



DILG REGIONAL OFFICE 1  
**MANAGEMENT REVIEW MINUTES**

Document Code		
<b>FM-SP-RO1-05-01</b>		
Rev. No.	Eff. Date	Page
00	10.01.17	Page 1 of 8

**Date of Management Review:** December 22, 2017

**Venue:** DILG RO 1 Training Hall

- Present:**
- |                                |                                  |                                  |
|--------------------------------|----------------------------------|----------------------------------|
| RD James F. Fadrilan, CESO IV  | AO III Karen Joy D. Espat        | Acct. III Sety Zorayda S. Perez  |
| ARD Victoria H. Ramos, CESO V  | Stat I Vilgladys M. Maglaya      | AO V Mercedes C. Llanes          |
| PD Reggie R. Colisao, CESE     | AA III Melanie H. Balanon        | AO V Mildred M. Malapit          |
| OIC-PD Virgilio P. Sison, CESE | AA II Diosdado D. Mendoza        | AO III Lorelie H. Caoile         |
| PD Paulino G. Lalata, Jr. CESE | SAO Corazon C. Sibayan           | AO III Ruby Catherine A. Apilado |
| PD Agnes A. de Leon, CESE      | PO III Marife M. Doculan         | LGOO V Hope E. Ordoño            |
| FAD Chief Alicia C. Bang-oa    | LGOO II Bernard Victor S. Ringor | Stat II Vida J. Gonzales         |
| LGCCD Chief Pedro D. Gonzales  | ITO I Prayandleo E. Cahiga       | LGOO V Mary Rose A. Ancheta      |
| LGMED Chief Rhodora G. Soriano | DBA Nathaniel C. Valdez          | LGOO V Narvita R. Flores         |
| LGMED ADC Leslie Carol L. Isip | Atty. Joseph O. Apolonio         |                                  |
- Absent:**
- |                                |                              |                          |
|--------------------------------|------------------------------|--------------------------|
| LGCCD ADC Lily Ann Z. Victorio | PDMU Chief Sharwyn M. Sangel | AO V Alexander A. Aberin |
| LGOO V Nicolette May O. Amon   |                              |                          |

Item	Agenda Item	Issues/Highlights of Discussion/ Management Action and Decisions	Action Plan (What, Who, When to Do)
1	The status of actions from previous management review	<ul style="list-style-type: none"> <li>This was the first Management Review. It was agreed by the body that the Management Review will be conducted on a semestral basis or as the need arises.</li> </ul>	<ul style="list-style-type: none"> <li>The Regional Management Review will be conducted on a semestral basis or as the need arises.</li> </ul>
2	Changes in external and internal issues that are relevant to the quality management system	<ul style="list-style-type: none"> <li>No changes yet as the organization is still on its initial stage of QMS implementation.</li> <li>The body revisited the following:               <ul style="list-style-type: none"> <li>DILG RO 1 Quality Policy To enable the DILG personnel to internalize the Quality Policy, a copy of the IEC material was given to each of the regional and field personnel and displayed on top of their tables.</li> <li>DILG RO 1 QMS Structure- It was suggested that the Program Managers and Clusters Leaders be included as members of the Risk Review Team and Internal Quality Audit Team.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>The same Context Registry and Interested Parties Matrix will apply for 2018. No revision necessary</li> <li>Regional Management to issue a Regional Order to reorganize the QMS Structure within January 2018.</li> </ul>
3	Trends in customer satisfaction and feedback from relevant interested	<ul style="list-style-type: none"> <li>The Client Satisfaction Survey Form was not yet administered for the core processes. The process owners may</li> </ul>	<ul style="list-style-type: none"> <li>To require concerned offices to submit the customized Client Satisfaction Survey Form, if any,</li> </ul>



Document Code		
<b>FM-SP-RO1-05-01</b>		
Rev. No.	Eff. Date	Page
00	10.01.17	Page 2 of 8

