planning, operation and control of its service and service delivery processes;
- records required by the standard;

Other Documents that could be in use or developed as a part of the QMS are

- Standard Operating Procedures (SOPs)
- Work instructions;
- Forms;
- Specifications;
- Office manuals
- Documents like Quality plans, charts, text books, software, drawings, memos & notices, etc;
- External documents e.g. Législative Documents, Rules, Instructions issued by Government / Statutory authority from time to time
- Records.

Only those documents need to be brought under the Quality Management System that has a direct bearing on the quality of service at the service interface (delivery point) or for those processes that directly support the interface processes.

Service Quality Manual

It is the top level document specifying Quality Management System of a laboratory. It is generally an intent document, outlining the system and practices of the laboratory, used to implement the QMS. Purpose of this document is to present broad guidelines to assist the laboratory to describe in a systematic way, the methodology it uses to implement its quality management system.

Clause 4.2 of IS 15700 specifies the minimum content for a service quality manual.

The format and structure of the manual is a decision for each organization, and will depend on the organization's size, culture and complexity. Some organizations may choose to use the quality manual for other purposes besides that of simply documenting the QMS. The typical content sheet on which the structure of service quality manual may be developed is given in **Annex D** of Guidance .Document of IS 15700.

Citizens' Charter

It is a document declaring the intentions and the commitment of an organization for providing effective and efficient service, taking into account customer's expectations and minimum acceptable levels of service, thereby providing assurance that the organization complies with the service quality standards**.** A typical format for Citizen's Charter is given in **Annex M** of Guidance .Document of IS 15700.

Quality Procedures

These are documents that provide information about how to perform activities and operations consistently, at a system/administrative level. It is an operating level document for carrying out any management activity.

The structure and format of the documented procedures (hard copy or electronic media) should be defined by the organization in the following ways: text, flow charts, tables, a combination of the above, or any other suitable method in accordance with the needs of the organization. The documented procedures should contain the necessary information) and should contain a unique identification.

Documented procedures may make reference to work instructions that define how an activity is performed. Documented procedures generally describe activities that cross different functions, while work instructions generally apply to tasks within one function.

Contents

Title

The title should clearly identify the documented procedure.

Purpose

The purpose of the documented procedure should be defined.

Scope

The scope of the documented procedure, including the areas to be covered and areas not to be covered, should be described.

Responsibility and authority

The responsibility and authority of people and/or organizational functions, as well as their interrelations associated with the processes and activities described in the procedure, should be identified. These may be described in the procedure in the form of flow charts and descriptive text as appropriate for clarity.

Description of activities

The level of detail may vary depending on the complexity of the activities, the methods used, and the levels of skills and training of people that is necessary in order for them to accomplish the activities. Irrespective of the level of detail, the following aspects should be considered as applicable:

- defining the needs of the organization, its customers and suppliers;
- describing the processes in terms of text and/or flow charts related to the required activities;
- establishing what is to be done, by whom or by which organizational function; why, when, where and how;
- describing process controls and controls of the identified activities;
- defining the necessary resources for the accomplishment of the activities (in terms of personnel, training, equipment and materials);
- defining the appropriate documentation related to the required activities;
- defining the input and output of the process;
- defining the measurements to be taken.

An organization may decide that some of the above information is more appropriate in a work instruction. An example of a documented procedure for control of documents is given in **Annex F** of Guidance .Document of IS 15700.

Work instructions/ Standard Operating Procedures

Documents that provide detailed information about how to perform activities and operations consistently at operational level.

Forms

Forms are developed and maintained to record the data demonstrating compliance to the requirements of the quality management system.

Forms should contain a title, identification number, revision level and date of revision. Forms should be referenced in, or attached to, the quality manual, documented procedures and/or work instructions. Forms generally become records when filled.

Documenting a Process

Analysis of the processes should be the driving force for defining the amount of documentation needed for the quality management system, taking into account the requirements of IS 15700: 2005. These processes include the management, resource, service provision, complaints handling and measurement processes that are relevant to the effective operation of the QMS. Processes could be documented in the form of flow charts.

External documents

The organization should address external documents and their control in its documented quality management system. External documents can include customer drawings, specifications, statutory and regulatory requirements, standards, codes and maintenance manuals.

Records

Quality management system records state results achieved or provide evidence indicating that the activities indicated in the documented procedures and work instructions are performed. The records should indicate the compliance with the requirements of the quality management system and the specified requirements for the product. The responsibilities for preparation of records should be addressed in the quality management system documentation.

Records specifically required by IS 15700 relate to

- Cl. 5.7.1
- Cl. 6.2.1
- Cl. 8.2.1.2
- Cl. 8.3
- Cl. 8.5.1

Organizations are free to develop other records that may be needed to demonstrate conformity of their service delivery processes, services and quality management system.

Requirements for the control of records are different from those for other documents, and all records have to be controlled according to those of clause 4.4 of IS 15700:2005

NOTE Records are not generally under revision control as records are not subject to change.

Preparation of Quality Management System Documentation

Responsibility for preparation

Quality management system documentation should be developed by those persons who are involved with the processes and activities. This will lead to a better understanding of the necessary requirements and provide a sense of involvement and ownership to the concerned personnel.

The review and utilization of existing documents and references can significantly shorten the quality management system documentation development time, as well as being an aid in identifying those areas where quality management system inadequacies need to be addressed and corrected.

Method of preparation of documentation

Organizations that are in the process of implementing, or have yet to implement, a quality management system, should

- Identify the processes necessary for the effective implementation of the quality management system.
- Understand the interactions between these processes.
- Document the processes to the extent necessary to assure their effective operation and control.

Analysis of the processes should be the driving force for defining the amount of documentation needed for the quality management system. It should not be the documentation that drives the processes.

The sequence of preparation of quality management system documentation does not necessarily follow the hierarchy illustrated in Fig 1, since documented procedures and work instructions are often prepared prior to finalizing of the quality manual.

Following represent examples of actions which may be initiated, as applicable:

- Decide which quality management system documentation requirements apply according to the selected quality management system standard / criteria;
- obtain data about the existing quality management system and processes by various means, such as questionnaires and interviews;
- establish and list existing applicable quality management system documents and analyse them to determine their usefulness;
- train the individuals involved regarding the preparation of documentation and the applicable quality management system standard requirements or other selected criteria;
- request and obtain additional source documentation or references from operational units;

- determine the structure and format for the intended documents;
- prepare flowcharts covering processes within the scope of the quality system;
- analyse the flowcharts for possible improvements and implement these improvements;
- validate the documentation through trial implementation;
- use any other method suitable within the organization to complete the quality management system documentation; and
- review and approve documentation before release.

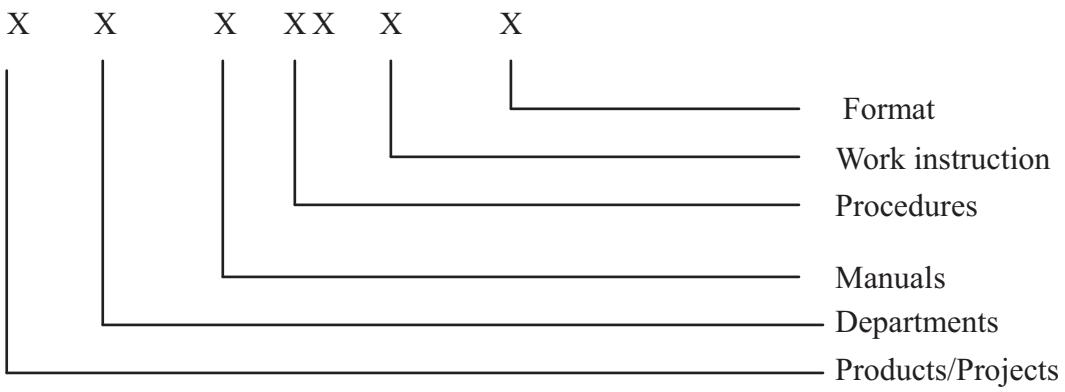
Use of references

Whenever appropriate, and to limit the size of the documentation, reference to existing recognized quality management system standards or documents available to the document user should be incorporated.

