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Establishment Subcommittee of the Finance Committee

Minutes of the 6th meeting
held in Conference Room 1 of Legislative Council Complex
on Wednesday, 28 January 2015, at 8:30 am

Members present:

Hon Kenneth LEUNG (Chairman)
Hon SIN Chung-kai, SBS, JP (Deputy Chairman)
Hon Albert HO Chun-yan
Hon LEE Cheuk-yan
Hon James TO Kun-sun
Hon LEUNG Yiu-chung
Hon Emily LAU Wai-hing, JP
Hon Frederick FUNG Kin-kee, SBS, JP
Hon WONG Ting-kwong, SBS, JP
Hon Ronny TONG Ka-wah, SC
Hon Cyd HO Sau-lan, JP
Hon Starry LEE Wai-king, JP
Hon Mrs Regina IP LAU Suk-ye, GBS, JP
Hon Paul TSE Wai-chun, JP
Hon Alan LEONG Kah-kit, SC
Hon LEUNG Kwok-hung
Hon Albert CHAN Wai-yip
Hon Claudia MO
Hon NG Leung-sing, SBS, JP
Hon Steven HO Chun-yin
Hon WU Chi-wai, MH
Hon YIU Si-wing
Hon Gary FAN Kwok-wai
Hon MA Fung-kwok, SBS, JP
Hon Charles Peter MOK

Hon CHAN Chi-chuen
Dr Hon Kenneth CHAN Ka-lok
Dr Hon KWOK Ka-ki
Hon KWOK Wai-keung
Hon Dennis KWOK
Hon Christopher CHEUNG Wah-fung, SBS, JP
Dr Hon Fernando CHEUNG Chiu-hung
Hon Martin LIAO Cheung-kwong, SBS, JP
Hon POON Siu-ping, BBS, MH
Hon TANG Ka-piu, JP
Hon CHUNG Kwok-pan

Members absent:

Prof Hon Joseph LEE Kok-long, SBS, JP, PhD, RN
Hon CHEUNG Kwok-che
Hon WONG Kwok-kin, SBS
Dr Hon Helena WONG Pik-wan
Hon IP Kin-yuen

Public Officers attending:

Ms Esther LEUNG, JP	Deputy Secretary for Financial Services and the Treasury (Treasury)1
Mr Eddie MAK Tak-wai, JP	Deputy Secretary for the Civil Service (1)
Mrs Erika HUI, JP	Commissioner for Narcotics, Security Bureau
Miss Mandy WONG	Principal Assistant Secretary for Security (Narcotics) 2
Mr Richard YUEN, JP	Permanent Secretary for Food and Health (Health)
Mr Sidney CHAN, JP	Head (eHealth Record), Food and Health Bureau
Ms Ida LEE	Deputy Head (eHealth Record), Food and Health Bureau
Mr CHEUK Wing-hing, JP	Director of Administration and Development, Department of Justice
Mr Benedict LAI, SBS, JP	Law Officer (Civil), Department of Justice
Mr Simon LEE	Deputy Law Officer (Civil), Department of Justice

Clerk in attendance:

Ms Connie SZETO

Chief Council Secretary (1)4

Staff in attendance:

Ms Anita SIT

Assistant Secretary General 1

Mr Jason KONG

Council Secretary (1)4

Ms Alice CHEUNG

Senior Legislative Assistant (1)1

Miss Yannes HO

Legislative Assistant (1)6

Ms Clara LO

Legislative Assistant (1)8

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1. The Chairman drew members' attention to the information paper ECI(2014-15)11 which set out the latest changes in the directorate establishment approved since 2002. He then reminded members that in accordance with Rule 83A of the Rules of Procedure ("RoP"), they should disclose the nature of any direct or indirect pecuniary interests relating to the funding proposals under discussion at the meeting before they spoke on the item. He also drew members' attention to RoP 84 on voting in case of direct pecuniary interest.

