

CHAPTER 1

Auxiliary Medical Service

<h2>Auxiliary Medical Service</h2>

This audit review was carried out under a set of guidelines tabled in the Provisional Legislative Council by the Chairman of the Public Accounts Committee on 11 February 1998. The guidelines were agreed between the Public Accounts Committee and the Director of Audit and accepted by the Government of the Hong Kong Special Administrative Region.

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AUXILIARY MEDICAL SERVICE

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PART 1: INTRODUCTION

1.1 This PART describes the background to the audit and outlines the audit objectives and scope.

Background

1.2 The **Auxiliary Medical Service (AMS)** was established in 1950 under the AMS Ordinance (Cap. 517). As provided in the Ordinance, the Director of Health is the Commissioner of the AMS. Members of the AMS come from all walks of life, including civil servants, private sector personnel, housewives, and professionals like doctors, nurses, and paramedical personnel (Note 1).

1.3 **Functions.** The AMS is mainly responsible for:

- (a) providing a volunteer medical service to assist the regular services of the Department of Health (DH), the Hospital Authority and the Fire Services Department during emergency situations; and
- (b) providing supplementary volunteer medical services to government departments and outside agencies in normal times.

The AMS's work contributes to the Secretary for Security's policy area of internal security.

1.4 **Organisation of AMS volunteer force.** As at 30 June 2011, excluding the Commissioner, the AMS had 4,558 members, comprising 926 officers and 3,632 rank-and-file members (Note 2). The Commissioner commands the volunteer force through the AMS Headquarters (see para. 1.5), which is responsible for directing the operation of the following Wings and Columns:

- (a) **Operations Wings.** There are two Operations Wings, with members organised into 72 units under 18 districts of five regions to provide various AMS services;

Note 1: *To encourage young people to develop practical skills and leadership through group activities and training, the Administration will establish an AMS Cadet Corps under the AMS Ordinance. The AMS is working on recruiting 1,000 cadets in five years starting from 2011-12.*

Note 2: *AMS members are appointed to different ranks. Rank-and-file members are those holding ranks of Senior Grade III Officer or below. Officers are those holding higher ranks.*

- (b) ***Training and Development Column.*** It consists of a Training Institute and a Development Branch. The Training Institute formulates and implements training policies, and provides instructors specialised in different aspects. The Development Branch provides management training for supervisory personnel;
- (c) ***Medical and Paramedic Column.*** It consists of an Emergency Response Task Force responsible for providing on-the-spot paramedic services when there is an emergency call out, a Reserve Branch responsible for setting up temporary hospitals in time of full emergency (Note 3), and a Health Protection Unit responsible for promoting health through training and education programmes; and
- (d) ***Logistics and Support Column.*** It consists of a Logistics Branch and a Support Branch. The Logistics Branch provides the technical know-how and logistics to improve the quality of AMS services. The Support Branch provides support for operations and members' welfare.

1.5 ***AMS Headquarters.*** The Chief Staff Officer of the AMS heads the AMS Headquarters. He is a civil servant responsible to the Commissioner for the efficient administration, planning, training and operation of the AMS. As at 30 June 2011, the AMS Headquarters had 95 other civil servants working in the following two Divisions:

- (a) ***Administration Division.*** It provides membership, accounting, information technology, translation and other administrative support to the AMS volunteer force; and
- (b) ***Operations and Training Division.*** It provides support for the training of members, provision of services, and the management of stores and ambulances.

Appendices A and B show the organisation charts of the AMS Headquarters and the volunteer force respectively.

1.6 ***Expenditure.*** The Chief Staff Officer is the Controlling Officer of the AMS and is accountable for the AMS's expenditure. Under the Auxiliary Forces Pay and Allowances Ordinance (Cap. 254), members providing services or attending training are eligible for pay and allowances (Note 4). However, as approved by the Secretary for Security, the AMS may also organise training courses in the form of self-enhancement (without pay and

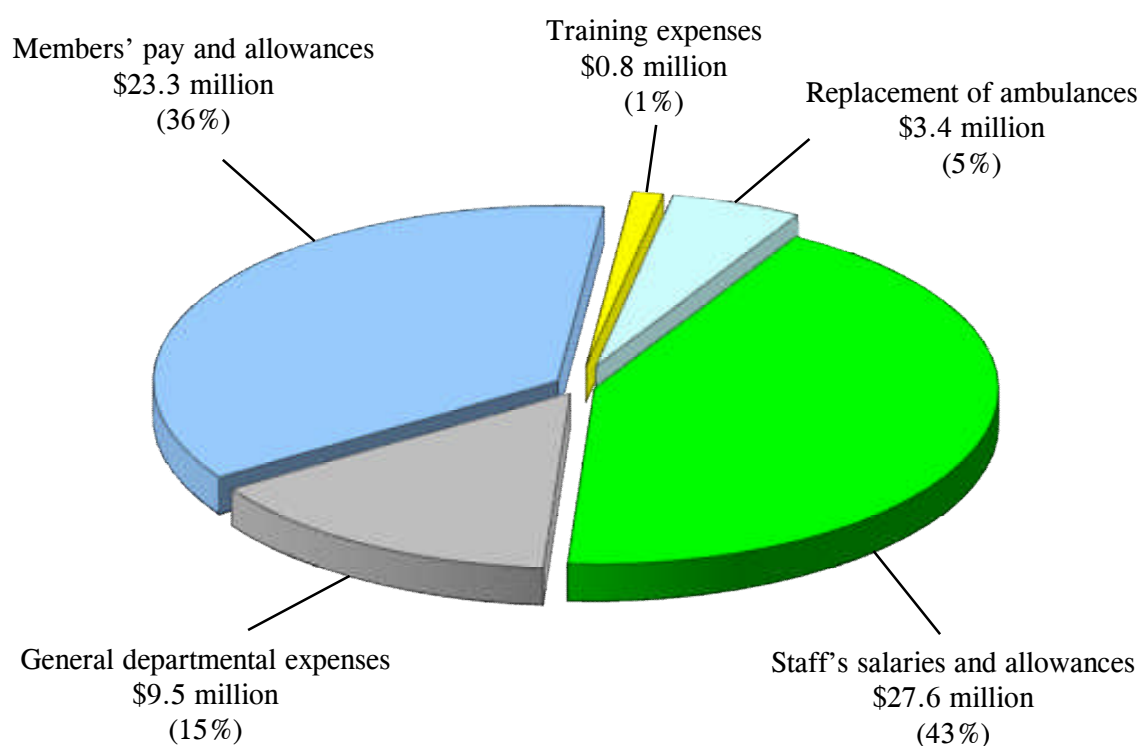
Note 3: *The Branch consists of medical, paramedical and technological professionals.*

Note 4: *The pay rates range from \$32 to \$48 per hour for rank-and-file members, and \$57 to \$135 per hour for officers. In addition, a member is eligible for a daily ration allowance of \$71 in respect of providing services or attending training for eight hours or more.*

allowances to members). Members attend such courses out of their own free will. In 2010-11, of the AMS's total expenditure of \$64.6 million, \$23.3 million were members' pay and allowances. Figure 1 shows the details.

Figure 1

**Analysis of AMS's total expenditure of \$64.6 million
(2010-11)**



Source: AMS records

The 2000 audit

1.7 In 2000, the Audit Commission (Audit) conducted an audit review of the operation and training of the AMS. The results were included in Chapter 5 of the Director of Audit's Report No. 35 of October 2000. Audit made a number of recommendations for improvement. The Administration agreed with the recommendations and took action to implement them.

Audit review

1.8 Audit has recently conducted another review of the AMS to follow up the issues examined in the 2000 audit (see paras. 2.5 and 2.26) and examine various new developments, including the introduction of minimum duty training requirement in 2002 (see para. 2.12), the provision of swimming pool lifeguard service since 2005 (see para. 3.11) and the opening of a new regional training venue in 2008 (see para. 2.27(b)). The audit review has focused on the following areas:

- (a) training of members (PART 2);
- (b) provision of services (PART 3);
- (c) management of stores (PART 4);
- (d) management of ambulances (PART 5); and
- (e) performance management (PART 6).

Audit has found room for improvement in the above areas and has made a number of recommendations to address the issues.

General response from the Administration

1.9 The **Chief Staff Officer of the AMS** agrees with all the audit recommendations. He has said that the findings and analyses in the Report are very useful and constructive.

1.10 The **Secretary for Security** has said that the Security Bureau will work closely with the AMS in implementing the audit recommendations.

Acknowledgement

1.11 Audit would like to acknowledge with gratitude the full cooperation of the staff of the AMS during the course of the audit review.

PART 2: TRAINING OF MEMBERS

2.1 This PART examines the following issues relating to the training of members:

- (a) minimum training attendance requirement (paras. 2.3 to 2.11);
- (b) minimum duty training requirement (paras. 2.12 to 2.17);
- (c) costs of recruit training (paras. 2.18 to 2.23); and
- (d) training venues (paras. 2.24 to 2.30).

