

立法會
Legislative Council

LC Paper No. CB(2)1631/09-10
(These minutes have been seen
by the Administration)

Ref : CB2/PL/SE

Panel on Security

Minutes of meeting
held on Tuesday, 13 April 2010, at 4:30 pm
in Conference Room A of the Legislative Council Building

- Members present** : Hon LAU Kong-wah, JP (Chairman)
Hon James TO Kun-sun (Deputy Chairman)
Hon Albert HO Chun-yan
Dr Hon Margaret NG
Hon CHEUNG Man-kwong
Dr Hon Philip WONG Yu-hong, GBS
Hon Emily LAU Wai-hing, JP
Hon Timothy FOK Tsun-ting, GBS, JP
Hon Audrey EU Yuet-mee, SC, JP
Hon Andrew LEUNG Kwan-yuen, SBS, JP
Hon CHIM Pui-chung
Hon Cyd HO Sau-lan
Hon CHAN Hak-kan
Hon WONG Kwok-kin, BBS
Hon Paul TSE Wai-chun
- Members attending** : Hon LEE Cheuk-yan
Hon WONG Kwok-hing, MH
Dr Hon LEUNG Ka-lau
Hon IP Wai-ming, MH
Hon Mrs Regina IP LAU Suk-ye, GBS, JP
Dr Hon PAN Pey-chyou
- Members absent** : Hon WONG Yung-kan, SBS, JP
Hon IP Kwok-him, GBS, JP

Public Officers attending : Item IV

Mr LAI Tung-kwok, SBS, IDSM, JP
Under Secretary for Security

Ms Carol YUEN
Deputy Secretary for Security

Mr CHAN Chor-kam, FSDSM
Deputy Director of Fire Services

Mr LEUNG Shiu-hong, FSMSM
Chief Ambulance Officer
Fire Services Department

Dr Gordon WONG
Consultant, Queen Elizabeth Hospital, Hospital Authority
Fire Services Department's Advisor on Medical Priority
Dispatch System

Mr NG Wai-keung
Senior Divisional Officer (Information Technology
Management Unit)

Item V

Mr LAI Tung-kwok, SBS, IDSM, JP
Under Secretary for Security

Mrs Millie NG
Principal Assistant Secretary for Security (E)

Mr MA Wai-luk
Assistant Commissioner of Police (Information Systems Wing)

Mr TSE Woon-por
Chief System Manager (Information Technology
Branch) (Acting)
Hong Kong Police Force

Ms LO Shui-lin
Senior Inspector
Hong Kong Police Force

Item VI

Mr LAI Tung-kwok, SBS, IDSM, JP
Under Secretary for Security

Ms Sally WONG, JP
Commissioner for Narcotics
Security Bureau

Mr Eric LEE
Principal Assistant Secretary for Secretary (Narcotics) 2

Mr Charlix WONG Shing-hei
Assistant Director of Accounting Services (Provident Funds)

**Attendance
by invitation**

: Item IV

Hong Kong Fire Services Department Ambulancemen's Union

Mr WAT Ki-on
Chairman

Mr CHAN Shi-ki
Committee

Hong Kong Fire Services Control Staff's Union

Mr LEE Chung-wing
Chairman

Ms TSUI Ka-lai
Member

**Clerk in
attendance**

: Mr Raymond LAM
Chief Council Secretary (2) 1

**Staff in
attendance**

: Mr Bonny LOO
Assistant Legal Adviser 3

Miss Josephine SO
Senior Council Secretary (2) 1

Mr Ian CHOW
Council Secretary (2) 1

Ms Kiwi NG
Legislative Assistant (2) 1

Action

I. Confirmation of minutes of previous meeting
(LC Paper No. CB(2)1153/09-10)

The minutes of the meeting held on 2 February 2010 were confirmed.

II. Information papers issued since the last meeting
(LC Paper Nos. CB(2)1024/09-10 (01) and CB(2)1061/09-10(01))

2. Members noted that the following papers had been issued since the last meeting -

- (a) Submission from a member of the public on the Capital Investment Entrant Scheme; and
- (b) Submission from Law as Healing Institute on combating drug problem.

III. Date of next meeting and items for discussion
(LC Paper Nos. CB(2)1228/09-10 (01) and (02))

Regular meeting in May 2010

3. Members agreed to discuss the following items proposed by the Administration at the next regular meeting scheduled for 4 May 2010 -

- (a) Adaptation of military-related references in the laws of Hong Kong;
- (b) Replacement of a crash fire tender in the Airport Fire Contingent; and
- (c) Updating and replacement of fire services equipment and apparatus.

