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**Public Works Subcommittee of the Finance Committee  
of the Legislative Council**

**Minutes of the 4<sup>th</sup> meeting  
held in Conference Room 1 of the Legislative Council Complex  
on Wednesday, 9 January 2013, at 8:30 am**

**Members present:**

Hon CHAN Kam-lam, SBS, JP (Chairman)  
Ir Dr Hon LO Wai-kwok, BBS, MH, JP (Deputy Chairman)  
Hon James TO Kun-sun  
Hon Emily LAU Wai-hing, JP  
Hon TAM Yiu-chung, GBS, JP  
Hon WONG Kwok-hing, MH  
Hon Cyd HO Sau-lan  
Dr Hon LEUNG Ka-lau  
Hon IP Kwok-him, GBS, JP  
Hon Alan LEONG Kah-kit, SC  
Hon Albert CHAN Wai-yip  
Hon Michael TIEN Puk-sun, BBS, JP  
Hon NG Leung-sing, SBS, JP  
Hon Frankie YICK Chi-ming  
Hon WU Chi-wai, MH  
Hon Gary FAN Kwok-wai  
Hon MA Fung-kwok, SBS, JP  
Hon Charles Peter MOK  
Hon CHAN Han-pan  
Dr Hon Kenneth CHAN Ka-lok  
Hon CHAN Yuen-han, SBS, JP  
Hon LEUNG Che-cheung, BBS, MH, JP  
Hon Alice MAK Mei-kuen, JP

Dr Hon Fernando CHEUNG Chiu-hung  
Hon SIN Chung-kai, SBS, JP  
Dr Hon Elizabeth QUAT, JP  
Dr Hon CHIANG Lai-wan, JP  
Hon Tony TSE Wai-chuen

**Member attending:**

Dr Hon Helena WONG Pik-wan

**Members absent:**

Hon Abraham SHEK Lai-him, SBS, JP  
Hon CHAN Hak-kan, JP  
Hon Christopher CHUNG Shu-kun, BBS, MH, JP

**Public officers attending:**

Ms Doris HO Pui-ling, JP	Deputy Secretary for Financial Services and the Treasury (Treasury) <sup>3</sup>
Mr WAI Chi-sing, JP	Permanent Secretary for Development (Works)
Mr Thomas CHOW Tat-ming, JP	Permanent Secretary for Development (Planning and Lands)
Ms Anissa WONG, JP	Permanent Secretary for the Environment
Ms Jasmine CHOI	Acting Principal Assistant Secretary for Financial Services and the Treasury (Treasury) (Works)
Professor Sophia CHAN Siu-Chee	Under Secretary for Food and Health
Miss Diane WONG Shuk-han	Principal Assistant Secretary for Food and Health (Food) <sup>2</sup>
Mr HON Chi-keung, JP	Director of Civil Engineering and Development
Mr Joseph YUNG Cho-leung	Chief Engineer (Land Works) Civil Engineering and Development Department
Mr YEUNG Chun-hoi	Senior Superintendent (Cemeteries and Crematoria) Special Duties Food and Environmental Hygiene Department
Ms Angela LEE Chung-yan	Principal Assistant Secretary for Food and Health (Health) <sup>2</sup>

Mr LEUNG Kam-pui	Chief Technical Adviser (Subvented Projects)
Dr Nelson WAT	Architectural Services Department
	Hospital Chief Executive
	Kwong Wah Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital
	Hospital Authority
Mr Donald LI	Chief Manager (Capital Planning)
	Hospital Authority
Mr LEUNG Koon-kee, JP	Director of Architectural Services
Ms CHAN Hoi-ming	Project Director (2)
	Architectural Services Department
Dr Tony KO	Hospital Chief Executive
	Pok Oi Hospital, Hospital Authority

**Clerk in attendance:**

Ms Annette LAM	Chief Council Secretary (1)3
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**Staff in attendance:**

Mr Andy LAU	Assistant Secretary General 1
Mr Ken WOO	Council Secretary (1)5
Mr Frankie WOO	Senior Legislative Assistant (1)3
Ms Christy YAU	Legislative Assistant (1)7

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Action

The Chairman reported that a total of nine capital works projects amounting to \$22,156.5 million had been endorsed by the Public Works Subcommittee (PWSC) in the 2012-2013 session so far. He further advised that four items were on the agenda for the meeting which, if endorsed, would involve a total amount of \$5,326 million.

2. The Chairman then reminded members that in accordance with Rule 83A of the Rules of Procedure (RoP) of the Legislative Council (LegCo), they should disclose the nature of any direct or indirect pecuniary interests relating to any items under discussion at the meeting before they spoke on the items. He also drew members' attention to Rule 84 of RoP on not voting or withdrawal in case of direct pecuniary interest.

**Head 705 – Civil Engineering****PWSC(2012-13)45 758CL Site formation and associated infrastructural works for development of columbarium, crematorium and related facilities at Sandy Ridge Cemetery**

3. The Chairman advised that the proposal was to upgrade part of 758CL to Category A at an estimated cost of \$66.4 million in money-of-the-day (MOD) prices to engage consultants for detailed design and site investigation works of the site formation and associated infrastructural works for the proposed development of columbarium, crematorium, and related facilities at the Sandy Ridge Cemetery (the Cemetery). The Panel on Food Safety and Environmental Hygiene had been consulted on the proposal at its meeting on 11 December 2012. Panel members in general supported the proposal. The gist of Panel discussion was tabled at the meeting.

