

Funding and Service Agreement¹

Integrated Support Service for Persons with Severe Physical Disabilities

I Service Definition

Introduction

The Integrated Support Service for Persons with Severe Physical Disabilities (ISS) aims at strengthening support for persons with severe physical disabilities and relieving the stress of family members / carers through the formulation of well-coordinated care plans at both stages of pre-discharge and post-discharge from hospital and the provision of a package of home-based support services meeting their personal care, training and nursing care needs to facilitate their integration into the community. To alleviate the financial burden arising from the substantial expenses of the persons with severe physical disabilities in relation to the use of respiratory support medical equipment (RSME), the ISS also serves to regularise two assistance programmes under the Community Care Fund (CCF) (namely, the “Provision of Special Subsidy to Persons with Severe Physical Disabilities for Renting Respiratory Support Medical Equipment” and “Provision of Special Subsidy to Persons with Severe Physical Disabilities for Purchasing Consumables Related to RSME”) through the provision of financial subsidy for renting RSME and/or purchasing medical consumables.

Purpose and Objectives

2. The specific objectives of the ISS are:
 - (a) to strengthen support services for persons with severe physical disabilities to prepare for their discharge from hospital and follow up post-discharge services for those living in the community with a view to facilitating their full integration into the community;
 - (b) to provide a special cash subsidy for renting RSME and purchasing medical consumables for eligible persons with severe physical disabilities living in the community; and
 - (c) to alleviate the stress of family members / carers of persons with severe physical disabilities upon their home restoration and empower the family members / carers to continue taking care of the frail disabled at home.

¹ This Funding and Service Agreement is a sample document for reference only.

Service Nature and Content

3. The Service Operator is required to meet the holistic and specific needs of individual service users by providing one-stop integrated support services co-ordinated by case managers facilitative to their continuous living in the community. To integrate different types of services effectively while avoiding duplication of resources, the case manager will develop a trustful service relationship with the service user, arrange face-to-face multi-disciplinary assessment of his/her needs, and liaise with relevant parties while involving the service user and his/her family members / carers in developing and implementing a mutually-agreed Individual Care Plan (ICP). They will deploy other community services and facilities flexibly and strategically to meet the multifarious needs of the target users. Close collaboration, coordination and networking with other service providers in providing support services will be required in order to optimise their activities of daily living, improve the quality of their community life and alleviate the stress of their family members / carers in the caring and financial burden. In order to ensure that service users' needs are timely updated and met, the case manager is also responsible for arranging face-to-face multi-disciplinary reviews of the ICP at least once in a half year.

4. The ISS will provide the following core services:

Applicable to Both Cash Subsidy and Integrated Home-based Support Service² -

(a) Case Management Service:

Case management service refers to services including but not limited to case intake and assessment for individual service users, case review / conference / meeting, collaboration and coordination with the medical, para-medical, allied health and social service specialties serving service users, integration of different types of community-based and centre-based support services to meet the holistic rehabilitation needs of service users, flexible and strategic arrangement to help bridge possible service gaps, collaboration and coordination among staff of the ISS Team as well as referral arrangements to other welfare services / medical and health services;

(b) Social Work Service including but not limited to the provision of guidance and counselling support for service users to facilitate their acceptance of disabilities and adjustment / integration to community life, and for their family members in releasing their emotional burden from carers' stress, handling service users' emotional / behavioural problems, end-of-life education, etc.; and

² Case activities performed by PT / OT / ST / therapist assistants / nursing staff / personal care workers such as case review, quality assurance, attending case conference / meeting, coaching for carers and staff coaching / case handover / induction for new PT / OT / ST / nursing staff, liaison work with equipment suppliers, arrangement of referrals and follow up work by PT / OT / ST / nursing staff including preparation of specifications for home modification, arrangement of quotation for equipment, etc. which involves professional assessment / inputs will be separately counted in the Supplementary Information.

