

立法會
Legislative Council

LC Paper No. CB(2)969/03-04

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Thursday, 23 October 2003 at 8:30 am
in the Chamber of the Legislative Council Building

- Members present** : Hon Michael MAK Kwok-fung (Chairman)
Dr Hon LO Wing-lok, JP (Deputy Chairman)
Hon Cyd HO Sau-lan
Hon CHAN Kwok-keung, JP
Hon CHAN Yuen-han, JP
Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP
Hon Jasper TSANG Yok-sing, GBS, JP
Hon Andrew CHENG Kar-foo
Dr Hon TANG Siu-tong, JP
Hon LI Fung-ying, JP
- Members absent** : Dr Hon David CHU Yu-lin, JP
Dr Hon YEUNG Sum
Dr Hon LAW Chi-kwong, JP
- Public Officers attending** : Dr LEONG Che-hung, GBS, JP
Chairman of Hospital Authority Board and Member of the
HA Review Panel
- Dr William HO Shiu-wai, JP
Chief Executive of Hospital Authority Board
- Professor Peter YUEN
Member of the HA Review Panel

Clerk in attendance : Miss Mary SO
Senior Assistant Secretary (2) 8

Staff in attendance : Miss Monna LAI
Assistant Legal Adviser 7

Ms Joanne MAK
Senior Assistant Secretary (2) 2

I. Report of the Hospital Authority Review Panel on the SARS Outbreak

The Chairman welcomed Dr LEONG Che-hung, Chairman of the Hospital Authority (HA) Board and member of the HA Review Panel on the SARS Outbreak (the Review Panel), Dr William HO, Chief Executive of HA, and Professor Peter YUEN, member of the Review Panel, to the meeting.

Opening remarks

2. At the invitation of the Chairman, HA Chairman made the following opening remarks -

- (a) He and Dr William HO were representing HA to attend the meeting, whilst Professor Peter YUEN was representing the Review Panel. Mr Ronald Arculli, Chairman of the Review Panel, was unable to attend the meeting due to prior engagement;
- (b) The reason why he declined the Panel's requests, in its letter of 9 October 2003, to brief members on the Report of the Review Panel (the Report) and to release the Report was because the HA Board had not yet met then to consider the Report; and
- (c) HA was determined to learn the lessons from the Severe Acute Respiratory Syndrome (SARS) outbreak. The setting up of the Review Panel on 16 May 2003 to assess the performance of HA in handling the outbreak and to identify areas for improvement demonstrated the Authority's determination to do so.

3. Professor Peter YUEN also made the following opening remarks -
- (a) The Report only covered areas of greatest concern, as the Review Panel was only given three months to come up with the Report in view of the possible resurgence of SARS in the coming winter. The Report was completed in September 2003;
 - (b) The main focus of the review was HA's management of the outbreak, including its coordination with the Department of Health (DH). Processes from surveillance through to managing a major crisis were examined. This had involved a review of management issues including leadership, governance, communications, strategic human resource capabilities, decision making and coordination;
 - (c) The Review Panel had met with, and received written submissions from, the senior management team of HA Head Office (HAHO) and all seven of the Cluster Chief Executives (CCEs). In addition, one meeting was held with the Secretary for Health, Welfare and Food (SHWF) and one with HA Board Members. The Review Panel had also met with 10 Focus Groups, whose frontline experiences had been particularly useful in identifying lessons to be learnt;
 - (d) The Review Panel had also placed advertisements in four major Chinese and English language local newspapers on 13 June and again on 7 July inviting submissions from the public on the handling of the SARS outbreak by HA. A total of 112 written submissions from a range of individuals and organisations were received;
 - (e) Although the Review Panel comprised four external members and three HA members, including HA Chairman, certain issues, such as those on governance, were reviewed separately by external members. Furthermore, the development and finalisation of the draft report and recommendations were wholly done by external members;
 - (f) External members of the Review Panel were given a free rein in conducting its work, such as when and who to interview and the types of information to collect. They were assisted, where necessary, by their fellow HA members in the collection of facts and information and in familiarisation of the work of HA; and
 - (g) The Review Panel hoped that the Report would make a small contribution in ensuring the readiness of HA for any future public health emergency.

Discussion

Release of the Report

4. The Chairman asked the following questions -

- (a) What was the reason for releasing the Report to members only recently, when the Report was already completed in September 2003;
- (b) What was the reason for HA to edit the Report before publication; and
- (c) Whether the Report would have a Chinese version.