When using references, specifying the revision status should be avoided in order to preclude changing the referencing document when revision status of the referenced document is changed.

Numbering system of Documentation

Numbering of document facilitates effective communication, proper referencing, handling of their applications and change control. There could be a number of ways of numbering documents depending upon the scale of operation and complexity of the systems. One example of numbering system is where different variables/types of documents are listed out along with their probable quantity. That is, in a laboratory a seven digit numbering system may be used to cover the whole system.



The document number can be chosen as numerals or alfa numerals depending upon the standard practice of the laboratory.

Approval, Issue and Control of Documentation

The internally generated as well as external referred documents require appropriate document control mechanism to ensure proper usage of appropriate documents, which involves following steps.

Review and approval

Prior to issue, the documents should be reviewed by authorized individuals to ensure clarity, accuracy, adequacy and proper structure. The intended users should also have the opportunity to assess and comment on the usability of the documents and on whether the documents reflect actual practices. Release of documents should be approved by the management responsible for their implementation. Each copy should have evidence of this release authorization. Evidence of approval of documents should be retained.

Distribution

The method of distribution of the documents by authorized personnel should ensure that pertinent issues of appropriate documents are available to all personnel who will need the information included in the documents. Proper distribution and control may be aided, for example, by using serial numbers of individual copies of the documents for recipients. Distribution of documents such as the quality manual and quality plan may include external parties (e.g. customers, certification bodies and regulatory authorities).

Incorporation of changes

A process for the initiation, development, review, control and incorporation of changes to the documents should be provided. The same review and approval process used in developing the original documents should apply when processing changes.

Issue and change control

Document issue and change control are essential to ensure that the contents of the documents are properly approved by the authorized personnel and that the approval is readily identifiable.

Various methods may be considered for facilitating the physical process of making changes.

A process should be established to ensure that only the appropriate documents are in use. Under certain circumstances, the appropriate document to be used may not be the latest revision of the document. Revised documents should be replaced by the latest revision. A document master list with revision level may be used to assure the users that they have the correct issue of authorized documents.

The organization should consider recording the history of changes to the documents for legal and/or knowledge preservation purposes.

Uncontrolled copies

For the purpose of tenders, customer off-site usage and other special distribution of documents where change control is not intended, such distributed documents should be clearly identified as uncontrolled copies.

NOTE : Failure to provide assurance of this process can cause unintended usage of obsolete documents.

Chapter-VIII

Internal Audits

Internal Audit requires an organization to look into its own system, procedures and activities in order to ascertain:

- whether they are adequate and are being complied with.
- whether the system is as efficient and effective as it should be, and
- whether changes are needed.
  - It is a management tool to gain insight in to performance levels of all functional areas.
  - To discover actual and potential week areas.
  - It helps in establishing internal bench marks for improvements.
  - An internal audit can help in promoting interchange of good practices among various functions and department
  - By rotating the auditing personnel in successive audits, the organization can provide to its personnel a better appreciation of other work areas, thereby improving decision making.
  - Existence of an internal audit system, prevents casual approach to work and often provides a challenge to prove efficiency.

Internal Audit Objectives

- Assessing the compliance or conformance with respect to intents and/or specified requirements.
- Assessing the compliance and effectiveness of established system.
- Assessing opportunities for improvement in the existing Quality Management System.
- Evaluation of suppliers competence in fulfilling contract requirements.
- Assessing compliance to regulatory requirements

Terms used in relation to Internal Audits

Audit: Systematic, independent and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which audit criteria are fulfilled

Audit Criteria: A set of policies, procedures or requirements used as a reference - against which collected audit evidence is compared define the criteria.

Audit Evidence: Records, statement of facts or ot her information relevant to the audit criteria which is verifiable constitutes the evidence. Audit Evidence can be qualitative or quantitative.

Audit Findings: These are the results of the evaluation of the collected audit evidence

against audit criteria. Audit findings can indicate either conformity or non-conformity with audit criteria or opportunities for improvement.

Audit Conclusion: Outcome of an audit, provided by the audit team/auditor, after consideration of the audit objectives and all audit findings.

Auditor: Person with the competence to conduct an audit.

Auditor Qualification: The combination of personal attributes minimum education, training, work and audit experience and competencies possessed by an auditor.

The scope of the audits are generally defined by the Extent and Boundaries of an audit., typically referring to Physical location, Orga nizational units, Areas, Sections, Activities, Time period covered, etc.

Reference base for an audit is:

- Requirements specified in Indian Standard (IS 15700)
- Service Standards and Service Delivery Standards
- Stated Objectives and policies.
- Formally defined procedures
- Customer specifications.
- Legislations and Regulations

Internal Audit Planning

Audits are planned and managed to ensure that they are conducted in an effective and consistent manner and that the audit conclusions are credible. Audits are conducted using established methods and techniques to ensure that audit evidence and audit findings are relevant, reliable and sufficient to yield consistent audit conclusions.

Some basic plan must be drawn to decide the various activities and aspects that need be audited. These include internal functions performed by various groups within the department and also the external functions performed by the subcontractors, suppliers, or other outside groups. Based on the importance and criticality of the functions and activities the frequency may be decided/varied within the overall frequency stipulated for the entire audit program. The plan can be drawn up in the form of matrix that shows all groups/functions/activities required to be audited along one axis and the planned and executed audits on the other axis. Depending on the criticality of the function/activity higher frequency can be planned by repeating the same. Similar plan can be made for external audits. An example of the matrix is shown below.

Departments	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

Audit Planned ☐ Audit Executed ☐

Scheduling of Audits

Based on the overall plan made as above, an annual audit schedule should be developed. The audit schedule should take in to consideration the following factors :

- Resources available.
- Criticality and importance of the activity.
- Proper timing for auditing various activities – audit should be scheduled at times when the activities can be observed, rather than be limited to auditing just records.
- More frequent audits may be desirable in areas with known problems or where large number of complaints have been received.
- The audit schedule should have certain amount of flexibility built in to it to be able to be modified in view of new information received, changes in nature of activity, special management requests, etc.

The prepared audit schedule should be distributed to all concerned. A detailed audit planning schedule may then be prepared, say on a quarterly basis giving information regarding ;

- Activity to be audited.
- Audit dates.
- Audit team leader and members.

It is important that all affected managers of the audited group receive a copy of this schedule, including the external parties if they are included in the audit schedule.

There are suggested nine steps that are useful in helping prepare for an audit. These are:

- Define the Purpose of the audit.
- Define the scope of the audit.
- Determine the resources to be applied.
- Identify authority for the audit.
- Identify the performance standards to be used.

- Contact the audited.
- Develop written checklist.
- Review performance history of the audited.
- Develop the initial understanding of the control systems.

While each audit is likely to be different from the others, these steps are common to all types of audits that may be performed. Hence an auditor can design and create his/her own checklist for preparation phase in order to ensure that all the steps are covered. The next step is to establish the scope of the audit. The scope establishes the limits and boundaries of the audit and identifies the items, groups and activities to be examined. Defining the scope also helps in making the most efficient use of the audit resources – manpower as well as time resources. The scope of an audit will vary considerably. Typically in an internal audit scenario, it is better for audit managers to breakdown the entire task in to smaller segments while planning the audit so that time availability of both the auditor and the audited departments can be planned and utilized effectively and optimally.

