

**立法會**  
***Legislative Council***

LC Paper No. PWSC216/17-18

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

**Minutes of the 20<sup>th</sup> meeting  
held in Conference Room 1 of the Legislative Council Complex  
on Wednesday, 25 April 2018, at 8:30 am**

**Members present:**

Ir Dr Hon LO Wai-kwok, SBS, MH, JP (Chairman)

Hon Abraham SHEK Lai-him, GBS, JP

Hon Tommy CHEUNG Yu-yan, GBS, JP

Hon Starry LEE Wai-king, SBS, JP

Hon CHAN Hak-kan, BBS, JP

Hon Paul TSE Wai-chun, JP

Hon Claudia MO

Hon Michael TIEN Puk-sun, BBS, JP

Hon Frankie YICK Chi-ming, SBS, JP

Hon WU Chi-wai, MH

Hon YIU Si-wing, BBS

Hon MA Fung-kwok, SBS, JP

Hon CHAN Chi-chuen

Hon CHAN Han-pan, JP

Hon LEUNG Che-cheung, SBS, MH, JP

Hon Alice MAK Mei-kuen, BBS, JP

Dr Hon KWOK Ka-ki

Hon Christopher CHEUNG Wah-fung, SBS, JP

Dr Hon Fernando CHEUNG Chiu-hung

Dr Hon Helena WONG Pik-wan  
Hon Alvin YEUNG  
Hon Andrew WAN Siu-kin  
Hon CHU Hoi-dick  
Dr Hon Junius HO Kwan-yiu, JP  
Hon HO Kai-ming  
Hon LAM Cheuk-ting  
Hon Holden CHOW Ho-ding  
Hon Wilson OR Chong-shing, MH  
Hon Tanya CHAN  
Hon CHEUNG Kwok-kwan, JP  
Hon LUK Chung-hung  
Hon LAU Kwok-fan, MH  
Dr Hon CHENG Chung-tai  
Hon KWONG Chun-yu  
Hon Jeremy TAM Man-ho  
Hon Gary FAN Kwok-wai  
Hon AU Nok-hin  
Hon Vincent CHENG Wing-shun, MH  
Hon Tony TSE Wai-chuen, BBS

**Members attending:**

Hon James TO Kun-sun

**Members absent:**

Hon Charles Peter MOK, JP (Deputy Chairman)  
Dr Hon Priscilla LEUNG Mei-fun, SBS, JP  
Hon HUI Chi-fung

**Public officers attending:**

Mr Raistlin LAU Chun, JP	Deputy Secretary for Financial Services and the Treasury (Treasury) <sup>3</sup>
Mr HON Chi-keung, JP	Permanent Secretary for Development (Works)

Ms Bernadette LINN, JP	Permanent Secretary for Development (Planning and Lands)
Mr Donald TONG Chi-keung, JP	Permanent Secretary for the Environment
Ms Margaret HSIA Mai-chi	Principal Assistant Secretary for Financial Services and the Treasury (Treasury) (Works)
Dr CHUI Tak-yi, JP	Under Secretary for Food and Health
Miss Linda LEUNG Ka-ying	Principal Assistant Secretary for Food and Health (Health) <sup>2</sup>
Mrs Sylvia LAM YU Ka-wai, JP	Director of Architectural Services
Mr David CHAK Wing-pong	Project Director (2) Architectural Services Department
Mr Michael LI Kiu-yin	Chief Project Manager 202 Architectural Services Department
Mr Allen LEUNG Kin-tak	Chief Technical Adviser (Subvented Projects) Architectural Services Department
Ms Suzanna CHAN Chung-kwan	Senior Project Manager 229 Architectural Services Department
Mr Terence WONG Tung-ming	Senior Project Manager 223 Architectural Services Department

**Attendance by invitation:**

Dr C C LUK	Cluster Chief Executive (Hong Kong West Cluster) Hospital Authority
Dr Eric CHEUNG	Hospital Chief Executive Kwong Wah Hospital Hospital Authority