Training courses for members

2.2 The main objective of providing training to members is to equip them with updated knowledge and skills for performing duties effectively. To this end, the AMS provides members with a wide range of training courses, which can be categorised as follows:

- (a) ***Recruit training.*** This is a basic training course provided to new members (except for medical professionals) to equip them with the basic knowledge and skills for providing AMS services, before posting them to various units. The training hours are about 120 for rank-and-file members and 200 for officers;
- (b) ***Regular training.*** After the recruit training, training is provided to members through regular unit meetings to update and reinforce their knowledge and skills;
- (c) ***Centralised training.*** These are courses on more advanced skills and management techniques organised by the AMS Headquarters at district level. Only members who meet the minimum training attendance and duty training requirements (see paras. 2.3 and 2.12) are eligible to attend; and
- (d) ***Other training.*** These are various other training courses (such as casualty evacuation exercise, ward training and attachment to Accident and Emergency Departments of public hospitals) provided to members to meet their different training needs.

As mentioned in paragraph 1.6, except for courses held in the form of self-enhancement, members attending training are eligible for pay and allowances.

Minimum training attendance requirement

2.3 Section 10 of the AMS Regulation (made under the AMS Ordinance) provides that:

- (a) each member shall attend 60 hours of training each year; and
- (b) the Commissioner of the AMS may exempt any member from the requirement.

In exercise of the power under (b) above, the Commissioner specified in an AMS Standing Order on training policy issued in 2001 that, where the training provided by his unit for any year is less than 100 hours, a member will also be regarded as having met the requirement if he has attended at least 60% of such training. Members who fail to meet the requirement are not eligible to attend centralised training. Disciplinary actions (e.g. warning and discharge of membership) may be taken against such members.

Audit observations and recommendations

AMS Standing Order on training policy

2.4 Audit notes that after the issue of the 2001 AMS Standing Order, members attending substantially less than the minimum of 60 hours of training stipulated in the AMS Regulation may still be regarded as having met the minimum training attendance requirement. Audit is concerned that such members may not have received adequate training for performing their duties effectively. In Audit's view, the AMS needs to review the Standing Order on training policy to determine whether revisions are required or additional safeguards should be introduced to ensure members are adequately trained.

Members' training attendance

2.5 In the 2000 audit, Audit found some members not complying with the minimum training attendance requirement, and recommended that the AMS should closely monitor members' training attendance and, where necessary, take disciplinary actions. In response to Audit's recommendations, the AMS agreed to tighten the monitoring to ensure compliance with the minimum training attendance requirement.

2.6 In this audit, Audit's analysis of the training attendance of members of the two Operations Wings (Note 5) revealed that the problem of non-compliance with the minimum training attendance requirement still existed. Table 1 shows the details.

Table 1
Training hours of Operations Wings' members
(2009-10 and 2010-11)

Hours	Number of members	
	2009-10	2010-11
<i>Members not meeting minimum requirement</i>		
Nil	48 (2%)	86 (3%)
1 to 59	217 (7%)	330 (11%)
Sub-total	265 (9%)	416 (14%)
<i>Members meeting minimum requirement</i>		
60 or more	2,599 (88%)	2,422 (82%)
23 to 59 (Note)	85 (3%)	120 (4%)
Sub-total	2,684 (91%)	2,542 (86%)
Total	2,949 (100%)	2,958 (100%)

Source: Audit's analysis of AMS records

Note: While these members attended less than 60 hours of training (averaging 50 hours for both 2009-10 and 2010-11), they were regarded as having met the minimum requirement by reason of having attended at least 60% of the training provided by their units (see paras. 2.3 and 2.4).

Note 5: *As at 31 March 2011, there were 2,958 members in the two Operations Wings, representing 64% of the total number of members.*

2.7 Table 1 shows that 416 members (14%) did not meet the minimum training attendance requirement in 2010-11, up from 265 members (9%) in 2009-10. In particular, 86 members (3%) did not attend any training in 2010-11, up from 48 members (2%) in 2009-10. In addition, despite the requirement that members who fail to meet the minimum training attendance requirement are not eligible to attend centralised training, Audit found that 14 such members for 2009-10 attended 51 hours of centralised training in 2010-11.

2.8 Audit's sample check of 20 members not meeting the minimum training attendance requirement in 2010-11 revealed that disciplinary actions had been taken against 14 members only. There were no documented reasons for not taking disciplinary actions against the other six members. Upon enquiry, the AMS informed Audit that there were delays in action. The AMS would take disciplinary actions as soon as possible.

2.9 As mentioned in paragraph 2.2, the main objective of providing training to members is to equip them with updated knowledge and skills for performing duties effectively. The effectiveness of the AMS in providing services may be adversely affected if there are increasing numbers of members who fail to meet the minimum training attendance requirement stated in the AMS Regulation. In Audit's view, the AMS needs to step up its efforts to ensure that each member attends adequate training in order that he can perform his duties effectively.

Audit recommendations

2.10 **Audit has recommended that the Chief Staff Officer of the AMS should:**

- (a) **review the AMS Standing Order on training policy to determine whether revisions are required or additional safeguards should be introduced to ensure members are adequately trained;**
- (b) **regularly remind members of the need to comply with the minimum training attendance requirement stated in the AMS Regulation, the benefits of compliance and the consequences of non-compliance;**
- (c) **closely monitor members' training attendance (e.g. by reviewing quarterly statistics) to identify members with nil or exceptionally low attendance and urge them to attend sufficient training;**
- (d) **take timely disciplinary actions against members who, without reasonable excuse, fail to meet the minimum training attendance requirement;**

- (e) **tighten the controls to ensure that members not meeting the minimum training attendance requirement will not be provided with centralised training, in order to encourage compliance with the requirement;**
- (f) **taking into account comments from members (if any), conduct regular reviews of the AMS training courses to ascertain whether there is further scope for improving them to meet members' needs; and**
- (g) **follow up the six cases with delays in taking disciplinary actions as mentioned in paragraph 2.8 and find out whether there are other similar cases requiring action.**

Response from the Administration

2.11 The **Chief Staff Officer of the AMS** agrees with the audit recommendations. He has said that the AMS:

- (a) will set up working groups to review the AMS Standing Order on training policy and the content of AMS training courses; and
- (b) is developing an AMS Members and Cadet Corps Management System (AMACS). The AMACS will enable close monitoring of members' training attendance, facilitate taking timely disciplinary actions and ensure that members not meeting the minimum training attendance requirement will not be provided with centralised training.

Minimum duty training requirement

2.12 According to an AMS Standing Order issued in 2002, rank-and-file members are required to attend a minimum of 16 hours of duty training each year (Note 6). The objectives are to enrich their practical experience and enhance their preparedness for emergency duties. The duty training may include the following:

Note 6: *Duty training hours are counted in determining whether the members' total training hours meet the minimum training attendance requirement mentioned in paragraph 2.3.*

- (a) providing prescribed AMS services (e.g. first aid coverage for public events and emergency ambulance service); and
- (b) attending duty training in the public healthcare system under a programme organised jointly by the AMS and the Hospital Authority (Note 7).

The officers in charge at district level are responsible for deploying rank-and-file members to attend duty training. Those who fail to meet the requirement are not eligible to attend centralised training.

Audit observations and recommendations

2.13 Audit's analysis of the 2009-10 and 2010-11 duty training records of rank-and-file members of the two Operations Wings revealed that some members did not meet the minimum duty training requirement. Details are at Table 2.

Note 7: *The programme has been organised since 2007 for members to participate on a voluntary basis. The AMS's circular inviting members' participation lists out their duties under the programme (e.g. basic nursing care of patients and handling sudden changes of patients' conditions, including vomiting and loss of consciousness). Participating members will attend a training course provided by the Hospital Authority before carrying out their duties in public hospitals under the supervision of nursing staff. In 2010, on average, there were 23 members participating in the programme each month.*

Table 2

**Duty training hours of Operations Wings' rank-and-file members
(2009-10 and 2010-11)**

Hours	Number of members	
	2009-10	2010-11
<i>Members not meeting minimum requirement</i>		
Nil	70 (2%)	287 (10%)
1 to 15	77 (3%)	379 (14%)
Sub-total	147 (5%)	666 (24%)
<i>Members meeting minimum requirement</i>		
16 or more	2,611 (95%)	2,093 (76%)
Total	2,758 (100%)	2,759 (100%)

Source: Audit's analysis of AMS records

2.14 Table 2 shows that 666 members (24%) did not meet the minimum duty training requirement in 2010-11, up from 147 members (5%) in 2009-10. In particular, 287 members (10%) did not attend any duty training in 2010-11, up from 70 members (2%) in 2009-10. In addition, despite the requirement that members who fail to meet the minimum duty training requirement are not eligible to attend centralised training, Audit found that 15 such members for 2009-10 attended 113 hours of centralised training in 2010-11.

2.15 The AMS cannot fully achieve the objectives of enriching rank-and-file members' practical experience and enhancing their preparedness for emergency duties if a significant percentage of them do not meet the minimum duty training requirement. In Audit's view, the AMS needs to take measures to ensure that they meet the requirement.

