

立法會
Legislative Council

LC Paper No. PWSC273/18-19
(These minutes have been seen
by the Administration)

Ref: CB1/F/2/1(24)B

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

**Minutes of the 26th meeting
held in Conference Room 1 of the Legislative Council Complex
on Wednesday, 29 May 2019, at 8:30 am**

Members present:

Ir Dr Hon LO Wai-kwok, SBS, MH, JP (Chairman)
Hon Charles Peter MOK, JP (Deputy Chairman)
Hon Tommy CHEUNG Yu-yan, GBS, JP
Hon Starry LEE Wai-king, SBS, JP
Hon CHAN Hak-kan, BBS, JP
Dr Hon Priscilla LEUNG Mei-fun, SBS, JP
Hon Claudia MO
Hon Michael TIEN Puk-sun, BBS, JP
Hon Frankie YICK Chi-ming, SBS, JP
Hon WU Chi-wai, MH
Hon MA Fung-kwok, SBS, JP
Hon CHAN Chi-chuen
Hon CHAN Han-pan, BBS, JP
Hon LEUNG Che-cheung, SBS, MH, JP
Hon Alice MAK Mei-kuen, BBS, JP
Dr Hon KWOK Ka-ki
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 Holden CHOW Ho-ding
Hon Wilson OR Chong-shing, MH
Hon CHEUNG Kwok-kwan, JP
Hon LUK Chung-hung, JP
Hon LAU Kwok-fan, MH
Dr Hon CHENG Chung-tai
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
Hon CHAN Hoi-yan

Members absent:

Hon Abraham SHEK Lai-him, GBS, JP
Hon HO Kai-ming
Hon Tanya CHAN
Hon HUI Chi-fung
Hon KWONG Chun-yu

Public officers attending:

Mr Raistlin LAU Chun, JP	Deputy Secretary for Financial Services and the Treasury (Treasury) ³
Mr LAM Sai-hung, JP	Permanent Secretary for Development (Works)
Ms Bernadette LINN, JP	Permanent Secretary for Development (Planning and Lands)
Ms Maisie CHENG Mei-sze, 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) ²
Mrs Sylvia LAM YU Ka-wai, JP	Director of Architectural Services
Ms Suzanna CHAN Chung-kwan	Chief Project Manager 201 Architectural Services Department

Attendance by invitation:

Dr CHEUNG Nai-kwong	Deputy Hospital Chief Executive (Operations) Prince of Wales Hospital Hospital Authority
Dr Desmond NGUYEN	Hospital Chief Executive Kwai Chung Hospital Hospital Authority
Dr David SUN	Hospital Chief Executive North District Hospital Hospital Authority
Dr Michael WONG	Deputy Hospital Chief Executive (Operations) Princess Margaret Hospital Hospital Authority
Mr Donald LI	Chief Manager (Capital Planning) Hospital Authority
Mr Andrew WONG	Chief Project Manager (Capital Projects) ¹ Hospital Authority

Dr Chris TSANG

Senior Manager (Planning and
Commissioning)
Kowloon West Cluster
Hospital Authority

Clerk in attendance:

Mr Derek LO

Chief Council Secretary (1)5

Staff in attendance:

Ms Anki NG

Council Secretary (1)5

Miss Queenie LAM

Senior Legislative Assistant (1)2

Ms Michelle NIEN

Legislative Assistant (1)5

Ms Clara LO

Legislative Assistant (1)9

Action

The Chairman advised that there were eight discussion papers on the agenda for the meeting. The first, third to sixth items were funding proposals which had yet been deliberated by the Subcommittee at its previous meeting, while the second, seventh and eighth items were new funding proposals submitted by the Administration. The eight funding proposals involved a total sum of \$30,720.2 million. He reminded members that in accordance with Rule 83A of the Rules of Procedure ("RoP") of the Legislative Council, 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.

Head 703 – Building

PWSC(2019-20)7	81MM	Redevelopment of Kwai Chung Hospital, phases 2 and 3
	75MM	Redevelopment of Prince of Wales Hospital, phase 2 (stage 1)
	3MI	Expansion of North District Hospital
	114MH	Expansion of Lai King Building in Princess Margaret Hospital

2. The Chairman advised that the proposal, i.e. PWSC(2019-20)7, sought to upgrade 81MM, part of 75MM, part of 3MI and part of 114MH to

Category A at an estimated cost of \$7,452.1 million, \$2,781.3 million, \$573.8 million and \$104.0 million respectively in money-of-the-day prices. The Administration consulted the Panel on Health Services on the proposed projects on 18 March 2019. Panel members supported the submission of the funding proposal to the Subcommittee for consideration. A report on the gist of the Panel's discussion was tabled at the meeting.

