

**THE GOVERNMENT MINUTE**

**in response to the**

**REPORT OF  
THE PUBLIC ACCOUNTS COMMITTEE  
No. 63**

**of February 2015**

**20 May 2015**



**THE GOVERNMENT MINUTE IN RESPONSE TO THE  
PUBLIC ACCOUNTS COMMITTEE REPORT NO. 63  
DATED FEBRUARY 2015**

**REPORT ON THE RESULTS OF VALUE FOR  
MONEY AUDITS  
(Report No. 60)**

**MATTERS OUTSTANDING**

**Administration of road safety measures**  
(Chapter 2 of Part 4 of P.A.C. Report No. 60)

Departments concerned have been following up on the Audit Commission (Audit)'s recommendations on improving the administration of road safety measures. The up-to-date progress is reported in the ensuing paragraphs.

***Measures to tackle drink driving***

2. In view of the satisfactory result of a trial mobile breath test centre launched in end 2013, Hong Kong Police Force (HKPF) will set up three additional mobile breath test centres by 2017 for collection of the evidential breath specimen from drivers at the roadside. By then, the time interval between taking screening breath tests and evidential breath tests should be further reduced.

***Measures to tackle speeding and red light jumping***

3. Having regard to the reservations raised by the Legislative Council (LegCo) Panel on Transport over a proposed trial scheme of the average speed enforcement camera system, the Government is reviewing whether and how to take forward the trial.

***Measures to promote safer vehicle operation***

***Public light buses (PLBs)***

4. In April 2012, the Road Traffic Ordinance (Cap. 374) was amended to introduce measures to deter speeding by PLB drivers and enhance safe operation of PLBs. Three of such measures came into effect after the amendment legislation was passed by LegCo in April 2012. Another measure, i.e. the mandatory requirement for the installation of approved electronic data recording device on

newly registered PLBs, came into effect on 1 December 2014. The remaining measure, i.e. requiring applicants for PLB driving licences to complete a pre-service course before they are issued with PLB driving licences, will become effective on 1 June 2015.

*For all drivers*

5. In the light of the advice of the Department of Justice (DoJ), Transport Department (TD) will, having regard to individual circumstances of the case, approach the medical practitioner(s) concerned to request for medical records when there is a need to ascertain whether a suspected health-impaired driver is fit for driving and where consent from the driver for TD to access his medical records is not forthcoming.

*Accuracy of traffic accident data*

6. HKPF has made some improvements to the Traffic Operations and Management System (TOMS) to improve the accuracy of accident contributory factors input to TOMS. HKPF will further upgrade TOMS to enhance its compatibility with TD's Transport Information System so as to further minimise data input errors.

*Summary on the progress made*

Encl. 1

7. A summary of the progress in implementing the Audit's recommendations is at the Enclosure 1.

**Pre-primary Education Voucher Scheme**  
(Chapter 3 of Part 4 of P.A.C. Report No. 60)

8. As requested by the Public Accounts Committee (PAC) in Part 3 of its Report No. 63, this serves to inform the PAC of the progress of the review by the Committee on Free Kindergarten Education (the Committee).

*Details*

9. Since their establishment in April 2013, the Committee and its five sub-committees<sup>1</sup> have held more than 60 meetings to deliberate on various issues relating to free kindergarten (KG) education. As an integral part of their

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<sup>1</sup> The five sub-committees are: Sub-committee on Objectives, Teacher Professionalism and Research, Sub-committee on Operation and Governance, Sub-committee on Funding Modes, Sub-committee on Catering for Student Diversity, and Sub-committee on Communication Strategy.

work, the Committee and the sub-committees have also maintained communication with the KG sector and other stakeholders to keep them posted of their work progress, and gauge their views. The progress of work of the Committee has been reported to the LegCo Panel on Education (the Panel) at various meetings in 2013 and 2014; and to the Subcommittee to Study the Implementation of Free Kindergarten Education set up under the Panel since December 2014.

10. Three consultancy studies have been commissioned to study and make recommendations on KG human resources requirements and remuneration, accommodation as well as rental issues respectively for consideration of the Committee by end March 2015.

11. A summary of the deliberations and initial views of the Committee is provided in the ensuing paragraphs.

#### *Framework of KG Education*

12. The Committee has proposed a framework of KG education in Hong Kong, which encompasses the vision and mission as well as the objectives of KG education. An integral part of the framework is the five principles which the Committee believes can help guide the deliberation on the implementation strategies to achieve the objectives of KG education. These five principles are uniqueness, equity, quality, diversity and sustainability.

#### *Scope of Free KG Education*

13. The Committee has come to a view that as a matter of equity, all eligible children aged 3 to 6 should have access to quality KG education. In line with the existing practice, the Committee considers that local non-profit-making (NPM) KGs should be covered under the free KG education policy while non-local KGs should not. On whether local private independent (PI) KGs should be covered, there are diverse views. On the one hand, there are views that local PI KGs should be covered in order to provide a wider choice of KGs for parents. On the other hand, some are of the view that only local NPM KGs should be provided with recurrent subsidy for prudent use of public fund.

14. The Committee respects and considers it important to maintain the current diversity in KG education, since such diversity caters to the different and unique needs of the children and their parents. With this in mind, and to ensure that implementation of Government policy on KG education is practicable and sustainable, the Committee is of initial view that it would not be tenable for the Government to subsidize every facet of the current and future KG education. Yet, the Committee regards it important that Government subsidy should fund KG education at a level which enables KGs in general to provide quality education without charging tuition fees.

15. However, some KGs may operate in commercial premises paying extra rental expenses on top of the rental subsidy provided by the Government, if any. Or, some KGs may continue to offer above-standard services (e.g. employing more teachers for smaller groups of students) which some parents welcome. The resulting possible extra tuition fees would have to be self-financed. In this connection, the Committee is of the view that the governance of individual KGs should be enhanced and the Education Bureau (EDB) should professionally process individual KGs' proposals for revising fees. In any event, to ensure that no children would be deprived of the opportunity to receive quality KG education because of financial difficulties, financial assistance should continue to be made available for children from needy families to defray expenses related to KG education.

16. Taking into consideration the development needs of the children as well as overseas practices, the Committee has an emerging consensus that free KG education should cover half-day (HD) service as basic provision for all eligible children. Yet, it acknowledges that some families may need whole-day (WD) or long whole-day (LWD) services, and the Committee will study how additional support should be provided for WD/LWD KGs to encourage them to provide more WD or LWD services to support working parents. In this regard, the Committee is aware that HD, WD and LWD KGs have different operational needs due to their different operating hours, services provided and manpower requirements.

#### *Manpower Requirement and Remuneration*

17. The Committee is of the view that to support the delivery of high quality KG education, the teacher-to-student ratio should be improved to create more capacity for teachers to enhance the curriculum, better support the diverse needs of the students, and undertake professional development, etc. There is also an emerging consensus that the principal should be excluded from the 1:15 ratio as KG principals should devote their time fully to the administration and management as well as day-to-day operation of the KG.

18. The Committee considers that competitive remuneration should be offered and a career ladder in place to attract talents and maintain a stable teaching force. In this connection, some members favor setting mandatory salary scales for teachers and principals for compliance by all KGs, while there are other views that salary ranges should be provided for KGs' reference only and KGs should have the discretion to determine the remuneration of their teaching staff in accordance with their school-based mechanism, which should be open, transparent and with checks and balances. They consider that respecting KGs' discretion in teachers' and principals' remuneration is in line with the principle of maintaining the flexibility and diversity of the KG sector. That notwithstanding, the Committee is fully aware that the concerns of KG teachers about their qualifications and experience not being recognized by KGs in determining their remuneration should be properly addressed. In this regard, the Committee is of the view that specific implementation guidelines and clear rules should be set to ensure appropriate use of the government fund for KG staff salary.

### *Teacher Professionalism*

19. Concerning the qualification requirements for KG teachers, there are views that Certificate in Early Childhood Education should continue to be the minimum requirement for class teachers, while some are of the view that all new KG teachers should be degree-holders. That notwithstanding, the Committee holds the initial view that in the long run, the Government should consider the possibility of raising the entry qualification of KG teachers to degree level.

20. For continuous professional development, the Committee is of the view that the Government can formulate a continuous professional development (CPD) policy for the sector in order to enhance the professional capacity of KG principals and teachers. The CPD policy for KG teachers and principals can be formulated on the basis of a teacher competencies framework and a principal competencies framework to be developed.

21. Moreover, the Committee is of the view that the existing Certification Course for KG principals should be revised with changes in course requirement, admission criteria and validity period, etc. to further promote the effectiveness of school leadership.

### *Funding Mode*

22. In considering the funding mode for the KG sector, the Committee has studied different funding modes, including the subvention mode for aided schools, funding for schools under the Direct Subsidy Scheme and 'lump sum grant' adopted in the welfare sector. Some members of the Committee are in favor of adopting the salary-related policy applicable to the aided schools as such is believed to, among others, provide stability to the teaching force. Notwithstanding that, members understand that such salary-related practices cannot be applied to KGs in isolation. Specifically, the salary-related practices are part and parcel of the standardized funding mode for aided schools. The said funding mode is tied to several inter-connected components such as approval of operating classes and teacher entitlement, and is subject to a basket of control measures under the Government's prudent and balanced planning of school places operated through school place allocation systems. For instance, the approval of class structure by EDB will require setting of class threshold, which might result in class packing and teacher redundancy. There might be pressure for closure of some very small KGs and a knock-on effect on the stability of the KG teaching force in times of student population drop. Also, the standardized funding mode is premised on a central allocation of places to ensure fairness through the creation of school nets. If such is adopted in the KG sector, this will inevitably affect the sector's overall operating flexibility to cope with the rise and fall of students in different districts. Besides,

unlike the aided schools that are operated mainly in government-owned or rental-free private lands, the operation of KG in commercial premises will render the planning of school places in a holistic manner like aided schools not applicable. In view of the complexity of the matter, the Committee's view is that a more innovative funding mode should be adopted so as to cater for the different modes of KG operation.

#### *Premises-related Issues*

23. The Committee has critically explored various premises-related issues which are crucial to the quality of KG education. The Committee is of the view that the physical accommodation and facilities of KGs can be enhanced with a view to providing a more conducive environment for children's learning and development. In the long run, the Government should consider measures to ensure more supply of quality KG premises. The Committee is of the initial view that some measures can be explored to increase government-owned KG premises in public housing estates, including setting aside adequate sites for KG use in new towns with new demand or making available KG sites for re-provisioning of existing sub-standard KGs in aged districts or areas. The feasibility of similar arrangements in private housing estates might also be explored. There are also views that the possibility of co-location of KGs and primary schools, either in existing primary school premises or in new schools should be explored.

24. Before the long-term goal is achieved, the Committee considers that rental subsidy may continue to be provided to eligible KGs. With the guiding principles that any rental subsidy scheme should be financially sustainable and to ensure proper use of public funds, the Committee comes to a view that there should be a ceiling on the amount of subsidy to be provided for each eligible KG. Some KGs that operate in commercial premises will pay extra rental expenses on top of the rental subsidy provided by the Government, if any. Parents may have to pay the extra tuition fees imposed resulting from this. Also, the Committee opines that the Government should make efforts to lessen the KGs' rental-related financial burden. The prevailing requirement of having proven demand in the district should be relaxed so that more KGs can benefit from the rental subsidy. With regard to the level of subsidy, there are views that the actual amount of rental subsidy for a KG should continue to be determined based on the KG's fill-up rate in terms of student enrolment and classroom capacity. In order to ensure prudent use of public money, consideration may be given to introducing more tiers of rental subsidy according to different fill-up rates. The Committee will make recommendations on these issues, taking into account the proposals of the consultant.

*Support for Students with Diverse Needs*

25. As mentioned in paragraph 15 above, financial support should be provided for students from needy families. In this regard, the Committee is of the view that the existing fee remission scheme should be maintained. Moreover, the Committee considers that additional financial support may be necessary for KG students to defray expenses related to KG education, such as textbooks and other school items.

26. With regard to the support for non-Chinese speaking (NCS) children, there are views that the Government should consider providing additional resources for KGs to enhance their support for the students and their parents. For the eligibility criteria and amount of grant, reference might be made to the number of NCS students admitted by the KG and other relevant staffing-related considerations.

27. With regard to KG students with special needs, the Committee holds the view that the Government should consider short, medium and long term measures to enhance the support for them. Specifically, the assessment service provided by the Department of Health (DH) should continue to be enhanced to shorten the waiting time for assessment. Also, the number of subvented pre-school rehabilitation places should be increased so as to provide timely support for needy students. In the medium and long run, the service mode may be revised to render holistic support for KG students with special needs, their parents/carers and the KGs they are attending.

28. It is worth noting however, that pre-school children progress rapidly in their early years and their pace of development may vary. It is natural that some children may excel in certain areas but have deficiencies in other areas. Therefore in most cases, it may not be advisable to label a young child with some delay in development as having special needs. It is important to enhance KG teachers' understanding of the children's development needs and to empower them to cater for learner diversity. To achieve this, the Committee is of the view that training for KG teachers should be enhanced. School-based support services should also be strengthened to enhance teachers' capacities in catering for children's diverse learning needs.

*Local Research and Transition from KG to Primary Education*

29. The Committee acknowledges that more local research studies about KG education should be conducted to keep the sector abreast of the latest trends in child development, children's learning needs and KG education development. The Committee has deliberated and suggested possible research topics such as transition to primary education, longitudinal studies on children's learning, etc.

30. The Committee is also of the view that the interface between KG and primary education has room for enhancement. To help children adapt to the changes that they will face in entering primary schools, the Committee has discussed in detail various strategies regarding transition from KG to primary school. Specifically, the Committee is of the view that a transition policy should be put in place at both KG and primary school levels so as to systematically support children in their transition to primary one. Tertiary institutions might consider reviewing their pre-service teacher training programmes in order to better prepare prospective KG and primary school teachers for handling the issue at both levels. To help primary schools better understand the abilities of the children they admit, some learning outcomes, emphasizing the personal qualities of children (e.g. self-care skills, social skills, etc.) could be set for KG graduates. The Committee also considers that parent education is important to help parents develop realistic and positive expectation of children as they transit to primary one.

#### *Parent Education and Involvement*

31. The Committee shares that parents, being the child's primary educators at home, play a very important role in facilitating the child's healthy development and effective learning at schools. Apart from providing skills and support for parents to encourage positive parenting practices through various means and channels, the Committee considers it important to encourage and facilitate parent involvement in school activities to foster communication, understanding and mutual support in promoting the well-being of the children.

#### *Recommendation*

32. The Committee will release its report in mid-2015 proposing the way forward for the implementation of free kindergarten education in practicable ways. Since the subject will be followed up by the Panel, we recommend that this item be removed from the next progress report.

**REPORT ON THE RESULTS OF VALUE FOR  
MONEY AUDITS  
(Report No. 60A)**

**MATTERS OUTSTANDING**

**Preventive education and enlisting public support against corruption**  
(Part 4 of P.A.C. Report No. 60A)

*Preventive education*

*Preventive education for the public sector*

33. In 2014-15, the Community Relations Department (CRD) had completed reviewing the training need of all the ten public bodies which had the largest number of corruption complaints/reports between 2007 and 2011. CRD will continue to monitor the corruption scene and give priority to providing suitable training to public bodies with more corruption reports as an ongoing preventive education programme for the public sector.

34. The CRD has completed the production of the web learning portal on integrity management for civil servants. The portal will be hosted in the CLC Plus (an e-learning platform for civil servants administered by the Civil Service Training and Development Institute (CSTDI)) in the second quarter 2015.

35. As follow-up actions have been taken by the Independent Commission Against Corruption (ICAC) on the above-mentioned matters, we suggest deletion of this part from the next progress report.

*Preventive education for the youth*

36. To further extend its reach to the youth, CRD invites all the local degree-awarding tertiary institutions, and government, aided and direct subsidy scheme secondary schools to arrange preventive education programmes for their students in each school year. In 2014/15, CRD had started to liaise with international schools with a view to planning for extension of preventive education services for their secondary students. The services will be offered to all international schools in Hong Kong starting from 2015/16 school year.

37. To enhance the usefulness of the Moral Education Website and the youth website iTeen Camp, CRD regularly updates the English content page in both websites. The English content page in the Moral Education Website has hyperlinks to all the English moral education resources produced by the ICAC. The CRD also translates suitable moral education resources and uploads them regularly.

38. As follow-up actions have been taken by ICAC on the above-mentioned matters, we suggest deletion of this part from the next progress report.

### ***Enlisting public support***

#### *Community activities and encouraging the reporting of corruption*

39. Taking into consideration the theme adopted and the format of activities, the CRD has increased the estimated number of “organisations which have jointly organised project with the ICAC” from 550 to 750 in the Controlling Officer’s Report under the 2015-16 Estimates. Zero tolerance of corruption and corruption reporting channels are the key messages to be delivered in the community activities. As follow-up action has been taken by ICAC on this matter, we suggest deletion of this part from the next progress report.

**REPORT ON THE RESULTS OF VALUE FOR  
MONEY AUDITS  
(Report No. 61)**

**MATTERS OUTSTANDING**

**Equal Opportunities Commission**

(Paragraphs 3 to 5 of Part 4 of P.A.C. Report No. 61)

40. The Equal Opportunities Commission (EOC) has completed a review of the composition of its management structure which proposes to implement a number of changes to the EOC's management including, inter alia, the creation of a Chief Operations Officer (COO) post equivalent to the level of Point 3 of the Civil Service Directorate Pay Scale. The Government has indicated no objection in principle to the proposed creation of the COO post, which is an outstanding recommendation of Audit Report No. 52. EOC will follow up on the recruitment of the COO accordingly.

41. With the creation of the COO post, all the recommendations made by the Audit and the PAC in 2009 in respect of the EOC have been implemented. As the EOC has taken follow-up actions to address all the concerns of PAC, we recommend deleting this part from the next progress report.

**Recoverability of the outstanding advances to the United Nations High Commissioner for Refugees**

(Paragraphs 6 and 7 of Part 4 of P.A.C. Report No. 61)

42. The Administration has continued to urge the United Nations High Commissioner for Refugees (UNHCR) to make renewed efforts to appeal to the international community for donations with a view to settling the outstanding advances, which remain at \$1,162 million. The Security Bureau wrote to the Hong Kong Sub-office of the UNHCR in January 2015 again to reiterate the Administration's stance and register the Hong Kong community's expectation of an early recovery of the outstanding advances.

43. Although it is not optimistic that repayment can be made by UNHCR in the near future, the Administration will continue to pursue an early repayment of the outstanding advances from UNHCR.

### **Footbridge connections between five commercial buildings in the Central District**

(Paragraphs 8 and 9 of Part 4 of P.A.C. Report No. 61)

44. The owner of Building II was requested to submit general building plans in respect of the proposed Footbridge A in February 2015 for further consideration by the Government. The Lands Department (LandsD), the Buildings Department (BD) and other concerned departments will continue to follow up with the owners of Building I and Building II on the matter.

### **Small house grants in the New Territories**

(Paragraphs 10 to 14 of Part 4 of P.A.C. Report No. 61)

45. The existing Small House Policy has been in operation for a long period of time. The relevant review would inevitably entail complex issues including legal, environment and land use planning issues which require careful examination. At the same time, we will maintain dialogue with key stakeholders as well as the community at large.

### **Food labelling and nutrition labelling of infant and special dietary foods**

(Paragraphs 17 to 19 of Part 4 of P.A.C. Report No. 61)

### ***Development of the Hong Kong Code of Marketing of Breast-milk Substitutes***

46. The Government conducted a four-month public consultation on the Hong Kong Code of Marketing and Quality of Formula Milk and Related Products, and Food Products for Infants & Young Children (HK Code) from 26 October 2012 to 28 February 2013. Briefing sessions and meetings with manufacturers, distributors, importers, retailers and other relevant parties were arranged. The Government has consolidated the views and comments received from various sectors of the community. Apart from commenting on the draft HK Code itself, the respondents also made suggestions on ways to promote breastfeeding and related facilities.

47. The LegCo Panel on Health Services was briefed on the results of the public consultation and the way forward for the HK Code on 21 July 2014. Taking into account the findings of the public consultation, the latest legislative exercise on the nutrition labelling of formula products and foods for infants and young children under the age of 36 months as well as the result of consultation on the regulation of nutrition and health claims of these formula products and foods, the Government will need some time to refine the draft HK Code and will announce the revised HK Code in due course.

48. The Centre for Food Safety (CFS) has completed studies on the relevant standards of the Codex Alimentarius Commission<sup>2</sup> and the regulatory approaches adopted by other jurisdictions in respect of the regulation of nutrition labelling of special dietary foods. CFS is now mapping out the way forward, taking into account the local situation and the latest international development. We will keep the PAC informed of the progress.

***Follow-up actions taken by CFS on cases identified by Audit***

**Chapter 4 “Nutrition labelling of infant and special dietary foods” of the Audit Report**

49. CFS has investigated the 12 cases involving 30 products identified by Audit. The labels of 20 products were considered to be in order, and one product was found not for sale. The labels of the remaining nine products involving nutrition and health claims have been revised. As follow-up actions have been taken, we recommend deleting this part from the next progress report.

**Records management work of the Government Records Service**

(Paragraphs 20 and 21 of Part 4 of P.A.C. Report No. 61)

***Records appraisal and accessioning of archival records***

50. The Government Records Service (GRS) is actively clearing the backlog of records pending appraisal of archival value and archival records pending accessioning. As GRS aims to complete the tasks by end of May 2015, we recommend deleting this item from the next progress report.

**Monitoring and reporting of air quality**

(Paragraphs 22 and 23 of Part 4 of P.A.C. Report No. 61)

***Administration of Air Pollution Index***

***General air quality monitoring station in Tseung Kwan O***

51. The Environmental Protection Department (EPD) is working on the design and construction of a new general air quality monitoring station in Tseung Kwan O, with a view to commencing test-running of the station by end 2015. The Department will report the progress to the Sai Kung District Council.

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<sup>2</sup> The Codex Alimentarius Commission was established in 1963 by the Food and Agriculture Organization of the United Nations and World Health Organization as an international authority to set food-related standards and guidelines.

52. We welcome the recommendations of the PAC and shall follow up on issues relating to monitoring and reporting of air quality with the LegCo Panel on Environmental Affairs. We recommend deleting this part from the next progress report.

**Implementation of air-quality improvement measures**  
(Paragraphs 24 to 27 of Part 4 of P.A.C. Report No. 61)

*Completing the legislative procedures necessary for implementing the proposed non-road mobile machinery emission-control system*

53. The Air Pollution Control (Non-road Mobile Machinery) (Emission) Regulation, which aims to control the emissions from non-road mobile machinery newly supplied for local use, was passed by the LegCo in February 2015 and will take effect from 1 June 2015.

54. We welcome the recommendations of the PAC and shall follow up on issues relating to the implementation of various air quality improvement measures with the LegCo Panel on Environmental Affairs. We will give the Panel an update of the overall progress of implementing various air quality improvement measures in mid-2015. We recommend deleting this part from the next progress report.

**Regulatory control of private hospitals**  
(Paragraphs 28 to 30 of Part 4 of P.A.C. Report No. 61)

*Monitoring of sentinel events*

55. In accordance with the Audit's recommendation, the reporting criteria for sentinel events by public and private hospitals have been aligned since 1 January 2015. DH has issued the implementation guidelines to private hospitals. As the Audit's recommendation in this respect has been addressed, we recommend deleting this part from the next progress report.

*Price transparency in hospital charges*

56. The Government launched a public consultation in December 2014 on the proposed regulatory regime for private healthcare facilities which include private hospitals. The public consultation document sets out proposals for a revamped regulatory regime that include measures to enhance price transparency of private hospital services, such as disclosure of price information, quotation system, packaged pricing and publication of statistics on hospital charges. The consultation

was completed on 16 March 2015. Taking into account the outcome of the public consultation, the Government will proceed with the legislative procedures to implement the proposals. As the Audit's and PAC's recommendations in this respect have been addressed, we recommend deleting this part from the next progress report.

***Progress made in implementing Audit's and PAC's recommendations***

Encl. 2 57. A summary of progress in implementing Audit's and PAC's recommendations is at Enclosure 2.

**Land grants for private hospital development**  
(Paragraphs 31 to 33 of Part 4 of P.A.C. Report No. 61)

***Monitoring and enforcement of land grant conditions***

58. The DH and the LandsD continue to follow up with the grantees on the irregularities observed at some private hospitals and monitor the progress on the actions taken. Separately, the two departments will soon finalise the work in defining their responsibilities for monitoring compliance with conditions of private hospital leases based on the finalised general protocol.

59. As follow-up actions will be taken on an on-going basis, we recommend deleting this part from the next progress report.

***Progress made in implementing Audit's and PAC's recommendations***

Encl. 3 60. A summary of progress in implementing Audit's and PAC's recommendations is at Enclosure 3.

**Management of public enquiries and complaints by the Food and Environmental Hygiene Department**  
(Paragraphs 36 and 37 of Part 4 of P.A.C. Report No. 61)

61. The Food and Environmental Hygiene Department (FEHD) has resolved the technical problems surrounding the new Complaints Management Information System (CMIS) developed for more effective monitoring of the processing of complaint cases. Since 1 December 2014, the new CMIS has been brought into operation in the complaints handling offices of FEHD by phases. As at May 2015, about half of FEHD's complaints handling offices are using the new system to process complaints. Based on the current progress, the new CMIS is expected to come into full operation in late 2015. After the new CMIS has been fully implemented, FEHD will review the role and establishment of the Complaints Management Section.

**Provision of local services by the Marine Department**  
(Paragraphs 38 and 39 of Part 4 of P.A.C. Report No. 61)

62. The Marine Department (MD) has taken follow-up actions in respect of the local services set out in paragraph 36 of Part 5 of the PAC Report No. 63. The latest progress is reported as follows -

*Automated vehicle entry/exit control system*

- Installation works for automated vehicle entry/exit control system at the Western District and Chai Wan Public Cargo Working Areas (PCWAs) as well as replacement works for the ones at Tuen Mun and Rambler Channel PCWAs are under way and anticipated to be completed in October 2015.

We recommend deleting this item from the next progress report.

*Vessels without valid licences*

- MD has revised the relevant guidelines on handling belated licence renewal cases, including the procedures for follow-up and prosecution action. After clearance with the DoJ, the changes will come into operation and MD will inform the local shipping community as appropriate.

*Control of private moorings*

- MD will continue to conduct onsite inspections and take follow-up action to re-allocate moorings no longer used by the designated vessel to applicants on the waiting list. In 2014, 11 private moorings at various private mooring areas were further vacated and re-allocated to applicants on the waiting list.
- MD is studying the legal advice from DoJ on tightening up the management of private moorings, including the control on the transfer of ownership among the mooring owners. Meanwhile, a review on the berthing and sheltered spaces for local vessels is being conducted and is expected to be completed by the end of this year. MD will take into account the findings of the review and implement enhancement measures as appropriate in managing private moorings.

**Direct land grants to private sports clubs at nil or nominal premium**  
(Chapter 1 of Part 7 of P.A.C. Report No. 61)

***Review of the Private Recreational Lease (PRL) Policy***

63. An inter-departmental working group has been set up by Home Affairs Bureau (HAB) to conduct the review. HAB is finalising the recommendations. We aim to brief the LegCo Panel on Home Affairs on the preliminary review findings in mid-2015.

***Implementation of the “opening-up” requirement***

64. HAB continues to advertise the availability of sports facilities operated by PRL holders to encourage outside bodies to make use of the facilities.

***Monitoring of compliance with lease conditions***

65. HAB is monitoring the utilisation rates of sports facilities on PRL sites, in particular with regard to the implementation of the opening-up schemes, and will follow up with lessees that report relatively low utilisation by outside bodies to encourage them to make greater efforts to publicise their facilities and attract users.

66. LandsD, in consultation with HAB and other relevant bureaux and departments (B/Ds), continues to follow up on cases of irregularity and suspected non-compliance with lease conditions identified in the Audit Report and will take lease enforcement action as appropriate. LandsD has also conducted site inspections of PRLs where lease renewal is not yet due and will follow up in consultation with HAB as appropriate.

***Progress made in implementing Audit’s and PAC’s recommendations***

Encl. 4

67. A summary of progress in implementing Audit’s and the PAC’s specific recommendations is at Enclosure 4.

**Management of roadside skips**

(Chapter 2 of Part 7 of P.A.C. Report No. 61)

68. To follow up on the recommendations in the Audit Report, a Joint Working Group (JWG) has been set up in February 2014 to review the effectiveness of the existing regulatory and management regime on roadside skips and to explore measures to better regulate and facilitate the operation of roadside skips.

69. The JWG is led by the Environment Bureau(ENB)/EPD and supported by the Development Bureau (DEVB), Transport and Housing Bureau (THB), FEHD, Home Affairs Department (HAD), HKPF, Highways Department (HyD), LandsD and TD.

70. HKPF and LandsD have taken proactive enforcement efforts in response to public complaints against roadside skips. In 2014, there were 1 208 complaints received by HKPF. Among these complaints, the scene officers were able to locate roadside skips in 1 046 cases and advice and/or warning were given by HKPF under the Summary Offences Ordinance (Cap. 228) in 835 cases

while over 80% of the skip(s) of these cases were removed by skip operators (usually within hours after a complaint was received). There were a total of five roadside skips removed by HKPF and 13 prosecutions by way of summons. During the same period, LandsD handled 1 164 complaints (some were against the same skips) in accordance with the Land (Miscellaneous Provisions) Ordinance (Cap. 28). The skips were removed by the skip operators in 99% of the cases, usually within two days of LandsD's posting of the relevant notice on the skip.

