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

**Minutes of the 17th meeting
held in Conference Room 1 of the Legislative Council Complex
on Wednesday, 27 May 2020, at 8:30 am**

Members present:

Ir Dr Hon LO Wai-kwok, SBS, MH, JP (Chairman)
Hon Charles Peter MOK, JP (Deputy Chairman)
Hon Abraham SHEK Lai-him, GBS, JP
Hon Tommy CHEUNG Yu-yan, GBS, JP
Hon CHAN Hak-kan, BBS, JP
Dr Hon Priscilla LEUNG Mei-fun, SBS, JP
Hon Claudia MO
Hon Frankie YICK Chi-ming, SBS, JP
Hon WU Chi-wai, MH
Hon CHAN Chi-chuen
Hon CHAN Han-pan, BBS, JP
Hon LEUNG Che-cheung, SBS, MH, JP
Hon Alice MAK Mei-kuen, BBS, JP
Hon Christopher CHEUNG Wah-fung, SBS, JP
Dr Hon Fernando CHEUNG Chiu-hung
Dr Hon Helena WONG Pik-wan
Hon Alvin YEUNG
Hon Andrew WAN Siu-kin
Hon CHU Hoi-dick
Dr Hon Junius HO Kwan-yiu, JP

Hon HO Kai-ming
Hon Holden CHOW Ho-ding
Hon Wilson OR Chong-shing, MH
Hon Tanya CHAN
Hon CHEUNG Kwok-kwan, JP
Hon HUI Chi-fung
Hon LUK Chung-hung, JP
Hon LAU Kwok-fan, MH
Dr Hon CHENG Chung-tai
Hon KWONG Chun-yu
Hon Jeremy TAM Man-ho
Hon Vincent CHENG Wing-shun, MH, JP
Hon Tony TSE Wai-chuen, BBS
Hon CHAN Hoi-yan

Members absent:

Hon Michael TIEN Puk-sun, BBS, JP
Hon MA Fung-kwok, SBS, JP

Public officers attending:

Mr Howard LEE Man-sing	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)
Mr Jack CHAN Jick-chi, JP	Under Secretary for Home Affairs

Ms Iona SHAM Hiu-tung	Principal Assistant Secretary for Home Affairs (Culture)2
Ms Winnie HO Wing-yin, JP	Deputy Director of Architectural Services
Mr Henry LOK Wan-pak	Senior Project Manager 333 Architectural Services Department
Miss Eve TAM Mei-yee	Assistant Director of Leisure and Cultural Services (Heritage and Museums)
Ms Ronne YUEN Yuet-po	Head (Museum Projects and Development) Leisure and Cultural Services Department
Ms Paulina CHAN Shuk-man	Museum Director (Science Museum) Leisure and Cultural Services Department
Ms Belinda WONG Sau-lan	Museum Director (Museum of History) Leisure and Cultural Services Department
Mr Paul CHENG Ching-wan	Principal Assistant Secretary for Home Affairs (Recreation and Sport)1
Mr Stephen IP Shing-tak	Chief Technical Adviser (Subvented Projects) Architectural Services Department
Dr CHUI Tak-yi, JP	Under Secretary for Food and Health
Miss Trista LIM Mei-yee	Principal Assistant Secretary for Food and Health (Health)2
Ms Maisie HO Mei-chi	Principal Assistant Secretary for Food and Health (Health)5
Mrs Sylvia LAM YU Ka-wai, JP	Director of Architectural Services

Mr Anfield CHIU Chun-ting	Senior Project Manager 227 Architectural Services Department
Dr Teresa LI Mun-pik	Assistant Director of Health (Health Administration and Planning)
Mr Charles LEUNG Sai-cheong	Chief Social Work Officer (Rehabilitation and Medical Social Services) ² Social Welfare Department

Attendance by invitation:

