

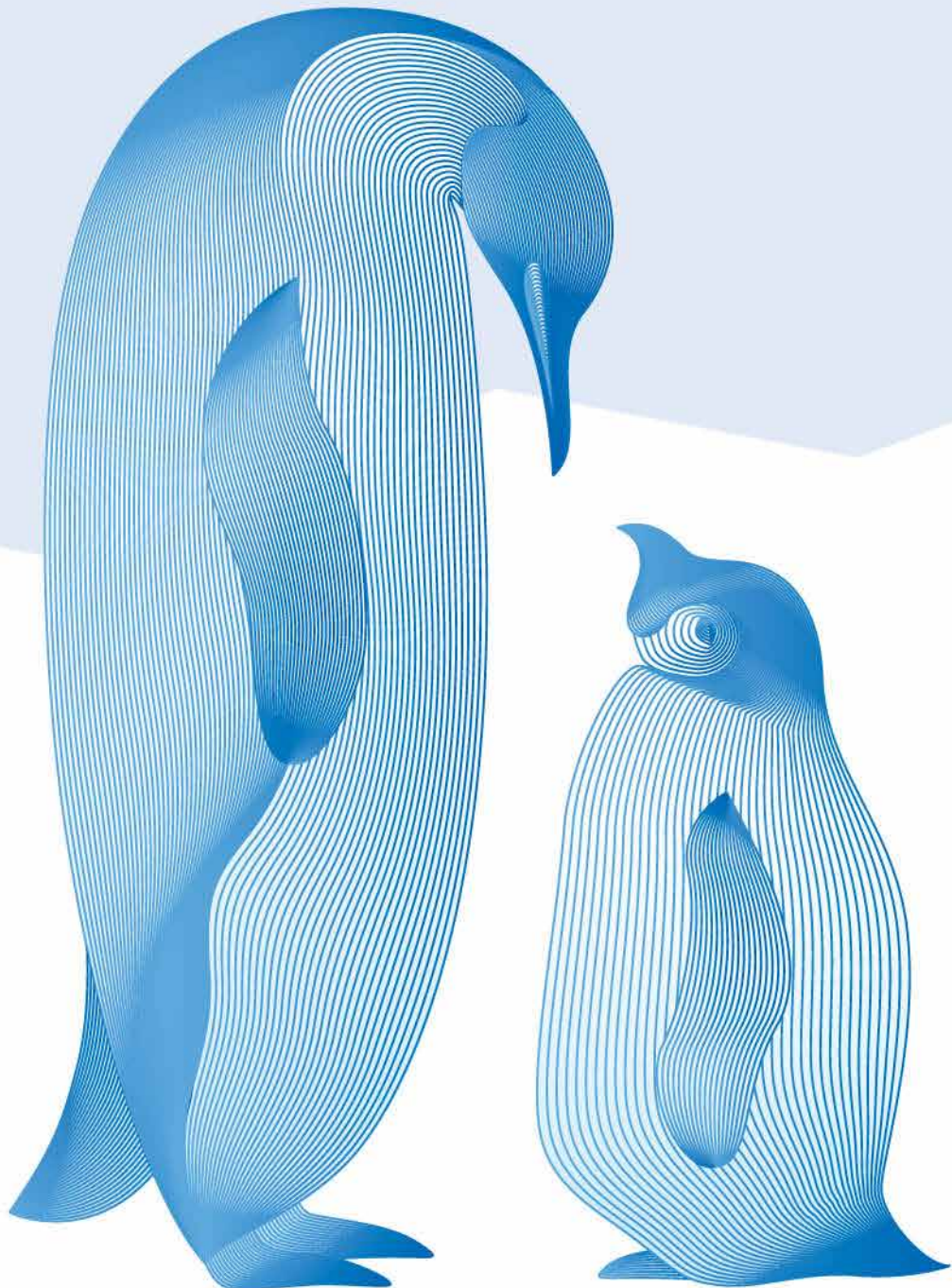


醫院管理局
HOSPITAL
AUTHORITY

ANNUAL PLAN 2020-21



About this DOCUMENT



The annual plan is the action plan of the Hospital Authority (HA) for a specific financial year. It sets out the major goals, work plans and programme targets of the Head Office and seven Clusters.

Our service targets and activity throughput are delineated in the plan to facilitate the public in monitoring HA's performance. Also included is an overview of manpower estimates and budget allocation, illustrating the resources required for carrying out our work plan.

VISION

Healthy People
Happy Staff
Trusted by the Community

MISSION

Helping People
Stay Healthy

VALUES

People-centred Care
Professional Service
Committed Staff
Teamwork

* Annual Plan 2020-21 online version has been updated at Hospital Authority website in December 2020. If there are any inconsistency between the online and the hardcopy version, the online version shall prevail.

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- Corporate Governance
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- Hong Kong East Cluster
- Hong Kong West Cluster
- Kowloon Central Cluster
- Kowloon East Cluster
- Kowloon West Cluster
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- New Territories West Cluster

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Introduction from CHIEF EXECUTIVE

As the major public healthcare provider in Hong Kong, the core value of the Hospital Authority (HA) has always been delivering patient-centred and quality care for the community. To that end, I am most thankful for the staunch support from our colleagues in safeguarding the health of the community, even when faced with the tremendous pressure in combating COVID-19 during surge periods. Through concerted efforts and dedication of all our colleagues, we shall stay vigilant in combating the on-going COVID-19 epidemic and protecting our patients.

The demographics and healthcare needs of the community have been evolving over the years. To meet the future challenges of escalating service demand, HA has taken necessary steps in planning its service development strategically. We are grateful to the HKSAR Government for its immense financial support to uplift HA's services and infrastructure to meet our challenges. The recurrent subvention for HA in 2020-21 amounts to \$75 billion. Around 109 initiatives will be implemented through this Annual Plan to strengthen HA's services. We would also like to thank the Government for the additional funding support of \$4.7 billion to HA for combating the COVID-19 epidemic. HA will ensure the prudent deployment of the funding to better equip public hospitals in managing the epidemic in various aspects.

Healthcare manpower shortage has been a long-standing concern for HA. Staff retention is of utmost importance and much effort has been spent on supporting and retaining our workforce. We will continue to improve the career progression opportunities for doctors, nurses and allied health staff. More flexibility will be offered to staff by introducing locum employment opportunities to both clinical staff and supporting staff. This can also assist with alleviating workload during surge periods. Besides recruiting all locally qualified medical graduates and re-employing more retired doctors, nurses and allied health staff through the Special Retired and Rehire Scheme, more non-locally trained doctors will be recruited under the Limited Registration Scheme to work in HA's pressure areas. In 2020-21, our target is to recruit approximately 530 doctors, 2 550 nurses, and 830 allied health professionals.

To meet the challenges from the increasing service demand and long waiting times, more innovative ideas and service models will be explored. By expanding the clinical role of our nurses and pharmacists, new complementary healthcare service modalities can be offered to our patients to alleviate the existing clinical load. Examples include pharmacist clinics for ambulatory care and nurse clinics under various specialties by adopting the integrated model of specialist outpatient service. The roles of genetics and genomic medicines will be strengthened to support early diagnosis and increase the use of targeted therapies. Meanwhile, HA will continue to build on its capacity through phased service expansions at the Hong Kong Children's Hospital, North Lantau Hospital and Tin Shui Wai Hospital, in accordance with the respective service commissioning plans. A total of approximately 400 additional hospital beds will be provided across the Clusters. The capacity for general and specialist outpatient clinics, endoscopic, surgical and diagnostic imaging services will also be increased in line with the increase in inpatient services. At the same time, HA is also committed to modernising its technology and support on research projects under the HA Data Collaboration Laboratory to support high quality, efficient clinical care.

HA will also improve access to the care for critical illnesses in the coming year. Examples include the provision of 24-hour, cluster-based primary percutaneous coronary intervention services to patients with acute myocardial infarction in the New Territories East Cluster (NTEC). Service networks will also be established in a phased approach, starting with Hong Kong East Cluster, Hong Kong West Cluster, NTEC and New Territories West Cluster, to provide intra-arterial mechanical thrombectomy services for patients with acute ischaemic stroke.

Looking ahead, HA will strive to better manage the ever increasing service demand, provide more support and equip our staff in facing the daunting challenges of the epidemic. I would like to take this opportunity to express my gratitude to all of our devoted staff for their efforts in delivering professional and quality services for the community.



Tony Ko
Chief Executive

Planning CONTEXT

This annual plan outlines the specific actions for the fourth year implementation of HA Strategic Plan 2017-2022.

Strategic Plan 2017-2022

The Strategic Plan 2017-2022 sets out the strategies and directions for addressing our key challenges over the five-year period. It is the overarching document for service and development planning throughout HA. This five-year plan is translated to action through five Annual Plans developed annually over that period.

The Annual Plan 2020-21 is the fourth action plan derived from the HA Strategic Plan 2017-2022. The planning process for this Annual Plan began in 2019. The priorities of the annual planning process are guided by the strategic directions outlined in the HA Strategic Plan. Resources will be allocated to specific programmes through the process.

Planning PROCESS

Annual planning refers to the service and budget planning process where proposals undergo prioritisation, resource bidding and allocation.

Programmes or initiatives delineated in Annual Plan 2020-21 are the syntheses of detailed service and budget planning conducted throughout the HA. The annual planning process involves a broadly participative approach. Clusters and Head Office Divisions converge and plan prospectively for HA's service provision for the coming financial year.

Taking reference to the priorities set out in the Strategic Plan, Clinical Coordinating Committees and Central Committees (COC/CCs) of the different clinical specialties, Cluster management and Head Office executives identified service gaps and pressure areas. From this, service enhancement programmes were formulated and endorsement was sought at their respective platforms; including the Senior Management Meeting, Medical Policy Group, Directors' Meeting, Hospital Governing Committee and Cluster internal forum.

The Annual Planning Forums is an annual event where subject officers present all potential new programmes and initiatives. The Forums are chaired by the Director (Strategy and Planning) and attended by the Chief Executive, Head Office Directors and Heads, Clusters' Chief Executives, Hospital Chief Executives, Head Office Chief Managers, other senior executives and relevant clinical representatives. For the current Annual Plan, the Forums were conducted as follows:

- [Coordinating Committees \(COCs\) and Central Committees \(CCs\) Annual Planning Forum](#), was held on 1 March 2019, where Head Office subject officers presented proposed clinical programmes from clinical services.
- [Head Office Annual Planning Forum](#), was held on 15 March 2019, where Head Office executives presented proposals that were initiated by the Head Office or coordinated at the corporate level.
- [Cluster Annual Planning Forum](#), was held on 2 to 3 May 2019, where Cluster management proposed initiatives aimed at meeting the service needs of individual Clusters, with an emphasis on key pressure areas.

