

## **NOTE FOR PUBLIC WORKS SUBCOMMITTEE OF FINANCE COMMITTEE**

### **Supplementary information on 51MM – Prince of Wales Hospital – extension block**

#### **INTRODUCTION**

In considering PWSC(2006-07)33 on **51MM** “Prince of Wales Hospital (PWH) – extension block” at the meeting of the Public Works Subcommittee on 21 June 2006, Members supported the proposal to upgrade the project to Category A for the construction of an extension block at the PWH but requested the Administration to provide supplementary information on the following before the relevant Finance Committee meeting –

- (a) the anticipated timeframe for implementing the rationalisation programmes highlighted in paragraph 12 of PWSC(2006-07)33;
- (b) greening works to be carried out; and
- (c) rationale for not using the existing Staff Quarters Block E of the PWH which is currently used for non-hospital related purposes (e.g. rented to outsiders) for the extension works.

**/THE .....**

## **THE ADMINISTRATION'S RESPONSE**

### **The anticipated timeframe for implementing the rationalisation programmes in PWH**

2. As we have explained at the PWSC meeting, paragraph 12 of PWSC(2006-07)33 sets out the directions for rationalising some of the services in the PWH. These are conceptual plans and detailed planning has yet to be carried out. As a matter of priority, we intend to focus on the extension project in the first instance to provide the PWH with adequate space to meet the standards of a modern tertiary acute hospital for the long-term medical needs of the community in the New Territories East. We have mentioned that this extension project would also provide capacity for decanting of existing services to facilitate future improvement plans, if need be. Rationalisation of services cannot take place before such decanting space is available.

3. We anticipate that the Hospital Authority (HA) would have the capacity to commence the planning work in respect of rationalisation of facilities after the construction works for the extension project has started in mid 2007. Such planning work would include conducting a technical feasibility study with costs-and-benefits analysis of various rationalisation options and the HA would then be ready to finalise its proposals in 2008-09. Depending on the scope of works involved, the rationalisation programme might take some eight to ten years to complete. A more definitive time table could only be worked out after the technical feasibility study has been conducted. We would consult the District Council and the Health Services Panel of the Legislative Council once the detailed plan for the rationalisation programmes has been worked out.

**/Greening .....**

**Greening works**

4. In line with government's greening and conservation policy, we will carry out greening works both within and outside PWH and retain the existing trees as far as possible.

5. While the detailed scope of works, e.g. the number of trees to be removed in the works site, is subject to the finalisation of design, we estimate that about 89 trees including 51 and 38 trees may have to be felled and transplanted respectively. All trees to be removed are not important trees. That said, we will incorporate planting proposals as part of the project, including estimated quantities of 110 trees and 24 000 shrubs. We shall explore with the feasibility of carrying out further greening works in the vicinity of the PWH at the detailed planning stage.

**Rationale for not using Staff Quarters Block E for the extension works**

6. Historically, staff quarters were provided within hospital sites. However, in the course of time, the demand for such quarters had dwindled with decreasing occupancy rates. In the PWH, a comparative high proportion of the staff quarters in Block E had been left vacant.

7. The HA had previously considered converting Block E Staff Quarter into a specialist out-patient clinic, and a feasibility study was conducted by the Architectural Services Department in 1993. It concluded that given some of the inherent constraints, a conversion could not best meet the needs of a specialist out-patient clinic to give best value for money.

/8. ....

8. In sum, the existing Block E was designed primarily for residential purpose, and deploying the building for the delivery of clinical services presents the following challenges -

- (a) the structural system involves mainly load-bearing walls which give little flexibility for floor layouts to be modified to meet the operational needs of clinical departments;
- (b) the area on each floor is relatively small as compared to the size of most clinical departments. If a particular clinical department had to be divided into parts to fill up several floors, operational efficiency and the quality of service and patient convenience would be compromised;
- (c) the number and capacity of passenger lifts are inadequate for handling the high volume of patients attending clinical departments daily; and
- (d) there are space constraints for installing the building services systems to support the clinical uses. For example, installation of a mechanical ventilation and air-conditioning system to meet the prevailing infection control requirements would not be possible.

9. In the light of the above, the Staff Quarter Block E was returned to the Government Property Agency in August 1997 for leasing to private tenants for residential use. The future use of this block, however, would be examined further in the context of the service rationalisation programmes.

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Health, Welfare and Food Bureau

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