

**立法會**  
**Legislative Council**

Ref : CB2/PL/SE+HS

LC Paper No. CB(2) 1789/03-04  
(These minutes have been seen  
by the Administration)

**Panel on Security  
and  
Panel on Health Services**

**Minutes of joint meeting  
held on Thursday, 8 January 2004 at 4:30 pm  
in Conference Room A of the Legislative Council Building**

**Members present** : Panel on Security

Hon James TO Kun-sun (Chairman)  
Hon WONG Yung-kan (Deputy Chairman)  
Hon CHEUNG Man-kwong  
Hon Andrew WONG Wang-fat, JP  
Hon Howard YOUNG, SBS, JP  
Hon LAU Kong-wah, JP  
Hon Ambrose LAU Hon-chuen, GBS, JP  
Hon IP Kwok-him, JP  
Hon Audrey EU Yuet-mee, SC, JP

Panel on Health Services

- ◆ Hon Michael MAK Kwok-fung (Chairman)
- Dr Hon LO Wing-lok, JP (Deputy Chairman)
- Hon Cyd HO Sau-lan
- Hon CHAN Kwok-keung, JP
- Hon Andrew CHENG Kar-foo
- Dr Hon TANG Siu-tong, JP
- Hon LI Fung-ying, JP

**Members absent** : Panel on Security

- # Hon Albert HO Chun-yan
- Dr Hon LUI Ming-wah, JP
- Hon Margaret NG
- Hon Mrs Selina CHOW LIANG Shuk-ye, GBS, JP

Panel on Health Services

Dr Hon David CHU Yu-lin, JP  
Hon CHAN Yuen-han, JP  
Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP  
Hon Jasper TSANG Yok-sing, GBS, JP  
Dr Hon YEUNG Sum  
Dr Hon LAW Chi-kwong, JP

- ◆ Also a member of Panel on Security
- # Also a member of Panel on Health Services

**Public Officers :** Mr Charles WONG  
**attending** Principal Assistant Secretary for Security

Ms Ida LEE  
Assistant Secretary for Security

Mr KWOK Leung-ming  
Deputy Commissioner of Correctional Services

Dr CHAN Wai-man  
Assistant Director (Personal Health Services)  
Department of Health

Dr Sarah CHOI  
Principal Medical Officer  
Department of Health

**Clerk in** : Mrs Sharon TONG  
**attendance** Chief Council Secretary (2) 1

**Staff in** : Mr LEE Yu-sung  
**attendance** Senior Assistant Legal Adviser 1

Mr Raymond LAM  
Senior Council Secretary (2) 5

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Action **I. Election of Chairman**

Mr James TO was elected Chairman of the joint meeting.

**II. Progress of implementation of recommendations in the Report of the Special Task Group set up in relation to the death of an inmate in Siu Lam Psychiatric Centre in November 2001**

(LC Paper No. CB(2) 856/03-04(01))

2. At the invitation of the Chairman, Deputy Commissioner of Correctional Services (DC of CS) briefed members on the paper provided by the Administration.

3. Referring to paragraph 10.2 of the Annex to the Administration's paper, Mr MAK Kwok-fung asked why Dr YUEN Cheung-hang but not a higher level professional in the relevant field was invited to give views on the current nursing procedures in Siu Lam Psychiatric Centre (SLPC). Referring to paragraph 10.3 of the Annex, he asked why a comprehensive review of the nursing manpower in SLPC and its overall service quality would not be conducted until 2005.

4. Principal Assistant Secretary for Security (PAS(S)) responded that the Hospital Authority (HA) had conducted a comprehensive review on the nursing manpower in SLPC in 1995 and made recommendations which had been implemented by the Correctional Services Department (CSD). DS of CS supplemented that following the recommendations by HA, SLPC had maintained an establishment of 97 frontline staff with psychiatric nursing training and a dispenser had been employed. Actions had been taken in respect of the recommendation relating to deployment of staff for night duties. The recommended staff mix of 44% registered nurses and 56% enrolled nurses had been adopted for nursing staff performing daytime ward duties in SLPC. The Chairman asked whether the penal population of SLPC in 2002-03 as projected in 1995 was close to the actual penal population of SLPC in 2002-03. DC of CS responded that the penal population of SLPC had been quite stable over the past years and the population in 2002-3 was very close to that in 1995.