EC(2014-15)14 Proposed retention of a supernumerary post of Administrative Officer Staff Grade C (D2) in the Narcotics Division of the Security Bureau for three years up to 16 February 2018 to sustain the efforts in combating drug abuse

2. The Chairman remarked that the Administration's proposal was to retain a supernumerary post of Administrative Officer Staff Grade ("AOSG") C (designated as Principal Assistant Secretary (Narcotics)2 ("PAS(N)2")) in the Narcotics Division ("ND") of the Security Bureau for three years up to 16 February 2018 to sustain the efforts in combating drug abuse.

3. The Chairman advised that, in response to members' request at the meeting on 23 January 2015, the Administration had provided supplementary information on the proposal which was issued to members vide LC Paper No. ESC42/14-15(01) and (02) on 27 January 2015.

RESCUE Drug Testing Scheme and Healthy School Programme with a Drug Testing Component

4. Ms Cyd HO said that the Labour Party ("LP") did not object to retaining the post of PAS(N)2 for three years to continue efforts in combating drug abuse, but was concerned about insufficient follow-up support services for drug abusers identified by the proposed RESCUE (Reasonable and Early Screening for Caring and Universal Engagement) Drug Testing ("RDT") Scheme. Mr Alan LEONG and Mr CHAN Chi-chuen remarked that while members in general supported the staffing proposal, they were opposed to introducing the RDT Scheme. Mr LEONG also pointed out that the medical and social services sectors opposed to the RDT Scheme strongly. He expressed reservations that the Administration could put in place a follow-up mechanism to effectively balance giving a chance of non-prosecution to the drug abusers while mandating counselling and treatment, and adequately address the concerns of professional bodies about the Scheme.

5. Commissioner for Narcotics ("C for N") responded that the Administration was mindful of the need to secure support of different sectors including the medical and social services sectors for the implementation of the RDT Scheme. The Administration was aware of the diverse views among stakeholders on the Scheme. Notwithstanding the reservations expressed by some stakeholders on the RDT Scheme, some did acknowledge the merits of the Scheme as an additional tool for early identification of drug abusers and intervention. C for N added that stakeholders generally welcomed the Administration's efforts in maintaining dialogue with them and continuing to explore possible options to resolve controversial issues surrounding the RDT Scheme, especially on how to work out a feasible follow-up mechanism to assist drug abusers. The Administration did not have a firm timetable for launching the second stage public consultation on the RDT Scheme at present, and would be mindful of community views towards the Scheme and exercise prudence in drawing up proposals for further consultation.

6. Ms Cyd HO and Mr CHAN Chi-chuen urged the Administration to remove the component of compulsory drug testing from the RDT Scheme. Mr CHAN considered that PAS(N)2 should focus on assisting drug treatment and rehabilitation centres ("DTRCs") in upgrading their facilities in meeting the statutory requirements and obtaining licences. Ms HO was worried that compulsory drug testing would further deteriorate the problem of hidden drug abuse. She reiterated her concern about insufficient provision of follow-up support services for drug abusers, including DTRCs and Schools for Social Development ("SSDs"). The lack of support from the Administration to improve the condition of Christian Zheng Sheng College was a case in point.

7. C for N reiterated that there were diverse views among stakeholders on the proposed implementation of compulsory drug testing. Some social workers who were involved in cases of drug abusers with serious health problems had expressed support for the RDT Scheme in view of the low motivation of hidden drug abusers to seek help and the need to provide early assistance for them. Frontline workers in the social services sector generally agreed that the Administration should continue to explore possible options for the RDT Scheme in order to tackle the problem of hidden drug abuse. She stressed that the provision of follow-up support services was an important area which required further study in preparing for the second stage public consultation of the RDT Scheme. The Administration recognized that support from stakeholders was a prerequisite for implementing the Scheme.

8. Mr CHAN Chi-chuen queried how the Administration could address community concern about expansion of the power of the Police and possible infringement on human rights when conducting compulsory drug testing. Mr WU Chi-wai and Ms Cyd HO concurred that the concern about possible abuse of power by police officers was valid.