71. The JWG collected further data and information to ascertain the magnitude of the skip problem and conducted a review on the effectiveness of the enforcement efforts by HKPF and LandsD in 2014. The trade has estimated that there are about 3 500 skips in Hong Kong, of which about 1 500 skips are placed in works sites and storage areas. Roughly about 2 000 skips are placed on roads and in public places across the territory. Day and night visits to various hotspots of frequent complaints have found that skips placed on such locations were not actively engaged in waste loading and unloading activities. According to the feedback from the trade, these skips were placed there for convenience, either because they were close to their operating sites or due to a lack of proper storage areas, especially during night time.

72. The JWG has also looked into the 14 traffic accidents since 2010 involving roadside skips, of which four cases occurred in day time between 7:00 am to 7:00 pm and 10 cases occurred between 7:00 pm to 7:00 am. The accidents resulted in a total of 23 injuries. Investigations by HKPF revealed that most cases were related to driving manner and five drivers were summonsed for careless driving. In all the 14 traffic accidents, the skips concerned were idling and placed at roadside without any associated loading and unloading activities.

73. In light of the findings, the Secretary for the Environment, the Secretary for Development and the Secretary for Transport and Housing agree to take a two-pronged approach in the short term to address the problems caused by placing of skips at the roadside or public places by trying to identify suitable sites which satisfy site accessibility, relevant land use and other relevant requirements for holding the skips, as well as enhancing enforcement efficiency to reduce the improper placing of skips. The JWG aims at introducing these measures within 2015.

74. The Government will consider the longer term need for introducing other more institutionalised measures, e.g. a regulatory system or assigning a Government department to take up the overall responsibility for regulating and facilitating skip operations, having regard to the effectiveness of the short term measures introduced above.

***Progress made in implementing Audit's Recommendations***

Encl. 5 75. A summary of the progress of implementing the Audit's recommendations is set out at Enclosure 5.

**Allocation and utilisation of public rental housing flats**  
(Chapter 3 of Part 7 of P.A.C. Report No. 61)

Encl. 6 76. The Housing Department has taken actions as appropriate to follow up on the recommendations of the Audit and PAC of the LegCo. A summary of the updated progress of implementing the Audit's recommendations is at Enclosure 6. As all the recommendations have been implemented, we recommend that this part should be deleted from the next progress report.

**Fire protection and prevention work of the Fire Services Department**  
(Chapter 5 of Part 7 of P.A.C. Report No. 61)

77. The Fire Services Department (FSD) has completed most of the actions to address the recommendations made by the Audit. Actions taken on the outstanding items are set out as follows -

***Monitoring fire service installations and equipment in buildings***

78. The updating and verification of all records of the fire service installations and equipment (FSIs) in buildings (FS21) in the Integrated Licensing, Fire Safety and Prosecution System (LIFIPS) was completed in March 2014. To further enhance the efficiency of the monitoring mechanism, a major upgrade of the LIFIPS was completed in October 2014. Subsequent to the completion of these two measures, FSD has received an increased number of submissions of the Certificates of Fire Service Installations and Equipment (FS251). This indicates that the measures are effective in monitoring the timely submission of FS251.

***Monitoring ventilating systems***

79. Since September 2014, FSD has revised the internal guidelines for adoption of a risk-based inspection approach, which accords higher priority to the inspection of major defects of ventilating systems in buildings and licensed premises. Under the new risk-based approach, inspection officers will conduct an inspection within twelve working days for ventilating systems with major defects and one month for those with minor defects upon receipt of defect notices by FSD. If necessary, enforcement actions, such as issuing Fire Hazard Abatement Notices will be taken accordingly.

***Publicity and education on fire safety***

80. FSD replaced the annual Fire Prevention Campaign, previously broadcast on TV channels, by an advertising campaign at various major transport facilities including MTR stations. FSD also launched a new announcement in the public interests in February 2015 to promote public awareness of the statutory requirement of annual inspection of FSIs and ventilating systems.

***Progress made in implementing the Audit's recommendations***

Encl. 7 81. A summary of the updated progress of implementing the Audit's recommendations is at Enclosure 7. Since FSD has taken action to follow up on all the Audit's recommendations, we recommend deleting this part from the next progress report.

**Government's efforts to enhance fire safety of old buildings**  
(Chapter 6 of Part 7 of P.A.C. Report No. 61)

***Progress made in implementing the Audit's recommendations***

Encl. 8 82. The FSD has made use of its computer system to strengthen controls over the timely preparation of inspection reports after joint inspections. A summary of the updated progress of implementing the Audit's recommendations is at Enclosure 8. Since the BD and FSD have taken action to follow up on all the Audit's recommendations, we recommend that this part should be deleted from the next progress report.

**REPORT ON THE RESULTS OF VALUE FOR  
MONEY AUDITS  
(Report No. 63)**

**Chapter 1 – Provision of long-term care services for the elderly**

*Overall*

83. The Government's objective in the provision of long-term care (LTC) services for the elderly is to enable our senior citizens to live in dignity and to promote their sense of belonging, sense of security and sense of worthiness. For frail elderly persons with LTC needs, we strive to provide quality and cost-effective LTC services for them, in line with the policy of promoting "ageing in place as the core, institutional care as back-up". We have shared with the LegCo PAC the efforts and multi-pronged approach made by the Government to increase LTC services. We accept the recommendations made by the Audit and PAC, and will continue to enhance our efforts in the provision of LTC services to our elderly.

*Growing demand for subsidised long-term care services*

Providing an indicator for average waiting time for LTC services

84. The waiting time for subsidised residential care services (RCS) places is affected by a number of factors such as location preferences at the regional/district level or specific homes, whether or not to accept subsidised placement under the Enhanced Bought Place Scheme (EBPS) or the Nursing Home Place Purchase Scheme, diet, religious background and couple placement. Hence, it is difficult to set a target time for admission to residential care homes for the elderly (RCHEs). Yet, we will continue to make strenuous efforts through a multi-pronged approach to increase the provision of RCS places.

Waiting time for RCS and Community Care Services (CCS)

85. The Government has strived to provide additional subsidised RCS and CCS places to meet the rising demand, shorten the waiting lists and reduce the waiting times for subsidised LTC services. Some 1 710 new subsidised residential care places will be provided from 2014-15 to 2017-18 and some 330 new subsidised day care places will be provided till 2016-17 under a multi-pronged approach. The Social Welfare Department (SWD) will keep making strenuous efforts to identify suitable sites for construction or redevelopment of RCHEs, day care units attached to contract RCHEs and day care centres for the elderly (DEs). Up to now, a total of 11 sites have been earmarked for such purpose. We have also

launched the Special Scheme on Privately Owned Sites for Welfare Uses (the Scheme) in 2013. Co-ordinated and targeted assistance has been provided for the social welfare organisations participating in the Scheme, with a view to increasing, among other welfare services, the provision of RCS and CCS places. Should all proposed projects proceed, and based on the rough estimation by the social welfare organisations concerned, an addition of some 7 000 residential care places and some 2 000 day care places for the elderly could be provided.

86. While SWD strives to provide projects in different districts, it also makes use of cross-district arrangement to flexibly increase day care places in those districts with longer waiting time. An additional 1 666 Enhanced Home and Community Care Services (EHCCS) places will have fully commenced service from June 2015. SWD has also taken into account the waiting time and service demand of individual districts in considering the distribution of the EHCCS places.

Elderly whose application status had been classified as “inactive”

87. The number of "inactive" cases has been set out in the reports made by the Government to LegCo on the Central Waiting List (CWL) situation and the information has been included in SWD Homepage since November 2014. More detailed information on the definition of "inactive" cases and the calculation of the waiting time will be provided in SWD Homepage in 2015 second quarter. SWD will continue to monitor the trend on the movement of “inactive” cases on CWL in reviewing the service demand and planning.

Calculation of waiting time

88. SWD has provided notes in SWD Homepage since November 2014 to explain the methodology in excluding cases with inactive history in the calculation of waiting time, and will update the information as and when appropriate.

Contract RCHEs

89. As a general practice, a “6:4” ratio for subsidised and non-subsidised places is adopted for planning new contract RCHEs. From 2015 onwards, SWD will insert a clause in all new tenders/contracts to allow the Government the flexibility of adjusting the proportion of subsidised to non-subsidised places during the relevant contract period.

Enhanced Bought Place Scheme

90. The Government will keep monitoring the enrolment position of all the existing EBPS homes closely. SWD will continue to implement the EBPS place

reduction mechanism in the 2014-16 service agreement period to encourage RCHEs participating in EBPS to continuously improve their service and optimise the use of EBPS places. A new clause will be added to the service agreements for the 2016-18 service agreement cycle (starting from April 2016) to the effect that SWD will reduce places of those homes which are unable to achieve an average enrolment rate of 92% within one year. To encourage the homes to make continuous improvement, SWD will continue to implement the place recovery mechanism under which SWD will re-purchase the reduced places should these homes reach the designated enrolment rates in the new service agreement period. Besides, SWD will closely monitor the enrolment rate of EBPS homes and also keep under review the “50% cap” requirement to ensure proper use of public resources.

#### Allocation, matching and admission of LTC places

##### RCS

91. SWD issued a letter to RCHEs in December 2014, reminding them to observe the requirements set out in the Manual of Procedures on Registration and Allocation of Long Term Care Services on timely reporting of discharge of elderly residents. The Long Term Care Services Delivery Office (LDS Office) has put in place since December 2014 an acknowledgement mechanism to ensure receipt of discharge reports from RCHEs. LDS Office will monitor the admission position of referred cases and liaise with RCHEs for outstanding replies of acceptance or rejection of placement. Irregular cases will be escalated to senior management for attention in a timely manner.

92. Starting from 2015 second quarter, LDS Office will validate enrolment records with RCHEs on a quarterly basis to ensure data accuracy and efficient referrals of cases to fill vacancies.

##### CCS

93. In December 2014, SWD issued a letter to service providers, reminding them to observe the timeline in reporting discharge. An acknowledgement mechanism has been in place since December 2014 to ensure receipt of reports on discharge cases from DEs. The Standardised Care Need Assessment Management Offices (SCNAMOs) will generate discharge lists for data checking with DEs. Ongoing validation of discharge lists on a monthly basis to ensure data accuracy and efficient referral of cases to DEs to fill vacancies will start from 2015 second quarter.

94. For cases referred with results outstanding, SCNAMO(ES) concerned will issue a reminder in the second week requesting service providers to report results within one week or written explanation must be provided. SCNAMO(ES) concerned will re-issue the reminder to service providers demanding a report and/or written explanation if results are still outstanding. The report form has been revised so that service providers are obliged to provide reason(s) if the scheduled admission date is more than seven working days from the date of referral.

### RCS & CCS

95. Work for redevelopment of LDS for a workflow based system to minimise human errors and to strengthen compliance with the application and allocation procedures as stipulated in the manual of procedures has started since November 2014.

### Management of agency quota (AQ) places

96. SWD has engaged the non-governmental organisations (NGOs) concerned for discussion on allocating the AQ places for use by elderly persons on CWL.

### Utilisation of subsidised infirmary unit (IU) places

97. The setting up of IUs in subvented RCHEs was a stop-gap measure to enable the frail elderly persons to continue receiving care services before infirmary placement by the Hospital Authority (HA) is available. To achieve better interface between the mechanism on application for IU service and infirmary care supplement (ICS) and to optimise the utilisation of IU places, SWD adopted a new measure in November 2014 to proactively offer IU places, where available, to elderly residents in subsidised RCS place whose need for infirmary care is confirmed by the Community Geriatric Assessment Teams of HA prior to the allocation of ICS to the RCHEs which are taking care of the elderly concerned. As a result, about 210 ICS applicants currently receiving RCS in subvented RCHE and EBPS homes have agreed to be referred for IU service, representing about 30% of the total new application cases for 2015-16 ICS.

### *Community care services*

### Service Integration of Integrated Home Care Services (IHCS) and EHCCS

98. SWD will explore carefully the feasibility and form of integration of IHCS and EHCCS, taking into consideration the various new CCS initiatives being piloted and the fact that IHCS includes both ordinary cases and frail cases while EHCCS covers only frail cases.

### ***Residential care services***

#### Service standard and quality of RCHEs in the private sector

99. The Government will continue to make strenuous efforts to increase the subsidised RCS provision through a multi-pronged approach, including the exploration of various forms of bought places arrangements from RCHEs. The Elderly Commission has been tasked to explore the feasibility of RCS voucher for the elderly in order to help meet the demand for subsidised RCS while encouraging the sector to enhance the quality of RCS. In 2014-15, SWD has raised the unit subsidy of all EBPS places with a view to strengthening the care and support of these homes for the elderly persons concerned. The Government will keep under review the RCHE Ordinance with regard to the service requirements and views of different stakeholders of the sector and the community at large.

#### Granting of sites by private treaty

100. The Government will examine all private treaty grants (PTG) granted for operating RCHEs and explore with the grantees how the PTG sites could be better used, including, but not limited to, using the sites for the provision of additional subsidised RCS places.

#### Premium Concession Scheme

101. The Government will review the Premium Concession Scheme.

#### Inspections of RCHEs

102. While the current computerised Case Management cum Tracking Facility generates reminders on most inspection targets, SWD has put in place an additional manual “bring-up” system to enhance supervisory checking so as to ensure that building safety, fire safety and non-office hour inspections will fully cover all RCHEs as pledged while follow-up inspections will be conducted within the target time frame.

### ***Way Forward***

103. The detailed responses to Audit’s recommendations have been included in Part 5 of the relevant Audit Report. Both Labour and Welfare Bureau and SWD will keep making strenuous effort to increase subsidised LTC services to meet our frail elderly’s needs. In the process, we will take into account, inter alia, the recommendations made by Audit and PAC.

***Progress made in implementing the Audit's recommendations***

104. Follow-up actions have been taken in response to the Audit and PAC's recommendations and improvement measures have been implemented as appropriate. A summary of progress in implementing the Audit and PAC's recommendations is set out at the Enclosure 9.

Encl. 9

**Chapter 2 – Provision of health services for the elderly**

105. The Government generally welcomes the views of and accepts the recommendations made by the Audit and the PAC of the LegCo on the provision of health services for the elderly by the DH and the HA. Progress made by DH and HA in taking forward the recommendations is reported below.

**Services provided by DH**

***Elderly health assessment services of DH***

106. In response to the concerns raised in the Audit and PAC reports over the growing demand for health assessments arising from an ageing population and the long waiting time for enrolment to the Elderly Health Centres (EHCs), DH has implemented a number of improvement measures, including: (a) conducting extra health assessments at ten EHCs with lower attendance for curative treatment, (b) streamlining appointments for curative treatment at three EHCs by scheduling chronic disease cases to specified days of the week so that extra health assessments can be conducted on the remaining days of the week, and (c) standardising the service capacity of first-time assessment of all EHCs by setting about 20% as the target proportion of first-time assessments in each EHC.

107. Moreover, additional manpower resources have been/will be provided to two EHCs with the highest demands for first-time health assessments (i.e. Lek Yuen and Wan Chai EHCs). A new clinical team has been set up and commenced operation in March 2015 in Lek Yuen EHC. It is estimated that 1 700 additional health assessments can be conducted by this team by the end of 2015. Another new clinical team will be established in 2016 in Wan Chai EHC. After reviewing the operation of these two new clinical teams and with the above improvement measures being implemented, DH will closely monitor the waiting time and explore the feasibility of setting a performance pledge for waiting time in due course.

108. As EHCs alone cannot meet the healthcare needs of all elderly people, DH shall review the strategic directions of EHCs in the light of the

experience gained through new models of service provision including the Elderly Health Care Voucher Scheme (EHCVS) and the Elderly Health Assessment Pilot Programme (EHAPP). In the meantime, DH will continue to promote the EHCVS and EHAPP to the elderly.

### ***Educational and advisory health services provided by visiting health teams of DH***

109. In response to Audit's recommendations for DH to conduct a review of the mode of operation of the provision of health promotion activities (HPAs) by the visiting health teams, a working group has been set up within the Elderly Health Service under DH to take forward the review. DH has obtained the lists of non-Residential Care Homes for the Elderly from the SWD's website as of 9 December 2014. SWD will inform DH of any changes to the list. Staff of the visiting health teams have been reminded to ensure that carers are available for HPAs which require their assistance on site (e.g. when there are frail elderly people participating in the activities). DH has also set up a regular mechanism to systematically review and, when necessary, update the contents of the HPAs.

110. DH will also review the existing health record review programme in RCHEs. Collaborative opportunities with SWD will be explored to enhance the quality and standards of health record keeping in RCHEs.

### ***Administration of DH's Elderly Health Care Voucher Scheme***

111. DH notes the PAC's concern over the administration of the EHCVS. A comprehensive review of the EHCVS will be conducted in mid-2015. On the publicity front, DH has launched another round of promotional activities since February 2015 to promote the EHCVS to the elderly. We shall also explore different ways to encourage participation of healthcare service providers in the EHCVS. As for monitoring, DH has completed the follow up on all voucher claims with errors/omissions identified in the consent forms examined by the Audit. No suspected fraud cases were found. DH will review the inspection strategy and monitoring protocol as part of the comprehensive review, taking into account Audit's recommendations.

### **Services provided by HA**

#### ***HA's Provision of Specialist out-patient service***

Waiting time for specialist out-patient clinics (SOPC) consultation

112. To address the public's concern over the waiting time for SOPC consultation, HA has implemented a series of measures as set out below.

*(a) Triage and prioritisation*

113. HA has implemented the triage system for all new SOPC referrals to ensure patients with urgent conditions requiring early intervention are treated with priority. Under the current triage system, referrals of new patients are usually first screened by a nurse and then by a specialist doctor of the relevant specialty for classification into priority 1 (urgent), priority 2 (semi-urgent) and routine categories. HA's targets are to maintain the median waiting time for cases in priority 1 and 2 categories within two weeks and eight weeks respectively. HA has all along been able to keep the median waiting time of priority 1 and priority 2 cases within this pledge. HA will continue to implement the triage system which is effective in ensuring that the cases most in need will be treated timely.

*(b) Enhancing public primary care service*

114. HA is committed to enhancing public primary care services. Patients with stable and less complex conditions can be followed up at the Family Medicine Specialist Clinics (FMSCs) and general outpatient clinics (GOPCs), thereby reducing the service demand at SOPC level. HA will continue to promote primary care so that FMSCs and GOPCs will play a gatekeeping role and help alleviate pressure on SOPC waiting time.

*(c) Enhancing manpower*

115. In 2013-14, HA engaged some 300 part-time doctors as well as "limited registration" doctors to improve the manpower strength. HA also paid around \$70 million as special honorarium to increase the service capacity, including that of the SOPCs. HA will continue to engage part-time doctors in future.

116. HA also expects that the medical manpower shortage problem will improve when the number of medical graduates starts to go up to 320 in 2015 and to 420 in 2018.

*(d) Public-Private Partnership (PPP)*

117. The pilot public-private partnership (PPP) projects (e.g. the Cataract Surgeries Programme) have proven to be effective in alleviating the pressure of the public healthcare sector and providing more choices to patients. HA will explore the possibility of launching PPP projects to SOPC services with higher demand but of a non-acute nature, especially during the period of manpower shortage in the public sector.

*(e) Annual plan programmes implemented to manage SOPC waiting time*

118. HA has implemented a number of programmes in 2013-14 and 2014-15 to increase the capacity to handle SOPC cases and manage waiting time. The details of the programmes are as follows –

<b>Year</b>	<b>Cluster</b>	<b>Programme Objectives</b>
2013-14	KEC, KWC, NTEC & NTWC	Implement Clear Backlog Project to manage a total of 4 820 new cases for 2013-14 on the SOPC waiting lists in KEC, KWC, NTEC and NTWC
	KEC	Manage surgical new cases with a special new case clinic to handle 4 000 new cases on the waiting list per year
	KWC	Improve the management of SOPC waiting lists by conducting additional doctor sessions and triaging suitable cases to FMSC to manage a total of 780 new cases per year
	NTEC	Improve the management of SOPC waiting lists by conducting additional doctor sessions and expanding the eye specialist clinic capacity to manage a total of 4 000 new cases per year
2014-15	KEC	Use special honorarium scheme to alleviate SOPC backlog to manage 1 000 additional new cases (including Specialty of Medicine, Orthopaedics & Traumatology and Eye) for the year 2014-15
	KEC	Pilot a SOPC Queue Management Centre at United Christian Hospital to improve the SOP quota management
	KWC	Enhance FMSC services by managing additional 3 670 new cases and 5 500 follow-up cases in 2014-15

Abbreviations

KEC – Kowloon East Cluster

KWC – Kowloon West Cluster

NTEC – New Territories East Cluster

NTWC – New Territories West Cluster

119. In 2015-16, HA will address the issue of SOPC waiting time through service development programmes that have incorporated SOPC elements. For instance, the North Lantau Hospital in Kowloon West Cluster will expand SOPC services, and Kowloon East Cluster will expand the Orthopaedics & Traumatology service to enhance the accessibility of SOPC services there. It is expected that the total number of attendances at SOPC in 2015-16 for HA will increase by around 20 000 when compared to that in the previous year.

*The suggestion to re-designate Geriatrics as a separate specialty*

120. HA has thoroughly considered the suggestion of designating Geriatrics as a separate specialty. Based on the following considerations, HA does not consider the suggestion appropriate –

- (a) provision of services for patients is based on healthcare needs instead of the mere factor of age of the patients;
- (b) many elderly patients have multiple medical conditions and functional disabilities requiring treatments and care from various specialties and subspecialties, in addition to Medicine or Geriatrics, according to the clinical conditions of individual patients;
- (c) HA has established systems to provide platforms for joint input of relevant professionals from various specialties and subspecialties for patients under a particular medical condition; and
- (d) the existing organisation of specialties/subspecialties is cost-effective from the overall perspective of serving both elderly and non-elderly patients.

121. That said, HA has introduced numerous initiatives in accordance with the HA Strategic Service Framework for the Elderly Patients to better cater for the healthcare needs of the elderly patients. These initiatives include –

- (a) For general outpatient services, patients including elderly with episodic diseases (e.g. influenza and colds) can reserve consultation timeslots in the next 24 hours at the GOPCs through HA's telephone appointment system. To enhance the accessibility of elderly aged 65 or above to the general outpatient services, elderly quotas have been reserved for them. As for chronic disease patients requiring follow-up consultations, they will be assigned a visit timeslot after each consultation and do not need to make separate appointments by phone;

- (b) HA has adopted a system approach to implement integrated measures to support hospital discharged elderly patients who are at high risk of hospital readmission. Measures include comprehensive needs assessment for formulation of individualised care plan and discharge plan as well as provision of post-discharge support services. Hospitals have also teamed up with NGOs to provide transitional rehabilitation, home and personal care support services for high risk elderly patients, as well as carer training to enable patients to age in place;
- (c) The HA Community Health Call Centre, since its establishment in 2009, has been providing support to high risk elderly patients discharged from HA hospitals. Proactive outbound calls are made by the Call Centre nurses within 48 hours upon patients' discharge so as to assess and identify patients' health problems, provide advice on disease management and care support, as well as arrange referrals to appropriate services; and
- (d) A one-stop information platform, namely "Smart Elders", on the Smart Patient Website was launched in 2013 to provide web-based information to empower elderly patients and their carers to support disease management. This information platform is specially designed to provide elders with chronic diseases with comprehensive information and practical tips to enhance self-care.

***Progress made in implementing Audit's and PAC's recommendations***

Encl. 10      122.      A summary of progress in implementing the Audit's and PAC's recommendations is set out at Enclosure 10. DH and HA will continue to report progress and monitor further to improve services for the elderly as appropriate.

**Chapter 3 – New Civil Aviation Department Headquarters**

123.      The Government welcomes the views of and accepts the recommendations made by the Audit and the PAC of the LegCo regarding the new Civil Aviation Department (CAD) headquarters project. The relevant B/Ds have accordingly taken follow-up actions as appropriate. The progress made is reported below.

### ***Provision of reserved space for future expansion***

124. Under the Government's accommodation policy, the provision of office accommodation should achieve maximum efficiency and value for money, and take into account the resources available and the operational, spatial, locational and timing requirements of the departments concerned. To ensure the optimal use of limited land and accommodation resources, departments are required, and reminded, to take expeditious action to put to use any surplus accommodation, including accommodation which is surplus in the short-term.

125. For building projects with reserve areas to be built on day one for expansion in the distant future, relevant information will be included in the submissions to the Public Works Subcommittee, Finance Committee (FC) and relevant panels of the LegCo. The user departments and works agents will also make arrangement in the building design for interim use of the reserve areas by third parties.

### ***Control over deviation from approved schedule of accommodation***

126. The Financial Services and the Treasury Bureau (FSTB) and the Government Property Agency (GPA) completed a review of the Accommodation Regulations (ARs) which took effect on 1 December 2014. The updated ARs set out clearly, among other things, the role of the Property Vetting Committee in overseeing the provision of office space facilities in departmental specialist buildings.

127. To ensure consistency between the detailed requirements from user departments and approved schedule of accommodation (SoA), Architectural Services Department (ArchSD) has set up an electronic form system since May 2014, using information technology to more effectively check whether the user's requirements are consistent with the approved SoA. ArchSD will continue to review the effectiveness of the system.

### ***Provision of furniture and equipment***

128. The Government has been making the best endeavor to ensure the furniture and equipment (F&E) items purchased represent value for money and public funds are well spent. CAD has updated the departmental handbook to remind relevant staff of the need to follow the requirements in the Financial Circulars with respect to procurement of F&E items. ArchSD has also issued a Lessons Learnt to remind project officers of the need to tighten control over the compliance of the requirements by user departments.

129. To facilitate post-implementation checking, FSTB and GPA will issue a full and final approved F&E list for each project for each user department.

### ***Provision and utilisation of parking spaces***

130. GPA has been asking user B/Ds to provide justifications for parking spaces requested (including their existing space usage) to support their proposed requirements in new projects. With the assistance of GPA, CAD has identified users to temporarily use some of the car parking spaces of low utilisation until the move-in of the Air Traffic Management Division to the new Air Traffic Control Centre inside the new CAD headquarters. CAD is currently liaising with its works agents to confirm the location of the relevant car parking spaces and the scope and feasibility of the required renovation works. CAD will also continue to closely monitor the utilisation of the car parking space.

131. ArchSD has also reminded project officers to specify the exact number of parking provisions according to the approved SoA in the tender documents. For motorcycle parking spaces, ArchSD will consult user departments about their actual demand and include the appropriate requirement in the tender documents.

### ***Review report by the Director-General of Civil Aviation***

132. The Secretary for Transport and Housing has requested the Director-General of Civil Aviation to conduct a comprehensive and critical review on the process of implementing the new CAD headquarters project and submit a report. The THB received the report in February 2015. After examining the report, THB has requested CAD to provide further information. In case of any misconduct, THB will follow up in accordance with the established procedures, including taking appropriate administrative or disciplinary action.

133. CAD will continue to take effective measures to strengthen internal control to prevent recurrence of similar incident. Apart from issuing circular to inform staff of the audit findings and lessons learnt, CAD will circulate to staff regularly the updated government accommodation and financial regulations and guidelines, remind them of the need to follow the prevailing regulations and guidelines of the Government, and seek guidance from the relevant B/Ds whenever needed.

### ***Way forward***

134. The Government will draw lessons to be learnt from the new CAD headquarters project in managing similar departmental specialist building projects in the future and remind B/Ds on compliance with the requirements in relevant government circulars. We will take into account, inter alia, the comments made by the Audit and the PAC and keep the PAC informed of the progress in due course.

***Progress made in implementing Audit's recommendations***

Encl. 11 135. Follow-up actions have been taken in the past few months in response to the Audit's recommendations. A summary of progress made is at Enclosure 11.

**Chapter 5 – Government's efforts in enhancing tree safety**

136. The Administration accepts all the recommendations made by the Audit. The DEVB and other relevant departments have taken appropriate follow-up actions to take forward the recommendations. Most of the recommendations have been implemented while some programmes/projects are on-going initiatives. Progress made so far is reported in the ensuing paragraphs.

***Coordinating the work of tree management departments***

137. With a view to enhancing coordination of tree management work among departments, the Tree Management Office (TMO) of DEVB has implemented measures to ensure all departments including core and non-core tree management departments adequately discharge their responsibilities on tree management. The TMO has revised the proforma for collecting more tree maintenance information from non-core departments on a regular basis. Several workshops on Tree Risk Assessment (TRA) and Management and a briefing session on tree management for frontline, supervisory and managerial staff of non-core departments were organised from late October 2014 to January 2015. The TMO conducts the data collection and training every year and continues to provide necessary advice and assistance to core and non-core departments.

138. With regard to the recommendations made by Audit, EPD has strengthened its tree management practices, including carrying out of tree risk assessments and associated tree maintenance in accordance with the laid-down guidelines, to ensure those trees under EPD's purview are properly maintained.

139. Having regard to public safety and maintenance efficiency, DEVB has reviewed the approach on roadside tree maintenance and is working with relevant departments to enhance tree maintenance through a regular maintenance regime.

