Republic of the Philippines
Department of Education
REGION VIII - EASTERN VISAYAS

June 9, 2023

OFFICE MEMORANDUM
PPRD-2023- 341

REMINDER ON THE ACTIONS OF THE CONCERNED OFFICES BASED ON THE FINDINGS OF THE READINESS ASSESSMENT CONDUCTED

To: Director III
Quality Management System Teams
Functional Division Chiefs
Unit and Section Heads
All Others Concerned

1. With reference to Office Memorandum No. 68, s. 2023 (Conduct of Readiness Assessment on the National Quality Management System Documentation and Implementation) and in preparation for the Inter-Regional Audit scheduled on June 21-23, 2023, this Office reminds the concerned Divisions/Units/Sections on the necessary actions that shall be undertaken based on the enclosed findings, suggestions, and recommendations during the said Readiness Assessment as part of the Office's continual improvement.

2. All concerned Functional Divisions, Units, and Sections shall submit a report to Dr. Rita R. Dimakiling, Quality Management Representative, their status of actions on the suggestions and recommendations using the attached template on or before June 14, 2023.

3. Immediate dissemination of and compliance with this Memorandum are desired.

EVELYN R. FETALVERO, CESO IV
Regional Director

Enclosures: As stated
References: As stated
To be indicated in the Perpetual Index under the following subjects:

PERFORMANCE QUALITY MANAGEMENT SYSTEM

DEPARTMENT OF EDUCATION
RECORDS SECTION, REGIONAL OFFICE NO. VIII
RECEIVED
341
By: Date: 6/13/23

PPRD-TCPJ

Enclosure to Office Memorandum PPRD-2023-_____

REPORT TEMPLATE ON THE NQMS READINESS ASSESSMENT FINDINGS

ISO 9001:2015 Requirement	NQMS Requirement, Documented Information, Process, or Reference	Existing Documented Information or Practice	CF/C/ OFI/NC	Remarks or Recommendation	Action of the Division, Unit, or Section

Prepared by:

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Division Chief

I. ASSESSMENT PROPER

ISO 9001:2015 Requirement	NQMS Requirement/Documented Information/Process/Reference	Existing Documented Information/Practice	CF/C/ OFI/NC	Remarks/Recommendation
4.1 Understanding the Organization and its context	NQMS Manual, NQMS Process Map, SWOT Analyses, REDP	• Background of RO8 as an RO and with regard to pillar i.e. challenges/status of each pillar in region 8 • RO8 profile in the REDP • SWOT, which are identified per FD, were used as inputs to the strategies in the REDP • DepEd Process map • SWOT and Tree Analyses were used to determine the appropriate strategies to address relevant issues. Samples obtained: • Strategies on Access and Quality (pillar) - problem tree, data/stat. trends, SWOT in the REDP • REDP • Issue on low proficiency level in the NAT is addressed using sampled Strategies 1&5	C C	Enhance and calibrate understanding on the use of SWOT during strategic planning, be able to connect these to strategies and plans
		• Root cause analysis used to understand problems and com up with strat. to address these	CF	

ISO 9001:2015 Requirement	NQMS Requirement/Documented Information/Process/Reference	Existing Documented Information/Practice	CF/C/ OFI/NC	Remarks/Recommendation
4.2 Determination of requirements of stakeholders	RelPs Matrix	Matrix of RelPs are maintained per FD	C	• Be able to relate identified RelPs these to strategies, plans and risk registries • Include LGUs as RelP in the process of private school application
4.3/4.4 Scope of the QMS and its processes	NQMS Scope, NQMS Process Map, Process Matrices	• DepEd Process map in the context of the RO • Clear and can explain in the RO context • The identified scope "Provision of Quality Basic Education Services" is appropriate to the context of the DepEd. • High-level of awareness on the scope and application of the QMS in the region. • Applicability and non-applicability of clauses to specific processes, specifically clause 8, design and development, was clearly articulated.	C CF	Ensure calibrated understanding or awareness on applicable QMS processes based on the process matrices in the NQMS Manual
5.1 Leadership and Commitment	REXECOM, SO, Policy Formulation, Policy Dev't	The following are among the demonstration of Top Management's leadership and commitment to the NQMS: • REXECOM meetings • Involvement in QMS initiatives • Conduct of Management Review	C	
5.2 Policy	DepEd National Quality Policy	• Recited during flag ceremony and opening of events	C	
		• Posted at strategic/conspicuous areas	CF	

