



**Minutes of Hospital Authority
Administrative & Operational Meeting
held on Thursday 24 June 2021 at 2:30pm
in Conference Hall, 2/F, HA Building, 147B Argyle Street, Kowloon**

Present :

Mr Henry FAN Hung-ling, SBS, JP	(Chairman)
Mr Thomas CHAN Permanent Secretary for Food and Health (Health)	(via web conference)
Dr Constance CHAN Hon-ye, JP Director of Health	(via web conference)
Prof Francis CHAN Ka-leung, SBS, JP	(via web conference)
Prof CHAN Wai-ye	
Ms Margaret CHENG Wai-ching	(via web conference)
Mr Duncan CHIU	(via web conference)
Mr David FONG Man-hung, BBS, JP	(via web conference)
Mr Ambrose HO, SBS, JP	(via web conference)
Ms Mary HUEN Wai-yi	(via web conference)
Dr Tony KO Pat-sing Chief Executive	
Mr Daniel LAM Chun, SBS, JP	
Mr Franklin LAM Fan-keung, BBS	(via web conference)
Prof LAU Chak-sing, JP	(via web conference)
Mr Raistlin LAU Chun, JP Deputy Secretary for Financial Services and the Treasury (Treasury) ¹	(via web conference)
Ms Lisa LAU Man-man, BBS, MH, JP	(via web conference)

Prof Gabriel Matthew LEUNG, GBS, JP (via web conference)

Dr LEUNG Wing-cheong

Prof David SHUM Ho-keung

Mr Ivan SZE Wing-hang, BBS, JP (via web conference)

Prof Agnes TIWARI Fung-yee (via web conference)

Mr Philip TSAI Wing-chung, BBS, JP (via web conference)

Ms Priscilla WONG Pui-sze, BBS, JP (via web conference)

Ir Billy WONG Wing-hoo, BBS, JP (via web conference)

Mr Jason YEUNG Chi-wai (via web conference)

Mr Charlie YIP Wing-tong

Miss Margaret CHEUNG (Secretary)
Head of Corporate Services

Absent with : Mrs Ann KUNG YEUNG Yun-chi
apology
(*Out of HK) Dr Thomas TSANG Ho-fai

In attendance : Ms Anita CHAN
Director (Finance)

Dr Beatrice CHENG
Cluster Chief Executive (New Territories
East)

Dr N T CHEUNG
Head of Information Technology and
Health Informatics

Dr K L CHUNG
Director (Quality and Safety)

Dr Jenny LAM (via web conference)
Representing Cluster Chief Executive
(Kowloon Central)

Dr C B LAW
Cluster Chief Executive (Kowloon West) *(via web conference)*

Dr Libby LEE
Director (Strategy and Planning)

Dr Theresa LI
Cluster Chief Executive (Hong Kong West) *(via web conference)*

Dr C C LUK
Cluster Chief Executive (Hong Kong East)

Mr David MAK
Head of Human Resources

Dr Simon TANG
Cluster Chief Executive (New Territories West) *(via web conference)*

Dr K T TOM
Cluster Chief Executive (Kowloon East) *(via web conference)*

Dr Deacons YEUNG
Director (Cluster Services)

Mr Frankie YIP
Chief Manager (Corporate Communication)

Ms Katherine SHIU
Chief Manager (Human Resources)²
[For discussion of AOM Paper No. 1663,
No. 1667 and Any Other Business]

Dr Vivien CHUANG
Chief Manager (Infection, Emergency &
Contingency)
[For discussion of “Update on COVID-19”]

Dr Ian CHEUNG
Chief Manager (Cluster Performance)
[For discussion of “AOM Paper No. 1668”]

Mr Andy LAU
Chief Manager (Boards & General)

Ms Phoebe LEUNG
Senior Manager (Boards & Support)

Ms Josephine CHAN
Manager (Boards & Support)

In attendance : Ms Melinda CHOI
(Attachees of the Senior Radiographer, Department of Imaging and Interventional
Corporate Radiology, Prince of Wales Hospital
Exposure Programme)

Ms M Y LEE
Department Operations Manager, Cardiac Medicine/
Department of Ophthalmology/ Palliative Medicine, Grantham
Hospital

Ms Carol LU
Senior Finance Manager, Cluster Finance, Kowloon Central
Cluster

Mr Rico SHUM
System Manager, Business and Administrative Systems Team 6,
Information Technology and Health Informatics Division, Head
Office

Ms Fiona TANG
Department Manager, Physiotherapy Department, Kwai Chung
Hospital

Ms Peggy TANG
Senior Radiographer, Radiology Department, Pamela Youde
Nethersole Eastern Hospital

Declaration of Interest

The Chairman invited Members to declare conflict of interest, if any, arising from the agenda items of, or discussion at, the meeting. There was no declaration from Members.