Dr HO Hiu-fai	Deputy Hospital Chief Executive (Professional Services) Queen Elizabeth Hospital Hospital Authority
Dr CHONG Yee-hung	Deputizing Hospital Chief Executive Our Lady of Maryknoll Hospital & Hospital Chief Executive Hong Kong Buddhist Hospital / Wong Tai Sin Hospital Hospital Authority
Dr PANG Fei-chau	Hospital Chief Executive Grantham Hospital / Tung Wah Hospital Hospital Authority
Mr Donald LI	Chief Manager (Capital Planning) Hospital Authority
Mr Andrew WONG	Chief Project Manager (Capital Projects) <sup>1</sup> Hospital Authority

**Clerk in attendance:**

Ms Doris LO	Chief Council Secretary (1) <sup>2</sup>
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**Staff in attendance:**

Ms Mandy LI	Council Secretary (1) <sup>2</sup>
Ms Christina SHIU	Legislative Assistant (1) <sup>2</sup>
Ms Christy YAU	Legislative Assistant (1) <sup>7</sup>
Ms Clara LO	Legislative Assistant (1) <sup>8</sup>

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Action

The Chairman advised that there were four funding proposals on the agenda for the meeting, all of which were new proposals submitted by the Government. He 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 the funding proposals under discussion at the meeting before they spoke on

the proposals. He also drew members' attention to Rule 84 of RoP on voting in case of direct pecuniary interest.

**PWSC(2018-19)4****Head 703 – Buildings**

**70MM Redevelopment of Queen Mary Hospital, phase 1**

**87MM New acute hospital at Kai Tak Development Area**

**Head 708 – Capital Subventions and Major Systems and Equipment**

**13MD Redevelopment of Kwong Wah Hospital**

**88MM Redevelopment of Our Lady of Maryknoll Hospital**

**3MP Redevelopment of Grantham Hospital, phase 1**

2. The Chairman advised that the proposal set out in PWSC(2018-19)4 sought to upgrade part of 87MM, 70MM, part of 13MD, part of 88MM and part of 3MP to Category A at the estimated costs of \$5,356.8 million, \$13,556 million, \$10,049.3 million, \$197 million and \$422.5 million in money-of-the-day ("MOD") prices respectively (totalling \$29,581.6 million for these five projects), for constructing a new acute hospital ("NAH") at Kai Tak Development Area ("KTDA"), and redeveloping the Queen Mary Hospital ("QMH"), Kwong Wah Hospital ("KWH"), Our Lady of Maryknoll Hospital ("OLMH") and Grantham Hospital ("GH") (hereinafter collectively referred to as "the five proposed projects of hospital construction/redevelopment"). The item had been discussed by the Panel on Health Services at its meeting on 19 March 2018. The gist of the Panel's discussion was tabled at the meeting.

Establishing an accident and emergency department or introducing 24-hour outpatient services in Our Lady of Maryknoll Hospital after redevelopment

3. Mr Wilson OR pointed out that currently, residents of Wong Tai Sin ("WTS") District in need of emergency services had to travel to those acute hospitals in neighbouring districts, such as United Christian Hospital, KWH or Queen Elizabeth Hospital ("QEH"), thus causing delays to their treatment in many cases. For that reason, local residents had been demanding for the redevelopment of OLMH and the introduction of 24-hour emergency services upon redevelopment. Mr OR condemned the Government for ignoring residents' demand for introducing emergency services in OLMH after its redevelopment.

4. Similarly, Ms Starry LEE pointed out that it had been the perennial demand of various stakeholders (including residents of WTS District and WTS District Council ("DC")) that emergency services be introduced or the outpatient service hours be extended in OLMH after the redevelopment. During the discussion on such item at a meeting of the Panel on Health Services earlier, she had moved a motion urging the Administration to respond to those aspirations, and the motion was passed by the Panel with the support of members from different political parties. She expressed great disappointment and dissatisfaction that the Administration had declined to consider those aspirations even when the redevelopment of OLMH was still at the preparatory stage.

