

**MANAGEMENT REVIEW MEETING
2021 National Quality Management Committee (NQMC) Meeting**

SUMMARY OF AGENDA ITEMS

REF. NO. NQMC	DATE	AGENDA ITEMS / DISCUSSION																																														
NQMC-M-01-2021	19 Jan 2021	<p>STATUS OF ACTION ITEMS FOR THE PREVIOUS MANAGEMENT REVIEW</p> <ul style="list-style-type: none"> • The status of action items from previous Management Review were presented • All Action Items were closed-out/acted upon. 																																														
		<p>INFORMATION ON THE PERFORMANCE AND EFFECTIVENESS OF THE QMS</p>																																														
		<p>➤ RE-CERTIFICATION AUDIT RESULTS</p> <ul style="list-style-type: none"> ▪ The results of the audit from the sampled sites were presented as follows: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="text-align: center;">Audit Site</th> <th style="text-align: center;">Findings</th> <th rowspan="2" style="text-align: center;">Opportunity for Improvement</th> </tr> <tr> <th style="text-align: center;">Minor Non-Conformity</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Central Office</td> <td style="text-align: center;">No Finding</td> <td style="text-align: center;">6 recommendations</td> </tr> <tr> <td colspan="3" style="text-align: center;">Regional Offices</td> </tr> <tr> <td style="text-align: center;">Region 3</td> <td style="text-align: center;">1 (UTPRAS)</td> <td style="text-align: center;">1 recommendation</td> </tr> <tr> <td style="text-align: center;">Region IV-A</td> <td style="text-align: center;">No Finding</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;">Provincial Offices</td> </tr> <tr> <td style="text-align: center;">CAMANAVA</td> <td style="text-align: center;">No Finding</td> <td style="text-align: center;">2 recommendations</td> </tr> <tr> <td style="text-align: center;">Mt. Province</td> <td style="text-align: center;">1 (UTPRAS) 1 (PTCACS)</td> <td style="text-align: center;">1 recommendation</td> </tr> <tr> <td style="text-align: center;">Davao del Sur</td> <td style="text-align: center;">1 (UTPRAS) 1 (PTCACS)</td> <td style="text-align: center;">2 recommendations</td> </tr> <tr> <td style="text-align: center;">Cavite</td> <td style="text-align: center;">No Finding</td> <td></td> </tr> <tr> <td style="text-align: center;">Negros Occidental</td> <td style="text-align: center;">No Finding</td> <td style="text-align: center;">1 recommendation</td> </tr> <tr> <td style="text-align: center;">Misamis Occidental</td> <td style="text-align: center;">1 (UTPRAS) 1 (PTCACS)</td> <td style="text-align: center;">1 recommendation</td> </tr> <tr> <td style="text-align: center;">Zamboanga del Norte</td> <td style="text-align: center;">1 (UTPRAS)</td> <td style="text-align: center;">1 recommendation</td> </tr> <tr> <td style="text-align: center;">Cagayan</td> <td style="text-align: center;">1 (OPCR)</td> <td style="text-align: center;">2 recommendations</td> </tr> <tr> <td style="text-align: center;">All Sites</td> <td></td> <td style="text-align: center;">2 recommendations</td> </tr> </tbody> </table>	Audit Site	Findings	Opportunity for Improvement	Minor Non-Conformity	Central Office	No Finding	6 recommendations	Regional Offices			Region 3	1 (UTPRAS)	1 recommendation	Region IV-A	No Finding		Provincial Offices			CAMANAVA	No Finding	2 recommendations	Mt. Province	1 (UTPRAS) 1 (PTCACS)	1 recommendation	Davao del Sur	1 (UTPRAS) 1 (PTCACS)	2 recommendations	Cavite	No Finding		Negros Occidental	No Finding	1 recommendation	Misamis Occidental	1 (UTPRAS) 1 (PTCACS)	1 recommendation	Zamboanga del Norte	1 (UTPRAS)	1 recommendation	Cagayan	1 (OPCR)	2 recommendations	All Sites		2 recommendations
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		<ul style="list-style-type: none"> ▪ Responses/correction and corrective actions identified by the Process Owners from the sampled sites presented. ▪ Central Office process owners likewise proposed corrective actions for findings that were trailed to the Central Office. 																																														
		<ul style="list-style-type: none"> <input type="checkbox"/> The NQMC approved the identified responses, correction and corrective action. Approved the submission of the responses to the 3rd Lead Auditor. <input type="checkbox"/> Feedback report to be submitted to the Secretary. 																																														
NQMC-M-02-2021	16 Feb 2021	<p>STATUS OF ACTION ITEMS FOR THE PREVIOUS MANAGEMENT REVIEW</p>																																														
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		<p>OPPORTUNITIES FOR IMPROVEMENT</p>																																														
		<p>➤ Operating Procedures on Compliance Audit</p> <ul style="list-style-type: none"> ▪ Developed as part of the process improvement the Compliance Audit Action Catalog. 																																														