Examples of a typical Internal audit scopes can be :

- Counter Services
- Complaints handling
- Personnel Management section
- Purchase activity.
- Entire Quality Management system of the organization

The scope of an audit has a great deal of effect on its length. If the scope is too large, it will be difficult to complete the audit in a reasonable time. Conversely too narrow a scope will waste valuable resources. In view of this, time resources of both auditors and audited and personnel availability should be kept in mind at audit planning itself and subsequently while deciding the audit scope. It should be properly balanced with the depth and extent requirement of the audit. Keeping track of the audit scope, may be one of the more challenging tasks for the audit team and particularly the team leader. Often during the course of the audit additional areas in need of examination appear which may be outside the original scope of the audit. It must be decided at this point, whether the concern is important enough to be pursued immediately or it can wait separate examination at a later date.

In order for the audit to be effective and successful the audit team members must be trained and should be aware of the rules and procedures and also must be knowledgeable of the processes to be audited.

Audit Checklist

A list of items to be examined / verified during the audit, prepared after examination of all audit criteria and documents is termed as audit checklist. This checklist serves as a guide to each member of the audit team, in order to assure that the full scope of the audit is adequately covered. It also provides a place for the documentation of each auditor's examination of evidence. Checklists should be used for reference as *Aide Memoir*, however and auditor should not become their servants. There is tendency to undermine the importance of checklists by the experienced auditors, however this often results in over-looking of vital aspects by them, if they choose to ignore checklists, thereby resulting in ineffective and inefficient audits.

Check list can also be classified as :

- Criteria Checklists – these are based on the Indian Standard and are used to verify the degree of compliance of the established system with the requirements of IS 15700
- Assessment Checklists – these are based on the procedures, process flow carts, standards etc. developed within the department and are used to verify whether the laid down criteria are being actually implemented

Checklists can be standardized and given to the auditors for conducting audits.

Conducting the Internal Audit

An internal audit is less formal than an external audit, yet it mist be conducted in a professional manner without prejudices or biases that an internal auditor may carry owing to his knowledge and experience. It is a fact finding activity and the results have to be generated, both for positive as well as negative compliances based on objective evidence alone.

Before conducting an internal audit, the auditor (s) must ensure that the audited has been informed of the audit scope, date, time etc and that he (the principal) audited is actually available for audit. The requirement for conducting a formal opening meeting is essential in an external audit, but optional for internal audits. If opening meeting is conducted, the auditor must inform the purpose, scope, process and duration of the audit and agree on the status of the reference documents. Internal audits shall involve the examination of availability and understanding of documents, such as manuals, procedures, etc, the examination of records to establish compliance levels, the examination of analysed data to see that measurements are taking place as intended and being used for tends analysis, the physical setting and environment where service delivery is taking place, the organization of responsibilities and duties within the department, effectiveness of information flow and channels of communications and interview with personnel within the audit scope to establish that they are aware of their responsibilities, and their contributions in meeting quality objectives.

All audits are based on samples, as it is impossible to examine all thhe documents, records

and personnel on cent per cent basis. The selection of the right sample is therefore very critical in an audit.

Audit Findings and Observations

Audit findings are the results of evaluation of collected audit evidence against the audit criteria and can indicate either conformity or non-conformity with audit criteria or opportunities for improvement. Generally speaking, the unsatisfactory conclusions are termed as findings/ non-conformities and opportunities for improvements as observations. In any case findings/non-conformities are generally, something that can lead to, or has resulted in a condition adverse to quality and needs to be corrected immediately. An observation is a detected system weakness which, although not a non-conformity, if not corrected, will in time result in degradation of product or service quality. In internal audit scenario observations assume great significance since they can become definite vehicles for improvement.

Non-Conformities (Non-Conformances)

In audit parlance a non-fulfilment of a requirement is termed as a non –conformity.

Non-conformity can be classified as major or minor. A major non-conformity is:

- Absence of a procedure required by standard.
- Significant failure to implement a procedure.
- Direct-effect on quality of results.

All other non-conformities are minors.

During the audit where auditor finds no evidence of discrepancies they should proceed quickly. If there are problems auditors must examine the evidence to the depth necessary to gain objective evidence.

Corrective Action

The official definition of this term is – **"Corrective Action is the action to eliminate the cause of detected nonconformity or other undesirable situation."**

There could be more than one cause for nonconformity. Corrective action is the action taken to prevent reoccurrence, as opposed to preventive action which is taken to prevent occurrence. Further there is a distinct difference between corrective action and correction, which is the action to eliminate detected non-conformity. The basic principle of corrective action is that, as a first step the conditions adverse to quality must be promptly identified and corrected. The next step is to do a root cause analysis to identify the reasons for its occurrence in the first place and then take actions to prevent its repetition. This later portion of the corrective action process is most difficult to implement. The true causes of problems are difficult to identify.

Any corrective action program has three fundamental components :

- To find the problems.
- To fix the problems (Correction).
- To correct the causes of problems (Corrective action).

The audit program along with other forms of monitoring like inspection and surveillance addresses only the first step – Finding problems

When addressing the solutions to problems/non-conformities, it is important that immediate correction of the specific reported deficiency, not be confused with action taken to correct the cause of the problem and prevent its recurrence. The action of corrective action program is to analyze and remove these impediments to quality, safety, reliability, productivity, etc. It must be a serious and continuous process.

In most cases when a deficiency / non-conformity is pointed out, immediate action is taken to correct the same, however it may take some time for the audited to complete the root cause analysis for the problem occurred, identify the action required to be taken to prevent recurrence of such problem in future, which may in fact take some more time. The reporting for the internal audit program could allow for the same.

Audit Report

The final **Produc**t of any auditing activity is the audit report. Hence for the auditing activity to be credible and successful it is essential that audit report has certain characteristics, which are:

Verifiability

The audit report should be verifiable. By giving appropriate references to specific items, records, persons, locations, activity, etc an element of verifiability can be built in to the report. One of the main purposes of the structured checklists is to record verification information. The completed checklist should be kept in file as backup. Simple, clear and direct language of the report can also reinforce the element of verifiability of the report.

Inferences

An inference is a statement about the unknown made on the basis of the known. For example, one may infer say lack of control over purchase activity from the number of rejections of the received material on receipt. The technique of gathering and analyzing facts allows for presentation of the inferences in an understandable and logical fashion, so that any reasonable person, presented with the same facts will draw similar conclusions. However one must keep in mind that most people would need more convincing (stronger facts and more of them) if the inference does not support a previously held conviction.

Judgments

Judgments are expressions of approval or disapproval. Like inferences, they can not be avoided. Hence an auditor must be aware of the judgments used in the report. The most important part of the entire report, the summary section is basically one big judgment. While making a judgment it is very essential that they must be made very clear and understandable and by providing adequate evidence as gathered during the audit. This is especially true if the judgments are of adverse nature from the receivers' point of view. The Internal Audit report shall include all the non conformities determined and the corrective actions proposed by the audited together with an indication of the time frame for taking the corrective actions. In internal audits, it is also a good practice to report positive compliances based on the checklist and auditors suggestions for improvements. The Report is submitted to the audit manager, who reviews it and takes further actions for closing out the internal audit.

Response to the Audit Report

After the audit report is issued, a response is required from the audited, if any non-conformities, findings or observations are presented. 30 to 45 days from receipt of audit report is typically the turnaround time for this response. Although for some of the non-conformities, depending upon the magnitude of gap, especially if they are document adequacy based, the correction and the corrective action may be same – modifications in Quality manual, procedure and/or work instructions. However in many cases the audited responsible for the relevant area may require time to think over all the aspects of changes required to be made, the repercussions of changes on other aspects of the management system, etc, before finalizing the changes.

