

Chapter 14 Command structure of the Government and the Hospital Authority in the handling of the SARS outbreak

Finding of facts

Relationship among the Health, Welfare and Food Bureau, the Department of Health and the Hospital Authority

14.1 The Health, Welfare and Food Bureau (HWFB) is the policy bureau of the Government with overall responsibility for matters relating to health, social welfare, food and environmental hygiene and women's interests. It is underpinned by the Department of Health (DH), the Food and Environmental Hygiene Department, the Social Welfare Department and the Government Laboratory. The Secretary for Health, Welfare and Food (SHWF), Dr YEOH Eng-kiong, who heads HWFB, is also accountable for the performance of the Hospital Authority (HA) of its statutory functions over which he plays a monitoring role.

14.2 As far as health matters are concerned, HWFB is responsible for the overall policy on the provision of public hospital services and the formulation of health policies. DH is headed by the Director of Health (D of H). D of H is the public health adviser to the Government, and responsible for enforcing health legislation and executing public health policies.

14.3 Under the Hospital Authority Ordinance (Cap. 113), HA is responsible for the management and control of public hospitals. Its main functions include providing advice to the Government on the needs of the public for hospital services and on the resources required to meet such needs; managing and developing the public hospital system; establishing public hospitals; and promoting, assisting and taking part in the education and training of persons involved in hospital services. HA manages 43 hospitals and institutions with a total capacity of 29 500 beds and employs some 53 000 employees.

14.4 According to the evidence given by Dr YEOH, HA has autonomy in the management and control of its hospitals and institutions. It does not have to obtain approval from HWFB for decisions on hospital operations, such as temporary curtailment of any of its hospital services, transfer or diversion of cases among hospitals and closure of any of its wards or service departments. However, HA would normally either inform HWFB of or seek its views on major decisions related to hospital operations which could have a substantial impact on the provision of hospital services for the public.

Command structure of the Government in the handling of the SARS outbreak

Monitoring, coordinating and supervisory roles of HWFB

14.5 DH has the primary role in the prevention, assessment and control of outbreaks of infectious diseases in Hong Kong. On being notified of an outbreak, DH will coordinate public health responses at the operational level and undertake the necessary public health functions, including outbreak investigation and control, disease surveillance, contact tracing, enforcement of public health legislation, liaison with the healthcare community, public education, liaison with Mainland health authorities and the international health community as well as the provision of pathology laboratory services. While DH is accountable to HWFB, the statutory powers required for carrying out public health functions are vested in D of H. The Director of the Chief Executive's Office, Mr LAM Woon-kwong, told the Select Committee that when the accountability system for Principal Officials was introduced in July 2002, no consideration was given to transferring D of H's statutory powers to SHWF.

14.6 Dr YEOH told the Select Committee that HWFB provided policy guidance for DH. As the policy secretary, he had monitoring and supervisory responsibilities over the work of D of H. However, there was a clear division of roles in normal operation. HWFB monitored, but did not actively involve itself in, the operational matters of DH as it is designed and equipped principally for policy formulation and resource allocation. From the outset of the SARS epidemic, HWFB monitored and supervised DH and HA in the discharge of their respective public health functions in outbreak control. It

was on the basis of the monitoring and supervisory roles that after the outbreak of atypical pneumonia (AP) in Guangdong in early February 2003, HWFB convened a meeting on 13 February 2003 with officials and experts from DH and HA to collate and review available information, and also to monitor the operation of the local disease surveillance system. DH closely monitored the situation and kept HWFB informed of its work such as the results of its discussions with the Mainland health authorities and the World Health Organization (WHO).

14.7 According to Dr YEOH, after the outbreak at the Prince of Wales Hospital (PWH) was recognized in early March 2003, HWFB took up the coordination of public health responses through the setting up of the HWFB Task Force while DH continued to coordinate the responses at the operational level. The HWFB Task Force chaired by Dr YEOH was established on 14 March 2003 to oversee the outbreak control measures taken by DH and HA and to collate expert advice to facilitate the work of DH and HA. Its membership included experts in public health, respiratory medicine and microbiology from DH, HA, local universities and WHO, as well as officials from DH and executives from HA. The Select Committee noted that the terms of reference of the HWFB Task Force were to monitor the outbreak of the disease, to oversee its control, and to review the accumulated scientific knowledge of the causative agent, such as the evolving case definition, treatment protocol and infection control precautions. It also discussed the public education strategy on personal hygiene and the development of sector-specific guidelines. According to Dr YEOH, the primary role of DH in the HWFB Task Force was to provide input on epidemiological investigations to provide an understanding of the epidemic, identify the cases and trace close contacts for public health action. HA was responsible for training and requiring healthcare workers (HCWs) to follow infection control guidelines, which would protect staff, patients and visitors. Both DH and HA were involved in contact tracing work and medical surveillance.