Regarding item (c), members agreed that representatives of trade unions of firemen should be invited to present their views at the meeting, and representatives from the Government Logistics Department and the Financial Services and the Treasury Bureau should be invited to join the discussion of the item since it was related to procurement of equipment. To allow sufficient time for discussion, members agreed to advance the meeting time by 30 minutes to start at 2:00 pm, if representatives of firemen trade unions would attend and present their views at the meeting.

Action

4. The Chairman informed members that according to the Administration, the Fire Services Department ("FSD") was conducting an investigation into the No. 4 alarm fire on 8 March 2010 at Lai Cheong Factory Building on Castle Peak Road ("the incident") which involved the death of a senior fireman. However, as results of the investigation would be submitted to the Coroner's Court, the report might not be ready before the next meeting. The Deputy Chairman said that the Administration should be requested to provide its investigation report and include in the report all the details about the incident, including how and why a message requesting the blaze to be upgraded to a No. 3 fire was deleted at the control centre.

Integrity management and behavioural guidelines of the Hong Kong Police Force

5. The Chairman said that the Administration had requested to defer the discussion of the item "Integrity management and behavioural guidelines of the Hong Kong Police Force", originally proposed by the Deputy Chairman and Mr WONG Kwok-hing for the regular meeting scheduled for 4 May 2010, to the Panel meeting in June 2010. In view of the number of items proposed for the regular meeting in May 2010, members agreed that the subject be discussed at the regular meeting in June 2010.

IV. Outcome of public consultation on the proposed introduction of the Medical Priority Dispatch System

(LC Paper Nos. CB(2)1228/09-10(03) to (05), CB(2)1260/09-10(01) & (02), CB(2)1268/09-10(01), CB(2)1271/09-10(01) and CB(2)1285/09-10(01))

Briefing by the Administration

6. Under Secretary for Security ("US for S") briefed Members on the Administration's paper which set out the outcome of the public consultation on the proposed introduction of a Medical Priority Dispatch System ("MPDS") and the Administration's proposed way forward for implementing MPDS in Hong Kong.

7. To facilitate Members' better understanding of the operation of the proposed MPDS, Deputy Director of Fire Services ("DDFS") played a short video to illustrate how Fire Services Communications Centre ("FSCC") operators categorized emergency ambulance calls based on callers' responses to the protocol questions under MPDS and how they provided post-dispatch advice to callers/patients before the arrival of ambulances.

Action

Views of deputations

8. The Chairman reminded the deputations that they were not protected by the privileges and immunity provided under the Legislative Council (Powers and Privileges) Ordinance (Cap. 382) when addressing the Panel.

*Hong Kong Fire Services Department Ambulancemen's Union ("FSDAU")
(LC Paper No. CB(2)1228/09-10(05))*

9. Mr WAT Ki-on presented the views of FSDAU, as detailed in its submission. Mr WAT said that FSDAU supported improving the response time of the emergency ambulance services ("EAS"). It, however, had reservations about the Administration's proposal to set the target response time at 20 minutes for Response 3 calls. FSDAU proposed that the Administration should adopt a two-tier categorization system (i.e. six minutes for Response 1 and 11 minutes for Response 2 calls) and provide adequate resources for launching MPDS.

*Hong Kong Fire Services Control Staff's Union ("FSCSU")
(LC Paper No. CB(2)1260/09-10(01))*

10. Mr LEE Chung-wing and Ms TSUI Ka-lai presented the views of FSCSU, as detailed in its submission. They pointed out that FSCSU in general supported the principles and broad framework of MPDS. It suggested that to ensure the effective implementation of the proposed MPDS, the Administration should formulate detailed operational manuals or guidelines, provide intensive training for relevant FSD staff and step up public education.

11. Members noted that the following organizations had provided the Panel with written submissions -

- (a) Civic Exchange;
- (b) Senior Citizen Home Safety Association; and
- (c) Hong Kong College of Emergency Medicine.

12. Members noted the letter from Hon LI Fung-ying dated 12 April 2010, which was tabled at the meeting.

(Post-meeting note: The above letter was circulated to members vide LC Paper No. CB(2)1301/09-10 on 14 April 2010.)

