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Paper for the House Committee meeting on 16 March 2018

Report of the Subcommittee on Hospital Authority Ordinance (Amendment of Schedule 1) Order 2018

Purpose

This paper reports on the deliberations of the Subcommittee on Hospital Authority Ordinance (Amendment of Schedule 1) Order 2018.

Background

2. The Government announced in 2007 a study on the establishment of a Centre of Excellence in Paediatrics ("CEP") to further enhance the quality of paediatric services in Hong Kong by concentrating expertise, research and training with multi-partite involvement. In 2008, a Steering Committee comprising healthcare professionals from the public and private sectors, academics, and representatives from patient groups and non-governmental organizations ("NGOs") was set up to examine the scope of services, mode of operation and physical infrastructure of the proposed CEP. A suitable site was then identified in the Kai Tak Development Area and reserved for the project. Following the Finance Committee's approval in June 2013 of a sum of \$12,985.5 million in money-of-the-day prices for the development of CEP, the construction work started in August 2013. In February 2014, the new CEP was officially named as Hong Kong Children's Hospital ("HKCH").

3. According to the Legislative Council Brief (File Ref: FH CR 24/3921/88 Pt.22) issued by the Food and Health Bureau ("FHB") in January 2018, HKCH is positioned as a public tertiary specialist hospital for management of complex paediatric cases, working closely with the existing 13 paediatric departments in public hospitals under the Hospital Authority ("HA") through a hub-and-spoke model to form a coordinated service network. Through concentration of cases of complex, serious and uncommon diseases among children as well as the pooling of medical expertise, advanced technology and resources, HKCH is aimed to enhance the quality of paediatric care in Hong Kong and provide a platform to

facilitate research development and professional training. The new hospital consists of two towers (namely, Clinical Tower and Training and Research Tower) of 11 storeys tall with a total planned capacity of 468 beds for in-patient and day-patient services, operating theatres, ambulatory care centre, specialist out-patient clinic, integrated rehabilitation centre and child development assessment services, children recreation and play therapy areas, family rest area as well as research, teaching and training facilities. It is expected that HKCH will commence service by phases from the fourth quarter of 2018.

Hospital Authority Ordinance (Amendment of Schedule 1) Order 2018 (L.N. 20 of 2018)

4. On 2 February 2018, the Administration published in the Gazette the Hospital Authority Ordinance (Amendment of Schedule 1) Order 2018 ("the Order"). The Order is made by the Chief Executive under section 20 of the Hospital Authority Ordinance (Cap. 113) ("the Ordinance") to add the newly built HKCH to the list of hospitals in Schedule 1 to the Ordinance. The effect of the Order is that the management and control of HKCH may be vested in HA under an agreement with the Government for the provision of hospital services.¹

The Subcommittee

5. At the House Committee meeting on 9 February 2018, Members formed a subcommittee to study the Order. The membership list of the Subcommittee is in the **Appendix**. Under the chairmanship of Hon Alice MAK, the Subcommittee has held two meetings with the Administration and HA. On 5 March 2018, the Subcommittee conducted a site visit to HKCH in the Kai Tak Development Area to view the infrastructure and facilities and to understand the latest progress of development of HKCH.

6. To allow sufficient time for the Subcommittee to study the Order, the scrutiny period of the Order has been extended from the Council meeting of 28 February 2018 to that of 28 March 2018 by a resolution of the Council passed at its meeting of 28 February 2018.

¹ Under section 5(a) of the Ordinance, HA may, for the provision of hospital services, enter into and carry out any agreement with the Government for the management and control by HA of any property held, or managed and controlled by the Government. Schedule 1 to the Ordinance enumerates the public hospitals which are managed and controlled by HA under such agreements.

Deliberations of the Subcommittee

Mode of operation

7. Members in general support the Order. The Subcommittee has noted that upon service commissioning of HKCH, paediatric services under HA will be reorganized and operate under a hub-and-spoke model; and HKCH will serve as a tertiary referral centre for complex and uncommon cases while the existing 13 paediatric departments in regional public hospitals will continue to provide secondary, acute, emergency and community paediatric care. Many members, including Dr KWOK Ka-ki, Dr Fernando CHEUNG, Dr Helena WONG, Dr CHIANG Lai-wan and Dr Pierre CHAN, have expressed concern about the viability of the hub-and-spoke service model. They seek details on the coordination between HKCH and the 13 paediatric departments of the regional public hospitals in respect of the provision of paediatric services, in particular the criteria and mechanism for referral of complex paediatric cases to HKCH and the treatment protocol to be adopted under such service model.