5. Mr LAU Kwok-fan opined that the Administration should take heed of the views of the local DC. He enquired when the Secretary for Food and Health or other government officials would pay another visit to WTS District to meet with DC members and local communities, and discuss with them directly whether an accident and emergency ("A&E") department should be established or 24-hour outpatient services be introduced in OLMH after its redevelopment. Dr CHENG Chung-tai also held the view that the Administration should respond to the aspirations of the local community.

6. Mr HO Kai-ming expressed grave dissatisfaction with the Administration's failure to address the local community's demand for introducing 24-hour emergency services under the redevelopment project of OLMH. He pointed out that WTS was one of the few districts without an acute hospital despite its large population of elderly people. What was more, many of the elderly lived in the housing estates located on the hill. It was impractical to make them travel to another district for emergency services. He opined that as the redevelopment project was still at the preparatory stage, the Administration should request the consultant to study the feasibility of introducing emergency services. Mr Vincent CHENG also asked among the 18 districts throughout the territory, whether WTS was the only district where emergency services were unavailable in its hospitals.

7. Under Secretary for Food and Health ("USFH") responded that in order to improve the healthcare services in WTS District, the Hospital Authority ("HA") had decided, based on the recommendations in the Clinical Services Plan for the Kowloon Central Cluster ("KCC"), that the emergency services of WTS District would be provided by the NAH at KTDA in future. A full range of healthcare services for residents in WTS would be provided through a network of hospitals comprising the new hospital as well as OLMH, Hong Kong Buddhist Hospital ("HKBH") and Wong Tai Sin Hospital ("WTSH") in the district. He explained that OLMH, a non-acute hospital focusing on providing ambulatory and day services, would have its

ambulatory healthcare facilities strengthened (including providing additional hospital beds) upon redevelopment, so as to meet the needs of the residents in the district. The travelling distance from WTS to the NAH, after its commissioning, would be shorter than the current travelling distance to QEH, thus facilitating WTS residents who needed to access emergency services. Besides, apart from WTS District, Kowloon City as well as Central and Western Districts were the two other districts where emergency services were unavailable in their hospitals.

8. Mr Wilson OR was dissatisfied with the Administration's reply. He noted that under the Administration's proposal, if NAH at KTDA had yet to be commissioned by the time the redevelopment of OLMH was completed, HA would, based on service needs, implement a pilot scheme to extend the evening outpatient service hours of the OLMH Family Medicine Clinic ("FMC") by two hours to 12:00 midnight, so as to serve the local community until NAH commenced its A&E services. He enquired whether the pilot scheme would be discontinued upon commencement of the A&E services of NAH at KTDA. He considered that the Administration should actively explore the provision of 24-hour outpatient services in OLMH after its redevelopment, so that patients would be triaged and sent to other suitable hospitals for treatment depending on their conditions.

9. Mr LAU Kwok-fan, Mr CHAN Chi-chuen, Mr Jeremy TAM and Mr Alvin YEUNG shared the view that the pilot scheme above was unable to address the long-term demand arising from the growing and ageing population in WTS District. They urged the Administration to respond to the requests made by WTS residents over the years for extending the evening outpatient service hours of OLMH FMC or introducing 24-hour outpatient services in OLMH after its redevelopment.

10. Mr WU Chi-wai opined that it was necessary for OLMH, though positioned as a non-acute community hospital, to provide 24-hour outpatient services such that patients could be stabilized initially before being transferred to other suitable hospitals for treatment.

11. USFH said that currently, the evening outpatient services of OLMH FMC operated from 6 pm to 10 pm on Mondays to Fridays. The Administration would keep in view the operation and usage of NAH at KTDA after its commissioning, and review the evening outpatient services of OLMH FMC where necessary. Meanwhile, the Administration was exploring the redevelopment of WTSH under the second 10-year hospital development plan, with an aim to enhance the healthcare services in WTS District. Furthermore, in the light of the experience gained from a pilot scheme, the Administration would strengthen primary healthcare

services by setting up district health centres progressively, which was proposed in the the Chief Executive's 2017 Policy Address. He also pointed out that the triage system was more suitable for remote hospitals which did not provide 24-hour emergency services, such as the North Lantau Hospital before its A&E Department commenced full operation. For patients in hospitals located in urban areas (such as OLMH) which were more easily accessible by transport, they might experience delay in receiving treatments if they were arranged for triage first instead of being sent to hospitals with emergency services directly.

