

**For discussion
on 11 May 2009**

Legislative Council Panel on Health Services

Relocation of Siu Lam Hospital to Block B of Castle Peak Hospital

Purpose

This paper seeks Members' support for the proposed relocation of Siu Lam Hospital (SLH) to Block B of Castle Peak Hospital (CPH) in order to improve the facilities of SLH to meet prevailing standards.

Background

2. SLH is one of the hospitals under the New Territories West Cluster (NTWC) of the Hospital Authority. Other hospitals in the cluster include Tuen Mun Hospital (TMH), Pok Oi Hospital and CPH. SLH is currently the only hospital providing rehabilitative and infirmary services exclusively to severely mentally handicapped (SMH) adult patients in Hong Kong.

Deteriorating physical conditions in SLH

3. SLH was opened in 1972 and the physical conditions of its buildings have deteriorated over the years. One of the more disruptive and recurring problems facing SLH is roof leakage. Although re-roofing works have been carried out, rainwater leakage still occurs frequently. The damp environment also poses the risks of infection.

4. The existing sewage treatment system, with septic tanks and soakaways, has been in use since the establishment of SLH. It is approaching the end of its useful life and may pose pollution threats to the environment. Simply replacing the existing system with new septic tanks and soakaways could not meet modern standards of sanitation for health care facilities, which require the direct connection of drains to the public sewerage system to minimize the risks of pollution. Owing to its isolated location, there are no public sewers running in the vicinity of SLH to allow such connection.

Out-dated standards of provision

5. SLH is currently accommodating about 350 patients. Since it was designed in the 1960s, its space provisions lag behind current standards for quality patient care. There is limited room for improvement due to the physical constraints of the existing buildings, which were planned and designed with no provision for expansion.

6. Day / activity rooms are essential facilities in modern patient care for SMH patients, who are not bed-bound but need to stay in the hospital for years. These facilities should be better designed to provide a home-like environment to facilitate patients' rehabilitation and re-integration into the community. Attempts have been made to convert some of the ward areas to provide such facilities within the existing layout, but only with limited success as the areas were not originally designed to fit this purpose. Furthermore, most SMH patients need wheelchairs that are moulded to fit their individual body shape. The accommodation of these wheelchairs, together with other equipment items such as patient hoists, shower trolleys, etc, creates enormous pressure on storage area. The need for storage space also increases arising from the need to use more equipment items following technology advancement.

7. Meanwhile, the low mobility and high dependency of SMH patients could increase the chances of the spreading of communicable diseases among them. The provision of infection control facilities in SLH is behind current standards. For instance, owing to the lack of cohort facilities within the existing ward units, some clinical support services will have to be suspended during infection outbreaks in order to release the accommodation for the cohort of patients. It is therefore necessary to improve the facilities of SLH to keep up with the prevailing infection control standards so as to reduce the risk of infection.

Proposed relocation of SLH to CPH

8. To address the inadequacies as identified above, it is proposed to relocate SLH to Block B of CPH in order to allow sufficient space to upgrade the standard of provisions and to improve the physical condition of the facilities for the benefit of patients.

9. Block B of CPH was completed under the first phase of the redevelopment of CPH in 1996. With the approach of increasing the emphasis on community based services and the enhanced provision of such services, space in ten wards at Block B of CPH has become available for alternative uses.

After the proposed relocation to CPH, the services provided by SLH would be enhanced significantly as follows –

- (a) Since many SMH patients have concomitant psychiatric illness, accommodating these patients in CPH will enable more efficient delivery of psychiatric services to them;
- (b) After relocation to Block B of CPH, which is close to Tuen Mun Hospital as the major acute hospital in the NTWC, patients of SLH can benefit from better and more timely support in clinical services such as pharmacy and diagnostic radiology. Furthermore, the merging of non-clinical supporting services of SLH and CPH, such as catering, security and hospital administration, will improve operational efficiency;
- (c) The problems of out-dated standards for space, patient care, use of equipment and infection control as mentioned above could be rectified. In addition, other necessary auxiliary facilities for support to quality services, such as closed circuit television (CCTV) system, nurse call / emergency call systems, card access system and central air-conditioning system, are available and ready for use at Block B of CPH; and
- (d) Upon the relocation to CPH, the SMH patients could be taken care of at premises more accessible by means of public transport, hence facilitating the visits by the families and friends of the patients.

10. We have considered the option of redeveloping SLH but found it more cost effective to relocate the hospital to CPH with the added benefits of more efficient delivery of psychiatric services, better clinical support and enhanced accessibility. Upon the proposed relocation of SLH to CPH, the existing building in SLH will be retained for other services. HA will consider the appropriate types of services to be provided having regard to the demand in the district as well as the space available and the accommodation requirements in other types of services.