5. HA Chairman explained that although the Report was submitted to him in September 2003, time was needed for him to study the Report before convening a Board meeting. Moreover, as the Board comprised 27 members, a meeting was not made possible until 14 October 2003. HA Chairman further said that two decisions were made at that meeting. Firstly, the Report should be released in full to the public. Secondly, the Report should be released together with the HA's Response to the Report (HA's Response). HA Chairman pointed out that as there were statements, observations and comments made in the Report whose substance and form HA did not agree with, HA considered it most important that the Report be read in conjunction with HA's Response. As HA's Response was released to the public on 16 October 2003, the Report was therefore also released to the public on the same day.

6. As regards the Chairman's second question, HA Chairman said that in view of the great value of the Report for formulating future strategy to combat any occurrence of SARS or similar crisis in Hong Kong, minor textual amendments had therefore been made to the Report to improve its clarity. As to the Chairman's last question, HA Chairman said that a Chinese version of the Report was under preparation.

7. Responding to the Chairman's further enquiry as to whether the HA Board had at one time considered not to release the Report to the public, HA Chairman said that there was no question of such a situation. HA Chairman pointed out that as the Report was commissioned by the HA Board, it was only natural for the Board to study it before deciding on the way forward. He was happy to see that the Board supported the release of the Report in full to the public.

Focus of the Report

8. Miss CHAN Yuen-han said that medical worker unions, such as the public doctors' unions, generally found the Report objective, but were disappointed about the Report's failure in pinpointing any one to be culpable for the handling of the SARS outbreak.

9. Professor Peter YUEN responded that the terms of reference of the Review Panel was to review the work of HA in managing the outbreak and to identify lessons to be learnt. It was for members to decide, in the light of the Report and other circumstances, how they would like to pursue the issue of pinpointing responsibility for the SARS outbreak.

Method of the review

10. Responding to Mrs Sophie LEUNG's enquiry as to whether the Report had taken into consideration the views/concerns of frontline staff, Professor Peter YUEN said that this had been done primarily through focus group meetings with doctors, nurses, allied health professionals and supporting staff and through meetings with frontline staff during visits to the Prince of Wales Hospital (PWH) and Princess Margaret Hospital. Professor YUEN believed that the Report had aptly reflected the Review Panel's empathy with frontline staff.

Collaboration with the Department of Health

11. Dr TANG Siu-tong asked whether HA had notified DH in the first instance upon realisation that SARS was a new disease of high infectivity.

12. HA Chief Executive responded that although the new disease was not coined as SARS by the World Health Organization until 15 March 2003, this did not mean that there was no communication between HA and DH before then. Arising from the atypical pneumonia outbreak in Guangdong Province in early February 2003, HA received an enquiry from Dr L Y TSE whether there was any report of increased pneumonia in the past weeks. HA was providing weekly statistics of pneumonia on discharged patients to DH. It was noticed that there was not a surge of pneumonia cases at that time. An expert group was immediately formed by HAHO to advise HA on the monitoring and approaches to be adopted in cases of Severe Community-Acquired Pneumonia (CAP). Although CAP was not a statutory notifiable disease, HA commenced notification to DH of suspected and confirmed Severe CAP cases on 13 February 2003. Upon receipt of such notification from HA, DH immediately conducted case investigation and contact tracing. This expert group later evolved to become the

Central Committee on Infectious Diseases, involving participation from clinicians and microbiologists from all hospital clusters, the two teaching universities and DH.

13. Despite the aforesaid, HA Chief Executive agreed with the conclusions of the Review Panel and the SARS Expert Committee that there was room for improvement in collaboration between HA and DH in dealing with infectious disease outbreak. To this end, HA had strengthened its working relationship with DH by partnering with DH in a series of enhanced surveillance programmes to ensure that appropriate actions could be taken at the earliest possible time to contain the spread of the infectious disease. For instance, upon notification by DH of a clustering of symptoms in the community, HA would promptly disseminate alerts and management guidelines to hospitals, and clinicians would in turn report suspected cases to DH. Another example was that if an outbreak had evidence of significant spread in the hospital, the Infection Control Team of the hospital concerned would evolve into a Hospital Outbreak Control Team, headed by CCE, with representative from DH as a core team member. Close liaison would be maintained with DH on case identification, contact tracing, surveillance, isolation and communication on outbreak control.