Dr Trisha LEAHY, BBS	Chief Executive Hong Kong Sports Institute
Dr Tony CHOI	Deputy Chief Executive Hong Kong Sports Institute
Dr Raymond SO	Director Elite Training Science & Technology Hong Kong Sports Institute
Ms Monita HO	Associate Director (Estate Office) Hong Kong Sports Institute
Mr AU King-tung	Executive Director DLN Architects Hong Kong Limited
Mr C K CHAN	Executive Director Arcadis Design & Engineering Limited
Ms Lysander LAM	Director Arcadis Hong Kong Limited
Dr TOM Kam-tim	Cluster Chief Executive Kowloon East Cluster Hospital Authority
Dr CHAN Kam-hoi	Chief Manager (Planning & Commissioning Section) Hong Kong West Cluster Hospital Authority

Dr Eric HUI	Chief of Service, Department of Family Medicine New Territories East Cluster Hospital Authority
Dr Michael WONG	Deputy Hospital Chief Executive North Lantau Hospital Hospital Authority
Mr Donald LI	Chief Manager (Capital Planning) Hospital Authority
Mr Andrew WONG	Chief Project Manager (Capital Projects)1 Hospital Authority

Clerk in attendance:

Ms Doris LO	Chief Council Secretary (1)2
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Staff in attendance:

Mr Raymond CHOW	Senior Council Secretary (1)10
Ms Christina SHIU	Legislative Assistant (1)2
Ms Christy YAU	Legislative Assistant (1)8
Ms Clara LO	Legislative Assistant (1)9

Action

The Chairman advised that there were 12 papers for discussion on the agenda for the meeting. Items 1 to 11 were funding proposals carried over from the previous meeting, while item 12 was a new submission from the Administration. These 12 funding proposals involved a total funding allocation of \$47,710.8 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)25 75RE Expansion of Hong Kong Science Museum and Hong Kong Museum of History

Head 708 – Capital Subventions and Major Systems and Equipment

54QJ New facilities building of the Hong Kong Sports Institute

2. The Chairman advised that the proposal, i.e. [PWSC\(2019-20\)25](#), sought to upgrade part of 75RE (i.e. "Preconstruction activities for expansion of Hong Kong Science Museum and Hong Kong Museum of History") and part of 54QJ (i.e. "Pre-construction activities for new facilities building of the Hong Kong Sports Institute) to Category A at estimated costs of \$72.8 million and \$54.7 million in money-of-the-day ("MOD") prices respectively. The Subcommittee had commenced deliberation on the proposal at the previous two meetings (i.e. those held on 11 and 13 May 2020) and would now continue with the deliberation.

Voting on PWSC(2019-20)25

3. There being no further questions from members on the item, the Chairman put [PWSC\(2019-20\)25](#) to vote.

4. The item was voted on and endorsed. The Chairman consulted members on whether the item would require separate voting at the relevant Finance Committee meeting. No member made such a request.

Head 708 – Capital Subventions and Major Systems and Equipment

**PWSC(2020-21)3 4MJ Expansion of United Christian Hospital
3MP Redevelopment of Grantham Hospital,
phase 1**

Head 703 – Building

74MM Community health centre cum social welfare facilities at Pak Wo Road, North District

85MM Hospital Authority Supporting Services Centre

5. The Chairman advised that the proposal, i.e. [PWSC\(2020-21\)3](#), sought to upgrade 4MJ, part of 3MP, 74MM and 85MM to Category A at estimated costs of \$16,214.1 million, \$1,181.9 million, \$1,780.4 million and \$3,788 million in MOD prices respectively. The Government had consulted the Panel on Health Services regarding the four projects on 20 March 2020.

Members of the Panel 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.

6. The Chairman declared that he was a member of the Hospital Authority ("HA") Board but have no pecuniary interests in this item; and being the Chairman of the Public Works Subcommittee, he would not take part in the voting in accordance with paragraph 39 of the Public Works Subcommittee Procedure.

