Management Review Result for FY 2014

No. of review	Month/Year	Date of submission to related group	Target date to reply recommendation to QSG	Target date to submit to Vice president	Date of received final decision	Report by
1	Jan 2014-2015	12/03/2015	18/03/2015	30/03/2015→20/04/2015	21/04/2015	QSG

| No.	Topic (Agenda)	Sub-Topic (Agenda)	Background	Related Group	Raw data	Action & Recommendation by QSG (4M1E)	Recommendation by related group	Review for final decision by Vice president	Action & Follow-up status by QSG
1	Follow-up action from previous management reviews and recommendations for improvement	1.1 Top management assigned QSG to cooperate with concerned and review how to monitor time frame of maintenance vehicles to ensure more accuracy and adequacy.	Data collection for maintenance performance (Time) needs to be gathered properly. KPI has to be considered and established. Maintenance will be outsourced.	QSG/ VHMR/ TOG	N/a	The SOP and related forms have to be reviewed against actual operation (VHMR activities have been changed by Mgnt.) The evaluation criteria for outside vendor selection and performance evaluation will be reviewed.		We must ensure that the method and criteria for subcontractor selection & evaluation are specified in procurement SOP.	SOP under CPG will be revised to cover subcontractor selection and evaluation (Truck Maintenance). See Master Plan FY2015
		1.2 "Process and Time frame to respond and eliminate customer's complaint and problem" needs to be established.	There was no standard process and timeframe for responding to customer suggestion /compliant in exiting SOP.	All	N/a	QSG-QMS team will work with operation groups and added response process (ISO clause 7.5.2 and 8.5.2) and add the control of NC product/service (ISO clause 8.3) into each related SOP's. Some SOP's have been revised. Other SOP will be continually revised.		Agreed to QSG proposal	Add responding to customer complaint and control of NC service in related SOP's. See Master Plan FY2015
		1.3 Recommendation for management system improvement.	1) Internal audit found that the common issue on the SOP's are not cover all necessary processes, time frame and responsible person	All	N/a	Training program on how to create SOP, WI, as well as how to set KPI to reflex the efficiency and productivity of work will be provided to interested parties.		Agreed to QSG proposal. SOP on Documentation shall be reviewed to ensure that there is a specified way for develop/revised operation SOP's.	Provide training upon request. See Master Plan FY2015
			2) Working document, e.g. SOP, Work instruction, Form have not been registered in document control system and some working documents in the control system are out-of-date.	All	Email_Documentation Check.pdf	QSG-QMS team is going to survey all of existing working document and compare against document list in document control system and make a request to relevant parties to submit the missing to QSG-QMS team for registration in the document control system. All managers should have knowledge or be trained on ISO intention, requirements and application.		Reporting the status of unregistered/un-updated documentation to relevant management teams. Review/check the knowledge (survey using questionnaire) of managers and identify the training need and training provision.	Report Document Status to management. Conduct ISO knowledge survey. See Master Plan FY2015
			3) Certification Body, AJA, raised a major NC on training, skills and knowledge needed and evaluation process for new or rotated staffs are not clearly defined and no evidence kept.	All	SOP&Forms of OJT.pdf	SOP on OJT has been established and announced by HR-training and be fully implemented by HR-Training and all groups. The requirements in this SOP must be fully implemented.		Follow-up with HRG/Operations to ensure the Training Matrix are established and implement.	Check/audit HRG/Operations to ensure the Training Matrix are established and implement. See Master Plan FY2015
		1.4 Status of corrective actions and preventive actions and recommendations for improvement.	Many CAR-PAR are pending. The SOP on Corrective and Preventive Action has been revised to get management in-charge involve in the process. *Response and close out of CAR/PAR, including number of pending case will be **KPI** and **MBO** of management in-charge throughout the company*	All	Internal MAJOR CA for HRG.pdf / Status of CAR-PAR_Updated M	QSG will propose to HRG on KPI-MBO in regard to response time frame of CAR/PAR.		Reporting the status of CAR/PAR to relevant management teams. CAR/PAR shall be responded undue delay. Prepare the methodology for KPI/MBO on this matter and provide to VP for HR Committee.	Report CAR/PAR Status to management. QSG Teams prepared the methodology for KPI/MBO on Establish, monitoring and report KPI (CAR Status) and provide to VP for HR Committee.
