
2018 Annual Report on Justices of Peace Visits

**Administration Wing
of the Chief Secretary for Administration's Office**

JUSTICES OF THE PEACE VISITS

2018 Annual Report

This Annual Report provides an account of the work of Justices of the Peace (JPs) in the year 2018. The JPs visited designated institutions under the JP visit programme, handled complaints from persons in custody, inmates and detainees, and made suggestions and comments to institutions of their visit.

THE JP SYSTEM

2. The Justices of the Peace Ordinance (the Ordinance) (Cap. 510) provides the statutory basis for the operation of the JP system, including appointment, resignation and revocation of appointment, the powers and functions of JPs, and for matters incidental thereto or connected therewith. JPs are appointed by the Chief Executive under section 3(1) of the Ordinance. For administrative purpose, JPs appointed by virtue of their holding of certain offices in the public service are often referred to as Official JPs while others as Non-official JPs.

3. In 2018, 37 and 41 persons⁽¹⁾ were appointed as Official and Non-official JPs respectively. As at 31 December 2018, there were 318 Official JPs and 1 423 Non-official JPs. An up-to-date list of JPs is available in the JP website (<https://www.info.gov.hk/jp>).

FUNCTIONS OF JPs

4. The main functions of JPs, as provided for in section 5 of the Ordinance, are as follows –

- (a) to visit custodial institutions and detained persons;
- (b) to take and receive declarations and to perform any other functions under the Oaths and Declarations Ordinance (Cap. 11);
- (c) in the case of a Non-official JP, to serve as a member of any advisory panel; and

⁽¹⁾ The JP appointment of the 78 persons were published in the gazette on 1 July 2018.

- (d) to perform such other functions as may be conferred or imposed on him/her from time to time by the Chief Executive.

5. The primary role of a JP is to visit various institutions, such as prisons, detention centres, hospitals and remand/probation homes. The objective of the visits is to ensure that the rights of the inmates in the institutions are safeguarded through a system of regular visits by independent visitors.

JP VISIT PROGRAMME

6. In 2018, there were 112⁽²⁾ institutions under the JP visit programme. Statutory visits to 39 institutions were conducted on a fortnightly, monthly or quarterly basis while visits to 73 institutions were arranged on an administrative basis once every quarter or every six months. The list of institutions under JP visit programme in 2018 is at **Annex A**.

7. In 2018, JPs conducted 711 visits to 112 institutions. On average, Non-official JPs⁽³⁾ each conducts one visit per annum while each Official JP conducts three to four visits each year.

VISIT ARRANGEMENTS

8. JP visits to custodial institutions are conducted under the respective legislation. For example, visits to prisons of the Correctional Services Department (CSD) are provided under the Prison Rules (Cap. 234A), visits to psychiatric hospitals are provided under the Mental Health Ordinance (Cap. 136), visits to detention centres of ICAC and Immigration Department (ImmD) are provided under the Independent Commission Against Corruption (Treatment of Detained Persons) Order (Cap. 204A) and Immigration (Treatment of Detainees) Order (Cap. 115E) respectively, and visits to remand/probation homes of Social Welfare Department (SWD) are provided under the Probation of Offenders Ordinance (Cap. 298) and Juvenile Offenders Ordinance (Cap. 226). Statutory visits are conducted on a fortnightly, monthly or quarterly basis. Furthermore, visits to hospitals of the Hospital Authority (HA), institutions for drug abusers operated by Non-governmental Organisations (NGOs) under the purview of Department of Health (DH), welfare institutions under the purview of SWD, and charitable organisation providing social services under the purview of

⁽²⁾ Including Tai Tam Gap Correctional Institution which was decanted in June 2018.

⁽³⁾ Excluding those who are exempted from visiting duties because of old age, health or other reasons.

Home Affairs Department (HAD) are arranged on an administrative basis at a quarterly or half-yearly interval.

9. To ensure effective monitoring of the management of institutions under the JP visit programme, all JP visits are unannounced. The exact date and time are not made known to the institutions beforehand and JPs may conduct their visits at any reasonable time during their tour of duty. They may request to pay additional visits outside their tour of duty to follow up on or look into specific complaints if they so wish. Usually, two JPs are appointed to visit each institution according to the prescribed frequency. Non-official JPs may choose to pair with either an Official JP or a Non-official JP for the purpose of JP visits.

10. To help JPs focus on issues that require their attention during the visits, they are provided, before their visits, with checklists drawn up by the concerned departments which highlight the key areas that JPs may wish to cover when visiting different types of institutions. In addition, the JP Secretariat provides the visiting JPs with reports on outstanding complaints made by inmates of the institutions concerned so that the JPs may follow up on those complaints or other issues during their visits.

11. Upon arrival at CSD institutions, the visiting JPs usually receive from CSD staff a general briefing on the correctional institution and any requests for interviews that have been made by the persons in custody. During the visit, JPs have the opportunity to see all persons in custody within the institution and are free to speak to any of them. JPs may request CSD staff to provide other information about the correctional institution, such as the number of persons in custody in the institution at that moment, whether there are any persons in custody who have been temporarily transferred to other locations (e.g. for medical appointment at a hospital outside the institution or court attendance) on the visit day, etc.

12. Each year, the JP Secretariat organises a briefing to familiarise newly appointed JPs with the JP visit system as well as functions and duties of JPs. The last briefing was held in October 2018. 55 newly appointed JPs attended the briefing and heard from representatives of CSD, SWD and HA about their responsibilities as visiting JPs to institutions under the Department/Authority's management.

HANDLING OF COMPLAINTS/REQUESTS/ENQUIRIES

13. One of the important functions of JPs conducting visits to institutions is to ensure that complaints lodged by inmates are handled in a

fair and transparent manner. In the interest of privacy, visiting JPs may choose to speak to inmates in private. In such cases, the institution management will make necessary arrangements to facilitate the interview with inmates in private and render assistance to the JPs as required. The visiting JPs can either conduct investigations themselves by making personal inquiries into the inmates' complaints (such as seeking background information from staff of the institutions and examining relevant records and documents) or refer the complaints to the institutions concerned for investigations. In the latter cases, the institutions concerned will carry out investigations and report to the JPs the outcome of their investigations in writing.

14. Complaints that concern treatment of persons in custody in CSD institutions are generally referred to the Complaints Investigation Unit⁽⁴⁾ (CIU) for full investigation. For check and balance, the Correctional Services Department Complaints Committee⁽⁵⁾ (CSDCC) is vested with the authority to examine the outcomes of investigation conducted by CIU. If CSDCC is not satisfied with the investigation results, it will direct CIU to re-investigate the case. CIU will notify the complainant if its investigation results are endorsed by CSDCC. The CSD will also report to the relevant JPs the investigation results in writing. If a person in custody is not satisfied with the investigation results of CIU, he/she may appeal to the Correctional Services Department Complaints Appeal Board⁽⁶⁾ (CSDCAB) within 14 days. CSDCAB will handle appeals against the findings endorsed by CSDCC and make final decision on the appeal cases.

15. CSD will inform JPs of the outcome of all complaints in writing after the cases have been concluded (i.e. after the completion of investigation by the institution management or CIU and any appeal process thereafter). If the JPs are not satisfied with the investigation results and/or the follow-up actions taken, they may refer the case to other parties (e.g. The Ombudsman or the Police) for investigation as appropriate. In cases where the complaint has been referred to The Ombudsman, the Office of The Ombudsman will contact the complainant directly. CSD will inform the JPs of the investigation outcome if the complaint is related to CSD. For cases referred to the Police, CSD will inform the JPs of the investigation outcome of the Police in writing when it is available to CSD.

⁽⁴⁾ The Complaints Investigation Unit is responsible for conducting full investigation into complaints received by or referred to CSD concerning the treatment of persons in custody according to the complaints handling mechanism.

⁽⁵⁾ The CSD Complaints Committee is chaired by the Civil Secretary of CSD (a civilian staff), with the Assistant Commissioner (Quality Assurance), a Chaplain and four senior officers in the CSD Headquarters as members.

⁽⁶⁾ At present, 20 out of 24 non-official members of CSDCAB are Non-official JPs.

16. Other requests or enquiries made to JPs by inmates of the institutions are normally referred to the management of the institutions for consideration, and the relevant JPs are then informed of the actions taken by the management.

17. For other institutions, if the JPs are not satisfied with the investigation results and/or the follow-up actions taken, they may direct the institution concerned or refer the case to other parties (e.g. The Ombudsman or the Police) for investigation as appropriate. JPs are free to conduct any further visit or investigation personally as they consider necessary. They are also encouraged to discuss with the institution management and staff members, and inspect the complaint registers as appropriate to satisfy themselves that the management have handled previous complaints/requests/enquiries properly.

COMPLAINTS RECEIVED

18. In 2018, 204 complaints were received during JP visits, as compared with 245 received in 2017. Majority of these complaints⁽⁷⁾ were related to treatment and welfare (33%) and staff attitude and conduct (22%). Having conducted on-site inquiry during their visits, the JPs who received the complaints directed that no further action be taken on 76 of the 204 complaints. 55 complaints were referred by the JPs to the institution management for investigations or follow-up actions, and all were resolved through improvement measures or explanations given to the complainants. As for the remaining 73 complaints, 65 were referred to the CIU of the CSD for investigation and eight were referred to other relevant government departments for their handling. 64 (50%) of the 128 complaints that required further action were followed up within one month⁽⁸⁾ (as compared to 71% in 2017). A summary of the statistics is at Table 1 below.

⁽⁷⁾ CSD classifies complaints as any verbal or written expression of dissatisfaction, whereas requests are made to obtain assistance from the Department.

⁽⁸⁾ In view of the nature and complication involved in 64 complaints (representing 50% of the 128 cases that required follow-up action) received during JP visits in 2018 (relating to the conduct of staff, unfair treatment, etc.), the department has to seek inputs from various parties to conduct investigation. Hence, it has taken more than one month to follow up the complaints.

Table 1 – Number and category of complaints received in 2018

Category of complaints		Number of complaints in 2018	(%)
(i)	Treatment and welfare (e.g. unfair assignment of work, improper handling of complaints/requests, etc.)	67	(33%)
(ii)	Staff attitude and conduct (e.g. unnecessary or excessive use of force, use of impolite language, etc.)	45	(22%)
(iii)	Services provided by the institution (e.g. inadequate medical care, insufficient daily necessities, poor quality of food/catering services, etc.)	35	(17%)
(iv)	Complaints against other departments/organisations	15	(7%)
(v)	Disciplinary action (e.g. unfair disciplinary proceedings, improper award of punishments, etc.)	12	(6%)
(vi)	Facilities and equipment provided by the institution (e.g. inadequate toilet facilities, poor maintenance of equipment, etc.)	7	(4%)
(vii)	Others	23	(11%)
Total :		204	

REQUESTS/ENQUIRIES RECEIVED

19. In 2018, 397 requests/enquiries were received during JP visits, as compared with 271 received in 2017. Majority of these requests were for assistance related to early discharge (51%) and improvement on services provided by the institution (16%). All requests/enquiries were followed up within one month (same as 2017). A summary of the statistics is at Table 2 below.

Table 2 – Number and category of requests/enquiries received in 2018

Category of requests/enquiries	Number of requests/enquiries in 2018	(%)
(i) Request for early discharge from institution/home leave/release on recognisance	204	(51%)
(ii) Services provided by the institution (e.g. request for more medical attention, request for more choices of food, etc.)	65	(16%)
(iii) Matters in relation to other departments/organisations (e.g. application for legal aid, application for disabilities allowances, request for provision of housing after discharge, etc.)	52	(13%)
(iv) Treatment and welfare (e.g. request for making additional phone calls, change of work assignment, transfer to another institution, etc.)	51	(13%)
(v) Facilities and equipment provided by the institution (e.g. request for more recreational facilities, etc.)	15	(4%)
(vi) Others	10	(3%)
Total :	397	

SUGGESTIONS/COMMENTS MADE BY JPs

20. In addition to receiving complaints/requests/enquiries, the visiting JPs are required to record in the JP Visit Logbook their assessments as well as their suggestions/comments on the facilities and services provided at the institutions concerned at the end of each visit. Their suggestions/comments were mostly about the physical environment, facilities and equipment, and service quality of the institutions. JPs' assessments, suggestions and comments made in the JP Visit Logbooks help institutions focus on areas requiring improvement, and keep track of the general conditions of the facilities and improvements made. The JP Visit Logbooks have been revised to facilitate visiting JPs in recording the complaints/requests/enquiries they receive, the follow-up actions taken and the suggestions made by them during the visit.

21. As reflected in the Visit Logbooks, JPs were generally satisfied with the overall facilities and services provided by the institutions. In 2018, JPs made 223 suggestions/comments, as compared with 182 in 2017. 56% of suggestions/comments (as compared to 70% in 2017) were followed up within one month⁽⁹⁾. A summary of the statistics is at Table 3 below.

Table 3 – Number and category of suggestions/comments made in 2018

Category of suggestions/comments	Number of suggestions/comments in 2018	(%)
(i) Physical environment, facilities and equipment (e.g. need for refurbishment of the premises, replacement of old computers, etc.)	102	(46%)
(ii) Service quality (e.g. improvement of meal service, regular review of service need, etc.)	59	(26%)
(iii) Manpower planning (e.g. provision of staff training, measures to reduce staff wastage, etc.)	27	(12%)
(iv) Training programmes and recreational activities (e.g. provision of market-oriented vocational training, arrangement of more activities, etc.)	19	(9%)
(v) Others	16	(7%)
Total :	223	

22. Detailed statistics on the number of visits, complaints, requests/enquiries received and suggestions/comments made by JPs in the past three years are at **Annex B**.

