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PROCEDURE TITLE	PROCESS PERFO	RM/	ANCE MONITORING AND ME	ASUREMENT				
SCOPE	to summarizing m	This procedure covers the activities from the monitoring of relevant process parameters to summarizing monthly results and initiating needed corrections and corrective actions for unmet objectives, where applicable.						
PURPOSE		To define the process for the periodic monitoring, measurement and reporting of process performance against specified quality objectives or planned results of each process.						
PROCESS DEC	SRIPTION:							
PROCESS OWNER	Process Implementation Records	-▶[PROCESS PERFORMANCE MONITORING AND MEASUREMENT	Process Performance Reports	TOP MANAGEMENT CORRECTIVE ACTION			

DESCRIPTIVE STATEMENT:

The process owner implements the process, records the progress of the transaction and submits process performance reports to the QMS Secretariat who validates and consolidates the reports, prepares/issues Corrective Action Report duly signed by the QMR for unmet targets, and submits report of the overall QMS performance, signed by the Deputy QMR to the Top Management through the QMR.

Ste p No.	Responsible Personnel	PROCESS/ ACTIVITY	Details	References		
1 Process Owner		Implement the Process	• Implement the process as per documented procedures.	• Quality Procedure (QP of the process		
2 Process Owner Record progress of transaction or process implementatio n		progress of transaction or process implementatio	 Record the actual progress of transaction, or actual data of process implementation to monitor the process performance based on the committed quality objectives in the respective process performance monitoring tool, if any. For voluminous transactions, summarize the process performance data in the Process Summary Log Sheet (PSL) to get the consolidated results for the period being reported, duly noted by the concerned Deputy QMR. 	Respective		
3	Process Owner	Report the process performance results	 Report the process performance results for the period using the Quality Monitoring and Evaluation (QME) form, print and submit for review by the concerned Division Chief/OIC and noted by the QMR Submit the PSL and QME Report to the QMS Secretariat on or before the 5th working day of the ensuing month of the current period. Communicate within the division the 	• Process Quality Monitoring and Evaluation (QME).		





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Ste p No.	Responsible Personnel	PROCESS/ ACTIVITY	Details	References
4	QMS Secretariat	Validate and Consolidate QME Report	• Monitor the submission of the PSL and QME Report. Review results based on available information submitted.	• QME Report and Supporting Document/s
			 Consolidate QME Results and evaluate performance against top management objectives. 	• QMS-QME report, QMS- PSL
			• Prepare Corrective Action Report (CAR) to concerned Process Owners that did not meet the quality objectives/planned results duly signed by the QMR within 2 working days upon receipt of the QME report.	• CAR
			 Submit QMS-QME report, QMS-PSL, and QME results to QMR. 	
5	QMR	Review and sign reports	 Review and accept/sign CAR and return to QMS Secretariat, if any. 	• CAR, if any
			• Sign the QMS-QME and communicate to the Top Management/RD	• QMS QME with QMS PSL
			Return to QMS Secretariat.	
6	QMS Secretariat	Issue CAR, if any and	• Issue CAR to concerned Office.	• CAR, if any
	Representati ves and Head	forward QMS- QME Report	• Forward QMS-QME Report with QMS PSL to the Top Management or RD.	• QMS QME with QMS PSL
7	Process Owner	Initiate correction and corrective action	 Plan appropriate corrections/immediate actions to address the unmet planned results. Determine the root cause. 	 CAR SP-R12-06 – Non-conformity and Corrective
			• Formulate Corrective Action Plan (CAP) duly noted by the Division Chief/OIC and approved by the QMR with identified person responsible and specified timelines.	Action
			 Submit accomplished CAR to QMS Secretariat within 10 working days upon receipt. 	
8	QMS Secretariat Representati	Review and approve the Corrective	• QMS Secretariat: Review the proposed corrections and corrective actions.	• CAR
	ve and Head	Action	• If found in order and adequate to address the unmet target, secure approval of the QMR; else, return to concerned Process Owner for appropriate action.	

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Ste p No.	Responsible Personnel	PROCESS/ ACTIVITY	Details	References
			 QMR: Approve the Corrective Action Plan and return to QMS Secretariat. QMS Secretariat: Provide copy of the approved CAP to concerned process 	
9	Process Owner; QMS Secretariat Representati ve and Head	Implement and Monitor Corrective Action Plan (CAP)	 owner. Process Owner: Implement CAP as planned. Monitor progress against Corrective Action Plan. If any Corrective Action cannot be/is not implemented, discuss with the Head of Office/Division Chief for possible additional intervention. QMS Secretariat: Verify implementation and effectiveness of actions taken after at least 2 months of full CAP implementation. Verification can happen more than once if the initial (first) verification does not provide evidence of non-recurrence of the root cause(s) identified. If non-recurrence of the root cause is verified, close-out the CAR duly approved by the Deputy QMR; else, coordinate with concerned office/division for continuous CAP implementation and/or take any further appropriate action. 	• CAR
10	Process Owner	Continue process monitoring and conduct data analysis	 Communicate the results of verification to concerned division/office. Continue process monitoring on succeeding period. Analyze data and trends every three (3) consecutive performance reporting periods and submit to the QMS Secretariat on the 5th working day of the ensuing month. 	 Process Monitoring Tool/s (e.g Logsheet, Tracker, etc.) QMS Performance
11	Process Owner, QMS Secretariat Representati ve and Head	Retain records	Retain records in accordance with Control of Retained Documented Information Procedure and Master List of Records	 Analysis Repor Control of Retained Documented Information Procedure Master List o Records





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QMS PROCESS SUMMARY LOGSHEET (PSL)

TOP MANAGEMENT QUALITY OBJECTIVE: 90% of Quality Objectives Met FREQUENCY OF MONITORING: Monthly COVERED PERIOD: DUE DATE OF SUBMISSION:

			Tim	eliness					RESUL	ГS								
No.	Process No.	Quality Objective	Date Received	≤ DDS	> DDS	Target	Data	Actual	Met	Unmet	NSY	NA	NPY	Frequency of Reporting	QP Code	Procedu re Title	Remarks	REVIEW OBSERVATIONS
							_											

Prepared by:	Noted by:		
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QMS Secretariat of Division/Un		hief / Deputy QMR	Regional Quality Management Representative





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Quality Management Secretariat	Regional Quality Management Representative	Top Management





Republic of the Philippines DILG REGION XII (SOCCSKSARGEN) **QMS PERFORMANCE ANALYSIS REPORT**

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PROCEDURE T	'ITLE:	QP CODE:	
COVERED PERIOD:	FROM:	TO:	

PART I: OVERALL ANALYSIS

PART II: GRAPHICAL PRESENTATION

PART III: IDENTIFIED GAPS/CONSTRAINTS/WEAKNESS AND ACTION PLAN

	ACTION PLAN			
GAPS/CONTRAINTS WEAKNESSES	ACTIVITY	RESPONSIBLE PERSON	TIMEL FROM	INE TO
	(Identified St	rategy)		

Prepared By:	Reviewed By:	Approved By:
Name:	Name:	Name:
Date:	Date:	Date:
QMS Secretariat (Division/Unit)	Deputy Quality Representative	Quality Management Representative

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