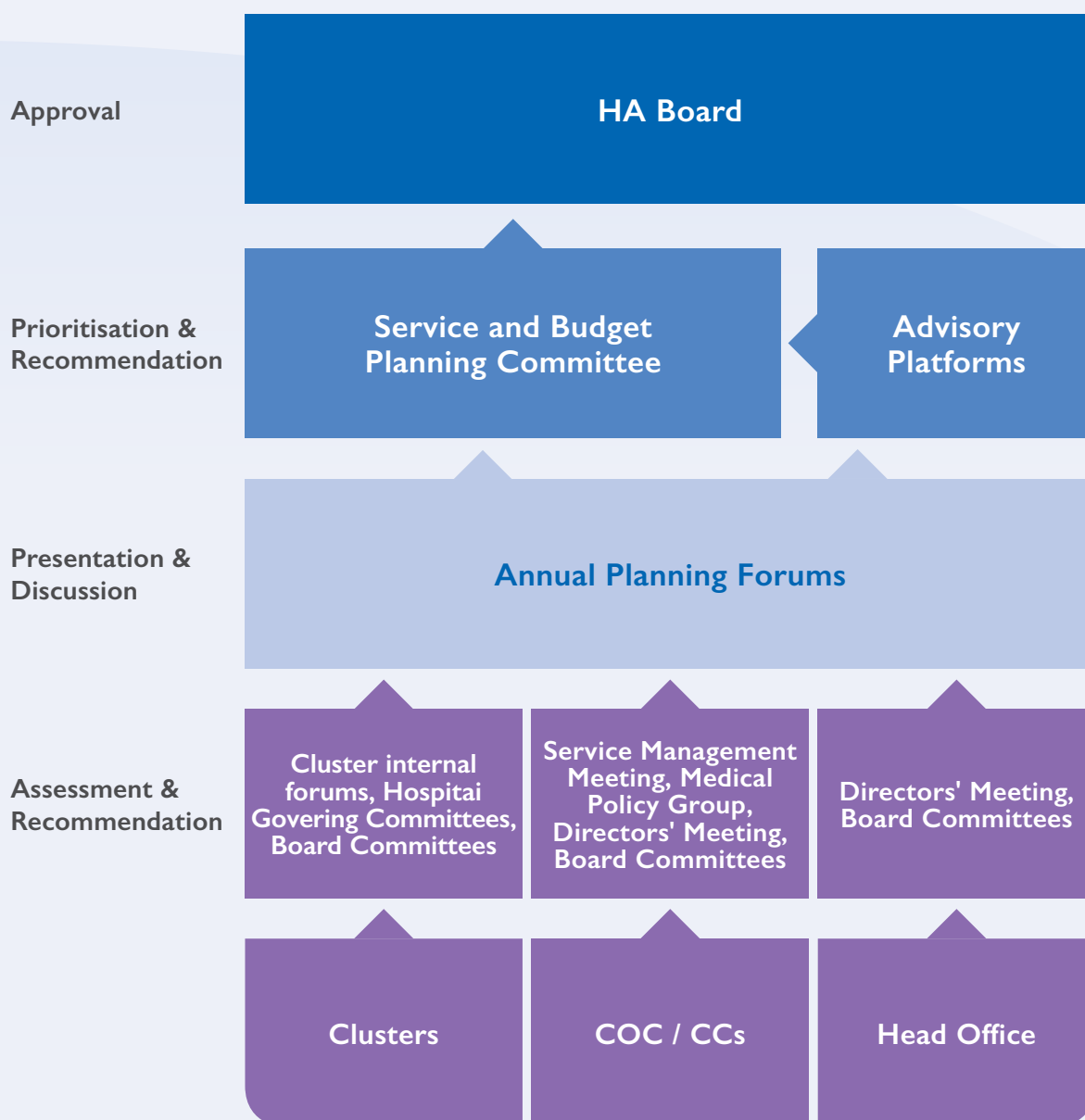
The forums were interactive, with opportunities for questions and comments from floor members. Clarifications were provided and comments raised were considered by subject officers for further refinement of the proposals.

All proposals presented at the forums were submitted to the Service and Budget Planning Committee (SBPC) for prioritisation and budget consideration. The SBPC was chaired by the Chief Executive with all the Directors, Heads and Cluster Chief Executives acting as members. Prioritisation was guided by HA's strategic priorities and service directions, the operational readiness of proposed programmes, and the government's healthcare priorities. Advice also sought from the following advisory platforms as input to the prioritisation:

- **Medical Policy Group (MPG)** advised on the clinical merits of the clinical proposals, in terms of evidence as well as clinical needs and impact. The MPG comprised the chairmen of all the COCs.
- **Annual Plan Preparatory (APP) meeting** advised on the proposals' feasibility and readiness for implementation. Participants of the meeting were subject officers of the COC / CCs as well as Head Office Chief Managers and executives.
- **Drug Management Committee (DMC)** advised on the drug components in those proposals that involved the repositioning of drugs or widening use of drugs in the HA Drug Formulary.
- **Committee on IT** advised on proposals that required IT support.

After thorough deliberation and prioritisation by the SBPC, approved new programmes were incorporated in the Annual Plan along with programme targets established for 2020-2021. Following endorsement by the HA Board, the Annual Plan was approved, published and disseminated. Programme targets will be monitored by the Board on a quarterly basis between April 2020 and March 2021.

The overall process and governance structure of the annual planning exercise are illustrated in the diagram below.



Policy directions and consensus for the Annual Plan were also obtained from the HA Board Functional Committees. They provided inputs in various forms to the development of the programmes. Examples included:

- The clinical programmes were formulated according to the developmental priorities recommended by the [Medical Services Development Committee](#).
- Business support programmes that included equipment and capital works projects were advised by the [Supporting Services Development Committee](#).
- Programmes related to IT development were endorsed by the [Information Technology Services Governing Committee](#).
- Staff-related initiatives were deliberated by the [Human Resources Committee](#).
- Clusters' programmes were developed under the guidance of the various [Hospital Governing Committees](#).

Views of patient groups were collected from representatives of HA and various non-governmental organisations through the Patient Advisory Committee (PAC). The PAC provided written comments on the Annual Plan for consideration.

Annual Plan FRAMEWORK

The framework of Annual Plan 2020-21 comprises strategic goals, strategic directions, strategies and programme targets.

The strategic goals, strategic directions and strategies are as delineated in Strategic Plan 2017-2022. They are in accordance with the following three strategic foci:

- (i) Provide patient-centred care
- (ii) Develop a committed and competent workforce
- (iii) Enhance financial sustainability

Strategic goals set out objective goals of the HA. Strategic directions outline the broad directions for achieving the intended goals. Strategies map out the plan of actions to achieve the goals. Specific programme outlines the actions for carrying out the strategies. Targets represent the measurable outcomes for programme monitoring and accountability reporting.

There are five strategic goals in the [Annual Plan 2020-21](#):

[Provide Patient-centred Care](#)

- Improve service quality
- Optimise demand management

[Develop a Committed and Competent Workforce](#)

- Attract and retain staff
- Enhance staff training and development

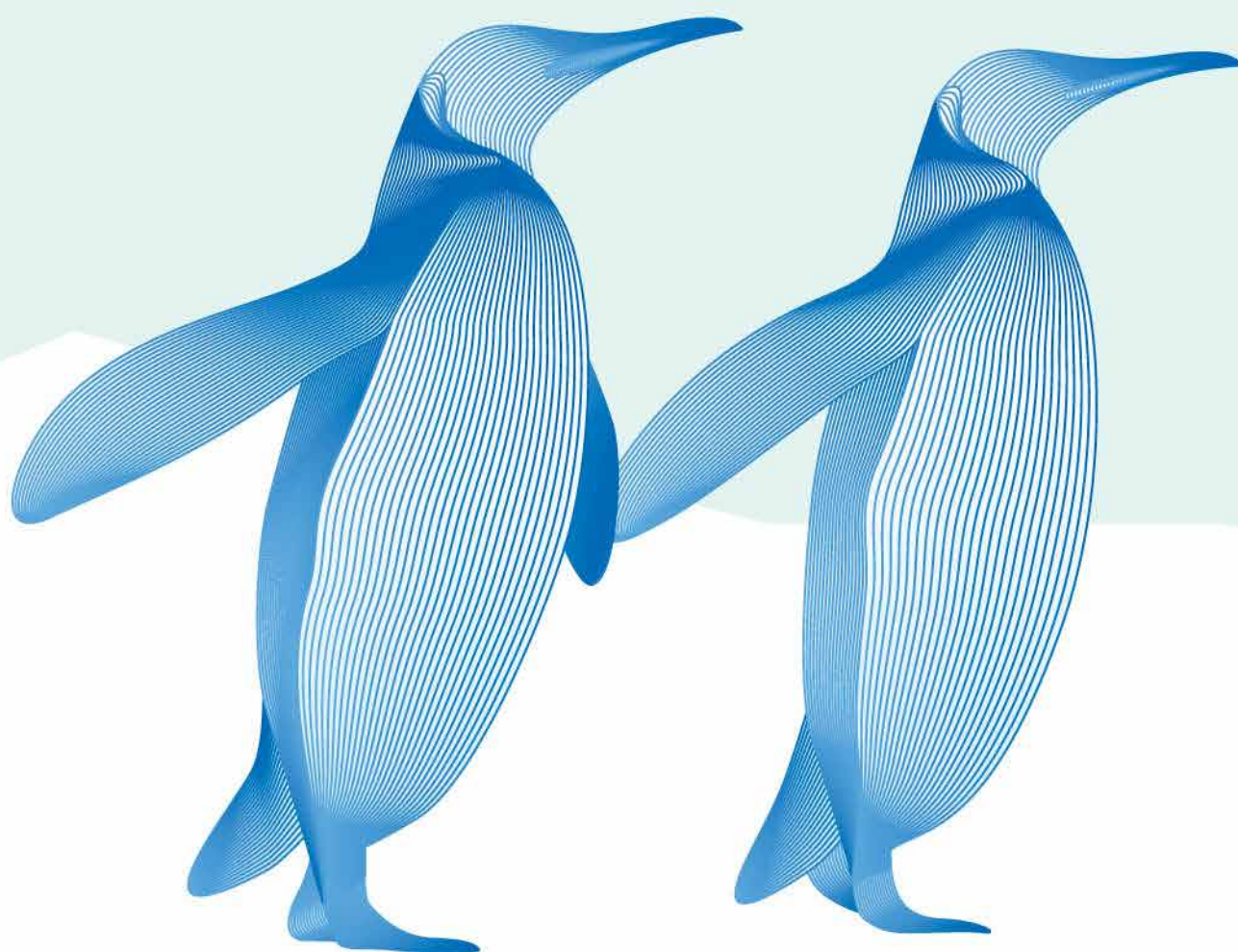
[Enhance Financial Sustainability](#)

- Drive accountable and efficient use of financial resources


Framework of Annual Plan 2020 - 21

Strategic Goals (What we want to achieve)	Strategic Directions (Where we are going)	Strategies (How we get there)
Improve service quality	Enhance access & efficiency	Promote day services
		Strengthen service coordination & collaboration
		Develop more options for patient care
		Enhance community-based care
	Improve safety & effectiveness	Refine clinical governance and performance management
		Reinforce clinical risk management
	Modernise HA	Refine technology planning and adoption to keep up with international standards
	Promote partnerships with patients	Empower patients for self-care
Optimise demand management	Raise the capacity of priority services	Increase capacity of high demand services
		Roll out service enhancements for time-critical care
	Share out the demand	Reinforce Public-Private Partnerships (PPP)
Attract & retain staff	Improve staff management	Facilitate flexible working
		Develop structured succession planning
	Promote staff engagement & well-being	Develop ways to better engage & communicate with staff
	Foster staff health & a safe working environment	Reinforce ways to support the health of staff
		Strengthen Occupational Safety and Health
Enhance staff training & development	Strengthen training governance & policy	Establish a mechanism to align training with career development
	Improve training quality	Develop a quality assurance framework & raise staff training opportunities
Drive accountable & efficient use of financial resources	Improve financial planning	Refine HA's financial projection model

Strategic Goals and PROGRAMME TARGETS



In the Annual Plan 2020-21, we map out five Strategic Goals and 19 Strategies with the corresponding Programme Targets that reflect the work we do to implement the five-year Strategic Plan.