23. Detailed statistics and information by groups of institutions, including those showing how complaints/requests/suggestions were received and handled by JPs and the effectiveness of JPs' recommendations are set out at **Annex C**.

⁽⁹⁾ Some JPs have made suggestions/comments relating to the redevelopment/large-scale renovation of institutions. In view of the scale of renovation work involved, the departments have taken more than one month to follow up with some of the suggestions/comments.

CONCLUSION

24. The Government attaches great importance to the JP visit system which serves as an effective channel, in addition to other established mechanisms, for inmates of custodial and other institutions to lodge their complaints and requests. The unannounced nature of JP visits facilitates the effective monitoring of the management of institutions under the JP visit programme. The rights of the inmates are safeguarded through this system of independent regular visits by JPs. Institutions concerned will look into complaints and report to JPs the investigation outcomes in writing. JPs are also free to conduct any further visit or investigation personally as they consider necessary or refer the case to other parties (e.g. The Ombudsman or the Police) for investigation as appropriate. In addition to ensuring that complaints lodged by inmates are handled in a fair and transparent manner, the JP visit system also provides an opportunity for JPs to make comments and suggestions on ways to improve the management of facilities and quality of services provided by the institutions. The Government will continue to keep the JP visit system under review and ensure its effectiveness.

Administration Wing
Chief Secretary for Administration's Office
December 2019

List of Institutions under JP Visit Programme in 2018

I. Statutory Visits

No.	Name of institution	Frequency of JP visit	Responsible department/organisation
A. Prisons/correctional institutions for adults			
1.	Custodial Ward of Queen Elizabeth Hospital ⁽¹⁾	Fortnightly	CSD
2.	Custodial Ward of Queen Mary Hospital ⁽²⁾	Fortnightly	CSD
3.	Hei Ling Chau Correctional Institution ⁽³⁾	Fortnightly	CSD
4.	Lai Chi Kok Reception Centre	Fortnightly	CSD
5.	Lo Wu Correctional Institution	Fortnightly	CSD
6.	Pak Sha Wan Correctional Institution ⁽²⁾	Fortnightly	CSD
7.	Pelican House ⁽⁴⁾	Monthly	CSD
8.	Pik Uk Prison	Fortnightly	CSD
9.	Shek Pik Prison	Fortnightly	CSD
10.	Siu Lam Psychiatric Centre	Fortnightly	CSD
11.	Stanley Prison	Fortnightly	CSD
12.	Tai Lam Centre for Women ⁽⁵⁾	Fortnightly	CSD
13.	Tai Lam Correctional Institution	Fortnightly	CSD
14.	Tong Fuk Correctional Institution	Fortnightly	CSD
15.	Tung Tau Correctional Institution	Fortnightly	CSD
B. Correctional institutions for young offenders			
16.	Bauhinia House ⁽⁵⁾	Fortnightly	CSD
17.	Cape Collinson Correctional Institution	Monthly	CSD
18.	Lai King Correctional Institution ⁽¹⁾	Fortnightly	CSD
19.	Phoenix House ⁽⁴⁾	Monthly	CSD

No.	Name of institution	Frequency of JP visit	Responsible department/organisation
20.	Pik Uk Correctional Institution	Fortnightly	CSD
21.	Sha Tsui Correctional Institution ⁽⁶⁾	Fortnightly	CSD
22.	Tai Tam Gap Correctional Institution ⁽²⁾	Fortnightly	CSD
C. Institutions for drug addicts			
23.	Hei Ling Chau Addiction Treatment Centre ⁽⁷⁾	Fortnightly	CSD
24.	Lai Sun Correctional Institution ⁽⁷⁾	Fortnightly	CSD
25.	Nei Kwu Correctional Institution ⁽³⁾	Fortnightly	CSD
D. Rehabilitation centres			
26.	Chi Lan Rehabilitation Centre ⁽¹⁾	Fortnightly	CSD
27.	Lai Chi Rehabilitation Centre ⁽⁶⁾	Fortnightly	CSD
28.	Lai Hang Rehabilitation Centre ⁽⁴⁾	Monthly	CSD
29.	Wai Lan Rehabilitation Centre ⁽⁵⁾	Fortnightly	CSD
E. Detention centres of ICAC and ImmD			
30.	Castle Peak Bay Immigration Centre	Fortnightly	ImmD
31.	Independent Commission Against Corruption Detention Centre	Fortnightly	ICAC
32.	Ma Tau Kok Detention Centre	Quarterly	ImmD
F. Psychiatric hospitals			
33.	Castle Peak Hospital	Monthly	HA
34.	Kowloon Psychiatric Observation Unit of Kowloon Hospital	Monthly	HA
35.	Kwai Chung Hospital	Monthly	HA
36.	New Territories East Psychiatric Observation Unit of Tai Po Hospital	Monthly	HA
37.	Pamela Youde Nethersole Eastern Psychiatric Observation Unit of the Pamela Youde Nethersole Eastern Hospital	Monthly	HA

No.	Name of institution	Frequency of JP visit	Responsible department/organisation
	G. Remand home, places of refuge, probation home and reformatory school of SWD		
38.	Po Leung Kuk Wing Lung Bank Golden Jubilee Sheltered Workshop and Hostel	Quarterly	SWD
39.	Tuen Mun Children and Juvenile Home	Monthly	SWD

Notes:

- (1) The Custodial Ward of Queen Elizabeth Hospital (No. 1), Lai King Correctional Institution (No. 18) and Chi Lan Rehabilitation Centre (No. 26) are to be jointly visited.
- (2) The Custodial Ward of Queen Mary Hospital (No. 2) and Tai Tam Gap Correctional Institution (No. 22) used to be jointly visited. Tai Tam Gap Correctional Institution (No. 22) was closed in early June 2018 and no JP visit has since been arranged thereto. JPs have been conducting joint visits to the Custodial Ward of Queen Mary Hospital (No. 2) and Pak Sha Wan Correctional Institution (No. 6) thereafter.
- (3) Hei Ling Chau Correctional Institution (No. 3) and Nei Kwu Correctional Institution (No. 25) are to be jointly visited.
- (4) Pelican House (No. 7), Phoenix House (No. 19) and Lai Hang Rehabilitation Centre (No. 28) are to be jointly visited.
- (5) Tai Lam Centre for Women (No. 12), Bauhinia House (No. 16) and Wai Lan Rehabilitation Centre (No. 29) are to be jointly visited.
- (6) Sha Tsui Correctional Institution (No. 21) and Lai Chi Rehabilitation Centre (No. 27) are to be jointly visited.
- (7) Hei Ling Chau Addiction Treatment Centre (No. 23) and Lai Sun Correctional Institution (No. 24) are to be jointly visited.

Key :

CSD – Correctional Services Department
 ImmD – Immigration Department
 ICAC – Independent Commission Against Corruption
 HA – Hospital Authority
 SWD – Social Welfare Department

II. Non-statutory Visits

No.	Name of institution	Frequency of JP visit	Responsible department/organisation
A. Institutions for drug abusers of Non-governmental Organisations			
1.	The Society for the Aid and Rehabilitation of Drug Abusers Adult Female Rehabilitation Centre	Half-yearly	DH
2.	The Society for the Aid and Rehabilitation of Drug Abusers Au Tau Youth Centre	Half-yearly	DH
3.	The Society for the Aid and Rehabilitation of Drug Abusers Shek Kwu Chau Treatment and Rehabilitation Centre	Quarterly	DH
4.	The Society for the Aid and Rehabilitation of Drug Abusers Sister Aquinas Memorial Women's Treatment Centre	Quarterly	DH
B. Hospitals with accident and emergency services			
5.	Alice Ho Miu Ling Nethersole Hospital	Half-yearly	HA
6.	Caritas Medical Centre	Quarterly	HA
7.	Kwong Wah Hospital	Quarterly	HA
8.	North District Hospital	Half-yearly	HA
9.	North Lantau Hospital	Half-yearly	HA
10.	Pamela Youde Nethersole Eastern Hospital	Quarterly	HA
11.	Pok Oi Hospital	Half-yearly	HA
12.	Prince of Wales Hospital	Quarterly	HA
13.	Princess Margaret Hospital	Quarterly	HA
14.	Queen Elizabeth Hospital	Quarterly	HA
15.	Queen Mary Hospital	Quarterly	HA
16.	Ruttonjee Hospital ⁽⁸⁾	Half-yearly	HA
17.	St. John Hospital	Half-yearly	HA
18.	Tseung Kwan O Hospital	Half-yearly	HA
19.	Tuen Mun Hospital	Quarterly	HA

No.	Name of institution	Frequency of JP visit	Responsible department/organisation
20.	United Christian Hospital	Quarterly	HA
21.	Yan Chai Hospital	Quarterly	HA
	C. Psychiatric hospital		
22.	Siu Lam Hospital	Half-yearly	HA
	D. Other hospitals		
23.	Bradbury Hospice	Half-yearly	HA
24.	Cheshire Home, Chung Hom Kok	Half-yearly	HA
25.	Cheshire Home, Shatin	Half-yearly	HA
26.	The Duchess of Kent Children's Hospital at Sandy Bay	Half-yearly	HA
27.	Grantham Hospital	Half-yearly	HA
28.	Haven of Hope Hospital	Half-yearly	HA
29.	Hong Kong Buddhist Hospital	Half-yearly	HA
30.	Hong Kong Eye Hospital	Half-yearly	HA
31.	Kowloon Hospital	Quarterly	HA
32.	MacLehose Medical Rehabilitation Centre	Half-yearly	HA
33.	Our Lady of Maryknoll Hospital	Half-yearly	HA
34.	Shatin Hospital	Half-yearly	HA
35.	Tai Po Hospital	Half-yearly	HA
36.	Tang Shiu Kin Hospital ⁽⁸⁾	Half-yearly	HA
37.	Tung Wah Eastern Hospital	Half-yearly	HA
38.	Tung Wah Group of Hospitals Fung Yiu King Hospital	Half-yearly	HA
39.	Tung Wah Group of Hospitals Wong Tai Sin Hospital	Half-yearly	HA
40.	Tung Wah Hospital	Half-yearly	HA
41.	Wong Chuk Hang Hospital	Half-yearly	HA

No.	Name of institution	Frequency of JP visit	Responsible department/organisation
	E. Children's homes of Non-governmental Organisations		
42.	Caritas-Hong Kong – Caritas Pelletier Hall	Half-yearly	SWD
43.	Hong Kong Juvenile Care Centre – Bradbury Hostel	Half-yearly	SWD
44.	Hong Kong Student Aid Society – Holland Hostel	Half-yearly	SWD
45.	Hong Kong Student Aid Society – Island Hostel	Half-yearly	SWD
46.	Sisters of the Good Shepherd – Marycove Centre	Half-yearly	SWD
47.	Society of Boys' Centres – Chak Yan Centre ⁽⁹⁾	Half-yearly	SWD
48.	Society of Boys' Centres – Cheung Hong Hostel	Half-yearly	SWD
49.	Society of Boys' Centres – Shing Tak Centre	Half-yearly	SWD
50.	Society of Boys' Centres – Un Chau Hostel	Half-yearly	SWD
51.	Tung Wah Group of Hospitals – Wing Yin Hostel	Half-yearly	SWD
	F. Day and residential units for people with disabilities of SWD/Non-governmental Organisations		
52.	Caritas-Hong Kong – Caritas Jockey Club Lai King Rehabilitation Centre	Half-yearly	SWD
53.	Evangelical Lutheran Church Hong Kong – Kwai Shing Hostel	Half-yearly	SWD
54.	Fu Hong Society – Fu Hong Society Rehabilitation Centre	Half-yearly	SWD
55.	Haven of Hope Christian Service – Haven of Hope Hang Hau Care and Attention Home for Severely Disabled	Half-yearly	SWD
56.	Hong Kong Society for the Blind – Jockey Club Centre for the Blind	Half-yearly	SWD
57.	Hong Kong Society for the Blind – Jockey Club Tuen Mun Home for the Aged Blind	Half-yearly	SWD
58.	New Life Psychiatric Rehabilitation Association – New Life Building Long Stay Care Home	Half-yearly	SWD

No.	Name of institution	Frequency of JP visit	Responsible department/organisation
59.	New Life Psychiatric Rehabilitation Association – Tuen Mun Long Stay Care Home	Half-yearly	SWD
60.	Po Leung Kuk – Y C Cheng Centre	Half-yearly	SWD
61.	The Mental Health Association of Hong Kong – Jockey Club Building	Half-yearly	SWD
62.	The Salvation Army – Cheung Hong Community Day Rehabilitation and Residential Service	Half-yearly	SWD
63.	Tung Wah Group of Hospitals Ho Yuk Ching Workshop cum Hostel	Half-yearly	SWD
64.	Tung Wah Group of Hospitals – Jockey Club Rehabilitation Complex	Half-yearly	SWD
65.	Tung Wah Group of Hospitals – Wong Cho Tong Integrated Vocational Rehabilitation Centre cum Hostel ⁽¹⁰⁾	Half-yearly	SWD
G. Residential care homes for the elderly of Non-governmental Organisations			
66.	Caritas-Hong Kong – Caritas Li Ka Shing Care and Attention Home	Half-yearly	SWD
67.	Heung Hoi Ching Kok Lin Association – Buddhist Li Ka Shing Care and Attention Home for the Elderly	Half-yearly	SWD
68.	Heung Hoi Ching Kok Lin Association – Buddhist Po Ching Home for the Aged Women	Half-yearly	SWD
69.	Hong Kong Sheng Kung Hui Welfare Council Limited – Hong Kong Sheng Kung Hui Li Ka Shing Care and Attention Home for the Elderly	Half-yearly	SWD
70.	Sik Sik Yuen – Ho Yam Care and Attention Home for the Elderly	Half-yearly	SWD
71.	Tung Wah Group of Hospitals – Wong Cho Tong Care and Attention Home ⁽¹⁰⁾	Half-yearly	SWD
72.	Yan Chai Hospital – Chinachem Care and Attention Home	Half-yearly	SWD
H. Charitable organisation providing social services			
73.	Po Leung Kuk	Quarterly	HAD

Notes:

- (8) Ruttonjee Hospital (No. 16) and Tang Shiu Kin Hospital (No. 36) are to be jointly visited.
- (9) JP visits to Society of Boys' Centres – Chak Yan Centre (No. 47) were temporarily suspended from October 2017 to June 2018 due to renovation at the Centre. The Centre has been re-opened for JP visits in July 2018.
- (10) Tung Wah Group of Hospitals – Wong Cho Tong Integrated Vocational Rehabilitation Centre cum Hostel (No. 65) and Tung Wah Group of Hospitals – Wong Cho Tong Care and Attention Home (No. 71) are to be jointly visited.

