

**MANAGEMENT REVIEW MINUTES**

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Date of Management Review: November 22, 2018**Venue: DILG R02 Conference Hall**

Present: RD Jonathan Paul M. Leusen, Jr., CESO IV
 PD Ruperto B. Maribbay, CESO V of DILG-Cagayan
 PD Salvacion Z. Baccay, CESE of DILG-Quirino
 LGMED Chief Digna R. Herrera
 LGMED OIC ADC Genevieve Alipio
 Cluster Head Cristina Somera
 CLGOO Fernando T. Calabazaron III
 LGOO II James Daryll Liggayu
 Process owners

ARD Elpidio A. Durwin, CESO V
 PD Elma M. Urbina, CESE of DILG-Nueva Vizcaya
 OIC PD Ma. Loida M. Urmatam- Batanes
 LGCDD OIC DC Catherine Allam-Miranda
 Cluster Head Marietta F. Abalus
 Program Manager Imelda Aquino
 SAO Ive B. Saludez
 COS Rowena Anna R. Maggay
 Regional Internal Quality Audit Team Members

Item	Agenda Item	Issues / Highlights of Discussion / Management Action and Decisions	Action Plan
1	FOLLOW UP AGENDA FROM PREVIOUS MANAGEMENT REVIEW	Attached is an enrolled form with regard to this agenda.	
2	CHANGES IN EXTERNAL AND INTERNAL ISSUES	Context Registry reviewed during the Be a PARTNER activity on November 12-14, 2018 was presented for review of the body.	A small group was created to review the outputs. After thorough discussion, the small group recommended to conduct another meeting for this purpose on November 28, 2018.
3	REVIEW OF CUSTOMER SATISFACTION AND FEEDBACK FROM RELEVANT INTERESTED PARTIES	Per filled up client satisfaction survey forms received from walk-in clients dropped at the drop box located at the lobby, general rating is 5 (very high), only CBMS assistance (not enrolled procedure) was rated 4 on service quality. This is indicated in a filled up form accomplished on May 11, 2018. It was noted that there are negative feedbacks received by the Regional Office from facebook page, official email addresses and website	All Division Chiefs were commended on the exemplary performance. Regional IT Officer Feliximar Cabatbat is enjoined to conduct further study on this matter and recommend action to the management.
4	EXTENT TO WHICH QUALITY OBJECTIVES HAVE BEEN MET	DILG Quality objectives was reviewed. (attached is the Quality objectives powerpoint presentation)	QMS Secretariat with Document Control Team to revise Quality Objectives presented in the Manual.
5	PROCESS PERFORMANCE AND CONFORMITY OF PRODUCTS AND SERVICES	Per submitted logsheets, QMS Secretariat submitted performance analysis report.	All Division Chiefs are enjoined to localize Quality objectives and evaluate their respective performance.
6	NON CONFORMITIES AND CORRECTIVE ACTION	This is already reported through the enrolled form Status of Actions Taken. Other non-conformities are enumerated in the audit results.	

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7	MONITORING AND MEASUREMENT RESULTS	Absence of Building Maintenance Plan and Position Description Qualification (PDQ) Manual. Building Maintenance Plan was presented by LGOO V Karen Tanjusay while Position Description Forms were used by this office according to the Finance and Administrative Division-Personnel Section (FAD-PS)	Building Maintenance Plan needs to be enhanced to include budgetary requirements; FAD-PS is enjoined to ensure compliance to the Position Description Qualification Forms.
8	AUDIT RESULTS	<ul style="list-style-type: none">• CONFORMITIES:<ul style="list-style-type: none"><input type="checkbox"/> Findings show that the audited system procedures are in place.• NON-CONFORMITIES:<ul style="list-style-type: none"><input type="checkbox"/> Procedure is not consistent with the actual practice such that there are procedures stated by the auditee that are not reflected in the Quality Procedure and there are processes that needs to be inserted, deleted and interchanged.<input type="checkbox"/> Some documents are unsigned and there are lacking documents and references that should support the procedure.<input type="checkbox"/> Absence of tracking record or logsheet of some procedures while some logsheets are not properly filled-out.<input type="checkbox"/> Insufficient equipment to support the effective implementation of the procedure.<input type="checkbox"/> Inadequate Capacity Building Intervention for some process owners and support staff.<input type="checkbox"/> Lack of personnel to support the implementation of the Quality Procedure.<input type="checkbox"/> Absence of a system on Registry of Corrective Action Report.<input type="checkbox"/> Some System Procedures are redundant.• OPPORTUNITIES FOR IMPROVEMENT<ul style="list-style-type: none"><input type="checkbox"/> Provision of regular vehicular support or permanent service vehicle to the Records Section	All process owners and Deputy Quality Management Representatives are enjoined to comply with the requirements set by Non-conformity and corrective action procedure. ALL Corrective action Report must be properly filled up and handed to the Regional Internal Quality Audit Team Administrative Support staff within 10 working days from issuance

