



**Minutes of Hospital Authority Board Meeting  
held on Thursday 15 December 2022 at 4:35 p.m.  
in Conference Hall, 2/F, HA Building, 147B Argyle Street, Kowloon**

Present :

Mr Henry FAN Hung-ling, SBS, JP	(Chairman)
Mr Thomas CHAN Chung-ching, JP Permanent Secretary for Health	(via web conference)
Prof CHAN Wai-ye	(via web conference)
Mr CHAN Wing-kai	(via web conference)
Ms Margaret CHENG Wai-ching, JP	(via web conference)
Dr Amy CHIU, JP Representing Director of Health	(via web conference)
Mr David FONG Man-hung, BBS, JP	(via web conference)
Ms Anita FUNG Yuen-mei, BBS, JP	
Mr Ambrose HO, SBS, JP	(via web conference)
Ms Maisy HO Chiu-ha, BBS	(via web conference)
Ms Mary HUEN Wai-yi, JP	(via web conference)
Dr Tony KO Pat-sing, JP Chief Executive	
Mr Franklin LAM Fan-keung, BBS	(via web conference)
Mrs Sylvia LAM YU Ka-wai, SBS	
Dr LEUNG Wing-cheong	(via web conference)
Mr Aaron LIU Kong-cheung, JP Deputy Secretary for Financial Services and the Treasury (Treasury)1	(via web conference)
Mr Henry TONG Sau-chai, MH, JP	
Mr Philip TSAI Wing-chung, BBS, JP	(via web conference)

Mr Anthony TSANG Hin-fun

Dr Thomas TSANG Ho-fai *(via web conference)*

Mr WAN Man-ye, BBS, JP

Mr Andy LAU *(Secretary)*  
Head of Corporate Services

Absent with :  
apology  
(\*Out of HK)

Prof Francis CHAN Ka-leung, SBS, JP

The Hon Duncan CHIU

Prof LAU Chak-sing, BBS, JP

Prof David SHUM Ho-keung

Prof Agnes TIWARI Fung-ye

Ir Billy WONG Wing-hoo, BBS, JP

In attendance :

Ms Anita CHAN  
Director (Finance)

Dr N T CHEUNG  
Head of Information Technology and Health  
Informatics

Dr W K CHING  
Director (Strategy and Planning)

Dr K L CHUNG *(via web conference)*  
Cluster Chief Executive (New Territories  
East)

Dr Jeffrey LAI  
Deputising Director (Quality and Safety)

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

Mr Ambrose LAU  
Representing Head of Human Resources

Dr Loletta SO *(via web conference)*  
Cluster Chief Executive (Hong Kong East)

Dr Simon TANG  
Director (Cluster Services)

Dr Chris TSANG  
Representing Cluster Chief Executive  
(Kowloon Central) *(via web conference)*

Dr Nelson WAT  
Representing Cluster Chief Executive  
(Kowloon West) *(via web conference)*

Dr WONG Yiu-chung  
Cluster Chief Executive (New Territories  
West) *(via web conference)*

Dr Deacons YEUNG  
Cluster Chief Executive (Kowloon East) *(via web conference)*

Mr Jeremiah NG  
Chief Internal Auditor *(via web conference)*

Mr Frankie YIP  
Chief Manager (Corporate Communication)

Ms Fion LEE  
Chief Manager (Patient Relations and  
Engagement)  
[For discussion of HAB Paper No. 329]

Dr Calvin MAK  
Consultant (Neurosurgery Department),  
Queen Elizabeth Hospital  
[For discussion of HAB Paper No. 331]

Ms LI Wah-chun  
Cluster General Manager (Nursing),  
Kowloon Central  
[For discussion of HAB Paper No. 331]

Ms Natalia LI  
Chief Manager (Boards & General)

Ms Phoebe LEUNG  
Senior Manager (Boards & Support)

Ms Joanna KOO  
Manager (Boards & Support)

In attendance : Ms Daisy AU  
(Attachees of the Health Informatician, Clinical Systems, Information Technology  
Corporate and Health Informatics Division, Head Office  
Exposure Programme)

Ms Karen CHAN  
Senior Finance Manager, Cluster Finance, Kowloon Central  
Cluster

Ms L S CHAU  
Nurse Consultant, Intensive Care, Tuen Mun Hospital

Ms Angel LI  
Senior Pharmacist, Pharmacy, Princess Margaret Hospital

Ms Geraldine NG  
Department Manager, Dietetics, Kowloon West Cluster

Ms Bernice TSUI  
Department Operations Manager, Medical Stream, Hong Kong  
Children's 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.