Participatory role of HWFB

14.8 The Select Committee learnt from Dr YEOH that the working relationship between HWFB and DH had been evolving during the SARS

epidemic. HWFB began to take on a more participatory and direct role in assessing and managing the outbreak when the number of persons infected continued to increase. After the outbreak at the Amoy Gardens, HWFB started to “contribute at operational level” through frequent discussions and reviews with DH staff members regarding operational matters such as the workflow and information system for carrying out case and epidemiological investigations, contact tracing and medical surveillance.

14.9 The Inter-departmental Action Coordinating Committee (IACC) chaired by the Permanent Secretary for Health, Welfare and Food, Mrs Carrie YAU TSANG Ka-lai, was set up on 24 March 2003. IACC coordinated efforts and resources from 25 policy/resource bureaux, government departments and public bodies at the operational level to implement SARS-related policy decisions and initiatives. IACC was responsible for the planning and implementation of many SARS control-related operations, including the isolation and evacuation of Block E of the Amoy Gardens, the management of accommodation at holiday camps used for isolation, port health measures including the checking of body temperature and the health declaration of travellers, the home confinement scheme, the relief operation of Hong Kong tourists stranded in Taiwan, and the rescue operation for the entry of a Malaysian freighter with suspected SARS cases onboard. IACC also set up a Multi-disciplinary Response Team to undertake environmental investigations and elimination of environmental contamination in “hotspots” or buildings with SARS cases.

14.10 Dr YEOH informed the Select Committee that he involved himself at the operational level in the work of DH because there was a need for him to do so. He considered that it was an effective way of getting things done in the quickest possible time.

14.11 According to Dr YEOH, the involvement of HWFB served to strengthen the collaboration and coordination between DH and HA in controlling the outbreak, and to enhance DH’s capacity for carrying out the necessary public health functions for outbreak control. For instance, when the number of persons infected grew following the outbreak at PWH, it was realized that contact tracing should be done more swiftly in order to control

the outbreak more effectively. Following his review of the contact tracing system with DH, he oversaw DH and HA in the development of an information system called e-SARS. The e-SARS system enabled DH and HA to share and exchange real-time information so that contact tracing could be done more efficiently. According to Dr YEOH, he also participated actively in the investigation into the outbreak at the Amoy Gardens and had frequent direct contacts with the Consultant Community Medicine (Non-communicable Diseases) of DH, Dr Thomas TSANG Ho-fai, who was heading the investigation.

14.12 The Select Committee learnt from Dr YEOH that he convened two meetings with healthcare professionals from both the private and the public sectors to enlist their help. He also deployed additional professionals to help him, including his Deputy Secretary and a consultant doctor seconded to him. Experts from international bodies including WHO, Centers for Disease Control and Prevention (CDC) in Atlanta, the United States of America (USA), and Health Canada rendered assistance and advice to the Government on control measures and the investigation into the outbreak.

14.13 At various stages of the epidemic, a number of world-renowned experts, including Dr David HO, Scientific Director and Chief Executive Officer of the Aaron Diamond AIDS Research Center, USA; Dr Robert WEBSTER, Director of the US Collaborating Center of WHO; Dr Jeffrey KOPLAN, Vice President for Academic Health Affairs of the Emory University in USA and former Director of CDC in Atlanta; and Dr Meirion EVANS, member of a WHO Expert team which had performed an assessment of the SARS situation in the Guangdong Province, also provided the Government with invaluable advice. Locally, Dr YEOH asked the Department of Community Medicine of the University of Hong Kong to work with DH to undertake epidemiological and modelling work on the outbreak situation in Hong Kong. After WHO's imposition of a travel advisory against Hong Kong on 2 April 2003, HWFB took up the leading role in the negotiation and communication process with WHO.