9. C for N responded that the Administration would explore options including considering the conditions when law enforcement agencies could invoke the power to conduct drug testing. Moreover, the Action Committee Against Narcotics had recommended that the Administration should promote efforts to expedite the development of test kits for rapid oral fluid test to enable quick screening of suspected drug abusers, thus avoiding the need to conduct impairment test in police stations.

10. Mr WU Chi-wai asked if the Administration would consider promoting voluntary drug testing in the community, which was adopted in the Healthy School Programme with a Drug Testing Component ("HSP(DT)"), instead of implementing compulsory drug testing in the RDT Scheme. He also enquired whether the Administration has assessed the effectiveness of HSP(DT).

11. C for N said that HSP(DT) comprised a voluntary drug testing component and other preventive education initiatives, with the main objective to enhance the drug awareness of students and strengthen their resolve in refusing drugs; whereas the main objective of the RDT Scheme was to enable early identification of drug abusers for intervention before prolonged drug abuse caused serious or irreversible harm on their health. She stressed that HSP(DT) and the RDT Scheme were not mutually exclusive, and the Administration would continue to promote other initiatives such as preventive education and publicity in the community to motivate family members in playing a stronger supporting role in the early identification of hidden drug abusers. On the effectiveness of HSP(DT), C for N said that HSP(DT) was

launched in the 2011-2012 school year following the Trial Scheme in Tai Po district. It was revealed in an independent evaluation of the Trial Scheme that participating schools generally considered the programme effective in enhancing young drug abusers' motivation to seek help and students' resolve in refusing drugs, and students' trust in schools had not been undermined. C for N supplemented that ND would engage an independent researcher to conduct an evaluation research of HSP(DT) in the 2015-2016 school year. On the suggestion of Ms Cyd HO that the Administration should conduct a qualitative analysis on HSP(DT)'s impact on the mutual trust between students and schools/parents, C for N said that the Administration would consider covering this issue in the evaluation research.

Other duties of Principal Assistant Secretary (Narcotics)2

12. Ms Cyd HO remarked that the social services sector had expressed concern about insufficient treatment and rehabilitation ("T&R") services in the community. As newly reported/identified drug abusers and their families did not have convenient access to T&R services, many of them had resorted to the referral service of the Integrated Family Service Centres ("IFSCs"), thereby adding burden on the workload of IFSCs and delaying timely services to drug abusers. Ms HO asked how the Three-year Plan on Drug Treatment and Rehabilitation Services in Hong Kong ("Three-year Plan") would help rationalize the resources of and strengthen the collaboration among different service providers.

13. C for N explained that the Administration had increased resources in different facets of anti-drug work in recent years, including establishing more counselling centres for psychotropic substance abusers ("CCPSAs") and outreaching teams. Both CCPSAs and outreaching teams were providing outreaching services for young drug abusers. CCPSAs were also required to provide preventive education at schools under the funding and service agreements entered with the Administration and this part of the work might overlap with some other service providers which could also provide preventive education services at schools. In formulating the Three-year plan, PAS(N)2 would work with various service providers to address such issues, and encourage providers to focus more on their respective expertise and develop services and programmes accordingly.

14. Mr LEUNG Yiu-chung noted that the 2015-2017 Three-year Plan was the seventh in the same series, which had demonstrated that the task was recurrent rather than time-limited in nature. Indeed, he considered that the various tasks in relation to the Three-year Plan such as enhancing service providers' support for family members of drug abusers, equipping drug abusers with vocational training and providing them with job counselling and aftercare services upon completion of the treatment programmes, etc. were

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among the core work of ND. Instead of preparing a Three-year Plan, he queried whether a perennial plan could be drawn up to specify all the on-going work required to be carried out.

15. C for N said that it was necessary to review and adjust the programmes and measures under the five-pronged strategy to combat the drug abuse problem from time to time to cater for the evolving drug scene. For instance, the growing prevalence of psychotropic substances in the past decade, as opposed to the predominance of heroin in the past, had posed new challenges to anti-drug work. She said that the Three-year Plan would map out a framework to help re-engineer T&R services and rationalize the use of existing resources, and it was envisaged that it would take time for various service providers to make corresponding adjustments to their operation. She stressed that PAS(N)2 would play a key coordinating role in enhancing T&R services and facilitating cross-sector collaboration.

