

立法會
Legislative Council

LC Paper No. CB(2)437/14-15
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Monday, 20 October 2014, at 4:30
in Conference Room 3 of the Legislative Council Complex

Members present : Prof Hon Joseph LEE Kok-long, SBS, JP, PhD, RN (Chairman)
Dr Hon LEUNG Ka-lau (Deputy Chairman)
Hon Albert HO Chun-yan
Hon WONG Ting-kwong, SBS, JP
Hon CHAN Kin-por, BBS, JP
Hon CHEUNG Kwok-che
Hon Albert CHAN Wai-yip
Hon YIU Si-wing
Hon Charles Peter MOK, JP
Hon CHAN Han-pan, JP
Hon Alice MAK Mei-kuen, JP
Dr Hon KWOK Ka-ki
Dr Hon Helena WONG Pik-wan
Dr Hon Elizabeth QUAT, JP
Hon POON Siu-ping, BBS, MH
Hon Christopher CHUNG Shu-kun, BBS, MH, JP

Members absent : Hon Vincent FANG Kang, SBS, JP
Dr Hon Fernando CHEUNG Chiu-hung

Public Officers : Item III
attending

Dr KO Wing-man, BBS, JP
Secretary for Food and Health

Mr Richard YUEN Ming-fai, JP
Permanent Secretary for Food and Health (Health)

Mr Chris SUN Yuk-han, JP
Head, Healthcare Planning and Development Office
Food and Health Bureau

Item IV

Professor Sophia CHAN Siu-chee, JP
Under Secretary for Food and Health

Ms Angela LEE
Principal Assistant Secretary for Food and Health (Health) 2

Dr Derrick AU
Director (Quality and Safety)
Hospital Authority

Dr Rebecca LAM
Chief Manager (Patient Safety and Risk Management)
Hospital Authority

Dr K F WONG, MD
Deputy Hospital Chief Executive (Corporate Affairs), Queen
Elizabeth Hospital
Service Director (Pathology), Kowloon Central Cluster
Hospital Authority

Dr Osburga CHAN Pik-kei
Deputy Service Director (Quality and Safety), Kowloon Central
Cluster
Hospital Authority

Mr Benjamin LEE
Senior Manager (Business Support Services)
Hospital Authority

**Clerk in
attendance** : Ms Maisie LAM
Chief Council Secretary (2) 5

**Staff in
attendance** : Ms Janet SHUM
Senior Council Secretary (2) 5

Ms Priscilla LAU
Council Secretary (2) 5

Ms Michelle LEE
Legislative Assistant (2) 5

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I. Information paper(s) issued since the last meeting

Members noted that no information paper had been issued since the last meeting.

II. Items for discussion at the next meeting

[LC Paper Nos. CB(2)79/14-15(01) to (02) and CB(2)128/14-15(01)]

2. Members agreed to discuss the following items proposed by the Administration at the next regular meeting scheduled for 17 November 2014 at 4:30 pm -

- (a) Expansion of Hong Kong Red Cross Blood Transfusion Service Headquarters; and
- (b) Quality management of pathology reports in the Hospital Authority.

3. The Chairman drew members' attention to the letter dated 20 October 2014 from Mr CHAN Han-pan (LC Paper No. CB(2)128/14-15(01)) requesting, among others, the Administration to update the Panel on the latest measures on the prevention and control of Ebola virus disease ("EVD"), which was tabled at the meeting. He asked the Administration as to whether it had adjusted any of the local preventive and control measures to guard against EVD since it last briefed the Panel on the subject on 22 August 2014.

4. Secretary for Food and Health ("SFH") advised that an inter-departmental meeting on infectious disease had been held in the morning of the day of the meeting to discuss, inter alia, the latest local risk assessment and prevention and control measures against EVD. Following the meeting, the Centre for Health Protection of the Department of Health and the Hospital Authority ("HA") had held a press conference on the newly implemented measures, such as requiring travellers from the EVD-affected countries arriving at the Hong Kong International Airport to complete a

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health surveillance questionnaire voluntarily, and enhancing the provision of infection control training for healthcare and other frontline workers in general, and those of the Infectious Disease Centre in Princess Margaret Hospital in particular, by HA on the proper procedure for gowning and de-gowning personal protective equipment.

