

**For discussion
on 20 March 2020**

Legislative Council Panel on Health Services

**Four Projects under Ten-year Hospital Development Plan and
Proposed Creation of one Supernumerary Post of Government Architect
in the Architectural Services Department**

Purpose

This paper invites Members' comments on four projects under the First Ten-year Hospital Development Plan (HDP) and the proposed creation of post to provide the essential directorate support for taking forward the HDP projects, as follows –

- (a) Four proposed HDP projects :
 - (i) main works (superstructure and refurbishment) for the expansion of United Christian Hospital at an estimated cost of \$16,214.1 million in money-of-the-day (MOD) prices¹;
 - (ii) demolition, site formation and foundation works for the redevelopment of Grantham Hospital, phase 1 at an estimated cost of \$1,361.9 million in MOD prices;
 - (iii) the construction of a community health centre cum social welfare facilities at Pak Wo Road, North District at an estimated cost of \$1,945.0 million in MOD prices; and
 - (iv) the construction of a Hospital Authority Supporting Services Centre at an estimated cost of \$3,788.0 million in MOD prices.

The total commitment sought is \$23,309.0 million. Details of the above four projects are at **Enclosures 1 to 4** respectively.

¹ The estimated total project cost is \$16,314.1 million, of which \$16,214.1 million will be met by government commitment and the remaining \$100 million by the United Christian Medical Service, the parent organisation of the hospital.

- (b) Proposed creation of one supernumerary post of Government Architect (GA) (D2) for about seven years up to 31 March 2027 in the Architectural Services Department to steer and supervise the implementation of healthcare projects under the HDP. Details of the proposal is at **Enclosure 5**.

Background

2. In the 2016 Policy Address, the Government announced that \$200 billion would be set aside for the Hospital Authority to implement the HDP. The HDP covers the redevelopment and expansion of 11 hospitals, the construction of a new acute hospital, three community health centres and one supporting services centre. Upon completion of all the projects under the HDP, it will provide more than 6 000 additional bed spaces, 94 additional operating theatres and increased capacity of specialist outpatient clinics and general outpatient clinics.

3. To date, the Government has upgraded the following projects (involving 11 hospitals) under the HDP to Category A –

- (a) four projects in full –
 - (i) the extension of Operating Theatre Block for Tuen Mun Hospital;
 - (ii) the expansion of Haven of Hope Hospital;
 - (iii) the redevelopment of Queen Mary Hospital, phase 1 – main works; and
 - (iv) the redevelopment of Kwai Chung Hospital; and
- (b) 10 projects in part –
 - (i) the redevelopment of Kwong Wah Hospital, phase 1 – demolition and substructure works;
 - (ii) the redevelopment of Kwong Wah Hospital, phase 1 – superstructure and associated works;
 - (iii) New Acute Hospital at Kai Tak Development Area – preparatory works;
 - (iv) New Acute Hospital at Kai Tak Development Area – foundation, excavation and lateral support, and basement excavation works;
 - (v) the redevelopment of Prince of Wales Hospital, phase 2 (stage 1) – preparatory works;

- (vi) the redevelopment of Prince of Wales Hospital, phase 2 (stage 1) – demolition and foundation works;
- (vii) the redevelopment of Our Lady of Maryknoll Hospital – preparatory works;
- (viii) the redevelopment of Grantham Hospital, phase 1 – preparatory works;
- (ix) the expansion of North District Hospital – preparatory works; and
- (x) the expansion of Lai King Building in Princess Margaret Hospital – preparatory works.

The total commitment approved for the items in paragraph 3(a) is \$26,728.8 million and that for paragraph 3(b) is \$20,991.1 million, totalling \$47,719.9 million or 23.9% of the \$200 billion. If the four proposed projects in this submission are approved by the Finance Committee (FC), the cumulative commitment approved for the HDP would amount to \$70,406.6 million² or 35.2% of the package.

Way Forward

4. Subject to Members' comments, we plan to seek funding support for the four proposed HDP projects from the Public Works Subcommittee and for the proposed creation of the supernumerary GA (D2) post from the Establishment Subcommittee, and then seek approval from the FC.

**Food and Health Bureau
Architectural Services Department
Department of Health
Hospital Authority
Social Welfare Department
March 2020**

² \$1,322.7 million out of the \$1,945.0 million of the construction cost of the community health centre cum social welfare facilities at Pak Wo Road, North District would be met by the \$200 billion set aside for the HDP.

Expansion of United Christian Hospital

Proposed Project Scope and Timeline

We propose to carry out the main works of the expansion project of United Christian Hospital (UCH), which mainly comprise superstructure and refurbishment works and associated works as follows –

- (a) construction of a new ambulatory block;
- (b) construction of a new extension to Block S and the auxiliary electrical and mechanical building;
- (c) construction of linkages between the blocks;
- (d) refurbishment of Blocks P and S for expansion of facilities;
- (e) associated external works, landscaping, utilities diversion, roadworks, and formation of new vehicular access;
- (f) other associated alteration and addition works inside existing blocks;
- (g) construction of pedestrian linkages to neighbouring site;
- (h) refurbishment of Blocks K and L after removal of decanted facilities and demolition of the decanting buildings; and
- (i) consultancy services for contract administration and site supervision.

2. We plan to seek funding approval from the Legislative Council Finance Committee (FC) to upgrade the proposed project to Category A in the current legislative session. The estimated cost of the proposed works above is about \$16,314.1 million in money-of-the-day (MOD) prices¹, of which \$16,214.1 million will be met by government commitment and the remaining \$100 million by the United Christian Medical Service, the parent organisation of the UCH. The Hospital Authority (HA) invited tenders for the proposed works in December 2019. Subject to the FC's funding approval, we plan to award the contract to the successful tenderer with a view to commencing the proposed works in mid-2020 for completion of the whole project in 2024. Upon completion,

¹ This figure represents the latest estimate of the capital cost pending tender return. We plan to update the cost estimate before submission to the FC.

we aim to provide 560 additional beds (including eight additional haemodialysis day beds), five additional operating theatres and a new oncology centre. The annual capacity of specialist out-patient clinic attendance will also be increased by 681 800 upon expansion. The UCH will remain functional at all times during the works period and any disruption of services, if unavoidable, will be kept to a minimum.

3. A site plan showing the location of the proposed superstructure and refurbishment works is at **Annex 1 to Enclosure 1**.

Background and Justifications

4. Established in 1973, the UCH is a major acute hospital in the Kowloon East Cluster (KEC) of the HA, serving patients from the Kwun Tong and Sai Kung districts in the KEC. It provides 24-hour accident and emergency service and a comprehensive range of acute, ambulatory, extended care and community medical services. An extension project on the UCH, involving the construction of extension blocks - Blocks B, C, D and S, and the redevelopment of Block P as well as minor refurbishment to Block G, was completed in 1999.

5. Over the years, the population of Kwun Tong and Sai Kung districts has grown rapidly. The population of the two districts was 1 154 700 in 2018 and is projected to reach 1 273 500 in 2028 according to the latest population estimates of the Census and Statistics Department and projection of the Planning Department. Moreover, the elderly population aged 65 or above in the two districts is projected to increase from 197 900 in 2018 to 319 400 in 2028, representing a significant increase of around 61%.

6. The growing and ageing population in the two districts gives rise to increasing demand for both ambulatory and in-patient services, and has considerable impact on the provision of healthcare services in the KEC. The existing facilities at the UCH are however inadequate in terms of space, capacity and design to cope with the rising service demand, the present-day service standard and future service requirement. We therefore plan to improve and enhance the facilities in the UCH.