Audit recommendations

- 2.16 **Audit has recommended that the Chief Staff Officer of the AMS should:**
- (a) **regularly remind rank-and-file members of the need to meet the minimum duty training requirement;**
 - (b) **require officers in charge at district level to deploy their rank-and-file members to attend adequate duty training and closely monitor their attendance, with a view to ensuring that they meet the minimum duty training requirement; and**
 - (c) **tighten the controls to ensure that rank-and-file members not meeting the minimum duty training requirement will not be provided with centralised training, in order to encourage compliance with the requirement.**

Response from the Administration

2.17 The **Chief Staff Officer of the AMS** agrees with the audit recommendations. He has said that the AMS:

- (a) will brief and regularly remind all officers in charge at regional and district levels to deploy their members to attend duty training; and
- (b) the AMACS being developed will enable close monitoring of members' duty training attendance and ensure that members not meeting the minimum duty training requirement will not be provided with centralised training.

Costs of recruit training

2.18 Section 4 of the AMS Regulation states that a member who, without reasonable excuse, resigns from the AMS (or who is discharged or whose enrolment is cancelled) within one year of the completion of his recruit training shall, upon request by the AMS, pay to the AMS the reasonable costs of his recruit training.

Audit observations and recommendations

2.19 Between 2008-09 and 2010-11, 125 members resigned from the AMS. Audit's sample check of 30 of them revealed that 21 members resigned within one year after completing their recruit training. The AMS recovered the training costs from 9 of these

21 members. However, without documented reasons, the AMS did not issue demand notes to recover the training costs from the other 12 members (Note 8).

2.20 Upon enquiry, the AMS informed Audit that:

- (a) six members resigned to join the disciplined forces (e.g. the Fire Services Department). The AMS would waive the recovery of their training costs; and
- (b) for the other six members, there had been delays in action. The AMS would take recovery action as soon as possible.

2.21 In Audit's view, the AMS needs to ensure that timely action is taken to deal with each resignation case.

Audit recommendations

2.22 **Audit has recommended that the Chief Staff Officer of the AMS should:**

- (a) **establish controls to ensure that timely action is taken to recover the costs of recruit training from members who resign within one year after completing the training;**
- (b) **require the approving officers to record the reasons for waiving the recovery of the costs of recruit training in justifiable cases; and**
- (c) **follow up the six cases mentioned in paragraph 2.20(b) and find out whether there are other similar cases requiring action.**

Response from the Administration

2.23 The **Chief Staff Officer of the AMS** agrees with the audit recommendations. He has said that:

- (a) the AMACS being developed will enable timely recovery of the costs of recruit training; and

Note 8: *The training costs for the 12 members totalled about \$24,000.*

- (b) the AMS has streamlined the procedures for handling members' resignation to ensure that there is no delay in cost recovery and all reasons for waiving cost recovery are documented.

Training venues

2.24 As at 30 June 2011, the AMS had 16 training venues located at its Headquarters and various districts. Appendix C provides a list of these venues. From time to time, the AMS also rents school premises to conduct training at district level. In 2010-11, the rental costs totalled \$300,000.

2.25 According to the AMS, for the convenience of members, most training sessions are held on weekday evenings, weekends or public holidays. Also, in order that members can receive training in the districts they live, the training venues are located not only in urban areas but also in the New Territories and the outlying islands.

Audit observations and recommendations

2.26 In the 2000 audit, Audit found that the AMS's training venues had low booking rates, and recommended that the AMS should monitor their utilisation and consider the feasibility of sharing them with other government departments. In response to Audit's recommendations, the AMS has shared the use of three training venues (namely the AMS Headquarters, Tsam Chuk Wan Training Centre and Tsuen Wan Training Camp) with other government departments.

2.27 In this audit, Audit examined the 2010-11 utilisation rates of the AMS's training venues and found the following issues:

- (a) ***Incorrect utilisation information.*** In computing the utilisation rates of the training facilities at its five Regional Headquarters for management monitoring, the AMS incorrectly treated the control rooms as training facilities. Audit's re-computation revealed that the utilisation rates concerned had been overstated by 15% on average. In Audit's view, the AMS needs to ensure correctness of the utilisation information to facilitate effective management monitoring; and
- (b) ***Low utilisation of some venues.*** Appendix C sets out the utilisation rates of the AMS's training venues after adjusting for the errors mentioned in (a) above. Audit noted that the utilisation rates of five venues were lower than 10%. In particular, the New Territories East Regional Headquarters, a new venue opened in 2008, had a utilisation rate of only 2%. In Audit's view, the AMS needs to explore ways to further improve the utilisation of its training venues.

Audit recommendations

- 2.28 **Audit has recommended that the Chief Staff Officer of the AMS should:**
- (a) **take measures to ensure correctness of the utilisation information about the AMS's training venues to facilitate effective management monitoring;**
 - (b) **in consultation with the Government Property Administrator, explore ways to further improve the utilisation of the AMS's training venues, such as increasing the sharing of the venues with other government departments; and**
 - (c) **in particular, ascertain the causes of the very low utilisation of the New Territories East Regional Headquarters and take improvement measures.**

Response from the Administration

2.29 The **Chief Staff Officer of the AMS** agrees with the audit recommendations. He has said that the AMS will:

- (a) ensure that only the usage of training facilities for training activities will be included in calculating utilisation rates of the AMS's training venues; and
- (b) discuss with the Government Property Agency on the ways to improve the utilisation of the training venues and regularly review the utilisation rates.

2.30 The **Government Property Administrator** supports the audit recommendations. He has said that the Government Property Agency would provide advice to assist the AMS in exploring ways to optimise the use of its accommodation as necessary.

PART 3: PROVISION OF SERVICES

3.1 This PART examines the services provided by the AMS. Audit has found room for improvement in the following areas:

- (a) manning of methadone clinics (paras. 3.3 to 3.10);
- (b) provision of lifeguard service (paras. 3.11 to 3.17); and
- (c) provision of first aid courses (paras. 3.18 to 3.21).

Types of services

3.2 According to the AMS, the primary purpose of its establishment is to tap the manpower of the volunteers in tackling natural disasters and calamities in times of emergency. In normal times, the AMS provides supplementary services to assist the regular services of various government departments and outside agencies. As mentioned in paragraph 1.6, members providing services are eligible for pay and allowances. Appendix D sets out the main types of AMS services. Table 3 shows an analysis of the man-hours spent on providing various services in 2010.

Table 3
Man-hours spent on providing services
(2010)

Type of services	Man-hours
Manning of methadone clinics (Note 1)	331,700 (51.3%)
First aid coverage for public events	199,400 (30.8%)
Non-emergency ambulance transfer service (Note 1)	65,300 (10.1%)
Vaccine inoculation service (Note 2)	14,800 (2.3%)
First aid and ambulance services in country parks	13,500 (2.1%)
Emergency ambulance service	12,200 (1.9%)
Lifeguard service (Note 1)	6,300 (1.0%)
First aid courses	3,500 (0.5%)
Total	646,700 (100%)

Source: AMS records

Note 1: The AMS did not include the man-hours for these three services (totalling 403,300) in reporting performance (see para. 6.7).

Note 2: In 2009 and 2010, in addition to its main types of services, the AMS provided inoculation of pneumococcal conjugate vaccine for two months to two years old infants territory-wide.

Remarks: In 2010, no emergency call out or typhoon manning was required.

Manning of methadone clinics

Recruiting members to man methadone clinics

3.3 **Duties of members.** Since 1972, the DH has been responsible for the administration of a methadone treatment programme for drug abusers (Note 9). The AMS has all along assisted the DH in the programme by providing members to man methadone clinics. There are currently 20 methadone clinics, with an average daily attendance of about 6,400 patients. Each clinic is required to be manned by three to eight members. Members' duties include administration, nursing, accounting, shroffing, dispensing and other related clinical tasks. Their pay and allowances, based on their hours of attendance at the clinics, are borne by the DH. In 2010-11, pay and allowances totalling \$17 million were paid to some 400 members participating in the service.

3.4 **Recruitment exercise.** As shown in Table 3 in paragraph 3.2, manning of methadone clinics is a major AMS service requiring members' strong support. According to the normal schedule, the AMS conducts a recruitment exercise every two years to invite members to participate in the service for a two-year term (Note 10). Based on factors including their ranks and experience of manning methadone clinics, the AMS appoints some members as the Supervising Officers of individual clinics, and places other participating members on two lists (i.e. the first and the second priority lists) for assignment of duty shifts by the Supervising Officers monthly.

3.5 **Assignment of duty shifts.** For each month, the participating members specify the clinics and duty shifts they pledge to attend, and the days concerned. The Supervising Officers of individual clinics take account of members' pledged duty shifts and their priority rankings in assigning duty shifts to them. According to the AMS guidelines for manning methadone clinics, members on the first priority list are required to attend 80% of their pledged duty shifts. If a member fails to comply with the requirement, the AMS will downgrade his priority ranking to the second priority list.