Pedestrian connection and transport arrangements

4. Noting that the proposed project at the Cemetery would provide a large number of public niches, Mr TAM Yiu-chung raised concern about the traffic impact on the existing roads near the Cemetery. He urged the Administration to put in place traffic and transport improvement measures to raise the transport capacity of the area to cope with the large volume of traffic especially during the two peak grave sweeping seasons. Mr Albert CHAN expressed similar concerns and called on the Administration to optimize the design of both the pedestrian and road facilities there so as to effectively separate pedestrian and vehicular traffic.

5. Under Secretary for Food and Health (USFH) advised that the Administration had conducted a preliminary traffic impact assessment (TIA) for the proposed project. Director of Civil Engineering and Development (DCED) explained that the preliminary TIA completed had found that the majority of grave sweepers would likely take the railway and then interchange at the Lo Wu, Sheung Shui or Kam Sheung Road Stations for other means of public transport. The Administration would thus consider making available appropriate infrastructural support to cater for the provision of feeder bus services between these stations and the Cemetery to facilitate grave sweepers. The journey time between the Cemetery and the Sheung Shui and the Kam Sheung Road Stations was about seven minutes and half an hour respectively.

6. Ms Emily LAU enquired about the walking distance between the Lo Wu Station and the proposed Cemetery through the proposed pedestrian walkway. Given the large area of the Cemetery, Mr WU Chi-wai asked

whether the proposed pedestrian walkway would lead to different parts of the Cemetery, and if travelators would be provided as appropriate to enhance pedestrian flow.

7. DCED replied that the proposed pedestrian walkway was about one kilometer long, which translated into about 20 minutes of walking time with an average walking pace. The walkway would be a barrier-free and convenient access where there would only be short ramp sections of gentle gradient.

8. Mr WU Chi-wai supported the proposal. He however expressed concern that grave sweepers taking the railway might choose to alight in Sheung Shui or Kam Sheung Road Stations instead of Lo Wu Station to avoid the significant fare increment for the extra leg to Lo Wu Station. As this would have a direct bearing on crowd management at the above stations during the busy grave sweeping seasons, he asked whether the Administration had approached the railway operator with a view to introducing concessionary fare for grave sweepers alighting in the Lo Wu Station to avoid congestion at Sheung Shui or Kam Sheung Road Stations.

9. In response, DCED advised that according to a rough estimate, around 30% of grave sweepers would alight at the Lo Wu Station for the Cemetery whereas the rest would choose other railway stations for feeder bus services.

10. Mr WU Chi-wai was unconvinced. As a Diamond Hill resident himself, he observed that most grave sweepers commuting between the Diamond Hill MTR Station and the Diamond Hill Columbarium did not use the feeder bus services at all. He forewarned that crowd management at the above stations would be extremely difficult if the Administration failed to rationalize the use of the railway network by separating the crowds, which could amount to hundreds of thousands of people during the busy grave sweeping seasons. He urged the Administration to discuss with the railway operator to make special charging arrangements during the busy grave sweeping seasons. DCED undertook to consider Mr WU's suggestion during the detailed design of the project.

11. Mr TAM Yiu-chung opined that despite its close proximity to the Cemetery, the proposed pick-up and drop-off point on Man Kam To Road to facilitate access to the Cemetery was not an ideal choice for grave sweepers as that section of the road was narrow and busy. DCED advised that the preliminary TIA had found that the peak hours on normal days at Man Kam To Road did not coincide with those of the grave sweeping activities. Subject to the endorsement of the funding application, a more detailed design and TIA would be conducted. He assured members that the Administration

would review TIA and propose any necessary mitigation measures in the detailed design to alleviate impact on the traffic.

12. Mr IP Kwok-him said that while members of the North District Council (NDC) were generally supportive to the proposal, they had registered concerns about traffic impact on existing roads in the North District, in particular during peak grave sweeping seasons. He asked about the Administration's way forward on further consulting NDC on the issue if the funding proposal was endorsed by LegCo.

13. DCED replied that subject to the approval of LegCo, the Administration planned to engage consultants in July 2013 to carry out the proposed detailed design, including a comprehensive TIA, in which views of NDC and LegCo would be duly incorporated. In response to Mr IP Kwok-him's further question, DCED said that the relevant stakeholders would be consulted at the detailed design stage. The Administration would further consult NDC once preliminary findings of the detailed TIA were available, or as soon as consultants were engaged for the project so that NDC could be consulted early.

#### Environmental considerations

14. Ir Dr LO Wai-kwok supported the proposal. While noting that a detailed environmental impact assessment (EIA) would be conducted upon LegCo's funding approval, he asked whether the Administration had identified any special environmental concerns which might have an impact on the programme of works and necessitated special mitigation measures.

15. DCED replied that based on the information presently available, it was unlikely that the project would cause any environmental impact that could not be mitigated. The Administration was, however, aware of the possible impact of the project on a woodland, and would conduct detailed study of the plants and animal species there and propose mitigation measures as necessary.

#### Project scope and duration

16. Mr WONG Kwok-hing supported the funding proposal, saying that the proposed columbarium would provide a large number of public niches to meet the demand. He reiterated his request made at the relevant Panel meeting on raising or even doubling the number of niches to be provided under the project.