Proposed Expansion of the UCH

7. The project involves demolition of three existing hospital blocks (i.e. Blocks F, G and H) and Block P (lower portion) of the UCH for the construction of a new ambulatory block (i.e. Block A). An extension to the existing Block S will also be constructed. Upon completion, some services at the existing hospital blocks will be moved to the new ambulatory block and the new extension block.

The areas so vacated will then be converted and renovated for the improvement, expansion and rationalisation of clinical and supporting services.

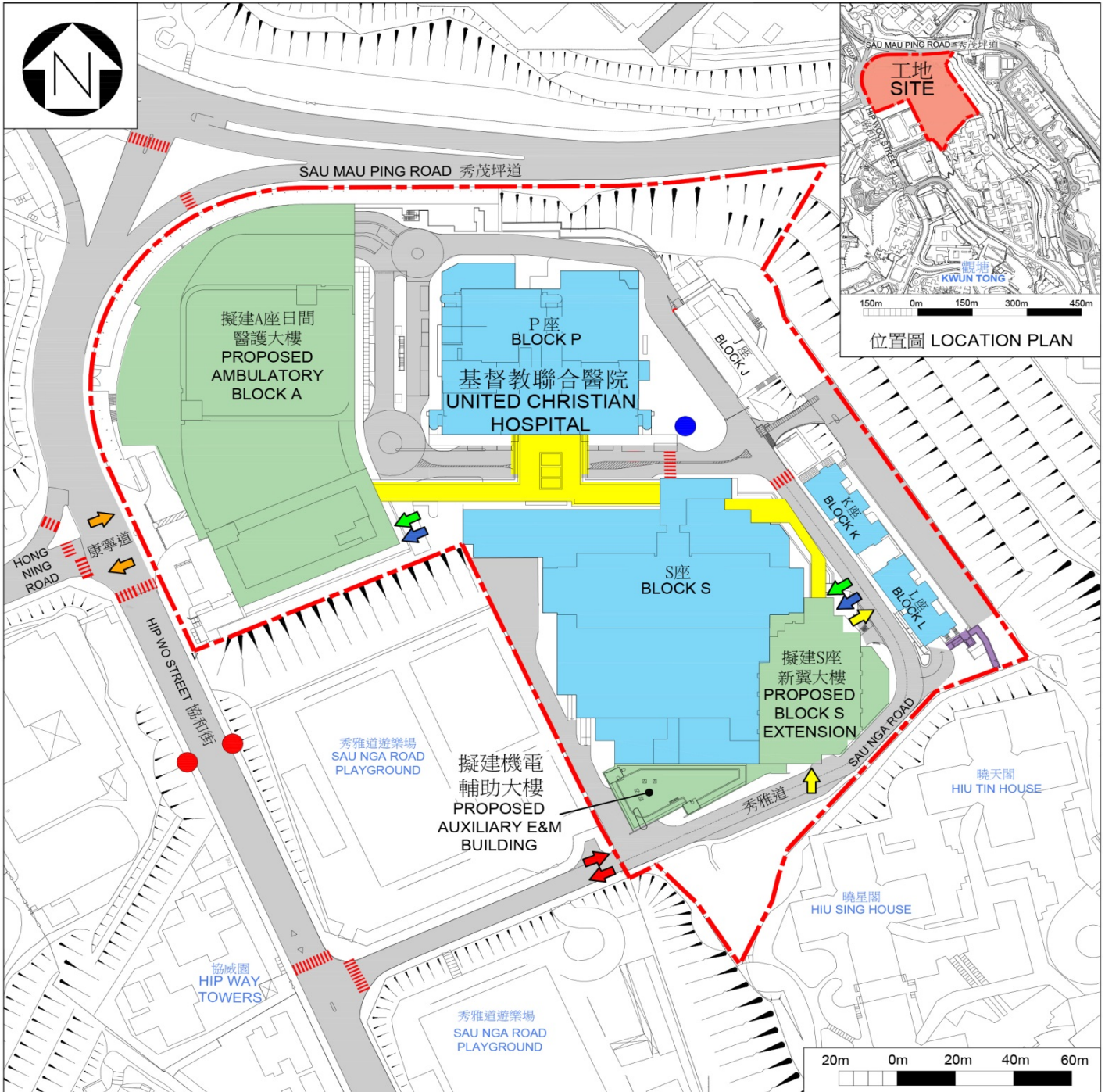
8. The expansion of the UCH will provide sufficient space and upgraded facilities for specialist out-patient service to address increasing service demand. Other ambulatory care services at the UCH will also be enhanced to provide comprehensive and integrated healthcare services to the community. A new oncology centre will be developed to provide radiotherapy, chemotherapy and psycho-social care for cancer patients of the KEC. In addition, the expansion project will enhance convalescent and rehabilitation service in the KEC. We expect that the total bed capacity including in-patient and day beds will be about 2 100 upon completion of the expansion project. The existing diagnostic and treatment facilities including operating rooms, coronary care unit, intensive care unit, radiology department, accident and emergency department and endoscopy centre will be improved, expanded and/or rationalised.

9. The project is being implemented in two stages, namely preparatory works and main works. The preparatory works of the project were deliberated at this Panel on 12 March 2012 (Paper Ref.: LC Paper No. CB(2)1286/11-12(05)) and the relevant funding application was approved by the FC on 13 July 2012 at an estimated cost of \$352.3 million in MOD prices covering site surveys and investigations, decanting works and consultancy services for outline sketch design, detailed design, as well as tender documentation and assessment for the main works. The preparatory works commenced in August 2012. The site surveys and investigations as well as decanting works were completed in 2015. The detailed design for the new ambulatory block and the extension of Block S is substantially completed.

10. The main works of the expansion project comprise the demolition and substructure works, and the superstructure and refurbishment works. With the support of the Panel on 19 January 2015 (Paper Ref.: LC Paper No. CB(2)612/14-15(04)), the FC approved on 10 July 2015 to upgrade part of the main works to Category A at an approved project estimate of \$1,791.6 million in MOD prices to carry out the demolition and substructure works. Such works have commenced since August 2015 and are expected to complete in the second quarter of 2020.

Public Consultation

11. The HA consulted the Kwun Tong District Council (KTDC) on 14 January 2020 in respect of the expansion project. Members of the KTDC supported the proposed project.



圖例 LEGEND:

- | | | | | | |
|---|---|---|---|---|--|
|  | 醫院及工地界線
HOSPITAL AND SITE BOUNDARY |  | 現有巴士站
EXISTING BUS STOP |  | 擬建車輛出入口
PROPOSED VEHICULAR
INGRESS / EGRESS |
|  | 擬建新大樓
PROPOSED NEW BUILDINGS |  | 現有小巴士站
EXISTING MINI-BUS STOP |  | 擬建救護車出入口
PROPOSED AMBULANCE INGRESS
/ EGRESS |
|  | 擬建新連接橋
PROPOSED NEW LINK BRIDGE |  | 現有地面行人過路處
EXISTING AT-GRADE PEDESTRIAN
CROSSING |  | 車輛出入口
VEHICULAR INGRESS / EGRESS |
|  | 擬翻新大樓
PROPOSED REFURBISHED BUILDINGS |  | 行人出入口
PEDESTRIAN ENTRANCE / EXIT |  | 無障礙出入口
BARRIER-FREE ENTRANCE / EXIT |
|  | 擬建行人通道
PROPOSED PEDESTRIAN LINKAGE | | | | |

工地平面圖
SITE PLAN

8004MJ
基督教聯合醫院擴建計劃
EXPANSION OF UNITED CHRISTIAN HOSPITAL

Redevelopment of Grantham Hospital, phase 1

Proposed Project Scope and Timeline

We propose to carry out part of the phase 1 redevelopment project of Grantham Hospital (GH), which comprises demolition, site formation and foundation works as follows –

- (a) demolition of the Senior Staff Quarters and Blocks 1 and 2 of the Nurse Quarters;
- (b) diversion of underground utilities;
- (c) tree felling and transplanting;
- (d) excavation and lateral support works; and
- (e) piling works and construction of footing and pile cap.