Motion moved by Ms Cyd HO

16. The Chairman informed members that Ms Cyd HO had submitted a proposed motion under paragraph 31A of the Establishment Subcommittee ("ESC") Procedure. At the invitation of the Chairman, Ms Cyd HO read out the wording of the proposed motion as follows:

"鑒於保安局首席助理秘書長(禁毒)2 的其中一項職務，是推展"驗毒助康復計劃"第二階段公眾諮詢，然而強制驗毒只會導致更多隱蔽吸毒個案，而不必要地賦予警察過大權力，亦容易造成濫權，侵犯市民個人權利和自由，本委員會因此促請當局撤回驗毒助康復計劃中有關強制驗毒的建議。"

Translation

"That, as one duty of Principal Assistant Secretary (Narcotics)2 is to take forward the second-stage public consultation on the RESCUE Drug Testing ("RDT") Scheme but compulsory drug testing will only bring forth more hidden drug abuse cases and give the Police unwarranted and excessive powers, thus causing power abuses easily and infringing on individual rights and liberties, this Subcommittee urges the Administration to withdraw the proposal of compulsory drug testing under the RDT Scheme."

17. The Chairman ruled that the proposed motion was directly related to the agenda item under discussion, and put to vote the question that the proposed motion be proceeded forthwith. The Chairman declared that a majority of members present were in favour of the question. As the meeting had agreed to deal with the motion, the Chairman invited members to speak on

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the motion. He said that each member would speak only once and for not more than three minutes. The Administration would be given the opportunity to respond, followed by a conclusion from the proposer of not more than one minute.

18. Mr LEE Cheuk-yan, Mr LEUNG Kwok-hung, Mr CHAN Chi-chuen, Mr Albert CHAN, Dr Fernando CHEUNG and Mr WU Chi-wai considered that there was a lack of public confidence in the Police, especially among the youth, since the "Umbrella Movement". They said that the political neutrality of the Police was under serious question and there were grave concerns about possible abuse of power by the Police. Mr CHAN Chi-chuen and Mr WU cautioned that the Administration should not put forward compulsory drug testing before restoration of public confidence in the Police. Mr WU opined that the Administration should further promote efforts in preventive education and publicity, including HSP(DT), to encourage the youth to stay away from drugs instead of launching the RDT Scheme. Mr CHAN Chi-chuen added that whilst he agreed that T&R services for drug abusers should be enhanced and was neutral on whether voluntary drug testing should be implemented, he was against mandatory drug testing.

19. Mr Paul TSE pointed out that the Hong Kong Police Force had attained world-class professional standard, and complaint figures about police officers abusing power had remained low. He considered that members and the public should not lose their confidence in the Police due to individual incidents happened recently. He supported launching the second stage consultation of the RDT Scheme to ensure continuity of the Administration's anti-drug work. He commented that it was difficult to identify hidden drug abusers in Hong Kong and compulsory drug testing could help identify drug abusers and provide them with appropriate T&R services.

20. Mrs IP Lau Suk-yee considered it unlikely that police officers would abuse their power under the RDT Scheme. She expressed support for the implementation of the Scheme to tackle the worsening problem of hidden drug abuse. Mrs IP suggested that the Administration should make reference to overseas experience in taking forward the RDT Scheme, including how overseas jurisdictions dealt with concerns about abuse of power by the law enforcement agencies in implementing compulsory drug testing.

21. Mr LEUNG Kwok-hung said that the practice and experience of Sweden in implementing compulsory drug testing were most relevant to Hong Kong. However, he cautioned that when making reference to the Swedish experience, the differences between Hong Kong and Sweden in terms of population density and the mechanism for handling complaints against police officers should be taken into account. Mr LEUNG also shared the concern

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about insufficient follow-up support services provided to drug abusers.

