

本署檔號      OUR REF.      :    SWD/S/4/35C Pt.6  
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8 February 2018

Mr Anthony CHU  
Clerk to Public Accounts Committee  
Legislative Council Complex  
1 Legislative Council Road  
Central  
Hong Kong

Dear Mr CHU,

**Public Accounts Committee**  
**Consideration of Chapter 1 of the Director of Audit's Report No. 69**  
**Administration of lump sum grants by the Social Welfare Department**

Thank you for your letter of 16 January 2018 to the Director of Social Welfare. I have been authorised to reply regarding the issues raised in your letter relating to the subject matter.

**Financial Monitoring**

- (a) The amount of overall reserve of non-governmental organisation (NGO) 11 as provided by the Social Welfare Department (SWD) in item 10(d) of GEN3 is based on the NGO's overall reserve amount as shown in the audited financial statements for 2016-17 submitted by NGO 11. The overall reserve amount includes the Lump Sum Grant (LSG) Reserve, the Provident Fund Reserve and those obtained from other services and operations.

According to the notes to the financial statements for 2016-17 submitted by NGO 11, the NGO was mainly engaged in family, youth and children services, school social work, youth outreaching social work, elderly services, rehabilitation services, community development services, education services, hostel and camp services, and religious ministry, etc.

NGO 11 has indicated that its accumulated reserve mainly came from its self-financing hostel and private education services, etc.

- (b) The Administration Wing informed the SWD in July 2017 that a questionnaire would be issued to all relevant bureaux to understand how they implement the guidelines in the Administration Wing's Memorandum for the control and monitoring of remunerations of senior executives in subvented bodies under their respective policy purviews, and to collect their views on the guidelines, in order to consider whether and how to update the guidelines and/or to provide clarifications on certain implementation details.

In early October 2017, the Administration Wing issued the above questionnaire to all relevant bureaux, and has received their returns by the end of the same year. The information collected is now being collated and analysed, and further information is being sought from individual bureaux as necessary. The Administration Wing indicated that they would complete the analysis of information as soon as possible, and would discuss with the Financial Services and the Treasury Bureau and relevant bureaux and departments whether it would be necessary and, if so, how to update the guidelines and/or clarify some of the implementation details.

As for the SWD, after the Administration Wing decides whether it will update, revise or clarify the relevant guidelines in its Memorandum, the SWD will discuss with subvented organisations on amending the rules and guidelines on the monitoring of remunerations of senior executives in subvented bodies in the LSG Manual, as well as the details for the implementation of the new guidelines or arrangements.

- (c) A sample of the proforma for the Review Report on Remuneration Packages for Staff in the Top Three Tiers of Subvented Non-governmental Organisations (RR) is provided at **Annex 1**.
- (d) Apart from the mechanism for requesting subvented organisations to submit RRs in accordance with the relevant guidelines in the Administration Wing's Memorandum, all NGOs subvented by the SWD are required to submit the Self Assessment Report on Remuneration Packages for Staff in the Top Three Tiers to the SWD annually. Besides, NGOs receiving LSG subvention are also required to submit their Annual Financial Reports (AFRs) to the SWD every year, and include in the report the number of posts and expenditure information of staff with individual annual emoluments exceeding \$700,000 paid under LSG. (A sample of AFR is provided at **Annex 2**).

According to paragraphs 4.14 to 4.19 of the LSG Manual, a formal public accountability framework is required to be in place for NGOs to disclose their AFRs and RRs (if applicable) as submitted to the SWD, so that they will be accountable to the public for the use of public funds. In addition to making their AFRs available to the public upon request, NGOs are required to disclose the relevant information to the public in one or more of the following ways: -

**\*Note by Clerk, PAC:** *Please see Appendices 9 and 10 of this Report for Annexes 1 and 2 respectively.*

- posting up the relevant information prominently on the notice board(s) at the Central Administration Unit/ Head Office;
- uploading the relevant information to the NGO's website;
- reporting the relevant information in the NGO's Annual Report<sup>1</sup>; or
- publishing the relevant information through special circular(s), newsletter(s) or other means.

Furthermore, the SWD has, since June 2017, established hyperlinks to the websites of AFRs of subvented NGOs or uploaded onto SWD's website the relevant reports, so as to facilitate the public's access to the reports and to enhance the NGOs' transparency and public accountability. The relevant URL is as follows: -

[https://www.swd.gov.hk/en/index/site\\_ngo/page\\_AFRandRR/](https://www.swd.gov.hk/en/index/site_ngo/page_AFRandRR/)

- (e) (i), (ii) The requirements and guidelines for cost apportionment between and (iii) Funding and Service Agreements (FSA) activities and non-FSA activities are as follows: -
- in accordance with the Financial Circular No. 9/2004 on the "Guidelines on the Management and Control of Government Funding for Subvented Organisations", subvented organisations (such as NGOs) should keep a separate set of accounts for self-financing activities and ensure that there is no cross-subsidisation of self-financing activities by subvented programmes in money or in kind; and
  - to implement the above Financial Circular, paragraph 2.37 of the LSG Manual stipulates that LSG is for operating expenditure for FSA or FSA related activities. Paragraph 3.3 of the LSG Manual also stipulates that NGOs must ensure that proper books of account and other accounting records are kept for all transactions, separately identified into FSA activities and support services, and non-FSA activities.

The SWD understood NGOs' concerns about the cost apportionment between FSA activities and non-FSA activities, and has been

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<sup>1</sup> Where the NGO publishes its Annual Report, the AFR must be an integral part of the NGO's Annual Report. If any NGO chooses not to provide the AFR in its Annual Report, it has to upload the full set of the latest AFR onto its website, and specify the website address linking to the AFR in its Annual Report.

answering their questions and offering advice and support to NGOs on matters in relation to cost apportionment through designated liaison officers of the Subventions Branch, specified contact persons of the Finance Branch as well as the helpline. The SWD would, on the basis of the individual circumstances of the enquiring NGO, clarify the principle on cost apportionment and discuss the appropriate cost apportionment proposal with the NGO. The SWD had also arranged meetings with the top management of all subvented NGOs in batches between June and October 2016, and deliberated on matters including the handling of cost apportionment issues.

The Government has embarked in November 2017 on a review on the enhancement of the LSG Subvention System. The scope of the review includes examining the parameters for assessing FSA related activities, and elucidating the guidelines on cost apportionment between FSA / FSA related services and other non-FSA services for NGOs' reference.

- (iv) The SWD has contacted the NGOs concerned of the two cases to discuss the benchmark and proportion as regards the cost apportionment between the FSA activities and non-FSA activities involved.

With regard to Case 1, the NGO agreed to revise the proportion of cost apportionment between FSA activities and non-FSA activities in respect of the services provided by the central kitchen. This issue will also be discussed at the upcoming meeting of the NGO's management committee.

With regard to Case 2, the NGO indicated that it has put in place an established mechanism for cost apportionment. If the costs incurred by a non-FSA unit can be clearly identified (e.g. costs relating to rents, rates and electricity charges as in the case), such costs will be allocated to the non-FSA unit. If, however, the costs cannot be clearly identified (e.g. water charges, artisan salaries and emoluments of chief executive officer as in the case), the NGO will apportion the costs by requiring the non-FSA unit to pay an administrative fee to the head office. The relevant administrative fee will be reported as income in the LSG account.

The SWD will continue to discuss with the relevant NGOs about the arrangements of cost apportionment, so as to ensure that the subvented services will not subsidise non-subvented services in any way.

(v) The SWD has all along been concerned about the needs of small NGOs for support on financial management. The relevant major support offered is as follows: -

- a number of sharing sessions were organised for small NGOs between October 2009 and March 2012, covering topics such as financial management, subvention inspection, human resource management and corporate governance, with a view to assisting them in enhancing their governance and financial management;
- the Envisioning Programme on the Best Practice Manual, which also covered financial management, was organised for board members and management staff of all subvented NGOs between September 2015 and February 2016;
- a sum of over \$9.7 million was allocated from the Lotteries Fund to the Hong Kong Council of Social Service in early 2016 to implement the four-year NGOs' Governance Platform Project. Through collaboration with different professional sectors such as the Hong Kong Institute of Certified Public Accountants, the project aims at providing more training opportunities for the boards of directors of NGOs, building a more robust network and database, facilitating research studies, enhancing the sharing of experiences among NGOs, and innovating with and passing on knowledge about professional management so as to further enhance the overall corporate governance of NGOs;
- SWD's meetings with the top management of all subvented NGOs in batches between June and October 2016 have covered financial management, among other matters; and
- if small NGOs encounter difficulties in apportioning central administration costs, the SWD will provide them support as appropriate through the designated liaison officer system under the Subventions Branch, as well as specified contact persons and the helpline of the Finance Branch.