Note 9: *The DH deploys doctors to methadone clinics to serve the patients.*

Note 10: *Members have to pass an examination after completing the prescribed training before they are eligible for manning methadone clinics.*

Measures to address tight manpower situation

3.6 In the past few years, the AMS experienced a tight manpower situation in manning methadone clinics. It took the following short-term measures to address the issue:

- (a) **Conducting ad hoc recruitment exercises.** In addition to the scheduled biennial recruitment exercises in 2008 and 2010, the AMS conducted two ad hoc exercises, one in 2009 and another in 2011, to recruit additional members to participate in the service for a one-year term;
- (b) **Lowering requirement on Supervising Officers.** Since 2008, the AMS has waived the requirement that members must possess experience of manning methadone clinics before they can be appointed as Supervising Officers. As a result, two inexperienced members were appointed as Supervising Officers in 2009 and one in 2011; and
- (c) **Arranging Supervising Officers to oversee two clinics.** In 2008 and 2009, three Supervising Officers retired or resigned from the AMS. The AMS arranged the Supervising Officers of three other clinics to undertake, in addition to their own duties, the duties of the outgoing Supervising Officers for 4 to 18 months (i.e. until the vacancies were filled in another recruitment exercise).

Audit observations and recommendations

3.7 Audit appreciates the short-term measures taken by the AMS to address the tight manpower situation in manning methadone clinics. Audit's analysis revealed some factors that had given rise to the manpower issue, as follows:

- (a) **Resignation and retirement of members.** During the period January 2008 to June 2011, there were increasing numbers of participating members who resigned from the AMS (see Table 4). It is also worth noting that, during the period July 2011 to December 2013, 55 other participating members will reach their retirement age;

Table 4

**Resignation of members participating in manning methadone clinics
(2008 to 2011)**

Year	Number of resigned members	Resigned members as a percentage of total participating members
2008	20	6%
2009	36	10%
2010	38	10%
2011 (Up to June)	35	9%

Source: AMS records

- (b) **Reduction in pledged duty shifts.** In 2010, each participating member on average pledged to attend 13 duty shifts per month, down from 15 in 2008; and
- (c) **Deficiencies in managing duty attendance.** Due to program bugs, the AMS's computerised database did not provide accurate management reports for monitoring members' duty attendance. For instance, Audit's sample check revealed that in February 2011 the number of members who failed to comply with the 80% duty attendance requirement (see para. 3.5) was 47, compared with 222 as incorrectly shown in the management reports. Of these 47 members, only the priority rankings of two members were downgraded in accordance with the AMS guidelines. Audit could not find documented reasons for not taking similar disciplinary action against the other 45 members.

3.8 In Audit's view, apart from taking the short-term measures, the AMS needs to study the factors leading to the tight manpower situation to determine whether additional measures are required. The AMS also needs to rectify the deficiencies in managing duty attendance.

Audit recommendations

- 3.9 **Audit has recommended that the Chief Staff Officer of the AMS should:**
- (a) **study the factors leading to the tight manpower situation in manning methadone clinics, including the reasons for the increasing numbers of participating members who resigned from the AMS and the reduction in the average number of duty shifts pledged by participating members;**
 - (b) **based on the study results in (a) above, take additional measures as appropriate to encourage more AMS members to support the methadone treatment programme by participating in manning methadone clinics;**
 - (c) **closely monitor the manpower situation in manning methadone clinics and, where necessary, take further measures in consultation with the Director of Health to ensure the effective operation of methadone clinics; and**
 - (d) **improve the management of duty attendance of members participating in manning methadone clinics by:**
 - (i) **ensuring that accurate management reports are produced for monitoring;**
 - (ii) **encouraging the members to meet the duty attendance requirement; and**
 - (iii) **taking disciplinary action against members who fail to meet the duty attendance requirement, and documenting the reasons for not taking disciplinary action in justifiable cases.**

Response from the Administration

3.10 The **Chief Staff Officer of the AMS** agrees with the audit recommendations. He has said that the AMS will:

- (a) conduct studies to explore ways to encourage members to participate in the methadone treatment programme;
- (b) work with the DH to take measures to enhance the operational efficiency of methadone clinics; and
- (c) explore the feasibility of computerising the duty attendance records.

Provision of lifeguard service

3.11 Since 2005, the AMS has provided lifeguard service at the Leisure and Cultural Services Department (LCSD) swimming pools during summer weekends and public holidays. A member is eligible for providing the services after he has acquired a lifeguard qualification by attending a LCSD training course and passing the examination. The qualification is valid for three years, which can be revalidated by attending a LCSD revalidation course and passing the examination. According to the AMS requirement, a member is not eligible for attending a revalidation course unless he has provided lifeguard service for at least a specified number of hours in the preceding financial year (Note 11).

3.12 Members' pay and allowances for attending LCSD courses and providing lifeguard service are borne by the LCSD. In 2010-11, pay and allowances totalling \$120,000 were paid to 82 members who attended LCSD courses. As at 31 March 2011, the AMS had 110 qualified lifeguards. The pay and allowances for 67 members who provided lifeguard service in 2010-11 totalled \$370,000.

Audit observations and recommendations

3.13 Audit noted that the LCSD welcomed the AMS's provision of lifeguard service at LCSD swimming pools because demands for such services were high during summer weekends and public holidays. However, Audit has found room for improvement in encouraging members to provide the services, as follows:

- (a) ***No minimum service requirement.*** Currently, members are not subject to any requirement on the provision of lifeguard service. Between 2005 and 2009, 217 members acquired or revalidated their lifeguard qualification through attending LCSD courses. Audit found that 77 members (35%) did not provide any lifeguard service for the LCSD during the validity period of their qualification; and

Note 11: *Before October 2010, the minimum requirement was 24 hours. Since October 2010, the minimum requirement has been reduced to 16 hours.*

- (b) ***Prerequisite requirement for revalidation course not enforced.*** In 2010, 33 members attended LCSD revalidation courses. Audit found that 10 members (30%) provided less than the required 24 hours of lifeguard service in the preceding financial year (Note 12). According to the AMS requirement, these 10 members should not have been eligible for attending the revalidation courses.

3.14 In Audit's view, the AMS needs to take measures to encourage more members to participate in the provision of lifeguard service. In view of the high percentage of qualified members not providing any lifeguard service, the AMS needs to consider imposing a minimum service requirement. The AMS also needs to enforce the prerequisite requirement for revalidation course to ensure the effective use of training resources.

Audit recommendations

- 3.15 **Audit has recommended that the Chief Staff Officer of the AMS should:**
- (a) **take measures to encourage more members to participate in the provision of lifeguard service for the LCSD;**
 - (b) **consider requiring members who have acquired or revalidated their lifeguard qualification through attending LCSD courses to provide at least a specified number of hours of lifeguard service for the LCSD each year; and**
 - (c) **enforce the AMS requirement that a member is not eligible for attending a revalidation course unless he has provided lifeguard service for at least the specified number of hours in the preceding financial year.**

Response from the Administration

3.16 The Chief Staff Officer of the AMS agrees with the audit recommendations. He has said that the AMS will liaise with the LCSD to work out a feasible optimal level of lifeguard service to be provided for the LCSD each year.

Note 12: *Five members did not perform any lifeguard duty. The other five members performed 8 to 16 hours of lifeguard duty. Since the 10 members attended the revalidation courses before October 2010, the minimum requirement was 24 hours (see Note 11 to para. 3.11).*

3.17 The **Director of Leisure and Cultural Services** supports the audit recommendations. With the implementation of the recommendations to encourage more AMS members to participate in the provision of lifeguard service for the LCSD, she hopes that lifesaving services at the public swimming pools will be further enhanced.

Provision of first aid courses

3.18 The AMS provides first aid courses for civil servants. On request, it also provides first aid courses at a fee for staff and members of non-profit making organisations. In 2010, it provided a total of 266 first aid courses and collected fees totalling \$230,000.

Audit observations and recommendations

3.19 Audit's examination of the charging of course fees by the AMS revealed the following issues:

- (a) ***Incorrect setting of per head fees.*** The AMS set a per head fee for each of its nine types of courses on a full-cost recovery basis, assuming a class size of 30 for each course. However, Audit noted that the intended class size for three types of courses (Note 13) was actually 20, instead of 30. As a result, the per head fees set for these three types of courses could not recover the full cost (Note 14); and
- (b) ***Inconsistent charging bases.*** Audit's examination of the charging of fees for 30 courses revealed that:
 - (i) for 9 courses, fees were charged based on the number of persons who had enrolled in the courses; and
 - (ii) for the other 21 courses, fees were charged based on the number of persons who had attended the courses.

Audit could not find documented reasons for using two different bases to charge the course fees. In Audit's view, the AMS needs to take measures to address the issues.

Note 13: *The three types of courses were the cardiopulmonary resuscitation, the use of resuscitator and the automated external defibrillator.*

Note 14: *In 2010, the undercharged fees were about \$14,000.*

Audit recommendations

- 3.20 **Audit has recommended that the Chief Staff Officer of the AMS should:**
- (a) **use the intended class size of a course in setting the per head fee;**
 - (b) **reset the per head fees for the three types of courses mentioned in paragraph 3.19(a) to correctly reflect their intended class size with a view to achieving full-cost recovery;**
 - (c) **review the appropriateness of the use of two different bases for charging fees for the courses mentioned in paragraph 3.19(b); and**
 - (d) **based on the review results in (c) above, provide AMS staff with guidelines on using the appropriate bases for charging course fees to achieve full-cost recovery.**

Response from the Administration

3.21 The **Chief Staff Officer of the AMS** agrees with the audit recommendations. He has said that the AMS will adopt the number of enrolments as the sole basis to charge the course fees.

