



中華人民共和國香港特別行政區政府總部食物及衛生局
Food and Health Bureau, Government Secretariat
The Government of the Hong Kong Special Administrative Region
The People's Republic of China

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27 June 2019

Ms Doris LO,
Clerk to Public Works Subcommittee
Legislative Council Complex,
1 Legislative Council Road,
Central, Hong Kong

Dear Ms Lo,

Public Works Subcommittee

Follow-up to the meeting on 29 May 2019

At the request of Members raised at the meeting on 29 May 2019, we provide the following supplementary information for the item on the four hospital projects under the First Ten-year Hospital Development Project (HDP) (PWSC (2019-20)7):

- (1) *The Hon FAN Kwok-wai, Gary requested the Government to provide the following supplementary information on the preparatory works for the expansion of North District Hospital (NDH) –*
 - (a) *On the breakdown of the estimates for consultants' fees and resident site staff (RSS) costs (Annex 2 to Enclosure 3), the number of professional staff and technical staff, with the estimated man-months, responsible for design, preparation of tender documents and assessment of tenders respectively; and*
 - (b) *consultants' fee estimation and details.*

2. Please refer to **Annex 1** for the breakdown of number of professional staff and technical staff as well as the estimated man-months for the preparatory works for the expansion of NDH.

3. The estimates of consultants' fee for the expansion of NDH are calculated by using the estimates of consultants' fee for other hospital projects of similar scales as the benchmarks. The consultants' fee estimates are expressed as a percentage of the construction costs of the project. The consultants' fee for the NDH expansion project is currently estimated to be 5.8% of the estimated construction costs of that project. This estimated percentage is similar to that of other hospital projects with similar scales. For example, the average values of the three lowest returned prices of the consultancy tenders for the redevelopment of Kwong Wah Hospital (KWH) and the expansion of United Christian Hospital (UCH) were 5.8% and 6.3% of the construction costs of the respective projects.

(2) *The Hon CHAN Chi-chuen requested the Government to provide the comparison of attrition rate of doctors in NDH, Prince of Wales Hospital (PWH) and other hospitals in 2018-19 (January-December 2018).*

4. The Hospital Authority (HA) organizes clinical services on a cluster basis. The table below sets out the full-time attrition rate of doctors in each cluster in 2018-19 (January to December 2018):

Cluster	Full-time Attrition (Wastage) Rate
Hong Kong East	5.4%
Hong Kong West	6.4%
Kowloon Central	4.6%
Kowloon East	6.9%
Kowloon West	6.1%
New Territories East	6.9%
New Territories West	6.5%

Notes:

1. Doctors exclude Interns and Dental Officers.
2. Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on headcount basis.

3. Rolling Attrition (Wastage) Rate = (Total number of staff left HA in the past 12 months / Average strength in the past 12 months) x 100%.
4. Since April 2013, attrition (wastage) for the HA FT and PT workforce has been separately monitored and presented, i.e. FT Attrition (Wastage) Rate and PT Attrition (Wastage) Rate, respectively.

(3) *The Hon WU Chi-wai requested the Government to provide:*

- (a) *In the breakdown of the estimates for consultants' fees and RSS costs for the redevelopment of PWH (Annex 2 to Enclosure 2), a multiplier of 1.6 is applied to the average MPS salary point to estimate the costs of professional staff and technical staff. The multiplier is 1.6 or 2 for NDH, and 2 for Princess Margaret Hospital (PMH). What is the basis of applying these multipliers; and***
- (b) *a table to list the development parameters, including height restriction, plot ratio and number of carparks upon project completion, etc. of each of the four hospital projects under this item.***

5. The multipliers applied for calculating consultancy fee and resident site staff fee, i.e., 2 and 1.6 respectively, are based on the standard multiplier factors set out in the Government's prevailing guidelines. In addition to the salaries of the professional and technical staff, the aforementioned multiplier factors also provide for meeting overhead costs (such as the consultants' office accommodation and other supporting staff), as well as payment of normal staff benefits (such as gratuities, housing, children's education and medical insurance). The lower multiplier factor for site staff reflects the lower overhead and accommodation costs that the consultant has to bear.