Discussion

13. Mr WONG Kwok-hing and Dr PAN Pey-chyou expressed reservations

Action

about the Administration's proposal to set the target response time at 20 minutes for Response 3 calls. They considered it a backward and retrogressive move in the provision of EAS. Noting that under the proposed MPDS, callers would be asked a set of entry questions before ambulances were dispatched, Dr PAN expressed concern about the reliability of the MPDS questioning protocol. He asked whether the Administration had fully assessed the effectiveness of the MPDS questions in ascertaining the patients' conditions. In his view, new arrivals from the Mainland and the elderly were high-risk groups who might not be able to provide clear and accurate information about their conditions when making emergency calls. Echoing Dr PAN's views, Mr WONG was particularly concerned whether the questions and answers would cause delay in the dispatch of ambulances and the provision of emergency treatment to patients. He asked whether the caller or the Government should be held responsible for a delay in the event that a caller was not able to give clear or specific responses to the protocol questions, as a result of which the dispatch of ambulances was delayed.

14. In response, US for S and Consultant, Hospital Authority made the following points -

- (a) Response 3 calls by definition were non-acute in nature. They were not time-critical and there were examples overseas of not setting any response time target for Response 3 calls under MPDS. However, to underline the Government's continued commitment to providing quality EAS, the Administration saw merit in committing to a specific response time target and providing the public with a safety baseline for all emergency ambulance calls. Having considered the relative needs of patients of Response 1, Response 2 and Response 3 calls, as well as the practices adopted overseas, the Administration proposed to pitch the response time target for Response 3 calls at 20 minutes. The differentiation in response time should help increase the awareness of the community about the need to use ambulance services judiciously;
- (b) as a matter of fact, under the existing Accident and Emergency Triage Categorization System of the Hospital Authority ("HA"), patients were classified and assigned to different categories, on arrival at the emergency room and after receiving first-aid treatment. For those non-critical cases, the patients might have to wait for a long time before medical attention and treatment was provided;
- (c) according to the design of MPDS, FSCC operators would solicit essential information from the callers by asking straight-forward but structured questions according to the MPDS protocol, and

Action

simple and direct responses would be expected from the callers. The MPDS questioning protocol would assist FSCC operators in assessing the degree of urgency of incoming calls;

- (d) in the interest of the patients, if the caller was unable to give clear or specific responses to the protocol questions, FSCC operators would adhere strictly to the overriding principle of "if in doubt, dispatch immediately". In other words, FSCC operators would choose to err on the safe side, classify uncertain calls as Response 1 calls and send ambulances to the scenes as soon as possible;
- (e) elderly organizations, including the Elderly Commission, the Senior Citizen Home Safety Association, the Elderly Services Association and the All Hong Kong Private Nursing Home Association, were supportive of the general principles to prioritize calls in accordance with the degree of medical urgency. They strongly supported the "if in doubt, dispatch immediately" principle in order to prevent any under-categorization due to the elderly people's failure to describe his or her situation;
- (f) the Administration noted that advanced ambulance services in over 20 countries had already adopted a priority dispatch system to prioritize their response to ambulance calls. A total of over 50 million ambulance calls were received each year in these countries, and it was studied that discrepancy in assessment was only found in 1% to 2% of all calls. The reliability of the proposed MPDS in distinguishing patients who were in urgent need of EAS was generally high; and
- (g) it was noteworthy that the Administration planned to adopt a phased approach in the introduction of MPDS to enable early improvements to the new system. This approach would provide the public with reasonable time to become familiar with the system and gain confidence in it before full-scale implementation. The Administration would keep the Panel informed of the progress in various stages, particularly before the commencement of Stages II and III. It would brief Members on the progress of Stage I in 2011 and seek Members' views on the way forward for the implementation of Stage II. Subject to Members' views on Stage II, the Administration would conduct a review and consult the Panel again probably within a year after the implementation of Stage II, tentatively in 2014, before it embarked on the full implementation of MPDS.

Action

15. Mr CHEUNG Man-kwong commented that the proposed MPDS and the triage system of HA was not comparable, since patients taken to the Accident and Emergency Department ("A&ED") and awaiting consultation and medical treatment after the initial screening would be physically examined and looked after by medical and nursing staff.