This chapter delineates 106 of our programme targets. Other programme targets, specific to individual Cluster or Head Office division, are presented in the sections under [Cluster Plans](#) and [Head Office Plan](#) respectively. Approximately one eighth of the programmes listed here are new initiatives, while others are ongoing programmes or a continuation of previous years' initiatives. New initiatives are highlighted with the symbol  for easy reference.

Improve Service Quality

Our strategies for 2020-21


- Promote day services
- Strengthen service coordination and collaboration
- Develop more options for patient care
- Enhance community-based care
- Refine clinical governance and performance management
- Reinforce clinical risk management
- Refine technology planning and adoption to keep up with international standards
- Empower patients for self-care

Promote day services

Action	Target for 2020 - 21
Enhance capacity for day services to relieve the reliance on inpatient care.	Provide four additional day beds at PYNEH and 10 at PWH by 3Q20; 10 at QEH, 10 at TKOH, eight at NDH and 20 at TSWH by 4Q20 and 25 at PWH by 1Q21.
Enhance capacity of ambulatory surgical services.	<p>Deliver services to provide 200 additional surgical procedures with same day admission at DKCH by 1Q21.</p> <p>Provide additional Operating Theatre (OT) sessions per week, three at PWH by 3Q20, five at TKOH and four at NDH by 4Q20.</p>
Enhance Outpatient Parenteral Antimicrobial Therapy (OPAT) service capacity for appropriate patients to reduce length of stay.	Provide OPAT service for additional attendances at PYNEH, QEH, PWH and AHNH by 1Q21.
Enhance the provision of day rehabilitation services.	Set up day rehabilitation services at POH; provide services for 600 additional rehabilitation day attendances and 1 000 geriatric day attendances at NTWC by 1Q21.

Strengthen service coordination and collaboration



Action	Target for 2020 - 21
Continue to enhance HA's Dental and Oral-Maxillofacial Surgery Service Network to increase access to oral-maxillofacial surgery and specialist dental services for hospital patients.	Provide services for 350 additional SOPC attendances across KEC, KWC and NTEC by 1Q21.
Enhance pre-operative anaesthetic assessment services.	Establish Pre-anaesthetic Assessment Clinic (PAAC) services at HKEC, HKWC and KCC by 1Q21.
Strengthen patient discharge management to expedite the bed availability for admissions from Accident & Emergency (A&E) department.	Set up a discharge lounge at PYNEH and a cluster-based nursing triage team at KEC by 1Q21 to facilitate pre-discharge planning and enhance rehabilitation bed utilisation.
Enhance the long term management of ventilator assisted care by centralising care provision at designated facilities.	Designate three paediatrics beds for chronic ventilator assisted care at CMC by 3Q20.
Continue to expand restorative rehabilitation services to weekends and public holidays for patients with lower limb fracture or arthroplasties in acute setting and stroke patients in extended care settings.	Roll out the programme to TWEH, KWH and CMC, providing services for an additional total of 3 450 physiotherapy and 2 300 occupational therapy attendances during weekends and public holidays by 1Q21.
Enhance physiotherapy outpatient services by continuing the stratified care management for patients with low back pain.	Provide services with stratified care management for 13 200 additional physiotherapy outpatient attendances at PYNEH, KWH, TKOH, PMH, YCH and NDH by 1Q21.

Action	Target for 2020 - 21
Improve standard of care for patients on Non-Invasive Ventilation or Invasive Mechanical Ventilation by adopting a mobile respiratory team approach and setting up designated ventilation areas for patients with respiratory complications.	Set up mobile teams at QMH, PMH, PWH and TMH to provide respiratory care to patients in the medical wards and designate 10 beds to support cases with respiratory complications by 1Q21.
Extend the ortho-geriatric collaborative care model for elderly patients with hip or other fragility fractures in both acute and extended care settings.	Provide support for 250 additional geriatric orthopaedic patients at PWH by 1Q21.
Reinforce adult Palliative Care (PC) service by setting up multidisciplinary PC consultative teams for cancer and non-cancer PC patients.	Expand the services in KWC and roll out the PC consultative services at HKWC, KCC and NTEC to provide 4 900 additional PC consultative visits by 1Q21.
Promote breastfeeding of newborns in the eight Baby-Friendly Hospitals in HA by strengthening the relevant nursing support.	Continue to enhance the breastfeeding support teams with trained Registered Nurses (RN) to support the Baby-Friendly Hospital accreditation programmes at UCH and PMH by 1Q21.
Introduce the collaborative care model between paediatrics and Child & Adolescent (C&A) psychiatry departments to provide better care management and timely treatment for patients with mild Attention Deficit Hyperactivity Disorder and strengthen the allied health support services to C&A psychiatric patients.	 Implement the collaborative care model at KEC and NTEC to provide services for 370 additional SOPC new case attendances by 1Q21. Enhance the allied health support to C&A patients at HKWC, KEC, KWC, NTEC and NTWC by providing services for 3 000 additional allied health outpatient attendances by 1Q21.
Enhance infectious disease services by expanding service coverage and improving coordination.	Establish cluster-based, infectious disease networks at KEC and NTWC by 1Q21.

Action	Target for 2020 - 21
Continue the cross-cluster collaboration on Robotic Assisted Surgery (RAS) so that surgeons in Clusters with no robotic surgery equipment have access to the technology.	Conduct a total of 64 cases cross-cluster RAS at PYNEH, QMH, QEH, PMH and PWH by 1Q21.
Enhance the HA's complaints management system to ensure long term sustainability and strengthen collaboration between Head Office and Clusters.	Establish cluster-based, patient relations office structure at HKEC, HKWC and NTEC by 2Q20.
Enhance the corporate communication structure in HA, involving the formation of cluster-based services to oversee and streamline corporate communication for all hospitals within the Cluster.	Establish cluster-based, corporate communication structure in phases, and recruit one Senior Information Officer at HKEC and KWC respectively by 4Q20.

Develop more options for patient care

Action	Target for 2020 - 21
Enhance nurse clinic services in rheumatology (for rheumatoid arthritis), peri-operative care, clinical oncology (for head & neck radiotherapy), respiratory (for chronic obstructive pulmonary disease) and Otorhinolaryngology (for hearing problems) and set up nurse clinics in gastroenterology (for hepatitis) and ophthalmology (for cataract surgery) to alleviate doctors' workload by adopting the integrated model of specialist outpatient service.	Recruit additional Advanced Practice Nurses (APNs) and Patient Care Assistants (PCAs) to establish or scale up 24 nurse clinics to provide services for 17 000 additional attendances across Clusters by 1Q21.
Continue to improve obstetric care by the provision of maternal special care beds in the labour ward and high-risk pregnancy care training for nursing staff.	Designate one maternal special care bed in the labour ward and recruit two RNs for training and providing high-risk pregnancy care at KWH, PMH and PWH respectively by 1Q21.

Action		Target for 2020 - 21
Relieve access block and reduce admission to Medicine & Geriatric department by providing rapid medical assessment, diagnostic and therapeutic procedures.		Increase manpower at TKOH A&E and establish a Fast Track Clinic in the day medical centre to provide services for 320 additional SOPC new case attendances by 1Q21.
Introduce an early patient mobilisation programme in the acute general adult Intensive Care Unit (ICU) in HA to maintain physical mobility and improve functional status of patients.		Provide early patient mobilisation services by physiotherapists to 1 400 additional ICU patients across all Clusters by 1Q21.
Pilot a structured, non-surgical treatment programme to optimise the physical function of patients waiting for total joint replacement surgery by using a case management approach.		Provide physiotherapy services for 2 400 additional outpatient attendances to patients on waiting list for total joint replacement surgery at YCH under this programme by 1Q21.
Enhance geriatric support for elderly patients attending A&E Department.		Enhance geriatric support by providing services for 3 750 additional focused geriatric assessments at A&E departments of RH, QMH, YCH, PWH and TMH by 1Q21.
Continue to develop Integrated Chinese-Western Medicine model through specific disease programmes in HA hospitals. Phase III of this programme commenced in 2018.		Continue Phase III of the Integrated Chinese-Western Medicine project for stroke care at TWH, SH and PWH; cancer palliative care at PMH and TMH; and musculoskeletal pain management at PYNEH and KWH by 4Q20.


Enhance community-based care

Action	Target for 2020 - 21
Continue to enhance the transitional post-discharge support for elderly patients with hip fracture and acute stroke.	Continue to provide services for a total of 5 250 needs assessments and discharge planning and 12 600 home visits with rehabilitation at KEC, NTEC and NTWC by 1Q21.
Continue to enhance the Community Geriatric Assessment Team (CGAT) support for terminally ill patients in Residential Care Homes for the Elderly (RCHes).	Enhance nursing manpower to provide services for 3 500 additional geriatric outreach attendances by 1Q21.
Enhance the service of Patient Support Call Centre (PSCC), which provides professional telephone advice to support discharged, elderly patients and patients with chronic diseases in the community.	Enhance nursing manpower at the PSCC to provide services for 5 800 additional calls by 1Q21.
Continue to enhance the multidisciplinary support for the provision of psychogeriatric outreach service to patients living in RCHes.	Enhance nursing support to provide services for 2 500 additional psychogeriatric outreach attendances at HKEC, KEC and NTEC by 1Q21.
Expand the programme of the school-based medical-education-social collaboration platform, set up under the Student Mental Health Support Scheme, in collaboration with the Education Bureau and Social Welfare Department to enhance support for students with mental health needs.	Expand the programme to additional schools in the territory covered by HKWC, KEC, KWC, NTEC and NTWC by 1Q21.
Enhance Community Psychiatric Service to further increase the support for mental health patients in the community under the Personalised Care Programme.	Recruit additional case managers at HKEC, HKWC, KCC, KWC and NTWC to provide services for 4 800 additional psychiatric outreach attendances by 1Q21.