22. Mr KWOK Wai-keung pointed out that the portfolio of PAS(N)2 included many other duties apart from preparing the second stage consultation of the RDT Scheme. He urged that members should not reject the staffing proposal in question only because they were against the RDT Scheme. Mr KWOK supported strengthening the manpower resources of ND to more effectively tackle the drug abuse problem. He opined that the growing prevalence of psychotropic substances and the relatively hidden nature of these drugs than traditional drugs in terms of the method and place of consumption, withdrawal symptoms and the harms caused to drug abusers' health had contributed to the prolonged drug history in newly reported drug abuse cases. He therefore disagreed that compulsory drug testing would aggravate the problem of hidden drug abuse.

23. Dr KWOK Ka-ki said that while he supported retaining the supernumerary post of PAS(N)2, he disagreed with the policy direction of compulsory drug testing. Dr KWOK reiterated that there was strong opposition in the community towards the RDT Scheme, and cautioned that the Scheme might have a labelling effect on young drug abusers, thus aggravating the problem of hidden drug abuse. He opined that community service was a more effective way to reach out to hidden drug abusers. Dr KWOK called on the Administration to enhance its efforts in other areas of the anti-drug work, including strengthening assistance to DTRCs in obtaining licences and providing more resources to T&R service providers and relevant professionals such as social workers, psychiatrists and urologists.

24. Dr Fernando CHEUNG conveyed LP's support for the present staffing proposal to combat the drug abuse problem, especially among the youths. He urged that the Administration should review the workload of ND, and consider consolidating the portfolios of the two PASs in ND or making the PAS(N)2 post permanent. Dr CHEUNG remarked that there were debates among members of the public on the effectiveness of the RDT Scheme. According to his understanding, although some operators of DTRCs expressed support for the RDT Scheme, social workers involved in outreaching work were generally opposed to the Scheme. Dr CHEUNG opined that instead of meeting the objective to help drug abusers, the RDT Scheme would create more problems such as the concern about infringement of human rights.

25. On the Swedish compulsory drug testing scheme, C for N advised that the Administration had briefed the Panel on Security on the experience of Sweden in implementing the scheme. The Swedish scheme had proven effective in identifying hidden drug abusers. According to information of the Stockholm Police, it had conducted drug testing on 1 251 young people in 2013. Of these, 78% were tested positive, and 60% of the positive cases

were previously unknown to the Police. C for N added that, under the Swedish scheme, there was a collaborative project between social welfare agencies and the Police which facilitated instant follow-up by social workers after minor drug offenders were apprehended by the Police. The Administration would carefully study the review conducted by the Swedish authorities on the Swedish scheme at the end of 2014 when the results were available.

26. As regards the Administration's anti-drug work in recent years, C for N pointed out that it had been enhancing efforts on various fronts, and the work had yielded encouraging results as evidenced by the significant decline in the number of young drug abusers. Nonetheless, the growing problem of hidden drug abuse called for new initiatives to meet the challenges. To this end, the Administration had enhanced various initiatives, such as the anti-drug helpline service and publicity to promote help-seeking, hence early identification of hidden drug abusers. In view of the evolving drug scene which would pose new challenges, it would be prudent for the Administration to continue with the study on the RDT Scheme and maintain close dialogue with stakeholders in this regard. C for N reiterated that the Administration did not have a preconceived timetable for implementing the RDT Scheme, and was fully aware of public support and consensus as a prerequisite to implementing the Scheme. She appealed to members' support for the continuous study on the RDT Scheme to enable possible solutions to be further explored to tackle the hidden drug abuse problems.

27. Concerning the resources for T&R services, C for N said that the Administration had allocated new resources of some \$140 million in the past few years to strengthen T&R services, and the Beat Drugs Fund had also been supporting worthwhile projects on innovative T&R programmes. As regards HSP(DT), she said that the Administration would continue to promote the Programme to more schools in view of the positive feedback from participating schools. She reiterated that an evaluation research would be conducted for HSP(DT) in the 2015-2016 school year.