12. Mr Jeremy TAM opined that the Administration could provide 24-hour outpatient services in the redeveloped OLMH simply by increasing the healthcare manpower. He requested the Administration to provide the following supplementary information: (a) the current average attendances at OLMH FMC for general outpatient services in different consultation sessions each day, and the sessions with the highest attendances; and (b) the factors taken into account by the Administration when considering the extension of the evening outpatient service hours of OLMH FMC.

13. Deputizing Hospital Chief Executive of Our Lady of Maryknoll Hospital & Hospital Chief Executive of Hong Kong Buddhist Hospital/Wong Tai Sin Hospital, Hospital Authority responded that apart from the day-time service hours from Monday to Friday, some members of the public would seek consultation at FMC after 5 pm on weekdays, at weekends or on holidays. The Administration would closely monitor the operation and usage of OLMH FMC on a continuous basis before and after the completion of the redevelopment project of OLMH, with a view to providing WTS residents with appropriate primary healthcare services. The Administration also undertook to make its best effort to provide the supplementary information requested by Mr Jeremy TAM after the meeting.

*(Post-meeting note: The supplementary information provided by the Administration was circulated to members vide [LC Paper No. PWSC203/17-18\(01\)](#) on 16 May 2018.)*

14. Dr KWOK Ka-ki pointed out that 24-hour outpatient services had been provided by dispensaries (e.g. Ho Tung Dispensary) in the past. The Administration might make reference to such practice and introduce relevant services in the redeveloped OLMH. Mr HO Kai-ming suggested that the Administration might consider providing 24-hour outpatient services at district health centres in future.

15. USFH responded that 24-hour outpatient services were no longer provided after the rationalization of medical services. He said that the



Administration would be pleased to discuss with stakeholders of various districts on the provision of evening outpatient services at district health centres.

16. Mr Wilson OR, Mr HO Kai-ming, Mr WU Chi-wai, Mr James TO, Mr LAU Kwok-fan, Mr Vincent CHENG and Mr Paul TSE reiterated their call on the Administration to enhance discussion with various stakeholders to address their aspirations and consider introducing emergency services in or extending the outpatient service hours of the redeveloped OLMH before embarking on the main redevelopment works.

17. The Chairman also urged the Administration to listen to members' views and respond proactively to the aforesaid aspirations of WTS residents and DC members. He held the view that while the hardware facilities for provision of outpatient services should be included under the redevelopment project of OLMH, the possibility of extending the evening outpatient service hours or introducing 24-hour outpatient services would hinge on the deployment of healthcare personnel and operational considerations. As such, the Administration might wish to leave some flexibility at this stage and needed not draw a definitive decision prematurely. Furthermore, given that WTS residents might prefer using the bigger NAH at KTDA in future upon its commissioning, the Administration could give further consideration to the matter after reviewing the usage of the hospitals concerned. The Chairman enquired if the Administration would undertake to maintain communication with stakeholders and members on a continuous basis to explore the possibility of introducing emergency services or extending the evening outpatient service hours.

18. USFH responded that HA would provide more than 500 additional beds in various hospitals this year, and the number of healthcare personnel had to be increased correspondingly. However, the manpower had to be prioritized to tackle the more urgent issues, such as relieving the over-crowdedness at the A&E departments of various hospitals and the manpower shortage in medical wards and operation theatres. He undertook that the Administration would maintain an open attitude in its continuous discussion with stakeholders, and would revisit the issues concerning the outpatient services in OLMH.

#### Development perimeters for the redevelopment project of Our Lady of Maryknoll Hospital

19. Dr KWOK Ka-ki expressed support for the five proposed projects of hospital construction/redevelopment. He noted that according to the Administration's projection, there would only be 3.4 hospital beds per 1 000

population upon completion of the 10-year hospital development plan in 2026, which suggested that hospital beds would still be in short supply. Dr KWOK urged the Administration to fully utilize the floor area and the plot ratio under the redevelopment project of OLMH, with a view to providing a wide array of medical services, in particular palliative care and rehabilitation beds.