Refine clinical governance and performance management

Action	Target for 2020 - 21
Optimise medication safety through extending the Inpatient Medication Order Entry (IPMOE) system to A&E, oncology department and ICU in a phased approach.	Roll out the IPMOE system to oncology department and ICU at HKEC, NTEC, NTWC, and A&E department at HKEC and NTWC by 1Q21.
Continue to implement measures to reduce the reuse of Single Use Devices (SUD).	Phase out the reuse of selected class II moderate and moderate-high risk, and class I moderate risk SUD in accordance with clinical prioritisation by 1Q21.

Reinforce clinical risk management

Action	Target for 2020 - 21
Optimise medication safety by strengthening the clinical pharmacy service for hospitalised patients in clinical wards. 	Recruit an additional pharmacist to provide medication management service for hospitalised geriatric patients under the care of Psychiatry Department in KH by 1Q21.
Improve infection control in hospitals by phasing out the use of linen drapes.	Replace reusable linen drapes with disposable drapes at operating theatres at HKWC, KCC, KEC, KWC and NTEC by 1Q21.

Refine technology planning and adoption to keep up with international standards

Action		Target for 2020 - 21
Enhance genetics services and colonoscopy screening for hereditary colorectal cancer patients and their families.		Establish a liaison committee on genetics services to explore future service models for genetic and genomic service in HA; recruit and train genetic counsellors for indexing patients and family members by 1Q21.
Roll out the newborn screening programme for Inborn Errors of Metabolism in all HA birthing hospitals.		Extend the programme to PYNEH, UCH and PMH by 1Q21.
Expand the service capacity of the Hyperbaric Oxygen Therapy (HBOT) Centre in HA, which was first established in 2018-19.		Provide extended service hours during weekdays at the HBOT centre by 3Q20.
Optimise surgical planning at the Orthopaedics & Traumatology (O&T) departments by adopting medical grade 3D printing.		Adopt medical grade 3D printing technology to provide cluster-based services at HKEC and KEC by 1Q21.
Enhance medical device management by aligning the provision of medical devices used in 104 interventional procedures under specific clinical indications.		Provide additional medical devices used in interventional procedures under specific clinical indications by 2Q20.
Expand the drug access in HA by improving the alignment of the HA Drug Formulary with current clinical evidence and international guidelines on the use of drugs.		Widen the indications of Special Drugs and reclassify Self-financed Drugs as Special Drugs for managing cancer, hepatitis and cardiovascular diseases by 2Q20.

Action	Target for 2020 - 21
Modernise the treatment for patients with advanced Parkinson's disease by providing deep brain stimulation treatment.	Provide deep brain stimulation treatment for 15 additional patients with advanced Parkinson's Disease by 1Q21.
Continue to support the HA Data Collaboration Lab.	Collaborate with relevant external parties on research projects and further contribute to theme-based research data sets to the Big Data Analytics Platform by 1Q21.

Empower patients for self-care

Action	Target for 2020 - 21
Continue to collaborate with Non-governmental Organisations (NGOs) to empower patients with chronic diseases and enhance their knowledge and self-care capabilities.	Provide places for 14 000 participants under the Patient Empowerment Programme by 1Q21.

Optimise Demand Management

Our strategies for 2020-21

- Increase capacity of high demand services
- Roll out service enhancements for time-critical care
- Reinforce Public-Private Partnerships (PPP)

Increase capacity of high demand services

Action	Target for 2020 - 21
Enhance the capacity of inpatient services at HKEC.	Provide additional acute beds, one at PYNEH by 3Q20 and 20 at RH by 4Q20.
Enhance the capacity of inpatient services at KCC.	Provide 12 additional extended care beds at HKBH and 58 acute beds at QEH by 4Q20.
Enhance the capacity of inpatient services at KEC.	Provide additional acute beds, 26 at UCH and 10 at TKOH by 3Q20.
Enhance the capacity of inpatient services at KWC.	Provide additional acute beds, 18 at PMH and 16 at CMC by 4Q20.
Enhance the clinical services at NLTH, including day, acute and extended care, as well as enhancing pharmacy services.	Provide four additional beds in the emergency medicine ward, 10 day beds and 36 extended care beds by 4Q20, as well as extending pharmacy services to 24-hour coverage and providing on-site clinical psychology services at NLTH by 1Q21.
Enhance the capacity of inpatient services at NTEC.	Provide additional acute beds, 23 at PWH, one at NDH by 4Q20; 16 at NDH by 1Q21, and 32 extended care beds at TPH by 4Q20.

Action	Target for 2020 - 21
Enhance the capacity of inpatient services at NTWC.	Provide an additional of two High Dependency Unit beds at TMH, two ICU beds at POH, and 40 acute beds at TSWH by 4Q20.
Continue to alleviate the work pressure of A&E departments.	Implement the Support Session Programme in A&E Departments to better manage triage categories III to V cases by 1Q21.
Continue to enhance the capacity of OT services.	Provide 26 additional OT sessions per week, including 10 at QEH, six at AHNH and 10 across NTWC by 1Q21.
Continue to improve peri-operative management for elderly patients with acute fragility fractures by providing additional OT sessions during day time.	Provide five additional OT sessions per week to the daytime trauma list for geriatric patients with acute fragility fractures at PMH, and set up acute geriatric fragility fracture nursing coordination services at PMH and CMC by 1Q21.
Continue to enhance the capacity of endoscopy services.	Provide an additional total of 26 sessions per week for endoscopic procedures at HKWC, KWC and NTWC by 1Q21.
Commence the operation of HKCH in phases, to provide territory-wide services for paediatric patients with complex and rare conditions under the hub-and-spoke model.	Provide three additional OT sessions per week, as well as 24-hour admission and pharmacy services at HKCH by 3Q20.
Utilise Family Medicine Specialist Clinic (FMSC) to relieve workload of Specialist Outpatient Clinic (SOPC) by further rolling out the collaborative model implemented for the O&T department.	Provide services for an additional total of 4 000 FMSC attendances under the collaborative model for O&T at KCC and KWC by 1Q21.


Action	Target for 2020 - 21
Continue to enhance the service capacity of General Outpatient Clinic (GOPC) to improve the access for target users.	Increase the GOPC quota by 9 500 at KEC, NTEC and NTWC by 1Q21.
Enhance SOPC service capacity in various Clusters.	Provide services for an additional total of 6 250 SOPC new case attendances across all Clusters by 1Q21.
Enhance the multidisciplinary support for sleep service under a 24-hour integrated model.	Provide two additional beds for sleep studies at HKEC by 4Q20 and conduct an additional total of 1 000 sleep studies at HKEC and NTWC by 1Q21.
Enhance management of viral hepatitis by prevention of mother-to-child transmission of Hepatitis B Virus and adoption of Direct Acting Anti-viral in Hepatitis C Virus treatment.	Enhance laboratory capacity by providing services for an additional of 33 000 hepatitis related tests; setting up hepatitis nurse clinics and enhancing antenatal clinics by 1Q21.
Continue to enhance the capacity of radiology services.	Provide services for an additional total of 1 600 attendances for Magnetic Resonance Imaging (MRI) scan at CMC and AHNH; provide services for an additional total of 2 800 attendances for Computed Tomography (CT) scan at PMH and POH; and a Positron Emission Tomography-Computed Tomography (PET-CT) machine will be set up at TMH to provide 400 additional attendances by 1Q21.



Action	Target for 2020 - 21
Further enhance the service capacity of mammogram to improve breast imaging services.	Provide an additional total of 2 900 mammograms at HKEC, KCC and KWC by 1Q21.
Continue to enhance pharmacy services in support of enhanced clinical services.	Enhance oncology clinical pharmacy services at NTEC and NTWC by providing 100% screening of chemotherapy prescriptions and implementing pharmacist clinics for ambulatory care at PYNEH, QMH and QEH by 4Q20; as well as launching drug refill services at selected hospitals in HKEC, KEC and NTWC by 1Q21.
Enhance cancer care to meet service demand.	Enhance inpatient, consultative oncology services at RH, KWH, CMC and YCH; enhance chemotherapy services at KCC and KEC; extend the service hours of radiotherapy at QEH, PWH and TMH by 1Q21.
Enhance the quality of cancer service by providing coordinated, patient-centred care through the Cancer Case Manager (CCM) Programme.	Extend the CCM Programme to provide services for 1 200 additional patients with breast, colorectal, haematological or gynaecological cancer across Clusters by 1Q21.
Strengthen the psychosocial support for patients undergoing oncology treatment.	Recruit a social worker in each Cluster and provide services for 5 600 additional attendances to oncology patients by 1Q21.

Action	Target for 2020 - 21
Continue to expand the capacity of renal replacement therapy for patients with end-stage renal disease to improve their health outcomes. A total of 1 100 hospital haemodialysis places have been provided in 2019-20.	Provide 63 additional hospital haemodialysis places by 1Q21.
Boost up the capacity of Diabetes Mellitus (DM) service to provide Targeted Active Intervention to young patients with poor DM control at non-DM SOPCs; and enhance the Continuous Glucose Monitoring (CGM) service to improve DM control and reduce hypoglycaemia.	Enhance capacity of the Targeted Active Intervention services in non-DM SOPCs at KWC, NTEC and NTWC; provide 300 CGM sensors and related services to selected patients at HKEC, HKWC and KCC respectively, and provide 600 sensors for paediatric diabetic patients at HKCH by 1Q21.

Roll out service enhancements for time-critical care

Action		Target for 2020 - 21
Expand the coverage of Primary Percutaneous Coronary Intervention (PPCI) for patients with ST-Elevation Myocardial Infarction (STEMI).		Provide 24-hour PPCI for eligible patients with STEMI at NTEC by 4Q20.
Enhance the equipment on ambulances for early detection of patients with STEMI in collaboration with the Fire Services Department.		Procure additional patient monitors with 12-lead electrocardiogram data transmission function for all ambulances by 1Q21.
Improve the standard of care for acute ischaemic stroke patients by providing Intra-arterial Mechanical Thrombectomy in a phased approach.		Establish service networks at HKEC, NTEC and NTWC to provide extended service hours during weekdays, and a service network at HKWC to provide 24-hour services by 1Q21.

Reinforce Public-Private Partnerships (PPP)

Action	Target for 2020 - 21
<p>Provide additional patient choices through selected Public-Private Partnership (PPP) programmes. These programmes include:</p> <ul style="list-style-type: none"> • Cataract Surgeries Programme, • Haemodialysis Public-Private Partnership Programme (HD PPP), • Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector (Radi Collaboration), • General Outpatient Clinic Public-Private Partnership Programme (GOPC PPP), • Provision of Infirmity Service through Public-Private Partnership (Infirmity Service PPP), • Colon Assessment Public-Private Partnership Programme (Colon PPP), and • Glaucoma Public-Private Partnership Programme (Glaucoma PPP). 	<p>Provide PPP programmes for patients, including 650 cataract surgeries, 288 haemodialysis places, 20 790 Radi Collaboration scans, 35 280 GOPC patient capacities, 64 beds for infirmity service, 1 300 colonoscopies and 1 300 glaucoma patient capacities by 1Q21.</p>

Attract and Retain Staff

Our strategies for 2020-21

- Facilitate flexible working
- Develop structured succession planning
- Develop ways to better engage and communicate with staff
- Reinforce ways to support the health of staff
- Strengthen Occupational Safety & Health

Facilitate flexible working

Action	Target for 2020 - 21
Alleviate the workload of frontline doctors by recruiting additional, non-locally trained doctors under Limited Registration (LR).	Continue and enhance the LR recruitment scheme to attract and recruit more qualified, non-locally trained doctors to work in public hospitals under LR on an ongoing basis.
Continue the Special Retired and Rehire Scheme to re-employ suitable staff upon their retirement in order to retain expertise and help alleviate the manpower issues.	Implement rehiring of serving doctors, nurses and allied health staff who will leave HA in 2020-21 upon retirement or completion of contract at or beyond the normal retirement age by 1Q21.
Continue the enhancement of locum recruitment.	Extend locum employment to supporting staff and enlarge the locum pool of doctors, nurses and allied health professionals by 1Q21.