17. USFH advised that the Cemetery would provide at least 200 000 niches - the largest among the 24 potential sites in 18 districts identified for columbarium development. Part of the Cemetery had been reserved for further development should such a need arise in the future. Mr WONG Kwok-hing requested to put on record his strong request for maximizing the use of the Cemetery as far as practicable.

18. While expressing support for the proposal, Mr Albert CHAN said he was disappointed that the proposed columbarium and the related facilities would not be ready until 2022. He said the scale and technical aspects of the project were such that he found it unacceptable for the detailed design and site investigation to take as long as three years and main construction works six years. Highlighting the acute shortage of public columbaria, he queried why the programme of works could not be compressed as in the case of the new Central Government Offices at Tamar. Mr MA Fung-kwok held a similar view. Pointing out that the project had received no objection from NDC and did not encounter major technical difficulties, he was unconvinced that the project had to take so long. He expressed strong support for the proposal and urged the Administration to complete the project expeditiously.

19. In response, DCED explained that three years was needed for completing the detailed design because the process would involve an elaborated EIA necessitating data sampling and collection for the four seasons, along with the subsequent gazettal of the road works and funding applications. Some of the processes would be held concurrently and the timetable had been duly compressed. The site formation and the subsequent building works took six years because the Cemetery was proposed to be located at a hilly terrain where some major slope protection works including building massive retaining walls would have to be undertaken. The need for building viaduct and road tunnels leading to the Cemetery also posted technical challenges to the project. DCED emphasized that the project, with an estimated cost of several billion dollars and involving site formation of around 10 hectares of land, was by no means a small scale project.

20. Noting that the project would provide as many as 200 000 niches and take a long time to complete, Mr WU Chi-wai was keen to ensure that any completed niches would be released in batches during the development process to ease the acute shortage. DCED replied in the affirmative. In response to Mr MA Fung-kwok's enquiry on the expected timing when the first batch of niches could be made available, DCED advised that these would be ready by 2022.

21. Referring to the Panel on Food Safety and Environmental Hygiene's recent discussion on the regulation of crematorium for animals, Dr Helena WONG said she understood that one-tenth of the Hong Kong families kept pets and asked whether the Administration would consider providing cremation services for pets under the project.

22. USFH responded that the Administration noted the Panel's request for exploring various options on providing cremation services for pets, which included providing such services by private operators or by non-private entities. The Administration would explore the feasibility of such provision.

Supply of public niches on a territory-wide basis

23. In reply to Ms Emily LAU, USFH advised that the Government's policy on promoting district-based columbarium development scheme to increase the supply of public niches remained in force. The progress of the scheme, however, varied across the districts in view of the difficulties the Administration had encountered in managing local concerns on the traffic and environmental impacts on the neighbourhood. In view of the competing demands on the limited land resources in Hong Kong, the Administration had examined increasing the supply on potential sites which were remote and far away from residential developments with a view to coming up with proposals which were generally more acceptable to the local community.

24. With the planned completion of the at least 200 000 niches by 2022, Ms Emily LAU asked about the territory-wide shortfall in niches by that time.

25. Principal Assistant Secretary for Food and Health (Food)2 (PAS(F)2) advised that the number of cremation was around 40 000 to 50 000 per year between now and 2023. Subject to the outcome of technical assessments and support of the various district councils and LegCo for columbarium developments in the pipeline, the supply of new niches arising from the 24 projects would cumulatively increase to hundreds of thousands in the medium to long run to meet demand.

26. Mr MA Fung-kwok quoted the recent initiative of the Government on changing the land use of 36 lots around the territory to facilitate housing development, and asked whether any of the lots would overlap with the 24 potential sites identified for columbarium development. PAS(F)2 replied that various studies and consultations for the 24 potential sites proceeded in full swing and none of them were affected by the housing initiative.



27. The item was voted on and endorsed.

**Head 708 – Capital Subventions and Major Systems and Equipment**  
**PWSC(2012-13)46 13MD Redevelopment of Kwong Wah Hospital**

28. The Chairman advised that the proposal was to upgrade part of 13MD to Category A at an estimated cost of \$552.7 million in MOD prices for the preparatory works for the redevelopment of Kwong Wah Hospital (KWH). The Panel on Health Services had been consulted on the proposal at its meeting on 11 June 2012. Panel members in general supported the proposal. The gist of Panel discussion was tabled at the meeting.

29. At the Chairman's invitation, Dr LEUNG Ka-lau, Chairman of the Panel on Health Services, briefed members on the Panel's discussion of the funding proposal. He reported that while Panel members in general supported the proposal, they had expressed various concerns including a surge in the demand for healthcare services upon completion of the redevelopment project, the healthcare manpower requirement to cope with the increase in service capacity, whether the floor space of the pharmacy would be increased, the integration of the Chinese and Western models of care in the treatment of patients, and enhancement to the Chinese and Western medicine hospital services. Panel members also requested the Administration to widely consult the public, in particular residents of the Kowloon West (KW) cluster and staff of KWH, and ensure that there would be no disruption of services to patients during project implementation.

Ensuring service continuity and quality

30. Expressing support for the redevelopment of the ageing hospital buildings to enhance operational efficiency and better meet the healthcare needs of the community, Mr WONG Kwok-hing was keen to ensure that geriatric services provided by KWH would remain unaffected by the project.

31. Hospital Chief Executive, Kwong Wah Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, Hospital Authority (HCE, KWH & TWGHs WTS Hospital, HA) advised that the impact of the project on the provision of geriatric services would be minimal. In addition to providing in-patient care, KWH would continue its community geriatric assessment service to provide specialist assessment as well as extended ambulatory care for the aged upon their discharge from the hospital.