Key :

- DH – Department of Health
- HA – Hospital Authority
- HAD – Home Affairs Department
- SWD – Social Welfare Department

**Statistics on Complaints, Requests/Enquiries Received and
Suggestions/Comments Made by JPs
from 2016 to 2018**

Institutions	No. of institutions under JP visit programme			No. of JP visits conducted			No. of complaints made to JPs			No. of requests/enquiries made to JPs			No. of suggestions/comments made by JPs		
	2016	2017	2018	2016	2017	2018	2016	2017	2018	2016	2017	2018	2016	2017	2018
Institutions of Correctional Services Department	29	29	29 ⁽⁴⁾	426	426	414	162	209	187	41	48	101	26	36	32
Hospitals of Hospital Authority	41	42 ⁽²⁾	42	152	154	154	20	20	14	107	96	75	57	67	98
ICAC Detention Centre	1	1	1	24	24	24	0	0	0	3	0	1	1	1	3
Detention Centres of Immigration Department	2	2	2	28	28	28	10	15	3	86	126	218	5	6	5
Po Leung Kuk	1	1	1	4	4	4	0	0	0	0	0	0	0	2	0
Institutions for Drug Abusers operated by Non-governmental Organisations under the purview of Department of Health	4	4	4	12	12	12	0	0	0	0	0	0	9	12	15
Institutions of Social Welfare Department/ Non-governmental Organisations	33 ⁽¹⁾	33 ⁽³⁾	33	74	75	75	0	1	0	0	1	2	49	58	70
Total :	111	112	112	720	723	711	192	245	204	237	271	397	147	182	223

(1) JP visits to New Life Psychiatric Rehabilitation Association – Tuen Mun Long Stay Care Home were temporarily suspended from May 2015 to January 2017 due to renovation of the Home. The Home has been re-opened for JP visits in February 2017.

(2) North Lantau Hospital has been included under the JP visit programme since January 2017.

(3) JP visits to Society of Boys' Centres - Chak Yan Centre were temporarily suspended from October 2017 to June 2018 due to renovation at the Centre. The Centre has been re-opened for JP visits in July 2018.

(4) Including Tai Tam Gap Correctional Institution which was decanted in June 2018.

Detailed Information on JP Visits to Individual Institutions

(from 1 January 2018 to 31 December 2018)

I. Institutions of the Correctional Services Department (CSD)

A. Statistics on complaints, requests/enquiries and suggestions/comments

Serial no.	Name of institution	No. of JP visits	No. of complaints made to JPs	No. of requests/enquiries made to JPs	No. of suggestions/comments made by JPs
1.	Cape Collinson Correctional Institution	12	0	0	0
2.	Hei Ling Chau Addition Treatment Centre/Lai Sun Correctional Institution [♦]	24	0	0	4
3.	Hei Ling Chau Correctional Institution/Nei Kwu Correctional Institution [♦]	23	7	0	2
4.	Lai Chi Kok Reception Centre	24	2	6	8
5.	Lai King Correctional Institution/Chi Lan Rehabilitation Centre/Custodial Ward of Queen Elizabeth Hospital [○]	24	0	2	0
6.	Lo Wu Correctional Institution	23	4	17	0
7.	Pak Sha Wan Correctional Institution [^]	10	0	0	1
8.	Pak Sha Wan Correctional Institution/Custodial Ward of Queen Mary Hospital ^{♦^}	14	0	1	0
9.	Phoenix House/Pelican House/Lai Hang Rehabilitation Centre [○]	12	0	0	0
10.	Pik Uk Correctional Institution	24	2	6	0
11.	Pik Uk Prison	23	2	4	1
12.	Sha Tsui Correctional Institution/Lai Chi Rehabilitation Centre [♦]	24	0	0	1
13.	Shek Pik Prison	24	26	8	1
14.	Siu Lam Psychiatric Centre	24	14	22	0

♦ Denotes visits covering two institutions.

○ Denotes visits covering three institutions.

[^] The Custodial Ward of Queen Mary Hospital and Tai Tam Gap Correctional Institution used to be jointly visited by JPs. Tai Tam Gap Correctional Institution was closed in early June 2018 and no JP visit has since been arranged thereto. JPs have been conducting joint visits to the Custodial Ward of Queen Mary Hospital and Pak Sha Wan Correctional Institution thereafter.

Serial no.	Name of institution	No. of JP visits	No. of complaints made to JPs	No. of requests/enquiries made to JPs	No. of suggestions/comments made by JPs
15.	Stanley Prison	24	115	31	7
16.	Tai Lam Centre for Women/Bauhinia House/Wai Lan Rehabilitation Centre [○]	24	4	1	2
17.	Tai Lam Correctional Institution	24	0	0	1
18.	Tai Tam Gap Correctional Institution/Custodial Ward of Queen Mary Hospital ^{♦^}	10	0	0	0
19.	Tong Fuk Correctional Institution	23	4	3	1
20.	Tung Tau Correctional Institution	24	7	0	3
	Total :	414	187	101	32

B. Statistics on satisfactory ratings given by JPs on the facilities and services provided*

Serial no.	Name of institution	No. of JP visits	Overall grading on facilities		Overall grading on services	
			S	U	S	U
1.	Cape Collinson Correctional Institution	12	12	0	12	0
2.	Hei Ling Chau Addiction Treatment Centre [△]	24	24	0	24	0
	Lai Sun Correctional Institution [△]		24	0	24	0
3.	Hei Ling Chau Correctional Institution [△]	23	23	0	23	0
	Nei Kwu Correctional Institution [△]		23	0	23	0
4.	Lai Chi Kok Reception Centre	24	24	0	24	0

Key : S – Satisfactory
U – Unsatisfactory

[○] Denotes visits covering three institutions.

[♦] Denotes visits covering two institutions.

[^] The Custodial Ward of Queen Mary Hospital and Tai Tam Gap Correctional Institution used to be jointly visited by JPs. Tai Tam Gap Correctional Institution was closed in early June 2018 and no JP visit has since been arranged thereto. JPs have been conducting joint visits to the Custodial Ward of Queen Mary Hospital and Pak Sha Wan Correctional Institution thereafter.

^{*} During the visits, JPs looked at the facilities (such as living accommodation, kitchen, library and general state of the premises) and assessed the services (including training programmes, recreational activities and management services) provided by the institutions concerned.

[△] Separate reports were completed by JPs for the specific institution.

Serial no.	Name of institution	No. of JP visits	Overall grading on facilities		Overall grading on services	
			S	U	S	U
5.	Lai King Correctional Institution/ Chi Lan Rehabilitation Centre [△]	24	24	0	24	0
	Custodial Ward of Queen Elizabeth Hospital [△]		24	0	24	0
6.	Lo Wu Correctional Institution	23	23	0	23	0
7.	Pak Sha Wan Correctional Institution [△]	10	10	0	10	0
8.	Pak Sha Wan Correctional Institution [△] [△]	14	14	0	14	0
	Custodial Ward of Queen Mary Hospital [△] [△]		14	0	14	0
9.	Phoenix House/Pelican House/Lai Hang Rehabilitation Centre	12	12	0	12	0
10.	Pik Uk Correctional Institution	24	24	0	24	0
11.	Pik Uk Prison	23	23	0	23	0
12.	Sha Tsui Correctional Institution/ Lai Chi Rehabilitation Centre	24	24	0	24	0
13.	Shek Pik Prison	24	24	0	24	0
14.	Siu Lam Psychiatric Centre	24	24	0	24	0
15.	Stanley Prison	24	24	0	24	0
16.	Tai Lam Centre for Women [△]	24	24	0	24	0
	Bauhinia House/Wai Lan Rehabilitation Centre [△]		24	0	24	0
17.	Tai Lam Correctional Institution	24	24	0	24	0
18.	Tai Tam Gap Correctional Institution [△] [△]	10	10	0	10	0
	Custodial Ward of Queen Mary Hospital [△] [△]		10	0	10	0
19.	Tong Fuk Correctional Institution	23	23	0	23	0
20.	Tung Tau Correctional Institution	24	24	0	24	0
Total :		414	533	0	533	0

Key : S – Satisfactory
U – Unsatisfactory

[△] Separate reports were completed by JPs for the specific institution.

[△] The Custodial Ward of Queen Mary Hospital and Tai Tam Gap Correctional Institution used to be jointly visited by JPs. Tai Tam Gap Correctional Institution was closed in early June 2018 and no JP visit has since been arranged thereto. JPs have been conducting joint visits to the Custodial Ward of Queen Mary Hospital and Pak Sha Wan Correctional Institution thereafter.

C. Summary of follow-up actions taken in respect of complaints made to JPs

The Complaints Investigation Unit (CIU) of CSD had completed in 2018 its investigation of five complaints lodged by one person in custody to JPs in 2017. All of the five complaints were found not substantiated⁽¹⁾, and the complainant having been informed of the investigation results did not raise any further complaint or request or appeal. The JPs concerned had been duly informed of the investigation results. They were satisfied and did not give any further directive.

In 2018, 187 complaints⁽²⁾ in the following categories were made to JPs during their visits to institutions under the management of CSD –

Category of complaints	Number of complaints in 2018	(%)
(i) Treatment and welfare (e.g. improper phone call arrangement, handling of complaints/requests, etc.)	65	(35%)
(ii) Staff attitude and conduct (e.g. unnecessary or excessive use of force, use of improper/abusive languages, etc.)	41	(22%)
(iii) Services provided by the institution (e.g. inadequate medical care and treatment, insufficient daily necessities, poor quality of food, etc.)	27	(14%)
(iv) Complaints against other departments/organisations	14	(8%)
(v) Disciplinary action (e.g. unfair disciplinary proceedings, improper award of punishments, etc.)	12	(6%)
(vi) Facilities and equipment provided by the institution (e.g. accommodation conditions and shower facilities)	7	(4%)
(vii) Others (e.g. emotional distress, could not sleep, etc.)	21	(11%)
Total :	187	

⁽¹⁾ In considering the investigation outcome of one of these complaints, the Correctional Services Department Complaints Committee (CSDCC) made a comment about the canteen purchase arrangement for persons in custody. CSDCC considered that persons in custody should be informed via appropriate channels that upon their transfer to another institution, their Canteen Requisition Forms submitted in the previous institution would be voided. For service improvement, relevant measures have been taken pertaining to the said observation.

⁽²⁾ Among these 187 complaints, 109 cases were raised by five complainants, accounting for 58% of all complaints.

Upon receipt of complaints, JPs sought background information from individual institutions, and examined the facilities, environment, services, treatment and relevant arrangements as well as the relevant records where applicable. A summary of the actions taken in response to the complaints made to JPs is tabulated below –

Category of complaints	Actions	Number of complaints in 2018	(%)
Complaints against other departments/ organisations (total: 14)	- JPs conducted on-site inquiry and concluded that no further action was required (the complainants had either gone through the appeal channels or the complaints were under criminal investigations by other law enforcement agencies)	10	(5%)
	- Referred to other government departments for handling	4	(2%)
Complaints against CSD (total: 168)	- No further action as directed by JPs (two due to incoherent nature of the complaints, 33 due to lack of solid information for further investigation, and 19 due to the fact that the JPs were satisfied that the complaints had already been addressed or dealt with by the institutions before the JP visits)	54	(29%)
	- Referred to institution management for investigation or follow-up (all cases were resolved by improvement measures made or	45	(24%)

Category of complaints	Actions	Number of complaints in 2018	(%)
	explanations given, which both JPs and complainants found satisfactory)		
	- Referred to Police for investigation	4	(2%)
	- Referred to CIU of CSD for investigation (27 cases referred by CIU to institution management for follow-up and they were resolved by institution management; ten found unsubstantiated or curtailed after investigation by CIU; no further action could be taken for 28 cases as the complainants of 16 cases decided to withdraw the complaints, the complainants of six cases stated that they had no complaint to lodge during the interview, and the complainants of the remaining six cases declined to provide information on the allegations; JPs were duly informed and satisfied with the above investigation results)	65	(35%)

Category of complaints	Actions	Number of complaints in 2018	(%)
Complaint related to the personal issue of the complainant (total: 5)	- The complaints were raised by the same person in custody, who kept talking in an irrational manner due to mental illness; JPs directed that continuous psychiatric treatment be provided to the person in custody concerned and no further follow-up action was required	3	(2%)
	- Referred to institution management for follow-up action (to provide psychological assessment and counselling for the complainants, which both JPs and complainants found satisfactory)	2	(1%)
Total :		187	

Of the 187 complaints, 14 were related to category (iv): complaints against other departments/organisations, including complaints against court order, criminal investigation or legal aid application, etc. The JPs who received the complaints directed that no further action be taken on 10 cases after conducting on-site inquiry, given that the complainants had either gone through the appeal channels under the current legal system, or the complaints were under criminal investigations by other law enforcement agencies. The remaining four complaints were referred to Customs and Excise Department (C&ED), Legal Aid Department (LAD) and Department of Health (DH) for handling and follow up⁽³⁾. The complainants were informed of the actions taken by the institution management, and all of them did not raise further complaint or request. The JPs

⁽³⁾ Two complaints were related to the amount of money returned to the complainant by C&ED and one was about the rejection of legal aid application by LAD. These three cases were subsequently referred to C&ED and LAD for handling as per the JPs' directives. The remaining complaint was related to the provision of medical treatment for Human Immunodeficiency Virus infection at Kowloon Bay Integrated Treatment Centre (KBITC) of DH. As per the JPs' directive, the institution Medical Officer attended to the complainant and subsequently referred the case to KBITC for an earlier follow-up appointment date.

concerned were duly notified of the follow-up actions taken, and they were satisfied and gave no further directive.

