

OFFICIAL REPORT OF PROCEEDINGS**Wednesday, 17 June 1987****The Council met at half-past Two o'clock****PRESENT**HIS EXCELLENCY THE GOVERNOR (*PRESIDENT*)

SIR DAVID CLIVE WILSON, K.C.M.G.

THE HONOURABLE THE CHIEF SECRETARY

MR. DAVID ROBERT FORD, L.V.O., O.B.E., J.P.

THE HONOURABLE THE FINANCIAL SECRETARY (*Acting*)

MR. DAVID ALAN CHALLONER NENDICK, J.P.

THE HONOURABLE THE ATTORNEY GENERAL

MR. MICHAEL DAVID THOMAS, C.M.G., Q.C.

THE HONOURABLE LYDIA DUNN, C.B.E., J.P.

THE HONOURABLE PETER C. WONG, C.B.E., J.P.

DR. THE HONOURABLE HO KAM-FAI, O.B.E., J.P.

THE HONOURABLE ALLEN LEE PENG-FEI, O.B.E., J.P.

THE HONOURABLE HU FA-KUANG, O.B.E., J.P.

THE HONOURABLE WONG PO-YAN, C.B.E., J.P.

THE HONOURABLE DONALD LIAO POON-HUAI, C.B.E., J.P.

SECRETARY FOR DISTRICT ADMINISTRATION

THE HONOURABLE CHAN KAM-CHUEN, O.B.E., J.P.

THE HONOURABLE STEPHEN CHEONG KAM-CHUEN, O.B.E., J.P.

THE HONOURABLE CHEUNG YAN-LUNG, O.B.E., J.P.

THE HONOURABLE MRS. SELINA CHOW LIANG SHUK-YEE, O.B.E., J.P.

THE HONOURABLE MARIA TAM WAI-CHU, O.B.E., J.P.

DR. THE HONOURABLE HENRIETTA IP MAN-HING, O.B.E., J.P.

THE HONOURABLE CHAN YING-LUN, J.P.

THE HONOURABLE MRS. RITA FAN HSU LAI-TAI, J.P.

THE HONOURABLE MRS. PAULINE NG CHOW MAY-LIN, J.P.

THE HONOURABLE PETER POON WING-CHEUNG, M.B.E., J.P.

THE HONOURABLE YEUNG PO-KWAN, C.P.M., J.P.

THE HONOURABLE KIM CHAM YAU-SUM, J.P.

THE HONOURABLE JOHN WALTER CHAMBERS, O.B.E., J.P.

SECRETARY FOR HEALTH AND WELFARE

THE HONOURABLE JACKIE CHAN CHAI-KEUNG

THE HONOURABLE CHENG HON-KWAN

THE HONOURABLE HILTON CHEONG-LEEN, C.B.E., J.P.

DR. THE HONOURABLE CHIU HIN-KWONG

THE HONOURABLE CHUNG PUI-LAM
THE HONOURABLE THOMAS CLYDESDALE
THE HONOURABLE HO SAI-CHU, M.B.E., J.P.
THE HONOURABLE HUI YIN-FAT
THE HONOURABLE RICHARD LAI SUNG-LUNG
DR. THE HONOURABLE CONRAD LAM KUI-SHING
THE HONOURABLE DESMOND LEE YU-TAI
THE HONOURABLE LIU LIT-FOR, J.P.
THE HONOURABLE NGAI SHIU-KIT, O.B.E., J.P.
THE HONOURABLE PANG CHUN-HOI, M.B.E.
THE HONOURABLE POON CHI-FAI
PROF. THE HONOURABLE POON CHUNG-KWONG
THE HONOURABLE HELMUT SOHMEN
THE HONOURABLE SZETO WAH
THE HONOURABLE TAI CHIN-WAH
THE HONOURABLE MRS. ROSANNA TAM WONG YICK-MING
THE HONOURABLE TAM YIU-CHUNG
DR. THE HONOURABLE DANIEL TSE, O.B.E., J.P.
THE HONOURABLE ANDREW WONG WANG-FAT
THE HONOURABLE LAU WONG-FAT, M.B.E., J.P.
THE HONOURABLE GRAHAM BARNES, J.P.
SECRETARY FOR LANDS AND WORKS
THE HONOURABLE DAVID GREGORY JEAFFRESON, C.B.E., J.P.
SECRETARY FOR SECURITY
THE HONOURABLE MICHAEL LEUNG MAN-KIN, J.P.
SECRETARY FOR TRANSPORT
THE HONOURABLE NATHANIEL WILLIAM HAMISH MACLEOD, J.P.
SECRETARY FOR TRADE AND INDUSTRY
THE HONOURABLE MICHELANGELO PAGLIARI, J.P.
SECRETARY FOR EDUCATION AND MANPOWER (*Acting*)

ABSENT

THE HONOURABLE CHEN SHOU-LUM, C.B.E., J.P.
THE HONOURABLE JOHN JOSEPH SWAINE, C.B.E., Q.C., J.P.
THE HONOURABLE MARTIN LEE CHU-MING, Q.C., J.P.
THE HONOURABLE DAVID LI KWOK-PO, J.P.

IN ATTENDANCE

THE CLERK TO THE LEGISLATIVE COUNCIL
MR. LAW KAM-SANG

Oaths

MR. D. A. C. NENDICK took the Oath of Allegiance and the Official Oath.

Papers

The following papers were laid pursuant to Standing Order 14(2):

Subject *L.N.No.*

Subsidiary Legislation:

Pilotage Ordinance	
Pilotage (Amendment) Regulations 1987.....	162/87
Pilotage Ordinance	
Pilotage (Amendment of First Schedule) Order 1987	163/87
Port Control (Cargo Working Areas) Ordinance	
Port Control (Public Cargo Working Area) Order 1987.....	164/87
District Court Ordinance	
District Court (Fixed Costs in Matrimonial Causes) Rules 1987.....	165/87
Companies Ordinance	
Companies (Interest on Investments) (No.3) Notice 1987	166/87
Pharmacy and Poisons (Amendment) (No.2) Regulations 1987	
Pharmacy and Poisons (Amendment) (No.2) Regulations 1987	
(Commencement)Notice 1987.....	167/87
Poisons List (Amendment) Regulations 1987	
Poisons List (Amendment) Regulations 1987 (Commencement)	
Notice 1987.....	168/87

Oral answers to questions**Traffic accidents and financial compensation**

1. MR. CHEUNG asked (in Cantonese): *Will Government inform this Council of the number of traffic accidents involving personal injury on private roads and car-parks during the past five years, and whether the victims of such accidents have received adequate financial compensation (other than under the Traffic Accident Victim's Assistance Scheme) from culpable drivers, bearing in mind that most third party insurance policies do not cover accidents on private roads and car-parks?*

SECRETARY FOR TRANSPORT: Sir, the Government only maintains complete and separate records on traffic accidents which occurred on public roads. It will take a long time and will involve considerable manpower to identify from the police records traffic accidents which occurred on private roads and car-parks during the past five years. There is at present no indication that such accidents are occurring on a large scale and it is probably not cost-effective to conduct such a research.

If a person is injured as a result of a driver's negligence he may sue that driver for damages. This right exists regardless of where the accident occurs. If, however, the accident occurs on a private road or in a private car-park and the driver's policy of insurance does not cover him, his only avenue for compensation is to recover the damages awarded by the court from the driver.

MR. CHEUNG (in Cantonese): *Sir, will the Government consider implementing some kind of mandatory measures to make sure that the victims of traffic accidents in private roads and car-parks will have reasonable compensation? For example, can we ask the management of private car-parks and private roads to set up compensation funds?*

SECRETARY FOR TRANSPORT: Sir, the Government has a plan to include private streets and car-parks under the provisions of the Road Traffic Ordinance. A working group was established in 1984 to look at this very complex problem and I am pleased to report that the working group will finalise its work by the end of this year. The purpose of the exercise is to apply road traffic and safety provisions of the Road Traffic Ordinance to private roads and streets and car-parks. A first draft of the Bill will be ready next month and we hope to enact the legislation before the end of this year. Once this aspect is resolved, the same approach can be adopted to ensure that third party insurance policies can cover traffic accident victims on both public and private streets and car-parks.

Accident and Emergency Departments

2. DR. IP asked: *Will Government inform this Council the progress of implementation of the recommendation made by the Medical Development Advisory Committee and OMELCO Standing Panel on Health Services early this year that as a planning target, the Accident and Emergency Department of a hospital/clinic should be under the constant supervision of a senior doctor of at least five years' experience in hospital practice, preferably in an Accident and Emergency Department?*

SECRETARY FOR HEALTH AND WELFARE: Sir, although the planning target referred to by Dr. IP was only adopted in January of this year, it has already been achieved in the day shifts of all the Accident and Emergency Departments

but full coverage in the night shifts is not yet possible because of manpower shortages. However, this should not have a significant effect on the standard of emergency care as senior staff are readily available for consultation when required. We are working towards full implementation of the recommendation and as soon as more senior doctors are available, the night shifts will also be covered.

DR. IP: *Sir, what is the percentage of the doctors working in night shifts at Accident and Emergency Departments who have at least five years' experience in hospital practice?*

SECRETARY FOR HEALTH AND WELFARE: Sir, I am not able to give a figure in percentage terms, but it may be helpful if I say that there is only one hospital in which the full strength of doctors has been achieved to cover both day and night shifts, and that is the United Christian Hospital in Kwun Tong. At the Queen Mary Hospital and Tang Shiu Kin Hospital, it is possible to cover most of the night shifts, but in the other hospitals this has not yet been possible. But I hope that within the next 12 months, we should come very close to achieving in full coverage.

DR. IP: *Sir, does it therefore mean that if a patient is brought to an Accident and Emergency Department at night he is comparatively disadvantaged?*

SECRETARY FOR HEALTH AND WELFARE: Sir, I suppose it is strictly true to say that to some extent he is disadvantaged except that, as I pointed out in my main answer, it is always possible for the staff in the Accident and Emergency Department to contact senior doctors who are on call and could be brought in very quickly to deal with any situations that need their expertise.