Item	Agenda Item	Issues/Highlights of Discussion/ Management Action and Decisions	Action Plan (What, Who, When to Do)
	parties	<p>enhance the template to consider the specific area to be improved for each core process.</p> <ul style="list-style-type: none"> <li>The process owners may enhance the template to monitor the extent of client satisfaction every time they avail a frontline service.</li> </ul>	<p>within 1st week of January 2018, for implementation within 2018 by the concerned process owners and Deputy QMR.</p>
4	The extent to which quality objectives have been met	<ul style="list-style-type: none"> <li>At this point, the extent to which quality objectives have been met is not yet determined because QME are not yet submitted for the months of October and November 2017, per audit findings.</li> </ul>	<ul style="list-style-type: none"> <li>All process owners to submit their respective process QMEs on or before the 5<sup>th</sup> day of the ensuing month.</li> <li>The process owners are required to submit the QMEs for the months of October to December 2017 not later than January 5, 2018. The QMS Secretariat, to consolidate the QME Results and Evaluation of performance against top management objectives, for submission to the QMR and Regional Mgmt on or before January 20, 2018.</li> <li>The QMS Secretariat to submit the consolidated QME Results every 20<sup>th</sup> day of the month.</li> </ul>
5	Process performance and service conformity	<ul style="list-style-type: none"> <li>The process performance and service conformity could not be measured/determined as of the moment due to the non-submission of required monitoring reports by the process owners.</li> <li>There was no recorded non complying service output.</li> </ul>	<ul style="list-style-type: none"> <li>All process owners to submit the required monitoring reports based on the frequency of submission stated on their respective process QMEs on or before the 5<sup>th</sup> working day of the ensuing month, for consolidation and evaluation of the QMS Secretariat.</li> </ul>
6	Nonconformities and corrective actions	<p>As part of the Audit Results during the Regional QMS Internal Audit of Region 1 on December 8 – 10, 2017, nonconformities were as follows:</p>	<p>Process owners to prepare the corresponding Corrective Action Plan (CAP) to address the non-conformities as stated in the Corrective Action Report. The CAP must be submitted on or before Dec 27, 2017.</p>



Document Code		
<b>FM-SP-RO1-05-01</b>		
Rev. No.	Eff. Date	Page
00	10.01.17	Page 3 of 8

Item	Agenda Item	Issues/Highlights of Discussion/ Management Action and Decisions	Action Plan (What, Who, When to Do)
			As agreed upon by the group and the Deputy QMRs, the following corrective actions should be undertaken.
		<p>a. There was a lapse in the implementation of the Process Performance Monitoring and Measurement (SP-RO1-10) as evidenced by the non-submission of the required monitoring reports - QME/PSL (9.1.1), "Monitoring, Measurement, Analysis and Evaluation: General"</p> <p>b. There was no maintained documented information to support the operation of the 22 Quality Procedures as part of the processes identified in the approved QMS Scope. (4.4.2a) "The organization shall maintain documented information to support the operation of its processes"</p> <p>c. The DILG Region 1 did not determine the risks and opportunities that need to be addressed and the actions to address these risks and opportunities in the processes of its QMS (6.1). "Actions to address risks and opportunities"</p>	<ul style="list-style-type: none"> <li>• Process owners to submit to the secretariat all Process Summary Log sheet (PSL) and Quality Monitoring &amp; Evaluation (QME) every 5<sup>th</sup> day of the ensuing month or on the specified frequency as reflected in their respective QMEs.</li> <li>• Undocumented Quality procedures must be completed by the process owners and to submit on or before January 24, 2018. To facilitate the documentation of said procedures, the assigned process owners must convene concerned staff from different division to discuss and finalize the QP on or before Jan 24, 2018</li> <li>• For all process owners to submit the Process Level Risk Register on or before Jan 22, 2018 to the QMS Secretariat for consolidation.</li> <li>• Determine risk and opportunities considering the internal and external issues, both positive and negative.</li> <li>• Determine risk trigger, consequence and existing control measures</li> <li>• Accomplish the Risk register matrix               <ul style="list-style-type: none"> <li>&gt;&gt; Process risk assessment should be done per QP while</li> <li>&gt;&gt; Objective Risk Assessment can be accomplished/ consolidated per division</li> </ul> </li> </ul>



Document Code		
<b>FM-SP-RO1-05-01</b>		
Rev. No.	Eff. Date	Page
00	10.01.17	Page 4 of 8

Item	Agenda Item	Issues/Highlights of Discussion/ Management Action and Decisions	Action Plan (What, Who, When to Do)
			<ul style="list-style-type: none"> <li>Correspondingly, if the risk level is high, a risk control plan must be formulated.</li> <li>Likewise, Opportunity Management Plan must be formulated</li> <li>For the Risk Review Team to convene to review the Risk Register and action plan starting January 8, 2018 until January 22, 2018.</li> </ul>
		<p>d. The DILG RO1 did not monitor the clients' perceptions of the degree to which their needs and expectations have been fulfilled.</p> <p>The Client Satisfaction Survey per External Client Satisfaction Survey (SP-RO1-09) was not administered for the core processes. (9.1.2) "Customer satisfaction."</p>	<ul style="list-style-type: none"> <li>Process owners of the Core Processes (except QPs for legal) to prepare standard CSS instrument/template that can be administered to gauge the satisfaction level of clients</li> </ul>
7	Monitoring and measurement results	<p>The following are the reported monitoring and measurements results for Region Operation in delivering its mandate and strategic PPAs.</p> <p>Awards and PPA Accomplishments:</p> <ul style="list-style-type: none"> <li><b>CY 2017 Awards</b> <ul style="list-style-type: none"> <li>&gt;&gt; Best Performing Region CY 2016</li> <li>&gt;&gt; SGLG                             <ul style="list-style-type: none"> <li>-Most Improved Region                                     <ul style="list-style-type: none"> <li>&gt; Environmental Management</li> <li>&gt; Financial Administration</li> </ul> </li> <li>- 100%Passing Rate on GFH</li> <li>- Rank 2 – Local Governance Result in the Region ( 3 yr Collective Performance)</li> <li>- Rank 4 Institutional Category</li> </ul> </li> <li>&gt;&gt; Special Quality Award as the first Region to comply with the requirements of 2017 PBB</li> </ul> </li> <li><b>Major Accomplishments CY 2017</b> <ul style="list-style-type: none"> <li>&gt;&gt; <b>Peaceful, Orderly and Safe LGUs</b> <ul style="list-style-type: none"> <li>- 100% MASA MASID Groups Organized at the City/Municipal and brgys</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>For all the concerned Offices to continue strict monitoring of performance to ensure achievement of all targets and maintain or improve accomplishments.</li> </ul>



