

---

---

# **2019 Annual Report on Justices of Peace Visits**

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

---

---

# **JUSTICES OF THE PEACE VISITS**

## **2019 Annual Report**

This Annual Report provides an account of the work of Justices of the Peace (JPs) in the year 2019. 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 2019, 82 persons<sup>(1)</sup> were appointed as JPs, with half of them as Official JPs and the other half as Non-official JPs. As at 31 December 2019, there were 323 Official JPs and 1 450 Non-official JPs. An up-to-date list of JPs is available in the JPs 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 –

- (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);

---

<sup>(1)</sup> While all Non-official and 30 Official JP appointments were published in the gazette on 1 July 2019, the remaining 11 Official JP appointments were gazetted on 30 August, 11 October and 20 December 2019.

- (c) in the case of a Non-official JP, to serve as a member of any advisory panel; and
- (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 2019, there were 112<sup>(2)</sup> institutions under the JP visit programme. Statutory visits to 38 institutions were conducted on a fortnightly, monthly or quarterly basis while visits to 74 institutions were arranged on an administrative basis once every quarter or every six months<sup>(3)</sup>. The list of institutions under the JP visit programme in 2019 is at **Annex A**.

7. In 2019, JPs conducted 670 visits to 112 institutions. On average, Non-official JPs<sup>(4)</sup> each conducts one visit per annum while each Official JP conducts three 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 for under the Prison Rules (Cap. 234A), visits to psychiatric hospitals under the Mental Health Ordinance (Cap. 136), visits to detention centres of ICAC and Immigration Department (ImmD) 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) under the Probation of Offenders Ordinance (Cap. 298) and Juvenile Offenders Ordinance (Cap.

---

<sup>(2)</sup> Including Chinese YMCA of Hong Kong – Home of Love – Yung Shing Hostel which has been included under the JP visit programme since January 2019.

<sup>(3)</sup> On the advice of relevant bureaux/departments/Hospital Authority, the visit frequency of two institutions for drug abusers and 11 hospitals have been adjusted from quarterly to half yearly since January 2019.

<sup>(4)</sup> Excluding those who are exempted from visiting duties because of old age, health or other reasons.

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 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 JPs 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 JPs 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 2019. 53 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<sup>(5)</sup> (CIU) for full investigation. For check and balance, the Correctional Services Department Complaints Committee<sup>(6)</sup> (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<sup>(7)</sup> (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

---

<sup>(5)</sup> 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.

<sup>(6)</sup> 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.

<sup>(7)</sup> At present, 20 out of 24 non-official members of CSDCAB are Non-official JPs.

The Ombudsman will contact the complainant directly. CSD will inform the JPs if the investigation outcome of The Ombudsman 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.

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 non-CSD 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 2019, 190 complaints were received during JP visits, as compared with 204 received in 2018. Majority of these complaints<sup>(8)</sup> were related to treatment and welfare (39%) and services provided by the institution (24%). Having conducted on-site inquiry during their visits, the JPs who received the complaints directed that no further action be taken on 86 of the 190 complaints. 54 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 50 complaints, 45 were referred to the CIU of the CSD for investigation and five were referred to other relevant government departments for handling. 61 (59%) of the 104 complaints that required further action were followed up within one month<sup>(9)</sup> (as compared to 50% in 2018). A summary of the statistics is in Table 1 below.

---

<sup>(8)</sup> CSD classifies complaints as any verbal or written expression of dissatisfaction, whereas requests are made to obtain assistance from the Department.

<sup>(9)</sup> In view of the nature and complication involved in 43 complaints (representing 41% of the 104 cases that required follow-up action) received during JP visits in 2019 (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 2019*

<b>Category of complaints</b>		<b>Number of complaints in 2019</b>	<b>(%)</b>
(i)	Treatment and welfare (e.g. unfair assignment of work, improper handling of complaints/requests, etc.)	73	(39%)
(ii)	Services provided by the institution (e.g. inadequate medical care, insufficient daily necessities, poor quality of food/catering services, etc.)	45	(24%)
(iii)	Staff attitude and conduct (e.g. unnecessary or excessive use of force, use of impolite language, etc.)	23	(12%)
(iv)	Facilities and equipment provided by the institution (e.g. inadequate toilet facilities, poor maintenance of equipment, etc.)	12	(6%)
(v)	Complaints against other departments/organisations	12	(6%)
(vi)	Disciplinary action (e.g. unfair disciplinary proceedings, improper award of punishments, etc.)	6	(3%)
(vii)	Others	19	(10%)
<b>Total :</b>		<b>190</b>	

## **REQUESTS/ENQUIRIES RECEIVED**

19. In 2019, 452 requests/enquiries were received during JP visits, as compared with 397 received in 2018. Majority of these requests were for assistance related to early discharge (62%) and treatment and welfare (15%). All requests/enquiries (same as 2018) were followed up within one month. A summary of the statistics is in Table 2 below.

*Table 2 – Number and category of requests/enquiries received in 2019*

Category of requests/enquiries	Number of requests/enquiries in 2019	(%)
(i) Request for early discharge from institution/home leave/release on recognisance	280	(62%)
(ii) Treatment and welfare (e.g. request for making additional phone calls, change of work assignment, transfer to another institution, etc.)	67	(15%)
(iii) Services provided by the institution (e.g. request for more medical attention, request for more choices of food, etc.)	46	(10%)
(iv) Facilities and equipment provided by the institution (e.g. request for more recreational facilities, etc.)	22	(5%)
(v) Matters in relation to other departments/organisations (e.g. application for legal aid, enquiry about medical appointment at outside hospital, etc.)	16	(3%)
(vi) Others	21	(5%)
<b>Total :</b>	<b>452</b>	

## **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 assessment as well as suggestions/comments on the facilities and services provided by 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' assessment, 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.

21. As reflected in the Visit Logbooks, JPs were generally satisfied with the overall facilities and services provided by the institutions. In 2019, JPs made 199 suggestions/comments, as compared with 223 in 2018. 56% of suggestions/comments (same as 2018) were followed up within one



month<sup>(10)</sup>. A summary of the statistics is in Table 3 below.

*Table 3 – Number and category of suggestions/comments made in 2019*

Category of suggestions/comments	Number of suggestions/comments in 2019	(%)
(i) Physical environment, facilities and equipment (e.g. need for refurbishment of the premises, replacement of old computers, etc.)	74	(37%)
(ii) Service quality (e.g. improvement of meal service, regular review of service need, etc.)	63	(32%)
(iii) Manpower planning (e.g. provision of staff training, measures to reduce staff wastage, etc.)	24	(12%)
(iv) Training programmes and recreational activities (e.g. provision of market-oriented vocational training, arrangement of more activities, etc.)	12	(6%)
(v) Channels of complaints and handling of complaints	1	(1%)
(vi) Others	25	(12%)
<b>Total :</b>	<b>199</b>	

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**.

<sup>(10)</sup> 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 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 the 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  
August 2020

## List of Institutions under JP Visit Programme in 2019

### I. Statutory Visits

No.	Name of institution	Frequency of JP visit	Responsible department/organisation
<b>A. Prisons/correctional institutions/half-way house for adults offenders</b>			
1.	Custodial Ward of Queen Elizabeth Hospital <sup>(1)</sup>	Fortnightly	CSD
2.	Custodial Ward of Queen Mary Hospital <sup>(2)</sup>	Fortnightly	CSD
3.	Hei Ling Chau Correctional Institution <sup>(3)</sup>	Fortnightly	CSD
4.	Lai Chi Kok Reception Centre	Fortnightly	CSD
5.	Lo Wu Correctional Institution	Fortnightly	CSD
6.	Pak Sha Wan Correctional Institution <sup>(2)</sup>	Fortnightly	CSD
7.	Pelican House <sup>(4)</sup>	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 <sup>(5)</sup>	Fortnightly	CSD
13.	Tai Lam Correctional Institution	Fortnightly	CSD
14.	Tong Fuk Correctional Institution	Fortnightly	CSD
15.	Tung Tau Correctional Institution	Fortnightly	CSD
<b>B. Correctional institutions/half-way houses for young offenders</b>			
16.	Bauhinia House <sup>(5)</sup>	Fortnightly	CSD
17.	Cape Collinson Correctional Institution	Monthly	CSD
18.	Lai King Correctional Institution <sup>(1)</sup>	Fortnightly	CSD
19.	Phoenix House <sup>(4)</sup>	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 <sup>(6)</sup>	Fortnightly	CSD
	<b>C. Correctional institutions for drug addicts</b>		
22.	Hei Ling Chau Addiction Treatment Centre <sup>(7)</sup>	Fortnightly	CSD
23.	Lai Sun Correctional Institution <sup>(7)</sup>	Fortnightly	CSD
24.	Nei Kwu Correctional Institution <sup>(3)</sup>	Fortnightly	CSD
	<b>D. Rehabilitation centres</b>		
25.	Chi Lan Rehabilitation Centre <sup>(1)</sup>	Fortnightly	CSD
26.	Lai Chi Rehabilitation Centre <sup>(6)</sup>	Fortnightly	CSD
27.	Lai Hang Rehabilitation Centre <sup>(4)</sup>	Monthly	CSD
28.	Wai Lan Rehabilitation Centre <sup>(5)</sup>	Fortnightly	CSD
	<b>E. Detention centres of ICAC and ImmD</b>		
29.	Castle Peak Bay Immigration Centre	Fortnightly	ImmD
30.	Independent Commission Against Corruption Detention Centre	Fortnightly	ICAC
31.	Ma Tau Kok Detention Centre	Quarterly	ImmD
	<b>F. Psychiatric hospitals</b>		
32.	Castle Peak Hospital	Monthly	HA
33.	Kowloon Psychiatric Observation Unit of Kowloon Hospital	Monthly	HA
34.	Kwai Chung Hospital	Monthly	HA
35.	New Territories East Psychiatric Observation Unit of Tai Po Hospital	Monthly	HA
36.	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
	<b>G. Remand home, places of refuge, probation home and reformatory school of SWD</b>		
37.	Po Leung Kuk Wing Lung Bank Golden Jubilee Sheltered Workshop and Hostel	Quarterly	SWD
38.	Tuen Mun Children and Juvenile Home	Monthly	SWD

Notes:

- (1) Custodial Ward of Queen Elizabeth Hospital (No. 1), Lai King Correctional Institution (No. 18) and Chi Lan Rehabilitation Centre (No. 25) are to be jointly visited.
- (2) Custodial Ward of Queen Mary Hospital (No. 2) and Pak Sha Wan Correctional Institution (No. 6) are to be jointly visited.
- (3) Hei Ling Chau Correctional Institution (No. 3) and Nei Kwu Correctional Institution (No. 24) are to be jointly visited.
- (4) Pelican House (No. 7), Phoenix House (No. 19) and Lai Hang Rehabilitation Centre (No. 27) are to be jointly visited.
- (5) Tai Lam Centre for Women (No. 12), Bauhinia House (No. 16) and Wai Lan Rehabilitation Centre (No. 28) are to be jointly visited.
- (6) Sha Tsui Correctional Institution (No. 21) and Lai Chi Rehabilitation Centre (No. 26) are to be jointly visited.
- (7) Hei Ling Chau Addiction Treatment Centre (No. 22) and Lai Sun Correctional Institution (No. 23) are to be jointly visited.