140. With regard to Audit's recommendation that the Director of Lands should expedite action to complete the special tree inspection project for roadside trees on village access roads and footpaths in rural areas, the tree inspection work was started in December 2013 and is in progress. LandsD will endeavour to expedite action to complete the special tree inspection project in 2016-17.

### ***Tree Risk Assessment***

141. The TMO had reviewed and revised the “Guidelines for Tree Risk Assessment and Management Arrangement” (TRA Guidelines) and incorporated Audit’s recommendations in the latest version promulgated in October 2014.

142. The TMO has included EPD and all other non-core departments (28 in total as at 13.5.2015) under the monitoring of the implementation of TRA, and will conduct audit checking of their tree inspection reports by desktop checking of returned inspection forms and on-site sample checking starting from May 2015.

143. With regard to Audit’s recommendation, Leisure and Cultural Services Department (LCSD) has reminded its staff to strictly follow the prevailing TRA Guidelines issued by the TMO (last updated in December 2014) on improving tree inspections and to adhere strictly to the internal checking requirements in the LCSD’s Horticultural Guidelines.

144. The TMO has all along been conducting risk-based tree inspections since 2010. Audit considered that tree patrols by the TMO were effective in identifying problematic trees. To enhance this further, the TMO has formulated the annual inspection plan of the Central Tree Support Team for identifying problematic trees in a more systematic schedule starting from November 2014.

145. Moreover, for timely handling of trees infected with brown root rot (BRR) disease, the TMO has sent a memo and a reminder to relevant departments, which set out the requirement to remove infected non-Old and Valuable Trees (OVT) within six weeks upon confirmation of infection or earlier when necessary so as to eliminate the threat to public safety and prevent the spread of the disease. To further promote public awareness and community surveillance, information on BRR infection in the Tree Register and the OVT Register for infected OVTs, and in the Tree Register for infected non-OVTs has been provided in the relevant websites since December 2014. The TMO will continue the efforts in promoting the identification, control and management of BRR disease among the public and industry through seminars, workshops, educational video and other means.

### ***Management information systems and database***

146. The Tree Management Information System (TMIS) enhancement project has been launched since November 2014 for completion in November 2015. Amongst others, it will tackle the system development issues encountered previously.

147. The eight tree management departments are committed, and have been reminded, to use the TMIS for keeping complete and up-to-date tree data, and to avoid data inconsistencies between the TMIS and departmental systems through various measures including meetings of the Works and Maintenance Committee on Greening and Project Assurance Team. Departments concerned have been working cooperatively and the progress of the TMIS enhancement project is on schedule. Upon completion of the enhancement project, the TMO will review the complaint handling function of the TMIS and modify it if appropriate.

148. The TMO has completed a review of the Tree Register and found that the Tree Register had been generally well patronised. The objective of providing information on trees under monitoring in various districts has been fulfilled. Nevertheless, the user friendliness of the Tree Register is being enhanced by replacing the existing PDF files with a format with searchable fields such as districts, management departments, and locations of trees. The TMO has initiated the procurement process for enhancing user friendliness of the Tree Register.

149. Measures have been undertaken to ensure that the Tree Register provides a complete and up-to-date list of problematic trees being monitored together with the mitigation measures to be completed. The TMO has issued reminders to relevant departments on the need to submit information for uploading to the Tree Register for the problematic trees concerned. Returns are collected on a biannual basis from departments for updating the tree information. Once the mitigation measures of problematic trees have been completed and the conditions have been assessed to be satisfactory, the trees can be deleted from the Register. The TMO will continue to audit check the mitigation measures by departments and the timely updating on tree information on the Tree Register.

150. Chinese version of Tree Failure Report Form has been developed and put in use according to Audit's recommendation since April 2015. The building up of the Tree Failure Database has been monitored. A report is compiled and submitted to the Expert Panel on Tree Management on an annual basis.

### ***Training and community involvement***

151. The TMO has reviewed the long-term arrangement for delivering the tree management training in a more sustainable manner. In order to focus on the core duties and accord priority to matters requiring urgent attention, the TMO has collaborated with training institutes including CSTDI in providing basic tree management training programmes.

152. The TMO has made more efforts in promoting community surveillance from a tree safety perspective including the implementation of the new "Tree Care Partner" programme, organising public talks on community

surveillance, staging a roving exhibition in various districts, placing advertorials in newspapers, broadcasting Announcement of Public Interest on television and radio channels and tree management videos on public transport, and publicising through newsletters and leaflets etc.

153. Separately, the TMO has been working closely with LCSD to promote tree care in general and community surveillance of roadside trees including the involvement of LCSD's Green Volunteers and Green Ambassadors in community surveillance activities.

### ***Way forward***

154. DEVB from time to time reports to LegCo Panel on Development on tree management policy. We will submit an information paper to the LegCo Panel on Development on the latest progress of tree management work by the Government in 2015.

155. In the process of reviewing the need for legislation on mandatory tree inspection and maintenance of trees on private land by private land owners, the TMO has been gathering information on tree management practices on private land and collecting views from various stakeholders on measures to improve tree safety on private land. Meanwhile, measures have been taken to help improve tree safety on private land including the preparation of a draft Guide on Tree Maintenance for private property owners as a Code of Practice.

156. In parallel, the TMO is working closely with professional institutes and training institutions in further enhancing the quantity and quality of the tree management professionals.

### ***Progress made in implementing the Audit's recommendations***

157. A summary of the progress of implementing the Audit's recommendations is set out at the Enclosure 12.

Encl. 12

## **Chapter 6 – Provision of public open space in private developments**

158. The Government generally accepts the Audit's recommendations, some of which have already been put into practice.

159. In response to the community's concerns over a number of cases of public open space in private developments (POSPD), the DEVB undertook an in-depth policy review of the subject matter in 2008, and implemented refined arrangements for the provision, dissemination of information and management of

POSPD in 2010. Subsequently in 2011, DEVB promulgated the “Design and Management Guidelines for Public Open Space in Private Developments” (the POSPD Guidelines) to provide a set of good practices for stakeholders on the use and various operational issues of POSPD.

160. The Government notes that a majority of the POSPD examined by Audit had already been completed before DEVB initiated the above-mentioned review, and that some of the recommendations put forward by Audit have already been covered in the above-mentioned refined arrangements. We will continue to ensure the relevant B/Ds implement the refined arrangements according to procedure, including making reference to the POSPD Guidelines when handling POSPD matters as appropriate. As regards other Audit’s recommendations, relevant B/Ds have taken follow-up action as necessary.

161. With regard to the various existing POSPDs, we will, through relevant departments’ inspections and public monitoring, continue to ensure that owners and/or management of POSPDs manage and maintain these facilities as well as open them for public enjoyment according to the requirements of the relevant contractual documents.

162. A summary of the progress of implementing Audit’s recommendations is set out at Enclosure 13.

Encl. 13

## **Chapter 7 – Provision of cycle track network in the New Territories**

163. The Government generally agrees with the recommendations of the Director of Audit (D of A). The Civil Engineering and Development Department (CEDD), the HyD and the TD have been following up the recommendations as appropriate and the progress is reported below.

### ***Implementation of New Territories Cycle-track Network***

164. The new cycle-track section between Tai Po and Fanling (i.e. Section A Contract A1) was open for public use in March 2014. The cycle hubs (i.e. Section A Contract A2) at Sheung Shui and Sha Tin were also open for public use in December 2014 with all the outstanding works and defects rectification completed. Construction of Stage 1 works of the Tuen Mun to Sheung Shui cycle-track section (i.e. Section B Stage 1) is in progress. CEDD is closely monitoring the works progress to ensure that they will be completed on schedule. Subject to funding approval of the FC, CEDD also targets to commence the remaining works of the Tuen Mun to Sheung Shui cycle-track section (i.e. Section B Stage 2) in late 2015. As for the other sections of the cycle-track networks (i.e. Sections C and D), CEDD will update the Panel on Development on their status in 2015.

### ***Works contract management***

165. In response to D of A's recommendation, CEDD has implemented measures to improve the preparation and checking of tender Bills of Quantities. In addition, CEDD has strengthened its project management to ensure that the outstanding works and defects rectification of Section A Contract A1 will be completed as early as possible.

166. On general works contract management, the DEVB will continue to carry out reviews and improvement to the existing system to enable departments to effectively monitor the performance of consultants and to make the consultants accountable for any substandard work.

167. As regards the feasibility of widening the cycle-track sections with a width of less than 3.5 metres along Sections A and B, CEDD is conducting a review, which is expected to be completed in 2015. Separately, TD is collecting relevant information of narrow cycle-track sections and will then review if there are any critical sections where improvement measures are warranted to alert cyclists of any potential hazards. TD will then draw up an implementation plan to take forward the improvement measures as needed.

### ***Traffic management and maintenance of cycle tracks***

168. On enhancing cycling safety, TD has completed the evaluation of the measures implemented under the Tai Po Pilot Scheme and endorsed the relevant reports in December 2014 and January 2015. TD's consultants have reviewed and modified, where appropriate, the proposed Phase 2 improvement works at the accident-prone sites in Sha Tin and Tai Po. As HyD is TD's works agent responsible for the maintenance of cycle-tracks, TD is liaising with HyD to implement the works.

169. In response to D of A's recommendation, TD has put on file the decision and reasons for not conducting periodical cycle-track-safety inspections.

170. Since June 2012, TD had requested HyD to carry out Phase 1 improvement works at 16 accident-prone sites in Sha Tin and Tai Po for enhancing cycling safety. HyD has been taking all reasonable measures to complete the improvement works on schedule as far as possible. The works for the only one out of these sites, which were still in progress by the time the D of A's report was issued were completed in December 2014 in accordance with HyD's updated completion target. All the improvement works for the 16 sites have therefore been completed.

171. On cycle dismount zones, TD will continue to collaborate with the Road Safety Council and the Police to consider further education and publicity measures to enhance public understanding of the meaning of TS227 and TS228 signs concerning the dismounting requirement.

172. TD will continue to provide comments to works departments of New Development Areas and cycle-track projects on the design of cycle-tracks with a view to minimising cycling dismount zones on new cycle-tracks. For existing cycle-tracks, TD is reviewing whether some mandatory dismount zones can be lifted or replaced by advisory ones. Following the review, TD will collaborate with the Police to review cyclists' compliance with the mandatory dismount requirement with a view to exploring measures to increase compliance.

173. On maintenance of cycle-tracks, HyD has in place a comprehensive system to assess on a quarterly basis its term contractors' performance by means of independent audit inspection conducted on random samples of their road inspections. If a contractor's performance level falls below the thresholds specified under the contract, HyD will follow up in accordance with the contract provisions. The performance concerned will also be reflected in the contractors' performance appraisal to urge for improvement. HyD will continue to closely monitor its term contractors' performance on road inspections.

***Progress made in implementing the Audit's recommendations***

Encl. 14 174. Details of the progress made in implementing the recommendations by D of A are set out at the Enclosure 14.

**Chapter 8 – Services provided by the Government Laboratory**

175. The Government Laboratory (GL) has taken follow-up actions to address the audit recommendations as appropriate. Major measures taken are reported below.

***Provision of laboratory services to user bureau and departments***

176. The GL has initiated a comprehensive review of its performance and management information covering facets such as turnaround times, performance targets and delineation of sub-categories within individual test areas. On the basis of the comprehensive review, GL will revamp and refine its performance indicators as appropriate.

177. On performance targets, a number of areas for improvements have been identified in the review. The GL plans to raise the target percentage of completion of food complaint cases within 25 working days from 83% to 84% from 2016 onwards and that of non-pharmaceutical consumer goods (trade descriptions) within 35 working days from 90% to 92%. The GL also plans to shorten the target turnaround time of the non-complicated forensic DNA testing service from 66 to 60 working days and that of counterfeiting/forgery testing service from 33 to 30 working days, while maintaining their compliance rates both at 90% from 2016 onwards.

178. The quality management systems of the Analytical and Advisory Services Division and the Forensic Science Division of the GL are established in accordance with the international standard, ISO/IEC 17025, for testing and calibration laboratories and are accredited by the Hong Kong Accreditation Service. Both systems require conducting root cause analyses for non-conformities and areas worth improving where applicable. All root cause analyses together with the necessary corrective and/or preventive actions are also documented. These documents are subject to audit by assessors and technical experts during external assessments for acknowledgement and acceptance. The GL will monitor and ensure compliance of these requirements through annual internal audits and quality system management review meetings.

179. The GL has been liaising with clients on its services regularly and will continue to expand its scope of laboratory services and improve the efficiency of its testing services.

### ***Outsourcing of laboratory services***

180. On the issue of over-reliance on a main contractor in the outsourcing of laboratory services, the GL pursued the staggering of tender exercises in 2014-15 and has successfully reduced the percentage of tests awarded to the main contractor to 49%. In 2015-16, the GL will continue to use this strategy in the tender exercises and keep in view the tender results. Besides, the GL has also sought the advice from the Government Logistics Department (GLD) on how to limit the number of outsourcing contracts that a contractor may be awarded and will take into account GLD's suggestions in formulating its future outsourcing strategies as appropriate.

181. Regarding the expenditure incurred in the outsourcing exercise by the GL, in addition to the outsourcing contract sum, the GL would need to provide technological assistance and support to the local testing laboratories in upgrading their capabilities and obtaining accreditation. Chemicals, equipment and miscellaneous items are required for supporting the local testing industry through (a) conducting in-house method development work and subsequent technological transfer to these local testing laboratories; and (b) organising and providing

proficiency testing programmes to local testing laboratories. Through these activities, the local testing industry would be able to provide the required food testing services to support the Government and the local food industry. The GL will continue to support the local testing industry and be prudent to manage the resources available for the outsourcing exercise.

***Management of chemicals, samples, exhibits and equipment***

182. The GL will revamp its existing procurement and stock management systems in order to provide enhanced stock management functions, including information on stock levels and indication of expired chemicals and soon-to-expire chemicals. Besides, the GL will issue and review regularly internal stocktaking guidelines to ensure regular stocktaking by its Sections.

183. Guidelines have been devised and put in place for handling exhibits which remain uncollected for a long time by user departments since March 2015. Control measures, such as periodic stocktaking and issuing of reminders to user departments, have been implemented to enhance the overall management of reports/exhibits pending collection in the forensic reception counter.

***Way forward***

184. The GL will continue to improve the efficiency of its testing services and take into account the audit observations and recommendations when drawing up its long-term strategic plan.

***Progress made in implementing the Audit's recommendations***

185. Follow-up actions have been taken in the past few months in response to the Audit's recommendations. A summary of the progress made is at the Enclosure 15.

Encl. 15

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## Administration of Road Safety Measures

Para. No.	Audit's Recommendations	Progress to date
<b>Part 2: Measures to tackle drink driving</b>		
2.25	<p><i>Enforcement of the three-tier penalty legislation</i></p> <p>The Commissioner of Police should streamline the breath test procedures with a view to improving the effectiveness in enforcing the three-tier penalty legislation. In particular, action should be taken to review and revise the target for monitoring the timeliness of the mobile evidential breath tests (EBTs).</p>	<p>The Hong Kong Police Force (HKPF) has reduced the time interval target between taking a screening breath test (SBT) and an EBT from 90 minutes to 75 minutes since 1 August 2013. If the time intervals between SBTs and EBTs exceed 75 minutes, relevant police officers are required to submit explanations to the Police Headquarters. HKPF's recent review showed that there is little room for further reduction in the time interval target at the moment.</p> <p>In view of the satisfactory result of a trial mobile breath test centre launched in end 2013, HKPF will set up three additional mobile breath test centres by 2017 for collection of the evidential breath specimen from drivers at the roadside. By then, the time interval between taking SBTs and EBTs should be further reduced.</p> <p>As HKPF will review the time interval target on an on-going basis, we recommend that this part should be deleted from the next progress report.</p>
<b>Part 3: Measures to tackle speeding and red light jumping</b>		
3.18	<p><i>Operation of enforcement camera systems</i></p> <p>The Commissioner for Transport, in conjunction with the Commissioner of Police, should:</p> <p>(a) expedite action on the trial scheme of the average speed camera system; and</p>	<p>The Legislative Council (LegCo) Panel on Transport indicated that it did not support a proposed trial scheme of the</p>

<b>Para. No.</b>	<b>Audit's Recommendations</b>	<b>Progress to date</b>
	(b) explore measures to improve the effectiveness of the present enforcement camera systems, drawing on overseas experience where appropriate.	<p>average speed enforcement camera system. Having regard to the reservations raised by the Panel Members, the Government is reviewing whether and how to take forward the trial.</p> <p>As the Government will report to the Panel at an appropriate juncture in future, we recommend that this part should be deleted from the next progress report.</p> <p>In the process of exploring new measures to further enhance the effectiveness of the present system, the Transport Department (TD) has considered the option of taking frontal photo of offending vehicles. In this connection, it has engaged a consultant to conduct a privacy impact assessment (PIA) on the option. TD will take into account the outcome of the PIA before deciding the way forward in respect of using frontal cameras.</p>
<b>Part 4: Measures to promote safer vehicle operation</b>		
4.34	<p><i>Measures for public light buses (PLBs)</i></p> <p>The Commissioner for Transport should expedite action on the implementation of the pre-service training course for PLB driving licence applicants.</p>	<p>With effect from 1 June 2015, applicants for PLB driving licences will be required to complete a pre-service course before they are issued with PLB driving licences.</p> <p>We recommend that this part should be deleted from the next progress report.</p>
4.52	<p><i>Measures for all drivers</i></p> <p>The Commissioner for Transport should explore measures to address the problem of obtaining drivers' consent to access their medical records in case they are suspected to be suffering from impaired health.</p>	<p>TD has sought advice from the Department of Justice (DoJ). In the light of DoJ's advice, TD will, having regard to individual circumstances of the case, approach the medical practitioner(s) concerned to request for</p>

Para. No.	Audit's Recommendations	Progress to date
		<p>medical records when there is a need to ascertain whether a suspected health-impaired driver is fit for driving and where consent from the driver for TD to access his medical records is not forthcoming.</p> <p>We recommend that this part should be deleted from the next progress report.</p>
<b>Part 5: Accuracy of traffic accident data</b>		
5.22	<p><i>Traffic accident contributory factors</i></p> <p>The Commissioner of Police should tighten the Police's management control to improve the accuracy of accident contributory factors input to the Traffic Operations and Management System (TOMS) by:</p> <ul style="list-style-type: none"> <li>(a) reminding supervisory staff to critically check the accuracy of data input to the TOMS against the records kept in the case files;</li> <li>(b) extending the TOMS supervisory checking functions to cover data for transfer to the Transport Information System (TIS);</li> <li>(c) specifying the required percentage of supervisory checks and regularly monitoring its compliance; and</li> <li>(d) requiring supervisory staff to maintain record of their supervisory checks (such as keeping printouts of TOMS/TIS data checked) in relevant case files for management review.</li> </ul>	<p>HKPF has made some improvements to TOMS to improve the accuracy of accident contributory factors input to TOMS and will further upgrade TOMS to enhance its compatibility with TD's TIS so as to further minimise data input errors.</p> <p>As HKPF will implement the recommendations on an on-going basis, we recommend that this part should be deleted from the next progress report.</p>

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**Regulatory Control of Private Hospitals**  
**Progress in implementing the Audit's and PAC's Recommendations**

Para. No.	Audit's/PAC's Recommendations	Progress to date
<b>Part 3: Monitoring of Sentinel Events and Complaints</b>		
Para. 3.21 of Audit Report	<p>Audit Commission (Audit)'s recommends that the Administration should –</p> <p>(c) consider issuing guidelines to private hospitals for the surveillance, reporting and management of sentinel events, as well as the setting up of relevant policies and procedures, particularly the criteria for disclosing sentinel events to the public; and</p> <p>(d) consider disclosing in a timely manner the identities of private hospitals and more details of the sentinel events, including the cumulative number of sentinel events for each private hospital.</p>	<p>In accordance with the Audit's recommendation, the reporting criteria for sentinel events by public and private hospitals have been aligned since 1 January 2015. Department of Health (DH) has issued the implementation guidelines to private hospitals.</p> <p>As the Audit's recommendation in this respect has been addressed, we recommend deleting this part from the next progress report.</p>
Para. 3.22 of Audit Report	Consider aligning the systems and practices for disclosing sentinel events in both private and public hospitals as soon as possible.	
<b>Part 4: Price Transparency in Hospital Charges</b>		
Para. 4.17 of Audit Report	Take measures (e.g. by revising the Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes) to further enhance the price transparency of private hospitals, taking into account the good practices adopted locally and overseas.	<p>DH has reminded private hospitals to observe the requirements for disclosure of price information during inspections to private hospitals since 2013.</p> <p>The Government launched a public consultation in December 2014 on the proposed regulatory regime for private healthcare facilities which include private hospitals. The public consultation document sets out proposals for a revamped regulatory regime that include measures to enhance price transparency of private hospital services, such as disclosure of</p>

<b>Para. No.</b>	<b>Audit's/PAC's Recommendations</b>	<b>Progress to date</b>
		<p>price information, quotation system, packaged pricing and publication of statistics on hospital charges.</p> <p>The public consultation was completed on 16 March 2015. Taking into account the outcome of the public consultation, the Government will proceed with the legislative procedures to implement the proposals. As the Audit's recommendation in this respect has been addressed, we recommend deleting this part from the next progress report.</p>
<p>Page 116 of PAC Report</p>	<p>PAC urges the Administration to –</p> <p>(b) formulate guidelines for private hospitals to adopt standardised format and terminology for their fee schedules for the purpose of facilitating price comparison.</p>	<p>The Government launched a public consultation in December 2014 on the proposed regulatory regime for private healthcare facilities which include private hospitals. The public consultation document sets out proposals for a revamped regulatory regime that include measures to enhance price transparency of private hospital services, including the provision of fee schedule. Specifically, we propose that fee schedules that cover all chargeable items should be publicly available in all regulated private healthcare facilities. No fee could be levied for any item unless it is already featured in the fee schedule.</p> <p>The public consultation was completed on 16 March 2015. Taking into account the outcome of the public consultation, the Government will proceed with the legislative procedures to implement the proposals. As the PAC's recommendation in this respect has been addressed, we recommend deleting this part from the next progress report.</p>

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**Land Grants for Private Hospital Development  
Progress in implementing the Audit's and PAC's Recommendations**

Para. No.	Audit's/PAC's Recommendations	Progress to date
<b>Part 3: Monitoring and Enforcement of Land Grant Conditions</b>		
Para. 5.10 of Audit Report	(e) put in place a proper mechanism and set up the Government's controls to monitor the private hospitals' compliance with the land grant conditions, in particular the provision of "free or low-charge beds" and the "profits/surplus plough-back" requirement.	<p>The DH and the Lands Department (LandsD) have stepped up efforts to ensure compliance by private hospitals with land grant conditions.</p> <p>On the basis of the finalised general protocol, DH and LandsD will soon finalise the work in defining their responsibilities for monitoring compliance with conditions of private hospital leases.</p> <p>As follow-up actions will be taken on an on-going basis, we recommend deleting this part from the next progress report.</p>

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**Direct Land Grants to Private Sports Clubs at Nil or Nominal Premium  
Progress in implementing the Audit and PAC Recommendations**

<b>Para. No.</b>	<b>Audit's Recommendations</b>	<b>Progress to date</b>
<b>General</b>		
Para. 5.8 of the Audit Report	<p>Audit recommends that the Administration should –</p> <p>(a) work out a timetable for the policy review, so that new policy directions on Private Recreational Leases (PRLs) would be in place before the expiration of a number of PRLs;</p> <p>(b) take into account the needs and demands of different stakeholders (namely, the interests of the private sports clubs on PRLs and their members, and the wider public interest) and strike a proper balance between different objectives;</p> <p>(c) set out key principles to be adopted for the renewal of existing PRLs and the granting of new PRLs in future, with a view that public interest will be better served; and</p> <p>(d) conduct a similar review of the 37 PRLs granted to Non-governmental organisations (NGOs) and other organisations (i.e. uniformed groups, welfare organisations, national/district sports associations and civil servants' associations) to ascertain if the Administration is facing similar problems and challenges ahead with these PRLs.</p>	<p>The comprehensive policy review is underway and the Administration aims to finalise the preliminary findings in mid-2015.</p>
Page 59 of the PAC Report	<p>PAC urges that in renewing the PRLs for a 15-year term, the Home Affairs Bureau (HAB) should ensure that the following conditions of the prevailing PRL policy are met –</p>	

<b>Para. No.</b>	<b>Audit's Recommendations</b>	<b>Progress to date</b>
	<p>(a) the site not being required for a public purpose;</p> <p>(b) there being no significant breach of lease conditions;</p> <p>(c) the lessee having a non-discriminatory membership policy; and</p> <p>(d) HAB having approved the "opening-up" scheme submitted by the lessee for fulfilling the greater access requirement.</p>	<p>The Administration will continue to follow the prevailing policy in renewing the PRLs pending the outcome of the policy review.</p>
<b>PART 2: Government policy decisions in 1969 and 1979</b>		
<p>Para. 5.9 of the Audit Report</p>	<p>Audit recommends that the Administration should –</p> <p>(a) examine individual PRLs on a case-by-case basis and consider how they should be revised/refined in the light of changes in circumstances, taking into account the key principles set in the forthcoming policy review on PRLs;</p> <p>(b) set up an effective mechanism to monitor the use of PRL sites, including the requirement to approve the developments on the PRL sites and the conduct of regular site inspections under the enforcement regimes of the HAB/LandsD;</p> <p>(c) draw up planning standards to help assess how PRL sites should in future be reasonably apportioned among sports and non-sports facilities to meet the purpose of the PRLs;</p>	<p>Upon expiry of existing PRLs, LandsD and HAB will together consider on a case-by-case basis whether additional lease conditions are necessary.</p> <p>This issue will be addressed by the policy review.</p> <p>This issue will be addressed by the policy review.</p>

<b>Para. No.</b>	<b>Audit's Recommendations</b>	<b>Progress to date</b>
	<p>(d) keep the clubs' membership and their use of the PRL sites under regular review;</p> <p>(e) step up controls to ensure that in future, commitments made to ExCo relating to PRL policy are properly followed through for implementation; and</p> <p>(f) in future cases of sufficient importance, seek the advice of ExCo before granting the PRL.</p>	<p>HAB monitors the usage of sports facilities on PRL sites through quarterly returns from lessees.</p> <p>The Administration is handling matters related to the PRLs in accordance with ExCo's policy decisions.</p> <p>The Administration will seek the advice of ExCo where necessary.</p>
<b>PART 3 : Implementation of the "opening-up" requirement</b>		
<p>Para. 5.9 of the Audit Report</p>	<p>Audit recommends that the Administration should –</p> <p>(g) keep the approved "opening-up" schemes for individual private sports clubs under regular review and monitor the scheme usage by Outside Bodies;</p> <p>(h) closely monitor how the club mentioned in paragraph 3.22 of the Audit Report would implement its proposed "opening-up" scheme on the PRL before approval is granted;</p> <p>(i) issue detailed guidelines to help private sports clubs report the scheme usage in their quarterly reports submitted to the HAB (see also page 60 of the PAC report);</p> <p>(j) set up a proper mechanism to verify the reported usage of the clubs' sports facilities by Outside Bodies (see also page 60 of the PAC report);</p>	<p>HAB monitors the implementation of the approved "opening-up" schemes through quarterly reports.</p> <p>HAB has asked the club to submit a revised proposal for consideration.</p> <p>HAB has issued the detailed guidelines. As action has been completed, we recommend deleting this part from the progress report.</p> <p>HAB has stepped up verification of information contained in the quarterly reports. As action has been completed, we recommend deleting this part from the progress report.</p>

Para. No.	Audit's Recommendations	Progress to date
	<p>(k) continue stepping up publicity on the clubs' facilities available for use by Outside Bodies and coordinating with the Education Bureau (EDB) to encourage schools in the vicinity of the clubs to make more use of the clubs' facilities; and</p> <p>(l) take note of the obstacles ahead which might discourage Outside Bodies from using the clubs' facilities and take steps to overcome them as far as possible.</p>	<p>HAB has discussed with the EDB how to encourage schools to make more use of the clubs' facilities.</p> <p>HAB has followed up with individual lessees with low utilisation with a view to increasing usage rates.</p> <p>HAB has continued to place advertisements in the print media.</p>
Page 67 of the PAC report	PAC urges the Administration to step up its efforts to remind the clubs to promote the availability of their sports facilities.	