Document Code		
<b>FM-SP-R01-05-01</b>		
Rev. No.	Eff. Date	Page
00	10.01.17	Page 5 of 8

Item	Agenda Item	Issues/Highlights of Discussion/ Management Action and Decisions	Action Plan (What, Who, When to Do)
		<p>levels ( Steering Committee, TWG, MMTteams)</p> <ul style="list-style-type: none"> <li>- All major deliverables for the program accomplished</li> <li>- 100% PLEB strengthened</li> </ul> <p><b>&gt;&gt; Accountable, Transparent, Participative and Effective Governance</b></p> <ul style="list-style-type: none"> <li>- SGLG – out of the 129 LGUs 53% passed the Seal.</li> </ul> <p><b>&gt;&gt; Business Friendly and Competitive LGUs</b></p> <ul style="list-style-type: none"> <li>- 100% LGUs oriented on the Revised Standards in Processing BPLS</li> </ul> <p><b>&gt;&gt; Socially Protective LGUs</b></p> <ul style="list-style-type: none"> <li>- Assistance to the Municipalities Program           <ul style="list-style-type: none"> <li>&gt;&gt;&gt; 100% municipalities with proposed list of AMP Project FY 2018</li> </ul> </li> <li>- BUB Program – Status of Implementation           <ul style="list-style-type: none"> <li>&gt;&gt;&gt; PWS               <ul style="list-style-type: none"> <li>CY 2015 – 90% completed</li> <li>CY 2016 - 37% Completed</li> </ul> </li> <li>&gt;&gt;&gt; Local Access Road               <ul style="list-style-type: none"> <li>CY 2014 - 100% completed</li> </ul> </li> <li>&gt;&gt;&gt; Others               <ul style="list-style-type: none"> <li>CY 2015 -96% Completed</li> <li>CY 2016 - 83% Completed</li> </ul> </li> <li>&gt;&gt;&gt; LGSF Projects CY 2016 – 93% Completed</li> </ul> </li> </ul> <p><b>&gt;&gt; Environment Protective, Climate Change Adaptive and Disaster Resilient LGUs</b></p> <ul style="list-style-type: none"> <li>- Disaster Risk Reduction and Climate Change Adaptation Program           <ul style="list-style-type: none"> <li>&gt;&gt;&gt; Climate Change</li> </ul> </li> </ul>	



Document Code		
<b>FM-SP-RO1-05-01</b>		
Rev. No.	Eff. Date	Page
00	10.01.17	Page 6 of 8

Item	Agenda Item	Issues/Highlights of Discussion/ Management Action and Decisions	Action Plan (What, Who, When to Do)
		<p>Expenditure Tagging -16 LGUs provided with TA</p> <p>&gt;&gt;&gt; Training on the Formulation of eLCCAP -24 LGUs provided with training</p>	
8	Audit results	<p>As per the Regional QMS Internal Quality Audit Report, audit resulted to:</p> <ul style="list-style-type: none"> <li>• identified conformities of the general requirements of the standard on context of the organization, leadership, planning, support, operation, performance evaluation and improvement;</li> <li>• four (4) nonconformities as discussed in Item No. 6; and</li> <li>• 1 OFIR</li> </ul> <p>The following were also concluded:</p> <ul style="list-style-type: none"> <li>• DILG Region I QMS was found generally compliant to the requirements of the ISO 9001:2015 standard and other applicable requirements except for the identified four (4) nonconformities;</li> <li>• DILG RO1 QMS documentations and its readiness for the third party audit will be adequate upon completion of the identified lacking documentation; and</li> <li>• IQA resulted to one (1) OFIR as part of its continual improvement for the implementation of the QMS and that the management is committed to improve its existing procedures and process to provide quality service to its clients.</li> </ul>	<ul style="list-style-type: none"> <li>• The next IQ Audit will be on or before July 2018</li> <li>• For all process owners and concerned Deputy QMRs to submit the Action Plan to the IQA Team on or before Dec 2018.</li> </ul>
9	The performance of external providers	<ul style="list-style-type: none"> <li>• The Quality Procedure for the evaluation of suppliers is scheduled for documentation.</li> </ul>	<ul style="list-style-type: none"> <li>• The Bids and Awards Committee (BAC) to document the quality procedure and submit on or before Jan 22, 2018 with effective date of implementation on Jan 3, 2018.</li> </ul>
10	Adequacy of resources	<ul style="list-style-type: none"> <li>• Vacancies &gt;&gt; As of Dec. 31, 2017 there are 26 actual and anticipated vacancies</li> </ul>	<ul style="list-style-type: none"> <li>• For the personnel Officer to facilitate the timely posting of notice of vacant positions and to monitor progress of actions of Regional Personnel Selection and Promotions Board within</li> </ul>