- (c) ***Carer Support Service***³ including but not limited to the provision of training and support services for family members / carers to enhance their caring capability, special arrangement to enhance the effectiveness of training such as the use of Activities of Daily Living (ADL) room and joint programme with other rehabilitation units, the provision of resource materials, the introduction of community resources, the organisation of mutual support groups to develop support network for caregivers, the mobilisation of volunteers, aids loan and repair, psycho-social education, physical exercise and primary health advice (e.g. health risk assessment / health monitoring / health education), etc.

Applicable to Cash Subsidy -

- (d) ***Arrangement of cash subsidy for the rental of RSME and/or purchase of medical consumables:***

Service users meeting the eligibility requirements will be provided with cash subsidy for (i) Rental of RSME; and/or (ii) Purchase of medical consumables.

Applicable to Integrated Home-based Support Service -

- (e) ***Pre-discharge Support Services:***

To address the service users' vulnerability to the rigorous demands upon discharge from hospital and enhance their smooth transition to community-based care, the ISS aims to coordinate inputs from hospital professionals having regard to service users' medical conditions and need for medical-related items upon discharge, and to formulate a well-coordinated ICP upon discharge. The case manager under the ISS will take charge of the eligibility assessment of the potential service users, exchange views with the medical and para-medical professionals concerned for formulating the discharge plan and arrange suitable community support services.

- (f) ***Post-discharge Home-based Professional Support Services:***

Based on the agreed ICP, the Operator of the ISS will provide and arrange a package of one-stop and home-based professional support services including personal care, occupational therapy (OT) / physiotherapy (PT) / speech therapy (ST) rehabilitation training services and nursing care services to meet the needs of service users. The ICP is subject to regular multi-disciplinary reviews at least once in a half year or at more frequent intervals suiting the current and anticipated changing conditions of persons with disabilities and the needs of their carers. The case manager may seek advice from medical and para-medical professionals concerned if necessary. Details of the package of the

³ To strengthen support for carers, the service of ISS provided by PT/OT/nurse/health care staff is extended to carers free of charge.

post-discharge services are as follows:

- (i) **Nursing Care** including but not limited to the making of clinical observation and the monitoring of vital signs such as blood pressure, pulse, temperature and body weight, supervision on medications, gastric tube feeding, Foley's catheter care, wound care, urine testing, stoma care, incontinence care, diabetic care, infection control, peritoneal dialysis, use of medical consumables, respiratory care, management of RSME, etc;
- (ii) **Rehabilitation Training** including but not limited to the provision of restorative and maintenance rehabilitation exercises, general physical exercise, and any other therapeutic exercises or activities as advised by medical and para-medical professionals, environmental risk assessment and home modifications, etc. Where necessary, centre-based training facilities may be mobilised and arranged for the service users;
- (iii) **Personal Care Service** including but not limited to the provision of transfer, personal hygiene, feeding or assistance with eating, meals/goods delivery, dressed-up and changing of clothes, showering or bathing, grooming including hair washing, hair cutting, shaving, nails cutting and toileting, disposal of urine and bowel waste of incontinence care, simple maintenance exercise, etc.;
- (iv) **Escort Service and/ or Transportation Service** including but not limited to attending medical follow-up appointment at hospitals / clinics, attending schools and services / activities at rehabilitation welfare units conducive to their social integration, etc.;
- (v) **Out-of-office Hour Emergency Support to Service Users**
A 24-hour manned hotline can be available for service users or their family caregivers to seek help or advice in case of emergency; and
- (vi) **Home Respite Service⁴** including but not limited to the provision of short-term home relief to family members / carers who need a short break in their care duties, etc.

Target Service Users and Eligibility Criteria

5. The respective target beneficiaries of the cash subsidy and integrated home-based support service under the ISS are as follows:

⁴ Individual service operators should operate Home Respite Service in accordance with the proposal submitted to SWD.