Develop structured succession planning

Action	Target for 2020 - 21
Continue to enhance career progression and promotion opportunities for frontline doctors.	Provide additional promotion opportunities for frontline doctors by 1Q21.
Strengthen nursing roles in clinical care by improving clinical supervision, specialty training, promotion prospect and recruiting additional manpower.	Provide 14 additional nurse consultant positions; and enhance nursing manpower for general and psychiatric inpatient wards, labour wards, A&E, ICU, stroke and peri-operative services by 1Q21.
Enhance the promotion prospects for Allied Health grade to better support the increasing service demand.	Upgrade seven optometrist II posts for enhancing support to ophthalmology and family medicine; and recruit seven medical physicists for enhancing support to radiology and oncology by 1Q21.
Continue to implement enhancement measures for supporting staff.	Implement enhancement measures for staff at obsolete ranks performing Patient Care Assistant (PCA)/Operation Assistant (OpA) jobs and other medium and longer term measures for PCA/OpA/Executive Assistant (EA) to provide a stable supporting workforce by 1Q21.
Attract and retain care-related supporting staff by improving their career progression opportunities within the HA.	Continue the annual progression exercise for PCA IIIA in inpatient wards or services on 24-hour shift by 1Q21.
Attract and retain OpA in inpatient services by improving their career progression opportunities within the HA.	Continue the annual progression exercise for OpA IIIB in inpatient services by 1Q21.

Action	Target for 2020 - 21
Attract and retain EA in inpatient wards by improving their career progression opportunities within the HA.	Continue the annual progression exercise for EA IIIA in inpatient wards by 1Q21.

Develop ways to better engage and communicate with staff

Action	Target for 2020 - 21
Engage and improve understanding of younger generation by developing follow up actions in response to the result of Focused Staff Survey. 	Announce results and develop action plan at both corporate and local levels by 1Q21.

Reinforce ways to support the health of staff

Action	Target for 2020 - 21
Improve accessibility to staff health services by enhancing the service capacity.	Provide services for 8 500 additional attendances at QMH staff clinic by 1Q21.
Augment provision of psychological services to enhance staff psychological resilience and patient safety.	Provide psychological services for 1 700 additional attendances for staff by 1Q21.

Strengthen Occupational Safety & Health

Action	Target for 2020 - 21
To foster staff safety culture and improve overall Occupational Safety & Health (OSH) in HA through enhancing the full-time manpower and professional competence of OSH personnel. 	Implement the new Occupational Safety Hygienist grade by 1Q21.

Enhance Staff Training and Development

Our strategies for 2020-21

- Establish a mechanism to align training with career development
- Develop a quality assurance framework and raise staff training opportunities

Establish a mechanism to align training with career development

Action	Target for 2020 - 21
Enhance the Training Information Management System (TIMS) to provide comprehensive training-related information for the management and planning of staff training programmes.	Roll out of TIMS reports on training resources and external training records by 1Q21.
Further strengthen the competency of nursing staff in supporting terminally ill patients beyond Palliative Care (PC) setting through clinical attachments at PC units.	Provide clinical attachments for 16 nurses at PC units in settings beyond PC at HKWC and KEC by 1Q21.
Continue with the establishment of HA Institute of Health IT to elevate healthcare IT related education, promote experience sharing and innovation collaborations for HA staff, the public sector, professionals from the local healthcare and the IT industry.	Provide technology learning and innovation opportunities for 1 200 participants by 1Q21.
Continue to reinforce the internship training in HA for local medical graduates and doctors who passed the Licensing Examination of the Medical Council of Hong Kong.	Continue to provide internship training to all local medical graduates and doctors who have passed the Licensing Examination of the Medical Council of Hong Kong. Organise mandatory orientation programme for all intakes of interns by 1Q21.

Action	Target for 2020 - 21
Continue to enhance the proficiency and competency of junior nurses.	Recruit 100 Full-Time Equivalent APNs as part-time clinical preceptors for junior nurses by 1Q21.
Increase throughput of HA nursing schools, conduct 18-month midwifery programmes and encourage Enrolled Nurses (ENs) to upgrade their skills and competency to RNs level by offering training sponsorship.	Offer training places for 300 RN and 100 EN students; offer midwifery programmes to 80-100 trainees; and offer training sponsorship to support around 150 ENs to enroll the voluntary RN Conversion Programme by offering training sponsorship to the clinical practicum part by 1Q21.
Continue to implement the Training Sponsorship Programme for supporting staff to undergo ENs (General) training to enhance their career development.	Select high calibre, qualified supporting staff to undergo the two-year ENs (General) training programme by 1Q21.
Enhance training and development of legal professionals in HA to improve professional and operational competency.	Provide opportunities for all legal professional staff to attend continuing professional development courses by 1Q21.
Enhance training and development of finance division staff for professional and operational competency.	Provide opportunity for a minimum of 80% of finance professional staff to attend a continuing professional development course; provide six attachment placements for Head Office and Clusters' finance professionals; and implement a finance graduate trainee programme by 1Q21.
Strengthen the competence and knowledge of staff working in Patient Resource Centres (PRCs) to meet service and professional development needs.	Deliver professional service development training for 60-80 PRC staff by 1Q21.

Develop a quality assurance framework and raise staff training opportunities

Action	Target for 2020 - 21
Continue to sponsor overseas training of doctors, nurses and allied health staff.	Offer a total of around 270 overseas training scholarships to clinical staff by 1Q21.
Continue implementation of the generic competencies training series in support of grade-specific curriculums for staff in both clinical and non-clinical grades.	Offer a full range of training programmes under Management 001, 101, 202 and 303 to enhance management capabilities of professional staff at different levels by 1Q21.
Continue to provide more training opportunities for clinical staff to facilitate service advancement and professional development.	Sponsor around 480 simulation training classes, including crew resource management training for doctors and nurses; provide 26 specialty training and 150 enhancement programmes for nurses; 65 specialty training or enhancement programmes for allied health professionals, 12 specialty training or enhancement programmes for pharmacy staff, and two multidisciplinary programmes for mental health service by 1Q21.
Provide training subsidies to nurses and allied health staff for participating in recognised service-related programmes.	Offer training subsidies to 550 nurses and 225 allied health and pharmacy staff by 1Q21.
Continue to strengthen training support for specialties with specialist training gaps.	Provide 58 trainee places for doctors by 1Q21.


Action	Target for 2020 - 21
Reinforce basic resuscitation capabilities of HA staff.	Provide around 4 470 formal resuscitation training places to clinical staff and formal first aid training to security staff by 1Q21.
Maintain the service level of e-Knowledge Gateway (eKG) by monitoring and reviewing coverage of the electronic journal service for delivering the latest clinical and management knowledge electronically to all HA staff.	Maintain the eKG journal service at the current level, taking into account the rising subscription fee of electronic journals by 1Q21.

Drive Accountable and Efficient Use of Financial Resources

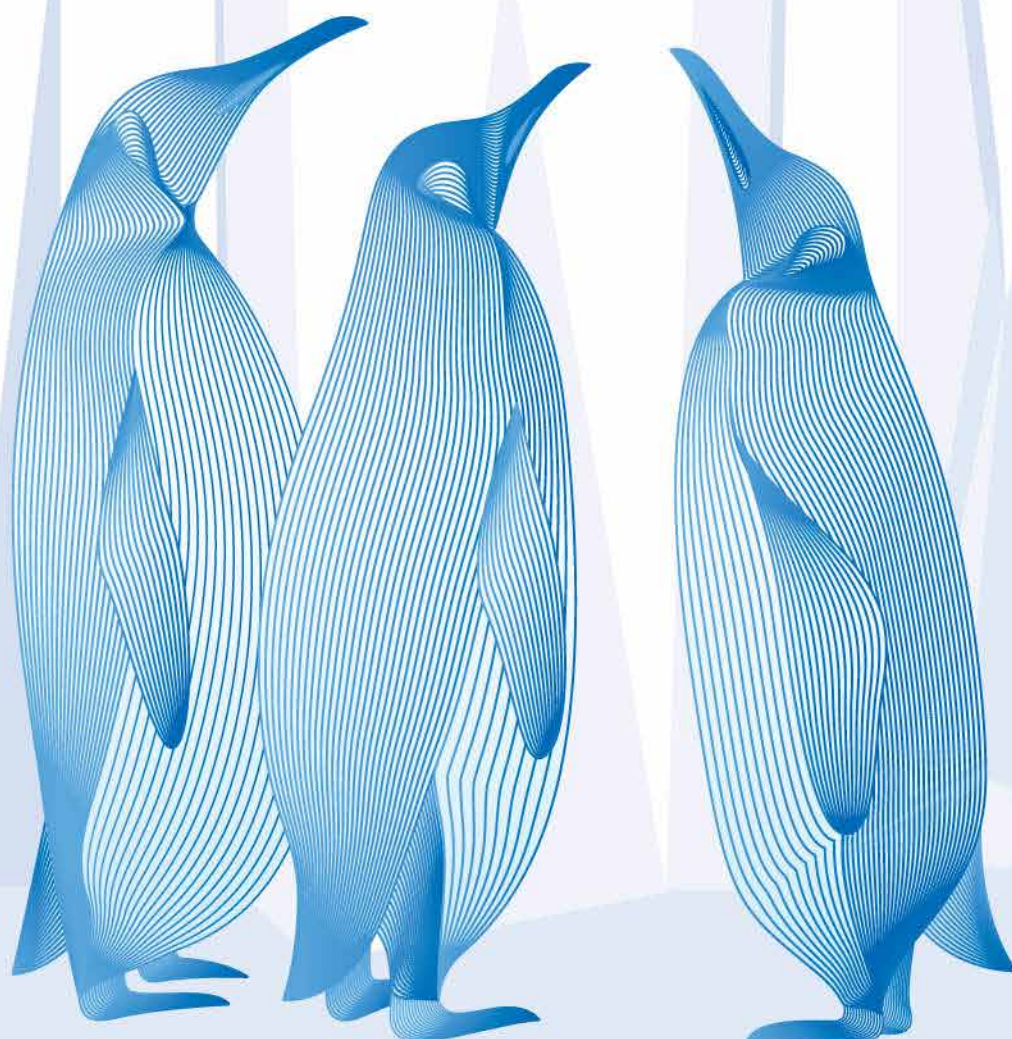
Our strategies for 2020-21

- Refine HA's financial projection model

Refine HA's financial projection model

Action	Target for 2020 - 21
Advise the Government of HA's resource requirements in the next triennium funding cycle (2021-22 to 2023-24) through conducting a medium-term financial projection, using a refined methodology taking into account a newly developed costing analytics tool "Total Patient Journey Costing".	 Provide the Government with the projected needs and resources required for public healthcare services provided by HA for the next triennium funding cycle (2021-22 to 2023-24) by 4Q20.