**PART 4 : Monitoring of compliance with lease conditions**

Para. 5.9 of the Audit Report	<p>Audit recommends that the Administration should –</p> <p>(m) follow up the irregularities/suspected non-compliances with Conditions of Grant reported in Examples 9 to 15; (see also pages 68-69 (i) – (vii) of PAC report):</p> <p>Example 9 Unauthorised building works</p> <p>Examples 10 and 11 Slopes not properly maintained</p>	<p>Six clubs have rectified the breaches. LandsD will continue to follow up on cases of irregularities or suspected non-compliance in conjunction with HAB and other bureaux and departments (B/Ds).</p> <p>LandsD continues to monitor the club's submission of building plans to the Buildings Department (BD) and rectification of the unauthorised building works.</p> <p>BD has taken up the concerned slope remedial works for Example 10 and will charge the club accordingly.</p> <p>LandsD is monitoring the progress of the slope works for Example 11.</p>
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<b>Para. No.</b>	<b>Audit's Recommendations</b>	<b>Progress to date</b>
	<p>Example 12 (see also page 60 and 61 (i) of PAC Report)</p> <p>(i) One private sports club was found hosting on the PRL site wedding banquets/dining functions for members of the public; and</p> <p>(ii) another club was found to have leased storage/mooring spaces on the PRL site to government departments.</p> <p>Example 13 (see also page 61 (ii) of PAC Report) One private sports club was found to have breached the lease condition on alienation by failing to first obtain a waiver from the LandsD before allowing the installation of radio base stations on the rooftop of the club's premises which was used for commercial purposes;</p>	<p>Seven clubs have rectified the breaches mentioned in Example 12. LandsD is following up with the other clubs in Example 12 with a view to clarifying and seeking rectification of lease breaches where such are established.</p> <p>The lessee has ceased accepting bookings for wedding banquets from members of the public. As action has been completed, we recommend deleting this part from the progress report.</p> <p>The mooring space is not within the PRL site, but is one of several spaces made available to the club by the Marine Department on payment of prescribed fees. As for the leasing of storage space to another department, the club has confirmed that the concerned department had no exclusive space on the site, and the hiring of the storage space does not breach the non-alienation clause of the lease.</p> <p>As action has been completed, we recommend deleting this part from the progress report.</p> <p>LandsD has made an offer of terms for a waiver to the club for regularisation of the radio base station.</p>

<b>Para. No.</b>	<b>Audit's Recommendations</b>	<b>Progress to date</b>
	<p>Example 14 (see also page 61 (iii) of PAC Report) Master plans and building plans for one PRL granted to a private sports club had not been approved by the LandsD since 1995, but the club still proceeded with the building works; and</p> <p>Example 15 (see also page 61 (iv) of PAC Report) LandsD had not monitored one private sports club's compliance with one of the lease conditions to permit local visitors to use the golf course on weekdays (subject to an overall limit of 10% of its capacity).</p> <p>(n) conduct checks on the suspected commercial/subletting cases identified in Example 12 in paragraph 4.13, with scope expanded where appropriate, to other private sports clubs holding PRLs, and determine the full extent and propriety of such practices; and</p> <p>(o) critically review the existing PRLs and improve the Conditions of Grant in the long term, taking into account the useful Special Conditions identified in some of the existing PRLs which may help effective implementation of the Government's policy on PRLs (see also page 70 of the PAC report).</p>	<p>The Master Plans and building plans have been approved under lease. As action has been completed, we recommend deleting this part from the progress report.</p> <p>The club has provided information to substantiate that it has permitted local visitors to use the golf course for no more than 10% of the club's capacity on weekdays. As action has been completed, we recommend deleting this part from the progress report.</p> <p>Five clubs have rectified the breaches. LandsD is following up with the other clubs with HAB, with a view to seeking rectification if breaches are established.</p> <p>Upon expiry of existing PRLs, LandsD and HAB will consider whether additional conditions should be added on a case-by-case basis.</p>
<p>Page 70 of the PAC Report</p>	<p>PAC urges the Administration to – establish a proper monitoring mechanism over PRLs to ensure the clubs' compliance with the Conditions</p>	<p>This issue will be addressed in the policy review.</p>

Para. No.	Audit's Recommendations	Progress to date
	of Grant and to safeguard public interest, including exploring the development of a set of guidelines on PRL conditions and rules which the clubs are expected to observe.	
Page 60 of the PAC report	PAC also urges HAB and LandsD to expeditiously implement the relevant improvement measures to safeguard public interest.	
<b>PART 5: Way forward</b>		
Para. 5.9 of Audit Report	<p>Audit recommends that the Secretary for Home Affairs should –</p> <ul style="list-style-type: none"> <li>(p) work collaboratively with the Secretary for Development and Heads of other relevant government departments to assess whether any of the PRLs due for renewal should be renewed;</li> <li>(q) review whether the current practice of only assessing alterations that have been made to the Memorandum and Articles of Association (M&amp;As) since the last renewals is sufficient to ensure that all clubs on PRL sites have duly met the non-discriminatory membership policy requirement;</li> <li>(r) monitor the progress of the renewals for the 16 expired PRLs, including those clubs which had submitted timetables for rectifying breaches on PRLs;</li> <li>(s) resolve the issue that part of the PRL site has overlapped with the Country Park in Example 16; and</li> </ul>	<p>This issue will be addressed by the policy review.</p> <p>When considering applications for PRL renewal, we will examine the M&amp;As of the clubs to ensure that they meet the non-discriminatory membership policy requirement.</p> <p>Six of the 16 expired PRLs have been renewed. We will complete the renewal of the remaining 10 PRLs as soon as possible.</p> <p>LandsD has sought advice from Agriculture, Fisheries and Conservation Department (AFCD) on whether the site boundary should be adjusted. All parties have agreed that the boundary should not be adjusted.</p>

<b>Para. No.</b>	<b>Audit's Recommendations</b>	<b>Progress to date</b>
	<p>(t) review the current status of the PRL which had expired since 1996, but was still under "hold-over" arrangement on quarterly basis, and critically consider whether the existing "hold-over" arrangement should continue.</p>	<p>As action has been completed, we recommend deleting this part from the progress report.</p> <p>The Administration is planning for alternative use of the site on a long-term basis.</p>
<p>Page 71 of PAC Report</p>	<p>PAC urges the Administration to follow up on Example 16 of the Audit Report which may constitute a threat to the safety of the visitors of the Country Park if the PRL site is allowed to continue overlapping with the Country Park.</p>	<p>LandsD has followed up with AFCD on whether the site boundary should be adjusted. All parties have agreed that the boundary should not be adjusted due to the public safety factor.</p> <p>As action has been completed, we recommend deleting this part from the progress report.</p>

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**Management of Roadside Skips**  
**Updated Progress of Implementing Audit's Recommendations**  
**(As at 13 May 2015)**

<b>Para. No.</b>	<b>Audit's Recommendations</b>	<b>Progress to date</b>
	<p>Audit has recommended that the Secretary for Development, the Secretary for the Environment and the Secretary for Transport and Housing should jointly:</p>	
5.6(a)	conduct a survey to ascertain the magnitude of the skip problem;	5.6(a) and (b)
5.6(b)	conduct a review of the effectiveness of the existing enforcement actions on roadside skips taken by the LandsD and the HKPF;	<p>The Joint Working Group (JWG) collected further data and information on the magnitude of the skip problem and effectiveness of the enforcement actions on roadside skips by HKPF and LandsD in 2014. In light of the findings, a two-pronged approach will be taken in the short term to address the problems caused by placing of skips at the roadside or public places.</p> <p>As the follow-up actions under 5.6(a) and (b) have been completed, we recommend deleting this part from the next progress report.</p>
5.6(c)	<p>based on the results of para. 5.6(a) and (b),</p> <p>(i) formulate strategies and action plans for regulating and facilitating skip operations;</p>	<p>The proposed two-pronged approach in the short term to address the problems caused by placing of roadside skips includes:</p> <p>(a) to identify suitable sites to be made available to skip operators through tendering on short-term tenancies for storage of "idling" skips and/or to facilitate skips to be placed in suitable commercially managed sites of other uses, with a view to reducing the number of such skips placed on roads or in public places; and</p>

<b>Para. No.</b>	<b>Audit's Recommendations</b>	<b>Progress to date</b>
<p>5.6(c)</p> <p>5.6(d)</p> <p>5.6(e)</p>	<p>based on the results of para. 5.6(a) and (b),</p> <p>(ii) assign a Government department to take up the responsibility for regulating and facilitating skip operations;</p> <p>conduct a review to reassess whether the current situation justifies Government actions to introduce a regulatory system to regulate and facilitate skip operations; and</p> <p>seek the Secretary for Justice's advice on, apart from police officers, whether public officers of other relevant Government departments can take effective removal actions on unauthorised roadside skips placed on public roads.</p>	<p>(b) to enhance enforcement efficiency by engaging term contract service providers to help relevant Government departments speed up the removal of roadside skips.</p> <p>The JWG is now working on the preparation work with a view to introducing these measures within 2015.</p> <p>5.6 (c)(ii) and (d) The Government will consider the longer term need for introducing other more institutionalised measures, e.g. a regulatory system or assigning a Government department to take up the overall responsibility for regulating and facilitating skip operations, having regard to the effectiveness of the short term measures introduced above.</p> <p>The JWG had sought the advice of the Secretary for Justice. In summary, LandsD can take removal actions under Lands (Miscellaneous Provisions) Ordinance (Cap. 28), and the Director of Highways and the Commissioner of Police can take removal actions on roadside skips which obstruct road under the Regulation 25 of the Road Traffic (Traffic Control) Regulations (Cap. 374G).</p> <p>As the follow-up actions have been completed, we recommend deleting this part from the next progress report.</p>

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**Allocation and Utilisation of Public Rental Housing Flats  
Updated Progress of Implementing Audit's Recommendations  
(as at May 2015)**

Para. No.	Audit's Recommendations	Progress to date
<b>Part 2: Allocation of Flats to People in Need of Public Rental Housing</b>		
2.31	<p><b>Management of the Waiting List (WL) for general applicants</b></p> <p><i>Transparency and accountability in the Average Waiting Time (AWT) computation</i></p> <p>(a) To enhance the transparency and accountability of Housing Department (HD)'s management of the WL for public rental housing (PRH), for example, HD may consider:</p> <p style="margin-left: 20px;">(i) publicising the definition of AWT and the basis of its calculation in the Housing Authority (HA)'s website, pamphlets and brochures; and</p> <p style="margin-left: 20px;">(ii) enhancing the transparency of the flat allocation mechanism to help applicants make informed decisions.</p>	<p>(a) As reported to the PAC earlier, HD has uploaded the definition and computation method of the AWT that is applicable to General Applicants onto HA/HD's website and incorporated the relevant information into the brochure of PRH application.</p> <p>As the recommendations have been implemented, we recommend that this part should be deleted from the next progress report.</p>
2.50	<p><b>Implementation of the Quota and Points System (QPS)</b></p> <p><i>Sustainability of the QPS</i></p> <p>(a) To conduct a comprehensive review of the QPS, including:</p> <p style="margin-left: 20px;">(i) examining whether there is room for improvement in the points system of the QPS; and</p> <p style="margin-left: 20px;">(ii) assessing the effectiveness and sustainability of the QPS</p>	<p>(a) and (b)</p> <p>After thorough consideration of the recommendations and observations of the reports of Audit and that of the PAC on the QPS; recommendations of the Long Term Housing Strategy (LTHS) Steering Committee; and views collected during the public consultation on LTHS, HA's Subsidised Housing</p>

<b>Para. No.</b>	<b>Audit's Recommendations</b>	<b>Progress to date</b>
	<p>in achieving its objectives.</p> <p><i>Screening out ineligible applicants on the WL</i></p> <p>(b) To consider the need to screen out ineligible QPS applicants on a periodic basis.</p>	<p>Committee (SHC) decided at its meeting on 14 October 2014 to refine the QPS. Refinements include (i) increasing the annual allocation quota for QPS from 8% to 10% of the total number of flats to be allocated to general and QPS applicants, subject to a cap to be increased from 2 000 to 2 200 units; (ii) awarding a one-off bonus of 60 points to applicants when they have reached the age of 45 to allow them a higher priority over younger applicants; (iii) increasing the scale of age points from three to nine points per year of age increase at the time of application to reduce the incentive for early registration and to accord priority to older applicants; and (iv) conducting regular checking on applicants who have waited for five years but not yet due for detailed vetting within the next two years to screen out ineligible applicants so that the HA can have a more realistic grasp of the situation and hence better assess the demand.</p> <p>The refined points system has been implemented with effect from 1 February 2015. HD has informed individual applicants of their points under the refined system. In addition, HD will inform target QPS applicants for regular checking by letters on 1 April 2015. As regards the increase of allocation quota for QPS, it will be implemented starting from 2015-16.</p> <p>As the recommendations have been implemented, we recommend that this part should be deleted from the next progress report.</p>

Para. No.	Audit's Recommendations	Progress to date
<b>Part 3: Maximising the Rational Utilisation of Public Rental Housing Flats</b>		
3.40	<p><b>Implementation of the Well-off Tenants Policies</b></p> <p><i>Review of the Well-off Tenants Policies</i></p> <p>(b) To critically review the Well-off Tenants Policies to see whether the various parameters of the Housing Subsidy Policy and the Policy on Safeguarding Rational Allocation of Public Housing Resources can be fine-tuned for further improvements; and</p> <p>(c) To explore ways to encourage well-off PRH tenants to purchase Home Ownership Scheme flats.</p>	<p>(b) and (c)</p> <p>As reported to the PAC earlier, recommendations and observations of Audit and the PAC on the “Well-off Tenants Policies”; recommendations of the LTHS Steering Committee; and views collected during the public consultation on LTHS, had already been referred to the HA for consideration.</p> <p>On 14 October 2014, the SHC considered whether the “Well-off Tenants Policies” should be refined and deliberated on a range of possible options. Since each option has its own merits and downside, SHC members had not yet reached a consensus and no decision was made on the subject at the meeting.</p> <p>Due to the divergent views of the public on the “Well-off Tenants Policies” and the controversy involved, we expect that the SHC will need considerable time to deliberate on the subject. In this regard, follow-up action has been taken to include this subject as one of the items for discussion at the LegCo Panel on Housing.</p> <p>As the recommendations will be implemented on an on-going basis, we recommend that this part should be deleted from the next progress report.</p>

<b>Para. No.</b>	<b>Audit's Recommendations</b>	<b>Progress to date</b>
3.62	<p><b>Under-occupation of PRH flats</b></p> <p><i>Stepping up efforts to tackle the Under-occupation (UO) issue</i></p> <p>(a) To step up HD's efforts in tackling the UO issue, paying particular attention to those long-outstanding UO households.</p>	<p>(a) The HA has lowered the Prioritised Under-occupation (PUO) threshold for households of all sizes and the number of households identified as PUO has increased to 7 581. They will be arranged to transfer to smaller flats by batches.</p> <p>In consideration of the recommendations of the LTHS Steering Committee and the views collected at the LegCo Panel on Housing meetings, HA's SHC endorsed in October 2014 a series of enhanced measures for handling PUO cases. To encourage PUO households for early transfer, they will be provided with a rent waiver of three months, two months and one month correspondingly for accepting the first, second and third housing offers on or after 15 October 2014.</p> <p>A further review of the UO policy will be conducted in 2016.</p> <p>As this recommendation will be implemented on an on-going basis, we recommend that this part should be deleted from the next progress report.</p>
<b>Part 5: Way Forward</b>		
5.8	<p><b>Way Forward</b></p> <p>(a) Audit recommends that the audit observations and recommendations in this Audit Report in taking forward the LTHS Review should be taken on board.</p>	<p>(i) The Government promulgated the LTHS report in December 2014. In formulating the LTHS, the Government has taken into account the observations and</p>

<b>Para. No.</b>	<b>Audit's Recommendations</b>	<b>Progress to date</b>
		<p>recommendations of Audit and the PAC, as well as the recommendations of the LTHS Steering Committee and views collected during the LTHS public consultations.</p> <p>As this recommendation has been implemented, we recommend that this part should be deleted from the next progress report.</p>

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**Progress of implementing Audit's recommendations on  
Fire protection and prevention work of the Fire Services Department  
(as at 13 May 2015)**

Para. No.	Audit's Recommendations	Progress to date
<b>Part 2: Monitoring Fire Service Installations in Buildings</b>		
2.14	<p>The Director of Fire Services should:</p> <p>(b) complete updating and verifying the Integrated Licensing, Fire Safety and Prosecution System (LIFIPS) data on fire service installations and equipment (FSIs) installed in buildings as soon as possible, in order that LIFIPS can be used more effectively for monitoring the proper maintenance of all FSIs installed and highlighting FSIs without annual inspection.</p>	<p>The updating and verification of all records of the FSIs in buildings (FS21) in the LIFIPS and the further enhancement on the efficiency of the monitoring mechanism were completed in March 2014 and October 2014 respectively. Subsequent to the completion of these two measures, the Fire Services Department (FSD) has received an increased number of submissions of the Certificates of Fire Service Installations and Equipment (FS 251) in January 2015 (22 178) as compared to January 2014 (18 347), which proves the effectiveness of the enhanced monitoring mechanism.</p> <p>As the recommendation has been implemented, we recommend deleting this part from the next progress report.</p>
<b>Part 4: Monitoring Ventilating Systems</b>		
4.15	<p>The Director of Fire Services should:</p> <p>(a) explore the need for requiring the Ventilation Division to conduct prompt risk assessments and inspections when receiving inspection certificates reporting serious defects in ventilating systems; and</p> <p>(b) improve the guidelines for inspecting ventilating systems.</p>	<p>(a) and (b)</p> <p>FSD has completed a review on the risk level of defective ventilating systems and the revised internal guidelines have been put into effect since September 2014. FSD has now adopted a risk-based inspection approach which accords higher priority to the inspection of major defects of ventilating systems in buildings and licensed premises. Since then, FSD has identified 27 cases of ventilating systems with major defects and</p>

<b>Para. No.</b>	<b>Audit's Recommendations</b>	<b>Progress to date</b>
		<p>inspections of these systems were conducted within 12 working days.</p> <p>As the recommendation has been implemented, we recommend deleting this part from the next progress report.</p>
<b>Part 7: Publicity and Education on Fire Safety</b>		
7.6	<p>The Director of Fire Services should consider the need to review the effectiveness of the annual Fire Prevention Campaign by commissioning a market research company to conduct a survey.</p>	<p>FSD has reviewed the effectiveness of the annual Fire Prevention Campaign, and replaced the Campaign previously broadcast on TV channels by an advertising campaign at various major transport facilities including MTR stations for eleven weeks to enhance the cost-effectiveness. The campaign will be launched from time to time.</p> <p>As the recommendation will be implemented on an on-going basis, we recommend deleting this part from the next progress report.</p>
7.20	<p>The Director of Fire Services should:</p> <p>(a) enhance public awareness of the statutory requirement to conduct annual inspections of FSIs by publicising the requirement in future Announcement in the Public Interests (API) on fire prevention as appropriate.</p>	<p>FSD launched a new API in February 2015 to promote public awareness of the statutory requirement of annual inspection of FSIs and ventilating system.</p> <p>As the recommendation has been implemented, we recommend deleting this part from the next progress report.</p>

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**Government's efforts to enhance fire safety of old buildings  
Updated Progress of Implementing Audit's Recommendations**

<b>Para. No.</b>	<b>Audit's Recommendations</b>	<b>Progress to date</b>
<b>Part 3: Arrangements for inspections and issuing fire safety directions</b>		
3.12	<p>Audit has recommended that the Director of Buildings should –</p> <p>(a) in conjunction with the Director of Fire Services, expedite actions on the pilot study of pre-war buildings with a view to improving the fire safety measures of pre-war buildings as soon as practicable.</p>	<p>(a) The pilot study of pre-war buildings with fire safety directions issued has been completed. The study result shows that pre-war buildings may have practical difficulties in complying with fire safety construction requirements due to different degrees of structural and spatial constraints. The BD would continue to adopt a flexible and pragmatic approach in each case with a view to upgrading the fire safety level of such buildings.</p> <p>BD has completed inspection of all the relevant pre-war buildings. BD and the FSD have commenced and will continue to take follow-up actions on such pre-war buildings as appropriate.</p> <p>As this recommendation has been implemented, we recommend that this part should be deleted from the next progress report.</p>
3.28	<p>Audit has recommended that the Director of Buildings and the Director of Fire Services should –</p> <p>(d) strengthen controls over the timely preparation of inspection reports after joint inspections.</p>	<p>(d) FSD has made use of its LIFIPS to strengthen controls over the timely preparation of inspection reports</p>

<b>Para. No.</b>	<b>Audit's Recommendations</b>	<b>Progress to date</b>
		<p>after joint inspections. Meanwhile, further enhancements of LIFIPS will continue to be made with a view to improving its efficiency.</p> <p>As this recommendation has been implemented and enhancements will continue to be done on an on-going basis, we recommend that this part should be deleted from the next progress report.</p>

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## Provision of long-term care services for the elderly

Item No.	Para. No.	Audit's/PAC's Recommendations	Progress to date
<b>Part 2: Growing demand for subsidised long-term care services</b>			
1.	5.10 of the Audit Report and p.69, p.71, p.74 and p.79-80 of the PAC Report	<p>Audit has recommended the Director of Social Welfare (DSW) should, in collaboration with the Secretary for Labour and Welfare (SLW):</p> <p>(a) continue striving to expand the subsidised community care services (CCS) and residential care services (RCS) to meet the rising demand, shorten the waiting lists and reduce the waiting times for subsidised long-term care (LTC) services;</p> <p>(b) continue to make more effective planning in the provision of CCS in different districts;</p>	<p><u>Residential Care Places</u></p> <ul style="list-style-type: none"> <li>From 2014-15 to 2017-18, some 1 710 new subsidised residential care places will be provided under the multi-pronged approach.</li> <li>The Government will also keep making strenuous efforts to identify suitable sites for construction or redevelopment of residential care homes for the elderly (RCHEs). Up to now, a total of 11 sites have been earmarked for such purpose. Where possible, Social Welfare Department (SWD) will also increase the provision of residential care places by making better use of space in subvented RCHEs.</li> </ul> <p><u>Day Care Places</u></p> <ul style="list-style-type: none"> <li>Apart from the planned projects in different districts, SWD will make use of cross-district arrangement to flexibly increase day care places in some districts with longer waiting time in 2015-16.</li> </ul>

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			<p><u>Home Care Places (EHCCS)</u></p> <ul style="list-style-type: none"> <li>• An additional 1 666 EHCCS places will have commenced service fully from June 2015. The Government has also taken into account the longer waiting time and greater service demand in some of the districts in distributing EHCCS places to different districts.</li> <li>• Co-ordinated and targeted assistance has been provided to the social welfare organisations participating in the Special Scheme on Privately Owned Sites for Welfare Uses.</li> </ul>
2.		(c) publicise the waitlisting information for CCS on the SWD website;	<ul style="list-style-type: none"> <li>• SWD has uploaded the information on the waiting lists and waiting times for different types of CCS to the SWD homepage since November 2014.</li> <li>• As appropriate action has been taken on the above-mentioned matter, we suggest deleting it from the next progress report.</li> </ul>
3.		(d) disclose the methodology used for calculating the waiting list and waiting time when reporting the waitlisting information to the LegCo and/or posting the information	<ul style="list-style-type: none"> <li>• The number of “inactive” cases has been set out in the reports made by the Government to LegCo on the CWL situation to LegCo and the information has been included in SWD Homepage since</li> </ul>

Item No.	Para. No.	Audit's/PAC's Recommendations	Progress to date
		<p>onto the SWD website, including the proper disclosure of those "inactive" cases on the Central Waiting List (CWL) and the need for suitably taking such "inactive" cases into account in service planning;</p>	<p>November 2014. More detailed information on the definition of "inactive" cases and the calculation of the waiting time will be provided on SWD Homepage in 2015 Q2. SWD will continue to monitor the trend of movement of "inactive" cases on CWL in reviewing service demand and planning.</p>
4.		<p>(e) maintain proper records of the methodology used for calculating the waiting time, make proper disclosure of revisions made to the methodology;</p>	<ul style="list-style-type: none"> <li>• SWD has provided notes in SWD Homepage since November 2014 to explain the methodology in excluding cases with inactive history in the calculation of waiting time. SWD will update the information as and when appropriate.</li> <li>• As appropriate actions have been taken on the above-mentioned matters, we suggest deleting them from the next progress report.</li> </ul>
5.		<p>(f) review and fine-tune SWD's care need assessment procedures taking into account the various inadequacies Audit identified in the effectiveness of the SWD assessment mechanism;</p>	<ul style="list-style-type: none"> <li>• SWD has, since November 2013, commissioned a local university to implement a three-year project to, among others, update the assessment tool and revise the Clinical Assessment Protocols as well as a set of updated service matching decision making tree to facilitate better service matching.</li> </ul>

Item No.	Para. No.	Audit's/PAC's Recommendations	Progress to date
6.		(g) explore the feasibility of incorporating suitable flexibility in future tenders/contracts on the ratio of subsidised to non-subsidised RCS places and take measures to ensure the optimum use of individual contract RCHEs; and	<ul style="list-style-type: none"> <li>• From 2015 onwards, SWD will insert a clause in all new tenders/contracts to allow the Government the flexibility of adjusting the proportion of subsidised to non-subsidised places during the contract period.</li> <li>• As appropriate action has been taken on the above-mentioned matter, we suggest deleting it from the next progress report.</li> </ul>
7.		<p>(h) address the various inadequacies mentioned in paragraphs 2.30 to 2.60 with a view to maximising the effective use of the limited subsidised RCS places available, including the need to:</p> <p>(i) improve the effectiveness of the Enhanced Bought Place Scheme (EBPS) by optimising the use of the places and minimising the number of vacant places;</p>	<ul style="list-style-type: none"> <li>• SWD will continue to implement the EBPS place reduction mechanism in the 2014-16 service agreement period. A new clause will be added to the service agreements for the 2016-18 service agreement cycle (starting from April 2016) to the effect that SWD will reduce places of those homes which are unable to achieve an average enrolment rate of 92% within one year. To encourage the homes to make continuous improvement, SWD will</li> </ul>

Item No.	Para. No.	Audit's/PAC's Recommendations	Progress to date
			<p>continue to implement the place recovery mechanism under which SWD will re-purchase the reduced places should these homes reach the designated enrolment rates in the new service agreement period.</p>
8.		<p>(ii) explore how the procedures for allocation, matching and admission of the limited RCS places can be fine-tuned to minimise the lead time, including the incorporation of appropriate checks and balances to facilitate effective monitoring;</p>	<ul style="list-style-type: none"> <li>• SWD issued a letter to RCHEs in December 2014, reminding them to observe the requirements set out in the Manual of Procedures on Registration and Allocation of Long Term Care Services on timely reporting of discharge of elderly residents. Long Term Care Services Delivery Office (LDS Office) has put in place in December 2014 an acknowledgement mechanism to ensure receipt of discharge reports from RCHEs. LDS Office will monitor the admission position of referred cases and liaise with RCHEs for outstanding replies of acceptance or rejection of placement. Irregular cases will be escalated to senior management for attention in a timely manner.</li> <li>• Starting from 2015 Q2, LDS Office will validate enrolment records with RCHEs on a quarterly basis to ensure data accuracy and efficient referrals of cases to fill vacancies.</li> </ul>

Item No.	Para. No.	Audit's/PAC's Recommendations	Progress to date
			<ul style="list-style-type: none"> <li>• Work for redevelopment of LDS for a workflow based system to minimise human errors and to strengthen the compliance with the application and allocation procedures as stipulated in the manual of procedures has been started since November 2014.</li> <li>• As appropriate actions have been taken on the above-mentioned matter, we suggest deleting it from the next progress report.</li> </ul>
9.		(iii) approach the NGOs more proactively to request them to deploy their unfilled agency quota (AQ) places to the CWL and critically review the possibility of clawing back the AQ places for central allocation under the CWL;	<ul style="list-style-type: none"> <li>• SWD has been engaging the NGOs concerned for discussion on allocating the unfilled AQ places for elderly persons on CWL.</li> </ul>
10.		(iv) take measures to follow up on the 11% vacancy of the limited Infirmary Unit (IU) places available and review, in close collaboration with the Director	<ul style="list-style-type: none"> <li>• To achieve better interface between the mechanism on application for IU service and the Infirmary Care Supplement (ICS), and to optimise the utilisation of IU places, SWD, starting from the 2015-16 application cycle in November 2014, has</li> </ul>

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		<p>of Health, how the IU places in subvented RCHEs can more effectively be used as a stop-gap measure to tackle the acute demand for infirmary places; and</p>	<p>requested the RCHEs concerned to introduce IU service to the newly assessed eligible residents and refer interested residents to the service prior to SWD's allocation of ICS to the RCHEs taking care of the elderly persons concerned. As a result, about 210 ICS applicants currently receiving residential service in subvented RCHE and EBPS homes have agreed to be referred to IU service, covering about 30% of the total new application cases for 2015-16 ICS.</p> <ul style="list-style-type: none"> <li>• As appropriate action has been taken on the above-mentioned matter, we suggest deleting it from the next progress report.</li> </ul>
11.		<p>(v) report back to LegCo the development of providing infirmary care to elderly in non-hospital setting as proposed by the SWD in 2004.</p>	<ul style="list-style-type: none"> <li>• SWD will report back to LegCo Panel on Welfare Services the development of providing infirmary care to the elderly in non-hospital setting in due course. Meanwhile, the Government is exploring the option of converting or redeveloping the Wong Chuk Hang Hospital, which mainly provides extended care, into a care home for the elderly with more residential places.</li> <li>• As the item will be</li> </ul>