28. In concluding the debate on her motion, Ms Cyd HO pointed out that the recent protest launched by the Hong Kong Social Workers' General Union outside the Police Headquarters had demonstrated the lack of confidence of the social welfare sector in the Police. She cautioned that voluntary drug testing in schools had damaged students' trust in parents and teachers, and compulsory drug testing might further damage young people's trust in the authorities. She held the view that community-based compulsory drug testing might do more harm than good, and urged the Administration to focus on preventive education and T&R services in lieu of launching the RDT Scheme.

29. The Chairman put Ms Cyd HO's motion to vote. The Subcommittee passed the motion.

Undertaking of not implementing the RESCUE Drug Testing Scheme

30. Mr LEE Check-yan and Ms Cyd HO asked if the Administration would make an undertaking of not implementing the RDT Scheme within the next three years, and in that case members would consider supporting extension of the PAS(N)2 post for three years.

31. C for N reiterated that it was envisaged that the discussion, public consultation and preparation for the implementation of the RDT Scheme would take time, and community consensus and support were the prerequisites for launching the Scheme. As such, it was unlikely that the initiative would reach the implementation stage within the next three years. PAS(N)2's task in relation to the RDT Scheme was mainly to lay the groundwork for the second stage public consultation, including exploring possible options for further discussion. She stressed that in order to explore possible solutions to address concerns about possible interference to human rights and to develop the follow-up mechanism for identified drug abusers, it would be important to continue with the study on the RDT Scheme. C for N supplemented that the Administration recognized preventive education and publicity as an important element in its anti-drug work. In this regard, PAS(N)1 had been taking forward new initiatives to strengthen preventive education and publicity, such as introducing new features to the anti-drug hotline service and programmes to encourage early help-seeking, etc.

(At 9:58 am, upon request by some members, the Chairman directed that the meeting be suspended for five minutes. The meeting resumed at 10:03 am.)

32. The Chairman put the item to vote. Members agreed that the Subcommittee should recommend the item to the Finance Committee ("FC") for approval.

EC(2014-15)15 Proposed retention of two supernumerary posts of one Administrative Officer Staff Grade B (D3) and one Administrative Officer Staff Grade C (D2) in the Health Branch of the Food and Health Bureau for three years from 1 April 2015 or with immediate effect upon approval of Finance Committee, whichever the later, to provide continued steer and leadership to the Electronic Health Record Office in taking forward the Electronic Health Record Programme

33. The Chairman said that the Administration's proposal was to retain two supernumerary posts in the Health Branch of the Food and Health Bureau for three years to continue to provide steer and leadership in taking forward the Electronic Health Record ("eHR") Programme undertaken by the eHR Office, including an AOSGB and an AOSGC, designated as Head (eHealth Record) ("H(eHR)") and Deputy Head (eHealth Record) ("DH(eHR)") respectively.

34. The Chairman advised that the Panel on Health Services discussed the proposal at its meeting on 15 December 2014. Panel members supported the proposal in general but expressed concern about the proposed period of extension for the posts. One Panel member expressed opposition to the proposal. The Administration had advised that the development of a territory-wide eHR Sharing System ("eHRSS") was a 10-year two-stage programme with the first stage spanned from 2009-10 to 2013-14. Scrutiny of the eHRSS Bill by the relevant Bills Committee ("Bills Committee") was in progress. Subject to the passage of the Bill, it was expected that Stage One eHRSS would commission in the second half of 2015. The Administration would seek approval of FC in due course for funding the development of Stage Two eHRSS. The Administration also advised that as H(eHR) would assume the role of the Commissioner for the Electronic Health Record ("C for eHR") to perform the statutory functions and powers in accordance with the proposed eHRSS Ordinance, and would be supported by DH(eHR) at the directorate level, there was a need to extend the two posts for three years. The Administration would review the continued need for the posts in early 2018 having regard to the operational experience of Stage One eHRSS and progress in the development of Stage Two eHRSS.

