

Minutes of the Management Review

Date Conducted: 29 December 2017 (Friday)

Present:

1. Niño Raymond B. Alvina (OIC Executive Director)
2. Atty. Flosie F. Fanlo-Tayag, CESO IV (Deputy Executive Director)
3. Jose Arnold M. Tan, CESO V (Acting Deputy Executive Director)
4. Armi M. Advincola, CESE (Director II, AFMS)
5. Atty. Menilba M. Nicolas (Acting Director, Legal Service)
6. Geriebeth G. Dela Torre (OIC Director, LGUOS)
7. Ma. Pamela P. Quizon (OIC Director, LFPS)
8. Ricardo L. Bobis, Jr. (Chief, ISMD)
9. Erwin C. Domingo (OIC Chief, FMD)
10. Daniel C. Santos (Loan Examiner IV, LDMED)
11. Carlo G. Agovida (Planning Officer III, PPPSD)
12. Maria Estella R. Nacion (Administrative Officer IV (Planning Officer II), ADMIN)
13. Cecille M. Fabian (Consultant, Rosehall Management Consultants, Inc).

Clause	Agenda	Remarks
9.3.2a	The status of actions from previous MR	QMS is not yet implemented. Target implementation is on 19 January 2018
9.3.2b	Changes in the external and internal issues that are relevant to the quality management system	Presentation and finalization of the BLGF Quality Manual
9.3.2c	Information on the performance and effectiveness of the QMS, including trends in:	
9.3.2c1	Customer satisfaction and feedback from relevant interested parties	QMS is not yet implemented (Target implementation is on 19 January 2018) ongoing plan to conduct the customer satisfaction and feedback survey
9.3.2c2	Extent to which quality objectives have been met	QMS is not yet implemented (Target implementation is on 19 January 2018)
9.3.2c3	Process performance and conformity of products and services	Discussion of the Office Performance Commitment Review (OPCR) and Individual Performance Commitment Review (IPCR) of the Loan Debt Monitoring and Evaluation Division (LDMED)
9.3.2c4	Non conformities and corrective actions	Corrective Action Planning not yet implemented
9.3.2c5	Monitoring and measurement results	Corrective Action Planning not yet implemented
9.3.2c6	Audit Results	Presentation of the Audit Report
9.3.2c7	The performance of external providers	QMS is not yet implemented

9.3.2d	Adequacy of resources	QMS is not yet implemented
9.3.2e	Effectiveness of actions taken to address risks and opportunities	Root Cause Analysis not yet implemented
9.3.2f	Opportunities for Improvement	Risk and Opportunities Register for implementation beginning 2018
9.3.3	Management Review Output	
9.3.3a	Opportunities for Improvement	
9.3.3b	Any need for changes to the quality management system	
9.3.3c	Resource needs	
	Minutes of the meeting prepared and retained as documented information	

A. Review Input (Agenda)

Agenda	Issues Discussed	Action Required
Changes in the external and internal issues that are relevant to the quality management system	<p>I. Organization's Profile</p> <p>A. It is suggested to review the context of the organization, specifically on the following areas:</p> <ol style="list-style-type: none"> 1. IT resources, supports and facilities are highly dependent on external service provider <ol style="list-style-type: none"> a. clarification on the context if such was highlighted negatively or positively 2. Difficulties in implementing programs across the country where every city or municipalities have different political affiliations, which play into the financial considerations for the regional and national government <ol style="list-style-type: none"> b. Clarification on the proper context 3. Inadequate organizational knowledge <ol style="list-style-type: none"> a. Clarification on the context b. Seems that the inadequacy reflects the organization as a whole c. Agreed to use the "inadequate workforce" d. Benchmark on inadequate workforce 	<p>The following Context of the Organization was finalized and concurred by the body, to wit:</p> <ul style="list-style-type: none"> • Budget utilization • Current workforce majority are retirable in the next 5-8 years • IT resources, supports and facilities are highly dependent on external service providers • Inadequate workforce • Difficulties in implementing programs due to political considerations of LGUs • Natural and manmade disasters cause temporary shutdown of operations • Geographical proximities – difficulty in assisting LGUs in distant islands and mountainous terrain • Insufficient storage area

