



**Minutes of Hospital Authority Board Meeting
held on Thursday 26 June 2025 at 5:00 p.m.
in Conference Hall, 2/F, HA Building, 147B Argyle Street, Kowloon**

Present : Mr Henry FAN Hung-ling, SBS, JP (Chairman)

Dr Rex AUYEUNG Pak-kuen, GBS, JP

Mr Thomas CHAN Chung-ching, JP (via web conference)
Permanent Secretary for Health

Prof Anthony CHAN Tak-cheung

Ms Ann CHAN Wai-yan, JP (via web conference)
Deputy Secretary for Financial Services and
the Treasury (Treasury)1

Ms Margaret CHENG Wai-ching, JP (via web conference)

Ms Winnie CHIU Wing-kwan, BBS, JP

Ms Maisy HO Chiu-ha, BBS, JP (via web conference)

Ms Mary HUEN Wai-yi, JP (via web conference)

Ms Tennessy HUI Mei-sheung, MH, JP

Mr JAT Sew-tong, SBS, SC, JP (via web conference)

Dr Tony KO Pat-sing, JP
Chief Executive

Mr Matthew KWOK Pui-ho

Dr Ronald LAM Man-kin, JP (via web conference)
Director of Health

Mr Anthony TSANG Hin-fun (via web conference)

Dr Thomas TSANG Ho-fai, BBS

Mr WAN Man-yee, BBS, JP

Prof Janet WONG Yuen-ha

Mr Andy LAU
Head of Corporate Services

(Secretary)

Absent with :
apology
(*Out of HK)

Mr CHAN Wing-kai

* The Hon Duncan CHIU

* Prof Philip CHIU Wai-yan

Ms Anita FUNG Yuen-mei, BBS, JP

Mrs Sylvia LAM YU Ka-wai, SBS

Prof LAU Chak-sing, BBS, JP

* Prof David SHUM Ho-keung

Mr Henry TONG Sau-chai, BBS, MH, JP

Ir Billy WONG Wing-hoo, BBS, JP

Prof ZHANG Zhang-jin

In attendance :

Ms Anita CHAN
Director (Finance)

Dr CHENG Chi-hung
Deputising Cluster Chief Executive (New
Territories East)

(via web conference)

Dr Eric CHEUNG
Cluster Chief Executive (Kowloon Central)

(via web conference)

Dr N T CHEUNG
Head of Information Technology and Health
Informatics

Dr Gladys KWAN
Deputising Cluster Chief Executive (Kowloon
West)

(via web conference)

Dr K H LAU
Deputising Cluster Chief Executive (Hong
Kong East)

Dr Theresa LI
Cluster Chief Executive (Hong Kong West)

(via web conference)

Ir Kelvin LO
Director (Development and Works)

Mr David MAK
Head of Human Resources

Dr Christina MAW
Deputising Director (Strategy and Planning)

Dr Simon TANG
Director (Cluster Services)

Dr Michael WONG
Director (Quality and Safety)

Dr WONG Yiu-chung
Cluster Chief Executive (New Territories
West)

(via web conference)

Dr Deacons YEUNG
Cluster Chief Executive (Kowloon East)

Mr Frankie YIP
Chief Manager (Corporate Communication)

Ms Priscilla POON
Chief Manager (Allied Health)
[For discussion of HAB Paper No. 365]

Mr Alvin CHAN
Chief Manager (Financial Control & Operation)
[For discussion of HAB Paper No. 365]

Ms Winnie JIM
Senior Manager (Financial Control &
Operation)
[For discussion of HAB Paper No. 365]

Dr Rosanna WONG
Chief of Service (Department of Paediatrics
and Adolescent Medicine), Hong Kong
Children's Hospital / Director (Hong Kong
Breast Milk Bank)
[For discussion of HAB Paper No. 366]

Dr WONG Wei-yin
Deputy Hospital Chief Executive / Chief of
Service (Medicine), Haven of Hope Hospital
[For discussion of HAB Paper No. 367]