Follow-Up Audit Activities and Audit Close Out Actions

Once the response has been analyzed and found acceptable, the promised corrective action needs to be verified in some fashion before the non-conformity can be closed. The options available for this are :

- The response adequately describes the conditions of change and there appears a reasonable chance of success, than the same may be accepted and nonconformity may be closed immediately.
- If, some proposed corrective action involves new or revised documents, the same could be forwarded to the auditors and based on the documentary evidence of satisfactory corrective action the same may be closed.
- In certain cases merely a promise and subsequent production of documentary evidence of corrective actions by the audited, may not be considered adequate to determine the effectiveness of the corrective action in mitigating the problem. In such cases a follow up visit will be required to verify the implementation and effectiveness of the corrective action. This visit is generally restricted to verification only and does not call for looking in to the entire system or new audit areas, and is best done by the auditor(s) who had carried out the earlier audit.

In actual practice closeout action for the audit may be a combination of all the three options as stated above. For some of the Nonconformities, even though they are closed based on objective actions, it may be desirable to verify subsequent continued compliance. This can be done by keeping appropriate notes for the auditors during subsequent audits, by the audit manager.

Keeping track of the corrective action required to be taken within the agreed time frame, arranging for verification of its adequacy (taking the help of team leader/auditor) is the responsibility of the audit manager of the auditing organization.

CHAPTER- IX

Implementing IS: 15700

In order to ensure smooth implementation of the standard, in this chapter a step by step approach has been adopted. It will enable the organizations to proceed in an orderly manner without missing out any significant activity. Further, activities that are required to be undertaken at the central office as against those to be done at the front end have been separately dealt with. There may be some organization specific activities that may be suitably built into these steps.

Implementation Plan for Central Office

- Set up high level organizational steering committee
- Organize first meeting of steering committee
- Awareness Training for Steering Committee / Implementation Committee members
- Organize meeting of Implementation Committee
- Planning and conducting initial qualitative survey among customers
- Collation of Comments and suggestions from Initial survey
- Organize 1st Workshop meeting of public dealing staff and supervisory officers
- Organize external training on IS 15700 for Potential trainers / implementers (3 days)
- Organize 2nd Workshop meeting of public dealing staff and trained officials
- Identify Service Outlets for Pilot Project
- Appoint Nodal Officer for Service Outlet
- Organize internal training of related staff in Service Outlets
- Formulation of Citizen's Charter[1]
- Facilitate drawing of improvement plan for each outlet[2]
- Documentation of Quality Manual and 3 mandatory Procedures

1 See Implementation Plan for formulation of Citizen's Charter

2 See Implementation Plan for Service outlet

Formulation of Citizens' Charter

- Set up Working Group for recasting of Citizen's Charter (10 –12 member group)
- Organize first meeting of Working Group for Citizens Charter
- Prepare 2nd Survey Questionnaire (Measurement of Gap between customer expectations and perceptions in respect of service)
- Organize second meeting of Working Group for Citizens Charter

- Conduct Second Survey
- Collate other general information for inclusion in Citizens Charter
- Collate results of second survey
- Organize third meeting of Working Group for Citizens Charter
- Wide circulation of recommended Citizens charter (web site publication, internal circulation, other relevant stakeholders)
- Organize staff meeting to discuss proposed Citizens Charter
- Organize fourth meeting of Working Group for Citizens Charter
- Approval of Citizens Charter
- Issue to all offices / PR Department / IT Department for wide dissemination

Implementation Plan for Service Outlet

- Identify front line services
- Linking support processes
- Listing service deficiencies (based on inputs available)
- Prioritizing major deficiencies using weightages (ranking by employees)
  - Significant impact on customer satisfaction
  - Repeated occurrences
- Selecting top 80 % problems based on combined weightages
- Root cause analysis (through brain storming / Fish bone analysis / Why- Why analysis etc and other inputs available) for each service deficiency - Identifying responsible causes: persons, procedures, equipment, consumables
- Documenting possible improvement actions
- Classifying improvement actions

  TYPE A: Solutions through small re-arrangements , without additional resources

  TYPE B: Solutions within administrative powers at unit level – training, local procedures, local level resources

  TYPE C: Solutions beyond units jurisdiction – Policy, Administrative Procedures, Personnel, Computing hardware / Software
- Introducing TYPE A changes within local environment
- Action Planning for TYPE B Solutions.
- Reference to Superior Office for TYPE C Solutions
- Implement TYPE B / C changes as per Action Plan and keep reviewing
- Recording perceptible improvements for each change
- Documenting Work Instruction for stabilizing changes
- Introducing Document Control Procedure

- ❑ Listing all existing applicable procedures / instructions / Rules and Regulations relevant to customer services
- ❑ Preparing Master list of applicable documents
- ❑ Establishing latest status of each document - ensuring availability
- ❑ Identifying forms / registers / relevant to customer services
- ❑ Reviewing adequacy of forms - simplifying where permissible
- ❑ Bringing additional work instructions under document control
- ❑ Designating approving authority for document control
- ❑ Numbering all documents
- ❑ Issuing documents through document control procedure

- Introducing Record control procedure
  - ❑ Master file index
  - ❑ Reorganizing storage / archiving systems for quick retrievability
  - ❑ Fixing record shelf life
- Introducing Complaints Handling Procedure
  - ❑ Deciding Appellate authority
- Integrating Service Standards in workflow when Citizens Charter (CO level activity) is ready
- Formulating internal process standards to support service standards
- Adopting Service Quality Manual / Quality Objectives (CO level activity) under Document Control System
- Setting up internal monitors to check service standards and records thereof
- Introducing Procedure for continuous monitoring of customer feedback
- Setting up data analysis worksheets
- Setting up Display boards for Quality Policy, Citizens Charter Service Standards, Complaints handling relevant information
- Training of internal auditors
- Conducting Internal Audits and taking follow up corrective actions
- Conducting Management Review (Service Outlet level)
- Setting up system for monthly submission of reports to CO / Superior Office
- Apply for certification after 3 months of management review

Chapter- X

Measurement Tools

Measurement Tools

Presented below are two methodologies for measurement of customer satisfaction. The first is the Servqual technique devised by Persuraman, Zeithaml and Berry. This technique measures the gap between customer expectations and perceptions for five service dimensions. This is applicable to both Commercial services as well as Governmental services. The questionnaire however is given only for illustration and the questions have to be re-written with the same intent for the service under study.

The second is a methodology titled as Common measurement Tools evolved by the institute of Citizen Centric Service, Canada to study elements of Government services

Quality of Service Questionnaire

Based on your experiences as a patient in a hospital or clinic, please think about the kind of hospital or clinic that would deliver excellent quality of service. Think about the kind of hospital or clinic in which you would like to receive treatment. Please show the extent to which you think such a hospital or clinic would possess the feature described by each statement. If you feel a feature is *not at all essential* for excellent hospitals/clinics such as the one you have in mind, circle the number 1. If you feel a feature is *absolutely essential* for excellent hospitals/clinics, circle 7. If your feelings are less strong, circle one of the numbers in the middle. There are no right or wrong answ ers - all we are interested in is the number that truly reflects your feelings regarding hospitals/clinics that would deliver excellent quality of service.

Measurement of Expectation

Excellent hospitals/clinics will have modern looking equipment.

The physical facilities at excellent hospitals will be visually appealing

Personnel at excellent hospitals/ clinics will be neat in appearance

Materials associated with the service (such as pamphlets or statements) will be visually appealing in an excellent hospital/clinic

When excellent hospitals/clinics promise to do something by a certain time they will do so.