5. The Chairman sought members' views on whether to include the above item in the agenda for the November regular meeting. Mr YIU Si-wing agreed on the need to invite the Administration to brief the Panel on the latest preventive and control measures put in place by the Administration to guard against EVD at the November meeting in view of the continued spread of the disease overseas. Members raised no objection.

(Post-meeting note: At the request of the Chairman, the agenda item on "Measures for the prevention and control of Ebola virus disease" of the November regular meeting has been reworded to include also the discussion on measures for the prevention and control of dengue fever.)

III. Retention of the two supernumerary directorate posts of the Healthcare Planning and Development Office for five years

[LC Paper Nos. CB(2)79/14-15(03) and (04)]

6. SFH briefed members on the proposed retention of two supernumerary directorate posts, namely Head (Healthcare Planning and Development Office) ("H(HPDO)") and Deputy Head (Healthcare Planning and Development Office) ("DH(HPDO)"), for a period of five years in order to provide continued steer and leadership over the work of the Healthcare Planning and Development Office ("HPDO") under the Health Branch of the Food and Health Bureau, details of which were set out in the Administration's paper (LC Paper No. CB(2)79/14-15(03)).

7. Members noted the background brief entitled "Healthcare Planning and Development Office" (LC Paper No. CB(2)79/14-15(04)) prepared by the Legislative Council ("LegCo") Secretariat.

Retention period of the two supernumerary directorate posts

8. Expressing disappointment about the lack of progress in strengthening the regulation of high-risk medical procedures performed in ambulatory settings and formulating a comprehensive mental health policy since the setting up of HPDO and the concern that the way forward for the Health Protection Scheme ("HPS") would be subject to the outcome of the public

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consultation to be commenced in the end of 2014, Dr KWOK Ka-ki considered it not justifiable from a perspective of prudent management of public resources to extend the two supernumerary directorate posts for five years. He surmised that the Administration was attempting to use prolonged supernumerary posts to replace the need for putting up proposals for creation of permanent posts. If this was not the case, it would be more reasonable to retain the two supernumerary directorate posts for an initial period of two or three years subject to further review of the continued need for these posts. While expressing support to retain the two supernumerary posts on a time-limited basis, Miss Alice MAK remarked that the proposal to retain the two posts for a period of five years was at variance with the prevailing practices whereby supernumerary posts were normally created or retained for three years. She sought explanation on the need for retaining the posts for such a long period.

9. Mr POON Siu-ping held another view. While expressing support in principle the proposed retention of the two supernumerary posts on a time-limited basis, he was concerned about whether the five-year duration of the posts was sufficient for taking forward the wide range of policy initiatives undertaken by HPDO, which included the implementation of HPS, the introduction of a revamped regulatory regime for private healthcare facilities, the strategic review on healthcare manpower and professional development, and the review on mental health. Mr CHAN Han-pan said that he did not oppose to the proposal to retain the two supernumerary directorate posts, and considered the proposed five-year duration appropriate given the complexity of the issues involved in the formulation of legislative proposal for, and the implementation of, HPS. He however considered that the need for the continued retention of these posts should be reviewed after three years.

10. SFH explained that in respect of the nature of the task relating to the regulation of private healthcare facilities entrusted to HPDO, it should be noted that effort of the previous term Government was focused on facilitating the development of the healthcare services at the time HPDO was set up in January 2012. This included developing essential infrastructure to support healthcare services, notably the disposal of land for private hospital development. The decision to establish a Steering Committee on Review of Regulation of Private Healthcare Facilities to conduct a root-and-branch review on the regulation of private healthcare facilities, including, among others, ambulatory facilities where high-risk medical procedures were performed, was made by the current term Government in October 2012. As regards the review on mental health policy, it was not until 2013 that HPDO took on the extra portfolio of mental health policy. SFH advised that in view of the controversial nature of HPS, the Administration considered it prudent to retain the two supernumerary directorate posts for a period of five years.

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That said, the Administration could review the need for continued retention of these posts after three years, taking into account HPDO's work progress on various fronts.

11. Mr POON Siu-ping sought elaboration about the timetable for taking forward HPS. SFH advised that subject to community support, HPDO would proceed to formulate a new legislation for implementing the key proposals relating to HPS as set out in paragraph 6 of the Administration's paper. He assured members that HPDO would endeavour to complete the legislative work as soon as practicable.