#### **Self-assessment of Service Quality by NGOs**

(f) Subvented services of the NGOs are monitored by the SWD through the Service Performance Monitoring System (SPMS). Under the SPMS, FSAs on the subvented services are drawn up jointly between the SWD and the NGOs to formulate service standards and assess service performance. NGOs should properly manage their service units to ensure compliance with FSA requirements, including essential service requirements (ESRs), output/outcome

standards (OS/OCs) and service quality standards (SQSs).

The SWD issues letters to all subvented NGOs on a yearly basis, requiring them to comply with SPMS requirements through conducting self-assessment and submitting self-assessment reports on whether their service units meet the ESRs, OS/OCs and SQSs under individual FSAs. Where there is non-compliance, the NGOs are required to submit action plans for improvement at the same time and implement the relevant measures. The self-assessment report should be completed in a format prescribed by the SWD. Forms relating to the self-assessment report, which are sent together with the letters issued to the NGOs, have been uploaded onto the SWD's website. Please refer to **Annex 3** and **Annex 4** for examples.

Apart from requiring NGOs to submit self-assessment reports, the SWD will visit all subvented NGOs within each monitoring cycle (every 3 years) in the form of review visits or surprise visits to selected subvented service units, so as to assess and monitor their service performance by means such as reviewing their implementation records and relevant data in relation to their ESRs, OS/OCs and SQSs under the subject FSAs.

If non-compliance is found during the visits or in the reports submitted by the NGOs, the following measures will be taken by the SWD: -

- If inaccuracies are found in the self-assessment of OS/OCs, the SWD will elucidate the understanding and definition of individual OS/OCs and the criteria for measuring such standards and, where necessary, prepare explanatory notes and/or guidelines to clarify the relevant assessment methods;
- The SWD will in writing require the NGOs to make rectification and examine their quality checking mechanism at the same time, in order to ensure accuracy in the statistics and reports prepared by the service units for submission to the SWD;
- The SWD will require the NGOs to submit action plans for improvement regarding the non-compliant areas including ESRs, OS/OCs and SQSs; and
- The SWD will monitor the NGOs' implementation of improvement measures.

(g) **The Case of NGO B**

For the case of NGO B in Table 16 of the Audit Report, NGO B has attributed the error in data to mere human mistakes rather than a misunderstanding of the OS on the part of the NGO. NGO B has subsequently strengthened its internal

review mechanism after the incident. While the data are now checked solely by the responsible therapists, the therapists' checking will in the future be followed by a full review by the deputy supervisor of the centre and eventually by a random review by the centre's supervisor, in order to ensure data accuracy.

The rather large discrepancy between the output reported by NGO B and the service standard is due to the following reasons: -

- With the launch of the Home Care Service for Persons with Severe Disabilities by the SWD in March 2014, home-based services are provided for persons with severe disabilities living in the community. As the service recipients were not referred from the central waiting list, the NGO operator had to devote considerable time and manpower at the initial stage to establishing a liaison and referral network with hospitals, clinics, paramedical and allied health professions, other rehabilitation service and home care service units, patient self-help organisations, etc. As a result, it took time for the case numbers and output to build up;
- The principal staff of the NGO operator's service team involved various professional disciplines (including physiotherapists, occupational therapists, nurses and social workers) and personal care workers, etc. The NGO has faced many difficulties and challenges in staff recruitment; and
- As the service is still at a developing stage, the SWD has been in discussion with various NGO operators to examine options for service enhancement and analyse the components and workflow for service provision. Both parties have confirmed that the definition and calculation method drawn up in the planning stage for service output had failed to cover the service hours of some direct services (e.g. pre-discharge and home-based professional assessment, home modifications, etc.) and indirect services (e.g. multi-disciplinary case conference for formulating and co-ordinating the treatment plan, training of personal care workers and therapy assistants for the provision of individualised care, arrangement of suitable treatment devices on a case-by-case basis, etc.) As a result, the data could not fully reflect the actual output of the NGOs. The SWD will follow up on these issues and adjust the calculation of service output for individual items.

As the utilisation rate of the home care service was lower than expected, the SWD had reviewed the subvention arrangements for the service jointly with the NGO operators and revised the relevant FSAs, which came into effect in April 2015. Under the revised arrangements, the full-year subvention (payable on a monthly basis) received by an NGO is pegged to the caseload in order to optimise the use of public funds.

## The Case of NGO F

Regarding the Case of NGO F (Agreement Service Unit (ASU) J) as set out in Table 16 of the Audit Report, the SWD has contacted the NGO concerned. ASU J is a children and youth centre. It is noted that ASU J had been used for organising activities for children under 6 and retired men respectively during the period from 2014-15 to 2016-17. The target group of a children and youth centre is children and youth between the age of 6 and 24. Activities for participants not belonging to that age group are not normally regarded as FSA services. As the numbers of sessions and participants of the above activities were counted towards the total FSA output of the centre by NGO F, and there were also man-made calculation mistakes, the output was overstated as a result.

The SWD will continue to follow up on the matter and reiterate to the NGO that it should ensure the use of LSG for providing FSA related activities, and report the service output/outcome in an accurate manner. NGO F will also be requested to revise the statistics of its relevant annual statements and submit them for the SWD's inspection.

- (h) As the utilisation rate of the home care service was lower than expected, the SWD had reviewed the subvention arrangements for the service jointly with the NGO operators and revised the relevant FSAs, which came into effect in April 2015, in order to optimise the use of public funds. Under the revised arrangements, annual subventions (payable on a monthly basis) to the NGOs are pegged to the caseload, as follows: -
- The ASU will receive 50% of the subvention, if it attains less than 50% of the agreed caseload for the year;
  - The ASU will receive 75% of the subvention, if it attains 50% or above but less than 75% of the agreed caseload for the year; and
  - The ASU will receive 100% of the subvention, if it attains 75% or above of the agreed caseload for the year.

Caseload is defined as “the number of cases provided with social work intervention, including counselling and support service to the service users and their family members/carers”.

- (i) All subvented service units of NGOs should observe a set of 16 SQSs, which sets out the quality level required of a service unit in management and service provision.

The SWD has formulated a set of criteria and assessment indicators for each standard. The detailed descriptions are set out in the Assessment Matrix



Reference Guide and the Implementation Handbook, and they have been uploaded onto the SWD's website.

NGOs are required to formulate, in accordance with the criteria and assessment indicators for each standard, relevant policies and procedures for its service units according to its circumstances, and the implementation details for each standard.

The SWD will also examine during service performance visits the policy and procedural documents relating to the relevant SQSs as well as the relevant implementation records, so as to ensure that the service units meet the relevant requirements.

Reference to the description of the criteria and assessment indicators, etc., of SQS 11 can be made on the following webpages: -

Assessment Matrix Reference Guide

[https://www.swd.gov.hk/en/index/site\\_ngo/page\\_serviceper/sub\\_serviceper/id\\_matrixtemplate/](https://www.swd.gov.hk/en/index/site_ngo/page_serviceper/sub_serviceper/id_matrixtemplate/)

Implementation Handbook

[https://www.swd.gov.hk/en/index/site\\_ngo/page\\_serviceper/sub\\_serviceper/id\\_sqshandbook/](https://www.swd.gov.hk/en/index/site_ngo/page_serviceper/sub_serviceper/id_sqshandbook/)

- (j) When the SWD entered into a new FSA with NGO C in March 2017 for the period from 1 March 2017 to 29 February 2020, both parties agreed that the definition of the related OCs should be revised (including the rate of service users having positive gain in the scores of Barthel Index and Lawton) so as to better reflect the service performance of the NGO. As the new FSA came into effect in March 2017, the NGO was notified by the SWD in the same month that it should either adopt the old definition of the OCs in preparing the full-year statistics of 2016-17 (i.e. from April 2016 to March 2017) or not take into account the statistics of the last quarter of 2016-17 (i.e. from January to March 2017) in preparing the full-year statistics. However, in reporting the full-year statistics of 2016-17, NGO C mistakenly used the new definition of the OCs in calculating the statistics, thereby resulting in the error in reporting the achievement of the related OCs. The problem was caused by human errors.

Regarding Case C, the SWD has conducted meetings with NGO operators of various community rehabilitation day centres to find out the causes of error in similar situations, and will formulate guidelines for reference and compliance by the staff of various operators. Furthermore, the SWD also requested the officers-in-charge of various units to review their workflows and strengthen

control measures so as to prevent recurrence of similar mistakes.