Key :

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

## II. Non-statutory Visits

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

No.	Name of institution	Frequency of JP visit	Responsible department/organisation
20.	United Christian Hospital	Half-yearly *	HA
21.	Yan Chai Hospital	Half-yearly *	HA
	<b>C. Psychiatric hospital</b>		
22.	Siu Lam Hospital	Half-yearly	HA
	<b>D. Other hospitals</b>		
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	Half-yearly *	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 <sup>(8)</sup>	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
	<b>E. Residential services for children and youths of Non-governmental Organisations</b>		
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 <sup>(9)</sup>	Half-yearly	SWD
46.	Sisters of the Good Shepherd – Marycove Centre	Half-yearly	SWD
47.	Society of Boys’ Centres – Chak Yan Centre	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
	<b>F. Day and residential units for people with disabilities of SWD/Non-governmental Organisations</b>		
52.	Caritas-Hong Kong – Caritas Jockey Club Lai King Rehabilitation Centre	Half-yearly	SWD
53.	Chinese YMCA of Hong Kong – Home of Love – Yung Shing Hostel <sup>(10)</sup>	Half-yearly	SWD
54.	Evangelical Lutheran Church Hong Kong – Kwai Shing Hostel	Half-yearly	SWD
55.	Fu Hong Society – Fu Hong Society Rehabilitation Centre	Half-yearly	SWD
56.	Haven of Hope Christian Service – Haven of Hope Hang Hau Care and Attention Home for Severely Disabled	Half-yearly	SWD
57.	Hong Kong Society for the Blind – Jockey Club Centre for the Blind	Half-yearly	SWD
58.	Hong Kong Society for the Blind – Jockey Club Tuen Mun Home for the Aged Blind	Half-yearly	SWD



No.	Name of institution	Frequency of JP visit	Responsible department/organisation
59.	New Life Psychiatric Rehabilitation Association – New Life Building Long Stay Care Home	Half-yearly	SWD
60.	New Life Psychiatric Rehabilitation Association – Tuen Mun Long Stay Care Home	Half-yearly	SWD
61.	Po Leung Kuk – Y C Cheng Centre <sup>(11)</sup>	Half-yearly	SWD
62.	The Mental Health Association of Hong Kong – Jockey Club Building	Half-yearly	SWD
63.	The Salvation Army – Cheung Hong Community Day Rehabilitation and Residential Service	Half-yearly	SWD
64.	Tung Wah Group of Hospitals Ho Yuk Ching Workshop cum Hostel	Half-yearly	SWD
65.	Tung Wah Group of Hospitals – Jockey Club Rehabilitation Complex	Half-yearly	SWD
66.	Tung Wah Group of Hospitals – Wong Cho Tong Integrated Vocational Rehabilitation Centre cum Hostel <sup>(12)</sup>	Half-yearly	SWD
<b>G. Residential care homes for the elderly of Non-governmental Organisations</b>			
67.	Caritas-Hong Kong – Caritas Li Ka Shing Care and Attention Home	Half-yearly	SWD
68.	Heung Hoi Ching Kok Lin Association – Buddhist Li Ka Shing Care and Attention Home for the Elderly	Half-yearly	SWD
69.	Heung Hoi Ching Kok Lin Association – Buddhist Po Ching Home for the Aged Women	Half-yearly	SWD
70.	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
71.	Sik Sik Yuen – Ho Yam Care and Attention Home for the Elderly	Half-yearly	SWD
72.	Tung Wah Group of Hospitals – Wong Cho Tong Care and Attention Home <sup>(12)</sup>	Half-yearly	SWD
73.	Yan Chai Hospital – Chinachem Care and Attention Home	Half-yearly	SWD

No.	Name of institution	Frequency of JP visit	Responsible department/organisation
	<b>H. Charitable organisation providing social services</b>		
74.	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 the Hong Kong Student Aid Society – Island Hostel (No. 45) were temporarily suspended from July to December 2019 due to reprovisioning of the Hostel to Tuen Mun District. The reprovisioned Hostel was opened for JP visits in January 2020.
- (10) Chinese YMCA of Hong Kong – Home of Love – Yung Shing Hostel (No. 53) has been included under the JP visit programme since January 2019.
- (11) JP visits to Po Leung Kuk – Y C Cheng Centre (No. 61) were temporarily suspended from July to December 2019 due to renovation work at the Centre. The Centre has been re-opened for JP visits in January 2020.
- (12) Tung Wah Group of Hospitals – Wong Cho Tong Integrated Vocational Rehabilitation Centre cum Hostel (No. 66) and Tung Wah Group of Hospitals – Wong Cho Tong Care and Attention Home (No. 72) are to be jointly visited.
- \* The frequency of JP visits has been adjusted from quarterly to half-yearly with effect from 1 January 2019.

Key :

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

## Annex B

### Statistics on Complaints, Requests/Enquiries Received and Suggestions/Comments Made by JPs from 2017 to 2019

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		
	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019
Institutions of Correctional Services Department	29	29	28 <sup>(2)</sup>	426	414	399	209	187	155	48	101	105	36	32	27
Hospitals of Hospital Authority	42	42	42	154	154	131 <sup>(6)</sup>	20	14	23	96	75	83	67	98	99
ICAC Detention Centre	1	1	1	24	24	24	0	0	0	0	1	1	1	3	0
Detention Centres of Immigration Department	2	2	2	28	28	28	15	3	12	126	218	260	6	5	9
Po Leung Kuk	1	1	1	4	4	4	0	0	0	0	0	0	2	0	0
Institutions for Drug Abusers operated by Non-governmental Organisations under the purview of Department of Health	4	4	4	12	12	8 <sup>(7)</sup>	0	0	0	0	0	0	12	15	5
Institutions of Social Welfare Department/ Non-governmental Organisations	33 <sup>(1)</sup>	33	34 <sup>(3), (4), (5)</sup>	75	75	76	1	0	0	1	2	3	58	70	59
<b>Total :</b>	<b>112</b>	<b>112</b>	<b>112</b>	<b>723</b>	<b>711</b>	<b>670</b>	<b>245</b>	<b>204</b>	<b>190</b>	<b>271</b>	<b>397</b>	<b>452</b>	<b>182</b>	<b>223</b>	<b>199</b>

- 
- (1) JP visits to Society of Boys' Centres – Chak Yan Centre were temporarily suspended from October 2017 to June 2018 due to renovation work at the Centre. The Centre has been re-opened for JP visits in July 2018.
- (2) Excluding Tai Tam Gap Correctional Institution which was decanted in June 2018.
- (3) Chinese YMCA of Hong Kong – Home of Love – Yung Shing Hostel has been included under the JP visit programme since January 2019.
- (4) JP visits to the Hong Kong Student Aid Society – Island Hostel were temporarily suspended from July to December 2019 due to reprovisioning of the Hostel to Tuen Mun District. The reprovisioned Hostel was opened for JP visits in January 2020.
- (5) JP visits to Po Leung Kuk – Y C Cheng Centre were temporarily suspended from July to December 2019 due to renovation work at the Centre. The Centre has been re-opened for JP visits in January 2020.
- (6) The frequency of JP visits to 11 hospitals has been adjusted from quarterly to half-yearly with effect from 1 January 2019.
- (7) The frequency of JP visits to two institutions for drug abusers has been adjusted from quarterly to half-yearly with effect from 1 January 2019.

### **Detailed Information on JP Visits to Individual Institutions**

(from 1 January 2019 to 31 December 2019)

#### **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	1
2.	Hei Ling Chau Addition Treatment Centre/Lai Sun Correctional Institution <sup>♦</sup>	21	0	0	0
3.	Hei Ling Chau Correctional Institution/Nei Kwu Correctional Institution <sup>♦</sup>	22	1	0	2
4.	Lai Chi Kok Reception Centre	24	4	8	7
5.	Lai King Correctional Institution/Chi Lan Rehabilitation Centre/Custodial Ward of Queen Elizabeth Hospital <sup>○</sup>	24	1	1	2
6.	Lo Wu Correctional Institution	24	6	20	1
7.	Pak Sha Wan Correctional Institution/Custodial Ward of Queen Mary Hospital <sup>♦</sup>	24	0	0	2
8.	Phoenix House/Pelican House/Lai Hang Rehabilitation Centre <sup>○</sup>	12	0	0	0
9.	Pik Uk Correctional Institution	23	0	0	1
10.	Pik Uk Prison	24	0	0	2
11.	Sha Tsui Correctional Institution/Lai Chi Rehabilitation Centre <sup>♦</sup>	24	0	0	0
12.	Shek Pik Prison	23	11	7	1
13.	Siu Lam Psychiatric Centre	24	9	40	4
14.	Stanley Prison	23	115	28	0
15.	Tai Lam Centre for Women/Bauhinia House/Wai Lan Rehabilitation Centre <sup>○</sup>	24	2	0	0
16.	Tai Lam Correctional Institution	23	5	0	1
17.	Tong Fuk Correctional Institution	24	1	1	0
18.	Tung Tau Correctional Institution	24	0	0	3
	<b>Total :</b>	<b>399</b>	<b>155</b>	<b>105</b>	<b>27</b>

♦ Denotes visits covering two institutions.