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			reported back to LegCo Panel on Welfare Services, we suggest deleting it from the next progress report.
12.	p.68 of the PAC Report	PAC has urged the Labour and Welfare Bureau (LWB) and SWD to consider setting, with reference to the three-year average waiting time target for general applicants for public rental housing, a similar admission target indicator for the reference of applicants on CWL.	The service allocation arrangements for public rental housing application and that for RCS for the elderly are different. The waiting time for subsidised RCS places is affected by a number of factors such as location preferences at the regional/district level or specific homes, whether or not to accept subsidised placement under EBPS, diet, religious background and couple placement. It is difficult to draw an analogy between the two and hard to set a target time for admission to RCHEs. The Government will continue to make strenuous efforts through a multi-pronged approach to increase the provision of RCS places.
13.	p. 69 of the PAC Report	PAC has urged LWB and SWD to expedite the formulation of a medium-term and long-term planning for the LTC policy for the elderly taking into account the projections on the proportion and growth of elderly population in the future and their needs.	<ul style="list-style-type: none"> <li>• As announced in his 2014 Policy Address, the Chief Executive has tasked the Elderly Commission (EC) to prepare the Elderly Services Programme Plan (Programme Plan). EC aims to submit its report to the Government in mid-2016.</li> <li>• As the item will be reported to the LegCo Panel on Welfare Services, we suggest deleting it from the next progress report.</li> </ul>

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14.	p.70 of the PAC Report	PAC has urged SWD to review whether its manpower is sufficient to implement the new measures and take up an effective monitoring role on RCHE and CCS operators for compliance with the notification requirements and LWB to provide the necessary resources to SWD for such purposes.	LWB/SWD will keep under view the manpower requirement to implement and monitor the new measures and ensure the effective use of resources.
15.	p.80 of the PAC Report	PAC has requested to be informed of the waiting lists and waiting times for different types of LTC services.	<ul style="list-style-type: none"> <li>• SWD updates the waiting lists and waiting time for RCS (including Care-and-attention Homes, EBPS Homes and Nursing Homes) and CCS (including Integrated Home Care Service (Frail Cases)/Enhanced Home and Community Care Services and Day Care Centres/Units) on a monthly basis and such information has been put on SWD Homepage.</li> <li>• As the item has been dealt with through on-going actions, we suggest deleting it from the next progress report.</li> </ul>
<b>Part 3: Community care services</b>			
16.	Para 5.12 of the Audit Report and p.69, p.72 and p.81 of the PAC Report	Audit has recommended that the DSW should, in collaboration with the SLW:  (a) step up the SWD's monitoring of the	<u>Acknowledgement Mechanism and Validation Exercise</u>

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		<p>allocation and admission of limited subsidised CCS places available, and fine-tune the procedures, including revision, if required, of the SWD Manual, in close collaboration with the NGOs operating the day/home care services;</p>	<ul style="list-style-type: none"> <li data-bbox="954 277 1406 1384">• SWD issued a letter to service providers in December 2014, reminding them to observe the timeline in reporting discharge. An acknowledgement mechanism has been in place since December 2014 to ensure that receipt of reports on discharge cases from Day Care Centres for the Elderly (DEs). The Standardised Care Need Assessment Management Offices (SCNAMO(ES)s) will generate discharge lists for data checking with DEs. This exercise can ensure data accuracy and rectify the discrepancy, if any. Ongoing validation of discharge lists on a monthly basis to ensure data accuracy and efficient referral of cases to DEs to fill vacancies will start from 2015 Q2.</li> </ul> <p data-bbox="954 1429 1394 1585"><u>Enhanced Measure to Strengthen Reporting of Result of Cases Referred from December 2014</u></p> <ul style="list-style-type: none"> <li data-bbox="954 1608 1406 2031">• Within seven working days from the date of service referral, service provider is required to report to SWD the admission status of the referred case, such as the admission date or admission schedule. If such admission arrangements cannot be made, service provider</li> </ul>

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			<p>would return the referral to SCNAMO(ES)s and provide the reasons, e.g. the user cannot be traced, has withdrawn from the service, has been hospitalised, has been away from Hong Kong, has passed away, etc. For cases referred with results outstanding, SCNAMO(ES) concerned will issue a reminder in the second week requesting service providers to report results within one week or written explanation must be provided. SCNAMO(ES) concerned will re-issue the reminder to service providers demanding a report and/or written explanation if results are still outstanding.</p> <ul style="list-style-type: none"> <li>• The report form has been revised so that CCS service providers are obliged to provide reason(s) if the scheduled admission date is more than seven working days from the date of referral.</li> <li>• As appropriate actions have been taken on the above-mentioned matter, we suggest deleting it from the next progress report.</li> </ul>
17.		(b) continue monitoring the effectiveness of the Pilot CCS Voucher Scheme, taking note of	<ul style="list-style-type: none"> <li>• SWD has reported progress on implementing the First Phase of the Pilot Scheme on CCS Voucher to the</li> </ul>

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		<p>the fact that 27% of the elderly users had withdrawn from the Scheme within the first year of operation; and</p>	<p>LegCo Panel on Welfare Services on 10 November 2014. SWD is working with the Sau Po Centre on Ageing (COA) to examine the views and data collected to facilitate the Government's deliberation of possible areas for refinement for the Second Phase of the Pilot Scheme and will provide the key findings of the interim report on the evaluation study conducted by COA on the first phase of Pilot Scheme to LegCo Panel on Welfare Services by 2015 Q3.</p> <ul style="list-style-type: none"> <li>As the item will be reported at the LegCo Panel on Welfare Services, we suggest deleting it from the next progress report.</li> </ul>
18.		<p>(c) formulate a long-term strategy for the provision of better and integrated CCS to meet the genuine needs of the frail elderly who prefer ageing in place, including the need to explore how EHCCS and IHCS can be properly integrated.</p>	<ul style="list-style-type: none"> <li>SWD will explore carefully the feasibility and form of integration of IHCS and EHCCS, taking into consideration the various new CCS initiatives being piloted and the fact that IHCS includes both ordinary cases and frail cases while EHCCS covers only frail cases.</li> </ul>
<b>Part 4: Residential care services</b>			
	<p>Para 5.14 of the Audit Report and p.73 and</p>	<p>Audit has recommended that DSW should, in collaboration of SLW:</p>	

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19.	p.83 of the PAC Report	(a) address the disparities in quality standards of different types of RCHEs as far as possible, paying particular attention to the acute manpower shortage in the RCHE sector;	<ul style="list-style-type: none"> <li>SWD will keep under review the RCHE Ordinance with regard to the service requirements and views of different stakeholders of the sector and the community at large.</li> </ul>
20.		(b) endeavor to improve the effectiveness of the EBPS and optimise the use of the EBPS places, including keeping under regular review the “50% cap” requirement;	<ul style="list-style-type: none"> <li>SWD will continue to monitor the enrolment rate of EBPS Homes and keep under review the “50% cap” requirement to ensure proper use of public resources.</li> </ul>
21.		(c) keep under close review the more recent development of the Government’s regulation of hotels and guesthouses in premises subject to DMC and assess, when appropriate, the possible impact of the development on RCHEs;	<ul style="list-style-type: none"> <li>SWD will keep in view the development and result of the review of and possible legislative amendments to the Hotel and Guesthouse Accommodation Ordinance concerning DMC and will assess the possible impact of the development on RCHEs with reference to the legal framework and licensing regime for monitoring RCHEs.</li> </ul>
22.		(d) examine all PTGs granted for operating RCHEs to ascertain if there are similar cases when the SWD’s right to nominate persons for admission to the RCHEs has not been exercised, and explore with the grantees on how the PTG sites can	<ul style="list-style-type: none"> <li>SWD will examine all PTGs granted for operating RCHEs and explore with the grantees on how the PTG sites can be better used including, but not limited to, using the sites for the provision of additional subsidised RCS places.</li> </ul>

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		be better used including, but not limited to, using the sites for the provision of additional subsidised RCS places;	
23.		(e) conduct an effective review of the Premium Concession Scheme which has been launched for over the years and explore appropriate measures to improve it; and	<ul style="list-style-type: none"> <li>• SWD will review the Premium Concession Scheme.</li> </ul>
24.		(f) ensure that inspection targets for individual RCHEs are met, and carry out more timely follow-up inspections of RCHEs with higher risk.	<ul style="list-style-type: none"> <li>• The current computerised Case Management cum Tracking Facility generates reminder on most inspection targets. To enhance supervisory checking, the Licensing Office of RCHE has put in place an additional manual “bring-up” system to ensure that building safety, fire safety and non-office hour inspections will fully cover all RCHEs as pledged while follow-up inspections will be conducted within the target time frame.</li> <li>• As appropriate action has been taken on the above-mentioned matter, we suggest deleting it from the next progress report.</li> </ul>
25.	p.72 of the PAC Report	PAC has urged the Government to implement measures to address the	<ul style="list-style-type: none"> <li>• The Government will continue to make strenuous efforts to increase the</li> </ul>

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		<p>problem of having elderly persons (most of who are Comprehensive Social Security Assistance recipients) living in non-subsidised places at private RCHEs which are of lower level of service in terms of area and staff requirements.</p>	<p>subsidised RCS provision through a multi-pronged approach, including exploration of various forms of bought places from RCHEs.</p> <ul style="list-style-type: none"> <li>• In 2014-15, SWD has raised the unit subsidy of all EBPS places with a view to strengthening the care and support of these homes for the elderly persons concerned.</li> <li>• In the meantime, EC has been tasked to explore the feasibility of residential care service voucher for the elderly in order to help meet the demand for subsidised residential care places while encouraging the sector to enhance the quality of RCS.</li> <li>• As items dealt with through on-going initiatives will be reported at the LegCo Panel on Welfare Services, we suggest deleting them from the next progress report.</li> </ul>
26.	p.73 of the PAC Report	<p>PAC has considered that SWD should strengthen its efforts to promote EBPS to the elderly so that the vacant EBPS places can be used to meet the needs of the applicants on CWL, including residential respite services.</p>	<ul style="list-style-type: none"> <li>• SWD will continue to promote residential respite service available in the private homes participating in EBPS as well as other subvented RCHEs and contract homes on a quarterly basis.</li> <li>• Please also see item 7</li> </ul>

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			<p>above on improvement measures on EBPS homes.</p> <ul style="list-style-type: none"> <li>As appropriate actions have been taken, we suggest deleting this part from the next progress report.</li> </ul>
27.	Para 5.16 of the Audit Report and p.69, p.75 and p.80 of the PAC Report	<p>Audit has recommended that DSW should, in collaboration with SLW:</p> <p>(a) address the various challenges identified in paragraphs 5.3 to 5.8, including the monitoring of the various pilot CCS and RCS voucher schemes, the Special Scheme for in-situ expansion or redevelopment of privately owned sites for welfare uses, and the setting up of contract RCHEs on 11 sites;</p>	<p><u>The Pilot Scheme on CCS Voucher</u></p> <ul style="list-style-type: none"> <li>The Pilot Scheme on CCS Voucher for the Elderly was launched in September 2013, with the provision of 1 200 CCS places. SWD is planning to implement the second phase of the Scheme in 2015-16 with the aim of providing services for more frail elderly persons.</li> <li>Please also see latest progress on follow-up to para 5.12(b) of the Audit Report as set out in item 17 above.</li> </ul> <p><u>The Feasibility Study on RCS Voucher</u></p> <ul style="list-style-type: none"> <li>EC has been tasked to conduct the feasibility study of a voucher scheme on RCS for the elderly and is expected to submit its recommendations in mid-2015. The Government has</li> </ul>

Item No.	Para. No.	Audit's/PAC's Recommendations	Progress to date
			<p>earmarked about \$800 million to issue a total of 3 000 service vouchers in the three years from 2015-16 to 2017-18.</p> <p><u>The Special Scheme on Privately Owned Sites for Welfare Uses</u></p> <ul style="list-style-type: none"> <li>• Co-ordinated and targeted assistance has been provided for the social welfare organisations participating in the Special Scheme on Privately Owned Sites for Welfare Uses, with a view to increasing the provision of RCS and day care places. The projects are at different stages of development. The first of these projects involving additional provision of subsidised RCS and day care places, is expected to be completed by 2017-18.</li> <li>• As items dealt with through on-going initiatives will be reported at the LegCo Panel on Welfare Services, we suggest deleting them from the next progress report.</li> </ul>
28.		(b) redevelop the LDS computer system as early as possible to enable it to more effectively support the registration and allocation of LTC services under the	<ul style="list-style-type: none"> <li>• Work for redevelopment of LDS for a workflow based system to minimise human errors and to strengthen compliance with the application and allocation procedures as stipulated in the manual of procedures</li> </ul>

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		CWL; and	has been started since November 2014. The three-year project is in good progress under the monitoring of SWD and a Project Steering Group comprising representatives from the welfare sector. The progress of the project will also be shared with the sector and the public through annual sharing session and a website.
29.		(c) keep on monitoring the waiting lists and waiting times for LTC services from time to time to ensure that the situation has not deteriorated.	<ul style="list-style-type: none"> <li>• SWD will keep on monitoring the waiting lists and waiting times for LTC services.</li> <li>• As appropriate action will be taken on an on-going basis, we suggest deleting it from the next progress report.</li> </ul>
30.	Para 5.17 of the Audit Report and p.80 of the PAC Report	Audit has recommended that the Secretary for Labour and Welfare should take on board the audit findings and recommendations in this Audit Report in formulating and implementing the Programme Plan which is meanwhile under preparation by the Elderly Commission.	<ul style="list-style-type: none"> <li>• EC is tasked to formulate the Programme Plan which is expected to be completed in mid-2016. Audit's findings and recommendations have been forwarded to EC.</li> <li>• Please also see progress in item 13 above.</li> <li>• As the item will be reported to the LegCo Panel on Welfare Services, we suggest deleting it from the next progress report.</li> </ul>

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**Provision of Health Services for the Elderly  
Progress in implementing the Audit's and PAC's Recommendations**

Para. No.	Audit's/PAC's Recommendations	Progress to date
<b>Part 2 : Elderly Health Assessment Services of the Department of Health</b>		
Para. 2.18 of Audit Report	<p>Audit has recommended that the Director of Health should –</p> <p>(a) critically review the Elderly Health Centre (EHC) capacity to ascertain if it has been aligned with the growth of the elderly population;</p> <p>(b) explore the feasibility of setting a performance pledge for the waiting time for the elderly who wish to enrol for EHC membership and first-time health assessment;</p> <p>(c) set strategic directions, taking on board the Audit's observations (see paras. 2.6 to 2.17), to assist the EHCs to allocate their resources to cope with the growing demand for health assessment services; and</p>	<p>The DH shall review the strategic directions for EHCs in the light of the experience gained through new models of service provision, including the Elderly Health Care Voucher Scheme (EHCVS) and the Elderly Health Assessment Pilot Programme (EHAPP). A comprehensive review of the EHCVS will be conducted in mid-2015 and an evaluation of the implementation of the EHAPP will be completed in late 2015/early 2016. We will take into account the results of these studies when reviewing the strategic directions of EHCs.</p> <p>DH shall explore the feasibility of setting a performance pledge in 2016 after the two new clinical teams have been established and the experience of their operation has been reviewed. One new clinical team has commenced operation in March 2015. It is estimated that 1 700 additional health assessments can be conducted by this team by the end of 2015. Another new clinical team will be established in 2016.</p> <p>To cater for the growing demand for health assessments, one new clinical team was established in March 2015 and another new clinical team will be established in 2016. It is projected that each clinical team will be able to conduct 2 125 health assessments every year.</p>

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	<p>(d) keep the strategic directions in (c) above under regular review and monitor the waiting list of elderly awaiting membership enrolment and first-time health assessment in each EHC.</p>	<p>Additional measures have also been implemented to better allocate resources to cope with the growing demand for health assessment services –</p> <ul style="list-style-type: none"> <li>• Extra health assessments have been added at ten EHCs with lower attendance for curative treatment.</li> <li>• Appointments for curative treatment have been streamlined at three EHCs by scheduling chronic disease cases to specified days of the week, sparing manpower for conducting extra health assessments on the remaining days of the week.</li> <li>• DH has reviewed the quota respectively for first-time and subsequent health assessments in all EHCs with a view to better balancing the resources allocated between these two assessment services. All EHCs have now set a target of committing about 20% of quota to first-time health assessments.</li> <li>• DH is preparing for announcing the median waiting times of all EHCs on the Elderly Health Service (EHS) website (<a href="http://www.elderly.gov.hk">www.elderly.gov.hk</a>) and at EHCs to increase transparency and facilitate the elderly to choose enrolling at those EHCs with relatively shorter waiting time.</li> </ul> <p>DH will monitor the waiting list closely and make adjustments to the above measures as appropriate.</p>

<b>Para. No.</b>	<b>Audit's/PAC's Recommendations</b>	<b>Progress to date</b>
Page 113 of PAC report	<p>PAC urges the Director of Health to expedite measures to resolve the problem of long waiting time for enrolment to EHCs to receive first-time health assessments, and to set a performance target on the waiting time and a timetable in achieving the target.</p>	<p>Regarding the issue of long waiting time, please see response to para. 2.18(c) of the Audit Report above.</p> <p>DH shall explore the feasibility of setting a performance pledge for waiting time in 2016 after the two new clinical teams have been established and the experience of their operation has been reviewed. One new clinical team has commenced operation in March 2015. It is estimated that 1 700 additional health assessments can be conducted by this team by the end of 2015. Another new clinical team will be established in 2016.</p>
	<p>PAC recommends the Director of Health to –</p> <p>(a) conduct a comprehensive review on EHCs' mode of operation to better cope with the growth in service demand arising from an ageing population in the coming decades; and</p> <p>(b) collect relevant statistics to ascertain the demands for elderly healthcare services, and the extent of how such demands have been/are to be met by the various initiatives introduced, such as EHCVS and EHAPP.</p>	<p>DH shall review the strategic directions of EHCs in light of the experience gained through new models of service provision including the EHCVS and EHAPP.</p> <p>The number of participating elders of EHCVS and EHAPP have both been progressively increasing. A comprehensive review of the EHCVS will be conducted in mid-2015 and an evaluation of the implementation of the EHAPP will be completed by the end of 2015/early 2016. PAC's recommendation will be taken into account in the reviews.</p>
Para. 2.26 of Audit Report	<p>Audit has recommended that the Director of Health should –</p> <p>(a) ascertain the reasons for the significant disparity among the EHCs in the waiting time for the</p>	<p>Action completed.</p> <p>After review, DH confirms that the</p>

<b>Para. No.</b>	<b>Audit's/PAC's Recommendations</b>	<b>Progress to date</b>
	<p>elderly who wish to seek allied health counselling services;</p> <p>(b) review the working arrangements of the allied health staff and adjust their duty rosters to allow more frequent visits to those EHCs with long waiting time; and</p> <p>(c) take measures (e.g. allow for overbooking of appointments) to minimise the no-show wastage for allied health counselling services as far as possible.</p>	<p>disparity of waiting time among EHCs is dependent on factors such as the elderly clients' clinical profiles and needs, and the location and accessibility of the individual EHCs.</p> <p>Action completed.</p> <p>DH has reviewed the working arrangements of the allied health staff. Extra sessions will be flexibly arranged at EHCs with longer waiting time.</p> <p>DH has implemented the following measures to minimise no-show wastage for allied health counseling –</p> <ul style="list-style-type: none"> <li>• Scheduling follow-up appointments for re-enrolling clients who used to miss the appointments (e.g. those with poor memory) in the afternoon such that extra telephone reminders can be given in the morning;</li> <li>• Giving more explanation to new clients referred to allied health staff regarding the purpose of the referrals so as to improve compliance and turn-up rate;</li> <li>• Identifying suitable clients to take up the appointment slots left vacant by those who cancel their booked appointments in advance; and</li> <li>• Allowing for overbooking of appointments for certain group counseling sessions.</li> </ul> <p>As this recommendation will be implemented on an on-going basis, we recommend deleting this part from the next progress report.</p>

<b>Para. No.</b>	<b>Audit's/PAC's Recommendations</b>	<b>Progress to date</b>
<p>Para. 2.32 of Audit Report</p>	<p>Audit has recommended that the Director of Health should –</p> <p>(a) explore ways to enhance the elderly's enrolment in the EHAPP and fine-tune the programme in the light of experience, taking into account the feedback from the NGOs (see para. 2.30) and taking on board the recommendations made by the research organisation after its review of the EHAPP (see para. 2.31); and</p> <p>(b) take into account the result of the implementation of the EHAPP in reviewing the EHC capacity to ascertain if it has been aligned with the growth of the elderly population (see para. 2.18(a)).</p>	<p>DH has taken into account the feedback from the NGOs and the experience in implementing the EHAPP in developing strategies to enhance the elderly's enrolment. Participating NGOs and DH have stepped up publicity for the programme through various means, resulting in a steady increase in enrolments. As of 23 April 2015, around 6 500 elderly people have enrolled with the EHAPP.</p> <p>DH will continue to fine-tune the EHAPP in light of the experience gained and the recommendations made by a research organisation commissioned to review the programme.</p> <p>DH has commissioned a research organisation to evaluate the implementation of the EHAPP, including obtaining the views of enrolled elderly and the service providers of the NGOs about the programme, as well as analysing the data for intermediate outcomes (e.g. the number of health problems identified that require intervention). We will take into account the results when reviewing the capacity of EHCs.</p>
<p><b>Part 3: Educational and advisory health services provided by visiting health teams of DH</b></p>		
<p>Para. 3.11 of Audit Report</p>	<p>Audit has recommended that the Director of Health should conduct a comprehensive review of the modus operandi for the provision of HPAs to enhance the service effectiveness, taking on board the Audit's observations (see paras. 3.3 to 3.10)</p>	<p>DH is conducting a review of the mode of operation for the provision of health promotion activities (HPAs) by the Visiting Health Teams (VHTs).</p> <p>The following actions have been taken in response to the observations made by</p>

<b>Para. No.</b>	<b>Audit's/PAC's Recommendations</b>	<b>Progress to date</b>
		<p>the Audit –</p> <ul style="list-style-type: none"> <li>• DH has obtained the lists of non-Residential Care Homes for the Elderly from SWD's website as of 9 December 2014. SWD will also inform DH whenever there are changes to the list (re. para 3.4 of the Audit Report).</li> <li>• DH has reminded VHT staff to ensure that carers are available for HPAs which require their assistance on site (e.g. when there are frail elderly people attending the HPAs) (re. para. 3.6 of the Audit Report).</li> <li>• DH has set up a regular mechanism to systematically review and, when necessary, update the contents of the HPAs. The progress of review will be kept track every 3 months at meetings of Elderly Health Service under DH (re. para. 3.7 of the Audit Report).</li> <li>• DH has set up a Working Group to conduct a comprehensive review of the service strategy and priorities for VHTs (re. para. 3.5, 3.8, 3.9, and 3.10 of the Audit Report).</li> </ul>
<p>Para. 3.16 of Audit Report</p>	<p>Audit has recommended that the Director of Health should review and revise the existing practice of not reviewing the health records of non-private Residential Care Homes for the Elderly (RCHEs) and those private RCHEs which had computerised their health records.</p>	<p>DH will review the existing health record review programme in RCHEs. Collaborative opportunities with SWD will also be explored to enhance the quality and standards of health record keeping in RCHEs.</p>

Para. No.	Audit's/PAC's Recommendations	Progress to date
<b>Part 4: Administration of DH's Elderly Health Care Voucher Scheme</b>		
Para. 4.9 of Audit Report	<p>Audit has recommended that the Director of Health should continue to encourage more private healthcare service providers to join the EHCVS, especially in districts with a relatively small number of enrolled Medical Practitioners (EMPs) or enrolled Chinese Medicine Practitioners (ECMPs) vis-à-vis a large number of eligible elderly residing in the districts.</p>	<p>In 2014, DH implemented several enhancements to the EHCVS, including converting the EHCVS from a pilot project into a regular programme; doubling the annual voucher amount for each eligible elder from \$1,000 to \$2,000; and changing the face value of each voucher from \$50 to \$1. These measures are aimed to encourage more private healthcare service providers to participate in the EHCVS.</p> <p>On the publicity front, DH has launched another round of promotional activities since February 2015 to promote the Scheme to the elderly, which included television and radio announcements of public interest, promotion of the EHCVS through popular media such as free newspapers, distribution of promotion materials such as leaflets and DVDs, as well as publicity through the public transport system. We will solicit the support from professional bodies again to publicise the EHCVS to their fellow members and promote the programme through their newsletters/publications to encourage more private healthcare service providers to join the EHCVS.</p> <p>DH will also undertake a comprehensive review of the EHCVS in mid-2015 and will take the opportunity to gauge the views of private healthcare service providers and consider further measures to encourage them to join the EHCVS.</p>
Para. 4.21 of Audit Report	<p>Audit has recommended that the Director of Health should –</p> <p>(a) continue stepping up the promotion of the EHCVS, particularly among the elderly aged 70 to below 75,</p>	<p>To raise the public's awareness of the EHCVS, particularly among the elderly, DH has launched another round</p>

<b>Para. No.</b>	<b>Audit's/PAC's Recommendations</b>	<b>Progress to date</b>
	<p>and encouraging the elderly to make more use of vouchers for preventive care;</p> <p>(b) in promoting the use of vouchers, ensure that the information is always correct and up-to-date, and reaches as many elderly as possible;</p>	<p>of promotional activities since February 2015 (please see response to para. 4.9 of the Audit Report above).</p> <p>We will also continue to encourage eligible elders to make more use of vouchers for preventive care. A DVD is being produced which, inter alia, will reinforce elders' awareness of the coverage of the EHCVS, promote the use of vouchers for preventive care among them and educate them about the procedures on using vouchers. We plan to distribute copies of DVD to District Elderly Community Centres, Neighbourhood Elderly Centres, EHCs, RCHEs, places of practice of the enrolled healthcare service providers (EHCPs), the Hospital Authority (HA)'s General Out-patient Clinics, the SWD's Senior Citizen Card Office, etc. for broadcasting.</p> <p>As this recommendation will be implemented on an on-going basis, we recommend deleting this part from the next progress report.</p> <p>DH staff have been reminded to update the promotion materials such as the posters displayed on the notice boards in their offices in good time. Besides, when distributing the publicity materials to other organisations, DH will continue to remind them to use only the new materials in publicising the EHCVS.</p> <p>As this recommendation will be implemented on an on-going basis, we recommend deleting this part from the next progress report.</p>

<b>Para. No.</b>	<b>Audit's/PAC's Recommendations</b>	<b>Progress to date</b>
	<p>(c) enhance the eHealth System so that the deceased elderly's voucher accounts will be closed; and</p> <p>(d) adjust the amount to take into account the deceased elderly, when making provision for the EHCVS in the Estimates.</p>	<p>Action completed.</p> <p>In addition to the existing function of not allowing the EHCPs to make any voucher claims from the accounts of the deceased elderly, the eHealth System has been enhanced to close the deceased elders' voucher accounts.</p> <p>Action completed.</p> <p>When preparing the 2014-15 revised Estimates and 2015-16 draft Estimates, the accounts of the deceased elders have been excluded.</p>
<p>Para. 4.37 of Audit Report</p>	<p>Audit has recommended that the Director of Health should –</p> <p>(a) expedite the DH's routine checking to cover the examination of selected claims of all EHCPs over a 15-month cycle as far as possible;</p>	<p>Regarding those EHCPs who had not been covered during the first/second routine inspection cycle (from May 2011 to July 2012 and from August 2012 to October 2013 respectively) and remain active under the EHCVS, arrangements have been made by DH to visit them in the subsequent routine inspection cycle(s).</p> <p>Based on operational experience, the number of EHCPs covered in the 15-month cycle by the current manpower of the inspection team is around 2 100, in addition to the follow-up inspections and targeted investigations conducted by them. However, from December 2009 to December 2014, the enrolment of EHCPs grew by 82% from 2 539 to 4 631 and the annual number of voucher claims increased by 537% from 349 000 in 2009 to 2 222 000 in 2014. With the increasing number of EHCPs and voucher claims made by them, we will review the inspection</p>

Para. No.	Audit's/PAC's Recommendations	Progress to date
	<p>(b) avoid adopting a standard pattern of routine checking;</p> <p>(c) keep statistics for the number and percentage of the major and minor errors/omissions to help it identify patterns of deficiencies and devise reminders/guidelines to help the EHCPs reduce errors/omissions;</p> <p>(d) review the effectiveness of conducting follow-up inspections to deter errors/omissions and, where warranted, take escalated action by issuing advisory letters or warning letters to the EHCPs;</p>	<p>strategy, taking into account Audit's recommendations stated in (b) and (d) below.</p> <p>DH is reviewing the inspection protocol to further enhance the effectiveness of the monitoring work to deter fraud claims and to ensure that the use of vouchers is in compliance with the requirements of the EHCVS, say conducting surprise inspections, and selecting claims for different months (instead of claims for a particular month according to the existing inspection protocol) from the EHCPs for examination.</p> <p>DH has established a mechanism since November 2014 to compile statistics on the major and minor errors/omissions identified in consent forms on a regular basis. Having regard to the patterns of deficiencies identified, DH will devise reminders/guidelines to help the EHCPs reduce errors/omissions.</p> <p>As this recommendation will be implemented on an on-going basis, we recommend deleting this part from the next progress report.</p> <p>Taking into account Audit's recommendations, DH will draw up the criteria for issuing advisory and warning letters to EHCPs involved in anomalous claims which require stoppage/recovery of voucher payment, those who have made substantial or repeated errors/omissions in the consent forms, and those who have repeatedly breached the same provision(s) of the Agreement of EHCVS. Those repeated errors/omissions detected in the follow-up inspections will also be closely monitored.</p>