Staff establishment for HPDO

12. Mr POON Siu-ping noted that HPDO was being and would continue to be supported by a multi-disciplinary team of 20 non-directorate civil service posts. He was concerned about whether the non-directorate support was adequate to cope with the build-up of workload arising from the various policy initiatives undertaken by HPDO. Mr YIU Siu-wing expressed support for the proposed retention of the two supernumerary directorate posts to steer for taking forward the policy initiatives entrusted to HPDO, in particular HPS which, in his view, was instrumental to the sustainability of the overall healthcare system. He asked whether there was a need to increase the non-directorate manpower support for HPDO given the change in its nature of work in the next five years.

13. SFH agreed that there might be changes in the nature of work of HPDO depending on the stages of development of the various policy initiatives. For instance, considerable effort had been made in the past few years to engage and consult the trade and the relevant stakeholders for the formulation of the detailed proposals to implement HPS and modernize the regulatory regime for private healthcare facilities respectively before the finalization of the proposals for public consultation by end of 2014. Subject to the outcomes of the public consultation exercises, HPDO would need to devote a great deal of effort to formulate the relevant legislative proposals at the next stage. This notwithstanding, the proposed staff establishment for HPDO had already taken into account the manpower requirement in carrying out the public consultation exercises on the proposed way forward for HPS and regulation of private healthcare facilities, and subject to community support of the proposals, the subsequent drafting work for the two major pieces of legislation; as well as the conduct of the reviews on healthcare manpower planning and professional development and mental health policy, and the formulation of measures to address areas requiring improvement. The Administration would further redeploy other existing staff in the Food and Health Bureau to take on the work of HPDO if such a need arose. SFH

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added that the future manpower requirements for overseeing the implementation and enforcement of the aforesaid legislative proposals would be considered separately upon passage of the relevant pieces of legislation.

Progress of work of HPDO

14. Mr CHAN Han-pan enquired about the work priority of HPDO to take forward the various policy initiatives entrusted to it. SFH advised that while some members of the sectors concerned might oppose certain proposals for implementing HPS and introducing a revamped regulatory regime for private healthcare facilities, the Administration was confident of gaining public support for the introduction of these two initiatives in view of their importance to enhancing the long-term development of the healthcare system. Hence, it was anticipated that the effort of HPDO would mainly focus on steering the formulation and passage of these two complicated legislative proposals in the coming five years. Expressing concern about the occurrence of a number of medical incidents resulting from high-risk medical procedures performed in ambulatory setting in the past few years, Dr KWOK Ka-ki and Miss Alice MAK called on the Administration to expedite the work on tightening up regulatory oversight through premises-based regulation to better safeguard patient safety.

15. Dr KWOK Ka-ki expressed disappointment that the Review Committee on Mental Health had made little progress in response to members' repeated call for the formulation of comprehensive mental policy and the setting up of a mental health council. Mr CHAN Han-pan urged the Administration to step up its efforts in strengthening mental health services.

16. SFH responded that while the Review Committee and its two expert groups, which studied dementia care and mental health services for children and adolescents respectively, was continuing their work on various fronts, measures had already been put in place to improve mental health services. For instance, almost all second generation oral anti-psychotic drugs would be repositioned from the special drug category to the general drug category in the HA Drug Formulary in 2014-2015 so that all these drugs could be prescribed as first-line drugs. This apart, the Case Management Programme would be rolled out to all 18 districts in Hong Kong in 2014-2015 to provide support to patients suffering from severe mental illness.

Conclusion

17. In closing, the Chairman concluded that the Panel was supportive of the proposed retention of the two supernumerary directorate posts.

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IV. Mechanism put in place by the Hospital Authority to ensure safety in the use of medical equipment and products

[LC Paper Nos. CB(2)2059/13-14(01) and CB(2)79/14-15(05)]

18. Director (Quality and Safety), HA ("D(Q&S), HA") briefed members on the arrangement in place in HA to ensure safety in the use of medical equipment and products, including the incident of the use of expired surgical sutures at the Queen Elizabeth Hospital ("QEH") ("the incident"), details of which were set out in the paper provided by the Administration for circulation to the Panel in July 2014 in response to members' concern about the incident (LC Paper No. CB(2)2059/13-14(01)).

19. Members noted the information note entitled "Mechanism put in place by the Hospital Authority to ensure safety in the use of medical equipment and products" (LC Paper No. CB(2)79/14-15(05)) prepared by the LegCo Secretariat.