○ Denotes visits covering three 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.	Cape Collinson Correctional Institution	12	12	0	12	0
2.	Hei Ling Chau Addiction Treatment Centre <sup>△</sup>	21	21	0	21	0
	Lai Sun Correctional Institution <sup>△</sup>		21	0	21	0
3.	Hei Ling Chau Correctional Institution <sup>△</sup>	22	22	0	22	0
	Nei Kwu Correctional Institution <sup>△</sup>		22	0	22	0
4.	Lai Chi Kok Reception Centre	24	24	0	24	0
5.	Lai King Correctional Institution/ Chi Lan Rehabilitation Centre <sup>△</sup>	24	24	0	24	0
	Custodial Ward of Queen Elizabeth Hospital <sup>△</sup>		24	0	24	0
6.	Lo Wu Correctional Institution	24	24	0	24	0
7.	Pak Sha Wan Correctional Institution <sup>△</sup>	24	24	0	24	0
	Custodial Ward of Queen Mary Hospital <sup>△</sup>		24	0	24	0
8.	Phoenix House/Pelican House/Lai Hang Rehabilitation Centre	12	12	0	12	0
9.	Pik Uk Correctional Institution	23	23	0	23	0
10.	Pik Uk Prison	24	24	0	24	0
11.	Sha Tsui Correctional Institution/ Lai Chi Rehabilitation Centre	24	24	0	24	0
12.	Shek Pik Prison	23	23	0	23	0
13.	Siu Lam Psychiatric Centre	24	24	0	24	0
14.	Stanley Prison	23	23	0	23	0

**Key :** S – Satisfactory  
U – Unsatisfactory

\* 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
15.	Tai Lam Centre for Women <sup>△</sup>	24	24	0	24	0
	Bauhinia House/Wai Lan Rehabilitation Centre <sup>△</sup>		24	0	24	0
16.	Tai Lam Correctional Institution	23	23	0	23	0
17.	Tong Fuk Correctional Institution	24	24	0	24	0
18.	Tung Tau Correctional Institution	24	24	0	24	0
<b>Total :</b>		<b>399</b>	<b>514</b>	<b>0</b>	<b>514</b>	<b>0</b>

Key :     S – Satisfactory  
               U – Unsatisfactory

---

<sup>△</sup> Separate reports were completed by JPs for the specific institution.

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

In 2019, 155 complaints<sup>(1)</sup> in the following categories were made to JPs during their visits to institutions under the management of CSD –

<b>Category of complaints</b>		<b>Number of complaints in 2019</b>	<b>(%)</b>
(i)	Treatment and welfare (e.g. handling of complaints/requests, work assignment, searching arrangement, etc.)	68	(44%)
(ii)	Services provided by the institution (e.g. inadequate medical care and treatment, poor quality of food, etc.)	36	(23%)
(iii)	Complaints against other departments/organisations	11	(7%)
(iv)	Staff attitude and conduct (e.g.unnecessary or excessive use of force, use of improper/foul languages, etc.)	10	(6%)
(v)	Facilities and equipment provided by the institution (e.g. contaminated shower water, poor ventilation in cell, etc.)	9	(6%)
(vi)	Disciplinary action (e.g. unfair disciplinary proceedings, improper award of punishments, etc.)	6	(4%)
(vii)	Others (e.g. being disturbed/assaulted/threatened by other persons in custody, etc.)	15	(10%)
<b>Total :</b>		<b>155</b>	

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 –

---

<sup>(1)</sup> Among these 155 complaints, 90 cases were raised by four complainants, accounting for 58% of all complaints.

Category of complaints	Actions	Number of complaints in 2019	(%)
Complaints against other departments/ organisations (total: 11)	- JPs conducted on-site inquiry and concluded that no further action was required (no concrete evidence to corroborate the complainants' allegations or complaints under criminal investigations by other law enforcement agencies)	7	(4%)
	- Referred to other government departments or organisations for handling/follow-up	3	(2%)
	- Referred to institution management for providing explanation to the complainant	1	(1%)
Complaints against/related to CSD (total: 143)	- No further action as directed by JPs (two due to incoherent nature of the complaints, 45 due to lack of solid information for further investigation, and 20 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)	67	(43%)
	- Referred to institution management for investigation or follow-up (all cases resolved by improvement measures made or explanations given, which both JPs and complainants found satisfactory)	30	(19%)



Category of complaints	Actions	Number of complaints in 2019	(%)
	<ul style="list-style-type: none"> <li>- Referred to Police for investigation (complaint subsequently withdrawn by complainant)</li> </ul>	1	(1%)
	<ul style="list-style-type: none"> <li>- Referred to Complaints Investigation Unit (CIU) of CSD for investigation (two cases referred by CIU to institution management for follow-up and resolved by institution management; 11 found unsubstantiated or curtailed after investigation by CIU; no further action taken on 30 cases as the complainants of four cases decided to withdraw their complaints, and the complainants of 26 cases either declined to provide information to CIU or stated that they had no complaint to lodge during the interview with CIU investigators; JPs were duly informed and satisfied with the above investigation results; the complainant of the remaining two cases lodged appeal against the investigation findings of CIU and the cases were being processed by the Correctional Services Department Complaints Appeal Board (CSDCAB))</li> </ul>	45	(29%)

Category of complaints	Actions	Number of complaints in 2019	(%)
Complaint related to the personal issue of the complainant (total: 1)	- The complaint was raised by a person in custody who kept talking in irrational manner due to mental illness; JPs directed that continuous psychiatric treatment be provided to the person in custody concerned	1	(1%)
<b>Total:</b>		<b>155</b>	

Of the 155 complaints, 11 were related to category (iii): complaints against other departments/organisations, including complaints against court order, criminal investigation, legal aid application, medical treatment/dental services provided by public hospital/visiting dentist, etc. The JPs who received the complaints directed that no further action be taken on seven cases after conducting on-site inquiry, given that there was no evidence to corroborate the allegations of the complainants, or the complaints were under criminal investigations by other law enforcement agencies. For the remaining four complaints, three of them were referred to the Long-term Prison Sentences Review Board (the Review Board), Queen Elizabeth Hospital (QEH), Customs and Excise Department (C&ED) and the Police for handling or follow-up while one case was referred to institution management for providing explanation to the complainant<sup>(2)</sup>. 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 concerned were duly notified of the follow-up actions taken, and they were satisfied and gave no further directive.

Apart from the above-mentioned 11 complaints against other departments/organisations, there were 143 complaints against/related to CSD, which were handled according to the circumstances of each case. The JPs concerned suggested no follow-up action for 67 of these complaints, of which 45 were made without solid information provided by the complainants to support

<sup>(2)</sup> One complaint was related to the judgment by the court (a discretionary life sentence with a minimum term of ten years for the complainant's index offence) and one was about being assaulted by an officer of C&ED during arrest. These two cases were referred to the Review Board as well as C&ED and the Police for handling as per the directive of the JPs. Another complaint was about the medical examination provided by a specialist of QEH, the medical officer (MO) of the institution referred the case to QEH for follow-up. The last complaint was about dissatisfaction against the legal aid application result. As per the directive of the JPs, relevant procedures on lodging appeal against the decision of Legal Aid Department were explained to the complainant.

further investigation while two were incoherent in nature. Regarding the remaining 20 complaints<sup>(3)</sup>, the JPs were satisfied that the allegations had already been addressed or dealt with by the institution management before the JP visits.

As for the remaining 76 complaints against/related to CSD, 30 were related to phone call arrangement, handling of property and hand-in articles, quality and quantity of food, disciplinary proceedings and grudges amongst persons in custody, etc. As per the directive of the JPs, the institution management handled these 30 complaints by explaining to every complainant the established mechanism and/or the follow-up 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 MOs of the institutions had provided suitable medical treatments and/or referred the cases to public hospitals for handling with explanations rendered to the complainants. The JPs concerned were also informed of the follow-up actions taken by the institutions and did not raise any further inquiries. All of these 30 complaints were thus resolved or suitably handled.

One complaint about being threatened by another person in custody was referred by the institution management to the Police for investigation as per the directive of the JPs. However, the complainant subsequently stated that the allegation was caused by misunderstanding and decided to withdraw the case. Both the Police and the JPs concerned were duly informed of the complainant's decision and did not raise any further inquiry.

---

<sup>(3)</sup> One complaint, of which the complainant alleged being involved in an assault case in 2018 resulting him being removed from normal association in the institution, had already been referred to the Police for investigation before the JP visit. The remaining 19 complaints had already been addressed and dealt with by the institutions concerned according to the laid-down handling procedures, i.e. nine cases were on treatment-related issues such as disturbance during prayer and sleep time, alleged miscalculation of earliest date of discharge related to a disciplinary action taken, handling of complaints/requests, being assaulted by another person in custody and dissatisfaction about the investigation result of the CIU; four were on services provided by the institutions such as medical treatment and quality of food; three were on facilities provided by the institutions such as quality of shower water, ventilation in cell and quality of television; the remaining three were on disturbance by other persons in custody.

The remaining 45 complaints against/related to CSD were referred by JPs to CIU for actions. The allegations involved more complicated circumstances such as alleged staff misconduct. The complaints were handled according to the established complaints handling mechanism. Amongst the 45 complaints referred to CIU, two were related to the operation of the institutions and had thus been referred to the respective institution management for follow-up actions. They 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 43 complaints investigated by CIU, 30 complaints could not be followed up further, amongst which four complainants withdrew their complaints while 26 either declined to provide information on their accusation or stated that they had no complaint to lodge during their interviews with the CIU investigators. The complainants made no other complaint or request thereafter. The JPs concerned were duly informed and they gave no further directive. 11 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. The JPs concerned were also duly informed of the investigation results, and they were all satisfied and gave no further directive. The remaining two complaints were raised by one complainant who lodged appeal against the investigation findings of CIU and the cases were being processed by CSDCAB.

Of the 155 complaints, one case was neither against CSD nor other departments/organisations. The complaint was raised by a person in custody in Siu Lam Psychiatric Centre (SLPC), who kept talking irrationally due to mental illness. As per the directive of the JPs, continuous psychiatric assessment and follow-ups were provided to the complainant by the psychiatrist of SLPC on regular intervals. The JPs concerned were informed of the actions taken by the institution. They were satisfied and gave no further directive.

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

105 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 2019	(%)
(i)	Treatment and welfare (e.g. request for making additional phone calls, transfer to other institution, change of work assignment, etc.)	50	(48%)
(ii)	Request for early discharge from institution	21	(20%)
(iii)	Matters in relation to other departments/ organisations (e.g. request for legal assistance, enquiry about medical appointment at outside hospital, etc.)	14	(13%)
(iv)	Services provided by the institution (e.g. request for drinking tap water, more medical attention, etc.)	11	(10%)
(v)	Facilities and equipment provided by the institution (e.g. provision of more English TV channels, etc.)	3	(3%)
(vi)	Others (e.g. expression of personal concern, etc.)	6	(6%)
<b>Total :</b>		<b>105</b>	

The 50 requests made under category (i): treatment and welfare and the 11 requests made under category (iv): services provided by the institution were related to making additional phone calls to family, transfer to other institution, change of work assignment, medical care, diet, 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 MOs of the institutions 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 21 requests under category (ii) were about requests for early discharge. Having examined the nature of the requests, the JPs concerned concluded that no follow-up actions were required for 19 of them. As for the remaining two requests, the JPs directed the institutions concerned to provide the persons in custody with explanation on the existing sentencing and discharge mechanism or psychiatric treatment 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 14 requests under category (iii): matters in relation to other departments/organisations were about the decisions made or services provided by other departments/organisations. Examples include requests for legal assistance, referral of cases to other law enforcement agencies, adjustment of medication prescribed by outside hospital, enquiry about medical appointment at outside hospital, etc. The persons in custody concerned were satisfied with the referrals made and/or 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 three 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) and provision of more English TV channels. Regarding the request for full coverage of CCTV surveillance whenever the requestor meets with CSD staff, the JPs concerned understood that CCTV surveillance system had all along been in place in institutions, and it was not operationally feasible to have CCTV surveillance in areas such as shower room and toilet due to the concern of personal privacy. Besides, 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 that no follow-up action was required on this issue. The requestor showed understanding to the comments made by the JPs and did not make other request. As for the remaining two requests regarding provision of more English TV channels raised by the same requestor, the institution concerned explained to the JPs that the current provision of TV channels was to cater for the needs of different persons in custody and that under no circumstances shall personal preference on TV channels be entertained. The JPs directed that no follow-up action was required for the aforementioned request. The requestor was subsequently interviewed by the institution management and given due explanation about the prevailing practice and arrangement, to which he showed understanding. The JPs concerned were

satisfied with the actions taken by the institution management and did not give any further directive.

The last six requests under category (vi): others include seeking JPs' assistance to look into fighting/assault incidents, expressing view on the proposed amendment to the Fugitive Offenders Ordinance (Cap. 503) as well as sharing with JPs an experience of healing leg discomfort by own therapy. In response to the three requests for assistance to look into fighting/assault incidents, the JPs concerned understood that those cases had already been referred to the Police for investigation right after the incidents and investigations were still underway. The JPs concluded that no follow-up actions by the institution management were required. Regarding the request for expressing view on the amendment to the Fugitive Offenders Ordinance, the JPs concerned interviewed the requestor on the spot and directed no follow-up action was required. The requestor was satisfied with the interview arrangement and did not make further request. In relation to a requestor who talked to JPs in an incoherent manner and shared her experience of healing leg discomfort by own therapy, the JPs concerned enquired with the institution management the background of the requestor and understood that her case had all along been monitored and followed up by the MO and psychiatrist of the institution at regular intervals. JPs were satisfied with the actions taken by the institution management and did not give further directive.

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

JPs made 27 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 2019	(%)
(i) Physical environment, facilities and equipment (e.g. refurbishment of ageing premises or upgrading the facilities, etc.)	14	(52%)
(ii) Training and rehabilitation programmes (e.g. provision of Putonghua learning activities, etc.)	4	(15%)
(iii) Service quality (e.g. enhancement of library service, etc.)	3	(11%)

Category of suggestions/comments		Number of suggestions/comments in 2019	(%)
(iv)	Manpower planning (e.g. increase of manpower resources to alleviate the workload of staff)	2	(7%)
(v)	Others (e.g. preparation for possible upsurge of persons in custody, etc.)	4	(15%)
<b>Total :</b>		<b>27</b>	

Over 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 has 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 the Architectural Services Department (ArchSD) to conduct regular inspections and maintenance of the buildings and facilities within the institutions, and reshuffle resources corresponding to the changing penal population. For example, the mechanical locks of Tai Lam Centre for Women had been replaced by Electric Locks Security System in order to enhance the security level and operational efficiency of the institutions. Also, an appropriate number of remand persons in custody had been transferred from Lai Chi Kok Reception Centre (LCKRC) to Stanley Prison to alleviate the overcrowding situation at LCKRC.

Some JPs suggested continuing to apply technology to enhance the management of institutions. Back in 2018, CSD formulated a comprehensive strategic plan for future development to meet the pressing needs for changes and challenges ahead both internally and externally. One of the key strategic focuses as highlighted in the strategic plan is the building of a sustainable correctional system with integrated operational protocol through the development of Smart Prison. CSD will press ahead with the “Smart Prison” initiative with a view to enhancing the efficiency of penal operations and institutional security as well as enhancing persons in custody’s self-management ability and providing them with more favorable conditions conducive to their re-integration into society.

For category (ii): training and rehabilitation programmes, some JPs suggested organising Putonghua learning activities for young persons in custody. CSD has all along dedicated to provide diversified rehabilitation programmes for



persons in custody in collaboration with community stakeholders like CSD Rehabilitation Volunteer Group by organising language courses of Cantonese, English and Putonghua. Some JPs suggested providing activities such as Virtual Reality (VR) video and TV games for persons in custody. CSD had launched its first use of VR technology in psychological treatment programme for persons in custody in 2018. The VR scenarios depicting provocative situations commonly encountered in the community could enhance participants' anger management skills and their ability to resolve conflicts and prevent violent behaviour. Other treatment programmes with psychological elements were also arranged through a host of activities with a view to developing participants' problem-solving skills, communication skills, alternative thinking and cultivating positive outlook on life. Apart from psychological treatment programmes, VR technology was also adopted in vocational training programmes for persons in custody, including VR Welding Training Course, VR Visual Merchandising and Retail Management Training Course. Moreover, the "Persons in Custody's Self-learning System" allows persons in custody to enjoy entertainment through listening to relaxing music, playing mini-game and reading e-books through tablets.

For category (iii): service quality, some JPs suggested enhancing library services. CSD encourages persons in custody to cultivate a hobby to read 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 now stands at over 100,000 copies of reading materials. CSD would continue to increase the quantity as well as categories of reading materials through direct procurement, accepting donations from outside organisations or individuals, borrowing books from public libraries, etc. so as to cater for the different learning needs and reading interests of persons in custody. Moreover, the "Persons in Custody's Self-learning System" allows persons in custody to conduct self-learning by reading e-books which can help to enhance their learning ability, promote a reading culture and prepare them for re-integration into society after release.

For category (iv): manpower planning, some JPs suggested increasing manpower resources to alleviate the workload of staff. CSD would continue to monitor the staff workload, reshuffle the manpower among institutions, re-engineer relevant workflow and bid for necessary resources according to the established mechanism in a timely manner. Retired disciplined staff with sufficient penal knowledge and experience have also been re-employed through the Post Retirement Service Contract Scheme.

For category (v): others, some JPs expressed their concerns over the public order events happened in the second half of 2019, which might increase the number of persons in custody in institutions. CSD has been closely monitoring the situation and would timely review the institutional operations and redeploy the resources corresponding to the changing penal population as and when necessary. CSD would endeavour to provide a secure, safe, humane, decent and healthy custodial environment to persons in custody and ensure that they receive appropriate treatment fairly.

## **II. Hospitals of the Hospital Authority (HA)**

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

<b>Serial no.</b>	<b>Name of institution</b>	<b>No. of JP visits</b>	<b>No. of complaints made to JPs</b>	<b>No. of requests/enquiries made to JPs</b>	<b>No. of suggestions/comments made by JPs</b>
1.	Alice Ho Miu Ling Nethersole Hospital	2	0	0	2
2.	Bradbury Hospice	2	0	0	0
3.	Caritas Medical Centre	2	0	0	3
4.	Castle Peak Hospital	11	1	1	5
5.	Cheshire Home, Chung Hom Kok	2	0	0	3
6.	Cheshire Home, Shatin	2	0	0	4
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	2
10.	Hong Kong Buddhist Hospital	2	0	0	0
11.	Hong Kong Eye Hospital	2	0	0	0
12.	Kowloon Hospital	2	0	0	2
13.	Kowloon Psychiatric Observation Unit of Kowloon Hospital	12	3	15	7
14.	Kwai Chung Hospital	12	1	2	10
15.	Kwong Wah Hospital	2	0	0	3
16.	MacLehose Medical Rehabilitation Centre	2	0	0	5
17.	New Territories East Psychiatric Observation Unit of Tai Po Hospital	12	7	35	6
18.	North District Hospital	2	0	0	2
19.	North Lantau Hospital	2	0	0	1
20.	Our Lady of Maryknoll Hospital	2	0	0	1
21.	Pamela Youde Nethersole Eastern Hospital	2	1	0	2
22.	Pamela Youde Nethersole Eastern Psychiatric Observation Unit of Pamela Youde Nethersole Eastern Hospital	12	10	30	8
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	2	0	0	1
25.	Princess Margaret Hospital	2	0	0	1
26.	Queen Elizabeth Hospital	2	0	0	1
27.	Queen Mary Hospital	2	0	0	1
28.	Ruttonjee Hospital/Tang Shiu Kin Hospital♦	2	0	0	1
29.	Shatin Hospital	2	0	0	4
30.	Siu Lam Hospital	2	0	0	1
31.	St. John Hospital	2	0	0	3
32.	Tai Po Hospital	2	0	0	1
33.	Tseung Kwan O Hospital	2	0	0	3
34.	Tuen Mun Hospital	2	0	0	0
35.	Tung Wah Eastern Hospital	2	0	0	1
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	2
39.	United Christian Hospital	2	0	0	1
40.	Wong Chuk Hang Hospital	2	0	0	4
41.	Yan Chai Hospital	2	0	0	3
	<b>Total :</b>	<b>131</b>	<b>23</b>	<b>83</b>	<b>99</b>

♦ 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	1	0	2	0
2.	Bradbury Hospice	2	2	0	2	0
3.	Caritas Medical Centre	2	1	0	0	0
4.	Castle Peak Hospital	11	10	0	8	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	2	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	2	2	0	2	0
13.	Kowloon Psychiatric Observation Unit of Kowloon Hospital	12	8	0	7	0
14.	Kwai Chung Hospital	12	8	0	4	0
15.	Kwong Wah Hospital	2	2	0	2	0
16.	MacLehose Medical Rehabilitation Centre	2	2	0	0	0
17.	New Territories East Psychiatric Observation Unit of Tai Po Hospital	12	8	0	9	0
18.	North District Hospital	2	2	0	2	0
19.	North Lantau Hospital	2	2	0	2	0
20.	Our Lady of Maryknoll Hospital	2	2	0	2	0
21.	Pamela Youde Nethersole Eastern Hospital	2	2	0	0	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 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 <sup>+</sup>		Overall grading on services <sup>+</sup>	
			S	U	S	U
22.	Pamela Youde Nethersole Eastern Psychiatric Observation Unit of Pamela Youde Nethersole Eastern Hospital	12	10	0	8	0
23.	Pok Oi Hospital	2	2	0	1	0
24.	Prince of Wales Hospital	2	2	0	1	0
25.	Princess Margaret Hospital	2	2	0	2	0
26.	Queen Elizabeth Hospital	2	2	0	2	0
27.	Queen Mary Hospital	2	1	0	1	0
28.	Ruttonjee Hospital/Tang Shiu Kin Hospital	2	2	0	0	0
29.	Shatin Hospital	2	1	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	1	0	0	0
33.	Tseung Kwan O Hospital	2	2	0	1	0
34.	Tuen Mun Hospital	2	2	0	2	0
35.	Tung Wah Eastern Hospital	2	2	0	2	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	1	0
38.	Tung Wah Hospital	2	2	0	1	0
39.	United Christian Hospital	2	2	0	2	0
40.	Wong Chuk Hang Hospital	2	0	0	0	0
41.	Yan Chai Hospital	2	1	0	2	0
<b>Total :</b>		<b>131</b>	<b>108</b>	<b>0</b>	<b>89</b>	<b>0</b>

**Key :** S – Satisfactory  
U – Unsatisfactory

---

<sup>+</sup> 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**

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

Category of complaints		Number of complaints in 2019	(%)
(i)	Staff attitude and conduct (e.g. use of inappropriate language, etc.)	12	(53%)
(ii)	Treatment and welfare (e.g. arrangement of treatment, provision of food, etc.)	3	(13%)
(iii)	Facilities and equipment provided by the institution (e.g. poor maintenance of equipment, etc.)	3	(13%)
(iv)	Services provided by the institution (e.g. ordering of take-away food, etc.)	1	(4%)
(v)	Complaint against other departments/organisations	1	(4%)
(vi)	Others	3	(13%)
<b>Total :</b>		<b>23</b>	

All of the 23 complaints were lodged by psychiatric patients, with 22 of them occurring in psychiatric wards. Under category (i): staff attitude and conduct, three complaints were lodged by patients with unstable mental conditions. Upon reviewing the cases, the JPs concluded that the allegations were unsubstantiated. One case was related to the use of mobile phone by staff at work. The hospital concerned had explained to the patient that staff might use mobile phone to search for clinical information, and the patient showed understanding. There were three cases which the JPs concluded that no follow-up action was required. The patient in the first case complained that he had not been informed of the visit by outsiders in advance. The second case was related to an allegation of unnecessary body contact by staff. Upon interviewing the case doctor, Ward Manager and other relevant staff, the JPs concerned concluded that no irregularity was found. For the third case, a patient complained against a staff disclosing patients' medical history. Due to lack of evidence, the JPs concerned concluded that the case was unsubstantiated. Three cases were related to staff attitude. The staff concerned had been reminded of the importance of maintaining effective communication with the patients during care processes. A patient in a non-psychiatric ward complained that he should not be referred to psychiatric service and claimed that the Ward Manager had prohibited

him from using mobile phone to lodge the complaint. The JPs advised that ward staff should communicate with the patient tactfully as the patient had showed strong refusal to psychiatric service. For the last case, the patient complained that she could not stand for a long time and had been treated by a Health Care Assistant impolitely when she requested to sit down for brushing teeth and other activities. It was noted that the patient was capable of walking independently, and no restriction had been imposed on her daily routine. She was advised to sit on sofa when necessary.

Under category (ii): treatment and welfare, a patient complained that no food was given to him when he was on urethral catheter for two days. As the patient was admitted to the ward through the Accident and Emergency Department at night, which had already passed the normal meal time, no meal was provided to him on that day. According to clinical records, the patient had disorganised behaviour on the second day and hence the doctor had arranged a fluid duct instead of normal diet to minimise risk associated with the patient's mental condition, e.g. choking. The patient had resumed normal diet on the next day as he became more composed. Another patient complained that the attending medical officer had ignored her request to seek private consultation on her congenital glaucoma condition. The patient was admitted under section 31 of the Mental Health Ordinance (Cap. 136) for persecutory delusion with repeated aggressive acts. Eye treatment had been prescribed upon the patient's admission and eye consultation in a public hospital had been arranged for her. Nevertheless, the patient refused the offer and insisted on seeking private consultation. The attending doctor had granted a day leave for the patient to seek medical consultation with her godmother's escort. Yet, the patient skipped the private consultation due to family issues. After ascertaining her financial sustainability, community living skills and that immediate social support was available for safe discharge in a new neighbourhood, the patient was discharged eventually. For the last case, the patient complained that the staff should not call patients' names through the public announcement (PA) system. The hospital concerned confirmed that patients would be addressed through the PA system with their prior consent. The case was further discussed at the hospital's Senior Nurse Meeting, and frontline nurses had been reminded to avoid calling patients' full names through the PA system.

Under category (iii): facilities and equipment provided by the institution, a patient complained about the unstable temperature of shower water. The Electrical and Mechanical Services Department conducted an inspection and confirmed that the water supply and temperature was normal. Demonstration on



the proper use of shower water was provided to the patient and no further complaint was received. Another patient complained about the low pressure of the toilet pump. The hospital's Facility Management Department had fixed the problem accordingly. For the last case, the patient complained that there was noise at night which disturbed her sleep. Staff were reminded to avoid bumping the linen cart and creating noises when collecting linens at night.

For category (iv): services provided by the institution, a patient complained that ordering of take-away food was prohibited. Explanation was given to the patient that in view of food hygiene and possible money disputes, ordering of take-away food was not allowed. To ensure alignment of practices among wards, supervisors were reminded to comply with the relevant hospital guidelines.

For category (v): complaint against other departments/organisations, a patient complained about being beaten in another hospital. The complaint was referred to the hospital concerned for investigation and found unsubstantiated. Patients Relations Officer of the hospital concerned had provided a written reply to inform the patient of the investigation result. The JPs concerned were informed of the actions taken by the hospital. They were satisfied and gave no further directive.

For category (vi): others, a patient claimed that her phone charger was lost but it was subsequently found in her bag. Another patient complained that the hospital had delayed his discharge. The JPs concerned had reviewed the case and directed that no follow-up action was required. For the last case, a patient complained against other patients for smoking in the ward. The hospital had explained to the patient that smoking was strictly prohibited in hospital area, and multiple preventive measures, including education, enhancement of environmental checking and surveillance of bring-in items, were in place. If any person was found smoking in hospital area, the security team would proceed with prosecution in accordance with the HA By-law.

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

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

Category of requests/enquiries		Number of requests/enquiries in 2019	(%)
(i)	Request for early discharge from institution/home leave/release on recognisance	35	(42%)
(ii)	Services provided by the institution (e.g. request for more choices of food, etc.)	15	(18%)
(iii)	Facilities and equipment provided by the institution (e.g. request for more recreational facilities, etc.)	15	(18%)
(iv)	Treatment and welfare (e.g. request for making phone calls, etc.)	8	(10%)
(v)	Others	10	(12%)
<b>Total :</b>		<b>83</b>	

Of the 35 requests under category (i), 22 for discharge from hospitals were handled in accordance with the relevant provisions of the Mental Health Ordinance (Cap. 136). The requests 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 13 cases, two patients requested additional medication; seven patients requested to be discharged to nursing homes/elderly homes/halfway house/private residential care homes. There were also two requests for change of ward, one for home leave and one for admission to university upon discharge. Case doctor and ward staff had provided assistance according to the patients' clinical conditions as appropriate.

For requests under category (ii): services provided by the institution, ten were related to food provision and variety, including two for provision of soup. All cases had been followed up by the respective Catering Departments. A patient enquired about the provision of seasoning and the ward staff had provided explanation to the patient accordingly. Two patients asked for change of medication, and another asked for explanation regarding her medication. All requests had been referred to case doctors/ward management for follow-up. For

the last case, the patient commented that the information displayed on the notice board was outdated. The hospital concerned had conducted review and confirmed that all information was up-to-date.

For category (iii): facilities and equipment provided by the institution, seven requests were related to provision of additional recreational facilities and entertainment, such as DVD player, newspaper, table tennis and karaoke. Three were related to ward conditions, including requests for replacement of table, additional racks and quiet environment for sleep at night. All cases had been followed up by the Facility Management Departments or ward staff. Three patients requested daily items, including pen and paper, disposable undergarment and provision of shampoo and conditioner instead of two-in-one hair cleanser. The requested items were provided by ward staff in the first two cases, while the patient in the last case was advised to use his own shampoo and conditioner. Two patients requested designated area for smoking. Explanation was given to patients that smoking is prohibited in the hospital premises. They were invited to join smoking cessation class.

Under category (iv): treatment and welfare, two patients requested longer time for making phone calls or using computer. Under the existing arrangement, patients could make phone calls freely for 11 hours per day, and special arrangement would be made upon request. Patients could use computers during occupational therapy sessions. Two patients requested visits by relatives and friends. The visitor records revealed that both patients were regularly visited by relatives and friends, except that a patient with substance abuse history could be visited by two registered visitors only. Another patient requested for bringing in her own musical instrument for practising in the ward. She had subsequently withdrawn her request as she was arranged to be discharged shortly. A patient requested the ward to adopt an open-door policy and allow her to visit the canteen freely. The patient was explained of the rules and regulations of gazetted mental hospital under the Mental Health Ordinance (Cap. 136), and she was reassured that she could visit certain areas of the hospital under staff escort. Two patients sought assistance from the hospital. One was about her financial situation and inability to settle the bill, whereas the other was the patient's frustration concerning possible miscommunication with the social worker and the medical social worker. The case medical social workers had provided explanations to the patients, who expressed their understanding without raising further request.

For category (v): others, three patients expressed personal feelings about their own lives. The JPs concerned considered that the contents were not related

to services or facilities of the hospitals and no follow-up action was required. A patient showed appreciation to staff and indicated that she had settled down in the ward. Two patients expressed their fear of being kept under surveillance. The patients were comforted by staff. One patient requested using tampon. Explanation was given to the patient that the use of tampon was considered not safe in psychiatric inpatient settings and use of alternative personal care products was encouraged. One patient requested deletion of his psychiatric medical records. The patient was advised that deletion of medical records initiated by patient was not allowed, and he was reassured that data privacy would be strictly protected. Another patient requested collection of her personal identity document from her mother. After discussion, she agreed to let her mother keep it temporarily. For the last case, the patient showed concern over the welfare of elderly and pregnant patients/staff. The staff had provided explanation to the patient, who showed his understanding.

All JPs concerned had been informed of the follow-up actions taken by the hospitals. 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 99 suggestions/comments in the following categories during their visits to hospitals –

Category of suggestions/comments		Number of suggestions/comments in 2019	(%)
(i)	Service quality (e.g. expansion of geriatric service, etc.)	39	(40%)
(ii)	Physical environment, facilities and equipment (e.g. refurbishment of the premises, purchase of new equipment, etc.)	33	(33%)
(iii)	Manpower planning (e.g. measures to reduce staff wastage, etc.)	14	(14%)
(iv)	Others	13	(13%)
<b>Total :</b>		<b>99</b>	

Positive comments had been made by JPs under category (i): service quality. 23 JPs were impressed by the quality of the services provided and the enthusiasm and professionalism of staff. Amongst them, some recommended the hospital further expanding its good geriatric day service to the community, and some expressed that additional resources should be allocated to service expansion. One JP commended the institution's service upon receipt of appreciation from patients. Four JPs expressed concern over the under-utilisation of some services, e.g. rehabilitation services/beds at relatively remote institutions. The hospitals concerned had revisited the utilisation and redeployed the resources for other services. Five JPs expected the hospitals concerned to expand their services in future, in particular services for the elderly and primary care. The hospitals concerned would take into consideration JPs' recommendations when planning for future development.

Two JPs showed concern over the long waiting time associated with renovation and hoped that the situation would improve after hospital redevelopment. Four JPs commented on operational matters: (a) adequate logistic support should be provided to hospitals in remote areas; (b) sharing of the geriatric service model with other hospitals; (c) services provided by the institution should be made known to the public; and (d) art and music therapy should be introduced in the psychiatric hospital. The comments had been reflected to the hospital management for consideration.

Among the suggestions and comments received from JPs under category (ii): physical environment, facilities and equipment, eight were positive feedback on the hospitals concerned and support for redevelopment projects. While the JP was satisfied with the hospital environment in one of the cases, he expressed concern over the need to refer psychiatric patients for clinical care to another hospital. The hospital had established comprehensive guidelines on patient referral to ensure early detection, timely assessment and proper management of patients' physical condition, as well as provision of appropriate treatment. Another JP commented that although the hospital was modernised and efficient, there was a need for additional beds. Ten additional beds were installed subsequently in October 2019 to enhance the service capacity of the hospital.

Eight JPs expressed concern about congested condition in certain departments of the hospitals and suggested applying funding for expansion. The hospital management had been informed of JPs' recommendations. Six comments were related to hospital expansion/redevelopment. Funding had been secured for some hospital projects while some were still at planning stage. HA would continue to ensure all hospital premises are properly maintained. Three comments were related to ward/hospital designs. In particular, two JPs commented that more open spaces should be provided for patients, and one considered that the Accident and Emergency Department should be located on the ground floor. The comments had been reflected to the hospital management. One JP commented that more resources should be allocated for enhancement of facilities, whereas another JP suggested building a covered walkway to enhance accessibility of the hospital. The District Council concerned showed support to the proposal and the relevant Bureaux/Departments would proceed with the construction. One JP suggested displaying more art works, and another JP suggested making the notice board more colourful. The remaining four suggestions were related to facility management, including (a) amendment of the Chinese wording on the signage; (b) enhancement of cleaning of the male toilet; (c) utilisation of digital lock system; and (d) relocation of suggestion box to a more prominent location, all of which had been followed up by the Facility Management Department.

Nine comments under category (iii): manpower planning were largely related to JPs' concerns about manpower shortage. Another JP suggested recruiting driver to facilitate logistic support to a remote hospital. While staff recruitment, including part-time and student nurses was on-going, HA had also implemented staff retention measures and provide additional allowance through the Special Honorarium Scheme to attract and retain staff. While one JP was

satisfied with the healthcare manpower supply, he opined that continuous efforts should be made to maintain the staffing level. Two JPs suggested recruiting manpower from private sector and showed support for overseas recruitment. One JP also commented that the management of HA should ensure a secure career path for healthcare professionals so as to retain talents. The above suggestions had been conveyed to the management of HA.

For comments under category (iv): others, two JPs expressed appreciation towards the use of technology in patient care. Five JPs encouraged the hospital to introduce various technologies, such as automation of procedures and use of artificial intelligence, face recognition and smart solutions to improve efficiency. All comments had been reflected to the hospital management for consideration. One JP suggested the hospital enhancing patients' engagement through its website, e.g. providing healthcare related information to patients. HA had launched the mobile application "HA Go" in December 2019 with a view to improving patients' experiences in the overall healthcare journey. With "HA Go", one can check appointments made in HA hospitals or clinics, pay hospital bills, book appointment for new case of specialist outpatient services, view medication and perform rehabilitation exercises following prescriptions. Another JP commented that community education on mental health should be strengthened. The relevant education programmes would be reviewed by the Mental Health Promotion Committee regularly. One JP showed concern about the application of the Apology Ordinance (Cap. 631). Sharing forum had been held to enhance staff's understanding of the provisions. Another JP showed concern about the psychological impact on adolescent arising from their admission to psychiatric wards with adult patients. The hospital concerned would take into consideration JP's suggestion when planning for future renovation. One JP reminded the hospital to follow up on patients' suggestions. For the last case, one JP suggested that the ward could use the PA system for inviting patients to meet JPs who were visiting the institution. The ward had accepted the JP's suggestion. The JP was reassured that ward staff had duly informed of the arrival of JPs.

### **III. Independent Commission Against Corruption (ICAC) Detention Centre**

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

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

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

<b>Name of institution</b>	<b>No. of JP visits</b>	<b>Overall grading on facilities</b>		<b>Overall grading on services</b>	
		<b>S</b>	<b>U</b>	<b>S</b>	<b>U</b>
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 2019	(%)
(i) Services provided by the institution (e.g. change of meal time)	1	(100%)
<b>Total :</b>	<b>1</b>	

A detainee requested for changing his meal time. ICAC Detention Centre had explained to the detainee that for the sake of operation efficiency, it was not feasible to provide meals to detainee at different times. Apart from regular meals, detainees could request for refreshments if required. The JPs concerned were satisfied with the explanations provided by the ICAC Detention Centre and did not give further directive.

#### **IV. Detention Centres of the Immigration Department (ImmD)**

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

<b>Serial no.</b>	<b>Name of institution</b>	<b>No. of JP visits</b>	<b>No. of complaints made to JPs</b>	<b>No. of requests/enquiries made to JPs</b>	<b>No. of suggestions/comments made by JPs</b>
1.	Castle Peak Bay Immigration Centre	24	12	260	8
2.	Ma Tau Kok Detention Centre	4	0	0	1
	<b>Total :</b>	<b>28</b>	<b>12</b>	<b>260</b>	<b>9</b>

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

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

**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 institutions concerned.

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

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

<b>Category of complaints</b>		<b>Number of complaints in 2019</b>	<b>(%)</b>
(i)	Services provided by the institution (e.g. inadequate medical care)	8	(67%)
(ii)	Treatment and welfare (e.g. detention arrangement, etc.)	2	(17%)
(iii)	Staff attitude and conduct (e.g. impolite attitude)	1	(8%)
(iv)	Others	1	(8%)
<b>Total :</b>		<b>12</b>	

Under category (i): services provided by the institution, eight detainees complained against the medical treatment received at CIC (67%). 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 detainees.

Two complaints were made under category (ii): treatment and welfare (17%). 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 was not allowed to make telephone calls. Records revealed that he had been arranged to make telephone calls on 24 occasions since his admission. To follow up, the welfare officer interviewed the detainee and explained the arrangement of making telephone calls to him. The detainee showed his understanding without raising further enquiry.