When a patient has a problem, excellent hospitals/clinics will show a sincere interest in solving it.

Excellent hospitals/clinics will get things right the first time.

Excellent hospitals/clinics will provide their services at the time they promise to do so.

Excellent hospitals/clinics will insist on error-free records.

Personnel in excellent hospitals/ clinics will tell patients exactly when services will be performed.

Personnel in excellent hospitals/clinics will give prompt service to patients.

Personnel in excellent hospitals/clinics will always be willing to help patients.

Personnel in excellent hospitals/clinics will never be too busy to respond to patients' requests.

The behaviour of personnel in excellent hospitals/clinics will instil confidence in patients.

Patients of excellent hospitals/clinics w ill feel safe in their dealings with the hospital/clinic.

Personnel in excellent hospitals/clinics will be consistently courteous with patients.

Personnel in excellent hospitals/clinics will have the knowledge to answer patients' questions.

Excellent hospitals/clinics will give patients individual attention.

Excellent hospitals/clinics will have operating hours convenient to all their patients.

Excellent hospitals/clinics will have staff who give patients personal attention.

Excellent hospitals/clinics will have the patients' best interests at heart.

The personnel of excellent hospitals/ clinics will understand the specific needs of their patients.

Measurement of Importance

Listed below are five features pertaining to hospitals/clinics and the service they offer. We would like to know how important each of these features is to *you* when you evaluate the service offered by a hospital or clinic. Please allocate a total of 100 points among the five features *according to how important each feature is to you* - the more important a feature is

to you, the more points you should allocate to it. Please ensure that the points you allocate to the five features add up to 100.

1. **The appearance of the hospital/clinic's physical facilities, equipment, personnel and communication materials. _____ points**

2. **The hospitals/clinic's ability to perform the promised service dependably and accurately. _____ points**

3. **The hospital/clinic's willingness to help patients and provide a prompt service.**

4. **The knowledge and courtesy of the hospital/clinic personnel and their ability to convey trust and confidence. _____ points**

5. **The caring, individualised attention the hospital/clinic provides its patients.**

TOTAL points allocated 100 points

Which one feature of the above five is most important to you? _____
(Please enter the feature's number)

Which feature is second most important to you? _____

Which feature is least important to you? _____

Measurement of Perception

The following set of statements relate to your feelings about the hospital/clinic you have attended. For each statement, please show the extent to which you believe the hospital/clinic has the feature described by the statement. Once again, circling a 1. means that you strongly disagree that the hospital/clinic you have attended has this feature and circling a 7. means that you strongly agree. You may circle any of the numbers in the middle that show how strong your feelings are. There are no right or wrong answers - all we are interested in is a number that best shows your perceptions about the hospital/clinic which has treated you.

The hospital/clinic has modern-looking equipment.
The physical facilities in the hospital/ clinic are visually appealing.
Personnel in the hospital/clinic are neat in appearance.
Materials associated with the service (such as pamphlets or statements) are visually appealing.

When the hospital/clinic promises to do something by a certain time it does so.
When you have a problem, the hospitals/clinic shows a sincere interest in solving it.
The hospital/clinic gets things right the first time.
The hospital/clinic provides its services at the time it promises to do so.
The hospital/clinic insists on error-free records.
The personnel in the hospital/clinic tell you exactly when services will be performed.
Personnel in the hospital/clinic give you prompt service.
Personnel in the hospital/clinic are always willing to help you.
Personnel in the hospital/clinic are never be too busy to respond to your requests.
The behaviour of personnel in the hospital/clinic instils confidence in you
You feel safe in your dealings with the hospital/clinic.
Personnel in the hospital/clinic are consistently courteous with you.
Personnel in the hospital/clinic have the knowledge to answer your questions.
The hospital/clinic gives you individual attention.
The hospital/clinic has operating hours convenient to all its patients.
The hospital/clinic has personnel who give you personal attention.
The hospital/clinic has your best interests at heart.
The personnel of the hospital/clinic understand your specific needs

Calculation of Service Quality Gap

SERVQUAL procedures

Dimensions

Statements	**1-4**	Tangibles
Statements	**5-9**	Reliability
Statements	**10-13**	Responsiveness
Statements	**14-17**	Assurance
Statements	**18-22**	Empathy

Procedures

1. Compute the 'gap' for each statement pair for each consumer.

SERVQUAL score = Perceptions Score - Expectations Score

2. Compute the dimensions scores for each respondent by averaging the gap score over the relevant number of statements (either **4** or **5** statements)

3. Derive **SERVQUAL** respondent's scores in the following way:

Unweighted scores	Sum dimensions and divide by 5		
Weighted scores	Tangibles *	(Tangibles Weight/100)	+
	Reliability *	(Reliability Weight/100)	+
	Responsiveness *	(Responsiveness Weight/100)	+

Assurance *	(Assurance Weight/100)	+
Empathy *	(Empathy Weight/100)	

4. Derive total **SERVQUAL** scores by totalling the scores and dividing by **N** of respondents

Common Measurements Tool

The Common Measurements Tool (CMT) provides public organizations with a set of standard questions and standard measurement scales for use in surveying their client. It must be stressed that it is a tool, not a ready-to use client satisfaction survey. Rather, it is a comprehensive collection of potential survey questions that an organization may select from, to custom design a client satisfaction survey that meets their information requirements. Organizations are encouraged to select those sections that are most appropriate to their services and clients. The use of standard questions allows the organization to benchmark progress on its service improvement journey over time and, since questions are standard, organizations can compare results with other organizations within the same business line. To ensure this ability to benchmark performance, several core questions will be required for inclusion in all surveys. These are presented on the following page.

Also, the CMT is a client satisfaction survey, not a citizen survey. A client survey deals with questions about service delivery at an operational level and on the specifics of the service delivery experience, such as the time required to deliver service, whether staff were courteous, and accessibility of the service. In contrast, a citizen survey addresses issues indirectly related to the delivery of services, such as the service delivery mechanisms and structures.

Designed to provide client feedback to any public organization and ensure that all aspects of client service are considered, the CMT is conceived around five key elements: client expectations, perceptions of the service experience, satisfaction levels, levels of importance, and priorities for service improvements. These are the basis for the types of questions asked in the CMT, which is arranged around five dimensions of service delivery: responsiveness, reliability, access and facilities, communications, and cost (where applicable).With a focus on these five elements, the organization is able to know the degree of client satisfaction on various aspects of service delivery, and what clients consider important in service delivery. When the priorities for improvement are considered and the expectations known, the organization can then focus efforts that will best serve to close the service gap in meeting the needs, expectations and priorities of clients. Comprehensive information on the five key service delivery elements provides a solid foundation on which to base decision making, such as the areas to focus improvement efforts and resource allocation. It may also help in the management of client expectations, if those expectations are unrealistic or achievable, through better communication with clients.