2. We plan to seek funding approval from the Legislative Council Finance Committee (FC) to upgrade the proposed project to Category A in the current legislative session. The estimated cost of the proposed works as described above is about \$1,361.9 million in money-of-the-day (MOD) prices¹. The Hospital Authority (HA) invited tenders for the proposed works in January 2020. Subject to the FC's funding approval, we plan to award the contract to the successful tenderer with a view to commencing the proposed works in mid-2020. Subject to subsequent funding approval of the FC for the main works, we plan to complete phase 1 of the redevelopment project in 2024. Upon completion, we aim to provide an additional oncology centre and three additional operating theatres. The GH will remain functional at all times during the works and any disruption of services, if unavoidable, will be kept to a minimum.

3. A site plan showing the location of the proposed demolition, site formation and foundation works is at **Annex 1 to Enclosure 2**.

Background and Justifications

4. Established in 1957 by the Hong Kong Anti-Tuberculosis Association (currently known as Hong Kong Tuberculosis, Chest and Heart Disease Association), GH is one of the seven hospitals in the Hong Kong West

¹ This figure represents the latest estimate of the capital cost pending tender return. We plan to update the cost estimate before submission to FC.

Cluster (HKWC) of HA, serving the residents of the Central and Western District as well as the Southern District.

5. According to the latest population estimates of the Census and Statistics Department and the projection by the Planning Department, the elderly population aged 65 or above in the two districts is projected to increase from 91 000 in 2018 to 126 900 in 2028, representing a significant increase of 39%, even though there would be a slight decrease in the overall population in the two districts from 518 700 in 2018 to 502 700 during the same period. The growing elderly population gives rise to an increasing demand for comprehensive ambulatory care on a multidisciplinary basis, and cancer services especially post-treatment surveillance and follow-up as well as palliative care.

6. The GH compound comprises the Main Block built in the 1950s, an extension block named Kwok Tak Seng Heart Centre built in 1982, and several other blocks scattered over the hospital site without any linkage connecting the various buildings for convenient access for patients, staff and the public. The Main Block and Kwok Tak Seng Heart Centre are only connected up to the fourth floor, hindering the smooth delivery of patient services between these two blocks. The only one lift in the Heart Centre is inadequate for maintaining an effective transportation and delivery flow for people and goods.

7. With most of the buildings of the GH constructed over 50 years ago without any major refurbishment undertaken, the physical conditions of the hospital blocks have deteriorated to an undesirable state. The existing facilities of the GH also lag behind modern health care standards in terms of space provision, ward layout, structural loading and infection control.

Proposed Redevelopment of the GH

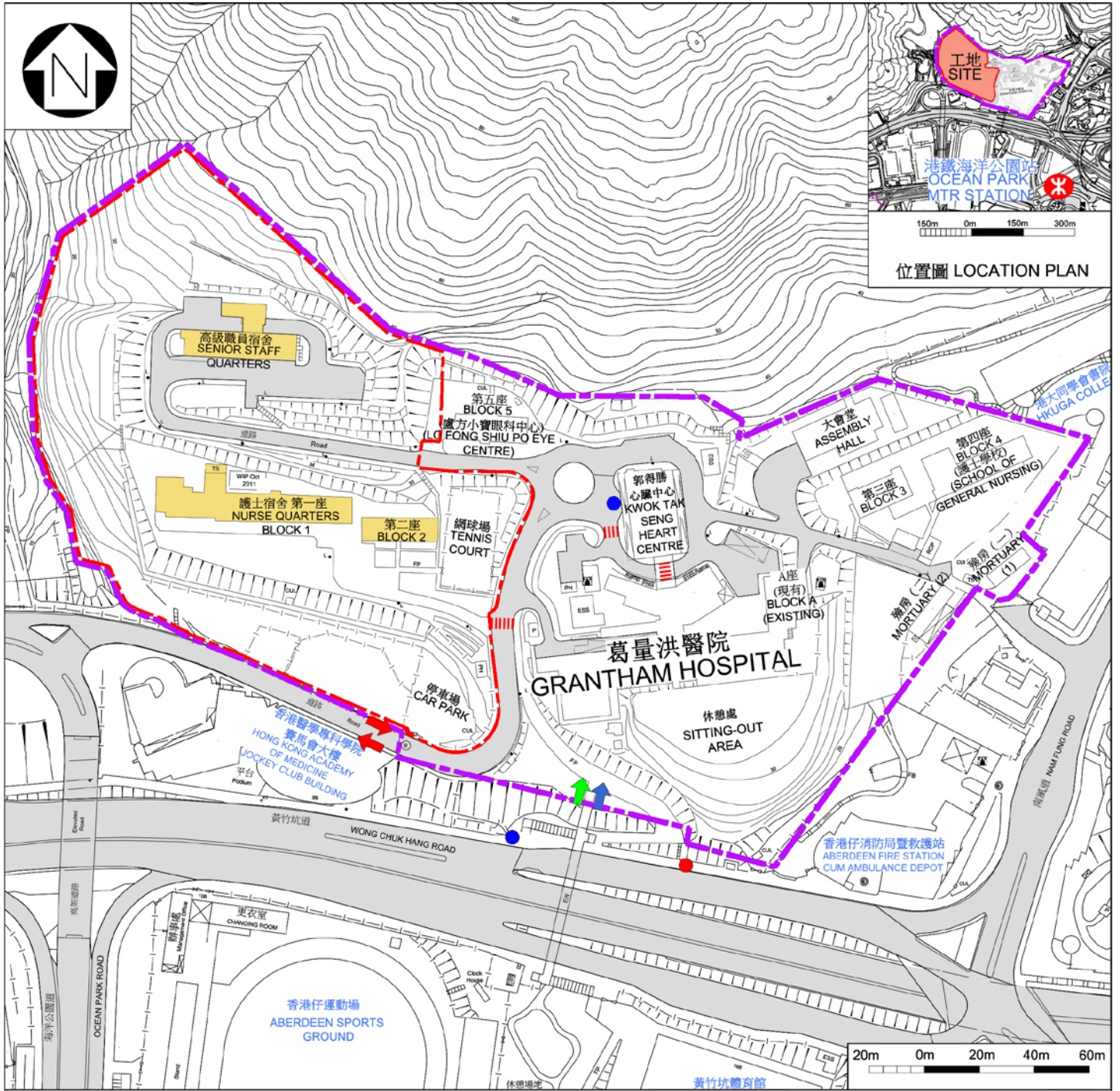
8. Underpinned by the Clinical Services Plan for the HKWC, and given its strategic location, the GH will be redeveloped in phases into an academic ambulatory care centre with the provision of (i) a premier Cancer Centre providing evidence-based cancer services including personalised care, chemotherapy and radiotherapy, complementing the oncology services in the HKWC; (ii) a state-of-the-art Academic Ambulatory Care Centre which provides a comprehensive range of advanced and high-tech ambulatory services for chronic diseases, such as cardio-metabolic diseases related to the heart and diabetes and the associated complications affecting the eyes, kidneys, and other vital organs; and (iii) a Teaching and Research facility focusing on clinical and translational research.