MR. TAI: *Sir, will the Secretary inform this Council whether the Government is facing difficulties in the recruitment of senior doctors, and if so, how would the Government resolve that problem?*

SECRETARY FOR HEALTH AND WELFARE: Sir, it is not so much the question of recruiting senior doctors but of retaining doctors as they become more senior, and measures are being considered to improve conditions which will, we hope, result in more senior doctors remaining in the service.

DR. IP: *Sir, I can well understand that in the Accident and Emergency Department of a hospital, it is quite easy for a night-shift doctor who is not that experienced to consult a more senior doctor in the hospital, but what about the situation of an outlying clinic with an Accident and Emergency Department? How long will it take a less experienced doctor to get hold of more experienced staff?*

SECRETARY FOR HEALTH AND WELFARE: Sir, in general it is only the major hospitals which have Accident and Emergency Departments which stay open for 24 hours. In the more outlying places, the tendency is for these clinics to operate either during normal working hours from 9.00 am to 5.00 pm or until 9.00 or 10.00 pm in the evening. But in all the major hospitals, both in Hong Kong and Kowloon and the New Territories, there is 24 hours coverage and most of these have either a consultant or a senior doctor on duty all the time or can call in the services of a senior doctor attached to the hospital.

MR. CHEONG-LEEN: *Sir, is there any target period to end the situation or is the non-availability of senior doctors of such a serious nature as could pose a problem over the next year or two?*

SECRETARY FOR HEALTH AND WELFARE: Sir, the Director of Medical and Health Services is satisfied that an adequate service can be maintained. Obviously, we would like to have doctors with more than five years' experience available at every centre all the time. This will be done as soon as it is possible, but in the meantime an adequate service is being provided.

DR. LAM (in Cantonese): *Sir, in the main answer, the Secretary mentioned about manpower shortage. Can the Government inform this Council what is the percentage of the medical officers serving in the Government who have five or more years of hospital experience compared with the total number of Government doctors? And in the past one year, what is the turnover rate of those who have served in hospitals for five or more years?*

SECRETARY FOR HEALTH AND WELFARE: Sir, I do not have these particular statistics but I will find them out and write to Dr. LAM. (See Annex I)

Accidents involving medium and heavy goods vehicles

3. DR. HO asked: *Will Government inform this Council of the number and causes for accidents involving lorries, including container trucks, during each of the past three years, and the measures being taken to reduce the number of such accidents?*

SECRETARY FOR TRANSPORT: Sir, under the Road Traffic Ordinance, lorries and container trucks are licensed as medium goods vehicles and heavy goods vehicles. In the last three years from 1984 to 1986, the number of accidents each year involving medium and heavy goods vehicles was 811,790 and 725 respectively. As the majority of traffic accidents are caused by multiple factors and the main contributory factors vary from case to case, it is, I am afraid, not possible to generalise on the causes of the accidents involving lorries and container trucks. However, traffic accident statistics indicate that the accident

rate of medium and heavy goods vehicles is the lowest among the various types of motor vehicles both in terms of distance travelled and the number of accidents per vehicle.

Despite the relatively good safety record, the Government is by no means complacent and has taken various steps to further improve the safety of these vehicles. These fall into two main aspects, control and education.

On control and enforcement, police enforcement measures are regularly taken against unsafe loading and overloading. The installation of roadside weighbridges at key points of the road network is now being considered to tighten up control against overloading. Goods vehicles manufactured before 1978 are at present required to undergo annual road-worthiness inspection. It is planned to extend compulsory annual inspection to all goods vehicles by 1990 after the Kowloon Bay Vehicle Examination Centre is opened. To ensure the safety of container trucks, legislation was enacted in 1984 requiring the drivers of all articulated vehicles to have a licence appropriate for that class of vehicle. To minimise the risk of injury in accidents, consideration is now being given to require more heavy goods vehicles to be fitted with guards at the sides and rear of the vehicle to prevent pedestrians and smaller vehicles going underneath these vehicles in accidents.

On education and publicity, the Road Users' Code to be published later this month will contain a section advising goods vehicle drivers safe practices in driving, loading and operating goods vehicles. A Provisional Code of Practice for the Loading of Goods Vehicles has been compiled in consultation with goods vehicle operators and issued last month for wider comment and consultation. The code explains and illustrates safe practices for the loading and unloading of goods vehicles and the safe carriage of persons on these vehicles. It is intended to publish the code at the beginning of next year after consultation has been completed.

DR. HO: *Sir, as the Code of Practice mentioned in the last paragraph has no legal status, I wonder how effective this code will be and whether it is intended to impose legislative controls on the loading of vehicles?*

SECRETARY FOR TRANSPORT: Sir, as I said in my main reply, the Code of Practice is meant to be for education and publicity purposes. The code as drafted remains an advisory document, but it can be used by the police for reference purposes in the prosecution of offences against the Road Traffic Regulations, for example, for a load not securely loaded in contravention of the Road Traffic (Traffic Control) Regulations. The code, as I have said, is drafted in a descriptive and explanatory style which is not appropriate for legislation. We therefore rely for enforcement purposes on the offences created by the Road Traffic Regulations with the code being used for reference as appropriate.

MR. CHEONG-LEEN: *Sir, can I seek clarification from the Secretary for Transport on one particular point. In his reply he said, and I quote 'to minimise the risk of injury in accidents, consideration is being given to requiring more heavy goods vehicles to be fitted with guards at the sides and rear of the vehicle'. Does he mean that progressively, consideration is being given to having in every period, say, yearly, additional heavy goods vehicles installing these guards or does he mean that consideration is being given to requiring all heavy goods vehicles wherever feasible?*

SECRETARY FOR TRANSPORT: Sir, this is a concept which we are now thinking about in principle. The Transport Department is now consulting the trade with a view to extending this requirement under proposed legislation. At the moment, many operators have already installed guards in their vehicles on their own initiative and this is to be encouraged. I would wish to make it, perhaps later on, a requirement if necessary for safety purposes.

DR. HO: *Sir, can the Secretary for Transport inform this Council as to how the safety of lorry attendants could be assured as they do not normally have proper seats in the lorry?*

SECRETARY FOR TRANSPORT: Sir, under the existing Road Traffic Regulations, it is already an offence to carry passengers on a goods vehicle in a way that exposes those persons or others to danger. However, to reinforce the safety of passengers on goods vehicles, regulation 53 of the Road Traffic (Traffic Control) Regulations requires all passengers on a goods vehicle to be seated in a properly constructed seat secured to the bodywork of the vehicle. This regulation was introduced in August 1984, but because of difficulties faced by the trade to comply immediately, a transitional period was given. This period expires in September 1989, and meanwhile we are having discussions with the trade to ensure that this requirement will be complied with by that time.

DR. LAM: *Sir, will the Government inform this Council how many roadside weighbridges the police is operating and of the number of drivers prosecuted in the past year for overloading?*

SECRETARY FOR TRANSPORT: Sir, I do not have the statistics readily available, but I will write to Dr. LAM when they are available. (See Annex II)

MR. SOHMEN: *Sir, I understand that the licences required in the 1984 legislation have not yet been obtained by all the drivers. Could the Secretary for Transport advise this Council what the present position is?*

SECRETARY FOR TRANSPORT: Sir, the requirement that all the goods vehicle drivers should have the licences required will be imposed in August 1987. This allows a grace period of three years. Meanwhile, the trade in fact is facing some

difficulties to get the drivers tested and the Transport Department is now liaising with the trade to ensure that they are given adequate time to meet these requirements, and hopefully we will try to clear the backlog within the next few months.

MR. DESMOND LEE: *Sir, may I refer to the first paragraph of the answer about the low occurrence rate of accidents of medium and heavy goods vehicles and ask if the accidents caused by these vehicles are serious in terms of mortality and injury figures?*

SECRETARY FOR TRANSPORT: Sir, I do not have the breakdown on this particular item, but I will find out and inform Mr. LEE. (See Annex III)

MR. POON CHI-FAI (in Cantonese): *Sir, will the Government inform this Council concerning the examination of drivers driving container trucks as well as lorries? Do we encourage them to learn more about loading and safe-loading of goods?*

SECRETARY FOR TRANSPORT: Sir, I assume that the requirement for safety practices is of course essential to all driving whether it is for goods vehicles or not goods vehicles, and I am sure that the Commissioner for Transport requires all drivers to incorporate this requirement in their testing.

MR. CLYDESDALE: *Sir, could I ask the Secretary what percentage of the goods vehicles on the roads today were manufactured before 1978 and, secondly, what is the rough percentage of those examined found to be not worthy of being on the road?*

SECRETARY FOR TRANSPORT: Sir, I have to find out and will write to inform Mr. CLYDESDALE. (See Annex IV)

Noise abatement measures for schools

4. DR. TSE asked (in Cantonese): *On the recent decision made by the Government to require the schools which are to install noise abatement measures during the summer vacation to be responsible for 20 per cent of the financing of the installation, will the Government inform this Council:*

- (a) on what principle is this cost-sharing decision based; and*
- (b) what solutions will be offered by Government if the schools concerned are unable to shoulder the costs?*

FINANCIAL SECRETARY: Sir, the first stage of the noise abatement programme for schools covers those schools located within the 30 NEF (noise exposure forecast) contour for aircraft noise. Thirty-eight schools have been identified

under this stage. Because of the number of schools involved, the improvement works which include double glazing and air-conditioning will be phased over a period of four years.

Phase I, which is scheduled to be carried out during the coming summer vacation, covers nine aided schools and one government school. The financial commitment for the improvement works for the nine aided schools, of \$16.4 million, was approved by the Finance Committee of this Council on 8 December 1986. This commitment was intended to meet 80 per cent of the cost of the improvement works. The school sponsors would be asked to contribute 20 per cent of the capital costs. This 80:20 split is in line with the long established funding policy regarding the capital costs of buildings and improvements for aided schools.