Drivers & Outcome Measures	Question	Response Scale	Service Delivery Channels
SATISFACTION Timeliness	Overall, how satisfied were you with the amount of time it took to get the service?	1. - Very Dissatisfied 2. 3. 4. 5. - Very Satisfied N/A - Not Applicable	Telephone ☑ In-person ☑ Web ☑ Mail ☑ Email ☑
Accessibility	Overall, how satisfied were you with the accessibility of the service/product?	1. - Very Dissatisfied 2. 3. 4. 5. - Very Satisfied N/A - Not Applicable	Telephone ☑ In-person ☑ Web ☑ Mail ☑ Email ☑
Overall Satisfaction	How satisfied were you with the overall quality of the service delivery?	1. - Very Dissatisfied 2. 3. 4. 5. - Very Satisfied N/A - Not Applicable	Telephone ☑ In-person ☑ Web ☑ Mail ☑ Email ☑
PERFORMANCE Fairness	I was treated fairly	Agreement 1. - Strongly Disagree 2. 3. 4. 5. - Strongly Agree N/A - Not Applicable Importance 1. - Not at all important 2. 3. 4. 5. - Very Important N/A - Not Applicable	Telephone ☑ In-person ☑ Web ☑ Mail ☑ Email ☑
Information	I was informed of everything I had to do to get the service/product	Agreement 1. - Strongly Disagree 2. 3. 4. 5. - Strongly Agree N/A - Not Applicable Importance 1. - Not at all important 2. 3. 4. 5. - Very Important N/A - Not Applicable	Telephone ☑ In-person ☑ Web ☑ Mail ☑ Email ☑
Extra Mile	Staff went the extra mile to make sure I got what I needed	Agreement 1. - Strongly Disagree 2. 3. 4. 5. - Strongly Agree N/A - Not Applicable Importance 1. - Not at all important 2. 3. 4. 5. - Very Important N/A - Not Applicable	Telephone ☑ In-person ☑ Web ✶ Mail ☐ Email ☑
Competence	Staff were knowledgeable and competent	Agreement 1. - Strongly Disagree 2. 3. 4. 5. - Strongly Agree N/A - Not Applicable Importance 1. - Not at all important 2. 3. 4. 5. - Very Important N/A - Not Applicable	Telephone ☑ In-person ☑ Web ✶ Mail ☐ Email ☑
Access	I was able to get through to an agent without difficulty	Agreement 1. - Strongly Disagree 2. 3. 4. 5. - Strongly Agree N/A - Not Applicable Importance 1. - Not at all important 2. 3. 4. 5. - Very Important N/A - Not Applicable	Telephone ☑ In-person ☑ Web ✶ Mail ☐ Email ☑

Waiting Time	I waited a reasonable amount of time at the service location	Agreement 1. - Strongly Disagree 2. 3. 4. 5. - Strongly Agree N/A - Not Applicable	Importance 1. - Not at all important 2. 3. 4. 5. - Very Important N/A - Not Applicable	Telephone ☐ In-person ☑ Web ☐ Mail ☐ Email ☐
Navigation	It was easy to find what I was looking for	Agreement 1. - Strongly Disagree 2. 3. 4. 5. - Strongly Agree N/A - Not Applicable	Importance 1. - Not at all important 2. 3. 4. 5. - Very Important N/A - Not Applicable	Telephone ☐ In-person ☐ Web ☑ Mail ☐ Email ☑
Appeal	The site is visually appealing	Agreement 1. - Strongly Disagree 2. 3. 4. 5. - Strongly Agree N/A - Not Applicable	Importance 1. - Not at all important 2. 3. 4. 5. - Very Important N/A - Not Applicable	Telephone ☐ In-person ☐ Web ☑ Mail ☐ Email ☐
Information	The site had the information I needed	Agreement 1. - Strongly Disagree 2. 3. 4. 5. - Strongly Agree N/A - Not Applicable	Importance 1. - Not at all important 2. 3. 4. 5. - Very Important N/A - Not Applicable	Telephone ☐ In-person ☐ Web ☑ Mail ☐ Email ☐
Privacy	I feel confident that my privacy is fully protected on this site (OR: when I communicate by email with [agency].)	Agreement 1. - Strongly Disagree 2. 3. 4. 5. - Strongly Agree N/A - Not Applicable	Importance 1. - Not at all important 2. 3. 4. 5. - Very Important N/A - Not Applicable	Telephone ☐ In-person ☐ Web ☑ Mail ☐ Email ☑
OUTCOME Outcome	In the end, did you get what you needed?	_ Yes _ No _ I got part of what I needed		Telephone ☑ In-person ☑ Web ☑ Mail ☑ Email ☑

Summary of Action for Implementing IS: 15700

Suggested Steps

Step 1 – Preparation

For successful implementation of the standard, it is important all concerned in an organization are fully aware of the underlying philosophy, key concepts and the processes involved in making its practice operational. It is crucial to realize that while the standard is certifiable, and any certified organization can take legitimate pride in having fulfilled the requirements of the standard, ***It is at best a means to an end and Not an end in itself.*** The key focus of the standard is the **"customer" or "citizen."** All actions or activities carried out for implementing this standard must necessarily be citizen-centric and intending not only to provide him/her a far greater satisfaction, but also empower a common citizen to expect and seek a vastly superior service quality. To that ex tent, it will require a major paradigm shift in the approach to providing service, thereby creating an entirely new work culture that is service oriented, citizen-centric, quality driven and with a strong bias for action. Training and retraining is perhaps the major tool for ensuring proper preparation of the organization not only at the intellectual level, but also at the mental/emotional level, that will result in willing and enthusiastic implementation of the standard.

Step 2- Documentation

In the chapter on Implementation a step by step approach has been given. A good starting point will be to start working on Citizens' Charter, followed by developing Quality Manual and other mandatory documentation.

Step 3 Implementation

It will involve aligning the day to day operations/ working of the organization to the requirements of the standard, making some mid-course correction if required, till smooth switch over takes place and the new work culture develops. Top management commitment and involvement of people will go a long way in successful implementation of the standard.

Step 4 Internal Audit

A round of internal audit will provide the necessary feed back and support for making it an on going activity. Continual improvement which is the back bone any quality initiative is fully applicable to quality of service in this case as well.

Step 5 Use of P D C A Cycle

Even after successful implementation, it will be a good idea to use the PDCA concept for perpetual customer/citizen satisfaction.

PART IV

FACILITATOR'S GUIDE

CHAPTER - XI

Facilitator's Guide

Introduction

The starting point for implementation of IS 15700: 2005 standard in any organization is clear understanding of the standard and what all does it involve to get certification. Training is the key activity, which if delivered adequately and properly will enable the functionaries at all levels to appreciate the underlying philosophy, and learn the process and mechanics of meeting the requirements of the standard. Since it may involve making some changes in the work schedule, creating additional documentation and typically change the work culture and ethos, training helps not only in preparing the participants for the task but also goes a long way in melting down the resistance to change. It needs to be fully realized that while getting certification may appear to be the legitimate objective of the exercise, it is in fact a means to an end which is to significantly upgrade and improve the service quality being provided by public service organizations. The real beneficiary is intended to be the common citizen, whose satisfaction is the prime focus of the standard.

Training for this purpose has to be well planned and conducted by trained and knowledgeable persons in a manner suitable for adult learning. A trainer must focus on motivating the participants for this bold initiative. This section is intended to help trainers/facilitators in smooth transfer of knowledge and skills for achieving the learning objectives. Since every organization is unique, suitable modifications/innovations may be carried out for better results.

Types of Training

Training needs in any organization will vary from person to person, depending upon his role and involvement in the certification process. It will therefore be a good idea to first carry out a Training Needs Analysis/Identification.

It is suggested that three different types of training interventions be planned.

Awareness Training. A one day training programme to make all the members of the organization aware about the philosophy and expected outcomes of the implementation of the standard. In addition, the contents of IS:15700 are explained. A suggested schedule in a modular format is given at Appx " A".

Appreciation Training. A two days training programme, this builds up on the Awareness Training Programme. Its objective is to familiarize the participants with the different aspects of implementing the standard. Key issues covered will include documentation, Citizen's Charter, Service quality and Complaints Handling. . A suggested schedule in a modular

format is given at Appx "B."

Advanced Training. A three days training programme for the key functionaries, who would be directly involved in implementing the standard. In addition to what has been covered in the other two programmes , different aspects of internal/external audits and other tools will be covered. A suggested schedule in modul ar format is given at Appx "C."