		<ul style="list-style-type: none"> ▪ The proposed Compliance Audit Action Catalog is to be filled out by both the TVI and the ROPO. The template captures the following information: <ul style="list-style-type: none"> ☞ Qualification being audited ☞ Area/Process ☞ Findings ☞ Root Cause Analysis ☞ Proposed Correction Action ☞ Proposed Corrective Action ☞ Target Implementation ☞ Comments on the Proposed Correction ☞ Comments on the proposed Corrective Action ☞ Closure for correction action ☞ Closure for corrective action
		<ul style="list-style-type: none"> ▪ Another improvement was the use of the Tracking Sheet for the conduct of the Compliance Audit. ▪ The proposed tracking sheet is to be filled out by both the TVI and the ROPO. The template captures the following information: <ul style="list-style-type: none"> ☞ TVI Audited ☞ Qualification being audited ☞ Area/Process ☞ Findings ☞ Receipt of Compliance Audit Report by TVI ☞ Receipt of Compliance Audit Report from Lead Auditor ☞ TVI submits Action Catalog to DO/PO ☞ DOPO reviews the Accomplished Compliance Audit Action Catalogue ☞ TVI Compliance with the Correction Action ☞ DOPO reviews accomplished action catalog
		<input type="checkbox"/> Prior to deployment of the form, OPR to consult with the QMS Consultant for further comments/guidance.
NQMC-M-03-2021	16 Mar 2021	STATUS OF ACTION ITEMS FOR THE PREVIOUS MANAGEMENT REVIEW
		<ul style="list-style-type: none"> • The status of action items from previous Management Review were presented • All Action Items were closed-out/acted upon.
		CHANGES IN THE INTERNAL AND EXTERNAL ISSUES THAT ARE RELEVANT TO QMS
		<ul style="list-style-type: none"> ➤ ISO 9001 Certification of TTI, Scholarship • TESDA WAS invited to participate to the Government Quality Management Program (GQMP) Office project on the ISO 9001 Expansion of government agencies. • Beneficiary agencies shall be given technical assistance by the Development Academy of the Philippines (DAP). • The GQMP required the submission of an Expression of Interest and identification of the frontline services for the target sites for expansion.

		<ul style="list-style-type: none"> • TESDA identified the TTIs as the target sites and the following frontline services: <ul style="list-style-type: none"> ☞ Application for Enrolment ☞ Preparation of Qualification Map for TESDA Scholarship Program ☞ Conduct of Assessment and Certification ☞ Issuance of Certificate of Training
		<ul style="list-style-type: none"> • The GQMP Assistance covers technical assistance/capability building programs for the target sites and minimal financial support
		<ul style="list-style-type: none"> ☐ Preparation of the Terms of Reference for the ISO 9001 Certification of the TTIs.
		PROCESS PERFORMANCE AND CONFORMITY OF PRODUCTS AND SERVICES
		<ul style="list-style-type: none"> ➤ Annual Audit Schedule • The 2021 Annual Audit Schedule was prepared and presented for the approval of the NQMC.
		<ul style="list-style-type: none"> ☐ The NQMC approved the proposed Annual Audit Schedule.
		OPPORTUNITIES FOR IMPROVEMENT
		<ul style="list-style-type: none"> ➤ Quality Manual Revision specifically on the Updating of the RRRO <ul style="list-style-type: none"> ▪ The proposed revision to the section of the Quality Manual was presented.
		<ul style="list-style-type: none"> ▪ The revision was on the section that discusses the Risk Management Process. It was proposed that the statement below be adopted “For the analysis and evaluation of risks, a risk criteria is used as a reference which is discussed in detail in issuances to wit: TESDA Circular and Memoranda
		<ul style="list-style-type: none"> ▪ It was explained that this to accommodate enhancements to the Risk Management Process without having to amend the QM every time there are updates on the RM process.
		<ul style="list-style-type: none"> ☐ The proposed revision to the Section of the Quality Manual on RRRO was approved and adopted as presented.
NQMC-M-04-2021	05 May 2021	STATUS OF ACTION ITEMS FOR THE PREVIOUS MANAGEMENT REVIEW
		<ul style="list-style-type: none"> • The Action Items from the previous Management Review were closed-out/acted upon.
		INFORMATION ON THE PERFORMANCE AND EFFECTIVENESS OF THE QMS
		<ul style="list-style-type: none"> ➤ Monitoring and Measurement Results <ul style="list-style-type: none"> ▪ The FY 2020 Performance Validation for the 2020 Accomplishments and the Results of Validation conducted with the different TESDA Offices with the respective OPRs.

		<ul style="list-style-type: none"> ▪ The validation timelines and arrangement were presented along with the criteria for the evaluation of the indicators in the OPCR. ▪ The results of the Regional Office validation and the issues raised by the OPRs were likewise presented.
		<ul style="list-style-type: none"> ▪ The results of the Central Office validation were presented. It was explained that the ranking of the Operating Units was based on the Annex 8 of the PBB Guidelines wherein percentage weight is assigned per criteria.
		<input type="checkbox"/> Reporting of the OPCR accomplishment shall be quarterly.
		<p>➤ 2021 1st Quarter Accomplishment</p> <ul style="list-style-type: none"> ▪ The Accomplishments per GAA indicator were presented.
		<ul style="list-style-type: none"> ▪ The importance of the use of current data was highlighted
		<ul style="list-style-type: none"> ▪ For the indicators used to determine the accomplishment of some TESDA Programs, it was recommended that the OPRs be given the guidelines in determining the indicators.
		<ul style="list-style-type: none"> ▪ Highlight the objectives of the TESDA OPLAN for CY 2021 ▪ Guidelines, mechanisms and automation/digitization ▪ Analytics on spill over
		<input type="checkbox"/> The OPRs (Planning Office, FMS, ROMO-SMD) to discuss/address the issues on the report presented.
		<p>➤ Work Instructions on Program Registration, Conduct of Inspection and Compliance Audit and Other Guidelines for the Continuous Enhancement of Delivery of TVET Programs and Services</p> <ul style="list-style-type: none"> ▪ The Work Instructions was developed based on the analysis of the NISP, IAS and TUVSUD audit findings particularly on the nonconformities that can be prevented with clear guidelines.
		<ul style="list-style-type: none"> ▪ A consultation with the ROPOs and the Focal Persons was conducted to identify issues and identify recommendations that will address the findings. ▪ It was gathered from the consultation that reiteration and clarifications of existing guidelines will address the findings. Minor changes in existing IGs and additional clarifications were incorporated in the Circular.
		<ul style="list-style-type: none"> ▪ For the indicators used to determine the accomplishment of some TESDA Programs, it was recommended that the OPRs be given the guidelines in determining the indicators.
		<input type="checkbox"/> The Circular/Work Instruction was approved and recommended to be endorsed to the Secretary for signature prior to deployment to all operating units.
		<p>➤ Reconstitution of the Customer Satisfaction Committee</p>