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			OFI	Consider using other communication medium/material for the Quality Policy (QP). One that could easily be replaced and cost efficient in case of revisions. The use of QP as desktop wallpaper or printed in ID-sized medium may be considered.
5.3 Roles, responsibilities, authorities	SOs, Job Descriptions, Operations Manual, Organizational or Functional Structure	The following provide evidence of this requirement: • Functional descriptions posted it the FDs • Job descriptions in the Operations Manual Some organizational charts are not updated.	C OFI	Ensure that these are regularly updated.
6.1	Risk Management procedure	Learning recovery roadmap in response to risk impacts in the REDP	CF	

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Actions to address risks and opportunities	Risk Registry Opportunities Registry REDP	Risk and opportunities registries are aligned with the identified SWOT, which were used in the REDP. Samples obtained: QAD and FTAD registries	CF	
		Risk and opportunities registries are maintained per FD.	C	
		Risk and Opportunities and corresponding mitigation plan for the RO included in the REDP	C	
		No assessment and action plan on one identified FTAD opportunity in its registry	OFI	Review other registries to ensure completeness.
		Availability of approved Risk and Opportunities Registries per FD	C	
		The following were noted on the risk and opportunities registries presented: • Target risk rating column is not accomplished (FTAD) • Risk and Opportunity Matrices are NOT aligned with the respective SWOT and RelPs for most FDs assessed. • Very few issues in their SWOT and a number of risks in the registers which cannot be attributed to the SWOT/linkage cannot be established. (Admin Division) • An entry in the risk register that contradicts the entry in the opportunity register. i.e. "Delay in the delivery of	OFI	Ensure that all fields are accomplished. Ensure alignment of SWOT and RelPs with the Risk and Opportunity Registries. Ensure that all identified weaknesses and threats are considered in the risk identification, assessment, and evaluation. Strengthen awareness on the use of the risks and opportunity registers.

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		supplies" and "Able to provide the needed supplies" (Admin Division) • Low level of awareness on the use of the risks and opportunities template o All causes are external in nature, hence, the solution is uncontrollable or limited. (Admin, delay in the delivery of suppliers, all causes are attributed to the suppliers, no internal weakness identified). o Existing practices/controls are not considered in assessing the likelihood of occurrence. o Computation of risk rating is not clear. High x High = 5 o Insufficient entries on "existing controls" column. e.g. incapacity of ICT unit personnel on information systems development leading to unsuccessful creation of source codes..." - identified current control is Professional Development Program. Current control may include Recruitment and Selection Process where qualifications of personnel serve as basis.		

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6.2 Quality objectives and planning to achieve them	Plan Formulation Planning Documents REDP, OPCR	The following contains quality objectives and plans to achieve these: • Work and financial plans for RO performance indicators and targets 2023 (annual) • OPCRFs • Annual Implementation Plan The following were noted on sampled OPCRFs: • All accomplishments are rated in terms of Quality, Efficiency, and Timeliness but rating matrix for each is not clearly stated. • Sampled 2022 accomplishments reflect an unattained target (HRDD). Required corrective action cannot be established.	C OFI NC	Review and revisit the performance measures to clearly indicate how the results will be rated. Ensure that required corrective action is established to address nonconformities that may arise from non attainment of targets, customer complaints, results of audits, among others.
6.3 Planning for Changes	any document reflecting plan for change, if any (organizational)	Has plans for adopting and aligning strategies and plans with the *MATATAG* agenda of the DepEd Secretary.	C	