6. HA aims to optimize the site utilization as far as practicable for all projects under the Ten-year HDP subject to the scope and nature of individual project and the respective site conditions and development opportunities. The development parameters for the redevelopment or expansion of the four hospital projects are provided as follows:

Project	Proposed Building Height	Proposed Plot Ratio	Number of Carparks upon project completion
Redevelopment of Kwai Chung Hospital (KCH), phases 2 and 3	100-120mPD#	2.3 (4.1 if site area of existing slopes and Kwai Chung Hospital Road are excluded)	Staff: 259 Public: 10 Motorcycle: 14 Non-Emergency Ambulance Transfer Service (NEATS): 5 Rehab Bus: 2 Hospital Large Vehicles: 2
Redevelopment of PWH, phase 2 (stage 1)	105mPD (Main roof level)	6.8 (Whole phase 2)	Visitor/staff: 732 Disabled: 8 Motorcycle: 18 Ambulance/NEATS: 9
Expansion of NDH	100mPD (Main roof level)	5.5 (Expansion site)	Visitors/staff: 880 Disabled: 11 Motorcycle: 88 Ambulance: 8 NEATS: Minimum 3 (subject to operational needs)
Expansion of Lai King Building (LKB) in PMH	179mPD##	4.38 (New block)	Private: 112 Disabled: 3 Motorcycle: 5 Ambulance: 5 NEATS: 9

The height restriction for KCH is increased from 110mPD to 120mPD according to the approved planning application No. A/KC/451.

According to the draft Kwai Chung Outline Zoning Plan No. S/KC/29, the expansion site for Lai King Building in Princess Margaret Hospital is restricted to a maximum building height of 7 storeys or the height of the existing building, whichever is the greater.

(4) *The Hon WONG Pik-wan, Helena requested the Government to provide:*

(a) *Upon completion of the four hospital projects,*

(i) *the number of additional beds, outpatient consultation rooms,*

operating theatres and healthcare staff;

(ii) the number of car parking spaces and whether there are double-deck carparks;

(iii) the number of family-friendly toilets; and

(iv) the number of end-of-life rooms

in individual hospitals.

7. The number of additional beds, outpatient consultation rooms, operating theatres and healthcare staff in individual hospitals upon completion of the four hospital projects are provided as follows:

Project	Number of Additional Beds upon project completion	Number of Additional Outpatient Consultation Room upon project completion	Number of Additional Operating Theatre upon project completion	Number of Additional Healthcare Staff upon project completion
Redevelopment of KCH, phases 2 and 3	80	26	0	This figure is not available for the time being. However, HA will closely monitor the manpower situation, assess manpower requirements, make suitable arrangements in manpower planning, and flexibly deploy and recruit staff to ensure the services and operational needs of the projects are met.
Redevelopment of PWH, phase 2 (stage 1)	450	The area and number of rooms of the Specialist Outpatient Department will remain unchanged. Its number of facilities or area will be planned at phase 2 (stage 2) redevelopment	16	
Expansion of NDH	1 500	Will be planned at the detailed design stage	Will be planned at the detailed design stage	
Expansion of LKB in PMH	400	0	0	

8. For the number of car parking spaces in individual hospitals upon completion of the four hospital projects, please refer to the reply to question 3(b) at paragraph 6 above. The car parking spaces to be provided are not double-deck carpark.

9. The number of family-friendly toilets in individual hospitals upon completion of the four hospital projects is provided as follows:

Project	Number of Family-friendly Toilets upon project completion
Redevelopment of KCH, phases 2 and 3	2
Redevelopment of PWH, phase 2 (stage 1)	3
Expansion of NDH	The design for the two expansion projects will commence upon the engagement of design consultancies after the projects are upgraded to Category A. The number of family-friendly toilets will be reviewed in line with the design.
Expansion of LKB in PMH	

10. The number of end-of-life rooms in individual hospitals upon completion of the four hospital projects is provided as follows:

Project	Number of End-of-Life Rooms upon project completion
Redevelopment of KCH, phases 2 and 3	0
Redevelopment of PWH, phase 2 (stage 1)	32
Expansion of NDH	The design for the two expansion projects will commence upon the engagement of design consultancies after the projects are upgraded to Category A. The number of end-of-life rooms will be reviewed in line with the design.
Expansion of LKB in PMH	

(b) projection of additional healthcare manpower requirements and concrete recruitment arrangements upon completion of the four hospital projects; and

11. This figure is not available for the time being. However, HA will closely monitor the manpower situation, assess manpower requirements, make suitable arrangements in manpower planning, and flexibly deploy and recruit staff to ensure the services and operational needs of the projects are met.

