

**Department of Health’s shortcomings in issuing isolation documents to
COVID-19 infected persons
Investigation Report**

Between 17 April and 20 May 2022, the Complainant complained to this Office against the Department of Health (“DH”).

2. This Office declared full investigation to DH on 16 May and completed the investigation in March 2023.

The Complaint

3. The Complainant reported positive result of COVID-19 Rapid Antigen Test (“RAT”) to DH for her five family members between 29 and 31 March 2022, followed by another phone call to DH on 6 April to provide further information in order to obtain the respective isolation documents. Between 12 and 17 April, the Complainant had a number of email and call exchanges with different staff of DH’s call centres and had repeatedly provided the relevant information about her five family members. However, DH had failed to inform her of the status of the five cases or to provide her family members with the requested isolation documents and medicine. She later received her five family members’ isolation documents on 21 April, but the names on two of the documents were wrongly spelt.

4. The Complainant was dissatisfied that –

- (1) DH failed to issue isolation documents and deliver medicine to her family members properly and timely;
- (2) DH wrongly spelt the names on two of the isolation documents; and
- (3) DH’s call centres lacked coordination among each other.

Our Investigation Findings

Procedure of DH Issuing Orders/Records and Delivering Medicine to People Having Reported Positive RAT Result

5. With the upsurge of number of local cases during the fifth wave of COVID-19 pandemic and to avoid resource duplication and delay, the Government announced that starting from 26 February 2022, members of the public tested positive by RAT should be considered as confirmed cases and be isolated. They were no longer required to submit further samples, such as deep throat saliva, for conducting nucleic acid test (“PCR”) to confirm the result.

6. The Government launched the “Declaration System for individuals tested positive for COVID-19 using Rapid Antigen Test” (“the RAT Declaration System”) on

7 March. People tested RAT positive can register direct their result via the RAT Declaration System platform, so as to facilitate the Centre for Health Protection (“CHP”) to grasp the epidemic situation more accurately and to provide more appropriate support for patients with higher risks. People are required to submit their case information, including RAT details, personal information of themselves and their household contacts, as well as their symptoms and home environment. After the initial reporting, relevant individuals will receive an SMS with a link for uploading supporting documents like photograph of RAT result and identity document. After uploading the documents, they can download their own Isolation Order (“IO”) or Quarantine Order (“QO”) for their household contacts through the link. For successfully registered case, CHP will send a patient list with addresses and other personal information to the Office of the Government Chief Information Officer (“OGCIO”) for the delivery of goodies bags with medicine to the patients.

7. If the submission to the RAT Declaration System somehow fails, members of the public could send an email to ratp@dh.gov.hk (“RATp”) by following the notification on the SMS and provide relevant information including their reference numbers, specific details and supplementary documents. However, this will take a longer time to process.

8. For patients failing to submit their RAT positive result or receive their IO through the RAT Declaration System platform, Isolation Record (“IR”) will be issued to them upon request. After receiving such requests, CHP will gather necessary information including their full name, soft copy of identity document, mobile phone number, positive RAT date and proof of RAT positive result through the RAT Declaration System, emails and telephone conversations. Personal particulars and proof of positive result will be checked against information available at CHP, including laboratory results and direct contact with the patient. Upon completion of verification, CHP will input the relevant information into a computer system named IR Robot for automatic generation of IR. An SMS will then be sent to the patient for downloading of IR. For patients who have requested IR through WhatsApp or email, CHP will send the IR to them by WhatsApp or email.

Hotlines and Confinee Hotline Centre

9. The Home Affairs Department has set up a 24-hour StayHomeSafe hotline 1833 019 (“the HAD hotline”) since 10 February 2022 to provide support and assistance to persons infected with COVID-19 subject to home isolation or pending admission to hospitals / isolation facilities, and to close contacts of the infected who are undergoing home quarantine. Where appropriate, the HAD hotline will refer calls to relevant departments like DH, the Social Welfare Department and the Hospital Authority for follow-up.