Cash Subsidy

- (a) RSME dependents⁵; and
- (b) Renting RSME and/or using medical consumables; and
- (c) Pass the financial assessment as set out in paragraphs 7-8 below; and
- (d) Without receiving any relevant subsidy for the RSME / medical consumables from other funding sources⁶.

AND

- (e) Living in the community and receiving Higher Disability Allowance (HDA) under the Social Security Allowance (SSA) Scheme; or
- (f) Those being hospitalised but with a definitive discharge plan, and having the need to rent or having started renting the RSME and/or purchased medical consumables yet without receiving any relevant assistance; and whose level of disability as assessed by medical doctors of public hospitals/ clinics are equivalent to that for receiving HDA under the SSA Scheme; or
- (g) RSME dependents who had received HDA, but converted to receive Normal Disability Allowance under the SSA Scheme because they turned to receiving care in residential institutions subsidised by the Government (including subsidised places in subvented / contract homes and residential care homes under various bought place schemes) or any public hospital or institution under the Hospital Authority, or boarding in a special school under the Education Bureau and still have to rent or have started renting the RSME and/or purchased medical consumables.

Integrated Home-based Support Service

- (a) Persons with severe physical disabilities requiring RSME and constant attendance, and living in the community irrespective of whether they are

⁵ To ascertain the applicant's need for RSME and medical consumables, recommendation from the medical / paramedical professionals from the public hospitals / clinics may be required.

⁶ For cash subsidy to rent RSME, the applicants should not be currently receiving from the Government, statutory boards or any charitable fund (e.g. CSSA, Pneumoconiosis Compensation Fund, Samaritan Fund, Yan Chai Tetraplegic Fund, Yan Chai Caring Fund for Severely Disabled, etc.) to pay for the rent for the respiratory support medical equipment, and no such assistance for the purchase of the respiratory support medical equipment has been received within three years before the making of the application unless the equipment is out of order. For cash subsidy to purchase medical consumables, the applicants should not be currently receiving from the Government, statutory boards or any charitable fund (e.g. CSSA, Samaritan Fund, Pneumoconiosis Compensation Fund, Yan Chai Tetraplegic Fund, Yan Chai Caring Fund for Severely Disabled, etc.) for the purchase of medical consumables.

- entitled to the cash subsidy specified above⁷; or
- (b) Tetraplegia patients⁸ living in the community; or
 - (c) Persons with severe physical disabilities who do not have medical proof of tetraplegia but are assessed by the PT / OT to have rehabilitation / care needs comparable to tetraplegic patients, or
 - (d) Persons with physical disabilities who are assessed to be eligible for the service in accordance with the Assessment Tool for Home Care Service for Persons with Severe Disabilities⁹; or
 - (e) For service users of (a), (b), (c) and (d) above taking accommodation in residential institutions subsidised by the Government or any public hospitals and institutions under the Hospital Authority, or boarding in special schools, services would only be provided during the period when they stay at home during home leave; or
 - (f) For service users of (a), (b), (c) and (d) above living in self-financing homes for persons with disabilities, personal care, escort, transportation and home respite services would not be arranged as these services would have been provided or arranged by the home operators as a regular service for service users; and
 - (g) Carers of the above-mentioned service users.

⁷ Persons receiving Higher Disability Allowance (HDA) are medically certified to have severe disabilities and to require constant attendance by definition. However, to ascertain if the HDA recipients do have severe physical disabilities to the extent that warrant the home-based support services, further assessment and confirmation of the PT / OT on their physical functioning, dependence level, care need, etc. will be required. Non-HDA recipients will also be subject to the assessment of PT / OT in order to confirm their eligibility.

A set of assessment tools will be used to confirm the eligibility of persons with severe physical disabilities who require RSME and constant attendance [applicable to eligibility criteria (a)] and patients suffering from paralysis of the body and four limbs, loss of functions in activities of daily living and dependence on bladder and bowel management [applicable to eligibility criteria (c)]. The assessment shall be conducted by PT / OT and endorsed by a senior PT / OT of the service operators.