Pre-work and Reading Material

Faculty members should have read following documents before the commencement of training;

- IS 15700:2005
- BIS Guidance document for the standard.
- QCI- IS 15700:2005, Guidelines for implementation.

Faculty should make notes to highlight key term/concepts. In addition, participants should be encouraged to read the standard before the session.

Key Terms

- Citizens' Charter
- Service Provision
- Complaints Handling
- Documentation/Records
- Process Approach
- Continual Improvement

Adult Learning Principles

Trainers should bear in mind that adults have a different approach to learning. They have rich wealth of knowledge, information and experience. Their approach to learning is based on following points:

- Need to see relevance of learning.
- They have a pay off in mind.
- Learn best when learning is related to live situation, task or problem.
- Adults learn indigestible pieces.
- Learn better visually.

Implication for Trainers

Trainers should keep following in mind while designing or delivering a training module:

- Establish the need to know.
- Show learners how to direct themselves through information –need to be self directing.
- Relating the topic to learner's experience.
- A need for task centric/problem centric orientation.
- Help learners overcome inhibitions, behaviour and belief about learning.
- Make learning risk free and participative.
- Present information in right format, with consistency in presentation.
- Make liberal use of audio-visual aids. A power point presentation helps.

Training Design

It involves identifying and selecting the most appropriate mix of training methodologies to achieve the training objective. Training design will include following elements;

- Objective
- Course content
- Details of topics to be covered.
- Selection of proper training methodologies.
- Defining need for exercises/practice.
- Identification of difficult/complex part.
- Strategy to handle complexity.
- Strategy for initiation/icebreaking.
- Developing action plan.
- Evaluation.
- Follow up activities

Delivery of Training

It is the stage at which transfer of knowledge and skills takes place and behavioural modifications occur. Successful delivery of training depends upon;

- **Training Provider/ Faculty.** Ability of the trainer to communicate effectively and innovatively to the trainees is critical to assimilation of inputs and success of the programme. It is not the adequate knowledge of the subject matter that the trainer possesses that will make the training delivery effective, but his ability to communicate, treat trainees as adults, create friendly non-threatening environment and use of creativity and innovation to make learning fun will. A participative approach with an opportunity to work hands-on goes a long way in making learning easy and lasting.
- **Training support.** All such facilities that make it easier for the trainer to deliver training are essential the training delivery process. These will include;
    - Class room setting.

- Facilities viz : OHP,LCD projector, laptop or a computer system, white board/flip charts marker, duster, pointer etc.
- Training Material.
- Facilities for specialist instructions viz syndicate work etc.

- **Logistic Support.** All background activities required to create a comfortable learning environment will need to be attended to.
- **End of Training Support.** It will include;
  - Evaluation, assessment and/or feedback from trainer.
  - Obtaining structured feedback from trainees.
  - Post training activity if any.

Appx "A"

IS: 15700 Appreciation Programme

Introduction

IS: 15700 is an Indian standard on Quality Management Systems-requirements for Service Quality by Public Service Organizations. It is a major initiative to significantly upgrade the quality of service provided by Public Service Organizations. If successfully implemented it will not only result in a much higher satisfaction level for the citizen, but also empower the citizen to seek superior quality service. The key to its successful implementation lies in the proper understanding of the philosophy and key concepts of the standard. The training programme is designed as an awareness course for the members of any organization intending to seek certification under this standard.

Objective

The objectives of this programme are;

- To expose the participants to the philosophy and basic concepts of Service Quality.
- To understand the special needs for quality in public services
- To understand the key elements of IS: 15700 standard.

Topics to be covered

- Basic concepts of quality
- Services, their classification and Service quality-differences from product quality
- Distinction between Commercial and Public Services
- The key requirements of IS 15700:2005 standards
- The benefits of IS 15700:2005 Quality Management System Standards.

Methodology

The programme is to be conducted in an inter active mode with adequate opportunity and encouragement to the participants to share their experiences and articulate apprehensions, if any. An opportunity should be provided to relate the learning to their work situation and/or organizations.

Duration

One day.

Timing

0930 hrs to 1730 hrs, with suitable tea/coffee, lunch breaks.

Faculty

Qualified and fully conversant faculty fully aware of adult learning principles and good communication skill should conduct this programme

Suggested Time Schedule

Day 1

0900 hrs to 0930 hrs	**Registration**
0930 hrs to 1000 hrs	**Inauguration**
1000 hrs to 1115 hrs	**Basic Quality Concepts , Quality Management System**
1115 hrs to 1130 hrs	**Tea/coffee break**
1130 hrs to 1300 hrs	**Quality in service sector, public services**
1300 hrs to 1345 hrs	**Lunch**
1345 hrs to 1515 hrs	**Explanation of key elements of IS: 15700**
1515 hrs to 1530 hrs	**Tea/coffee break**
1530 hrs to 1700 hrs	**IS: 15700 (continued), discussion and practice**
1700 hrs to 1730 hrs	**Benefits of IS 15700:2005 Quality Management System**

Appx "B"

IS: 15700 Implementation Training Programme

Objective

The objectives of this programme are;

- To expose the participants to the philosophy and basic concepts of Service Quality.
- To understand the special needs for quality in public services
- To understand the key elements of IS: 15700 standard
- To understand documentation needs of the Quality Management system
- To prepare for implementing the standard

Topics to be covered

- The concepts of Quality in Services including 8 Quality Management Principles and Service Quality Gaps
- Distinction between Commercial and Public Services
- The requirements of IS 15700:2005 standards
- The benefits of IS 15700:2005 Quality Management System Standards
- Historical background and global initiatives in Public Service improvements (Genesis of IS 15700)
- Understanding Process approach
- Quality Policy and Citizens Charter
- Documentation of Service Quality Management System
- The steps involved in IS 15700:2005 implementations followed by certification.
- Measurement Tools for customer satisfaction in brief

Methodology

The programme is to be conducted in an inter active mode with adequate opportunity and encouragement to the participants to share their experiences and articulate apprehensions, if any. An opportunity should be provided to relate the learning to their work situation and/or organizations. Conduct workshops as indicated in the suggested training schedule.

Duration

Two days

Timing

0900 hrs to 1730 hrs, with suitable tea/coffee and lunch breaks

Faculty

Qualified and experienced faculty with thorough understanding and good communication skills

Suggested Time Schedule

Day 1

0900 hrs to 0915 hrs	Registration
0915 hrs to 0930 hrs	Inauguration
0930 hrs to 1015 hrs	Historical background and global initiatives in Public Service improvements (Genesis of IS 15700)
1015 hrs to 1115 hrs	Basic Quality Concepts
1115 hrs to 1130 hrs	Tea/coffee break
1130 hrs to 1300 hrs	Services Quality Concepts, differentiating services from products, service quality gaps
1300 hrs to 1345 hrs	Lunch
1345 hrs to 1430 hrs	Syndicate exercise on Process approach
1430 hrs to 1515 hrs	Service quality policy, objectives & Citizens' Charter
1515 hrs to 1530 hrs	Tea/coffee break
1530 hrs to 1700 hrs	Explanation of IS 15700 elements
1700 hrs to 1730 hrs	Quiz on IS 15700

Day 2

0900 hrs to 0945 hrs	Distinction between Commercial and Public Services
0945 hrs to 1115 hrs	Documentation of Service Quality Management System
1115 hrs to 1130 hrs	Exercise on Service Quality Objectives writing
1130 hrs – 1300 hrs	Complaints handling mechanism
1300 hrs - 1345	Lunch
1345 hrs – 1445 hrs	Measurement tools brief
1445 hrs – 1530 hrs	Exercise on measurement methodology
1530 hrs - 1 545 hrs	Tea Break
1454 hrs – 1630 hrs	Preparation for implementing the standard
1630 hrs – 1700 hrs	Recap and discussion, Feedback on learning objectives

