

## LCQ9: Complaints and medical incident claims handled by Hospital Authority

Following is a question by the Hon Chan Hoi-yan and a written reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (June 4):

Question:

It has been reported that the Hospital Authority (HA) will handle cases of medical incident claims by such means as compensation and mediation, including the handling of compensation matters through the medical incidents insurance scheme of HA (the scheme). Regarding the complaints and medical incident claims handled by HA, will the Government inform this Council whether it knows:

- (1) the administrative expenses (including insurance and legal costs, etc.) incurred by HA in respect of the scheme in each of the past five years;
- (2) the number of cases of medical incident claims received by HA in each of the past five years; the total amount of compensation paid in such cases and, among them, the respective amounts of compensation borne by insurance companies and HA;
- (3) the number of cases of medical incident claims in the past five years in which HA had reached settlements with the complainants before proceeding to legal proceedings; the total amount of compensation paid in such settled cases and, among them, the highest and lowest amounts of compensation paid;
- (4) the number of medical complaints or cases of medical incident claims in the past five years in which HA had taken the initiative to pay compensation without going through legal proceedings because the responsibility was clearly established; the amounts of compensation paid in such cases; and
- (5) in respect of the medical service-related complaints received by HA in each of the past five years, the average time taken from the receipt of a complaint to the completion of its handling; given that according to HA's complaint handling mechanism, the target response time for first-time complaint cases is six weeks (three months for complex cases), the number of first-time complaint cases which could not be responded to within the target time in the past five years?

Reply:

President,

In consultation with the Hospital Authority (HA), the reply to the question raised by the Hon Chan Hoi-yan is as follows:

Upon receipt of a case of claim arising from a medical incident, it is

the usual practice of the HA to conduct an investigation, consider medical opinions and seek legal advice before responding and explaining its stance on the claim to the patient or his/her lawyer. The nature of healthcare services involves various known and unknown risks that reflect the actual situations of medical practice. Depending on the circumstances of individual cases, the HA will appoint a loss adjuster or lawyer to conduct negotiation for settlement of the case. In the event that court proceedings have been commenced, the HA will appoint a lawyer to file a defence, collect medical and factual evidence, conduct mediation and negotiate a settlement, etc in light of the circumstances and development of individual cases. For cases of claims received by the HA, some of the claimants may, after learning the explanation from the HA or considering various factors, stop pursuing their claims further.

The HA attaches great importance to service quality and patient safety. It has put in place mechanisms and guidelines for management and monitoring of medical incidents in public hospitals. Subject to the circumstances of individual cases, the HA will appoint an expert group (such as Root Cause Analysis Panel or Clinical Co-ordinating Committee/Central Committee) as necessary to conduct detailed analysis, identify the possible causes of the incident, study and formulate improvement measures or optimise clinical practice standards and guidelines to prevent similar incidents from happening again in the future. Each year, the HA Head Office will submit to the HA Board a report of sentinel and serious untoward events, which will also be released to the public. The HA will continue to review the relevant mechanisms and arrangements from time to time and make suitable adjustments when necessary.

In addition, in response to systemic issues and the need for reform in the management of public hospitals, the HA set up a review committee on July 2, 2024, to conduct an in-depth review on various fronts. The scope of the review was comprehensive, covering areas of governance, appraisal, accountability, operations, risk control, and procedural compliance, etc and touching upon various levels, including the HA Head Office, hospital clusters, hospitals, service units/teams and staff. After detailed deliberations, the review committee consolidated its observations and made a total of 31 improvement recommendations in five areas, namely governance and accountability, safety culture, compliance and monitoring, incident management and enabling factors of the HA. The HA announced the review committee's report on November 22, 2024. The HA is implementing various improvement measures in an orderly manner and monitoring the implementation progress and effectiveness on an ongoing basis, while submitting progress reports to the Health Bureau on a regular basis.

(1) to (4) During the process of mediation and settlement negotiation on medical incident claims, the HA takes into account the litigation risk apart from considering whether medical error and legal liability are involved. The agreement of out-of-court settlement without adjudication by court comes as a result of settlement negotiation between two parties after weighing various considerations and negotiation. The table below sets out the statistics on claims received by the HA in respect of medical incidents from 2022 to 2024

(as at early March 2025):

Year in which claims were reported (Note 1)	2020	2021	2022	2023	2024
Number of claims	97	105	94	105	81
Number of claims for which compensation was paid (Note 2) (Among them, number of claims settled before commencement of court proceedings)	25 (16)	18 (15)	12 (10)	15 (15)	4 (3)
Total amount of compensation paid in respect of claims settled out of court (Note 3) (Among them, total amount of compensation for claims settled before commencement of court proceedings)	Figures in million dollars				
	23.75 (7.28)	10.38 (8.22)	5.94 (4.38)	10.09 (10.09)	3.21 (0.21)

Note 1: Claims reported refer to those reported under the medical incidents insurance scheme of the HA.

Note 2: All cases were out-of-court settlement cases.

Note 3: A claim may only be received by the HA after a period of time following the medical incident. Moreover, the duration taken for reaching an out-of-court settlement depends on the nature and complexity of each claim. For example, out of the claims reported in 2024, only four claims were settled out of court as at March 6, 2025. On the other hand, according to the information available, the HA, in 2024, reached out-of-court settlements for 28 claims, covering reporting years from 2016 to 2024.

Compensation for the above claims was paid by the HA. As the HA is required to keep the settlement details of each claim confidential, the maximum and minimum compensation amount cannot be provided. The amount of compensation for such cases ranged from a few thousand dollars to several million dollars. Apart from the premiums paid to the insurance companies, there are no other administrative expenses for the medical incidents insurance scheme of the HA. As premiums involve commercially sensitive information, they cannot be disclosed.

(5) The HA attaches great importance to the opinion and enquiries of the public and has in place a two-tier system to handle complaints from patients and the public. All the initial complaints regarding services of public hospitals (including HA's clinics) will be referred to the relevant hospitals for follow-up and reply. The HA has set the target response time for initial complaints at six weeks, while complex cases may take up to three months. The HA is actively implementing measures, including setting up Cluster Patient Relations Offices, standardising the complaint handling workflow with a view to shortening the response time for complaints. The statistics on the handling of healthcare service complaints by the HA in the past five years are as follows.

Year	2019-20	2020-21	2021-22	2022-23	2023-24
Number of complaints related to healthcare services	1 133	920	968	1 242	1 135
Among them, number of complaints completed beyond target response time (Note 4)	128	92	136	51	3
Average response time of cases	60 days	56 days	64 days	38 days	31 days

Note 4: As each complaint case varies in complexity, the time required for handling individual cases will be different. For some of the complaint cases that cannot be concluded within the target response time, it may be due to the case involving several hospitals or several departments within a hospital, necessitating repeated clarification or collection of evidence during the handling process; or involving complex clinical management requiring advices from independent medical experts. In addition, with the impact of the COVID-19 epidemic from 2020 to early 2023, healthcare staff needed to focus the manpower on clinical duties and patient care; other staff including Patient Relation Officers might be temporarily deployed to support the logistic work in the fight against the epidemic; and some of the staff members who were confirmed cases were not able to return to the hospitals to work, resulting in handling of some of the healthcare service complaints not being completed within the target response time.