Redevelopment of Kwai Chung Hospital, phases 2 and 3

Project cost and details

3. Noting that the redevelopment or expansion projects of the four hospitals were projects under the Ten-year Hospital Development Plan ("HDP"), Dr CHENG Chung-tai was of the view that as the redevelopment project of Kwai Chung Hospital ("KCH") might cost over \$10 billion in total, the item should be discussed separately for a more detailed explanation on the relevant project cost required. He also expressed concern about the special positioning and service quality of KCH; the division of work and comparison between KCH, the two treatment centres under KCH and Castle Peak Hospital ("CPH"); and the relationship between KCH and the Administration in promoting the development of psychiatric rehabilitation. Chief Manager (Capital Planning), Hospital Authority ("CM(CP), HA") replied that since KCH was currently applying funding for the entire redevelopment project, while North District Hospital ("NDH") and Princess Margaret Hospital ("PMH") were only applying funding for the preparatory works for their expansion projects, their project costs were not directly comparable.

4. Under Secretary for Food and Health ("USFH") supplemented that KCH was a hospital providing psychiatric services for Kowloon West. Given that its obsolete interior design and ageing hardware, which had been in use for over 30 years, were unable to cater for the provision of modern psychiatric services, it was necessary to improve its hardware, including segregating necessary services such as those provided in specialties of Paediatrics and Adolescent Medicine, Geriatrics, and those provided for people with violent tendency, etc. As far as community integration of modern psychiatric services was concerned, various community resources would be brought into hospital, including day care services and space for interaction, etc. Given that such design was a brand new idea, this element also needed to be incorporated into the project.

Services and facilities

5. Mr Tony TSE enquired whether the increased number of beds upon completion of the redevelopment of KCH would be sufficient to meet the needs of psychiatric patients and for how long they would be sufficient to cope with the service demand. USFH replied that the number of psychiatric beds in hospitals under various clusters of HA varied. Unlike beds in medical and surgical wards which occupancy rate could easily exceed 100%, the occupancy rate of psychiatric beds in some general districts stood at about 70% to 80%, still having room to admit more patients. KCH emphasized that improvement and significant enhancement of other ancillary facilities for psychiatric services, including out-patient clinics, day care services, community services, social clubs, consultation, activity space for patients, etc., should be made.

6. Dr Fernando CHEUNG expressed support for the four hospital projects and hoped that the works could commence as soon as possible. He noted that KCH would transform to a new therapeutic model after redevelopment, while a patient-oriented design would be adopted for the redevelopment project of Prince of Wales Hospital ("PWH"). He opined that HA should adopt a top-down planning approach by discussing the hospital design with various government departments, experts and affected patients, as well as consulting independent and affected persons on the views of various departments and experts. He enquired whether HA had consulted patients and their families on the redevelopment project of KCH (including the design and services required) through a formal consultation channel, when the consultation had been conducted, the number of meetings held, and the number of patients and families participating in the consultation.

7. CM(CP), HA replied that there were advisory committees formed by patients in various hospitals. In the process of planning and design, HA would from time to time discuss with and sought views from them. NDH, an acute hospital, was one of the examples. Certain standard designs had been developed in some recent projects on acute hospitals for general application. As for other special hospitals such as Hong Kong Children's Hospital, user requirements were drawn up with stakeholders through the establishment of project concern groups, and HA would also discuss with patients and their families and listen to their views during the design process.

8. Hospital Chief Executive, Kwai Chung Hospital, Hospital Authority ("HCE/KCH, HA") added that HA conducted a formal consultation on the KCH redevelopment project with various out-patient departments, patient groups, healthcare workers, service users and their families in early March 2019, with some 40 to 50 patients attending the consultation meeting.

Phase 2 of the redevelopment project placed much emphasis on ward design, and service users' expectation needed to suit the actual situation in the hospital. HA would continue to consult patients and their families and then discuss with the contractor on the design of wards and out-patient services.

9. Dr Fernando CHEUNG said that the number of beds in KCH needed to be matched with the provision of community treatment, and it was ideal for a psychiatric hospital to emphasize patients' integration in the community. Unfortunately, the community failed to accommodate the service demands of these patients after HA had slashed the number of psychiatric beds significantly. For instance, the Labour and Welfare Bureau ("LWB") only provided a limited number of supported hostels, halfway houses, etc., while the Housing Department failed to provide adequate compassionate rehousing units for mentally ill patients. As a result, these patients had no alternative but to live in private homes with poor conditions and were unable to live independently in the community. He asked whether the Food and Health Bureau ("FHB") and LWB had communication in this regard so that their service design could complement with each other. Moreover, taking the demolition of the existing quarters in PWH as an example, some service units such as supported hostels for ex-mentally ill persons and people with intellectual disabilities were demolished as well. However, no reprovisioning arrangement was made by HA, rendering a permanent closure of these service units.

10. USFH replied that the mode of psychiatric service delivery and the services required for community support were also changing. For instance, outreach healthcare workers would provide services at residential institutions in the community, and case managers would be assigned to handle serious cases, etc. The relevant policy bureaux and government departments ("B/Ds") would maintain communication and complement each other in respect of their modes of service delivery.

11. Mr CHAN Han-pan said that KCH would transform from an institutional to a therapeutic model, and would collaborate with community mental health centres to provide relevant support and services. He enquired about the support and services to be provided to community mental health centres by KCH, how the problem of insufficient support for day services could be solved, whether evening out-patient service could be provided or reference could be made to the service provided by Serene House, CPH, in which attending doctors were ready to provide immediate consultation for patients in acute and emergency conditions.

12. HCE/KCH, HA replied that community mental health centres, apart from providing out-patient service and day hospital service, also have space

for temporary lodging of case managers, so that they could provide users with on-site rehabilitation services as necessary. HA also wished to provide primary mental health information and immediate assistance upon receipt of requests for assistance in these day centres. Currently, there was only one community mental health centre providing a full range of such services, and more centres could be set up in the future on a need basis. This mode of service delivery would be in line with the spirit of community integration and service provision. Due to manpower constraints, evening out-patient service was currently not available. If the staff of daytime out-patient clinics were deployed to evening out-patient clinics, the services of daytime out-patient clinics might be affected. Mitigation measures for holidays included arranging patients to receive injections in hospitals on Sundays. In case of emergency, case managers might also offer enquiry services to patients during holidays.

13. Ms CHAN Hoi-yan said that there was a strong demand for evening psychiatric out-patient service in Kowloon West as the provision of such service in other private hospitals or clinics was limited. She urged the Administration to earmark medical manpower and hardware for setting a target for provision of evening psychiatric out-patient service in the KCH expansion project, especially adolescent mental health service which was in great demand. She asked whether such service would be provided upon completion of the current or future redevelopment project of KCH.

14. HCE/KCH, HA replied that apart from the addition of 80 beds, KCH would enhance its out-patient service upon completion of the redevelopment project. The two existing satellite out-patient clinics, namely West Kowloon Psychiatric Centre and Kwai Chung Psychogeriatric Out-patient Clinic, would be incorporated into the redeveloped KCH for provision of out-patient service. HA had made projection in respect of the space and manpower requirements and proper resource deployment for provision of daytime out-patient service as well as evening out-patient service to be offered in the future.

15. Dr Helena WONG expressed support for the proposed projects for the four hospitals. She asked whether the existing services of KCH would be affected during the redevelopment works, whether there was a need to decant patients to other hospitals temporarily, and the details of the community-based therapeutic model.

16. HCE/KCH, HA replied that as temporary decanting of patients had been arranged during phase 1 of the redevelopment project of KCH, it was no longer necessary to make such arrangement during phases 2 and 3. At present, KCH had already vacated a clinical block and patients were decanted

to the remaining clinical block, while some clinical services had been relocated to a decantation building. KCH could now be reconstructed in-situ without affecting the provision of its medical services, including the number of wards and their area. KCH had been adopting the community-based therapeutic model for its service delivery before redevelopment, whereby patients were provided with both in-patient service and treatment to facilitate their integration into the community after recovery.

17. Mr AU Nok-hin was concerned about the accessibility of KCH. Given its location along the hillside, he enquired about getting there directly from the community by public transport, and whether the Administration had considered and addressed the issue of traffic capacity in conducting the redevelopment or expansion project of the hospital.

18. Director of Architectural Services replied that as the entire redevelopment project of KCH was to be upgraded to Category A, construction works could commence expeditiously upon obtaining funding approval from the Finance Committee ("FC") of the Legislative Council. According to the project design of KCH, a lift tower with a link bridge would be constructed on Lai King Hill Road, so that people alighting at the public bus or minibus stops there could take the lift up for several floors, and then proceed directly to KCH on Kwai Chung Hospital Road via the link bridge.