20. Chief Manager (Capital Planning), Hospital Authority ("CM(CP)/HA") said that the total net floor area of the existing OLMH was about 8 100 square metres, and it would be doubled to about 16 000 square metres after the redevelopment. Given that the hospital site was currently subject to a building height limit of seven storeys and the site coverage should not exceed 65% as required under the Sustainable Building Design Guidelines, the maximum plot ratio that could be set for the site was only around four. Efforts had been made under the current redevelopment project to exhaust the development potential of the site of OLMH as far as possible while meeting the above Guidelines.

21. Mr Jeremy TAM sought confirmation from the Administration on whether there would be a net increase in the number of beds in OLMH by 56 to 292 upon redevelopment. He was also concerned whether OLMH would have room for increasing additional beds to meet operational needs after the redevelopment.

22. Mr WU Chi-wai noted that the area of floor space for each hospital bed in the redeveloped OLMH was about nine square metres. He suggested that the area of floor space for each bed be reduced to 7.5 square metres as in the case of KWH, so as to make way for providing additional beds.

23. CM(CP)/HA pointed out that under the original plan of the redevelopment project, only 16 additional beds were to be provided in OLMH. Taking into consideration other hospital redevelopment projects within WTS District and the decanting arrangement, HA had made adjustment to some of the planned facilities by relocating certain supporting services to other hospitals, so as to make room for the provision of another 40 beds. As such, the redeveloped OLMH would have 56 additional beds altogether, bringing the total number of beds from the current 236 to 292. He further said that the Government Property Agency had approved, after careful consideration, HA's application for expanding the area of floor space for each hospital bed from the previous standard of 6.5 square metres to the present nine square metres based on clinical service needs. The possibility of further increase of beds in OLMH after the redevelopment would depend on the operation in future.

24. Mr WU Chi-wai and Mr HO Kai-ming suggested that the Administration should consider expanding the scope of the redevelopment project by integrating the social welfare facilities (e.g. Kwong Yum Home for the Aged and Wu York Yu Maternal & Child Health Centre) near OLMH. USFH said that under the second 10-year hospital development plan, the service coordination between WTSH and the redeveloped OLMH would be strengthened.

Transport accessibility of and parking facilities in the hospitals proposed to be constructed/redeveloped

25. Dr Helena WONG, Mr James TO and Mr AU Nok-hin expressed their support for the five proposed projects of hospital construction/redevelopment. They expressed concern over the transport accessibility of those hospitals. Dr WONG and Mr TO urged the Administration to discuss with the MTR Corporation Limited ("MTRCL") as soon as possible the construction of a subway to link Yau Ma Tei MTR Station with KWH directly, so as to provide convenience for those going to KWH.

26. The Chairman said that according to his understanding, the Food and Health Bureau, the Transport and Housing Bureau, MTRCL, HA and KWH had met to explore the construction of a subway between Yau Ma Tei MTR Station and KWH, and space had been reserved at the Main Hall of KWH to dovetail with the associated works under the redevelopment project.

27. USFH confirmed that the Administration was conducting a feasibility study with the MTRCL and the contractor of the redevelopment project of KWH on the construction of the above subway.

28. Mr AU Nok-hin requested the Administration to build a footbridge and associated facilities (including lifts) to link the Ocean Park MTR Station with GH for the convenience of those accessing the hospital.

29. CM(CP)/HA responded that a feasibility study on the construction of pedestrian facilities linking the Ocean Park MTR Station and GH was covered by the consultants' fees provided for the preparatory works of 3MP (i.e. Redevelopment of GH, phase 1). HA would report the progress to the Southern DC in due course.

