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醫院管理局
HOSPITAL AUTHORITY

WRITTEN STATEMENT OF DR LEONG CHE-HUNG

Q1) ***What are your role and duties as the Chairman of the Hospital Authority (HA)? What were your specific responsibilities in the handling of the outbreak of Severe Acute Respiratory Syndrome (SARS)? On what matters did you have full authority to take decisions/actions and on what matters did you need to seek the approval of the HA Bard?***

A1) The HA is a body established under the Hospital Authority Ordinance to perform functions within the ambit of the Ordinance.

The HA Board is established to govern the HA. The Chairman is an appointed person to chair the HA Board.

The HA Board, as a governing body and an accountable body, decides on the policies of HA and monitors its performance. The Chief Executive (CE) is responsible and accountable to the HA for the overall management of the HA.

The HA Board discharges its responsibility through various functional committees whose views, suggestions and recommendations are discussed at the Administrative and Operational Meetings participated by all members of the Board, and approved or otherwise in the Board Meetings.

All decisions of the HA Board are made either during the meetings or occasionally, if time is a factor, through "approval" by circulation.

During the SARS crisis, the role of the Chairman did not change.

By around 23 March 2003, I believed that Hong Kong still faced a crisis, and with the CE himself getting sick, I thought more support by the Board to the executive was needed. 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. It was on this basis that I joined in the Daily SARS Round Up Meetings. My role was to advise the executives when needed, and at the same time make immediate decision on behalf of the Board and act as the linkage between the Board and the executives. I am glad that members of the Board 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.

Q2) ***Did the Chief Executive of HA report directly to you or to the HA Board? On what matters did the Chief Executive need to seek your approval and/or approval of the Board before he could take action? What was the procedure for seeking the approval of the HA Board and/or Chairman of HA? Was the calling of a board meeting required or could approval be sought by circulation by papers? During the SARS outbreak, how was the HA Board kept informed of the spread and the***

handling of the outbreak, especially at the early stages of the outbreak? How many times did the Board meet during the SARS outbreak? What decisions/actions were taken by you and/or the HA Board during the SARS outbreak?

A2) Since I took up the Chairmanship of the HA Board, I have been working very closely with the CE and the senior executives. I have meetings with them on a regular basis, at least once a week. I also often meet them outside the regular meetings. We have a very good rapport.

During the initial stage of the SARS outbreak, HA Board and committees meetings were reduced as explained in my earlier statement on the performance and accountability of the HA Board in the handling of the SARS outbreak. Nevertheless meetings were scheduled for communication with the Board and the Hospital Governing Committees.

Later in the SARS crisis, the HA Board formed a Task Force that met twice weekly and conducted many hospital visits.

Q3) Did HA have any strategy and/or contingency plan for dealing with an outbreak of infectious disease in the community and/or a HA hospital prior to the outbreak of SARS? If not, why not? If yes, what were the details of the strategy and/or contingency plan and what were the respective roles of the Chairman of HA and/or HA Board, if any, in the strategy and/or contingency plan?

A3) HA had a strategy on infection control, emphasizing on surveillance, early diagnosis, treatment and control measures. In 1994, HA set up a Task Force on Infection Control, now called the Central Committee on Infection Control (CCIC). The CCIC reported to the CE, the directors and the Cluster Chief Executives at the regular HA directors' meetings chaired by the CE. There was also an Infection Control Officer in each cluster who reported to the CCIC. CCIC also had communication with the Department of Health (DH). At the hospital level, there was regular communication between the Infection Control Team of each hospital and the DH.

Q4) When and how did you first learn that a large number of healthcare workers (HCWs) in Prince of Wales Hospital (PWH) had gone on sick leave at the same time on 11 March 2003? Was it necessary for the Chairman of HA and/or HA Board to be informed of an outbreak of an infectious disease at a HA hospital? If not, why not?

A4) I was out of Hong Kong from 6 March until the evening of 11 March 2003. I first learnt that a number of HCWs in PWH had gone on sick leave on the night of 11 March after I had returned to Hong Kong. With regard to the question whether it was necessary for the Chairman of HA and/or HA Board to be informed of an outbreak of an infectious disease at a HA hospital, it would depend on the scale and the nature of the outbreak.

Q5) At the meeting of the Panel on Health Services on 14 March 2003, the Chief Executive of HA told the Panel that he did not see the need to "temporarily close" PWH? Did he consult you and/or the HA Board prior to making the statement? If yes, what was your and/or the Board's advice? What was your understanding of "closing" PWH? Did anyone in HA ever raise with you and/or the HA Board the need to "close" PWH? If yes, when was the matter raised and

by whom? Did you know at that time who had the authority to "close" a hospital? If yes, who had the authority?