Involvement of the Chief Executive

14.14 The Select Committee noted from the witness statement of Mr LAM that as the magnitude of the SARS outbreak escalated and the social and economic impact of the outbreak became more severe, issues which arose in the decision-making processes required input from public officials responsible for various policy areas. It was therefore necessary for a forum of a level higher than that of the HWFB Task Force to be set up to coordinate the Government's overall response more effectively. On 25 March 2003, the Chief Executive set up and convened the first meeting of the Chief Executive's Steering Committee (CESC) for that purpose. The membership of CESC included the relevant Principal Officials. Dr YEOH told the Select Committee that before the setting up of CESC, any issues requiring support from policy bureaux other than HWFB were taken up by the Chief Executive.

14.15 CESC took over the HWFB Task Force's role as the overall commanding body in steering the Government's response to the SARS epidemic. A total of 27 meetings were held between 25 March and 30 May 2003. According to Mr LAM, CESC made a number of strategic decisions in controlling the SARS outbreak. They were related to, among other things, dissemination of information to the public and the international community; enhancement of health check measures at the boundary; introduction of home confinement policy; contingency planning; enhancement of investigation work; promotion of personal and environmental hygiene; and enhancement of liaison with the Mainland authorities and protection of the elderly.

14.16 Mr LAM explained to the Select Committee that while CESC was in operation, the HWFB Task Force continued to function. The health sector response continued to be coordinated by HWFB. Dr YEOH would report to the Chief Executive on matters of significance and, if necessary, bring these matters up for discussion at meetings of CESC. Dr YEOH also told the Select Committee that after the setting up of CESC, his role then evolved into one of personally coordinating the respective work of HA and DH and his focus of attention was the health sector.

14.17 When asked whether CESC should have been set up earlier, Mr LAM told the Select Committee that when the number of infected cases was still on the increase, the Chief Executive considered it necessary to take on the commanding role himself so as to speed up resources deployment and coordination. In retrospect, the setting up of CESC did contribute positively to the policy-making process which involved policy bureaux in addition to HWFB. However, issues relating solely to the health sector were still taken up by HWFB, DH and HA even after the setting up of CESC.

Command structure of the Hospital Authority in the handling of the SARS outbreak

Role of the Board of the Hospital Authority during the SARS outbreak

14.18 As a statutory body, HA is governed by a Board which formulates the policies of HA and monitors the performance of the HA management. The Board comprises 21 members from the community, three public officials and the Chief Executive (CE) of HA. The HA Board discharges its responsibility through a number of functional committees. According to the Chairman of HA, Dr LEONG Che-hung, the views, suggestions and recommendations raised at these committee meetings are discussed and decided at the Administrative and Operational Meetings which are attended by all members of the Board.

14.19 The Select Committee noted that between 27 February and 26 April 2003, members of the HA Board were briefed on the AP epidemic in Guangdong and then the handling of the SARS outbreak in Hong Kong at the following meetings -

- (a) Administrative and Operational Meeting on 27 February 2003;
- (b) Planning Committee meeting on 20 March 2003;
- (c) HA Board meeting on 27 March 2003; and
- (d) HA Board meeting on 26 April 2003.

14.20 According to CE of HA, Dr William HO Shiu-wei, the only HA Board meeting held in March 2003 was the regular meeting on 27 March 2003. There was no extraordinary meeting as no request had been made for that to be held.

14.21 The Director (Professional Services and Public Affairs), Dr KO Wing-man, explained to the Select Committee that the HA Board meeting on 26 April 2003 was a special meeting. The purpose of that meeting was to discuss how the involvement of HA Board in overseeing the HA management in the work against SARS could be enhanced. Dr LEONG recommended to the meeting that the following task forces be set up -

- (a) the Central Task Force on Infection Control on SARS to be headed by Dr KO;
- (b) the Central Task Force on Clinical Management to be headed by the Director (Professional Services and Medical Development), Dr Vivian WONG; and
- (c) the Central Task Force on Supplies and Environmental Control on SARS to be headed by the Cluster Chief Executive (CCE) (New Territories East)/Hospital Chief Executive (HCE) of PWH, Dr FUNG Hong.

14.22 The Select Committee noted that Board members supported the formation of the three Task Forces and agreed that Board members' involvement, particularly in infection control audit, would make the staff members of HA aware of the management's concern for their work and well-being.