10. DH has designated a Confinee Hotline Centre (“CHLC”) for receiving referrals from the HAD hotline. Requests and enquiries on matters under DH’s purview, including those related to issuance of or amendment to IO or QO, are referred

to CHLC for handling. If the latter cannot be reached instantly, HAD hotline staff will leave a voicemail at CHLC providing basic information including name, contact telephone number and a brief description of the request of the caller, for CHLC to call back and follow up with the caller. If the voice mailbox of CHLC is full, HAD hotline staff will record the particulars of the caller together with his request, and send such requests to DH in batches by email. Call-takers of CHLC will provide immediate assistance and advice to callers in accordance with the prevailing policies and guidelines. Personal information recorded in the QO or IO system will be used for identification purpose when cases are referred within units of DH.

11. DH hotlines 2125 1111 and 2125 1122, operated by 1823¹, would record case details for an enquirer and triage the case to relevant Branch / Service / Division of DH for follow-up. It would also provide a reply to the enquirer according to input from the Branch / Service / Division. 1823 would set a deadline for interim and substantive reply to the enquirer, and send reminder to the Branch / Service / Division by email to request prompt action.

Operation of DH's Record System

12. Each of the abovementioned hotlines and CHLC maintain its own call logs which contain personal information of the enquirers. When a case warrants referral to CHP for further handling, the CHLC and the DH hotlines staff will consolidate the case details from the call logs and refer the case details to CHP via emails, telephone calls or voicemails. CHP will record the case details, personal particulars of the enquirer and handling progress of the case in its enquiry logs and the case will be assigned to one of the teams for handling. The CHP staff responsible for the case will have access to the enquiry logs and call logs. CHP will also use enquiry logs to record enquiries received through 1823, RATp, CHP enquiry and direct emails from enquirers.

13. To minimize double handling of cases and to better manage the progress of numerous requests for IR, since late April 2022, DH developed a consolidated master list of issued IR to record information such as name and test positive date of the infected for colleagues to check. DH staff are reminded to check the master list before handling a request for IR. If an IR has been issued to a patient and the information tallies with the request, CHP will close the request case to avoid double handling. CHP has also instructed colleagues to check the information submitted to IR Robot (**paragraph 8 above**) to ensure correct information is included in IR.

14. A centralized database called "COVID-19 Case Handling and Information Sharing Portal" ("Case Portal") was developed to capture a spectrum of data of the confirmed cases, including personal particulars and test results of the infected, the date and time when each key action is taken and the number of close contacts of all confirmed cases. Upon receipt of RAT positive case, the handling staff will input the case details in a prescribed form and upload the form to the Case Portal for information update.

¹ DH took over the operation of the hotlines in September 2022.

Chronology of Handling of the Complainant's Case

15. According to DH's records, the five family members of the Complainant were tested positive of COVID-19 by RAT between 27 and 31 March 2022. All of them submitted their RAT positive results to the "Online Submission of Information to Centre for Health Protection for COVID-19 Patients" platform ("CDPI"), which is applicable to those tested positive by PCR only. Their declarations were, therefore, unsuccessful (but apparently without them knowing). For successful cases, the declarers should be able to download their IO or QO through the SMS link.

16. From 29 March, the Complainant approached different hotlines operated by different departments for obtaining IOs for her five family members. The chronology, based on information provided by the Complainant and DH, is as follows –

	<u>Date</u>	<u>Event</u>
(1)	29 March	The Complainant called the HAD hotline to enquire how to report a RAT case of one of her family members tested on 27 March. She was advised to email to RATp. She emailed RATp afterwards to provide the infection details but the HKID number of the infected family member was incomplete.
(2)	30 March	The Complainant resent the same email to RATp.
(3)	6 April	The Complainant called the HAD hotline to declare confirmed cases of five of her family members and request medicine for them.
(4)	7 April	After referral from the HAD hotline, CHLC called the Complainant and recorded the personal particulars of the five family members (<i>first information provision about the five members</i>).
(5)	8 April	CHLC sent the relevant information of the Complainant's case to the Communicable Disease Branch ("CDB") of CHP by email.
(6)	12 April	In response to the Complainant's email of 29 March, CHP emailed her to seek the personal information of the patients. She provided the required information to CHP by email. The Complainant called CHLC via the HAD hotline and provided details of the five family members for issuance of their IRs (<i>second information provision about the five members</i>). CHLC sent the details to CDB for further action.
(7)	14 April	CHP called the Complainant (<i>CHP's first call of the day</i>) and advised her to provide the information of the five members' positive results to RATp. The Complainant did so and sent the email (including the personal data of the five family members) to RATp (<i>third information provision about the five members</i>). Later, RATp emailed the Complainant to ask her to submit the

		<p>cases to CHP’s online form “Application for Record for Persons Infected with COVID-19” to speed up the process. She did so (<i>fourth information provision about the five members</i>).</p> <p>The Complainant called DH hotline 2125 1122 to urge for the issuance of IRs and complain about DH’s repeated requests for the five members’ information. The complaint was referred to CHP for handling. She also sent an email to the Customer Relation Division (“CRD”) of DH to complain. CHP staff called back the Complainant to offer assistance (<i>CHP’s second call of the day</i>). The staff found the five members’ records in CHP’s database after the Complainant provided their details (<i>fifth information provision about the five members</i>). The staff advised the Complainant to wait for DH’s reply.</p>
(8)	15 April – 16 April	The Complainant called the HAD hotline for the progress and was referred to CHLC. Staff of CHLC asked the Complainant for details of the five members’ cases as he had no access to the call logs, email or online form of 12 April and 14 April (<i>sixth information provision about the five members</i>). CHLC referred the five cases to CDB for follow-up and advised the Complainant that it might need more time to process them.
(9)	17 April	The Complainant called the HAD hotline and was referred to CHLC. She urged for the issuance of five members’ IRs and refused to provide their personal information again.
(10)	21 April	IRs of the five members were sent to the Complainant. Two of the names on the IRs were incorrect. The Complainant emailed CRD to complain and request correction.
(11)	25 April	CHP called the Complainant in response to her complaint of 14 April. She refused to provide her family members’ information as she had provided it many times.
(12)	30 April	CHP corrected the name of the two members in question in its system for re-issuing the two IRs.
(13)	3 May	CHP called the Complainant to provide case update in response to her complaint to CRD. She requested delivery of medicine.
(14)	12 May	CHP delivered goodies bags to the Complainant’s family.

DH’s Response

17. DH explains that CHP, as of mid-June 2022, had received more than 500,000 written enquiries / requests about IO, QO or IR, etc. since the launch of the relevant platforms. Moreover, DH received about 32,000 enquiries on COVID-19 related matters between 27 and 31 March, and there were about 720,000 and 420,000 cases tested positive by PCR and RAT respectively since the fifth wave till 31 March. Given the large number of enquiries / requests, CHP was unable to handle them in a timely

manner and longer processing time would be expected. DH noted that there has been delay in issuing IO, QO and IR and the delay has been attributed to the following:

- (i) members of the public reported their case on the incorrect platform, such as RAT positive case reported to CDPI platform;
- (ii) members of the public did not provide necessary information, such as telephone number which could receive SMS messages;
- (iii) members of the public did not submit their case properly but they believe that they had submitted their case already. As a result, there is no record of their case in DH's system; and
- (iv) members of the public did not submit photograph of their HKID card within 24 hours of SMS.

18. The Complainant had requested CHP to issue IRs to her family members through different channels (the HAD hotlines, RATp email and DH hotlines manned by 1823). As different sections of DH were involved, different parties had called her to collect their personal information before forwarding the cases to CHP for further handling.

19. The Complainant submitted their RAT positive results to CDPI, the platform set aside for PCR positive cases. These cases were handled manually and longer processing time would be needed. The Complainant refused to further provide the names and HKID numbers of the cases. DH had to spend additional time to search for the requisite information from the database and caused further delay in completing the reporting procedures. Also, according to the practice at the material time, CHP would not automatically deliver goodies bags to individuals when they had recovered from COVID-19. The Complainant first requested goodies bags on 3 May (**paragraph 16(13)** above), and CHP delivered the goodies bags to her on 12 May. There was no record of her call to the HAD hotline on 6 April (**paragraph 16(3)** above).

20. The Complainant had provided correct information about the five members in her declarations and requests. DH believes that the errors on two of the IRs resulted from typographical mistakes of the staff when they manually input the data into IR Robot.

21. DH apologises to the Complainant and her family for the delay in handling their cases and for the inconvenience caused to them due to the mistakes.

22. As a staff member needs to handle hundreds of enquiries a day because of the large demand, chance of human error increases. CHP has reminded its staff to rectify mistakes and omissions as soon as possible.

23. CHP has arranged additional staff to work overtime to clear the backlog of issuing IR. CHP has also set up another hotline 2569 5777 to handle requests for IR and related documents. IR will be generated and issued via SMS to those people having provided all necessary information (i.e. name, HKID number, date of positive result, proof of positive record) to the hotline.

24. When the Complainant's family members were recorded as confirmed cases and IR sent to them on 21 April 2022, their isolation period was over and goodies bags would not be delivered to them. After receiving the Complainant's request on 3 May, CHP arranged delivery of goodies bags to them exceptionally on a case by case basis.

25. As regards Complaint Point (3), DH has taken a number of improvement measures (to be elaborated below (paragraph 49-51)) with a view to strengthening the coordination among different hotlines for issuance of IRs.

Our Comments

Complaint Point (1): Failure to Issue Isolation Documents and Deliver Medicine

26. DH explained that the reporting of the Complainant's family was unsuccessful because the wrong platform has been used to report the RAT test result (**paragraph 15** above). This seems to be the reason why DH could not process this case timely.

27. From our observation of other complaint cases, some people indeed had difficulty in distinguishing the two different online platforms for reporting confirmed cases by using RAT or PCR. Moreover, quite a number of complaint cases about DH's delay in issuing IO, QO or IR involved the factors mentioned by DH in paragraph 17(i)-(iv) above. While COVID-19 patients are expected to report their cases properly and timely, we should bear in mind that they or their carers making the reports were mostly ordinary people in distress and without expert knowledge. In addition to reporting the infection to DH, they might have to worry about reporting sick at work, how to make isolation and / or quarantine arrangements for themselves and other family members, etc, while being sick. They should not be blamed for mistakenly reporting their RAT cases through CDPI, which by its full name (**paragraph 15** above) invites submission by all COVID-19 patients. It is therefore important that the government strive to ensure that the reporting system is simple and clear enough for people in such circumstances to handle. This Office is of the view that there is room for improvement on the design of the online platform, internal workflow and procedures of DH in issuing the IO, QO and IR.

28. Regarding paragraph 17(i), DH may consider providing a single entry point for all COVID-19 patients to report online the kind of test they conducted before they are directed automatically to the correct platform for RAT and PCR cases. Even if DH considers it necessary to separate the two online platforms for RAT or PCR tests, there are a number of ways to minimise the chance of people using the wrong platform. We note DH's efforts in helping people to tell the two platforms apart, e.g., pictogrammes

of a RAT kit and a staff wearing protective gear taking sample for PCR are added in pop-up boxes for the two reporting platforms respectively. Still, we think that more could be done to avoid misreporting. For example, people with positive PCR results will receive an SMS notification about the result, together with the link of CDPI to submit information. DH may explore to include a case-specific passcode in the same SMS for the public to input in the CDPI for their successful submission of the case.

29. With regard to paragraph 17(ii), DH may revise the online platform so that users must provide the mobile phone number which can receive SMS before proceeding with the submission. This may be achieved by sending a passcode to the reported mobile number and requiring users to input the passcode to complete the submission process. On the other hand, with regard to paragraph 17(iv), DH may consider streamlining the processes of reporting RAT confirmed cases by allowing members of public to submit the RAT photograph and ID card together with personal particulars to the RAT Declaration System and do not need to wait for the SMS link which is valid for 24 hours after the initial reporting of case information. If DH considers it necessary to maintain the existing arrangement of initial reporting and subsequent uploading of RAT photograph and ID card, DH may send repeated SMS reminders to those members of public if they have not uploaded the photograph and ID card after 24 hours.