32. Pointing out that KWH was a busy hospital located in the densely populated Yau Tsim Mong district, Miss CHAN Yuen-han asked how HA

could ensure that patients receiving treatment at KWH would not be affected by such a large scale redevelopment project. Dr CHIANG Lai-wan expressed a similar concern. Mr Albert CHAN urged HA to avoid as far as practicable any disruption of services during the construction stage.

33. HCE, KWH & TWGHs WTS Hospital, HA stressed that acute services provided by KWH would not be affected during the redevelopment period. Disruption to other non-emergency services, if unavoidable, would be kept to a minimum. KWH would make appropriate decanting arrangements for its services to ensure service continuity for patients. While essential clinical services would remain on-site, other ancillary facilities such as offices, stores and staff accommodation would be temporarily decanted off-site. The project would be implemented in two phases, and the vacated space in buildings not demolished would be deployed to accommodate the affected clinical services. Measures to maintain clinical services including extending service hours of the operating theatres would be implemented as necessary. Furthermore, to ensure adequate capacity and capability to deliver quality patient service, HA would arrange clinical support from other hospitals in the KW cluster whenever a surge in demand for clinical services was anticipated.

34. As regards the impact of the project on the various service units of KWH, HCE, KWH & TWGHs WTS Hospital, HA advised that the main works of the project were planned to commence in phases from 2016. Accident and emergency services would not be affected throughout the whole project. This was because construction works for Accident and Emergency Department (AED) would only take place in the second phase of the main works. By then AED would have been relocated to the newly constructed hospital building complex which was planned for completion towards the end of the first phase of the main works. Also, specialist out-patient consultation services would be unaffected as they were being provided at the TWGHs Tsui Tsin Tong Out-patient Building, which would not be demolished in the project. He highlighted that other public hospitals in the KW cluster and other clusters as appropriate would provide support in the provision of non-acute services.

35. Miss Alice MAK did not subscribe to HA's response that essential clinical services would remain unaffected throughout the project. She referred to a recent case about the death of a KWH patient suffering from cerebral stroke whose surgical operation was deferred to make way for another more urgent case. Noting that such a case happened even before the project had started, she was gravely concerned about the service capacity of KWH during the construction stage. She requested HA to ensure service continuity during the redevelopment period. Expressing dissatisfaction with

the HA's lack of concrete measures on ensuring service quality, Miss MAK hoped that the quality of KWH's services would be further enhanced after redevelopment. Sharing a similar view, Miss CHAN Yuen-han urged HA to take necessary actions to make sure that such unfortunate medical incidents would not happen again.

36. Given the scale and the long time span of the redevelopment project, Miss Alice MAK asked whether consideration could be given to arranging clinical support from other lowly-utilized hospitals in the KW cluster, such as the Our Lady of Maryknoll Hospital, during the implementation of the project. The Chairman shared a similar view.

37. HCE, KWH & TWGHs WTS Hospital, HA replied in the positive, saying that arrangements would be made for the Our Lady of Maryknoll Hospital to provide non-emergency services when a surge in demand for clinical services was anticipated in the KW cluster.

38. Mr Albert CHAN declared that he was a member of the Advisory Board of Tung Wah Group of Hospitals (TWGHs). Pointing out that the project would take some 10 years and would cause serious disruptions to service provision and hospital administration, he asked whether the Administration had, at the initial stage of planning for the project, considered relocating KWH as a possible alternative. This, in his view, would be far more effective in terms of service provision, project design and cost effectiveness. The Chairman expressed a similar view, and called on the Administration to consider relocation as an option for future hospital redevelopment projects.

39. USFH advised that the Administration had consulted the Yau Tsim Mong District Council (YTMDC) in taking forward the project. Some members had expressed sentimental ties with KWH and wished that it could continue to provide services at the existing site. HCE, KWH & TWGHs WTS Hospital, HA added that the consultancy study conducted for the project indicated that both the local community and staff of KWH did not prefer relocating KWH.

40. Mr WU Chi-wai supported the proposal. Noting that quite a number of buildings would be demolished to form a new complex under the project, he sought details on the decanting arrangements to tie in with the implementation programme.

41. HCE, KWH & TWGHs WTS Hospital, HA explained that the first phase of the main works would involve demolition of a cluster of three hospital buildings for construction of Phase 1 of the new complex. The new

complex would provide substantially larger floor areas for accommodating clinical services decanted from the rest of the buildings to be demolished under the second phase of the main works.

42. Responding to Mr WU Chi-wai's enquiry whether the new complex would be provided as a single structure, Chief Manager (Capital Planning), Hospital Authority (CM(CP), HA) said that subject to LegCo's endorsement of the proposal, HA would engage consultants to develop the building design. Details of the implementation programme and decanting arrangement for the redevelopment project would be considered in the detailed design and planning stage.

Admin 43. Ms Cyd HO said that the public was supportive of the project because KWH had been serving the local communities for many years and the standard of services provided by the KW cluster hospitals had been falling as the hospitals aged. Sharing similar concerns on the decanting arrangements, she requested the Administration to provide further information on decanting arrangements during project implementation and also to provide a detailed breakdown of the proposed provision of \$130 million for the decanting works.

44. Noting members' concerns on the project's impact on patients, the Chairman requested the Administration and HA to follow up the matter at the Panel on Health Services.

