



DILG REGION XIII (CARAGA)
MANAGEMENT REVIEW MINUTES

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Date of Management Review: January 23, 2018

Venue: Pietro's Square, Imadejas, Butuan City

Present: RD Lilibeth A. Famacion, CESO III (Top Management)
PD Arleen Ann R. Sanchez (ADS Deputy QMR)
PD Domingo E. Bulabog (PDI Deputy QMR)
DC Ray Gregory F. Jaranilla (LGMED Deputy QMR)
OM Mayonito Fernan E. Ramos (SDS DQMR Rep.)
LGOO V Don Manuelo O. Patrimonio (Secretariat Head)

ARD Donald A. Seronay (Regional QMR)
PD Ellen Vee P. Chua (ADN Deputy QMR)
CD Charissa T. Guerta (BXU Deputy QMR)
DC Jocelyn C. Jayoma (LGCCD Deputy QMR)
PM Jimylen H. Balicud (SDN DQMR Rep.)

Absent: PD John Rey L. Mosquito (SDN Deputy QMR)

PD Pedrito P. Alacaba, CESO V (SDS Deputy QMR)

(See attached attendance sheet)

Item	Agenda Item	Issues / Highlights of Discussion / Management Action and Decisions	Action Plan (What, Who, When to Do)						
1	Status of actions from previous management reviews	This being the first Management Review, this agenda item was skipped.							
2	Changes in external and internal issues that are relevant to the quality management system	The context registry was revisited and considered whether still relevant and applicable and was accepted to be still so.							
3	Trends in customer satisfaction and feedback from relevant interested parties	The QMR discussed the failure to administer the Client Satisfaction Survey for the period covered. This was noted and concurred by the Deputy QMRs. There were also clarificatory discussions on the clients subject to the survey and the overlapping of surveys for the same (connected) service from both the regional and central offices, e.g. Authority to Purchase Motor Vehicle.	Implementation of CSS is to be strengthened in the Quality Processes that have direct interfacing with clients, except those that are no longer appropriate (e.g. implementation of orders and findings of judicial bodies, etc.)						
4	The extent to which quality objectives have been met	Data as regards the attainment of the quality objectives of the QMS were deemed insufficient, attributed also to the lacking documentation of the processes and the failure to administer the CSS. The following Quality Objectives were revisited: <table border="1" data-bbox="593 1688 1034 1877"> <thead> <tr> <th>Objective</th> <th>Coverage</th> </tr> </thead> <tbody> <tr> <td>80% of all QOs are met</td> <td>All</td> </tr> <tr> <td>80% of all customers who submitted CSS with rating of at least 4 or "satisfied"</td> <td>Offices</td> </tr> </tbody> </table>	Objective	Coverage	80% of all QOs are met	All	80% of all customers who submitted CSS with rating of at least 4 or "satisfied"	Offices	The Deputy QMRs as concurred by the Regional QMR and Top Management was to abide by, document procedures and monitor attainment of the quality objectives for a better appreciation in the next Management Review.
Objective	Coverage								
80% of all QOs are met	All								
80% of all customers who submitted CSS with rating of at least 4 or "satisfied"	Offices								
5	Process performance and conformity of products and services	The following were the conforming products and services of the DILG XIII ascribed to the previous quarter's operations: • Availability of Context Registry indicating the Internal and External Issues	Maintain and improve further the good practices from the conforming products and services.						