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		<ul style="list-style-type: none"> <input type="checkbox"/> Filling-up of vacant positions at the Personnel Section or detailing of additional personnel. <input type="checkbox"/> Conduct of Basic Computer Operations Training to the Records Personnel or detailing of an IT expert to the section <input type="checkbox"/> Institutionalization of a mechanism on: <ul style="list-style-type: none"> - System of the Cashier to inform claimants of the cash deposited to their accounts - System on Risk Registry - Audit System Procedure <input type="checkbox"/> Formulation of Quality Management System Communication Plan <input type="checkbox"/> Conduct of Management Review every after three months or as the need arises <input type="checkbox"/> Enhancement of the QMS Quality Manual <input type="checkbox"/> Institutionalization of the: <input type="checkbox"/> Process Quality Monitoring and Evaluation <input type="checkbox"/> Centralized Handling and Monitoring of Customer Satisfaction Surveys <input type="checkbox"/> Centralized Handling of Document Information and <input type="checkbox"/> Non-conformity and Corrective Action 	<p>All process owners and Deputy Quality Management Representatives are enjoined to comply with the requirements. ALL Opportunities for Improvement Report must be properly filled up and handed to the Regional Internal Quality Audit Team Administrative Support staff within 10 working days from issuance.</p>
9	PERFORMANCE OF EXTERNAL PROVIDERS	<p>A summary of Feedback on Regular Catering prepared by the General Services Section was presented.</p> <p>Mobility support feedback summary prepared by GSS was also presented. It was observed that only a few filled up feedback forms were retrieved.</p>	<p>QMS secretariat to improve the table presented; GSS to communicate the result to the caterer, particularly on the negative comments;</p> <p>GSS to strengthen retrieval of forms. All operating units are enjoined to submit filled up feedback forms after travel.</p>
10	ADEQUACY OF RESOURCES	<p>The amount of Php1 Million pesos is needed to conduct succeeding QMS activities.</p>	<p>Finance unit to coordinate with OPDS/FMS for the request of the said funds.</p>
11	EFFECTIVENESS OF ACTIONS TAKEN TO ADDRESS RISKS AND OPPORTUNITIES	<p>Risk Review Team conducted review and re-formulation of Risk Registers per operating unit, to include the Management during the Be a PARTNER activity on Nov 12-14, 2018. This was presented.</p>	<p>All operating units are enjoined to submit their respective Risk Control Plan for risks which are identified to be 'High'. Opportunity Management Plan was also expected for the management level to reach the QMS secretariat NLT November 28, 2018.</p>

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12	OPPORTUNITIES FOR IMPROVEMENT	<p>For continual improvement, the following were raised:</p> <ul style="list-style-type: none">- enrolment of other frontline services indicated in the Citizens Charter, but if processes are for Provincial Office implementation, it should not reach the regional office anymore and shall be owned by Provincial Offices;- strengthen QMS secretariat, Document Control Team and Internal Quality Auditors by sending them to accredited trainings;- conduct review of Citizens Charter for 2019 implementation- strengthen 5S program	<p>LGCD to review policy on the Issuance Of Authority To LGUs Re Conduct Of Lakbay-Aral/ Study Tour as one of DILG R02's frontline services;</p> <p>Budget Officer and Planning Officer to include in the AOPB for 2019.</p> <p>All operating units are enjoined to participate. For 2019, this will be enrolled as a procedure.</p>
Other Matters	Rendition of overtime services	QMS Secretariat to draft Regional Order RE rendition of overtime services by all concerned.	

Prepared By:	Reviewed By	Approved By
(sgd.) IVE B. SALUDEZ QMS Secretariat Head	(sgd.) ELPIDIO A. DURWIN, CESO V Regional Quality Management Representative	(sgd.) JONATHAN PAUL M. LEUSEN, JR., CESO IV Regional Director