**Document approval**

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| **Effective Date** | **17.11.2022** |

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# Purpose

The purpose of this SOP is to define process for regular Quality Plan preparation, approval, implementation, monitoring, closing.

# Scope

This SOP is valid at NBE-Therapeutics for all Organization. The respective training shall be given in accordance with **Training Management CODE Training Management***.*

# Responsibilities

Responsible for the content of this SOP is Quality Management Director.

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| **Role** | **Definition/Task** |
| Quality Management Director | * consolidates specific actions by all stakeholders in the area of quality.
* provides periodical review of the Quality Plan
* hosts evaluation meeting (or equivalent)
 |
| Leadership Team / Senior Management | * develops Quality Plans and Quality Objectives that outline the company's quality strategy.
* ensures that Quality Objectives are included in the overall company strategy, communicated and supported by all relevant functions/levels.
* approves Quality Plan.
* ensures that the necessary resources are allocated to implement the Quality Plan.
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# Definitions, terms and abbreviations

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| **Term/abbreviation** | **Definition at NBE-Therapeutics** |
| ICH | International Conference on Harmonization |
| KQI | Key Quality Indicators |
| Quality Objectives | A means to translate the quality policy and strategies into measurable activities |
| Quality Plan | A documented plan that:* establishes Quality Objectives
* reflects quality improvement initiatives
* defines the necessary operational processes and associated resources to achieve the quality objectives.
 |
| SMART | Specifically, Measurable, Achievable, Relevant, Time-limited. |

# Workflow

## Quality Plan

The Quality Plan reflects NBE-Therapeutics’s quality improvement initiatives for the year and assigned by Leadership Team / Senior Management. The Quality Plan sets strategic quality goals and priorities using continuous monitoring based on inputs (i.e., KQIs, measurement assessments, CAPAs - as a result of risk assessments, product reviews, systems, regulatory information, and audits/inspection results). The Quality Plan specifically reflects actions to be implemented in the regulated quality area (GxP). The primary objectives are driving improvements in process performance, product quality, the Quality Management System itself and ease of achieving the Quality Objectives in conjunction with ICH Q10 provisions on an ongoing (annual) basis.

## Preparation Phase

Leadership Team / Senior Management members assemble and propose topics, Quality Qbjectives, KQIs, highlight operational issues. The input sources for the Quality Plan may include, but are not limited to:

* + - Product Reviews,
		- Site risk assessment,
		- Quality parameters to improve,
		- Regular failures, non-conformances, deviations.

Quality Management Director collects goals and evaluates them for inclusion in the Quality Plan based on the following possible inputs:

* + - Quality Objectives
		- Common quality issues in operations
		- Trends in key performance/quality indicators
		- Lessons from inspections and audits of the Health Authorities
		- Industry and regulatory trends
		- New regulatory or pharmaceutical requirements
		- Implementation/updating of NBE-Therapeutics policies
		- Review of systems management and quality measurement, risk assessments
		- Research / employee culture
		- Strategic plans and priorities

Quality Plan activities/goals and milestones should be SMART (Specifically, Measurable, Achievable, Relevant, Time-limited) to ensure systematic monitoring of quality progress. Leadership Team / Senior Management members plan and ensure that corrective action is taken in the event of delays and/or insufficient resource availability (in terms of investment). The Quality Plan contains detailed information about quarterly implementation timelines for particular goals, Quality Objectives, KQIs, performance progress. Other appendices to the Quality Plan are created as needed.

Examples of KQIs for expressing and measuring Quality Objectives are given:

* + - Authority Inspections passed (% critical/major/minor observations)
		- Customer Audits (% critical/major/minor observations)
		- Internal Audits (% completed/planned, % critical/major/minor observations)
		- Deviations (% Repeat Deviations/total, % overdue/total)
		- CAPA (% overdue/total, % overall efficacy)
		- Change Controls (% overdue/initiated)
		- OOS (% confirmed/total product lots produced)
		- Calibration (% overdue/planned)
		- Maintenance (% overdue/planned, unplanned)
		- Qualification/Validation (% overdue/planned)
		- Supplier Qualification (% overdue/planned)
		- Materials Qualification (% overdue/planned)

The preparation phase of the Quality Plan begins in the fourth quarter of the previous year. Business Planning is involved in the preparation phase to coordinate in the case of major investments. The Quality Plan is coordinated with all business partners throughout the preparation phase (either for the relevant part or as a whole).