		<ul style="list-style-type: none"> • Availability of Interested Party Matrix indicating the interested parties was available • Leadership of Top Management through establishment of Quality Policy; availability of resources/funds for the QMS via the Work and Financial Plan; and designated staffing for the QMS through issuances • Maintained documented information on quality objectives for process and organizational levels • Presence of required documented information required, i.e. Operating Procedures Manual, etc. • Ensured externally provided processes, products and services conform to requirements and complies with the Procurement Law • Evaluation of performance and effectiveness of the QMS thru adopted quality procedures on DILG PPA Implementation and Reporting; Monitoring of LFP; Preparation and Submission of DARs; Monitoring the Implementation of SPMS; and Internal Quality Auditing • Continual improvement philosophy adopted thru quality policy, quality objectives and other catalysts for positive change. 	
<p>6</p>	<p>Nonconformities and corrective actions</p>	<p>As pertains the nonconformities, the following were reported:</p> <ul style="list-style-type: none"> • Unavailability of Risk Register for each process • Lapse in the implementation of Process Performance Monitoring and Measurement Procedure from unavailability of required monitoring reports, i.e. PSL, QME and PAR • Lapse in the implementation of External Client Satisfaction Survey 	<p>The failure to come up with the Risk Register was attributed to the lack of capacity of the QMS implementers on the process. It was the decision of management to conduct a separate activity to capacitate process owners on developing the risk register.</p> <p>The lapse in monitoring reports from QMS Process Monitoring and Performance was verified and attributed to lack of awareness and knowledge of personnel in accomplishing the QME, PSL and PAR based on the QO. An Orientation on the matter was agreed necessary.</p>





