

Effective Exchange Rate Index

The effective exchange rate index for the Hong Kong dollar on Wednesday, November 7, 2018 is 105.4 (down 0.1 against yesterday's index).

LCQ7: Planning of the third Core Business District proposed to be built

Following is a question by the Dr Hon Fernando Cheung and a written reply by the Secretary for Development, Mr Michael Wong, in the Legislative Council today (November 7):

Question:

In the Policy Address she delivered last month, the Chief Executive put forward the Lantau Tomorrow Vision, proposing the construction of a number of artificial islands with a total area of 1 700 hectares by reclamation in the Central Waters and the development of the third Core Business District of Hong Kong on the artificial islands. It is estimated that 340 000 jobs will be created by such developments. In this connection, will the Government inform this Council:

(1) of the projected total area of commercial sites out of the 1 700 hectares of newly formed land, and how it will assess the demand of various industries for such sites;

(2) of the industries envisaged to be developed on the artificial islands; and

(3) given that the Topical Paper No. 15 on the "Conceptual Spatial Framework" under the "Hong Kong 2030+: Towards a Planning Vision and Strategy Transcending 2030" published by the Planning Department in 2016 proposed the provision of about 1 000 hectares of potentially developable area in the East Lantau Metropolis through reclamation and making better use of the land in Mui Wo, and projected that 200 000 jobs could be provided, of the relevant data on industry researches; how the authorities came up with the estimate of 340 000 jobs as mentioned in the Lantau Tomorrow Vision, and the reasons for this figure being substantially higher than the projection made in 2016?

Reply:

President,

The Lantau Tomorrow is a vision spanning two to three decades. It takes time to realise the vision and studies have to be conducted before relevant details could be firmed up. At present, the estimated population and employment figures under the Lantau Tomorrow Vision are only preliminary targets. Specific development parameters, including the overall detailed planning of the new land, could only be firmed up after completion of further studies and relevant procedures. The first phase will focus on the studies for developing the artificial islands of about 1 000 hectares near Kau Yi Chau. As for the remaining artificial islands of about 700 hectares near Hei Ling Chau and the waters south of Cheung Chau, the studies will collect technical data for future reference in long-term planning, and there is no specific implementation timetable at the moment.

My consolidated response to the various parts of the Dr Hon Fernando Cheung's question is as follows:

Apart from providing land for housing and ancillary facilities, the proposed 1 000-hectare artificial islands near Kau Yi Chau in the central waters will also be developed into the third Core Business District (CBD3). It could complement the Core Business District (CBD) in Central to form a metropolitan business core. At the same time, it could create synergy with the "Aerotropolis", strengthening the position of Lantau as a "Double Gateway" to the world and connecting the cities in the Guangdong-Hong Kong-Macao Greater Bay Area. Extensive space could also be provided for the development of conventional and emerging industries, consolidating and enhancing Hong Kong's status as an international business centre while facilitating a more balanced development pattern for Hong Kong. With the anticipated overall economic growth of Hong Kong brought about by being a global financial and business hub as well as the continued development of the financial industry as a result of the strong economic policies of the Central People's Government, it is expected that the demand for office space will increase stably.

The CBD3 will not only provide a vast amount of commercial land to cover the continued shortage of Grade A office space in traditional CBDs, but plenty of employment opportunities to help improve the current situation of uneven spatial distribution of homes and employment in Hong Kong. Being the CBD3, sufficient commercial floor area and jobs have to be offered to achieve economies of scale and cluster effect. By making reference to the scale of the CBD in Central, which covers over 170 hectares with a total commercial floor area of about 4.8 million square metres, we initially consider that the land area of the CBD3 should exceed 100 hectares, providing commercial/office floor area of about four million square metres.

The estimate of jobs under the Lantau Tomorrow Vision is a rough projection based on employment figures in the traditional CBD (i.e. Central District) and the ratio of population to jobs in existing new towns. We estimate that the jobs on the artificial islands can reach 340 000, including about 200 000 from the CBD3, and the remaining from community and commercial facilities that support the population, such as hospitals, schools and local shops. This is consistent with the methodology adopted in the estimation of

jobs for the East Lantau Metropolis under the conceptual spatial framework of "Hong Kong 2030+: Towards a Planning Vision and Strategy Transcending 2030". Specific development parameters under the Lantau Tomorrow Vision, including population and employment figures, are still subject to further studies.

