



**Date of Management Review:** December 11, 2019 **Venue:** Tanchuling Hotel, Legazpi City

**Present:**

Committee Head:

- Atty. Anthony C. Nuyda, CESO III, Regional Director

Committee Members:

- Atty. Arnaldo E. Escobar, Jr. CESO V, Asst. Regional Director/Presiding Officer
- Arnel Renato L. Madrideo, Provincial Director – DILG Albay
- Ray B. Caceres, CESO V, Provincial Director – DILG Camarines Norte
- Melody E. Relucio, CESO V, Provincial Director – DILG Camarines Sur
- Uldarico S. Razal, Provincial Director, DILG Catanduanes
- Julius Rodel L. Cal – Ortiz, Provincial Director, DILG Sorsogon
- Ben Paul M. Naz, OIC – Provincial Director – DILG – Masbate
- Alfredo Sallan, CAO/FAD Chief
- Susan Emce B. Santiago, OIC – Chief, LGCDD
- Olivio D. Ramirez, Chief, LGMED

*Note: Other participants present during the Management Review are listed in the 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	Not applicable (First MR)	Not applicable (First MR)
2	Changes in external and internal issues that are relevant to the quality management system	<ul style="list-style-type: none"> <li>- The amount downloaded for the ISO implementation of Region 5 is Php1,000,000.00. There was a need to request for an additional funding for the conduct of the third-party audit.</li> <li>- Due to the re-assignments and promotion of some Focal Persons handling a particular program/process, some processes and documents were needed to be turned – over.</li> </ul>	<ul style="list-style-type: none"> <li>- An additional fund of Php220,000.00 was approved and downloaded from the Central Office.</li> <li>- The Library Services (LGRRC) was transferred to the LGCDD but the designated Librarian is still from the LGMED who originally handled the program.</li> </ul>
3	Trends in customer satisfaction and feedback from relevant interested parties	<ul style="list-style-type: none"> <li>- The information related to the products and services offered by each section / division and the person responsible for the concerned products / services were communicated to the customers through the Citizen's Charter posted at the Regional Office lobby, and the Customer Feedback Form available in the public Assistance Desk.</li> </ul>	<ul style="list-style-type: none"> <li>- Consolidation of the accomplished Customer Satisfaction Survey Form and other monitoring tools in all QPs for evaluation purposes. They shall also summarize and conduct initial analysis of survey tool to be submitted to the QMS Secretariat.</li> </ul>





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<b>4</b>	<b>The extent to which quality objectives have been met</b>	<ul style="list-style-type: none"> <li>- The QMS Secretariat communicated to the process owners of the concerned offices on the submission of the Process Monitoring Logsheet (PML), Process Summary Logsheet (PSL) and Quality Monitoring and Evaluation (QME) forms.</li> <li>- Quality Objectives per process was available, however not all processes were able to submit the monitoring forms</li> </ul>	<ul style="list-style-type: none"> <li>- QMS Secretariat reminded the concerned offices on the timely submission of their Process Monitoring Logsheet (PML), Process Summary Logsheet (PSL) and Quality Monitoring and Evaluation (QME) Reports to the QMS Secretariat every end of the Quarter (or depending on the monitoring period) of the concerned process, for consolidation and analysis.</li> </ul>
<b>5</b>	<b>Process performance and conformity of products and services</b>	<ul style="list-style-type: none"> <li>- Some lapses were identified but were considered acceptable and may be easily rectified considering that the implementation is still on initial phase</li> </ul>	<ul style="list-style-type: none"> <li>- continuing receipt of monitoring reports for consolidation and analysis of process performance results by the QMS Secretariat</li> </ul>
<b>6</b>	<b>Nonconformities and corrective actions</b>	<ul style="list-style-type: none"> <li>- The IQA resulted with only minor non-conformities in the processes discussed in the audit results.</li> <li>- Non-conformities were observed in the use of the required forms and some typo errors on the entries of some forms</li> </ul>	<ul style="list-style-type: none"> <li>- Reorientation for the Risk Review Team on the use and accomplishment of the Risk/Opportunity Registers</li> <li>- Need to prepare the Organizations Risk Register</li> </ul>
<b>7</b>	<b>Monitoring and measurement results</b>	<ul style="list-style-type: none"> <li>- The QMS Secretariat is still in the process of reviewing and consolidating QME results due to the multiple tasks of personnel assigned as Secretariat</li> </ul>	<ul style="list-style-type: none"> <li>- QMS Secretariat to facilitate timely submission of concerned QMEs of processes for consolidation within the prescribed period</li> </ul>
<b>8</b>	<b>Audit results</b>	<p><i>Background:</i></p> <ul style="list-style-type: none"> <li>- The first Regional Internal Quality Audit was conducted on October 21 – 22, 2019 (Regional Office), October 23 – 24, 2019 (Provincial Offices).</li> <li>- Concerned process owners were interviewed and evaluation using the audit checklist prepared.</li> <li>- IQA Report Writing was</li> </ul>	