Apart from the above-mentioned 14 complaints against other departments/organisations, there were 168 complaints against CSD, which were handled according to the circumstances of each case. The JPs concerned suggested no follow-up action for 54 of these complaints, of which 33 were made without solid information provided by the complainants to support further investigation while two were incoherent in nature. Regarding the remaining 19 complaints⁽⁴⁾, the JPs were satisfied that the allegations had already been addressed or dealt with by the institutions before the JP visits.

As for the remaining 114 complaints against CSD, 45 were related to phone call arrangement, handling of mails, meal arrangement, quality of food, medical care and treatment, facilities of institutions, searching manner of staff and disciplinary proceedings, etc. The JPs concerned had directed the relevant institution management to handle all these 45 complaints by explaining to every complainant the established mechanism and/or the arrangements that had been made. The complainants were satisfied with the actions taken by the institution management after listening to the explanations. As regards those complaints related to medical care and treatment, the institution medical officers (MOs) had provided suitable medical treatments and/or referred the cases to hospitals for handling with explanations rendered to the complainants. JPs were also informed of the follow-up actions taken by institutions and did not raise any further inquiries. All of the 45 complaints were thus resolved or suitably handled.

Four of the complaints⁽⁵⁾ against CSD were referred by the institution management to the Police for investigation according to the established handling procedures.

The remaining 65 complaints against CSD were referred by the visiting JPs to CIU for action. The allegations involved more complicated circumstances such as alleged staff misconduct and use of unnecessary force, etc. The complaints were handled according to the established complaints handling

⁽⁴⁾ Six complaints were about staff misconduct which had either been referred to CIU for investigation or the complainants had already lodged the complaints to the Police, The Ombudsman, the Security Bureau and/or the Chief Executive's Office before the JP visits. The remaining 13 complaints had already been addressed and dealt with by the institutions concerned in accordance with the established mechanism, i.e. five cases were on treatment-related issues such as shower arrangement, staffing arrangement in workshop and snack consumption arrangement; three were on facilities in institutions such as size/layout of workshop and design of toilet booth; two were on services provided by the institutions such as handling of data access request and slipper replacement arrangement; the remaining three were on disciplinary action taken against the complainant and disturbance by other persons in custody.

⁽⁵⁾ Four complaints were about alleged staff misconduct and assault by another person in custody. Amongst them, two were referred to the Police for handling on the same day upon the complainants' requests, and two were referred to the Police for investigation as per the directive of the visiting JPs. Investigation results of these four complaints are still pending.

mechanism. Amongst the 65 complaints referred to CIU, 27 were related to the operation of the institutions and had thus been referred to the institution management for follow-up actions. All of them were resolved by the institution management eventually. The JPs concerned were duly informed of the follow-up actions taken and did not raise any further inquiries.

As for the remaining 38 complaints investigated by CIU, 28 complaints could not be followed up further, amongst which complainants of 16 cases withdrew their complaints during their interviews with the CIU investigators, complainants of six cases stated that they had no complaint to lodge, and the remaining six cases could not be pursued further as the complainants concerned declined to provide information on the allegations. The complainants made no other complaint or request thereafter. The JPs concerned were duly informed and they gave no further directive. 10 of the complaints investigated by CIU were found unsubstantiated or curtailed. All complainants were informed of the investigation results and they did not raise further complaint or request. There had been no appeal lodged to the Correctional Services Department Complaints Appeal Board (CSDCAB). The relevant JPs were also duly informed of the investigation results, and they were all satisfied and gave no further directives.

Of the 187 complaints, five cases were neither against CSD nor other departments/organisations. Amongst them, three were raised by the same person in custody in Siu Lam Psychiatric Centre who kept talking in an irrational manner due to mental illness. The JPs concerned directed that continuous psychiatric treatment be provided to the person in custody concerned and no further follow-up action was required. As for the remaining two complaints, one of the complainants alleged being disturbed by “spiritual things”. The JPs concerned directed that the case to be followed up by the institution Psychological Unit. As per the JPs’ directive, psychological assessment and counselling had been provided to the complainant by the institution Clinical Psychologist. As for the remaining case, the complainant expressed to the JPs that he was distressed and could not sleep well. As per the JPs’ directive, a consultation with the institution Clinical Psychologist was arranged for the complainant after the JP visit. The JPs were informed of the actions taken by the institutions. They were satisfied and gave no further directive.

D. Summary of follow-up actions taken in respect of requests/enquiries made to JPs

101 requests/enquiries in the following categories were made to JPs during their visits to institutions under the management of CSD –

Category of requests/enquiries		Number of requests/enquiries in 2018	(%)
(i)	Treatment and welfare (e.g. request for making additional phone calls, transfer to other institution, etc.)	35	(34%)
(ii)	Matters in relation to other departments/organisations (e.g. request for advancement of surgical operation at public hospital, having an interview with LAD officer, etc.)	23	(23%)
(iii)	Request for early discharge from institution	21	(21%)
(iv)	Services provided by the institution (e.g. request for more medical attention, more choices of food, etc.)	12	(12%)
(v)	Facilities and equipment provided by the institution (e.g. request for retention of storage boxes in the dormitory, etc.)	5	(5%)
(vi)	Others (e.g. request for assistance in purchasing private medicine, wearing hard contact lenses, etc.)	5	(5%)
Total :		101	

The 35 requests made under category (i): treatment and welfare and the 12 requests made under category (iv): services provided by the institution were related to making additional phone calls to family, transfer to other institutions, medical care, more choices of food, provision of extra blankets, etc. Having examined the nature of the requests, the JPs concerned directed the institutions to provide explanations and/or assistance to the persons in custody as appropriate. The requests relating to medical care and treatments had been referred to institution MOs for assessment and recommendation. The persons in custody concerned were satisfied with the explanations and assistance rendered by the institutions. The JPs concerned were duly informed of the actions taken. They were satisfied and gave no further directive.

The 23 requests under category (ii): matters in relation to other departments/organisations were about the decisions made or services provided by other departments/organisations. Examples include requests for an interview with LAD officer, referral of cases to other law enforcement agencies, advancement of surgical operation at public hospital, etc. The persons in custody concerned were satisfied with the referrals made and the assistance rendered by the institution management. The JPs concerned were informed of the actions taken. They were satisfied and gave no further directive.

The 21 requests under category (iii) were about requests for early discharge. Having examined the nature of the requests, the JPs concerned concluded that no follow-up actions were required and directed the institutions to provide to the persons in custody explanations on the existing mechanism and/or medical assistance (for requestors with mental illness or health problem) as appropriate. The persons in custody concerned were satisfied with the explanations and/or assistance rendered by the institution management. The JPs concerned were informed of the actions taken. They were satisfied and gave no further directive.

The five requests under category (v): facilities and equipment provided by the institution include requests for all activities to be put under the surveillance of closed circuit television (CCTV), an audio recording device for personal use, hot water supply for shower as well as retention of storage boxes in the dormitory. Regarding the two requests for full coverage of CCTV surveillance raised by the same person in custody, the JPs concerned understood that CCTV surveillance system had all along been in place in institutions, but it was not operationally feasible to have CCTV surveillance in areas such as shower room and toilet due to the concern of personal privacy. All persons in custody have been advised to seek assistance from the duty staff on the spot if they encounter any problem during incarceration. The JPs concerned directed the institution management to provide explanations to the requestor who later showed understanding and did not make other request. As for the remaining requests, the requestors were subsequently interviewed by the institution management and given due explanations about the relevant prevailing practice and arrangements, to which they showed understanding. The JPs were satisfied with the follow-up actions taken by the institution management and requested no further action.

The last five requests under category (vi): others include seeking JPs' advice on the court judgement of the requestor's offence, asking for JPs' assistance in improving interpersonal relationship with other persons in custody, purchasing private medicine, lying down on the floor to relieve leg pain due to varicose veins, and wearing hard contact lenses during incarceration. In response to the request for advice on court judgement, the institution rehabilitation officer, as per the JPs' directive, subsequently explained to the

requestor the prevailing procedures on legal aid application, to which the requestor showed his understanding and did not make other enquiry or request. In relation to the request about improving interpersonal relationship, the JPs concerned directed the institution management to provide psychological assessment and counselling for the requestor, who was satisfied with the assistance rendered by the institution Clinical Psychologist. As regards the medical-related requests for purchasing private medicine, lying down on the floor to relieve leg pain and wearing hard contact lenses, the requestors were subsequently interviewed by the institution management with due explanations given about the relevant prevailing guidelines and handling procedures. They were also arranged to consult the institution MO and/or the specialists of outside hospital for advice, to which they showed understanding and were satisfied with the explanations/assistance rendered. The JPs were satisfied with the actions taken by the institution management and did not give any further directive.

E. Summary of follow-up actions taken in respect of suggestions/comments made by JPs

JPs made 32 suggestions/comments in the following categories during their visits to institutions under the management of CSD –

Category of suggestions/comments		Number of suggestions/comments in 2018	(%)
(i)	Physical environment, facilities and equipment (e.g. need for refurbishment of ageing premises)	14	(44%)
(ii)	Service quality (e.g. improvement of library service, promotion of no-smoking culture, etc.)	8	(25%)
(iii)	Manpower planning (e.g. increase manpower resources to alleviate the heavy workload of staff)	7	(22%)
(iv)	Training and rehabilitation programmes (e.g. provision of market-oriented vocational training)	3	(9%)
Total :		32	

Nearly half of the suggestions were made under category (i): physical environment, facilities and equipment. Some JPs suggested reviewing the provision of facilities, expediting renovation works or re-development project for ageing premises, and improving the overcrowded environment in some institutions. As a number of the institutions were not purpose-built and had been in use for

decades, CSD had been adopting different measures to improve and re-develop some of the ageing facilities as well as alleviate the overcrowding situation. CSD would continue to work with Architectural Services Department to conduct regular inspections and maintenance of the buildings and facilities within the institutions and reshuffle resources corresponding to the changing penal population, including the transfer of an appropriate number of remand persons in custody from Lai Chi Kok Reception Centre (LCKRC) to Stanley Prison to alleviate the overcrowding situation at LCKRC.

For category (ii): service quality, some JPs suggested extending the use of telemedicine to persons in custody with stable chronic medical problem. CSD has always placed great emphasis on medical services provided to persons in custody and sought to reduce their fatigue caused by travelling afar for attending medical consultations at public hospitals. The psychiatrists at Castle Peak Hospital have been using telemedicine to provide medical consultation services for persons in custody inside selected correctional institutions. Since 2018, CSD has been providing dermatological telemedicine consultation for persons in custody in collaboration with the Social Hygiene Service under DH. CSD would continue to explore with relevant organisations the feasibility of extending the use of telemedicine consultations to other specialties.

Some JPs suggested increasing the quantity and variety of reading materials for the libraries in institutions. CSD encourages persons in custody to cultivate an interest in reading and there are libraries in various correctional institutions to provide persons in custody with suitable reading materials. The total collection of the libraries in correctional institutions currently extend to over 100,000 copies of reading materials. CSD would continue to purchase new books for libraries with due regard to factors such as the reading interests and learning needs of persons in custody. To enhance the library service, CSD would also borrow books from Hong Kong public libraries for persons in custody, and receive books donated by outside organisations or individuals according to the established mechanism.