It was, however, made clear in the submission to Finance Committee that, should some of the sponsors be unable to contribute their share in full, a further request might be submitted for an increase in commitment to make up the shortfall.

I understand from the Director of Education that two of the nine schools will not be able to make a contribution towards the capital costs of the noise abatement works, while the remaining seven will only be able to make a small contribution, amounting to \$270,000. Thus, the shortfall of some \$3.8 million will have to be met by increasing the government subsidy. This is being examined urgently within Government and a submission will be made to the Finance Committee of this Council at the earliest opportunity.

DR. TSE (in Cantonese): *Sir, I believe that the nine aided schools will be very glad to learn of this piece of news but I have another question. If these schools need to improve on their buildings and other capital works projects and if the requests for improvement come from government, would the Government deal with those applications on the same principle?*

FINANCIAL SECRETARY: Sir, I understand that this is the normal principle for all improvements and additions at these schools.

MR. YEUNG: *Sir, in order to be able to implement Phase I during the summer vacation which starts on 15 July as scheduled, will the Government consider, from the economy and time factor point of view, the possibility of taking up the responsibility for calling for tenders in respect of improvement works required in the noise abatement programme?*

FINANCIAL SECRETARY: Sir, it is established practice for capital works for aided schools that the schools will engage their own architects and contractors to carry out the works. This in fact is likely to lead to a faster completion of the works.

MR. YEUNG: *Sir, will the Acting Financial Secretary explain the situation in Shek Kip Mei wherein of the two schools which are divided only by one wall and simultaneously affected by the same aircraft noise, only one is included in Phase I and not the other?*

FINANCIAL SECRETARY: *Sir, I think I should seek assistance from the Secretary for Education and Manpower on that question. (See Annex V)*

Written answers to questions

Measures to protect councillors from intimidation and assault

5. MR. POON CHI-FAI asked: *Will the Government inform this Council what action will be taken in cases where councillors (including members of district boards, Urban Council, Regional Council and Legislative Council) are subject to intimidation or physical assault in the course of discharging their public duties and what action will be taken to prevent such incidents?*

SECRETARY FOR SECURITY: *Sir, any councillors subject to intimidation or assault in the course of their duties should report the fact immediately to the police. The police will then conduct a vigorous investigation with a view to prosecuting the offenders in court.*

As regards preventing such incidents of intimidation or assault, thankfully the number of incidents involving members of the Legislative and Regional Councils and the district boards is very small. And further, there is no evidence that the three incidents which have caught public attention in the last two years in fact resulted from councillors fulfilling their public duties. But if we do find evidence to the contrary in future, we will have to see what other steps can be taken to protect councillors.

Statistics on blackmail cases

6. MRS. FAN asked: *Will Government provide a breakdown on the following:*

- (a) the number of reported cases of blackmail with a triad undertone in the past three years;*
- (b) the number of prosecutions instituted by the police as a result of (a); and*
- (c) the number of convictions, and the sentences imposed?*

SECRETARY FOR SECURITY:

- (a) Sir, we can be reasonably sure of a triad background only in detected cases of blackmail. Where the case is reported but not detected, we cannot say whether or not triads have been involved. With that proviso, the police statistics on blackmail cases over the past three years are as follows:

	<i>Blackmail cases</i>		
	<i>Reported</i>	<i>Detected</i>	<i>Detected and triad related (% of all detected cases)</i>
1984	921	600	131 (21.8%)
1985	789	549	130 (23.7%)
1986	687	486	121 (24.9%)
Jan-May 87	233	166	34 (20.5%)

- (b) With regard to the number of prosecutions instituted, virtually all detected cases are prosecuted. And in addition, there will be other cases, not reflected in the statistics, where blackmail is subordinate to another charge, such as wounding or assault. In such cases only the more serious charge will be reflected statistically.
- (c) With regard to the number of convictions and the sentences imposed, I regret that such detailed statistics are not available prior to July 1986 when the new Standard Law and Order Statistical System was introduced. The Judiciary's statistics since then are as follows:

- (i) Convictions on principal charges of blackmail, July 1986 to March 1987:

Total offenders charged	383
No. of offenders acquitted/nolle prosequi	168
No. of offenders convicted	215
	(see note)
(Conviction rate)	56.1%

- (ii) Sentences on principal charge of blackmail July 1986 to March 1987:

<i>Sentence</i>	<i>No of Offenders</i>
Imprisonment	
1 to less than 3 months	2
3 to less than 6 months	4

<i>Sentence</i>	<i>No of Offenders</i>
6 to less than 12 months	19
12 to less than 18 months	12
18 months to less than 2 years	11
2 to less than 3 years	16
3 to less than 5 years	7
5 to less than 6 years	1
Detention centre	17
Training centre	11
Drug addiction treatment centre	7
School order	1
Institution probation	1
Open probation	38
Suspended imprisonment	24
Bound over	4
Fined	<u>12</u>
	(See
Total	<u>187</u> note)

Note: The difference between the 215 offenders convicted and the 187 who were sentenced is probably because some of those convicted of blackmail as the principal charge in fact received a longer sentence for a subordinate charge of, say wounding. Thus the blackmail sentence would not be reflected in the statistics.

Boundary Rectification Bill

7. MR. CHENG asked: *The Secretary for Lands and Works stated in this Council on 22 January 1986 that a Boundary Rectification Bill could be introduced some time during this session. Will the Government inform this Council what progress has so far been made in the preparation of this Bill together with the Land Survey Bill?*

SECRETARY FOR LANDS AND WORKS: Sir, I am afraid that my hope—and perhaps I should make it clear that it was merely a hope—of having a Boundary Rectification Bill introduced this session, was rather optimistic.

A Boundary Rectification Working Group was formed in March 1986 under the chairmanship of Mr. Charles YEUNG, and with representatives from the Heung Yee Kuk, the Buildings and Lands Department and the City and New Territories Administration. Its report submitted in June 1986 has been accepted in principle and drafting instructions are being prepared. Drafting instructions for the Land Survey are also being prepared.

It is difficult to estimate precisely when these Bills will come before Council— but I will ensure that we work towards this aim as soon as possible, other more urgent legislation notwithstanding. Meanwhile, whilst it does take some months for a boundary to be rectified, I do not think the situation is currently intolerable.

Government Business

First Reading of Bills

COMMODITIES TRADING (AMENDMENT) BILL 1987

THE HONG KONG UNIVERSITY OF SCIENCE AND TECHNOLOGY BILL 1987

PROTECTION OF WAGES ON INSOLVENCY (AMENDMENT) BILL 1987

Bills read the First time and ordered to be set down for Second Reading pursuant to Standing Order 41(3).

Second Reading of Bills

COMMODITIES TRADING (AMENDMENT) BILL 1987

THE FINANCIAL SECRETARY moved the Second Reading of: ‘A Bill to amend the Commodities Trading Ordinance’.

He said: Sir, I move that the Commodities Trading (Amendment) Bill 1987 be read the Second time.

The main purpose of this Bill is to amend section 11 of the Commodities Trading Ordinance to enable the appointment of commodity futures traders to the Commodities Trading Commission.

The Commodities Trading Commission is a statutory body established under section 3(1) of the Commodities Trading Ordinance. The main functions of the commission are to advise on matters relating to trading in commodity futures contracts, to enforce the provisions of the Ordinance, and to supervise the activities of the Hong Kong Futures Exchange Ltd.

Given the specialised nature and increasing complexity of commodity futures, the appointment to the commission of persons actively involved in futures trading would be of benefit to the commission and to the proper development of the futures industry. However, under section 12(1) of the Ordinance, no person who has been appointed under or who is employed in carrying out the provisions of the Ordinance shall directly or indirectly effect any trading in commodity futures contracts or participate in any operation or transaction relating to trading in commodity futures contracts. This provision covers, among others, members of the commission. As a result, this has created difficulties in finding suitable persons to serve on the commission.

The Administration considers the stringent restriction under section 12(1) unnecessary. Given the nature of the commodities market and based on the commission's experience, members of the commission are unlikely to be privy to price-sensitive information by virtue of their official position; the same applies to members of other committees established under the Ordinance and auditors appointed by the Commissioner for Commodities Trading to audit dealers' accounts, who are also covered by section 12(1). Members may like to know that there is no such restriction relating to the Securities Commission in the Securities Ordinance.

The proposed amendment of section 12 would remove this restriction on members of the commission and committees established under the Ordinance, and on appointed auditors. This would enable the appointment of professional futures traders to the commission. However, public officers employed in carrying out the provisions of the Ordinance will continue to be prohibited from trading in commodity futures contracts.

As a safeguard against any improper use of information, it is also proposed that section 11(1) of the Ordinance be amended to prohibit any person from using information obtained in the course of exercising any duties or functions under the Ordinance for gain or avoidance of loss, either on his own behalf or on behalf of another.

The Commodities Trading Commission has been consulted and fully supports the proposed amendments.

Sir, I move that the debate on this motion be adjourned.

Motion made. That the debate on the Second Reading of the Bill be adjourned.

Question put and agreed to.

THE HONG KONG UNIVERSITY OF SCIENCE AND TECHNOLOGY BILL 1987

THE SECRETARY FOR EDUCATION AND MANPOWER moved the Second Reading of: 'A Bill to provide for the establishment of The Hong Kong University of Science and Technology and for connected matters'.

He said: Sir, I move that The Hong Kong University of Science and Technology Bill 1987 be read the Second time.

The Bill before the Council this afternoon provides for the establishment and incorporation of our third university—The Hong Kong University of Science and Technology. This project, which was dear to the heart of your predecessor, Sir Edward YOUDE, has come forward with commendable speed. It was in his opening address to this Council in October 1985, that Sir Edward startled us all by declaring that there would be a third university. This statement of confidence in Hong Kong's future was an inspiration to every one of us.