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8	<b>Audit Results (continuation)</b>	<p>conducted on October 28, 2019 at the Regional Office.</p> <p><i>Key Findings:</i> CONFORMITIES:</p> <ul style="list-style-type: none"> <li>- All Interested Parties relevant to Quality Management System and requirements were identified (4.2)</li> <li>- Regional Top Management showed their support and commitment in the implementation of the ISO exhibited by the RD's full authorization to the ARD/QMR in the establishment of the RQMS and the conduct of the IQA before the year ends (5.2).</li> <li>- Maintenance of signed controlled copies of Quality Procedures (QP), Quality Objective (QO), Process Summary Log Sheet (PSL), Quality Monitoring and Evaluation (QME), Risk Register (Process and Objective Risk Assessment are present (7.5.2 and 7.5.3).</li> <li>- The risk and opportunities were properly identified in the Risk Register, with Risk Control Plan and Monitoring Reports, and specific actions were taken to address the identified risk (6.1.1).</li> <li>- The service requirements are met as documents are not released without being approved by the relevant authority and retained documented information are conformed with the acceptance criteria (8.6).</li> <li>- Neatly filed and labeled ISO documents for some processes.</li> </ul>
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<p><b>8</b></p>	<p><b>Audit Results (continuation)</b></p>	<ul style="list-style-type: none"> <li>- Process Owners and employees are aware of the Quality Management System (QMS) and their Quality Policy since it is being recited every Monday during Flag Ceremony.</li> </ul> <p><b>MINOR NON-CONFORMITIES:</b></p> <ul style="list-style-type: none"> <li>- There was a lapse in the implementation of the process Provision of Local Governance Regional Resource Center (LGRRC) Services (QP - R05 - LGCDD - 19) as evidenced by the absence of documents due to the absence of the library.</li> </ul> <p>The following are the processes that had incomplete entries in the Reporting Forms during the audit:</p> <ul style="list-style-type: none"> <li>- QP-R05-LGMED-14 (Issuance of Certificate of Service Rendered for SB Member Eligibility)</li> <li>- QP-R05-LGMED-15 (LTIA Assessment and Submission of Nominees)</li> <li>- QP-R05-LGMED-16 (Processing of LGU Request for Authority to Purchase Motor Vehicles)</li> <li>- QP-R05-LGCDD-19 (LGRRC)</li> <li>- QP-R05-LGMED-18 (Processing f Request for BOBDC)</li> <li>- QP-R05-FAD-24 (Learning and Development)</li> <li>- QP-R05-FAD-27 (Recruitment, Selection and Promotion (RSP) for 1st and 2nd Level)</li> <li>- QP-R05-FAD-38 (Procurement Processes)</li> <li>- QP-R05-FAD-40 (Inspection, Acceptance and Issuance of Deliveries)</li> </ul>	<ul style="list-style-type: none"> <li>- For the concerned process owner, ensure the presence of the documents and establishment of library.</li> <li>- The QMS Secretariat to monitor the submission of the PSL, PME and QME Report.</li> <li>- For the concerned process owners to fill - out the Reporting Forms (PSL, PML and QME) to be submitted to the QMS Secretariat.</li> <li>- The QMS Secretariat to monitor the submission of the PSL, PME and QME Report.</li> </ul>
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9	<b>Performance of external providers</b>	<ul style="list-style-type: none"> <li>- Performance of External Providers is being conducted using the evaluation forms being distributed but not complete.</li> </ul>	<ul style="list-style-type: none"> <li>- Concerned Process owner will be responsible in the evaluation of the External Providers.</li> </ul>
10	<b>Adequacy of resources</b>	<ul style="list-style-type: none"> <li>- During the Quality Management Review, Co – Chair of the QMS Secretariat discussed the fund support of Region V's ISO 9001:2015 and how it was utilized. She also informed the committee on the additional fund that has been requested from the Central Office which was approved and downloaded to the Region.</li> </ul>	<p>QMS Secretariat submits quarterly reports on the QMS fund utilization to Central Office thru the FMS</p>
11	<b>Effectiveness of actions taken to address risks and opportunities</b>	<ul style="list-style-type: none"> <li>- The Risk Registers (Objective and Process) were prepared by the respective process owners.</li> </ul>	<ul style="list-style-type: none"> <li>-Risk Review Team have to meet and consolidate the Risk Registers and assess whether risk control plan and/or opportunity management plan is needed for consideration</li> </ul>
12	<b>Opportunities for improvement</b>	<ul style="list-style-type: none"> <li>- Update of Risk Registers after re- evaluation of Action Plan (6.2.1).</li> <li>- QMS Capacity development for all DILG Region V personnel.</li> <li>- There is a need to establish the library facility in the continuous provision of library and LGRRRC services.</li> <li>- Ensure records for the last six (6) months are intact and made readily available notwithstanding transfer of personnel assignment or office. (8.7)</li> <li>- Allocation of funds for the provision of additional file</li> </ul>	<ul style="list-style-type: none"> <li>- Capacity development to be participated in by all the process owners (RO and PO level) must be headed by the Regional Office. As for the non-process owners, the Provincial Office may initiate the activity.</li> <li>- Concerned process owner to apply suggestions.</li> <li>- Concerned personnel and Provincial Offices to ensure that records are stored and intact, even during transfer of offices.</li> <li>- The Regional and Provincial Offices to</li> </ul>



