

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

**Follow-up items arising from the meeting on
23 February 2018**

We provide the information below in response to the follow-up items arising from discussions at the Subcommittee meeting on 23 February 2018.

Introduction of the Hong Kong Children's Hospital

2. The Government decided in 2007 to study the establishment of a Centre of Excellence in Paediatrics to further enhance the quality of paediatric services in Hong Kong by concentrating expertise, research and training with multipartite involvement. A Steering Committee comprising of healthcare professionals from the public and private sectors, academics, and representatives from patient groups and non-government organisations (NGOs) was set up in 2008 to examine the scope of services, operational model and the physical infrastructure of the project. A suitable site was then identified in the Kai Tak Development Area for the establishment of the new hospital. In June 2013, the Finance Committee of the Legislative Council approved a capital funding commitment of \$13 billion (in money-of-the-day prices) for the Centre of Excellence in Paediatrics project. Subsequently, the construction works started in August 2013. The centre was officially named as the "Hong Kong Children's Hospital" (HKCH) in 2014.

3. Further to our progress report to the Legislative Council Panel on Health Services on 15 June 2015, the construction of HKCH was completed in late 2017 and it is expected to commence service by phases from the fourth quarter of 2018. The hospital is actively preparing for the commencement of operation, including service and operation planning, procurement of medical equipment, installation and testing of systems, recruitment and training of staff, etc.

4. HKCH consists of two towers of 11 stories tall with a planned capacity of 468 inpatient and day beds. There will also be operating theatres, ambulatory care centre, specialist outpatient clinic, integrated rehabilitation centre, as well as research, teaching and training facilities

like laboratories, simulation training centre, auditorium, library, etc. (floor directory and list of equipment are at Annexes 1 and 2).

5. The hospital has adopted a children-centred and family-friendly design to create a better patient experience. Its colourful interior, abundant greenery coverage, natural light, harbour-front scenery and animals-themed wayfinding system help create a home-like environment to relieve the fear and stress of child patients. There are various facilities in the hospital to support the care, leisure, social and learning needs of patients and their family, such as play areas, central rehabilitation garden, parents' quarters, baby care rooms, learning facilities, as well as railings, toilet seats and wash basins appropriate to children's height.

Service Model and Implementation Timeline

6. As a preparation for the establishment of HKCH, the Hospital Authority (HA) reviewed its paediatric services in 2011 and started in-depth discussion on the development of paediatric service models and service reorganisation. Apart from being carried out under the governing structure of the HKCH project (with members from senior clinicians from various paediatric sub-specialties and representatives from the University of Hong Kong (HKU) and the Chinese University of Hong Kong (CUHK)), the formulation of the paediatric service models was also supported by various professional bodies (like the Hong Kong Paediatric Society and the Hong Kong College of Paediatricians), patient groups and NGOs.

7. Upon service commissioning of HKCH, HA's paediatric services will be reorganised and operate under a hub-and-spoke model. HKCH will serve as a tertiary referral centre for complex, serious and uncommon paediatric cases requiring multidisciplinary management, providing diagnosis, treatment and rehabilitation services for needy patients from birth to 18 years of age territory-wide. It will also pool together expertise to strengthen research and training regarding paediatric and genetic diseases. The existing 13 paediatric departments in regional public hospitals will continue to provide secondary, acute, emergency and community paediatric care. Under this hub-and-spoke model, HKCH and regional hospitals will work together to form a coordinated and coherent paediatric service network in HA, enhancing the quality of the overall public paediatric services.

8. HA has formed, under the governance structure of the HKCH project, more than 20 Clinical Work Groups in respect of various paediatric

subspecialties and service areas, with members from relevant paediatric staff members from various regional hospitals. These Clinical Work Groups have been tasked to deliberate the reorganisation 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 could become more consistent and coherent .

9. 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 outpatient service, followed by the gradual opening of inpatient service. As in other new hospital projects of HA, such arrangement allows reasonable time for testing the service models and clinical work flow before the hospital is in full service, so as to ensure patient safety, quality of service and smoothness in operation.

