



OFFICE OF THE CAMPUS DIRECTOR
MINUTES OF THE MANAGEMENT REVIEW
Office of the Campus Director, Academic Building I
Date: November 22, 2018 Time: 9:30 A.M.

I. ATTENDEES

Theresa Anne O. Diaz	-	Campus Director
Marga B. Carreon	-	CID Chief
Analiza M. De Leon	-	SSD Chief
Antonina M. Agapito	-	SAO
John Carlo G. Quito	-	QMR
Jed Aries F. Castro	-	Lead IQA
Aldous Cesar F. Bueno	-	Document Controller
Daisy Jedh M. Agraviador	-	RMO

II. BUSINESS MATTERS

a. Status of Actions from Previous Management Reviews

The minutes of the previous management review was presented. Items pending for action were updated in each of the sections to follow.

b. Changes in External and Internal Issues that are Relevant to the Quality Management System

External and Internal Issues of all units were revisited and SWOT Analysis has been updated as of November 19, 2018.

c. Customer Satisfaction and Feedback from Relevant Interested Parties

i. Results of Customer Satisfaction Survey (CSS) /Suggestion Box

CSS was conducted for the period August 1 to November 20, 2018. There were 107 respondents in the survey. Ratings used were 5-Excellent, 4-Very Good, 3-Good, 2-Fair, and 1-Poor, with a target average rating of 3.5. Results of the survey shows an overall average rating of 4.55 (Very Good).

Details are as follows:

Division/Unit	Average Rating
OCD	4.49
Student Discipline	4.49
CID	4.21
Laboratory	4.66
SSD	4.61
Registrar	4.50
Library	4.53
Health Services	4.46
Guidance Services	4.71
Residence Hall	4.65
Cash Management	4.62
ITU	4.56
Supply and Property	4.69

ii. Customer Complaints

No Customer Complaint received to date.

iii. Student-Teacher Evaluation

Teachers Evaluation is scheduled on November 29, 2018.

iv. Parent's Feedback

None

v. Other Feedback



1. CDC Health Division inspected the cafeteria as compliance to the issuance of sanitary permit. Report includes recommendation for the Cooperative personnel to undergo seminar on food handling.
2. Due to recurring incidence of lost and found items during off-campus activities, drivers are to inspect the vehicle for left-behind items and surrender such, if any, to the Property Office for safekeeping.

d. The Extent to which Quality Objectives have been met

i. Accomplishment Status of the OPCR is as follows:

Performance Indicator	Target	Accomplishment as of November 19, 2018	Remarks
Percentage of PSHS Graduates Pursuing STEM	90%	98.73%	Attained
Cohort survival rate	90%	90.59%	Attained
Percentage of winnings/awards /recognition from the total number of international competitions participated by PSHS scholars	80%	100%	Ongoing (to be determined at the end of the school year)
Percentage of winnings/awards /recognition from the total number of international competitions participated by PSHS scholars	80%	50%	Ongoing (to be determined at the end of the school year)
Percentile of PSHS students in math in the US-based SAT	80 th Percentile	94 th Percentile	Attained
Rank of the campuses based on the overall UPCAT scores	Top 20	Rank 1	Attained
Number of municipality/city and recipients of promotional activities	86	130	Attained
Percentage of municipalities with applicants to the NCE	50%	95.63%	Attained
Percentage of freshmen who were able to get a GWA of 2.5 or better in the 2 nd quarter of the SY	90%	87.78% as of 1 st Qtr	Ongoing (To be determined at the end of 2 nd Qtr of the SY)
Budget Utilization Rate	85%	88.16%	Attained
No. of ISO processes certified as compliant to ISO 9001:2015	1	External Quality Audit Stage 2 scheduled on Nov. 26 – 27, 2018	Ongoing
No. of academic activities (research, training, curriculum development, etc.) conducted	3	5 Benchmarking activities with (1) City Schools Division of Cabuyao, (2), CSFP ICT High School, (3), Mauaque Resettlement High School, (4) Tulong Dunong with ACNTS, and (5) Division of Mabalacat	Attained
No. of administrative activities (training, audit, planning etc.) conducted	3	7 (1) BAC Seminar, (2) INSET, (3) Mock Audit Coaching, (4) Mid-Year Evaluation and Planning, (5) Operational Planning, (6) Internal Quality	Attained