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			The findings on CSS was a reiteration of the discussion on agenda item number 3 (see discussion above)														
7	Monitoring and measurement results	<p>The report for the 2017 accomplishment of PPA implementation was presented. The following is the summary of accomplishments:</p> <table border="1"> <thead> <tr> <th>Outcome Area</th> <th>% Accomp.</th> </tr> </thead> <tbody> <tr> <td>Accountable, Transparent, Participative and Effective LGs</td> <td>88.68%</td> </tr> <tr> <td>Socially Protective and Safe LGUS</td> <td>99.71%</td> </tr> <tr> <td>Environment Protective, Climate Change Adaptive and Disaster Resilient LGUs</td> <td>100%</td> </tr> <tr> <td>Business-Friendly and Competitive LGUs</td> <td>100%</td> </tr> <tr> <td>Strengthened Internal Organizational Capacity</td> <td>99.33%</td> </tr> <tr> <td>AVERAGE</td> <td>95.62%</td> </tr> </tbody> </table>	Outcome Area	% Accomp.	Accountable, Transparent, Participative and Effective LGs	88.68%	Socially Protective and Safe LGUS	99.71%	Environment Protective, Climate Change Adaptive and Disaster Resilient LGUs	100%	Business-Friendly and Competitive LGUs	100%	Strengthened Internal Organizational Capacity	99.33%	AVERAGE	95.62%	Presented for information.
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8	Audit results	<p>The first IQA was conducted on January 8-19,2018 resulted to three (3) CPARs and six (6) OFIRs.</p> <p>The three (3) non-conformities pertains on the non-availability of documented information and lapse in implementation of the risk register, Position Description and Qualification (PDQ) and external client satisfaction survey.</p> <p>The six (6) opportunities for improvement were relevant to the: document control, records control, process performance, service realization, awareness, and communication.</p>	Discussions and plans for Nonconformities (CPARs) discussed in Agenda Item number 6; and Opportunities for Improvement (OFIR) in Agenda Item number 12.														
9	Performance of external providers	<p>The report coming from the General Services Section of the Finance and Administrative Division showed the following suppliers having been evaluated:</p> <table border="1"> <thead> <tr> <th>Services/Product Provider</th> <th>Suppliers Evaluated</th> </tr> </thead> <tbody> <tr> <td>Security Services</td> <td>1</td> </tr> <tr> <td>Internet Services</td> <td>2</td> </tr> <tr> <td>Telephone</td> <td>2</td> </tr> <tr> <td>Drinking Water</td> <td>2</td> </tr> <tr> <td>Catering Services</td> <td>5</td> </tr> </tbody> </table>	Services/Product Provider	Suppliers Evaluated	Security Services	1	Internet Services	2	Telephone	2	Drinking Water	2	Catering Services	5	The scope of evaluation was only at the regional level. It was recommended that subsequent evaluation report to include reports coming from the Field Operating Units.		
Services/Product Provider	Suppliers Evaluated																
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		Hotels and Venues 11																																					
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10	Adequacy of resources	<p>The Work and Financial Plan accomplishment for 2017 was presented. It revealed the following utilization:</p> <table border="1"> <thead> <tr> <th>Item</th> <th>Amount Allocated</th> </tr> </thead> <tbody> <tr> <td>QMS Capacity Development Trainings</td> <td>234,400</td> </tr> <tr> <td>FGDs, Consultations, Workshops</td> <td>247,400</td> </tr> <tr> <td>Communicating the QMS</td> <td>84,200</td> </tr> <tr> <td>Conduct of IQA</td> <td>52,000</td> </tr> <tr> <td>Conduct of Management Review</td> <td>32,000</td> </tr> <tr> <td>TOTAL</td> <td>650,000</td> </tr> </tbody> </table> <p>Of the total amount, P145,000 was diverted to finance the consultancy services to assist in the QMS documentation efforts of the office. Of the total amount, PhP539,227.75 was utilized, or a rate of 83%.</p> <p>Pertaining QMS-pertinent facilities, there were observations of inadequacies particularly in terms of structures and facilities for systematic records filing (insufficient filing cabinets, equipment for accounting for ADN and SDN). The Butuan City field office also lacked vehicular support.</p>	Item	Amount Allocated	QMS Capacity Development Trainings	234,400	FGDs, Consultations, Workshops	247,400	Communicating the QMS	84,200	Conduct of IQA	52,000	Conduct of Management Review	32,000	TOTAL	650,000	<p>The Work and Financial Plan for 2018 was also presented for studying and consideration of the management. The approval of said plan is slated at the end of the first quarter, 2018. The plan consisted of the following budget items as proposed:</p> <table border="1"> <thead> <tr> <th>Item</th> <th>Amount Allocated</th> </tr> </thead> <tbody> <tr> <td>2017 IQA</td> <td>108,000</td> </tr> <tr> <td>2017 Management Review</td> <td>42,000</td> </tr> <tr> <td>QMS Documentation</td> <td>159,200</td> </tr> <tr> <td>Conduct of Pre-certification Audit</td> <td>108,800</td> </tr> <tr> <td>2018 IQA</td> <td>93,500</td> </tr> <tr> <td>2018 Management Review</td> <td>42,000</td> </tr> <tr> <td>External Auditor</td> <td>108,800</td> </tr> <tr> <td>FGDs and Consultations</td> <td>57,600</td> </tr> <tr> <td>Communicating the QMS</td> <td>84,200</td> </tr> <tr> <td>TOTAL</td> <td>984,500</td> </tr> </tbody> </table> <p>Management to instruct the GSS to check existing inventory records to assess needs; to advise on procuring lacking facilities like additional Steel cabinets.</p>	Item	Amount Allocated	2017 IQA	108,000	2017 Management Review	42,000	QMS Documentation	159,200	Conduct of Pre-certification Audit	108,800	2018 IQA	93,500	2018 Management Review	42,000	External Auditor	108,800	FGDs and Consultations	57,600	Communicating the QMS	84,200	TOTAL	984,500
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11	Effectiveness of actions taken to address risks and opportunities	There was a consensus that there was a lapse in the implementation of the risk register, as was also the findings in the IQA	Refer to the discussion on Agenda Item number 8.																																				
12	Opportunities for improvement	<p>The Opportunities for Improvement for succeeding operating periods were reported as follows:</p> <ul style="list-style-type: none"> Strengthen communication of the Quality Policy aside from recitation of Quality Policy during convocation/flag raising ceremony. 	<p>The management moved to devise strategies to improve communication of QMS principles and standards, including the Quality Policy, e.g.:</p> <ul style="list-style-type: none"> Dissemination of QPs and IEC Materials Forum/Orientation on QMS 																																				

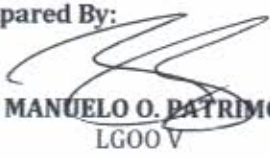




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		<ul style="list-style-type: none"> • Include ISO advocacy and updates in all of the avenues and official functions participated by DILG XIII personnel
	Others	None.
ANNEXES		<ul style="list-style-type: none"> • Regional Internal Quality Audit Report (Jan 8-19, 2018) • Quality Objective - QMS • QMS Work and Financial Plan 2017 • QMS Work and Financial Plan 2018 Proposal • DILG Accomplishment Report 2017


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Regional Quality Management Representative

Approved By

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 Regional Director

Top Management