10. According to the above-mentioned hub-and-spoke model and the agreed reorganisation of the HA paediatric services, the following services will be provided in HKCH in its first phase of service commencement:

- (a) Oncology: Services of the five existing children cancer centres under HA (located in Queen Mary Hospital, Queen Elizabeth Hospital, Princess Margaret Hospital, Prince of Wales Hospital and Tuen Mun Hospital) will be translocated to HKCH. All children cancer patients will then be transferred to HKCH for treatment and follow-up;
- (b) Cardiology and Cardiac Surgery: All existing tertiary and quaternary paediatric cardiology and cardiothoracic surgery service will be translocated from Queen Mary Hospital to HKCH, where treatment and surgeries will be provided to children with congenital and serious heart diseases;
- (c) Nephrology: All existing tertiary paediatric nephrology services will be translocated from Princess Margaret Hospital to HKCH, where treatment and services will be provided to children with chronic and serious kidney diseases. Secondary and step down nephrology care would be provided in regional centres;
- (d) Paediatric Surgery: Paediatric surgical service is being provided by Queen Mary Hospital, Queen Elizabeth Hospital, United Christian Hospital and Prince of Wales Hospital. In future, these

services will be consolidated. All neonatal surgeries and all high risk / complex surgeries will be concentrated at HKCH, while non-neonatal, relatively simple, emergency and trauma surgeries will continue to be done in Queen Mary Hospital and Prince of Wales Hospital. HA will implement the above arrangement by phases, starting with the translocation of relevant paediatric surgical teams at Queen Elizabeth Hospital and United Christian Hospital to HKCH to provide surgical support to neonatology, oncology, nephrology and ear, nose and throat services;

- (e) Anaesthesia: To provide anaesthetic support to operations, sedation for procedures and cardiac catheterisation, pre-anaesthetic assessment and pain service;
- (f) Paediatric Intensive Care Unit: To support complex tertiary surgical cases;
- (g) Neonatal Intensive Care Unit (NICU): NICU at HKCH will mainly provide support to neonatal surgical cases, while NICUs at regional hospitals will continue the role to support local deliveries;
- (h) Critical Care Transport Service: A designated team will be set up to handle the emergency transfer of high risk and critically ill children and neonates between regional hospitals and HKCH;
- (i) Radiology: To provide diagnostic and interventional radiology service and support the management of tertiary and quaternary cases at HKCH as well as secondary cases at the Kowloon Central Cluster;
- (j) Pathology: To provide services in anatomical pathology, chemical pathology, genetics, haematology, immunology and microbiology;
- (k) Palliative care: HA will set up at HKCH a centrally coordinated multidisciplinary paediatric palliative care team in 2018-19 to coordinate and develop territory-wide paediatric palliative care services; and
- (l) Primary cleft and palate surgery.

11. As for uncommon and genetic diseases, not only will HKCH pool together advanced equipment, experts in metabolism and relevant support, the Clinical Genetic Service of the Department of Health (DH) will also

move into HKCH in 2019. In future, the laboratory tests, diagnosis and family counselling of all relevant diseases will be concentrated at HKCH, while the location of treatment and follow-up will depend on the current clinical conditions of individual patients. The healthcare team will make necessary arrangements as far as possible, e.g. follow-up consultations for different specialities on the same day to reduce the inconvenience to patients and their parents.

12. Regarding the clinical services to be commenced in the next phase, relevant Clinical Work Groups have deliberated on the service models for most services, e.g. endocrinology & metabolic medicine, gastroenterology & hepatology, rheumatology, immunology, neurology and respirology, etc. The Work Groups will formulate the referral mechanisms for various specialities. With manpower and resources support, the relevant services will commence by phases to ensure patient safety and quality of service.

Oral Maxillofacial Surgery and Dental Services

13. As the paediatric tertiary referral and treatment centre, HKCH will be responsible for handling serious, complex and uncommon paediatric cases requiring multidisciplinary 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. Under the current plan, there will be no resident oral maxillofacial surgery and dental services in the first phase of HKCH.

14. For school students with intellectual disabilities and/or physical disabilities (such as cerebral palsy) studying in special schools, they can participate in 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, these students will be referred to DH's Oral Maxillofacial Surgery & Dental Units (OMS&DUs) in seven public hospitals for further dental treatment under sedation or general anaesthesia. Furthermore, these seven OMS&DUs also provide specialist oral maxillofacial surgery and dental treatment to hospital in-patients, patients with special oral health care needs and dental emergency including children. Such specialist services can be provided through referral by HA or private practitioners etc.