		1.5 Apply ISO 9001:2015 which will replace ISO 9001:2008 standard	The new version of ISO 9001:2015 contain additional requirements such as action to address the risk and opportunity of organization, etc. YLTH have to apply the new requirements within specified time frame	All	N/a	QSG-QMS team will study and apply all those new requirements into our existing management system as soon as the final draft has been launched.		QSG will prepare the plan and action to apply the new version within the transition period.	Plan and take action to upgrade the system. See Master Plan FY2015-2017
		1.6 Apply ISO 14001:2015 which will replace ISO 14001:2004 standard. OHSAS 18001:2007 will be replaced by ISO 45001:2016	The structure of the standard will be changed together with new requirements. YLTH have to apply the requirement of the new version within specified time frame.	All	Master Plan FY15_SHE team.xls	New version will be launched on Jun 2015 then QSG-SHE team will study and transform the new requirements into our existing management system as soon as the final draft has been launched. Put in Master Plan FY2015		QSG will prepare the plan and action to apply the new version within the transition period.	Plan and take action to upgrade the system. See Master Plan FY2015-2017
		1.7 Problem and Obstacle of internal audit activity	The audit checklist preparation process is a time constraint (consume a lot of time).	All	SOP-QSG-QMS-0071A Internal Audit.p	Internal audit SOP has been revised and implemented.		OK	N/a

#	Area	Item	Finding	Scope	Attach	Action/Response		Status	Remarks
		1.8 Review quality objectives and target	Historical performance vs. set KPI target does not indicate continual improvement (actual performance is higher than the set target) All targets of <u>quality issues, safety issue, and environmental issues</u> should be presented to QSG for verification before implementation. This is to ensure that the targets or KPIs are set in challenge direction and aiming for improvement of performance.	All	[PDF] SOP-QSG-QMS-0100 Quality objective	SOP for QMS-KPI has been established and implemented. The SOP emphasizes on target setting (better than current). The SOP describes how to establish and monitor KPI and monitoring items.		OK	N/a
		1.9 Performance of OHSAS18001 (KPI)	There was a significant number of transport accidents in FY'14.	All TR sites	KPI-OHSAS.zip	QSG-SHE established training module (Defensive Driving Course), incentive scheme and propose as performance base rewarding. Coordinate with operation sites on back camera and in-cab CCTV projects.		OK	N/a
		1.10 Performance of ISO14001 (KPI)	CO_2 emission target was not achieved. (CO_2 emission is calculated from fuel consumption and running distance)	All TR sites	Co2.zip	There are several factors related to fuel consumption, e.g. life of truck and engine condition, maintenance programme, loading weight, road and traffic condition, driver discipline, etc. The target will be broken down to each factor.		OK	N/a
		1.11 Participation of staff and consultation with contractors on OHS matters.	Information regarding OHS matters were communicated and invited for participation in safety committee meetings.	All	N/a	Set standard meeting agendas for all sites.		OK	N/a
		1.12 Unity – Standardization of process documents	Similar process document shall be in the same topic and content for every site (common use) as much as possible and get rid of duplicated documents.		N/a	QMS and SHE team will review existing documents and assist the site for revision and emphasize on the type, purpose and content of documentation (Ref. ISO 10013).		OK	Review existing and new SOP when possible and put them in standard format.
		1.13 Registration of documents	All necessary documents shall be registered and controlled under Document Control procedure.		N/a	QMS and SHE team will get all necessary documents register in the control system. (see 4.1)		See 1.3.2	See 1.3.2
		1.14 Old and non-updated documents	Existing documents shall be reviewed and revised, if necessary, and registered for use. Old/obsolete documents shall be disposed		N/a	QMS and SHE team will review and assist the site for disposal. E-mail sent to relevant groups asking them to check their documents. QSG will follow-up.		See 1.3.2	See 1.3.2
2	Process performance and product conformity and recommendations for improvement	2.1 Result of operation functions and supporting functions performance	Performance monitoring in FY 2014 shows that most of them are achieved the targets base on continual monitoring criteria.	All	KPI 1st half FY201 (Achieve).xlsx	KPIs and Monitoring items will be continually monitored in FY2015. *New separated KPIs for each group in YLTH under PSG in the perspective of business performance will be established and implemented in FY2015*		QSG will check with PSG for new KPI's to ensure all functions has right/proper KPI. KPI establishment & monitoring process shall be documented.	Check new KPI against existing. Continue to monitor the existing KPIs
		2.2 Quality management system: recommendation for improvement	The targets for some processes were not achieved (refer to attached file)	All	KPI 1st half FY2014 (Not Achieve).xlsx	QSG-QMS team will coordinate with relevant parties to identify potential root cause and set improvement action.	QSG will follow-up this issue.	Identify corrective action /improvement needed.	