30. Dr Helena WONG and Mr AU Nok-hin were concerned about the adequacy of parking spaces at the five hospitals proposed to be constructed/redeveloped. Dr WONG enquired whether the Administration had planned to provide visitor parking spaces at NAH at KTDA. Mr AU was concerned whether the redeveloped QMH and GH would have sufficient

pick-up/drop-off spaces for public transport. Both members requested the Administration to provide supplementary information on the respective numbers of visitor parking spaces and pick-up/drop-off spaces for public transport (including taxis and public light buses) planned to be provided for each of the five projects.

31. CM(CP)/HA responded that a total of 900 parking spaces would be provided at the proposed NAH at KTDA. In line with the practice currently adopted by other hospitals, visitor parking spaces would be provided flexibly subject to the day-to-day operational needs in future. He added that it was expected that more parking spaces would be available for visitors during night time as healthcare personnel had greater demand for parking spaces during day time. He undertook to provide the information requested by Dr Helena WONG and Mr AU Nok-hin after the meeting.

*(Post-meeting note: The supplementary information provided by the Administration was circulated to members vide [LC Paper No. PWSC203/17-18\(01\)](#) on 16 May 2018.)*

32. Mr Vincent CHENG said that he supported the redevelopment of KWH and urged the Administration to tackle the traffic congestion in the nearby area so as to avoid possible delay in providing medical treatment to patients. Dr Helena WONG suggested that since NAH at KTDA was adjacent to the waterfront promenade, consideration could be given to developing ancillary water transport facilities by building a pier nearby and introducing ferry and water taxi services. The Administration took note of their suggestions.

#### New facilities and services at Queen Mary Hospital

33. Mr LEUNG Che-cheung noted that a rooftop helipad would be provided at the redeveloped QMH to serve medical emergency purposes. He was concerned about the noise generated from the take-offs/landings and operation of the helicopters that would affect the people nearby and along the flight route.

34. CM(CP)/HA responded that since the A&E Department of QMH was designated as one of the five trauma centres in Hong Kong, HA had decided to build the rooftop helipad in the context of the redevelopment project in order to support medical emergency services. The environmental impact assessment ("EIA") report for the construction of the rooftop helipad was approved under the Environmental Impact Assessment Ordinance ("EIAO") (Cap. 499) in March 2017 and an environment permit ("EP") had been issued.

35. Director of Architectural Services supplemented that according to the conclusion of the EIA report, the environmental impacts arising from the construction and operation of the rooftop helipad (including the possible noise nuisance along the flight route arising from the helicopters using the helipad and their operation) could be controlled to a level in compliance with the criteria under EIAO and the Technical Memorandum on EIA Process. Moreover, the Administration would implement mitigation measures and environmental monitoring and audit programmes as recommended in the EIA report approved for the proposed project and required under the EP. The major mitigation measure was the installation of noise barriers on the roof of the proposed new block of QMH.

36. Dr KWOK Ka-ki noted that HA would soon introduce 24-hour cardiac catheterization treatment service, and the number of cardiac catheterization laboratories at QMH would also be increased under the redevelopment project. He suggested that an appropriate duty roster system for doctors providing cardiac catheterization treatment service should be established to ensure that they could get enough rest.

37. Cluster Chief Executive (Hong Kong West Cluster), Hospital Authority confirmed that the number of cardiac catheterization laboratories at QMH would be increased from two to three after redevelopment. He said that through internal manpower deployment undertaken some ten years ago, QMH had ensured that doctors would perform cardiac catheterization operations only after taking enough rest. Upon redevelopment, QMH planned to draw up a duty roster for doctors responsible for cardiac catheterization treatment according to HA's latest human resources policy. Moreover, an inter-complementary arrangement for the manpower at the four hospitals on Hong Kong Island offering cardiac catheterization treatment service would be put in place from 2019-2020.

#### Services provided at the acute general hospital at Kai Tak Development Area

38. Mr Holden CHOW noted that NAH at KTDA, upon completion, would not only absorb most of the services of QEH, but would also coordinate the nursing services of KCC and provide, together with KWH, emergency services for KCC. Mr CHOW was worried if NAH at KTDA would have sufficient manpower and resources to cope with the huge volume of services.