16. Referring to the Administration's response in paragraph 14(f) above, the Deputy Chairman recalled that he had asked during the Panel's visit in January 2010 to better understand MPDS whether any study had ever been made in those overseas countries to find out the impact of inaccurate assessment of the degree of urgency on patients, such as the number of patients who died due to delay in receiving medical treatment because of the unduly long waiting time for EAS or deterioration of their conditions. He considered that the Administration should assess the risks and benefits of implementing MPDS, before taking forward the proposed system in Hong Kong.

17. US for S responded that the Administration was not aware that the subject was under study by any countries which had adopted a priority dispatch system. According to the Administration's understanding, the implementation of the priority dispatch system in many overseas countries had been smooth, safe and effective so far.

Admin

18. Noting that the Administration would conduct a review and report to the Panel the result of Stage II within a year after its implementation, tentatively in 2014, before making a final decision on the full implementation of MPDS, Mr WONG Kwok-kin requested the Administration to collate relevant statistics on accurate and erroneous assessment of the degree of urgency and categorization of emergency calls, in order to facilitate Members' understanding of the effectiveness and reliability of the questioning protocol.

19. US for S responded that -

- (a) the proposed MPDS would be put on trial before full implementation. In Stage I, for certain easily identified injuries, FSD would provide simple first-aid and time-saving advice to callers after the dispatch of ambulance, whereas in Stage II, FSD would adopt a MPDS questioning protocol for the taking of emergency ambulance calls to facilitate the provision of more sophisticated and elaborate first-aid advice to callers. FSD would provide structured training to FSCC operators, who would be required to pass an internationally accredited certification course and be re-certified at regular intervals;
- (b) despite the proposed use of the MPDS questioning protocol, the dispatch of ambulance would continue to be made under the existing mode with a target response time of 12 minutes and

Action

92.5% compliance in both Stages I and II;

- (c) the categorization of calls in Stage II was for internal reference only. The Administration would assess the risks and benefits of implementing MPDS, in the light of operational experience in both Stages I and II; and
- (d) as explained earlier, the Administration would keep the Panel informed of the progress in various stages, particularly before the commencement of Stages II and III. It would conduct a review and consult the Panel again within a year after the implementation of Stage II, tentatively in 2014, before it embarked on the full implementation of MPDS.

20. Mr LEE Cheuk-yan, Mr CHEUNG Man-kwong, Ms Audrey EU and the Deputy Chairman said that the Administration's proposal to set the target response time for Response 3 calls at 20 minutes was unacceptable. They shared the view that it was a backward and retrogressive move in the provision of EAS, since this response time target under MPDS was less favourable than the current response time target of 12 minutes for all emergency calls under the existing single pledge ambulance dispatch system. The Deputy Chairman opposed the three-tier categorization system proposed by the Government. He insisted that the response time target of 12 minutes should be adopted as the baseline, and a quicker response time target should be set for more critical patients or life-threatening cases. He took the view that instead of introducing MPDS, the Administration should review the current provision and adequacy of EAS and consider allocating more resources for such purpose, so as to enhance the overall response time performance of ambulance service. His view was echoed by Mr CHEUNG.

21. Mr LEE Cheuk-yan and the Deputy Chairman also expressed concern about the reasons for introducing MPDS. They queried whether the ultimate objective of the Administration's introduction of MPDS was to pave way for imposing charges on EAS in the long run. They said that as EAS was a matter of life and death to patients making ambulance calls, the Administration should be mindful of the knock-on effect of introducing MPDS in Hong Kong.

22. Mr LEE Cheuk-yan cautioned that not every patient could describe accurately his condition over the phone. According to the findings of a consultancy study conducted by Fitch and Associates in 2005, which compared Hong Kong's ambulance dispatch system with those of London and Toronto, it was found that about 30% of emergency calls received by FSD were considered as having "insufficient or inaccurate information provided by callers for emergency ambulance service". Mr LEE was worried that if the provision of EAS was delayed due to callers' inability to provide the necessary information through the standardized MPDS questioning protocol, the new

Action

system would put patients at risk.