Manpower Arrangement

15. HA has been proactively planning for the manpower of HKCH. The expected manpower need for the first phase of HKCH's service commissioning is as follows:

Medical	108
Nursing	395
Allied Health	89
Management, Administration and Supporting	474
Total	1 066

16. Medical manpower, by specialty and by rank, is as follows:

	Consultant and Associate Consultant	Resident
Paediatrics	33	32
Anaesthesia	9	6
Radiology	6	3
Pathology	6	0
Surgery	8	5
Total	62	46

17. As above-mentioned, some of HA's tertiary paediatric services (i.e. oncology, nephrology, cardiology and paediatric surgery) and the existing patient cases will be translocated from regional hospitals to HKCH. The healthcare staff to be translocated to HKCH are continuing 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 manage influenza inpatient cases).

18. Separately, HKCH has started the advance recruitment of healthcare staff since 2015. They are now attached to various public hospitals for training to equip with the necessary skills and clinical experience to prepare for service opening.

19. HA has been in close communication with paediatric departments in various hospitals about the manpower allocation and planning to ensure

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 2018-19, HA will continue to set the annual number of paediatric residents in consultation with hospital clusters and the coordinating committee with consideration of factors like manpower wastage, new service provision and specialty development.

20. At the same time, HA adopted a more flexible human resources management model, including central recruitment of paediatrics doctors since 2015-16, 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.

21. 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

22. HKCH will continue to proactively recruit healthcare staff through various channels to tie in with the commissioning of various services. In actual operation, under the premise of patient safety, HKCH will keep the frequency and coverage of doctors' call at a reasonable level and benchmark with the existing practice in the paediatrics departments of various hospitals as far as possible.

23. As regards the training of healthcare staff, the Government has provided HA with designated funding to cater for HKCH's service commissioning. From 2011-12 to 2017-18, 128 doctors, 77 nurses and 48 allied health staff have undergone overseas training. There have been another 6 000 attendances at local training. Overseas and local training

activities will continue in the coming year to enhance the professional standard of healthcare staff.

Transport Accessibility

24. HKCH is located in the Kai Tak Development Area. 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.

25. HKCH has been liaising with the Transport Department and provided relevant reference data including its 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. According to the Transport Department, a new bus route will be opened in mid-2018 between the Kai Tak Cruise Terminal and the Festival Walk in Kowloon Tong. It will pass by HKCH, strengthening the public transport connection with Kowloon Bay, Kai Tak North, San Po Kong, Kowloon City and Kowloon Tong areas.

Governance

26. HKCH comes under the Kowloon Central Cluster of HA in terms of administration and management. As in other public hospitals, the hospital 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 particular, 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 the universities.

27. Like other public hospitals, HA will set up a Hospital Governing Committee (HGC) for HKCH under the Hospital Authority Ordinance (Cap. 113) for HKCH for the purposes of –

- (a) advising HA of the needs to provide hospital services to the public and of the resources required to meet those needs; and
- (b) overseeing the management of the hospital in ways which are conducive to achieving the following objectives:
 - (i) to optimise the utilisation of hospital beds, staff and equipment to ensure the public hospital provides hospital 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.

28. According to the established mechanism, the HGC of HKCH will comprise of a chairman and members. All will be appointed on *ad personam* basis. Besides, the Chief Executive of HA or his representative, as well as the Hospital Chief Executive, are ex-officio members.

29. In order to commence the early stage governance work of HKCH as soon as possible, the HA Board has approved at its meeting on 22 February 2018 the appointment of nine people as the chairman and members of the HGC of HKCH. Pending completion of the formal appointment procedures, their two-year term will start on 1 April this year. All of the appointees 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. In addition, as a tertiary referral and treatment centre, HKCH will collaborate with universities on various fronts, including research and training. Therefore, a nominee each from the HKU Faculty of Medicine, the CUHK Faculty of Medicine and the Faculty of Health and Social Sciences of the Hong Kong Polytechnic University has been invited to sit on the HGC of HKCH.