39. USFH responded that more than 1 000 additional beds would be provided in OLMH, WTSH and HKBH in the coming 8 to 10 years to enhance the medical services within KCC. A cluster would be formed by the above three hospitals and NAH at KTDA, which would complement each

other in the delivery of services so as to better align and coordinate the medical services from treatment at hospitals to community health services.

40. Mr LEUNG Che-cheung enquired whether NAH at KTDA would provide specialist services for sports injuries to cater for the needs of users of the Kai Tak Sports Park in the vicinity. USFH responded that most sports injuries were treated by specialists in orthopaedics and rehabilitation medicine. Consideration could be given to Mr LEUNG's view when reviewing the development of specialties in NAH.

#### Costs and schedules of the proposed projects

41. Mr YIU Si-wing enquired about the basis on which the Administration worked out the costs of the preparatory works for the redevelopment of OLMH and GH, which amounted to \$197 million and \$422.5 million in MOD prices respectively. He also enquired about the respective cost estimates of the main works of the two redevelopment projects. Mr WU Chi-wai also enquired about the reasons for the relatively lower cost estimate in respect of the preparatory works for redeveloping OLMH.

42. CM(CP)/HA responded that the Administration worked out the cost required for the proposed preparatory works based on the area of the respective redevelopment projects. As tenders were still being invited for the redevelopment projects of OLMH and GH and the detailed designs were yet to be available, it would be difficult to ascertain the cost estimate of the main works at this stage. As far as the redevelopment of OLMH was concerned, the total cost of the main works was estimated to be around \$3 billion to \$4 billion.

43. Mr WU Chi-wai enquired when the main works of redeveloping OLMH (especially the construction of the new building) would commence and when the Administration would consult LegCo on the main works and seek funding approval. CM(CP)/HA responded that the Administration expected to consult LegCo on the main works of redeveloping OLMH (including the construction of the new building) and seek funding approval two years later.

44. Dr KWOK Ka-ki was concerned whether the project cost of NAH at KTDA would overrun. He enquired why the advance works of the project alone cost more than \$5.3 billion in MOD prices. CM(CP)/HA responded that the 10-year hospital development plan involved the funding of \$200 billion. HA had estimated earlier that the construction cost of NAH

was about \$50 billion. HA was confident that the project would be completed within budget through close monitoring of the works.

Recommendations on future hospital redevelopment/construction projects

45. Dr Fernando CHEUNG expressed support for the five proposed projects of hospital construction/redevelopment. Dr CHEUNG pointed out that RainLily, a sexual violence crisis centre currently operated by a social welfare organization, had been asked to relocate a number of times due to the redevelopment/refurbishment of the hospitals where it was located. He enquired whether space was reserved in the five hospitals proposed to be constructed/redeveloped for provision of sexual violence crisis handling facilities, so as to safeguard the privacy of sexual violence victims while receiving treatment and giving evidence. Expressing similar views, Dr KWOK Ka-ki opined that it was incumbent upon the Administration to provide such facilities for sexual violence victims.

46. CM(CP)/HA replied that HA did not have any plan at this stage to provide sexual violence crisis handling facilities in the five hospitals proposed to be constructed/redeveloped. However, consideration could be given to including relevant facilities in other hospital projects in future. USFH supplemented that the Administration could provide hardware support in hospitals to serve the relevant purposes. The Chairman advised that members might follow up the matter at the relevant Panel(s).

47. Dr KWOK Ka-ki requested the Administration to undertake that the current site of QEH would be preserved for hospital purpose after relocating QEH's services to NAH at KTDA. CM(CP)/HA responded that HA would prepare for constructing a new hospital at the current site of QEH under the second 10-year hospital development plan.

Director of Audit's Report No. 69

48. Ms Tanya CHAN and Dr CHENG Chung-tai were concerned about the comments made in the Director of Audit's Report No. 69 ("the Audit Report") regarding HA's utilization of resources and implementation of minor projects.