(c) concrete improvement measures to attract overseas trained doctors under limited registration to work in Hong Kong, whether there is a review of the practitioner qualification examination and enhanced mechanism for advancement to consultant doctors.

12. Since 2011-12, HA has resorted to recruitment of non-locally trained doctors under limited registration (LR) as one of the measures to alleviate the heavy workload of frontline doctors. Up to April 2019, a total of 42 applications for LR from non-locally trained doctors have been submitted and approved by the Medical Council of Hong Kong (MCHK), with 12 non-locally trained doctors working in HA.

13. Upon commencement of the Medical Registration (Amendment) Ordinance 2017, the validity period and renewal period of LR have been extended from not exceeding one year to not exceeding three years. Together with a series of enhancements initiated, recruitment of more non-locally trained doctors through the LR scheme will be expected. The enhancements focused on three aspects, namely mechanism of post and budget allocation and monitoring with supernumerary posts and additional funding for LR recruitment; recruitment and communication strategies; and career prospect and training opportunities.

14. HA has introduced further measure to enhance the career advancement prospect of non-locally trained doctors since April 2019. Service Residents working under limited registration in HA will have the chance to be promoted to Associate Consultant if they obtain specialist qualification and possess five or more years of clinical experience in HA. HA will continue to communicate and further liaise with various stakeholders, including MCHK and the Hong Kong Academy of Medicine, on facilitating the arrangement of specialist training and internship training of LR doctors. In parallel, HA will continue to review and monitor the manpower situation, as well as to continue to recruit and retain local doctors by implementing measures to improve working conditions, enhance promotion opportunities and relieve the workload of frontline doctors.

(5) *The Hon TAM Man-ho, Jeremy requested the Government to provide-*

- (a) *Whether the four hospital projects will include the provision of mortuary, and whether mortuary facilities for abortus (especially abortus of less than 24 weeks) will be considered; and*
- (b) *whether the provision of special rooms for women for medical abortion as well as rooms and facilities for proper handling of abortus (such as grooming and dressing up for the abortus) will be considered in the four hospitals.*

15. Except for KCH, the other three hospitals all have the provision of mortuary. HA has already formed a task group to discuss issues relating to the handling of abortus in HA hospitals, including the review of the current workflow and related facilities for medical abortion and the handling of abortus. The task group will propose measures to manage the issues relating to the handling of abortus after due consideration of the overall services of the Obstetrics & Gynaecology specialty and the mortuary.

Yours sincerely,



(Ms Elaine YIP)

for Secretary for Food and Health

c.c. Secretary for Financial Services and the Treasury
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3MI (part) – Expansion of North District Hospital – preparatory works

Breakdown of the estimates for consultants' fees and resident site staff (RSS) cost (in September 2018 prices)

		Estimated man- months	Average MPS* salary point	Multiplier (Note 1)	Estimated fee (\$ million)
(a) Consultants' fees for -					
(i) Detailed design and supervision of site investigation works (Note 2)	Professional	910	38	2.0	149.2
	Technical	1495	14	2.0	85.9
(ii) Preparation of tender documents and assessment of tenders (Note 2)	Professional	411	38	2.0	67.4
	Technical	677	14	2.0	38.9
				Sub-total	341.4
(b) Resident site staff (RSS) costs (Note 3)	Professional	14	38	1.6	1.8
	Technical	44	14	1.6	2.0
				Sub-total	3.8
Comprising -					
(i) Consultants' fees for management of RSS				0.2	
(ii) Remuneration of RSS				3.6	
				Total	345.2

* MPS = Master Pay Scale

Notes

1. A multiplier of 2.0 is applied to the average MPS salary point to estimate the full staff cost including the consultants' overheads and profit for staff employed in the consultants' offices. A multiplier of 1.6 is applied to the average MPS salary point to estimate the cost of RSS (as at now, MPS salary point 38 = \$81,975 per month and MPS salary point 14 = \$28,725 per month).
2. The actual man-months and fees will only be known when we have selected the consultants through the usual competitive bid system.
3. The actual man-months and fees will only be known after completion of the works.

Remarks

The figures in this document are shown in constant prices to correlate with the MPS salary point of the same year.