9. Taking the opportunity, The University of Hong Kong will establish two centres under the redevelopment of the GH, namely a Centre for Clinical Innovation and Discovery (CCID) and an Institute of Cancer Care (ICC). The establishment of the CCID and the ICC will enable translational research by adopting the most advanced technology in screening, diagnosis and treatment of cancer, such as genetic and genomic development. Since cancer care involves multiple disciplines including allied health professionals, the ICC will provide a platform for developing programmes to address the psycho-social needs of cancer patients.

10. The redevelopment of the GH will be carried out in two phases. Phase 1 redevelopment of the GH comprises the demolition of the Senior Staff Quarters and Blocks 1 and 2 of the Nurse Quarters, decanting works and construction of two new blocks. Implementation of the phase 1 redevelopment project includes three works packages, namely (i) preparatory works; (ii) demolition, site formation and foundation works; and (iii) main works. The preparatory works of the phase 1 redevelopment project was deliberated at this Panel on 19 March 2018 (Paper Ref.: LC Paper No. CB(2)1022/17-18(05)) and the relevant funding application was approved by the FC on 18 May 2018 at an estimated cost of \$422.5 million in MOD prices covering site investigation, building survey, decanting works for services and facilities in Blocks 1 and 2 of the Nurse Quarters, and consultancy services for outline sketch design, detailed design as well as tender documentation and assessment for the main works. The preparatory works has commenced since June 2018. Subject to the FC's approval, we plan to commence the demolition, site formation and foundation works in mid-2020. For the main works, funding approval will be sought at a later stage to dovetail with the implementation programme.

Public Consultation

11. The HA consulted the Southern District Council (SDC) on the proposed redevelopment of GH on 16 November 2017, 8 March and 8 November 2018, 7 March 2019, and 23 January 2020. Members of the SDC in general supported the proposed project, and strongly requested the construction of a footbridge connecting the Ocean Park Mass Transit Railway Station and Nam Fung Road to the GH redevelopment project so as to improve pedestrian connectivity to the GH as well as other hospitals, elderly homes and mental health centres, etc. nearby. Relevant Government departments are exploring the feasibility of enhancing the pedestrian connectivity to the GH. The HA also consulted the Culture, Leisure and Social Affairs Committee (CLSAC) of the Central and Western District Council (C&WDC) on the proposed project on 8 February 2018. Members of the CLSAC of C&WDC agreed to the proposed project.



圖例 LEGEND:

- | | | | | | |
|---|--|---|----------------------------------|---|--|
|  | 醫院界線
HOSPITAL BOUNDARY |  | 現有巴士站
EXISTING BUS STOP |  | 車輛出入口
VEHICULAR INGRESS / EGRESS |
|  | 第一期工地界線 ¹
PHASE 1 SITE BOUNDARY ¹ |  | 現有小巴士站
EXISTING MINI-BUS STOP |  | 無障礙出入口
BARRIER-FREE ENTRANCE / EXIT |
|  | 第一期將予拆卸的樓宇
BUILDINGS TO BE DEMOLISHED IN PHASE 1 |  | 現有港鐵站
EXISTING MTR STATION |  | 行人出入口
PEDESTRIAN ENTRANCE / EXIT |
|  | 現有地面行人過路處
EXISTING AT-GRADE PEDESTRIAN CROSSING | | | | |

¹ 相關工程包括公用設施改道、拆卸、地盤平整及地基工程
Works involved include utilities diversion, demolition, site formation and foundation works

工地平面圖
SITE PLAN

8003MP
葛量洪醫院重建計劃第一期
REDEVELOPMENT OF GRANTHAM HOSPITAL, PHASE 1

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

Proposed Project Scope and Timeline

We propose to (i) demolish the existing two-storey disused school building; and (ii) construct a building at Pak Wo Road in the North District with the following facilities –

- (a) a Community Health Centre (CHC);
- (b) a Maternal and Child Health Centre (MCHC);
- (c) a reprovisioned Student Health Service Centre (SHSC);
- (d) a reprovisioned elderly health centre (EHC) cum office of the visiting health teams (VHTs);
- (e) a reprovisioned office of the School Immunisation Team (SIT);
- (f) a day care centre for the elderly (DCCE); and
- (g) an integrated community centre for mental wellness (ICCMW).

2. We plan to seek funding approval from the Legislative Council Finance Committee (FC) to upgrade the proposed project to Category A in the current legislative session. The estimated cost of the proposed project is about \$1,945.0 million in money-of-the-day prices¹. The Architectural Services Department (ArchSD) invited tenders for the proposed works in September 2019. Subject to the FC's funding approval, we aim to award the contract to the successful tenderer with a view to commencing the proposed works in the third quarter of 2020 for completion of the construction works of the project in 2023.

3. A site and location plan showing the location of the proposed project is at **Annex 1 to Enclosure 3**.

¹ This figure represents the latest estimate of the capital cost pending tender return. We plan to update the cost estimate before submission to the FC.

Background and Justifications

4. To meet the healthcare needs in the North District in the long term, we propose to develop a community health centre cum social welfare facilities to provide the following services –

Hospital Authority (HA)

CHC

5. According to the latest population estimates of the Census and Statistics Department and the projection by the Planning Department, the population of the North District is projected to increase from 318 400 in 2018 to 421 500 in 2028. During this period, the elderly population aged 65 or above in the district is projected to increase from 52 900 to 93 200, representing a significant increase of 76%. Together with the forecast population growth from the New Development Areas (NDAs) and an ageing population in Hong Kong, it is envisaged that the healthcare needs of the residents of the North District will continue to increase.

6. Currently, there are four general out-patient clinics (GOPCs) and mobile medical services provided in the North District managed and operated by the HA. Geographically, these clinics and services are distributed in the old towns of Sheung Shui, Fanling, Sha Tau Kok, Ta Kwu Ling and other rural areas of the district. In terms of space and functional layout, the existing facilities of these GOPCs are inadequate to cope with the growing demand for general out-patient services in the North District, especially in Sheung Shui and Fanling new towns.

7. Amongst these GOPCs, the two GOPCs at the Shek Wu Hui Jockey Club Clinic (SWHJCC) and the Fanling Health Centre are serving residents in Sheung Shui and Fanling new towns. Built in the early 1960s, the GOPC at the SWHJCC is aged and dilapidated. In-situ expansion to cope with the anticipated increase in demand for GOPC services is not feasible due to the physical and structural constraints of the building. Large-scale in-situ improvement works is also not desirable as operation of GOPC services should be maintained at all times. The out-dated layout and the congested environment of the SWHJCC are inefficient in meeting the rising public primary care service demand.

8. Having regard to an ageing population, the demographic profile and the increasing demand for healthcare services due to population growth and the development of NDAs, there is an imminent need to enhance and integrate various public primary healthcare services in the North District. We therefore

plan to develop a CHC in the district by reprovisioning the GOPC at SWHJCC at the proposed CHC at Pak Wo Road.

9. The proposed CHC would provide one-stop public primary healthcare services to residents of the North District comprising three key elements: medical consultation services, nursing and allied health services, and patient empowerment services. This project, once materialised, will provide modernised facilities to improve the primary care services in the North District in order to meet the changing healthcare demand arising from the growing and ageing population. Through the CHC, the HA will provide a comprehensive range of multi-disciplinary professional services including doctor, nurse and allied health services, having regard to the demographic profile and projected service demand for public primary care services of the target population in the North District.