Para. No.	Audit's/PAC's Recommendations	Progress to date
	<p>(e) follow up Audit's findings on consent forms (see paras. 4.32 to 4.34); and</p>	<p>The criteria for issuance of advisory and warning letters will be reviewed from time to time in the light of operational experience gained.</p> <p>Action completed.</p> <p>DH has followed up those voucher claims with errors/omissions identified in the consent forms examined by the Audit . As at end-February 2015 –</p> <ul style="list-style-type: none"> <li>• 299 (98%) major errors/omissions (amounting to \$69,250) found in the consent forms have been checked by making telephone calls to the elderly concerned or examining relevant records/information kept by the EHCPs. Of the remaining 5 (2%) major errors/omissions which appear to be related to errors in procedures or documentation, action is being taken to recover the voucher amount of \$700 in total; and</li> <li>• all the 400 minor errors/omissions found in the consent forms have been corrected by the EHCPs.</li> </ul> <p>As for the unsatisfactory practices adopted by some EHCPs as mentioned in paragraph 4.34 of Audit Report, DH has taken follow-up actions as below –</p> <ul style="list-style-type: none"> <li>• the unsatisfactory practices (i.e. requiring the elderly to sign some “blank forms”, missing the telephone numbers of the elderly on the consent forms and using modified consent forms which did not include the statement that the elderly consented to the number of vouchers used) have been classified as errors/omissions in the inspection protocol for monitoring;</li> </ul>

Para. No.	Audit's/PAC's Recommendations	Progress to date
	<p>(f) encourage the EHCPs to use identity card readers as far as possible and provide assistance to the EHCPs who have difficulties in using the readers.</p>	<ul style="list-style-type: none"> <li>• regarding the two EHCPs (i.e. EMP 4 and EMP 5) who required the elderly to sign excessive consent forms or used modified consent forms, it was noted from our inspection visits to them in November 2014 that they had stopped such practices;</li> <li>• for the two EHCPs (i.e. ECMP 3 and ECMP 4) with telephone numbers of the elderly missing in the 222 consent forms provided by them, DH has subsequently obtained the telephone numbers of elders involved in 191 consent forms (86%); and</li> <li>• DH has randomly selected some of the voucher claims made by these EHCPs and made telephone calls to the elderly concerned to check the genuineness of voucher claims. No suspected fraud claims have been found.</li> </ul> <p>Upon the successful enrolment of a healthcare service provider in the EHCVS, an identity card reader together with a leaflet on its installation and use, among other things, will be delivered to the EHCP. The EHCPs may also refer to the Frequently Asked Questions Section of the eHealth System or contact the staff of DH through the enquiry hotline (Tel: 3582 4102) in case they encounter any problems about the use of the identity card readers.</p> <p>For the existing ECHPs, arrangement has been made to issue a message through the eHealth System to them in January 2015 to encourage their use of the identity card readers when creating voucher accounts and making voucher claims. EHCPs are also invited to</p>

<b>Para. No.</b>	<b>Audit's/PAC's Recommendations</b>	<b>Progress to date</b>
		<p>contact the Health Care Voucher Unit of DH in case they have any problems in using the readers. DH will also continue to encourage the EHCPs to use the readers as far as possible through different channels, e.g. during the inspection visits to them.</p> <p>As this recommendation will be implemented on an on-going basis, we recommend deleting this part from the next progress report.</p>
<p>Para. 4.40 of Audit Report</p>	<p>Audit has recommended that the Director of Health should plan for the conduct of another comprehensive review of the EHCVS.</p>	<p>As a series of enhancements to the EHCVS in 2014, including the change of face value of each voucher to \$1 effective from 1 July 2014, have been implemented for some time, DH is working with the Food and Health Bureau to conduct a comprehensive review of the EHCVS in mid-2015.</p>
<p>Page 116 of PAC Report</p>	<p>PAC recommends DH to consider making enhancements to the eHealth System so that more detailed statistics could be compiled for assessing the effectiveness of the programme.</p>	<p>DH will look into the issue when reviewing the EHCVS in mid-2015.</p>
<p><b>Part 5 : HA's Provision of Specialist Out-patient Service to Elderly Patients</b></p>		
<p>Para. 5.13 of Audit Report</p>	<p>Audit has recommended that the Chief Executive, HA should formulate an action plan and step up efforts to –</p> <p>(a) shorten the waiting time for Routine cases at the Specialist Out-patient Clinics (SOPCs) as far as possible; and</p>	<p>HA has been striving to shorten the waiting time for Routine cases subject to manpower availability and would continue to implement various measures to improve the waiting time at SOPCs. HA implemented a number of programmes in 2013-14 and 2014-15 to increase the capacity to handle SOPC cases and manage waiting time. In 2015-16, HA will also address the issue of SOPC waiting time through service development programmes that have incorporated SOPC elements.</p>

Para. No.	Audit's/PAC's Recommendations	Progress to date
	<p>(b) reduce the disparity in the waiting time for first consultation at SOPCs of different clusters (for example by extending the scope of cross-cluster referral arrangement — see para. 5.29).</p>	<p>HA has displayed comprehensive, consistent and up-to-date waiting time information of all eight major specialties (namely Ear, Nose, Throat (ENT), Gynaecology, Medicine, Eye, Orthopaedics &amp; Traumatology, Paediatrics, Psychiatry and Surgery) in SOPCs and on HA's website to increase transparency since 30 January 2015. The information will facilitate patients' understanding of the waiting time situation in HA and assist them to make informed decisions in treatment choices and plans. Patients may book medical appointments at SOPCs of their choices though staff of HA may recommend and arrange the patients to seek medical care at SOPCs close to their residence according to their clinical condition.</p>
<p>Para. 5.22 of Audit Report</p>	<p>Audit has recommended that the Chief Executive, HA should –</p> <p>(a) conduct a comprehensive review of the appointment scheduling practices of the SOPCs;</p> <p>(b) in the light of the results of the review, implement measures to optimise the use of the earliest available appointment slots in scheduling appointments for patients;</p> <p>(c) take action to ensure that the appointment slots from cancelled appointments are timely released and are put to effective use as far as possible; and</p> <p>(d) disseminate the good practices for clearing backlog of Routine cases, and encourage SOPCs to adopt such good practices.</p>	<p>(a) – (d)</p> <p>HA is conducting a comprehensive review of appointment scheduling practices of SOPCs, with particular attention to good practices for achieving optimal utilisation of service capacity including timely filling up of cancelled and defaulted appointments. Other good practices for clearing backlog of Routine cases, will also be shared among clusters.</p> <p>HA will extend an initiative on SOPC Phone Enquiry System, first piloted in the Queen Elizabeth Hospital in Kowloon Central cluster in 2011, to the other six clusters in 2015-16. The system could facilitate patients in giving advance notice to SOPCs of their intention to cancel or reschedule their appointments. SOPCs could then fully utilise the released quotas to</p>

Para. No.	Audit's/PAC's Recommendations	Progress to date
		<p>arrange appointments for other patients and reduce the number of default cases.</p> <p>HA is working on a SOPC Operation Manual to align different practices, including appointment scheduling, of SOPCs within HA in 2015-16.</p>
<p>Para. 5.27 of Audit Report</p>	<p>Audit has recommended that the Chief Executive, HA should –</p> <p>(a) formulate a long-term plan for delivering the service of the Community Geriatric Assessment Teams (CGATs); and</p> <p>(b) in formulating the long-term plan, consider extending the service coverage of the CGATs with a view to enhancing the quality of healthcare of elderly residing in RCHEs.</p>	<p>(a) – (b)</p> <p>In 2015-16, HA will enhance the CGAT services to better cover RCHE residents. In particular, enhanced support will be provided to the terminally ill residents living in RCHEs to meet their specific needs and improve the quality of end-of-life care.</p> <p>HA is also assessing the CGAT coverage and will take into consideration factors such as healthcare manpower, particularly on doctors and nurses, when planning the service.</p> <p>HA will continue to monitor the healthcare needs as and when required, and through the annual planning exercise in 2016-17 and beyond to allocate necessary resources to meet the needs, particularly in areas where there are expansion of RCHEs.</p>
<p>Para. 5.35 of Audit Report</p>	<p>Audit has recommended that the Chief Executive, HA should –</p> <p>(a) initiate more cross-cluster referrals where the patient cases are found suitable;</p> <p>(b) consider extending the cross-cluster referral arrangement to more Specialties and to benefit more elderly patients; and</p>	<p>(a) – (b)</p> <p>HA has displayed comprehensive, consistent and up-to-date waiting time information of all eight major specialties (namely ENT, Gynaecology, Medicine, Eye, Orthopaedics &amp; Traumatology, Paediatrics, Psychiatry and Surgery) in</p>

<b>Para. No.</b>	<b>Audit's/PAC's Recommendations</b>	<b>Progress to date</b>
	<p>(c) take measures to remind staff of SOPCs in all clusters to allow patients to attend SOPCs of their choices whenever clinical condition and capacity afford.</p>	<p>SOPCs and on HA's website to increase transparency since 30 January 2015. The information will facilitate patients' understanding of the waiting time situation in HA and assist them to make informed decisions in treatment choices and plans. Patients may book medical appointments at SOPCs of their choices though staff of HA may recommend and arrange the patients to seek medical care at SOPCs close to their residence according to their clinical condition.</p> <p>To empower more patients to benefit from cross-cluster referral arrangement according to patients' preferences, HA has reminded frontline staff to accept new case bookings from patients residing in other clusters. In February 2015, HA has produced a poster on procedures and practice on booking of first appointment at SOPC for the information of both the public and staff.</p>
<p>Para. 5.41 of Audit Report</p>	<p>Audit has recommended that the Chief Executive, HA should –</p> <p>(a) implement measures to ensure that comprehensive and updated waiting time information is displayed at all SOPCs; and</p> <p>(b) expedite action to disclose the waiting time information of all the Specialties on the HA's website to facilitate patients to make informed treatment choices and better planning.</p>	<p>(a) – (b) Action completed.</p> <p>HA has displayed comprehensive, consistent and up-to-date waiting time information of all eight major specialties (namely ENT, Gynaecology, Medicine, Eye, Orthopaedics &amp; Traumatology, Paediatrics, Psychiatry and Surgery) in SOPCs and on HA's website to increase transparency since 30 January 2015. The information will facilitate patients' understanding of the waiting time situation in HA and assist them to make informed decisions in treatment choices and plans.</p>

<b>Para. No.</b>	<b>Audit's/PAC's Recommendations</b>	<b>Progress to date</b>
Page 110 of PAC Report	PAC recommends HA to explore, from the perspective of efficient utilization of healthcare resources and to better cater for the needs of elderly patients, the feasibility of setting up a Geriatrics Specialty or a dedicated unit for elderly patients at SOPCs to efficiently cope with the anticipated higher healthcare service demand arising from an ageing population.	<p>Action completed.</p> <p>HA has thoroughly considered the suggestion of designating Geriatrics as a separate specialty. Based on the following considerations, HA does not consider the suggestion appropriate –</p> <ul style="list-style-type: none"> <li>• provision of services for patients is based on healthcare needs instead of the mere factor of age of the patients;</li> <li>• many elderly patients have multiple medical conditions and functional disabilities requiring treatments and care from various specialties and subspecialties, in addition to Medicine or Geriatrics, according to the clinical conditions of individual patients;</li> <li>• HA has established systems to provide platforms for joint input of relevant professionals from various specialties and subspecialties for patients under a particular medical condition; and</li> <li>• the existing organisation of specialties/subspecialties is cost-effective from the overall perspective of serving both elderly and non-elderly patients.</li> </ul>

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**New Civil Aviation Department Headquarters  
Updated Progress of Implementing Audit's and PAC's Recommendations  
(as at 13 May 2015)**

Para. No.	Audit's/PAC's Recommendations	Progress to Date
<b>Part 2: Provision of Reserve Space for Future Expansion</b>		
Para. 2.25 of the Audit Report	<p>Audit has recommended that the Director of Architectural Services should –</p> <p>(a) remind client departments to timely inform the Property Vetting Committee (PVC) of significant changes in user's accommodation requirements so that the PVC can make an informed decision on whether to support such changes in the schedule of accommodation (SoA); and</p> <p>(b) take measures to ensure that –</p> <p style="padding-left: 20px;">(i) PVC meetings should be convened for members to exchange views and to clarify understanding on important matters which could be subject to different interpretation;</p> <p style="padding-left: 20px;">(ii) full information on expansion area of building projects is included in the Public Works Subcommittee (PWSC)/Finance Committee (FC) submissions and in the Administration papers for prior consultation with the relevant LegCo panels; and</p>	<p>On 8 May 2014, the PVC Chairman issued a memo reminding heads of departments to submit SoA to the PVC for approval in a timely manner.</p> <p>On project administration level, on 9 February 2015, the Architectural Services Department (ArchSD) issued an internal instruction highlighting the procedures in carrying out building projects in ensuring that the government accommodations and facilities are constructed in accordance with approved SoA, including changes to approved SoA.</p> <p>As agreed at its meeting on 22 January 2015, the PVC would convene ad-hoc meetings whenever necessary in addition to the quarterly meetings to consider more complicated cases which may be subject to different interpretation.</p> <p>On 9 February 2015, ArchSD issued an internal instruction requiring project officers to ensure all future expansion areas will be clearly reflected in the submissions to LegCo panels and PWSC/FC.</p>

Para. No.	Audit's/PAC's Recommendations	Progress to Date
	<p>(iii) for building projects with reserve areas to be built on day one for expansion in the distant future, allowance is made in the building design, after consultation with the user departments, to facilitate interim use of the areas by third parties.</p>	<p>As a reminder to project officers the need to make allowance in the building design for interim use of the reserve areas by third parties after consultation with the user departments, ArchSD conducted a sharing session and issued a Lessons Learnt on 15 January and 18 February 2015 respectively.</p> <p>As the follow-up actions will be implemented on an on-going basis, we recommend that this part be deleted from the next progress report.</p>
<p>Para. 2.26 of the Audit Report and Page 157 of the PAC Report (item(d))</p>	<p>Audit has recommended that the Director-General of Civil Aviation should –</p> <p>(a) take measures to ensure that</p> <p>(i) the tender specifications for new building projects adhere strictly to the approval given by the PVC;</p> <p>(ii) in case of subsequent significant changes in user requirements, a resubmission is made to the PVC; and</p> <p>(iii) for building projects with reserve areas to be built on day one for expansion in the distant future, allowance is made in the building design to facilitate interim use of the areas by third parties;</p> <p>(b) take steps to ensure that full information on expansion area of building projects is included in the PWSC/FC submissions and in the Administration papers for prior consultation with the relevant LegCo Panels; and</p>	<p>(a) and (b)</p> <p>The Civil Aviation Department (CAD) has updated the departmental project procedures handbook specifying that the project officers, when conducting building construction projects, shall conduct thorough checking of tender specifications against the net operational floor area (NOFA) approved by PVC, and maintain close communication with relevant B/Ds to ensure a uniform understanding among all relevant parties of the approved NOFA. They shall also include full information in the submissions to LegCo. In addition, project officers should seek prior approval from PVC before making any significant changes to the facilities and provision approved in the SoA, and consider how to put the space into gainful use from the value-for-money perspective. CAD has informed all relevant staff of the changes in the updated handbook.</p> <p>CAD will follow the provisions in the Accommodation Regulations (ARs) to</p>

Para. No.	Audit's/PAC's Recommendations	Progress to Date
	<p>(c) in consultation with the Government Property Administrator, conduct an overall review of the space utilisation of the Civil Aviation Department (CAD) premises taking into account the timing and operational requirements in the CAD's latest expansion plan with a view to identifying any surplus space that should be made available to other users.</p>	<p>review the utilisation of the office space and facilities of the headquarters building regularly to ensure gainful use of space.</p> <p>CAD will continue to take effective measures to strengthen internal control. CAD has issued a circular to inform staff of the audit findings and lessons learnt, and will also circulate to staff regularly the updated government accommodation and financial regulations and guidelines, and remind them of the need to follow the prevailing regulations and guidelines of the Government, and seek guidance from the relevant B/Ds whenever needed. On the other hand, CAD has liaised with the Civil Service Training and Development Institute (CSTDI) and the Government Records Services (GRS) to arrange staff to attend appropriate courses on project management, record management, etc., to enhance their relevant knowledge.</p> <p>(c) CAD has completed the overall review of space utilisation of its premises. Government Property Agency (GPA) will assist CAD to put the surplus space into temporary use.</p> <p>Regarding the 1 500 m<sup>2</sup> reserve area built at the new CAD headquarters, CAD has obtained approval of PVC to use 926m<sup>2</sup> of the space concerned as office space for the 119 additional staff. GPA has also assisted CAD to provide the remaining 574m<sup>2</sup> of the space concerned to other government departments for temporary use with a view to making gainful use of the space.</p>

<b>Para. No.</b>	<b>Audit's/PAC's Recommendations</b>	<b>Progress to Date</b>
		As the follow-up actions will be implemented on an on-going basis, we recommend this part be deleted from the next progress report.
Para. 2.27 of the Audit Report and Page 157 of the PAC Report (3 <sup>rd</sup> bullet point)	Audit recommended that the Secretary for Transport and Housing should regularly remind departments under his purview to take steps to ensure that full information on expansion area of building projects is provided in the PWSC/FC submissions and in the Administration papers for prior consultation with the relevant LegCo Panels.	The Transport and Housing Bureau (THB) has already circulated a circular to departments under its purview, requesting them to regularly remind subject officers of the need to provide full information when preparing relevant submissions to the LegCo.  As the follow-up actions will be implemented on an on-going basis, we recommend this part be deleted from the next progress report.
Para. 2.28 of the Audit Report and Page 159 of the PAC Report (para. 64(d))	Audit recommended that the Secretary for Financial Services and the Treasury Administrator should remind user departments and works agents of building projects with reserve areas to be built on day one for expansion in the distant future to make allowance in the building design to facilitate interim use of the areas by third parties.	GPA has adopted the practice to include a note in the SoA approval memorandum to remind user departments and works agents to make allowance in the building design to facilitate interim use by third parties in respect of any areas that are provided for future expansion.  As the follow-up actions will be implemented on an on-going basis, we recommend that this part be deleted from the next progress report.
<b>Part 3: Control over deviations from approved schedule of accommodation</b>		
Para. 3.18 of the Audit Report	Audit has recommended that the Director of Architectural Services should keep under review the implementation and effectiveness of the electronic room data sheet information system to ensure that any discrepancies between room data sheets and approved schedules of accommodation are reconciled before tender invitations.	Since May 2014, ArchSD has set up the electronic room data sheet information system (RDSIS), using information technology to more effectively compare the accommodation requirements from user departments against the approved SoA. The ArchSD internal instruction providing project officers with the guidelines and procedures on the RDSIS was also promulgated on 20 May 2014. ArchSD will keep

<b>Para. No.</b>	<b>Audit's/PAC's Recommendations</b>	<b>Progress to Date</b>
		<p>under review the effectiveness of the RDSIS.</p> <p>As the follow-up actions will be implemented on an on-going basis, we recommend that this part be deleted from the next progress report.</p>
<p>Page 157 of the PAC Report (para. 63(a) &amp; (b))</p>	<p>PAC urges the Director of Architectural Services to –</p> <p>(a) ensure that the user requirements to be included in the tender documents of building projects should not deviate from the approved schedules of accommodation for tenders; and</p> <p>(b) ensure that any discrepancies between the user requirements and the approved schedules of accommodation should be clarified with the proper authorities before making tender invitations.</p>	<p>(a) and (b)</p> <p>In addition to implementing the RDSIS, ArchSD has amended its project administration procedures on 2 July 2014 and issued an internal instruction on 9 February 2015. More check points have been added at different work stages of a project to remind project officers to timely follow up the discrepancies between the user requirements and the approved SoA for tenders with user departments.</p> <p>As the follow-up actions will be implemented on an on-going basis, we recommend that this part be deleted from the next progress report.</p>
<p>Para. 3.19 of the Audit Report</p>	<p>Audit has recommended that the Director-General of Civil Aviation should –</p> <p>(a) step up the checking of user requirements to be included in the tender documents of building projects to ensure consistency with the approved schedules of accommodation;</p> <p>(b) seek the PVC's approval before making any significant changes to the allowed facilities/provision in the approved SoA when handling similar building projects in future;</p>	<p>(a) and (b)</p> <p>CAD has updated the departmental project procedures handbook specifying that the project officers, when conducting building construction projects, shall conduct thorough checking of tender specifications against NOFA approved by the PVC, and maintain close communication with relevant B/Ds to ensure a uniform understanding among all relevant parties of the approved NOFA. In</p>

<b>Para. No.</b>	<b>Audit's/PAC's Recommendations</b>	<b>Progress to Date</b>
	<p>(c) take measures to ensure that important decisions made in building projects are properly documented; and</p> <p>(d) consult the GPA and Financial Services and the Treasury (FSTB) on the way forward in dealing with the discrepancy in the provision of rest rooms for accident investigators.</p>	<p>addition, they should seek prior approval from PVC before making any significant changes to the facilities and provision approved in the SoA, and consider how to put the space into gainful use from the value-for-money perspective. CAD has informed all relevant staff of the changes in the updated handbook.</p> <p>(c) CAD has also liaised with the CSTDI and the GRS to arrange staff to attend appropriate courses on project management, record management, etc., to enhance their relevant knowledge.</p> <p>(d) CAD has obtained the agreement of GPA, PVC and FSTB to use the area gainfully without renovation works, including conduct of training courses and conferences by CAD and other government departments.</p> <p>As the follow-up actions have been completed or will be implemented on an on-going basis, we recommend this part be deleted from the next progress report.</p>
<p>Page 157 of the PAC Report (2<sup>nd</sup> bullet point)</p>	<p>The PAC urges the Administration to review the role of the PVC in overseeing the provision of office space and facilities in departmental specialist building and take necessary measures to strengthen the role.</p>	<p>FSTB and GPA have completed a review of the ARs which took effect on 1 December 2014. The updated ARs covered the role of the PVC in overseeing the provision of office space facilities in departmental specialist buildings.</p> <p>As the recommendation will be implemented on an on-going basis, we recommend that this part be deleted from the next progress report.</p>

Para. No.	Audit's/PAC's Recommendations	Progress to Date
<b>Part 4: Provision of Furniture and Equipment</b>		
<p>Para. 4.18 of the Audit Report</p>	<p>Audit has recommended that the Director-General of Civil Aviation should –</p> <ul style="list-style-type: none"> <li>(a) critically review the operational needs for the LCD video display units purchased under the multi-media presentation system and seek covering approval from the FSTB, where appropriate;</li> <li>(b) take measures to ensure that timely approval is sought from the FSTB for procuring equipment in accordance with the requirements laid down in Financial Circular No. 9/90 and that in seeking approval from the FSTB, details of the equipment to be purchased are provided;</li> <li>(c) seek the FSTB's advice in case of doubt on the ambit of approved commitment items and subheads of expenditure under his charge;</li> <li>(d) clearly define user requirements before procuring furniture and equipment (F&amp;E);</li> <li>(e) exercise strict economy in purchasing equipment with due regard to actual operational need; and</li> <li>(f) consult the Government Logistics Department (GLD) on ways to dispose of any surplus LCD video display units.</li> </ul>	<ul style="list-style-type: none"> <li>(a) and (f) CAD has conducted a critical review on the operational needs for all the LCD video display units under the multi-media presentation system and the integrated information display system, and obtained FSTB's approval to retain those LCD video display units with genuine operational needs and to maximise their utilisation within the ambit. CAD will work with relevant departments with a view to making gainful use of the surplus units, including redeploying to other B/Ds as appropriate.</li> <li>(b), (c), (d) and (e) CAD has updated the departmental project procedures handbook to remind relevant staff of the need to follow the requirements in the Financial Circulars and seek approval from FSTB for the procurement of equipment, and provide detailed information about the equipment to be procured. In addition, they should determine user requirements and conduct the procurement based on genuine operational needs, and save resources as much as possible.</li> <li>CAD will also circulate to staff regularly the updated government accommodation and financial regulations and guidelines, and remind them of the need to follow the</li> </ul>

<b>Para. No.</b>	<b>Audit's/PAC's Recommendations</b>	<b>Progress to Date</b>
		<p>prevailing regulations and guidelines of the Government, and seek guidance from FSTB and the relevant B/Ds whenever needed.</p> <p>As the follow-up actions have been completed or will be implemented on an on-going basis, we recommend this part be deleted from the next progress report.</p>
<p>Para. 4.19 of the Audit Report</p>	<p>Audit has recommended that the Director of Architectural Services should tighten control over the compliance with Financial Circular No. 9/90 requirements by user departments.</p>	<p>To tighten control over the compliance with the requirements in Financial Circular No. 9/90 by user departments for the purchase of F&amp;E, ArchSD has, through conducting a sharing session on 15 January 2015 and issuing a Lessons Learnt on 18 February 2015, reminded project officers that if approval for the purchase of F&amp;E items is not available by the time of tender, the items should only be included as provisional sums to avoid pre-mature funding commitment.</p> <p>Where, in some contracts (e.g. design and build), if the F&amp;E items need to be integrated in the overall design but it is not possible for the user departments to confirm the details of the F&amp;E items at the time of awarding the contracts due to absence of design, ArchSD will ensure approving authorities' in-principle approval be obtained by user departments before committing funds. The user departments will also be reminded to seek formal approval when the details of the F&amp;E items are available in the design stage.</p>

<b>Para. No.</b>	<b>Audit's/PAC's Recommendations</b>	<b>Progress to Date</b>
		As the follow-up actions will be implemented on an on-going basis, we recommend that this part be deleted from the next progress report.
Para. 4.20 of the Audit Report	Audit recommended that the Secretary for Financial Services and the Treasury should step up control to ensure that the F&E purchased by B/Ds have been approved by the FSTB/GPA. Consideration may be given to requiring the B/Ds to submit to the FSTB/GPA a return listing the details of items purchased after a project is completed.	FSTB and GPA have adopted the practice to issue a full and final approved F&E list for each project for each user department to facilitate post-implementation checking by the user department.  As the follow-up action will be implemented on an on-going basis, we recommend that this part be deleted from the next progress report.
<b>Part 5: Provision and utilisation of car parking spaces</b>		
Para. 5.14 of the Audit Report	<p>Audit has recommended that the Director of Architectural Services should –</p> <p>(a) take measures to ensure that the exact number of parking space provisions according to the approved SoA is specified in the Employer's Requirements of the tender documents; and</p> <p>(b) consult user departments of new building projects about their actual demand for motorcycle parking spaces and include the appropriate requirement in the tender documents.</p>	<p>ArchSD has, through conducting a sharing session on 15 January 2015 and issuing a Lessons Learnt on 18 February 2015, reminded project officers to specify the exact number of parking provisions according to the approved SoA in the tender documents.</p> <p>For motorcycle parking spaces, ArchSD will consult user departments about their actual demand and include the appropriate requirement in the tender documents.</p> <p>As the follow-up actions will be implemented on an on-going basis, we recommend that this part be deleted from the next progress report.</p>

Para. No.	Audit's/PAC's Recommendations	Progress to Date
<p>Para. 5.15 of the Audit Report and Page 162 of the PAC Report (item(d))</p>	<p>Audit has recommended that the Director-General of Civil Aviation should –</p> <p>(a) continue to monitor the utilisation of the parking spaces; and</p> <p>(b) take effective measures to put any under-utilised parking spaces into gainful use.</p>	<p>(a) and (b)</p> <p>With the assistance of GPA, CAD has identified users to temporarily use some of the car parking spaces of low utilisation until the move-in of the Air Traffic Management Division to the new Air Traffic Control Centre inside the new CAD headquarters. CAD is currently liaising with its works agents to confirm the location of the relevant car parking spaces and the scope and feasibility of the required renovation works. CAD will also continue to closely monitor the utilisation of the car parking space.</p> <p>As the follow-up actions have been completed or are implemented on an on-going basis, we recommend this part be deleted from the next progress report.</p>
<p>Para. 5.16 of the Audit Report</p>	<p>Audit has also recommended that the Government Property Administrator should remind user departments of new building projects to provide detailed information on their existing parking space usage to support their proposed requirement in the new projects.</p>	<p>GPA will ask user departments to provide justifications for parking spaces requested (including their existing space usage) to support their proposed requirements in the new projects.</p> <p>As the follow-up actions will be implemented on an on-going basis, we recommend that this part be deleted from the next progress report.</p>
<p><b>Part 6: Way Forward</b></p>		
<p>Para. 6.9 of the Audit Report</p>	<p>Audit has recommended that the Director-General of Civil Aviation, in managing building works projects, should –</p>	