14. Mr Andrew CHENG expressed concern whether DH would work closely with HA to implement the recommendations of the Report, having regard to a statement issued by DH on 16 October 2003 holding reservation over the validity of certain comments and conclusions made in the Report.

15. HA Chairman responded that there was no cause for concern that DH would not work closely with HA to implement the recommendations of the Report. To his understanding, DH as well as HWFB accepted, in general terms, the recommendations of the Report. HA Chief Executive supplemented that both HA and DH had learnt a lot from the SARS experience that they needed to work more closely together. Since then, much improvement had been made in this regard, as evidenced by the fact that the working relationship between HA and DH had never been better. A case in point was that the Director of Health took the initiative to align the service boundary of DH regional offices with that of hospital clusters.

16. Regarding the statement made by DH expressing reservation about the Report, Professor Peter YUEN said that DH's main contention stemmed from the fact that it felt that it had been unfairly assessed of its performance in handling the outbreak. DH was only asked to respond to questions raised by the Review Panel and was not given an opportunity to provide other key information and/or make representation to the Review Panel. Professor Peter YUEN pointed out that this was a misunderstanding on the part of DH, as it was never the intention of the

Review Panel to review the work of DH in managing the outbreak. The reason why the Review Panel wrote to DH on three occasions was to collect facts and information about its working relationship and coordination with HA. This was necessary, as HA did not operate in a vacuum. Professor YUEN further said that another point of contention from DH was that it was not asked to confirm the facts and information contained in the Report. Professor YUEN explained that it was not possible for the Review Panel to carry out the process of verification of facts with all parties concerned, as the Review Panel was only assigned three months to come up with the Report. Nevertheless, great care had been taken by the Review Panel to ensure that all the facts and information quoted in the Report were from the written submissions received. In response to DH statement, he had re-visited the facts and information quoted in the Report on DH against those from DH's written submissions and did not find major discrepancy.

17. Mr Andrew CHENG enquired whether HA had a mechanism in place to coordinate with DH and HWFB on the implementation of the recommendations of the Review Panel and the SARS Expert Committee.

18. HA Chief Executive responded that a Task Force had been set up by HWFB to coordinate the implementation of the recommendations of the SARS Expert Committee and the Review Panel (the Task Force), of which both HA and DH were represented. Mr Andrew CHENG requested that the minutes or summaries of discussion of the meetings of the Task Force be provided, in order to enable members to have a better grasp of the progress made by the Administration and HA in taking forward these recommendations. HA Chief Executive undertook to convey the request to SHWF.

HA

Command and control

19. Mr Andrew CHENG was of the view that any improvement measures to combat infectious disease outbreaks would be undermined if the chain of command was not clear during a crisis. For instance, it was revealed in paragraph 6.30 of the Report that the HA Board was never involved in the discussions relating to the potential closure of PWH.

20. HA Chairman responded that HA concurred with the Review Panel on the importance of having a strong central command for the coordination of all sectors during any major crisis. To this end, HA had already discussed with DH and HWFB on the command and control structure during a major public health crisis in future. Internally, HA had already completed revamping its response plan for major infectious disease outbreaks, with particular emphases on a progressive alert system, each with a designate level of command and control, under its three-tier alert system. For all major incidents, timely information would be given to HA

Board members. During a major crisis, the HA Board would adopt a streamlined structure to take decisions on behalf of the Board whilst keeping other Board members informed. Hospital executives would also work closely with Hospital Governing Council members to ensure proper governance at the local level. In response to Miss CHAN Yuen-han, HA Chief Executive said that the three-tier alert system was developed with input from staff.

21. As to why the HA Board was never involved in the discussions relating to the potential closure of PWH, HA Chief Executive explained that the rapidly changing situation during the outbreak at PWH had rendered this impossible. This was because the size of the HA Board, with 27 members, did not facilitate rapid decision making during a crisis. It was precisely on this premise that the Review Panel had recommended the establishment of a mechanism for empowering a smaller number of Board members to act during a crisis. Although the HA Board was not involved in the discussions relating to the potential closure of PWH, decisions on hospital activity were made collectively at cluster meetings attended by senior members of the hospital cluster management, the chiefs of service (mostly professorial staff of the Chinese University of Hong Kong (CUHK), clinical heads, head of the infection control team and the Dean of the Faculty of Medicine, CUHK. Furthermore, decisions on matters requiring coordination or approval at the head office level, such as diverting emergency cases to other hospitals and closure of the accident and emergency department, were made in consultation with HAHO.