- (k) As mentioned in item (f) above, the SWD issues letters to all subvented NGOs on a yearly basis, requiring them to comply with SPMS requirements through conducting self-assessment and submitting self-assessment reports on whether their service units meet the ESRs, OS/OCs and SQSs under individual FSAs. Where there is non-compliance, the NGOs are required to submit action plans for improvement at the same time and implement the relevant measures. The self-assessment report should be completed in a format as prescribed by the SWD. Forms relating to the self-assessment report, which are sent together with the letters issued to the NGOs, have been uploaded onto the SWD's website.

After reviewing the self-assessment report submitted by an NGO, the SWD will notify the NGO in writing of whether its action plan is acceptable. Please refer to the examples set out at **Annex 3** and **Annex 4**.

- (l) According to the information provided by the Audit Commission, the SWD has enquired the six NGOs in Table 17 and understood that all six NGOs had already taken appropriate actions to follow up on the non-compliance cases. One of the cases may still take some time for the NGO to address, while for another case, the NGO does not agree with the assessment made by the Audit Commission. For details, please refer to **Annex 5**.

The SWD has also reminded NGOs to strengthen training of their staff, so as to ensure that their service units provide a safe physical environment for their staff and service users.

- (m) Prior to the examination by the Audit Commission, the SWD was not aware of NGO D's practice of regarding training as having been completed when service users had just completed 10% or more of the planned training sessions. The SWD had convened meetings with various NGOs operating community rehabilitation day centres to follow up on the Audit Report. It was confirmed that apart from NGO D, other operators did not have the understanding as NGO D as regards completion of individual training plans. The attending therapists were of the opinion that a "completed" training and support plan was understood in their profession as having been completed in full, rather than in part. It is understood that NGO D would normally design training and support plans spanning from three months to a year for service users. Given the long treatment period, some service users were reluctant to attend follow-up treatment and assessment at the centre when their symptoms had improved. Therefore, NGO D regarded some service users having completed only 10% of the plans as having "completed" the individual training and support plans. NGO D has pledged to make improvements by designing appropriate individual

training and support plans with different symptoms taken into account, and complying with the SWD's requirements on attainment of OS/OCs. While all NGO operators other than NGO D have complied with the SWD's requirements in this regard, the SWD will draw up guidelines jointly with the NGO operators for a clear interpretation of the SWD's requirements on attainment of OS/OCs, in order to ensure a uniform understanding of the content of the FSA and definition of terms therein.

Should you have any enquiries, please contact the undersigned.

Yours sincerely,

(KOK Che-leung)  
for Director of Social Welfare

<u>c.c.</u>	Secretary for Labour and Welfare	(Attn: Mr. Kenneth CHENG)
	Secretary for Financial Services and the Treasury	(Attn: Ms. Kinnie WONG)
	Director of Administration	(Attn: Ms. Subrina CHOW)
	Director of Audit	(Attn: Mr. Andrew CHANG)



Our Ref.:

Tel. No.:

Fax No.:

20 March 2017

Chief Executive Officers/Directors of  
Subvented Non-governmental Organisations (NGOs)

Dear Sir/Madam,

**Service Performance Monitoring System (SPMS)**

**Self-assessment on  
Service Quality Standards (SQSs), Essential Service Requirements (ESRs)  
& Output/Outcome Standards (OS/OCs) and  
Action Plans on Unmet Areas in 2016-17**

Under the SPMS, service operators are required to submit the annual agency-based Self-assessment Report (SAR) to the Department in April each year. The SAR should include the self-assessment results of all subvented service units with Funding and Service Agreements (FSAs) under your management. Your self-assessment should cover the following:

- (a) individual service unit's compliance with 16 SQSs and ESRs;  
and
- (b) individual service unit's OS/OCs performance.

While action plan(s) are required to be submitted together with the SAR for service units with non-complied SQS(s)/ESR(s) and under-performed OS/OC(s), you may also report your good practices on SQSs and innovative/value-added services in the SAR. However, the good practices reported may not be counted as track record on performance monitoring of the service operator.

I would like to stress that the self-assessment is a key component of SPMS, which respects and honours the corporate governance of service operators. The manner of conducting the self-assessment forms part of the track record of service operators.



To facilitate your self-assessment and preparation of the SAR covering April 2016 to March 2017 (2016-17), the following documents are attached:

- (a) the proforma for 2016-17 SAR (**Annex I**); and
- (b) service units that can be exempted from 2016-17 SAR (**Annex II**).

This letter together with the proforma can also be downloaded from SWD Homepage<sup>1</sup>. Grateful if you would submit your 2016-17 SAR by completing the proforma and return to the Subventions Section of the Department on or before **20 April 2017**. If you have any enquiries on this subject, please contact \_\_\_\_\_ on \_\_\_\_\_.

Yours sincerely,

for Director of Social Welfare

Encl.

c.c. Chairpersons of all subvented NGOs

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<sup>1</sup> Website: [http://www.swd.gov.hk/en/index/site\\_ngo/page\\_r-info/](http://www.swd.gov.hk/en/index/site_ngo/page_r-info/)



Please forward the completed proforma to Subventions Section, Social Welfare Department at 38/F, Sunlight Tower, 248 Queen's Road East, Wan Chai, Hong Kong (fax: 2575 5632) on or before 20 April 2017.

## PROFORMA

### Service Performance Monitoring System (SPMS) Self-assessment on Compliance with SQSs, ESRs and OS/OCs in 2016-17

Name of Service Operator : \_\_\_\_\_

#### I. Result of Self-assessment on 16 SQSs and ESRs

This NGO has conducted a self-assessment on 16 SQSs and ESRs based on the tools and suggested process<sup>Note 1</sup> including the examination of all documents and their implementation as well as the formulation of action plans for non-compliant areas by:

[Please ☒ as appropriate]

- ☐ Service unit manager(s)
- ☐ Service coordinator(s)
- ☐ Internal audit team
- ☐ Others (please specify): \_\_\_\_\_

Result of our self-assessment is [Please ☒ as appropriate]:

- ☐ All subvented service unit(s) of this NGO having been operated for 12 full months in 2016-17 is/are assessed to have met the requirements of all criteria of 16 SQSs and ESR(s) as stipulated in respective Funding and Service Agreement(s).
- ☐ The following service unit(s) of this NGO has/have unmet area of SQS(s) or ESR(s) and the corresponding Action Plan(s) is/are attached (please use the form at **Appendix I**):

<i>Name of Service Unit(s) with Non-compliance</i>	<i>Unmet Area of SQS(s)/ESR(s)</i>

Any other remarks on self-assessment:

[Please ☒ as appropriate, if any, and provide details in separate sheets]

- ☐ Good Practice<sup>Note 2</sup>, including SQSs, value-added and innovative service (please specify):

<sup>Note 1</sup> Details about the self-assessment mechanism are laid down in Chapter 4 of the Performance Assessment Manual which can be downloaded from [http://www.swd.gov.hk/en/index/site\\_ngo/page\\_serviceper/sub\\_serpassessment](http://www.swd.gov.hk/en/index/site_ngo/page_serviceper/sub_serpassessment).

<sup>Note 2</sup> The good practices reported may not be counted as track record on performance monitoring of the service operator / service unit(s). For 'Good Practice' on SQSs, we refer to the practice over and above the basic requirement of SQS, not commonly practised and such practices may be considered by other service operators as good example for the reference of their service units.

**II. Result of Self-assessment on OS/OCs Performance**

This NGO has conducted an annual assessment on OS/OC(s) of all subvented service unit(s) by:  
 [Please ☒ as appropriate]

- ☐ **Service unit manager(s)**  
☐ **Service coordinator(s)**  
☐ **Internal audit team**  
☐ **Others (please specify):** \_\_\_\_\_

Result of our self-assessment is [Please ☒ as appropriate]:

- ☐ All subvented service unit(s) of this NGO is/are assessed to have met their corresponding OS/OC(s) in 2016-17.
- ☐ The following service unit(s) of this NGO has/have under-performance in OS/OC(s) in 2016-17 and the corresponding Action Plan(s) is/are attached (please use the form at **Appendix 2**) except for those on the exemption list at Annex II:

<i>Name of Service Unit(s) with Unmet OS/OC(s)</i>	<i>Unmet OS/OC(s)</i>

Remark: Service operators should ensure that all statistics reported in the SIS forms are accurate. If amendments to the OS/OC statistics of 2016-17 are needed, the amended data, together with full justification, should be attached to this proforma for re-submission.

**Signature :** \_\_\_\_\_

**Name :** \_\_\_\_\_

**Post :** **Chairperson of Board/Management Committee/ NGO Head \***

**Service Operator :** \_\_\_\_\_

**Contact Person :** \_\_\_\_\_ **(Name & Post)**

**Tel No. :** \_\_\_\_\_

**Fax No.:** \_\_\_\_\_

**E-mail Address :** \_\_\_\_\_

**Date :** \_\_\_\_\_

*\*delete as appropriate*

## Action Plan for Unmet Area of SQS/ESR as at April 2017

**IMPORTANT NOTE:**

1. The service operator is required to formulate Action Plans for all unmet areas in SQSs/ESRs of its concerned service units. One Action Plan is required for each unmet area.
2. The service operator may be required to report in writing the progress of the Action Plan according to a specified time frame.

