

Please forward the completed proforma to Subventions Section, Social Welfare Department at 38/F, 248 Queen's Road East, Wan Chai, Hong Kong (fax: 2575 5632) **on or before 20 September 2011.**

PROFORMA

Service Performance Monitoring System (SPMS) Self-assessment on Compliance of SQSs and ESRs and OSs in 2010-11

Name of Service Operator : _____

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

This agency has conducted a self-assessment on 16 SQSs and ESRs based on the tools and suggested process including examination of all documents and their implementation as well as 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): _____

Details in Chapter 4 of Performance Assessment Manual 2003 can be downloaded from http://www.swd.gov.hk/doc/ngo/per_ass_man.pdf

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

- All subvented service units of this agency having operated for 12 full months in 2010-11 are assessed to have met the requirements of all criteria of 16 SQSs and ESRs as stipulated in respective Funding and Service Agreements.
- The following unit(s) of this agency has/have* unmet area of SQSs and ESRs and the corresponding Action Plans are attached (please use the form at **Appendix I**):

<i>Name of Units with non-compliance</i>	<i>Unmet Area of SQS/ ESR</i>

Any other remarks on self-assessment [Please "✓" as appropriate, if any, and provide details in separate sheets]:

- Good Practice on SQSs^{1&2} : SQSs _____
(The collection of evidence of such good examples for reference will be made during the Review / Surprise Visit in 2011-2012)
- Other Good Practice² (i.e. value-added and innovative service)

¹ 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.

² The good practices reported may not be counted as track records on performance monitoring of the service operator / service unit(s).

II. Report on the Performance of Output/Outcome Standards (OSs)

This agency has conducted an annual assessment on OSs of all subvented service units by:
[Please “✓” as appropriate]

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

The result of our self-assessment is [Please “✓” as appropriate]:

- All subvented service units of this agency are assessed to have met their corresponding OSs in 2010-11.
- The following unit(s) of this agency has/have* underperformance in OS(s) in 2010-11 and the corresponding Action Plans are attached (please use the form at **Appendix 2**) except for those on the exemption list at Annex II :

<i>Name of Units with Unmet OS(s)</i>	<i>Unmet OS(s)</i>

Remark: Service operators should ensure that all statistics reported in the SIS forms are accurate. If amendments to the OS statistics of 2010-11 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/Agency Head *

Service Operator : _____

Contact Person : _____ (Name & Rank)

Contact Phone No. : _____

Fax No. : _____

E-mail Address : _____

Date : _____

*delete as appropriate

Action Plan for Unmet Area of SQSs/ESRs as at August 2011

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 specific 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. Actions to be taken for achieving the above area:

V. Planned time frame for completing the actions:

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 Output/Outcome Standards in 2010-11

IMPORTANT NOTE:

1. The service operator is required to formulate Action Plans for all under-performed output/outcome standards (OSs) of its concerned service units. **One Action Plan is required for each unmet OS.**
2. The service operator may be required to report in writing to SWD the progress of the Action Plan according to a specified time frame.

Name of Service Operator : _____
 Name of Service Unit : _____
 Funding and Service Agreement : _____

Unmet OS (e.g. OS1, OC3)	Description of Output/Outcome Indicator	Agreed Level (as stipulated in FSA or SIS Form)	Actual Performance of the Unit <i>in 2010-11</i>	Any underachievement of the same OS in 2009-10 (if yes, please state the actual performance of 2009-10 also)

I. Reasons for not achieving the OS :

II. Actions taken and result (effectiveness) / actions to be taken to meet the Agreed Level of the OS in the following year:

III. Planned time frame for completion of the actions 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: