Red flags hoisted at some beaches

Attention TV/radio announcers:

Please broadcast the following as soon as possible:

Here is an item of interest to swimmers.

The Leisure and Cultural Services Department announced today (May 8) that the Environmental Protection Department has classified the water quality at Clear Water Bay First Beach in Sai Kung District and Anglers' Beach and Hoi Mei Wan Beach in Tsuen Wan District as Grade 4, which means the beaches are not suitable for swimming. The red flags have been hoisted. Beach-goers are advised not to swim at the beaches until further notice.

The red flag was hoisted at Clear Water Bay First Beach earlier due to big waves.

LCQ16: Food safety and descriptions of sashimi and sushi

Following is a question by the Hon Cheung Kwok-kwan and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (May 8):

Question:

Last month, the Consumer Council published the test results of 50 sashimi samples taken at the retail level, which included that: 98 per cent of the samples contained a heavy metal compound of methylmercury (of a level exceeding the limit by nearly two-folds at the most), some samples carried parasites and worm eggs, and some samples were actually rainbow trout and low-priced tuna although the species shown on their descriptions were salmon and high-priced bluefin tuna respectively. Regarding the food safety and descriptions of sashimi and sushi, will the Government inform this Council:

(1) whether it received, in the past three years, reports on members of the public having been found to have (i) parasites or worm eggs and (ii) a high level of methylmercury in their bodies after consuming sashimi or sushi; if so, of the respective numbers of such cases;

(2) of the quantity of fish imported in each of the past three years for making sashimi or sushi (with a breakdown by species); the respective numbers of samples of such fish taken in each of the past three years at the (i)

wholesale and (ii) retail levels by the Centre for Food Safety under the Food and Environmental Hygiene Department (FEHD) for testing microorganisms and heavy metals, and the respective numbers and percentages of such samples found to contain (a) parasites or worm eggs and (b) methylmercury;

(3) of the number of surprise inspections conducted in each of the past three years by law enforcement officers of FEHD on food premises selling sashimi or sushi; the number of prosecutions instituted against the operators of those food premises which were found, during such inspections, to have breached the Food Business Regulation (Cap 132 sub. leg. X) (with a breakdown by type of offences), and the number of those food premises the food business licences of which were cancelled as a result;

(4) whether the Customs and Excise Department, for the purpose of enforcing the Trade Descriptions Ordinance (Cap 362) in each of the past three years,
(i) deployed law enforcement officers to take sashimi and sushi samples from food premises for tests to ascertain if the species to which they belonged tallied with those shown on the descriptions; if so, of the number of the relevant prosecutions, and
(ii) provided training for its law enforcement officers on the identification of fish species; if so, of the number of officers who received such training; and

(5) whether it has put in place new measures to enhance the food safety of sashimi and sushi, in order to protect public health; if so, of the details; if not, the reasons for that?

Reply:

President,

The Public Health and Municipal Services Ordinance (Cap 132) stipulates that all food for sale for human consumption in Hong Kong must be fit for human consumption.

The maximum permitted concentration levels of metallic contaminants in food are stipulated in the Food Adulteration (Metallic Contamination) Regulations (Cap 132V). Fish contains various nutrients (e.g. omega-3 fatty acid and high quality proteins) essential for the human body, but certain types of fish, including the larger species such as shark, swordfish, alfonsino and some tuna species, may contain higher levels of methylmercury. The Centre for Food Safety (CFS) of the Food and Environmental Hygiene Department (FEHD) always advises that pregnant women, women planning pregnancy and young children should avoid eating these types of fish. CFS also encourages the public to maintain a balanced and diversified diet.

Good aquaculture practices and/or freezing treatment can reduce the risk of parasites in aquatic products. The Code of Practice for Fish and Fishery Products issued by the Codex Alimentarius Commission states that freezing fish at -20ºC or below for seven days or at -35ºC for about 20 hours can kill parasites. Even though the dead parasites will remain in the meat of the

fish, the risk of parasitic infection can still be effectively minimised. FEHD has been educating and reminding the trade to obtain from importers an official health certificate issued by the place of origin, so as to ensure that the food concerned has been properly handled (e.g. by good aquaculture practices and/or freezing treatment).

The Food Business Regulation (Cap 132X) stipulates that anyone involved in the sale of restricted foods (including sashimi, sushi, and oysters and meat to be eaten raw, etc.) or the provision of sashimi for consumption in a restaurant is required to obtain permission from the Director of Food and Environmental Hygiene. According to the licensing conditions, ingredients for preparing sashimi dishes in food premises should be properly stored and handled. FEHD conducts inspections to licensed food premises based on their risk levels to examine the hygiene conditions of the premises and check their compliance with the licensing conditions and the relevant statutory requirements.

CFS has been reminding the public through various channels of the risks of consuming raw fish and the various points to note, including patronising reliable food premises and shops which are licensed or issued with a permit for selling the food concerned.

To safeguard food safety, CFS takes samples at the import, wholesale and retail levels under a risk-based approach for testing.

Reply to the various parts of the question is as follows:

(1) The Department of Health does not keep the relevant statistics.

(2) CFS does not keep statistics on the quantities and types of sashimi products imported into Hong Kong each year.

From January 2016 to March 2019, CFS collected about 1 000 samples of different types of sashimi for chemical (including metallic contaminants) and microbiological testing. Only three samples were detected with the total mercury levels exceeding the legal standard, and the rest all passed the tests. The overall satisfactory rate was 99.7 per cent. CFS has made public the test results of the unsatisfactory samples and taken follow-up actions, which included instructing the relevant vendors to stop selling the sashimi products concerned, and tracing the sources and distribution of the incriminated sashimi.

(3) The numbers of inspections to food premises conducted by FEHD and prosecutions against food premises for selling restricted foods without permission, and the numbers of food premises with licence suspended or cancelled over the past three years are as follows:

	2016	2017	2018	2019 (up to March 31)

Number of inspections to food premises	247 422	248 452	230 254	54 896
Number of prosecutions against sale of restricted foods without permission	21	18	22	7
Number of food premises with licence suspended	109	103	93	19
Number of food premises with licence cancelled	11	2	6	0

FEHD does not have breakdown of the above statistics concerning food premises selling sushi and sashimi.

(4) According to the Commerce and Economic Development Bureau, under the Trade Descriptions Ordinance (Cap 362) (TDO), any person who applies a false or misleading description to goods supplied in the course of any trade or business commits an offence. The Customs and Excise Department (C&ED) has proactively handled complaints or referrals from relevant government departments in accordance with the TDO, including test purchases, sending samples to laboratories for testing and seeking advice from experts in identification of fish species. C&ED will take appropriate enforcement actions for violation of the TDO.

Between 2016 and 2018, C&ED received a total of 46 complaints involving fish products with false claims on product species (including six complaints involving sashimi and sushi). After consolidating these complaints, 14 detailed investigation cases were established by C&ED. During the same period, there were seven successful prosecution cases with imposition of fine ranging from $3,000 to $18,000. Besides, six cases were concluded with acceptance of undertaking from the traders.

(5) FEHD will continue to carry out inspections to licensed food premises in accordance with their risk levels. CFS will continue to remind the public through various channels about the risks of consuming raw fish and the relevant points to note. It will also continue to adopt a risk-based approach in taking food samples at the import, wholesale and retail levels for testing.

LCQ19: Financial support for patients

of end-stage renal failure

Following is a question by the Hon Holden Chow and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (May 8):

Question:

Patients of end-stage renal failure need to receive dialysis treatment in order to stabilise their medical conditions and maintain their lives. Some patients who receive peritoneal dialysis treatment at home have said that the monthly medical and relevant expenses (including those on buying sterilisation products and medicines as well as on delivering dialysis solutions) have imposed a heavy financial burden on them. In this connection, will the Government inform this Council:

(1) whether it has compiled statistics on the respective numbers of persons who (i) received peritoneal dialysis treatment at home and (ii) received haemodialysis treatment at public hospitals, private hospitals and dialysis centres established by charitable organisations, in each of the past five years; if so, of the numbers;

(2) whether it has compiled statistics on the average monthly related expenses on dialysis treatment of the two types of persons mentioned in (1); if so, of the details; and

(3) whether it will provide financial support through the Community Care Fund for patients receiving dialysis treatment; if so, of the details; if not, the reasons for that?

Reply:

President,

My reply to the various parts of the question raised by the Hon Holden Chow is as follows:

(1) The Hospital Authority (HA) provides renal replacement therapy services, including haemodialysis (HD) treatment, peritoneal dialysis (PD) treatment and kidney transplant, for patients with end-stage renal failure. The respective numbers of patients receiving HD treatment at public hospitals or PD treatment at home in the past five years are tabulated as follows:

Year	2014-15	2015-16	2016-17	2017-18	2018-19*
No. of patients receiving HD treatment #	1 302	1 358	1 428	1 486	1 570

No. of patients receiving PD treatment at home	3 979	4 031	4 311	4 397	4 543

* Provisional figures
# The figures include clinically suitable patients, as assessed by Nephrologists of HA to join the Haemodialysis Public-Private Partnership Programme (HD PPP). The HD services are procured from 12 qualified community HD centres, while HA renal units would continue to provide regular clinic follow-up, drug prescriptions and investigations. The numbers of patients participating in the HD PPP in the past five years are set out below:

Year	2014-15	2015-16	2016-17	2017-18	2018-19*
No. of patients who received HD treatment under the HD PPP	203	208	236	253	278

* Provisional figures

Apart from participants of the HD PPP, the Food and Health Bureau and the Department of Health do not have figures on the number of patients receiving HD treatment in private hospitals and charitable organisations.

(2) and (3) At present, HA provides renal replacement therapy services for public hospital patients under standard fees and charges, including the provision of general drugs such as dialysis solutions. In general, patients receiving renal replacement therapy services are only required to additionally pay for treatment-related consumable items, including sterile supplies. The expenditure involved is about $1,000 to $3,000 per month. Medical social workers will, as far as possible, help needy and eligible patients to apply for financial assistance provided by the Social Welfare Department or other charitable funds to purchase the necessary consumable items. There are also charitable organisations subsidising patients in using the medical devices for renal replacement therapy at home.

Patients under the HD PPP are required to pay the community HD centres a co-payment which is equivalent to that charged by HA for its day procedure and treatment at Renal Clinic. Currently the fee for each session is $96. If the patient is a recipient of Comprehensive Social Security Assistance, a holder of a valid full or partial medical fee waiver certificate issued by an authorised government or HA social worker (except the “Certificate of Old Age Living Allowance Recipients (for Medical Waivers)”), or a Level 0 Voucher Holder of the Pilot Scheme on Residential Care Service Voucher for the Elderly, the corresponding waiver would apply.

HA provides assistance through the Community Care Fund (CCF) Medical Assistance Programmes for patients with financial difficulties, in particular those who fall outside the social safety net or those who are within the safety net but have special needs that are not covered. CCF Medical Assistance Programmes currently include the First Phase Programme (specific self-financed cancer drugs), Subsidy for Eligible Patients to Purchase Ultra-expensive Drugs (Including Those for Treating Uncommon Disorders), and Subsidy for Eligible Patients of Hospital Authority to Purchase Specified Implantable Medical Devices for Interventional Procedures.

As the medical equipment and consumables for renal replacement therapy do not involve implantable medical devices for interventional procedures, they are not covered by the above CCF medical assistance programmes.

HA will continue to review the coverage of CCF Medical Assistance Programmes under the established mechanism, and will regularly recommend suitable drugs and medical devices to the relevant committees for consideration of inclusion in the relevant programmes, in order for the CCF to plug the gaps in the existing system.

LCQ14: Remuneration of Hospital Authority staff

Following is a question by the Dr Hon Priscilla Leung and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (May 8):

Question:

Some members of the public have relayed to me that although the Hospital Authority (HA) recorded operating deficits for two consecutive years, its senior executives were still given pay rises. Also, there has been a case of "fattening the top and slimming the bottom". In this connection, will the Government inform this Council:

(1) whether it knows the number of senior executives in HA, with a breakdown by the group (in bands of $500,000 apart) to which their annual salary belonged, and the average annual pay increment of such executives, in each of the past three years;

(2) whether it knows the criteria and factors based on which HA determines the pay level and the magnitude of pay adjustment for its senior executives; whether those criteria and factors include the financial position, staff wastage rate and service quality of HA; if they are not included, whether HA will take into account such factors in future; if they are included, of the

overall wastage rate of HA's full-time staff and the wastage rate of full-time staff in each healthcare grade, and whether there were cases in which HA ran an operating deficit with its staff wastage rate standing high and patients' waiting time for services being long and yet its senior executives were given a pay rise, in each of the past three years; and

(3) whether it will allocate additional resources to HA so that the cash allowance for staff appointed in or after April 1998 can be linked to their basic salary to align with the entitlements of those staff appointed prior to such time, with a view to reducing the wastage of healthcare workers?