For category (iii): staff attitude and conduct, a detainee lodged a complaint against a staff for being impolite to him when he accidentally fell down at the dormitory (8%). Soon after the accident, the detainee was arranged to receive immediate medical treatment. Acting on the allegation, interviews were subsequently conducted with the staff concerned and another detainee. There was no evidence indicating that the detainee was being treated impolitely. The

detainee was informed of the investigation outcome and he did not further pursue the complaint.

For category (iv): others, a detainee complained about the case progress of her detention (8%). Records revealed that the detainee's case had all along been kept under regular review. In addition, she had been interviewed by the case officer and informed of the latest position of her case on 11 occasions. After the JP visit, the detainee was once again interviewed by the case officer and informed of the latest position of her case.

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***

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

Category of requests/enquiries		Number of requests/enquiries in 2019	(%)
(i)	Request for early discharge/release on recognisance	223	(86%)
(ii)	Services provided by the institution (e.g. request for more medical attention)	19	(7%)
(iii)	Treatment and welfare (e.g. request for discharge from medical observation, etc.)	9	(3%)
(iv)	Facilities and equipment provided by the institution (e.g. request for a DVD player, etc.)	2	(1%)
(v)	Matters in relation to other departments/organisations (e.g. request for the contact means of Legislative Council Members, etc.)	2	(1%)
(vi)	Others	5	(2%)
<b>Total :</b>		<b>260</b>	

The 223 requests under category (i): request for early discharge/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 19 requests under category (ii): services provided by the institution were related to medical treatment. The detainees had been arranged to receive medical treatment and some had been referred to specialist clinics in public hospitals for treatment.

For category (iii): treatment and welfare, seven 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 send a letter to his spouse who was also under detention at CIC. Necessary assistance in written communication had all along been rendered to the detainee and his spouse. After the JP visit, a meeting had been arranged for them with the presence of the case officer. Another detainee requested sending letters to the media and necessary assistance had been rendered.

For category (iv): facilities and equipment provided by the institution, a detainee requested provision of correction tape. Due consideration had been taken to balance the personal needs of detainees and the security of CIC while designing the procedures at CIC. To follow up the detainee's request, the welfare officer had explained to the detainee the prevailing arrangements, including the provision of stationery to cater for his needs. Another detainee requested a DVD player to listen to court hearing records and necessary assistance had been rendered.

For category (v): matters in relation to other departments/organisations, a detainee requested the contact means of two Legislative Council Members. The relevant mailing addresses had been provided to the detainee. A detainee requested an update on the investigation progress of his case which had been reported to the Police earlier. His request had been referred to the Police for follow-up action. He was then interviewed by the case officer and informed of the latest position of the case.

For category (vi): others, a detainee requested a detention certificate bearing his recent photo, personal particulars and information of his detention. A letter bearing the detainee's personal particulars and latest position of his case had

been provided to the detainee by the case officer. The case officer had also been closely liaising with the legal representative of the detainee for arranging appropriate legal document bearing the detainee's photo. Other detainees requested copies of their passports and recognisance forms. Necessary assistance had been rendered.

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 nine suggestions/comments in the following categories during their visits to CIC and Ma Tau Kok Detention Centre (MTKDC) –

Category of suggestions/comments		Number of suggestions/comments in 2019	(%)
(i)	Training programmes and recreational activities (e.g. provision of training and educational opportunities, etc.)	3	(33%)
(ii)	Physical environment, facilities and equipment (e.g. carrying out maintenance works, etc.)	2	(23%)
(iii)	Manpower planning (e.g. enhancing manpower resources)	1	(11%)
(iv)	Others	3	(33%)
<b>Total :</b>		<b>9</b>	

Under category (i): training programmes and recreational activities, some JPs suggested providing more exercise space and sports equipment to detainees. Some JPs recommended giving detainees more opportunities to participate in programmes organised by Non-governmental Organisations (NGOs). CIC explained to the JPs concerned that detainees were encouraged to participate in a wide range of recreational activities including sports and chess, etc. Furthermore, some NGOs had been arranging regular recreational and religious activities for detainees. CIC would continue to review the training programmes and recreational activities for detainees taking into account their needs and the security of CIC. The JPs concerned were satisfied with the explanation given by CIC and gave no further directive.

For category (ii): physical environment, facilities and equipment, JPs suggested carrying out maintenance works for the worn-out areas at CIC. Arrangement had been made with the ArchSD to carry out inspection and improvement works. In response to JPs' suggestion concerning the replacement of protective pads on the walls and floors of the protected rooms at CIC, arrangement had been made with the ArchSD to carry out the renovation work.

As for manpower planning under category (iii), JPs suggested enhancing the manpower resources of CIC to cope with any contingency, e.g. mass indiscipline act brought by the dissatisfaction of detainees towards their long term detention. CIC explained to the JPs that regular review on the provision of manpower and equipment had been conducted with a view to ensuring the effective management of CIC. The JPs concerned were satisfied with the explanation given by CIC and gave no further directive.

For category (iv): others, JPs suggested reviewing the existing detention policies. CIC explained to the JPs that a well-established mechanism had been in place to ensure that detention policies are transparent to detainees. Detention must be justified with sufficient reasons and for a reasonable period. Each case is considered on its own merit. 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. A JP suggested updating the content of the "Notice to Persons Detained" to elaborate the situations under which a detainee could seek for medical assistance. The notice was updated accordingly by MTKDC after review.

**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	0
2.	The Society for the Aid and Rehabilitation of Drug Abusers Au Tau Youth Centre	2	0	0	1
3.	The Society for the Aid and Rehabilitation of Drug Abusers Shek Kwu Chau Treatment and Rehabilitation Centre	2	0	0	0
4.	The Society for the Aid and Rehabilitation of Drug Abusers Sister Aquinas Memorial Women's Treatment Centre	2	0	0	4
<b>Total :</b>		<b>8</b>	<b>0</b>	<b>0</b>	<b>5</b>

### ***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	2	0
2.	The Society for the Aid and Rehabilitation of Drug Abusers Au Tau Youth Centre	2	2	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 <sup>+</sup>		Overall grading on services <sup>+</sup>	
			S	U	S	U
3.	The Society for the Aid and Rehabilitation of Drug Abusers Shek Kwu Chau Treatment and Rehabilitation Centre	2	2	0	2	0
4.	The Society for the Aid and Rehabilitation of Drug Abusers Sister Aquinas Memorial Women's Treatment Centre	2	0	0	0	0
<b>Total :</b>		<b>8</b>	<b>5</b>	<b>0</b>	<b>6</b>	<b>0</b>

Key :     S – Satisfactory  
              U – Unsatisfactory

<sup>+</sup> 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 five suggestions/comments of the following categories during their visits –

Category of comments/suggestions		Number of comments/suggestions in 2019	(%)
(i)	Physical environment, facilities and equipment (e.g. need for refurbishment of the premises, etc.)	4	(80%)
(ii)	Others	1	(20%)
<b>Total :</b>		<b>5</b>	

For category (i): physical environment, facilities and equipment, some JPs commented that the Sister Aquinas Memorial Women's Treatment Centre required upgrading works. Some JPs suggested brightening the dormitory and improving the ventilation. DH would continue to render assistance and support in processing funding requests of the centre for necessary resources.

Under category (ii): others, some JPs recommended sharing more encouraging real-life stories with residents. The centre would take into consideration JPs' comment and arrange more sharing sessions for the residents with a view to encouraging them to quit drugs and reintegrate into the society.

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

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

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

<sup>□</sup> Chinese YMCA of Hong Kong – Home of Love – Yung Shing Hostel has been included under the JP visit programme since January 2019.

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
14.	Hong Kong Student Aid Society – Holland Hostel	2	0	0	2
15.	Hong Kong Student Aid Society – Island Hostel	1 <sup>@</sup>	0	0	0
16.	New Life Psychiatric Rehabilitation Association – New Life Building Long Stay Care Home	2	0	0	1
17.	New Life Psychiatric Rehabilitation Association – Tuen Mun Long Stay Care Home	2	0	0	1
18.	Po Leung Kuk Wing Lung Bank Golden Jubilee Sheltered Workshop and Hostel	4	0	0	7
19.	Po Leung Kuk – Y C Cheng Centre	1 <sup>#</sup>	0	0	1
20.	Sik Sik Yuen – Ho Yam Care and Attention Home for the Elderly	2	0	0	0
21.	Sisters of the Good Shepherd – Marycove Centre	2	0	0	5
22.	Society of Boys' Centres – Chak Yan Centre	2	0	0	0
23.	Society of Boys' Centres – Cheung Hong Hostel	2	0	0	2
24.	Society of Boys' Centres – Shing Tak Centre	2	0	0	1
25.	Society of Boys' Centres – Un Chau Hostel	2	0	0	0
26.	The Mental Health Association of Hong Kong – Jockey Club Building	2	0	0	2
27.	The Salvation Army – Cheung Hong Community Day Rehabilitation and Residential Service	2	0	0	2
28.	Tuen Mun Children and Juvenile Home	12	0	0	2
29.	Tung Wah Group of Hospitals Ho Yuk Ching Workshop cum Hostel	2	0	0	6
30.	Tung Wah Group of Hospitals – Jockey Club Rehabilitation Complex	2	0	0	1

<sup>@</sup> JP visits to the Hong Kong Student Aid Society – Island Hostel were temporarily suspended from July to December 2019 due to reprovisioning of the Hostel to Tuen Mun District. The reprovisioned Hostel was opened for JP visits in January 2020.

<sup>#</sup> JP visits to Po Leung Kuk – Y C Cheng Centre were temporarily suspended from July to December 2019 due to renovation work at the Centre. The Centre has been re-opened for JP visits in January 2020.