Audit, (7) Management Review

e. Process Performance and Conformity of Products and Services

Based on the OPCR accomplishments status, the following are the performance of the divisions:

- i. SSD – all targets were attained
- ii. CID – some items were attained; others are still ongoing
- iii. FAD – some items were attained; others are still ongoing

f. Nonconformities and Corrective Actions

- i. The following are the issued Corrective Action Request and Opportunities for Improvement based on the IQA conducted on September 24 – 24 and October 1 – 2, 2018.

Table 1. Number of Issued Corrective Action Request and Opportunities for Improvement per Area		
Division/Area	CAR	OFI
Quality Management System's Office / Office of the Campus Director /	1	0
Finance and Administration Division	17	0
Curriculum and Instruction Division & Student Affairs	1	0
Student Services Division	5	0
Total	24	0

- ii. Based on the conducted internal quality audit, the Finance and Administrative Division has the most number of processes/procedures that needs to be corrected and addressed. On the other hand, the two other divisions have few items for corrective action. The Quality Management System's Office needs to communicate the Quality Management System to new personnel including those from outsourced service providers (janitorial, security, food services, etc.)
- iii. Eight (8) CARS, issued to Human Resources (4), FAD (2), QMSO (1) and Guidance Services (1) were closed with documented compliance to procedure.
- iv. The internal audit team recommends that each unit head with CAR may consult his/her supervisor for possible plan of action on how to address the findings; root cause analysis must be undertaken to appropriately address all the findings; and orientation/reorientation regarding the different processes in the manual must be done regularly by the divisions to avoid non-compliance.

g. Monitoring and Measurements Results

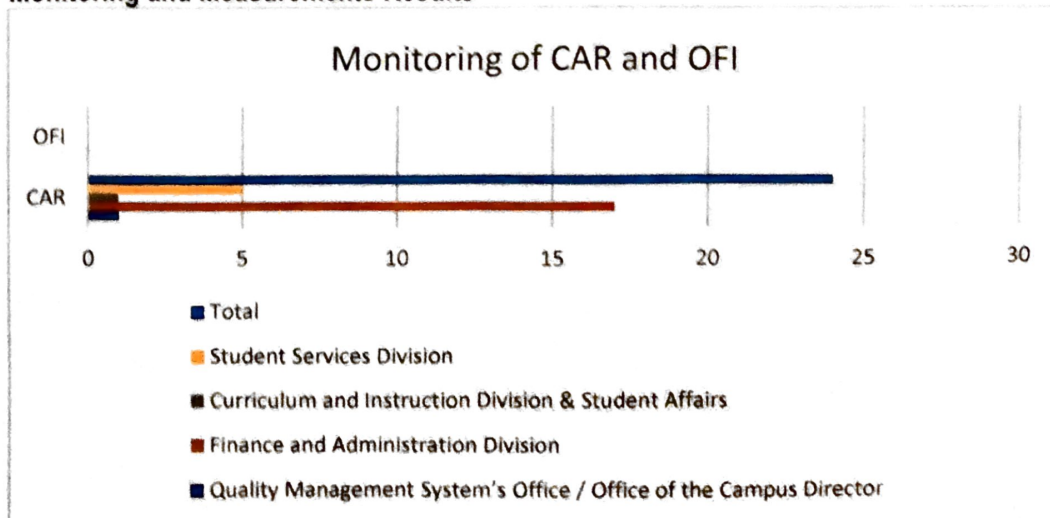


Figure 1 As of November 22, 2018



The chart shows the baseline data for the trend analysis to be used for future monitoring and measurements.

h. Audit Results

- i. The External Quality Audit Stage 1 was conducted on November 10, 2018. The following are the findings:

Findings	Status	Remarks
Scope must be finalized and have a clear justification for excluded clause (8.3).	Received revised copy of QM 4.0 from OED, indicating that only the specific functions (Delivery of Instructions, Student Support Services and Student Affairs Services) are assigned to PSHS campuses	Closed
Result of IQA was not yet finalized CARs were not yet issued.	CARS were issued to units concerned.	Closed
Meeting Minutes of MR is not tally to the required inputs of QMS.	Conduct of Management Review after the External Quality Audit Stage 1 to document and review required inputs of QMS	Closed
The organization has maintained a documented information of interested parties, however, some identified interested parties were not included such as other campuses of PSHS, external providers, alumni, top management, research institutions, etc. Also, the identified needs and expectations of interested parties are not specific.	Listed Relevant Interested Parties were reviewed and updated as necessary. Needs and requirements of said parties and SWOT analysis of all units have been updated as of November 19, 2018.	Closed
Internal documents used for the implementation of QMS are not registered/controlled. Only forms from OED are included in the master list of controlled documents.	Registered internal forms to the Document Controller and released Internal Memorandum (QMSO Memo No. 11-23A) regarding the treatment of such.	Closed
Some risks were not identified such as small space for library, exposure of students to chemicals in the chemical laboratory, etc.	Risk Assessment of library and other units have been updated as of November 18, 2018.	Closed

i. Performance of External Providers

External Providers were evaluated as of November 19, 2018. All external providers are to be retained as provided in the evaluation summary. There are seven (7) suppliers with delayed deliveries but are still considered to be retained with their weaknesses pointed out.

j. Adequacy of Resources

i. Manpower

After careful evaluation, manpower is considered to be inadequate based on the following data:

	Number	Percentage
Filled Positions	69	78.41%
Unfilled Positions	19	21.59%
Itemized Positions	88	100%



Human Resources is advised to release a call for promotion to teaching staff to fill in higher Plantilla positions and give way to recruitment of new faculty.

- ii. Supplies and Equipment
Still adequate based on the APP
- iii. Laboratory consumables and equipment
Still adequate based on the APP
- iv. Facilities

Considered to be inadequate due to the leasing of venue for certain events that hosts the entire PSHS-CLC community (foundation day celebration activities, etc). Construction of the Multipurpose Gymnasium and SLRC will address this.

k. Effectiveness of Actions taken to address Risks and Opportunities

All identified risks are acceptable and within the control of the organization

l. Opportunities for Improvement

i. Accomplished Improvements

1. Improved availability of equipment and work area of FabLab
2. Relocation of Guidance for more space and privacy
3. Transfer of Languages unit to a strategic location to be near to the students
4. Specific room assignment for Discipline office
5. Shuttle bus for employees and students
6. Promotion of Personnel to further satisfy work requirements

ii. Planned Improvements

1. Improvements on Infrastructure (Residence Hall 2, Academic Building 3, Site Development and SLRC) are still ongoing as planned.
2. Provision of Conference Room for Discipline Cases (room beside Clinic)
3. Training of Additional Pool of Internal Quality Auditors
4. Certain opportunities as assessed by the units:

Unit/Office	Opportunity/ies to be pursued
QMSO	ISO 9001:2015 Certification
Registrar	One-Stop NCE Application Processing
IT	Backup and Recovery Solution High-End File Server
Budget	Electronic Budget System
Supply and Property	Online Inventory Tracking System
General Services	Upgrading of Photocopying Machines

m. Any Need for Changes to the Quality Management System

- i. Internal memorandum is to be released to announce the use of internal forms while waiting for the System-wide forms from OED.
- ii. The Quality Policy and OPCR were reviewed and remain suitable.

n. Resources

Additional resource identified is manpower, as addressed in the adequacy of resources. No other resources identified.

o. Other Matters

QMS Plans for 2019 were discussed as follows:

- i. Orientation of new employees and external providers
- ii. Active participation in the System-wide management review

III. ADJOURNMENT

With no other items left to discuss, the meeting adjourned at 2:00PM.



Republic of the Philippines
Department of Science and Technology
PHILIPPINE SCIENCE HIGH SCHOOL-CENTRAL LUZON CAMPUS
Lily Hill St., Clark Freeport Zone, Philippines

Prepared by:

DAISY JEDH M. AGRAVIADOR
Records Management Officer

Noted by:

JOHN CARLO G. QUITO
Quality Management Representative

Approved by:

THERESA ANNE O. DIAZ
Campus Director