A5) The CE was not required to consult me or the HA Board prior to his attending the Panel on Health Services. No one in HA had ever raised with me and/or the HA Board the need to close PWH, the entire hospital.

Q6) On 16 March 2003, it was decided that all medical emergencies of PWH should be diverted to hospitals outside the New Territories East Cluster. Was it necessary to seek your and/or the HA Board's approval for such a decision to be made? If yes, when were your and/or the Board's approval sought and what were the considerations in giving or denying approval?

A6) HA senior executives informed me that there had been discussions to suspend the services of AED of PWH, and the final decision was to divert all medical emergency cases of PWH outside the NTE Cluster.

Q7) On 19 March 2003, PWH decided to close its Accident and Emergency Department. Was it necessary to seek your and/or the HA Board's approval for such a decision to be made? If yes, when were your and/or the Board's approval sought and what were the considerations in giving or denying approval?

A7) Dr. William Ho called me to seek my endorsement of the suspension of the services of the AED of PWH for 3 days. Having discussed with Dr. Ho over the telephone, it was my understanding that such an arrangement was necessitated by the heavy work load of PWH, and was also strongly requested by the staff of PWH. In order to ease the work load of PWH and to boost staff morale, I endorsed the decision to suspend the services of the AED of PWH for 3 days. I also asked Dr. Ho to inform the Hospital Governing Committee of PWH of such decision. I did not immediately inform the HA Board. Please refer to my answer to Q1 above.

Q8) On 20 March 2003, Professor T.F. FOK, Professor Tony CHUNG and Professor Peter Cameron from the Faculty of Medicine of the Chinese University of Hong Kong came to see you about the SARS outbreak. What were the details of the discussion and were any staff of HAHO and/or HA Board member(s) present at the meeting? Did you take any follow-up action after the meeting? If not, why not? If yes, what follow-up action did you take? Did you inform the HA Board of the meeting? If not, why not? If yes, what did you tell the HA Board and what was the reaction of the HA Board?

A8) I had a meeting with Professor T.F. Fok, Professor Tony Chung and Professor Peter Cameron from CUHK at HAHO on 21 March 2003 (not 20 March 2003). The meeting was initiated by one of the Professors. At the meeting, the professors expressed a strong concern to me that there might be a community outbreak in view of the admission of two private practitioners to PWH on the previous day. I was requested to relay this concern to the Secretary for Health, Welfare, and Food Bureau (SHWF). I called the SHWF immediately after the meeting to tell him of the professors' concern that there might be a community outbreak. The SHWF replied that he would take the necessary action.

Q9) On 21 March 2003, you and senior executives of the head office of HA (HAHO) approached SHWF to discuss the need to inform the wider community of the seriousness of the situation. Why did you consider it necessary to discuss the matter with SHWF? Did D of H attend the meeting? If not, did you know the reason for her absence? What other government officials and senior executives of HAHO were also present at the meeting? What were the details of the discussion at the meeting? Was any follow-up action taken after the meeting? If not, why not? If yes, what was the follow-up action? Was the HA Board informed of the meeting with SHWF? If not, why was the HA Board not informed? If yes, how was the HA Board informed and did any Board member(s) also attend the meeting with SHWF? Did the HA Board take any follow-up action, and if so, what follow-up action was taken?

A9) I did not meet with the SHWF on 21 March 2003.

Q10) How would you assess the Government's reaction to the SARS outbreak at the meeting? Was there a sense of great urgency and priority on Government's part to control the outbreak? Did SHWF see the need to inform the community of the seriousness of the situation?

A10) Please refer to my answer to Q9 above.

Q11) Why was it necessary to designate Princess Margaret Hospital (PMH) as a SARS hospital? What was meant by a designated SARS hospital? In which forum was the decision made and who were involved in the discussion? Who made the decision and what were the considerations? Was it necessary to seek your and/or the HA Board's approval for such a decision to be made? If yes, when were your and/or the Board's approval sought and what were the considerations in giving approval? What were the facilities and manpower required for a SARS hospital, and in what ways did PMH meet the requirements?

A11) It was necessary to designate an infectious disease hospital as a SARS hospital in order to centralize caring of SARS patients, and free up other hospitals so that they could deal with non-SARS patients for which the demand was still very large. There were also calls from the community for a designated hospital to treat SARS patients. The recommendation to designate PMH as a SARS hospital was made at the HWFB Task Force meeting on 26 March 2003. The decision was later affirmed at the Daily SARS Round Up Meeting on 26 March 2003 at which I was present.