Ms Natalia LI
Chief Manager (Boards & General)

Ms Josephine CHAN
Senior Manager (Boards & Support)

Mr Damian LEUNG
Manager (Boards & Support)

In attendance : Dr CHAO Yuet-lan
(Attachees of Senior Physiotherapist, Department of Physiotherapy, Princess Margaret
the Corporate Exposure Hospital
Programme) Mr CHENG Ming-wai
Senior Nursing Officer, Planning & Commissioning Team, Grantham
Hospital

Dr Adrian HUI Ting-hin
Associate Consultant, Department of Medicine and Geriatrics, United
Christian Hospital

Mr Nico LAI
Systems Manager, Information Technology Service Centre Team 4:
Enterprise Application Platform, Information Technology and Health
Informatics Division, Head Office

Dr MA Hok-man
Senior Physiotherapist, Physiotherapy Department, Queen Elizabeth
Hospital

Dr Maggie MOK Ming-yee
Associate Consultant, Department of Medicine, Tung Wah Hospital

Artificial Intelligence for Transcription of Meeting Discussions

The Chairman informed Members that this was the first Board Meeting with artificial intelligence utilised to transcribe meeting discussions into a verbatim transcript, which would then be generated into draft meeting minutes for refinement by the Board's secretariat and documentation. This technology would be adopted in the Hospital Authority (HA), as appropriate, to facilitate preparation of meeting minutes in the future with a view to enhancing efficiency.

Declaration of Interest

2. 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.

Confirmation of Minutes

3. The draft minutes of the last Board Meeting held on 27 March 2025 were confirmed without amendments.

Matters Arising

4. There was no outstanding item arising from the minutes of the last meeting.

Report on Outcomes of the Administrative & Operational Meeting

5. The Chairman reported that at the Administrative & Operational Meeting held on 26 June 2025, the HA Board discussed and approved / noted a number of items, and the minutes of which could be accessed on HA's website.

Progress Report on Strategic Priorities **(HA Board Paper No. 364)**

6. Dr Tony KO updated Members on the implementation progress of HA's strategic priorities in the first quarter of 2025 (1Q25). Among the 313 programme targets planned for completion in 1Q25, 281 programmes were achieved as scheduled, nine programmes were partially achieved and 23 programmes experienced delay. HA would continue close monitoring on the various programme targets according to the planned completion schedule.

**Annual Report on the Operation of the Community Care Fund
Medical Assistance Programmes
(HA Board Paper No. 365)**

7. Ms Priscilla POON reported the operation and financial position of the three Community Care Fund (CCF) Medical Assistance Programmes in 2024/25, namely (a) CCF Medical Assistance Programme - First Phase Programme (First Phase Programme); (b) Subsidy for Eligible Patients to Purchase Ultra-expensive Drugs (Including Those for Treating Uncommon Disorders) (UED Programme); and (c) Subsidy for Eligible Patients of HA to Purchase Specified Implantable Medical Devices for Interventional Procedures (MD Programme). With the support of the HA CCF Administration Committee, relevant authorities of CCF approved four new drugs, eight new/relaxed indications and the repositioning of 19 indications to Samaritan Fund (SF) for the First Phase Programme; two new drugs, one new/relaxed indication and the repositioning of one indication to SF for the UED Programme; and one new medical device and the expansion of one indication for the MD Programme during the period from April 2024 to May 2025. As at 31 May 2025, the First Phase Programme, the UED Programme and the MD Programme covered 23 self-financed drugs, 11 ultra-expensive drugs and seven implantable medical devices respectively. The number of approved applications under the First Phase Programme, the UED Programme and the MD Programme in 2024/25 and the respective amount of subsidy granted for the three Programmes, as well as the indicative budget for each Programme for 2025/26 were also reported.