Department of Health (DH)

MCHC

10. The MCHCs of Family Health Service provide a comprehensive range of health promotion and disease prevention services for children from birth to five years and women at or below 64 years of age.

11. Currently, Fanling MCHC is the only MCHC in the North District providing maternal and child health services for the vast population in the vicinity. Fanling MCHC has a total attendance of around 60 000 per year and is among the top three MCHCs with the highest attendance in recent years.

12. The population of the North District is growing with the development of the NDAs. The demand for maternal and child health services in the North District is expected to increase substantially in addition to its own natural growth.

13. Both the manpower and clinic space of the existing MCHCs in the neighbouring districts have become overstretched to cope with their own current service needs, and thus can barely share out the caseload from the North District due to their limited capacity. Therefore, a new MCHC in the North District is necessary to cope with the rising service demand and in particular the demand from the NDAs.

SHSC

14. The Student Health Service aims to safeguard both the physical and psychological health of students through health promotion and disease prevention services. Primary and secondary day school students who have enrolled in the SHSCs will be given annual appointments for health assessment at the SHSCs to receive services meeting the health needs at various stages of their development. These services include physical examination, individual health counselling and health education.

15. Students found to have health problems will be referred to the Special Assessment Centres (SACs) of the Student Health Service, specialist clinics of the HA or other institutions for detailed assessment, follow-up or treatment. Assessments in the SACs include assessments by clinical psychologists, dietitians, optometrists and audiologists, as well as further spinal assessment.

16. Taking into account the increasing requirement for child health service, it is anticipated that the demand for student health service will increase correspondingly. The existing space of Shek Wu Hui SHSC (SWHSHSC) is limited and its facilities are congested with inadequate space for service development. The reprovisioning of the SWHSHSC at the proposed building will improve its workflow and quality of service delivered to the public. A new SAC will also be set up and co-located with the reprovisioned SHSC on the same floor in the proposed building. With the addition of the SAC service, the reprovisioned SHSC will provide one-stop service to avoid requiring clients to travel long distance to the existing SACs located on Hong Kong Island and in Kowloon.

EHC cum office of the VHTs

(i) EHC

17. EHCs of Elderly Health Service aim to address the multiple health needs of the elderly by providing them with integrated primary health care services. Preventive, promotive and curative services are provided from a family medicine perspective using a multi-disciplinary team approach. Elders aged 65 or above are eligible for enrolling as members of EHCs. Enrolled members are provided with health assessment, counselling, health education and curative treatment services.

18. Shek Wu Hui EHC (SWHEHC) will be reprovisioned at the proposed building. The existing area of the SWHEHC is inadequate to meet service demand. After reprovisioning of the SWHEHC at the proposed building, a more spacious and comfortable environment with more comprehensive and quality integrated primary care services can be provided to the elderly. The more spacious environment could also facilitate easier manoeuvre within the premises by clients on wheelchairs, provide storage space for the growing number of medical records and accommodate computer facilities. Co-location of the EHC and other healthcare services in the proposed building has a better scope for co-ordination and greater synergy in the provision of curative and preventive services.

(ii) Office of the VHTs

19. The VHTs reach out to the community and residential care settings to provide health promotion activities for the elderly and their carers in collaboration with other elderly services providers. The aim is to increase their health awareness and the self-care ability of the elderly, and to enhance the quality of caregiving. Target service recipients include elders and their carers (e.g. family members, home helpers, domestic helpers, staff working in residential care homes for the elderly and elderly centres, and volunteers providing services to the elderly). Reprovisioning of the North and Tai Po District VHT office at the proposed building could facilitate arrangement of outreach activities and shared use of resources. It will also allow effective and efficient delivery of services to the residential care settings and elderly organisations in the district.

Office of the SIT

20. The SIT of the DH provides vaccination services for primary school students to protect them from infectious diseases. The SIT operates at a total of six sub-offices, including the sub-office in the North District Government Offices (NDGO), to provide vaccination services for eligible students who have missed the school immunisation visits and for eligible primary school-aged children who study outside Hong Kong.

21. The sub-office of the SIT at the NDGO will be reprovisioned at the proposed building. Co-locating medical and health facilities in a purpose-built clinic building would allow synergy and facilitate better clinical support to the SIT's immunisation services by the other medical and health services in the proposed building.

Social Welfare Department (SWD)

DCCE

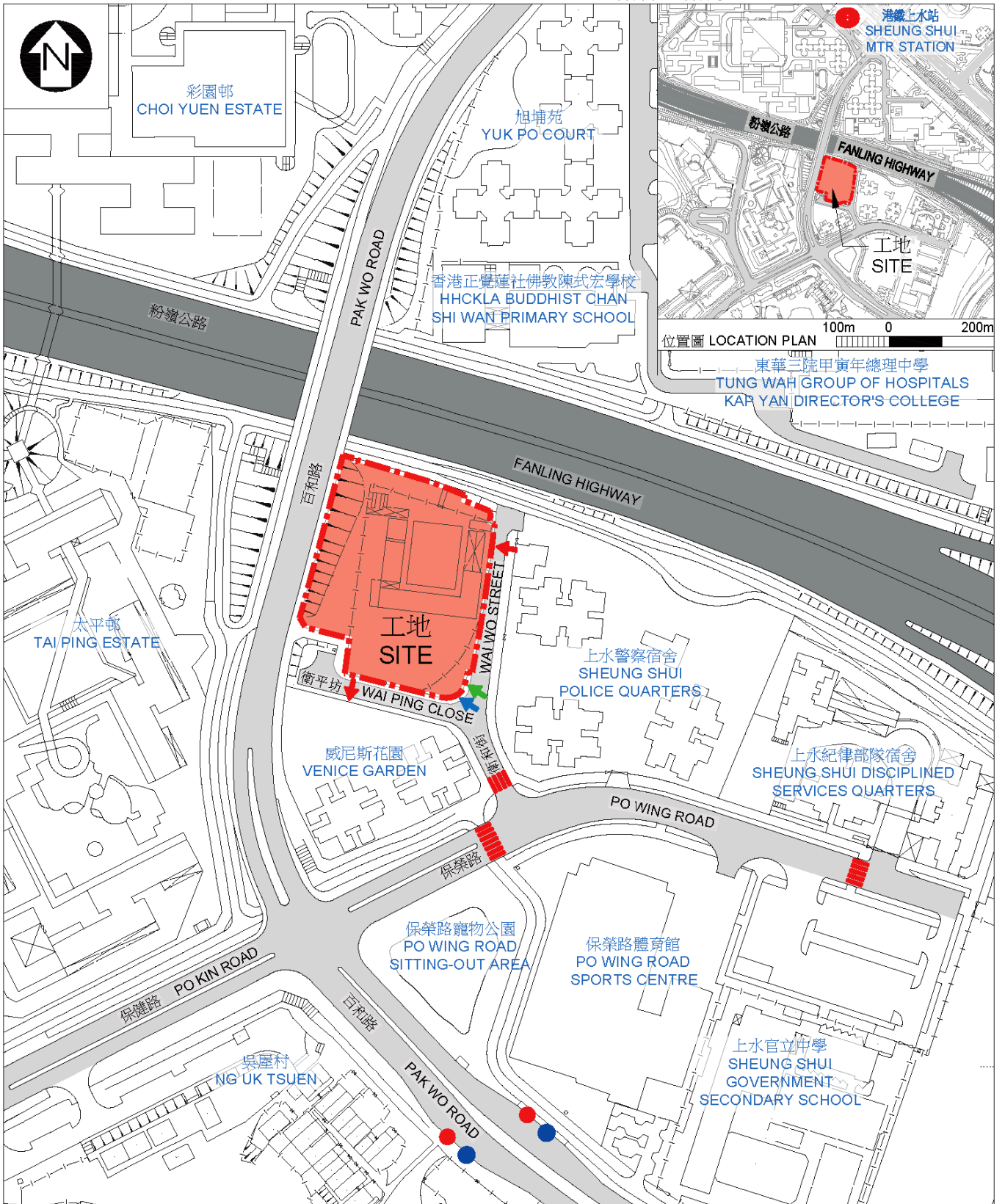
22. Having regard to the ageing population, the planned DCCE will reduce the waiting time for subsidised day care services. As announced in the 2015 Policy Address, the Chief Executive has tasked to increase the number of day care and home care places for the elderly to support ageing in place. The setting up of a new DCCE at the proposed North District CHC will help alleviate the service demand and shorten the waiting time for the service.