4MJ – Expansion of United Christian Hospital

7. Dr Helena WONG enquired about the detailed arrangement for hospital services during the expansion works of the United Christian Hospital ("UCH"), including those unaffected by the works and remained available in UCH and those needed to be decanted to other locations in UCH (please provide an illustration) or other hospitals in order to maintain the service provision. Regarding the 560 additional beds to be provided upon completion of the expansion project, Dr WONG enquired whether the number of beds had reached the capacity limit of UCH, and for how many years the additional beds were expected to allow UCH to cope with the growing demand for beds in the district.

8. Under Secretary for Food and Health ("USFH") advised that in a bid to enhance the service standards of UCH, HA would increase the number of operating theatres and beds and set up a new oncology centre to serve cancer patients in the Kowloon East Cluster ("KEC") under the proposed expansion project. The expanded UCH had achieved the maximum development parameters of the site. As the expansion of UCH would take place in-situ, HA had taken measures to minimize the impact of the expansion works on hospital operation, such as building a temporary decanting building (i.e. Block Q) on a site to the north of UCH Block P to decant temporarily a number of healthcare service units including the Dietetics Department, so as to allow UCH to continue providing such services. The back office services had been relocated to the temporary decanting building in Tseung Kwan O Hospital. At the request of Dr Helena WONG, the Administration would provide after the meeting information in writing on the arrangement for service provision of UCH during the expansion works.

(Post-meeting note: The supplementary information provided by the Administration was circulated to members vide [LC Paper No. PWSC164/19-20\(01\)](#) on 9 June 2020.)

9. Mr Wilson OR declared that he was a member of UCH's Hospital Governing Committee. He expressed support for the expansion project of UCH and was looking forward to its early completion. Mr OR was concerned how the Administration would minimize the impact of the proposed expansion works on users of the cultural and recreation facilities near UCH.

10. Chief Manager (Capital Planning), HA ("CM(CP)/HA") explained that as the expansion project of UCH would take place in-situ, and the contractor would only occupy a small part of the adjacent playground for transportation of construction materials during the expansion works, there would not be much impact on the cultural and recreation facilities nearby.

11. Ms CHAN Hoi-yan pointed out that the Administration had earmarked an additional \$5 billion in the 2019-2020 Budget for HA to expedite the upgrading and acquisition of medical equipment. She asked whether the funding would be used to acquire medical equipment for UCH's expansion project. Given the long waiting list for oncology services in KEC, Ms CHAN was also concerned whether the medical equipment in the new oncology centre in UCH could cope with the service demand. Dr Fernando CHEUNG supported the funding proposal and shared the concern expressed by Ms CHAN.

12. USFH replied that with the costs for acquisition of medical equipment already being covered in the expansion project of UCH, HA was planning how to use the additional \$5 billion allocated by the Administration to upgrade and acquire medical equipment. Cluster Chief Executive, KEC, HA ("CCE(KEC)/HA") supplemented that UCH would acquire various medical equipment in accordance with HA's Strategic Plan 2017-2022, so as to fully enhance its oncology services and allow flexibilities for acquisition of more medical equipment in the future if necessary. Ms CHAN Hoi-yan sought supplementary information on the existing major medical equipment for oncology services in UCH and the additional ones to be provided under the proposed expansion project.

(Post-meeting note: The supplementary information provided by the Administration was circulated to members vide [LC Paper No. PWSC164/19-20\(01\)](#) on 9 June 2020.)

13. Dr Fernando CHEUNG enquired whether HA would make reference to the relevant overseas experience and scattered the facilities of ambulatory services throughout various communities instead of centralizing them in the ambulatory block of UCH, so that people in need could receive such services in their own communities.

14. USFH responded that scattering healthcare service facilities over different places or centralizing them in a hospital have their respective pros and cons. For example, scattering the facilities over different places might reduce service efficiency. On the other hand, improving ancillary transport facilities would enhance the accessibility of a hospital. As such, HA would strike a balance between the aforesaid two options.