LCQ12: Measures to cope with the surge in demand for public hospital services

Following is a question by the Professor Hon Joseph Lee and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (November 7):

Question:

The Chief Executive announced on January 30 this year an additional allocation of \$500 million to the Hospital Authority (HA) for meeting the service demand during the winter surge and relieving the work pressure faced by frontline healthcare staff. The authorities indicated in March this year that the allocation would be deployed for implementing various measures targeted at specific situations (targeted measures), including the increase of healthcare manpower to meet the service demand during that period of time. In this connection, will the Government inform this Council if it knows:

(1) how the allocation has been used so far; in respect of each targeted measure, (i) the amount of expenditure incurred so far and (ii) the additional manpower provided in terms of numbers of man-days and man-hours (broken down by grade), with a breakdown by (a) hospital cluster, (b) public hospital, and (c) department;

(2) the average values of the following service figures of each public hospital from January to April this year: (i) the waiting time for patients of the various triage categories in the accident and emergency departments, (ii) the waiting time for such patients to be admitted to the wards, (iii) the inpatient bed occupancy rates of various departments, (iv) the respective numbers of temporary beds used by various departments and their percentages in the total numbers of beds, and (v) the nurse-to-patient ratios;

(3) whether HA has assessed the effectiveness of the various targeted measures; if HA has assessed, of the outcome; whether HA has consulted the healthcare professionals on the effectiveness of the various targeted measures; if HA has, of the outcome; if not, the reasons for that; and

(4) whether HA will, whenever there is an upsurge in the demand for hospital services (e.g. during influenza surges), (i) increase the amount of special honorarium, (ii) extend the scope of the Special Honorarium Scheme, (iii)

lower the threshold for providing allowances under the Continuous Night Shift Scheme, and (iv) recruit part-time nurses in advance, so as to ensure that there is sufficient manpower to cope with such situations; if HA will, of the details; if not, the reasons for that?

Reply:

President,

My reply to the various parts of the question raised by the Professor Hon Joseph Lee is as follows:

(1) To meet the service demand during the winter surge in 2017-18, the Hospital Authority (HA) put in place a response plan which included the following measures:

(i) opening of time-limited beds;

(ii) enhancing virology services to facilitate and expedite patient management decision;

(iii) enhancing ward rounds of senior clinicians and related supporting services in the evenings, at weekends and on public holidays so as to facilitate early discharge of patients;

(iv) enhancing discharge support (e.g. non-emergency ambulance transfer service, pharmacy, portering services);

(v) increasing the service quotas of general out-patient clinics; and

(vi) enhancing geriatrics support to Accident and Emergency (A&E) departments.

In response to the upsurge in service demand, the Government announced in January 2018 an additional one-off allocation of \$500 million for the HA to implement various additional measures to alleviate the manpower shortage. The measures are as follows:

(i) extending the use of the Special Honorarium Scheme (SHS) to provide extra manpower of clerical and supporting staff to support healthcare staff so that the latter could focus more on clinical work;

(ii) further relaxing and streamlining the approval for the SHS arrangement to a minimum operation need of one hour to cover all grades of staff to meet increasing needs for greater flexibility in the use of SHS under exceptional circumstances;

(iii) providing SHS jobs at Advanced Practice Nurse level to work on night-shift duties at both acute general, convalescent and rehabilitation wards/services to enhance senior coverage and supervision to ward staff;

(iv) relaxing the criteria for the implementation of the Continuous Night Shift Scheme (CNSS) by suspending the required night shift frequency for triggering the CNSS with a view to increasing flexibility in manpower deployment; and

(v) increasing the rate of SHS allowance by 10 percent under a special one-off arrangement to encourage more staff to work during the surge period with significant anticipated increase in workload.

The expenditure incurred in meeting the service demand during the winter surge in 2017-18, including that for implementing the measures (items (i) to (vi)) under the response plan and the additional measures (items (i) to (v)) above, in each HA cluster is set out at Annex 1. The number of man-hours of HA staff participating in the SHS and that of part-time staff for the same period are set out at Annex 2 with breakdowns by grade. The HA does not keep statistics on the number of man-days of additional manpower.

(2) to (4) The average waiting time for patients of the various triage categories in the A&E departments of the HA and that for in-patient admission via A&E departments at hospitals providing A&E services between January 1 and April 30, 2018 are set out at Annexes 3 and 4 respectively. During the same period, the HA provided an average of about 1 500 additional time-limited and ad hoc beds per day to meet the service demand. The HA flexibly deploys hospital beds and provides ad hoc beds according to operational and clinical service needs, and thus individual wards may receive patients from different specialties. Moreover, beds are provided for more than one specialty in mixed specialty wards. Hence, the HA is unable to provide a breakdown of the number of additional beds by department. The numbers of nurses and hospital beds (as at March 31, 2018), the in-patient bed occupancy rates, the numbers of in-patient and day in-patient discharges and deaths, as well as the number of patient days, in the major specialties in each cluster between January 1 and April 30, 2018 are set out at Annex 5.

The HA has been listening to and collecting, through different staff group consultative committees (including doctors, nurses and allied health professionals) and nurse forums held in clusters, staff's views on the effectiveness of various measures implemented during the surge period. In general, they considered that the measures implemented during the winter surge in 2017-18 were effective in supporting their work.

