As Chairman of the Hospital Authority Board, Professor John Leong says his role is to ensure that all board members understand the operation of public hospitals and that government funding is adequate and well spent.

“The Hospital Authority has a very robust executive function, but sometimes it can become too routine in handling certain areas,” says Professor Leong who took the helm of the board more than a year ago. “As Chairman, I need to think out of the box and see what can be changed conceptually to make things better.”

The authority manages 42 public hospitals, 74 general outpatient clinics, and 47 specialist outpatient clinics, providing more than 27,000 beds. As the Hospital Authority’s ultimate governing body with oversight of its management and operation, the Board consists of 28 members from a wide range of professions such as accounting, banking, finance, healthcare, academia, administration, business management, corporate affairs, engineering, human resources, legal, and patient groups. To further improve its corporate-governance practices, the authority engaged external consultant KPMG to conduct a review in 2012.

Among other things, KPMG recommended that the authority further improves communication among the board, the 32 Hospital Governing Committees, management of the seven hospital clusters, and frontline staff; it also suggested that the governing committees incorporate risk management of hospital matters into their meeting agendas. As a result, the authority produced a new corporate governance code and manual for its governing committees covering matters such as declaration of interests, acceptance of gifts, and risk management.

“We have strengthened many things including the principles and the relationship between board members and the directors,” Professor Leong says. “We have also built in annual individual self-assessment for board members and the feedback has been very encouraging so far.”

Long-Term Planning
Taking on board KPMG’s advice, the Hospital Authority management has also begun engaging board members earlier on in its long-term planning and strategy setting.
“The Executive Committee and I get involved in the discussions earlier, not at the point where everything is more or less complete,” Professor Leong says. “That’s one way of ensuring that the board and the Executive Committee members are involved in the earlier stages of planning.”

He says the Hospital Authority has robust internal control – its chief executive, the chief executives of the seven hospital clusters, the board chairman, and senior department heads hold weekly meetings to discuss key operational issues such as how to brace for an Ebola or H7N9 outbreak and other emergencies. At the board level, there is an Emergency Executive Committee chaired by Professor Leong and a Deputy Secretary for Food and Health.

The board’s efforts in devising a corporate governance code to establish strategies for risk management and effective internal control have enabled it to win the Institute’s 2014 Director of the Year Award in the category of Statutory/Non-profit-distributing Organisation – Boards. The Panel of Judges praised the board for its strong focus on transparency and accountability.

“Looking ahead, we will continue to build on our robust corporate governance framework to ensure proper management and control of the public hospitals for the provision of quality hospital services in Hong Kong,” he says.

Enhancing Hospital Environment
In addition to raising corporate-governance standards, Professor Leong has set his mind on enhancing hospital environment. Hong Kong’s ageing population and overcapacity at public hospitals are among some of the key challenges that the city’s public healthcare system has to grapple with.

One area that he says Hong Kong can improve on in the long run is to increase the space between beds in public hospital wards; at the moment, the allowable space per bed in Hong Kong is 7.5 square metres, compared with up to 11 square metres in US and UK hospitals.

“We may not be able to go from 7.5 to 11 square metres right away, but these improvements are what we should strive for, particularly with new hospitals and those that are being refurbished,” he says. “Although the standard of medical care at the Hospital Authority is recognised to be world-class, more can be done to improve the comfort of patients in public hospitals, particularly in the geriatric and orthopaedic wards.”

He envisions the creation of more buffer wards for patients recovering from acute illnesses in order to alleviate crowdedness at public hospitals. “Recently I went to Queen Elizabeth Hospital and saw that a ward with 38 beds had 57 patients,” he recalls. “We need some wards that can let people have acute rehabilitation to cope with the upsurge of patients in acute medical wards.”

Since last year, the authority has been piloting a public-private plan in general out-patient service that allows patients with chronic diseases such as hypertension and diabetes to visit private clinics and pay only a subsidised fee in three districts – Kwun Tong, Tuen Mun, and Wong Tai Sin. Professor Leong says the next step is to roll out the plan in more districts so as to ease congestion in public hospitals.

“We partner with private doctors who are willing to do this, but the funding is still provided by the government,” he says. “Hopefully, this can help siphon off some patients from public hospitals to private clinics so that the wards will be less crowded and waiting times for admissions, surgeries, and outpatient clinics will decrease.”
出任主席一年多的梁智仁教授说：「醫管局一直是行政效率相當高的機構，但有時在個別範圍難免有嚴謹管理的感覺。作為主席，是需要有新思想，帶出一些改變，令機構變得更好。」

當局在管理方面進行多項改善，包括醫管局內部的管理體系，提升公信力。

梁智仁教授表示：「我們已加強對內部的管理，並對醫療運作進行升級改進，以確保病人得到更好的照顧。」

「我們常に改善内部管理，以提供更優質的服務。」梁教授說。「我們會繼續向病人提供更好的服務，確保病人得到最好的照顧。」

提升護理環境

當局會為病人提供更好的護理環境，包括改善護理人員的待遇。