Recent incident in QEH

20. Mr Christopher CHUNG expressed strong dissatisfaction that the Administration's paper had contained only limited information and failed to provide an account of the root cause of the incident with a view to forestalling incidents of similar nature. In his view, the incident was primarily a governance issue if, according to HA, mechanisms to safeguard the proper use of medical equipment were in place at both the hospital and corporate levels. Dr Helena WONG opined that members could hardly probe into the matter to find out the root cause of the incident given the limited information provided by the Administration. Mr YIU Si-wing shared the view that the information contained in the paper provided by the Administration was not detailed enough. The Chairman remarked that instead of discussing individual cases, the Panel should examine the mechanism of HA in ensuring safety in the use of medical equipment and products from the policy perspective with a view to preventing recurrences of the incident.

21. D(Q&S), HA explained that given the expectation that the discussion of the meeting would focus on policy issues relating to the arrangement in place in HA to ensure safety in the use of medical equipment and products, and not on individual cases, HA had not provided a follow-up paper on the findings of the Root Cause Analysis Panel ("the RCA Panel") set up by QEH to investigate the incident. That said, he agreed that more information relating to the incident should be provided to the Panel to facilitate members' discussion on how to prevent recurrences of similar incidents. The Chairman requested HA to provide after the meeting a summary of the findings and recommendations of the RCA Panel on the incident. D(Q&S), HA agreed.

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22. On the root cause of the incident, Deputy Hospital Chief Executive (Corporate Affairs), QEH, ("DHCE(CA), QEH") advised that while there was in place a mechanism to govern the use of surgical sutures which was based on a first expiry, first out principle, the RCA Panel found that the incident was due to over-procurement of a batch of 40 boxes of sutures. The first 20 boxes were procured in October 2008 and the other 20 boxes were procured two months later. The expired sutures with an expiry date in June 2013 had subsequently been used by nursing staff against the usual nursing standards in perioperative care on patients undergoing heart surgery at QEH during the period of July to December 2013. This was known to all the six nursing staff of the perioperative team concerned. The existence of different lines of reporting in the operating theatre and the lack of monitoring by personnel involved in the procurement of the medical consumables concerned also contributed to the occurrence of the incident. Based on the above findings, the RCA Panel had recommended that QEH should enhance the supervision and monitoring of the procurement and inventory control process, review the governance of specialty-based perioperative teams and cultivate a speak-up culture among healthcare workers.

23. Referring to the conclusion of the Clinical Review Panel ("the CR Panel") that the test results on expired sutures kept in vacuum-sealed packaging on bacteria culture and quality were unremarkable, Dr LEUNG Ka-lau asked whether the testing was conducted on the same batch of expired sutures used by QEH on patients undergoing heart surgery. DHCE(CA), QEH advised that the expired sutures were last used on patients undergoing heart surgery at QEH in December 2013. Given that the relevant batch of expired sutures had been disposed at the time the incident was reported in July 2014, the CR Panel obtained similar sutures which had been expired for six months from the supplier for testing.

24. Dr Helena WONG asked whether doctors performing heart surgeries at QEH between July and December 2013 had knowledge of the use of expired surgical sutures. D(Q&S), HA replied in the negative. In response to Dr Helena WONG's enquiry about the reason why the use of expired surgical sutures was reported seven months after the sutures were last used on patients in December 2013 but not earlier, D(Q&S), HA advised that he could not provide further details in this regard as HA was considering the appropriate follow-up actions in respect of the relevant staff in accordance with the prevailing human resources policy.

25. Holding the view that the incident was caused by system failure in monitoring the procurement process and inventory control of surgical sutures, Dr KWOK Ka-ki expressed concern as to whether HA would put

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the blame solely on frontline staff. Mr CHAN Han-pan and Mr Christopher CHUNG considered it more important for HA to enhance its monitoring over the procurement and inventory control process, and governance of specialty-based perioperative teams in order to enhance the administrative and managerial functions.

26. D(Q&S), HA agreed that human factor should not be the only factor causing the happening of the incident. As mentioned by DHCE(CA), QEH earlier at the meeting, the RCA Panel had identified a few factors, which included both system failure and personal judgement of the staff concerned, contributing to the occurrence of the incident. The case would be dealt with in accordance with the prevailing HA human resources policy having regard to the findings of the RCA Panel and the fact that the staff members concerned were known to be a dedicated team.