### **Welcome Remarks**

2. The Chairman extended a warm welcome to Ms Anita FUNG, Mrs Sylvia LAM, Mr Anthony TSANG and Mr Henry TONG, who had joined the Hospital Authority (HA) Board since 1 December 2022, for attending the Board Meeting for the first time.

### **Confirmation of Minutes**

3. The draft minutes of the last Board Meeting held on 22 September 2022 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 (AOM) held on 15 December 2022, the HA Board considered and approved the following matters :

- (a) Appointment of Director (Quality & Safety);
- (b) Return of Staff Quarters Block 11 of Castle Peak Hospital to the Government;
- (c) Development of Integrated Chinese-Western Medicine in the Hospital Authority;
- (d) Report on Key Performance Indicators and 2022 Key Performance Indicator Annual Review; and
- (e) Membership of the Prince of Wales Hospital Charitable Foundation and The Hospital Authority New Territories West Cluster Hospitals Charitable Trust.

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Other matters discussed or noted by the HA Board at the AOM included :

- (a) Annual Report on Action Plan of the Task Group on Sustainability;
- (b) Establishment of Hospital Governing Committee Task Groups on Enhancing Patient-Centric Services;
- (c) Updates on COVID-19; and
- (d) Progress Reports of Committees of the HA Board.

**2021 Patient Experience Survey on Specialist Outpatient Service (HA Board Paper No. 329)**

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6. Ms Fion LEE informed Members that the 2021 Patient Experience Survey (PES) on Specialist Outpatient Service (SOPS) aimed to proactively gauge patients' experience and enhance patient-centred care. The Jockey Club School of Public Health and Primary Care, Faculty of Medicine of The Chinese University of Hong Kong was commissioned by HA to conduct this survey from August 2021 to January 2022, with interview completed for 13 393 randomly selected patients who had attended any one of the 26 selected HA Specialist Outpatient Clinics (SOPCs). Patients' experience was collected via a validated questionnaire covering eight dimensions of care aspects with respect to the patient journey at SOPCs. Salient points of the key findings of the PES on SOPS and the recommendations for improvement were highlighted below:

- (a) Nearly 90% of the respondents had an overall experience response rating of 7 or above (along a scoring scale of 0 to 10) for SOPC services. The mean score of the overall experience across the 26 SOPCs was 7.9, which was the same as that of a similar survey conducted in 2018.
- (b) As reflected in the findings, patients were generally satisfied with the experience of clinical consultation and the relevant information provided, in particular for medications prescribed, as well as the protection of privacy during treatment. They had a high level of confidence and trust in healthcare professionals, and felt being respected and treated with dignity.
- (c) Comparing with the results of 2018, the scores for aspects related to provision of information and patient-staff interaction, which included, inter alia, information on hand

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hygiene and feedback channels, reception staff's courtesy, patient involvement in treatment decision and staff's compassion and self-introduction, were improved. However, there was room for improvement in aspects relating to communication and information giving, such as provision of information on estimated waiting time, post-discharge danger signals and contact points.

- (d) Patients' responses towards new survey items such as SOPC arrangements under COVID-19 pandemic, related facilities of SOPCs, community support services after SOPC attendance, and the use of HA Go were positive in general.

7. HA would continue its effort in upkeeping the quality of patient services at SOPCs and devising customised improvement measures to meet patients' needs and expectations for striving towards service excellence.

**Progress Report on Strategic Priorities  
(HA Board Paper No. 330)**

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8. Dr Tony KO updated Members on the implementation progress of HA's strategic priorities in the third quarter of 2022 (3Q22). The programme targets planned for completion in 3Q22 included nine programmes reported under corporate plans (inclusive of three items deferred from the previous quarters) and 15 programmes under cluster plans (inclusive of five items deferred from the previous quarters). Amongst them, five programmes under corporate plans and 11 under cluster plans were achieved on schedule. The remaining programmes were delayed due to various reasons, such as manpower shortage, impact of the fifth wave of COVID-19 outbreak, additional time required for service planning, etc.