Name of Service Operator : \_\_\_\_\_

Name of Service Unit : \_\_\_\_\_

Funding and Service Agreement : \_\_\_\_\_

I. Criterion of SQS: No. \_\_\_\_\_ / ESR concerned\*:

II. The area not yet achieved:

III. Reason(s) for not achieving the above area:

IV. Action(s) to be taken for achieving the above area:

V. Planned time frame for completing the action(s):

Responsible Service Coordinator/Supervisor of Service Unit			
Name [English]:		[Chinese] :	
Post & Rank [English & Chinese]:			Signature:
Contact Phone No.:	Fax No.:	E-mail Address:	Date:

\* delete as appropriate



## Action Plan for Under-performed OS/OC in 2016-17

**IMPORTANT NOTE:**

1. The service operator is required to formulate Action Plans for all under-performed OS/OCs of its concerned service units. One Action Plan is required for each under-performed OS/OC.
2. The service operator may be required to report in writing the progress of the Action Plan according to a specified time frame.

Name of Service Operator : \_\_\_\_\_

Name of Service Unit : \_\_\_\_\_

Funding and Service Agreement : \_\_\_\_\_

Under-performed OS/OC (e.g. OS1/OC3)	Description of OS/OC Indicator	Agreed Level (as stipulated in FSA or SIS Form)	Actual Performance of the Service Unit in 2016-17	Any under-achievement of the same OS/OC in <u>2015-16</u> (if yes, please state the actual performance of 2015-16 also)

I. Reason(s) for not achieving the OS/OC :

II. Action(s) taken and result (effectiveness) / action(s) to be taken to meet the Agreed Level of the OS/OC in the following year:

III. Planned time frame for completion of the action(s) proposed above:

Responsible Service Coordinator/Supervisor of Service Unit			
Name [English]:		[Chinese]:	
Post & Rank [English & Chinese]:		Signature:	
Contact Phone No.:	Fax No.:	E-mail Address:	Date:

**Subvented Service Units Exempted from Self-assessment  
for the Period Covering April 2016 – March 2017**

<b>Types of Service Units</b>	<b>Self-assessment on SQSs &amp; ESRs</b>	<b>Self-assessment on OS/OCs Performance</b>
1. Service units operated for less than 12 months during 1 April 2016 – 31 March 2017 which include: <ul style="list-style-type: none"> <li>▪ new service units commenced operation during the period; and</li> <li>▪ service units ceased operation during the period.</li> </ul>	Exempted	Exempted
2. Service units under service re-engineering during 1 April 2016 – 31 March 2017.	Fully/Partially exempted if there are changes in OS/OCs requirements of the FSA concerned	Fully/Partially exempted if there are changes in OS/OCs requirements of the FSA concerned
3. Service units with reporting cycle different from this assessment cycle covering 1 April 2016 – 31 March 2017.	Exempted <sup>1</sup>	Exempted <sup>1</sup>

<sup>1</sup> Service units with different reporting cycle, e.g. the service of Integrated Programme in Kindergarten-cum-Child Care Centre, with reporting cycle changed to September – August w.e.f. September 2009, are required to submit their SAR to the Subventions Section by 20 September 2017.

Please forward the completed proforma to Subventions Section, Social Welfare Department at 38/F, Sunlight Tower, 248 Queen's Road East, Wan Chai, Hong Kong (fax: 2575 5632) on or before 20 April 2017.

## PROFORMA

### Service Performance Monitoring System (SPMS) Self-assessment on Compliance with SQSs, ESRs and OS/OCs in 2016-17

Name of Service Operator: \_\_\_\_\_

#### I. Result of Self-assessment on 16 SQSs and ESRs

This NGO has conducted a self-assessment on 16 SQSs and ESRs based on the tools and suggested process<sup>Note 1</sup> including the examination of all documents and their implementation as well as the formulation of action plans for non-compliant areas by:

[Please ☒ as appropriate]

☒ Service unit manager(s)

☐ Service coordinator(s)

☐ Internal audit team

☐ Others (please specify): \_\_\_\_\_



Result of our self-assessment is [Please ☒ as appropriate]:

- ☒ All subvented service unit(s) of this NGO having been operated for 12 full months in 2016-17 is/are assessed to have met the requirements of all criteria of 16 SQSs and ESR(s) as stipulated in respective Funding and Service Agreement(s).
- ☐ The following service unit(s) of this NGO has/have unmet area of SQS(s) or ESR(s) and the corresponding Action Plan(s) is/are attached (please use the form at **Appendix I**):

<i>Name of Service Unit(s) with Non-compliance</i>	<i>Unmet Area of SQS(s)/ESR(s)</i>

Any other remarks on self-assessment:

[Please ☒ as appropriate, if any, and provide details in separate sheets]

☐ Good Practice<sup>Note 2</sup>, including SQSs, value-added and innovative service (please specify):

<sup>Note 1</sup> Details about the self-assessment mechanism are laid down in Chapter 4 of the Performance Assessment Manual which can be downloaded from [http://www.swd.gov.hk/en/index/site\\_ngo/page\\_serviceper/sub\\_serpassessment](http://www.swd.gov.hk/en/index/site_ngo/page_serviceper/sub_serpassessment).

<sup>Note 2</sup> The good practices reported may not be counted as track record on performance monitoring of the service operator / service unit(s). For 'Good Practice' on SQSs, we refer to the practice over and above the basic requirement of SQS, not commonly practised and such practices may be considered by other service operators as good example for the reference of their service units.



**II. Result of Self-assessment on OS/OCs Performance**

This NGO has conducted an annual assessment on OS/OC(s) of all subvented service unit(s) by:  
 [Please ☒ as appropriate]

- ☒ **Service unit manager(s)**  
☐ **Service coordinator(s)**  
☐ **Internal audit team**  
☐ **Others (please specify):** \_\_\_\_\_

Result of our self-assessment is [Please ☒ as appropriate]:

- ☐ All subvented service unit(s) of this NGO is/are assessed to have met their corresponding OS/OC(s) in 2016-17.
- ☒ The following service unit(s) of this NGO has/have under-performance in OS/OC(s) in 2016-17 and the corresponding Action Plan(s) is/are attached (please use the form at *Appendix 2*) except for those on the exemption list at Annex II:

<i>Name of Service Unit(s) with Unmet OS/OC(s)</i>	<i>Unmet OS/OC(s)</i>
	OS 3c,
	OS 7a, OS 7b

Remark: Service operators should ensure that all statistics reported in the SIS forms are accurate. If amendments to the OS/OC statistics of 2016-17 are needed, the amended data, together with full justification, should be attached to this proforma for re-submission.

**Signature :** \_\_\_\_\_

**Name :** \_\_\_\_\_

**Post :** **Chairperson of ~~Board~~/Management Committee/ ~~NGO Head~~\***

**Service Operator :** \_\_\_\_\_

**Contact Person :** \_\_\_\_\_ **(Name & Post)**

**Tel No. :** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

**E-mail Address :** \_\_\_\_\_

**Date :** \_\_\_\_\_

*\*delete as appropriate*

## Action Plan for Under-performed OS/OC in 2016-17

**IMPORTANT NOTE:**

1. The service operator is required to formulate Action Plans for all under-performed OS/OCs of its concerned service units. One Action Plan is required for each under-performed OS/OC.
2. The service operator may be required to report in writing the progress of the Action Plan according to a specified time frame.

Name of Service Operator : \_\_\_\_\_  
 Name of Service Unit : \_\_\_\_\_  
 Funding and Service Agreement : 長者鄰舍中心

Under-performed OS/OC (e.g. OS1/OC3)	Description of OS/OC Indicator	Agreed Level (as stipulated in FSA or SIS Form)	Actual Performance of the Service Unit in 2016-17	Any under-achievement of the same OS/OC in <u>2015-16</u> (if yes, please state the actual performance of 2015-16 also)
OS 3c	一年內舉辦的小組、活動及計劃的總數：提供護老者支援服務，包括互助支援小組及培訓活動等；	40	30	/

## I. Reason(s) for not achieving the OS/OC :

提供給護老者的支援服務，由於不少護老者的時間未能配合，故某部分的小組或培訓活動因未有足夠人數而取消。

## II. Action(s) taken and result (effectiveness) / action(s) to be taken to meet the Agreed Level of the OS/OC in the following year:

- (1) 提早宣傳護老者的支援小組或培訓活動，讓護老者能預留時間參與。
- (2) 改變部份中心開放時間，以配合護老者的放假時間進行活動，例如：星期日。
- (3) 安排平行小組或培訓活動，長者及護老者可一同參與，方便護老者的照顧需要。

## III. Planned time frame for completion of the action(s) proposed above:

於2017/18年持續地進行工作計劃，並達到目標。

Responsible Service Coordinator/Supervisor of Service Unit			
Name [English]:		[Chinese]:	Signature:   
Post & Rank [English & Chinese]:			
Contact Phone No.:	Fax No.:	E-mail Address:	Date:  20 Apr 2017



## Action Plan for Under-performed OS/OC in 2016-17

**IMPORTANT NOTE:**

1. The service operator is required to formulate Action Plans for all under-performed OS/OCs of its concerned service units. One Action Plan is required for each under-performed OS/OC.
2. The service operator may be required to report in writing the progress of the Action Plan according to a specified time frame.