49. Ms Tanya CHAN said that as indicated in the Audit Report, some of HA's hospitals failed to put resources to effective use. For example, some medical equipment in North Lantau Hospital was under-utilized while some other medical equipment procured had not been used even after expiry of the warranty period, resulting in wastage of resources. She enquired whether HA would assess the number of persons who would use the medical

equipment before making procurement in future, so as to ensure proper use of resources.

50. CM(CP)/HA responded that HA would first evaluate the demand for HA's services before procuring medical equipment. Given its proximity to the Hong Kong International Airport, the North Lantau Hospital must be supported with sufficient medical equipment to cope with any emergency that might happen at the Airport. He added that medical equipment at most of HA's hospitals had been fully utilized. The Chairman suggested that members might follow up the matter at the Public Accounts Committee or relevant Panel(s).

51. Dr CHENG Chung-tai noted that the Audit Report had pointed out the high proportion of unplanned minor works projects of HA and recommended that planning of minor works projects be strengthened. He enquired about the Administration's measures to step up the monitoring of works projects and prevent works delays in implementing its 10-year hospital development plan (including the five proposed projects of hospital construction/redevelopment).

52. CM(CP)/HA responded that HA would minimize, as far as possible, the number of unplanned minor works projects. However, such projects were necessary should there be any unforeseen circumstances (e.g. power suspension). He added that HA was not criticized for its scheduling of capital works in the Audit Report. Among the 16 projects under the 10-year hospital development plan, 15 projects were delivered either by HA or the Architectural Services Department while the remaining one would be pursued through land sale. HA would schedule the sequence of project commencement based on the planning progress of the projects and the urgency of the services provided.

Motion proposed under paragraph 32A of the Public Works Subcommittee Procedure

53. At 10:40 am, the Chairman advised that he had received one motion proposed by Mr CHAN Chi-chuen under paragraph 32A of the Public Works Subcommittee Procedure. He advised that the proposed motion was directly related to the agenda item. The wording of the motion was as follows:

"I move under paragraph 32A of the Public Works Subcommittee Procedure that 'as the Administration has advised that the opening hours of the evening outpatient services of Our Lady of Maryknoll Hospital ("OLMH") will be extended to 12:00 midnight only on a temporary basis from the completion of the redevelopment of OLMH



in 2024 until the completion of the new acute hospital at Kai Tak Development Area, an arrangement that has aroused public discontent and given rise to the request of many people for an immediate extension of the opening hours of the evening outpatient services of OLMH, this Subcommittee requests the Administration to promptly explore the extension of the opening hours of the outpatient services of OLMH, so as to address the long-standing request of the public and improve the quality of public healthcare services in Wong Tai Sin immediately."

54. The Chairman put to vote the question that the proposed motion be proceeded forthwith. The question was carried. As no members indicated a wish to speak on the motion, the Chairman put the motion to vote. The motion was carried.

*(Post-meeting note: The wording of the motion carried was circulated to members vide LC Paper No. PWSC176/17-18(01) on 25 April 2018. The Administration's response to the motion was also circulated to members vide [LC Paper No. PWSC203/17-18\(02\)](#) on 16 May 2018.)*

*[At 10:06 am, the Chairman asked members if they agreed to extend the meeting in order to complete the voting on the item. Members present agreed.]*

#### Voting on PWSC(2018-19)4

55. There being no further questions on the item from members, the Chairman then put PWSC(2018-19)4 to vote. At the request of Mr Wilson OR and Mr Paul TSE, the Chairman ordered that 88MM (i.e. redevelopment of OLMH) under the item be voted on separately.

56. 70MM, 87MM, 13MD and 3MP (i.e. redevelopment of QMH, phase 1; the NAH at KTDA; redevelopment of KWH; and redevelopment of GH, phase 1) under the item were voted on and endorsed.

57. 88MM (i.e. redevelopment of OLMH) under the item was voted on and endorsed.

58. The Chairman consulted members on whether the item would require separate voting at the relevant meeting of the Finance Committee. No member made such a request.

59. The meeting ended at 10:47 am.

Council Business Division 1  
Legislative Council Secretariat  
23 May 2018