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7.1 Resources • People • Infrastructure • Environment • Monitoring and measurement resources • Organizational Knowledge	**People** HRMDev't process Organizational Dev't HRD Plan PRIME HRM – if applicable **Infrastructure** Infra. Mgt. Asset Mgt. Gen. Service Mgt. ICT Mgt. **Environment** DRRM Housekeeping Schedule Quality Workplace Standard *Financial Mgt ~~**Monitoring and Measuring Resources (if applicable)**~~ ~~Maintenance/calibration of laboratory equipment, apparatuses - NA~~ **Organizational Knowledge** KM procedure, Research Mgt. See 7.1, 7.2, 7.3, 7.5	People HRDD Availability of Learning and Development Plan for Teaching and Non-Teaching Personnel	C	
		An improved version of the LNDA tool was created to enhance efficiency of delivery of services. (EXCEL form with drop down menu)	CF	Continue the effort to improve and innovate current practices. This may be shared with other offices to improve productivity of the region and other DepEd offices.
		Infrastructure and Work Environment DRRM/Quality Workplace Team/Asset Management/ICT Management/ESSD/General Services		Revisit the checklists and revise as necessary. e.g. Flooded area, may consider area with stagnant water (DRRM)
		Availability of approved Operations Manual and Planning Documents	C	
		The following were noted on the presented sample documents: • Availability of infrastructure project monitoring tool for 2023 (ESSD)	C	
		• Availability of Hazard Assessment Checklist and Disaster Risk Checklist (DRRM) and Quality Workplace Standards Checklist (QW Team). However, the checklists need improvement on some of the contents and their usage.	OFI	Consider continuation of the use of QW Standard checklist while waiting for the NQMS Workplace checklist. (last used 16 June 2022). Revisit the checklist for possible revisions on entries. e.g. flooded areas
		• Evidence of conduct of inventory. e.g. Summary of Inventory of Equipment dated 31 December 2022.	C	

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		• Items for disposal located at the gym which may be for donations are found exposed to rain causing damage. (cabinet) • Accomplished Utility Workers Daily Log dated 2 & 5 December 2022 were not accomplished properly. Rating field was ot accomplished, No signature (noted by)	NC NC	Ensure that items for disposal which may be of use (donations) are protected from damage. Ensure that all forms/templates being used are properly accomplished. i.e. all fields and dated, signed, as applicable
		FTAD Availability of Regional Technical Assistance Plan (RTAP). Sampled RTAP 2022 was implemented with on-going long term interventions.	C	
7.2 Competence	***See 7.1 People***			

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7.3 Awareness	Unit meetings, signages, IECs			All
7.4 Communication	ComPlan			ORD, OARD, AD, QMR
7.5 Documented Information	Documented Information Mgt., Records Mgt., DML, Records Inventory, RDS ... available and suitable for use, where and when it is needed.	Sample obtained: The D.O. (32 s. 2015) as basis/ reference to RM 0577 s. 2021 *Format Template on the Submission of* ...cannot be easily retrieved or traced. The reference D.O. is not mentioned in said R.M.	OFI	Ensure availability of relevant references and bases of the processes being performed.
		The Ocular inspection checklist which is used for the Tikog Mat Production has erasures (liquid eraser).	OFI	Appropriate controls need to be applied for alterations/changes made to documented information retained as evidence of conformity (in this case, review of requirements related to Curriculum Management).

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8.0 Operations Sub-requirements/clause : 8.1 Operational Planning and Control 8.6 Release of services	• Curriculum Management and Standards Development • Learning Delivery Management and Development • Learning Resource Management and Development • Learning/Professional Development and Management for Teachers and School Leaders • Data Information Management – PPRD • Organizational Development – FTAD, QAD • Private Educ. Regulations and Dev't – QAD • Procurement Management • Operations Manual • Quality Control Plan (QCP)	Presented operations manuals in one unit are not appropriately signed (uncontrolled).	NC	Ensure that all QMS documented information in circulation, are appropriately identified, dated, and signed, as per PAWIM on Control of Documented Information.
		• Regulations process: Has an existing tracking system for the inventory of applicants vs status of application of private schools	CF	
		The following are among the evidence of operational planning and control: • OPCRs and WFPs for targets and indicators • QCPs, Curriculum Learning Mgt System Guide and Tools for process/procedures	C	
		Actual practices are not aligned with the QCP and vice versa. Samples: • Tikog Mat Production • Data Management and Management of Information	OFI	Review all QCPs and reflect actual practices.
		Sample obtained: *Data Management* and *Management of Information System* are captured in only one QCP. In the DepEd NQMS process matrix these two are separate sub-processes.	OFI	• Align QCPs with the Core Processes matrix for "Data Management". • Review and discuss the activities subsumed in each subprocess.