		<ul style="list-style-type: none"> ▪ With the transfer of the Supervision of the Contact Center Unit to the Office of the Deputy Director General for TESD Operations, it was proposed to reconstitute the Customer Satisfaction Committee.
		<ul style="list-style-type: none"> <input type="checkbox"/> The NQMC approved the reconstitution of the Customer Satisfaction Committee
		OPPORTUNITIES FOR IMPROVEMENT
		<ul style="list-style-type: none"> ➤ ISO Expansion to TTIs ➤ The TESDA ISO Expansion covers the frontline services of the TTIs that was submitted to the DAP particularly to the Government Quality Management project office and they approved TESDA expansion.
		<ul style="list-style-type: none"> ➤ A Memorandum of Understanding was submitted to the Legal Division for review and comments. The comments were forwarded to DAP for consideration.
		<ul style="list-style-type: none"> ➤ Dir. Taganas requested the NQMC's guidance in the identification of the TTI Pilot Sites and the approval of the proposed Project plan.
		<ul style="list-style-type: none"> <input type="checkbox"/> The NQMC approved the proposed Project Plan.
		<ul style="list-style-type: none"> ➤ The NITESD as the Shepherd of the TTIs will identify the pilot sites for the ISO Expansion to TTIs.
		<ul style="list-style-type: none"> ➤ Dir. Taganas shared that other TTIs and Offices may attend the capability programs being provided by the DAP. ROMO- SMD may also participate in the capability build-up programs.
		<ul style="list-style-type: none"> <input type="checkbox"/> The NQMC instructed a review of the existing processes and procedures including the ones developed by the ROMO SMD.
NQMC-M-05-2021	18 May 2021	STATUS OF ACTION ITEMS FOR THE PREVIOUS MANAGEMENT REVIEW
		<ul style="list-style-type: none"> • The Action Items from the previous Management Review were closed-out/acted upon.
		OPPORTUNITIES FOR IMPROVEMENT
		<ul style="list-style-type: none"> ➤ Identified Pilot Sites for the ISO 9001:2015 Certification of TTIs ➤ The NITESD presented the proposed pilot sites for the ISO Expansion as follows: <ul style="list-style-type: none"> <u>Luzon:</u> <ol style="list-style-type: none"> 1. Southern Isabela College of Arts and Trades 2. TESDA Women's Center 3. Jacobo Gonzales Memorial School of Arts and Trades <u>Visayas:</u> <ol style="list-style-type: none"> 1. Regional Training Center – Cebu 2. Dumalag Vocational Technical School 3. Cabucgayan National School of Arts and Trades

		<p><u>Mindanao:</u></p> <ol style="list-style-type: none"> 1 Gen. Santos National School of Arts and Trades 2 RTC Korphil Davao 3 Dipolog School of Fisheries
		<p>➤ The NQMC deliberated on the identified TTIs that were presented. The NQMC on the merit of APACC Accreditation and the Competence of the regional office to shepherd the pilot sites in the ISO certification journey, the NQMC chose TESDA Womens' Center for Luzon as Specialize Center, Regional Training Center Tacloban for Visayas represented as Training Center and Davao Oriental Polytechnic Institute (Lupon School of Fisheries) as school representative for Mindanao</p>
		<p>☐ The final pilot sites for the ISO Expansion are:</p> <ul style="list-style-type: none"> ☞ TESDA Women's Center ☞ Regional Training Center-Tacloban ☞ Davao Oriental Polytechnic Institute (former Lupon School of Fisheries)
		<p>➤ Operating Procedure on Monitoring Process for Alternative Methods of Procurement: Shopping and Small Value Procurement (Rev 01) (TESDA-OP-AS-04)</p> <ul style="list-style-type: none"> ▪ Considerations for the Proposed Revision <ul style="list-style-type: none"> ☞ Previous IQA Findings last June 13, 2019 and August 28, 2020. ☞ To harmonize the applicability of some procurement forms [Requisition and Issue Slip (RIS), and Abstract of Price Quotation (APQ)] in the Operating units based on current set-up as regard to the Delegation of Authority being implemented. ☞ Alignment to the provision of 2016 Revised IRR of RA No. 9184 and its latest GPPB issuances specifically in Annex "H" Consolidated Guidelines for the Alternative Methods of Procurement.
		<p>➤ The proposed revision covered the following sections:</p> <ul style="list-style-type: none"> ☞ Purpose ☞ Scope ☞ Responsibilities ☞ Definition of Terms ☞ Process Flow ☞ Procedure Details ☞ Forms
		<p>☐ The proposed revision was Remanded. The OPR to revise the presented draft OP to incorporate the input of the NQMC.</p> <ul style="list-style-type: none"> ☞ Inclusion of the threshold amount in the definition of terms
		<p>☐ The NQMC recommends the preparation of other procedures for other alternative methods of procurement.</p>

