

ITEM FOR FINANCE COMMITTEE

HEAD 177 – SUBVENTIONS : NON-DEPARTMENTAL PUBLIC BODIES

New Capital Account Subhead “Training and Welfare Fund for the Hospital Authority”

HEAD 149 – GOVERNMENT SECRETARIAT : HEALTH, WELFARE AND FOOD BUREAU

Subhead 846 Financial assistance for family members of those who sacrifice their lives to save others

Members are invited to approve –

- (a) the creation of a new commitment of \$200 million and supplementary provision for a grant of the same amount to the Hospital Authority under Head 177 in 2003-04 for the setting up of a Training and Welfare Fund; and
- (b) supplementary provision of \$22 million in 2003-04 to the Health, Welfare and Food Bureau under Head 149 Subhead 846 for providing financial assistance to family members of those who sacrifice their lives to save others.

PROBLEM

In the light of experience in the fight against the Severe Acute Respiratory Syndrome (SARS), there is a need to strengthen training of health care staff to enhance their expertise in infectious disease control in the hospital setting. There is also a need to provide assistance to those health care staff who contracted SARS in the fight against the disease.

2. In addition, the approved provision in 2003-04 for payment of financial assistance to family members of those who sacrifice their lives to save others is insufficient.

PROPOSAL

3. The Secretary for Health, Welfare and Food (SHWF) proposes to create a new commitment of \$200 million and supplementary provision for making a grant of the same amount to the Hospital Authority (HA) in 2003-04 for setting up a Training and Welfare Fund to provide its health care staff (including civil servants working in HA) with additional training to maintain and enhance their expertise in infectious disease control in the hospital setting, provide special recuperation grant for those health care staff who contracted SARS while on duty, and implement other staff welfare initiatives.

4. In addition, SHWF proposes that supplementary provision of \$22 million be granted in 2003-04 under Head 149 Subhead 846 to top up the block vote for providing financial assistance to family members of those who sacrifice their lives to save others.

JUSTIFICATION

Training

5. We propose that \$130 million, out of the \$200 million, be provided to HA for setting up a training fund. The outbreak of SARS has posed a major challenge to HA's infection control system. There is need for HA to enhance the expertise of its health care professionals in infectious disease control, and to strengthen infection control training by providing in-depth and focused infectious disease control training to all levels and disciplines of its health care staff. The whole system needs to be geared towards the better understanding and management of infection control and infectious disease. This requires a fundamental change to HA's existing work practices in some respects. Organization learning and knowledge management of infectious disease control in the HA setting has to be enhanced. The level of knowledge and practice in epidemiology, infection control, crisis evaluation, quality management and risk assessment has to be elevated and maintained in all clinical specialties and disciplines.

6. In 2002-03, HA spent \$42 million on training, of which some \$10 million was for the operation of the HA Institute of Health Care (HAIHC), the corporate training institute of HA responsible for building competency of HA staff to meet the needs of the organization and the community. The infection control training is mainly conducted through in-service training organized centrally (in the form of basic infection control training courses of one to three hours for nurses, half-day course or full-day course for nurses on infectious disease control) or at the cluster/hospital level. Each year, HAIHC provides training to about 200 nurses on infectious disease control, and basic infection control training to about 500 nurses.

7. At present, every acute hospital has an infection control team (ICT), comprising a part-time Infection Control Officer (ICO), and one to two full-time Infection Control Nurses (ICNs). The part-time ICO who supervises the ICNs, is either a physician or a clinical microbiologist. The majority of non-acute hospitals are supported by ICTs of acute hospitals from within the same cluster. The main duties of the ICT include surveillance of infection rate, education and training for all grades of staff in the hospital, monitoring of infection control practice in patient care area and the hospital environment, and outbreak control. There are currently ten part-time ICOs in HA at the cluster/hospital level. The 53 serving ICNs have received 2-week full-time training in infection control. On average, an ICO spends around 13% of his time on education and training, while for ICN it is around 15%. Although the majority of ICTs conduct orientation training and annual updates on infection control for relevant healthcare workers, there is a need for a more systematic and structured approach in infection control training.

8. HA proposes to strengthen training of its health care staff by setting up an Infectious Disease Control Training Centre under HAIHC to identify and develop suitable training programmes for HA staff across all disciplines. For this purpose, HA will need to recruit seven additional trainers in various disciplines for course development, delivery and evaluation, and one administration staff to run the Training Centre. The Centre will be led by a part-time Consultant as Training Coordinator. The estimated annual recurrent cost is \$5.4 million.