5. Referring to paragraph 10.12 of the Annex, Mr MAK Kwok-fung asked about the extent to which the instructions given by CSD were complied in practice.

6. PAS(S) responded that measures had been adopted by CSD to monitor the extent to which instructions were complied.

7. DC of CS added that the enforcement of instructions was regularly reviewed by the Quality Assurance Division of CSD. There was a superintendent responsible for nursing and health services. Weekly in-house training was also provided to staff members of SLPC.

8. The Chairman asked whether there had been any change in the frequency of

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inspection of SLPC by the superintendent of the Quality Assurance Division.

9. DC of CS responded that inspections by personnel of the Quality Assurance Division comprised regular inspections and surprise inspections. A comprehensive review was conducted at three-year intervals. He added that regular inspections were made by the Commissioner of Correctional Services and monthly inspections were conducted by an officer at Assistant Commissioner level.

10. The Chairman asked about the number of inspections of SLPC by the superintendent of the Quality Assurance Division. He also asked whether any breach of instructions had been identified during such inspections.

Adm

11. DC of CS responded that the Quality Assurance Division had not identified any breach of instructions in SLPC. He undertook to provide members with information on the number of inspections of SLPC by the personnel of the Division.

12. Mr MAK Kwok-fung said that he had been responsible for the psychiatric training of about half of the nursing staff in SLPC. To his knowledge, some of these nursing staff had resigned or been transferred to other places. He questioned whether there were still 97 frontline personnel with psychiatric nursing training in SLPC. He also questioned whether it was appropriate to maintain the number of such frontline staff at a level recommended in a review conducted in 1995. He considered that more surprise inspections should be made to SLPC.

13. DC of CS responded that although there had been turnover in the frontline staff of SLPC, regular in-house training were provided to the frontline staff of SLPC. Thus, there were still 97 frontline personnel in SLPC who possessed psychiatric nursing training.

14. The Chairman asked whether the number of frontline staff who possessed psychiatric nursing training would be increased before the review in 2005.

Adm

15. DC of CS responded that the number of frontline staff with such training would depend on the penal population in SLPC. He pointed out that although there had been changes in the penal population in SLPC in the past, there had not been any marked increase in the penal population in SLPC. The Chairman requested the Administration to provide information on the projected and actual penal population, staff strength and number of frontline staff who possessed psychiatric nursing training in SLPC between 1995 and 2003.

16. The Chairman asked whether thematic checks on SLPC would be strengthened. DC of CS responded that thematic checks on SLPC would be strengthened, if necessary, having regard also to the needs of other penal institutions.

17. Dr LO Wing-lok recalled that the death of the inmate in SLPC in November 2001 seemed to arise from a lack of diagnosis of a diabetic inmate who reached the stage of diabetic ketotic coma in a cell in SLPC. He asked whether any recommendations highlighted in the Annex to the Administration's paper sought to prevent the recurrence of

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similar incident.

18. Referring to paragraphs 6 to 9 of the Administration's paper, PAS(S) responded that the guidelines and procedures for conducting medical examination on inmates of penal institutions upon admission and transfer had been reviewed by CSD with the input of the Department of Health. Following the review, new measures had been introduced in areas such as the medical examination of inmates upon admission and the transfer of inmates among penal institutions.

19. Assistant Director of Health (ADH) added that with effect from 1 September 2002, two new forms, which were designed to facilitate documentation of the findings of a comprehensive medical examination by a medical officer, had been adopted. The Chairman asked about the difference between the old and new forms. ADH said that the new form had included more headings to facilitate the medical officer to document the health condition of an inmate, including his drug history. This form was similar to other medical forms used in other clinical settings and was very comprehensive. Dr LO Wing-lok requested the Administration to provide members with the new forms after the meeting.

