

Dear Mr Leung

I hope you are well.

On behalf of The Zubin Mahtani Gidumal Foundation, a Hong Kong non profit organization working on social issues for the improvement of Hong Kong, I would like to propose the following

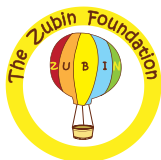
## **1.0 Racial Inclusion**

### **1.1 Background**

- 1.1.1 The HKSARG has been supportive of Diversity List 2016. Of the 16 candidates put forward on this list in March 2016, four have been appointed to sit on HKSARG advisory committees.
- 1.1.2 The Zubin Foundation thanks you for your commitment to greater diversity on HKSARG advisory committees.
- 1.1.3 The Zubin Foundation believes that ethnic minorities should be considered equally to their ethnic Chinese counterparts for all advisory committee positions and that the best person should always get the role. We are believers of a meritocracy.
- 1.1.4 The ethnic minority population is growing faster than any other population in Hong Kong and is a critical source of talent for the future of Hong Kong.
- 1.1.5 The ethnic minority population remains the greatest affected population by poverty, particularly children.
- 1.1.6 As such, income levels are generally low, crime is a growing problem and we are seeing marginalization of youth. There are clearly serious social problems amongst this population and this impacts all kinds of social decisions of the HKSARG including education, social welfare, housing, and so much more.
- 1.1.7 Our belief is that by including ethnic minorities across advisory committees, the committees will benefit from ethnic minority perspectives. Diversity of perspective is critical if Hong Kong is to be continue to be a world city.
- 1.1.8 In addition, by having ethnic minority communities in positions on advisory committees, marginalized youth are given visible role models.
- 1.1.9 It has come to our attention that some girls in specific communities are purposely forced to marry and taken outside Hong Kong to do so. These are Hong Kong girls.
- 1.1.10 It has come to our attention that some girls in some communities are being discouraged from education because they are girls. These are Hong Kong girls.

### **1.2 Proposals**

- 1.2.1 An Advisory Committee on The Status of Ethnic Minorities in Hong Kong

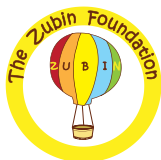


- This would advise the CE directly on all policies and their potential impact on the various ethnic minority communities in Hong Kong
- 1.2.2** Ethnic minority youth policy  
The situation of ethnic minority youth is markedly different to their Chinese counterparts. A clear policy to be developed to monitor and track the progress of youth from all communities.
- 1.2.3** Continued commitment to diverse candidates on HKSARG advisory committees.
- 1.2.4** Tracking numbers of ethnic minority girls in schools and those leaving Hong Kong.

## **2. 0 Patient Care in Hong Kong**

### **2.1 Background**

- 2.1.1** HKSAR has become a hub for Hong Kong individuals to set up health tech related enterprises
- 2.1.2** Hong Kong has an ageing population and medical and health problems associated with this.
- 2.1.3** Creativity and innovation is required to address our local healthcare issues.
- 2.1.4** Hong Kong has a hospital sector that has remain largely unchanged for many decades.
- 2.1.5** Hospital Authority Outcome data is shared each year for the previous year but the data shared does not name each specific hospital Therefore patients (and the public) are not aware of which hospitals perform better than others.
- 2.1.6** Hong Kong's medical sector more generally lacks transparency
- 2.1.7** The lack of transparency impacts patients who are both the recipients and customers of healthcare.
- 2.1.8** The lack of transparency also ensures that patients are not informed when making decisions about which hospital to go to.
- 2.1.9** There is a strong link between hospital outcomes and patient safety. Without patients having access to outcome data, patients are unaware of safety of hospitals.
- 2.1.10** In addition, patients are unaware of the difference between private vs public hospitals in so far as quality and safety, governance and regulation.
- 2.1.11** Private hospitals are not required to make public any outcome information, unlike public hospitals.
- 2.1.12** Public hospitals are not required, by law, to have a doctor onsite. This is clearly outrageous and unbeknown to the public. As such patients may be better off, from a safety perspective, of going to a hospital where they can be comforted that a doctor will always be onsite i.e. a public hospital.
- 2.1.13** Private hospitals are not required by law to institutionalize safety of patients at the top level and are not required to have as part of their governing body,



- a specific director who tracks, monitors and reviews progress against safety indicators.
- 2.1.14** Private hospitals are not required to include patient representatives on their governing body.

## **2.2 Proposals**

- 2.2.1** The establishment of a Start Up Hub for Health Technology in HK where Hong Kong individuals are finding creative solutions for Hong Kong's health and medical issues. This will include physical space, funding and general support from FHB, Science Park and Cyberport, as well as the Technology and Innovation Bureau
- 2.2.2** Transparency on hospital outcomes
- 2.2.2.1** The Hospital Authority to produce outcome each 6 months (not 12 months) for each hospital (and name the hospital) in a format understandable to patients.
- 2.2.2.2** Private hospitals to be required to produce the same set of outcome data per half year and make it available on their website in a format easily understandable to patients.
- 2.2.2.3** DOH to make very clear to the public differences between public and private hospitals (regulation, relationship between doctors and hospital, governance, pay, clinical support etc.).
- 2.2.2.4** Private Hospitals be required, by law, to have full time doctors onsite at all times (this means that these doctors will not be able to work elsewhere during those times) and to have a certain doctor, patient ratio so that the safety and lives of patients are not compromised.
- 2.2.2.5** Private Hospitals to have clear legal contracts with all visiting doctors that work in these hospitals.
- 2.2.2.6** Private Hospitals to have on their Boards of Governors least 2 patient representatives
- 2.2.3** HKSARG to move quickly on the Private Hospital Regulation with a clear timetable of enactment and implementation

We would be delighted to meet with your team to discuss any of the above. I can be reached at [mummy@zubinfooundation.org](mailto:mummy@zubinfooundation.org).

I look forward to hearing from you.

Yours sincerely,

Shalini Mahtani, MBE  
Funder, The Zubin Mahtani Gidumal Foundation