

LCQ20: Measures to cope with the demand for public hospital services

Following is a question by the Hon Holden Chow and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (March 27):

Question:

It has been reported that the various public hospitals have experienced an overflow of patients in recent years (particularly during the winter surge of influenza), resulting in deterioration in the quality of healthcare services and healthcare workers being overstretched. In this connection, will the Government inform this Council:

(1) as the Government announced in January of last year and this year respectively that an additional allocation of \$500 million would be made to the Hospital Authority (HA) for coping with the winter surge of influenza, whether it knows the respective uses of those two allocations, including the numbers of doctors, nurses, clerical and supporting staff members employed, with a breakdown by whether they are/were full-time, part-time or temporary employees;

(2) whether it knows the number of additional doctors, nurses, clerical and supporting staff members that HA plans to recruit in the next financial year (with a breakdown by name of the public hospital to which they will be posted); and

(3) whether it knows if HA has put in place new measures to (i) alleviate the work pressure on healthcare workers (such as streamlining administrative procedure) and (ii) improve their working environment; if HA has, the details; if not, the reasons for that?

Reply:

President,

My reply to the various parts of the question raised by the Hon Holden Chow is as follows:

(1) To meet the service demand during the winter surge in 2017-18, the Hospital Authority (HA) put in place a response plan which included the following measures:

1. opening time-limited beds;
2. enhancing virology services to facilitate and expedite patient management decision;

3. enhancing ward rounds of senior clinicians and related supporting services in the evenings, at weekends and on public holidays so as to facilitate early discharge of patients;
4. enhancing discharge support (e.g. non-emergency ambulance transfer service, pharmacy and portering service);
5. increasing the service quotas of general out-patient clinics; and
6. enhancing geriatrics support to Accident and Emergency departments.

In response to the upsurge in service demand, the Government announced in January 2018 an additional one-off allocation of \$500 million for the HA to implement the response plan for winter surge and various additional measures to alleviate manpower shortage. The measures are as follows:

1. extending the use of the Special Honorarium Scheme (SHS) to provide extra manpower of clerical and supporting staff so that the healthcare staff could focus more on clinical work;
2. further relaxing and streamlining the approval for the SHS arrangement to a minimum operation need of one hour and to cover all grades of staff to meet the increasing need for greater flexibility in the use of SHS under exceptional circumstances;
3. providing SHS at Advanced Practice Nurse level to work on night-shift duties at both acute general, and convalescent and rehabilitation wards/services to enhance senior coverage and supervision to ward staff;
4. relaxing the criteria for the implementation of the Continuous Night Shift Scheme (CNSS) by suspending the required night shift frequency for triggering the CNSS so as to increase flexibility in manpower deployment; and
5. increasing the rate of the SHS allowance by 10 per cent under a special one-off arrangement to encourage more staff to work during the surge period with anticipated significant increase in workload.

The overall expenditure for implementing the response plan and additional measures was \$649 million, including fully utilising the additional \$500 million allocated by the Government and a sum of \$149 million coming from the HA's revenue reserve. The expenditures involved in meeting service demand during the winter surge in 2017-18 by HA clusters are set out in the Annex.

Besides, in 2017-18, the numbers of doctors, nurses and allied health professionals of the HA increased by 75 (1.3 per cent), 1 131 (4.5 per cent) and 243 (3.2 per cent) respectively over 2016-17 (calculated on full-time equivalent basis including permanent, contract and temporary staff).

To meet the service demand during the winter surge in 2018-19, the HA is

implementing the same measures as taken under the response plan for the 2017-18 winter surge. The HA has also set up the Locum Office, so as to further increase its manpower through adopting a more flexible and efficient approach in recruitment. The SHS has been relaxed to a minimum operation need of one hour in order to encourage more staff to participate. Several additional measures implemented in 2017-18 have also been regularised to alleviate manpower shortage. The measures include:

1. extending the use of SHS to provide extra manpower of clerical and supporting staff so that the healthcare staff could focus more on clinical work;
2. providing SHS at Advanced Practice Nurse level to work on night-shift duties at both acute general, and convalescent and rehabilitation wards/services to enhance senior coverage and supervision to ward staff; and
3. relaxing the criteria for implementing the CNSS by suspending the required night shift frequency for triggering the CNSS so as to increase the flexibility in manpower deployment.