⁸ To assess if an applicant is suffering from tetraplegia, recommendation from the medical professionals from the public hospitals / clinics may be required. Applicants who are confirmed to be tetraplegic patients according to medical record / medical recommendation / medical diagnosis are eligible for the support services direct.

⁹ The Assessment Tool for Home Care Service for Persons with Severe Disabilities is developed by a multi-disciplinary working group comprising social workers, paramedical staff and clinical psychologist formed under the Rehabilitation and Medical Social Services Branch of SWD. The Assessment Tool, covering three major assessment domains, i.e. nurse care need, functional impairment and challenging behaviour, referenced from the Standardised Assessment Tool for Residential Service for People with Disabilities, is adopted. The assessment for Home Care Service shall be conducted by the social workers or para-medical staff who have completed training on the administering of the Assessment Tool recognised by the SWD.

Financial Assessment Mechanism

6. Eligibility for cash subsidy granted under the ISS will be assessed by the Service Operator upon receipt of applications based on the income and asset limits specified for different household sizes. It aims to provide financial assistance for renting RSME and purchasing medical consumables for those RSME dependents who are not beneficiaries of CSSA or other trust funds supporting the concerned expenditures but pass the financial assessment under the ISS.

7. The subsidy level each for the rental of RSME and purchase of medical consumables is capped at \$2,500. The income test under the ISS is pitched at 150% of the most updated Median Monthly Domestic Household Income (MMDHI) as promulgated by the Census & Statistics Department. A three-tier approach will be adopted to ensure the provision of financial assistance for the most needy and to tie in with the subsidy level of the related CCF programmes before their regularisation. Full-rate cash subsidy (capped at \$2,500 per month) will be granted to the eligible service users with a family household income at or below 100% of MMDHI, whereas three-quarters cash subsidy (capped at \$1,875 per month) will be granted to those with family household income above 100% to 125% of MMDHI, and half-rate cash subsidy (capped at \$1,250 per month) will be granted to those with family household income above 125% to 150% of MMDHI. As for asset limit, the ISS adopts the prevailing level prescribed for public rental housing applications under the Housing Authority.¹⁰

8. The amount of cash subsidy disbursed is subject to the actual cost of the recognised item(s) claimed and capped at the aforementioned rate. Subsidies will be granted upon the completion of financial assessment and will be payable to the eligible applicants on a quarterly basis by crediting their bank accounts for receiving disability allowance. The eligibility of the applicant for the cash subsidy will normally be reviewed on an annual basis. Applicants are required to report to the Service Operator if there is any change in their financial condition which may affect their eligibility for the subsidies.

Service Delivery Requirements

9. According to the defined eligibility criteria of the ISS, the Service Operator is required to intake cases from direct applications or referrals from medical or paramedical professionals from the public hospitals / clinics and caseworkers of relevant services units. For effective mobilisation of resources, optimisation of community support for the service users, establishment of clinical backup for the ISS and development of effective referral procedures, service protocol and interface, the Service Operator should develop networking strategies to promote partnership and form strategic alliance with outside parties such as the Hospital Authority, clinics, para-medical and allied health professions, other rehabilitation units and home care service units, social enterprises, volunteer groups, self-help organisations, patients'

¹⁰ The self-occupied property in which the applicant is living with his/her household members in Hong Kong and their tools of trade are excluded from the calculation.

groups and other related organisations, etc.

Cash Subsidy

10. For referrals / applications involving request for cash subsidy, the Service Operator needs to carry out the entire procedures of eligibility assessment, processing, vetting, cash subsidy payment and review checks in accordance with the most updated guidelines issued by SWD and other matters relating to the management of the cash subsidy payment. The Service Operator is also required to draw up agency guidelines with clear financial control procedures governing the operation of the cash subsidy for compliance of all concerned staff.