27. Miss Alice MAK considered that HA should take the incident as a lesson learnt on procurement and inventory control of medical consumables, in particular those slow-moving and specialty-use consumables. She asked how HA could ensure that, apart from QEH, all other hospitals would be aware of the learning points from the incident to prevent similar incidents from happening in the future. D(Q&S), HA advised that at the HA Head Office level, there had been regular meetings for cluster management to share the lessons learnt from the incident.

Procurement of medical consumables

28. The Chairman noted that in the incident, a considerable quantity of surgical sutures was procured for a second time within a short interval from the first one. He asked whether HA had any guidelines governing the procurement of these sutures. Mr Christopher CHUNG raised a similar concern. Dr Helena WONG expressed grave concern that in the incident, a total of 26 out of the 40 boxes of surgical sutures procured in 2008, which costed over a hundred thousand dollars, had yet been used nearer the end of their five-year shelf life. She sought information about the mechanisms put in place by HA to govern the procurement of medical consumables and the handling of those items beyond their expiry dates. Dr LEUNG Ka-lau asked about the policy of HA governing the procurement of medical consumables at the corporate, hospital and department levels.

29. Noting that the use of expired surgical sutures on patients had not been identified until a report was made to the Cardiothoracic Surgery Department months after the expiry of the shelf life of the consumables concerned, Mr YIU Si-wing considered that the current mechanism of QEH had failed to monitor the procurement and inventory control process

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effectively. He urged HA to review the relevant mechanism at both the corporate and hospital levels. Miss Alice MAK and Mr CHAN Han-pan expressed a similar concern.

30. D(Q&S), HA responded that the emphasis of the current corporate measures had been focused on tracing the whereabouts of the used medical consumables in case of an adverse incident, rather than on monitoring the procurement and inventory control process of each medical consumable. He pointed out that while HA Head Office would perform central sourcing and procurement of some medical items, certain slow-moving and specialty-use medical consumables, such as surgical sutures for heart surgeries, were procured by the relevant clinical departments or operating theatres. That said, he agreed that there was a need to put in place a clear guideline for the relevant clinical departments to estimate the quantities of various specialty-based medical consumables required subject to some degree of deviation. It should be noted, however, that the number of patients requiring these consumables and hence their rate of consumption varied quite considerably each year. As regards surgical sutures, the Cardiothoracic Surgery Department would oversee the procurement of these consumables in future. Dr LEUNG Ka-lau suggested that HA could consider requiring the staff concerned to make estimation on the expected expiry date of the procured item and the expected period of consumption when filling the procurement form. Mr YIU Si-wing considered that HA should delineate clearly the level of responsibilities of the staff involved in the relevant process in the future.

31. Dr LEUNG Ka-lau opined that HA should work out the target level of consumables stockpiling with reference to the shelf life of the consumables to avoid build up of stock and wastage. Senior Manager (Business Support Services), HA ("SM(BSS), HA") advised that for bulk tenders for medical items procured at the corporate level, HA would in general allow an excess three-month stockpiling to ensure that the items would not run out of stock.

32. Holding the view that the staff concerned might decide to continue using expired sutures out of fear of penalty for having over-procured the items, Dr Helena WONG asked whether staff of HA would be subject to any penalty in the event of over-procurement. Dr KWOK Ka-ki raised a similar question. D(Q&S), HA advised that there was no precedent in which staff was penalized for over-procuring certain medical consumables.

Stock control and disposal of medical consumables

33. Noting that the expired surgical sutures had already been disposed of when the incident was reported in July 2014, Mr CHAN Han-pan considered

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that there were rooms for improvement in the information systems put in place by HA to manage the stock-take and disposal of medical consumables.

34. D(Q&S), HA agreed that there was a need for HA to strengthen the expiry alert mechanism in respect of medical consumables. DHCE(CA), QEH supplemented that some medical consumables, including specialty-use surgical sutures, were not included in the Inventory Control System of HA but were managed under the individual information systems of the relevant specialty-based perioperative teams. The RCA Panel had recommended that all medical consumables should be subject to the monitoring and control of the Inventory Control System in the future. Mr Christopher CHUNG opined that HA should not use the existence of different information systems as an excuse for the inadequate supervision and monitoring of the inventory level of medical consumables not included in the Inventory Control System.