8. To enable patients' earlier access to suitable new drugs, HA had optimised the new drug listing and safety net prioritisation processes alongside the Government's new mechanism for new drug registration, i.e. the "1+ mechanism". The optimisation included refining the roles and functions of its drug-related committees; and streamlining the workflow of new drug evaluation. All of these enabled HA to substantially reduce the lead time for inclusion of new drugs into HA Drug Formulary and the safety net coverage from 18 months to approximately nine months.

9. The clinical audit of 25 selected CCF applications approved in 2022/23 showed that 23 cases fully complied with the prevailing clinical guidelines, with the remaining two classified as compliant with retrospective exceptional considerations. The financial assessment audit of 72 selected CCF applications from 1 January to 31 December 2024 confirmed full compliance with the essential areas listed in the existing guidelines with regard to proper documentation of required information. In parallel, post-approval check covering a total of 3 041 selected applications approved in 2023/24 and 2024/25 was underway.

10. Enhancement measures were implemented in 2025/26 to enhance the timeliness and representativeness of clinical audits for drug applications. These included conducting clinical audits by clinicians on a quarterly basis, rather than annually, with at least 5% of approved cases for selected drug/indication, to ensure compliance with clinical guidelines; and the introduction of monthly audits by clinical pharmacists on “Eligibility” and “Exclusion Criteria”, with a sample size of five cases per cluster each month. Clinicians were also reminded to refer needy patients for safety net assistance according to the prevailing clinical guidelines.

11. The Medical Fee Assistance Application (MFA App), which was integrated into HA’s mobile application “HA Go”, offered a number of functions regarding SF and CCF such as financial eligibility self-assessment; push notification on application status and post-approval checking; funding utilisation tracking; document submission; and self-service online application. From November 2024 to April 2025, an average of over 7 500 full members of HA Go accessed the MFA App per month, representing a 283% year-on-year increase; while over 930 patients utilised functions of the MFA App per month, reflecting a 35% year-on-year growth.

**Cluster Presentation Programme – Kowloon Central Cluster –
Hong Kong Breast Milk Bank : Advancing Infant Health through
Safe Breast Milk Donation
(HA Board Paper No. 366)**

12. Dr Rosanna WONG briefed Members on the establishment of the Hong Kong Breast Milk Bank (HKBMB) service under HA, at the Hong Kong Children’s Hospital (HKCH) of the Kowloon Central Cluster for the advancement of neonatal care in Hong Kong. The initiative, which was announced in the Hong Kong Special Administrative Region Chief Executive’s 2023 Policy Address, aimed to provide pasteurised donor breast milk to premature and critically ill infants who were unable to be breastfed by their biological mothers, and thus to reduce the risk of serious illness in those babies. The target of the breast milk bank project was to provide at least 1 000 litres of pasteurised donor breast milk annually to benefit 450-600 premature or sick infants, with defined prioritisation of use.

13. The governance structure of HKBMB was outlined, which highlighted the roles and responsibilities of different stakeholders across various aspects, such as development and review of safety standards; service commissioning; and formulation of operational workflows. Reference was made to the practices of national and international milk bank services in developing the service model of HKBMB, and the “Guideline for Breast Milk Bank Service Operation” (the Guideline) was

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devised with reference to international guidelines to ensure HKBMB's compliance with the Hazard Analysis and Critical Control Point (HACCP) principles on staff training and capability, as well as validation and maintenance of breast milk processing facilities and equipment. A standardised operational workflow was developed according to the Guideline for the entire breast milk donation process involving donor screening; donor milk collection and processing; quality assurance; and distribution. In April 2025, HKBMB received ISO 22000 and HACCP accreditation, affirming its commitment to high standards of food safety and quality management. Essential information of HKBMB's operations would be properly documented and retained for 30 years to ensure traceability in case of incidents.

14. To raise awareness of and encourage breast milk donation, HKBMB had been endeavouring to promulgate the breast milk bank initiative since mid-May 2024 before its service commencement on 6 January 2025. As of the end of May 2025, more than 230 donors had been registered, and the cumulative volume of donated breast milk had amounted to more than 800 litres, with more than 480 litres distributed to Neonatal Intensive Care Units, benefiting around 90 infants.