ICCMW

23. Pursuant to the policy objective for the setup of ICCMWs in all 18 districts as announced in the 2009-10 Policy Address, since October 2010, the ICCMW serving the North District has been providing one-stop, district-based community mental health support services for ex-mentally ill persons and persons with suspected mental health problem aged 15 or above, their family members/ carers and local residents. The ICCMW has also extended the service targets to secondary school students with mental health needs living or studying in the North District since October 2019. The core services of ICCMW include casework counselling, outreaching services, occupational therapy, therapeutic and supportive group, peer support service, clinical psychological service, public education, etc. With well-defined geographical service boundaries, the ICCMW will serve the needy ones living or studying secondary schools in the North District without setting a case service capacity. Having yet secured a permanent accommodation, the ICCMW has been providing services in their temporary bases in commercial premises or other welfare facilities in the neighbourhood; whereas the service operation and development are unavoidably hindered. Given such, the reprovisioning of the ICCMW through incorporation of the facility in the development will enhance the delivery and timely mental health support services to the serving community.

Public Consultation

24. The Food and Health Bureau, together with the HA, DH, SWD and ArchSD consulted the Social Services, Labour and Economic Affairs Committee (SSLEAC) of the North District Council (NDC) on 3 July 2018 on the proposed project. Members of the SSLEAC of the NDC supported the proposal. The current project scope has taken into consideration the recommendation made by the SSLEAC by incorporating the reprovisioning of the sub-office of the SIT currently at the NDGO into the scope of works of the proposed building.



圖例 LEGEND

- 工地界線
SITE BOUNDARY
- 行人出入口
PEDESTRIAN ENTRANCE / EXIT
- 現有巴士站
EXISTING BUS STOP
- 車輛出入口
VEHICULAR INGRESS / EGRESS
- 無障礙出入口
BARRIER-FREE ENTRANCE / EXIT
- 現有小巴士站
EXISTING MINI-BUS STOP
- 現有地面行人過路處
EXISTING AT-GRADE PEDESTRIAN CROSSING

20m 0 40m 60m

工地平面圖
SITE PLAN

3074MM
北區百和路社區健康中心及社會福利設施
COMMUNITY HEALTH CENTRE CUM SOCIAL WELFARE FACILITIES AT PAK WO ROAD, NORTH DISTRICT

ARCHITECTURAL SERVICES DEPARTMENT 建築署

Hospital Authority Supporting Services Centre

Proposed Project Scope and Timeline

We propose to construct a new Hospital Authority (HA) Supporting Services Centre (SSC) building as part of the phase 2 development of the North Lantau Hospital (NLTH) to meet the heavy demand for public healthcare services. The HASSC building will comprise the following hospital supporting service facilities –

- (a) a central laundry centre;
- (b) a central food production unit (CPU) for providing patient food service;
- (c) an information technology (IT) corporate data centre; and
- (d) central emergency stores for critical personal protective equipment (PPE) and key linen items.

2. We plan to seek funding approval from the Legislative Council Finance Committee (FC) to upgrade the proposed project to Category A in the current legislative session. The estimated cost of the proposed works is about \$3,788.0 million in money-of-the-day prices¹. The Architectural Services Department will invite tenders for the proposed works in March 2020. Subject to the FC's funding approval, we aim to award the contract to the successful tenderer with a view to commencing the proposed works in the fourth quarter of 2020 for completion in 2024.

3. A site plan showing the location of the proposed HASSC is at **Annex 1 to Enclosure 4**.

Background and Justifications

4. To cope with the development and population growth of North Lantau, the Government decided to develop a new hospital in North Lantau in 2009. The NLTH project is carried out in two phases. Phase 1 development of the NLTH was completed in December 2012. To meet the long-term demand for hospital services on Lantau Island, the Government has reserved an adjacent site for future provision of hospital facilities under phase 2 development of the NLTH, which the HA plans to carry out in two stages. Stage 1 of phase 2 development

¹ This figure represents the latest estimate of the capital cost pending tender return. We plan to update the cost estimate before submission to the FC.

involves the construction of the HASSC, providing laundry, catering, PPE storage, and data centre services to support the NLTH and other public hospitals. Stage 2 of phase 2 development will be planned for capacity growth of the NLTH under the Second Ten-year Hospital Development Plan.

5. The provision of supporting services and facilities is critical for the HA to support the planned expansion of its clinical services to meet the heavy demand for public healthcare services. The HA's current laundry services requirement is around 45 000 000 kilograms (kg) annually including laundry service provided for various clinics and health centres of the Department of Health. The existing laundry service is provided by ten laundries through four modes of delivery, viz. HA in-house operation, HA laundries operated by contractors, laundries operated by the Correctional Services Department, and commercial contractors. As the service capacity of the existing laundries has reached saturation, it is necessary to have a new central laundry centre to meet the service need and enable the relocation of some existing hospital laundries in order to release the precious hospital space for clinical services.

6. Cook-chill food production for patient meals is currently served by three CPUs located in the Castle Peak Hospital, North District Hospital and Pamela Youde Nethersole Eastern Hospital (PYNEH). It is anticipated that the annual patient meals requirement of the HA will increase from the around 20 000 000 meals currently to 26 700 000 meals by 2030. However, expansion of these CPUs is not possible due to space constraints. Taking into account the long-term service demands and the limited capacity to expand the existing CPUs, a new CPU is necessary to cope with the increasing service demand for patient food service.

7. Apart from the in-house site in PYNEH, the HA's IT corporate data centres are currently co-located in the data centres provided by external service providers for hosting the HA-wide IT applications and services. In view of the expensive service costs for the external data centres and to mitigate the risk of the sole reliance on data centres hosted by external service providers, we plan to set up a new in-house corporate data centre which could cater for around 50% of the projected total corporate data centre requirement.

8. The HA seeks to stay vigilant to enhance the monitoring and control during outbreak of infectious diseases. At present, the HA arranges storage of 90-day contingency stock of critical PPE by outside strategic suppliers and individual clusters within the HA. Moreover, all HA hospitals are required to achieve the three-day stock for key linen items to provide urgent back-up or contingency supply in emergency or disaster situations. To fulfil the requirement of provision of critical PPE and key linen items for emergency use, the HA should have a central emergency store as a reliable deployment.