Name of Service Operator : \_\_\_\_\_

Name of Service Unit : \_\_\_\_\_

Funding and Service Agreement : 長者鄰舍中心

Under-performed OS/OC (e.g. OS1/OC3)	Description of OS/OC Indicator	Agreed Level (as stipulated in FSA or SIS Form)	Actual Performance of the Service Unit in 2016-17	Any under-achievement of the same OS/OC in 2015-16 (If yes, please state the actual performance of 2015-16 also)
OS 7a	為隱蔽或需要照顧的長者提供的服務：每月隱蔽或需要照顧的長者活躍個案的平均數目	35	30.83	8.33

I. Reason(s) for not achieving the OS/OC :

1. 本中心在2015年12月，才聘請到多一位社工人手處理個案輔導等工作，由於未有足夠人手全面地籌劃隱長個案服務，以致發掘個案的工作遲了起步開展，導致平均個案數目在年內未能達標。
2. 經過同事們在年內的努力，3月份隱長個案服務數字已達到49，唯平均個案仍只能達到30%，雖較議定水平稍低，但比較2015-16年度平均個案數目有增長，情況有改善。

II. Action(s) taken and result (effectiveness) / action(s) to be taken to meet the Agreed Level of the OS/OC in the following year:

為確保2017/18年度全年平均個案能達標，本中心會持續地推行以下工作計劃：

1. 人力架構轉變，因應福利工作員離任，轉為聘請一位社工替補處理隱長個案，以及聘請多一位半職社工，集中私樓及鄉郊村落發掘個案的工作。
2. 藉與地區持份者如商舖、互委會、大廈管理處及鄉郊村落各村長建立合作伙伴關係，宣傳中心服務，以及轉介有需要個案給中心社工跟進。
3. 繼續透過定期家訪及電話慰問較少到中心及體弱之會員。
4. 建立長者互助網絡，鼓勵會員通知中心需要幫助的長者。
5. 以外展工作方法在戶外接觸長者，發掘有需要的長者個案。
6. 加強服務宣傳如街站派單張等。

III. Planned time frame for completion of the action(s) proposed above:

於2017/18年持續地進行工作計劃，並達到目標。

Responsible Service Coordinator/Supervisor of Service Unit			
Name [English]:		[Chinese]:	Signature:
Post & Rank [English & Chinese]: Centre In-charge			
Contact Phone No.:	Fax No.:	E-mail Address:	Date: 20 Apr 2017



## Action Plan for Under-performed OS/OC in 2016-17

**IMPORTANT NOTE:**

1. The service operator is required to formulate Action Plans for all under-performed OS/OCs of its concerned service units. One Action Plan is required for each under-performed OS/OC.
2. The service operator may be required to report in writing the progress of the Action Plan according to a specified time frame.

Name of Service Operator : \_\_\_\_\_  
 Name of Service Unit : \_\_\_\_\_  
 Funding and Service Agreement : 長者鄰舍中心

Under-performed OS/OC (e.g. OS1/OC3)	Description of OS/OC Indicator	Agreed Level (as stipulated in FSA or SIS Form)	Actual Performance of the Service Unit in 2016-17	Any under-achievement of the same OS/OC in 2015-16 (if yes, please state the actual performance of 2015-16 also)
OS 7b	為隱蔽或需要照顧的長者提供的服務：一年內處理的隱蔽或需要照顧的長者個案的流轉率	20%	10.91%	11.11%

## I. Reason(s) for not achieving the OS/OC :

由於隱蔽或需要照顧的長者的個案工作遲了起步開展，所以大部份個案仍在跟進中，因此較少結束個案，與2015-16年度個案的流轉率相若，未能達致結束個案流轉率的要求指標。

## II. Action(s) taken and result (effectiveness) / action(s) to be taken to meet the Agreed Level of the OS/OC in the following year:

督導社工如何清晰個案目標，訂立具體工作計劃及介入時限，以縮短每個個案要處理的時間。

## III. Planned time frame for completion of the action(s) proposed above:

於2017/18年持續地進行工作計劃，並達到目標。

Responsible Service Coordinator/Supervisor of Service Unit			
Name [English].		[Chinese]:	Signature:
Post & Rank [English & Chinese]:			
Contact Phone No.:	Fax No.:	E-mail Address:	Date:
			20 Apr 2017

**\*Note by Clerk, PAC:** Chinese version only.





社會福利署

Social Welfare Department

Our Ref. :

Tel No. :

Fax No. :

7 July 2017

### **Service Performance Monitoring System (SPMS)**

#### **Self-assessment on Service Quality Standards (SQSs), Essential Service Requirements (ESRs) & Output/Outcome Standards (OS/OCs) and Action Plans on Unmet Areas in 2016-17**

I refer to the 2016-17 Self-assessment Report (SAR) submitted by your organisation on 20.4.2017 regarding the captioned subject.

Please be informed that the Action Plans attached to your SAR in respect of the non-compliant areas of the following service units are considered acceptable:

1. (OS3c)
2. (OS7a, OS7b)

As regards the performance assessment against OS/OC(s) as stated in your SAR, we will scrutinise all relevant information relating to your self-assessment and notify you of the details if there is any under-reporting of under-achieved OS/OC(s) in your SAR.

Taking this opportunity, you are advised to remind your staff of the spirit under SPMS which is to ensure the accountability for public funds and the provision of quality social welfare services to service users. For details of the monitoring mechanism, you may refer to the SPMS Performance Assessment Manual and the respective Funding and Service Agreements applicable to your service units.

If you have any enquiries, please contact me on



Yours sincerely,

( )  
for Director of Social Welfare



Our Ref.:

Tel. No.:

Fax No.:

20 March 2017

Chief Executive Officers/Directors of  
Subvented Non-governmental Organisations (NGOs)

Dear Sir/Madam,

**Service Performance Monitoring System (SPMS)**

**Self-assessment on  
Service Quality Standards (SQSs), Essential Service Requirements (ESRs)  
& Output/Outcome Standards (OS/OCs) and  
Action Plans on Unmet Areas in 2016-17**

Under the SPMS, service operators are required to submit the annual agency-based Self-assessment Report (SAR) to the Department in April each year. The SAR should include the self-assessment results of all subvented service units with Funding and Service Agreements (FSAs) under your management. Your self-assessment should cover the following:

- (a) individual service unit's compliance with 16 SQSs and ESRs;  
and
- (b) individual service unit's OS/OCs performance.

While action plan(s) are required to be submitted together with the SAR for service units with non-complied SQS(s)/ESR(s) and under-performed OS/OC(s), you may also report your good practices on SQSs and innovative/value-added services in the SAR. However, the good practices reported may not be counted as track record on performance monitoring of the service operator.

I would like to stress that the self-assessment is a key component of SPMS, which respects and honours the corporate governance of service operators. The manner of conducting the self-assessment forms part of the track record of service operators.



To facilitate your self-assessment and preparation of the SAR covering April 2016 to March 2017 (2016-17), the following documents are attached:

- (a) the proforma for 2016-17 SAR (Annex I); and
- (b) service units that can be exempted from 2016-17 SAR (Annex II).

This letter together with the proforma can also be downloaded from SWD Homepage<sup>1</sup>. Grateful if you would submit your 2016-17 SAR by completing the proforma and return to the Subventions Section of the Department on or before 20 April 2017. If you have any enquiries on this subject, please contact \_\_\_\_\_ or \_\_\_\_\_.