15. Moving forward, HKBMB would continue to uphold the quality and safety standards of breast milk donation in Hong Kong and make every effort to promulgate breast milk donation and increase public acceptance of donor breast milk, with a view to reducing infant mortality through breast milk feeding. Regular audits and research projects would be conducted and collaborative efforts with national and international milk banks would be made to facilitate development of milk bank services and related research.

16. The Chairman appreciated the tremendous effort of the team in setting up HKBMB for enhancing neonatal care.

**Cluster Presentation Programme – Kowloon East Cluster –
A Venture of Faith – Evolution of Pulmonary Rehabilitation Service
at Haven of Hope Hospital
(HA Board Paper No. 367)**

17. Dr WONG Wei-yin briefed Members on the development and evolution of the Pulmonary Rehabilitation (PR) service at the Haven of Hope Hospital (HHH) of the Kowloon East Cluster, tracing its origin from a tuberculosis sanatorium established in 1955 to a leading provider of care for chronic lung diseases nowadays. To address service needs of Chronic Obstructive Pulmonary Disease (COPD) patients, HHH launched the first respiratory physician-led multidisciplinary Pulmonary Rehabilitation Programme (PRP) in Hong Kong in 1991, aiming to help patients manage their conditions, improve physical abilities and enhance

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their quality of life through comprehensive assessment and a variety of tailored training conducted by a multidisciplinary team of doctors, nurses, physiotherapists, occupational therapists, dietitians and social workers. Following the success of HHH's PRP, other HA hospitals had implemented similar programmes, with all clusters providing PR service nowadays.

18. Over the years, HHH expanded its service provision with the establishment of Hong Kong's first PR Centre in 1995 to meet the evolving needs of patients; introduction of home-based PR service in 1999 for pneumoconiosis and mesothelioma patients; and the launch of Nurse and Allied Health Clinic (NAHC) on respiratory rehabilitation programme in 2009 for patients with less severe COPD, which was subsequently extended to asthma patients. PRP's service capacity was further enhanced by re-engineering the day-patient PRP from a full-day to a half-day programme in 2017, allowing HHH to accommodate twice as many patients while maintaining effective outcomes. In recent years, the introduction of advanced technologies for PR service, such as whole body vibration and blood flow restriction machine, as well as hydro-pool had further enhanced patient outcomes. Since April 2024, HHH had piloted the Integrated Chinese-Western Medicine (ICWM) programme in respiratory wards, achieving synergy with PRP to enhance patient recovery during their hospital stay for rehabilitation. As of March 2025, some 120 patients had participated in the ICWM programme with positive feedback.

19. HHH's day-patient PRP was suspended for two years during the COVID-19 pandemic, followed by a significant decrease in the referral rate after service resumption. The decrease was attributed to patient's avoiding visits to medical facilities due to infection concerns and lacking awareness of the availability and benefits of PR. To facilitate patients' participation in PRP, the PR team utilised smart technologies and stepped up the use of tele-rehabilitation. In 2024/25, the PRP attendance had returned to pre-COVID-19 levels.

20. Going forward, HHH's PR team would further promote PR to clinical teams and patients, with emphasis on its effectiveness in improving patient outcomes; and share the experience and research findings on PR at various platforms, such as the HA Convention, to facilitate knowledge exchange. In alignment with HHH's commitment to providing holistic and quality healthcare services, the team would continue its endeavours to develop PR service and make it accessible to more patients with chronic lung diseases.

21. The Chairman thanked the team for the dedicated effort in improving the quality of life of patients with chronic lung diseases through the PR service.

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Date of Next Meeting

22. The next Open Board Meeting was scheduled for Thursday 25 September 2025 at 4:00 p.m. in the Conference Hall, HA Building.

23. There being no other business, the meeting was adjourned at 5:35 p.m.

Hospital Authority
HAB\MINUTES\100
AL/NL/JC/DL/gw
28 July 2025