## Approval phase

The Quality Plan shall be approved by Leadership Team / Senior Management members, who is responsible for Quality Plan implementation. Approval is scheduled no later than January of the target year.

## Publication and Implementation phase

Quality Management Director shares the approved Quality Plan in a letter to Leadership Team / Senior Management members, NBE-Therapeutics’s key stakeholders (Team Leads, Line Managers), actions executors/outcome owners. All defined goals of the Quality Plan should be associated and incorporated into the personal action goals (i.e., when a company sets annual goals for an employee, they can and should also include quality goals if such goals and their achievement depend on the individual employee). All persons responsible for Quality Plan execution ensure consistent monitoring and implementation of the Quality Plan.

Quality Plan implementation progress must be maintained and monitored constantly by Quality Organization. The status of each individual Quality Plan action shall be measured (quarterly) with appropriate KQI benchmarks.

## Monitoring Phase

## Monitoring and progress reporting

The Quality Plan implementation progress actions shall be monitored and documented no later than five working days after the end of the quarter. Quarterly monitoring results shall contain actual progress performance results and current KQIs. Types of individual actions statuses are mentioned below:

* Completed
* On track
* Delayed (less than a quarter delay)
* Not on track (delayed by more than a quarter)
* Cancelled

Details of the delayed, deviated, and cancelled actions should be explained and justified. If the action is "Delayed" or "Not on track" the action owner must request an extension of the timeline.

Monitoring results of the Quality Plan implementation must include the status of all actions and details of actions that are not completed, the approach to monitoring them until they are completed (e.g., transferred to the next Quality Plan) as well as concerns about the effectiveness of the Quality Plan. The Leadership Team / Senior Management members review the Quality Plan implementation progress on a quarterly basis.

Quality Organization is responsible for preparing the quarterly monitoring report and annual report (which may be combined with the fourth quarter report). Quality Report contains actual progress details for established Quality Objectives, current achieved KQIs values, established KQIs criteria, appropriate assessment/proposals/escalation in case of any excursions. All changes to the Quality Plan must be approved by Leadership Team / Senior Management members.

## Changes to the Quality Plan

The Quality Plan may be changed after each quarterly reporting with significant or minor changes:

* Major changes (e.g., additions, modifications, deletions) may occur for significant changes updates to the group quality assurance plan or other quality assurance activities, such as a health authority warning Letter.
* Minor changes, i.e., changes that require only an update to the Quality Plan application (e.g., a benchmark update that does not change the overall action structure).

A new version with a documented version history must be prepared by Quality Management Director according to **Change Management CODE Change Management** and **Documentation Management CODE Documentation Management** (e.g., proposal prepared for Leadership Team / Senior Management members meeting) and approved by Leadership Team / Senior Management members.

## Closing

The Quality Plan closes as soon as the final report according to **Management Review CODE Management Review**.

If not all actions from the NBE-Therapeutics Quality Plan are completed, incomplete actions must be moved to the Quality Plan of the following year or, if more appropriate, it should be carried out within another project. The executing progress of this altered plan shall be monitored and recorded in the same way. The approach to tracking incomplete actions should be documented in the tracking file. The Quality Plan should be closed by the end of February of the following year.

# Applicable documents

Quality Manual CODE Quality Manual

Documentation Management CODE Documentation Management

Management Review CODE Management Review

Change Management CODE Change Management

Training Management CODE Training Management

ICH Q10

# Appendices

The following Appendix is integral part of this SOP:

n/a

# Document revision history

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| --- | --- | --- | --- |
| **Version** | **Valid from** | **Description of the revision** | **Reason for the revision** |
| 1 | See header | Initial SOP introduction | QMS implementation |