9. The Training Centre would lead a full-scale study on the competency gap in infectious disease control and management within HA across all levels and disciplines, develop a training strategy to enhance competence within a specified timeframe, source and develop relevant training programmes for HA health care staff, develop in-house trainers and evaluate the impact of training at the organization level, i.e. to what extent the training helps improve the infectious disease control in HA and also in Hong Kong as a whole. The training strategy will focus on induction training and regular updated training/re-training.

10. Training to be provided include local/overseas training programmes, practicum/clinical attachment and e-learning. The types of training programmes to be provided include knowledge-based training in the form of seminars, structured training sessions and e-learning; skills-based training in the form of workshops and practicum training; and behavioral training through workshops, back-to-work application and on-the job coaching. To enhance the competence of infection disease control for Hong Kong as a whole, HA will extend the local training programmes to health care workers working in Department of Health and the private sector, ambulancemen and members of the Auxiliary Medical Service and Civil Aid Service, at no charge.

11. The Training Centre will develop and provide in-house half-day induction training for all HA staff across all disciplines, and provide staff who have day-to-day contact with patients with annual updates. HA's plan is to train an average of 10 000 health care workers across different disciplines each year in a span of five years. The majority of health care workers, in particular clinical front-line staff, will be targeted for training in the first three years. In this connection, the targeted groups (i.e. doctors, nurses and health care assistants (HCAs)) would be given a half-day briefing on updates on infectious diseases control on an annual basis. Apart from the induction training and the annual updates, the Training Centre would also develop more intensive in-house training on infectious disease control for doctors, nurses and allied health professionals. HA also plans to invite overseas experts (including experts from the World Health Organisation and the US Centres for Disease Control and Prevention (CDC)) to share with HA staff their experience in infectious disease control and provide them with the most up-to-date information on the subject. The estimated cost for commissioning these experts is \$2.5 million each year. The Training Centre will also develop e-Learning programmes on infectious disease control and encourage health care professionals to participate in distance learning programmes on infectious disease control.

12. HA need to develop a pool of nurse and allied health experts in infectious disease control to partner with ICOs and other Infectious Disease Physicians in building a new learning culture geared towards infectious diseases control in HA. For this purpose, HA plans to send about 50 health care professionals (including nurses and allied health professionals) each year to attend a 2-week full-time infection control training organized by the Asia Pacific Society of Infection Control. HA also plans to send about 600 nurses each year to attend evening short courses on infection control organized by the HK Infection Control Nurses' Association to upgrade their skills and knowledge to support ICOs and ICNs.

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13. Apart from basic training on infection disease control, it is important to further build up within HA expertise in infectious disease by providing selected health care professionals with a thorough grounding in infectious disease control through the pursuit of further studies, either locally or overseas. In this connection, HA plans to send about 80 health care professionals (including doctors, nurses and allied health professionals) overseas each year to attend short training courses, 30 doctor trainees in Medicine and Pathology to attend local part-time postgraduate diploma programmes on infectious disease. To facilitate the smooth and effective implementation of infection control at the hospital setting, it is necessary to enhance the current competency level of ICNs and some nurse specialists. HA plans to send about 45 health care professionals (including nurses and allied health professionals) each year to attend relevant modules of a local postgraduate diploma programme on infectious disease to provide them with more structured and in-depth training on infectious disease.

14. Overseas clinical attachment is recommended as different countries may excel in different infectious diseases management and infection control measures. Also, some infectious diseases may be geographically related. Through overseas clinical attachment, HA health care professionals can actually take part in the infectious disease management and control measures in overseas countries, which is crucial for building up expertise in infectious disease control. HA plans to send about 30 doctors overseas each year for a 3-month clinical attachment to learn from overseas experts, share experience in infectious disease control and build an international expertise network for infectious disease control.

15. Relief staff have to be recruited to discharge the duties of those staff released from their daily duties to attend training or further studies, locally or overseas. The estimated annual provision for relief staff is \$6.6 million.

16. The Training Centre will also embark on a “train-the-trainer” programme at the cluster/hospital level to ensure sustainability of the training programme upon exhaustion of the Fund. Currently, there is around 500 hospital staff from different disciplines and ranks, who are co-opted by HAIHC to deliver training courses on a part-time basis. The Training Centre will train up some of these staff on infection control, and additional ones depending on need.