23. In response, US for S and DDFS advised that -

- (a) the Administration did not have any plan to introduce charges on EAS in proposing the implementation of MPDS. The primary objective of the proposal was to enhance the existing EAS by providing quicker response to patients in greatest need;
- (b) the Administration had all along been committed to providing effective and efficient EAS for all persons who needed to be conveyed to a hospital. Although the existing next-in-queue dispatch system was commonly used in most Asian countries and the performance of Hong Kong's ambulance service compared favourably with most overseas standards, the Administration considered that there was room for improvement in the existing ambulance dispatch system;
- (c) the proposed MPDS was widely practised by advanced ambulance services overseas and had proved to be effective. It would help differentiate the nature of sickness or injury, accord a quicker response to the more critical patients and thus enhance the quality of EAS. By providing speedier response to patients in critical or life-threatening conditions, the Administration could make better and more effective use of the valuable ambulance resources, and enable people in greatest need to receive timely pre-hospital medical treatment at the scene and during emergency transport to a hospital; and
- (d) in 2005, the Administration had commissioned Fitch and Associates to conduct a study to look at the feasibility of implementing in Hong Kong a priority dispatch system for ambulances. At that time, London and Toronto had already been using the MPDS questioning protocols for taking ambulance calls. It was pointed out in the consultancy report that priority dispatch was a widely used tool that enabled operators in communications centres to solicit essential information from callers and to categorize and prioritize response to those requesting an ambulance, by following established questioning protocols. Should MPDS be adopted in Hong Kong, the MPDS questioning protocol would enable FSCC operators to obtain more accurate information from callers.

24. Mr IP Wai-ming, Dr LEUNG Ka-lau and Mr WONG Kwok-kin said that they supported in principle the proposal to improve the response time for EAS. However, the Administration's proposal to set the target response time

Action

for Response 3 calls at 20 minutes was far from desirable, as it would result in poorer services to some patients. Mr IP further said that not every person could stay calm in case of emergency. As the categorization would be based on the urgency of a patient's medical conditions as reflected by the caller's response to the protocol questions, the potential burden on the part of the caller might affect the willingness of the general public to make emergency calls over the telephone in future.

25. Dr LEUNG Ka-lau shared the view of FSDAU that given that the ambulance crew could, at present, arrive at the scenes within nine minutes in about 70% of the cases for all categories of calls, it would suffice if the Government could make a pledge to ensure that all emergency ambulance calls supposed to be categorized as Response 1 calls under MPDS would be attended to at the earliest opportunity within the nine minutes' service class.

26. Mr WONG Kwok-kin asked whether the Government deliberately proposed the categorization of non-acute cases as Response 3 calls and set a much slower response time target at 20 minutes for this category of calls, so as to reduce the alleged abuse of EAS. Expressing concern about the work pressure on the parts of ambulancemen and FSCC operators, if MPDS was launched, he asked whether the Administration had assessed the current and anticipated workload of the frontline staff. He also enquired whether additional resources would be provided in implementing the new system.

27. In response, DDFS advised that using a three-tier system for the categorization of calls was in no way related to the prevention of abuse of ambulance service. In the light of the community's concern about the alleged abuse of EAS, FSD had commenced a sample survey in March 2009 to collect relevant information and data to better understand the problem of improper use of EAS. FSD had selected some 10 000 cases by random sampling from the ambulance calls received in 2008 for examination. According to the findings of the survey, about 10% of the patients in the sampled cases did not require basic life support from ambulance personnel before they were taken to A&ED of hospitals by ambulance. Their clinical features, medical histories, cause and course of sickness or injury and vital signs also indicated that the cases were non-critical and did not have an obvious need to use EAS. Against this background, FSD would enhance public education and remind the public to make judicious use of EAS in future, so as to ensure that the ambulance resources could be used to achieve the maximum benefit.

28. DDFS further said that the workload of the ambulance crew largely hinged on the number of ambulance calls received. The implementation of MPDS would unlikely cause additional workload on frontline staff. However, the Administration attached much importance to the provision of quality ambulance services. Where necessary, it would allocate additional resources to meet the ever-growing demand for ambulance services. According to the latest

Action

consultancy study, additional ambulance shifts and communication staff would be needed for the full implementation of MPDS in 2014.

29. Mrs Regina IP considered that people would tailor their responses to FSCC operators in order to get a quicker response under MPDS. She took the view that the Administration should refrain from being too reliant on the questioning protocol. Mrs IP recalled that when she was the Secretary for Security, the Administration attached great importance to the provision of quality EAS. Notwithstanding the economic downturn and the large fiscal deficit recorded for the years in 2002 and 2003, FSD was provided with additional resources in the annual resource allocation exercises ("RAE") for procurement and replacement of emergency ambulances and creation of ambulance officers or ambulancemen posts. Mrs IP said that she had however received complaints that not all funding proposals for additional manpower were materialized in the end. She requested the Administration to provide a written response on why some of the successful funding applications made by FSD under RAE for the creation of ambulancemen posts were not materialized in the past.