30. Regarding paragraph 17(iii), we observe that CDPI will, after receiving RAT positive cases mistakenly submitted by users, show a page with the title 「香港特別行政區衛生署 2019 冠狀病毒病人網上申報表格」and with the content 「我們已紀錄你所提供的資料，資料將被衛生防護中心用作安排入住隔離設施及接觸者追縱之用」 as well as a number and date and time of reporting. This would mislead people to believe that they have reported their cases successfully. There is currently no way for the members of the public to check whether they have submitted their case properly except calling the relevant hotlines. According to our observations from complaints received, there could be thousands of misreported RAT cases in the CDPI platform. It is unclear whether, and if so, how, DH has handled those cases. It is also unclear, when DH received alleged missing RAT reports through RATp, whether DH would check against information collected on CDPI.

31. As for this case, the Complainant's family provided all the required information of the five infected members to CHLC on 7 April (**paragraph 16(4)** above). However, DH spent two weeks to issue the wrong IRs (not IOs as their isolation periods were over by then) to them on 21 April (**paragraph 16(10)** above) and spent nine more days to amend the IRs and issue the correct ones on 30 April (**paragraph 16(12)** above).

32. As for delivery of medicines, after CHLC obtained the personal information of the Complainant's infected family members on 7 April, CHP should have arranged delivery of goodies bags with medicine to them as soon as possible as the Complainant had requested it for them on 6 April (**paragraph 16(3) and (4)** above). However, as they were not recorded by CHP as confirmed cases until 21 April, goodies bag was not provided to them (**paragraphs 6 and 24** above).

33. We understand that DH, as the main frontline department coping with the pandemic, is facing heavy workload and under immense pressure (**paragraph 17** above). Nevertheless, in this particular case, the Complainant had in fact been able to contact several DH's staff and each of the staff was keen to help. The cause of the problem was not the heavy workload per se. If the relevant workflow and procedures could be streamlined and coordination could be enhanced (see complaint point (3) below), not only would the Complainant be able to get the requested documents earlier, but DH could also avoid multiple handling of the same case and re-generation of additional workload in a vicious cycle.

34. We need to point out that the whole COVID-19 pandemic started in Hong Kong in January 2020. Before the fifth wave of outbreak in Hong Kong began in late December 2021, a new wave of outbreaks had emerged around the world. We consider it reasonable for the public to expect the government to have made better preparation and be able to discharge basic functions like issuance of isolation documents for them to report to their employers or schools and delivery of goodies bags and other appropriate support promptly. Moreover, while there is no doubt that DH faced immense pressure at that time, we would like to remind DH that the general public was also enduring the pandemic and suffering from the pressure and challenges brought about by the pandemic for over two years. DH's workload cannot justify the significant error and delay in issuing the documents in this case. As regards the delivery of the goodies bags, the Complainant and DH mentioned two different dates on which the Complainant first requested medicine (**paragraphs 16(3) and 19** above). As there was no independent corroborative evidence, we could not ascertain that DH had delayed responding to the request.

35. We urge DH to conduct a comprehensive review on the internal workflow and procedure of issuing isolation-related documents with a view to improving the overall operational efficiency.

36. In view of the above analysis in **paragraphs 26 to 35**, we consider Complaint Point (1) **partially substantiated**.

Complaint Point (2): Wrongly Spelling Names on Isolation Documents

37. DH explained that the wrongly spelt names on the two IRs were a result of CHP staff's typographical mistakes when manually inputting the data into IR Robot (**paragraph 20** above). DH apologized for the mistakes and reminded CHP staff to promptly rectify mistakes (**paragraphs 21 and 22** above).

38. For documents with legal effect, we consider the mistakes quite unacceptable. We note a lot of manual operation is involved in issuing IOs, QOs and IRs, for instance, CHP staff have to input the information of confirmed case into IR Robot for generation of IR (**paragraph 8** above) and HAD hotline staff recorded the case details in voicemail at CHLC (**paragraph 10** above). There is also a need to manually input case details

of a reported RAT case to the Case Portal (**paragraph 14 above**). While we understand that complete accuracy is not possible if manual operation is involved, we urge DH to critically review these processes and identify steps which can be automated and / or streamlined so that data input directly by users can be utilized as far as possible; the Case Portal would function truly and fully as a centralized database; and a cross check mechanism is built in where manual input is unavoidable. In the meantime, DH should remind their staff of the importance of accurate data and arrange adequate cross checking.