Yours sincerely,

for Director of Social Welfare

Encl.

c.c. Chairpersons of all subvented NGOs

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<sup>1</sup> Website: [http://www.swd.gov.hk/en/index/site\\_ngo/page\\_r-info/](http://www.swd.gov.hk/en/index/site_ngo/page_r-info/)

Please forward the completed proforma to Subventions Section, Social Welfare Department at 38/F, Sunlight Tower, 248 Queen's Road East, Wan Chai, Hong Kong (fax: 2575 5632) **on or before 20 April 2017.**

## **PROFORMA**

### **Service Performance Monitoring System (SPMS) Self-assessment on Compliance with SQSs, ESRs and OS/OCs in 2016-17**

**Name of Service Operator :** \_\_\_\_\_

#### **I. Result of Self-assessment on 16 SQSs and ESRs**

This NGO has conducted a self-assessment on 16 SQSs and ESRs based on the tools and suggested process<sup>Note 1</sup> including the examination of all documents and their implementation as well as the formulation of action plans for non-compliant areas by:

[Please ☒ as appropriate]

- ☐ **Service unit manager(s)**
- ☐ **Service coordinator(s)**
- ☐ **Internal audit team**
- ☐ **Others (please specify):** \_\_\_\_\_

Result of our self-assessment is [Please ☒ as appropriate]:

- ☐ All subvented service unit(s) of this NGO having been operated for 12 full months in 2016-17 is/are assessed to have met the requirements of all criteria of 16 SQSs and ESR(s) as stipulated in respective Funding and Service Agreement(s).
- ☐ The following service unit(s) of this NGO has/have unmet area of SQS(s) or ESR(s) and the corresponding Action Plan(s) is/are attached (please use the form at **Appendix I**):

<i>Name of Service Unit(s) with Non-compliance</i>	<i>Unmet Area of SQS(s)/ESR(s)</i>

Any other remarks on self-assessment:

[Please ☒ as appropriate, if any, and provide details in separate sheets]

- ☐ Good Practice<sup>Note 2</sup>, including SQSs, value-added and innovative service (please specify):

<sup>Note 1</sup> Details about the self-assessment mechanism are laid down in Chapter 4 of the Performance Assessment Manual which can be downloaded from [http://www.swd.gov.hk/en/index/site\\_ngo/page\\_serviceper/sub\\_serpassessment](http://www.swd.gov.hk/en/index/site_ngo/page_serviceper/sub_serpassessment).

<sup>Note 2</sup> The good practices reported may not be counted as track record on performance monitoring of the service operator / service unit(s). For 'Good Practice' on SQSs, we refer to the practice over and above the basic requirement of SQS, not commonly practised and such practices may be considered by other service operators as good example for the reference of their service units.

**II. Result of Self-assessment on OS/OCs Performance**

This NGO has conducted an annual assessment on OS/OC(s) of all subvented service unit(s) by:  
 [Please ☒ as appropriate]

- ☐ **Service unit manager(s)**  
☐ **Service coordinator(s)**  
☐ **Internal audit team**  
☐ **Others (please specify):** \_\_\_\_\_

Result of our self-assessment is [Please ☒ as appropriate]:

- ☐ All subvented service unit(s) of this NGO is/are assessed to have met their corresponding OS/OC(s) in 2016-17.
- ☐ The following service unit(s) of this NGO has/have under-performance in OS/OC(s) in 2016-17 and the corresponding Action Plan(s) is/are attached (please use the form at **Appendix 2**) except for those on the exemption list at Annex II:

<i>Name of Service Unit(s) with Unmet OS/OC(s)</i>	<i>Unmet OS/OC(s)</i>

Remark: Service operators should ensure that all statistics reported in the SIS forms are accurate. If amendments to the OS/OC statistics of 2016-17 are needed, the amended data, together with full justification, should be attached to this proforma for re-submission.

**Signature :** \_\_\_\_\_

**Name :** \_\_\_\_\_

**Post :** **Chairperson of Board/Management Committee/ NGO Head \***

**Service Operator :** \_\_\_\_\_

**Contact Person :** \_\_\_\_\_ **(Name & Post)**

**Tel No. :** \_\_\_\_\_

**Fax No.:** \_\_\_\_\_

**E-mail Address :** \_\_\_\_\_

**Date :** \_\_\_\_\_

*\*delete as appropriate*

## Action Plan for Unmet Area of SQS/ESR as at April 2017

**IMPORTANT NOTE:**

1. The service operator is required to formulate Action Plans for all unmet areas in SQSs/ESRs of its concerned service units. One Action Plan is required for each unmet area.
2. The service operator may be required to report in writing the progress of the Action Plan according to a specified time frame.

Name of Service Operator : \_\_\_\_\_

Name of Service Unit : \_\_\_\_\_

Funding and Service Agreement : \_\_\_\_\_

I. Criterion of SQS: No. \_\_\_\_\_ / ESR concerned\*:

II. The area not yet achieved:

III. Reason(s) for not achieving the above area:

IV. Action(s) to be taken for achieving the above area:

V. Planned time frame for completing the action(s):

Responsible Service Coordinator/Supervisor of Service Unit			
Name [English]:		[Chinese] :	Signature:
Post & Rank [English & Chinese]:			
Contact Phone No.:	Fax No.:	E-mail Address:	Date:

\* delete as appropriate

## Action Plan for Under-performed OS/OC in 2016-17

**IMPORTANT NOTE:**

1. The service operator is required to formulate Action Plans for all under-performed OS/OCs of its concerned service units. ***One Action Plan is required for each under-performed OS/OC.***
2. The service operator may be required to report in writing the progress of the Action Plan according to a specified time frame.

Name of Service Operator : \_\_\_\_\_

Name of Service Unit : \_\_\_\_\_

Funding and Service Agreement : \_\_\_\_\_

Under-performed OS/OC (e.g. OS1/OC3)	Description of OS/OC Indicator	Agreed Level (as stipulated in FSA or SIS Form)	Actual Performance of the Service Unit in 2016-17	Any under-achievement of the same OS/OC in <b>2015-16</b> (if yes, please state the actual performance of 2015-16 also)

I. Reason(s) for not achieving the OS/OC :

II. Action(s) taken and result (effectiveness) / action(s) to be taken to meet the Agreed Level of the OS/OC in the following year:

III. Planned time frame for completion of the action(s) proposed above:

Responsible Service Coordinator/Supervisor of Service Unit			
Name [English]:		[Chinese]:	
Post & Rank [English & Chinese]:		Signature:	
Contact Phone No.:	Fax No.:	E-mail Address:	Date:



## Annex II

### Subvented Service Units Exempted from Self-assessment for the Period Covering April 2016 – March 2017

Types of Service Units	Self-assessment on SQSs & ESRs	Self-assessment on OS/OCs Performance
1. Service units operated for less than 12 months during 1 April 2016 – 31 March 2017 which include: <ul style="list-style-type: none"> <li>▪ new service units commenced operation during the period; and</li> <li>▪ service units ceased operation during the period.</li> </ul>	Exempted	Exempted
2. Service units under service re-engineering during 1 April 2016 – 31 March 2017.	Fully/Partially exempted if there are changes in OS/OCs requirements of the FSA concerned	Fully/Partially exempted if there are changes in OS/OCs requirements of the FSA concerned
3. Service units with reporting cycle different from this assessment cycle covering 1 April 2016 – 31 March 2017.	Exempted <sup>1</sup>	Exempted <sup>1</sup>

<sup>1</sup> Service units with different reporting cycle, e.g. the service of Integrated Programme in Kindergarten-cum-Child Care Centre, with reporting cycle changed to September – August w.e.f. September 2009, are required to submit their SAR to the Subventions Section by 20 September 2017.

## Annex I (P.1)

Please forward the completed proforma to Subventions Section, Social Welfare Department at 38/F, Sunlight Tower, 248 Queen's Road East, Wan Chai, Hong Kong (fax: 2575 5632) on or before 20 April 2017.

## PROFORMA

### Service Performance Monitoring System (SPMS) Self-assessment on Compliance with SQSs, ESRs and OS/OCs in 2016-17

Name of Service Operator : \_\_\_\_\_

#### I. Result of Self-assessment on 16 SQSs and ESRs

This NGO has conducted a self-assessment on 16 SQSs and ESRs based on the tools and suggested process<sup>Note 1</sup> including the examination of all documents and their implementation as well as the formulation of action plans for non-compliant areas by:

[Please ☒ as appropriate]

- ☐ Service unit manager(s)  
☒ Service coordinator(s)  
☐ Internal audit team  
☐ Others (please specify): \_\_\_\_\_

Result of our self-assessment is [Please ☒ as appropriate]:

- ☒ All subvented service unit(s) of this NGO having been operated for 12 full months in 2016-17 is/are assessed to have met the requirements of all criteria of 16 SQSs and ESR(s) as stipulated in respective Funding and Service Agreement(s).  
☐ The following service unit(s) of this NGO has/have unmet area of SQS(s) or ESR(s) and the corresponding Action Plan(s) is/are attached (please use the form at *Appendix I*):

Name of Service Unit(s) with Non-compliance	Unmet Area of SQS(s)/ESR(s)

Any other remarks on self-assessment:

[Please ☒ as appropriate, if any, and provide details in separate sheets]

- ☐ Good Practice<sup>Note 2</sup>, including SQSs, value-added and innovative service (please specify): \_\_\_\_\_

<sup>Note 1</sup> Details about the self-assessment mechanism are laid down in Chapter 4 of the Performance Assessment Manual which can be downloaded from [http://www.swd.gov.hk/en/index/site\\_ngo/page\\_serviceper/sub\\_serpassessment](http://www.swd.gov.hk/en/index/site_ngo/page_serviceper/sub_serpassessment).