Appx "C"

IS: 15700 Comprehensive Training Programme

Objectives

The objectives of this programme are;

- To expose the participants to the philosophy and basic concepts of Service Quality.
- To understand the special needs for quality in public services
- To understand the elements of IS: 15700 standard
- To understand documentation needs of the Quality Management system
- To prepare for implementing the standard
- To develop a comprehensive roadmap for implementing the standard
- To understand the process and dynamics of audit

Topics to be covered

- Historical background and global initiatives in Public Service improvements (Genesis of IS 15700
- The concepts of Quality in Services including 8 Quality Management Principles and Service Quality Gaps
- Distinction between Commercial and Public Services
- The requirements of IS 15700:2005 standards
- The benefits of IS 15700:2005 Quality Management System Standards
- Understanding Process approach
- Quality Policy and Citizens Charter
- Documentation of Service Quality Management System
- The steps involved in IS 15700:2005 implementations followed by certification.
- Measurement Tools for customer satisfaction
- Internal auditing concepts, management and auditing skills
- Certification Procedures & requirements

Methodology

The programme is to be conducted in an inter active mode with adequate opportunity and encouragement to the participants to share their experiences and articulate apprehensions, if any. An opportunity should be provided to relate the learning to their work situation and/or organizations. Conduct workshops as indicated in the suggested training schedule. Participants understanding and assimilation of learning objectives shall be assessed during class room training and projects and through a written examination at the end of programme.

Duration

Three days

Timing

0900 hrs to 1730 hrs

Faculty

Qualified, experienced professionals who are thoroughly conversant with the standard having good communication skills should be the faculty.

Suggested Time Schedule

Day 1

0900 hrs to 0915 hrs	Registration
0915 hrs to 0930 hrs	Inauguration
0930 hrs to 1015 hrs	Historical background and global initiatives in Public Service improvements (Genesis of IS 15700)
1015 hrs to 1115 hrs	Basic Quality Concepts
1115 hrs to 1130 hrs	Tea/coffee break
1130 hrs to 1300 hrs	Services Quality Concepts, differentiating services from products, service quality gaps
1300 hrs to 1345 hrs	Lunch
1345 hrs to 1430 hrs	Syndicate exercise on Process approach
1430 hrs to 1515 hrs	Service quality policy, objectives & Citizens' Charter
1515 hrs to 1530 hrs	Tea/coffee break
1530 hrs to 1700 hrs	Explanation of IS 15700 elements
1700 hrs to 1730 hrs	Quiz on IS 15700
1730 hrs to 1745 hrs	Recap of Day 1 proceedings

Day 2

0900 hrs to 0945 hrs	Distinction between Commercial and Public Services
0945 hrs to 1115 hrs	Documentation of Service Quality Management System
1115 hrs to 1130 hrs	Exercise on Service Quality Objectives writing
1130 hrs – 1300 hrs	Complaints handling mechanism
1300 hrs - 1345	Lunch
1345 hrs – 1445 hrs	Measurement tools brief
1445 hrs – 1530 hrs	Exercise on measurement methodology
1530 hrs - 1 545 hrs	Tea Break
1454 hrs – 1630 hrs	Internal Audit concepts
1630 hrs – 1700 hrs	Recap of day 2 poroceedings

Day 3

0900 hrs to 0915 hrs	Recap of Day 2 proceedings
0915 hrs to 1100 hrs	Audit preparation, execution and reporting
1100 hrs to 1115 hrs	TEA BREAK
1130 hrs – 1300 hrs	Road Map for implmentation
1300 hrs - 1345	
1345 hrs – 1445 hrs	Exercise on Preparation of Checklist
1445 hrs – 1515 hrs	Tea break and review by particiapants
1515 hrs - 1 615hrs	Examination
1615 hrs – 1645 hrs	Procedure and requirement for certification
1645 hrs – 1700 hrs	Open discussion and feedback

SYNDICATE EXERCISE 1

Sl. No.	Question	Option
1.	IS 15700:2005 can also be used for Certification of Service Provider in the Private Sector	**Yes/No**
2.	Complaints of employees should also be redressed by an IS 15700 complaint organization	**Yes/No**
3.	Minimum three procedures need to be documented to comply with IS 15700:2005	**Yes/No**
4.	A Quality Management System as per IS 15700 includes in its scope all the service delivery processes at the customer interface as well as all internal processes	**Yes/No**
5.	"Monitoring" and "Measurement" mean the same and are used interchangeably in IS 15700:2005	**Yes/No**
6.	A citizen charter should necessarily contain the vision and mission statement of the organization	**Yes/No**
7.	IS 15700:2005 requires control of the outsourced services that affect the output service quality	**Yes/No**
8.	All complaints should necessarily be redressed at the earliest	**Yes/No**
9.	Work environment necessary for the physical comfort of the employees shall be maintained to c9omply with clause 6.3	**Yes/No**
10.	It is necessary to maintain the records for training of personnel to ensure that they understand the tasks to be performed	**Yes/No**
11.	IS 15700:2005 covers the requirements for financial resources	**Yes/No**
12.	One of the important quality principles referred to in ISA 15700:2005 is "effective internal communication"	**Yes/No**
13.	The Citizen's Charter should be prepared in consultation with customers	**Yes/No**
14.	A service quality manual is mandatory as per IS 15700:2005	**Yes/No**
15.	IS 15700:2005 requires elimination of non-conformities detected during monitoring	**Yes/No**
16.	An organization must take into account applicable regulatory requirements while determining customer requirements	**Yes/No**

SYNDICATE EXERCISE 2

Group 1

Prepare a process map of an organization showing all the interdependencies, the flow of inputs and outputs upto external customer

Group2

Prepare a Process low chart of a process given by the tutor, sowing the following:

- Identification of relevant process owners
- Process inputs and their origins; Process outputs and their destination
- Resource requirements for each process
- Objectives of the process
- Monitors and controls applied
- Performance indicators and applied measurements
- Targets for quality for deliverables
- Record of activities undertaken and results

SYNDICATE EXERCISE 3

Prepare checklist for auditing of the Complaints handling procedure

Endnote

IS: 15700 standard is a powerful tool available to the management of any public service organization to significantly upgrade the quality of service. The standard is based on sound time tested concepts that have been validated worldwide. The underlying philosophy is driven by customer/citizen focus, systems approach, continual improvement and application of eight quality principles enshrined in the ISO: 9000 family of standards. To be of value, the implementation process is not expected to be simply mechanical, but typically through top management commitment and by involvement of all concerned. Resistance to change is a common phenomenon in most organizations. The first step in successful implantation of the standard , therefore is preparing the people for this change. Appropriate training will no doubt kick start the process, which can be sustained for its logical conclusion only through a well thought out action plan, leading to the certification.

Another important issue to note is that the standard and getting the subsequent certification is only a means to an end and not an end in itself. The ultimate objective is to provide superior quality of service to a common citizen and to empower him to seek the same. It will involve bringing about a significant paradigm shift in the thought process and approach to work that will create sensitivity about the common citizen's needs and expectations. In the long run, this standard can effectively change the work culture of the organization to a more collaborative and empathetic one.

That India is one of the few countries that have taken such an initiative is indeed satisfying, but the real test awaits the organizations in its faithful implantation in letter and spirit.

QCI
Quality Council of India
2nd Floor, Institution of Engineers' Building, Bahadur Shah Zafar Marg, New Delhi – 110 002
Telefax : 91-11-2337 9321, 2337 9621 • Website : www.qcin.org