Some JPs suggested extending the no-smoking policy to other correctional facilities. CSD is committed to ensuring a secure, safe, humane, decent and healthy custodial environment. For the health of persons in custody, CSD has actively supported the Government's anti-smoking policy by setting up a Steering Committee on Smoking Control Measures in Correctional Facilities since 2010 to implement and monitor tobacco control measures. Educational talks and individual counselling have been arranged for persons in custody to encourage and help them quit smoking. Through publicity work and education such as inclusion of smoking cessation talks in the Induction Programme, as well as the display of publicity posters and organisation of poster design competitions, CSD has actively promoted a smoke-free culture among persons in custody and enhanced their awareness of the harmful impact of smoking. Besides, Tung Tau

Correctional Institution and Pak Sha Wan Correctional Institution were officially designated as “No Smoking Correctional Facility” in January 2013 and December 2014 respectively to accommodate only persons in custody who do not smoke. CSD has also set up “Smoke-free Zone” in other institutions including Stanley Prison and Lo Wu Correctional Institution. To step up the anti-smoking promotion work, CSD has installed the “Quit Smoking Mobile App” launched by the then Tobacco Control Office under DH on tablets in 2018 for use by newly admitted adult persons in custody and those who participate in the smoking cessation counselling programme, with a view to deepening their understanding of the harmful effects of smoking. Moreover, CSD has also included an announcement in the public interest on smoking cessation prepared by the Tobacco and Alcohol Control Office under DH before showing TV programmes to persons in custody to encourage them to quit smoking. In October 2018, CSD joined the “Quit to Win” Smoke-free Community Campaign organised by the Hong Kong Council on Smoking and Health, the University of Hong Kong (HKU) School of Nursing and the HKU School of Public Health to encourage and help persons in custody quit smoking. Of the 30 persons in custody who had signed up for the campaign, 24 quitted smoking successfully, representing a high rate of 80%. CSD would continue to promote a smoke-free culture among persons in custody.

For category (iii): manpower planning, some JPs suggested increasing manpower resources to alleviate the heavy workload of staff. In addition to the supportive measures in dealing with manpower shortage and staff wastage by enhancing staff’s well-being at institutional level, the Post-retirement Service Contract Scheme has been put in place under which a pool of retired staff have been re-employed to carry out non-core duties. Furthermore, CSD has expedited the recruitment process of the Assistant Officer grade since February 2018 through year-round recruitment. New recruits will receive training upon recruitment and hence can assume duty as early as possible. Some JPs suggested recruiting more ethnic minorities as CSD staff. As of 31 December 2018, there were 46 non-ethnic Chinese (NEC) correctional officers in CSD. These NEC officers have played an important role in facilitating communication with persons in custody of other nationalities, which is helpful in maintaining order and stability in institutions. CSD would endeavour to recruit more NEC officers in the future.

For category (iv): training and rehabilitation programmes, some JPs suggested organising more business viable vocational training programmes, and some suggested providing more short-term vocational training programmes for young persons in custody with due regard to their interests. In 2018, CSD had worked with various training bodies (such as the Employees Retraining Board, the Construction Industry Council and the Vocational Training Council, etc.) and provided more than 40 full-time and part-time vocational training courses for the voluntary enrolment of adult persons in custody who would be due for release in three to 24 months. These courses covered a wide range of industries, such as construction, business, food and beverage, retail, beauty care and computer

application, etc. There were also other courses on Floor Laying of Interior Renovation and AutoCAD in Renovation Drawings. As for young persons in custody under the age of 21, CSD organised a mandatory half-day education and half-day vocational training to guide them to better understand future directions and develop interests, so that they could choose to work or further their education after release. In 2018, CSD had organised 20 such vocational training courses covering construction, business and service industries. Arrangement had also been made to enable the enrolled persons in custody to sit for relevant examinations so as to obtain recognised qualifications, thereby enhancing their employability and facilitating their smooth reintegration into society after release. Having regard to the overall situation of the local employment market and labour demand, CSD would review the content of vocational training courses from time to time, and adjust the courses according to the employment rate of particular industries and the response of persons in custody. Moreover, CSD would regularly review the vocational training programmes with the trades and introduce new courses. In 2019-20, new courses for adult persons in custody include foundation certificate courses in Virtual Reality Welding, Virtual Reality Visual Merchandising and Retail Management as well as Car Beauty and Wrapping. For young persons in custody, CSD would continue to introduce new elements, such as Installation of Smart Home System, Interior Design and 3D Rendering to its courses. Through the employment follow-up service provided by training bodies, CSD would keep abreast of the market changes and the employment situation of discharged persons with a view to further improving its vocational training programmes provided for persons in custody.

II. Hospitals of the Hospital Authority (HA)

A. *Statistics on complaints, requests/enquiries and suggestions/comments*

Serial no.	Name of institution	No. of JP visits	No. of complaints made to JPs	No. of requests/enquiries made to JPs	No. of suggestions/comments made by JPs
1.	Alice Ho Miu Ling Nethersole Hospital	2	0	0	1
2.	Bradbury Hospice	2	0	0	0
3.	Caritas Medical Centre	4	0	0	2
4.	Castle Peak Hospital	12	0	3	5
5.	Cheshire Home, Chung Hom Kok	2	0	0	0
6.	Cheshire Home, Shatin	2	0	0	1
7.	The Duchess of Kent Children's Hospital at Sandy Bay	2	0	0	0
8.	Grantham Hospital	2	0	0	3
9.	Haven of Hope Hospital	2	0	0	1
10.	Hong Kong Buddhist Hospital	2	0	0	2
11.	Hong Kong Eye Hospital	2	0	0	2
12.	Kowloon Hospital	4	0	0	3
13.	Kowloon Psychiatric Observation Unit of Kowloon Hospital	12	2	18	7
14.	Kwai Chung Hospital	12	0	3	5
15.	Kwong Wah Hospital	4	0	0	4
16.	MacLehose Medical Rehabilitation Centre	2	0	0	1
17.	New Territories East Psychiatric Observation Unit of Tai Po Hospital	12	7	23	6
18.	North District Hospital	2	0	0	1
19.	North Lantau Hospital	2	0	0	2
20.	Our Lady of Maryknoll Hospital	2	0	0	1
21.	Pamela Youde Nethersole Eastern Hospital	4	0	0	4
22.	Pamela Youde Nethersole Eastern Psychiatric Observation Unit of Pamela Youde Nethersole Eastern Hospital	12	5	28	2
23.	Pok Oi Hospital	2	0	0	1

Serial no.	Name of institution	No. of JP visits	No. of complaints made to JPs	No. of requests/enquiries made to JPs	No. of suggestions/comments made by JPs
24.	Prince of Wales Hospital	4	0	0	4
25.	Princess Margaret Hospital	4	0	0	3
26.	Queen Elizabeth Hospital	4	0	0	6
27.	Queen Mary Hospital	4	0	0	3
28.	Ruttonjee Hospital/Tang Shiu Kin Hospital♦	2	0	0	1
29.	Shatin Hospital	2	0	0	1
30.	Siu Lam Hospital	2	0	0	0
31.	St. John Hospital	2	0	0	2
32.	Tai Po Hospital	2	0	0	3
33.	Tseung Kwan O Hospital	2	0	0	2
34.	Tuen Mun Hospital	4	0	0	2
35.	Tung Wah Eastern Hospital	2	0	0	2
36.	Tung Wah Group of Hospitals Fung Yiu King Hospital	2	0	0	0
37.	Tung Wah Group of Hospitals Wong Tai Sin Hospital	2	0	0	1
38.	Tung Wah Hospital	2	0	0	6
39.	United Christian Hospital	4	0	0	6
40.	Wong Chuk Hang Hospital	2	0	0	0
41.	Yan Chai Hospital	4	0	0	2
	Total :	154	14	75	98

♦ Denotes visits covering two institutions.

B. Statistics on satisfactory ratings given by JPs on the facilities and services provided*

Serial no.	Name of institution	No. of JP visits	Overall grading on facilities†		Overall grading on services†	
			S	U	S	U
1.	Alice Ho Miu Ling Nethersole Hospital	2	2	0	2	0
2.	Bradbury Hospice	2	1	0	1	0
3.	Caritas Medical Centre	4	4	0	3	0
4.	Castle Peak Hospital	12	12	0	9	0
5.	Cheshire Home, Chung Hom Kok	2	2	0	1	0
6.	Cheshire Home, Shatin	2	2	0	2	0
7.	The Duchess of Kent Children's Hospital at Sandy Bay	2	2	0	1	0
8.	Grantham Hospital	2	2	0	2	0
9.	Haven of Hope Hospital	2	2	0	2	0
10.	Hong Kong Buddhist Hospital	2	2	0	2	0
11.	Hong Kong Eye Hospital	2	2	0	2	0
12.	Kowloon Hospital	4	3	0	2	0
13.	Kowloon Psychiatric Observation Unit of Kowloon Hospital	12	9	0	10	0
14.	Kwai Chung Hospital	12	11	0	6	0
15.	Kwong Wah Hospital	4	2	0	2	0
16.	MacLehose Medical Rehabilitation Centre	2	2	0	2	0
17.	New Territories East Psychiatric Observation Unit of Tai Po Hospital	12	9	0	10	0
18.	North District Hospital	2	1	0	1	0
19.	North Lantau Hospital	2	2	0	2	0
20.	Our Lady of Maryknoll Hospital	2	1	0	2	0
21.	Pamela Youde Nethersole Eastern Hospital	4	4	0	2	0

Key : S – Satisfactory
U – Unsatisfactory

- * During the visits, JPs looked at the facilities (such as facilities of the ward, outpatient department and general state of the premises) and assessed the services (including patient care and catering/supporting/management services) provided by the institution concerned.
- † The number of overall grading on facilities or services may not be the same as the number of JP visits to an institution since some JPs may not have provided an overall grading on facilities or services for each visit.

Serial no.	Name of institution	No. of JP visits	Overall grading on facilities★		Overall grading on services★	
			S	U	S	U
22.	Pamela Youde Nethersole Eastern Psychiatric Observation Unit of Pamela Youde Nethersole Eastern Hospital	12	8	0	9	0
23.	Pok Oi Hospital	2	1	0	1	0
24.	Prince of Wales Hospital	4	4	0	4	0
25.	Princess Margaret Hospital	4	4	0	1	0
26.	Queen Elizabeth Hospital	4	3	0	4	0
27.	Queen Mary Hospital	4	2	0	3	0
28.	Ruttonjee Hospital/Tang Shiu Kin Hospital	2	2	0	1	0
29.	Shatin Hospital	2	2	0	2	0
30.	Siu Lam Hospital	2	2	0	2	0
31.	St. John Hospital	2	2	0	2	0
32.	Tai Po Hospital	2	2	0	2	0
33.	Tseung Kwan O Hospital	2	2	0	2	0
34.	Tuen Mun Hospital	4	2	0	3	0
35.	Tung Wah Eastern Hospital	2	2	0	1	0
36.	Tung Wah Group of Hospitals Fung Yiu King Hospital	2	2	0	2	0
37.	Tung Wah Group of Hospitals Wong Tai Sin Hospital	2	2	0	2	0
38.	Tung Wah Hospital	2	2	0	2	0
39.	United Christian Hospital	4	3	0	2	0
40.	Wong Chuk Hang Hospital	2	1	0	1	0
41.	Yan Chai Hospital	4	2	0	2	0
Total :		154	127	0	114	0

Key : S – Satisfactory
U – Unsatisfactory

★ The number of overall grading on facilities or services may not be the same as the number of JP visits to an institution since some JPs may not have provided an overall grading on facilities or services for each visit.

C. Summary of follow-up actions taken in respect of complaints made to JPs

14 complaints in the following categories were made to JPs during their visits to hospitals –

Category of complaints		Number of complaints in 2018	(%)
(i)	Services provided by the institution (e.g. application of restraint, prescription of medication, etc.)	7	(50%)
(ii)	Staff attitude and conduct (e.g. use of force, searching arrangement, etc.)	4	(29%)
(iii)	Complaints against other departments/organisations	1	(7%)
(iv)	Others	2	(14%)
Total :		14	

All of the 14 complaints were lodged by psychiatric patients. Under category (i) services provided by the institution, two patients complained about detention and prolonged restraint. HA confirmed that all detentions had been made according to the Mental Health Ordinance (Cap. 136) with relevant information well documented. Moreover, restraint would only be applied if necessary and all details were logged on the patients' record. The JPs were satisfied with the handling procedures of the hospitals and raised no further questions. A patient complained that she was not discharged because there was a frequent change of her Case Medical Officer (CMO). Medical record revealed that she had been assessed by a CMO regularly and there were relieving medical officers looking after her during the CMO's leave. The patient had been discharged subsequently with CMO's recommendation. Another patient alleged that a CMO had stopped the prescription of hypnotics to her and changed drug regime without any explanation. To follow up, the CMO had interviewed the patient and explained to her the arrangement. The patient concerned showed her understanding and made no further complaint or enquiry. One patient complained against the prescription of vaginal medication. The hospital concerned explained to JPs that the prescription was made taking into consideration the patient's health condition. The JPs concerned were satisfied and directed that no further action was required. Another patient said he was ordered by a nurse for restraint and injection because he was seen once as dashing towards her. During Patient Relation Officer (PRO)'s interview with the patient, he confessed to PRO that he had actually dashed to the nurse intentionally. He had subsequently withdrawn the complaint. For the last case, a patient with broken arm complained that no staff assisted him to open his snacks. The hospital had arranged a staff to assist him and the patient was satisfied with the arrangement.

For category (ii): staff attitude and conduct, a patient complained that a staff had performed a rear choke on him when applying physical restraint. The patient had been reassured that the staff concerned had adopted preventive measures to avoid injuring the patient during restraint procedure. The JPs concerned were satisfied with the explanation provided. Another patient complained that on one occasion the hospital did not provide meal for her as she had lost her wristband. The hospital concerned explained to her that loss of wristband and provision of meal were separate issues. Record revealed that she refused lunch once despite staff's persuasion. One patient complained that he was threatened by a nurse when he wished to speak up for another patient during restraint procedure. It was revealed that the staff only advised him to leave the scene due to safety concern. The patient was satisfied with the explanation provided and raised no further inquiries. For the remaining case, the patient complained against the hospital staff for searching her belongings and requested to meet the Hospital Chief Executive (HCE). HA confirmed that all searching had been conducted in accordance with established procedures and with the prior consent of patient or relative. The JPs concerned remarked that the information provided by patient was incoherent and directed that no follow up was required.