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		In the sampled "contextualized curriculum" there was no M&E tool planned.	OFI	Include M&E plan at the onset of the activity.
8.5 Control of externally provided, processes, products and services	External Partnership Mgt. Procurement Mgt.	• Institutional procurement process being followed Samples obtained: • summary report on public bidding - purchase request info, winning bidder up to payment status Jan-Dec2022 • registry of all modes of procurement in the FDs - procurement monitoring board/tracking	C CF	
9.1 Monitoring, measurement, analysis, evaluation -customer satisfaction	Performance Monitoring and Evaluation procedure	• Performance Mgt Team review conducted for year-end (2022) includes review of OPCRs (ROs and SDOs), results and accomplishments vs targets - Dec 23, 2022 • REDP MEA Strategies per year	C	

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	Feedback Mgt.	• CSS Form - generated data from this, status of feedback, with tracking system • QAME for trainings, meetings, 8888, FB page, email, text, call, legal complaints	C	Exhaust all possible sources of feedback when analyzing these.
9.2 Internal Audit	NQMS Audit procedure QMS Audit initiatives	• Refresher course on audit • Self-audit planned in June 2023	CF	Conduct audit awareness or orientation for auditees to prepare them for the audit, e.g. audit purpose, roles and responsibilities.
9.3 Management Review	Management Review Minutes of the Meeting	• Latest MR was conducted on Feb 22, 2023 with 13 agenda.	C	• Do not limit status of NCs to audit NCs • M&M results need not limit to status of documents, issues and concerns • Use data needed for the REDP monitoring under the M&M agenda • Discussions on risks need to focus on effectiveness of actions rather than status of documentation of risk or opportunities registries. • Review identified SWOT from strategic planning or based on SWOT matrix.

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10.2 Nonconformity and corrective Action	Corrective Action Procedure NC Matrix	• Learning recovery roadmap in response to risk impacts - • NC - procedure on NC outside the audit not implemented	CF NC	Familiarize with the established NQMS procedures and tools on Control of NC and Corrective Action.

II. Tabulation of Assessment Findings

ISO 9001:2015 REQUIREMENT	Findings			
	CF	C	OFI	NC
4 - Context	1	6	-	-
5 - Leadership	1	4	1	-
6 - Planning	3	6	2	1
7 - Support	-	3	4	3
8- Operations	2	2	3	-
9 - Performance Evaluation	1	3	-	-
10 - Improvement	1	-	-	1
TOTAL	9	24	10	5

III. Conclusion

With a small number of relatively minor issues found, the assessment team does not perceive that this would cause significant problems during the 3rd party certification. However, the team still suggests/recommends action to all findings in this activity as part of its continual improvement. This is on the assumption that positive findings are sustained henceforth. On this note, the assessment team concludes that QMS of the Region is:

Conclusion	Description
☑ Certainly Certifiable	• 20% or less of audit findings are nonconformity based on the total number of audit criteria challenged. • Able to demonstrate significant innovation to go beyond the minimum requirements. Monitoring of objectives shows wide-ranging improvement trends of reliable data. Extremely familiar with the requirements. Very high percentage of the people are involved.
☐ Certifiable	• 21-40% of audit findings are nonconformity based on the total number of audit criteria challenged. • Systematic process-based approach; early stage of systematic improvement; data available on conformance to objectives and existence of improvement trends. Management and key personnel are involved. High familiarity with the requirements. 100% of the requirements can be fulfilled given sufficient time to prepare.
☐ Uncertain to Pass	• More than 40% of audit findings are nonconformity based on the total number of audit criteria challenged. • No systematic approach evident, no results, poor results or unpredictable results. Responsibility for the QMS is only

	delegated to the Management Representative. Low familiarity with the requirements. Because of these, the client experiences delays, errors, wastages, redundancies of work, among others.