Q12) How much time was PMH given to make the necessary preparations to serve as a SARS hospital? What were the preparations made? Did you and/or the HA Board consider the time given adequate? If not, who made the decision that PMH should commence to serve as a SARS hospital on 29 March 2003? Did you and/or the HA Board ask for an assessment of PMH's readiness before it commenced to serve as a SARS hospital on 29 March 2003? If not, why not? If yes, what was the assessment? Did you and/or the HA Board ever consider the option of PMH commencing to serve as a SARS hospital by phases? If not, why not?

A12) PMH began to receive all newly admitted SARS patients on 29 March 2003. SARS was a war and this war did not allow HA and PMH more time to be 100% prepared. The plan was to admit SARS patients to PMH in phases but an unexpectedly large number of patients had to be admitted over an unexpectedly short period of time.

Q13) Was there an anticipated SARS patient load that PMH would handle overall and on a daily intake basis when the decision was made to designate PMH as a SARS hospital? If not, why not? If yes, what were the respective numbers? How did the actual SARS patient load compare with the anticipated SARS patient load?

A13) PMH was designated as the SARS hospital for the first 1000 patients, with 400 beds available in the first phase. Actual number of patients admitted from 29 March to 11 April 2003 was 744.

Q14) On 30 March 2003, HA made the decision that patients suspected to have contracted SARS should be admitted to local cluster hospitals and only confirmed SARS patients referred by DH should be admitted to PMH. Was it necessary to seek your and/or the HA Board's approval for such a decision to be made? If yes, when were your and/or the Board's approval sought and what were the considerations in giving approval?

A14) No. Please refer to my answer to Q1 above.

Q15) When were you first informed that HCWs in PMH started to fall ill with SARS? What was your response? When was the HA Board first so informed? What was the HA Board's response to the situation? Did you and/or the HA Board request that staff be deployed from other hospitals to PMH? If not, why not? If yes, in which forum were details of the deployment discussed? What were the details of the deployment of staff from other hospitals to PMH? Were other hospital Chief Executives cooperative in this regard? Was the deployment made according to an existing mechanism or contingency plan for dealing with a sudden shortage of staff in a hospital?

A15) I knew HCWs in PMH having fallen ill at the end of March 2003. Staff deployment issues were discussed at the Daily SARS Round Up Meetings and Cluster Chief Executives were cooperative. It was not necessary to get my or HA Board's approval for such arrangement.

Q16) On 3 April 2003, HA implemented a no-visiting policy for all its acute wards. Was it necessary to seek your and/or the HA Board's approval for such a decision to be made? If yes, when were your and/or the Board's approval sought and what were the considerations in giving approval?

A16) No. Please refer to my answer to Q1 above.

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Q17) On 3 April 2003, patients from Ward E1 of Alice Ho Miu Ling Nethersole Hospital (AHNH) were being transferred to Tai Po Hospital. Was it necessary to seek your and/or the HA Board's approval for such a decision to be made? If yes, when were your and/or the Board's approval sought and what were the considerations in giving approval?

A17) No. Please refer to my answer to Q1 above.

Q18) On 7 April 2003, HA decided to confine admission of SARS patients to PMH to those referred by DH's designated medical centres. On the same day, PMH stopped the admission of SARS patients from all hospitals except Yan Chai Hospital (YCH) and Caritas Medical Centre (CMC). Was it necessary to seek your and/or the HA Board's approval for such a decision to be made? If yes, when were your and/or the Board's approval sought and what were the considerations in giving approval?

A18) No. Please refer to my answer to Q1 above.

Q19) On 7 April 2003, PMH began transferring SARS patients to Wong Tai Sin Hospital for convalescence. Was it necessary to seek your and/or the HA Board's approval for such a decision to be made? If yes, when were your and/or the Board's approval sought and what were the considerations in giving approval?

A19) No. Please refer to my answer to Q1 above.

Q20) On 12 April 2003, Tuen Mun Hospital received referrals from DH's designated medical centres and SARS patients from YCH. Was it necessary to seek your and/or the HA Board's approval for such a decision to be made? If yes, when were your and/or the Board's approval sought and what were the considerations in giving approval?

A20) No. Please refer to my answer to Q1 above.