<sup>Note 2</sup> The good practices reported may not be counted as track record on performance monitoring of the service operator / service unit(s). For 'Good Practice' on SQSs, we refer to the practice over and above the basic requirement of SQS, not commonly practised and such practices may be considered by other service operators as good example for the reference of their service units.

## II. Result of Self-assessment on OS/OCs Performance

This NGO has conducted an annual assessment on OS/OC(s) of all subvented service unit(s) by:  
[Please ☒ as appropriate]

- ☐ Service unit manager(s)  
☒ Service coordinator(s)  
☐ Internal audit team  
☐ Others (please specify): \_\_\_\_\_

Result of our self-assessment is [Please ☒ as appropriate]:

- ☐ All subvented service unit(s) of this NGO is/are assessed to have met their corresponding OS/OC(s) in 2015-16.
- ☒ The following service unit(s) of this NGO has/have under-performance in OS/OC(s) in 2015-16 and the corresponding Action Plan(s) is/are attached (please use the form at *Appendix 2*) except for those on the exemption list at Annex II:

<i>Name of Service Unit(s) with Unmet OS/OC(s)</i>	<i>Unmet OS/OC(s)</i>
	OS1
	OS1

Remark: Service operators should ensure that all statistics reported in the SIS forms are accurate. If amendments to the OS/OC statistics of 2016-17 are needed, the amended data, together with full justification, should be attached to this proforma for re-submission.

Signature : \_\_\_\_\_

Name : \_\_\_\_\_

Post : ~~Chairperson of Board/Management Committee~~ NGO Head \*

Service Operator : \_\_\_\_\_

Contact Person : \_\_\_\_\_ (Name & Post)

Tel No. : \_\_\_\_\_ Fax No. : \_\_\_\_\_

E-mail Address : \_\_\_\_\_

Date : \_\_\_\_\_

\*delete as appropriate

## Action Plan for Under-performed OS/OC in 2016-17

**IMPORTANT NOTE:**

1. The service operator is required to formulate Action Plans for all under-performed OS/OCs of its concerned service units. One Action Plan is required for each under-performed OS/OC.
2. The service operator may be required to report in writing the progress of the Action Plan according to a specified time frame.

Name of Service Operator :

Name of Service Unit :

Funding and Service Agreement : Non-medical Voluntary Drug Treatment and Rehabilitation  
Services

Under-performed OS/OC (e.g. OS1/OC3)	Description of OS/OC Indicator	Agreed Level (as stipulated in FSA or SIS Form)	Actual Performance of the Service Unit in 2016-17	Any under-achievement of the same OS/OC in 2015-16 (if yes, please state the actual performance of 2015-16 also)
OS1a	Rate of placement occupancy (Female) in residential program	65%	MOS: 60%及LTC: 40%  50%	38%

I. Reason(s) for not achieving the OS/OC :

- 1) 因青少年的隱蔽吸毒情況及受個人節慶(如：自己/朋友生日、親友壽宴)影響，一方面影響申請人舍個案的數量，另一方面也影響已入舍舍友的穩定性。
- 2) 申請人於安排約見後缺席面試，並未能聯絡，有部份面見後因未能申請綜援及有經濟壓力而終止申請及入舍。
- 3) 有關戒毒及濫藥的社區教育及輔導增多，吸毒青少年相對地較接受社區輔導服務。
- 4) 舍友接受院舍規則(如：禁煙、有紀律的生活程序及課堂學習)的意識較薄弱，阻礙其考慮入住院舍。
- 5) 未能與懲教所合作，雖能與感化官及綜合家庭服務中心聯絡，但未能確實在其工作小組會議中作服務簡介。

II. Action(s) taken and result (effectiveness) / action(s) to be taken to meet the Agreed Level of the OS/OC in the following year:

- 1) 與項目發展部合作，建立「外展intake隊」，以外展Intake的手法，擴闊接觸濫藥者，增加推廣宿舍服務，並藉以提升服務使用率。

- 2) 繼續加強與相關醫院及輔導機構聯繫，參與分享會、服務交流會及研討會以推廣院舍服務，擴闊轉介來源，在北區醫院、葵涌醫院、青山醫院明心樓藥物誤用診所等的資訊架放置院舍服務單張。
- 3) 推行適切的計劃及興趣小組(如：優點銀行獎勵計劃、舒壓結他小組、職前培訓小組、親親大自然小組、義工小組等)，以迎合舍友的興趣及需要，藉以加強她們的歸屬感。
- 4) 保留為釋囚提供三個月的短期住宿服務，另一方面也繼續主動與感化官及綜合家庭服務中心聯絡和預約在其工作小組會議中作服務簡介，盼能提升轉介。
- 5) 繼續加強與濫用精神藥物者輔導中心、家計會、醫院、戒煙社福機構、外展隊等合作，引入不同類型的小組，增加濫藥者對相關戒毒機構服務的接觸，以助舍友入住的穩定性。同時，可增加濫用精神藥物者輔導中心、家計會、醫院、戒煙社福機構、外展隊對院舍的認識從而提高轉介。
- 6) 繼續於電話查詢及申請面見時，了解申請者的濫藥事件及已吸毒年期(毒齡)，並作出建議(毒齡長建議長期一年服務，毒齡短建議短期服務)及表明服務特色(\_\_\_\_能提供寧靜的環境去學習)，若毒齡長的申請者堅持在\_\_\_\_進行住宿服務，會按其需要讓她們選擇在\_\_\_\_地點進行較長的住宿服務。
- 7) 於\_\_\_\_新增「易達面談室」及Intake-Express服務，以方便感化官作轉介及探訪，感化官可於\_\_\_\_約見舍友，也可以致電\_\_\_\_轉介個案，加快入舍安排。

### III. Planned time frame for completion of the action(s) proposed above:

因着上半年的策略，宿舍整體的入住率由38%提升至50%，故會繼續沿用部分策劃以提升入住率。

進行時段	行動內容	2016-2017進展情況
4/2017 – 31/3/2018	<ul style="list-style-type: none"> <li>繼續在各藥物誤用診所/輔導機構的資訊架放置院舍服務單張，擴闊轉介來源。</li> <li>繼續安排及檢視社工和舍監團隊，於舍友入舍的首星期(7天)內，社工接觸及關顧舍友不少於5次、舍監安排講解院舍程序和規則，以加強關顧和情緒支援。</li> <li>舍友入舍後的首月開辦「適應小組」，並持續地舉行適應小組以協助適應。</li> <li>於舍友入住20天後在舍內安排與家人/轉介社工開會，以讓舍友家長/直系親屬/轉介社工了解舍友進展，鼓勵完成住宿期。</li> </ul>	<ul style="list-style-type: none"> <li>在明心樓、北區醫院、葵涌醫院東區醫院的資訊架放置服務單張，也在2016年12月、2017年3月以郵寄方式寄出會訊以擴闊轉介來源。</li> <li>上年度____共進行3個為期4節的適應小組，也進行了19次入舍適應會，而每位新入舍舍友均由總舍監於首日講解院舍程序和規則，</li> </ul>

		利用個人、小組及家人支援的介入方式以協助舍友適應及鼓勵完成住宿期。
4/2017 – 31/3/2018	<ul style="list-style-type: none"> <li>推行適切的計劃及興趣小組(如：優點銀行獎勵計劃、舒壓結他小組、職前培訓小組、親親大自然小組、義工小組等)，以迎合舍友的興趣及需要，藉以加強她們的歸屬感。</li> </ul>	<ul style="list-style-type: none"> <li>於上年度進行適切的小組及獎勵計劃</li> </ul>
4/2017 – 31/3/2018	<ul style="list-style-type: none"> <li>保留為釋囚提供三個月的短期住宿服務，另一方面也繼續主動與感化官及綜合家庭服務中心聯絡和預約在其工作小組會議中作服務簡介，盼能提升轉介。</li> </ul>	<ul style="list-style-type: none"> <li>暫未能收到懲教所的轉介個案，但仍保留為釋囚提供3個月的短期院舍服務。雖有與感化官及保護家庭及兒童課的社工聯絡及作預約安排到其工作小組進行服務簡介，惜至今仍在安排中。</li> </ul>
10/2017 – 31/3/2018	<ul style="list-style-type: none"> <li>與項目發展部合作，建立「外展intake隊」，以外展Intake的手法，擴闊接觸濫藥者，利用網上平台及WHATSAPP媒介、主動到高危場所擴闊接觸及識別隱蔽濫藥者。一方面為合適人士提供網上資訊、網上朋輩(過來人)輔導、社工個案管理、家庭支援、五天短期住醫院式的介入及提供醫療津貼以擴闊推廣戒毒的資訊，另一方面也可提升他們求助的動機。</li> <li>同時也與項目發展部合作，到中小學進行社區教育(如：講座和過來人分享)</li> </ul>	<ul style="list-style-type: none"> <li>上年度由追尋生命計劃的轉介個案共24人(短期計劃：14人，長期計劃：10人)，當中11人成功入舍，有5人正安排中。</li> </ul>