22. Mr Andrew CHENG remarked that HA would have ample opportunity to justify its decisions made during the outbreak at PWH if a select committee to inquire into the handling of SARS outbreak by the Government and HA was appointed by the Legislative Council (LegCo) on 29 October 2003. In response, HA Chairman said that should LegCo decide to appoint a select committee to inquire into the handling of SARS outbreak by the Government and HA, HA would fully cooperate.

Governance

23. Dr TANG Siu-tong enquired as to who was the commander in chief in HA's fight against SARS.

24. HA Chief Executive responded that he was responsible for the day-to-day operation of HA until he was admitted to hospital with SARS infection on 23 March 2003. In his absence, Dr KO Wing-man, Director of Professional Services & Public Affairs, was appointed Deputised HA Chief Executive. HA Chief Executive further said that under the management structure of HA, he was accountable to the HA Board. The HA Board was a managing board charged

with the management and control of public hospitals set out in the Hospital Authority Ordinance.

25. Dr TANG Siu-tong opined that if the HA Board was a managing board, then its Chairman should be held fully accountable for the handling of the SARS outbreak by HA. In response, HA Chairman said that he would accept all responsibilities for the handling of SARS outbreak by HA, given that HA was a responsible institution.

26. Mr Andrew CHENG asked HA Chief Executive why he still participated in making strategic decisions during the crisis after he was admitted to hospital with SARS infection on 23 March 2003. Mr CHENG further asked whether he was still in charge of the day-to-day operation of HA during his illness, despite the fact that there was a Deputised HA Chief Executive.

27. HA Chief Executive responded that the Deputised HA Chief Executive was in charge of the day-to-day operation of HA during his illness. The reason why he participated in the Daily SARS Round up meeting of senior management when he was hospitalised for SARS was to alleviate the heavy workload of Directors and CCEs. His participation, however, was only made when his condition had stabilised. HA Chief Executive pointed out that the drastic reduction in the number of Directors over the years, in a drive to achieve efficiency savings, had greatly increased the workload of the senior management team. This situation was aggravated during the SARS outbreak, and particularly so when he and Dr FUNG Hong, CCE of New Territories East, had contracted SARS. Under these circumstances, even HA Chairman regularly attended the Daily SARS Round up meetings. HA Chief Executive further said that feedback on his participation in the Daily SARS Round up meetings when he was hospitalised for SARS was generally positive.

28. HA Chairman supplemented that the number of Directors had been reduced from 16, when HA was formed, to four at present. The paradigm of working within limited resources to provide quality services to an unlimited demand had put HA and its staff under further pressure.

29. Dr LO Wing-lok questioned whether any significant savings had been achieved through the downsizing of the senior management team. To his understanding, some Directors did not leave the employ of HA but were redeployed as CCEs.

30. HA Chief Executive responded that real savings had been achieved. Prior to the implementation of the new cluster management structure two years ago, each HA hospital had a Hospital Chief Executive (HCE). With the

implementation of this new arrangement, one HCE in the cluster was appointed to also serve as CCE. In total, there was a deletion of about 10 senior posts, as there were at present about 30 HCEs/CCEs. Moreover, HCE appointed to also serve as CCE was only remunerated on the terms of HCE.

31. Dr LO Wing-lok criticised the HA Board for failing to fulfill its governance role in the handling of the SARS outbreak by not using existing procedures to call a Special Board meeting until 26 April 2003 and to leave the making of management decisions to HA Chief Executive. According to paragraph 6.20 of the Report, there were no special meetings of the HA Board organised until 26 April 2003. Prior to that, Board members were updated only at their normal monthly meetings. Namely, on 27 February 2003 before any significant outbreak, and then on 27 March 2003, after the Amoy Gardens outbreak had started and major decisions such as the designation of Princess Margaret Hospital as the primary receiving hospital for SARS had already been taken. The Board was not formally informed and did not take specific action in respect of the PWH outbreak, although, on 20 March 2003 the planning committee, a sub-committee of the HA Board, was given a general update on the situation.