		<ul style="list-style-type: none"> ➤ Draft Operating Procedures on the Conduct of Trainers Methodology Level II (TMII) Virtual Assessment ▪ Assistant Executive Director Janet M. Abasolo presented the draft OP on the Conduct of Trainers Methodology Level II (TM II) Virtual Assessment. ▪ The OP/Circular provides the following: <ul style="list-style-type: none"> ☞ Responsibilities of Key Players in the implementation of virtual assessment. ☞ The virtual assessment procedure details ☞ Application procedures and requirements ☞ Management of the assessment ☞ Processing of Application ☞ Organizing the conduct of Virtual Assessment ☞ Conduct of Assessment ☞ Past assessment activities ☞ Risk assessment ☞ Monitoring and Reporting
		<ul style="list-style-type: none"> ▪ Dir. Butad suggested the inclusion of the candidate consent form in compliance to the Data Privacy Law.
		<ul style="list-style-type: none"> <input type="checkbox"/> The OPR to include as part of the Risk Management Section of the Circular Data Privacy Issues/Concerns. <ul style="list-style-type: none"> ☞ Inclusion of the Candidate Consent Form <input type="checkbox"/> The OPR to revised the OP/Circular to include the recommendation of the NQMC. Endorsed for approval/signature of the Secretary.
NQMC-M-06-2021	21 July 2021	STATUS OF ACTION ITEMS FOR THE PREVIOUS MANAGEMENT REVIEW
		<ul style="list-style-type: none"> • The Action Items from the previous Management Review were closed-out/acted upon.
		CHANGES IN THE INTERNAL AND EXTERNAL ISSUES THAT ARE RELEVANT TO QMS
		<ul style="list-style-type: none"> ➤ Register of Relevant Risks and Opportunities (RRRO) ▪ ED Taganas explained that the presentation on the Corporate RRRO is the 2021 RRRO which is based on the results of the review of the 2020 RRRO. ▪ The 2021 RRRO that will be presented will show the top prioritized risk after the risk assessment of the 2020 RRRO. It also includes emerging risks. ▪ She also shared that the 2020 and 2021 RRRO has been initially reviewed and assessed together with the TESDA ISO Consultant. ▪ The NQMC deliberated on the RRRO and put forth comments and recommendations, as follows: <ul style="list-style-type: none"> ☞ Ensure that the other processes for have risk rating for every identified risk.

		<ul style="list-style-type: none"> ☞ Timelines in the monitoring and review of the corporate RRRO ☞ Identify a venue to provide updates on what the National level is doing
		<ul style="list-style-type: none"> ☐ The presented RRRO was Remanded. The OPR to further review the RRRO based on the comments by the Committee. Revised RRRO to be presented in the next NQMC meeting.
		OPPORTUNITIES FOR IMPROVEMENT
		<ul style="list-style-type: none"> ➤ OP on Monitoring Process for Alternative Methods of Procurement: Shopping and Small Value Procurement (Revision 01) (TESDA-OP-AS-04) <ul style="list-style-type: none"> ▪ The proposed revised Operating Procedures on the Monitoring Process for Alternative Methods of Procurement: Shopping and Small Value Procurement was remanded last May 18, 2021.
		<ul style="list-style-type: none"> ▪ The OPR updated the proposed draft to include the recommendation of the NQMC.
		<ul style="list-style-type: none"> ☐ With no other issue/concern, the OP was approved.
		INFORMATION ON THE PERFORMANCE AND EFFECTIVENESS OF THE QMS
		<ul style="list-style-type: none"> ➤ Office Performance Commitment and Review: FY 2021 1st Semester Performance Assessment <ul style="list-style-type: none"> ▪ The first semester Accomplishment per GAA Indicators was reported. The report was prepared after the validation conducted with the Division Chiefs and the PMT Secretariat (Planning Office and HRMD)
		<ul style="list-style-type: none"> ▪ Through the two-day validation with the regions, issues and concerns were gathered thus, it was recommended that updating of the OPCR for the remaining months of 2021 should be undertaken.
		<ul style="list-style-type: none"> ▪ Dir. Dela Rama requested Dir. Constantino to rectify the reported accomplishment of the Certification Office. Dir. Constantino noted on the items for adjustment.
		<ul style="list-style-type: none"> ▪ The reported results of the validation will be provided to all OUs to aid in crafting the catch-up plan particularly for the deliverables with January to December timelines. The catch-up plan will ensure that deliverables are met by the end of the year.
		<ul style="list-style-type: none"> ☐ The Planning Office to make the adjustment for the reported accomplishment of the Certification Office.
		<ul style="list-style-type: none"> ➤ Compliance Audit Results as of June 30, 2021 <ul style="list-style-type: none"> ▪ Mr. Madrid presented the first semester accomplishment on the conduct of Compliance Audit.

		<ul style="list-style-type: none"> ▪ As of June 30, 2021, the reported accomplishment was as follows: <ul style="list-style-type: none"> ☞ 22% of Registered programs have been subjected to Compliance Audit ☞ 29% of TVIs with TESDA Registered programs have been audited ☞ 29% of accredited Assessment Centers Qualifications have been audited ☞ 29% of accredited Assessment Centers (AC) have been audited ☞ 67% of the AC qualifications audited are compliant to TESDA policies and guidelines.
		<ul style="list-style-type: none"> ▪ Dir. Dela Rama commented that compliance audit results and findings should be presented in the NQMC. She expressed that result of the Compliance Audit are important inputs to the OPRs like Certification Office. The audit findings help identify ways to address audit findings, provide opportunities for continuous process improvement and identify procedures and requirements that are violated. Reporting the results and the corrective actions of the regions may facilitate new guidelines/policies on Program Registration and Assessment and Certification.
		<ul style="list-style-type: none"> ▪ DDG Urdaneta advised the OPR to take note of the comments of Dir. Dela Rama. She also instructed Mr. Madrid to include in his presentation for the next NQMC meeting, the recurring problems/findings and how the regions address and monitor these findings.
		<ul style="list-style-type: none"> ▪ An inquiry on the monitoring of the identified corrective actions to the TUVSUD Audit findings for Compliance Audit was addressed to the OPR. DDG Urdaneta said that monitoring should be established by IAS. Mr. Madrid mentioned that IAS is acknowledging the audit reports of the regions and indicated there in the details of the status of the submission of reports.
		<ul style="list-style-type: none"> ☐ The OPR to monitor corrective actions being implemented to address audit findings. Monitor and analyze the identified corrective actions provided by the implementing regions to determine whether it is aligned with the findings and if they are effective or not.
		<p>➤ 2021 Internal Quality Audit Results (Partial)</p> <ul style="list-style-type: none"> ▪ ED Taganas informed the body that the IQA partial report covers the ROPO. The central Office has yet to conduct its 2021 IQA. Hence, the NQMR requested the extension of the Annual Audit Plan to August 2021.
		<ul style="list-style-type: none"> ☐ The NQMC approved the request to extend the IQA until August 2021.