For category (iii) complaints against other departments/organisations, a patient complained against another hospital. HA reviewed the case and concluded that the allegation was related to her psychotic symptoms. Further inpatient psychiatric treatment was considered necessary. The patient was later referred to medical social worker for assistance and community support.

For category (iv): others, a patient complained that the Accident and Emergency Department (AED) had declined his request for admission. It was revealed that the patient had been admitted to the ward for six times within one year by various AEDs. The hospital had explained in details the admission procedures to the JPs, who were satisfied that the complaint had been properly handled and concluded that no follow-up action was required. In another case, a patient alleged that he had been sexually harassed when he was last admitted to the hospital. No such allegation was recorded during his admission. As per JPs' directive, the case was immediately reported to the Police for investigation and follow-up. There was no prosecution by the Police and the patient was discharged in September 2018. The patient had three subsequent psychiatric admissions afterwards, and there had been no more related complaints.

D. Summary of follow-up actions taken in respect of requests/enquiries made to JPs

75 requests/enquiries in the following categories were made to JPs during their visits to hospitals, all of which from psychiatric patients –

Category of requests/enquiries		Number of requests/enquiries in 2018	(%)
(i)	Request for discharge from institution/home leave/release on recognisance	28	(37%)
(ii)	Services provided by the institution (e.g. request for more medical attention, request for more choices of food, etc.)	24	(32%)
(iii)	Facilities and equipment provided by the institution (e.g. request for more recreational facilities, etc.)	9	(12%)
(iv)	Matters in relation to other departments/organisations (e.g. request for provision of housing after discharge, etc.)	5	(7%)
(v)	Treatment and welfare (e.g. request for making phone calls, etc.)	4	(5%)
(vi)	Others	5	(7%)
Total :		75	

Of the 28 requests under category (i), 25 requested discharge from hospitals. They were handled in accordance with the relevant provision of the Mental Health Ordinance (Cap. 136). Cases had been reviewed by the case doctors and senior clinical staff. Patients considered clinically not suitable for discharge had been advised of the rights to raise their concerns with the Mental Health Review Tribunal. For the remaining three cases, two patients requested CMO not to consider their previous criminal or child abuse record when treating them, and one patient requested early acknowledgement from the Mental Health Review Tribunal and his request had been referred to the Tribunal for follow up.

For requests under category (ii): services provided by the institution, five were related to food provision and variety, which had been followed up by the Hospital Catering Department. A patient requested hot water at ward and another requested access to food cabinet during night time. Their requests had been followed up by ward staff as appropriate. Three patients asked for the change of

medication, another for herbal treatment and one for more medical attention in order to improve his health condition. All requests had been referred to case doctor/ward management for follow up. A patient commented that one of the staff had set too many rules and she should be more polite. The staff concerned had received a reminder. One patient requested to be the first to receive medication during drug dispensing time and another requested expedited ultrasound services. All were followed up and arranged by ward staff as far as practicable. A patient being restrained during night time requested for free access to toilet facilities. The patient concerned had high fall risk and restraint was applied to waist only. The need of restraint had been duly explained to the patient concerned. Another patient requested to review the admission policy with a view to reducing manpower burden of staff. The issue had been passed to the Central Coordinating Committee (Psychiatry) under HA for consideration. One patient reflected that the nursing staff should sharpen her English skills. The hospital concerned had all along arranged on-the-job training to enhance staff's language proficiency. A patient wished to improve his health condition and he had been interviewed by the case doctor subsequently. Five patients expressed appreciation for the services provided by the hospitals and one of them requested alternative treatment. Relevant information had been provided to the patient concerned.

For category (iii): facilities and equipment provided by the institution, three requests were related to the provision of extra recreational facilities including table tennis tables, mobile library and additional television set. A patient requested for using walking stick instead of wheelchair at ward. The patient concerned was given explanation of the potential risk associated, and he showed his understanding without making further request or enquiry. Five were related to ward condition, such as hygiene, crowdedness, installation of CCTV, quality of tissue paper and lockers for storage of personal belongings, etc. All cases had been followed up by the Hospital Facility Management Department or ward staff.

For category (iv): matters in relation to other departments/organisations, one patient requested public housing upon discharge. His request had been referred to the Medical Social Services Unit of the Social Welfare Department (SWD) for follow up. Another patient requested admission to half-way home upon discharge. The patient was encouraged to discuss his discharge plan with CMO. CMO would make referral as appropriate. One patient requested placement at Long Stay Care Home and another requested a medical social worker to process his Comprehensive Social Security Assistance application. Their

requests had been followed up by social workers. For the remaining case, a patient expressed concern about her baby daughter and requested assistance from CMO and social worker. She understood her health condition was not suitable for taking care of her baby. A meeting with her family members and the SWD had been arranged, and the baby was taken care of by the patient's Godmother after the meeting.

Under category (v): treatment and welfare, a patient asked for provision of more resources. His feedback was relayed to hospital management. Another patient requested to continue his behaviour modification treatment at the caring home instead of at ward. The request had been referred to CMO for follow up as per JPs' directive. CMO reviewed the patient's condition and concluded that continued inpatient treatment was necessary. In another case, the patient asked to be released from restricted movement due to his respiratory tract infection caused by previous contact with a flu patient. He was reassured that he could be transferred to normal ward if his coughing improved. In the last case, the patient requested making a phone call to her daughter and she was arranged to do so on the same day.

For category (vi): others, two patients expressed personal feeling about their own lives. The JPs concerned considered that the contents were not related to services or facilities of the hospitals. Another patient expressed concern about her medical record being made known to others. The JPs and the CMO reassured her that her record would be kept confidential. There were two other cases which JPs had directed that no follow-up action was required. For the first case, the patient failed to provide justifications for her request to meet with District Council member or the hospital management. For the remaining case, the patient expressed fear of being killed upon discharge. He was comforted by staff.

All JPs concerned had been informed of the follow-up actions taken by the institutions. They were satisfied and raised no further questions.

E. Summary of follow-up actions taken in respect of suggestions/comments made by JPs

JPs made 98 suggestions/comments in the following categories during their visits to hospitals –

Category of suggestions/comments		Number of suggestions/comments in 2018	(%)
(i)	Physical environment, facilities and equipment (e.g. need for refurbishment of the premises, purchase of new equipment, etc.)	45	(46%)
(ii)	Service quality (e.g. need for improving rehabilitation service and use of technology, etc.)	24	(25%)
(iii)	Manpower planning (e.g. provision of staff training, measures to reduce staff wastage, etc.)	13	(13%)
(iv)	Training programmes and recreational activities (e.g. provision of drug abuse education, etc.)	4	(4%)
(iv)	Others	12	(12%)
Total :		98	

Among the suggestions and comments received from JPs under category (i): physical environment, facilities and equipment, nine were positive feedback on the environment and facilities of the hospitals and support for the redevelopment projects in progress. A JP who expressed concern about facilities for the visual impaired was reassured that the tactile paving complied with relevant guidelines. 12 comments were related to hospital expansion/redevelopment. Funding had been secured for some hospital projects while some were still at planning stage. Meanwhile, HA would continue to ensure all hospital premises are maintained properly. Two recommendations were related to new ward/hospital design, and the JPs encouraged sharing of information among hospitals planning for redevelopment. Head Office of HA had followed up accordingly. Four suggestions were related to the introduction of advanced technology and provision of more space in wards. The hospitals concerned would take into consideration JPs' recommendations when planning for future development. Three comments were related to the utilisation rate. JPs encouraged hospitals to fully utilise the ward and new hospitals to commence full-scale operation as soon as possible. The comments had been reflected to the hospital management for consideration.

Two recommendations were related to the installation of new notice boards for displaying complimentary letters and the complaint channels. The Facility Department of the hospitals concerned had installed the notice boards as per JPs' suggestions. In another two cases, JPs suggested the provision of ceiling hoists to facilitate staff moving patients around the ward. The hospital concerned had applied funding for that accordingly. Three recommendations were related to cleansing of male toilet, improvement of illumination at staircases and display of hospital signages, all of which had been followed up by the Facility Department.

Three suggestions were related to the use of information technology (IT) by hospitals. JPs suggested using IT system to facilitate ward activities and clinical service, and displaying a larger screen for the Inpatient Medication Order Entry System. All suggestions had been followed up by the respective IT teams. One recommendation was related to the use of mobile X-ray in ward so that patients requiring simply X-ray diagnosis do not have to travel to the Radiology Department. The hospital concerned had commenced the procurement process.

Three comments were related to transportation/access to hospitals. JPs recommended setting up a designated area outside a hospital for ambulances only. According to the Transport Department (TD), there was illegal parking problem outside the hospital and setting up a designated area was not an appropriate measure. The relevant District Council had provided support in building a covered escalator to facilitate access to the hospital, and more signages were put up to redirect traffic. The hospital concerned would continue to monitor the traffic condition.

Positive comments had been made by JPs under category (ii): service quality. Eight JPs were impressed by the enthusiasm and professionalism of the staff. Seven JPs expected the hospitals to expand their services in future, in particular, to make reference to demographic data of related communities. The hospitals would adopt JP's suggestions as appropriate. Six JPs recommended the development of mental health service for adolescents, rehabilitation services, community-based services, outreach services, specialised services for the local community, and Chinese medicine services. The hospitals concerned had reflected the suggestions to the management as appropriate. One JP suggested patients should receive continuous care upon discharge and he was reassured that post-discharge care had all along been provided to patients. One JP commented that the visiting time should also be arranged at evening and he was reassured that flexible visiting hour was adopted in psychiatric units. One hospital was encouraged to share its good practices with others. The recommendation had

been referred to the Quality and Safety Department for follow up.

Comments under category (iii): manpower planning were largely related to JPs' concern about staff shortage. While staff recruitment, including part-time and student nurse, was on-going, HA had made continued efforts to review the remuneration package and offer special honorarium scheme to attract and retain staff. Some JPs suggested HA expediting training of additional doctors and nurses to cater for increasing demands. The suggestion had been reflected to the management.

As regards JPs' comments under category (iv): training programmes and recreational activities, one JP supported the "Art in Hospital" programme and commented that more art work should be displayed within hospital premises. Two JPs showed concern about the use of phone by psychiatric patients and the viewing angle of television. All comments had been followed up by ward staff. One JP suggested enhancing drug abuse education for adolescents and he was reassured that additional resources had been allocated for the purpose.

For comments under category (v): others, three were related to the transportation to remote hospitals. JPs recommended HA to review the issue upon the availability of MTR service to the district. The District Council concerned had shown support to the proposal of building a footbridge to connect the hospital with the MTR station. Minibus services would also be arranged. The issue was reported at Directors' Meeting of HA Head Office. Two JPs made comments on risk management on fire safety and outbreaks. JPs were reassured that a well established mechanism had been in place to handle the risks. One JP expressed concern about inadequate management support in case of emergency. JP was reassured that HCE's advice would be sought immediately for emergency cases. Another JP commented that the psychiatric unit should continue to monitor the use of restraint. The JP was reassured that all restraints were used in accordance with the established procedures with relevant information well documented. One JP commented that the designs of patient pamphlets were similar and the hospital concerned would review the design from the next issue. Another JP commented that the doctor gown should be more professional. HA Head Office would review the design as appropriate. One JP recommended wider publicity for the hyperbaric oxygen therapy service. The JP was reassured that relevant clinical parties had been well informed of the availability of the service. One JP commented that the JP visits should focus on specific areas, such as retention cases. The hospital concerned explained to the JP that the visit route was flexible and JPs are welcome to suggest routes to any area of the hospital. In

the last case, the JP commended the effort made by the hospital on food waste reduction.

III. Independent Commission Against Corruption (ICAC) Detention Centre

A. Statistics on complaints, requests/enquiries and suggestions/comments

Name of institution	No. of JP visits	No. of complaints made to JPs	No. of requests/enquiries made to JPs	No. of suggestions/comments made by JPs
ICAC Detention Centre	24	0	1	3

B. Statistics on satisfactory ratings given by JPs on the facilities and services provided*

Name of institution	No. of JP visits	Overall grading on facilities		Overall grading on services	
		S	U	S	U
ICAC Detention Centre	24	24	0	24	0

Key : S – Satisfactory
U – Unsatisfactory

* During the visits, JPs looked at the facilities (such as cells, interview room, search/medical/charge room and general state of the premises) and assessed the services (including food, bedding and management services) provided by the institution concerned.

C. Summary of follow-up actions taken in respect of requests/enquiries made to JPs

One request/enquiry was made to JPs during their visit to ICAC Detention Centre –

Category of request/enquiry		Number of request/enquiry in 2018	(%)
(i)	Facilities and equipment provided by the institution (e.g. request for shower gel and shampoo)	1	(100%)
Total :		1	

A detainee asked for shower gel and shampoo, which were provided to the detainee afterwards. The detainee had made no further request.

D. Summary of follow-up actions taken in respect of suggestions/comments made by JPs

JPs made three suggestions/comments in the following categories during their visits to ICAC Detention Centre –

Category of suggestions/comments		Number of suggestions/comments in 2018	(%)
(i)	Manpower planning (e.g. measures to reduce workload)	1	(34%)
(ii)	Training programmes and recreational activities (e.g. provision of physical training equipment)	1	(33%)
(iii)	Others	1	(33%)
Total :		3	

For category (i): manpower planning, JPs suggested engaging food delivery service outside the operating hours of the canteen with a view to reducing the need for officers to buy food for detainees. ICAC explained to JP that they had all along put in place this practice.