Admin

30. Ms Audrey EU sought FSDAU's views on the feasibility of taking forward MPDS in Hong Kong.

31. In response, Mr WAT Ki-on advised that FSDAU would not deny the merits and benefits of MPDS. The policy intent behind the proposed introduction of MPDS was FSDAU's major cause of concern. FSDAU could hardly agree with the proposal to set the target response time for Response 3 calls at 20 minutes, as it would jeopardize the safety of patients. FSDAU considered that it might take a longer than expected time for the public to be educated about the proposed new system. It remained of the view that the Administration should adopt a two-tier categorization system of six minutes for Response 1 and 11 minutes for Response 2 calls and provide new and adequate resources for launching MPDS. Ms Audrey EU requested the Administration to provide a written response to FSDAU's suggestion of refining the categorization system.

Admin

32. Mr WONG Kwok-hing was concerned about the problem of inadequate meal time for ambulancemen. He asked whether the problem had been addressed.

33. In response, Mr WAT Ki-on said that the problem remained unresolved. Given the current manpower level for ambulance service and the large number of emergency calls received, frontline ambulancemen had a heavy workload which prevented them from having lunch or dinner during the scheduled meal breaks, and very often they had to wait until very late in the day to have their meals.

Action

Admin

34. DDFS said that the Administration had all along been maintaining dialogue with the staff unions on meal break arrangements for ambulancemen. He informed Members that a new meal time arrangement had been put into practice since November 2007, under which ambulancemen were allowed to take a half-hour meal break in turn between 11:30 am and 1:30 pm. If the actual situation did not permit ambulancemen to finish their meals during the designated period for taking meal breaks, they would be granted a 20-minute off-call plus 10-minute on-call meal break afterwards. Similar arrangement had been adopted for ambulancemen on night shift from 1 June 2009 onwards. The Chairman requested the Administration to provide a written response regarding the meal break arrangements for ambulancemen.

Motion

35. The Deputy Chairman moved the following motion, which was seconded by Ms Cyd HO -

"本委員會反對政府提出的分三級制救護車調派建議。本會堅持以 12 分鐘為底線，並建議政府在某些緊急個案以更快的調派時間作指標。"

(Translation)

"That this Panel opposes the three-tier Medical Priority Dispatch System proposed by the Government, insists that the response time target of 12 minutes be adopted as the bottom line, and proposes that a quicker response time target be set by the Government for certain critical cases."

The Chairman put the Deputy Chairman's motion to vote. Four members voted in favour of the motion, and no members voted against it. The Chairman declared that the Deputy Chairman's motion was carried.

V. Enhancement of Information Technology Infrastructure for the Hong Kong Police Force
(LC Paper No. CB(2)1228/09-10(06))

36. Members noted the Administration's proposals to enhance the information technology ("IT") infrastructure for the Hong Kong Police Force by development of the Second Generation of Communal Information System ("CIS2") and initial employment of virtualization technology, as detailed in the Administration's paper.

37. The Deputy Chairman said that he supported in principle the proposal to redevelop the Police's Communal Information System ("CIS") to address those

Action

limitations identified with the existing system and to enhance its capacity and functions for recording and retrieving essential data. Noting the high investment cost of the proposed CIS2, he expressed concern about the expected serviceable life of the new system. He held the view that the Administration should endeavour to extend the serviceable life of the new system to enhance its cost-effectiveness.

38. Assistant Commissioner of Police (Information Systems Wing) ("ACP") responded that -

- (a) CIS was launched in 1997 to replace the manual Miscellaneous Report Book in individual Report Rooms. Having been in service for 13 years, the key system components of CIS were out of production. Its hardware and software maintenance contract would expire in 2013, and could not be further extended or undertaken by other contractors due to aging and obsolescent issues;
- (b) since the first launch of the existing system, there had been a substantial increase in the business scope of CIS emerging from the continual changes of social factors and the implementation of new policies and legislation. Due to the exhaustion of its system capability, the existing CIS could not be further enhanced to fully support the ever-growing operational needs of the Police; and
- (c) the proposed new CIS2 would be built on a new system architecture and design to address the problems faced by the existing CIS. In addition, it would consolidate seven in-house satellite IT systems and interface with other government departments' systems, such as information exchange with the Social Welfare Department on domestic incidents and with the Judiciary on warrant of arrest and subsequent actions. The intended new system features would bring about a number of potential benefits outlined in paragraph 8 of the Administration's paper.

