

Chapter 15 Conclusions and Recommendations

15.1 It is the task of the Select Committee to critically but fairly assess the performance and accountability of the Government and the Hospital Authority (HA) as well as their officers at policy-making and management levels in handling the SARS outbreak. The public expects a select committee appointed by the legislature to act fairly and to form its judgement independently and impartially based on facts found in the course of its inquiry. Where credit is due, it should be given. Where criticisms are justified, they should be made. In the preceding Chapters, the Select Committee has commented favourably on the performance of some officers. It has also identified various inadequacies in the handling of the SARS outbreak for which some officers should be held responsible. This Chapter gives an overall assessment of the Select Committee of the performance of the key officers and details the recommendations of the Select Committee.

The Chief Executive of the Hong Kong Special Administrative Region

15.2 The Chief Executive of the Hong Kong Special Administrative Region (HKSAR) is the head of the Executive Authorities. He leads the HKSAR Government and decides on government policies. During the SARS epidemic, he formed and personally chaired the Chief Executive's Steering Committee (CESC) which comprised the relevant Principal Officials and other senior officers of the Government.

15.3 CESC was the overall commanding body in steering the Government's response to the SARS outbreak. 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 public health check measures at the boundary; introduction of home confinement policy; contingency planning; enhancement of investigation work; promotion of personal and environmental hygiene; enhancement of liaison with the Mainland authorities; and protection of the elderly. The Select Committee finds these decisions acceptable.

15.4 The Select Committee notes that the Chief Executive was very concerned about the SARS outbreak, and was prepared to consider drastic measures to control the spread of the disease. For instance, he was the first person to raise in CESC whether it was necessary to quarantine family members of infected persons, and he instructed that more information be obtained from experts and from Singapore before decisions were made in that regard.

15.5 The Select Committee appreciates that in the handling of the SARS outbreak, the Chief Executive directed that containing and controlling the spread of the disease should be the Government's top priority. The Chief Executive also directed that the Government's actions in handling the outbreak should err, if at all, on the safe side, and that it should be prepared for the worst case scenario. The Select Committee notes that it was only at the later stage when the epidemic was subsiding that the Government began to focus its attention on the economy which was dealt a heavy blow by the SARS epidemic. The Select Committee considers that the Government was right in putting public health before the economy.

The Secretary for Health, Welfare and Food, Dr YEOH Eng-kiong

15.6 Dr YEOH Eng-kiong, a political appointee holding the position of the Secretary for Health, Welfare and Food, is the Principal Official who heads the Health, Welfare and Food Bureau (HWFB) and is accountable for HA's performance of its statutory functions over which he plays a monitoring role. He is responsible, in that capacity, for the development and formulation of public health policies.

15.7 Dr YEOH had an overseeing and coordinating role on health matters in the management of the SARS outbreak. He was responsible for monitoring and supervising the Department of Health (DH) and HA in the handling of the outbreak, and established a framework for coordinating their work.

15.8 The Select Committee considers that Dr YEOH did not show sufficient alertness to the atypical pneumonia (AP) outbreak in Guangdong in January and early February 2003.

15.9 At the initial stage of the outbreak at the Prince of Wales Hospital (PWH) during which many healthcare workers (HCWs) were infected, there was a general concern as to whether there was an outbreak of an unknown disease in the community. The public looked to the Government for accurate and up-to-date information. Dr YEOH, as the policy secretary responsible for health matters, gave press briefings on 14 March and 15 March 2003. His messages to the public at the briefings, however, were confusing and misleading, and they also gave the impression that he was trying to downplay the severity of the outbreak. Although he was given an opportunity to clarify his earlier remarks at another press briefing on 18 March 2003, Dr YEOH failed to do so. Dr YEOH's performance at these press briefings did not show that he had the communication skills expected by the public of a policy secretary.

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

15.11 On 15 March 2003, the World Health Organization (WHO) named the disease Severe Acute Respiratory Syndrome and issued the emergency travel advisory. D of H, Dr Margaret CHAN FUNG Fu-chun, however, did not see the need to add SARS to the First Schedule to the Quarantine and Prevention of Disease Ordinance (Cap. 141) until 26 March 2003. While the Select Committee considers that Dr CHAN should be held responsible for not seeing the need to amend the law on or immediately after 15 March 2003, Dr YEOH, being the policy secretary responsible for health matters and the immediate supervisor of Dr CHAN, should also be held responsible.

15.12 The Select Committee notes that prior to the SARS outbreak, HA did not have a territory-wide contingency plan for public hospitals to deal with large-scale outbreaks of infectious diseases. The Select Committee is of the view that while the primary responsibility for the lack of such a territory-wide contingency plan rests with the HA Board and the HA top management, Dr YEOH should also be held responsible for failing his monitoring role.