By the following March firm decisions had been taken as to the size and nature of the new university and a firm target date was set for a first student intake no later than the 1994-97 triennium. A planning committee was established in September last year under the dynamic leadership of Sir S. Y. CHUNG and typically, Sir, target dates were brought forward, for a first intake on the university's permanent campus in 1991.

Planning has now reached the stage when it will be necessary for the new university to be incorporated as a legal entity, so that it can, if circumstances so require, take action with due legal authority.

Sir, the Bill before us is the result of the sound advice of the Planning Committee for The Hong Kong University of Science and Technology which considered that the legislation should provide a balanced framework for the efficient functioning of a modern publicly-funded technological university that would allow for the autonomy of the university itself and for the academic freedom of its teaching and research staff. To achieve this difficult balance requires a university council as the central governing body with sole responsibility for strategic plans to underpin academic decisions; a senate to be responsible for regulating the academic contents and standards of the university; and a vice-chancellor who is recognised not only as the academic leader but also as the chief executive of the university.

The Bill before us fully reflects these requirements. It sets out the objects of the university which are to provide for teaching and research, particularly in the fields of science, technology, engineering, management and business studies. And it provides for the establishment of the court, the council, the senate, the faculties and schools and the convocation of the university.

Since it is intended that the new university will play an important role in technological and scientific research, explicit provisions have been included enabling the university to provide advisory, consultancy, research and other related services and to enter into partnerships and joint ventures. It is hoped that these powers will enable the university to undertake more contract research in collaboration with Hong Kong's industry and to act as an effective channel in translating advanced technological developments into our industrial fabric.

Sir, the early enactment of this Bill represents not only an important step forward in bringing the new Hong Kong university of Science and Technology into being, it also serves to demonstrate our commitment to meeting the requirements of our economy and the growing aspirations of our younger generation for more and better opportunities for higher education.

Sir, with these remarks, I move that the debate on this motion be now adjourned.

Motion made. That the debate on the Second Reading of the Bill be adjourned.

Question put and agreed to.

PROTECTION OF WAGES ON INSOLVENCY (AMENDMENT) BILL 1987

THE SECRETARY FOR EDUCATION AND MANPOWER moved the Second Reading of: 'A Bill to amend the Protection of Wages on Insolvency Ordinance'.

He said: Sir, I move that the Protection of Wages on Insolvency (Amendment) Bill 1987 be read a Second time.

In 1985 this Council passed into law the Protection of Wages on Insolvency Ordinance. The effect of this far-sighted piece of legislation was to remove the worker from the legal arena in which claims on a bankrupt employer are fought and settled. Henceforth the employee needed only to approach the Protection of Wages on Insolvency Fund to receive the wages due to him, and the fund would pursue the employer to recover the amount due. If the fund failed to do so, it would carry the loss, not the employee for whom such a loss might have been very serious indeed.

Under the present arrangements, employees who have not been paid wages due to them because their employer has become insolvent, may claim from the fund up to four months' wages or \$8,000 whichever is the less. These limits were set to conform with limits laid down in the Bankruptcy and Companies Ordinances which provide that arrears of wages up to these amounts shall receive preferential treatment as debts having priority over other creditors' claims, in the event of an employer's bankruptcy.

In its first year the fund paid out \$13.5 million to 5 890 employees and in the second year which ended in March 1987, a sum of \$15 million was paid out to 5 813 employees.

The fund is financed by a levy of \$100 per annum on business registrations and the size of the fund, and consequently the amount which it has available to assist workers in these unfortunate circumstances, has increased from \$39.5 million at the end of its first year of operation, to \$68.1 million as at 31 March 1987, and is projected to rise to \$83.1 million by the end of the current year's activity assuming that the proposed amendment is introduced on 1 August this year.

As the financial health of the fund improves, so too does the extent to which workers can benefit from it; and the Bill before this house proposes to amend the Protection of Wages on Insolvency Ordinance to extend the protection afforded by that Ordinance to include up to seven days wages in lieu of notice or \$2,000, whichever is less. The Bill also provides for this Council to vary by resolution the maximum amount of wages in lieu of notice which can be paid out of the fund to an applicant.

The opportunity has also been taken to review other aspects of the Ordinance after its first two years of operation as a result of which two amendments are contained in the Bill. The first of these removes the inflexibility of requiring various forms to be prescribed by regulation and permits the Commissioner for Labour to approve the forms used. The second amends the Bankruptcy Ordinance and the Companies Ordinance to remove an inconsistency with the Protection of Wages on Insolvency Ordinance which arises because of the time it takes to present winding up or bankruptcy petitions. Both amendments will help to ensure the efficient operation of the Protection of Wages on Insolvency Fund.

Sir, I am aware that there are those who would have the amount of wages in lieu of notice, which this Bill would protect, increased to a month's wages—or \$2,000; and there are those who would see other workers' benefits, such as severance pay and holiday pay, also brought under the protective umbrella of the fund. Sir, these are all worthy aims but Hong Kong's success derives from a combination of initiative and prudence; to know one's goal but not to leave oneself extended and vulnerable in the pursuit of it. Although the size of the fund continues to grow, it must be remembered that it has only been in operation for two years and there are no guarantees that this trend will continue. Indeed, Sir, although the economy performed much better during the second year of the fund's operation than it did during the first, the amount paid out as a result of insolvencies actually increased. A downturn in the economy resulting in a greater number of insolvencies or fewer than forecast company registrations could put severe pressure on the fund's resources. It is important, therefore, that the fund builds up a sound reserve during the economy's good years, so that it can protect workers' interests when times are hard.

Sir, it is the considered view of the Government, after consulting the Labour Advisory Board, that the time is ripe to extend the protection of workers' benefits to include one weeks' wages in lieu of notice or \$2,000 whichever is the lesser. This in no way writes the last chapter on the Government's efforts to give protection to employees in Hong Kong whose employers become insolvent. The sums available in the fund, and the effect of this measure on the fund, will be kept under review and further extensions of the coverage of the fund, to meet the needs and legitimate demands of our labour force, will be introduced as circumstances permit.

Sir, I move that the debate on this motion be now adjourned.

Motion made. That the debate on the Second Reading of the Bill be adjourned.

Question put and agreed to.

3.09 pm

Adjournment

Motion made. That this Council do now adjourn—THE ATTORNEY GENERAL.

HIS EXCELLENCY THE PRESIDENT: Six Members have given notice of their intention to speak in the debate so I propose to exercise my discretion under Standing Orders to allow Members adequate time to complete their speeches, and also adequate time for the Official Member to reply to those speeches, before putting the question on the adjournment.

Ambulance Services

DR. IP: Sir, in preparation for this debate, the ad hoc group has held five meetings, one meeting each with the Administration, the Fire Services Department Ambulancemen Union, and the Ambulance Officers Association. We also wrote to the medical and paramedical professionals and concerned organisations asking for their views on the ambulance service in Hong Kong. A total of 136 letters have been sent out. We have received 57 replies of which 47 contained advice on and criticisms of the ambulance service. With the benefit of the insight of the front line workers in the service, the ad hoc group analysed the recommendations of the HORU (Health Operational Research Unit) Consultant Report which was commissioned by the Government to study the operational management of the ambulance service. The group arrived at 19 points, 10 on the HORU report and nine of our own, on which we agreed that the Government should take action in improving our ambulance service.

The arrangement of the debate. Sir, in this debate we shall try our best to avoid repetition. We believe that ambulance service is vital in giving immediate care under emergency conditions to save human lives. We recognise and appreciate the quality already attained in the work of our ambulance service but we share a common desire to improve on what we find unsatisfactory. Each member of the group will speak on at least one major area of concern, again on behalf of the group. Mr. TAM will speak on staff morale; Mr. CHEUNG on target travel time of ambulance service in the New Territories; Dr. CHIU on training of ambulance staff; Prof. POON on channel of communication between ambulance and the hospital; and Mr. K.C. CHAN on the prevention of abuse of ambulance service. I shall speak on the need for professional qualification of our ambulance staff. But first of all let me give a summary of the agreed views of the group.

Views on the HORU report. On the HORU report the ad hoc group largely agrees on its recommendations to improve the operational management and overall efficiency of the service. These include: (a) 95 per cent emergency calls in urban areas and new towns must be met within a 10 minute travel time; (b) increase in staff and vehicles, ambulance depots, and temporary standbys in order to meet the above; (c) strengthening the management structure by increasing the number of ambulance officers; (d) a more dynamic integration of information and command control; (e) the ambulance control consoles to be manned by ambulance staff instead of by special control staff; (f) better co-ordinated routine transfer service; and, (g) tiering of the emergency and routine services and so on.

However, we cannot accept the lack of initiative in cutting down the target time in the New Territories which now stands at 34 minutes. It seems that the HORU report does not aim to improve this aspect of our service. We discussed this issue in depth, and we felt that the service should strive to attain a 20 minute target travel time for 95 per cent of ambulance calls in the New Territories. The HORU report also recommends that hospital controllers should be upgraded to officers posts. We support this recommendation but urge the Administration to note any stress on morale of the more senior ambulancemen who may be affected by such changes. We feel that the more capable ones should be given the necessary training and most important of all, a real opportunity to be promoted directly to officer grade under the new system.

On the suggestions on improvements to existing measures, the ad hoc group did not confine its attention to the HORU report whose terms of reference is restrictive. We looked further into the operation of the existing service and obtained feedback from the front line workers.

First of all, on the ambulance-aid motor-cyclist or AAMC. In July 1984, I raised the issue of motor-cycle-aids in this Council, asking the Administration when such a service would be set up. It was indeed launched that year. The ambulance-aid motor cycle has proved to be effective in giving prompt relief to

the accident victims in the remote areas in spite of traffic congestions on routes. We know that the AAMC service will be reviewed after a year's time but even at this juncture, the public response to and confidence in this service is favourable enough for us to urge the Administration to look into the possibility of increasing its number.

As regards to air-conditioning, many of our feedback also urged that air-conditioning should be provided in the ambulances. We are pleased to learn that this is already an established government policy. We would like to see this process to be speeded up.