39. Referring to paragraph 6 of the Administration's paper which set out the problems and limitations of the existing CIS, the Deputy Chairman expressed concern whether the proposed CIS2 could be expanded in capacity or allowed the addition of new features or functions in future to cater for the growing operational needs of the Police. He considered that the Police should make a forecast of the evolving operational, legal, social and IT requirements in the years ahead, and ensure that the system design of the proposed new CIS2 could facilitate future upgrading and enhancement.

Action

40. ACP responded in the affirmative, and advised that with expanded capacity and enhanced functions, the infrastructure of the proposed CIS2 would allow further enhancement and development to meet the Police's changing operational needs.

41. Members noted that the Administration would seek funding approval from the Finance Committee in May 2010.

VI. Proposed capital injection to the Beat Drugs Fund
(LC Paper Nos. CB(2)1228/09-10(07) and (08))

42. US for S briefed Members on the Administration's proposed capital injection of \$3 billion into the Beat Drugs Fund ("BDF") in the 2010-2011 financial year.

43. Mr CHEUNG Man-kwong expressed support for the Administration's proposed injection into BDF. He enquired about the types of drug treatment and rehabilitation centres ("DTRCs") and whether BDF would provide funding support to DTRCs. Commissioner for Narcotics ("C for N") responded that there was a rising trend in the number of young drug abusers. The proposed injection would provide BDF with additional funds to enhance funding support for DTRCs to meet licensing standards and to launch new and innovative treatment and rehabilitation programmes for young drug abusers. The Education Bureau would also strengthen funding support for the launching of more and better education programmes in DTRCs. The Administration would also invite interested organizations to submit proposals for setting up DTRCs, and the education element in the proposal would be an important factor for consideration.

44. Mr CHEUNG Man-kwong expressed concern about the reprovisioning of the DTRCs of the Christian Zheng Sheng Association ("CZSA") at Ha Keng to the vacant ex-New Territories Heung Yee Kuk Southern District Secondary School ("ex-SDSS") premises in Mui Wo. He asked how the Administration would assist in the reprovisioning of the two DTRCs of CZSA, especially given the slope safety problem encountered by the DTRCs at Ha Keng.

45. C for N responded that CZSA was holding a Certificate of Exemption to operate its DTRCs at Ha Keng. CZSA had also registered as a private school. She said that major considerations in granting a DTRC licence were building safety, fire safety and management arrangements, whereas for the registration as a school further information was required in respect of CZSA's proposed class timetables, the use of its registered classrooms, details about its financial position, including the expenditure on teachers' salaries. The Administration had just provided the Panel on Education with a paper on the provision of services for young drug abusers and reprovisioning of DTRCs of CZSA. The

Action

paper set out the documents and information required to be submitted by CZSA, which had pledged to separate the operations and finances of CZSA and Christian Zheng Sheng College. Upon receipt of the necessary documents and information, the Administration would draw up detailed terms and conditions on CZSA's use of the ex-SDSS premises. The Administration would also continue to explain to Mui Wo residents that relocating a DTRC to the ex-SDSS premises would pose no negative impact on their living environment.

46. Regarding the slope safety issues at Ha Keng, C for N explained that the Civil Engineering and Development Department planned to carry out preventive maintenance works at the site by end April 2010. She said that the three boulders which had been judged to be potentially unstable did not pose an immediate danger to the premises or footpaths.

47. The Deputy Chairman said that to his knowledge, the maximum level of the grant for each application was currently \$3 million, that for each organization was \$6 million and the maximum period of the grant was three years. He asked about the percentage by which such maximum levels and period would be increased after the proposed injection into BDF. He suggested that the Administration should provide in its future paper to the Panel more information about the top 20 applications with the highest level of funding granted under BDF.

48. C for N responded that while the Administration would further consult the Action Committee Against Narcotics on the level of increase, there would be a substantial increase in the maximum levels of grant for each application and each organization.

49. The Deputy Chairman considered that the level of increase should at least be 70-80%, especially given that DTRCs were addressing social problems. He requested the Administration to consider his suggestion before submitting its funding proposal to the Finance Committee.

50. The meeting ended at 6:18 pm.