8. Reiterating that HKCH will serve as a tertiary specialist hospital for management of complex paediatric cases, HA has informed the Subcommittee that under the hub-and-spoke model, HKCH and regional hospitals will work closely together to form a coordinated and coherent paediatric service network, enhancing the quality of the overall public paediatric services. In this context, the current paediatric services have been reviewed, re-configured and re-distributed to rationalize the use of resources and facilitate the development of the overall paediatric service network. It is worth noting that HA has formed, under the governance structure of the HKCH project, more than 20 Clinical Work Groups ("CWGs") in respect of various paediatric subspecialties and service areas, with members from relevant paediatric staff members from various regional hospitals. These CWGs have been tasked to deliberate on the reorganization plan of relevant services, plan suitable service models and manpower arrangement, and align clinical guidelines, treatment protocols, referral mechanisms, etc. for various diseases and cases, so that services of the whole paediatric network under HA could become more consistent and coherent.

Scope of services and implementation timeline

9. Expressing concern about possible duplication in the provision of public paediatric services and impact on existing paediatric departments of the regional public hospitals in respect of their future allocation of manpower and financial resources from HA after HKCH's service commissioning, members have sought detailed information about the scope of services to be provided by and the service

capacity of HKCH upon commencement of operation in the fourth quarter of 2018 and at the later stage of full commissioning. Enquiries have been raised on what clinical services and whether accident and emergency service and supporting services for surgeries, radiotherapy, occupational therapy, physiotherapy, etc. will be made available in HKCH and, if yes, the timetable for providing different services. Members generally hold the view that HKCH should provide the patients with one-stop, better coordinated and more comprehensive paediatric services.

10. According to HA, HKCH is scheduled to commence service by phases from the fourth quarter of 2018. The first phase of service commencement (i.e. from the fourth quarter of 2018 to the second quarter of 2019) will begin with specialist out-patient service, followed by the gradual opening of in-patient service. Such arrangement allows reasonable time for testing the service models and clinical work flow before HKCH migrates to full service, so as to ensure patient safety, quality of service and smoothness in operation. HA has also informed the Subcommittee that according to the hub-and-spoke model and the agreed reorganization of its paediatric services, the following services² will be provided in HKCH in its first phase of service commencement:

- (a) oncology;
- (b) cardiology and cardiac surgery;
- (c) nephrology;
- (d) paediatric surgery;
- (e) anaesthesia;
- (f) paediatric intensive care unit;
- (g) neonatal intensive care unit;
- (h) critical care transport service;
- (i) radiology;
- (j) pathology;

² Details of the services to be provided in HKCH in its first phase of service commencement and the agreed reorganization of HA's paediatric services are set out in paragraphs 10 to 12 of the Administration's paper LC Paper No. CB(2)965/17-18(02).

- (k) palliative care; and
- (l) primary cleft and palate surgery.

Regarding the clinical services to be commenced in the next phase, HA has advised that the relevant CWGs have deliberated on the service models for most services, such as endocrinology and metabolic medicine, gastroenterology and hepatology, rheumatology, immunology, neurology and respirology, etc. CWGs will formulate the referral mechanism for various specialties. With manpower availability and resources support, these services will commence in later phases.

11. Dr KWOK Ka-ki and Dr Fernando CHEUNG have enquired whether the services of HKCH (e.g. oral maxillofacial surgery and dental services) will be made accessible to children patients suffering from inborn rare diseases and mentally-disabled persons who remain similar to children in terms of mentality and behaviour even though they are above 18 years of age. HA advised that HKCH will be responsible for handling serious, complex and uncommon paediatric cases requiring multi-disciplinary management. As for the primary cleft and palate surgery service to be commenced in the first phase of HKCH's operation, the oral maxillofacial surgery and orthodontics team at the United Christian Hospital will provide support to cases at HKCH. The Administration has further advised that for school students with intellectual disabilities and/or physical disabilities (such as cerebral palsy) studying in special schools, they can participate in the Department of Health ("DH")'s School Dental Care Service to receive an annual check-up at a designated school dental clinic until they reach the age of 18, the services of which cover oral examination, basic and preventive dental treatment. If necessary, patients will be referred to DH's Oral Maxillofacial Surgery & Dental Units ("OMS&DUs") in seven public hospitals for dental treatment under sedation or general anaesthesia. The seven OMS&DUs also provide specialist oral maxillofacial surgery and dental treatment to hospital in-patients, patients with special oral health care needs and patients with dental emergency needs, including children.