#### Enhancement of services after redevelopment

45. In response to Dr CHIANG Lai-wan, CM(CP), HA advised that the total floor area of the redeveloped KWH would increase by about 80%, from around 110 000 square meters to around 200 000 square meters. Noting the substantial increase in operational floor space, Dr CHIANG Lai-wan sought information on the respective increase in the number of in-patient beds and the capacity of the accident and emergency department.

46. HCE, KWH & TWGHs WTS Hospital, HA responded that the increase in operational floor space and enhancement in accommodation standard would enable KWH to introduce modern medical technology and equipment and expand its scope of services. Ambulatory care services would be greatly strengthened to provide daycare treatment to an increased number of patients, hence reducing the need for unnecessary hospitalization, which would in turn release more hospital beds for in-patient service.

47. Noting that the redeveloped KWH would provide integrated Chinese and Western medicine in-patient accommodation with over 50 beds,

Dr CHIANG Lai-wan asked whether additional space would be reserved to cater for future development of such services.

48. HCE, KWH & TWGHs WTS Hospital, HA advised that given the long time span of the redevelopment project, it was difficult to predict accurately the long term need for integrated Chinese and Western medicine hospital services. HA would examine the mode of service delivery and the direction for future development based on operational experience gained over time.

49. Dr Helena WONG indicated support for the proposal. Pointing out that the total floor area for the ambulatory care services after redevelopment would be increased by around 5.1 times as opposed to only around 1.18 times for in-patient services, she asked about the increase in the number of in-patient beds, and whether the ambulatory care centre would be designed in such a way that it could be easily modified to provide in-patient services should such a need arise in the future.

50. HCE, KWH & TWGHs WTS Hospital, HA explained that the reason for the multi-fold increase in the floor area of the ambulatory care centre was because ambulatory care services were currently provided in a very small space. Other than those services requiring the accommodation of special installations and equipment, part of the space of the ambulatory care centre could be flexibly adjusted to meet other operational needs.

51. Dr Helena WONG noted with appreciation the introduction of medical oncology service and an enhanced Chinese and Western medicine hospital services after redevelopment. She asked whether there would be service ties between the two units to allow cancer patients to receive Chinese and Western medicine treatments both before and after surgery. HCE, KWH & TWGHs WTS Hospital, HA advised that such a service delivery model could be further explored among the service units concerned. Service options would be made available for the choice of patients as appropriate.

52. While commending the value of dementia treatment service provided by the Community Memory Clinic at KWH, Dr Helena WONG expressed concern about the long waiting time for patients as there were only two consultation rooms. She asked whether the service capacity of the Clinic could be expanded before and after redevelopment. HCE, KWH & TWGHs WTS Hospital, HA undertook to relay Dr WONG's concerns to the relevant service units.

53. Pointing out that the catchment population serviced by KWH was generally ageing, Dr Helena WONG asked whether HA had assessed the demand for geriatric services.

54. HCE, KWH & TWGHs WTS Hospital, HA advised that the KWH redevelopment direction was to strengthen existing services and to introduce new ones to meet the increasing healthcare needs of the community. The expansion of ambulatory care services along with the introduction of medical oncology service was an example of service enhancement targeted primarily at the aged. While the redevelopment project would take years to complete and the service capacity could not be expanded in the short term, KWH would continue to optimize its mode of service delivery to the aged, such as sending outreach assessment teams to pay home visits to mobility challenged patients, hence minimizing the need for attendance of both the patients and their family members accompanying them for follow-up medical consultations.

55. The Chairman said that some questions raised by members had in fact been discussed at the relevant Panel meeting. While allowing members to raise such questions as they might not have the chance to participate in the relevant discussion held in the last LegCo session, he reminded members of the functions of PWSC and requested them to focus on the technical aspect of the proposal to facilitate a more effective discussion.

#### Manpower arrangements during project implementation

56. Mr WONG Kwok-hing was concerned about the manpower arrangements of KWH during project implementation and the measures to ease staff's anxiety. Mr WU Chi-wai expressed similar concerns.

57. USFH said that the first stage of the project was mainly on preparatory works. Given the long time span of the redevelopment project, the healthcare manpower needs and arrangements of the redeveloped KWH would be assessed when the project was nearing completion. To address the shortage of healthcare manpower as a whole, the Food and Health Bureau was studying the manpower of various healthcare professions across the board with a view to identifying training and development needs to enhance the supply of healthcare manpower.

58. Pointing out that the scale of the project was large with building demolition works, Miss CHAN Yuen-han expressed concern about the working conditions of staff, in particular the frontline staff. She quoted an example that cleaning workers might have additional work cleaning up

voluminous dust due to construction works. Sharing Miss CHAN's concern, Miss Alice MAK urged HA to put in place appropriate manpower arrangements to relief the workload of frontline staff during the redevelopment.

59. HCE, KWH & TWGHs WTS Hospital, HA explained that as the main works of the project were planned to commence in phases from 2016, HA would make good use of the time in between to discuss in detail with various KWH service units to ensure a well-coordinated approach to staff deployment. Various committees would be formed to study thoroughly service components of individual units to map out the short- to long-term manpower requirements and arrangements. All staff would be fully briefed of the relevant details.

#### Environmental impact

60. Miss CHAN Yuen-han expressed concern about the environmental and traffic impacts posed by the project as KWH was located in a busy district with busy and narrow streets nearby. The Chairman urged KWH to put in place effective measures to mitigate the environmental impact of the project.

61. HCE, KWH & TWGHs WTS Hospital, HA advised that as soon as the detailed design for the project was available, KWH would provide detailed project information and explain the mitigation measures to the relevant stakeholders, such as the TWGHs Lo Yu Chik Primary School located adjacent to KWH, residents along Dundas Street and YTMDC, and keep them posted of the project updates. Consideration could also be given to conducting briefing sessions for the public to disseminate project information and gauge their views on the project.

62. Mr NG Leung-sing sought information on the measures to mitigate the noise impact of the project to schools in the vicinity of KWH. HCE, KWH & TWGHs WTS Hospital, HA responded that HA would discuss with the schools potentially affected by the project to work out appropriate arrangements during the construction stage, such as to avoid noisy construction activities during school examinations and special events.

#### Pedestrian connection between Kwong Wah Hospital and the railway system

63. Mr James TO stressed the importance of providing a dedicated walkway connecting KWH with the railway system as suggested by the local community for a long time. He enquired into the progress of discussion between KWH and the railway operator on such a provision. Sharing

Mr TO's views, Dr Helena WONG remarked that a large number of daily attendances was expected at the ambulatory care centre after redevelopment. Pointing out that patients travelling between the Yau Ma Tei Station and KWH had to use the narrow Pitt Street or Tung Fong Street, which were inconvenient to patients especially in times of adverse weather, she urged HA to provide enhanced walkways connecting KWH with exits A and D of the Yau Ma Tei Station.

64. CM(CP), HA explained that communications at technical level had been initiated with the railway operator. Responding to Mr James TO's further question, CM(CP), HA advised that the preliminary master plan for the project identified no major unfavourable factors that would impede such a provision. More in-depth investigations would be conducted after professional consultants were appointed for the project.

65. In response to Mr James TO's question on whether TWGHs, HA and the Administration were all supportive of providing the connection facility, USFH responded the affirmative, saying that the parties concerned would continue to examine the technical feasibility and financial implications of such provision.

#### Manpower supply in the construction industry

66. With major infrastructure projects coming on stream in addition to the Government's policy on increasing the supply of public housing, Mr NG Leung-sing expressed concern that the current construction workforce was short by over 15%. In this connection, he asked whether the Administration had, on the basis that the local workforce would be accorded priority in employment, evaluated the need for importing workers to ensure the timely completion of the redevelopment project to avoid delay which would undoubtedly affect KWH's services to the public.

67. CM(CP), HA replied that HA was aware of the issue of construction labour shortage and would consider measures such as the use of precast units to minimize the use of labour. Permanent Secretary for Development (Works) added that the Development Bureau had maintained close liaison with the Construction Industry Council and the construction industry to review the manpower situation and coordinate the supply and training for the construction workforce. Although total manpower supply in terms of number would be adequate in the coming few years, individual trades would face issues of labour shortage and acute ageing. Apart from attracting new recruits and stepping up training to provide new blood for those trades with labour shortage, the Administration would also encourage construction methods requiring less labour input.



Rationalizing the provision of hospital services in the Kowloon West cluster

68. Referring to an acute general hospital and a children hospital being planned in the Kai Tak Development, Miss CHAN Yuen-han was of the view that the Administration should have taken forward these projects prior to the option of redeveloping KWH to minimize service disruptions and stress to staff. Indicating that she was not a Member of the last LegCo term and hence did not have the chance to take part in the earlier discussions on the proposal, she said that she had no choice but to support the proposal given the great service demand of KWH. Miss Alice MAK shared Miss CHAN's views.

69. USFH explained that tendering for the children hospital had been conducted and the project would need to be implemented according to the programme of works. As regards the provision of the proposed new acute hospital, the Administration was considering a more gainful use of the allocated lot to also provide other healthcare facilities. The Administration was now examining the service needs of the catchment area concerned to better plan for the provision of facilities.

70. Miss Alice MAK pointed out that the Yan Chai Hospital, Princess Margaret Hospital and KWH were all busy hospitals of the KW cluster. Instead of carrying out repeated redevelopment and renovation projects in these busy hospitals which would cause service disruption, she considered it more effective to expand the service capacity of the Wong Tai Sin Hospital and the Our Lady of Maryknoll Hospital of the same cluster as their utilization was comparatively low. She urged the Administration to work with HA on rationalizing the service provision of various hospitals in the KW cluster.

71. USFH responded that the services of HA were provided on a cluster basis. Each hospital had its own designated role within each cluster and hospitals within the same cluster would complement and provide support to each other. Recognizing the fact that the demand for services for individual hospitals would have changed over time, the Administration was reviewing the utilization rate of individual hospitals and the trend of demand of various healthcare services, and would incorporate members' views in planning improvement measures.

72. The item was voted on and endorsed.

73. Ms Cyd HO requested that this item be voted on separately at the relevant Finance Committee (FC) meeting.

**PWSC(2012-13)47     73MM     Tin Shui Wai Hospital**

74. The Chairman advised that the proposal was to upgrade 73MM to Category A at an estimated cost of \$3,910.9 million in MOD prices for the construction of Tin Shui Wai Hospital (TSWH). The Panel on Health Services had been consulted on the proposal at its meeting on 19 November 2012. Panel members in general supported the proposal. The gist of Panel discussion was tabled at the meeting.

Pedestrian access to the hospital

75. Mr LEUNG Che-cheung indicated support for the proposal but pointed out that the proposed lift and stairway to be installed at the existing footbridge leading to the Chung Fu Light Rail Stop (LRS) would facilitate only a small number of visitors including persons with disabilities (PWDs) to reach the proposed TSWH. He expressed concern that the majority of hospital-bound visitors alighting at Chung Fu LRS still had to detour via Tin Wah Estate. Referring to the Yuen Long District Council (YLDC)'s strong request for the construction of an additional access road leading from Tin Ying Road to the proposed TSWH, he asked what measures the Administration would take to facilitate public access to the proposed TSWH. Mr Albert CHAN considered it dangerous for the pedestrian entrance of the proposed TSWH be located near the vehicular and ambulance ingress and egress points on Tin Tan Street which was the only road leading to the proposed TSWH. He urged the Administration to take this into consideration when carrying out the detailed design works of the proposed TSWH.

76. CM(CP), HA advised that visitors alighting at Chung Fu LRS could use the proposed lift to come off the footbridge and walk along the pavement on Tin Shui Road leading to the proposed TSWH, thus saving them the trouble of having to use the lifts in Tin Wa Estate. The traffic impact assessment conducted at the initial planning stage found that Tin Tan Street would be able to cope with the traffic flow brought by the commissioning of the proposed TSWH. Having regard to the width of Tin Tan Street, the chances of complete blockage due to traffic accidents were minimal. In addition, as explained to YLDC, the construction of an additional access road leading from Tin Ying Road to the proposed TSWH would require another round of planning and technical assessments which would take around four years' time, and hence seriously delaying the completion of the whole project.

77. In response to Mr LEUNG Che-cheung's suggestion on providing a cover for the above footbridge, Director of Architectural Services (D Arch S)

advised that the suggestion did not fall within the scope of the project and the Administration would need to study the matter further.

78. Noting that the project could only be completed in 2016, Miss Alice MAK urged the Administration to make good use of the time in between to optimize the provision of the road networks around the proposed TSWH to improve pedestrian access and avoid inconvenience to visitors and patients.

79. Ms Emily LAU was keen to ensure that all access roads leading to the proposed TSWH would be barrier-free to PWDs. Addressing Ms LAU's concerns, D Arch S advised that ramps in full compliance with the statutory requirements would be provided in the vicinity of the proposed TSWH. Where possible, flatter ramps would be provided inside the proposed TSWH to facilitate wheelchair users.

Admin

80. Pointing out that the public had complained against the absence of appropriate ramps at light rail stops, Ms Emily LAU was concerned that this might pose difficulties to wheelchair users in accessing the proposed TSWH. She requested the Administration to provide detailed information on the following before the relevant FC meeting:

- (a) the provision of barrier-free access to the hospital compound from the nearby public transport facilities, with particular regard to the provision of appropriate ramps and pedestrian facilities that would enable wheelchair users to board and alight from the public transport facilities with ease;
- (b) the provision of barrier-free access within the proposed TSWH; and
- (c) the provision of female toilet facilities in the hospital.

Admin

Ms Emily LAU requested that the above information be also provided for PWSC(2012-13)46 which was discussed earlier at the meeting.

#### Scope of facilities and services

81. Mr Frankie YICK said that the Liberal Party supported the proposal because existing public hospital services in the New Territories West (NTW) cluster were grossly insufficient. Noting that the NTW cluster had 3 926 beds as at end of March 2012 with bed occupancy rate standing at 89% in 2011-2012, and that the provision of general beds in the NTW cluster was 2.0 per 1 000 population against the territory-wide average of 2.9, he asked

whether the bed occupancy rate and service capacity of various service units would be improved upon the commissioning of the proposed TSWH.

82. Hospital Chief Executive, Pok Oi Hospital, Hospital Authority (HCE, POH, HA) responded that with the planned additional capacity, including 300 in-patient and day beds to be provided at the proposed TSWH, the provision of general beds in the NTW cluster was expected to increase from 2.0 to 2.5 per 1 000 population upon commissioning of the proposed TSWH. It was envisaged that the commissioning of the proposed TSWH would ease the pressure on the bed occupancy but it was difficult to project the bed occupancy rate at this stage because it would be affected by the change in the demographic profiles and the service utilization pattern of the districts within the NTW cluster.

83. Pointing out that the provision of 300 beds by the proposed TSWH represented only a 7.64% increase in the total beds provided by the NTW cluster, Mr Frankie YICK opined that the figure was on the low side. In this connection, he sought information on the service capacity of the various service units of the proposed TSWH.

84. HCE, POH, HA advised that the proposed TSWH would mainly focus on the provision of accident and emergency and specialist out-patient services during the early years of its commissioning due to existing healthcare manpower constraint in public hospitals. The proposed TSWH would be commissioned in phases to better meet the service trend and needs of residents of the NTW cluster. HA would review the healthcare needs of the population in the NTW cluster about two years before the commissioning of the proposed TSWH, and flexibly adjust the scope of facilities and services of the new hospital based on the outcome of the review and the views of the community. It was expected that by that time HA would be able to provide more accurate projections about the TSWH service capacity.

Admin 85. Mr Frankie YICK was dissatisfied with HA's response, saying that HA should at least provide a rough projection on the service capacity of the proposed TSWH based on the project design. The Chairman shared Mr YICK's views. At the request of Mr YICK, HCE, POH, HA agreed to provide information on the estimated bed occupancy rate and service capacity of the various service units upon commissioning of the proposed TSWH.