32. HA Chairman responded that due to rapidly changing situation as the epidemic unfolded, numerous and swift decisions were required to be made. As it was not possible for the HA Board to meet on a frequent basis to make decisions on the management of the crisis, Board members therefore delegated him to make decisions on their behalf, in partnership with the executives, whilst keeping them informed. This however did not mean that the HA Board had not fulfilled its responsibilities. During the crisis, the HA Board established a Task Force on SARS on 26 April 2003 that enabled it, in partnership with the executives, to monitor coordination work, infection control compliance and to gain direct feedback on the effectiveness of the measures taken. Apart from this, all HA Board members took turn to man a 24-hour SARS hotline to answer queries from HA staff.

33. Dr LO remarked that it remained unclear as to the role played by the HA Board prior to the Special Board meeting held on 26 April 2003. HA Chairman responded that the fact that no Board meeting was convened between 28 March and 25 April 2003 did not mean that the HA Board did not carry out its governance role, as he had kept all Board members informed on the latest developments during that period.

34. Dr LO then asked HA whether it agreed with the comments made in paragraph 6.22 of the Report that the role of the HA Board, HA Chairman in relation to the HA Chief Executive was less clear than it should be. HA Chairman responded that HA Chief Executive was accountable to the HA

Board for the day-to-day operation of HA and the HA Board was responsible for managing and control of public hospitals. Such mode of operation had been in use since the formation of HA 13 years ago. Nevertheless, in light of the experience gained from the SARS outbreak, HA agreed that the respective roles, responsibilities, authority and accountability of the HA Board, HA Chairman and HA Chief Executive should be clearly delineated. These had already been incorporated into HA's infectious disease outbreak contingency plan. Moreover, the HA Board would examine its own governance processes to establish a closer monitoring regime, especially of those areas identified in the Report as requiring improvement. Risk management was also firmly on the Board's agenda. This would help drive risk awareness and risk management across the organisation.

Impact of SARS on Hospital Authority's funding

35. Ms LI Fung-ying asked whether HA would be provided with additional funding to cater for the "surge capacity" required in major outbreaks, in order to prevent the chaotic condition occurred during the last SARS outbreak. Noting from paragraph 5.1.2 of HA's Response that without additional resource input, the public would have to accommodate some adjustment in the level of provision of existing services, Ms LI asked about the types of services to be affected.

36. HA Chief Executive responded that most of the problems encountered during the SARS outbreak earlier this year were not due to lack of resources, but were due to lack of knowledge about the new disease and inadequate isolation facilities. Based on the experience gained from the last SARS outbreak, much improvement had been made to prepare HA for possible resurgence of SARS in the coming winter. Notably, most of the 1 290 isolation beds would be ready by the end of this month, with another 400 to be completed in batches in early 2004. HA had also built up a three-month stock of PPE (at peak usage rate) and other essential consumables. HA Chief Executive further said that there was a tacit understanding with the Administration that it would provide additional funding to HA to meet increased expenditure in consumables, such as PPE, and recruitment of extra staff, in major outbreaks, as had been done during the last outbreak.

37. HA Chairman hoped that additional funding to HA to cope with major infectious disease outbreaks was a recurrent one. This was because HA's recurrent cost would be significantly increased in terms of the much enhanced ventilation requirement and air filtering, upgrading the provision of PPE and other consumables and the additional manpower required to cater for patients accommodated in individual rooms versus big, open wards. There also needed to be a reasonable margin built in to cater for the "surge capacity" required in major outbreaks. Hence, without additional injection of recurrent resources, HA would have to further re-prioritise its services. This would mean that patients with less

Action

urgent and elective conditions might have to wait even longer to receive treatment. The effect on HA's ability to introduce new expensive technology would have to be assessed. However, as resources were finite, particularly in times of tight fiscal situation, HA Chairman urged members to explore various options of health care financing to reduce heavy subsidisation of public medical services.

HA 38. Ms Cyd HO requested HA to provide information on the amount of additional non-recurrent and recurrent resources required for having sufficient "surge capacity" to cater for major outbreaks.

Staff training

39. Responding to Ms Cyd HO's enquiry on the progress made in preparing HA staff for any future outbreak, HA Chairman said that apart from continuing to speed up training of its nurses working currently in intensive care unit (ICU), HA had been providing preparatory ICU training to nurses outside ICU as back up for emergency since the last SARS outbreak had been contained in June 2003. HA Chief Executive supplemented that with the setting up of the \$130 million Training Fund, periodic staff training had been conducted by HA in the following areas : targeted infection control training to key staff groups; intensive infection control training to enhance knowledge in depth; and epidemiological studies of infectious diseases and day-to-day outbreak investigation and control.

