LC Paper No. CB(2)1039/18-19(05)

LegCo Health Service Panel Submission Summary on "Public Governance of Hospital Authority" on 19th March 2019

(I) Background & Problems

1. There are numerous factors leading to the shortage of doctors and nursing manpower. Three of the contributing factors which most professionals have not paid attention are:
   (i) Missing gaps in recruitment & selection of non-clinical grade staff. (Executive Officers or Hospital Administrators etc);
   (ii) Imbalance of roles & responsibilities between Medical Leadership after Organization Structural Reform of Head Office (HO) a decade ago;
   (iii) Overload of doctors in unnecessary administrative work.

2. Strong & effective team of Executive Officers (EOII/EOI/SEO) in HAHO & Hospital Administrators (HAII/HAI/SHA) in Cluster Hospitals (Officers Grade) is important in variety of non-clinical functional areas such as Secretariat / Executive Support in HO; Human Resource; Business Support; Finance; Service Operation etc.

3. If the 2 Grade Staff are objectively recruited & selected, based on core competency (e.g. independent Language Proficiency Exam, relevant experience / expertise knowledge), they could help relieve unnecessary public administrative workload of Medical Leadership and nurses. In real, there are big differences between public management and private service management in (1) Effectiveness; (2) Efficiencies; (3) economy; (4) Equity. The former has to focus on 'equity' as well whilst the private sector only focuses more on former 3 elements in the capitalist society. (David Rosenbloom, 2001)

4. With growing complexity of public health & increasing volume, EO grade staff should also possess prolonged & diversified administrative working experience. (e.g. Corporate Communication & Media Management & Public Crisis Management) Independent work / problem solving ability & critical thinking are prerequisites of Officers

or above in order to provide quality administration for the Medical Leadership in HA Head Office.

5. In addition, hospital administrators in cluster hospitals also have to manage lots of complicated work requiring coordination, communication with cross disciplines staff in Business Supporting; Facilities Management (FM); Operation Management (OM); Equipment Procurement & Maintenance which require ample relevant experience and skills.

6. However, the quality administrative support in HO / Clusters is not satisfactory, based on public /many experience staff feedback including the retired leaders. One of the root causes is due to lacking of objective language proficiency test / mechanism for recruitment of EO / Hospital Administrators. There is a big variation in quality and core competency of the EO in HAHO and Hospital Administrators in some hospitals.

7. In HA, recruitment decision is mostly/fully user-driven without objective check and balance mechanism as in the government and other overseas good governance in Singapore, Japan and EU countries (e.g. France, Sweden & Germany). Shall HA adopt the government good practices of holding Common Recruitment Exam (CRE) or Junior Recruitment Exam (JRE) for EO/ Officers Ranks as the basic shortlisting criteria?

(II) Recommendations

Standard Language Proficiency Test Required

8. With an expanding workforce in the EO grade and a delegated approach in staff recruitment and development, the gap arising from unmet competencies and unaligned practices grows larger year by year. This creates more unnecessary stress for non-familiarized / non-prioritized management areas.

9. Tensions arise between Executive Officers and senior' expectation due to inappropriate job mix & match. Various problems arise. (e.g. office bullying, unfair recruitment procedures and non-standardized shortlisting criteria for entry / promotion of Executive Officers in HO and Hospital Administrators in hospital level). Some clinicians / nurses' leaders in hospital level also supported to standardize and objective language proficiency test for the admin support staff prior to considering other shortlisting criteria.

10. Thus, it is high time to make fundamental improvement if the public expects that stringent manpower of doctors and nursing could be partially relieved and to face challenges ahead. (e.g ageing, regionalization and integration with China, the motherland with billions of population and rise of middle class)

Set Up Transparent Central Recruitment Mechanism & Strengthen General Grade Management Framework

11. Set up objective Central Recruitment Mechanism comprising membership from Government Chief Executive Officers or above and HA retired professional/experienced management staff together with clusters doctors and HR to assure reasonable quality of Officer(s).

12. Strengthen existing General Grade Management Framework and put in place regular monitoring mechanism after wide consultation to staff and the Grade.