<b>Para. No.</b>	<b>Audit's/PAC's Recommendations</b>	<b>Progress to Date</b>
	<p>(a) strengthen internal controls over compliance with government regulations and guidelines; and</p> <p>(b) take measures to raise the awareness of CAD staff on the need to comply with government regulations and procedures in managing accommodation matters and public funds.</p>	<p>(a) and (b) CAD will continue to take effective measures to strengthen internal control to prevent recurrence of similar incident. CAD has issued circular to inform staff of the audit findings and lessons learnt, and will also circulate to staff regularly the updated government accommodation and financial regulations and guidelines, and remind them of the need to follow the prevailing regulations and guidelines of the Government, and seek guidance from the relevant B/Ds whenever needed. On the other hand, CAD liaised with the CSTDI and the GRS to arrange staff to attend appropriate courses on project management, record management, etc., to enhance their relevant knowledge.</p> <p>As the follow-up actions have been completed or are implemented on an on-going basis, we recommend this part be deleted from the next progress report.</p>
<p>Para. 6.10 of Audit Report</p>	<p>Audit has recommended that the Director of Architectural Services should tighten control on compliance with the approved SoA and requirements in relevant government circulars by user departments in future.</p>	<p>ArchSD has tightened control on the compliance with the approved SoA and requirements in relevant government circulars by implementing a series of enhancement measures.</p> <p>To effectively convey the findings and the recommendations from the audit review for the New CAD headquarters and the experience gained, a sharing session with ArchSD project officers was conducted on 15 January 2015 and a Lessons Learnt was issued on 18 February 2015.</p> <p>ArchSD will review the effectiveness of the follow-up actions from time to time. In-house experience sharing and</p>

<b>Para. No.</b>	<b>Audit's/PAC's Recommendations</b>	<b>Progress to Date</b>
		<p>training will be conducted for continual improvements.</p> <p>As the follow-up actions will be implemented on an on-going basis, we recommend that this part should be deleted from the next progress report.</p>
<p>Para. 6.11 of Audit Report and Page 162 of the PAC Report (3<sup>rd</sup> bullet point)</p>	<p>The lessons learnt from the new CAD headquarters project would be of benefit to other B/Ds in managing similar departmental specialist building projects in the future. Audit has also recommended that the Secretary for Financial Services and the Treasury and the Government Property Administrator should promulgate these lessons for their reference.</p>	<p>FSTB and GPA completed a review of the ARs which took effect on 1 December 2014. The updated ARs would facilitate B/Ds to have a better and clearer understanding of the principles and regulations related to the provision and management of government accommodation. Briefings were also held in mid-October 2014 to explain to B/Ds the updated ARs and to impress on them the need to strictly observe the ARs.</p> <p>As the follow-up actions have been completed or will be implemented on an on-going basis, we recommend that this part be deleted from the next progress report.</p>
<p>Page 163 of the PAC Report (para. 65)</p>	<p>The Committee wishes to be informed of the findings of the report of the Director-General of Civil Aviation to review the irregularities on the implementation of the new CAD headquarters project and any follow-up actions to be taken by THB.</p>	<p>THB received the report in February 2015. After examining the report, THB has requested CAD to provide further information. In case of misconduct, THB will follow up in accordance with the established procedures, including taking appropriate administrative or disciplinary action.</p>

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**Government's efforts in enhancing tree safety**  
**Updated Progress of Implementing Audit's and PAC's Recommendations**  
**(as at 13 May 2015)**

Para. No.	Audit's/PAC's recommendations	Progress to date
<b>Part 2: Coordinating the work of tree management departments</b>		
<i>Coordinating the work of non-core departments in tree management</i>		
2.11	<p>The Secretary for Development should:</p> <p>(a) collect more information about the tree maintenance practices of non-core departments, take measures to ensure that they adequately discharge their responsibilities for tree management, and provide necessary advice and assistance to them;</p> <p>(b) step up efforts to regularly remind non-core departments of their maintenance responsibilities for trees under their purview; and</p>	<p>(a) The Tree Management Office (TMO) of the Development Bureau (DEVB) has revised the proforma to collect more tree maintenance information from non-core departments on a regular basis; and memos and briefing have been given to non-core departments on details and proper procedures of tree management. To ensure that the non-core departments adequately discharge their responsibilities for tree management, training has been organised for the frontline, supervisory and managerial staff of non-core departments on various topics of tree management including tree risk assessment and management, precautionary measures etc. The TMO has designated work teams to continue to provide necessary advice and assistance to non-core departments.</p> <p>(b) Memos and written messages have been issued to remind non-core departments of their maintenance responsibilities for trees under their purview. Reminders will be issued every six months or more frequently as necessary.</p>

<b>Para. No.</b>	<b>Audit's/PAC's recommendations</b>	<b>Progress to date</b>
	<p>(c) consider refining the TMO's strategy for coordinating the work of tree management departments, and applying more administrative measures to non-core departments (particularly those maintaining a large number of trees, e.g. the Environmental Protection Department (EPD)).</p>	<p>(c) The TMO has reviewed and revised strategies for coordinating the work and has revised the proforma to collect more tree maintenance information from all non-core departments on a regular basis.</p> <p>The TMO has been coordinating closely with EPD on tree risk assessment conducted. The TMO will audit check the quality of completed inspection work of all non-core departments including EPD starting in May 2015. The office is now in the process of receiving returns from non-core departments and conducting audit checks.</p> <p>As these recommendations will be implemented on an on-going basis, we recommend deleting this part from the next progress report.</p>
2.12	<p>The Director of Environmental Protection should strengthen the EPD's tree maintenance practices to ensure that all trees under its purview are properly maintained in accordance with the laid-down guidelines.</p>	<p>EPD has strengthened the tree management practices including the carrying out of tree risk assessments and associated tree maintenance in accordance with the laid-down guidelines to ensure trees under EPD's purview are properly maintained.</p> <p>As the recommendation will be implemented on an on-going basis, we recommend deleting this part from the next progress report.</p>
<b><i>Delineation of management responsibilities for roadside trees</i></b>		
2.33	<p>The Secretary for Development should:</p> <p>(a) having regard to the findings of the roadside tree survey, expedite action to review the policy considerations concerning the maintenance approach for roadside</p>	<p>Para. 2.33 and 2.46 DEVB has reviewed the policy considerations on roadside tree maintenance and is working with the relevant departments to enhance the</p>

<b>Para. No.</b>	<b>Audit's/PAC's recommendations</b>	<b>Progress to date</b>
	<p>trees, and sort out the delineation of maintenance responsibilities of the surveyed trees of TMO's roadside tree survey so that the departments concerned can promptly take up the maintenance responsibilities; and</p> <p>(b) step up efforts to further promote the adoption of the lion's share principle by departments for taking up tree management responsibilities, taking due account of cost-effectiveness and public interest.</p>	<p>maintenance for roadside trees.</p>
<b><i>Maintenance of roadside trees on unallocated government land</i></b>		
2.46	<p>The Secretary for Development and the Director of Lands should consider implementing regular maintenance for trees on unallocated government land, particularly roadside trees, which currently are under <i>ad hoc</i> maintenance.</p>	
2.47	<p>The Director of Lands should expedite action to complete the special tree inspection for roadside trees on village access roads and footpaths in rural areas.</p>	<p>The tree inspection work was started in December 2013 and is in progress. LandsD will endeavour to expedite action to complete the special tree inspection project in 2016-17.</p>
<b>Part 3: Tree risk assessment</b>		
<b><i>Implementation of the tree risk assessment</i></b>		
3.39	<p>The Secretary for Development should:</p> <p>(a) review the time schedule for the annual tree risk assessment (TRA) exercise and consider revising it so that the exercise can be completed earlier, preferably before the onset of the wet season;</p>	<p>(a) The annual TRA exercise is scheduled for earlier completion from 2015 onwards i.e. by the end of April every year.</p>

<b>Para. No.</b>	<b>Audit's/PAC's recommendations</b>	<b>Progress to date</b>
	<p>(b) provide more guidelines on the appropriate number of trees to be covered by a Form 1 inspection (e.g. by specifying the maximum number of trees to be covered);</p> <p>(c) for the problematic trees identified by a Form 1 inspection but without undergoing Form 2 inspections, remind tree management departments to properly record these trees and the remedial measures taken on them;</p> <p>(d) provide more guidelines to help tree management departments decide whether and when it is necessary to conduct a Form 2 inspection;</p> <p>(e) consider including non-core tree management departments in the TMO's monitoring of the TRA implementation; and</p> <p>(f) consider focusing more of the TMO's effort on conducting risk-based site inspections for identifying problematic trees.</p>	<p>(b) and (d) More guidelines have been incorporated in the latest version "Guidelines for Tree Risk Assessment and Management Arrangement (7<sup>th</sup> Edition)" (TRA Guidelines) issued in October 2014.</p> <p>(c) This requirement has been explicitly spelt out in the latest version of TRA Guidelines. Reminders have been issued to departments for proper recording.</p> <p>(e) Non-core departments have been included in the monitoring of the implementation of TRA since end 2014. The TMO is currently in the process of receiving returns from non-core departments and conducting audit checks on the quality of the completed inspection work.</p> <p>(f) The TMO has formulated the annual inspection plan of the Central Tree Support Team for enhancing the efforts in identifying problematic trees in a more systematic schedule. The plan has been implemented starting from November 2014.</p> <p>As these recommendations will be implemented on an on-going basis, we recommend deleting this part from the next progress report.</p>

<b>Para. No.</b>	<b>Audit's/PAC's recommendations</b>	<b>Progress to date</b>
3.40	<p>The Director of Leisure and Cultural Services should:</p> <p>(a) take measures to improve the effectiveness of Form 1 inspections (see Case 3 in para. 3.20); and</p> <p>(b) rectify the non-compliances with the internal checking requirements relating to tree inspections (see para. 3.38).</p>	<p>(a) Leisure and Cultural Services Department (LCSD) has followed the prevailing version of the TRA Guidelines issued by the TMO (last updated in December 2014) on improving the effectiveness of Form 1 inspections.</p> <p>(b) LCSD has reminded its staff to adhere strictly to the internal checking requirements in the LCSD's Horticultural Guidelines.</p> <p>As these recommendations will be implemented on an on-going basis, we recommend deleting this part from the next progress report.</p>
<b><i>Maintenance of old and valuable trees</i></b>		
3.50	<p>The Secretary for Development should consider standardising the frequency of conducting Form 2 inspections of old and valuable trees (OVTs) to at least twice a year in the TRA Guidelines.</p>	<p>The requirement of standardisation of Form 2 inspection of OVTs to at least twice a year has been incorporated in the latest version of TRA Guidelines.</p> <p>As the recommendation has been implemented, we recommend deleting this part from the next progress report.</p>
<b><i>Tackling brown root rot disease</i></b>		
3.60	<p>The Secretary for Development should:</p> <p>(a) for non-OVTs which have been infected with brown root rot (BRR) disease, urge the responsible departments to remove the trees in a timely manner, in order to remove the threat to public safety and prevent the spread of the disease; and</p>	<p>(a) A memo and a reminder have been issued to urge relevant departments for timely handling of BRR infected trees and the proper handling to prevent the spread of disease to reduce risks to public.</p>

<b>Para. No.</b>	<b>Audit's/PAC's recommendations</b>	<b>Progress to date</b>
	(b) provide more information on BRR infection in the Tree Register and the OVT Register for infected OVTs, and in the Tree Register for infected non-OVTs, in order to promote public awareness and community surveillance.	(b) Information on BRR infection in the Tree Register and the OVT Register for infected OVTs, and in the Tree Register for infected non-OVTs has been provided and will be updated regularly.  As these recommendations will be implemented on an on-going basis, we recommend deleting this part from the next progress report.
<b>Part 4 : Management Information Systems and Databases</b>		
<i>Tree Management Information System</i>		
4.12	<p>The Secretary for Development should:</p> <p>(a) take measures to promptly complete the Tree Management Information System (TMIS) enhancement project in order to deliver the expected functions and reap the benefits of the TMIS;</p> <p>(b) review the system development issues encountered previously and draw lessons therefrom for reference by the enhancement project;</p> <p>(c) ensure that tree management departments are committed to using the TMIS for keeping complete and up-to-date tree data, and avoid data inconsistencies between the TMIS and departmental systems, and</p>	<p>(a) and (b) The TMIS enhancement project has been launched since November 2014 for completion in November 2015. Amongst others, it will tackle the system development issues encountered previously.</p> <p>(c) The eight tree management departments are committed to, and have been reminded to use the TMIS for keeping complete and up-to-date tree data, and avoid data inconsistencies between the TMIS and departmental system through various measures including the Works and Maintenance Committee on Greening and Project Assurance Team meetings.</p>

<b>Para. No.</b>	<b>Audit's/PAC's recommendations</b>	<b>Progress to date</b>
	<p>(d) review and modify, when appropriate, the complaint handling function of the TMIS with a view to putting it to effective use.</p>	<p>As the recommendation will be implemented on an on-going basis, we recommend deleting this part from the next progress report.</p> <p>(d) Upon completion of the enhancement project, we will consider whether, and if so, how to put the complaint handling function to effective use.</p>
<b><i>Tree Register</i></b>		
<p>4.26</p>	<p>The Secretary for Development should:</p> <p>(a) take measures to ensure that the Tree Register provides a complete and up-to-date list of problematic trees with mitigation measures to be completed, e.g. by making required additions and deletions to the Register in a timely manner; and</p> <p>(b) conduct a review of the Tree Register to assess whether its objective have been achieved and to identify areas for improvement, including:</p> <p>(i) enhancing the user friendliness of the Tree Register; and</p>	<p>(a) The TMO has issued reminders to departments regularly reminding them of the need to submit information on the problematic trees concerned for uploading to the Tree Register. Returns will be collected on a biannual basis from departments for updating the tree information. The TMO will continue to audit check the mitigation measures by departments and the timely updating on tree information on the Tree Register.</p> <p>As the recommendation will be implemented on an on-going basis, we recommend deleting this part from the next progress report.</p> <p>(b) A review of the Tree Register has been conducted. It was found that the Tree Register had been generally well patronised and information on trees under monitoring in various districts had been adequately provided.</p> <p>(i) The user friendliness of the Tree Register is under enhancement. The existing</p>

<b>Para. No.</b>	<b>Audit's/PAC's recommendations</b>	<b>Progress to date</b>
	<p>(ii) reviewing the content of the standard label attached to a problematic tree included in the Tree Register to see if it is desirable to display additional information more prominently, and consider putting up a warning sign where necessary.</p>	<p>PDF files will be replaced by a format with searchable fields such as districts, management departments, and locations of trees in 2015-16. The TMO has initiated procurement of the enhancement service in May 2015.</p> <p>(ii) The content of the standard label attached to a problematic tree has been reviewed. As the original purpose of the label is to facilitate tree management departments' on site identification of a tree and the tree information has been provided online, it is considered not cost effective to duplicate the information into the tree label.</p> <p>Departments will put up warning sign and cordon off the site as part of the notice to public and precautionary measures where necessary.</p> <p>As the recommendation will be implemented on an on-going basis, we recommend deleting this part from the next progress report.</p>
<b><i>Tree failure database</i></b>		
4.33	<p>The Secretary for Development should:</p> <p>(a) review the need for modifying the Tree Failure Report Form (e.g. by providing a Chinese version) to facilitate tree management departments to report tree failures; and</p>	<p>(a) A review has been completed. Chinese version of Tree Failure Report Form has been developed and put in use since April 2015.</p>

<b>Para. No.</b>	<b>Audit's/PAC's recommendations</b>	<b>Progress to date</b>
	(b) continue to monitor the building up of the Tree Failure Database with a view to making better use of it.	(b) The building up of the Tree Failure Database has been under continuous monitoring. A report is compiled and submitted to the Expert Panel on Tree Management (EPTM) for discussion and advice on an annual basis. The latest report was submitted to EPTM in December 2014.  As these recommendations will be implemented on an on-going basis, we recommend deleting this part from the next progress report.
<b>Part 5 : Training and community involvement</b>		
<i>Training on tree management</i>		
5.13	The Secretary for Development should review the long-term arrangement for the TMO to deliver the tree management training in a more sustainable manner, including the use of other alternative modes of delivering training.	The long-term arrangement for the TMO to deliver tree management training programmes in a more sustainable manner has been reviewed. In order to focus on the core duties and accord priority to matters requiring urgent attention, the TMO has collaborated with training institutes including CSTD I in providing basic tree management training programmes.  As the recommendation has been implemented, we recommend deleting this part from the next progress report.
<i>Community involvement in greening and tree preservation</i>		
5.24	The Secretary for Development should, in view of growing public concerns about tree safety, make more efforts in promoting community surveillance from a tree safety perspective (particularly relating to roadside trees).	Efforts in promoting community surveillance from a tree safety perspective have been made including the implementation of new "Tree Care Partner" programmes (formerly known as "Adopt a Tree Movement") under the "Be Our Greening Partner Programme" (BOGP) since October 2014, organising public talks on community surveillance, staging a

<b>Para. No.</b>	<b>Audit's/PAC's recommendations</b>	<b>Progress to date</b>
		<p>roving exhibition in various districts, placing advertorials on newspapers and MTR, broadcasting of videos on public transport, publicising through quarterly Greening Newsletters, and topical seminars and talks etc.</p> <p>The TMO has been working closely with LCSD to promote tree care in general and community surveillance of roadside trees in particular. Events and activities include the staging of roving exhibition in Hong Kong Flower Show and other LCSD venues; and inviting Green Volunteers (GVs) and Green Ambassadors (GAs) to participate in the public talks organised by the TMO on community surveillance.</p> <p>As the recommendation will be implemented on an on-going basis, we recommend deleting this part from the next progress report.</p>
5.25	<p>The Director of Leisure and Cultural Services should:</p> <p>(a) leverage on the LCSD's GV and GA Schemes (e.g. by mobilising the large number of GV's for active participation in community involvement activities) to better promote tree care in general and community surveillance of roadside trees in particular; and</p> <p>(b) step up efforts to encourage the large number of GV's to actively participate in the Government's community involvement activities, including the forthcoming "Adopt a Tree Movement" under the BOGP Campaign implemented by the Greening, Landscape and Tree Management Section.</p>	<p>(a) and (b) LCSD has enhanced its activities relating to tree care such as workshops and seminars to encourage GAs and GV's to promote and participate in tree care and tree surveillance.</p> <p>As these recommendations will be implemented on an on-going basis, we recommend deleting this part from the next progress report.</p>

Para. No.	Audit's/PAC's recommendations	Progress to date
<b>Part 6 : Way forward</b>		
<i>Addressing safety risks of trees on private land</i>		
6.11	<p>The Secretary for Development should:</p> <ul style="list-style-type: none"> <li>(a) continue to keep the LegCo Panel on Development informed, of the progress in the implementation of tree management policy, particularly regarding the Government's efforts in enhancing tree safety;</li> <li>(b) take on board the observations and recommendations in this Audit Report in further strengthening the Government's efforts in enhancing tree safety;</li> <li>(c) critically review whether there is a need for legislation for mandatory tree inspection and maintenance of trees on private land by private land owners; and</li> <li>(d) before any new legislation is introduced, take effective measures that can more readily help improve tree safety on private land.</li> </ul>	<ul style="list-style-type: none"> <li>(a) DEVB will submit an information paper to the LegCo Panel on Development in 2015 on the latest progress of tree management work by the Government.</li> <li>(b) The TMO has taken on board all the observations and recommendations in the Audit Report to enhance tree safety.</li> <li>(c) and (d) In the process of review, the TMO has been gathering information on tree management practices on private land and collecting views from various stakeholders on measures to improve tree safety on private land. The TMO has prepared a draft Guide on Tree Maintenance for private property owners and is consulting relevant parties on their views. Upon its issuance, DEVB will invite the Home Affairs Department (HAD) to incorporate the Guide into the Code of Practice issued under the Building Management Ordinance.</li> </ul> <p>In parallel, the TMO is working closely with professional institutes and training institutions in further enhancing the quantity and quality of the tree management professionals by organising new courses and training programmes in tree management.</p>

<b>Para. No.</b>	<b>Audit's/PAC's recommendations</b>	<b>Progress to date</b>
		The TMO has also been working closely with HAD and professional institutions to organise seminars for private property owners and property management personnel on proper tree management.

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**Provision of public open space in private developments  
Updated Progress of Implementing Audit's Recommendations**

Para. No.	Audit's Recommendations	Progress to date
<b>Part 2: POSPD Accessibility</b>		
2.24	<p>The Secretary for Development should remind pertinent B/Ds of the need to –</p> <p>(a) in providing comments on development plans submitted to the Town Planning Board for approval in future, refrain as far as practicable from recommending the acceptance of development proposals having public open space in private developments (POSPDs) located in areas not easily accessible by the public; and</p> <p>(b) in accepting or requiring the provision of POSPDs in developments in future, take measures as far as practicable to ensure that related requirements are capable of being enforced or realised through imposition of suitable conditions in the leases, or submission of legally-enforceable undertakings by the developers.</p>	<p>(a) DEVB has reminded relevant departments to refrain as far as practicable from recommending the acceptance of development proposals with POSPDs situated on podiums high above ground level and not easily accessible by the public.</p> <p>(b) As part of the refined arrangements promulgated by the Government in 2010, whether government departments would require or accept the provision of POSPDs will be subject to the POSPD requirement capable of being enforced or realised through suitable conditions imposed in the lease.</p> <p>As the recommendations have been implemented, we recommend that this part should be deleted from the next progress report.</p>
2.25	<p>The Director of Lands should –</p> <p>with a view to facilitating public access to POSPDs, take actions to require pertinent building owners to keep gates at entrances to POSPDs open during the POSPD opening hours according to related lease conditions.</p>	<p>The relevant District Lands Offices (DLOs) have issued letters to the owners of public open space (POS) 1 and 31 reminding them of the owners' obligation under lease to open the POSPDs.</p>

Para. No.	Audit's Recommendations	Progress to date
		As the recommendation has been implemented, we recommend that this part should be deleted from the next progress report.
<b>Part 3: POSPD Management and Maintenance</b>		
3.8	The Director of Lands should –  take actions to strengthen LandsD inspections of POSPDs and require the pertinent building owners to properly maintain the sites and repair broken furniture and fittings in a timely manner.	The relevant DLOs have issued letters to the owners of POS 4 and 15 requesting them to properly maintain the POSPDs and repair damaged facilities in a timely manner. The irregularities of POS 4 were found rectified subsequently. DLO will continue to follow up with the owners of POS 15.  In addition, DLOs have issued letters to owners of all POSPDs under lease drawing their attention to the need for proper maintenance of their POSPDs.
3.19	The Director of Lands should –  (a) take actions to require the pertinent building owners to extend the daily opening hours of POSPDs to not less than 13 hours (as specified in the 2011 POSPD Management Guidelines) when opportunities arise in future;  (b) remind LandsD staff, in approving the daily opening hours of a POSPD in future, take into account the standard of not less than 13 hours specified in the 2011 POSPD Management Guidelines; and  (c) take into account the views of the relevant District Councils before approving any reduction in the daily opening hours of a POSPD to less than 13 hours in future.	(a) to (c) Departmental instructions reflecting Audit's recommendations have been issued to DLOs. The instructions include actions required for dealing with the lease condition relating to opening hours when opportunities arise; the need to observe the standard specified in the POSPD Management Guidelines before approving the daily opening hours; and the need to take into account the relevant District Council's views before approving reduction in the daily opening hours to less than 13 hours.  As the recommendations have been implemented, we recommend that this part should be deleted from the next progress report.

Para. No.	Audit's Recommendations	Progress to date
3.25	<p>The Director of Buildings should –</p> <p>arrange BD inspections of pertinent POSPDs to prevent POSPDs from being occupied for private use.</p>	<p>BD will continue to arrange inspections to prevent POSPDs under its purview from being occupied for private use.</p> <p>As this recommendation will be implemented on an on-going basis, we recommend that this part should be deleted from the next progress report.</p>
<b>Part 4: Dissemination of POSPD Information</b>		
4.15	<p>The Director of Lands should –</p> <p>(a) take actions to include POSs 32, 33 and 34 and other POSPDs not having been issued with certificates of compliance in the LandsD's POSPD List;</p> <p>(b) take actions as far as practicable to include the maintenance and provision of a POSPD for public use in the related land lease if an opportunity for making modifications of the lease arises in future; and</p> <p>(c) include, as far as practicable, all known POSPDs which are required to be provided under related land leases in the POSPD List for public information, irrespective of their year of commissioning.</p>	<p>(a) and (c) LandsD has included POSs 32, 33 and 34 and similar known POSPDs under lease when updating the POSPD List in March 2015. It will continue to update the list based on known information.</p> <p>(b) Departmental instruction has been issued to require DLOs to take future opportunities to include conditions regarding the maintenance and provision of a POSPD for public use into the lease (e.g. when the lot owner applies for a lease modification).</p> <p>As the recommendations have been implemented, we recommend that this part should be deleted from the next progress report.</p>
4.16	<p>The Secretary for Development should remind B/Ds of the need to –</p> <p>(a) seek legal advice on whether an undertaking proposed by a developer on the provision of a public facility is legally</p>	<p>(a) and (b) As part of the refined arrangements promulgated by the Government in 2010, whether government departments</p>

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	<p>enforceable before accepting the undertaking in future; and</p> <p>(b) if a planning condition cannot be incorporated into a land lease, explore the feasibility of other measures to render the planning condition enforceable, such as requesting the developer concerned to submit an application for lease modification for incorporating the condition into the land lease, or submit a legally enforceable undertaking for the purpose.</p>	<p>would require or accept the provision of POSPDs will be subject to the POSPD requirement capable of being enforced or realised through suitable conditions imposed in the lease.</p> <p>As the recommendations have been implemented, we recommend that this part should be deleted from the next progress report.</p>
4.22	<p>The Director of Lands should –</p> <p>seek assistance from relevant government departments (such as the HAD and the LCSD) to enhance publicity of POSPDs.</p>	<p>A link has been provided in the HAD and LCSD's homepage to the POSPD list in LandsD's website to enhance the publicity of POSPDs.</p> <p>As this recommendation has been implemented, we recommend that this part should be deleted from the next progress report.</p>
<b>Part 5: Provision of POSPD Facilities</b>		
5.13	<p>The Secretary for Development should –</p> <p>take proactive actions to encourage owners' incorporations and management companies concerned to adopt and implement the relevant provisions stated in the 2011 POSPD Guidelines.</p>	<p>DEVB has advised and LandsD and BD have issued letters to the relevant owners' incorporations and management companies to encourage the implementation of the relevant requirements under the 2011 POSPD Guidelines. DEVB will continue to consider in conjunction with relevant departments how to further promote POSPD owners' awareness and adoption of the POSPD Guidelines as appropriate.</p>

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		As this recommendation will be implemented on an on-going basis, we recommend that this part should be deleted from the next progress report.
5.25	<p>The Director of Lands should –</p> <p>(a) take actions to encourage the pertinent building owners to provide in POSPDs sheltered seating, rubbish bins, barrier-free-access facilities, sign boards and essential information on notice boards as far as possible;</p> <p>(b) include in the POSPD List published on LandsD website information on whether sheltered seating and barrier-free-access facilities are provided at each POSPD; and</p> <p>(c) consider erecting appropriate POSPD sign boards and notice boards on nearby government land if pertinent owners refuse to erect such boards at the site entrances.</p>	<p>(a) LandsD has issued advisory notes/letters to the pertinent owners suggesting them to provide as far as possible the said facilities; and</p> <p>(b) LandsD has included information on whether sheltered seating and barrier-free-access facilities are provided at each POSPD in the POSPD List updated in March 2015.</p> <p>As the recommendations have been implemented, we recommend that this part should be deleted from the next progress report.</p> <p>(c) LandsD has approached the owners of POSs 4 and 26 and has suggested that the owners erect notice boards at site entrances. A notice was posted at POS 26. LandsD will continue to negotiate with the owners of POS 4 on the erection of notice boards.</p>
5.32	<p>The Director of Lands should –</p> <p>(a) strengthen actions to ensure that all DLOs comply with LandsD instructions in conducting POSPD inspections; and</p>	<p>(a) LandsD has issued guidelines reminding the staff to implement the annual inspection requirement. Regular reminders will be incorporated into the LandsD Headquarters' half-yearly calls for updates to the POSPD List.</p>

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	<p>(b) require DLOs to submit annual returns to the LandsD Headquarters to report the progress of POSPD inspections conducted, together with major observations and the follow-up actions taken.</p>	<p>(b) Since December 2014, the new arrangement has been implemented requesting DLOs to submit annual returns to report progress of POSPD inspections, together with major observations and follow-up actions taken.</p> <p>As the recommendations will be implemented on an on-going basis, we recommend that this part should be deleted from the next progress report.</p>
<p><b>Part 6: Way Forward</b></p>		
<p>6.11</p>	<p>With a view to improving the administration and management of POSPDs under the BD's purview, the Director of Buildings should –</p> <p>keep in view new POSPDs falling under BD's purview in future and take measures to ensure that the relevant POSPD Design Guidelines and Management Guidelines are enforceable on such POSPDs.</p>	<p>BD has issued an internal instruction in February 2015 to ensure that the Deed of Dedication for new POSPDs falling under its purview would include the relevant POSPD Design Guidelines and Management Guidelines.</p> <p>As this recommendation has been implemented, we recommend that this part should be deleted from the next progress report.</p>

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## Provision of cycle track network in the New Territories

Para. No.	Audit's Recommendations	Progress to date
<b>Part 2: Implementation of New Territories (NT) Cycle-track Network</b>		
2.17	<p>Audit has recommended that the Director of Civil Engineering and Development, in collaboration with the Secretary for Development, should:</p> <p><i>Time target for completing NT Cycle-track Network not met</i></p> <p>(a) endeavour to ensure that a publicly announced public-works programme is implemented according to the committed timeframe and scope as far as possible;</p> <p>(b) subject to funding allocations and approvals, expedite actions to implement works for Section B Stage 2, Section C and Section D;</p>	<p>(a) The Government has always made efforts to implement a project according to the publicly announced programme and scope. Adherence to the announced programme of a project is subject to various uncertainties. In announcing implementation of similar projects at early stages in future, more information such as scope of works, tentative programmes and possible programming risks will be provided to the public as far as possible.</p> <p>As follow-up actions will be taken on an on-going basis, we recommend deleting this part from the next progress report.</p> <p>(b) The Civil Engineering and Development Department (CEDD) plans to seek funding approval for the works of Section B Stage 2 in 2015. The scope and programme of works for Sections C are under review and subject to the outcome of public consultation. The progress of such work is being closely monitored. As regards Section D, CEDD has carried out an alignment review and identified that there are major physical and environmental constraints</p>