Sir, as regards to staff training. In 1979 due to financial stringency and limitation on staff resources, training was reduced from 14 weeks to only eight weeks. Fourteen weeks training is already inadequate. Fluctuating standards is intolerable. We are pleased to learn that the Ambulance Service Review Steering Committee which oversees the HORU report, recommends that the training of ambulancemen should be extended to 24 weeks and that the minimum training ambulancemen received would be increased to Part I standard. The medical professionals have repeatedly stressed to us the importance of better and proper training of ambulancemen and this recommendation should be implemented by the Administration without hesitation. The professional standard of our ambulance service forms the backbone of this service.

Turning now to paramedical ambulance service. In Hong Kong, we have as yet no paramedics ambulance service. We are pleased to know that the Administration is sending two officers to the United Kingdom in 1987 to be trained as paramedics capable of setting up tracheal intubation, intravenous drip, and performing more advanced method of resuscitation beyond that is capable of an average ambulanceman. We see this as a positive step to explore the feasibility of setting up a small paramedic team in Hong Kong under special situation such as to serve remote areas in the New Territories where the factors of time and distance warrant prompt treatment to be given on the spot in order to save lives. As the Chairman of the Hong Kong Society of Critical Care Medicine, Dr. LETT of the Caritas Medical Centre has written to me in which I quote: 'The provision of critical care for critically ill patients is an on-going process. Pre-hospital care really merges with hospital care.'

Mobile casualty treatment centres. The ad hoc group believes that the number of mobile casualty treatment centres which now stands at one should be increased to three, such that one each will serve the regions of Hong Kong Island, Kowloon and the New Territories.

I now turn to suggestions on new measures which has never been discussed with the Administration. First of all, direct communication between the ambulance and the Accident and Emergency Department of the hospital. In 1986, I had requested that two-way direct communication should be set up between the ambulance and the Accident and Emergency Department of the hospital and it became a subject of lengthy correspondence between myself and

Mr. JEAFFRESON, the Secretary for Security. His feedback was that this was possible but did not then exist. Up to now such a system is still not in operation. Communication exists only indirectly via the command centre operators who are not ambulancemen. There is also a limitation of the number of available lines which they can communicate. The ad hoc group is convinced, and the Medical and Health Department agrees, that such direct communication is vital in matters of emergency. En route to the hospital, the ambulance staff should be able to inform, alert or forewarn the receiving end in the hospital. Such useful information like the conditions and numbers of patients to be transmitted would facilitate the hospital to make necessary preparation or staff deployment to cope with emergency situation.

As regards the scope and abuse of the ambulance service, we have listened to opposing views from the Administration and the Fire Services Department Ambulancemen Union on the degree of which abuse exists. Our conclusion is that such differences stems from the interpretation of what constitutes abuse. The ad hoc group holds the view that our present legislation which defines the area of responsibility of the ambulance service is so loosely drafted that it covers situation of frank abuse. The ad hoc group suggests that occurrence of abuse must be looked into using a common sense approach and that the law should be reviewed in order to narrow down the scope of the ambulance service.

Professional qualification. The training of ambulancemen in Hong Kong is undertaken by the Government who also undertakes to assess and approve of its own standard of training. It is admitted that such a standard waxes and wanes under financial stringency and limitation of staff resources. It is about time that we should consider an independent assessment of the competence of our ambulance personnel.

The United Kingdom Ambulance Service Institute offers licenciateship, membership and fellowship examinations for different grades of staff. A Hong Kong chapter exists and such qualifying examinations are conducted through the Hong Kong Examination Authority each year. These qualifications are recognised by the department as a requirement for promotion to the senior ambulancemen grade. The Government might consider making the licenciateship examination a basic requirement for ambulancemen before passing their probation. The FSD Ambulancemen's Union has informed us that since no course for these examinations is available, they have to rely on self study and correspondence course. Government and the Hong Kong chapter of the Ambulance Service Institute should assist in setting up structured courses to facilitate their own ambulance staff to attain professional qualifications.

And I would like to conclude lastly that today's debate on ambulance service is but only a very small part of the emergency service as it deals with pre-hospital part of critical care. More importantly, the broader aspect of emergency and the Accident and Emergency Department of hospitals and

clinics, questions on which I have asked earlier, should be seriously looked into in order to achieve more effective and rational emergency service over the Territory. As such, I urge that the concern of the medical profession to require the most senior doctor on duty at any time, even on the night shift, in any Accident and Emergency Department of hospital or clinic, to have a minimum of five years hospital experience and preferably in the Accident and Emergency Department be implemented at an early date.

Sir, in 1986 there were 365 574 calls for ambulance service and lives were saved with the help of our experienced and hardworking ambulancemen. There can be no doubt that their service is invaluable and every effort must be made to ensure that no life is lost for want of speedy medical care. We hope that the Administration will take action to implement our suggestion and the recommendation of the HORU report as soon as possible.

MR. CHAN KAM-CHUEN: Sir, I rise to support in principle the various points unanimously agreed by the ad hoc group. However, I have the following general points to make.

The fire services as well as the ambulance service have served Hong Kong well in the protection of lives and property. There are three points which we must pay special attention to for staff morale. (1), Every organisation would like to get better qualified personnel for filling officer posts. This is good for the organisation in the long term. But if officer posts are all reserved for qualified new recruits, this will lower staff morale both in the public and private sectors. The failure of some private sector companies with western trained young bosses looking down on the old but loyal employees have sown the seeds of bank-ruptcy. A 50:50 ratio in filling ambulance officers' posts with (a) qualified but inexperienced youth, and (b) unqualified but experienced men with leadership qualities, would boost staff morale and maintain the happy balance. (2), The Administration and the staff side should work out some definitions to prevent abuse of the ambulance service. Blatant cases of abuse should be heavily charged to set an example. (3), it is a common sight to see drivers giving way to police and fire services engines, but this is not always the case to ambulances. Offenders should be prosecuted and if evidence is required, ambulances should be equipped with automatic cameras to photograph offenders' car numbers.

St. John Ambulance. By definition, ambulance is a conveyance for sick or injured persons or moving hospital following the army. As early as the 11th century, the oldest existing order of chivalry in the world, the most venerable order of the hospital of St. John originated in Jerusalem and created for the faith and for the service of mankind. With such noble objectives, no wonder Her Majesty the Queen is the sovereign head of the order.

In Hong Kong, besides training youths with the lifesaving techniques of first aid, St. John Ambulance instils discipline and organising abilities which only a

paramilitary force could achieve. It is important to guide the surplus energy of youths into the proper channels for constructive services and not destructive mischiefs to our community.

It is also the primary training ground for candidates for recruitment to the professional ambulance service, as two out of three fire service ambulance personnel came to see me in OMELCO on 6 June in Swire House were trained by the St. John Ambulance. No wonder former governors inspected their annual parades and I hope that this tradition of boosting their morale should be revived in the future.

I also hope that they should be provided with adequate resources to train more people until first aid is common knowledge in every household or workplace, not so much because Hong Kong will become the coastal frontier of China after 1997, but that even one's home may not always be the safest place. Falling down from stairs, tripping on the carpet, slipping and hitting sharp corners of furniture, burns, strokes and so on, are some of the examples. If you have an instant first aid man to stop the bleeding or to do the right thing until the patient is handed over to the professionals, it may mean the difference between life and death.

Every able bodied man is a soldier in Switzerland. This may be too high an ideal for us for training first aid men, but if every parent and worker is trained I believe it would cut down the number of untimely deaths.

On television news, one could see the difference of a large number of untrained men shouting and milling around in a catastrophe against a similar scene but with fewer trained men working quietly and efficiently and sending the wounded swiftly to hospital. With well-trained personnel, first aid motor cycles beating traffic congestion, followed by sufficient and adequately equipped ambulances strategically located and all able to communicate by telecommunication and directed by the control centre, we could win this battle of distance, time, and traffic congestion. As the speaking time is now limited to three minutes, I can only use the short Chinese saying, that is (分秒必爭), every minute and second counts, which may be a suitable conclusion for this speech.

MR. CHEUNG (in Cantonese): Sir, just now Dr. IP has already presented the consensus views of the ad hoc group to this Council in great detail and I would like to comment on the issue of target travel time of ambulances in the New Territories and rural areas.

I support the United Kingdom Health Operational Research Unit Consultant Report's recommendation that 95 per cent of the emergency calls must be met within a 10 minute travel time. This high standard will ensure that in accident and emergency cases, ambulance crew will arrive at the scene quickly to give first aid treatment to patients or victims or to transfer them to a hospital.

In July 1985, in reply to my question, the Secretary for Security pointed out that 90 per cent of the emergency calls are met within 10 minute target travel time in the urban areas and 20 minutes in the New Territories. The report goes further to recommend a 5 per cent increase; whether we regard this as an indication of how much we value human life or as a move to improve the efficiency of ambulance service, it is a step forward. The standard of ambulance service in Hong Kong will match that of the advanced countries so this is worth supporting.

However, the HORU report felt that the target travel time of 30 minutes for 95 per cent of the emergency calls in the New Territories is not bad at all and to expect any improvement would be unrealistic. I disagree with this.

In my opinion, human life is of utmost importance. In order to stabilise the patient's condition to sustain life, every second counts. No time must be wasted; whether the patient is in the urban areas or rural areas, he should receive treatment within the quickest time possible. In view of the geographical situation, the size of the New Territories is larger and population more scattered. It is understandable that the standard of ambulance service differs from that in the urban areas. However, 30 minute target travel time is too great a difference. We had already achieved a target of 20 minutes in 1985, so if we are to be satisfied with a 30 minute target, would this not be a retrogression? Furthermore, the efficiency of the road network system in the New Territories has improved significantly and this helps to shorten travelling time. Therefore, I support the recommendation of the ad hoc group on ambulance service to set the target travel time at 20 minutes for the New Territories.