	<ul style="list-style-type: none"> i. Unfilled plantilla positions ii. Inadequacy in the administrative support areas iii. Low competencies identified in the positions iv. OPCR and IPCR are not reflective 	
	<ul style="list-style-type: none"> 4. Identity of BLGF (working under the direct supervision of DOF with little autonomy to direct programs, misrepresented as a DILG arm) <ul style="list-style-type: none"> a. Suggestions to separate the distinctions into two b. Improve on the branding to distinctly identify the BLGF from DILG c. Suggested to delete the said context 5. Natural and manmade disasters cause reduction in revenues, temporary shutdown of operations <ul style="list-style-type: none"> a. Not that significant in revenue generation b. Suggested to delete the "reduction in revenues" 6. Geographical proximities – assistance to municipalities cannot be done with distant islands and mountainous terrain <ul style="list-style-type: none"> a. Suggested to paraphrase 7. Peace and order situation <ul style="list-style-type: none"> a. Suggested to delete the said context since this is already part of the natural and manmade disasters 8. Cultural differences across regions <ul style="list-style-type: none"> a. Suggested to delete the said context <p>The body requested for inclusion in the context the insufficient storage in order to cover the digitization improvement initiatives of the BLGF.</p>	

Customer satisfaction and feedback from relevant interested parties	<ul style="list-style-type: none"> I. The Customer Feedback Survey for inclusion in the Information Kiosk did not materialized. II. To consider the inclusion of a feedback survey in the memo for release of the LDMED concerning the CNDSC/BC III. Customer service management (internal) for the ISMD 	<p>Design and implementation of the Customer Service Management, to be handled by the following:</p> <p>Internal Clients c/o ISMD External Clients (CNDSC/BC) c/o LDMED</p>
	<p>On Complaint Management</p> <ul style="list-style-type: none"> I. Complaints are treated as regular communication and are dependent on the action provided to address the complaints. II. No mechanism for filing formal complaints III. Verbal complaints can be lodged under: <ul style="list-style-type: none"> A. a complaint logbook and minutes of meetings as evidences B. the LDMED's Risk and Opportunities Register for assessment and action C. Suggestion to device an incentivizing program for Regional Offices who have no complaints (to probe on the possible incorporation in the CESPES of the Regional Directors) D. EA matters shall be dealt by the Admin Group, whereas, the feedback from different regional offices will be for monitoring of the LDMED 	<p>The matter is for discussion in the 2018 Directors' Conference</p> <p>Develop a mechanism on complaint management via:</p> <ul style="list-style-type: none"> a. Forms b. Logbook c. Classification <p>Response time monitoring for the Regional Offices</p>
Process performance and conformity of products and services	Top Level Objectives discussed and finalized	Refer to the Matrix of Quality Objectives
	I. OPCR and IPCR for alignment with the Top Level Objectives (audit and percentage weight for inclusion in the LDMED's OPCR)	OPCR Setting scheduled on the 2 nd week of January 2018
	II. Concern on the timeliness of processing CNDSC/BC	<p>Response time mechanism from the receipt of the loan application until release of the certification</p> <p>Devise a reckoning mechanism:</p> <ul style="list-style-type: none"> 1. Schedule basis

		2. Require personal appearance of the assessor or a representative
Audit Results	<p>The Audit Team has identified nineteen (19) Nonconformities and sixty-four (64) Opportunities for Improvements.</p> <p>Highlighted positive findings and good points include:</p> <ol style="list-style-type: none"> 1. Top Management support and accountability is evident and demonstrated through their active involvement in the QMS process including the formulation of the Quality Policy that is reflective of the purpose and context of the organization. 2. Top management and concerned delivery units are able to identify external and internal issues that are relevant to the organization's purpose and strategic directions. Focus Group Discussions are called to settle identified gaps. The issues are likewise considered during planning activities. 3. The competency of personnel is considered in the hiring process as prescribed in the agency's Merit Selection Plan, both for plantilla and contract of service personnel. 4. Policies are properly disseminated through the issuance of Memorandum Circulars. 5. Provisions of RA 9184 (Government Procurement Reform Act) is observed specifically in the evaluation of prospective service providers and on the imposition of penalties on 	<p>Recommendation</p> <p>It is best practice to communicate to all employees the main purpose and benefits of establishing, implementing, maintaining and continually improving BLGF's QMS. There is a need to orient all employees on their awareness and understanding of the quality management system quality policy, objectives and respective roles and responsibilities. Furthermore, there is also a need to improve implementation of good housekeeping, control of documented information, risk management, performance evaluation of process performance and management of nonconformities.</p>