15. In addition, Dr Fernando CHEUNG sought supplementary information on whether the expanded UCH would re-designate an area for provision of a one-stop crisis support centre for sexual violence victims.

(Post-meeting note: The supplementary information provided by the Administration was circulated to members vide [LC Paper No. PWSC164/19-20\(01\)](#) on 9 June 2020.)

16. Mr HO Kai-ming expressed support for the expansion project of UCH. Citing the artist's impression on the proposed ambulatory block and Block S extension of UCH in Annexes 6 and 7 to Enclosure 1 to [PWSC\(2020-21\)3](#), he asked whether glass curtain walls were used as the design of the facades of the ambulatory block, and whether reflective materials would be used for the facades of Block S extension. If glass curtain walls were used as the design of the facades of the ambulatory block, HA should explain whether the glare reflected by the glass curtain walls would pose nuisance to the neighbouring residents in Shun Tin Estate.

17. CM(CP)/HA explained that the facade materials of the ambulatory block were mainly composed of curtain wall glass and unglazed homogenous ceramic external wall tiles, while the facade of Block S extension were mainly laid with tiles and windows. HA had requested the contractor to use low-reflectivity glass for curtain walls/windows so as to reduce glare effect. The Administration would provide the information requested by Mr HO Kai-ming in writing after the meeting.

(Post-meeting note: The supplementary information provided by the Administration was circulated to members vide [LC Paper No. PWSC164/19-20\(01\)](#) on 9 June 2020.)

18. Mr Wilson OR expressed concern about the impact of the expansion works of UCH on the traffic in the vicinity, and enquired whether the Administration had assessed the impact of the expanded UCH on the traffic in the vicinity and put forth suggestions to address such impact. Dr Fernando CHEUNG was also concerned about how the ancillary transport

facilities and barrier-free facilities of UCH would be improved as a result of the expansion project.

19. USFH and CCE(KEC)/HA replied that the Administration had conducted traffic impact assessment to study how to improve the ancillary transport facilities of UCH to cope with the proposed expansion. During the expansion works, the contractor should ensure that construction vehicles entering and leaving the site would not affect the traffic in the vicinity. In addition, as UCH currently only had one vehicular ingress/egress at Sau Nga Road, an additional vehicular ingress/egress would be provided at Hip Wo Street under the expansion project for traffic diversion. HA would also discuss ways to enhance minibus service with minibus operators in order to meet the demand for public transport service from people seeking consultation in UCH. At the request of Mr Wilson OR, the Administration would explain separately to him the long-term traffic planning of UCH after the meeting.

20. Mr HO Kai-ming said that people currently going to UCH by bus for consultation had to alight outside the hospital, and then enter the hospital via a pedestrian ramp and barrier-free facilities. After UCH had added a vehicular ingress/egress at Hip Wo Street, vehicles entering the hospital via the vehicular ingress/egress at Sau Nga Road could leave via the vehicular ingress/egress at Hip Wo Street without having to turn around, and vice versa. In this connection, Mr HO asked whether HA would consider setting up a bus stop within the hospital area to facilitate patients' access to the hospital for consultation.

21. CCE(KEC)/HA responded that the expansion project of UCH included construction of a covered footbridge connecting the first floor of the various blocks of the hospital. Given that buses were unable to enter UCH due to the height restriction of the footbridge, HA had no plan to set up a bus stop within the hospital area.

22. Mr WU Chi-wai was concerned whether the Administration would construct pedestrian facilities under the expansion project of UCH or other projects in order to improve the connectivity between UCH, which was built along the hillside, and the adjacent developments. Mr HO Kai-ming asked whether pedestrian facilities connecting UCH and Sau Ming Road Park would be built to facilitate access to the hospital by residents in Sau Mau Ping. Mr Wilson OR was also concerned how the pedestrian link network of UCH would be improved.