Involving private hospitals in times of outbreak

40. Ms Cyd HO urged HA to expeditiously work out a plan on involving private hospitals in providing services during times of outbreak, in order to better utilise resources from the private sector and improve public and private interface. In response, HA Chairman said that SHWF had already formed a working group to look into the matter.

Personal protective equipment

41. Mr Andrew CHENG was adamant that should SARS return to Hong Kong in future, adequate provision of PPE should reach all frontline staff in a timely manner. Mr CHENG requested HA to conduct drills on a regular basis to ensure that all frontline staff would receive adequate supply of PPE.

42. HA Chairman responded that HA had already conducted one drill to facilitate thorough understanding of the emergency response plans under its three-tier alert system, to familiarise the various parties with the work procedures and to identify room for improvement, and would conduct more drills in future on a regular basis. HA Chairman however pointed out that even to this day there was

not enough scientific evidence to prove conclusively which set of PPE was definitely superior to others for SARS. As such, there was no international consensus amongst experts on PPE standard. Such intrinsic difficulty inevitably and understandably translated into staff uneasiness. Nevertheless, a set of standard guidelines on the standard of PPE for different risk areas had been developed for reference by staff members and hospital management. Further actions would be made to strengthen staff understanding of PPE through the establishment of the Infectious Diseases Control Training centre; increasing the number of Infection Control Nurses; extension of the Infection Control Link Nurse system; and enhancement of internal communication processes. HA Chief Executive supplemented that based on the experience gained from the last outbreak, central procurement of supplies and equipment, including PPE, had now been established as HA policy during crisis situations.

Patient care

43. Dr LO Wing-lok said that many recovered SARS patients were in a state of fear and helplessness, in view of the recent reporting that some recovered SARS patients were suffering from longer-term effects such as avascular necrosis. In the light of this, Dr LO called upon HA Chairman and HA Chief Executive to take a personal interest in those HA staff who had contracted SARS at work, by visiting them to offer words of comfort.

44. HA Chairman responded that HA recognised the importance of providing continuous medical and psychological support to recovered SARS patients, including its own staff. Special clinics had been set up in various hospitals to provide ongoing clinical follow-up and support for these patients. HA Chief Executive supplemented that he had personally contacted all HA staff members recovered from SARS to understand their needs. Moreover, a SARS patient group had also been formed to provide the opportunities for self help and mutual support amongst the SARS recovered patients. The patient group was strongly supported by some HA staff members who had recovered from SARS. HA was also working closely with the Social Welfare Department to follow-up on the needs of families and offer follow-up support as appropriate.

Others

45. Mrs Sophie LEUNG asked the following questions -

- (a) Whether any counseling would be provided to HA staff to overcome their trauma from the last SARS outbreak; and
- (b) Whether HA had identified any system/facility developed during the

last outbreak which could be further developed to deal with any further public health emergency.

46. HA Chief Executive responded that HA was very concerned about the emotional wellness of its staff arising from the SARS outbreak. To this end, numerous efforts had been made and would continue to be made to help staff members to air their concerns and grievances from the SARS experience. As to Mrs LEUNG's second question, HA Chairman said that HA would build on the improved organisational structures, which were put in place at the end of April 2003, to manage major outbreaks.

47. Mr CHAN Kwok-keung asked whether the Review Panel agreed that HA should be dissolved, having regard to the chaotic condition caused by each hospital cluster acting on its own device during the last SARS outbreak.

48. Professor Peter YUEN responded that the Review Panel found that the main reason accounting for the chaotic condition during the early stage of the outbreak was the lack of a pre-determined contingency plan. Once such a plan was established at the end of April 2003, the improved organisational structures and focused efforts put in place by HA were showing results. Professor YUEN however pointed out that it was outside the remit of the Review Panel to say as to whether the cluster system should be dissolved or whether DH should merge with HA. It was a matter for the Administration to decide, in light of the recommendation made by the SARS Expert Committee that the organisational structure of the departments under HWFB should be reviewed to improve the capacity of coordination across the departments and facilitate policy-making and commissioning for health protection matters.

49. There being no other business, the meeting ended at 10:10 a.m.