PART 4: MANAGEMENT OF STORES

4.1 This PART examines issues relating to the management of the following stores:

- (a) emergency stores (paras. 4.2 to 4.11);
- (b) uniform stores (paras. 4.12 to 4.16); and
- (c) medical equipment for 2008 Equestrian Events (paras. 4.17 to 4.22).

Emergency stores

4.2 The AMS has 20 operation stores at various districts to keep medical supplies for normal operations (see para. 5.7(a)). It also keeps medical supplies in 21 emergency stores to ensure that sufficient supplies are promptly delivered to the scene in times of emergencies.

4.3 The emergency stores are at various locations over the territory (e.g. clinics, government buildings and reporting locations of the AMS units). The AMS maintains a database to record the store items. As at 31 March 2011, there were 296 types of emergency store items of different quantities, with an estimated total value of \$3.8 million.

Audit observations and recommendations

Need to conduct reviews periodically

4.4 Upon enquiry, the AMS advised Audit that the existing locations of the emergency stores were strategically chosen after taking account of factors including the population and demography of the area covered by the stores, and the availability and accessibility of accommodations for the stores.

4.5 Audit noted that the last review of emergency stores was conducted some 20 years ago in 1992. The review resulted in changes to the types and quantities of the store items kept and the storage methods (Note 15). In Audit's view, the AMS needs to

Note 15: *Since 1992, the emergency store items have been stored in plastic boxes instead of sealed metal barrels.*

conduct such reviews periodically to evaluate whether the emergency stores need changes in their locations, store items or any other aspect, taking account of relevant factors such as demographic changes and advances in medical technology.

Need to comply with stocktaking requirements

4.6 ***Stock verification requirement.*** Under Stores and Procurement Regulation (SPR) 1015(b), the AMS is required to inspect and verify the store items in its emergency stores progressively, ensuring that each item is checked at least once every three years. The AMS's practice is to conduct annual stocktaking by randomly selecting store items for inspection and verification. Audit noted that during 2006 to 2010, the AMS's annual stocktaking on average covered only 20% of the store items. In view of this small coverage (i.e. requiring five years to cover the total number of items) and the AMS's use of random selection, there was no assurance that each store item could be checked at least once every three years.

4.7 ***Surprise stock check requirement.*** Under SPR 140(b), the AMS is required to carry out surprise stock checks of the emergency stores at irregular intervals at least once every three months. Audit's analysis of the stock check records for two emergency stores for 2006 to 2010 revealed instances of non-compliance with the requirement. For one store, on eight occasions, the AMS did not carry out a surprise stock check until 4 to 15 months after the preceding check. For the other store, there were also eight occasions where the AMS conducted a surprise stock check more than 3 months after the preceding check, up to 11 months in the longest case.

4.8 ***Audit's sample stock checks.*** In April 2011, Audit performed sample stock checks in three emergency stores. The audit findings are summarised as follows:

- (a) ***Stock discrepancies.*** There were discrepancies between the store records and physical stock balances. Of 119 items selected from the store records, 20 items were not found physically in the stores. Of other 119 items selected from the stores, 16 were not found in the store records. Details are at Table 5;

Table 5
Stock discrepancies found by Audit
(April 2011)

Emergency store	Records to store		Store to records	
	Number of items checked from records	Number of items not found in store	Number of items checked from store	Number of items not found in records
Headquarters	63	9	69	7
Kwai Chung	32	9	25	2
Aberdeen	24	2	25	7
Total	119	20	119	16

Source: Audit's sample stock checks

- (b) **Expired items.** Two endotracheal tubes (used for keeping a casualty's airways open) expired some two years ago;
- (c) **Damaged items.** 12 items had been damaged, including six sets of diagnostic tools (see Photograph 1). These items were placed near a broken window, making them vulnerable to rain damage (Note 16); and

Note 16: According to the recommendations of manufacturers, medical stores should generally be stored in a cool, dry and well ventilated place.

Photograph 1

A set of rusted diagnostic tools



Source: Photograph taken by Audit on 14 April 2011

- (d) **Unlabelled items.** 12 items were not labelled, while the other items were labelled to facilitate identification (see Photographs 2 and 3).

Photograph 2

Labelled store items



Source: Photograph taken by Audit on 14 April 2011

Photograph 3

Unlabelled store items



Source: Photograph taken by Audit on 14 April 2011

4.9 ***Need to comply with stocktaking requirements.*** Stocktaking helps verify the accuracy of store records, examine the physical conditions of store items and evaluate whether there are storage or control problems. In Audit's view, the AMS needs to comply with the stocktaking requirements. In particular, in conducting the stocktaking of emergency stores, it needs to ascertain whether they have issues similar to those found in Audit's sample stock checks (see para. 4.8) and take appropriate actions to address them.

Audit recommendations

4.10 **Audit has recommended that the Chief Staff Officer of the AMS should:**

- (a) **conduct periodic reviews of the emergency stores to evaluate whether they need changes in their locations, store items or any other aspect, taking account of relevant factors such as demographic changes and advances in medical technology;**
- (b) **comply with the stocktaking requirements on emergency stores as stated in the SPRs, including:**
 - (i) **checking each store item at least once every three years; and**
 - (ii) **carrying out surprise stock checks at least once every three months;**
- (c) **follow up the issues found in Audit's sample stock checks of three emergency stores, including the stock discrepancies and the expired, damaged and unlabelled items; and**
- (d) **in conducting the stocktaking of store items in emergency stores, ascertain whether they have issues similar to those found in Audit's sample stock checks and take appropriate actions to address them.**

Response from the Administration

4.11 The **Chief Staff Officer of the AMS** agrees with the audit recommendations. He has said that the AMS will:

- (a) set up an inspection team to review the emergency stores periodically; and
- (b) conduct regular and surprise stock checks according to the requirements of the SPRs and follow up any further issues identified.

Uniform stores

4.12 AMS members are required to wear uniforms during operation and training. The AMS has a uniform store located at its Headquarters. It uses the Departmental Stores Ledger Posting System of the Government Logistics Department to record uniform items. As at 31 March 2011, the uniform store had 166 uniform items of different quantities, with a total value of \$1.5 million.

Audit observations and recommendations

Excessive uniform items

4.13 Audit's examination of the Excessive Stock Report generated by the Departmental Stores Ledger Posting System revealed that, as at 31 March 2011, excessive stocks (Note 17) were kept for 50 uniform items. They included 14 items (e.g. trousers and shirts) the stocks of which would meet the AMS requirements for 10 to 27 years, assuming the same consumption patterns as in the past three years.

4.14 Apart from taking up storage space and increasing administration costs, the excessive uniform items will become obsolete if there is a change in the uniform design. In Audit's view, the AMS needs to take improvement measures to ensure that adequate, but not excessive, stocks of uniform items are kept.

Audit recommendations

4.15 **Audit has recommended that the Chief Staff Officer of the AMS should:**

- (a) **investigate the circumstances leading to the keeping of excessive stocks of the uniform items with a view to identifying any deficiencies in the procedures; and**
- (b) **based on the investigation results in (a) above, take improvement measures to ensure that adequate, but not excessive, stocks of uniform items are kept.**

Note 17: *The report treated stocks exceeding the average annual consumption for the past three years as excessive.*

Response from the Administration

4.16 The **Chief Staff Officer of the AMS** agrees with the audit recommendations. He has said that:

- (a) the AMS will take steps to improve the stock control system with a view to minimising overstocking and disposing of the unusable and unwanted items; and
- (b) the AMACS being developed will enable accurate inventory control.

Medical equipment for 2008 Equestrian Events

4.17 In 2008, Hong Kong hosted the Olympic and Paralympic Equestrian Events. The AMS was responsible for providing medical and first aid services to the athletes and the workforce at the competition venues. To meet the requirements specified by the Organising Committee for the Events, the AMS procured medical supplies and equipment at a total cost of about \$3 million.

4.18 After the Events, the unused medical supplies and some medical equipment (e.g. stretcher) were transferred to the AMS's Operations Section for use in daily operations or training purposes. The remaining more advanced medical equipment (e.g. blood analyser and electrocardiogram equipment) was transferred to the AMS's Logistics and Support Section, and has not been used since. According to the AMS, it did not require such equipment for its daily operations.

Audit observations and recommendations

4.19 The AMS spent about \$1.9 million to procure the more advanced medical equipment. It also needs to pay an annual maintenance service fee of \$40,000 for some of the equipment items. In Audit's view, it is not cost-effective to continue keeping the equipment items but leaving them idle. Where the AMS has determined that the equipment items are surplus to its requirements, it needs to arrange for their disposal in accordance with the SPRs (Note 18).