15.13 The Select Committee finds Dr YEOH's performance not satisfactory in the handling of the SARS outbreak in the above aspects.

The Director of Health, Dr Margaret CHAN FUNG Fu-chun

15.14 D of H is the chief adviser to the Government on public health matters and the public officer who is vested with statutory authority to enforce measures for the control and prevention of infectious diseases.

15.15 During the SARS epidemic, D of H, Dr Margaret CHAN, was responsible for providing public health advice to Dr YEOH. Dr CHAN was also responsible for the control and prevention of infectious diseases, including outbreak investigation and control; disease surveillance; contact tracing; enforcement of public health legislation; liaison with the healthcare community; public education; liaison with the Mainland authorities and the international health community; and the provision of pathology laboratory services.

15.16 The Select Committee considers that Dr Margaret CHAN should be held responsible for not attaching sufficient importance to "soft intelligence" on the AP epidemic in Guangdong in January and early February 2003. In addition, Dr CHAN did not appear to have taken full account of the heavy passenger flow between Guangdong and Hong Kong when formulating policies on infectious disease surveillance and control.

15.17 The Select Committee notes that the Deputy D of H, Dr LEUNG Pak-yin, raised the question of whether DH should send a team or an official to Guangdong in February 2003 to learn more about the AP epidemic there with

Dr CHAN but the matter was not taken up further. The Select Committee is of the view that Dr CHAN should have explored other avenues to obtain more information on the AP epidemic in Guangdong.

15.18 The Select Committee considers that it would have been prudent to add SARS to the First Schedule to Cap. 141 immediately after WHO had named the disease, and that Dr CHAN, as the chief public health adviser, should be held responsible for not initiating action to amend the law on or immediately after 15 March 2003.

15.19 The Select Committee finds the performance of Dr Margaret CHAN not satisfactory in the handling of the SARS outbreak in the above aspects.

The Hospital Authority Board and the Chairman of the Hospital Authority, Dr LEONG Che-hung

15.20 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.

15.21 The primary responsibility to have put in place a territory-wide contingency plan to deal with large-scale outbreaks of infectious diseases rests with the HA Board and the HA top management. The Select Committee is of the view that they have failed to do so.

15.22 The Select Committee notes that while the Chairman of the HA Board, Dr LEONG Che-hung, participated actively in the handling of the SARS outbreak, the HA Board did not play any substantive role until towards the end of April 2003. Dr LEONG explained to the Select Committee that at the initial stage of the epidemic, members of the Board felt that the best way was to let the executives concentrate on fighting the battle.

15.23 The Select Committee considers 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. Furthermore, 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 appear, however, that the HA Board had acted to meet such expectation. The Select Committee is of the view that Dr LEONG, as Chairman of the Board, should be held responsible for not convening any Board meeting during the above-mentioned period.

15.24 The decision to designate the Princess Margaret Hospital (PMH) as the SARS hospital to admit the first 1 000 new SARS cases from the end of March 2003 was made at the Daily SARS Round Up Meeting on 26 March 2003. The Select Committee is of the view that the decision was made without having sufficiently considered the relevant issues, such as the capacity of ICU in PMH, the possible implementation difficulties, and the threshold for review. The Select Committee considers that Dr LEONG Che-hung should share the responsibility for that decision.

The Chief Executive of the Hospital Authority, Dr William HO Shiu-wei

15.25 As CE of HA, Dr William HO Shiu-wei was responsible for and accountable to HA for the overall management of public hospitals and the delivery of public hospital services. He reports to the HA Board and its Chairman. Dr HO's specific responsibilities include formulating objectives, policies and plans of HA's work as well as monitoring hospital operations and both internal and external communications.

15.26 Until his hospitalization on 23 March 2003, Dr HO led the Directors, the Clusters Chief Executives (CCEs) and other senior staff in HA in the handling of the SARS outbreak. He was discharged from hospital and later resumed duty on 30 April 2003.

15.27 The Select Committee notes that prior to the SARS outbreak, HA had put in place an outbreak-control plan to deal with outbreaks of infectious diseases of public health significance. In the view of the Select Committee, such an outbreak-control plan should contain essential elements such as the command structure; an action plan; cross-cluster, inter-hospital and other patient movement; manpower and expertise deployment; and guidelines for closing a major part and suspending certain services of a hospital. The plan did not, however, include all these essential elements. It is therefore apparent to the Select Committee that the outbreak-control plan is inadequate to deal with a large-scale outbreak of an unknown or known infectious disease. The Select Committee considers that the primary responsibility for HA's lack of a territory-wide contingency plan to deal with large-scale outbreaks of infectious diseases rests with the HA Board and the HA top management.