Q21) On 16 April 2003, AHNH began diverting non-SARS medical admissions to other HA hospitals. Was it necessary to seek your and/or the HA Board's approval for such a decision to be made? If yes, when were your and/or the Board's approval sought and what were the considerations in giving approval?

A21) No. Please refer to my answer to Q1 above.

Q22) Did you know what training on infection control was provided to contract workers during the SARS outbreak? Were the content and duration of the training programmes the same as those provided for HA employees? If not, what were the differences? Who in HAHO was responsible for determining the type of infection control training to be provided to contract workers? Did the HA management assess the risk of SARS to those workers who had not undergone proper infection control training? If not, why not? If yes, what was the assessment?

A22) I understand that, during the outbreak, hospitals provided infection control training and briefings to these contractors' employees which were the same as those given to HA employees.

Q23) Dr. William HO was admitted to hospital on 23 March 2003. Did he continue to be involved in the handling of the SARS outbreak while he was hospitalized? If yes, what was the reason for his involvement? Were you aware of his involvement at that time? If yes, did you consider it appropriate for Dr. HO to be involved while he was hospitalized? If yes, why was it appropriate? If not, did you ask that his involvement be stopped? What decisions did he made while he was in hospital? Had the decision-making process been delayed because of his involvement?

A23) The HA Board appreciated the continuing input of Dr. William Ho despite his own admission to QMH on 23 March 2003. Dr. Ho's input showed that he was truly concerned. Dr. Ho nevertheless did not make any decision while he was hospitalized. Decisions were made by Dr. Ko together with other senior executives of the HA at the Daily SARS Round Up Meetings. There was no delay in the decision-making process because of Dr. Ho's involvement.

Q24) Was there a procedure for appointing a Deputizing Chief Executive of HA? If yes, what was the procedure? Was the approval of the HA Board for the appointment required? Was the appointment of Dr. KO Wing-man as the Deputizing Chief Executive of HA while Dr. HO was on sick leave made under the procedure? If not, why not? Were HA staff informed of Dr. KO's appointment? If not, why not? If yes, how were HA staff informed?

A24) There was a practice regarding the appointment of a Deputizing Chief Executive of HA. When the CE was away from Hong Kong, he would appoint a Deputizing CE and seek my approval. The hospitals would then be informed accordingly. With regard to the appointment of Dr. Ko Wing Man as Deputizing CE of HA while Dr. Ho was on sick leave, Dr. Ko was appointed in the presence of me and Dr. Ho on the night of 23 March 2003 when Dr. Ho was admitted to QMH. In the early hours of 24 March 2003, I informed all staff of HA of the admission of the CE to QMH. On the same day, I also informed members of HA as well as the Directors, CCEs, HCEs, and unit heads of HAHO of the admission of the CE to QMH and the appointment of Dr. Ko as Deputizing CE.

Q25) In the handling of the SARS outbreak, was it the intention of the Government and/or the HA Board to have only one designated SARS hospital? If yes, why was one designated SARS hospital considered adequate? If not, what other hospitals were considered suitable to serve as SARS hospitals and why were they not designated? During the SARS outbreak, did you and/or the HA Board ever ask for an estimated number of SARS cases that HA hospitals would need and be capable to handle? If not, why not? If yes, did you and/or HA Board ask HAHO to correspondingly draw up a plan as to how many SARS patients would need to be handled by individual Clusters and hospitals? If not, why not? If yes, what were the details of the plan?

A25) PMH was chosen as the first designated SARS hospital. If necessary, PWH would be the second designated SARS hospital. During the SARS outbreak, while we made estimates of new SARS cases, this was a new disease and it was difficult to make the estimates with any degree of accuracy. HA simply had to handle new SARS cases as they arose.

*Q26) **Did the HA Board make an assessment of why so many HCWs in HA hospitals were infected during the SARS outbreak? If not, why not? If yes, what was the assessment? Did you or HAHO review what could have been done to prevent HCWs and non-SARS patients in as well as visitors to HA hospitals from contracting SARS during the outbreak? If not, why not? If yes, what more could have been done?***

A26) The HA Board did consider why so many HCWs in HA hospitals were infected during the SARS outbreak. With hindsight, the possible causes included :-

(1) Work load was very heavy so that inevitably there would be lapses in the use of personal protection equipment.

(2) Since SARS patients were placed together the viral load was high and the risk of HCWs being infected increased.

(3) Some patients who had SARS did not present with SARS symptoms.

(4) Some SARS patients required close management and some procedures (such as intubation) which carried high risk of infection.

Hospital Authority
26 February 2004