23. USFH advised that during the planning of the UCH expansion project, the Administration had studied how to strengthen the pedestrian linkage of

UCH to the adjacent developments on condition that it was technically feasible and would not affect hospital operation, and had maintained communication with local communities on the matter. CM(CP)/HA added that HA had reserved funding in the expansion project of UCH for construction of pedestrian linkage to neighbouring site within the hospital boundary, including construction of a new entrance and lift tower/elevated walkway at the northern side of UCH for connecting to the footpath of Sau Mau Ping Road. Having regard to the demands from local communities, HA was also actively exploring with the relevant government departments the feasibility of constructing additional pedestrian connection facilities at other locations in UCH. If the Administration was to proceed with the construction of additional pedestrian connection facilities, separate funding should be sought for this purpose. Mr WU Chi-wai sought supplementary information on the details of various pedestrian connection facilities for UCH being considered by the Administration, including the location of connection and the planned construction timetable.

(Post-meeting note: The supplementary information provided by the Administration was circulated to members vide [LC Paper No. PWSC164/19-20\(01\)](#) on 9 June 2020.)

24. Dr Helena WONG and Ms CHAN Hoi-yan enquired whether car parks and unisex toilets would be provided at the expanded UCH; if car parks were to be provided, the respective ratios of parking spaces for visitors and hospital staff.

25. USFH and CCE(KEC)/HA replied that there was a car park in UCH with 250 parking spaces. Upon completion of the expansion, the number of parking spaces for visitors/staff would be increased to 410. The hospital would flexibly allocate parking spaces according to the different parking needs of visitors and staff in the daytime and at night. Besides, there were 19 family-friendly toilets in UCH.

26. Ms CHAN Hoi-yan noted that the estimated total cost of the UCH expansion project was \$16,314.1 million, of which \$16,214.1 million would be met by government commitment and the remaining \$100 million by the United Christian Medical Service ("UCMS"), the parent organization of the hospital. Ms CHAN was concerned that if UCMS was unable to raise the required fund, whether the shortfall would have to be met by the Government in the end.

27. CCE(KEC)/HA replied that according to the existing arrangement, the parent organization of the hospital should bear part of the cost of the hospital expansion project. With the support of various sectors of the

community, UCMS had already raised the \$100 million required for the UCH expansion project, which would be paid over a period of four years.

3MP – Redevelopment of Grantham Hospital, phase 1

28. Dr Helena WONG asked whether car parks and unisex toilets would be provided in the expanded Grantham Hospital ("GH") for visitors and hospital staff. She also expressed concern about whether a footbridge would be built to connect Ocean Park MTR Station and Nam Fung Road to facilitate patients' access to GH for consultation.

29. USFH said that 82 parking spaces for visitors/staff and 10 family-friendly toilets would be provided in the expanded GH. In addition, the Highways Department would commission a consultant to conduct a feasibility study on the aforesaid footbridge project.

74MM – Community health centre cum social welfare facilities at Pak Wo Road, North District

30. Dr CHENG Chung-tai enquired whether the proposed community health centre cum social welfare facilities at Pak Wo Road, North District ("NDCHC") would be used to re-provision the facilities affected by the development of Kwu Tung North/Fanling North New Development Areas.

31. USFH responded that in a bid to cope with the rising demand for medical and social welfare services of the increasing and ageing population in the North District, the Administration planned to construct NDCHC to provide space for the Department of Health, HA and social welfare organizations to expand their existing services and launch new services. For example, the proposed NDCHC would provide one-stop public primary healthcare services comprising medical consultation services, nursing and allied health services and patient empowerment services.

85MM – Hospital Authority Supporting Services Centre

32. Dr CHENG Chung-tai was concerned whether HA would implement new disease prevention measures in the proposed Hospital Authority Supporting Services Centre ("HASSC") in light of the coronavirus disease-2019 ("COVID-19") pandemic.