17. Set-up costs amounting to \$11 million will be required for the new Infectious Disease Control Training Centre. These include the costs for the establishment of different levels of infectious disease wards for simulation training, refurbishing the existing training centre to provide more classrooms for training, and the procurement of relevant medical/resuscitation equipment for training purposes and audio-visual equipment for the Training Centre.

18. HA envisages that through continuous efforts to enhance the expertise of its health care professionals, in five years' time, about 5% of HA doctors, nurses and allied health professionals would have undergone more intensive and in-depth training in infectious disease control. They would by then become HA experts in infectious disease control. Also by then sufficient hospital trainers should have been developed under the "train-the-trainer" programme. These trainers can take over the responsibility of delivering at the hospital level the standard infection control training programme developed by the Infectious Disease Control Training Centre. As a result, there would no longer be a need to retain seven additional trainers to run the Training Centre. HA's plan is that by the end of this 5-year period, HAIHC will absorb the work of the Training Centre. HAIHC will then become the steering body for infection control training in HA and will continue to organize infection control training at the corporate level. It will be responsible for developing and updating both traditional and electronic training materials as well as serving as a resource centre for hospitals.

19. To sustain the learning impact of the training programmes and provide the most up-to-date information and training materials on infectious disease control, HA will set up an Infectious Disease Control Resources Centre in the HA Head Office and seven cluster libraries. The estimated cost for setting up the Resources Centre and libraries (including purchase of reference materials) is around \$4 million.

Staff Welfare

20. We propose that out of the \$200 million, \$70 million be provided to HA for setting up a welfare fund. HA proposes to provide special recuperation grant for those health care staff who contracted SARS while on duty. At present, HA employees who contracted SARS while on duty will be compensated in accordance with the Employees' Compensation Ordinance, namely, paid sick leave in addition to their normal sick leave entitlements and compensation for permanent incapacity if so assessed by the Labour Department. HA proposes that in addition, to provide a recuperation grant, which will be a non-accountable one-off fixed sum of \$50,000, to those HA staff (including civil servants working in HA) confirmed to have contracted SARS while on duty and whose case has been reported to the Labour Department according to the Employees' Compensation Ordinance. The sum will be granted to eligible staff irrespective of the length of stay in hospital or the seriousness of the disease. The provision of the grant is in recognition of the physical suffering, turmoil and psychological stress experienced by the staff and their family members during treatment, and the quarantine and recuperation periods.

21. As at 19 June 2003, six HA staff who contracted SARS while on duty have passed away. Upon the death of the infected staff, HA has provided a special relief grant of \$100,000 to the family of the deceased to meet urgent needs. In recognition of their commitment and contribution to HA and the community at large during the SARS crisis, HA has organized/is organizing official funerals for these deceased staff. In this connection, HA proposes to use the Training and Welfare Fund to fund the special relief grant and funeral expenses for staff who contracted SARS while on duty and subsequently passed away. Thus far, HA has already incurred \$0.6 million on special relief grant and \$1.6 million on funeral expenses.

22. HA will establish a Task Force with staff participation to develop and implement other welfare initiatives for HA staff (including civil servants working in HA). These may include exceptional grants (other than the special recuperation grant) in addition to the special relief grant referred to in paragraph 21 to provide financial assistance in the event of permanent incapacity or loss of life for those HA staff who have contracted SARS while on duty; setting up satellite OASIS, a clinical psychology service operated by HA, at the cluster level to provide psychosocial support and services to staff; establishing cluster-based staff health programmes; etc. The Central Committee chaired by the Chief Executive of HA will approve all staff welfare initiatives having regard to the following basic principles –

- (a) the genuine needs of staff and the organization;
- (b) the tangible and intangible benefits of the proposed initiatives to staff and the organization; and
- (c) the financial implications of an initiative in terms of initial and recurrent costs.

Among the various staff welfare initiatives, we shall accord priority to the provision of exceptional grants to HA staff. In this connection, the Central Committee would develop a set of objective criteria for deciding on the amount of exceptional grants other than special recuperation grant to be provided.

Financial Assistance for family members of those who sacrifice their lives to save others

23. The tragic death of individuals who sacrifice their lives attempting to save or protect others has aroused considerable public sympathy. The Government has determined that we should give recognition to the gallant acts of these individuals. Against this background, a scheme was set up in January 2002 to

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provide financial assistance to their surviving family members. The level of assistance for each approved application is worked out according to a formula having regard to the age of the deceased, with minimum and maximum levels at \$3 million and \$6 million respectively, at present.