Protection of data privacy and participation by private healthcare providers

35. Dr KWOK Ka-ki expressed support for the staffing proposal. He pointed out that there had been discussions at meetings of the Bills Committee to incorporate a "safe deposit box" feature in eHRSS enabling certain access control by patients of sharable data in the system. Meanwhile, he noted that

the public and the Privacy Commissioner for Personal Data ("PCPD") had also expressed reservations about data privacy protection in the system. Dr WOK enquired about the work of the two posts on these issues, and called on the Administration to undertake resolving these issues in the coming three years.

36. Permanent Secretary for Food and Health (Health) ("PSFH(H)") said that the Administration had explained to the Bills Committee that due to technical difficulty and that so far there had not been any successful overseas example of a "safe deposit box" in the eHR systems, the Administration had undertaken to examine further the option in the development of the Stage Two eHRSS. In the meantime, the Administration was exploring with PCPD the inclusion of a form of wording in the eHRSS bill to provide the flexibility for implementing the concept in the Stage Two eHRSS. He then explained that at present, the Public Private Interface-Electronic Patient Record ("PPI-ePR") pilot project allowed private doctors to view patients' data extracted from the Hospital Authority ("HA")'s electronic patient records, but there was no reciprocity and the HA doctors were unable to view the patient's data in the private doctor's record. The scope of work of the proposed two posts in relation to developing the Stage Two eHRSS would cover, among others, developing the "safe deposit box" concept, inclusion of radiological images (such as magnetic resonance imaging and computerized tomography) in eHRSS, facilitating participation of Chinese medicine practitioners, and examining the concept of a patient portal feature to enhance patients' access of data in the Stage Two eHRSS. The Administration was also aware of the concern of some members of the Bills Committee about the sharing consents that were taken to be given to HA and the Department of Health when a patient joined eHRSS. The policy intent was explained and the issue was being discussed at the Bills Committee. It would be further studied in the Stage Two eHRSS.

37. Ms Cyd HO noted that H(eHR) would take up the functions of C for eHR as specified in the eHRSS Bill. She said that while section 161 of the Crimes Ordinance (Cap. 200) contained provisions on general offences against unlawful access to and use of computer and data, the Bills Committee had urged the need to introduce specific offence provisions in the eHRSS Bill to check improper use/modification of information in eHRSS. She sought details about the Administration's plan in this regard, as well as C for eHR's role in regulating the use of information in eHRSS.

38. PSFH(H) said that C for eHR would perform a variety of tasks, enforcement work being only one of them. C for eHR would develop code of practice to provide guidance for participants of eHRSS. H(eHR) added that as explained to the Bills Committee, relevant provisions of existing ordinances including the Personal Data (Privacy) Ordinance (Cap. 486) and the Crimes

Ordinance (Cap. 200) would remain applicable to eHRSS. The Administration had stipulated in the eHRSS Bill six offences specifically concerned with the use of eHRSS, including causing impairment to the system, unlawful modification of data, use of personal data for direct marketing, etc. The enforcement against criminal offences would rest with the Police. The law enforcement agent would consider invoking which provisions under the relevant ordinances as appropriate under different circumstances.

39. Ms Emily LAU, Mr YIU Si-wing and Ms Starry LEE expressed support for implementing the eHR Programme. Ms LAU called on the Administration to expedite the implementation of eHRSS and address the concerns of Legislative Council Members, PCPD, patients and other stakeholders about protection of data privacy. Mr YIU queried if a clear definition would be given to "healthcare providers ("HCPs")" who would be allowed access to patients' records in eHRSS. In particular, he expressed concern about whether nurses and administrative staff in private clinics might have access to such data.

40. PSFH(H) explained that PCPD had been closely involved in the development of the eHRSS project and the preparation of the eHRSS Bill. On the "safe deposit box" feature, the Administration had undertaken to examine it further in the Stage Two eHRSS and was in discussion with PCPD on how to include a provision in the Bill to provide the flexibility to do so. Concerning the access to patients' health records under eHRSS, PSFH(H) stressed that only healthcare professionals with the "need-to-know" for providing healthcare to the concerned patient could access the records, and all accesses to the system would be logged and traceable. The eHR Office was also exploring with PCPD an amendment to the eHRSS Bill to more clearly set out the "need-to-know" principle. The eHRSS Bill would empower C for eHR to issue code of practice for HCPs to ensure that the healthcare professionals of HCPs clearly understand their obligation, responsibility and restricted power in accessing patient's record.