Proposed Development of the HASSC

9. The HASSC building is proposed to accommodate four areas as follows –

- (a) a new laundry of annual production capacity of around 27 500 000 kg, representing around 50% of projected HA service demands by 2030. Apart from meeting long-term service demands, the proposed new laundry will enable the relocation of some existing hospital laundries to release hospital space for clinical services;
- (b) a new CPU with an annual production capacity of around 12 500 000 patient meals using cook-chill cum cold-plating technology, equivalent to around 50% of the total projected patient meals requirement of the HA. The proposed new CPU will allow opportunity for further implementation of cook-chill cum cold-plating technology to improve food safety and hygiene;
- (c) a new in-house corporate data centre, which will be able to accommodate 500 IT equipment racks to cater for around 50% of the projected total data centre requirement. It will also reduce the high data centre hosting service costs from the external service providers and reduce the service interruptions during corporate data centre relocation due to change of service contracts; and
- (d) central emergency stores to facilitate reliable deployment of critical PPE and key linen items for emergency use, including sudden out of supply from HA contractors and upsurge of demands due to pandemic alerts. With the development of the proposed central stores, more hospital spaces can be released for clinical uses and rental cost of outside warehouse can be reduced.

10. The project was upgraded to Category B in September 2018 for commencing the pre-construction works including ground investigation; tree, topographical and underground utility survey; and consultancy services for quantity surveying, risk management, geotechnical engineering services, environmental services and traffic services.

Public Consultation

11. The HA consulted the Islands District Council (IsDC) on 4 September 2017 in respect of the construction of the HASSC. Members of the IsDC supported the proposed project.

**Proposed Creation of one Supernumerary Post of Government Architect
in the Architectural Services Department**

Problem

Various infrastructural healthcare projects under the First Ten-year Hospital Development Plan (HDP) have commenced implementation. The existing Project Directors (PDs) of the Architectural Services Department (ArchSD) are already seriously overloaded with work. There is an acute and imminent need to create a supernumerary Government Architect (GA) (D2) post up to 2026-27 to provide the overall steer and supervise the implementation of the healthcare projects under the First HDP. Without additional directorate support, the healthcare projects, in particular those technically complex mega hospital construction and redevelopment projects, could not be smoothly delivered within the tight timeline.

Proposal

2. We propose to create a supernumerary GA (D2) post, to be designated as Project Director 4 (PD4) to head the newly established Project Management Branch 4 (PMB4) of ArchSD in steering and overseeing strategically the delivery of the First HDP projects among other things. The duration of the post is approximately seven years till 31 March 2027.

Justifications

Ten-year Hospital Development Plan

3. Public healthcare services in Hong Kong are under mounting pressure due to ageing population and increasing prevalence of chronic and complex diseases. In the 2016 Policy Address, the Government announced that \$200 billion would be set aside for the Hospital Authority (HA) to implement the First HDP. The First HDP covers the redevelopment and expansion of 11 hospitals, construction of a new acute hospital, three community health centres and one supporting services centre for the HA. Upon completion, there will be more than 6 000 additional beds, more than 90 additional operating theatres, increased capacity of specialist out-patient clinics and general out-patient clinics, and other additional related hospital facilities.

4. As at end of 2019, the Government has obtained funding approval from the Legislative Council Finance Committee (FC) for 11 out of 12 hospital projects (four hospitals in full and seven hospitals in part), accounting for a total approved cumulative commitment of about \$47,719.9 million. The tight delivery

programme and the substantial scale of these projects have exerted tremendous pressure on ArchSD for the timely provision of quality project management services to ensure smooth implementation.

5. Apart from the continuous effort for project monitoring and supervision of the ongoing hospital capital works projects under the First HDP, dedicated workforce would be required to provide project management services for the remaining packages of eight hospitals, three community health centres and one supporting services centre under the First HDP with a total project cost of about \$150 billion in the coming years.

6. In the 2018 Policy Address, it was announced that in parallel with the implementation of projects under the First HDP, the Administration had invited the HA to commence planning for the Second Ten-year HDP, covering a total of 19 projects involving about \$270 billion. Upon completion of the Second HDP, there would be over 9 000 additional beds and other hospital facilities. To take forward the planning and implementation of the HDPs, establishment of a dedicated project team under the steer of a GA post of PD at D2 level from 2020-21 onwards would be imperative.

Need for Creation of the Supernumerary GA Post

7. The project management services for facility development under ArchSD are mainly provided by the three project management branches, namely Project Management Branch 1 (PMB1), Project Management Branch 2 (PMB2) and Project Management Branch 3 (PMB3). Each PMB is headed by a GA (D2), designated as PD, and supported by project teams comprising staff from various professional and technical disciplines responsible for the design and construction of government buildings and related facilities. Currently, the project management services for the delivery of Schedule 1¹ hospitals and other new healthcare facilities (including those under the First HDP) are mainly provided by PMB2. Apart from healthcare projects, PMB2 is also responsible for project management services of other government facilities such as specialist building for disciplinary services (e.g. fire stations, ambulance depots, and correctional institutions, etc.), departmental quarters and other special projects (e.g. boundary control points, residential care homes for the elderly and supporting facilities for the Three-runway System, etc.).

¹ The list of public hospitals managed by the HA are set out in Schedule 1 and Schedule 2 of the HA Ordinance. Schedule 1 hospitals refer to hospitals the management and control of which are vested in the HA under agreements with the Government. Schedule 2 hospitals are hospitals the management and control of which are vested in the HA under agreements with persons other than the Government.

8. With the sharp increase in the portfolio of healthcare facilities and other large-scale special projects arising from the new development in Kwu Tong North and Fanling North, Tung Chung East Extension, as well as the Anderson Road Quarry in recent years, PMB2 does not have sufficient manpower capacity to oversee the large number of important projects concurrently. It becomes imperative and crucial to establish a new project management branch (PMB4) headed by a dedicated senior directorate with leadership and professional capabilities to oversee and steer a team of multi-disciplinary professional and technical staff for the smooth and efficient delivery of project management services for the First HDP projects.

9. It is proposed to create a supernumerary GA post, designated as PD4, to oversee and steer the healthcare projects. The post-holder will report to the Deputy Director of Architectural Services and head the new PMB4. He will be responsible mainly for the following work relating to the healthcare projects under the First HDP –

- (a) Oversee and steer the multi-disciplinary professional project management team comprising architects, quantity surveyors, engineers, and other technical staff for the provision of professional and project management services required for the delivery of various healthcare projects under the First HDP, and monitor the procurement and execution of consultancy and building contracts for the projects;
- (b) co-ordinate with the Subvented Projects Division of ArchSD on the implementation of Schedule 2 hospital projects under the HDP;
- (c) represent the Government to administer and monitor the entrustment of Schedule 1 hospital projects of which the HA is the works agent;
- (d) oversee the effective co-ordination with relevant government bureaux / departments, statutory authorities and public bodies on critical issues related to the successful implementation of the projects;
- (e) provide technical advice on matters arising from public consultation with the District Councils; the Panel on Health Services, the Public Works Subcommittee and the FC; and other relevant parties to secure necessary support and funding approval for the projects;
- (f) provide advisory services to client departments starting from pre-project definition statement stage to project completion and

building handover, and liaise with clients and external parties at strategic level on major issues affecting the project delivery; and

- (g) oversee and monitor the financial management and programme for capital works projects to ensure that the implementation is in accordance with the agreed timeframe and within approved project estimates.

10. The job description of the proposed supernumerary GA post of PD4 is at **Annex 1 to Enclosure 5**.

11. The proposed duration of the supernumerary GA post to head the new PMB4 for taking forward the imminent tasks related to the delivery of healthcare projects under the First HDP is approximately seven years from 2020-21 to 2026-27. The proposed duration has taken account of the latest implementation programme of the First HDP. In parallel, the new PMB4 will also provide the necessary professional and project management services in the early planning of the healthcare projects under the Second HDP. The duration of the supernumerary GA post, the manpower resources and arrangement of the new PMB4 will be further reviewed in the light of the prevailing programme and workload incurred by the two HDPs.