33. Deputy Hospital Chief Executive, North Lantau Hospital, HA ("DHCE(NLTH)/HA") replied that the proposed HASSC would provide laundry, catering, personal protective equipment ("PPE") storage and data centre services. Given that HA's current laundry procedures had met the

latest sanitation standards, no additional measures were required. As to the stockpile of PPE, HA originally maintained stock according to the demand of healthcare workers for PPE during the outbreak of human swine influenza in 2009. However, having regard to the COVID-19 pandemic, HA would consider methods such as using shuttle racking systems in the proposed HASSC to increase storage capacity.

34. Mr WU Chi-wai expressed support for HA to construct HASSC for provision of PPE storage and data centre services. However, as laundry and catering services provided by contractors were readily available in the market, he queried why HA still decided to provide the relevant supporting services by itself to cater for 50% of such service demands. Mr CHAN Chi-chuen also enquired about the factors taken into consideration by HA when deciding whether laundry services would be provided by itself or outsourced to contractors.

35. USFH responded that HA had to balance the risks between providing supporting services by itself and outsourcing them to contractors, so as to ensure a steady supply of such services. Mr WU Chi-wai sought supplementary information on risk factors taken into account by HA when deciding whether the relevant supporting services would be provided by itself through setting up a central laundry centre and a central food production unit ("CPU") in the proposed HASSC or outsourced them to contractors.

(Post-meeting note: The supplementary information provided by the Administration was circulated to members vide [LC Paper No. PWSC164/19-20\(01\)](#) on 9 June 2020.)

36. Mr CHAN Chi-chuen asked which hospitals under HA currently had laundries and the percentages of delivery of laundry service through HA in-house operated laundries/HA laundries operated by contractors/laundries operated by the Correctional Services Department/laundries operated by other commercial contractors. Mr CHAN and Mr CHU Hoi-dick further enquired about the actual hospital area to be released for clinical services upon commissioning of the proposed central laundry and the relocation of existing laundries from various hospitals to the central laundry centre.

37. DHCE(NLTH)/HA replied that the laundry in Pamela Youde Nethersole Eastern Hospital would first be relocated to the proposed HASSC, followed by the laundries in UCH, Tuen Mun Hospital and Ruttonjee Hospital. A total hospital area of 9 657 square metres could be released for clinical services. The Administration would provide the information requested by Mr CHAN Chi-chuen in writing after the meeting.

(Post-meeting note: The supplementary information provided by the Administration was circulated to members vide [LC Paper No. PWSC164/19-20\(01\)](#) on 9 June 2020.)

38. Mr CHAN Chi-chuen enquired why the production capacity of the proposed CPU needed to reach 50% of the total patient meals requirement by 2030, and whether HA had assessed the risk of delay in delivery with food production facilities centrally located in North Lantau and considered scattering such facilities over different places.

39. CM(CP)/HA explained that in order to release hospital space for clinical services, HA planned to decant various supporting services out of hospitals. The proposed CPU would use cook-chill food production for patient meals and then transport them to hospitals. Two to three days of patient meals would be stored at various hospitals. It was unlikely that the meal supply in hospitals would be affected due to delay in delivery. Mr CHAN Chi-chuen sought supplementary information on hospitals to be provided with meals supplied by the proposed CPU upon its commissioning.

(Post-meeting note: The supplementary information provided by the Administration was circulated to members vide [LC Paper No. PWSC164/19-20\(01\)](#) on 9 June 2020.)

40. Mr CHU Hoi-dick noted that the cost of furniture and equipment ("F&E") of the proposed HASSC was \$1,291.4 million, and according to Annex 4 to Enclosure 4 to the discussion paper ([PWSC\(2020-21\)3](#)), the cost of the indicative list of F&E items with unit cost of \$1 million or above was around \$743.9 million. In this connection, Mr CHU sought information on the F&E items with unit cost below \$1 million to be procured by HA for the proposed HASSC and the required total cost.

(Post-meeting note: The supplementary information provided by the Administration was circulated to members vide [LC Paper No. PWSC164/19-20\(01\)](#) on 9 June 2020.)