Strictly Confidential Item

(This subject was discussed and the detailed deliberations were separately recorded in paragraphs 2 to 3.)

(Other HA executives joined the meeting after this item.)

Welcome Remarks

4. The Chairman welcomed the six sit-in colleagues, who were attachees from the Nursing, Allied Health and Administrative disciplines under the Corporate Exposure Programme of the Hospital Authority Head Office (HAHO).

Confirmation of Minutes

5. The draft minutes of the last Administrative & Operational Meeting (AOM) held on 27 May 2021 were confirmed without amendment.

Matters Arising

Papers transacted by circulation

6. The Chairman reported that the Board had approved AOM Paper No. 1661 on “Chairmanship, Vice-Chairmanship and Co-opted Membership of Committees of the HA Board” on 10 June 2021 after circulation. Also, “The List of Authorised Representatives approved by the Executive Committee to represent the Hospital Authority to vote and nominate candidates for the Medical and Health Services Subsector Election of the Election Committee” was circulated for Members’ information on 8 June 2021.

Membership of Regional Advisory Committee

7. Members noted proposed appointment to the New Territories Regional Advisory Committee was being finalised before submission to the Board for consideration in due course.

Membership of The Princess Margaret Hospital Charitable Trust (Restricted AOM Paper No.1662)

8. Members approved the appointment of Mr Kenny CHAN Ngai-sang (陳毅生先生) and Ms Shirley CHAN Suk-ling (陳淑玲女士), currently members of the Hospital Governing Committee (HGC) of Kwai Chung Hospital (KCH) & Princess Margaret Hospital (PMH), as members of the Board of Trustees of The PMH Charitable Trust from 24 June 2021 for a term of three years or until they ceased to be members of the HGC of KCH & PMH, whichever was the earlier. Members also authorised the Chairman, Chief Executive and any one member of the Board to fix the seal of HA and authenticate the fixing of the seal for executing the Trust Deed for effecting the approved membership changes.

Proposed Cessation of Staff Allowances and Extra Day Off on COVID-19 and Proposal of a New Special Allowance (Confidential AOM Paper No.1664)

(This subject was discussed and Members approved (a) the proposed cessation of the temporary staff allowances and Extra Day Off; and (b) the proposed implementation of a new special allowance for designated settings. The detailed deliberations were separately recorded in paragraphs 9 to 14.)

2021/22 Annual Pay Adjustment of the Hospital Authority (Confidential AOM Paper No.1665)

15. Members approved the proposal to similarly adopt and apply the 2021/22 Civil Service Annual Pay Adjustment (APA), i.e. pay freeze, to the employees of HA with retrospective effect from 1 April 2021 for 2021/22, as endorsed by HRC on 15 June 2021.

2020/21 Audited Accounts of the Community Care Fund Medical Assistance Programmes (Restricted AOM Paper No.1666)

16. Members approved the draft audited accounts of the three Community Care Fund Medical Assistance Programmes for the financial year ended 31 March 2021, as endorsed by the Finance Committee (FC) at its meeting held on 25 May 2021.

(Mr Franklin LAM left the meeting at this juncture.)

(Ms Priscilla WONG joined the meeting at this juncture.)

Update on COVID-19

(This subject was discussed and Members noted the updates on COVID-19 in respect of the latest situation; the COVID-19 Vaccination Programme; the COVID-19 test exemption for fully-vaccinated hospital visitors and day patients; and the extension of Special Visiting Arrangement. The details were separately recorded in paragraph 17.)

(Prof Francis CHAN left the meeting at this juncture.)

Progress Update on Hospital Authority Staff Survey (AOM Paper No.1667)

18. As background, Ms Katherine SHIU gave a brief overview of the key findings of the Corporate-wide Staff Survey (CWSS) conducted in 2016 and those of the Focused Staff Survey (FSS) in 2019. In view of possible changes in staff sentiments and mind sets after the events in society in the latter half of 2019, the Board and Human Resources Committee advised Human Resources Department to validate the survey scores through focus group discussions with target groups of staff. As follow up, focus group discussions for nursing staff were completed in four clusters in the first quarter of 2020, while those planned for the remaining three clusters had to be cancelled due to the outbreak of COVID-19.

19. According to the findings of focus groups, there were slight improvements in the dimension of “Respect and Recognition” as compared to that observed in the FSS. However, some comments indicated obvious decline in the dimension of “Communication”, especially in the categories of “being open and honest in communication” and “supervisor communicates effectively”. On the other hand, the focus groups reaffirmed that work-life balance continued to be a major value in career aspiration. As for job satisfaction, positive working relationship with peers remained the top driver. The preferred communication channels as indicated by the FSS and the focus groups were the same, i.e. e-mail, shift handovers and bottom-up communication via supervisors.