12. In response to Mr YIU Si-wing's enquiry on whether the capacity of HKCH can cope with future service demand, HA has explained that it normally formulates a comprehensive estimation based on the population projections released by the Government. The estimation will then be used to project the future service workload and manpower requirements of all HA hospitals in the medium to long term. To tie in with the release of population projections by the Government, HA updates its medium- to long-term projection every three to five years.

13. Noting that training and research would be a component of HKCH, Dr CHIANG Lai-wan has asked about HKCH's role in this regard and, specifically, whether medical research studies on the treatment and support services for children suffering from autism and hyperactivity disorder will be conducted. HA has advised that HKCH will collaborate closely with the medical faculties of the University of Hong Kong and The Chinese University of Hong Kong. At present, the Health and Medical Research Fund under FHB will provide funding for health and medical research activities, research infrastructure and research capacity building in Hong Kong. On the hardware side, HKCH is equipped with research laboratories on 8/F and 9/F of the Training and Research Tower for pursuing basic and translational research in paediatrics as well as teaching and research activities.

Governance structure

14. Noting that some of HA's tertiary paediatric services and the existing patient cases as well as expertise serving in the paediatric subspecialties in various HA hospitals will be translocated from regional hospitals to HKCH, Dr KWOK Ka-ki has queried how HA will address the issue of fiefdoms among public hospitals. Many members, including Dr KWOK, Dr Fernando CHEUNG, Dr Helena WONG and Dr CHIANG Lai-wan, have expressed concern about the governance structure of HKCH.

15. HA has advised that HKCH will come under and obtain management and administrative support from the Kowloon Central Cluster. As in other public hospitals, the governance structure of HKCH led by the Hospital Chief Executive will oversee the clinical service and operation, human resources, financial management as well as various administrative and supporting functions. In addition, there will be designated committees on research, education and training, as well as donation management in the hospital governance structure to meet the role of HKCH as the tertiary referral centre for territory-wide paediatric services in collaboration with universities. The above apart, HA will set up a Hospital Governing Committee ("HGC") for HKCH under section 13(2)(b) of the Ordinance for the purposes of:

- (a) advising HA on the needs to provide hospital services to the public and the resources required to meet those needs;
- (b) overseeing the management of the hospital in ways which are conducive to achieving the following objectives:

- (i) to optimize the utilization of hospital resources (including beds, facilities and equipment as well as staff) to ensure that the public hospital provides services of the highest possible standard within the resources obtainable;
- (ii) to improve the public hospital environment for the benefit of patients; and
- (iii) to attract, motivate and retain qualified staff.

All members of HGC of HKCH (appointed on *ad personam* basis) possess appropriate experience and expertise, including service to other HGCs, rich experience in management, community engagement and fund-raising, as well as passion in healthcare services.

16. There is a view that to understand and meet the needs and expectations of patients, relevant patients groups and NGOs should be involved in the governance structure of HKCH. HA has informed the Subcommittee that in order to provide services that could cater for the needs of children patients and their families, it has all along been working closely with relevant patient groups and NGOs. Since 2013-2014, four briefing sessions have been organized for patient groups and NGOs to update them on the latest development of HKCH and exchange views on its future services and facilities. Dozens of organizations have attended these briefing sessions. Separately, HKCH has individually met with some 10 relevant organizations to enhance mutual understanding and explore collaboration opportunities. HKCH has reserved space on the hospital premises for collaboration with relevant organizations and volunteers. Furthermore, HKCH commissioned The Chinese University of Hong Kong to arrange a focus group to gauge patient groups' expectations and suggestions regarding parents' accommodation facilities.

Manpower arrangement and training

17. Many members, including the Chairman, Dr KWOK Ka-ki, Dr Helena WONG, Dr CHIANG Lai-wan and Dr Pierre CHAN, have expressed deep concern that HKCH's service commissioning may further strain the healthcare manpower resources of the paediatric departments in existing HA hospitals. Queries have been raised as to whether the planning for the commissioning of HKCH has taken into account the need to create a children/patient-oriented hospital setting and whether sufficient training will be provided to equip the healthcare staff concerned with knowledge and skills for working in such a unique hospital environment. Detailed information have been sought on (a) the

current paediatric manpower of medical and nursing staff in the paediatric departments of HA hospitals and changes subsequent to the commencement of service of HKCH; (b) the estimated manpower provision for HKCH and their distribution among various paediatric subspecialties and service areas, respectively upon the first phase of service commencement and at the stage of full commissioning; (c) the progress of recruitment and transfer of medical staff for HKCH; (d) the ratio between senior and junior medical staff; and (e) the detailed staff deployment arrangements to be adopted.