41. Mr CHU Hoi-dick, Mr Jeremy TAM and Mr Alvin YEUNG enquired whether the proposed HASSC had reached the maximum plot ratio and building height restriction of the site concerned; if so, whether the Administration would increase the floor area of HASSC or expanded NLTH by relaxing the aforesaid development parameters so as to cope with future needs.

42. Director of Architectural Services ("DArchS") and CM(CP)/HA responded that the permitted plot ratio and building height restriction for the

proposed HASSC site were 3.3 and up to a maximum height of 65 metres above Hong Kong Principal Datum respectively, and the existing design had achieved the maximum development parameters. As the design had met the relevant development needs, and the development parameters of the nearby NLTH were similar to those of HASSC, HA had not sought to relax the aforesaid development parameters. Nevertheless, HA planned to construct another supporting service centre to cope with the long-term needs. A site located between the proposed HASSC and NLTH had been reserved for future expansion of NLTH. On the other hand, to meet the needs of the expanded UCH, HA had proposed and the Planning Department had agreed to relax the plot ratio of the site from 4.4 to 6.4.

43. Mr CHU Hoi-dick further enquired whether HA would use the temporary ball court site adjacent to the proposed HASSC for expansion of NLTH; if not, whether the site would be allocated to other government departments for other uses. CM(CP)/HA responded that HA had given a reply to the Lands Department that the temporary ball court site would not be used for the time being.

44. Mr WU Chi-wai and Mr Jeremy TAM asked whether the Administration, when planning the proposed HASSC and the expansion of UCH, had reserved any additional foundation load for the buildings to construct more storeys thereon in the future.

45. Citing the expanded UCH as an example, USFH said that as the hospital had fully utilized the plot ratio and achieved its maximum height, the Administration had not reserved any additional foundation load for the hospital.

46. Mr Alvin YEUNG considered that if the car park was not included in the calculation of plot ratio, HA should consider providing a public car park in the proposed HASSC in order to maximize land use and facilitate patients' access to NLTH for consultation.

47. DArchS and CM(CP)/HA said that according to the guidelines of the Planning Department, car parks provided to cater for the operational needs of a building could be excluded in the calculation of plot ratio. However, HA had no intention to provide a public car park in the proposed HASSC as the centre was not open to the public, and the provision of a car park there could hardly satisfy the parking needs of people seeking consultation in NLTH. Nevertheless, the feasibility of increasing the number of parking spaces on the site would be explored when implementing the expansion of NLTH.

Other project arrangements

48. Ms Claudia MO was concerned whether the construction, redevelopment and expansion of several hospitals and other healthcare services facilities, which took place concurrently, would result in a shortage of supply of both construction materials and labour, thus driving up the project costs; if not, the reasons for that.

49. The Chairman said that with the latest unemployment rate of the construction industry being 10%, what construction workers facing was underemployment rather than being overloaded. CM(CP)/HA replied that most of the projects under the First Ten-year Hospital Development Plan had already commenced. Due to various factors (such as reduction in cost of construction materials and wages), the relevant construction costs had shown a downward trend in recent years, with some of the projects having a reduction in cost by more than 10%.

50. Mr Jeremy TAM expressed concern about the shortage of negative pressure wards and isolation wards during the outbreak of COVID-19. He requested the Administration to illustrate with concrete examples whether it would increase the number of such wards under the proposed project.

51. USFH and CM(CP)/HA responded that in view of the increasing demand for isolation facilities in Hong Kong during the outbreak of COVID-19, HA had studied how to increase such facilities when drawing up hospital development plans. For instance, a flexible design would be adopted to facilitate the retrofitting of ordinary wards to isolation wards within a short time and increase the numbers of first-tier and second-tier isolation wards. Taking UCH as an example, since the design work for the expansion project had completed before the outbreak of COVID-19, it was difficult for HA to increase the number of first-tier isolation wards therein. Nevertheless, flexible designs would be adopted for two to three general wards (involving 100 to 200 beds) in UCH, so that they could be retrofitted to second-tier isolation wards if necessary.