	<p>delayed delivery of services/products.</p> <p>Majority of weak areas identified and nonconformities found are related to communication and awareness of quality policy, control of documents, apparent inadequacy of resources on manpower and storage of records.</p>		
B. Review Output			
	Final Decisions and Actions Required	Responsible	Timeline
B.1. Opportunities for Improvement			
B.1.1 Regional Office Performance	Probing on the possibility for inclusion of CNDSC/BC-related indicators in the CESPES of Regional Directors	PPPSD Planning Officer	Q2 FY 2018
B.1.2 Quality Objective – repayment records up to the 2 nd criteria	Inclusion in the top level objective re: repayment of records up to the 2 nd criteria (with delays and past due)	LDMED	end of January 2018 onwards
B.1.3 Audit Program – every 6 months	Ensure that audit results will be addressed in compliance with the ISO 9001:2015 standards	Audit Program Manager (APM)	1 st Internal Audit (Q1, March 12-13) 2 nd Internal Audit (Q3, Sept 12-13)
B.1.4 OPCR Setting for 2018	Realignment of the OPCRs and IPCRs with the top level objectives	ADMIN	2 nd week of January 2018
B.1.5 Problem on the delays in the processing of CNDSC/BC Include in the MMAE the no. of days request of application for LGUs up to complete document submission	Memo Circular -- CNDSC/BC service meeting (guidelines for the implementation of the corrective actions)	LDMED	3 rd week January 2018
B.1.7 Follow-up actions to NCs and OFIs	Ensure that audit results will be addressed in compliance with the ISO 9001:2015 standards	Audit Team Leader	Monthly beginning end of January 2018

B.2 Need for Changes in QMS			
B.2.1 CSM – Kiosk and Manual (Internal/External)	Information Kiosk for improvement through inclusion of the Customer Service Feedback survey for internal clients	ISMD	Q1 2018
	Designing of a manual relative to the CNDSC/BC CSM	LDMED	
B.2.2 Complaints (Form, Logbook, Classification)	Improve the management of complaints from internal and external clients	LDMED and ISMD	19 January 2018
	Development of a form to address complaints from external and internal clients		
	Logbook of complaints to lodge verbal and non-written complaints		
	Classification: for inclusion in the DMAS		
B.2.3 Interested Parties – Regional offices (Response Time Monitoring)	Improve the ways and means in addressing the needs of the regional offices	All concerned divisions	19 January 2018
B.2.4 Action Plan and Monitoring needs of interested parties	Improve the ways and means in addressing the needs of the interested parties	All concerned divisions	19 January 2018
B 2.5 Frequency of posting certified LGUs	improve transparency initiatives	LDMED and ISMD	Quarterly to monthly
B 2.6 2 nd Batch of IQA	improve the Internal Quality Audit skills of participants	Secretariat	Feb 12to14 2018
	validate the audit results		
B 2.7 Need evaluation of performance for other external providers	Each division chiefs to list all service providers and criteria	All concerned divisions	3 rd week January 2018
B.3 Resource Needs			
B.3.1 Infrastructure Needs	identification of infra needs and procurement plan	All concerned divisions	Q1 2018
B.3.2 Manpower	Fastracking of the recruitment	ADMIN	End of Q2 2018
QMS Performance Overall Assessment			
<ol style="list-style-type: none"> 1. Needs improvement on the QMS implementation 2. QMS documentation is adequate with the ISO 9001:2015 standards 			

3. cascading to all employees the quality policy, objectives and the 2018 strategic directions