Communications and Publicity

30. In order to provide services which could cater for the needs of child patients and their families, HKCH has all along been liaising with relevant patient groups and NGOs. In particular, it has since 2013-14 organised four briefing sessions for patient groups and NGOs to introduce

the latest development of HKCH and exchange views on its future services and facilities. Dozens of organisations have attended these briefing sessions. Separately, HKCH has individually met with some ten relevant organisations to enhance mutual understanding and explore collaboration opportunities. HKCH has reserved spaces for service provision by relevant organisations and volunteers on the hospital premises. In addition, HKCH commissioned CUHK to arrange a focus group to gauge patient groups' expectation and suggestions regarding parents' accommodation facilities.

31. To facilitate exchanges, HKCH has also introduced its development plan and service details in events organised by various professional bodies, e.g. Hong Kong College of Paediatricians.

32. Members of the public may keep abreast of the latest news of HKCH through its website and newsletter. HKCH will enhance its communication with various stakeholders, e.g. the Legislative Council, District Councils, service users, patient groups, NGOs, members of the public, the media, etc., and will publicise its service information through various channels at appropriate times.

Conclusion

33. Members are invited to note the content of this note.

Food and Health Bureau
Department of Health
Hospital Authority
March 2018

香港兒童醫院樓層簡介圖
Hong Kong Children's Hospital Floor Directory

教學及科研大樓 (A 座) Training and Research Tower (Tower A)			臨床服務大樓 (B 座) Clinical Tower (Tower B)	
10/F	行政辦公室 Administration Offices		職員設施 Staff Facilities	10/F
9/F	科研實驗室、圖書館 Research Laboratory, Library	天橋 Link bridge	醫生辦公室 Doctors' Offices	9/F
8/F	科研實驗室 Research Laboratory		臨床研究中心、電生理檢查中心、私家病房 Clinical Trial Centre, Electrophysiology Study Unit, Private Ward	8/F
7/F	臨床化驗室 Clinical Laboratory		兒科病房 Paediatric Ward	7/F
6/F	臨床化驗室 Clinical Laboratory		外科中心、腎科中心、血液及腫瘤科中心 Surgical Centre, Nephrology Centre, Haematology & Oncology Centre	6/F
5/F	病理學部、醫療信息及檔案管理部、資訊科技部 Department of Pathology, Health Information & Record Management Department, Information Technology Department		血液及腫瘤科中心 Haematology & Oncology Centre	5/F
4/F	麻醉及全期手術醫學科 Department of Anaesthesiology and Perioperative Medicine		新生兒深切治療部、新生兒特別護理部、日間化療中心、家屬留宿房 Neonatal Intensive Care Unit, Special Care Baby Unit, Ambulatory Chemotherapy Centre, Parents' Quarters	4/F
3/F	手術室 Operating Theatres	天橋 Link bridge	兒童深切治療部、加護病房、心臟科中心 Paediatric Intensive Care Unit, High Dependency Unit, Cardiology Centre	3/F
2/F	綜合復康中心 Integrated Rehabilitation Centre	天橋 Link bridge	日間醫療中心、放射科 Ambulatory Care Centre, Department of Radiology	2/F
1/F	模擬及培訓中心、演講廳 Simulation Training Centre, Auditorium		專科門診 Specialist Out-patient Clinic	1/F
G/F	病人資源中心、義工及非政府組織辦公室、殮房 Patient Resource Centre, Volunteers and NGO Offices, Mortuary		藥劑部、病人聯絡組、繳費及登記處、詢問處、餐廳 Pharmacy, Patient Relations Unit, Shroff and Registration, Enquiry, Cafeteria	G/F
B1/F	物料供應部、無菌物品供應部 Hospital Supplies Unit, Sterile Supplies Unit	中央復康花園 Central Rehabilitation Garden	停車場 Carpark	B1/F

List of Equipment at HKCH

HKCH will have the following equipment when it commissions service by phases in the fourth quarter of 2018:

- Radiographic/Fluoroscopic System
- Digital Radiographic System
- Computed Tomography Scanning System
- Magnetic Resonance Imaging Scanning System
- Radiographic/Fluoroscopic System, Angiography/Interventional
- Vacuum Insulated Evaporator Tank
- Autoclave
- Down-Draft Gross Cut Table
- Laboratory Automation System
- Biological Safety Cabinets
- Hydrotherapy Pool