3	Supplier/Sub contractor performance and recommendations for improvement	3.1 Result of sub-contractor performance	Sub-contractor performance monitoring in FY 2014 showed the achievement against the targets.	All transport team	KPI 1st half FY201 (Sub-con).xlsx	N/a		OK	N/a
4	Results of audits and recommendations for improvement	4.1 QSG-QMS team recommend the topics for improvement	Internal audit results noted that the common issue for each working team are: 1) SOP's are not cover all necessary processes, time frame and responsible person	All	Internal Audit Result Summary FY2014.xl	QSG-QMS team provided training session on "how to write SOP and worked with concern teams to revise or setup new SOP's e.g. NVOG, TSG, HRG, DTG (Milk run), LLC1, LLC3 SWS and CPG. QSG-QMS team will continue this activities for the rest of teams in FY2015		See 1.3.2	See 1.3.2
			2) Working document, e.g. SOP, Work instruction, Form have not been registered in document control system	All	N/a	QSG-QMS team will review the existing SOPs, WIs and register the missing one in the document control system. (see 1.3)		See 1.3.2	See 1.3.2
			3) No evidence record of skill and knowledge evaluation for new or rotated staffs and defined evaluation criteria are not	HRG and relevant parties	N/a	QSG-QMS team will follow-up the implementation of OJT SOP and will revise, if necessary, to ensure that the Skill Matrix is completely set-up.		See. 1.3.3	See 1.3.3

No	Agenda	Sub-item	Finding/Status	Who	Document	Action / Recommendation	Back-up plan	Conclusion	Follow-up
			cover key role and responsibility of each job position .						
		4.2 Result of external audit in March 2014 and March 2015 (QMS)	Certification body (AJA) conducted surveillance audit during Mar 10-14, 2014. There was a CAR on ISO 9001 on OJT record. Re-certification audit was carried-out by AJA during 23-27 March 15. No NC raised.		N/a	The finding was responded and followed-up.		OK	Follow-up and monitored all issues.
		4.3 E&OHS recommend the topics for improvement	For FY'14, internal audit had been conducted for all exiting scopes (certified sites) and new extended sites (YBCD & YSTT). Pre-audit was carried out at HO in Jan- Feb'14 in order to identify improvement areas.	All	NC by ISO system_Internal Audi / NC by requirements_Interna	The audit result indicated the weak area on implementation against operational control requirements. QSG-SHE team will discuss the issues with PIC of each site. QSG-SHE team will emphasize internal audit activity more seriously. Patrol and surprise audit will be carried out to ensure the weak points will be improved.	Any back up plans or solutions to get through the audit on environmental concern for dust problem of YBCD's CY	VP will join spot audit as special auditor	QSG-SHE Team will set-up the audit plan and schedule, incl itinerary and invite VP to join spot audit from time to time. (Focus at MLC, STT, BCD) See Master Plan FY2015
		4.4 Result of external audit in March 2014 and March 2015 (E &OHS)	Certification body (AJA) conducted surveillance audit during Mar 10-14, 2014. Four issues were raised as CAR. Re-certification audit was carried-out by AJA during 23-27 March 15. Seven NC's raised.		CAR report followup_SHE_FY201:	All findings were responded and followed-up.		OK	Follow-up and monitored all issues.
5	Status of incident investigations, corrective actions and preventive actions and recommendations for improvement	5.1 Status of QMS corrective actions and preventive actions and recommendations for improvement	Corrective Action Request (CAR) on OJT SOP is pending.	HRG development team	Internal MAJOR CA for HRG.pdf	QSG-QMS team will coordinate with HRG-Development team in ensuring Skill Matrix is established throughout YLTH. (see 1.4)		See 1.3.3	See 1.3.3
		5.2 CAR/PAR status of Environmental & Safety management System (Internal & External audit)	Some CAR/PAR still pending and/or responded in an ineffective manner.	All	Status of CAR-PAR_Updated M	QSG-SHE team has alerted pending cases to site management through CAR/PAR system and will give our hands to support for closing CAR/PAR. *Response and close out of CAR/PAR, including number of pending case should be **KPI** and **MBO** of responsible teams.* (see 1.4)		See 1.4	See 1.4
6	Result of customer satisfaction survey and customer complaints and recommendations for improvement	6.1 % of customers reply the survey	For FY 2014, 47.48% (2410) of total customers (5076) in the survey list which cannot reach confidence level at 95% theoretically.	All	N/a	QSG-QMS team propose to establish a central customer database containing necessary information, e.g. contact name, phone number, email address, service type, etc. This can reduce time in preparation stage.		OK	N/a
		6.2 Result of survey and recommendations for improvement	The overall satisfaction level on each type of service are: 1) Sales & Mktg. =82 % 2) Opt. Service =86 % 3) Staff =86% 4) Debit note =85% 5) Tax invoice =88% But there are some areas of each team which need to be improved.	All	See the detail on customer satisfaction survey report	Actions as guided by the President: 1) QSG will report the summary results to GM of each group mentioning what is/are the low point(s) together with comments on topics which to be improved. 2) The responsible Director(s) will follow up and get the feedback from GM until the matter is improved. 3) The GM is requested to report how the matter was improved in the GM meeting.		QSG inform the weak points to concerned parties and ask them to respond again.	Re-send the weak point again and monitor the response and feed-back.