Redevelopment of Prince of Wales Hospital, phase 2 (stage 1)

Project cost and details

19. Citing page 4 of Enclosure 2 to [PWSC\(2019-20\)7](#) on the demolition works of PWH, Mr CHAN Chi-chuen pointed out that as the cost for site works in item 12(a) had already covered that for demolishing the existing ramp, he enquired about the scope of the demolition works in item 12(b), the facilities to be included in the underground service tunnels and associated structures, whether the services of PWH would be affected during the construction works, and the current conditions of Staff Quarters and the arrangement to be made during the construction works.

20. CM(CP), HA replied that the demolition works included demolishing PWH's Staff Quarters, existing roads, as well as underground service tunnels and associated structures. Staff Quarters had already been vacated and would be demolished upon obtaining funding approval from FC. Underground service tunnels included underground facilities such as drain pipes and cables. Those facilities, if connected to Staff Quarters and other structures of the hospital, decanting might be required prior to the demolition works. Given that foundation works might cause vibration, it would be

necessary for PWH to make some special arrangements, such as rescheduling the surgeries. PWH would try its best to minimize the impact on its medical services throughout the project period.

Services and facilities

21. Citing the Administration's paper recently submitted to the Tai Po District Council, Mr CHAN Chi-chuen pointed out that about 66 full-time doctors in the New Territories East Cluster ("NTEC") left service in 2018 and 11 part-time doctors also quitted their jobs. The length of service of these doctors, including a number of internists and consultants, was about 13.57 years on average. He sought a comparison of the attrition rate of doctors in NTEC and other clusters, and asked whether NTEC had sufficient healthcare manpower to cope with the medical service demand after the PWH redevelopment.

22. USFH replied that as far as the supply of healthcare manpower was concerned, the Administration was adopting a multi-pronged approach to meet the short, medium and long-term demands, such as planning for the intake of undergraduates in Medicine once every three years, implementing the Special Retired and Rehire Scheme, as well as recruiting part-time staff and attracting overseas doctors to practise in Hong Kong. At the request of Mr CHAN Chi-chuen, the Administration would provide the comparison of the attrition rate of doctors in PWH, NDH and other hospitals from January to December 2018.

(Post-meeting note: The supplementary information provided by the Administration was circulated to members vide LC Paper No. PWSC259/18-19(01) on 28 June 2019.)

Expansion of North District Hospital

Project cost and details

23. Mr Gary FAN expressed support for the proposed projects of the four hospitals. Citing Annex 2 to Enclosure 3 to [PWSC\(2019-20\)7](#), he pointed out that the cost of the NDH project was some \$570 million, of which over \$470 million was estimates for consultants' fees, but excluding those for site investigations and contract administration. It was really expensive compared to the estimates for consultants' fees for expansion of Lai King Building ("LKB") in PMH, which was only some \$70 million out of the about \$100 million project costs. He said that the costs for the studies related to artificial islands in the Central Waters recently endorsed by the Subcommittee was only about \$500 million, and questioned why the

estimated consultants' fees for the NDH project were so high. He also enquired about the respective numbers and man-months of professional and technical staff who were responsible for design, preparation of tender documents and assessment of tenders, as well as the estimation and details of the consultants' fee.

24. CM(CP), HA replied that the cost of preparatory works for a project was determined by its scale. The estimated cost of the entire expansion of NDH was about \$18 billion, while that of the entire expansion of LKB in PMH was some \$3 billion, representing a similar proportion of consultants' fees for the preparatory works to their project scales. The consultancy would, by making estimation in respect of the project scale and duration, come up with the estimates for consultants' fees. The respective numbers of professional and technical staff to be recruited and the man-months required would then be determined, and the relevant fees would be set in accordance with the contract. At the request of Mr Gary FAN, HA would provide the respective numbers and man-months of professional and technical staff who were responsible for design, preparation of tender documents and assessment of tenders, as well as the estimation and details of the consultants' fee.

(Post-meeting note: The supplementary information provided by the Administration was circulated to members vide LC Paper No. PWSC259/18-19(01) on 28 June 2019.)

25. Mr CHU Hoi-dick said that as far as the planning and engineering study for artificial islands in the Central Waters was concerned, the total man-months of professional and technical staff for the feasibility studies on the transport infrastructure and the works near Cheung Chau South were about 3 176, while the corresponding man-months currently required for the NDH project were about 4 159. He asked whether the complexity of the NDH project and the proportion of consultants' fees to the total project costs were higher than those of reclamation or other infrastructure projects, and whether there were other special elements which had contributed to the higher proportion of consultants' fees. In addition, the total costs of the expansion of LKB in PMH was about \$3 billion, of which about \$100 million were consultants' fees, while the consultants' fees for the NDH project, which total cost was around \$18 billion, were about \$400 million. He asked whether the proportion of consultants' fees for these projects was calculated in a ratio of around 30:1 or 40:1.