24. Before the launch of the Scheme and in the preparation of the Estimates, we noted that at most only one or two cases arose in a year, by reference to the prevalence of relevant incidents that had taken place since 1997. Therefore, we estimated that around \$12 million per annum would be required. Since 2002-03, recurrent allocation of \$12 million per annum has been provided for in Head 149 Subhead 846 for this Scheme. No assistance was granted in 2002-03. However, in May 2003, a Senior Inspector of Police sacrificed his life while proactively taking part in a rescue attempt amidst a flood in the New Territories.

25. It has been most unfortunate that SARS has posed an unprecedented and unexpected challenge for the whole of Hong Kong. Since its outbreak in March 2003, six healthcare staff of the Hospital Authority have died of SARS contracted while carrying out their duties. In the event that applications are made by the families of these HA staff for assistance under the scheme, and subject to approval by a "Committee on Financial Assistance for Family Members of those who sacrifice their Lives to Save Others" on the basis of individual merits against the eligibility criteria, the approved provision in 2003-04 would not be sufficient, let alone other possible applications and contingency requirements.

26. SHWF proposes to top up the approved provision for the Scheme under Head 149 Subhead 846 by \$22 million, to provide for a total allocation of \$34 million in 2003-04. SHWF estimates that this should meet the requirement of known cases and contingency requirements, if any, in the remaining period of 2003-04.

FINANCIAL IMPLICATIONS

27. We propose a commitment and supplementary provision of \$200 million. HA currently estimates that the amount will be spent in five years, i.e. from 2003-04 to 2007-08. The estimated provision for training and further studies (including relief staff cost) is in the region of \$23 million per year, or \$115 million for five years. In addition, HA will need to spend about \$15 million as one-off set-up cost for training purposes. The amount to be spent for the special recuperation grant has to depend on the number of staff qualified for the grant.

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By way of reference, as at 19 June 2003, 327 health care staff in HA have been infected with SARS while on duty. The provision for special recuperation grant should therefore be no less than \$16.3 million. As for the estimated amount to be spent on other staff welfare initiatives each year, it has to depend on the pace of introducing such initiatives which have to be approved by the Central Committee. If Members approve the proposed commitment and supplementary provision, SHWF will make a grant of \$200 million to HA on a one-off basis in 2003-04.

28. The supplementary provision of \$22 million under Head 149 Subhead 846 is one-off in nature. Should the number of eligible persons turn out to be higher, SHWF would seek Members' approval for additional funding, if required.

ADMINISTRATION ARRANGEMENTS

Training and Welfare Fund for HA

29. HA will set up a Central Committee chaired by the HA Chief Executive to administer the Fund, including monitoring the utilization of the Fund. Members of the Committee comprise HA Senior Executives and Cluster Chief Executives. The detailed proposals on the set up of the Infectious Disease Control Training Centre will be reviewed by the Central Committee and submitted to the HA Board for approval. All proposed staff welfare initiatives will be approved by the Central Committee.

30. HA will report on a half-yearly basis to the Health, Welfare and Food Bureau (HWFB) on the utilization of the Fund. HWFB would provide the Legislative Council (LegCo) Panel on Health Services with an annual report on the utilization of the Fund by HA.

Financial Assistance for family members of those who sacrifice their lives to save others

31. A "Committee on Financial Assistance for Family Members of those who sacrifice their Lives to Save Others" has been put in place to serve as the approving authority. It is chaired by SHWF and comprises four non-official members. HWFB serves as the Secretariat and administers the Scheme.

/BACKGROUND

BACKGROUND INFORMATION**Training and Welfare Fund for HA**

32. The Chief Executive announced on 22 April 2003 that the Administration would seek the approval of the Finance Committee of the LegCo to establish a fund at \$200 million for the medical and nursing staff for training or further studies, as well as the provision of some form of assistance to health care staff infected with SARS. In this connection, infection control training for the staff of the Department of Health which focuses on the public health angle, would be looked after in the context of the establishment of a CDC-type body in Hong Kong.

33. We consulted the LegCo Panel on Health Services on 7 May 2003 on our proposal. The Panel has taken note of the proposal.

Financial Assistance for family members of those who sacrifice their lives to save others

34. The Scheme was set up in January 2002, to provide financial assistance to family members of those who sacrifice their lives to save others. The LegCo Panel on Welfare Services had been informed of the setting up of the Scheme then. Given the urgent need from known cases and with the coming of the summer recess, SHWF has only been able to inform the LegCo Panel on Welfare Services as well as the LegCo Panel on Health Services vide a letter on 19 June 2003.

Health, Welfare and Food Bureau
June 2003