The ultimate objective of ambulance service is to save life, to relieve pain, and to enhance the sense of security of the general public. The Government has the responsibility of allocating resources positively, to increase the number of ambulances, to establish more ambulance depots, to engage more professional personnel, to strengthen the monitoring and review of the use of ambulances in the hope of reaching or breaking through the 20 minute target travel time.

I would now turn to a more controversial issue, that is, the question of misuse or abuse of ambulance service. In my opinion it is very difficult to clearly define abuse or misuse. Ambulance service is a part of social service. We should allow, and even encourage, the public to make good use of the service in time of need and we should not levy a fee. The use of ambulance service to relieve the victim's suffering and danger in emergency should be available to taxpayers free of charge. Of course there are numerous examples of non-emergency cases. In fact I learned from the ambulance crew that they are responsible for the provision of some non-emergency services. This in fact represents 30 per cent of the total number of calls received. Non-emergency service includes taking the elderly to hospital for routine rehabilitation treatment, to transfer elderly people in good health from one home for the aged to another. I have even learned of cases where elderly people in convalescence in hospital are being allocated a place

in a doubleton unit in the hostel for the elderly in public housing estates. Ambulances are called to take them to the hostel for the elderly so that they can be introduced to their room-mates and to decide whether they will get along with each other. This may not necessarily be regarded as abuse but it is beyond the scope of ambulance service. It may even affect others who are in real need of emergency treatment. They may have to wait for a longer time before service would be available.

Emergency service might not have been fully utilised by the general public, while non-emergency service should not be regarded as abuse. So it seems that the crux of the matter is the scope of ambulance service is too wide and not enough publicity has been carried out to educate the general public on the proper use of ambulance service. I propose that the Administration accepts the recommendation of the HORU report on the tiering of emergency and routine services and to step up publicity simultaneously, to help the general public to become aware of the proper use of ambulance service and to exercise self-discipline, to behave in a more civic-minded manner. It is only in so doing that we would be able to maximise the utilisation of resources.

Finally, I would like to take this opportunity to commend the contribution of the ambulance service of the St. John Ambulance Brigade. At present, the brigade has six ambulances providing free territory-wide service round the clock. Members of the brigade have also been providing voluntary service during race days, Walk For a Million activities, dragon-boat race, as well as other major public events. I believe all of you would agree that the brigade is playing a very useful role in the provision of ambulance service in Hong Kong. Their work deserves our praise and support.

DR. CHIU: Sir, the high efficiency and the excellent working attitude and performance of the ambulance service are well known to all. Staff who are involved in this service deserve our highest praise. This is not all. The ambulance we have today are so well-equipped that they are able to meet international standards. It is, therefore, not surprising that the study on the review to the Hong Kong ambulance service commissioned by the Health Operation Research Unit was, in the view of the authority, initiated not because of any unacceptable service standard or operational inefficiency but with the intention to ensure maximum use of resources and a high standard of service.

Colleagues in this Chamber, I am sure, are well aware that the complete process of emergency service includes six main aspects, from the receipt of emergency call, despatching of help, on the spot care, transporting patients to hospitals, en route care, to care on arrival at the Accident and Emergency Department for treatment. From this point, we can see that the ambulance service is just a part of emergency service. If it is our objective to reach a high standard of emergency service, why do we narrow ourselves to ambulance service alone when we know that there is still a lot of room for further improvement in the rest of the service.

We understand that because of financial constraint, it is quite difficult to engage an independent consultancy to undertake the review exercise on individual public services to make recommendations. What we do not understand is why did we let go of the chance of giving our emergency service a check up when the time came? Pre-hospital care like ambulance service is part and parcel of emergency service. It should not be separated from the main stream.

As the comments made by the ad hoc group on ambulance service have been covered by my hon. Colleague, Dr. IP, in her convenor's speech, I therefore in the next couple of minutes shall concentrate on three areas which include the role of dispersed medical centres, level of training for ambulance workers, and the maximum use of existing resources.

Role of dispersed medical centres. The shortening of the target travel time from 15 minutes to 10 minutes in urban areas, including new towns, as recommended by the consultants is acceptable for the time being. Further improvement should be made when adequate resources are available in future. However, I am disappointed to learn that a shortening of the present travel time which is 30 to 35 minutes for emergency calls in rural areas in the New Territories is considered to be unrealistic. In fact what emergency service deals with is matter of life and death. In critical situations, every minute lost may mean the loss of a human life. The time wasted in the first half an hour can to a large extent diminish the patient's chance of survival especially in major accidents and emergency cases.

To shorten the travel of ambulance is not the only way to enhance efficiency of the service. Other alternative of getting an ambulance to take the patient to hospital quickly for adequate medical treatment ought to be considered. Critically ill patients should be transferred to nearby medical centres rather than regional hospitals. It should be particularly so in rural and sub-urban areas. Many a time medical centres in rural areas can only service as transferring agencies because their less equipped Accident and Emergency Unit cannot always meet the requirement of emergency treatment. The all important life-saving measures are thus delayed. Some of my learned colleagues in this Chamber may recall that the postpartum bleeding to death case taken place in 1978, another fatal postpartum case in 1985 and the 34 wounded kindergarten children in the Yun Chau Street incident had to be redirected from less equipped district hospitals to better equipped regional hospitals for proper medical care. All these facts point to one direction, that is, the standards of medical facilities and manpower supply of the Accident and Emergency Unit of district hospitals, especially those in rural areas, needs to be strengthened.

Emergency resuscitation, Sir, is of vital importance for critically ill. In a case of cardiac arrest, cardiac pulmonary resuscitation must be started within four minutes and advanced cardiac life support must be given within eight minutes if irreversible brain damage or death is to be avoided.

In general, emergency resuscitations should be done in the Accident and Emergency Department immediately upon patients' arrival but not in hospital wards. Time must not be wasted in waiting for trolley transfer or hospital lift whose speed may even be slower than those in this Legislative Council Building.

It is a common practice for many advanced hospitals to have resuscitation squad that would take prompt actions upon the receipt of an emergency call. This is another important area which we should seriously look into.

Level of training for ambulance staff. Whether or not ambulancemen who have undertaken paramedic training should be allowed to carry out on the spot advanced resuscitation such as intubation of endotracheal tubes, replacement of a body fluid by intravenous infusion and defibrillations is controversial among my fellow colleagues in the medical field. Some doctors are of the opinion that more harm than good will be done if the aforesaid tasks which are basically the job of medical practitioners are entrusted to inexperienced hands with limited medical knowledge. However, it is the consensus view of the medical circle that the level of training for ambulance staff should be reinforced. Their skill in providing first aid measures such as arrest of haemorrhage, keeping airway clear, artificial respiration, external cardiac massage, maternal delivery, and so forth should be further polished.

The recommended period for basic training to be extended from the 14 weeks to 24 weeks is worthy of our support. As far as refresher training courses are concerned, I suggest that such course should be compulsory and organised regularly by the Fire Services Department and the Medical and Health Department with assistance of concerned professional societies so as to ensure workers involved in the ambulance service are competent to carry out the duties properly.

Maximum use of existing resources. The main responsibility of the ambulance is to provide first aid to patients in emergency conditions and more importantly to transfer them to the nearby hospital for adequate medical treatment as soon as possible. Today our ambulance is also responsible for inter-hospital or clinics transfer, hospital/home transport for non-urgent or convalescent patients. As a result not everybody is happy about this arrangement. Ambulance staff claim that there is relatively insufficient ambulance to transport emergency and urgent patients. Non-urgent patients complain about the long waiting time for the ambulance. Hospital staff are unhappy because delayed transfer of patients would cause unnecessary occupation of hospital beds.

In order to make better use of our existing resources and to increase efficiency, there should be different types of ambulance service to cater for different levels of service required. Ambulances dealing with emergency calls should have sufficient well-trained staff and fully-equipped facilities. For hospital/home transport and clinic/hospital transfer of patients who are in a

stable condition, a well-equipped ambulance with trained personnel is a waste of resources. In this situation a comfortable minibus, manned by two ambulance men instead of three, is quite adequate.

Sir, some of my medical colleagues in considering the nature of ambulance service tend to believe that it will be more appropriate for the ambulance service to come under the Medical and Health Department than under the Fire Services Department. In view of the existing physical setting of the ambulance service, it might not be practical to do so at the present moment. However, I must stress that the Medical and Health Department should increase its involvement in the provision of quality ambulance service.

PROF. POON: Sir, I have consulted my medical colleagues of the University of Hong Kong and would like to say a few words on ambulance service.

My hon. Colleague, Dr. Henrietta IP, has eloquently summarised the current state of ambulance service, identified problems and offered solutions to these problems. I fully support her recommendations. Although the time factor and the transport system are important in ambulance service, it is equally important to ensure that emergency treatment is available even before the patient reaches the hospital.

I agree with my hon. Colleague, Dr. CHIU, that the equipment and facilities in an ambulance-van are inadequate and so is the training of the ambulance crew. I feel very strongly that the van should have reasonably sophisticated equipment and a crew who know how to use it. There should be a better communication between the ambulance crew and the doctors in the hospital.

1. *Equipment and facilities*

Ambulances should be equipped with portable electrocardiogram machines and defibrillators. They should also be better equipped in connection with the transfer of newborn babies in order to reduce cold injury and breathing disorders. Therefore, portable incubators, monitors and ventilators, should be provided to ensure that the very sick baby is stabilised before enduring transportation to hospital. Everyone knows that it is very hot in summer and I strongly support that all ambulances should be air-conditioned. In this connection, a distinction should be clearly drawn between emergencies and routine ambulance service. For example, in the transfer of convalescent patients, an ordinary van will serve the purpose adequately. A fully-equipped ambulance would be a waste of resources in this situation. This will maximise the effective use of ambulances.

2. *Training*

At present, ambulance personnel receive a 12-week initial ambulance aid training course followed by a two week on-the-job training. Most ambulance supervisors are trained to Ambulance Aid Part I standard. Quite a number of them are trained to Ambulance Aid Part II standard.