14.23 Dr LEONG also informed the HA Board at its meeting on 26 April 2003 that he would lead a separate Task Force comprising all Board members to oversee the work of HA executives in the handling of the SARS epidemic. The Task Force would report to SHWF. Dr LEONG explained that the setting up of this Task Force "was not really restructuring but rather enhancing its role". The terms of reference of the Task Force were -

- “(a) to proactively communicate the progress on the management of SARS to key stakeholders;
- (b) to monitor the progress and advise on the management of SARS in HA; and
- (c) to ensure implementation of agreed policies on SARS in all HA hospitals and institutions”.

14.24 Dr LEONG told the Select Committee that at the initial stage of the SARS outbreak, the number of meetings of the HA Board and its committees was reduced. In Dr LEONG’s words, “since most Board members are ‘lay persons’, as much as they wanted to help, they felt that the best way was to let the executives concentrate on fighting the battle”. That remained the case until the Task Force referred to above was set up. It met twice weekly and conducted many hospital visits.

14.25 Dr LEONG also told the Select Committee that at the initial stage of the outbreak, the Board was particularly concerned about three areas. First, provision of beds in hospitals for SARS patients; second, the need to achieve zero infection among HCWs; and third, the sharing of experience in the handling of the SARS outbreak among hospitals.

14.26 When asked about the comment made by Professor CHUNG to the Select Committee that the HA Board was a rubber stamp, Dr LEONG responded that it was provided in section 15 of the Hospital Authority Ordinance (Cap. 113) that the Chief Executive could give directions to HA in relation to the performance of its functions or the exercise of its powers and HA must comply with those directions. Dr LEONG pointed out to the Select Committee that since he took up the chairmanship of HA, SHWF had never instructed that decisions made by the Board be not implemented, without discussion with the Board. Dr LEONG therefore did not consider that the Board was a rubber stamp; at least not during his tenure so far.

Role of the Chief Executive of the Hospital Authority in the SARS outbreak

14.27 According to CE of HA, Dr HO, he is responsible and accountable to HA for the overall management and delivery of public hospital services. He reports to the HA Board and its Chairman and his work includes setting objectives, policies and plans of HA's work, monitoring implementation and hospital operations, as well as internal and external communications. He is assisted by the Directors and CCEs while at the same time, they are responsible and accountable for their respective areas of work.

14.28 Dr HO informed the Select Committee that until his hospitalization on 23 March 2003, he led the team of Directors, CCEs, and HCEs in the battle against SARS. Given the complex and changing circumstances during the epidemic, the team worked cohesively, exchanging views and sharing information on a very frequent basis. Decisions that had HA-wide implications were made on consensus among the senior management or endorsed by him.

14.29 Dr HO explained to the Select Committee that given the rapid development of the SARS outbreak at PWH, he felt that other CCEs should be kept informed of the situation. He therefore organized daily meetings at the Head Office of the Hospital Authority (HAHO) since 15 March 2003 involving CCEs and the Directors. Before he was hospitalized, these meetings were held on an informal basis and very often were held just before a formal meeting began. Such formal meetings included the meeting with the Chairman of HA and CCEs held every Monday, the Directors' Meeting held every Wednesday, the Senior Executives Meeting held monthly, and the HCE Round Table meeting held bi-monthly. For instance, the decisions made on 16 March (Sunday) and 18 March 2003 (Tuesday) with regard to the suspension of AED services in PWH were relayed to CCEs before the regular meetings on Monday and Wednesday respectively. There was one occasion on which CCEs were called to attend a meeting on Saturday, 15 March 2003, to discuss the rapidly changing situation of the SARS outbreak at PWH.

14.30 The Select Committee noted that no records of these daily meetings with CCEs and Directors had been prepared. Dr HO explained to the Select

Committee that as these were informal meetings convened mainly for the purpose of exchanging information and updating participants of the meeting on information relating to the SARS epidemic, records had not been kept.

14.31 Dr HO also informed the Select Committee that apart from holding these daily meetings, he visited PWH eight times before he was hospitalized on 23 March 2003. During his visits, he had meetings with the hospital management and members of the Faculty of Medicine of The Chinese University of Hong Kong to review the latest situation of disease control and impact of the outbreak on the various services of PWH.

14.32 Dr HO told the Select Committee that in the handling of the SARS epidemic, the HA team led by him made necessary decisions and took actions as required to battle against SARS. He kept the Chairman of HA informed of developments and sought his advice as and when necessary. The Board was informed of the developments through the Chairman and there were also meetings of the Board at which the latest situation of the SARS epidemic was reported by HA executives.