15.28 The Select Committee has taken note of the efforts made by Dr HO to obtain firsthand information to understand the situation in PWH. The Select Committee considers that the decision made on 12 March 2003 not to close the Accident and Emergency Department (AED) in PWH was acceptable. At that stage, however, there was insufficient forward planning on the part of Dr HO and the Director (Professional Services and Public Affairs), Dr KO Wing-man, in preparing other hospitals to cope with the additional patients diverted from PWH should the situation in PWH deteriorate and warrant the closure of its AED.

15.29 The issue of the closure of AED in PWH was brought up again on 16 March 2003. The Select Committee is of the view that Dr HO did not give sufficient weight to staff morale and sentiments in his decision as to whether or not to close AED on 16 March 2003.

15.30 The Select Committee considers it unfortunate that Dr HO contracted SARS on 23 March 2003. His hospitalization at the most critical moment of the SARS outbreak might have compounded the difficulties faced by HA in its handling of the outbreak.

The Director (Professional Services and Public Affairs) of the Hospital Authority, Dr KO Wing-man

15.31 The duties of the Director (Professional Services and Public Affairs) of HA, Dr KO Wing-man, cover both professional services, such as pharmacy services, nursing services, and emergency services, and public affairs of HA.

15.32 Prior to Dr KO's appointment as the Deputizing CE of HA on 23 March 2003, he and other Directors, CCEs and other senior staff in HA assisted CE of HA in the handling of the SARS outbreak. The Convenor of the Central Committee on Infection Control (CCIC) and the Working Group on Severe Community-Acquired Pneumonia, Dr LIU Shao-haei, reported directly to Dr KO until the two bodies were subsumed under the Daily SARS Round Up Meeting from 24 March 2003.

15.33 Dr KO was appointed the Deputizing CE of HA on 23 March 2003 and remained in that position until Dr William HO resumed duty on 30 April 2003. During this period, he led the Directors, CCEs and other senior staff in HA in handling the SARS outbreak, and also chaired the Daily SARS Round Up Meeting.

15.34 In respect of the outbreak at PWH, the Select Committee is of the view that the decision made by Dr KO Wing-man on 12 March 2003 not to close AED was acceptable. However, as discussed in paragraph 15.28 above, there was insufficient forward planning at that stage on the part of Dr William HO Shiu-wei and Dr KO in preparing other hospitals to cope with the additional patients diverted from PWH should the situation in PWH deteriorate and warrant the closure of its AED.

15.35 One important decision made by Dr KO as the Deputizing CE of HA was to designate PMH as the SARS hospital to admit the first 1 000 new SARS cases from the end of March 2003. The decision was made at the Daily SARS Round Up Meeting on 26 March 2003. As discussed in paragraph 15.24 above, the Select Committee is of the view that the decision was made without having sufficiently considered the relevant issues. The Select Committee considers that Dr KO should be held responsible for the decision.

15.36 The Select Committee considers that the performance of Dr KO in the above aspects during the SARS epidemic did not meet the full demand of the situation, but appreciates that the situation might have been too overwhelming on Dr KO.

Recommendations

Handling of future outbreaks of infectious diseases

15.37 Unlike the SARS Expert Committee which aimed to, among other things, make recommendations on areas of improvements in order to prepare Hong Kong's public health system for any future outbreaks, the focus of this Select Committee is to examine, in retrospect, the performance and accountability of the Government and HA and their officers at policy-making and management levels in the handling of the SARS outbreak. Nevertheless, in the course of its inquiry, the Select Committee has found it necessary to look into certain other issues relating to the public health system, which should be brought to the attention of the Government.

Infectious disease surveillance and notification system

15.38 The Select Committee understands that since the SARS epidemic, improvements have been made to the notification system of infectious diseases between Hong Kong and the Mainland. An Expert Group on Exchange and Notification Mechanism on Infectious Diseases has been set up under the Hong Kong Guangdong Cooperation Joint Conference. There is now exchange of information about statutory notifiable diseases of Guangdong, Hong Kong and Macao conducted on a monthly basis, with information on infectious diseases of concern to be exchanged as and when necessary. There is also reporting of sudden upsurge of infectious diseases of an unknown nature or of public health significance among the three places.

15.39 The Select Committee is of the view that an effective surveillance system on infectious disease should not rely solely on official information obtained through formal channels, but should also provide for the exchange,

collation and analysis of “soft intelligence” which includes information obtained through informal channels, such as the media, the Internet, academic channels as well as the Mainland and overseas networks of local hospitals and other institutions.