		<ul style="list-style-type: none"> ▪ A summary of the partial audit findings was presented to the NQMC. <ul style="list-style-type: none"> ☞ Total of Findings <ul style="list-style-type: none"> ✓ Major NC-15 ✓ Minor NC-87 ✓ OFI -14 ✓ OFI Action Item-153 ✓ Positive-17 																																																																														
		<p>☞ Findings per Region</p> <table border="1"> <thead> <tr> <th>REGION</th> <th>MAJOR</th> <th>MINOR</th> <th>OFI</th> <th>OFI Action Item</th> <th>P</th> </tr> </thead> <tbody> <tr> <td>I</td> <td>2</td> <td>15</td> <td>1</td> <td>14</td> <td>4</td> </tr> <tr> <td>IV-A</td> <td>4</td> <td>13</td> <td>1</td> <td>12</td> <td>2</td> </tr> <tr> <td>VI</td> <td colspan="5" style="text-align: center;">NO FINDINGS</td> </tr> <tr> <td>VII</td> <td colspan="5" style="text-align: center;">NO FINDINGS</td> </tr> <tr> <td>VIII</td> <td></td> <td>1</td> <td></td> <td>2</td> <td></td> </tr> <tr> <td>IX</td> <td></td> <td></td> <td>3</td> <td>4</td> <td></td> </tr> <tr> <td>X</td> <td></td> <td>13</td> <td>5</td> <td>9</td> <td>1</td> </tr> <tr> <td>XI</td> <td>3</td> <td>19</td> <td></td> <td>48</td> <td>5</td> </tr> <tr> <td>XII</td> <td></td> <td>1</td> <td>3</td> <td>9</td> <td>1</td> </tr> <tr> <td>CARAGA</td> <td>6</td> <td>15</td> <td></td> <td>45</td> <td>4</td> </tr> <tr> <td>BARMM</td> <td></td> <td>10</td> <td>1</td> <td>10</td> <td></td> </tr> <tr> <td>TOTAL</td> <td>15</td> <td>87</td> <td>14</td> <td>153</td> <td>17</td> </tr> </tbody> </table>	REGION	MAJOR	MINOR	OFI	OFI Action Item	P	I	2	15	1	14	4	IV-A	4	13	1	12	2	VI	NO FINDINGS					VII	NO FINDINGS					VIII		1		2		IX			3	4		X		13	5	9	1	XI	3	19		48	5	XII		1	3	9	1	CARAGA	6	15		45	4	BARMM		10	1	10		TOTAL	15	87	14	153	17
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		<ul style="list-style-type: none"> ▪ Apart from the summary of the number of findings, Ms. De Guzman also presented a sample of the findings for Major NC, under Clause 9.1 for the Procurement process. ▪ The findings were a noncompliance to the requirement of the TESDA-OP-AS-04 on the filling up of TESDA-OP-AS-04-F01. Sampled documents bore no signature of the supplier and inspector. ▪ For the Minor NC Clause 4.1, 6.1, and 9.13 was called on the Leadership. The finding was on the determination/computation of the Risk Rating (R1 and R2) that was not in accordance with the standards set by the organization Evidence: CIP: RRRO 2020 Archive, RRRO as of January 15, 2021, RRRO as of April 15, 2021. 																																																																														