14.33 The Select Committee noted that Dr KO was appointed the Deputizing CE on 23 March 2003 in the presence of Dr LEONG and Dr HO when Dr HO was admitted to the Queen Mary Hospital. In the early hours of 24 March 2003, Dr LEONG informed all staff of HA as well as the Directors, CCEs, HCEs and unit heads in HAHO of Dr HO's hospitalization and the appointment of Dr KO as Deputizing CE. Dr KO headed the HA team as the Deputizing CE until 30 April 2003 when Dr HO resumed duty.

Daily SARS Round Up Meeting

14.34 Dr KO informed the Select Committee that between 15 March and 23 March 2003, HAHO monitored the situation of the outbreak through the regular directors' meetings which were chaired by Dr HO and attended by all the Directors and CCEs. To strengthen coordination in dealing with SARS, the meeting was expanded to include hospital representatives, senior executives in HA and professionals, and the meeting was named the Daily SARS Round Up Meeting on 24 March 2003.

14.35 Dr KO also informed the Select Committee that strategic and major operational decisions were made at the Daily SARS Round Up Meeting. Decisions were implemented by the relevant persons in each hospital. HA staff were informed of the decisions made at the Daily SARS Round Up Meeting by their respective CCEs or other hospital representatives who attended the Meeting or through the HA intranet, the “Battling SARS Update” (which was a daily bulletin issued by HA to provide its staff with the latest SARS information and hospital news) or in staff forums, briefings, etc.

14.36 When asked by the Select Committee why records were kept for the Daily SARS Round Up Meetings and not for the daily meetings held by Dr HO with the Directors and CCEs before 25 March 2003, Dr KO said that in his view, whether formal records would be kept for a meeting should be decided by the participants of the meeting concerned. Dr KO agreed that in general, it would be more desirable for records to be kept for a meeting. He, however, also noted that it was not uncommon for working meetings not to have formal records, as the participants would rely on their own record of those follow-up actions for which they were responsible and not wait for a formal record to be produced. He said that the meetings held between 15 March and 24 March 2003 were attended mainly by CCEs. They were expected to follow up matters assigned to them at the meetings. When he became the Deputizing CE of HA after Dr HO’s hospitalization on 23 March 2003, he chaired these daily meetings. He expanded the membership because the epidemic became more severe and he needed to reorganize his work. There was then a need to prepare records for these meetings.

14.37 Dr LEONG informed the Select Committee that he also attended the Daily SARS Round Up Meetings. He thought that more support by the Board to the executives was needed. His role at these meetings was to advise the executives when needed, take immediate action on behalf of the Board, and act as a link between the Board and the executives. Dr LEONG told the Select Committee that he was glad that “Board members had given me the trust and mandate as they felt that this would be the best way out. In any event, there was frequent communication between me and the Board members”.

14.38 The Select Committee learnt that Dr HO held a video conference with CCEs on 24 April 2003 when he was still in hospital. When asked by the Select Committee, Dr HO explained that as and when his health conditions permitted, he would like to be kept informed of the latest situation on the SARS epidemic, participate in discussions with CCEs and provide his input. He believed that being detached from the SARS battlefield, he could see various issues from a better perspective. Decisions, however, were made under the leadership of the then Deputizing CE, Dr KO. Dr HO told the Select Committee that his involvement did not cause any delay in the decision-making process.

14.39 In response to the Select Committee's question on why Dr HO continued to be involved in the handling of the SARS outbreak when he was in hospital, Dr KO explained that although hospitalized, Dr HO "still cared very much about the SARS outbreak and whenever his condition permitted, was willing to provide his input on the handling of the SARS outbreak". The Daily SARS Round Up Meeting welcomed Dr HO's input. Decisions were made upon the consensus of the members of the Daily SARS Round Up Meeting. There was no delay in the decision-making process and Dr HO did not make any decision while he was in hospital.

14.40 The Select Committee noted that the Central Committee on Infection Control and Working Group on Severe Community-Acquired Pneumonia were subsumed under the Daily SARS Round Up Meeting with effect from 24 March 2003, and the supply situation of personal protective equipment was discussed daily at these meetings.

Cluster meetings

14.41 The Select Committee noted that each cluster held their respective cluster SARS meetings for the purpose of disseminating information, providing direction, coordinating operational issues, and providing feedback. Membership of each Cluster SARS Meeting included CCE, HCEs, the Chiefs of Service/Heads of Divisions and General Managers.