**Cluster Presentation Programme - Kowloon Central Cluster -  
Experience Sharing of Hospital Command Centre  
(HA Board Paper No. 331)**

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9. Dr Calvin MAK and Ms LI Wah-chun briefed Members on the development of the Hospital Command Centre (HCC) in the Queen Elizabeth Hospital (QEH) of the Kowloon Central Cluster (KCC), which was in line with HA's strategic direction on smart hospital development. The Centre aimed to tackle the access block issue at the Accident and Emergency (A&E) Department of QEH through enhancing efficiency and quality of patient management along the patient journey from attendance at A&E Department to discharge from QEH.

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10. HCC, serving as an integrated platform to manage patient flow and optimise the use of resources within the hospital, was instrumental in expediting the turnover of hospital beds and improving clinical management of patients through timely provision of useful information for reference by the management and frontline clinical staff. Major features under each of the key components of HCC, namely Capacity (Bed) Command Centre, Resource (Logistic) Command Centre and Clinical Command Centre, were highlighted for Members' information. In gist, the Capacity (Bed) Command Centre provided bed-related information for real-time monitoring of patient flow and ensuring timely discharge and transfer of patients to convalescent/rehabilitation (C/R) hospitals in KCC, aiming to optimise the deployment of beds in the hospital and thus reducing waiting time for A&E admission. Coupled with the Resource (Logistic) Command Centre which consolidated data from different hospital systems for mapping of cases pending transfer/discharge with the available resources, such as porters, stretchers, Non-emergency Ambulance Transfer Service (NEATS), etc., a flexible and swift deployment of manpower and resources had become possible to further enhance efficiency for discharge, patient transfer and A&E admission. With the Clinical Command Centre, clinical staff was able to monitor the conditions of individual patients and assess their risks of deterioration during ward rounds through a data-driven approach based on clinical data collected from clinical systems, such as e-vital sign and the Modified Early Warning Score for Clinical Deterioration data.

11. Separately, to cope with serious access block at QEH's A&E Department during the fifth wave of COVID-19 outbreak due to unprecedented influx of confirmed cases, a COVID-19 Command Centre Module was developed and integrated into HCC for a comprehensive overview of the essential information about confirmed COVID-19 patients, including their journey across different types of wards (Tier 1 / 2 / 3 isolation wards and general wards) as a result of the change of clinical conditions, in an integrated dashboard. This Centre played a key role in coordinating the communication and collaboration among different teams and departments in transferring patients between Tiers 1, 2 and 3 isolation beds and downloading patients to cluster C/R hospitals and Community Isolation Facilities/Community Treatment Facilities for continued care.

12. Following the launch of HCC, the average processing time of discharge to C/R hospitals reduced from 3.5 hours to 2.5 hours, while the number of patients transferred to C/R hospitals went up from 47% to 55%. In addition, a total of 4 200 minutes (i.e. involving 2 100 cases) of phone time by nurses, ward clerks and NEATS coordinators for making necessary arrangement for discharging patients was saved. As a recent enhancement, dashboards which were specially designed according to the



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criteria/rules of individual hospitals/specialties and the relevant corporate-wide standard clinical practices were made available to cater for their respective specific needs.

13. HCC also leveraged artificial intelligence (AI) technology to evaluate various clinical risk factors based on patients' clinical data (e.g. vital signs / ventilation requirement) for detection of deteriorated patients requiring early intervention. Looking ahead, HCC would continue to explore opportunity for increasing the application of AI and rule-based decision engines to further optimise patient care and workflow in HA hospitals.

14. The Chairman thanked the concerted effort of the subject teams in establishing the HCC to address the pressing issues of HA.

**Date of Next Meeting**

15. The next Open Board Meeting was scheduled for Thursday 23 March 2023 at 4:00 p.m. in the Conference Hall, HA Building.

16. There being no other business, the meeting was adjourned at 5:05 p.m.

Hospital Authority  
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19 January 2023