52. Mr Tony TSE expressed support for the funding proposal. He enquired whether HA would follow the practice of the Development Bureau ("DEVB") by splitting project contracts and accelerating payment process in order to help the construction industry, especially small- and medium-sized enterprises ("SMEs"), tide over the pandemic. Mr TSE also relayed the concerns of the trade that HA had requested successful tenderers to provide additional financial guarantee. He considered that such arrangement was only favourable to financially sound contractors, and sought clarifications on

the matter. Ms Claudia MO was also concerned how HA would make payments to contractors in line with the project progress.

53. Permanent Secretary for Development (Works) replied that DEVB had put in place a number of measures to help the construction industry since the outbreak of COVID-19, including making early preparation with engineering consultants and contractors in the approval process so as to accelerate the payment process, as well as making more frequent milestone payments. Under these measures, contractors would receive payments in around two weeks, thus having their cash flow improved.

54. CM(CP)/HA advised that the projects of HA would usually be delivered through several contracts with separate tendering exercises. As the projects were of varied scales, both large enterprises and SMEs had the opportunities to submit bids for the contracts. HA would vet the financial records of bidding consultants and contractors, and request successful tenderers under unsound financial situation or with higher risks to provide performance bonds amounting to 1% of the contract value. Such requirement was not newly added and had been set out in the tender documents. According to contract terms, HA should make payments to contractors within one to two months, and it would complete the approval process expeditiously in order to make the relevant payment the soonest possible. To support the industry, HA would also make reference to the measures recently implemented by DEVB to expedite processing of payments to the contractors. Mr Tony TSE sought supplementary information on the preliminary arrangements of the tendering exercises for the proposed works, including the planned number of contracts involved in the projects.

(Post-meeting note: The supplementary information provided by the Administration was circulated to members vide [LC Paper No. PWSC164/19-20\(02\)](#) on 9 June 2020.)

55. Mr Holden CHOW asked whether the ratio of the F&E costs of other hospital expansion projects to the total construction cost of the projects was the same as that of the UCH expansion project, which was 16.5%, and whether HA would consider raising the relevant ratio in order to acquire more medical equipment. Comparing with other items under the proposed project, Mr CHU Hoi-dick enquired why the ratio of the F&E costs to the total construction cost of the proposed HASSC was higher than that of the building/building services costs to the total construction cost of the centre.

56. CM(CP)/HA explained that as each hospital expansion project involved acquisition of a large number of F&E items, it was difficult to

calculate the costs item by item. Therefore, with the consent of the Administration, HA would make an estimate on the relevant costs based on the ratio of the F&E costs to the total construction cost of other hospital projects implemented in the past. Generally speaking, as there was more medical equipment in tertiary acute hospitals, the ratio of the F&E costs to the total construction cost of the project was higher (around 16.5%), while the relevant ratio for infirmaries was lower (around 10% or below). In addition, given that the increase in construction cost was usually higher than the increase in the F&E costs, HA would make appropriate adjustment when determining the ratio of the F&E costs to the total construction cost of each hospital expansion project.

57. CM(CP)/HA further said that as the proposed HASSC was basically a building for industrial use, the construction cost of other parts of the building was relatively low apart from the installation of equipment for CPU and the central laundry centre. As such, the ratio of the F&E costs to the total construction cost of the project was higher. As regards other hospital development/expansion projects, they involved construction of more sophisticated and expensive building services facilities such as operating theatres, and the relevant costs would be included in the building costs. Hence, the total construction cost of these projects would be pushed up, giving rise to a relatively lower ratio of the F&E costs to the total construction cost of these projects.

58. The Chairman said that the Subcommittee would continue with the deliberation on this item at the next meeting. The meeting ended at 10:29 am.