Note 18: *Chapter XI of the SPRs specifies the regulations applicable to the disposal of store items that have become surplus to the requirements of a department. For serviceable store items, the department is required to ascertain whether they are needed within other parts of the Government, before considering whether to dispose of them through donation, commercial disposal or dumping.*

Audit recommendations

- 4.20 **Audit has recommended that the Chief Staff Officer of the AMS should:**
- (a) **regarding the medical equipment items procured for the 2008 Olympic and Paralympic Equestrian Events that have not been used after the Events, determine whether they are surplus to requirements; and**
 - (b) **where the equipment items are surplus to requirements, arrange for their disposal in accordance with the SPRs, seeking the advice of the Director of Government Logistics where appropriate.**

Response from the Administration

4.21 The **Chief Staff Officer of the AMS** agrees with the audit recommendations. He has said that the AMS will conduct a review and dispose of any surplus equipment items in accordance with the SPRs.

4.22 The **Director of Government Logistics** agrees with the audit recommendations in this PART of the Report. She has said that the Government Logistics Department stands ready to advise the AMS where necessary on its management of stores with a view to achieving effective and efficient operation of all supplies functions in compliance with the SPRs and other relevant circulars and guidelines.

PART 5: MANAGEMENT OF AMBULANCES

5.1 This PART examines the management of AMS ambulances and suggests measures for improvement.

Ambulance fleet

5.2 The AMS is provided with an ambulance fleet to meet its operational needs. As shown in Table 6, as at 31 March 2011, the fleet had 16 ambulances.

Table 6

**Ambulance fleet
(31 March 2011)**

Type	Equipment	Main services	Number
Motor cycle ambulance	First aid kits	Provide first aid services in country parks on Sundays and public holidays	5
Non-emergency ambulance	A set of basic medical equipment	Provide non-emergency ambulance transfer service to patients of the DH, the Hospital Authority, the Social Welfare Department and private hospitals	6
Town ambulance (see Photograph 4)	A comprehensive set of medical equipment	(a) Provide ambulance services in country parks on Sundays and public holidays (b) Reinforce the ambulance services of the Fire Services Department at the scene of emergency in response to emergency calls (c) Supplement the non-emergency ambulance transfer service when the non-emergency ambulances are under repair and maintenance	5
Total			16

Source: AMS records

Photograph 4

A town ambulance of the AMS



Source: Photograph taken by Audit on 29 July 2011

5.3 The Electrical and Mechanical Services Department provides maintenance services for the ambulance fleet. The total operating costs of the ambulance fleet, including maintenance and fuel costs, amount to about \$0.9 million a year.

Monitoring usage of ambulances

5.4 The driver of each ambulance is required to keep a log book to record the details of each journey (including the kilometres run, the number of passengers and the purpose of the journey) and the idle times. The AMS compiles monthly reports on the utilisation of its ambulances, including the total kilometres run, the number of operating days and the number of idle days. However, it does not compile regular reports on the usage of the ambulances.

5.5 Based on the log books of the five town ambulances, Audit prepared an analysis of their usage in 2010-11. Table 7 shows the details.

Table 7

**Audit's analysis of the usage of five town ambulances
(2010-11)**

Usage	Total kilometres run
Provision of services	44,401 (53%)
Delivery of first aid stores and equipment	28,926 (35%)
Training of members	4,436 (5%)
Others (Note 1)	2,884 (4%)
Unspecified (Note 2)	2,836 (3%)
Total	83,483 (100%)

Source: Audit's analysis of AMS records

Note 1: The journeys were mainly related to the maintenance of the ambulances.

Note 2: The purposes of the journeys were not specified in the log books.

Audit observations and recommendations

Need to review usage of town ambulances

5.6 As shown in Table 7, apart from the provision of services, the five town ambulances were mainly used for delivering first aid stores and equipment (representing 35% of the kilometres run in 2010-11). Upon enquiry, the AMS informed Audit that the deliveries were made between mainly the AMS Headquarters in Ho Man Tin and the places of public events, and no first aid teams were deployed to ride on the ambulances during such journeys.

5.7 Audit's examination of this issue revealed the following:

- (a) ***Non-compliance with AMS Operation Order.*** As mentioned in paragraph 4.2, the AMS has 20 operation stores at various districts. According to the AMS Operation Order, each operation store should have one set of first aid equipment. However, Audit found that while the operation store at the AMS

Headquarters had 30 sets of first aid equipment, five operation stores did not have any (Note 19), contrary to the AMS Operation Order;

- (b) ***Deliveries from Headquarters.*** In cases where the duty locations were in the districts of the five operation stores without first aid equipment, deliveries of such equipment between the Headquarters and the duty location were normally needed; and
- (c) ***Deliveries by event organisers.*** In other cases, the event organisers normally could provide transportation of first aid equipment between the operation store concerned and the duty location.

5.8 Audit is concerned about the cost-effectiveness of making frequent deliveries of first aid stores and equipment between the AMS Headquarters and the duty location, and using the town ambulances for such deliveries. In Audit's view, the AMS needs to review the usage of its town ambulances and take improvement measures.

Need to ensure proper keeping of log books

5.9 Table 7 in paragraph 5.5 shows that the purposes of some town ambulance journeys (representing 3% of the kilometres run in 2010-11) were not specified in the log books, contrary to the laid-down requirement (see para. 5.4). This weakened the monitoring of the usage of the ambulances. In Audit's view, the AMS needs to comply with the laid-down requirement.

Need to establish procedures for monitoring usage of ambulances

5.10 Audit notes that the AMS has not established procedures for monitoring the usage of its ambulances. For example, as mentioned in paragraph 5.4, it does not compile regular reports on the usage of its ambulances. Without such procedures, the management will not be timely informed as to whether there are cases where the ambulances are not used cost-effectively. In Audit's view, actions are needed to improve the situation.

Audit recommendations

5.11 **Audit has recommended that the Chief Staff Officer of the AMS should:**

Note 19: *Of the five operation stores, three were located on Hong Kong Island and two in Kowloon.*

- (a) review the cost-effectiveness of making frequent uses of town ambulances for delivering first aid stores and equipment between the AMS Headquarters and the duty location, as compared to other means to achieve the same end;
- (b) based on the review results in (a) above, issue guidelines to specify the circumstances under which town ambulances may be used for deliveries of first aid stores and equipment;
- (c) take action to comply with the AMS Operation Order that each operation store should have one set of first aid equipment, with a view to reducing the need for deliveries from the Headquarters;
- (d) ensure that the purpose of each ambulance journey is properly recorded in the log book; and
- (e) establish procedures for monitoring the usage of the ambulances, including compiling regular reports on the usage of the ambulances for management review.

Response from the Administration

5.12 The **Chief Staff Officer of the AMS** agrees with the audit recommendations. He has said that:

- (a) each operation store will be equipped with one set of first aid equipment;
- (b) after the delivery of first aid equipment, the town ambulance will be stationed at the last delivery location to provide stand-by ambulance support to the duty locations nearby;
- (c) all ambulance journeys will be logged, and regular and surprise checking of log books will be conducted; and
- (d) procedures for monitoring the usage of the ambulances will be drawn up.

5.13 The **Director of Government Logistics** agrees with the audit recommendations. She has said that the Government Logistics Department stands ready to advise the AMS where necessary on its management of stores with a view to achieving effective and efficient operation of all supplies functions in compliance with the SPRs and other relevant circulars and guidelines.

PART 6: PERFORMANCE MANAGEMENT

6.1 This PART examines the AMS's performance management and suggests areas for improvement.

Performance measures

6.2 Performance management, including developing and reporting performance measures, helps enhance government performance, transparency and accountability. According to the Financial Services and the Treasury Bureau's guidelines, Controlling Officers should:

- (a) focus on targets measured preferably in terms of intended outcome when developing their performance measures;
- (b) indicate the extent to which the department's operational objectives are being achieved;
- (c) make sure that the information is substantiated and accurate; and
- (d) ensure that proper performance records are maintained and can be validated.

6.3 As reported in the 2011-12 Controlling Officer's Report (COR), the AMS has developed 17 key performance measures, comprising 5 targets and 12 indicators. Details are at Appendix E. Audit's examination of the performance measures revealed areas for improvement. The audit findings are set out in paragraphs 6.4 to 6.11.

Audit observations and recommendations

Targets for recruit and centralised training

6.4 According to the 2011-12 COR, for 2011 the AMS set a performance target of 30,000 man-hours for recruit training and another target of 35,000 man-hours for centralised training. Audit found that:

- (a) these targets were the same for the three years from 2009 to 2011 and they were set in respect of only courses with pay and allowances payable to members; and
- (b) in reporting the actual man-hours for recruit and centralised training for 2009 and 2010, only courses with pay and allowances payable to members were counted.

6.5 Audit's analysis revealed that, in 2010, the man-hours for courses without pay and allowances payable to members represented about 56% and 34% of the total man-hours for recruit and centralised training respectively. Table 8 shows the details.

Table 8
Recruit and centralised training
(2010)

Type of courses	Recruit training (Man-hour)	Centralised training (Man-hour)
Courses with pay and allowances payable to members (Note)	28,980 (44%)	33,918 (66%)
Courses without pay and allowances payable to members	37,000 (56%)	17,700 (34%)
Total	65,980 (100%)	51,618 (100%)

Source: AMS records

Note: In the 2011-12 COR, the AMS reported the man-hours for only these courses.