In-service training is conducted by officers of the command who are qualified National Health Service Ambulance Aid instructors. The existing level of training is considered barely adequate to enable ambulance personnel to recognise the patient's condition and to render stabilising treatment on the spot; including resuscitation and to continue such treatment during conveyance to hospital. However, it is desirable that the quality of some of the staff and level of training received should be improved. They should be trained to handle clinically urgent conditions such as: heart resuscitation and serious trauma. The number of patients requiring heart-lung resuscitation is very large, yet there is very little emergency resuscitation offered to these patients at present. The current ambulance-crew, apparently, are not so sophisticatedly trained compared to their counterparts in other developed countries. Training should include measures to be taken in the transfer of newborn babies to hospital. There has been gross deficiencies of trained personnel in this area.

3. *Direct communication*

Direct contact between the ambulance crew and doctors in the emergency ward must be established while an emergency service is being delivered. In North America for example, there is direct communication between ambulance crew and hospital emergency room doctors. The crew would function as nurse practitioners to conduct first-contact assessment on the patients. The emergency room physician would give orders or advice over the phone for appropriate action to be taken. Such measures as colloid infusions to combat shock, artificial respiration, resuscitation and so on, are carried out on site.

To conclude, I request the Government to consider seriously to provide better equipped ambulances, a better training programme for ambulance staff, and an improved communications system between ambulance and hospital in order to strengthen the ambulance service in Hong Kong.

MR. TAM (in Cantonese): Sir, whenever a serious accident takes place, seconds seem like years to people who wait anxiously for the arrival of the ambulance and the ambulance crew, so that the injured or the sick can be given emergency treatment and can be taken to hospital immediately. The force responsible for the task is 1 700 strong. Hong Kong is densely populated and the traffic is congested. These are adverse factors. However, the performance of the force is still widely acclaimed. The force is represented by two unions, namely: The Hong Kong Fire Services Department Ambulancement Union and the Hong Kong Fire Services Department Ambulance Officers Association. They are now suggesting that the response time for emergency service should be shortened so that the chances of saving the injured and the sick can be increased. This reflects that ambulance staff are in general willing to give emergency efficient coverage, and their morale is high.

However, beneath such high morale are underlying problems which, if allowed to deteriorate, will adversely affect the spirit of the ambulance staff, leading to a decline in their efficiency. We investigated the situation in the past few months in order to come to a better understanding. Broadly speaking, there are three problem areas. Firstly, the misuse of ambulance service. Secondly, non-emergency service. Thirdly, proposed changes to the grading of ambulance staff.

Regarding the misuse of ambulance service, the term 'misuse' can be understood in two ways. One is 'illegal use' and the other is 'legal but improper use'. Now, what do we mean by 'legal but improper'? Mr. CHEUNG Yan-lung has already given you examples and I wish now to give you another simple example. Somebody was playing a ball-game and he sprained his finger. He then called for an ambulance and asked to be taken to a bone-setter. Now, this is not against the law. However, just by common sense, this person has misused the ambulance service because by so doing he is depriving those really in need of being treated in time and may even endanger their lives.

The Administration has said that the misuse is not serious but we do not know whether cases which are legal but improper have been included. More-over, the ambulancemen will have to take the initiative to report such cases before they can become known. But according to the Ambulancemen's Union, the management does not encourage them to do so. Even if cases are reported, they will not lead to anything. If such a situation is allowed to continue, will the morale of ambulancemen who are responsible for providing help in an emergency case be affected?

Then I come on to 'non-emergency service'. According to the Health Operational Research Unit Report, between 1975 and 1985, non-emergency calls—mainly from hospitals—increased steadily five times whereas emergency-calls just more than doubled. That is to say, the ratio between non-emergency calls and emergency-calls has increased. The existing ratio is 3:7 and it is still rising. With our limited resources, the rapid and sharp increase in emergency-calls would definitely lead to a decline in the quality of emergency service. As non-emergency service increases, the ambulancemen will have to spend less time and energy on emergency service and the initial enthusiasm which inspired the ambulancemen to take up this meaningful career at the outset will be dampened.

Thirdly, proposed changes to the grading of ambulance staff. The report suggests a great increase in ambulance officer posts. There is nothing wrong with that. However, rumour has it that the Government would delete a rank from the non-officer grade. If this is true, the promotion prospects of the latter will be greatly reduced and their morale will inevitably decline. Therefore, I think the Government will have to give this careful consideration and give assurances to the rank-and-file regarding their promotion prospects.

Lastly, the first two problems are existing problems and should be resolved as matters of urgency. First, in order to solve the problem of misuse, the most important thing is to review the ill-defined areas in our legislation and to prevent what can be called 'legal misuse of ambulance service'. Besides, we should step up the investigation and prosecution of cases of illegal use of ambulance service. Second, regarding non-emergency service, perhaps hospitals can consider some more economical means of transporting patients. For instance, transport vehicles similar to the 'Rehabus' can be used to transport patients who are not seriously ill. The communication with the Fire Services Communications Centre should also be strengthened and runs should be pre-scheduled so that a number of patients can be transported at the same time.

These suggestions not merely help to save our resources but will help to improve the existing situation which is unsatisfactory. Ambulance staff will be able to serve our community in a more positive manner and ambulance facilities will be used in a more reasonable way. Moreover, we would like to suggest to the Administration that in reviewing the administrative structure it should not undertake any regrading exercise that may undermine morale and have adverse effects on the quality of service.

4.00 pm

SECRETARY FOR SECURITY: Sir, as my hon. Friend Dr. CHIU puts so succinctly, the main responsibility of the ambulance service is to provide first-aid to patients in emergency condition, and more importantly, to transfer them to the nearby hospital for adequate medical management as soon as possible.

Sir, it was in the light of that standard, that the consultants to whom my hon. Friends have referred, came to the conclusion that the ambulance services here in Hong Kong, gave a high standard of service to the public. As my hon. Friend Dr. CHIU has pointed out, the consultants were certainly not employed because of an unacceptable service in terms of standards or any operational inefficiencies. Rather, they were employed to improve what is already a good service.

Sir, I am pleased to be able to say that on the advice of the Executive Council, we will be implementing all the recommendations of the consultants, subject in some cases to our being given the necessary resources.

I would like to add that my own visits to the facilities of the ambulance services, to their control-centres, looking at the ambulances themselves, have certainly convinced me that it is a highly dedicated service. It is well run, it is well controlled, and the staff have a high morale. This fact is confirmed, again by the hon. Friend Dr. CHIU, and both Mr. TAM and Mr. CHAN are also of the same opinion. And what is more, our ambulances are well equipped.

But all this said, Sir, I am afraid that the ambulance services will always be the subject of criticism. The fact of the matter, is, unfortunately, they will often be carrying people in a bad state of damage to hospitals and it will happen from

time to time that they will arrive there too late. The difficulty against this background is to determine what improvements we can introduce which are going to be cost effective. And I am extremely grateful for the suggestions that my hon. Friends have put forward in this context this afternoon.

Their suggestions are aimed at ensuring that the ambulance service maintains its present high standards. I would like to briefly give my initial reactions, at least as far as those suggestions involving the ambulance services themselves are concerned. One of the main bones of contention is the target travel-time for rural areas in the New Territories. Our target of 30 minutes was a matter of considerable concern particularly to Dr. IP and to Mr. CHEUNG. I would venture to suggest that any significant improvement beyond 30 minutes would be impossible if we are to keep any semblance of realistic cost-effectiveness. The fact of the matter is that there are remote villages in the New Territories. There are also going to be mountain-walkers half-way up, say Sharp Peak or Lantau Peak, who collapse because of fatigue. There is no way in which the ambulance services, or the helicopter services for that matter, are going to reach these cases within 30 minutes.

I think, Sir, the important statistic to look at is the number of times, within the rural areas of the New Territories, the ambulance services are able to reach the target within 20 minutes. The consultants found that a high proportion of the call-outs reached the target within 20 minutes. Their finding was 71 per cent. Now I appreciate that this is lower than the percentage I gave in answer to my hon. Friend Mr. CHEUNG some months ago. But I must confess that the percentage I gave then was based on a small sample. The one that the consultants used was much larger and their figure of 71 per cent is, I am afraid, a more reliable one than mine was. Nevertheless, we have already taken steps to improve this percentage. The steps we have taken are to post ambulances to the fire stations in Sha Tau Kok, at Mai Po, and at Sai Kung. We have also now posted ambulance staff to be available at all times in Rennies Mill. We are now looking at other means of trying to increase this percentage of call-outs that achieve a travel-time of under 20 minutes, but I am afraid I do not think that whatever we manage to achieve in that context will result in any marked reduction of our maximum target of 30 minutes.

My hon. Friend, Dr. CHIU, suggested that we might try improving the facilities at the rural medical centres and in the district hospitals. This sounds to me as if it might be a good idea and we will certainly be putting it to the Director of Medical and Health Services along with his other suggestions for improving the Accident and Emergency Department procedures generally.

My hon. Friend Dr. IP and also Mr. CHAN, referred to the new ambulance aid motor-cycle system. Both confirmed the success of this system in the context of traffic congestion. And I have certainly had it confirmed to me by ambulance service staff that when there is traffic congestion, it is most useful that an ambulance trapped in the congestion can wireless back to the control and get a motor cycle sent out instantly to the scene of the disaster where the staff who

have come out on the motor cycle can administer first-aid to the patient. We now, Sir, have seven motor cycle employed in the ambulance services. And within a year, we will be reviewing the situation to see how effective their operation has been, and if there is a case for increasing the numbers, we will certainly be seeking the necessary resources to do so.