Document Code		
<b>FM-SP-RO1-05-01</b>		
Rev. No.	Eff. Date	Page
00	10.01.17	Page 7 of 8

Item	Agenda Item	Issues/Highlights of Discussion/ Management Action and Decisions	Action Plan (What, Who, When to Do)
		<ul style="list-style-type: none"> <li>Central Office provided funds for the conduct of the previous QMS-related activities.</li> <li>OPB Utilization Rate for Obligation and disbursement &gt;&gt; Financial Status FY 2017 as of Nov. 30, 2017:               <ul style="list-style-type: none"> <li>Obligation rate/ Allotment = 89%</li> <li>Disburse/Obligation =107%</li> <li>Disbursement/Allot =96%</li> <li>NCA Disb= 92%</li> </ul> </li> <li>Status report on the Repair and Construction of DILG Building &gt;&gt; PDMU Chief presented the status of implementation of the Repair of the DILG Bldg. To date, the repair is 95% ongoing and it is estimated to be completed by February 2018</li> <li>Maintenance and upgrading of IT Equipment's was discussed by Info Tech Officer Issues raised: &gt;&gt; Slow/fluctuating internet connection</li> <li>Preventive maintenance of vehicle for 2017 has been implemented</li> </ul>	<p>the set timeframe</p> <ul style="list-style-type: none"> <li>For the Planning Officer to include in the Operations, Plan and Budget 2018 the fund allocation for QMS-related activities</li> <li>With the supervision of the Regional QMR, the QMS Secretariat to prepare the 2018 QMS Work and Financial Plan to be submitted to CO on or before Feb 2018.</li> </ul> <p>&gt;&gt; ITO to coordinate with internet provider LUDECO and PLDT to increase bandwidth within January 2018</p> <p>&gt;&gt; ITO to prepare the schedule monthly check up/maintenance of IT equipment (computers) on or before January 2018.</p> <ul style="list-style-type: none"> <li>FAD to prepare Preventive Maintenance for Equipment, Property and Vehicle plan for CY 2018 within January 2018</li> </ul>
11	Effectiveness of actions taken to address risks and opportunities	<ul style="list-style-type: none"> <li>The Risk Identification Evaluation and Control in ISO 9001:2015 Training was conducted on December 5-7, 2017, thus the required Risk Registers will be prepared during the scheduled</li> </ul>	<ul style="list-style-type: none"> <li>Risk Registers will be prepared by all process owners to be submitted on January 24, 2018.</li> </ul>



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Document Code		
<b>FM-SP-R01-05-01</b>		
Rev. No.	Eff. Date	Page
00	10.01.17	Page 8 of 8

Item	Agenda Item	Issues/Highlights of Discussion/ Management Action and Decisions	Action Plan (What, Who, When to Do)
		FGD in January 2018.	
12	Opportunities for improvement	<p>The DILG Region 1 Management may need to consider the formulation of the following plans to be able to more accurately determine and provide the resources needed for the implementation, maintenance and continual improvement of its QMS.</p> <ul style="list-style-type: none"> <li>• Human Resource Development Plan</li> <li>• ICT Plan</li> <li>• Preventive Maintenance for Equipment, Property and Vehicle Plan</li> <li>• Maintenance of Building Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Concerned process owners with their Deputy QMRs to prepare the said Plans within January 2018.</li> </ul>
	Other matters	<ul style="list-style-type: none"> <li>• Schedule of the next Management Review</li> </ul>	<ul style="list-style-type: none"> <li>• The next Management Review will be on July 2018.</li> </ul>

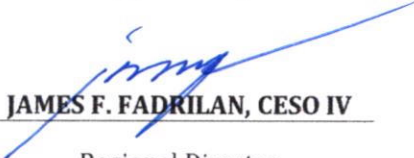
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