18. According to the Administration, HA has been proactively planning for the manpower of HKCH. For the first phase of HKCH's service commissioning:

(a) the expected manpower need is as follows:

Medical	108
Nursing	395
Allied health	89
Management, administration and supporting	474
Total	1 066

(b) the medical manpower, by specialty and by rank, is as follows:

	Consultant	Associate Consultant	Resident
Paediatrics	11	22	32
Anaesthesia	2	7	6
Radiology	2	4	3
Pathology	2	4	0
Surgery	3	5	5
Total	20	42	46

19. HA has explained that the healthcare staff to be translocated to HKCH will continue to work in the original units, pending transfer alongside with the respective services. Since these healthcare staff have been spending all or most of their time managing children with related diseases, their translocation to HKCH should not cause significant impact on other services at the regional hospitals (e.g. general paediatric service which manages influenza inpatient cases). Separately, HKCH has started the advance recruitment of healthcare staff since 2015. As at 31 December 2017, HKCH has recruited the following number of staff members:

	To be translocated from other hospitals	Through internal transfer or open recruitment exercises	Total
Medical	32	23	55
Nursing	108	110	218
Allied health	1	55	56
Management, administration and supporting	32	42	74
Total	173	230	403

According to HA, healthcare staff members joining HKCH through advance recruitment are now attached to various public hospitals for training to equip with the necessary skills and clinical experience to prepare for service opening. HA has stressed that HKCH has been in close communication with paediatric departments in various hospitals about the manpower allocation and planning to ensure that there is sufficient manpower in the public healthcare system to cope with the demand in paediatric services. With the increase in the number of medical graduates in 2018-2019, HA will continue to set the annual number of paediatric residents in consultation with hospital clusters and the coordinating committee having regard to factors such as manpower wastage, new service provision and specialty development. At the same time, HA has adopted a more flexible human resources management model (including central recruitment of paediatrics doctors since 2015-2016, more flexible employment terms, central coordination of deployment, etc.) so that healthcare staff in the whole paediatric service network can be transferred and rotated flexibly.

Transport accessibility

20. Transport accessibility is an issue of grave concern to members including Dr KWOK Ka-ki, Dr Fernando CHEUNG, Dr Helena WONG, Dr CHIANG Lai-wan and Mr HO Kai-ming. These members call on the Administration to ensure adequate public transport facilities and services, to dovetail with the commissioning of HKCH. The Administration has advised that insofar as public transport is concerned, there are stops for KMB route 5R and green minibus route 86 on Shing Cheong Road which HKCH is facing, connecting to Kwun Tong MTR Station, Ngau Tau Kok MTR Station, Kowloon Bay MTR Station, Kowloon Bay Business Area, Kwun Tong Business Area and the Kai Tak Cruise Terminal. A new bus route will also be opened in mid-2018 running between the Kai Tak Cruise Terminal and the Festival Walk in Kowloon Tong and will pass by HKCH, strengthening the public transport connection with

Kowloon Bay, Kai Tak North, San Po Kong, Kowloon City and Kowloon Tong areas as well as the New Territories. HA has been liaising with the Transport Department and provided relevant reference data including HKCH's service commissioning timetable and anticipated flow of people with a view to strengthening the transport accessibility in future, including the opening of new routes, extending service hours, increasing frequency, etc., to tie in with HKCH's service commissioning.

The Administration's undertakings

21. The Subcommittee has, in view of the many issues and concerns raised by members on various aspects, requested the Administration to:

- (a) keep the Panel on Health Services updated on the progress of development as well as the service and work of HKCH from time to time, before and/or after it commences service in the fourth quarter of 2018; and
- (b) relay, in particular, members' views and concerns about the transport accessibility of HKCH to the Development Bureau as well as the Transport and Housing Bureau for consideration and follow-up.

Advice Sought

22. Members are invited to note the deliberations of the Subcommittee.

**Subcommittee on Hospital Authority Ordinance
(Amendment of Schedule 1) Order 2018**

Membership list

Chairman	Hon Alice MAK Mei-kuen, BBS, JP
Members	Hon YIU Si-wing, BBS Hon CHAN Han-pan, JP Dr Hon KWOK Ka-ki Dr Hon Fernando CHEUNG Chiu-hung Dr Hon Helena WONG Pik-wan Dr Hon CHIANG Lai-wan, JP Hon HO Kai-ming Dr Hon Pierre CHAN (Total : 9 members)
Clerk	Miss Josephine SO
Legal Adviser	Mr Bonny LOO
Date	23 February 2018