For category (ii): training programmes and recreational activities, JPs suggested providing detainees with simple physical training equipment or engaging them in other activities such as drawing in order to better utilise the yard. ICAC explained that detainees were allowed to have exercise in the yard and the

gymnasium equipped with physical training equipment under supervision. Any request for other exercises or activities would be considered in accordance with the requirement as stipulated in the Independent Commission Against Corruption (Treatment of Detained Persons) Order (Cap. 204A).

For category (iii): others, JPs suggested the right of detainee to remain silent should be set out in the “Notice to Persons under ICAC Investigation”. ICAC explained that the right to remain silent had been laid down in the “Rules and Directions for the Questioning of Suspects and the Taking of Statements” issued by the Secretary for Security in 1992, and it was obligatory for law enforcement officers to remind a suspect on each and every occasion when the suspect is to be questioned, and such fact and wording would be likewise recorded.

IV. Detention Centres of the Immigration Department (ImmD)

A. Statistics on complaints, requests/enquiries and suggestions/comments

Serial no.	Name of institution	No. of JP visits	No. of complaints made to JPs	No. of requests/enquiries made to JPs	No. of suggestions/comments made by JPs
1.	Castle Peak Bay Immigration Centre	24	3	218	5
2.	Ma Tau Kok Detention Centre	4	0	0	0
	Total :	28	3	218	5

B. Statistics on satisfactory ratings given by JPs on the facilities and services provided*

Serial no.	Name of institution	No. of JP visits	Overall grading on facilities†		Overall grading on services†	
			S	U	S	U
1.	Castle Peak Bay Immigration Centre	24	23	0	24	0
2.	Ma Tau Kok Detention Centre	4	4	0	4	0
	Total :	28	27	0	28	0

Key : S – Satisfactory
U – Unsatisfactory

-
- * During the visits, JPs looked at the facilities (such as dormitories, sanitation and hygiene, security and general state of the premises) and assessed the services (including meal/medical treatment arrangements, custody of detainees' properties and management services) provided by the institution concerned.
- † The number of overall grading on facilities or services may not be the same as the number of JP visits to an institution since some JPs may not have provided an overall grading on facilities or services for each visit.

C. Summary of follow-up actions taken in respect of complaints made to JPs

Three complaints in the following categories were made to JPs during their visits to Castle Peak Bay Immigration Centre (CIC) –

Category of complaints		Number of complaints in 2018	(%)
(i)	Treatment and welfare (e.g. detention arrangement)	2	(67%)
(ii)	Services provided by the institution (e.g. inadequate medical care)	1	(33%)
Total :		3	

Two complaints were made under category (i): treatment and welfare (67%). A detainee complained that he was being detained at the in-centre Sick-bay. A MO had reviewed the health condition of the detainee and concluded that the detainee should remain under continual medical observation at the in-centre Sick-bay on medical ground. Another detainee complained that he had been treated badly. Immediate medical examination was conducted by a MO and no injury caused by assault was found. The case was reported to the Police and was still under investigation.

Under category (ii): services provided by the institution (33%), a detainee complained against the medical treatment received at CIC. According to prevailing arrangement, detainees would receive medical examination provided by MOs upon admission. Based on their medical examination results, MOs would arrange detainees to receive general or specialist treatment provided by public hospitals. CIC had explained to the JPs that appropriate medical services had all along been provided to the detainee.

All JPs concerned had been informed of the actions taken and made no further comment.

D. Summary of follow-up actions taken in respect of requests/enquiries made to JPs

218 requests/enquiries in the following categories were made to JPs during their visits to CIC –

Category of requests/enquiries		Number of requests/enquiries in	(%)
(i)	Request for early discharge from institution/home leave/release on recognisance	155	(71%)
(ii)	Services provided by the institution (e.g. request for more medical attention, request for diet change, etc.)	29	(13%)
(iii)	Matters in relation to other departments/organisations (e.g. application for legal aid, etc.)	24	(11%)
(iv)	Treatment and welfare (e.g. request for discharge from medical observation, etc.)	10	(5%)
Total :		218	

The 155 requests under category (i): request for early discharge from institution/home leave/release on recognisance were mainly related to checking of case progress, request for interview by case officers, release on recognisance and early repatriation. These requests had been referred to relevant sections of ImmD for follow up.

The 29 requests under category (ii): services provided by the institution were related to medical treatment and diet change. The detainees had been arranged to receive medical treatment and some had been referred to specialist clinics in public hospitals for treatment. The requests for diet change had been referred to MO for review based on the health condition of the detainees.

For category (iii): matters in relation to other departments/organisations, some detainees had requested the appeal results of the Torture Claims Appeal Board. They were interviewed by the respective case officers and informed of the latest position of their cases. A detainee had requested an update on the progress of his legal aid application. He was interviewed by the case officer and informed of the latest position of his case. Another detainee requested a copy of his medical report. Necessary assistance had been rendered to him through his legal representative.

For category (iv): treatment and welfare, some detainees had requested discharge from medical observation. Their requests had been conveyed to MOs for consideration, who later concluded that those detainees would have to remain under continual medical observation. A detainee requested to meet with his spouse who was also under detention at CIC more frequently. To follow up his request, the welfare officer had explained to the detainee the visit arrangement of CIC, and more social visits had been arranged for him. A detainee requested visits by priests. The request had been referred to the welfare officer for follow-up action and since then, four visits by priests had been arranged for the detainee.

All JPs concerned had been informed of the actions taken and made no further comment.

E. Summary of follow-up actions taken in respect of suggestions/comments made by JPs

JPs made five suggestions/comments in the following categories during their visits to CIC –

Category of suggestions/comments		Number of suggestions/comments in 2018	(%)
(i)	Physical environment, facilities and equipment (e.g. improving drainage system, air circulation and hygiene condition, etc.)	4	(80%)
(ii)	Others	1	(20%)
Total :		5	

For category (i): physical environment, facilities and equipment, JPs suggested improving the drainage system of the exercise yard of CIC. Arrangement had been made with the Architectural Services Department to carry out inspection and improvement works. In response to JPs' suggestion on improving the ventilation system, arrangement had been made with the Electrical and Mechanical Services Department to carry out improvement works. JPs' suggestions on improving the hygiene condition of the dormitories and metallic fence ceiling had been reflected to the cleansing service provider and the frequency of cleansing had been increased.

For category (ii): others, JPs suggested that CIC keep detainees informed of the repatriation progress and expedite the case progress. CIC explained to the

JPs that a well-established mechanism had been in place to ensure that detention policies are transparent to the detainees. Detention must be justified with sufficient reasons and for a reasonable period. Each case is considered on its own merits. Every detainee is informed by the respective case officer of the reasons of detention. If the detainee would like to enquire about his/her case progress, he/she may request an interview with the case officer. CIC has all along maintained effective communication with case officers to enable the detainees to have a better understanding of their case progress. The JPs concerned were satisfied with the actions taken and explanations given by CIC. They did not give any further directive.

V. Po Leung Kuk

A. *Statistics on complaints, requests/enquiries and suggestions/comments*

Name of institution	No. of JP visits	No. of complaints made to JPs	No. of requests/enquiries made to JPs	No. of suggestions/comments made by JPs
Po Leung Kuk	4	0	0	0

B. *Statistics on satisfactory ratings given by JPs on the facilities and services provided**

Name of institution	No. of JP visits	Overall grading on facilities		Overall grading on services	
		S	U	S	U
Po Leung Kuk	4	4	0	4	0

Key : S – Satisfactory
U – Unsatisfactory

* During the visits, JPs looked at the facilities (such as dormitories, sheltered workshop and general state of the premises) and assessed the services (including residential/day care/rehabilitation services) provided by the institution concerned.

VI. Institutions for Drug Abusers operated by Non-governmental Organisations under the purview of the Department of Health (DH)

A. *Statistics on complaints, requests/enquiries and suggestions/comments*

Serial no.	Name of institution	No. of JP visits	No. of complaints made to JPs	No. of requests/enquiries made to JPs	No. of suggestions/comments made by JPs
1.	The Society for the Aid and Rehabilitation of Drug Abusers Adult Female Rehabilitation Centre	2	0	0	4
2.	The Society for the Aid and Rehabilitation of Drug Abusers Au Tau Youth Centre	2	0	0	4
3.	The Society for the Aid and Rehabilitation of Drug Abusers Shek Kwu Chau Treatment and Rehabilitation Centre	4	0	0	2
4.	The Society for the Aid and Rehabilitation of Drug Abusers Sister Aquinas Memorial Women's Treatment Centre	4	0	0	5
Total :		12	0	0	15

B. *Statistics on satisfactory ratings given by JPs on the facilities and services provided**

Serial no.	Name of institution	No. of JP visits	Overall grading on facilities †		Overall grading on services †	
			S	U	S	U
1.	The Society for the Aid and Rehabilitation of Drug Abusers Adult Female Rehabilitation Centre	2	1	0	1	0
2.	The Society for the Aid and Rehabilitation of Drug Abusers Au Tau Youth Centre	2	1	0	2	0

Key : S – Satisfactory
U – Unsatisfactory

- * During the visits, JPs looked at the facilities (such as living accommodation, kitchen and general state of the premises) and assessed the services (including training programmes, recreational activities and management services) provided by the institutions concerned.
- † The number of overall grading on facilities or services may not be the same as the number of JP visits to an institution since some JPs may not have provided an overall grading on facilities or services for each visit.

Serial no.	Name of institution	No. of JP visits	Overall grading on facilities ⁺		Overall grading on services ⁺	
			S	U	S	U
3.	The Society for the Aid and Rehabilitation of Drug Abusers Shek Kwu Chau Treatment and Rehabilitation Centre	4	3	0	3	0
4.	The Society for the Aid and Rehabilitation of Drug Abusers Sister Aquinas Memorial Women's Treatment Centre	4	3	0	3	0
Total :		12	8	0	9	0

Key : S – Satisfactory
 U – Unsatisfactory

⁺ The number of overall grading on facilities or services may not be the same as the number of JP visits to an institution since some JPs may not have provided an overall grading on facilities or services for each visit.

C. Summary of follow-up actions taken in respect of suggestions/comments made by JPs

JPs made 15 suggestions/comments of the following categories during their visits –

Category of comments/suggestions		Number of comments/suggestions in 2018	(%)
(i)	Physical environment, facilities and equipment (e.g. need for refurbishment of the premises, etc.)	10	(66%)
(ii)	Training programmes and recreational activities (e.g. provision of vocational training, etc.)	3	(20%)
(iii)	Service quality (e.g. provision of small group activity)	1	(7%)
(iv)	Manpower planning (e.g. provision of psychiatrist and psychiatric nurse)	1	(7%)
Total :		15	

For category (i): physical environment, facilities and equipment, JPs commented that the centres were generally old and required upgrading works. DH responded that they would continue to render necessary assistance and support in processing funding requests of the centres for the necessary resources. Some JPs suggested improving the overcrowded situation and redecorating the centre.

The centre explained to JPs that the current accommodation capacity and client-staff ratio of the centre complied with the prevailing requirements. The centre would take into account JPs' comments in its future renovation exercise.

Under category (ii): training programmes and recreational activities, JPs recommended that the centres arrange more vocational training for residents. DH responded that the centres had daily routine timetable comprising different vocational classes for residents. The centres would apply for necessary resources to arrange other programmes. Some JPs suggested providing more reading materials in greater diversity including religious materials for residents. The centre would continue to expand the quantity and variety of reading materials by appealing for donations from the community.

For category (iii) service quality, JPs recommended the centre to arrange activity in small groups so that more attention could be paid to the need of individual residents. The centre explained it had all along arranged small groups activity with size of three to six residents on areas of personal growth, mutual support and personal progress evaluation.

Concerning category (iv) manpower planning, JPs suggested allocating resources for engaging a psychiatrist and psychiatric nurse. DH responded that the centre would apply for necessary resources, and DH would render support and assistance in processing funding requests.