After considering staff's feedback and reviewing the manpower of the nursing and supporting grades, the HA has regularised the following three additional measures to meet the increasing service demand:

(i) extending the use of the SHS to provide extra manpower of clerical and supporting staff to support healthcare staff so that the latter could focus more on clinical work;

(ii) providing SHS jobs at Advanced Practice Nurse level for work on night-shift duties at both acute general, convalescent and rehabilitation wards/services to enhance senior coverage and supervision to ward staff; and

(iii) relaxing the criteria for the implementation of the CNSS by suspending the required night shift frequency for triggering CNSS with a view to increasing flexibility in manpower deployment.

To cope with the surge in service demand in 2018-19, the HA will continue to implement a series of measures to retain talent, including recruiting non-local doctors through limited registration, implementing the Special Retired and Rehire Scheme, increasing training and promotion opportunities, employing additional ward clerks and assistants to share out the clerical work and assist nurses in taking care of patients, and improving the work environment.

Phishing email related to Standard Chartered Bank (Hong Kong) Limited

The following is issued on behalf of the Hong Kong Monetary Authority:

The Hong Kong Monetary Authority (HKMA) wishes to alert members of the public to a press release issued by Standard Chartered Bank (Hong Kong) Limited on phishing email, which has been reported to the HKMA. Hyperlink to the press release is available on the [HKMA website](#) for ease of reference by members of the public.

Anyone who has provided his or her personal information to the email concerned or has conducted any financial transactions through the email should contact the bank concerned using the contact information provided in the press release, and report to the Police or contact the Cyber Security and Technology Crime Bureau of the Hong Kong Police Force at 2860 5012.

LCQ6: Public rental housing units for rehousing in urban renewal projects

Following is a question by the Hon Shiu Ka-chun and a written reply by the Secretary for Transport and Housing, Mr Frank Chan Fan, in the Legislative Council today (Nov 7):

Question:

At present, the Hong Kong Housing Authority (HA) has set aside a number of public rental housing (PRH) units for the Urban Renewal Authority (URA) to re-house eligible domestic tenants who are affected by URA's redevelopment projects. It is learnt that URA generally allocates to such tenants the smallest PRH units which meet the minimum standard on per-person internal floor area, while HA adopts the lower limit of the household size for a unit as the benchmark for allocation of PRH units to PRH applicants. For example, a 3-person household will be allocated a 2-to-3-person unit by URA but a 3-to-4-person unit by HA. In this connection, will the Government inform this Council:

(1) of the number of PRH units allocated by HA in each year from 2013 to 2017 (set out the figures for each year in tables of the same format as the table below);

Year: ____

Household size	Types of PRH units							
	1-to-2-person unit		2-to-3-person unit		One-bedroom unit for three to four persons		Two-bedroom unit for four persons or more	
	Newly completed	Refurbished	Newly completed	Refurbished	Newly completed	Refurbished	Newly completed	Refurbished
One person								
Two persons								
Three persons								
Four persons								
Five persons								
Six persons or more								
Total number of units								

(2) of the number of PRH units allocated by URA in each year from 2013 to 2017 (set out the figures for each year in tables of the same format as the table above); and

(3) whether it has compiled statistics to ascertain if there is a difference in the per-person internal floor area in respect of the PRH units allocated by URA and those allocated by HA; if it has compiled such statistics and the result is in the affirmative, of the reasons for that and the measures put in place to ensure fair treatment for the members of the public concerned?

Reply:

President,

My consolidated reply to various parts of the question raised by Hon Shiu Ka-chun is as follows:

According to the Memorandum of Understanding signed between the Hong Kong Housing Authority (HA) and the Urban Renewal Authority (URA), the URA has been requesting the HA to reserve Public Rental Housing (PRH) units for rehousing eligible households affected by its redevelopment projects every year. Subject to availability of PRH resources, HA will reserve some PRH units for rehousing purpose of the URA.

The HA's current PRH allocation standard is no less than seven square metres internal floor area per person. The HA will allocate PRH units to eligible households in accordance with this allocation standard (as well as the maximum limit on the number of persons for each flat type). This allocation standard applies both to PRH applicants and clearerees affected by the URA's redevelopment projects.

At present, there are mainly four types of newly completed PRH units of HA:

Type of Units	Internal Floor Area	Allocation Standard (limit on number of persons)
A	About 14 sq m	1 to 2 persons
B	About 21 sq m	2 to 3 persons
C	About 31 sq m	3 to 4 persons
D	About 35 sq m	4 to 5 persons

As for those PRH units which were recovered and refurbished, the HA had in the past set different allocation standards for different types of units completed at different times, with reference to their varied designs and sizes. The Housing Department has not maintained information and data on number of allocated units with breakdowns by family size and flat type.

For the past five years (i.e. from 2013-14 to 2017-18), the numbers of PRH allocations in relation to PRH applications and URA's redevelopment projects are set out in Annex.