6.6 As mentioned in paragraph 2.2, the main objective of providing training to members is to equip them with updated knowledge and skills for performing duties effectively. As such, the performance measures should indicate whether the AMS provides adequate training to all members, regardless of whether they receive any pay and allowances for attending the training. In Audit's view, the AMS needs to review its performance targets for recruit and centralised training to determine whether they should be revised to cover all courses.

Target for services

6.7 In the 2011-12 COR, in respect of its supplementary services, the AMS set a performance target of 243,000 man-hours for 2011, and reported actual man-hours of 283,322 and 243,401 for 2009 and 2010 respectively. Audit found that the target and actual man-hours did not cover those for manning of methadone clinics, non-emergency ambulance transfer service and lifeguard service, which totalled 403,300 man-hours in 2010 (see Note 1 to Table 3 in para. 3.2).

6.8 Upon enquiry, the AMS explained that:

- (a) members' pay and allowances for manning methadone clinics and providing lifeguard service were borne by the DH and LCSD respectively (see paras. 3.3 and 3.12); and
- (b) the number of requests for non-emergency ambulance transfer was reported as a performance indicator.

6.9 Audit noted the AMS's explanations. However, it should also be noted that the three services were mentioned in the COR as part of the AMS supplementary services to other departments and outside agencies. Therefore, exclusion of the man-hours for these three services in the performance target and reporting for the AMS supplementary services would give rise to misunderstanding.

Substantiation and accuracy of information

6.10 Audit found that some of the performance indicators in the 2011-12 COR could not be substantiated or were inaccurate. The audit findings are summarised below:

- (a) ***Indicators that could not be substantiated.*** In respect of the provision of emergency services, the AMS reported the following two performance indicators:
 - (i) number of man-hours for emergency duties (serious traffic accidents, disastrous fires, typhoons, rainstorms and major epidemics); and
 - (ii) number of occasions of call outs/operations in emergency duties.

However, the AMS could not produce the relevant records for Audit's inspection; and

- (b) ***Indicators that were inaccurate.*** In respect of the provision of paramedic training to civil servants, the AMS reported the following two performance indicators:
 - (i) number of civil servants attending first aid qualifying course; and
 - (ii) number of civil servants attending other certificate/short courses.

Audit's examination of the reported numbers for 2010 revealed that they were inaccurate (see Table 9). Upon enquiry, the AMS informed Audit that the reported numbers were based on its estimates, instead of the actual figures compiled from its training database.

Table 9
Civil servants attending paramedic training
(2010)

	First aid qualifying course (Number)	Other certificate/ short courses (Number)
Information reported by the AMS in 2011-12 COR	4,028	6,022
Statistics compiled by Audit from the AMS's training database	5,040	2,665
(Understatement)/Overstatement	(1,012)	3,357

Source: Audit's analysis of AMS records

6.11 In Audit's view, the AMS needs to ensure that the performance information is substantiated and accurate, and proper performance records are maintained and can be validated (see para. 6.2(c) and (d)).

Audit recommendations

6.12 **Audit has recommended that the Chief Staff Officer of the AMS should:**

- (a) **review the performance targets for recruit and centralised training to determine whether they should be revised to cover all courses, instead of only courses with pay and allowances payable to members;**
- (b) **review the performance target for the provision of services to determine whether it should cover all services, including manning of methadone clinics, non-emergency ambulance transfer service and lifeguard service; and**
- (c) **take measures to ensure that the performance information reported in the COR is substantiated and accurate, and proper performance records are maintained and can be validated.**

Response from the Administration

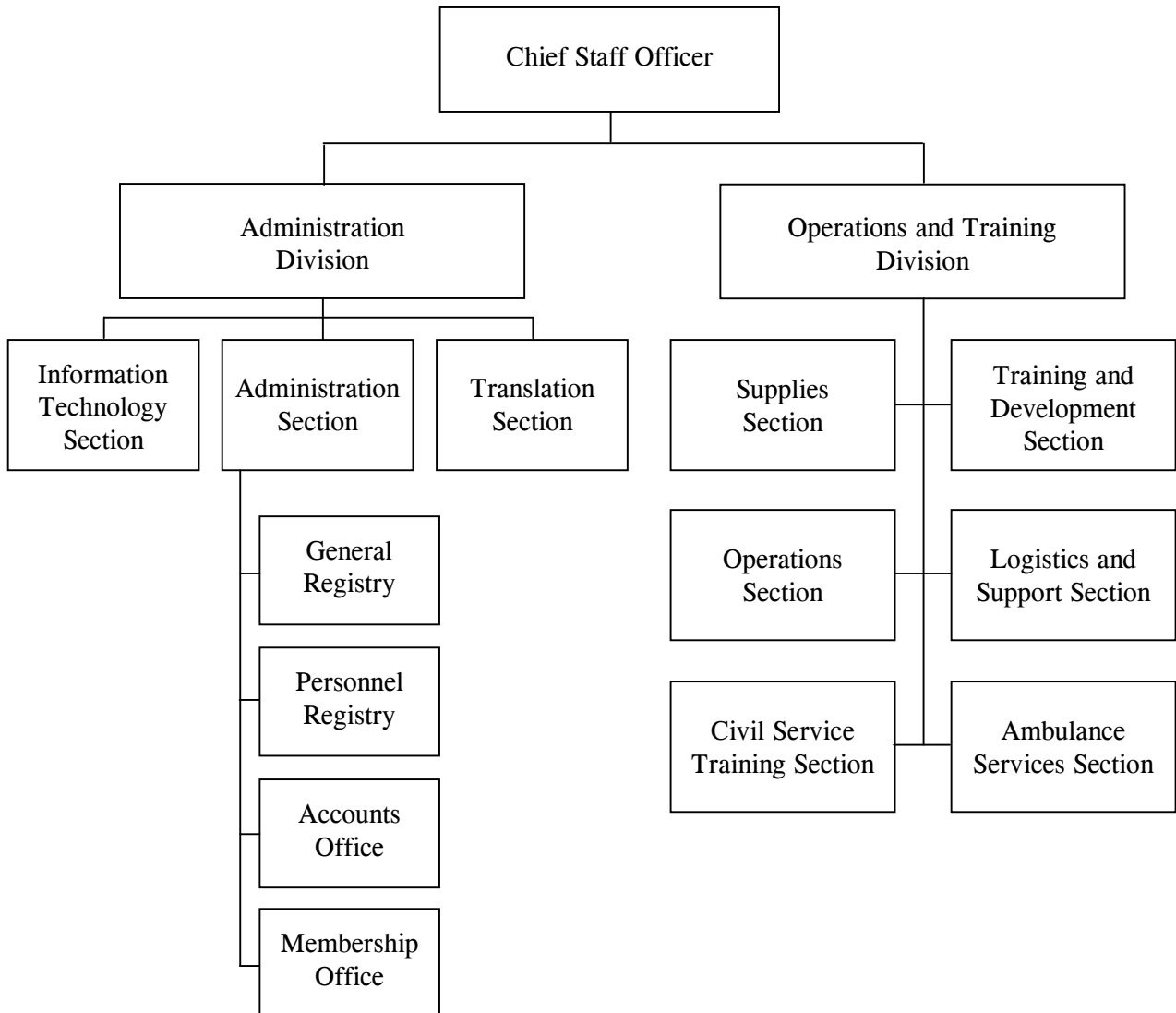
6.13 The **Chief Staff Officer of the AMS** agrees with the audit recommendations. He has said that the AMS will:

- (a) review the performance targets and update them accordingly; and
- (b) ensure that all information reported in the COR is substantiated and accurate, and all performance records are maintained and can be validated.