26. CM(CP), HA replied that the current consultants' fees for the NDH project was just an estimate. As no information on other projects was available, he could not tell the difference between the design of hospitals and artificial islands and make a comparison. The consultants' fees for hospital

projects were calculated as a certain percentage of the total project costs. Generally speaking, the higher the project cost, the lower the percentage and vice versa. The percentage was derived on the basis of the tenders for similar projects previously received.

27. Mr Tony TSE said that the four hospitals had applied for funding for estimated consultants' fees in different ways. In general, hospitals would split the project consultants' fees by first applying for funding for consultants' fees for advance works, and then that for the relevant consultants' fees during the construction period. He enquired whether funding for the consultants' fees in the NDH project was applied for both advance and construction works in one go, and whether the consultant had made any recommendation on the selection of designs and factors that had to be taken into consideration. He opined that it was neither scientific nor professional if the consultants' fees for preparatory works were calculated merely on the basis of the proportion to the project cost without taking its complexity and duration into account. He also suggested that the Administration should consider whether the some \$200,000 consultants' fees for management of resident site staff were sufficient.

28. CM(CP), HA replied that a conventional approach had been adopted in applying for funding for consultants' fees in the NDH project, whereby the consultant would first draw up a detailed design and then carry out the construction works. Hence, the current consultants' fees covered a detailed design and tender documentation for the project. Funding application for the consultants' fees for construction works would be submitted separately prior to its commencement. As for the KCH project, funding for its design and construction works was applied for in one go. The consultancy team, comprising independent quantity surveyors hired by HA, would make recommendations and advise on the cost in respect of various design options, including valuation of quantities, so as to facilitate HA to adopt the most cost-effective one.

Expansion of Lai King Building in Princess Margaret Hospital

Project cost and details

29. Citing paragraph 18 of Enclosure 4 to [PWSC\(2019-20\)7](#), Ms Alice MAK, a member of Kwai Tsing District Council ("KTDC"), pointed out that when HA consulted KTDC on the expansion project of PMH, KTDC opined that the project scale should be expanded as the addition of six storeys from the ground level alone was inadequate. HA replied at that time that the suggestion could not be considered due to the plot ratio and planning restrictions. KTDC considered that to expand the development scale, the

"single site, multiple use" model could be adopted for public facilities if necessary, including relaxation of plot ratio, and requested HA and the relevant government departments to study the matter. She asked whether HA had requested various government departments to explore whether the plot ratio of the PMH site could be raised.

30. Permanent Secretary for Development (Planning and Lands) replied that under the existing mechanism, there were channels for an individual organization to apply for raising the plot ratio for its community site. In considering the application, the relevant government departments would assess whether the possible traffic, visual and air circulation impacts were acceptable. If there were sufficient justifications for the application, the relevant departments would submit the application to the Town Planning Board ("TPB") for consideration. Based on past experiences, TPB would, in making a decision, give full consideration to the justifications provided by the applicant and the assessment made by professional departments.

31. CM(CP), HA supplemented that the increase of height restriction for the PMH site needed to be further studied. HA had added a clause in the engagement contract with the project consultant, instructing it to explore how to strive for the increase of height restriction for the hospital site from the Planning Department ("PD"). There were successful cases in which the height restriction for the projects of PWH and Kai Tak Hospital ("KTH") was increased.

Services and facilities

32. Mr Holden CHOW enquired whether the existing services of PMH, especially its convalescent, rehabilitation and infirmary in-patient services, would be affected during the course of expansion of LKB in PMH, and whether new facilities and services would be provided after the expansion. Given that some residents in Tung Chung would also use the general medical services of PMH, he asked whether the Administration would expedite the upgrading of North Lantau Hospital ("NLTH") to a general hospital, so as to meet the demand for medical services of Tung Chung residents.

33. Senior Manager (Planning and Commissioning), Kowloon West Cluster, HA replied that under the expansion project of LKB in PMH, a new extension block would first be constructed. Upon completion, services in the old block would be decanted to it, followed by other renovation works to be carried out in the old block. Hence, the services provided in the old block would not be affected during the project period.