20. These findings were helpful in crafting the staff communication strategy under COVID-19 to meet the needs and preferences of different staff groups, stakeholders and situations. In this respect, diversified communication channels were set up, including a

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hotline to address staff concerns and designated contact persons for prompt and concrete replies on different subjects. The experience also formed a basis for the long-term direction of designating a Staff Relations Officer to serve as a focal point of contact at the hospital level.

21. In parallel, follow-up actions in response to the findings of FSS were being implemented respectively at the corporate, cluster and grade levels. For cascading, the FSS reports and findings of the focus groups would be provided to Cluster Chief Executives (CCEs), Hospital Chief Executives (HCEs) and Chief Manager (Nursing) for information and related follow-up. With that, the 2019 FSS was formally fully completed.

22. Ms Katherine SHIU further pointed out that with due consideration of the experience in the previous CWSS and FSS, as well as the market trend and practice to use technology for short and frequent surveys, it was found that HA's current staff survey strategy might not be responsive enough to meet fast-changing working environment. Short, focused, time-responsive staff survey might be the coming trend in addition to the corporate-wide survey for organisational health check. As such, it was recommended refining the staff survey strategy to include smaller FSSs between two CWSSs. While aiming for timely and simple analysis, FSSs would carry different foci for more in-depth study on specific areas and attend to different target staff groups. To safeguard confidentiality, HA would continue to engage an external consultancy company to assist in the design and implementation of staff surveys, and adopt e-survey and self-coding in the coming cycle. The proposed refinements were endorsed by HRC, which also emphasised that the survey questions should be well crafted to obtain useful and practical views from staff members for necessary follow-up, particularly on the corporate direction on various smart initiatives, as appropriate.

23. Members noted the findings and the plans ahead. Mr Philip TSAI suggested that as the CWSS in 2016 had identified a generation gap between Generation Y and Baby Boomers in HA, and in view of the retirement wave of Baby Boomers, the future surveys could be more forward looking by ascertaining the preferred communication styles of Generation Z or Generation Alpha, to whom email communication might be out of sync. It would be helpful for the surveys to also look into their perception and expectation on HA's roadmap on smart initiatives. Prof David SHUM also remarked that timely communication with staff about the follow-up actions done after the FSS and focus group discussions would be helpful to enhancing the response rates in future staff surveys.

**Report on Key Performance Indicators
(AOM Paper No.1668)**

24. Dr Ian CHEUNG briefed Members on HA's performance in Key Performance Indicators (KPIs) of clinical services, human resource (HR) and finance for the reporting period from April 2020 to March 2021. Key highlights were as follows :

- (a) With the impact of COVID-19 epidemic on service volume across a wide spectrum of HA's services in this reporting period, HA overall fell below the 2020-21 throughput estimates in the Controlling Officer's Report including inpatient, Accident & Emergency (A&E) and outpatient, day hospital, community and outreach services. Reduction in service volume was most noticeable in day hospital services (including rehabilitation day and palliative care day attendances, geriatric day attendances and psychiatric day attendances) and psychiatric outreach attendances, with more than 40% negative variance against both the 2020-21 estimates and the 2019-20 service throughput. Nevertheless, with the continuing easing local epidemic situation, services had gradually resumed to normal activity levels as compared to the corresponding statistics of 2019, i.e. before the COVID-19 epidemic.
- (b) With a view to minimising the impact of COVID-19 on patients, HA adjusted its service models where practicable. For example, the use of technologies enabled tele-consultations for psychiatric patients and supported the home training programme for patients of allied health services through videos of rehabilitation exercises on HA's rehabilitation mobile application under "HA Go". For stable specialist outpatient (SOP) clinic patients who required rescheduling of follow-up appointments, drug refill services were arranged according to their needs. In addition, HA expanded the service scope of some of the existing Public-Private Partnership Programmes and launched new public-private collaboration initiatives to divert suitable patients from public hospitals to receive treatments in the private sector.
- (c) HA's overall percentage of A&E patient attendances seen within target waiting time for Triage I (critical) and Triage II (emergency) met the targets. For Triage III (urgent) and Triage IV (semi-urgent), HA

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overall fell short of the targets by 9.7% points and 3.4% points respectively.