4/2016 – 31/3/2018	<ul style="list-style-type: none"> <li>繼續於電話查詢及申請面見時，了解申請者的濫藥事件及已吸毒年期(毒齡)，並作出建議(毒齡長建議長期一年服務，毒齡短建議短期服務)及表明服務特色(提供寧靜的環境去學習)，若毒齡長的申請者堅持在進行住宿服務，會按其需要讓她們選擇在地點進行較長的住宿服務。</li> <li>致函推廣新增「易達面談室」及Intake-Express服務，以方便感化官作轉介及探訪，感化官可於約見舍友，也可以致電轉介個案，加快入舍安排。</li> </ul>	<ul style="list-style-type: none"> <li>在電話查詢、申請面見當中共13人因個人原因而不考慮長期服務，而選擇短期服務，最後共8人均能順利入舍，其中兩人也能在進行一年及九個月的住宿服務。</li> <li>自12月作推廣後共2位舍友的感化官使用「易達面談室」，感化官的回應是正面及覺得方便的。同時，也收到感化官使用Intake-Express服務，當中有1個成功轉介個案。</li> </ul>
4/2017 – 31/3/2018	<ul style="list-style-type: none"> <li>繼續參與分享會、服務交流會及研討會以推廣院舍服務，擴闊轉介來源。</li> <li>加強與業界作交流，到訪不同的院舍，共商合作的空間以擴闊轉介、優化服務。</li> </ul>	<ul style="list-style-type: none"> <li>已進行了共5次服務交流。(16/6、18/8、26/8、28/9、21/1)</li> <li>於30/3到訪中途宿舍作交流。</li> <li>預計於12/5到訪作交流。</li> </ul>

Responsible Service Coordinator/Supervisor of Service Unit			
Name [English]: [Chinese]:			Signature:
Post & Rank [English & Chinese]:			
Contact Phone No.:	Fax No.:	E-mail Address:	Date: 20-4-2017

*\*Note by Clerk, PAC: Chinese version only.*



社會福利署

Social Welfare Department

Our Ref. :

Tel No. :

Fax No. :

17 July 2017

Dear :

**Service Performance Monitoring System (SPMS)**

**Self-assessment on  
Service Quality Standards (SQSs), Essential Service Requirements (ESRs) &  
Output/Outcome Standards (OS/OCs) and  
Action Plans on Unmet Areas in 2016-17**

I refer to the 2016-17 Self-assessment Report (SAR) submitted by your organisation on 20.4.2017 regarding the captioned subject.

Please be informed that the Action Plan attached to your SAR in respect of the non-compliance of OS1 of  
is considered acceptable.

As regards the performance assessment against OS/OC(s) as stated in your SAR, we will scrutinise all relevant information relating to your self-assessment and notify you of the details if there is any under-reporting of under-achieved OS/OC(s) in your SAR.

Taking this opportunity, you are advised to remind your staff of the spirit under SPMS which is to ensure the accountability for public funds and the provision of quality social welfare services to service users. For details of the monitoring mechanism, you may refer to the SPMS Performance Assessment Manual and the respective Funding and Service Agreement applicable to your service unit.

If you have any enquiries, please contact me on

Yours sincerely,



**Follow-up Actions Taken by NGOs  
Regarding the Non-compliance of Service Quality Standard 9**

<b>NGO</b>	<b>ASU</b>	<b>Information from the Audit Commission</b>	<b>Replies from the NGO</b>
NGO F	ASUs F to I	<ul style="list-style-type: none"> <li>No fire drill was conducted in 2015.</li> <li>One of the fire extinguishers could not be located according to the evacuation route plan (as it was covered by other objects).</li> </ul>	<ul style="list-style-type: none"> <li>Fire drills were conducted by the ASUs in 2016 and 2017.</li> <li>Objects covering the fire extinguisher have been removed by the ASUs.</li> </ul>
	ASUs J & K	<ul style="list-style-type: none"> <li>Inclement weather arrangements, as shown in the newsletter, on the notice board and at the entrance of the ASUs, were found to be inconsistent with those stated in the SQS documents.</li> <li>First aid box was checked once a year instead of once every half year.</li> <li>No fire drill was conducted in 2016.</li> </ul>	<ul style="list-style-type: none"> <li>Relevant documents have been revised by the ASUs.</li> <li>Relevant documents have been revised by the ASUs such that first aid boxes will be checked once a year.</li> <li>A fire drill was conducted by the ASUs in 2017.</li> </ul>
NGO G	ASUs L to N	<ul style="list-style-type: none"> <li>The laundry room was not equipped with first aid box as stated in the document.</li> </ul>	<ul style="list-style-type: none"> <li>The ASUs had reviewed the number of first aid boxes required and the location of placing them. Since there is already one first aid box suitably placed on the same floor, it is not necessary to have another one in the laundry room.</li> </ul>

NGO	ASU	Information from the Audit Commission	Replies from the NGO
		<ul style="list-style-type: none"> <li>Some items in the ASUs' first aid boxes were expired.</li> <li>A crack was found on the rooftop window of an ASU. Examination was done by an engineer and no immediate danger was identified. The ASU however did not keep relevant records of the incident and subsequent follow-up actions.</li> </ul>	<ul style="list-style-type: none"> <li>The expired items have been replaced by the ASUs.</li> <li>The NGO had arranged professional assessment and will keep relevant records.</li> </ul>
	ASU O	<ul style="list-style-type: none"> <li>Some items in the first aid box were expired.</li> </ul>	<ul style="list-style-type: none"> <li>The expired items have been replaced by the ASU.</li> </ul>
NGO H	ASUs P to R	<ul style="list-style-type: none"> <li>The fire evacuation route plan displayed on the ground floor failed to indicate the presence of two fire blankets in the kitchen area, while the ones displayed on the first and second floors failed to indicate the location of all fire extinguishers.</li> <li>There were no records of inspection of physiotherapy equipment, electrical installation and equipment, sewage outfalls and fire services' rooms.</li> <li>Three of the fire hose reels were covered by objects.</li> </ul>	<ul style="list-style-type: none"> <li>The fire evacuation route plans in question have been revised by the ASUs.</li> <li>Relevant inspections have been conducted by the ASUs, with inspection records being kept.</li> <li>The objects covering the fire hose reels have been removed by the ASUs. In addition, notices have been put up near the fire hose reels to remind staff not to cover them.</li> </ul>

NGO	ASU	Information from the Audit Commission	Replies from the NGO
NGO I	ASUs S & T	<ul style="list-style-type: none"> <li>The ASUs arranged a lesson observation week for parents even during the implementation of the Red Alert System from 14 to 25 June 2017.</li> </ul>	<ul style="list-style-type: none"> <li>The ASUs hold different opinions over the assessment of the Audit Commission.</li> <li>The ASUs indicated that policy and procedural requirements had been observed during the implementation of the Red Alert System. Visits of volunteers and other visitors were ceased while special arrangements were made for parent activities. In conducting parent activities, the ASUs had taken into account the nature of the communicable disease, and the children's conditions and made arrangements for limited segregation during the visits. Parents were arranged to observe their children's living environment and activities in class in the corridors to avoid spreading of germs while satisfying their child caring needs.</li> </ul>
NGO J	ASUs U & V	<ul style="list-style-type: none"> <li>One of the fire extinguishers in the ASUs was covered by other objects.</li> <li>Routine inspections on fire service installation or equipment were not carried out as scheduled.</li> </ul>	<ul style="list-style-type: none"> <li>Objects covering the fire extinguisher have been removed by the ASUs.</li> <li>Routine inspections on fire service installation or equipment have been carried out by the ASUs as scheduled afterwards.</li> </ul>

NGO	ASU	Information from the Audit Commission	Replies from the NGO
NGO K	ASU W	<ul style="list-style-type: none"> <li>Some items in the first aid box were expired.</li> </ul>	<ul style="list-style-type: none"> <li>The expired items have been replaced by the ASU.</li> </ul>