In response to the upsurge in service demand in January 2019, the Government announced in the same month that it had set aside \$500 million for the HA to meet the additional expenditure in coping with the service demand during winter surge. The HA has implemented the following enhancement measures, which are in place from January 28 until April 30, 2019:

Enhancing Senior Coverage

The rates of the SHS allowance are offered based on the clinical ranks of staff, so as to encourage participation of senior doctors, nurses and allied health professionals in the SHS, in order to provide more senior healthcare manpower to cope with the increase in service demand.

Nursing Night Shift Support

1. further promoting and arranging more night shift SHS for Advanced Practice Nurses;
2. introducing night shift for temporary undergraduate nursing students;
3. arranging agency nurses runner support for night shift, e.g. escorting patients; and
4. promoting the relaxed CNSS to nurses and supporting staff.

Enhancement of SHS

1. increasing the rate of allowance by 10 per cent to encourage staff

participation;

2. streamlining the approval process; and

3. increasing flexibility when approving for the use of SHS without setting rigid threshold for triggering SHS.

The expenditure involved in implementing the above measures for the winter surge in 2018-19 will be available only after the completion of all the winter surge response measures.

Besides, it is projected that the numbers of doctors, nurses and allied health professionals (calculated on full-time equivalent basis, including permanent, contract and temporary staff), in the HA for 2018-19 will be increased by 142 (2.4 per cent), 614 (2.4 per cent) and 255 (3.3 per cent) respectively as compared to 2017-18.

(2) In 2019-20, the HA plans to recruit about 520 doctors, 2 270 nurses and 700 allied health professionals. Besides, each cluster will continue to actively recruit clerical and supporting staff to meet the service demand in response to its operational needs and manpower situation.

(3) The HA Head Office has recently directed cluster and hospital management to reduce the number of meetings and postpone non-urgent meetings during winter surge period so that frontline staff could focus more on clinical work. At the same time, the HA will regularly review the number and efficiency of meetings, so as to ensure the smooth conduct of meetings and streamline meetings. The HA will continue to recruit additional ward Executive Assistants and supporting staff to assist frontline healthcare staff.

The HA has been proactively implementing various human resources measures to retain professionals and alleviate the shortage of frontline healthcare staff. Key measures include:

Manpower of Doctors

1. Recruiting local medical graduates: The number of Resident Trainee posts has been increased to recruit and provide specialist training for all qualified local medical graduates;

2. Recruiting non-locally trained doctors under limited registration: The HA has resorted to recruitment of non-locally trained doctors under limited registration since 2011-12. Upon commencement of the Medical Registration (Amendment) Ordinance 2018, the validity period of limited registration has been extended to up to three years. Coupled with the extension of contract period to a maximum of three years since 2017, it is expected that more non-locally trained doctors will be recruited through limited registration;

3. Special Retired and Rehire Scheme (SRRS): Since 2015-16, the HA rehires

suitable serving doctors upon their retirement at normal retirement age or completion of contract, so that they can continue to perform full-time clinical duties in public hospitals, thereby alleviating manpower situation and facilitating staff training and knowledge transfer;

4. Continuous recruitment of part-time doctors: The HA continues to recruit part-time doctors and introduce further flexibility in recruitment strategies, including the setting up of the Locum Office;

5. SHS: HA continues to implement the SHS as appropriate in order to address the issue of short-term manpower constraint and meet service demand;

6. Creating more promotion opportunities: A centrally co-ordinated additional Associate Consultant Promotion Mechanism has been launched since 2011-12 to recognise meritorious doctors who have served in the HA for five years or more after obtaining fellowship;

7. Enhancing training: more training courses and oversees training opportunities has been provided for doctors, and simulation training has also been enhanced to support professional development;

8. Flexible work arrangements: The HA is actively considering the introduction of more flexible options in work arrangements to retain experienced hands, such as providing special arrangement for existing full-time frontline professional staff who have temporary special needs and compassionate reasons, such as health or family reasons, to work fractionally for a fixed period of time and thereafter resume their full-time duties; and

9. Fixed Rate Honorarium (FRH) for Doctors: To give recognition to the contribution of doctors who are required to work consistently long hours by nature of their duties and to compensate for the overtime work they performed in order to maintain adequate medical service for patients, the HA grants a FRH to eligible doctors on a monthly basis. To boost staff morale, the HA has planned to further increase the rate of the FRH starting from April 2019 at the earliest.