Analysis

14.42 The Select Committee observes that while HA is conferred with the power under the Hospital Authority Ordinance (Cap. 113) to close any part of a hospital to the public, the authority to exercise statutory powers to control and prevent infectious diseases under the Quarantine and Prevention of Disease Ordinance (Cap. 141) is vested with D of H. The Select Committee considers it undesirable that public health officials in DH were not involved in the decision-making process leading to the closing and re-opening of Ward 8A in PWH. The closing of a ward in a hospital to visiting, admission and discharge during an infectious disease outbreak may result in patients demanding to be discharged against medical advice. It may therefore be necessary for isolation measures to be imposed in order to make the closure of hospital wards effective for the purpose of controlling an infectious disease outbreak. The Select Committee considers that a review of the respective roles and responsibilities of HA and DH is called for. The Select Committee is of the view that DH should be involved in deciding whether or not to close and subsequently re-open a hospital ward, if there are public health considerations.

14.43 The Select Committee notes that since the establishment of HA to take over the functions of delivering medical services in public hospitals, there have been many changes to the public health system over the years. However, no reviews have been conducted by the Government on how the statutory powers provided by the Quarantine and Prevention of Disease Ordinance (Cap. 141) could be efficiently carried out after the transference of the portfolios of the former Medical and Health Department to DH and HA. The Select Committee considers that the Government should review where the statutory powers for carrying out public health functions should be more appropriately vested within the structure of the Government.

14.44 The Select Committee is of the view that the HWFB Task Force provided Dr YEOH with the necessary advice and assistance and served as a hub for information relevant to the control of the outbreak. The Select Committee notes that the HWFB Task Force initiated and deliberated on joint actions of DH and HA which led to some improvement in their coordination of their respective work in the handling of the outbreak.

14.45 The Select Committee notes that CESC performed adequately as the overall commanding body in steering the Government's response to the SARS outbreak. Many important issues of public concern were raised and discussed at the early stage of the SARS epidemic at meetings of CESC, and CESC made a number of important strategic decisions in controlling the SARS outbreak, which the Select Committee finds acceptable. The Select Committee also notes that CESC had to step in and hold an emergency meeting on 30 March 2003 to make the final decision on the issuance of an Isolation Order on Block E of the Amoy Gardens after D of H expressed reservations over the earlier decision to the same effect made by the HWFB Task Force on the same date.

14.46 The Select Committee notes the reason given by Dr LEONG for not holding any HA Board meeting at the initial stage of the SARS outbreak as set out in paragraph 14.24 above. However, the Select Committee is of the view that as no Board meeting was held between the meetings of 27 March and 26 April 2003, the Board did not as a Board examine the performance of HA executives in handling the outbreak, participate in making important decisions, and consider actions to boost the morale of HCWs as well as to address their concerns about the shortage of personal protective equipment during this critical period of the SARS epidemic.

14.47 While appreciating the efforts made by Dr LEONG in HA's handling of the SARS epidemic, the Select Committee observes that Dr LEONG seemed to have participated in the work of HA on behalf of the whole HA Board during the SARS epidemic, but there was no clear and proper procedure for the HA Board to authorize him to do so. The Select Committee considers that the public had the expectation that the HA Board would participate in making important decisions in relation to the SARS outbreak, and monitor the performance of the HA executives in handling the outbreak. It did not, however, appear that the HA Board had acted to meet such expectation. The Select Committee has taken note of the recommendations made by the HA Review Panel on SARS Outbreak in relation to HA's governance structure and responsiveness of the HA Board.

14.48 The Select Committee has asked the Directors and CCEs of HA who attended the daily meetings held by Dr HO before 25 March 2003 to advise the Select Committee of all such discussions and decisions made at these meetings that they could recollect. Although the Select Committee cannot ascertain whether any important decisions were made at these meetings, the Select Committee finds it unfortunate that no records were kept for these meetings.

Performance and accountability

14.49 The Select Committee notes that Dr YEOH Eng-kiong put in place a framework for coordinating, monitoring and supervising the work of DH and HA in the handling of the SARS outbreak. The Select Committee has no further comment on his performance in this regard.

14.50 The Select Committee is of the view that Dr LEONG Che-hung, as Chairman of the HA Board, should be held responsible for not convening any HA Board meeting during the period between 27 March and 26 April 2003.