

LCQ4: Conduct of Hospital Authority staff

Following is a question by the Hon Elizabeth Quat and a reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (November 18):

Question:

It has been reported that while the Coronavirus Disease 2019 was raging on in Hong Kong, several thousand staff members of the Hospital Authority (HA) responded to a call made by a trade union and went on strike from February 3 to 7 this year in an attempt to press HA to put forward to the Government the demand for implementing "border-closing" measures, etc. Furthermore, some HA staff members, while on duty, displayed slogans showing political stance and put on relevant accessories within the bounds of hospitals. Some patients have relayed that they were impolitely treated by such staff members and were even in panic. In this connection, will the Government inform this Council if it knows:

(1) the number of HA patients who experienced delay in receiving diagnosis and treatment because of the aforesaid strike action and, among such patients, the number of those whose conditions deteriorated or who died as a result; the respective numbers of the relevant complaints and litigation cases received by HA from patients so far, and the total amount of compensation made;

(2) whether those staff members who participated in the aforesaid strike action will be punished; given that there are public opinions criticizing the strike action for being a case of political aspirations overriding professional commitment that recklessly disregarded patients' well-being, what specific measures the Government has put in place to prevent HA's services from being affected by strike action of the same kind in future; and

(3) what specific measures HA has put in place to ensure staff members' compliance with the requirements under HA's code of conduct (including dress code) while on duty, and to punish non-compliant staff members?

Reply:

President,

The Government and the Hospital Authority (HA) always take the safeguarding of public health as the top priority. It has also been the professionalism and the expectation of the general public for the healthcare professionals to accord priority to patients' health and stand fast at their posts. The absence from duty by certain HA staff during February 3 to 7 this year affected public hospital services. For example, specialist outpatient

clinics (SOPC) services and other non-emergency services were reduced by about 40 per cent to 60 per cent. Departments that were more severely affected included the Neonatal Intensive Care Units, the Accident & Emergency (A&E) Departments, Obstetrics Departments and Cardiac Catheter Laboratory services, etc. In particular, certain elective cesarean operations and cancer treatments were deferred, an Emergency Medicine Ward in A&E Department was closed owing to insufficient manpower, while some elective percutaneous coronary intervention procedures in certain hospital clusters were also deferred. Meanwhile, the Government and the HA repeatedly urged healthcare staff who were absent from duty to return to work as soon as possible to avoid affecting public hospital services and treatment of patients.

In consultation with the HA, my consolidated reply to the Hon Elizabeth Quat's question is as follows:

Regarding the industrial action initiated by a staff union early this year, the HA called on healthcare staff on February 2 to stay on duty and seek consensus through discussion. The HA reiterated that such action was not in the interests of patients and would directly affect public hospital services. On the same day, the HA convened the Central Command Committee to review the services and manpower situation in various hospital clusters and made corresponding arrangements, including significantly adjusting SOPC and general outpatient clinic (GOPC) services, as well as reducing elective surgeries and physiotherapy and occupational therapy outpatient services by 50 per cent.

In response to the absence from duty by some healthcare staff during February 3 to 7 this year, the HA Head Office and hospital clusters immediately activated the Major Incident Control Centres (MICC) to closely monitor the operation of public hospitals and to deploy manpower and adjust non-emergency services with regard to service needs, so as to focus resources on tackling the epidemic and maintaining emergency medical services. To meet the healthcare needs of the public as far as possible, the HA also arranged drug refill services for follow-up patients of SOPCs and GOPCs who were in stable conditions so as to focus manpower on providing inpatient services and treating patients attending first appointment at SOPCs. As at October 31 this year, the HA Head Office has received about 7 000 related views, requests for assistance or complaints. Among them, 27 cases concerned service provision for individual patients. We understand that the HA has followed up on these cases, and approached the patients concerned or their families to provide them with assistance as appropriate. So far, the HA has not received any claim for compensation pursued through the courts.

Furthermore, the HA noted that around 7 000 staff members did not report for duty as scheduled on various days in the aforementioned period. In early October this year, the HA issued letters to the staff members concerned requesting for their verification of the day(s) of absence as stated in the letter and explanation on their absence from duty. The HA is currently processing the replies from individual staff members and will follow up on the matter in accordance with legal advice, the Employment Ordinance, relevant employment contracts and human resources regulations in a fair,

reasonable, rational and lawful manner.

The well-being of patients is the top priority of the Government and the HA. As a public healthcare service provider, the HA has been striving to provide professional and equitable healthcare services for the public, and has reminded its staff to avoid leading to misperception from patients that public hospitals could not adhere to the code of conduct for healthcare professionals, or even affecting public hospital services due to difference in stances or background. In addition, HA staff are required to comply with relevant regulations and codes (including the HA's Code of Conduct and human resources regulations) when discharging their duties. It is also necessary for them to observe the dress code in order to project a professional image to patients, service users and the public.

Meanwhile, the HA has been maintaining communication with its staff to understand their needs and concerns at work, provide them with necessary support and enhance mutual trust. In respect of service arrangements, the HA will continue to utilise the existing contingency response mechanism when necessary, including activating the MICC in emergency situation to closely monitor the operation of each hospital cluster, deploy manpower and adjust services in a timely manner with a view to minimising the impact on patients.

As an employer, the HA has put in place established mechanism, human resources regulations and code of conduct to regulate and manage issues in relation to the conduct and discipline of staff. If there is violation of the code of conduct and/or human resources regulations, the HA will, in compliance with the Employment Ordinance and the employment contract, take a serious and prudent approach in following up on the matter in accordance with the relevant human resources regulations and legal advice, and handle it in a fair and just manner according to the established mechanism.

Thank you, President.