35. Dr LEUNG Ka-lau advised that under special circumstances, manufacturers would extend the expiry date of medical consumables upon carrying out of clinical assessments on the potency of the consumables concerned. HA should consider requesting the manufacturer to do so in the event of an over-procurement of a medical consumable for various reasons. Mr Christopher CHUNG considered that the use of any expired medical consumables should be subject to assessments on their potency either by the manufacturers concerned or by HA itself. Dr Helena WONG held a contrary view. She stressed that in any case, the use of expired medical consumables was unacceptable.

36. D(Q&S), HA responded that HA had been prudent in using medical consumables on patients and had no plan to allow the use of expired consumables. Dr Helena WONG called on HA to ensure that all healthcare workers were well informed of and would adhere to the requirement that no expired medical consumables should be used on patients.

Maintenance of medical equipment

37. Relaying a past adverse incident in which a patient under general anaesthesia had become comatose due to the malfunction of the alarm system of a life support machine that staff were not alerted to the disconnection of the oxygen tubing, Mr Albert HO enquired about the mechanism of HA to ensure the proper functioning of the medical equipment before they were used on patients.

38. D(Q&S), HA advised that general testing of the proper functioning of medical equipment was required before surgery. For life support machine,

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HA would ensure the availability of back-up machine for emergency. SM(BSS), HA supplemented that HA had arranged scheduled preventive maintenance programmes for regular inspection by the contractors or the Electrical and Mechanical Services Department in accordance with the recommendations of the manufacturer of the medical equipment. This apart, HA also performed corrective maintenance on medical equipment to timely repair or replace components which had failed or broken down.

Review of operation of HA

Admin/HA 39. The Chairman remarked that the incident revealed that the various practices implemented at hospital or department levels were at variance with the management and control measures put in place by HA at corporate level to ensure safety in the use of medical equipment and products as set out in paragraph 5 of the Administration's paper. He requested the Administration to provide in writing detailed information to elaborate on the relevant measures implemented by HA at the corporate level and the monitoring mechanism in place to ensure that the established guidelines were followed. In his view, the Steering Committee on Review of Hospital Authority ("the Steering Committee") should take into account the various governance issues arising from the incident in its review of the operation of HA. Dr KWOK Ka-ki held the view that the incident reflected the notorious top-down management approach and cluster arrangement of HA. While the Steering Committee was tasked to study, among others, HA's management and cluster system, he was concerned about the comprehensiveness of the review.

40. Under Secretary for Food and Health advised that members of the Steering Committee came from different sectors of the community, including healthcare professionals, academics and representatives from business, welfare sectors, patient advocates and frontline staff of HA. To enable the Steering Committee to better understand public views on the operation of HA, a few public fora had been held to gauge public views on areas such as HA's management and cluster system, resources management, staffing management, service management, cost effectiveness, and overall management and control.

41. Dr LEUNG Ka-lau opined that the pressure to exhaust the funding allocated before the end of each financial year might lead staff to over procure certain medical consumables. Dr KWOK Ka-ki held a similar view. Miss Alice MAK asked whether this was the case. D(Q&S), HA responded that there was no cause for such concern, as individual hospitals and departments were now allowed to keep unused funds in one year for use in the next financial year. The RCA Panel did not find that the pressure to

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exhaust the allocated funding was a factor contributing to the occurrence of the incident.

42. Dr KWOK Ka-ki maintained the view that staff at working level might procure more than necessary medical consumables out of fear of criticism of wrong estimation of the resources required for medical supplies and equipment under the decentralized budget approach. D(Q&S), HA advised that the arrangement to decentralize the budget to departments aimed at providing flexibility for individual departments to administer their financial resources without the need to seek approval for each expenditure item. That said, consideration could be given to examining whether any adjustment should be made to the budgeting approach.

Conclusion

43. In closing, the Chairman urged the Administration and HA to put in place a comprehensive governance system and procedures to ensure safety in the use of medical equipment and products in HA, and provide the information referred to in paragraphs 21 and 39 above.

V. Any other business

Subcommittee on Health Protection Scheme

44. Members agreed that the membership of the Subcommittee on Health Protection Scheme set up under the Panel should be re-opened to members of the Panel, and noted that existing members of the Subcommittee who had not given written notice to withdraw their membership would remain as members of the Subcommittee.

45. There being no other business, the meeting ended at 6:25 pm.