<b>Para. No.</b>	<b>Audit's Recommendations</b>	<b>Progress to date</b>
	<p>(c) closely monitor Section B Stage 1 works to ensure that they are completed on schedule;</p> <p>(d) when making public announcements of proposed public works in future, inform the public if the works are subject to environmental and technical difficulties;</p> <p>(e) inform LegCo Panel on Development that the timeframe for completing the NT Cycle-track Network provided to the Panel</p>	<p>associated with the branching off sections from Yuen Long to Nam Sang Wai, Ma On Shan to Sai Kung, Tuen Mun to Lung Kwu Tan, and the Tai Wo section. In view of the major physical and environmental constraints, CEDD has proposed to delete these branching off sections and has reported this to the relevant District Councils. The branching off section at Sam Mun Tsai and the resting station at Tai Wo are under planning and design.</p> <p>(c) The DEVB and the CEDD are closely monitoring Section B Stage 1 works with a view to ensuring that they will be completed on schedule.</p> <p>As follow-up actions will be taken on an on-going basis, we recommend deleting this part from the next progress report.</p> <p>(d) In announcing implementation of projects at early stages in future, more information on possible risks and uncertainties associated with environmental, technical and other difficulties that may affect the project scope, programme and costs will be provided to the public as far as possible.</p> <p>As follow-up actions will be taken on an on-going basis, we recommend deleting this part from the next progress report.</p> <p>(e) DEVB and CEDD reported the progress and revised programme of different sections of the NT Cycle-track Network to LegCo</p>

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	<p>in April 2009 cannot be attained, and the Administration has not decided on a revised timeframe for completing the whole Network, including those for Sections C and D; and</p> <p><i>Overall cost information for project implementation not provided</i></p> <p>(f) when seeking funding from the FC for implementing a works programme in stages in future, inform the FC as far as practicable of the estimated cost of the whole programme.</p>	<p>Panel on Development on 28 April 2009, 19 December 2011 and 23 April 2013. DEVB and CEDD will further update the Panel on the status in 2015.</p> <p>(f) DEVB and CEDD will provide the FC with latest estimated project cost when seeking funding approval for the works of Section B Stage 2 in 2015.</p>
<p><b>Part 3: Works contract management</b></p>		
<p><i>Tendering of Contracts A1, A2 and B1</i></p>		
<p>3.18</p>	<p>Audit has recommended that the Director of Civil Engineering and Development should:</p> <p>(a) take early actions to implement the recommendations made by the CEDD Task Group for improving the preparation and checking of tender Bills of Quantities (BQ) items; and</p> <p>(b) provide flexibility for tenderers to propose cost-effective alternative products or materials to replace proprietary products or materials stated in the BQ of a tender in future.</p>	<p>(a) All the improvement measures recommended by the CEDD Task Group have been promulgated through incorporating the required measures into the Project Administration Handbook for Civil Engineering Works. CEDD will follow the requirements in future preparation and checking of tender BQ items.</p> <p>As the recommendation has been implemented, we recommend that this part should be deleted from the next progress report.</p> <p>(b) CEDD will draft contractual provisions to suit the nature and requirements of individual contracts. When drafting the contractual provisions, reference will also be made to the established</p>

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		<p>arrangements of other government departments for similar types of works and the prevailing practices in relevant trades in the construction industry. Instead of just stipulating the use of certain proprietary products for the works, provisions to allow tenderers to submit rates based on alternative products or materials having equivalent functions and performance, will be incorporated in tender documents as far as practicable.</p> <p>As follow-up actions will be taken on an on-going basis, we recommend deleting this part from the next progress report.</p>
3.19	<p>Audit has recommended that the Secretary for Development should take actions to promulgate the recommendations of the CEDD Task Group on preparing and checking tender BQ items for adoption by relevant B/Ds.</p>	<p>All the improvement measures recommended by the CEDD Task Group have been promulgated through incorporating the required measures into the Project Administration Handbook for Civil Engineering Works. Moreover, remedial measures to deal with BQ errors have been included in DEVB Technical Circular (Works) No. 8/2014, which supersedes ETWB Technical Circular (Works) No. 7/2004.</p> <p>As the recommendation has been implemented, we recommend deleting this part from the next progress report.</p>
<b><i>Implementation of cycle-track improvement works</i></b>		
3.35	<p>Audit has recommended that the Director of Civil Engineering and Development should:</p> <p>(a) review the feasibility of widening the cycle-track sections with a</p>	<p>(a) CEDD is conducting a review on the feasibility of widening the</p>

<b>Para. No.</b>	<b>Audit's Recommendations</b>	<b>Progress to date</b>
	<p>width of less than 3.5 m along Sections A and B as far as possible;</p> <p>(b) take measures to ensure that justifications for adjusting the scope of a project are properly documented in future; and</p> <p>(c) strengthen actions to ensure that Contract A1 works are completed as early as possible.</p>	<p>cycle-track sections with a width of less than 3.5m along Sections A and B. The review will be completed in 2015.</p> <p>(b) CEDD has reminded the project officers of the cycle-track team to properly document the justifications for adjusting the scope of a project. CEDD will also incorporate this requirement in the forthcoming revision of Project Administration Handbook.</p> <p>(c) Contract A1 was substantially completed in December 2014. CEDD has strengthened its project management to ensure that all the outstanding works and defects rectification are completed as soon as possible.</p> <p>As Contract A1 has been substantially completed, we recommend deleting this part from the next progress report.</p>
3.36	<p>Audit has recommended that the Commissioner for Transport should consider taking measures at appropriate locations where warranted to alert cyclists to ride more carefully along narrow cycle-track sections.</p>	<p>The Transport Department (TD) is collecting relevant information of narrow cycle-track sections and will then review if there are any critical sections where improvement measures are required.</p>
<b><i>Provision of cycle-hub facilities</i></b>		
3.45	<p>Audit has recommended that the Director of Civil Engineering and Development should:</p> <p>(a) take actions to ensure that all outstanding works and defects under Contract A2 are timely completed and rectified as early as possible; and</p>	<p>(a) The hubs were open for public use in December 2014. All the outstanding works and defects rectification under Contract A2 were completed.</p>

<b>Para. No.</b>	<b>Audit's Recommendations</b>	<b>Progress to date</b>
	(b) in implementing a public-facilities project in future, in collaboration with the related B/Ds, take measures to ensure that essential related public services are timely provided upon opening of the facilities for public use.	<p>As the recommendation has been implemented, we recommend that this part should be deleted from the next progress report.</p> <p>(b) The completion date of future hubs and cycle tracks in future construction contracts will be adjusted to ensure that they will be open for public use at about the same time.</p> <p>As follow-up actions will be taken on an on-going basis, we recommend deleting this part from the next progress report.</p>
<b><i>General works contract management</i></b>		
3.49	Audit has recommended that the Secretary for Development should conduct a review of the system for engaging consultants and managing their work with a view to identifying better mechanisms for minimising errors made by consultants, and making them more accountable for their work.	<p>DEVB will continue to carry out reviews and improvement to the existing system to enable departments to effectively monitor the performance of consultants and to make the consultants accountable for any substandard work.</p> <p>As follow-up actions will be taken on an on-going basis, we recommend deleting this part from the next progress report.</p>
<b>Part 4: Traffic management and maintenance of cycle tracks</b>		
<b><i>Measures on enhancing cycling safety</i></b>		
4.18	<p>Audit has recommended that the Commissioner for Transport should:</p> <p>(a) expedite action to implement Phase 2 improvement works at the accident-prone sites in Sha Tin and Tai Po where applicable after evaluation of the measures implemented under the Tai Po Pilot Scheme; and</p>	<p>(a) On enhancing cycling safety, TD has completed the evaluation of the measures implemented under the Tai Po Pilot Scheme and endorsed the relevant reports in December 2014 and January 2015. TD's consultants have reviewed</p>

<b>Para. No.</b>	<b>Audit's Recommendations</b>	<b>Progress to date</b>
	(b) put on record TD decision made on the way forward for not conducting periodical cycle-track-safety inspections by its regional offices.	<p>and modified, where appropriate, the proposed Phase 2 improvement works at the accident-prone sites in Sha Tin and Tai Po. As the Highways Department (HyD) is TD's works agent responsible for the maintenance of cycle-tracks, TD is liaising with HyD to implement the works.</p> <p>(b) TD has put on record in file the decision and reasons for not conducting periodical cycle-track-safety inspections. We recommend deleting this part from the next progress report.</p>
4.19	Audit has also recommended that the Director of Highways should take measures to ensure that improvement works at accident-prone sites are completed on schedule as far as possible.	All the Phase 1 improvement works for the 16 accident-prone sites were completed. The works for the only one out of these sites, which were still in progress by the time the Director of Audit's report was issued were completed in December 2014 in accordance with HyD's updated completion target.
<b><i>Designation of cycle-dismount zones</i></b>		
4.34	<p>Audit has recommended that the Commissioner for Transport should:</p> <p>(a) consider taking measures to enhance public understanding of the meaning of TS227 and TS228 signs;</p>	(a) TD will continue to collaborate with the Road Safety Council and the Police to enhance the public understanding of TS227 and T228 signs concerning the dismounting requirement through relevant publicity and education activities, e.g. cycling training courses, on-site publicity campaigns by the Police, etc.

<b>Para. No.</b>	<b>Audit's Recommendations</b>	<b>Progress to date</b>
	<p>(b) consider taking measures, as far as possible and without compromising cycling safety, to minimise mandatory cycle dismount zones along existing cycle tracks and in planning new cycle tracks in future; and</p> <p>(c) in collaboration with the Commissioner of Police, conduct a review of cyclists' compliance with the dismount requirement when crossing mandatory cycle dismount zones.</p>	<p>(b) TD will continue to provide comments to the works departments on the design of cycle tracks with a view to minimising cycle dismount zones on new cycle tracks. For existing cycle tracks, TD is reviewing whether some mandatory dismount zones can be lifted or replaced by advisory ones.</p> <p>(c) Following the outcome of the review of the mandatory dismount zones on existing cycle tracks in paragraph 4.34(b), TD will collaborate with the Police to review cyclists' compliance with the mandatory dismount requirement with a view to exploring measures to increase compliance as appropriate.</p>
<b><i>Maintenance of cycle tracks</i></b>		
4.46	<p>Audit has recommended that the Director of Highways should strengthen actions against term contractors who have not properly carried out inspections.</p>	<p>HyD has in place a comprehensive system to assess on a quarterly basis its term contractors' performance by means of independent audit inspection conducted on random samples of their road inspections. If a contractor's performance level falls below the thresholds specified under the contract, HyD will follow up in accordance with the contract provisions. The performance concerned will also be reflected in contractors' performance appraisal to urge for improvement. HyD will continue to closely monitor its term contractors' performance on road inspections.</p>

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## Services provided by the Government Laboratory

Para. No.	Audit's Recommendations	Progress to date
<b>Part 2: Provision of laboratory services to user bureaux and departments</b>		
2.22	<p>The Government Chemist should –</p> <p>(a) critically review the Government Laboratory's (GL) compilation of performance information on turnaround times reported in the Controlling Officer's Report (COR) to ensure that it is clearly and fairly presented (e.g. disclosing the range of turnaround times of the sub-categories actually used to measure the compliance rates);</p> <p>(b) establish management controls over the creation of sub-categories and their target turnaround times in the computer systems;</p> <p>(c) fix the system bugs (see para. 2.17(c)) and enhance procedures for validating data input to ensure data accuracy and enable efficient generation of management information;</p>	<p>The GL is currently conducting a comprehensive review of its performance and management information systems, covering facets such as turnaround times, performance targets and delineation of sub-categories within individual test areas. On the basis of the comprehensive review, GL will revamp and refine its performance indicators as appropriate.</p> <p>Action completed.</p> <p>The GL has established control measures which require authorisation of the Section Heads concerned after consulting directorate officers for the creation of sub-categories and their target turnaround times in the computer systems since April 2015.</p> <p>Action completed.</p> <p>Investigation taken by the GL revealed that the doubtful/illogical cases with sample-in dates later than the sample-out dates were isolated cases of careless mistakes in data entry rather than system errors. Checking procedures of the Extended Sample Information Management System (ESIMS) and the sectional databases have been enhanced to ensure accurate data input for generating comprehensive information for the management.</p>

<b>Para. No.</b>	<b>Audit's Recommendations</b>	<b>Progress to date</b>
	<p>(d) enhance the Sample Information Management System and ESIMS in order to provide more readily comprehensive management information for the GL; and</p> <p>(e) continue with the GL's efforts to shorten the target turnaround times of its services so as to help user B/Ds better meet their operational needs.</p>	<p>On completion of the comprehensive review concerning the performance indicators described in paragraph 2.22(a) above, these two information management systems will be revamped and enhanced in order to provide more readily available information for the management of the GL.</p> <p>Action completed.</p> <p>A number of improvements have been identified in the review mentioned in paragraph 2.22(a) above, including raising target percentage of completing food complaint cases within 25 working days from 83% to 84% from 2016 onwards and that of non-pharmaceutical consumer goods (trade descriptions) within 35 working days from 90% to 92% . The GL also plans to shorten the target turnaround time of the non-complicated forensic DNA testing service from 66 to 60 working days and that of counterfeiting/forgery testing service from 33 to 30 working days, while maintaining their compliance rates both at 90% in 2016. The GL will continue to make efforts to improve the performance targets.</p>
2.38	<p>The Government Chemist should –</p> <p>(a) consider aligning the Divisional practices in reporting root cause analysis on non-conformities (NCs) and areas worth improving (AWIs) to Division Heads for endorsement and necessary actions;</p>	<p>Both the Analytical and Advisory Services Division and the Forensic Science Division of the GL have the practice of conducting root cause analyses for NCs and AWIs in the quality audits if applicable. The GL will continue to ensure the above practice is conducted through internal communications and internal audits.</p>

Para. No.	Audit's Recommendations	Progress to date
	<p>(b) take measures to ensure that root cause analyses are thoroughly conducted and the results are documented, so as to identify necessary corrective actions to address the risks relating to the identified NCs and AWIs; and</p> <p>(c) step up efforts to implement effective corrective actions to tackle those cases of common types of irregularities of AWIs/NCs.</p>	<p>NCs and AWIs identified in the quality audits will be reported to the Division Heads for endorsement and necessary actions.</p> <p>As follow-up actions will be taken on an on-going basis, we recommend deleting this part from the next progress report.</p> <p>Action completed.</p> <p>The root cause analyses together with the necessary corrective and/or preventive actions are documented. Their effective implementation will be checked in annual internal audits and regular external assessments. Also, a summary report of the annual quality audit, including audit findings and follow-up actions, would be prepared for Division Head's endorsement.</p> <p>Action completed.</p> <p>The findings of the internal system audits and those obtained from the external assessments are not only documented but also reviewed at the annual quality system management review meeting. As such, the findings and their follow-up, if any, will be reviewed at the quality system management review meeting of the coming year.</p>
2.55	<p>The Government Chemist should –</p> <p>(a) strengthen the coordination with user B/Ds' senior management by conducting in the GL's periodic meetings with them a more comprehensive review of the laboratory services provided, including:</p>	<p>The GL will include the discussions on key service requirements and performance targets annually as standing items in the agenda of future liaison meetings with clients. As follow-up actions will be taken on an on-going basis, we recommend deleting this part from the next progress report.</p>

<b>Para. No.</b>	<b>Audit's Recommendations</b>	<b>Progress to date</b>
	<p>(i) providing more information such as key service achievements and the actual turnaround testing times; and</p> <p>(ii) projecting and agreeing on the key service requirements and performance targets;</p> <p>(b) consider amplifying the existing memoranda of understanding (MOUs) by including more details such as the scope of services, agreed service levels, performance measurements and monitoring, liaison and coordination, etc.;</p> <p>(c) continue to liaise with user B/Ds for signing an amplified version of MOU with the GL in order to better define and predict the service needs and facilitate effective planning of the use of resources;</p> <p>(d) consider the need to expand the scope of laboratory services and provide more testing for user B/Ds; and</p>	<p>The issue was discussed at the senior management meeting with Hong Kong Police Force and Customs &amp; Excise Department on 11 March 2015 and 24 March 2015 respectively. Related MOUs are under review and the review is expected to be completed within 2015.</p> <p>The GL has been liaising with major clients on signing MOUs with a view to better understanding their service needs and facilitating effective planning of use of resources. Those that have provided feedbacks are of the view that the current work arrangements with GL are adequate and it may not be necessary to sign MOU with GL. Nevertheless, the GL will continue to liaise with its clients their service needs to facilitate effective planning of use of resources and review with them the need to sign MOU or amplified version of MOU.</p> <p>The GL will continue to liaise closely with its clients on expansion of the scope of laboratory services. Apart from holding meetings every year to facilitate long term planning, GL also maintains close contacts with user B/Ds at the working level on a day-to-day basis to ensure clients' needs are met without unnecessary delay.</p> <p>As the liaison is on-going, we recommend deleting this part from the next progress report.</p>

Para. No.	Audit's Recommendations	Progress to date
	(e) consider providing more training to user B/Ds.	The GL consults clients on their training needs annually and would provide more training as appropriate. As follow-up actions will be taken on an on-going basis, we recommend deleting this part from the next progress report.
2.62	The Government Chemist should ensure that all relevant documents and correspondence relating to emergency incidents (e.g. food incidents) are properly filed for future reference, so that the experience in tackling such incidents can be shared with all staff concerned in the GL.	<p>The relevant documents and records relating to emergency incidents including the handling of food incidents and on-site response to hazardous chemicals are filed, as a standing practice, for future reference. Section heads are vested with the responsibility to ensure that all relevant documents and records are properly filed. In addition, sharing sessions on incidents handling are and will be organised as and when necessary.</p> <p>As follow-up actions will be taken on an on-going basis, we recommend deleting this part from the next progress report.</p>
<b>Part 3: Outsourcing of laboratory services</b>		
3.16	<p>The Government Chemist should –</p> <p>(a) consider the need to limit the number of contracts that each private laboratory may be awarded for the provision of testing services so as to reduce concentration risks;</p>	<p>Action completed.</p> <p>In 2014-15, the GL pursued the staggering of the tender exercises to avoid over-reliance on one contractor and had successfully reduced the percentage of tests awarded to the dominant contractor to 49%.</p> <p>In 2015-16, the GL will continue to use this strategy and keep in view the tender results.</p> <p>Besides, the GL has also sought the advice from the GLD on how to limit the number of outsourcing contracts that a contractor may be awarded and will take into account GLD's suggestions in formulating its future outsourcing strategies as appropriate.</p>

<b>Para. No.</b>	<b>Audit's Recommendations</b>	<b>Progress to date</b>
	<p>(b) prepare a contingency plan to deal with the situation in case the dominant contractor fails to operate effectively;</p> <p>(c) take measures to increase market interest in the outsourcing contracts (e.g. arranging longer-term contracts); and</p> <p>(d) take due account of the contractors' past performance when evaluating future tenders.</p>	<p>Action completed.</p> <p>The GL has introduced a contingency plan since March 2015 to deal with the situation in case the dominant contractor fails to operate effectively.</p> <p>Action completed.</p> <p>To promote market interest in outsourcing contracts, the GL has regrouped some of its new contracts and extended the contract periods to at least six months since April 2015.</p> <p>Action completed.</p> <p>As an on-going contract management measure, the GL has already been taking into account contractors' past performance when evaluating tenders since 2013. In summary,</p> <p>(i) for contracts in 2013-14, service providers would score lower marks under the marking scheme if they had received customer complaints from the GL since 1 April 2012; and</p> <p>(ii) with effect from 2014-15, a service provider which has received more than three customer complaints from the GL in the past 12 months, would not be able to secure a new GL contract.</p>
3.22	<p>The Government Chemist should –</p> <p>(a) enhance the monitoring of contractor performance, for example by conducting unannounced inspections to ensure that the contractors comply with the terms of the contracts;</p>	<p>Action completed.</p> <p>To enhance the effectiveness of the monitoring activity, unannounced inspection was included in the terms of all new contracts from April 2015 and will be conducted accordingly.</p>

<b>Para. No.</b>	<b>Audit's Recommendations</b>	<b>Progress to date</b>
	<p>(b) remind the inspecting officers to use the comprehensive inspection checklist to properly document the results for each inspection; and</p> <p>(c) make better use of quality check (QC) samples for evaluating contractor performance (e.g. issuing QC samples to contractors with reference to the quantum of the food samples outsourced, and making more use of other types of QC samples such as spiked samples and split samples).</p>	<p>Action completed.</p> <p>The GL has amended relevant work procedural guidelines from March 2015 to require the use of inspection checklist in on-site audits. Findings of on-site audits will continue to be properly documented in inspection reports.</p> <p>Action completed.</p> <p>The GL has considered the audit recommendations regarding the use of QC samples for monitoring the performance of the contract laboratories, and has used blind samples, spiked samples and split samples as QC samples where appropriate since March 2015.</p>
3.31	<p>The Government Chemist should –</p> <p>(a) consider organising more types of proficiency testing (PT) programmes for different testing disciplines in the longer term;</p> <p>(b) conduct formal evaluation for all the PT programmes organised by the GL so as to identify areas for improvement; and</p>	<p>The GL collaborates with the Hong Kong Council for Testing and Certification (HKCTC) in taking forward its PT work. PT programmes organised/planned for 2014-15 and 2015-16 include analysis of chemical markers in Chinese medicines and food additives (e.g. boric acid and propionic acid) in food and the determination of pesticides in herbs.</p> <p>As follow-up actions will be taken on an on-going basis, we recommend deleting this part from the next progress report.</p> <p>Action completed.</p> <p>To better measure the achievement of the PT programmes towards planned objectives and thoroughly assess the</p>

<b>Para. No.</b>	<b>Audit's Recommendations</b>	<b>Progress to date</b>
	<p>(c) step up efforts to promote the PT programmes organised by the GL.</p>	<p>overall effectiveness of the PT programmes, from 2014 onwards, the GL seeks feedbacks from participants through evaluation surveys or any other appropriate means such as e-mail communications.</p> <p>The GL works closely with the HKCTC and relevant professional bodies to promote new PT programme and, in particular, to encourage participation in PT programmes by local laboratories. Examples include joint promotion with the HKCTC of the analysis of chemical markers in Chinese medicines to local laboratories, GL's participation in the 14<sup>th</sup> Meeting of Chinese Medicines Panel and in appropriate meetings of HKCTC so as to provide the local testing industry with the latest information on new PT programmes.</p> <p>As follow-up actions will be taken on an on-going basis, we recommend deleting this part from the next progress report.</p>
3.46	<p>The Government Chemist should conduct a post-implementation review (PIR) on the outsourcing of the laboratory services to take stock of the position and plan the way forward. In conducting the PIR, the GL should among other things:</p> <p>(a) review whether the objective of releasing its resources to focus on new test method development and to cope with new testing work arising from amendments of food legislation as well as urgent food incidents (see para. 3.33) has been achieved;</p>	<p>The GL will conduct PIR on the outsourcing of the laboratory services to ensure that the released resources have been well deployed to meet the anticipated regulatory controls for a wide range of analytes in foods and enhance the effectiveness in provision of analytical support for urgent testing services in relation to food incidents</p>

<b>Para. No.</b>	<b>Audit's Recommendations</b>	<b>Progress to date</b>
	<p>(b) in consultation with the user B/Ds, explore the feasibility and desirability of the following options:</p> <ul style="list-style-type: none"> <li>(i) outsourcing more of the laboratory services currently provided by the GL for user B/Ds;</li> <li>(ii) assisting user B/Ds to outsource laboratory services themselves; and</li> <li>(iii) arranging staff secondment to user B/Ds to meet their laboratory service needs; and</li> </ul> <p>(c) critically review the propriety of charging to the outsourcing vote items which are not directly related to outsourcing.</p>	<p>and ad-hoc projects. The PIR will commence in August 2015 and is scheduled for completion in December 2015.</p> <p>The GL is liaising with client departments regarding the need for expanding the scope and scale of outsourcing the testing services currently provided by the GL, assisting client departments to outsource laboratory services themselves as well as arranging staff secondment in order to cope with their ever-increasing demand on our analytical and advisory services. The GL will continue to work closely with its clients and liaise with them with a view to understanding their needs on outsourcing of testing work and staff secondment.</p> <p>In addition to the outsourcing contract sum, expenses are required for the procurement of chemicals, equipment and miscellaneous items used for supporting the local testing industry through (a) conducting in-house method development work and subsequent technological transfer to these local testing laboratories; and (b) organising and providing of proficiency testing programmes to local testing laboratories. Through these activities, the local testing industry would be able to provide the required food testing services to support the Government and the local food industry. The GL will continue to support the local testing industry and be prudent to manage the resources available for the outsourcing exercise.</p>

Para. No.	Audit's Recommendations	Progress to date
<b>Part 4: Management of chemicals, samples, exhibits and equipment</b>		
4.18	<p>The Government Chemist should –</p> <p>(a) ensure that proper stock records are kept in accordance with the Stores and Procurement Regulations (SPRs);</p> <p>(b) establish departmental stocktaking guidelines (e.g. procedures before and after the stocktake, and review of stocktake results by supervisory officers), and ensure regular stocktakes are conducted for all stocks;</p> <p>(c) include the expiry dates of the items in the stock list of the main store to facilitate better stock management; and</p> <p>(d) ensure that the expired stocks are disposed of periodically and the stock lists are updated promptly.</p>	<p>To ensure stock records are kept in accordance with the SPRs, GL will issue checklists for store management for use by the Supplies and User Sections which should follow relevant procedures and update records in a timely manner.</p> <p>The GL will issue guidance notes on regular stocktaking to users for their compliance and to remind Section Heads to conduct regular supervisory checks on items kept in stock under his Section in accordance with SPRs and requirements under the quality management systems.</p> <p>The GL has identified improvement areas for the existing procurement and stock management systems and is planning for revamping the management systems. After completion, the revamped management systems will capture the expiry dates of the items in the stock list and provide enhanced stock management functions including information on stock levels and indication of expired chemicals.</p> <p>Action completed.</p> <p>Reminder arrangements have been made to remind officers to dispose of expired chemicals and to update the stock list regularly. The latest reminder was made in December 2014.</p>

Para. No.	Audit's Recommendations	Progress to date
4.26	<p>The Government Chemist should take measures to enhance the GL's management of reports/exhibits pending collection by user B/Ds by, for example:</p> <p>(a) reminding and urging user B/Ds to collect the reports and the exhibits promptly;</p> <p>(b) providing more management information (e.g. the completion dates and the exhibit collection dates) for monitoring long-outstanding cases pending collection by user B/Ds; and</p> <p>(c) conducting periodic stocktakes of the exhibits at both the user Sections and the Forensic Counter in order to identify exhibits that have remained uncollected for a long period of time.</p>	<p>(a)-(c) Action completed.</p> <p>Guidelines have been devised and put in place since March 2015 for handling exhibits remaining uncollected for a long time by user departments. Control measures, such as periodic stocktaking and issue of reminders to user departments, have been implemented to enhance the overall management of reports/exhibits pending collection in the forensic reception counter.</p>
4.37	<p>The Government Chemist should –</p> <p>(a) plan ahead for the arrangement for equipment maintenance before expiry of the current Service Level Agreement of Comprehensive Engineering Services (SLA) by March 2016 with a view to addressing the challenges mentioned in paragraph 4.35;</p> <p>(b) in collaboration with the Electrical and Mechanical Services Trading Fund (EMSTF), enhance the mechanism on updating the equipment list and revision of SLA fee, and ensure that the equipment list is finalised before the start of a new SLA; and</p>	<p>Action completed.</p> <p>The GL plans to conduct a market survey (with a tendering exercise) to explore the cost-benefit of hiring alternative service providers to carry out the equipment maintenance work in September 2015. The tendering exercise will cover the widest possible range of equipment to maximise the economy of scale with a view to attracting more competitive bids.</p> <p>Action completed.</p> <p>In the SLA meeting on 23 October 2014, it was agreed that the equipment list would be updated in October every year and adjustment would be made accordingly by the end of that financial year.</p>

<b>Para. No.</b>	<b>Audit's Recommendations</b>	<b>Progress to date</b>
	(c) examine the SLA fee paid for the period 1 July 2012 to 31 March 2013, and take measures to recover from the EMSTF any overpayment.	Action completed.  The GL has agreed with EMSTF that the overpayment would be settled within the current SLA period to be ended on 31 March 2016.
5.6	The Government Chemist should take on board the observations and recommendations in this Audit Report in taking forward the GL's long-term strategic development plan.	The GL generally agrees with the recommendations described in the Audit Report and has been taking follow-up actions to improve the efficiency of the testing services. As follow-up actions will be taken on an on-going basis, we recommend deleting this part from the next progress report.

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