39. From the above analysis in **paragraphs 37 to 38**, we consider Complaint Point (2) **substantiated**.

Complaint Point (3): Lack of Coordination among DH's Call Centres

40. As can be seen from **paragraph 9-16** above, different hotlines maintain different call logs and referral to CHP can be made by different means including emails, telephones call and voicemails. After receiving the referral, CHP staff prepares its own enquiry log once again. Also, CHLC staff had already called the Complainant for case details and referred to CHP for follow-up. But CHP staff called the Complainant again for case details. This Office considers that there is lack of coordination among different hotlines operated by different departments and the procedure of referral of requests and enquiries to CHP/DH is ineffective. We suggest DH to streamline some of these procedures to enhance the efficiency and minimize the manual operation to ensure accuracy. For example, the call log of different call centres should be consolidated and a template to record the requests for IO or QO should be designed and be used in different call centres in order to save the time and effort for CHP staff to prepare another enquiry log again. Internal transfer of these requests should not be made by voice mail to save the effort to listen and record the case again so as to minimise chance of human errors. The Case Portal should be better used to avoid multiple handling of the same case. In the long run, an electronic system for internal transfer of requests for IO or QO from different call centres should be put in place.

41. In addition, DH pointed out that the Complainant raised the requests for issuing IR through different channels (the HAD hotline, RATp, 1823 and CRD) from 29 March to 21 April (**paragraph 18** above). In times of distress, it is natural and foreseeable that the public will scramble for help through whatever hotline that appears relevant and responsive. In fact, from government's publicity, information provided by complainants and government departments in this and other complaint cases, there are at least 10 different official hotline numbers purporting to offer some kind of help in relation to the COVID pandemic. Notwithstanding that, CHP has set up yet another hotline for handling requests for IR or related documents (**paragraph 23** above). From the user's perspective, a single number with more lines is more desirable than numerous numbers for different but related issues. Similar to the operation of 1823, staff of that particular number should be trained to perform triage of different requests to the relevant call centres for handling. Even if it is considered necessary to maintain different hotlines, more publicity should be provided to the public on the different functions of

different hotlines to avoid delaying handling requests or double handling. For example, a table listing all COVID-related hotlines with their respective functions and responsible bureau/departments could be put on the government's coronavirus thematic website.

42. There was a lack of coordination among different hotlines and referral of the Complainant's requests to CHP/DH was ineffective at the material time. Therefore, we consider Complaint Point (3) **substantiated**.

Conclusion

43. Overall, The Ombudsman considers that the complaint against DH **substantiated**.

Recommendations

44. The Ombudsman makes the following recommendations to DH –

- (1) To review the online platform and internal workflow as well as to streamline the procedure of issuing IO, QO and IR to confirmed cases (**paragraph 27 to 35** above);
- (2) To identify steps of issuing IO, QO and IR which can be automated and/or streamlined to minimize human error (**paragraph 38** above);
- (3) To remind the staff the importance of accurate data and arrange cross check of the work related to issuance of IO, QO and IR (**paragraph 38** above);
- (4) To streamline the procedure of internal referral of requests for IO, QO and IR to CHP from different hotlines (**paragraph 40** above);
- (5) To adopt a single number with more lines for triage to relevant call centres instead of numerous numbers for COVID-19 related enquiries, or to enhance the publicity of the different functions of different hotlines (**paragraph 41** above).

45. In response to our recommendation (1) (**paragraph 44** above), CHP has been continuously enhancing the design of the CDPI and the RAT Declaration System, including:

- (i) Pop-up messages and buttons have been introduced in both platforms with relevant illustrations and links to redirect people to report their cases in the correct platform;
- (ii) From 12 May 2022, if members of the public have declared in a wrong platform, the Contact Tracing Office ("CTO") under CHP will pick up

those cases by cross checking all cases every day and contact them to help complete the declaration process as appropriate, ensuring that confirmed cases are reported to the right platform;