34. USFH supplemented that every hospital played a specific role in its cluster. The role of LKB under planning was to provide extended nursing, healthcare and rehabilitation services, and such demand would increase with the growing and ageing population. It was therefore necessary to enhance the capacity of medical services. The services provided by the Kowloon West Cluster under the first and second HDPs were regarded as a whole package. Under the second HDP, NLTH would further increase the number of beds to meet the district's needs. As to whether NLTH would be upgraded to a general hospital, the planning of the entire hospital cluster needed to be taken into consideration.

Views on the projects of the four hospitals

Calculation method for consultants' fees

35. Citing Annex 2 to Enclosure 2 to [PWSC\(2019-20\)7](#), Mr WU Chi-wai pointed out that in the breakdown of the estimates for consultants' fees and resident site staff cost for the redevelopment of PWH, a multiplier of 1.6 was applied to the average Master Pay Scale salary point to estimate the cost of professional and technical staff. The multiplier was 2 or 1.6 for NDH, and 2 for PMH. He enquired about the basis for determining these multipliers.

36. CM(CP), HA replied that a standard method was adopted for calculating the estimates for consultants' fees. Different multipliers were applied as the staff cost for those working in the consultants' offices should take a portion of the office rent into account, while that for their resident site staff did not need to include any office rent. Permanent Secretary for Development (Works) added that the reasons for applying different multipliers of 2.0 and 1.6 in the estimates for consultants' fees for NDH had been set out on page 1 of Annex 2 to Enclosure 3 to [PWSC\(2019-20\)7](#). At Mr WU Chi-wai's request, the Administration would provide supplementary information on the calculation method.

(Post-meeting note: The supplementary information provided by the Administration was circulated to members vide LC Paper No. PWSC259/18-19(01) on 28 June 2019.)

Plot ratio and foundation load

37. Mr WU Chi-wai, Mr Andrew WAN, Dr KWOK Ka-ki and Mr CHAN Chi-chuen urged the Administration to maximize the plot ratio of the four hospital sites in planning, so as to meet the medical needs of a growing and ageing population in the future, and strive to provide more medical facilities for patients with various needs. The Hong Kong Planning

Standards and Guidelines ("HKPSG") should also be updated as early as possible in order to increase the plot ratio of the relevant facilities and the number of parking spaces in the relevant car parks. Mr WU Chi-wai and Mr Andrew WAN expressed their concerns over the increase of parking spaces in the hospital projects.

38. USFH replied that the Government in principle agreed to optimize land utilization of hospital sites and would explore the possibility of increasing their plot ratios in planning. As for increasing the plot ratio of hospital sites, HA had added a clause in its contract with the PMH project consultant, requiring it to explore the increase of height restriction for the hospital site. CM(CP), HA supplemented that parking spaces at hospitals were basically for visitors and their healthcare staff. According to HKPSG, the highest standard of parking spaces was one parking space for every three beds. As for out-patient doctors, one parking space would be allocated to 1 to 1.5 doctors.

39. Mr WU Chi-wai enquired whether the Administration could strive to relax the height restriction in planning and reserve foundation load for the four projects to allow addition of ancillary facilities on these sites in the future. He also asked whether the Administration could apply for change of plot ratio and height restriction for the four hospital sites concurrently during the project period.

40. CM(CP), HA replied that the Administration would examine each application for increasing the foundation load of a hospital site, and would reserve appropriate load for addition of facilities if necessary and feasible. HA had requested PD to raise the plot ratio or height restriction for hospital projects as far as possible almost every time. For instance, the current height restriction for PWH had been increased from 80 metres above Principal Datum ("mPD") to 100 mPD, and further to 105 mPD in a recent application. As far as foundation load was concerned, an estimate on which could only be made if information on the permissible height of the building was available.

41. At the request of Mr WU Chi-wai, the Administration would provide a table to list the development parameters, including height restriction, plot ratio and number of car parks upon completion, etc. of each of the four hospital projects, so as to cope with their respective numbers of healthcare staff and beds.

(Post-meeting note: The supplementary information provided by the Administration was circulated to members vide LC Paper No. PWSC259/18-19(01) on 28 June 2019.)

42. Mr Andrew WAN enquired about the appropriate administrative measures taken by the Development Bureau to urge B/Ds to optimize land utilization in those projects. With regard to the increase of plot ratio, he asked whether underground space development would be considered for hospital projects, such as provision of certain medical services in the basement, whether such development would be the Administration's future direction and whether the relevant costs could be increased accordingly.