VII. Institutions of the Social Welfare Department (SWD)/Non-governmental Organisations

A. Statistics on complaints, requests/enquiries and suggestions/comments

Serial no.	Name of institution	No. of JP visits	No. of complaints made to JPs	No. of requests/enquiries made to JPs	No. of suggestions/comments made by JPs
1.	Caritas-Hong Kong – Caritas Jockey Club Lai King Rehabilitation Centre	2	0	0	1
2.	Caritas-Hong Kong – Caritas Li Ka Shing Care and Attention Home	2	0	0	0
3.	Caritas-Hong Kong – Caritas Pelletier Hall	2	0	0	4
4.	Evangelical Lutheran Church Hong Kong – Kwai Shing Hostel	2	0	0	2
5.	Fu Hong Society – Fu Hong Society Rehabilitation Centre	2	0	0	2
6.	Haven of Hope Christian Service – Haven of Hope Hang Hau Care and Attention Home for Severely Disabled	2	0	0	1
7.	Heung Hoi Ching Kok Lin Association – Buddhist Li Ka Shing Care and Attention Home for the Elderly	2	0	0	2
8.	Heung Hoi Ching Kok Lin Association – Buddhist Po Ching Home for the Aged Women	2	0	0	0
9.	Hong Kong Juvenile Care Centre – Bradbury Hostel	2	0	0	2
10.	Hong Kong Sheng Kung Hui Welfare Council – Hong Kong Sheng Kung Hui Li Ka Shing Care and Attention Home for the Elderly	2	0	0	3
11.	Hong Kong Society for the Blind – Jockey Club Centre for the Blind	2	0	0	1
12.	Hong Kong Society for the Blind – Jockey Club Tuen Mun Home for the Aged Blind	2	0	0	3
13.	Hong Kong Student Aid Society – Holland Hostel	2	0	0	5
14.	Hong Kong Student Aid Society – Island Hostel	2	0	0	1

Serial no.	Name of institution	No. of JP visits	No. of complaints made to JPs	No. of requests/ enquiries made to JPs	No. of suggestions/ comments made by JPs
15.	New Life Psychiatric Rehabilitation Association – New Life Building Long Stay Care Home	2	0	0	4
16.	New Life Psychiatric Rehabilitation Association – Tuen Mun Long Stay Care Home	2	0	0	1
17.	Po Leung Kuk Wing Lung Bank Golden Jubilee Sheltered Workshop and Hostel	4	0	0	5
18.	Po Leung Kuk – Y C Cheng Centre	2	0	0	3
19.	Sik Sik Yuen – Ho Yam Care and Attention Home for the Elderly	2	0	0	0
20.	Sisters of the Good Shepherd – Marycove Centre	2	0	0	7
21.	Society of Boys’ Centres – Chak Yan Centre	1 [@]	0	0	0
22.	Society of Boys’ Centres – Cheung Hong Hostel	2	0	0	0
23.	Society of Boys’ Centres – Shing Tak Centre	2	0	0	0
24.	Society of Boys’ Centres – Un Chau Hostel	2	0	0	1
25.	The Mental Health Association of Hong Kong – Jockey Club Building	2	0	0	2
26.	The Salvation Army – Cheung Hong Community Day Rehabilitation and Residential Service	2	0	0	0
27.	Tuen Mun Children and Juvenile Home	12	0	2	5
28.	Tung Wah Group of Hospitals Ho Yuk Ching Workshop cum Hostel	2	0	0	3
29.	Tung Wah Group of Hospitals – Jockey Club Rehabilitation Complex	2	0	0	5
30.	Tung Wah Group of Hospitals – Wing Yin Hostel	2	0	0	5

[@] JP visits to the Society of Boys’ Centre – Chak Yan Centre were temporarily suspended from October 2017 to June 2018 due to renovation at the Centre. The Centre was re-opened for JP visits in July 2018.

Serial no.	Name of institution	No. of JP visits	No. of complaints made to JPs	No. of requests/enquiries made to JPs	No. of suggestions/comments made by JPs
31.	Tung Wah Group of Hospitals – Wong Cho Tong Care and Attention Home/ Tung Wah Group of Hospitals – Wong Cho Tong Integrated Vocational Rehabilitation Centre cum Hostel♦	2	0	0	1
			0	0	0
32.	Yan Chai Hospital – Chinachem Care and Attention Home	2	0	0	1
Total :		75	0	2	70

♦ Denotes visits covering two institutions.

B. Statistics on satisfactory ratings given by JPs on the facilities and services provided*

Serial no.	Name of institution	No. of JP visits	Overall grading on facilities †		Overall grading on services †	
			S	U	S	U
1.	Caritas-Hong Kong – Caritas Jockey Club Lai King Rehabilitation Centre	2	2	0	2	0
2.	Caritas-Hong Kong – Caritas Li Ka Shing Care and Attention Home	2	2	0	1	0
3.	Caritas-Hong Kong – Caritas Pelletier Hall	2	2	0	2	0
4.	Evangelical Lutheran Church Hong Kong – Kwai Shing Hostel	2	2	0	2	0
5.	Fu Hong Society – Fu Hong Society Rehabilitation Centre	2	2	0	2	0
6.	Haven of Hope Christian Service – Haven of Hope Hang Hau Care and Attention Home for Severely Disabled	2	2	0	2	0
7.	Heung Hoi Ching Kok Lin Association – Buddhist Li Ka Shing Care and Attention Home for the Elderly	2	2	0	1	0
8.	Heung Hoi Ching Kok Lin Association – Buddhist Po Ching Home for the Aged Women	2	2	0	2	0
9.	Hong Kong Juvenile Care Centre – Bradbury Hostel	2	2	0	2	0
10.	Hong Kong Sheng Kung Hui Welfare Council – Hong Kong Sheng Kung Hui Li Ka Shing Care and Attention Home for the Elderly	2	2	0	2	0
11.	Hong Kong Society for the Blind – Jockey Club Centre for the Blind	2	2	0	2	0
12.	Hong Kong Society for the Blind – Jockey Club Tuen Mun Home for the Aged Blind	2	2	0	2	0

Key : S – Satisfactory
U – Unsatisfactory

* During the visits, JPs looked at the facilities (such as dormitories, kitchen/canteen, recreational facilities and general state of the premises) and assessed the services (including academic/prevocational training programmes and medical/management services) provided by the institutions concerned.

† The number of overall grading on facilities or services may not be the same as the number of JP visits to an institution since some JPs may not have provided an overall grading on facilities or services for each visit.

Serial no.	Name of institution	No. of JP visits	Overall grading on facilities†		Overall grading on services†	
			S	U	S	U
13.	Hong Kong Student Aid Society – Holland Hostel	2	2	0	2	0
14.	Hong Kong Student Aid Society – Island Hostel	2	2	0	2	0
15.	New Life Psychiatric Rehabilitation Association – New Life Building Long Stay Care Home	2	2	0	2	0
16.	New Life Psychiatric Rehabilitation Association – Tuen Mun Long Stay Care Home	2	2	0	2	0
17.	Po Leung Kuk Wing Lung Bank Golden Jubilee Sheltered Workshop and Hostel	4	4	0	4	0
18.	Po Leung Kuk – Y C Cheng Centre	2	2	0	2	0
19.	Sik Sik Yuen – Ho Yam Care and Attention Home for the Elderly	2	2	0	2	0
20.	Sisters of the Good Shepherd – Marycove Centre	2	2	0	2	0
21.	Society of Boys’ Centres – Chak Yan Centre	1 [@]	1	0	1	0
22.	Society of Boys’ Centres – Cheung Hong Hostel	2	2	0	2	0
23.	Society of Boys’ Centres – Shing Tak Centre	2	2	0	2	0
24.	Society of Boys’ Centres – Un Chau Hostel	2	2	0	2	0
25.	The Mental Health Association of Hong Kong – Jockey Club Building	2	2	0	2	0
26.	The Salvation Army – Cheung Hong Community Day Rehabilitation and Residential Service	2	2	0	2	0
27.	Tuen Mun Children and Juvenile Home	12	12	0	12	0

Key : S – Satisfactory
U – Unsatisfactory

[@] JP visits to the Society of Boys’ Centre – Chak Yan Centre were temporarily suspended from October 2017 to June 2018 due to renovation at the Centre. The Centre was re-opened for JP visits in July 2018.

† The number of overall grading on facilities or services may not be the same as the number of JP visits to an institution since some JPs may not have provided an overall grading on facilities or services for each visit.

Serial no.	Name of institution	No. of JP visits	Overall grading on facilities ⁺		Overall grading on services ⁺	
			S	U	S	U
28.	Tung Wah Group of Hospitals Ho Yuk Ching Workshop cum Hostel	2	2	0	2	0
29.	Tung Wah Group of Hospitals – Jockey Club Rehabilitation Complex	2	2	0	2	0
30.	Tung Wah Group of Hospitals – Wing Yin Hostel	2	2	0	2	0
31.	Tung Wah Group of Hospitals – Wong Cho Tong Care and Attention Home [△]	2	1	0	2	0
	Tung Wah Group of Hospitals – Wong Cho Tong Integrated Vocational Rehabilitation Centre cum Hostel [△]		2	0	2	0
32.	Yan Chai Hospital – Chinachem Care and Attention Home	2	2	0	2	0
Total :		75	76	0	75	0

Key : S - Satisfactory
U – Unsatisfactory

[△] Separate reports were completed by JPs for the specific institution.

⁺ The number of overall grading on facilities or services may not be the same as the number of JP visits to an institution since some JPs may not have provided an overall grading on facilities or services for each visit.

C. Summary of follow-up actions taken in respect of requests/enquiries made to JPs

Two requests/enquiries in the following category were made to JPs during their visits –

Category of request/enquiry		Number of requests/enquiries in 2018	(%)
(i)	Treatment and welfare (e.g. provision of hair dryer, etc.)	2	(100%)
Total :		2	

A resident requested the provision of hair dryer for daily use. The institution concerned explained to JPs that residents were scheduled for shower in late afternoon every day and quick drying of hair was generally considered not necessary. That said, hair dryer would be provided to resident on a need basis such as after the resident has attended outdoor activities leading to late shower

time. Another resident requested changing the provision of three-in-one shampoo, conditioner cum body wash to separate provision of shampoo cum conditioner, and body wash. The institution concerned explained that the three-in-one shampoo, conditioner cum body wash now in use had been introduced to the residents since June 2017 upon receiving residents' request for adding moisturising formula to the wash product. The institution would continue to collect residents' feedback and review the specifications of the wash product taking into account the health condition of residents, in particular those with skin allergy.

D. Summary of follow-up actions taken in respect of suggestions/comments made by JPs

JPs made 70 suggestions/comments in the following categories during their visits –

Category of suggestions/comments		Number of suggestions/comments in 2018	(%)
(i)	Physical environment, facilities and equipment (e.g. need for refurbishment of the premises, etc.)	29	(42%)
(ii)	Service quality (e.g. provision of palliative care, etc.)	26	(37%)
(iii)	Training programmes and recreational activities (e.g. provision of training and educational opportunities, etc.)	8	(11%)
(iv)	Manpower planning (e.g. increasing the case worker to resident ratio, etc.)	5	(7%)
(v)	Others	2	(3%)
Total :		70	

In response to JPs' comments under category (i): physical environment, facilities and equipment, institutions concerned had applied for the Lotteries Fund with a view to carrying out major renovation works for the premises. Besides, repair and maintenance services for the electrical, mechanical and electronic systems of the institutions were conducted on a regular basis. Some JPs suggested that the institution enlist the assistance of Electrical and Mechanical Services Department (EMSD) to check the ventilation system of the institution. To follow up, the institution management had liaised with EMSD immediately after the JP visit to explore possible improvement measures. Apart from carrying out regular cleaning of air filters, the institution concerned had procured portable air purifiers. It had also liaised with the Architectural Services Department to install new exhaust fans. The institution concerned would keep in view the

assessment result of the Indoor Air Quality Certificate Scheme conducted by the Environmental Protection Department and identify improvement areas with a view to providing a healthy living environment for residents and staff. In response to JPs' concern about the residents' privacy, the institution had put in place additional mobile partitions and added individual bedside curtain in each dormitory to better protect residents' privacy. As regards JPs' advice on providing clearer signage, the institution concerned had added a floor guide at the entrance of each floor to facilitate residents to return to their dormitories.

Under category (ii): service quality, some JPs recommended providing palliative care to residents. The institutions concerned had participated in the Advanced Directive Programme (the Programme) co-ordinated by the Caritas Medical Centre since 2016 with a view to promoting and improving quality end-of-life care services for the terminally ill patients and their families, which include amongst others, palliative care for the elderly residents. The Programme was beneficial to the residents as they were assisted to work out advance care plans with their families. The Programme also effectively alleviated the pain and discomfort of the residents, relieved their stress and enabled them to face death in a dignified and peaceful way. As regards JPs' concern about better utilisation of vacancies, the institution concerned, which serves both male and female residents, reported that the vacancies were due to zero female applicants on the waiting list. To boost up the utilisation rate, the institution had reviewed the resident admission procedure with SWD and adjusted the gender ratio of care and attention beds in order to admit more male applicants. In response to JPs' suggestion on service expansion, the institutions would review the service demand and explore its possibility.

In response to JPs' suggestion of increasing training and educational opportunities for residents under category (iii): training programmes and recreational activities, the institutions concerned would continue to review the training plans, and introduce new elements to the training programmes to better equip the residents. They would also explore the possibilities of arranging the residents to attend various external training including first aid and mountaineering with a view to widening the exposure of residents. As regards JPs' suggestion on enhancing sex education, the institution concerned would co-operate with schools and family caseworkers to provide sex education for the residents from time to time. Some JPs recommended providing residents with a guide on dormitory cleansing and rewarding the residents if they meet the cleansing standard. The institution concerned explained that dormitory cleanliness standard had not been set up as individual boy and girl might progress differently. That said, social workers would render advice and assistance to the boys and girls as appropriate.

As for manpower planning under category (iv), some JP expressed concerns about staff vacancy, the institutions concerned advised that recruitment

exercise had been completed and the new recruits would report duty shortly. Some JPs suggested increasing the ratio of case worker to resident of the institution. While the existing ratio had exceeded the licensing requirement, the institution concerned had made efforts to apply for Infirmity Care Supplement⁽⁷⁾ and Dementia Supplement⁽⁸⁾ with a view to further increasing the number of care worker.

Under category (v): others, some JPs suggested adopting a more flexible and forward-looking approach in the allocation of Lotteries Fund. The suggestion had been channelled to relevant party for consideration. Some JPs considered that the Government should allocate more resources in meeting the growing service demand. SWD has set up the Innovation and Technology Fund for Application in Elderly and Rehabilitation Care in December 2018 to subsidise elderly and rehabilitation service units to procure, rent and trial use technology products, so as to improve the quality of life of service users as well as reduce the burden and pressure of staff and carers.

⁽⁷⁾ Infirmity Care Supplement aims at helping subvented residential care homes to take care of frail residents who have been medically assessed to be chronically ill or disabled requiring medical infirmity placement.

⁽⁸⁾ Dementia Supplement aims at helping residential care homes to provide better care and training to demented residents who have been medically assessed to be suffering from Dementia.