Quality **Procedure**

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Purpose

This procedure is established and maintained to ensure adequate measurable Quality Objectives are established at relevant functions in Pustaka Negeri Sarawak (Pustaka), and for it to be implemented effectively to achieve the intended values by constant monitoring.

Scope

This procedure is applicable to Quality Objectives which are established at all relevant levels and functions in Pustaka.

Process

1.0 Establishing Measurable Quality Objectives

1.1 Whenever there is a need to establish or update the quality objective, the Head of Sectors (HOS) shall liaise with the respective Head of Divisions (HOD) / Head of Units (HOU) to establish or add new measurable Quality Objectives (QO) of their functions that are inconsistent in the process efficiency or effectiveness.

1.1.1 Measurable QO shall be established at the relevant function and level within Pustaka, e.g. core business: Library and Depository Services including its support services such as Corporate Services and ICT.

1.1.2 The established measurable QO should fulfil the SMART principles:

a) Specific (to the subject concerned),
b) Measurable (contain figure i.e. % or absolute number)
c) Achievable (based on historical performance)
d) Reasonable (taking into consideration the available resources in the organization) and
e) Track-able (have monitoring period).

1.2 After the QO have been agreed upon the HOD/HOU shall establish the QO in their Table of Quality Objective.

1.3 After the table of QO have been established the HOD/HOU shall submit the table of QO to the HOS for approval by email immediately.

2.0 Approval of Quality Objectives

2.1 Upon received of the table of QO from the HOD/HOU, the HOS shall approved the Table of QO.

3.0 Implementation of Quality Objectives

3.1 After the QO has been established and approved, the HOD/HOU shall ensure

effective implementations of relevant Quality Management System document/procedure are carried out immediately.

4.0 Monitoring and Measurement of Quality Objectives

4.1 Prior to the implementation of the QO, HOD/HOU shall establish the applicable method of monitoring and measurement of QO to monitor and measure the achievement of the planned result/target as set in the QO periodically.

4.1.1 Quality Objective Monitoring (QOM) template shall be used to monitor and measure the QO.

4.1.2 One QOM template shall be required for one QO

4.2 Once the applicable of monitoring and measurement has been established, the HOD shall measure the actual performance of each QO upon completion of its monitoring period.

4.2.1 If the QO monitoring period is by monthly basis, then the actual results of QO achievement shall be calculated and recorded in the QOM form on the following month.

4.2.2 If the QO monitoring period is by year/annual basis, then the actual results of QO achievement shall be calculated and recorded in the QOM form by the month of January of the following year.

4.3 After the QO has been measured, the HOD/HOU shall compare the actual result with the planned result as stated in the Table of QO.

4.3.1 A conclusion shall be drawn by the HOD/HOU as to a 'Yes or No' on the "Achievement of QO" column in the QOM form.

4.3.2 If the actual result of the QO does not meet its target/planned results, it is the responsibility of the HOD/HOU to notify the HOS concerned for reviewing. If the measured result is valid, the HOS shall raise a corrective action via the Corrective Action Request (CAR) form to the HOD/HOU concerned in order to investigate the cause of non-achievement of the QO and to determine and implement correction and corrective action as per Corrective Action procedure.

4.3.2 The CAR number obtained from the QMR as stated in the CAR form issued shall be recorded /cross-referenced in the QOM form i.e. in the 'CAR Ref. No. (If any)' column.

Note: Correction or corrective action taken or planned should not be recorded in the QOM form as more evidence records are required for corrective action requirements. For, example; The investigation of the root cause and the effectiveness of the corrective action taken and its

review shall be detailed in the appropriate CAR form.

5.0 Control of Documented Information

5.1 After the establishment of the Table of QO, the HOD/HOU shall immediately place the Table of QO in the Quality Objective file and keep the file at their respective workplace.

5.1.1 The Table of QO shall be categorised as "Open" document and can be accessed by every staff.

5.1.2 The Table of QO shall be kept for a maximum of 3 years.

5.2 When the Table of QO and QO Monitoring once have passed their retention periods, the CIP Coordinator shall within 30 working days and through e-mail seek the permission of the CEO to dispose it in accordance with Pustaka Negeri Sarawak records management guidelines and practices based on Sarawak State Library Ordinance 1999.

Annexes

a) Table of Quality Objectives
b) Quality Objective Monitoring template