My hon. Friend, Dr. IP, also pleaded for our installation of air-conditioning in ambulances to be speeded up. Sir, we now have air-conditioning in 133 of all our ambulances and all the new ambulances we are ordering are now arriving fully-equipped with air-conditioning. That leaves us with 95 ambulances which are not yet air-conditioned. The fact of the matter is, all these 95 ambulances are due to be replaced within three years and we do not consider it would really be worth the expense and effort involved to get them air-conditioned at this stage. But I can assure hon. Members, that in three years' time, all the ambulances in the ambulance services will be air-conditioned.

Turning now to the problems of staff-training. My hon. Friend Dr. IP, asked us to implement to consultants' recommendations on improving staff-training without hesitation. I agree that we should go immediately for an increase from 14 to 24 weeks for the Part I qualification for ambulancemen. But again, we must first seek additional resources.

My hon. Friend Dr. CHIU, suggested that refresher-courses should be compulsory. Now, under the new arrangements to which I have just referred for the Part I qualifications, no more refresher courses will be necessary. But there will be refresher courses for Part II qualifications for senior and principal ambulancemen. And it very definitely is our view that these Part II courses should be compulsory.

Sir, the question of paramedics has always been a bone of contention in the context of the ambulance services. My hon. Friend Dr. IP would like to see ambulancemen trained as paramedics available for use with ambulances. This is a controversial issue among doctors themselves, as my hon. Friend Dr. CHIU has confirmed. But I can confirm myself that we are definitely sending two ambulance officers to the United Kingdom to have a look at what goes on there in the context of training ambulancemen in paramedic skills, a course of action which I understand the British Ambulance Services have only recently adopted. Both these ambulance officers are trained male nurses and will readily be able to appreciate the advantages, disadvantages, of what they are doing in Britain. When they return we will set up an expert group to look at what they have found there and it is our intention that the membership of this expert group should not be limited to government servants. I think the results of this exercise, Sir, will also answer the plea of my hon. Friend Prof. POON for more improved equipment in ambulances and for ambulancemen to be trained in more sophisticated techniques. For example, in heart—lung resuscitation.

My hon. Friend Dr. IP would also like to see an increase in the number of the mobile casualty treatment centres. At present we have only one. I think,

honestly, before we do any increasing, we need to tread somewhat warily in this area. The one that we have got has been available since 1982 and has been used 56 times. It is used at relatively serious disasters, basically to provide facilities for doctors to work on the spot. I think that whether or not we increase from one to three as my hon. Friend has suggested, must depend very, very much on the doctors' view of whether we need them. But we will keep this possibility very much in the forefront of our minds.

My hon. Friend also would like to see direct communication facilities between ambulances and hospitals, a view on which she was supported by my hon. Friend Prof. POON. At present, the communication is only indirect via the ambulance control centres. But I can assure hon. Members that direct communication facilities will be included in the second generation system which will be completed and ready and operating for the ambulance services by 1991. I agree that is still a few years away, but it now looks as if we have come across a relatively inexpensive technical improvement to our present communication facilities which would allow for us to introduce direct communication between ambulances and hospitals without having to wait until we get this second generation system.

Sir, I fully agree and sympathise with my hon. Friends, Dr. IP, Mr. CHEUNG and Mr. TAM, on their worries regarding the abuse of ambulance services. The fact is that ambulancemen have not reported many such cases in recent years and I fully agree with my hon. Friend Mr. TAM that they should from now on be encouraged to do so. We will then have a better idea of the size of the problem, the nature of the problem and how best to counter it. But meanwhile as suggested by my hon. Friend Mr. CHAN, we are looking at the possibility of making the abuse of the ambulance services an offence in law. But I think we will not find the actual drafting of such legislation at all easy.

My hon. Friends, Mr. TAM and Dr. CHIU, asked us to consider the possibility of using means of transport other than ambulances for the non-emergency services; they suggested mini-buses. I do not honestly think, Sir, that alternative forms of transport of that sort would be productive on any large scale. We need to use proper ambulances for most of the non-emergency services for the very simple reason that we need to have such ambulances available as a reserve if we really do have serious disasters. And in many of the non-emergency services, it does not mean that the patient who is being moved is not him or herself in quite a dangerous condition. Not that often would mini-buses, in fact, be appropriate.

Finally, Sir, I would like to thank my hon. Friend Mr. TAM, in particular, for his comments on the importance of maintaining the morale of the ambulance services. I fully endorse and so does the Director of Fire Services, the importance of maintaining the present standards of morale. I can assure hon. Members that we will keep this need fully in the forefront of our minds when we are considering the implementation of all the recommendations; both those we have from the consultants and those we have had from hon. Members today. We will keep it in the forefront of our minds, particularly when we are tackling

the question of whether or not to upgrade 'hospital controllers' to the officer grade. And I can assure my hon. Friend Mr. TAM that we have no plans afoot to delete one rank from the non-officer grade if we do create any additional ambulance officer posts as part of this upgrading exercise.

Equally, I can assure my hon. Friend Mr. CHAN that there is no question of reserving officer posts to new recruits. Thirty-six per cent of the present officers have been promoted to the officer ranks from the rank-and-file. There is no reason why, with the much better educational facilities we now have in Hong Kong generally, this percentage should not grow to something nearer to my hon. Friend's standard of 50 per cent.

I repeat, Sir, it is most important, in the interest of the Hong Kong community, that we maintain an ambulance service with a high standard. And I would like to congratulate publicly all those in the ambulance services, of all ranks, who have managed to create the present service with its present level of standard of operation.

I think that given the importance of ambulances arriving speedily at the scene of the disaster, or wherever the potential patient may be, there is a significant close parallel between the ambulance services and the fire services. For this reason, I think that the ambulance services should continue to be a part of the Fire Services Department. And I might add that, because the ambulance services is part of the Fire Services Department, in no way are they classifiable as 'poor relatives'.

But I do agree with my hon. Friend, Dr. CHIU, that closer liaison between the ambulance services and the Medical and Health Department is necessary if the services are to be improved further.

Question put on the adjournment and agreed to.

Next Sitting

HIS EXCELLENCY THE PRESIDENT: In accordance with Standing Orders I now adjourn the Council until 2.30 pm on Wednesday, 24 June 1987.

Adjourned accordingly at twenty-three minutes past Four o'clock.

Note: The short titles of the bills in the Hansard Report have translated into Chinese for information and guidance only; they do not have authoritative effect in Chinese.

WRITTEN ANSWERS**Annex I****Written answer by the Secretary for Health and Welfare to Dr. LAM's supplementary question to Question 2**

A total of 1 505 doctors were employed by the Medical and Health Department as at 1 January 1987, 703 of whom (i.e. 47 per cent) had more than five years experience. I cannot be more specific as to how many of them have more than five years experience in hospitals without going through the personnel records of each of them, but in general I can say that the bulk of their experience was gained in hospitals.

As to their turnover rate, again I cannot be more specific than to say that 81 doctors with more than five years experience left government service during 1986. This represents the turnover rate of 11.5 per cent for that year.

Annex II**Written answer by the Secretary for Transport to Dr. LAM's supplementary question to Question 3**

At present, the police operate one roadside weighbridge near the border crossing point at Man Kam To and have access to off-street weighbridges at the Transport Department Vehicle Inspection Centre at To Kwa Wan and the government incineration at Kennedy Town, Lai Chi Kok and Kwai Chung. In addition, the police operate five sets of portable wheel load scales, with two sets in operation on Hong Kong Island, two sets in Kowloon and one set in the New Territories. As they are portable, these sets can be moved from region to region, depending upon operational needs.

As regards the second part of your question, a total of 15 439 prosecutions were instituted for overloaded goods vehicles in 1986.

Annex III**Written answer by the Secretary for Transport to Mr. Desmond LEE's supplementary question to Question 3**

Statistics on the severity of the accidents for medium/heavy goods vehicles and accidents involving all vehicles in 1986 are listed below:

WRITTEN ANSWERS—Continued*Road traffic casualties by degree of injury or fatality (1986)*

	<i>Fatal</i>	<i>Serious</i>	<i>Slight</i>	<i>Total</i>
All vehicles	310 (1.6%)	4 703 (24.2%)	14 418 (74.2%)	19 431
Medium and heavy goods vehicles	27 (2.6%)	179 (17.3%)	831 (80.1%)	1 037

(Figures in brackets represent percentage of the totals)

These figures show that for medium and heavy goods vehicles the profile of resulting casualties is broadly similar to that of accidents involving all vehicles. There is, however, a small shift away from 'serious' to 'slight' injuries.

Annex IV**Written answer by the Secretary for Transport to Mr. CLYDESDALE's supplementary question to Question 3**

As at 1 June 1987, there were 91 795 registered and 84 877 licensed goods vehicles in Hong Kong. Of these, 12.4 per cent of the registered total and 8.4 per cent of the licensed total were manufactured before 1978.

In 1986, 26.3 per cent of the goods vehicles manufactured before 1978 failed the vehicle examination required under section 78(1) of the Road Traffic Ordinance.

Annex V**Written answer by the Secretary for Education and Manpower to Mr. YEUNG's supplementary question to Question 4**

As the Financial Secretary said in his reply, the first stage of the Noise Abatement Programme consists of 38 schools lying within the 30 NEF contour for aircraft noise. Phase I of this programme consists of nine aided and one Government School.

In determining the priority schools for inclusion in the first phase of stage I, factors were taken into account in addition to the exposure to aircraft noise to which all 38 schools are subjected. The main additional factor was exposure to severe noise from traffic (as well as from aircraft). Of the 10 priority schools, eight are located on major roads and the remaining two are located within the 40 NEF contour line, where the aircraft noise is even heavier.

WRITTEN ANSWERS—*Continued*

In the case of the two adjacent schools to which you referred, Ming Yin College (your own school) is, as you know, located on Wo Chai Street, a major road with heavy traffic, whereas Holy Trinity College is located on Wai Chi Street, a side street with only occasional traffic, and is shielded from the heavy traffic noise of Wo Chai Street by Ming Yin College.

Nevertheless, Holy Trinity College is as affected by aircraft noise as Ming Yin College and is, therefore, included in stage I of the Noise Abatement Programme.