Service and RESOURCE ESTIMATES



HA provided 29 435 hospital beds as at 31 March 2020 and managed about 9.11 million patient days in 2019-20.

HA delivers a comprehensive range of preventive, curative and rehabilitative medical services to ensure every citizen have access to affordable healthcare. As at 31 December 2019, we managed 43 public hospitals or institutions, 49 SOPCs and 73 GOPCs. The facilities are organised into seven Clusters according to geographical locations.

Service Estimates

Service Estimates for 2020-21

- 1.92 million inpatient and day inpatient discharge episodes*
- 2.20 million A&E attendances
- 8.01 million SOP (clinical) attendances
- 2.94 million allied health (outpatient) attendances
- 6.54 million primary care attendances
- 2.12 million community outreach visits, which include outreach medical, nursing and allied health services to support our discharged patients, in particular geriatric and psychiatric patients for rehabilitation in the community

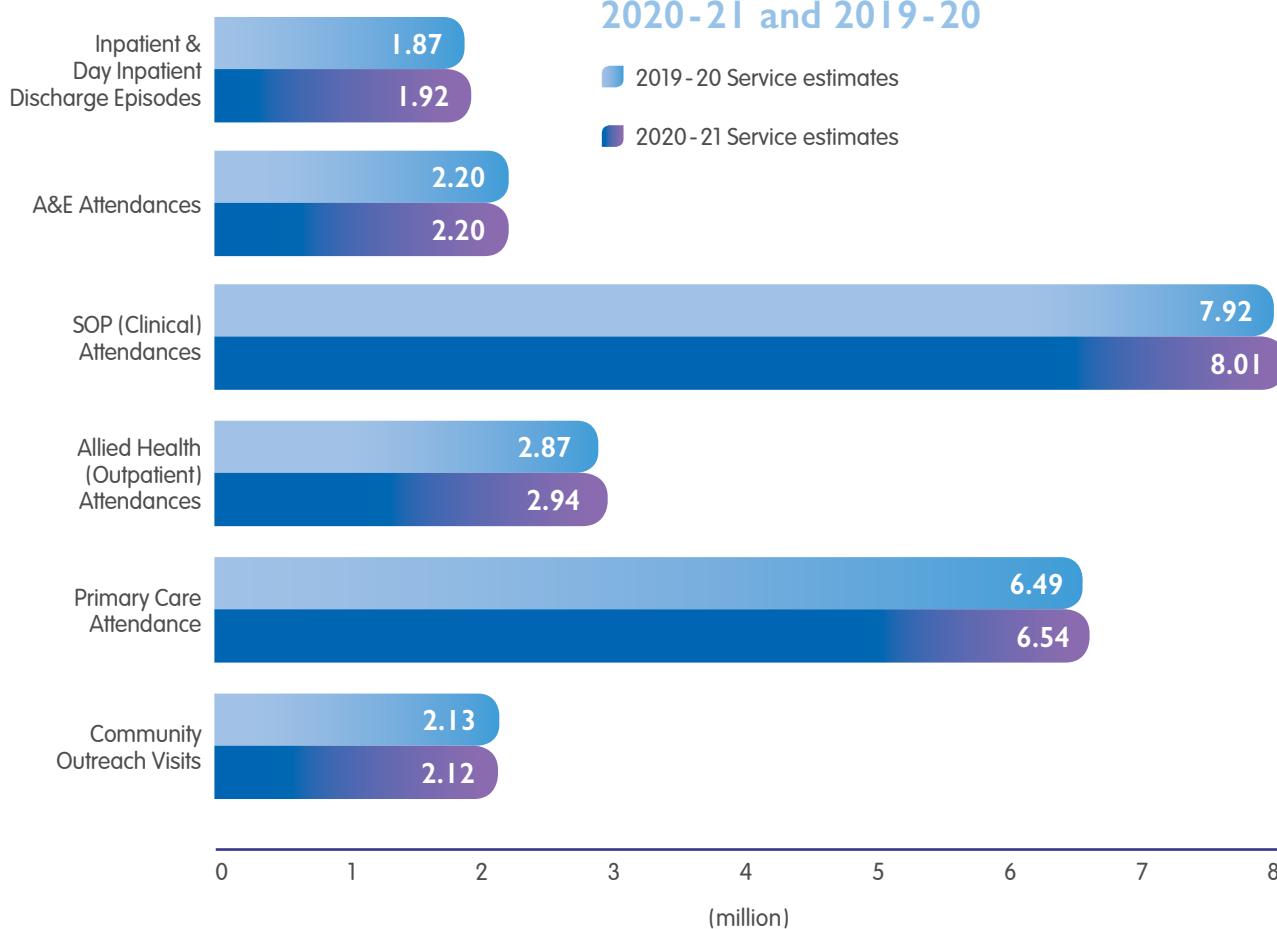
* Refers to discharges and deaths in the Controlling Officer's Report (COR). This applies to all "discharge episodes".

To meet escalating service demand arising from an ageing and growing population, HA plans to increase inpatient and day inpatient service throughput by around 2.9% in 2020-21, as compared to 2019-20. This translates into an additional of 54 100 inpatient and day inpatient discharge episodes. It is estimated that HA will increase the throughput for primary care services by 0.8%, which is an increase of 49 000 attendances to enhance medical care and disease management for elderly and chronic disease patients.

A comparison of HA's estimated service throughputs for 2020-21 and 2019-20 is shown in Figure 1. These and other key service statistics are delineated in Appendix 1, while Appendix 2 provides a breakdown of the service estimates by Cluster.

Figure 1:

Comparison of Service Estimates for 2020-21 and 2019-20

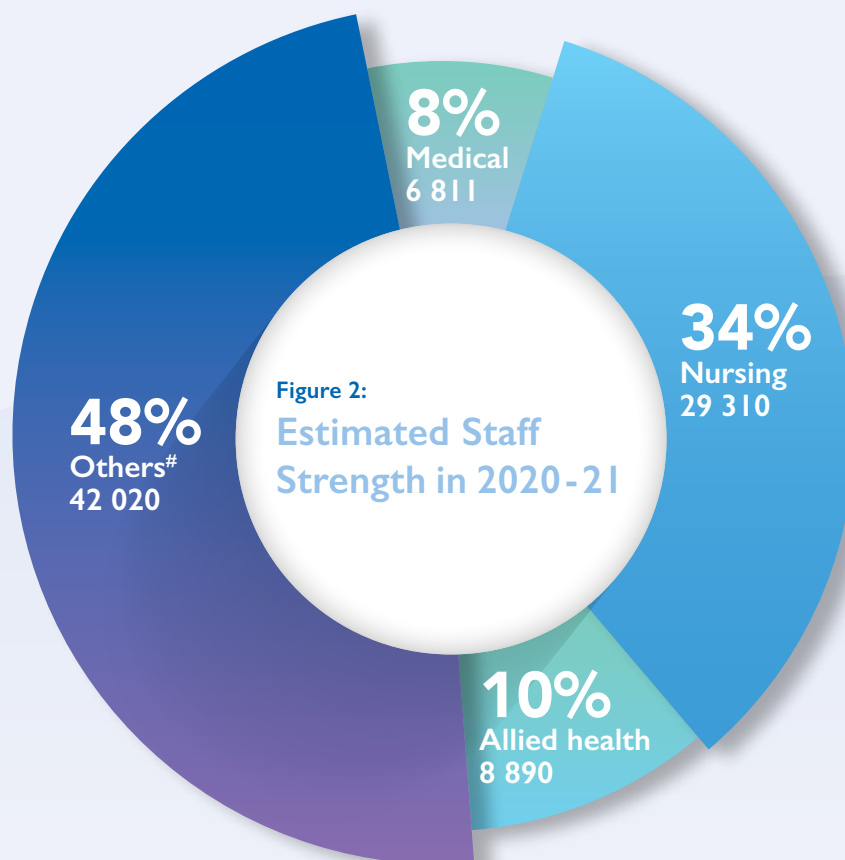


Manpower Estimates

HA's existing staff strength is more than 82 000 full-time equivalents. Around 70% of them are providing direct patient care, while others provide essential supporting services such as managing patient records and maintaining the proper functioning of patient amenities.

It is estimated that we need to increase our workforce by 4.6% in the coming year. The manpower increase, which is expected for all staff groups, is intended for delivering new service programmes, service enhancements and quality improvement measures. At the same time, new recruits are also needed to replace staff members who have resigned or retired.

The planned recruitment level for healthcare professionals in 2020-21 will be around 530 doctors, 2 550 nurses and 830 allied health professionals. Figure 2 provides a breakdown of estimated staff strength for the coming year. A detailed comparison of the manpower estimates for 2020-21 and 2019-20 is provided in Appendix 1.



[#] Comprise supporting staff and managerial / administrative staff
Note: The percentage may not add up to 100% due to rounding

Budget

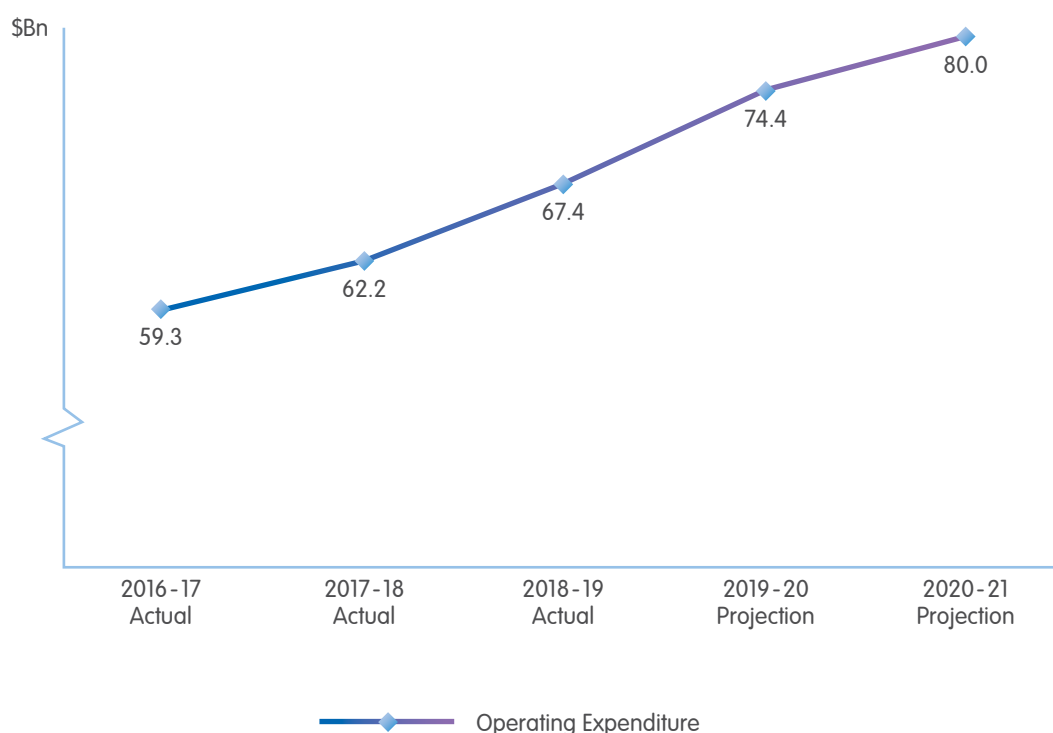
The Government will increase its financial provision to HA by \$3.6 billion in 2020-21

The recurrent subvention to HA for 2020-21 reaches \$75 billion, representing an increase of 5% as compared to the baseline allocation in 2019-20. Among the new funding provisions, the third consecutive year of funding growth committed to HA by the Government under the triennium funding arrangement (2018-19 to 2020-21) constitutes the majority.