43. Permanent Secretary for Development (Planning and Lands) replied that when B/Ds implemented the redevelopment plans of facilities under their purview, PD and the Government Property Agency would, according to the established mechanism, assess whether the relevant sites had reached their maximum plot ratios and height restrictions in respect of their uses. However, it often took several years for a project from initial planning to submission of funding proposal, during which environmental changes in the vicinity of the site might affect the assessment on the plot ratio made in early years. As such, the Government might need to choose and consider carefully whether the increase of plot ratio at a later stage of the project could meet its original schedule. In order to commence the project as scheduled, it might not be appropriate to reactivate the procedures of increasing the plot ratio, including those involving TPB and road widening. CM(CP), HA added that HA would explore the possibility of underground space development under the premise of optimizing the plot ratio of hospital projects, an example of which was a two-storey basement to be provided in LKB.

44. Ms Claudia MO enquired about the plot ratio of the four hospital projects and the maximum permissible plot ratio for a hospital, whether fire escape would be affected if a hospital was too high, and whether there were any international standards in this regard.

45. CM(CP), HA replied that the plot ratio of the four hospital projects would be provided in writing after the meeting. From the perspective of hospital planning, the operation of a hospital with too many storeys was generally unsatisfactory because more lifts and stairs would result in a lower efficiency. As such, a hospital should preferably have not more than 10 to 11 storeys. Given the limited land resources in Hong Kong, many local hospitals were up to about 20-storey high. A new design had been adopted for some relatively new hospitals such as PWH and KTH, whereby patients would be evacuated horizontally to different fire compartments on each floor, and suitable lifts would be installed to facilitate firemen to deliver patients in case of fire.

46. Dr KWOK Ka-ki considered that as the projects of PWH and KCH involved foundation works and design engineering, the Administration should seek assistance from other B/Ds before submitting the funding proposals to FC, so as to maximize the plot ratios and gross floor areas for use by these hospitals as well as for provision of other services, including various community services and hostels.

Medical services and facilities

47. Mr WU Chi-wai, Dr Helena WONG and Mr CHAN Chi-chuen enquired about the number of additional beds upon completion of the expansion or redevelopment projects of the four hospitals, and whether and how the Administration would increase healthcare manpower accordingly to cope with the demand for medical services.

48. USFH replied that additional beds would be provided upon completion of the expansion or redevelopment projects of the four hospitals, with 80 for KCH, 450 for PWH, 1 500 for NDH and 400 for PMH. Under the first and second HDPs, some 6 000 and 9 000 additional beds would be provided respectively, and projections of additional healthcare manpower would be made as well. The Government would also release a report on Hong Kong's overall healthcare manpower planning every three years. The second report would be released in 2020, which could serve as reference for the future healthcare manpower requirement.

49. Dr KWOK Ka-ki expressed support for the proposed projects of the four hospitals, but considered that there was an acute shortage of beds in hospitals. Hong Kong has a total shortfall of about 10 000 beds, including convalescent beds, but the redeveloped KCH could only provide about 80 additional beds. He asked whether the number of beds could be increased as far as possible, especially in Kowloon West and New Territories West.

50. USFH advised that the estimated numbers of beds under the first and second HDPs were determined having regard to a basket of factors, including the number of beds occupied and the number of patients in the past, as well as all demographic factors in the future. The relatively small number of additional beds to be provided in KCH was attributed to social integration being promoted in the process of mental rehabilitation there, thus reducing patients' demand for both hospitalization and beds. CM(CP), HA supplemented that according to HKPSG, the standard of 5.5 beds per 1 000 persons was for the purpose of land resources allocation, and the figure covered the beds in both public and private hospitals.

51. Mr CHAN Chi-chuen enquired about the number of storeys of the tallest hospital in Hong Kong, whether the number of beds required was estimated according to the plot ratio or demand, and the measures to be taken to address the possible growth in demand for beds in the future. CM(CP), HA replied that the phase 1 redevelopment project of Queen Mary Hospital involved constructing the tallest hospital block in the territory, which was over 20-storey high. USFH supplemented that the addition of hospital hardware and beds was determined having regard to a basket of factors. HA also had other ways to adjust the use of ancillary services, such as adjusting their fees, which needed to be discussed on different platforms.

52. At 10:21 am, the Chairman announced that the meeting be extended for 15 minutes to allow sufficient time for Subcommittee members who were waiting for their turns to speak to do so, after which he would put the item to vote.

53. Dr Helena WONG enquired about the enhancement of out-patient services, the additional number of operating theatres and the corresponding increase of healthcare manpower upon completion of the four hospital projects. She considered that HA should adopt a dual-track approach in planning whereby hardware and projection of manpower requirement should not be separated. She also enquired about the Administration's and/or HA's new initiatives to increase the manpower of hospitals, measures to attract overseas doctors to practise in Hong Kong, and whether there was a review of the practitioner qualification examination and enhanced mechanism for advancement to consultant doctors.