Strengthen Medical Leadership in Public Managerialism

13. Senior Medical Officers / Associate Consultants or above who will be assigned to work in Head Office should have widened exposure in Bureaus to enhance knowledge and wisdom in non-clinical areas (e.g. HR, Finance, Legal, Corporate Governance & Media Relations/PR) and in public managerialism. (eg government departments, Bureaus etc). There is a big difference (e.g. culture, business behaviour & leadership) between private and public health service management.

Secondment of Government Generalists (CEO / SEO / EOI) to HA to Widen Public Health Exposure / Experience

14. Experienced Administrative Officers(AO) / Executive Officers (EO) from government should be seconded to HAHO for 2 years to facilitate out set up of the Central Recruitment Mechanism and General Grade Staff Management Structure. Moreover, they could be regularly report back to government what improvement measures could be suggested for strengthening the EO grade staff in core competency and wisdoms.

Revamp HAHO Organisation Structure

15. Existing Divisions carry different weight of workload / complexity and priority, just like body and parts. Medical leadership roles & responsibility should be shared out based on complexity in depths and breaths. See below table:

Organisational Structure (2008 – 2018)
(Information are open to all staff in HAHO)

Major Divisions	Functional Areas Covered	Management nature	Director Head	Staff strengths
Cluster Service	10	Core	1	363
Quality & Risk	5	Core	1	146
Strategy & Planning	5	Core	1	243
Corporate Service	5	Non Core	1	146
IT & Health Informatics	**1**	**Non Core**	**1**	**1001**
HR	1	Non Core	1	127
Finance	1	Non Core	1	158

2019/3/15 9

16. Director of Cluster Service is overloaded with excessive CORE issues of manpower of nurses, doctors and complicated allied health professionals comprising of 14 AH disciplines. (PT /OT / ST / P&O / Dietetics / Clin Psy & MSW / Podiatry and Diagnostic Radiography etc) One has also to manage other CORE AREAS such as Pharmacy, Integrated Health (Mental Services & Chronic Ills), Public Private Interface, Cluster Performance etc. All mentioned above require lot of communication and health care management wisdoms.

17. Last but not least, he or she also has to oversee many other areas including tripartite Chinese Medicine Clinics, which is non-core (peripheral) service in HA. Excessive diversity leads to time

constraints & inability to go through meticulous details and numerous nurses' issues from public management perspective. This is mirrored even the medical leader(s) is brilliant, committed & hard working with wisdom.

18. In fact, nursing leadership has been dropping considerably since 2008. With its unique workplace / professional culture, doctors should spend more time to understand meticulous details of nurse's service management and problems so as to enhance nursing leadership; and to help boost up synergy , vitality & morale of nurses particularly those working wholeheartedly with prolonged experiences-they are valuable assets of HA.

(III) Tentative Conclusion

19. HAHO is the "AORTA" (core artery of territory-wide public health); and of the entire organization which requires a lot of broad spectrum of generalist knowledge and skills when providing quality support in a wide spectrum of service areas in different divisions. Thus objective selection of quality EO grade staff and hospital administrators is an important cornerstone of to meet the challenges ahead.

20. Due to growing complexity of health care management, rapid increase of ageing population, should doctors, nurses & physiotherapists focus their time more on serving patients directly through professionalism in hospital level rather than going to HAHO (AORTA) to perform non-core management areas which require different mind-set, knowledge & wisdom or a mix of both?

21. Public health care service is not developed in a social vacuum. Striking a balance of appropriate staff mix in public management is highly important for continuing quality administration. Other management concerns on how far should balance be made between centralism versus decentralisation; and public managerialism vs professionalism should be further and widely discussed in policy community.

22. Last but not least, it is high time to re-examine current public health

care service management model under current structure when global trend of public sector reform prevailed in early 90s and to reduce unnecessary administrative workload capacity of medical leadership and nurses.

Key Words

- Language Proficiency Test
- Recruitment & Promotion of Administrative Support Staff (Non clinical)
- Reduce doctors and nurses unnecessary administrative workload
- Medical Leadership
- Public Managerialism
- AORTA (the output from heart of the human body)
- Generalism versus Specialism
- Centralisation versus Decentralisation

KF CHAN (Community Partner of Former LegCO Councillor, Dr HUANG Chen Xia) & Middle Class Professionals of Hong Kong Socio-Health Management Association

Distribution: LegCo Secretariat / Chairman of Health Service Panel