- (iii) From 1 September, the two platforms require people to enter their mobile phone number twice with no copy-and-paste function so as to ensure that the telephone number entered is correct and they can receive the SMS notification and continue the reporting process;
- (iv) To ensure RAT declarers can successfully complete the declaration procedure, two SMS reminders will be sent to those who have not yet uploaded their HKID card and RAT photographs. The first reminder will be sent four hours after the first SMS (**paragraph 6** above) and the second reminder 12 hours after the first reminder. Taking into account the additional time allowed by the reminders, if the declarers upload their photographs within 44 hours after the initial submission, they will be able to complete registration of their cases with the RAT Declaration System;
- (v) DH has amended the notice on CDPI from 「我們已紀錄你所提供的資料，資料將被衛生防護中心用作安排入住隔離設施及接觸者追縱之用」to「我們已紀錄你所提供的資料，資料將被衛生防護中心用作安排入住隔離設施及接觸者追縱之用。如你不慎在本表格申報了快速抗原測試陽性結果，請聯絡衛生署衛生防護中心傳染病處（電郵：ratp@dh.gov.hk）。」

46. In response to our recommendation (2) and (3), DH explains that delivery of IR is fully automated in IR Robot with adequate capacity to entertain a large number of requests in a short period of time. However, with the multiple channels through which the public can send in their requests for IR, there are limitations of the IR Robot that information collected by emails or telephone calls would not be automatically captured by IR Robot but need to be input manually. To enhance the accuracy of information in IR, data validation is put in place for the IR Robot to validate HKID number and telephone number.

47. DH has also arranged cross-checking of the information before issuing the isolation documents. For instance, under DH's current practice, cross-checking of provided information, such as proof of positive result and other personal information, with the information available at CHP, including laboratory test results, will be done manually. The Operation Command Centre under CHP will also check the input from frontline staff against the IR database with the existing data. Upon completion of verification, CHP will manually input the relevant information into the IR Robot for automatic generation of IR.

48. DH has also regularly reminded the handling staff of the importance of accuracy of input data and of the need to take special care when inputting data for minimizing errors resulting from typographical mistakes. Since the quality of information provided by enquirers varies, manual checking will be conducted before passing information to IR Robot to avoid human errors. Senior officers will also provide clear instruction and necessary assistance.

49. In response to recommendation (4), DH has designated internal contact points for coordinating issuance of IRs. Requests for IO will be referred to the officer in CTO while requests for IR will be followed up by the administration team in CHP. Enquires received from different hotlines will be centralised in CDB and then redirected to the corresponding teams for better managing and handling of cases. To avoid multiple handling, a master list of IR has been created since April to facilitate coordination between various teams under CHP. Processing of each IR is to be logged in this master list, and staff are encouraged to check the master list first when handling IR requests. DH further explained that the Case Portal is designed for epidemiological investigation instead of issuing isolation documents.

50. In response to recommendation (5), DH considered that specialising various hotlines in respect of different subject matters could enhance the efficiency in handling different enquiries but agreed that more publicity could be done and hotline staff could be further trained to identify the correct parties for making appropriate referral of the cases. The measures taken by DH include:

- (i) DH has uploaded all related numbers in a list in table form on “COVID-19 Thematic Website” for easy reference. The Government Facebook page “Tamar Talk” has also shared a summary table to list out the major hotlines to avoid confusion; and
- (ii) DH has launched the Interactive Voice Response System (“IVRS”) for the DH hotline since mid-September 2022. Calls to the DH hotline will first be routed to IVRS with recorded messages in Cantonese, Putonghua and English. Some frequently asked topics have been placed in the options of the IVRS menu and the callers can choose to transfer their calls directly to the respective hotlines such as the HAD hotline, the OGCIO hotline on “LeaveHomeSafe” (2626 3066), and the hotline for technical issues on reporting a positive result to the RAT Declaration System (1836 119). Callers can also select to speak to the hotline staff for enquiry during operating hours of the DH hotline.

51. Apart from the above, DH has also incorporated information related to COVID-19 to the “HKSAR Government COVID-19” WhatsApp Helpline (9617 1823) so that members of the public can gain access to COVID-19 information.

Closing Remarks

52. We are pleased to learn that DH has adopted a series of improvement measures in response to our recommendations in paragraph 44 with a view to enhancing efficiency and preventing recurrence of similar problem.

53. We will continue to follow up with DH on implementation of the recommendations.

**Office of The Ombudsman
March 2023**

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