Frontline Nursing Staff

1. Reinstating the annual increment mechanism: To further boost staff morale and retain staff, the HA has reinstated the annual increment mechanism for all serving staff who joined the HA on or after June 15, 2002, as well as new recruits, with effect from April 1, 2018. The arrangement is expected to be applicable to about 17 000 eligible staff;

2. Continuous recruitment of full-time, part-time and agency nurses: Hospitals will continue to recruit full-time, part-time and agency nurses to enhance the flexibility in staff deployment, thereby easing the workload of frontline staff;

3. SRRS: The HA has implemented the SRRS since 2015-16 to rehire suitable

healthcare professionals after their retirement, so as to retain professionals to provide training, impart knowledge and alleviate the manpower situation in the HA;

4. Enhancing promotion opportunities: In 2008-09, the HA created the post of Nurse Consultant to enhance the development prospects of the nursing profession, thereby improving the healthcare services of the HA. There are currently 113 Nurse Consultant posts. A total of 1 476 nurses were promoted in the past three years;

5. Providing more training opportunities: The Institute of Advanced Nursing Studies of the HA offers 26 nursing specialist training courses each year for nurses to continuously pursue further studies after graduation. The HA also provides subsidies for over 100 senior nurses to pursue further studies and training overseas each year;

6. Enhancing preceptorship support: Under the HA's preceptorship programme, experienced nurses are recruited through granting special allowance, offering part-time employment, etc. to serve as preceptors to provide guidance for newly recruited nurses in an actual clinical setting, thereby familiarising them with ward procedures and environment as well as alleviating the work pressure of other experienced nursing staff in coaching new nurses. The HA also provides simulation training for newly recruited nurses to enhance their first aid and emergency handling skills. In 2018-19, the HA recruited 70 additional Advanced Practice Nurses (on full-time equivalent basis) as part-time clinical preceptors to coach about 3 570 nurses in service for two years or less. It also plans to increase the number of preceptors in 2020-21;

7. Improving work environment: Since 2013-14, the HA has installed some 6 000 additional electrically-operated beds and some 523 ceiling hoist systems to facilitate the lifting and transfer of patients; in 2018-19, the HA will procure some 2 000 electrically-operated beds to help simplify the work procedures required of ward staff, and improve the work environment and facilities, thereby relieving the work pressure on frontline nurses; and

8. Recruiting additional ward clerks and ward assistants: The HA recruits additional ward clerks and ward assistants to assist nurses in carrying out clerical work and providing patient care, thereby easing the workload of nurses.

Allied Health Professionals

1. Reinstating the annual increment mechanism: To further boost staff morale and retain staff, the HA has reinstated the annual increment mechanism for all serving staff who joined the HA on or after June 15, 2002, as well as new recruits, with effect from April 1, 2018. The arrangement is expected to be applicable for about 17 000 eligible staff;

2. SRRS: The HA has implemented the SRRS since 2015-16 to rehire suitable healthcare staff after their retirement, so as to retain professionals to

provide training, impart knowledge and alleviate the manpower situation in the HA;

3. Enhancing training and development of allied health professionals: The Institute of Advanced Allied Health Studies of the HA offers 65 specialist training/enhancement courses each year to strengthen services and professional development. It also provides over 50 scholarship places for advanced allied health professionals to pursue further study and training overseas; and

4. Re-engineering work processes and recruiting more Patient Care Assistants.

The HA will continue to monitor the manpower situation of healthcare staff and make appropriate arrangements as to manpower planning and deployment to meet service demand.