Adm

20. Dr LO Wing-lok asked how the expression "as soon as possible" in paragraph 6 of the Administration's paper was to be interpreted.

21. DC of CS responded that a newly admitted remand/prisoner usually arrived at a penal institution at around four or five o'clock of a day, when he would be examined by the medical officer on duty at that time. In the exceptional circumstances where there was no medical officer on duty at that time, the inmate would be examined by a medical officer within 24 hours.

22. Dr LO Wing-lok said that as an inmate in critical condition could die within two hours, it was sometimes too late to examine an inmate 24 hours within admittance. He considered that either inmates who were seriously ill should not be transferred among penal institutions or all newly admitted remands/prisoners should be examined by a medical officer soon after their arrival at a penal institution.

23. DC of CS responded that the time limit of 24 hours applied to normal circumstances. Where a newly admitted remand/prisoner displayed any symptom requiring urgent medical examination, the medical officer on duty would immediately be called upon to attend to the remand/prisoner concerned. In response to Dr LO's question about whether there were any guidelines on circumstances where a medical officer should be called upon, DC of CS said that a nursing staff would exercise his professional judgment to determine whether a medical officer needed to be called upon.

24. Dr LO Wing-lok suggested that blood glucose test should be made as a standard procedure on all newly admitted remands/prisoners who could not excrete urine so that inmates suffering from hyperglycaemia could be detected in time for treatment. Mr MAK Kwok-fung concurred with Dr LO's suggestion. Mr MAK pointed out that it might sometimes be too long in some circumstances to wait for an instruction from a medical

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Adm officer. DC of CS explained that since September 2002, it had been a standard procedure to collect urine sample from all newly admitted remands/prisoners for testing of sugar and advice would be sought from the medical officer if prisoners would not excrete urine. ADH agreed to provide information on the arrangements for blood glucose test for these prisoners.

25. Referring to paragraph 8 of the Administration's paper, Mr Howard YOUNG asked whether reliable information could be obtained by enquiring a remand/prisoner about his past and present medical history, especially in cases where the remand/prisoner was addicted to drugs.

26. ADH responded that experience indicated that patients generally trusted their doctors. She said that medical officers would exercise their own judgment and where necessary, make enquiries about a patient's medical history through the patient's family members and clinics where the patient had received medical treatment.

Adm 27. Dr LO Wing-lok considered that only prisoners without any serious illness should be regarded as medically fit for transfer to SLPC. ADH undertook to draw the attention of medical officers to this point. She added that new forms aimed at facilitating a comprehensive medical examination by a medical officer had been adopted. Dr LO suggested that the Administration should circulate to medical officers information about the case of the death of an inmate in SLPC in November 2001 to all medical units in penal institutions and draw their attention that diabetes could lead to very serious consequences.

28. Mr MAK Kwok-fung considered that there should be a checklist for deciding whether an inmate was medically fit for transfer to SLPC.

29. ADH responded that it would not be possible to draw up an exhaustive checklist covering all scenarios. The Administration would incorporate these topics in continuing medical education and training programme for medical officers.

30. Mr MAK Kwok-fung said that surprise visits of Justices of the Peace (JPs) to SLPC should be strengthened. He asked whether all inmates of a penal institution were covered in a JP visit.

31. DC of CS responded that surprise visits were made by JPs to SLPC twice a month. All inmates were covered in such surprise visits. Inmates were informed of the right to lodge a complaint with JPs during the latter's visits.

32. The Chairman said that he would consider visiting SLPC with Dr LO Wing-lok and Mr MAK Kwok-fung.

33. The meeting ended at 5:40 pm.

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Council Business Division 2  
Legislative Council Secretariat  
19 March 2004