Operating Expenditure

In order to attain the strategic goals and programme targets as set out in preceding chapters, HA will be carrying out a series of initiatives in 2020-21, which will involve an operating expenditure totalling \$80 billion. As healthcare is a labour-intensive service industry, around 70% of the expenditure is on staff cost, while the remaining portion is on other expenditure items such as drugs, medical supplies, repairs and maintenance, etc.

The graph below demonstrates the trend of HA's operating expenditure in recent years:



The increase in the operating expenditure projected for 2020-21 mainly arises from the additional resources required for meeting the growing demand for public hospital services and implementation of HA's new / enhanced services, including further enhancement measures for staff retention, in the coming year.

Capital Expenditure

In addition to operating expenditure, different types of capital expenditure are required to support the delivery of HA's service development. These are primarily funded by the Government's capital subvention as follows:

1. Procurement of equipment and development of information systems for modernising hospital services (\$1.60 billion);
2. Minor works projects including improvement works, regular maintenance, and preparatory works for capital works projects (\$1.50 billion); and
3. Major capital works for HA's future development, such as construction of new hospitals and re-development of existing hospitals (\$5.98 billion).

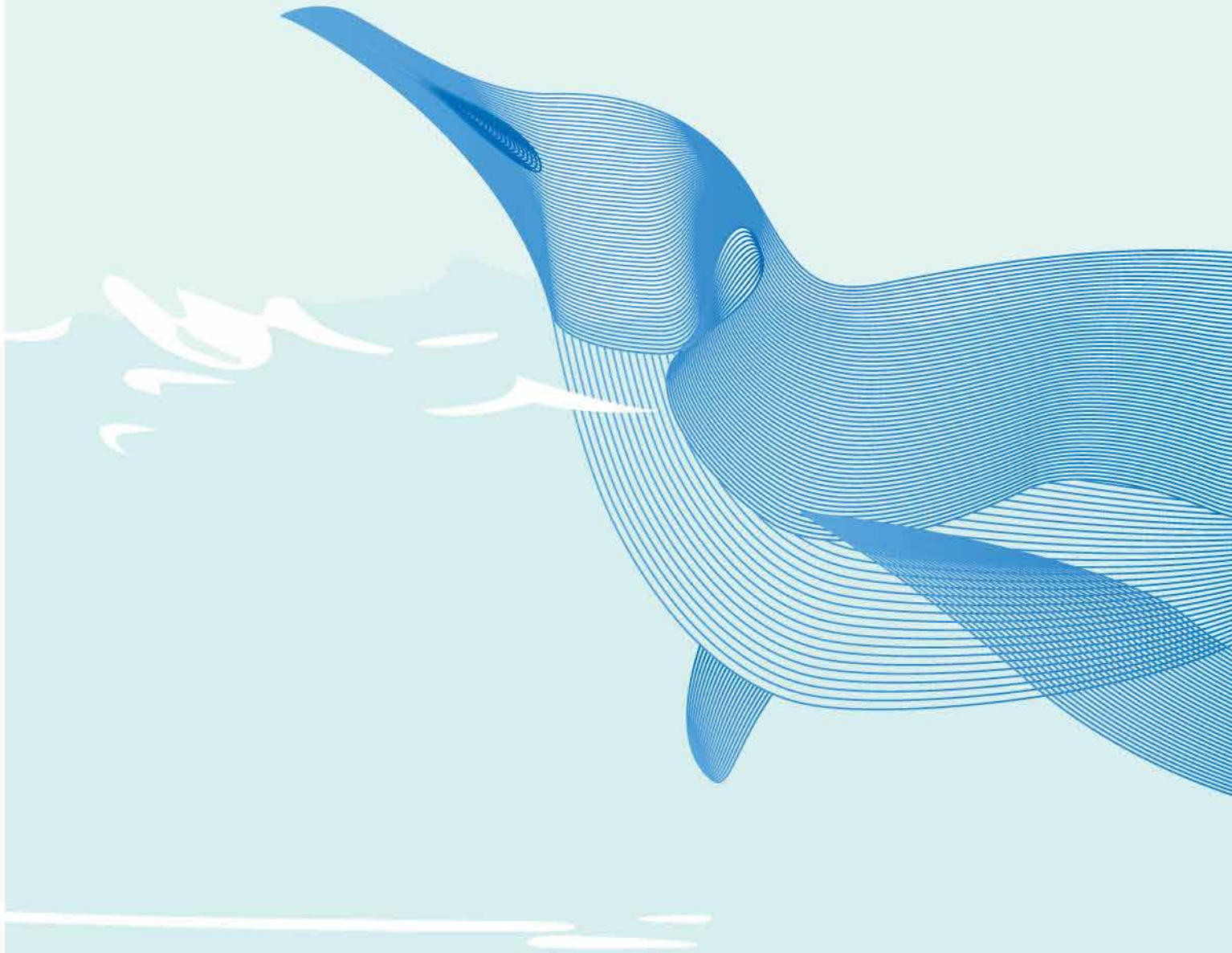
Looking Ahead

Noting that HA will reach the end of the first triennium funding cycle by 2020-21, we have commenced discussion with the Government on the next triennium arrangement and will strive to secure a continued funding support.

HA's operation would not be sustainable in the long run without a stable workforce. It is thus reassuring to learn that the Government has committed to allocate additional resources for HA to implement various staff retention measures for the coming five years. HA will actively work out the details with a view to alleviating the manpower shortage.

Head Office

PLAN



This section sets out the work plans of the HA Head Office for 2020-21.

This section covers the work plans of the Head Office with respect to three key enablers of HA services: Capital Works, Business Support Services, and Information Technology and Health Informatics Services. It also sets out HA's approach on corporate governance, which is coordinated by the Head Office.

Head Office Plan Components

- Corporate Governance
- Capital Works
- Business Support Services
- Information Technology and Health Informatics Services



Corporate Governance

Good governance is at the heart of HA and will continue to be of the highest importance as the HA continues to develop. The HA Board has developed a formal schedule of matters for decision. This is to ensure that the Board is actively involved in steering the direction of HA's services. It also ensures institutional sustainability via a working partnership with the Head Office and Clusters' management to set HA's strategies and annual plans. Appropriate steps are taken by the Head Office and Clusters' management to deliver service plans and programmes as outlined in the Annual Plan, and to ensure that there are effective systems of control and risk management.

Stewardship of the Board

In response to the recommendations from the Steering Committee on Review of the HA published in 2015, HA formulated a detailed action plan with over 100 items for implementation to enhance HA's operations and service provision. In particular, the Steering Committee recommended that the HA Board, being the management board, should play a more active role in leading and managing HA. In this regard, the Board has reinforced its corporate governance and practices to ensure accountability and stewardship of HA's resources and effective management of services. In the spirit of continuous improvement, the Board explored room for streamlining enhancements, while maintaining the Board's governance and accountability, based on insights gained through experience. With the approval of the Board, the governance pathway for decision making by the Board and its functional committees have been further consolidated and rationalised since July 2019. In parallel, measures to streamline the annual planning process as well as meeting arrangements at corporate, cluster, and hospital management levels will be pursued on an on-going basis. The aim is to strive for continuous improvement in enhancing the efficiency and effectiveness of governance.

The Executive Committee of the Board will continue to be engaged at early stages in the formulation of strategies, directions and policies. The Board and its functional committees will conduct annual agenda forecast along different strategic and functional dimensions to guide operations throughout the year. Extra steps will be taken to proactively align the agenda planning with their respective Terms of Reference. The role of functional committees in setting key standards, driving for best practices and monitoring performance will also be strengthened. We will continue to build on our robust corporate governance framework to ensure proper management of HA hospitals and to provide quality services to the residents of Hong Kong.

The Hospital Governing Committees (HGCs) appointed by the HA Board under the HA Ordinance serve important functions in enhancing community participation in governance of public hospitals. In the past few years, enhancement measures have been undertaken to strengthen communication between HA and HGCs. We will continue to engage HGCs in the management of HA hospitals, service planning and provision, in addition to enhancing communication between HGCs and relevant stakeholders including the HA Board, Head Office, Cluster and hospital management, and frontline staff.

Risk Management

Managing risk is an integral part of HA's overall approach to good corporate governance. The Organisation-wide Risk Management (ORM) Policy and Strategy was overseen and approved by the HA Board. It demonstrates HA's commitment to managing and continuously improving the risk management process across HA. It provides a holistic and standardised approach to risk management, incorporating both clinical and non-clinical risks across HA. Through the ORM framework, HA will continue to reinforce the key structures and processes for ORM Policy and Strategy and promote risk awareness across HA.

Through ORM Policy and Strategy, HA has established a risk governance structure for identifying and reporting risks. It has designated the roles and responsibilities for risk management in HA from the hospital, Cluster and Head Office level through to the Audit and Risk Committee (ARC) and HA Board. Risk profiles are produced annually by the Head Office and Clusters to identify the top risks across major functions, both clinical and non-clinical. Based on their risk profiles, major risks and challenges at the local level are addressed by risk mitigation measures by Clusters and Head Office Divisions. Additional resources for risk mitigations will be sought through the annual planning process as appropriate.

As part of this process, risk profiles for Clusters and hospitals are reported annually to Cluster Management Committees and HGCs respectively. This mechanism facilitates communication about risk up and down the organisation. This allows for escalation of the highest risks to senior management, and facilitates execution and monitoring of mitigation measures to reduce the likelihood and consequences of the risks.