Reply:

President,

My reply to the various parts of the question raised by the Dr Hon Priscilla Leung is as follows:

(1) The manpower situation and remuneration of the key management personnel of the Hospital Authority (HA) in 2016-17 and 2017-18 are set out in the table below:

Rank	2016-17		2017-18		Increase (per cent)
	No. of personnel	Remuneration	No. of personnel	Remuneration	
Chief Executive	1	$6.00 million	1	$6.02 million	0.3 per cent
Directors, Heads and Cluster Chief Executives	14	$64.84 million	14	$66.98 million	3.3 per cent

Note:
(i) Remuneration includes basic salaries, other short-term employee benefits and post-employment benefits.
(ii) The actual expenditure for 2018-19 will only be available after completion of the Annual Financial Statements

(2) In general, the HA will take factors such as internal relativities, pay level in the market and affordability of the organisation into account in determining the remuneration of its senior executives. Their remuneration is also subject to annual adjustments in accordance with prevailing human resources policy on salary increment.

(3) The differences in the terms of appointment and remuneration packages of staff members joining the HA at different times are due to organisational

development and other background factors. The Government and the HA strive to attract, develop and retain healthcare manpower to ensure the quality of public healthcare services. In the 2019-20 Budget, the Government announced the provision of additional recurrent funding of $721 million for the HA to implement enhancement measures to boost staff morale and retain talent. With the dedicated resources, the HA is working out the details of the enhancement measures, with a view to striving for their early implementation in 2019-20 to benefit frontline staff. The measures include:

(1) continuation of the Special Retired and Rehire Scheme for doctors, nurses and allied health staff;
(2) enhancement of the Fixed Rate Honorarium for doctors;
(3) enhancement of promotion prospects for nurses (increasing the number of Advanced Practice Nurse posts to enhance senior coverage and nursing supervision in wards at night);
(4) implementation of Specialty Nurse Increment for registered nurses with the required qualifications;
(5) enhancement of promotion prospects for allied health professionals and pharmacists;
(6) measures to attract and retain supporting staff (pay enhancement for supporting staff and recruitment of additional Executive Assistants in wards); and
(7) measures for alleviating service demand during winter surges (further uplift of the rate of the Special Honorarium Scheme allowance so as to encourage staff participation).

The HA will also continue to formulate and implement other human resources measures, including hiring full-time and part-time healthcare professionals and agency nurses, rehiring suitable retired healthcare staff and increasing the number of training places for Resident Trainees. The Government will continue to provide the HA with appropriate resources to attract and retain staff.

LCQ15: Principles for redevelopment of public rental housing estates

Following is a question by the Hon Kwok Wai-keung and a writren reply by the Secretary for Transport and Housing, Mr Frank Chan Fan, in the Legislative Council today (May 8):

Question :

In considering whether or not to redevelop individual aged public rental housing (PRH) estates, the Hong Kong Housing Authority (HA) will, based on the directions set out in the Long Term Housing Strategy and with reference

to the four basic principles under the "Refined Policy on Redevelopment of Aged PRH Estates" (i.e. structural conditions of buildings, cost-effectiveness of repair works, availability of suitable rehousing resources in the vicinity of the estates to be redeveloped, and build-back potential upon redevelopment), prudently consider the matter in accordance with the actual circumstances. Although HA completed in 2013 a review of the redevelopment potential of 22 non-divested aged estates, it has so far announced the redevelopment directions of only three estates. In this connection, will the Government inform this Council:

(1) of the proposals and timetables for redevelopment of the 22 estates, and the timing for announcing the relevant details; the respective weightings of the aforesaid four principles when HA considers whether or not to redevelop an individual estate;

(2) of the total amount of expenditure incurred by HA for carrying out repair and maintenance as well as improvement works for its estates in each of the past five years, and the amount of which incurred for the 22 estates;

(3) of the number of PRH tenants affected by the redevelopment projects in each of the past five years, with a breakdown by their accommodation situation after moving out (including being accommodated in another PRH flat allocated to them, in a unit acquired under the various subsidized home ownership schemes, and in self-arranged accommodation);

(4) as some PRH tenants currently affected by the redevelopment projects have relayed that while they may acquire a subsidised sale flat in the capacity of clearees, HA conducted only one round of sale activity per year under the Green Form Subsidised Home Ownership Scheme (GSH) and the Home Ownership Scheme respectively in recent years, rendering them unable to acquire a housing unit in time, whether HA will review the relevant arrangements;

(5) given that the pre-sale periods for two GSH projects planned to be launched for sale by HA by the end of this year will be as long as three to four years, whether "seamless removal" arrangements will be made for PRH tenants who are affected by redevelopment projects and have acquired a GSH flat concerned, i.e. they will be requested to move out and surrender their PRH flat only when their GSH flat is ready for intake; and

(6) whether HA will expeditiously set up a committee which is tasked to study and coordinate the redevelopment of estates, including following up the progress of redevelopment projects, as well as reviewing the redevelopment potential of aged estates other than the 22 estates; if so, of the details; if not, the reasons for that?