54. USFH replied that supplementary information on measures to be adopted by HA in projecting the manpower requirement would be provided after the meeting. To address the healthcare manpower shortage, the Government could enhance the manpower of doctors through different means, such as increasing the number of local medical school places and establishing a platform for stakeholders (including the Medical Council of Hong Kong, the Hong Kong Academy of Medicine ("HKAM"), the Hong Kong Medical Association, two local universities which offered medical undergraduate programmes, HA and the Department of Health) to discuss how to further enhance the measures to attract overseas doctors to practise in Hong Kong, including details of qualification examinations, so as to enhance the attractiveness of working here. HA was also reviewing the promotion pathway of doctors and discussing with HKAM the specialist training opportunities for non-locally trained doctors.

55. At the request of Dr Helena WONG, the Administration should provide:

- (a) upon completion of the four hospital projects,
 - (i) the number of additional beds, out-patient consultation rooms, operating theatres and healthcare staff;
 - (ii) the number of car parking spaces and whether there are double-deck car parks;
 - (iii) the number of family-friendly toilets; and
 - (iv) the number of end-of-life roomsin individual hospitals;
- (b) projection of additional healthcare manpower requirements and concrete recruitment arrangements upon completion of the four hospital projects; and
- (c) concrete improvement measures to attract overseas trained doctors under limited registration to practise in Hong Kong, whether there was a review of the practitioner qualification examination and enhanced mechanism for advancement to consultant doctors.

(Post-meeting note: The supplementary information provided by the Administration was circulated to members vide LC Paper No. PWSC259/18-19(01) on 28 June 2019.)

56. On the development of hospitals, Mr CHU Hoi-dick noted that while NDH needed to be expanded to cope with the growing population of New Territories East, the population of New Territories West was also on the rise. He questioned why the construction of Hung Shui Kiu Hospital and the redevelopment of Tuen Mun Hospital and Pok Oi Hospital ("POH") in New Territories West were put under the second HDP, and whether medical services so provided would be unable to catch up with the demand of the growing population.

57. USFH replied that the number of accident and emergency departments and beds would be increased progressively to meet service demand. For example, 30 additional beds were provided in Tin Shui Wai Hospital ("TSWH") last year, and the number of beds would be increased to about 300 at different stages in the near future. As regards the demand for beds in the long run, the prospective expansion of POH and TSWH would

both be considered under the second HDP. The Chairman said that members might raise their concerns over the long-term planning of hospitals at the relevant Panel meetings.

58. Mr Jeremy TAM said that mortuaries in many hospitals did not have suitable areas for keeping abortuses, especially those of less than 24 weeks' gestation. He opined that FHB's new measures should facilitate these families to keep and claim their abortuses, while mortuaries should be designed to cater for their needs. To sympathize the feelings of these families, he also asked whether rooms could be provided for proper handling of abortuses, such as grooming and dressing up for them. Moreover, as locations and facilities for medical abortion in some hospitals were relatively poor, he hoped that HA could provide appropriate rooms for such purpose. He enquired whether the provision of mortuary was included in the four hospital projects and which hospitals would consider providing the above-mentioned facilities.

59. CM(CP), HA replied that the provision of mortuary was included in the projects of PWH, NDH and PMH. HA would consider providing the facilities mentioned by Mr Jeremy TAM in the design of the four hospital projects.

60. At the request of Mr Jeremy TAM, the Administration should provide:

- (a) whether the provision of mortuary would be included in the four hospital projects, and whether the provision of mortuary facilities for abortuses (especially those of less than 24 weeks' gestation) would be considered; and
- (b) whether the provision of special rooms for women to undergo medical abortion as well as rooms and facilities for proper handling of abortuses (such as grooming and dressing up for them) in the four hospitals would be considered.

(Post-meeting note: The supplementary information provided by the Administration was circulated to members vide LC Paper No. PWSC259/18-19(01) on 28 June 2019.)

Voting on PWSC(2019-20)7

61. There being no further questions from members on the item, the Chairman put PWSC(2019-20)7 to vote.

62. The item was put to vote and unanimously endorsed by seven members present and voting. The Chairman asked members whether the item needed to be voted on separately at the relevant FC meeting. Dr KWOK Ka-ki requested that the item, i.e. PWSC(2019-20)7, be voted on separately at the relevant FC meeting.

63. The meeting ended at 10:45 am.

Council Business Division 1
Legislative Council Secretariat
19 July 2019