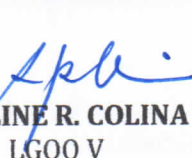
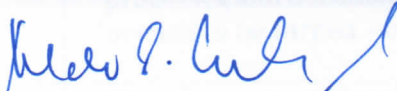
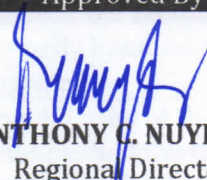


DILG REGION V

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	<p>cabinet with locks to ensure adequate protection of files/documents (7.5.2 and 7.5.3).</p> <p>- Conduct of 5s in all operating units</p>	allocate funds in the procurement of file cabinets.
<b>Other Matters</b>	<p>- Other matters discussed to include the following:</p> <ol style="list-style-type: none"> <li>2019 QMS Timeline of Activities <ul style="list-style-type: none"> <li>3<sup>rd</sup> Party Certification Audit</li> <li>Awarding of ISO Registration Certificate</li> </ul> </li> <li>Requirements for the conduct of the 3<sup>rd</sup> Party Audit Certification <ul style="list-style-type: none"> <li>Address the minor non-conformities and opportunities for improvements raised during the conduct of the Internal Quality Audit (IQA)</li> <li>Preparation for the 3<sup>rd</sup> Party Audit</li> </ul> </li> </ol>	

Prepared By	Reviewed By	Approved By
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