Reply:

President,

The consolidated reply to the Hon Kwok Wai-keung's question is as follows:

The Hong Kong Housing Authority (HA) has all along been conducting various technical studies with a view to exploring how to make better use of new and existing housing resources. The list of 22 aged public rental housing (PRH) estates mentioned in the question originated from a technical review conducted in 2013. While the review has certain reference value, in considering whether to redevelop individual aged PRH estates, HA will, in a prudent manner, take into account the actual circumstances according to the four basic principles (namely, structural conditions of buildings, cost-effectiveness of repair works, availability of suitable rehousing resources in the vicinity of the estates to be redeveloped and build-back potential upon redevelopment) under HA's "Refined Policy on Redevelopment of Aged Public Rental Housing Estates" formulated in 2011.

The Long Term Housing Strategy (LTHS) published by the Government in December 2014 has analysed the issue of redevelopment of aged PRH estates. It has pointed out that while redevelopment may increase PRH supply over the long term, it will, in the short term, reduce PRH stock available for allocation. This will inevitably add further pressure on HA's target in maintaining the average waiting time (AWT) at about three years. The net gain in flat supply from redevelopment will take a long time to realise, very often towards the latter if not the last phase of the redevelopment. Therefore, redevelopment of aged PRH estates can only play a subsidiary role in increasing PRH supply. With the persistently strong demand for PRH, a massive redevelopment programme will freeze a large number of PRH units that may otherwise be allocated to households in need, causing an instant adverse effect on the AWT. Hence, it is not a desirable option.

HA will continue to implement various programmes and measures to maintain and improve the building conditions of the aged PRH estates so as to provide residents with a safe and comfortable living environment. HA launched the Comprehensive Structural Investigation Programme (CSIP) in 2005 to ascertain the structural safety of PRH estates with building age at about 40 or above, and assess the repair works needed for sustaining such estates for at least 15 years and their cost-effectiveness. The 22 non-divested aged PRH estates were among the 42 PRH estates under the first cycle of CSIP completed in 2018. The investigation results reveal that these estates are structurally safe and the required repair works are cost-effective. HA will, once every 15 years, investigate again the structural conditions of PRH estates that have undergone structural investigation and been decided to be retained so as to ensure that the buildings are structurally safe and financially sustainable.

There are many factors affecting the maintenance expenditure of PRH estates, including building age, design, structural condition, location, maintenance status, etc., hence it is not appropriate to make direct comparison on the expenditure solely among individual PRH estates or based on the building age. The total expenditure for maintenance and improvement works in the past five years (i.e. 2013/14 to 2017/18) for all HA’s PRH properties was about $15.3 billion, of which $1.75 billion was for the 22 PRH estates mentioned in the question.

As regards the rehousing of the households affected by redevelopment/ estate clearance, in the past five years (i.e. 2013/14 to 2017/18), HA rehoused a total of 912 households affected by completed clearance projects, of which 904 households accepted allocation at PRH units, two households opted for cash allowance in lieu of rehousing, three households moved out from their units voluntarily, three households were not eligible for rehousing since they breached the tenancy agreements and had their tenancies terminated and PRH units recovered. As regards the on-going redevelopment/ estate clearance projects (including Blocks 9, 10, 11 and 13 of Pak Tin Estate and Mei Tung House and Mei Po House of Mei Tung Estate), there are 2 914 households needed to be rehoused.

In general, HA announces the redevelopment project officially three years prior to the commencement of the clearance operation. Rehousing of households affected by the clearance of estate will commence 30 months before the final evacuation. Before the target clearance date, affected households will have opportunities to participate in the sale exercises of subsidised sale flats (SSFs) (including Home Ownership Scheme and Green Form Subsidised Home Ownership Scheme) with green form and priority in flat selection. All eligible households will be allocated PRH units if they have not accepted other rehousing arrangements, including the purchase of SSF before the final relocation deadline. The HA believe that the above arrangements have allowed the households sufficient time to arrange for relocation.

In addition, if the occupation date of a pre-sold SSF is later than the final relocation deadline of the project, the affected households will be required to move out of their PRH units and arrange accommodation on their own. HA will grant Domestic Removal Allowance to these households. The HA trust that the above arrangement is appropriate.