The proposed project scope

11. The proposed scope of the project comprises -

- (a) renovation of ten wards at Block B of CPH and external areas in the vicinity to accommodate a maximum of 500 mentally

handicapped beds, Social Education Unit and Seminar / Conference room, etc;

- (b) miscellaneous works items including alterations to patients bathrooms and toilets, installation of continuous ceiling hoist system, enhancement of air-conditioning system, and re-flooring with non-slippery tiles, etc to suit the special needs of SMH patients;
- (c) upgrading the capacity of CPH's supporting services such as catering, materials transport, linen exchange, engineering maintenance, general supplies, etc; and
- (d) works associated with decanting a small number of patients from Block B to other wards of CPH.

12. A site plan showing the proposed relocation at CPH is at Annex.

Project implementation

13. We plan to seek the approval of the Finance Committee (FC) in July for funding support for the project, which is expected to cost about \$320.3 million in money-of-the-day prices. Subject to FC approval, we plan to start the decanting works in August 2009 and to complete the whole project in June 2011.

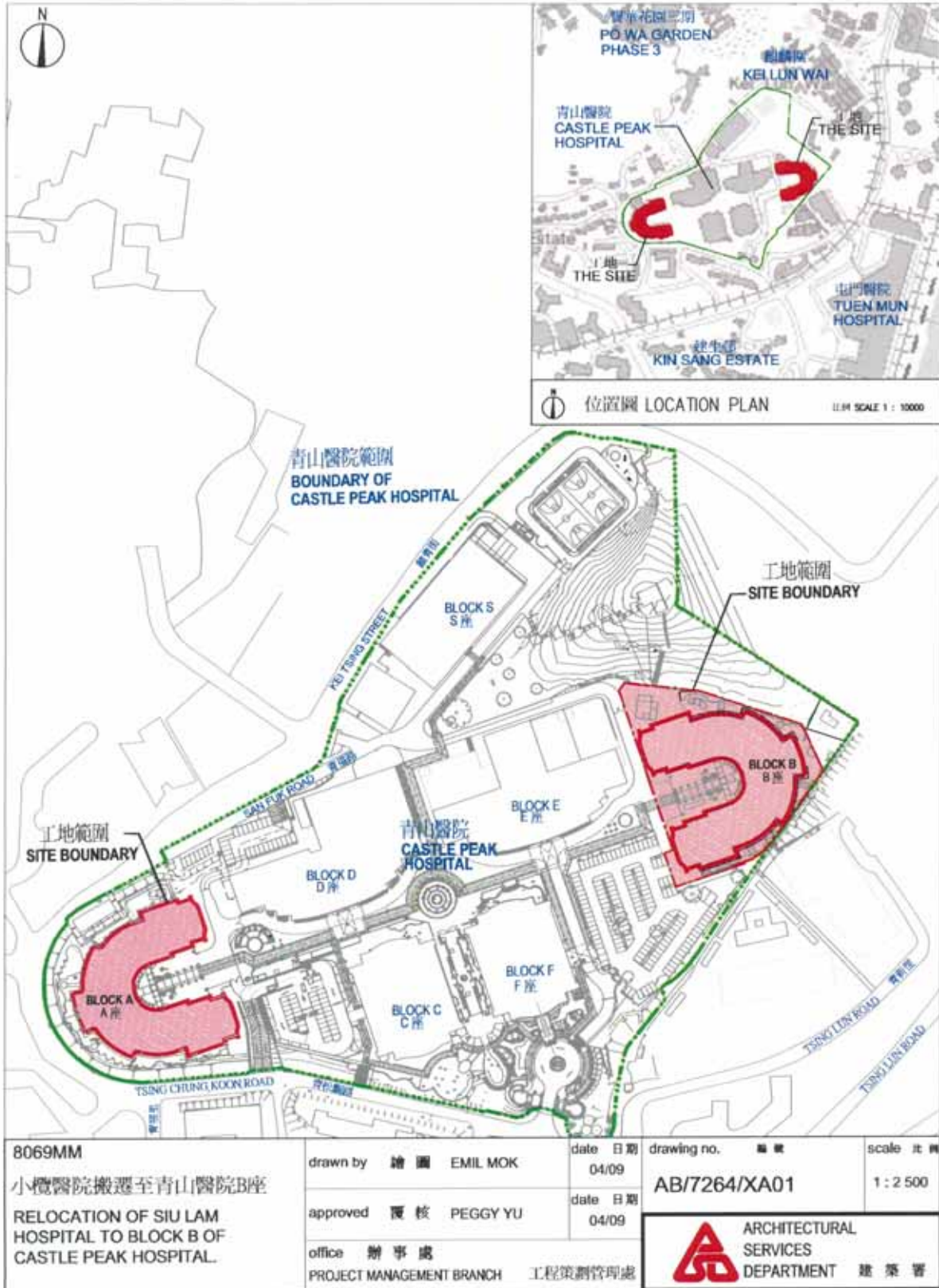
Public consultation

14. HA has consulted the Tuen Mun District Council (TMDC) on 10 March 2009 on the proposed project. Members of the TMDC supported the proposed project.

Advice sought

15. Members are invited to support the proposed project as outlined in this paper.

**Food and Health Bureau
Hospital Authority
May 2009**



Remarks 備註：
Block A – Decanting works site
A 座 – 調遷工程工地

Block B – Relocation area
B 座 – 搬遷地點