		<ul style="list-style-type: none"> An example of an OFI Action Item was called under the Compliance Audit- UTPRAS for clause 8.5.1 The finding stated that the identified root cause of the TVI was not responsive to the compliance audit findings. The finding was 1 unit of hacksaw tool was lacking. The identified root cause was to buy the lacking unit. 																
		<p><i>On the Partial IQA Result</i></p> <ul style="list-style-type: none"> DDG Urdaneta expressed that the Operating Units should conduct an online/remotes IQA. She also asked whether the Management Division (MD) monitors the Offices with reported quarantine cases if they are able to conduct their IQA after completing isolation period. Ms. De Guzman reported that MD follows-up the conduct and status of the IQA in the ROPOs. DDG Urdaneta reiterated that the OPRs should find means and ways to take necessary action under the new normal set-up. 																
		<ul style="list-style-type: none"> DDG Urdaneta requested the incoming NQMR to look for better audit approaches especially when conducting remote auditing. She advised the new NQMR and Ms. De Guzman to seek the assistance of the ISO Consultant and TUVSUD for remote auditing best practices. ED Taganas added that TESDA is one of the best practices of TUVSUD during last year's re-certification audit. 																
		<p><i>On the Digitization of Documents</i></p> <ul style="list-style-type: none"> DDG Urdaneta likewise advised Ms. De Guzman to reiterate to COROPO the importance of digitizing all their documents. 																
		<p>➤ 2020 Customer Satisfaction and Feedback from interested Parties</p> <ul style="list-style-type: none"> Ms. De Guzman reported that the total number of customers served in all operating units (COROPO) for CY 2020 is 424,588. The number of customers per communication channel is as follows: (Source: TESDA-OP-AS-03-F06) <table border="1" data-bbox="780 1518 1316 1765"> <thead> <tr> <th><i>Channel</i></th> <th><i>Customers Served</i></th> </tr> </thead> <tbody> <tr> <td><i>Calls</i></td> <td><i>31,843</i></td> </tr> <tr> <td><i>SMS</i></td> <td><i>36,805</i></td> </tr> <tr> <td><i>Emails</i></td> <td><i>55,730</i></td> </tr> <tr> <td><i>Mails</i></td> <td><i>7,234</i></td> </tr> <tr> <td><i>Facebook</i></td> <td><i>110,831</i></td> </tr> <tr> <td><i>PACD</i></td> <td><i>182,145</i></td> </tr> <tr> <td>Total</td> <td>424,588</td> </tr> </tbody> </table>	<i>Channel</i>	<i>Customers Served</i>	<i>Calls</i>	<i>31,843</i>	<i>SMS</i>	<i>36,805</i>	<i>Emails</i>	<i>55,730</i>	<i>Mails</i>	<i>7,234</i>	<i>Facebook</i>	<i>110,831</i>	<i>PACD</i>	<i>182,145</i>	Total	424,588
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		<ul style="list-style-type: none"> The Customer Net Satisfaction Rating obtained from the Public Assistance and Complaints Desk in all operating units using the customer feedback form TESDA-OP-AS-03-F01 is 99.87% for CY 2020. 																

- The complaints monitored at the Contact Center Unit is summarized as follows:

**Complaints Monitored at the Contact Center Unit
For the CY 2020**

Nature of Complaint	Received Thru														Total			
	Mail		email		SMS		Malasakit		CSC-CCB		FB		Hotline 8888		PCC			
	OP	C	OP	C	OP	C	OP	C	OP	C	OP	C	OP	C	OP	C		
UTPRAS			10	7	2		3	4					1	4	4	1	20	16
Assessment & Certification			7				1	1				1	7	3		2	15	7
Administrative				1									11	4	3	1	14	6
ARTA			2	1	2								4		3	2	11	3
Scholarship			4	3		1		1			5	1	27	11	4	4	40	21
Policy Queries/Issues													2		1		3	0
Request/Suggestion/Recommendation			4	1				1					5	2	8	5	20	9
Overall Total	0	0	27	13	4	1	4	7	0	0	5	2	60	24	23	15	123	62

Legend:
OP- On process
C-Closed

- Also presented in the report are the most common complaints monitored at the Contact Center Unit, these are:

Complaints

Scholarship Complaints

1. Release of toolkits and allowance
2. Delayed payment/processing of scholarship vouchers
3. Substandard toolkits
4. Late payment of TVIs

ARTA Complaints

1. Unattended telephone lines
2. Poor service/Discourteous TESDA personnel
3. Abuse of Authority
4. Non-observance of the PCT
5. Use of Official Vehicle

Assessment and Certification

1. Delayed release of National Certificate
2. Assessment schedule
3. Issuance of NNTC/NC
4. NC Renewal
5. New Assessment Application Policy
6. Certificate of Recognition to Offer Online training Policies deployed
7. Abusive Behavior of Assessors
8. Refund Policy

Program Registration

1. Issuance of CAV
2. Training schedule
3. Issuance of school credentials to representatives
4. Additional fees being collected
5. Refund Policy

Training Regulations

1. Amended Training Regulations

Admin Complaints

1. Delayed salary of Job Order Personnel
2. Delayed processing of scholarship vouchers
3. Delay in the release of employee benefits (terminal leave)
4. Lack of PPE
5. Allegations of corruption

On the complaints received

- DDG Urdaneta commented on the ARTA complaints like the “unattended telephone line”. She expressed that this complaint may have been during the lockdown period or it may be that there is really no person attending to the lines there since the focal person might be WFH. She then asked if the complaints are being looked into? Ms. De Guzman yes, it is being looked into.
- ED Dela Rama commented on the allegations of corruption, she shared that she was instructed by DDG Sarmiento to pitch in the meeting with PACC {Presidential Anti-Corruption Commission}. The agency should establish an “Anti-Corruption Committee”. She said that the CLGUs was the one attending the meeting before.

		<ul style="list-style-type: none"> ▪ DDG Quisumbing responded that this matter has been discussed internally at the CLGUs. He said as instructed by the Secretary, the CLGUs has been attending the PACC meetings however, a request is being drafted that this assignment be transferred to a more appropriate office like IIAS.
		<ul style="list-style-type: none"> ▪ Dir Orozco also took note of the complaints that were presented. She likewise shared that PACC called up the Secretary and requested for the list of the stakeholders under TESDA. The TVI Association with Fr. Inocencio was submitted to PACC. ED Dela Rama explained that the committee for anti-corruption should be per agency.
		<ul style="list-style-type: none"> ▪ On the request of CLGUS mentioned by DDG Quisumbing, Dir. Orozco sated that she has not encountered any document of such request. DDG Quisumbing said, CLGUs is still preparing the request after which, will be sent to the ODG. ▪ DDG Urdaneta requested Dir. Orozco to monitor the Agency's compliance to the Anti-Corruption Committee and to follow through the recommendation of DDG Quisumbing.
		<p><i>On the Approval to Reconstitute the Customer Satisfaction Committee</i></p> <ul style="list-style-type: none"> ▪ DDG Urdaneta agreed and endorsed the proposal to reconstitute the Customer Satisfaction Committee and the preparation of the TESDA Order.
		<ul style="list-style-type: none"> ☐ Prepare TESDA Order for the Reconstitution of the Customer Satisfaction Committee
		<p>➤ Updated Citizen's Charter</p> <ul style="list-style-type: none"> ▪ Ms. De Guzman reported to the body the following: <ul style="list-style-type: none"> ☞ Citizens Charter handbook printed and submitted to ARTA ☞ AO23 Report Form however this needs to be updated based on the new issuances and directives.
		<ul style="list-style-type: none"> ▪ The updates include the fees being collected, the PCT, and scholarship were updated in the ARTA. ▪ DDG Urdaneta advised Ms. De Guzman to have the OPRs of UTPRAS and Scholarship review the Citizen's Charter again.
		<ul style="list-style-type: none"> ☐ Provide OPRs with the validated Citizen's Charter for final vetting.
		<p>OTHER MATTERS:</p>