7	Changes that could affect the Quality, Environmental, Occupational health and Safety Management System and recommendations for improvement	7.1 Apply ISO 9001:2015 which will replace ISO 9001:2008 standard	See 1.5	All	N/a	See 1.5	See 1.5	See 1.5	See 1.5
		7.2 Apply ISO 14001:2015 which will replace ISO 14001:2004 standard OHSAS 18001:2007 will be replaced by ISO 45001:2016	See 1.6	All	N/a	See 1.6	See 1.6	See 1.6	See 1.6
8	Policy, objectives and targets and recommendations for improvement	8.1 Review quality policy	To ensure that the policy still up to date, suitable and comply with YLTH's Vision and Mission	All	Quality Policy.pdf	QSG QMS team recommends to remain the existing policy.		OK	Remain the existing Policy.
		8.2 Review quality objectives and target	Historical performance VS. set KPI target does not indicate continual improvement (actual performance is higher	All	N/a	QSG-QMS team coordinate with relevant parties to re-consider the targets for more challenge. *New separated KPIs for*		See 1.8	See 1.8

#	Topic	Item	Description	Site	Doc	QSG-SHE comment	Clarification	Status	Action
			than the set target) Therefore, all targets of <u>quality issues, safety issue, and environmental issues</u> should be presented to QSG for verification before implementation. This is to ensure that the targets or KPIs are set in challenge direction and aiming for improvement of performance.					*each group in YLTH under PSG in the perspective of business performance will be established and implemented in FY2015 See 2.1*	
		8.3 Review E&OHS policy	To ensure that the policy still up to date, suitable, comply with YLTH's Vision and Mission, and understand by all.	All	📄 นโยบายสิ่งแวดล้อม E.pdf	QSG-SHE team recommends to review the content/wording of existing policy in order to make it more understandable.		OK	Review, revise and re-approve the Policy.
	Environmental & Occupational Health and safety Performance	8.4 Performance of OHSAS18001 (KPI)	There were a significant number of transport accident in FY'14. Top-three type of transport accident were: 1) Moving backward hit 2) Not observe beside before turn left/right" ,and 3) Not manage speed/distance	All TR sites	📄 Accident FY13-FY14 (Apr14-Jan'15)_Inter 📄 Accident FY14 (Apr14-Jan15)_Intern 📄 Accident FY14_Internal-WH.pc 📄 Accident FY14_Internal-CY.pdf	QSG-SHE team (Eco Trainers) has provided training to those who will be the senior drivers. They will supervise and monitor targeted truck drivers on how to drive safely and economically. In addition, new and accidental drivers were also trained. *New incentive scheme based on safety performance has been endorsed and be effective in FY2015*	May need to clearly clarify the duty of senior drivers, for example, do they have to continue driving duty or not, or even any special allowance or adjusting their basic salary.	OK	Coordinate with DMO (DWSS) on JD, MBO of Senior driver
		8.5 Performance of ISO14001 (KPI)	CO_2 emission target was not achieved. (CO_2 emission is calculated from fuel consumption and running distance)	All TR sites	📦 Co2.zip	There are several factors related to fuel consumption, e.g. life of truck and engine condition, maintenance programme, loading weight, road and traffic condition, driver discipline, etc. QSG-SHE team propose to discussed with site management to break the company target down to each factor target and set action plans for each. SOP will be established or revise according to the action.		QSG will send RHQ's Transport Guideline to VP	Guideline sent. Take action as necessary.
9	Evaluations of compliance and other requirements		Result of monitoring and evaluation of legal compliance under certified sites showed some non-conformities against legal, e.g. Illumination of light heat and noise in working areas.	Exiting scope at YBLC, YLLC1, YMLC, YSLC , YBCD, YSTT and HO	📄 Monitoring Site ISO.pdf	QSG-SHE team issued CAR for the N/C and will be proceeded in accordance with CAR/PAR system.		OK	Continue identify, access and inform concerned parties on applicable legal requirements. Implement Monitoring SOP continuously.
10	Communications from external interested parties	No complaint from external parties	N/a		N/a	N/a		N/a	N/a
11	The result of participation and consultation		Information regarding OHS matter was communicated and invited for participation in safety committee meetings. There was no negative feedback for staff.	All	N/a	QSG-SHE team will ensure that communication and consultation processes are performed effectively.		OK	N/a