Integrated Home-based Support Service

11. The needs of a service user should be identified by a multi-disciplinary team through a case management approach with the ICP formulated incorporating views and agreement among the Service Operator, service user and/or family members / carers. Based on the agreed care plan, the Service Operator could provide a package of support services to meet the care, training and nursing care needs of the service user. The multi-disciplinary team needs to review and revise the components of the ICP according to the conditions of a service user updated and assessed on a half-yearly basis, or at a more frequent interval where case circumstances warrant.

12. The Service Operator should exercise its flexibility to provide, arrange or purchase other services required to enhance the service users' quality of life in the home environment. To meet service users' needs, the Service Operator should be prepared to deliver services on Sundays, general holidays and outside the regular operating hours of the organisations, which are pre-arranged and agreed among the Service Operator, service users and/or their family members / carers. As and when required, the Service Operator is required to arrange residential respite service for service users so as to provide support and temporary relief for their carers.

II Performance Standards

13. The Service Operator is required to achieve the performance standards including output standards and outcome standards.

Outputs

Output Standard (OS)	Output Indicator	Agreed Level
1	Total number of cases provided with case management service including counselling and support service to the family members / carers in a year (half-yearly review on 30 September and 31 March)	450 cases
2	To issue a dated notification to each subsidy applicant on the assessment result within 21 working days counting from the date of receiving all the required supporting documents (dates are inclusive)	95%
3	Service times of Personal Care, home making, Escort, Home Respite, Case Management, Social Work Service and Carer Support Service defined in the FSA, Pre-discharge Support Services, discharge assessment in hospital at intake level, programmes / activities, introduction of community services, concern visit and assistance in relation to cash subsidy, etc. to target service users in a year	28 630 times
4	Service hours of rehabilitation training service to be provided by PT* / OT* / ST, including Rehabilitation Training, Carer Support Service* and Case Management Service defined in the FSA, Pre-discharge Support Services, discharge assessment in hospital at intake level and programmes / activities, etc. in a year	8 654 hours
5	Service hours of nursing care service to be provided by nurse / health care staff, including Nursing Care*, Carer Support Service* and Case Management Service defined in the FSA, Pre-discharge Support Services, discharge assessment in hospital at intake level and programmes / activities, etc. in a year	5 198 hours
6	Rate of reviewing individual care plans half-yearly or at a more frequent interval	98%
7	Total number of carer support programmes organised in a year	18
8	Total number of referrals for other services made by case managers in a year	450

Output Standard (OS)	Output Indicator	Agreed Level
9	Total number of sessions providing staff training programmes / workshops / seminars in a year	4 sessions
10	Total number of networking meetings with other service providers / self-help organisations / patients' groups / other relevant groups to facilitate effective service delivery and development in a year	12

* no recognised fee-charging for carers

Outcomes

Outcome Standard (OC)	Outcome Indicator	Agreed Level
1	Rate of service users being satisfied with the overall services delivered to them in a year	80%
2	Rate of family members / carers being satisfied with the overall services delivered to them in a year	80%

Essential Service Requirements

14. The Service Operator is required to comply with the Essential Service Requirements (ESRs) as follows:

- (a) the ISS programme should operate¹¹ at least 6 days a week with a minimum of 48 hours per week;
- (b) registered social workers¹² (at least two as degree holder in social work), qualified nurses¹³, registered physiotherapists¹⁴, registered occupational therapists¹⁵, qualified speech therapists are the essential staff for the service;
- (c) for the flexibility of the service, the Service Operator may hire ST

¹¹ Individual service operators should operate ISS programme in accordance with the proposal submitted to SWD.

¹² Registered social worker refers to the definition governed by the Social Workers Registration Ordinance (Chapter 505).

¹³ Nurse means any person whose name appears either on the register of nurses maintained under section 5 of the Nurses Registration Ordinance, Chapter 164, or the roll of the enrolled nurses maintained under section 11 of that Ordinance.