The Quarantine and Prevention of Disease Ordinance (Cap. 141)

15.40 Infectious diseases can spread through international travel and travel between Hong Kong and the Mainland. In an outbreak of a new infectious disease, serious consideration should be given to adding the disease to the First Schedule to the Quarantine and Prevention of Disease Ordinance (Cap. 141) at the first opportunity. The Select Committee wishes to reiterate that it would take some time, however short that may be, to complete the legislative process. Early completion of the legislative process would provide D of H with the necessary statutory powers to deal with circumstances under which the need for exercising such powers may arise unexpectedly.

Role of the Department of Health in closure of wards in hospitals

15.41 The authority to exercise statutory powers to control and prevent infectious diseases is vested with D of H. During the SARS epidemic, however, public health officials in DH were not involved in the making of decisions to close and re-open hospital wards where an outbreak had occurred. 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.

Vesting of statutory powers for carrying out public health functions

15.42 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.

Contact tracing and medical surveillance work of the Department of Health

15.43 The Select Committee notes that at the early stage of the SARS epidemic, there were inadequacies in the information system on contact tracing and medical surveillance of DH. Improvements were made after e-SARS, the SARS-Case Contact Information System and the Major Incident Investigation and Disaster Support System were put into operation.

15.44 The Select Committee considers that an effective information system on contact tracing and medical surveillance should be capable of, among other things, promptly alerting any hospital, public or private, at which a contact of an infected person under medical surveillance is seeking treatment.

Contingency plan

15.45 The Government and HA should put in place a territory-wide contingency plan to deal with large-scale outbreaks of infectious diseases. The contingency plan should cover a command structure; an action plan; patient movement; manpower and expertise deployment; and guidelines for closing or suspending certain services in a hospital.

15.46 In respect of the command structure under the territory-wide contingency plan, the Select Committee considers that it should clearly set out the working relationship among the relevant parties, including the Government, HA and other organizations concerned. The respective roles of the HA Board and the Chairman of HA in the management of an outbreak should also be clearly defined. If the Chairman is to represent the Board in supervising and monitoring HA executives in the handling of an outbreak of public health significance, there should be proper delegation of authority to the Chairman.

15.47 The Select Committee notes that during the SARS epidemic, some hospitals had developed their own good practices to prepare for an increase in admissions of SARS patients, such as deferring less urgent elective admissions and early decanting of patients. The Select Committee recommends that such good practices should be promoted and shared by other hospitals, and also incorporated into the contingency plan where appropriate.

Risk management

15.48 The Select Committee considers that before a hospital takes up a new task, a risk assessment from the clinical, management and operational perspectives should be carried out. The assessment should include whether the resources of the hospital concerned could cope with the new task, what the risks involved are, how such risks could be minimized, and when reviews should be taken. The Select Committee also considers that there should be designated staff in each hospital to carry out such types of risk assessment.

Communication with the public

15.49 The Select Committee appreciates that during the SARS epidemic, the Administration had been very transparent and open in keeping the public informed. For instance, representatives of the Administration attended numerous special meetings of the Legislative Council (LegCo) Panel on Health Services to brief Members and the public on the current situation of the epidemic and the measures taken by the Government.

15.50 The Select Committee considers that high transparency is of utmost importance in winning public trust in and support for the Government in its handling of a major outbreak of an infectious disease. In the event of a future outbreak, it is important that the Government should adhere to this paramount principle of high transparency.

Healthcare workers

15.51 Hong Kong's HCWs worked extremely hard and were fearless in the battle against SARS. They risked their own lives gallantly in trying to save others. These highly professional and committed HCWs are one of the key strengths of Hong Kong's public health system. The Select Committee urges the Government and HA to formulate policies and measures to ensure that the high standard and morale of Hong Kong's HCWs are maintained and enhanced.

Attendance of the Chief Executive at hearings of a Select Committee

15.52 The Government considers that it is “constitutionally inappropriate” for the Chief Executive, as the Head of HKSAR, to be subject personal compulsion by the legislature. According to the Chief Executive’s Office, the “constitutional inappropriateness” of the Chief Executive in submitting himself to the procedure by which the Select Committee conducts its inquiry highlights an important principle concerning the constitutional relationship between the Chief Executive and LegCo under the Basic Law. The Chief Executive’s Office has pointed out two constitutional principles of the Basic Law: the HKSAR Government is executive-led; and there should be regulation and coordination between the executive authorities and the legislature of HKSAR. The Chief Executive’s Office has also pointed out that these two principles underlay the constitutional balance where the Chief Executive is not intended to be subject to personal compulsion by the legislature.

15.53 The Select Committee recommends that the third term LegCo should follow up this matter.