41. Ms Starry LEE was worried that private HCPs would be unwilling to participate in the eHR Programme due to interface problems between their systems and eHRSS. She enquired about the roles of H(eHR) and DH(eHR) in promoting participation of private HCPs in the eHR Programme, and whether it would be a mandatory requirement for private HCPs to participate in the Programme.

42. PSFH(H) said that currently there were some 400 000 participating patients and around 3 500 participating healthcare professionals in PPI-ePR. All private hospitals had indicated that they would join eHRSS. Once all the private hospitals had joined, there would be pressure on other private HCPs to join if their patients had to use private hospital facilities.

The Administration would continue to promote the public-private partnership initiatives to the public after the Bill had been enacted and there was certainty in the launch of eHRSS. The participating HCPs would later be required to join eHRSS. The Administration was confident that public interest in eHRSS would grow when its benefits were more widely seen over time.

Size of the Government's directorate establishment

43. Mr Albert CHAN expressed grave concern about the trend of the Administration in recent years to create/retain supernumerary directorate posts for undertaking recurrent duties of bureaux/departments, and the apparent abuse of the mechanism by the Administration. He pointed out that according to the supplementary information provided by the Administration (LC Paper No. ESC42/14-15(01)), the number of proposed supernumerary posts in the 2013-2014 legislative session was a record high in the past five years. Mr CHAN said that he had written to the Audit Commission inviting it to look into the matter. He urged that the Financial Services and the Treasury Bureau and Civil Service Bureau ("CSB") had the duty to closely monitor the size of directorate establishment in the civil service.

44. Deputy Secretary for Financial Services and the Treasury (Treasury)1 ("DS(Tsy)1") advised that the Draft Estimates of Expenditure of each financial year of each bureau/department submitted to LegCo under the Public Finance Ordinance (Cap. 2) included provisions for an estimated total number of directorate and non-directorate civil service posts. Despite this, it had been an established practice for the Government to submit the proposals for creating new and/or extending existing directorate posts to ESC for endorsement and FC for approval. Each of these proposals would be supported with the relevant details, including the need for, justifications as well as duties of the posts concerned in the relevant ESC papers. DS(Tsy)1 said that the estimated number of supernumerary directorate posts in each bureau/department was mainly determined on the basis of operational needs of the bureau/department concerned, having regard to the overall fiscal conditions of the Government.

45. Deputy Secretary for the Civil Service (1) ("DSCS(1)") supplemented that supernumerary directorate posts were created on a time-limited basis and that they would lapse upon expiry of the term as approved by FC (unless extension was sought and approved by FC). He pointed out that as set out in the information paper ECI(2014-15)11 issued to members before the meeting, the number of supernumerary directorate posts had been decreased from 60 as at January 2002 to 58 as at present.

46. Noting the increasing workload of many bureaux and departments in recent years, Ms Starry LEE asked if CSB would conduct survey on the

work pressure of civil servants, as well as periodic review on the size of directorate establishment and the continued need of individual directorate posts. DSCS(1) said that it was difficult to quantify the work pressure of civil servants. Nonetheless, despite increasing workload, it had been observed that civil servants remained committed to their duties. He also said that CSB would carefully examine the establishment proposals submitted by bureaux/departments, and would only put forward proposals for consideration by ESC and FC where CSB was satisfied that the additional work involved could not be absorbed through alternative arrangements such as internal redeployment.

(At 10:21 am, the Chairman announced that the meeting would be extended for 10 minutes. Members agreed.)

47. The Chairman advised that the discussion on this item would continue at the next meeting to be held on 11 February 2015, from 8:30 am to 10:30 am.

48. There being no other business, the meeting ended at 10:35 am.