¹⁴ Registered physiotherapist refers to the definition governed by the Supplementary Medical Professions Ordinance (Chapter 359).

¹⁵ Registered occupational therapist refers to the definition governed by the Supplementary Medical Professions Ordinance (Chapter 359).

service from qualified professionals or organisations; and

- (d) the operation of the ISS should be under the supervision and guidance of a registered social worker.

Quality

15. The Service Operator will meet the requirements of the 16 Service Quality Standards (SQSs).

III Obligations of SWD to the Service Operator

16. SWD will undertake the duties set out in the General Obligations of SWD to the Service Operator as specified in the Funding and Service Agreement (FSA) Generic Sections.

IV Basis of Subvention

17. The basis of subvention is set out in the offer and notification letters issued by SWD to the Service Operator.

Funding

18. Funding will be allocated to the Service Operator as the cash subsidy and integrated home-based support service respectively under the ISS for a time-defined period and be governed by the principles set out in paragraph 22 below. The cash subsidy for eligible service users will be paid as a Central Item while the integrated home-based support service will be allocated in form of annual subvention (excluding Rent and Rates) on a Lump Sum Grant (LSG) mode to the Service Operator so that the Operator may deliver the services as stipulated.

Cash Subsidy

19. The ISS Operator is responsible for disbursing the subsidies to the eligible applicants on time on a quarterly basis. The funding for cash subsidy will be allocated to the Service Operator on a quarterly basis. The allocation will be subject to review taking into account the spending pattern of the funding and forecast demand, etc.

Integrated Home-based Support Service

20. An annual subvention will be allocated on a LSG mode to the Service Operator for a time-defined period. This lump sum has taken into account the personal emoluments, including provident fund for employing registered social workers, qualified professionals and supporting staff, and other charges (covering all

other relevant operating expenses including employees' compensation insurance, public liability insurance, training and travelling expenses for staff, etc.) applicable to the operation and administration of the entire ISS, and the recognised fee income, if any. Rent and Rates in respect of premises recognised by SWD for delivery of the subvented activities will be reimbursed separately on an actual cost basis.

21. In receiving the LSG, the Service Operator is accorded flexibility in the use of the grant but required to observe the guidelines set out in the latest LSG Manual, LSG Circulars, management letters and correspondence in force as issued by SWD on subvention policies and procedures. The LSG will be subject to adjustments including salary adjustments in line with the civil service pay adjustments and other charges in line with price adjustment factor, currently the Composite Consumer Price Index. The Government will not accept any liabilities or financial implication arising from the ISS beyond the approved funding.

22. For prudent use of public money, it was agreed with the Service Operator that the subvention for the service would be allocated according to the principles outlined below:

- (a) Only two-third of the total subvention will be allocated to the Service Operator when the 'Total number of cases provided with case management service including counselling and support service to the family members / carers¹⁶ is below two-third of the agreed output level;
- (b) 100% of the total subvention will be allocated to the Service Operator when the 'Total number of cases provided with case management service including counselling and support service to the family members / carers¹⁶ has reached two-third of the agreed output level; and
- (c) In response to the recommendation of the Director of Audit's Report No. 69, a half-yearly review on the number of cases served would be continued.

23. Based on the above parameters, the subvention allocation to the Service Operator will be adjusted in accordance with the actual performance of the individual teams, which is measured at an interval of 6 months. The Service Operator will keep receiving two-third of the total subvention until the 'Total number of cases provided with case management service including counselling and support service to the family members / carers¹⁶ has reached two-third of the agreed output level for which full subvention will be allocated. Except OS2 and OS6, the agreed levels of other OSs will be proportionally adjusted when two-third of the total subvention is allocated to the Service Operator. In the event that the subvention adjustment has been activated, SWD will take into account the daily caseload of the team (snapshot) for subvention

¹⁶ The number of cases subjected to half-yearly review refers to the number of active cases as at 31 March and 30 September each year.

calculation on pro-rata basis.