12. To support the work of PD4 and the function of the new PMB4, the existing Division 4 in the Quantity Surveying Branch headed by a Chief Quantity Surveyor (D1) and one of the existing divisions in the PMB2 headed by a Chief Architect (D1) will be redeployed to the new PMB4 without major changes in job duties. Apart from the proposed supernumerary GA post, three permanent and two time-limited non-directorate professional posts will be created in the new PMB4 to cope with the increasing workload. The proposed organisation chart showing the new PMB4 is at **Annex 2 to Enclosure 5**.

Alternatives Considered

13. As explained above, the existing PMB2 has already been overstretched by various capital works project management services. We foresee that the tremendous workload in the portfolio of the ongoing and forthcoming healthcare and other capital works projects will persist and hence there is a need to have a dedicated PMB4 headed by the proposed supernumerary GA (D2) officer to share the workload, failing which the implementation schedule of the capital works projects will be adversely affected. As the existing PMB1 and PMB3 are already heavily overloaded with their existing work, it is operationally not possible for them to absorb the project management of healthcare projects or other capital works projects under PMB2 without affecting the discharge of their

existing duties. The proposed creation of post is considered reasonable having regard to the substantial value of healthcare projects under long-term planning. The schedule of responsibility of the existing three PDs is shown at **Annex 3 to Enclosure 5**.

Financial Implications

14. The proposed creation of the supernumerary GA (D2) post will require an additional notional annual salary cost at mid-point of \$2,283,600. The additional full annual average staff cost, including salaries and staff on-cost, is about \$3,021,000.

15. As for the creation of the three permanent and two time-limited non-directorate professional posts, the total additional notional annual mid-point salary is \$5,486,280 and the total full annual average staff cost, including salaries and staff on-cost, is about \$8,237,000.

16. ArchSD has included the necessary provisions in the 2020-21 Estimates to meet the cost of this proposal and will reflect the resources required in the Estimates of subsequent years.

**Proposed Job Description of Project Director 4
Architectural Services Department**

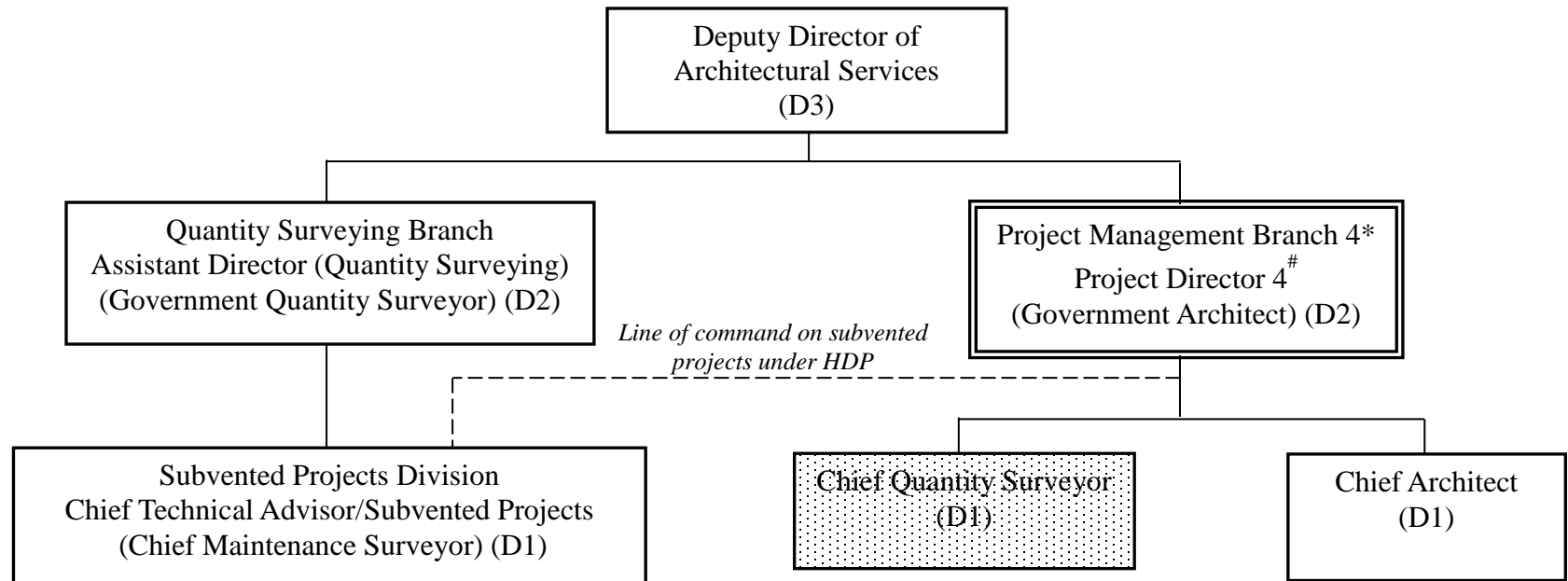
Rank : Government Architect (D2)

Responsible to : Deputy Director of Architectural Services (D3)

Main Duties and Responsibilities –

1. To oversee and provide high-level steer on the delivery and implementation of healthcare projects.
2. To attend District Councils, Legislative Council Panel, Public Works Subcommittee and Finance Committee meetings to obtain support on projects.
3. To co-ordinate among government bureaux/departments, the Hospital Authority and external parties at strategic level on major issues affecting the delivery of the healthcare projects.
4. To oversee the financial management of the healthcare projects, monitor the programme and carry out risk management at strategic level, and oversee the timely completion of the projects.
5. To oversee branch administration, resource planning, media relations and publicity matters.
6. To monitor the procurement and execution of consultancy and building contracts for the project.
7. To steer the work of the multi-disciplinary project management team comprising architects, engineers, quantity surveyors and other technical staff for the delivery of the required professional services in project delivery.

**Proposed Organisation Chart of the Architectural Services Department
for handling of projects under the Ten-year Hospital Development Plan (HDP)**



Proposed new supernumerary GA post



Existing directorate post approved by Finance Committee vide EC(2018-19)6 for the HDP



Existing directorate posts in ArchSD

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Proposed new Project Management Branch 4

Major Duties and Responsibilities of the Existing Project Directors in the Architectural Services Department

1. Project Director of Project Management Branch 1 is responsible for the project management and implementation of capital works projects such as government offices, joint-user buildings, schools, judiciary buildings, departmental quarters, data centre, vehicle examination centre, etc. as well as provision of consultants and contractors management, financial management of projects, professional advice and other professional architectural matters.
2. Project Director of Project Management Branch 2 is responsible for the project management and implementation of capital works projects such as police stations, fire station complex, airport facilities under the Three-runway System, boundary crossing facilities, departmental quarters, correctional institutions, public mortuary, healthcare projects (all healthcare projects under HDP will be handled by the new Project Management Branch 4 upon creation of the supernumerary GA post), residential care home for the elderly complex, etc. as well as provision of consultants and contractors management, financial management of projects, professional advice and other professional architectural matters.
3. Project Director of Project Management Branch 3 is responsible for the project management and implementation of capital works projects such as leisure, sports and cultural facilities, columbarium and crematorium, markets, etc. as well as provision of consultants and contractors management, financial management of projects, professional advice and other professional architectural matters.