- (d) For SOP new case booking, all clusters met the target overall median waiting time for first appointment for Priority 1 and Priority 2 cases at two weeks and eight weeks respectively. On the 90th percentile waiting time for Routine new case booking, the waiting time of Ear, Nose & Throat, Medicine, Ophthalmology (OPH) and Orthopaedics & Traumatology (ORT) was above 100 weeks.
- (e) Under the COVID-19 epidemic, HA adjusted non-emergency and non-essential services, including postponing elective surgeries, to conserve manpower and resources in managing emergency cases. For total joint replacement (TJR), the waiting time at 90th percentile for patients receiving the treatment of TJR was 55 months for HA overall, which had lengthened by four months when compared with that in prior year. On the other hand, respective variances of rates of day surgery plus same day surgery for Surgery, OPH and ORT for HA overall were within 5% range of normal fluctuation when compared with prior year.
- (f) While HA had adjusted non-emergency and non-essential medical services during the COVID 19 epidemic, emergency and essential treatments to patients were maintained. For other disease specific quality indicators, variances in KPI performance against that of prior year were generally within 5% range of normal fluctuation.
- (g) On HR, HA had a staffing position of 88 651 as at 31 March 2021, i.e. growth of 4.9% as compared with prior year. The workforce in all staff groups had increased and the greatest increase was “Others” staff group (+7.3%). The latter group, mainly consisted of Operation Assistants and Executive Assistants who helped relieve the workload of cluster operation or clinical services. The HA overall attrition rate of full-time staff was 8.2% (April 2020 to March 2021), with the highest rate in the staff groups of “Others” (11.2%) and “Supporting (Care-related)” (11.1%). During the reporting period, the total training days attended by permanent and contract full-time and part-time staff on headcount basis were 208 335.9 days and the average training days per staff were 2.5 days, with Nursing staff

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reported the highest training days and the “Others” staff group the lowest.

- (h) On finance, the intermittent service adjustments during the COVID-19 epidemic, less-severe winter surge and higher untaken annual leave of staff had impacted on HA’s operation and financial position. For the year ended 31 March 2021, HA recorded a preliminary underspending of \$1.8 billion in recurrent operating results, which was slightly lower than the projection at mid-year. In the face of fiscal deficits and uncertainty about HA’s future funding support after the second triennium funding, as well as increasing resource requirements to support the progressive commissioning of more new/redeveloped hospitals, HA would further discuss with the Government on the way forward for meeting the rising financial needs expected ahead. The preliminary operating results might be subject to further changes following discussion with the Government on HA’s financial planning to address future challenges, and other adjustments after the review of financial statements by HA’s external auditor.

**Progress Reports of Committees of the Hospital Authority Board
(Restricted AOM Paper No.1660)**

(without presentation)

25. Members noted the key agenda items discussed by Audit and Risk Committee, Executive Committee, HRC, Information Technology Services Governing Committee, Medical Services Development Committee and Supporting Services Development Committee in June 2021; and the detailed progress reports from EC, FC, HRC, Main Tender Board and Public Complaints Committee respectively on their meetings conducted in May 2021.

Any Other Business

Senior Executive Appointments

26. Members noted the appointments of
- (a) Dr Tony HA King-hang (夏敬恒醫生), currently Chief Manager (Primary & Community Services) of Strategy & Planning Division, as Deputising Director (Strategy & Planning) from 1 July 2021 to 2 January 2022;

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- (b) Dr Gladys KWAN Wai-man (關慧敏醫生), currently Service Director (Quality & Safety) in New Territories West Cluster, as Chief Manager (Clinical Effectiveness & Technology Management) of Quality & Safety Division with effect from 5 July 2021; and
- (c) Dr Ian CHEUNG Tsz-fung (張子峯醫生), currently Chief Manager (Cluster Performance) of Cluster Services Division, as HCE (Yan Chai Hospital) with effect from 2 August 2021.

Vote of Thanks

27. The Chairman expressed a sincere vote of thanks to Dr C C LUK, CCE (Hong Kong East) & HCE (Pamela Youde Nethersole Eastern Hospital, St John Hospital & Wong Chuk Hang Hospital) [CCE(HKE) & HCE(PYNEH, SJH & WCHH)], for his invaluable contributions to public healthcare services in Hong Kong for some 30 years. Dr Luk would start his pre-retirement leave on 1 July 2021 before retirement from HA on 1 November 2021.

28. Dr Loletta SO, currently Consultant (Medicine) of PYNEH, would take up the position of CCE(HKE) & HCE (PYNEH, SJH & WCHH) on 3 January 2022. In the interim from 1 July 2021 to 2 January 2022, Dr Libby LEE, Director (Strategy & Planning), would deputise the position of CCE(HKE) & HCE (PYNEH, SJH & WCHH).

Date of Next Meeting

29. The next AOM was scheduled for Thursday, 29 July 2021 at 2:30 p.m. in the Conference Hall, HA Building.

30. There being no other business, the meeting was adjourned at 3:45 p.m.

Hospital Authority
AOMMINUTES\236
MC/AL/PL/wm
23 July 2021