Payment Arrangement, Internal Control and Financial Reporting Requirements

24. Upon the Service Operator's acceptance of the FSA, payment of the LSG subventions will be made on a monthly basis.

25. The Service Operator is responsible for maintaining an effective and sound financial management system, including budget planning, projection, accounting, internal control and auditing. It should maintain proper books and records and supporting documents on the income and expenditure relating to the project, including the cash subsidy, and make them available for inspection by Government representatives. The Service Operator shall submit the AFR as reviewed and the annual financial statements of the NGO as a whole as audited by a certified public accountant holding a practising certificate as defined in the Professional Accountants Ordinance (Chapter 50) and signed by two authorised representatives of the NGOs, i.e. Chairperson / NGO Head / Head of Social Welfare Services, in accordance with the requirements as stipulated in the latest LSG Manual. The AFR should be prepared on a cash basis and non-cash items such as depreciation, staff leave accrual etc. should not be included in the AFR.

26. Funding allocation under the cash subsidy of the ISS Programme is not allowed for virement to other purposes. The Service Operator is required to account for the income and expenditure of the cash subsidy as a Central Item in the Annual Financial Reports (AFR) in accordance with the latest LSG Manual and LSG Circular in force. The surplus or cumulative unspent cash subsidy for eligible applicants in a year, if any, will be clawed back or carried forward to the following year for the continual implementation of the ISS cash subsidy, which is subject to advice of SWD. The cumulative unspent balance should be kept in a separate account for returning to SWD when we call upon it.

Corruption Prevention and Probity Requirements

27. It is the responsibility of the Service Operator to ensure that its management, board members and staff comply with the Prevention of Bribery Ordinance (Cap. 201) and the relevant requirements. Service Operator shall prohibit the members, staff, agents, and contractors from offering, soliciting or accepting advantages when discharging their duties under the FSA. With regard to the provision of the subvented services, Service Operator shall avoid and declare any conflict of interest.

28. Service Operator should also make reference to the relevant guidelines on corruption prevention and probity requirements to uphold integrity in every aspect, including but not limited to the governance structure, internal control, financial/fund management, procurement, staff administration, delivery of services/activities, management of maintenance works as set out in the "Best Practice Checklist on Governance and Internal Control in Non-Governmental Organisations" and the

“Integrity and Corruption Prevention Guide on Managing Relationship with Public Servants” issued by the Independent Commission Against Corruption.

V. Validity Period

29. This FSA is valid for a time-defined period. Should the Service Operator be in breach of any terms of condition of this FSA and fail to remedy the same in such manner and within such time as shall be specified in a written notice from SWD, SWD may after expiry of such notice, terminate this FSA by giving 30 days’ notice in writing to the Service Operator.

30. Where there is any change to the performance standards within the agreement period, SWD will seek mutual agreement with the Service Operator and the Service Operator will be required to achieve new requirements in accordance with the specified implementation schedule.

31. Continuation of service for the next term will be subject to the relevant considerations such as the prevailing policy directive, service needs and the performance of the Service Operator. SWD reserves the right to reallocate the project.

32. The SWD may immediately terminate the FSA upon the occurrence of any of the following events –

- (a) the Service Operator has engaged or is engaging in acts or activities that are likely to constitute or cause the occurrence of offences endangering national security or which would otherwise be contrary to the interest of national security;
- (b) the continued engagement of the Service Operator or the continued performance of the FSA is contrary to the interest of national security; or
- (c) the SWD reasonably believes that any of the events mentioned above is about to occur.

VI. Other References

33. Apart from this FSA, the Service Operator should also comply with the requirements / commitments set out in the respective Service Specifications, and the Service Operator’s proposals and supplementary information, if any. Where these documents are in conflict, this FSA shall prevail. The Service Operator’s compliance with all these documents will be closely monitored by SWD.