6.14 The **Secretary for Financial Services and the Treasury** has said that:

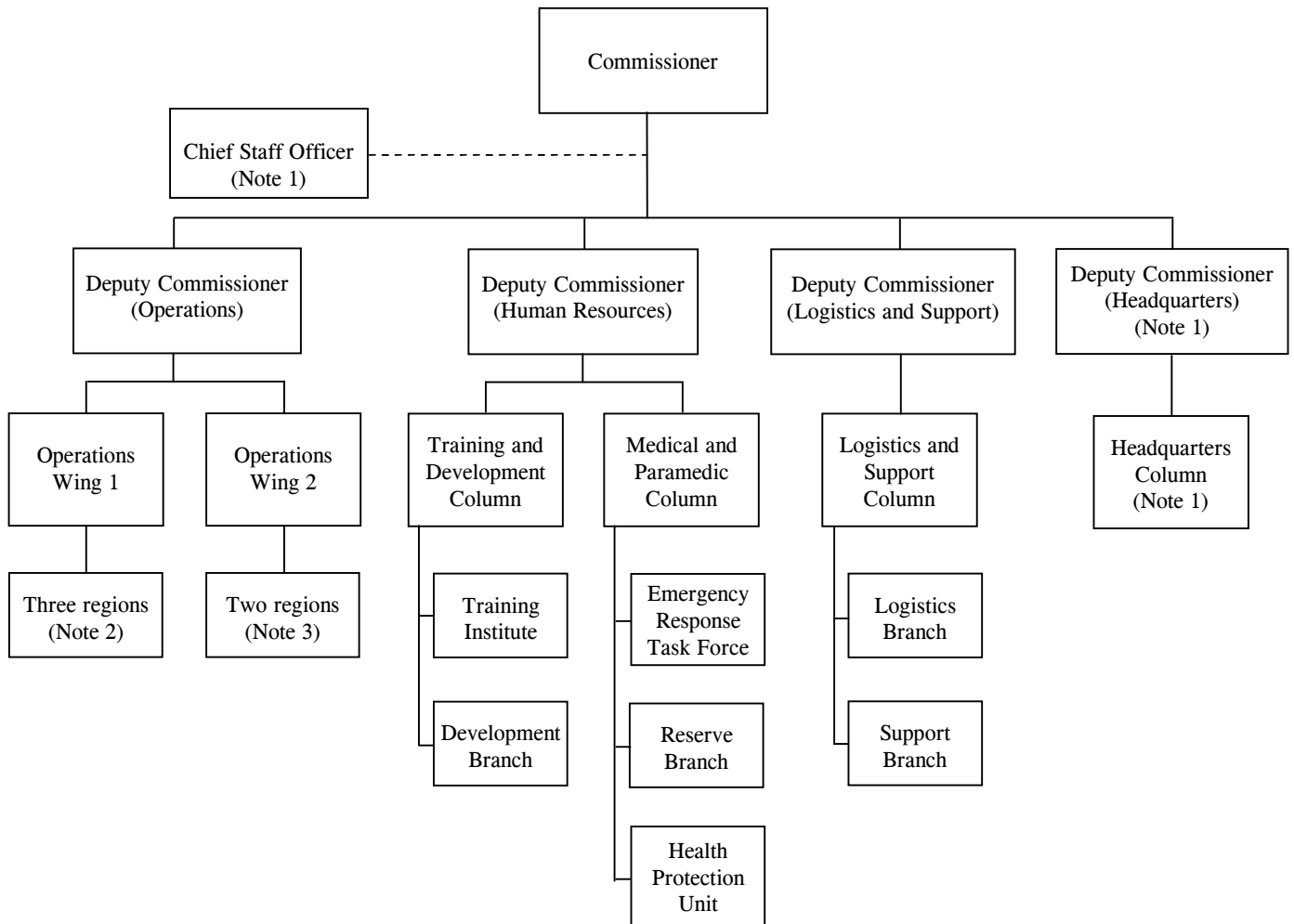
- (a) while the Chief Staff Officer of the AMS, as the Controlling Officer, is responsible for revising the related performance targets and indicators in the COR having regard to the audit recommendations, he will keep in view the follow-up actions taken by the AMS in preparing the draft Estimates in future; and
- (b) in respect of paragraph 6.12(b), he considers it useful for the AMS to consult relevant departments when setting performance targets in the COR, such as those relating to the manning of methadone clinics and lifeguard service.

**Auxiliary Medical Service Headquarters
Organisation chart
(30 June 2011)**



Source: AMS records

**Auxiliary Medical Service volunteer force
Organisation chart
(30 June 2011)**



Source: AMS records

Note 1: The Chief Staff Officer of the AMS and other civil servants working in the AMS Headquarters have also been appointed as the Deputy Commissioner (Headquarters) and members of the volunteer force respectively. The latter are deployed to the Headquarters Column mainly to provide logistics support.

Note 2: The three regions are Hong Kong Island, Kowloon East and Kowloon West.

Note 3: The two regions are New Territories East and New Territories West.

Appendix C
(paras. 2.24 and 2.27(b) refer)

**Training venues
(30 June 2011)**

Training venue	Training facilities	Area (square metres)	2010-11 utilisation rate
<i>Headquarters</i>			
1. AMS Headquarters	3 classrooms, 1 simulated ward and 1 hall	665	58%
2. Hong Kong Regional Headquarters	2 classrooms and 1 simulated ward	203	20%
3. Kowloon East Regional Headquarters	3 classrooms and 1 simulated ward	81	60%
4. Kowloon West Regional Headquarters (Note)	3 classrooms and 1 simulated ward	129	55%
5. New Territories East Regional Headquarters (Opened in 2008)	1 hall	150	2%
6. New Territories West Regional Headquarters	1 classroom and 1 simulated ward	71	28%
<i>District training centres</i>			
7. Cheung Chau Training Centre	1 classroom	36	17%
8. Mui Wo Training Centre	1 classroom	33	4%
9. Sai Kung Training Centre	1 classroom	49	33%
10. Sham Shui Po Training Centre (Opened in 2003)	1 classroom and 2 music practice rooms for the AMS Band	116	38%
11. Southern District Training Centre (Note)	1 classroom and 1 simulated ward	92	11%
12. Tai Po Training Centre	1 classroom	24	1%
13. Tung Chung Training Centre	1 classroom	49	19%
14. Yuen Long Training Centre	1 classroom and 1 simulated ward	92	7%
<i>Training camps</i>			
15. Tsam Chuk Wan Training Centre	Canoe training and district training camps	790	17%
16. Tsuen Wan Training Camp	Outdoor training camp	548	5%

Source: Audit's analysis of AMS records

Note: The venues have been leased from the Hong Kong Housing Authority since 1989-90.

Main types of services

Services provided during emergency situations

1. ***Emergency call out.*** Where assistance is required at a scene of incident, the AMS will deploy an Emergency Response Task Force (a team of doctors, nurses and specially trained members) to provide on-site paramedic services to the casualties.
2. ***Typhoon manning.*** After typhoon signal No. 8 is hoisted, the AMS will deploy members to set up first aid posts at designated points. Besides, ambulance crews will be deployed to designated ambulance depots to augment the Fire Services Department's ambulance service.
3. ***Emergency ambulance service.*** An AMS emergency ambulance is on standby at the New Territories East Regional Headquarters at Shatin to respond to emergency calls from the Fire Services Communication Centre, which is responsible for coordinating all rescue parties.

Services provided in normal times

1. ***Manning of methadone clinics.*** The AMS assists the DH in the Methadone Treatment Programme by providing trained members to man methadone clinics.
2. ***First aid coverage for public events.*** In cooperation with the Hong Kong Police Force and other government departments, the AMS provides on-the-spot first aid coverage for public events (e.g. firework display and New Year's Eve Countdown Carnival). On request, the AMS also provides first aid coverage for events organised by non-profit making organisations.
3. ***Non-emergency ambulance transfer service.*** The AMS uses six non-emergency ambulances to provide transfer service to patients of the DH, the Hospital Authority, the Social Welfare Department and private hospitals.
4. ***First aid and ambulance services in country parks.*** On Sundays and public holidays, the AMS sets up first aid posts at places designated by the Agriculture, Fisheries and Conservation Department.
5. ***Lifeguard service.*** The AMS provides lifeguard service at the LCSD swimming pools during summer weekends and public holidays.
6. ***First aid courses.*** The AMS provides first aid courses for civil servants. On request, it also provides first aid courses for non-profit making organisations on a full-cost recovery basis.

Source: AMS records

Appendix E
(para. 6.3 refers)

Key performance measures in 2011-12 Controlling Officer's Report

Targets	Target Man-hour	2009 (Actual)	2010 (Actual)	2011 (Plan)
1. General regular training	240,000	239,900	239,881	240,000
2. Recruit training	30,000	28,069	28,980	30,000
3. Centralised training	35,000	24,623	33,918	35,000
4. Civil service training	152,000	152,796	152,984	152,000
5. Supplementary services	243,000	283,322	243,401	243,000

Indicators	2009 (Actual)	2010 (Actual)	2011 (Estimate)
Emergency services:			
1. Number of man-hours for emergency duties (serious traffic accidents, disastrous fires, typhoons, rainstorms and major epidemics)	2,180	2,250	2,200
2. Number of occasions of call outs/operations in emergency duties	9	7	9
3. Members attending regular training	4,376	4,550	4,400
4. New members recruited	514	483	500
5. New cadets recruited (Note)	-	-	300
6. Members attending centralised training	3,634	3,828	3,744
Civil servants attending paramedic training:			
7. First aid qualifying course	4,023	4,028	4,000
8. Other certificate/short courses	6,015	6,022	6,000
Supplementary services:			
9. Response to ambulance calls	1,231	1,233	1,200
10. Coverage at public functions	2,481	2,508	2,200
11. Cases treated on country park duty	1,791	1,940	2,000
12. Response to non-emergency ambulance transfer requests	16,758	16,547	16,500

Source: AMS's 2011-12 COR

Note: This is a new indicator (see Note 1 to para. 1.2).

Appendix F

Acronyms and abbreviations

AMACS	AMS Members and Cadet Corps Management System
AMS	Auxiliary Medical Service
Audit	Audit Commission
COR	Controlling Officer's Report
DH	Department of Health
LCSD	Leisure and Cultural Services Department
SPR	Stores and Procurement Regulation