86. Miss Alice MAK reiterated her request made at the relevant Panel meeting for the proposed TSWH to provide orthopaedics outpatient services which the local community had long called for. Noting that the proposed TSWH could only come into service in 2016, she urged the Administration to strengthen existing healthcare services in the NTW cluster, in particular

accident and emergency services as well as evening out-patient services, which in her view was far from adequate. The Chairman urged the Administration to pay heed to Miss MAK's concerns.

Admin

87. Ms Emily LAU noted from the layout plan provided by the Administration that visitors to the hospital had to pass through vehicular and ambulance ingress and egress points located at Tin Tan Street before they could enter the hospital building. She said that it was very inconvenient and might even pose danger to patients and visitors. She was also keen to ensure that the hospital building would be barrier-free to PWDs, and that an appropriate number of female toilet compartments would be provided. She requested that information on the provision of barrier-free access and toilet facilities, including the ratio of male to female toilet compartments, should be provided in respect of future submission to PWSC and FC for consideration.

88. D Arch S advised that apart from the entrance that Ms Emily Lau referred to, there would be two other barrier-free entrances to the proposed TSWH. Both the barrier-free access and the number of toilet compartments within the hospital building would be provided in full compliance with the statutory requirements and, where possible, at a higher standard. Toilet compartments for male and female in public area would also be provided at a ratio of between 1:2 to 1:3 if circumstances allowed. Ms Emily LAU urged the Administration to optimize the provision of female toilet compartments as what the Administration proposed was still inadequate.

89. Mr Albert CHAN reiterated his views expressed at the relevant Panel meeting and urged the Administration to consider reprovisioning the vehicle depot of the Food and Environmental Hygiene Department adjacent to the proposed TSWH to provide space for the hospital's future expansion.

#### Manpower requirement

90. Pointing out that he was given to understand that the top floors of the Pok Oi Hospital had not been in service due to a lack of healthcare manpower, Mr Michael TIEN said that doctors of Tuen Mun Hospital had complained to him about long working hours of up to 80 hours a week. He expressed concern about the arrangement to deploy existing staff of the NTW cluster to the proposed TSWH which in his view would further strain the healthcare manpower resources of other hospitals in the NTW cluster. Ms Emily LAU and Mr Albert CHAN shared Mr TIEN's views.

91. USFH advised that the Food and Health Bureau was conducting a review on healthcare manpower planning and professional development covering various healthcare professions with a view to recommending long

term manpower strategies and the review would be completed in 2013. As a short term measure, medical faculties of the two universities offering medical training had each been allocated an additional 50 places for three academic years starting from this year. Recruitment of overseas doctors under limited registration was also in progress. HCE, POH, HA added that HA would recruit additional staff for the NTW cluster and deploy experienced staff from hospitals in the NTW cluster to operate the new beds and run the new services in the proposed TSWH. Deployment of staff from other HA clusters was also envisaged but the number would be smaller.

Admin 92. Addressing the concerns of Mr Michael TIEN and Ms Emily LAU, the Chairman requested the Administration to report periodically to the Panel on Health Services its plan and measures to increase the supply of doctors in the coming three years to meet the service needs.

93. At this juncture, the Chairman extended the meeting by 15 minutes to 10:45 am.

94. Referring to the Secretary for Food and Health's earlier remark that 70 doctors were required to run a hospital providing 300 beds, Dr LEUNG Ka-lau commented that the 320 medical graduates produced yearly should in principle provide sufficient manpower for the establishment of four hospitals on a scale comparable to the proposed TSWH. As such, he asked whether the shortage of public hospital doctors was attributable to HA's staff retention problem.

95. USFH explained that the shortage of doctors was a common issue for all HA clusters and fresh medical graduates would first be deployed to fill the vacancies. Medical students' choice of their specialty was another factor for the lack of doctors in some specialties.

96. Noting that the ratio of HA doctors per 1 000 population was 1.3 for the Kowloon Central cluster as opposed to 0.6 for the NTW cluster, Dr LEUNG Ka-lau sought explanation for such a difference.

97. USFH explained that doctors appointed to serve in a cluster would be allowed to indicate their preference over the choice of hospital in that cluster. It was understandable that different doctors might have different preference. HA was aware of the variances in the ratio across different clusters and was looking into the issue. HCE, POH, HA supplemented that more staff was needed for busier hospitals located in the town centre. The provision of some specialized services in certain hospitals, such as liver transplant operations which were available at the Queen Mary Hospital only, also entailed a greater manpower.

98. The item was voted on and endorsed.

99. Ms Emily LAU requested that this item be voted on separately at the relevant FC meeting.

100. In view of time constraint, the Chairman sought members' views on proceeding to the discussion on the last agenda item on PWSC(2012-13)48. Five members had indicated wish to raise questions for the item. Having consulted the views of the Administration, the Chairman proposed and members agreed to hold an additional meeting to discuss the item.

*(Post-meeting note: At the request of the Administration and with the concurrence with the Chairman, discussion of the item on PWSC(2012-13)48 was deferred to the meeting on 5 February 2013. Members had been informed of the meeting arrangement vide LC Paper No. PWSC26/12-13.)*

**Any other business**

101. There being no other business, the meeting ended at 10:45 am.

Council Business Division 1  
Legislative Council Secretariat  
7 February 2013