		<p>➤ Update on the letter regarding digitization</p> <ul style="list-style-type: none"> ▪ Ms. Genito informed the body that the Agency sent a letter to the National Archives of the Philippines (NAP) regarding the management of electronic data/records. ▪ While waiting for the response of the NAP, TESDA in compliance to the directives and advisories issued by oversight agencies, started the process of digitization of records for easier safekeeping and ready reference as the need arises. ▪ Further, the Records Management Improvement Committee (RMIC) Chair requested all OPRs to comment on the draft consolidated Record Disposition (RDS) based on the NAP Form No. 2 submitted by the Regional Offices. The comments/inputs of the Central Office Executive Offices/Process Owners will be presented during the meeting with the newly reconstituted Central Office RMIC members with the presence of the NAP representative.
		<ul style="list-style-type: none"> ▪ An Action Plan for FY 2021 was prepared for the attainment of the Institutionalization of Records Disposition Program by the Central Office. ▪ Institutionalization of Records Disposal System <ul style="list-style-type: none"> ☞ Activity #1 – RMIC, expected output TESDA Order No. 385, Series of 2021 amending TESDA Order No. 270, Series of 2020 on the Reconstitution of Records Management Improvement Committee (RMIC) in the Central Office implemented on June 29, 2021 ☞ Activity #2 – Conduct of Records Inventory wherein the Records Inventory from NMYC up to present to be conducted on November 18-29, 2021 ☞ Submission of Records Inventory and Appraisal – to submit accomplished Records Inventory and Appraisal {NAP Form No. 1} by various CO offices on January 20, 2022. Inventory period covers January to December 2021. ☞ Central Office RMIC Meeting on 3rd quarter of 2021 for the presentation and finalization of the RDS, participants are TESDA CO RMIC. ☞ Submission of Finalized RDS on 4th quarter of 2021 with the submission of the accomplished RDS {NAP Form No.2}. ☞ Request for Authority to Dispose of Valueless Records on 3rd quarter of 2021 with the submission of {NAP Form No. 3}. ☞ Disposal Proper of Records thru various mode or per RMIC recommendation on 4th quarter of 2021 with the report on actual records disposal. Disposal from authorized representative from TESDA CO, NAP and COA.

		<p><i>Capability Build-up of ROPO Records Controller</i></p> <ul style="list-style-type: none"> ▪ Part of the action plan was to convene the Central Office Records Controller, DDG Urdaneta suggested to conduct a parallel activity for the ROPOs. She recommended that these activities be scheduled and plotted with the participation of the NAP. ▪ Dir. Carreon suggested the inclusion of KM System in the Digitization Action Plan.
		<ul style="list-style-type: none"> ▪ DDG Urdaneta recommends the creation of a Technical Working Group {TWG} which will be composed of the Planning Office, ROMO, AS and Dir. Butad. The TWG shall come up with action plans for the QMS digitization. ▪ DDG Urdaneta instructed Ms. De Guzman to prepare TESDA Order and CSW for the four (4) identified offices/personnel to comprise of the TWG for Digitization.
		<ul style="list-style-type: none"> <input type="checkbox"/> OPR to conduct capability build-up programs for the RMIC and Records Controller. <input type="checkbox"/> OPR to include KM Systems in the Digitization Action Plan. <input type="checkbox"/> Secretariat to prepare the TESDA Order and CSW on the Creation of the TWG for QMS Digitization
		<p>➤ IPCR CALIBRATION PROCESS</p> <ul style="list-style-type: none"> ▪ Ms. Lopez presented to the body the IPCR calibration process which is part of TESDA HR-PRIME maturity level 2 application. ▪ The 2020 IPCR calibration process is still on-going, thus the proponents wished to solicit comments/suggestions and recommendations from the NQMC members.
		<ul style="list-style-type: none"> ▪ ED Constantino expressed that the IPCR validation should be contextualized in the sense that the IPCRs of the employees have been validated before the approval of the Head of Operating Unit. She suggested to the proponent to revisit the process of IPCR validation in consideration of the hierarchy of signatories.
		<ul style="list-style-type: none"> ▪ DDG Urdaneta agreed with the comment of ED Constantino. She also expressed that the PMT Committee has not convened and discussed the on-going IPCR Calibration/Validation. Ms. Lopez explained that the plan was to complete the calibration/validation before requesting the PMT Committee to convene.
		<ul style="list-style-type: none"> ▪ Ms. Lopez mentioned that HRMD will issue a Memorandum requesting the Executive Offices to identify their Office PMT Secretariat that will be trained to validate the IPCRs before endorsing it to the Head of Office for approval. Dir. Constantino requested for the approval of this recommendation.