<b>Serial no.</b>	<b>Name of institution</b>	<b>No. of JP visits</b>	<b>No. of complaints made to JPs</b>	<b>No. of requests/ enquiries made to JPs</b>	<b>No. of suggestions/ comments made by JPs</b>
31.	Tung Wah Group of Hospitals – Wing Yin Hostel	2	0	3	5
32.	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
33.	Yan Chai Hospital – Chinachem Care and Attention Home	2	0	0	0
	<b>Total :</b>	<b>76</b>	<b>0</b>	<b>3</b>	<b>59</b>

♦ 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	2	0
3.	Caritas-Hong Kong – Caritas Pelletier Hall	2	2	0	2	0
4.	Chinese YMCA of Hong Kong – Home of Love – Yung Shing Hostel <sup>□</sup>	2	2	0	2	0
5.	Evangelical Lutheran Church Hong Kong – Kwai Shing Hostel	2	2	0	2	0
6.	Fu Hong Society – Fu Hong Society Rehabilitation Centre	2	2	0	2	0
7.	Haven of Hope Christian Service – Haven of Hope Hang Hau Care and Attention Home for Severely Disabled	2	2	0	2	0
8.	Heung Hoi Ching Kok Lin Association – Buddhist Li Ka Shing Care and Attention Home for the Elderly	2	2	0	2	0
9.	Heung Hoi Ching Kok Lin Association – Buddhist Po Ching Home for the Aged Women	2	2	0	1	0
10.	Hong Kong Juvenile Care Centre – Bradbury Hostel	2	2	0	2	0
11.	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

**Key :** S – Satisfactory  
U – Unsatisfactory

□ Chinese YMCA of Hong Kong – Home of Love – Yung Shing Hostel has been included under the JP visit programme since January 2019.

\* 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
12.	Hong Kong Society for the Blind – Jockey Club Centre for the Blind	2	2	0	2	0
13.	Hong Kong Society for the Blind – Jockey Club Tuen Mun Home for the Aged Blind	2	2	0	2	0
14.	Hong Kong Student Aid Society – Holland Hostel	2	2	0	2	0
15.	Hong Kong Student Aid Society – Island Hostel	1 <sup>@</sup>	1	0	1	0
16.	New Life Psychiatric Rehabilitation Association – New Life Building Long Stay Care Home	2	2	0	2	0
17.	New Life Psychiatric Rehabilitation Association – Tuen Mun Long Stay Care Home	2	2	0	2	0
18.	Po Leung Kuk Wing Lung Bank Golden Jubilee Sheltered Workshop and Hostel	4	4	0	4	0
19.	Po Leung Kuk – Y C Cheng Centre	1 <sup>#</sup>	1	0	1	0
20.	Sik Sik Yuen – Ho Yam Care and Attention Home for the Elderly	2	2	0	2	0
21.	Sisters of the Good Shepherd – Marycove Centre	2	2	0	1	0
22.	Society of Boys' Centres – Chak Yan Centre	2	2	0	2	0
23.	Society of Boys' Centres – Cheung Hong Hostel	2	2	0	2	0
24.	Society of Boys' Centres – Shing Tak Centre	2	2	0	2	0
25.	Society of Boys' Centres – Un Chau Hostel	2	2	0	2	0

**Key :** S – Satisfactory  
U – Unsatisfactory

<sup>@</sup> JP visits to the Hong Kong Student Aid Society – Island Hostel were temporarily suspended from July to December 2019 due to reprovisioning of the Hostel to Tuen Mun District. The reprovisioned Hostel was opened for JP visits in January 2020.

<sup>#</sup> JP visits to Po Leung Kuk – Y C Cheng Centre were temporarily suspended from July to December 2019 due to renovation work at the Centre. The Centre has been re-opened for JP visits in January 2020.

<sup>†</sup> 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
26.	The Mental Health Association of Hong Kong – Jockey Club Building	2	2	0	2	0
27.	The Salvation Army – Cheung Hong Community Day Rehabilitation and Residential Service	2	2	0	2	0
28.	Tuen Mun Children and Juvenile Home	12	12	0	12	0
29.	Tung Wah Group of Hospitals Ho Yuk Ching Workshop cum Hostel	2	2	0	2	0
30.	Tung Wah Group of Hospitals – Jockey Club Rehabilitation Complex	2	2	0	2	0
31.	Tung Wah Group of Hospitals – Wing Yin Hostel	2	2	0	2	0
32.	Tung Wah Group of Hospitals – Wong Cho Tong Care and Attention Home <sup>△</sup>	2	2	0	2	0
	Tung Wah Group of Hospitals – Wong Cho Tong Integrated Vocational Rehabilitation Centre cum Hostel <sup>△</sup>		2	0	2	0
33.	Yan Chai Hospital – Chinachem Care and Attention Home	2	2	0	2	0
<b>Total :</b>		<b>76</b>	<b>78</b>	<b>0</b>	<b>76</b>	<b>0</b>

**Key :** S - Satisfactory  
U – Unsatisfactory

<sup>△</sup> Separate reports were completed by JPs for the specific institution.

<sup>+</sup> 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***

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



Category of request/enquiry		Number of requests/enquiries in 2019	(%)
(i)	Facilities and equipment provided by the institution (e.g. request for Wi-Fi network, etc.)	2	(67%)
(ii)	Request for early discharge from institution/home leave/release on recognisance (e.g. request for more outing time)	1	(33%)
<b>Total :</b>		<b>3</b>	

In view of residents' request for Wi-Fi network for learning purpose under category (i): facilities and equipment provided by the institution, the institution concerned had provided the network to the residents. Acting on residents' request, another institution had designated a conference room as residents' study room one month prior to their examinations.

For category (ii): request for early discharge from institution/home leave/release on recognisance, a resident requested more outing time. The institution concerned had reviewed the established arrangement and assigned, apart from the prevailing five outing sessions, one additional outing session for residents who do not have home leave during long school holiday.

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 suggestions/comments made by JPs**

JPs made 59 suggestions/comments in the following categories during their visits –

Category of suggestions/comments		Number of suggestions/comments in 2019	(%)
(i)	Physical environment, facilities and equipment (e.g. need for refurbishment of the premises, etc.)	21	(36%)
(ii)	Service quality (e.g. provision of aftercare services, etc.)	21	(36%)

Category of suggestions/comments		Number of suggestions/comments in 2019	(%)
(iii)	Manpower planning (e.g. provision of adequate manpower, etc.)	7	(12%)
(iv)	Training programmes and recreational activities (e.g. provision of training and educational opportunities, etc.)	5	(8%)
(v)	Channels of complaints and handling of complaints	1	(1%)
(vi)	Others	4	(7%)
<b>Total :</b>		<b>59</b>	

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, including installation of air-conditioning in common areas and dormitories, provision of more spaces and improvement on bathroom finishing. Some JPs suggested improving the drainage system of the kitchen and the repair work had been duly completed. In response to JPs' concern on the slippery floor of the kitchen, the institution concerned had taken immediate follow-up action such as turning on floor dryer frequently with a view to providing a safe and healthy living environment.

Under category (ii): service quality, some JPs recommended providing aftercare services to residents. The institution concerned explained to the JPs that aftercare services, overseen by key social workers, had all along been provided to the residents. Moreover, the Government had provided additional recurrent funding to the institution for enhancing care staff support since 2018-19. The institution could flexibly use the grants to continually modify their work plans and introduce new initiatives to meet the ever-changing service needs of the residents. As regards JPs' recommendation regarding the introduction of innovation and technology to improve service quality, the institutions concerned had been actively exploring the use of different advanced equipment with the application of innovation and technology with a view to enhancing the quality and efficiency of care services. The institutions had also applied for the Innovation and Technology Fund. In response to JPs' concern about the medical and professional support to the residents, JPs were informed that residents would be referred to receive general medical or specialists' consultation or treatment. In addition, the Government had enhanced professional staff support for the institution since 2013-14 by providing one-off or short-term clinical psychological service for

the residents in need.

As for manpower planning under category (iii), some JPs expressed concerns about the provision of manpower resources. The institutions concerned advised that regular review on the supply of social workers had been conducted for the betterment of service provision. Furthermore, social groups, daily activities and training programmes had been organised regularly to enhance staff's social skills and teamwork. To boost staff morale, appreciation scheme would be launched. With a view to sustaining adequate manpower resources, some institutions had joined the "Navigation Scheme for Young Persons in Care Services", a programme launched by SWD to provide young people with opportunities to take up care work in elderly or rehabilitation service units.

In response to JPs' suggestion under category (iv): training programmes and recreational activities, the institutions concerned would continue to review the activity plans, and introduce a wide range of indoor and outdoor activities for the residents to enrich their leisure time. Some JPs suggested engaging students of nearby schools to provide volunteer services to the residents. The institution concerned explained to JPs that regular visits and programmes had been arranged for different schools and colleges, and it would continue to explore collaboration opportunities with other youth groups.

In view of JPs' suggestion of informing residents of the available complaint channels under category (v) channels of complaints and handling of complaints, the institution had updated the "Service User and Family Covenant" and displayed it at prominent locations.

Under category (vi): others, some JPs noted that the Tuen Mun Children and Juvenile Home (the Home) was providing care to an infant from Po Leung Kuk. The JPs suggested regularising this kind of service, i.e. easing the burden of another institution while utilising quality and available facilities. The Home explained to the JPs that it was a gazetted Home for admitting children between the age of 8 to 18 under the place of refuge in accordance with the Protection of Children and Juveniles Ordinance (Cap. 213), while the contingent arrangement was to ease the occasional upsurge in demand at times of outbreak of influenza or other diseases at the Po Leung Kuk New Comers' Ward. SWD had been actively exploring suitable venues to set up alternative residential child care centres for younger children in need of temporary care, and the Home would continue to make good use of available resources and facilities for the youngsters' positive rehabilitation. A JP expressed concern on the possible intake of juveniles of

different backgrounds. The Home explained to the JP that it had a segregation arrangement in place for different types of residents admitted under different ordinances so as to fulfill the requirements of international covenants and the relevant ordinances. The Home had paid close attention to individual residents and addressed their training and developmental needs. Tailor-made programmes had been conducted to foster positive values and prepare them for re-integration into the community to lead a healthy and disciplined life upon their leaving.