		<ul style="list-style-type: none"> ▪ DDG Urdaneta addressed the OPRs and informed them that the PMT Committee should have been convened so that parameters for the validation process will be identified and the roles will be delegated.
		<ul style="list-style-type: none"> ☐ OPR to improve the IPCR calibration/validation process.
NQMC-M-07-2021	04 August 2021	STATUS OF ACTION ITEMS FOR THE PREVIOUS MANAGEMENT REVIEW
		<ul style="list-style-type: none"> • The Action Items from the previous Management Review were closed-out/acted upon.
		CHANGES IN THE INTERNAL AND EXTERNAL ISSUES THAT ARE RELEVANT TO QMS
		<ul style="list-style-type: none"> ➤ 2021 RRRO <ul style="list-style-type: none"> ▪ Ms. De Guzman presented the RRRO updated based on comments and inputs in the 21 July meeting. The RRRO was likewise reviewed by the ISO Consultant. ▪ Dir. Butad, the new NQMR requested for the approval of the RRRO considering it has been reviewed in the previous NQMC meeting and by the Consultant.
		<ul style="list-style-type: none"> ☐ The NQMC approved the RRRO as updated.
		INFORMATION ON THE PERFORMANCE AND EFFECTIVENESS OF THE QMS
		<ul style="list-style-type: none"> ➤ Compliance Audit Results as of June 30, 2021 (Common Findings) <ul style="list-style-type: none"> ▪ Program Registration <ol style="list-style-type: none"> 1. Corporate and Administrative Documents e.g. Expired Fire Safety Certificate; No organizational chart uploaded in the file and documents 2. Curricular Requirements e.g. Lacking tools and equipment/Tools and equipment not functional 3. Faculty and Personnel e.g. Expired NTTC of the trainer 4. Program Guidelines e.g. The Trainees Entry Requirements was not in accordance with stipulated requirement in the Training regulation 5. Support Services e.g. No evidence on Job Linkaging Services presented (tracking or tracer of graduates; career profiling/career services) 6. Other Requirements e.g. Transmittal Letter for the submission of the trainees' credentials i.e. Transcript of Records and/or Diploma and Training Certificates not stamp received by the PO/DO; Signage posted is not in accordance with Section 16 TESDA Circular No. 7 series of 2016.

		<p>7. Mandatory Assessment (WTR) and Submission of MIS 03-02 e.g. No Enrolment Report and RWAC presented</p> <p>8. Program Performance Measures e.g. No evidence on WTR programs certification rate lower than the national sectoral average rate.</p>
		<p>▪ Assessment and certification</p> <p>1. Administrative Requirements e.g. a) Checklist of tools, equipment, supplies and materials and facilities not properly filled up; b) The PCT for the accreditation from the receipt of application documents to the date of accreditation is beyond the prescribed PCT.</p>
		<p>2. Physical Structure e.g. Fire extinguishers are either expired or not calibrated; Tools and equipment are lacking at the time of audit.</p> <p>3. Assessment Methodologies and Procedures e.g. AC request for assessment schedule not in accordance with the operating procedure (5 working days) prior to the actual schedule; TESDA representative not present during the conduct of audit; CARS were not filled out by the assessor during assessment; RWAC has no stamped received by the PO.</p>
		<p>4. Assessment Documentation and Reporting e.g. Attendance not signed by the TESDA Representative</p>
		<p>▪ ED Constantino asked whether a comparative analysis of the 2020 and 2021 Compliance Audit results have been done. ED Dela Rama responded that there's not much to analyze because the reports that came in to Certification Office were all copy pasted from the previous report from the TVIs until such time that CO conducted a spot audit.</p>
		<p>▪ DDG Urdaneta stressed out that there should be strong monitoring mechanism installed and documented non-compliances/non-conformities and to come up with such policies by the ROPOs to assure the compliance of the schools.</p>
		<p><i>On the recurring nonconformity on Fire Safety certificate</i></p> <p>▪ Mr. Madrid proposed to require all the TVIs and AC's to submit the ANNUALLY an updated Administrative Documents.</p>
		<p>▪ Dir. Butad concurred with the recommendation of DDG Urdaneta and requested for a review of the monitoring scheme on non-compliances/non conformities which was deployed by the IAS.</p>
		<p>☐ DDG Urdaneta proposed to strengthen the capability building training for the staff. More so, the IAS and Certification Office should participate in the review of correction/corrective action. MC approved the RRRO as updated.</p>

		<p>➤ Supplier's Evaluation CY/FY 2020</p>
		<ul style="list-style-type: none"> ▪ The survey form tools of TESDA OP-AS-05-F01 was used for the CY 2020 Suppliers Performance Survey to gauge the performance of the Suppliers of Goods, Services/Rehabilitation/Construction and Printing Services. The Performance Evaluation Survey tool was used for Janitorial Services, Security Services and Consultancy Services/Expert.
		<ul style="list-style-type: none"> ▪ A total of 110 Suppliers were evaluated. The respondents of the survey were the end users of the procured goods and services. The overall average rating for this evaluation cycle is 4.63 for Goods and 4.73 for Printing services.
		<ul style="list-style-type: none"> ▪ Dir. Butad queried if the result of this performance evaluation has been communicated to the suppliers and were they able to include the bidders for that matter or is it only covering the small procurement value. ▪ DDG Urdaneta also asked if all the reports were really given to the suppliers. PSD responded that the ratings were provided to the suppliers last February. As for the evaluation of Janitorial and Security Services, there was a separate evaluation conducted by GSD. ▪ Moreover, Dir. Butad asked about the goods procured under Public Bidding. Stressing her point to improve the delivery system and for continuous improvement.
		<ul style="list-style-type: none"> ☐ DDG Urdaneta requested the OPR to take note of the comments/suggestions to improve the process