Capital Works

Capital works in HA are coordinated by the Capital Planning Department (CPD), under the Strategy and Planning Division of the HA Head Office. To manage the different aspects of capital works, CPD is organised into the following six sections:

- Planning and Development
- Capital Projects
- Building Works
- Engineering
- Quality Management
- Administration and Operation

The CPD is responsible for the planning, development and maintenance of quality healthcare facilities through multi-disciplinary professional teamwork. Its functions are as follows:

- To plan and develop safe and efficient facilities, with designs that are flexible, environmentally friendly and conducive to optimal care delivery.
- To plan, organise and manage resources to ensure that capital works projects are completed on schedule and within budget.
- To provide and maintain quality facilities and infrastructure to facilitate the delivery of patient-centred, high quality healthcare services to the community.
- To ensure the provision of safe, reliable, practical, cost-effective, quality and modern healthcare engineering facilities and infrastructure in a timely manner.

Major Risks and Challenges

In the 2016 Policy Address, the Government announced that \$200 billion would be set aside for the HA to implement a 10-year Hospital Development Plan (HDP). This comprises of the construction of a new acute hospital, the redevelopment or expansion of 11 hospitals, as well as the construction of three community health centres and a new supporting services centre. Upon completion of the 10-year HDP, there will be over 5 000 additional public hospital beds and over 90 additional operating theatres. In parallel with the implementation of projects under the first 10-year HDP, as announced in the 2018-19 Budget Speech, the Government has invited HA to commence planning for a second 10-year HDP. The second 10-year HDP covers 18 hospital projects and one community health centre project with a total budget of \$270 billion. Upon completion of the second 10-year HDP, there will be a planned capacity of over 9 000 additional beds and other additional hospital facilities that will largely meet the projected service demand up to 2036. These are massive projects that require meticulous planning and management to ensure they progress according to schedule and within budget.

Even prior to the first 10-year HDP, HA already has one of the largest and most complex building stocks in Hong Kong, comprising a total of over 2 900 000 m² floor space in around 300 buildings. It is a challenge for CPD in managing resources to renew, upgrade and maintain these facilities.

As at November 2019, 18 major capital works projects, with a total project cost of \$210 billion, have been initiated and are currently at various stages of planning and development. Of these, works for 14 projects with a budget of \$54 billion have been approved by the Government. In addition, about 1 500 minor works projects will need to be carried out for the improvement and maintenance of existing premises in 2020-21, with the annual budget of \$1,500 million.

At the time this plan is written, major infrastructure projects in Hong Kong continue to saturate the construction industry. As such, it is anticipated this may result in escalations in the tender prices of HA's capital works projects in the coming years.

Major Initiatives in 2020-21

Capital works is one of the key enablers of clinical services. In 2020-21, the CPD will undertake the following major initiatives to ensure that our healthcare facilities are able to meet the demands of quality service provision:

- Facilitate capacity increase by commencing the preparatory works for expansion of NDH and Lai King Building at PMH; the foundation works for new acute hospital at Kai Tak Development Area; the redevelopment of PWH (Phase 2, Stage 1); the main works for extension of Operating Theatre Block for TMH; the expansion of UCH and HHH, and redevelopment of KWH (Phase 1) and KCH (Phases 2 & 3).
- Commence the construction works for the HA Supporting Services Centre.
- Modernise HA's facilities by commencing the preparatory works for redevelopment of OLMH, the foundation works for redevelopment of GH (Phase 1), and the main works for redevelopment of QMH (Phase 1).
- Enhance safety of construction sites with a view to minimising site accident rate by implementing six-monthly site safety inspection on capital works projects.
- Ensure the quality of HA facilities by conducting annual, full independent quality assurance checking on two major capital works projects, and six-monthly curtailed checking on all major capital works projects.

The capital work targets for 2020-21 are outlined in the following section.

Capital Works Targets	
• Commence excavation works for the new acute hospital at Kai Tak Development Area.	2Q20
• Commence superstructure works for the expansion of UCH.	2Q20
• Commence a new batch of high energy efficiency chiller replacement in 15 hospitals.	2Q20
• Complete alteration and addition works of the existing building for the expansion of Blood Transfusion Service Headquarters.	3Q20
• Complete superstructure works for the extension of Operating Theatre Block for TMH.	3Q20
• Commence the design and construction works for HA Supporting Services Centre.	4Q20
• Commence demolition, site formation and foundation works for the redevelopment of GH (Phase 1).	4Q20
• Commence superstructure works for the redevelopment of QMH (Phase 1).	4Q20
• Complete the demolition works for the redevelopment of KCH (Phase 2).	4Q20
• Complete superstructure works for the expansion of HHH.	4Q20

Business Support Services

Business Support Services Department (BSSD) is a corporate, multi-skilled team within the Cluster Services Division of the HA Head Office. Core functions of the BSSD encompass a wide portfolio of non-clinical support activities and operational systems integral to the smooth operation of hospitals and clinics. These functions include:

- Hospital support services – including patient food, patient transport, laundry, security, waste management, etc.
- Procurement, logistics and supply management
- Equipment management and maintenance
- Biomedical engineering services

Major Risks and Challenges

Equipment Replacement

As at April 2019, the total asset of medical equipment items in HA is valued at approximately \$13,723 million. Of these, around 35% are major equipment items with unit costs of over \$1 million, while 28% are minor equipment items with unit costs ranging from \$0.2 million to \$1 million.

Additional funding of \$5 billion has been earmarked by the Government to expedite the upgrading and acquisition of medical equipment in the coming years commencing in 2019-20. The planning of additional medical equipment is carried out in close liaison with the Central Technology Office, through the engagement of clinical specialties via Coordinating Committees / Central Committees, to enhance modernisation of medical technology.

Patient Food Service

Patient food service is currently provided by HA via both in-house staff and an outsourced contractor who operates the Central Production Unit (CPU) located at CPH. The outsourced patient food service is provided to eight hospitals (CPH, HKCH, NLTH, POH, QEH, SLH, TMH and TSWH). With the increasing number of patients, the in-house patient food service will be further enhanced by strengthening the manpower for catering services department in KEC, KCC and KWC in 2020-21. In addition to the current scope, the outsourced food service provision will further increase for HKCH, NLTH and TSWH to dovetail with their inpatient service commissioning plans. To keep the hygiene and safety standard of patient food under enhanced surveillance, a third party surveyor has been engaged to conduct regular audits on safe food handling, environmental hygiene and laboratory tests.

Non - Emergency Ambulance Transfer Service

With an increasing number of hospital beds and clinical activities, the number of patient discharge and transfer has also increased correspondingly. This has induced more service demand for Non - Emergency Ambulance Transfer Service (NEATS). Besides, the pressure of service demand has been further aggravated during the winter surge period. Enhancement plans with additional manpower and number of vehicles for NEATS will be implemented in 2020 - 21 to better support the development of clinical services.

Hospital Authority Supporting Services Centre

The Hospital Authority Supporting Services Centre (HASSC) at North Lantau will be built, which will consist of laundry service, a Central Food Production Unit, an Information Technology Data Centre, and central emergency stores for critical personal protective equipment and linen. Upon its completion, it is expected that the capacity of business support services will be on par with the expansion in clinical services under the first 10-year HDP for HA.

Forward Procured Equipment for New Hospital and Hospital Redevelopment Projects

Forward Procured Equipment (FPE) are items that have specific building and building services requirements or require special installation plan which have to be considered in the building design stage (e.g. Magnetic Resonance Imaging Scanner and Operating Theatre Lamp). Tendering exercises for the purchase of FPE have to be conducted in the early stage of the hospital projects to ensure relevant requirements are included in the building design. A central procurement team for FPE will be formed at Head Office, in a phased approach, to facilitate efficient planning and implementation of related procurement activities in clusters.

Biomedical Engineering Services

In order to cater for the increased biomedical engineering service demand arising from the two 10-year HDPs and additional funding support to expedite the upgrading and procurement of advanced medical equipment, there is a need to strengthen biomedical engineering services to support the additional medical equipment planning and acquisition activities.

Major Initiatives in 2020-21

- Replace existing and provide additional equipment critical to clinical services, including radiological equipment, surgical equipment, endoscopic equipment, laboratory analyser or pathology equipment, and physiological equipment. The plan involves an estimated total of around 800 pieces of equipment at a total budget of around \$1,200 million.
- Continue the outsourced patient food service for eight hospitals (CPH, HKCH, NLTH, POH, QEH, SLH, TMH and TSWH) and engage a third party surveyor to conduct environmental hygiene audits and laboratory tests to achieve better quality assurance.
- Allocate additional resources to NEATS Centres to meet the increasing demand induced by new clinical activities, as well as narrowing the existing service gaps and enhancing supervision to the frontline staff by recruiting 54 Patient Care Assistants (PCAs).
- Commence the planning for the design and construction of HASSC in North Lantau.
- Continue the formation of a Central Procurement Team for FPE in a phased approach to facilitate efficient planning and implementation of related procurement activities for new hospital and hospital redevelopment projects.
- Strengthen biomedical engineering services to support expedition of upgrading and procurement of advanced medical equipment, as well as the additional acquisition activities in the two 10-year HDPs.

The BSSD targets for 2020-21 are outlined in the following section.

BSSD Targets	
• Complete the acquisition of around 800 pieces of equipment under Capital Block Vote.	1Q21
• Continue to outsource patient food service for eight hospitals (CPH, HKCH, NLTH, POH, QEH, SLH, TMH and TSWH), and engage a third party surveyor to conduct environmental hygiene audits and laboratory tests to achieve better quality assurance.	1Q21
• Recruit 54 additional PCAs for the NEATS Centres to meet the increasing demand induced by new clinical activities, narrow existing gaps and enhance supervision to the frontline staff.	1Q21
• Commence technical service for the preparatory work for the supply and installation of equipment and kitchen consultancy service for HASSC.	2Q20
• Recruit additional Hospital Administrators for the Central Procurement Team for FPE.	1Q21
• Recruit an additional of eight Assistant Biomedical Engineers and 10 Electrical Technicians to support expediting the upgrading and procurement of advanced medical equipment.	3Q20
• Establish three additional biomedical engineering service teams to support the two 10-year HDPs.	1Q21

Information Technology and Health Informatics Services

Information Technology and Health Informatics Division (IT&HID) is a strategic enabler and solution provider. It has multiple roles in supporting service enhancement and ensuring the long-term sustainability of HA's services. These include the following:

- **Serve as a business enabler for providing quality patient care services** – working closely with stakeholders and subject experts to implement innovative IT solutions to enable the growth of HA's service quality and capability.
- **Act as a change agent for transforming service provision** – enabling HA to adopt an information-driven and patient-centred service model through innovative application of proven technology in IT services.
- **Sustain information technology services and infrastructure** – supporting end-to-end clinical and enterprise user IT requirements; maintaining a scalable infrastructure; and formulating IT policies, standards, governance and other control mechanisms.

In alignment with HA Strategic Plan 2017-2022, IT&HID maintains an IT Strategy Framework to support the realisation of HA's strategic directions over the five years, which comprises five core portfolios:

- **Next Generation Clinical Management** – to improve clinical service access, efficiency and risk management through workflow streamlining, information sharing and cross-team coordination.
- **Enhanced Patient Experience and Outcome** – to facilitate patient empowerment and patient-centred care in the community through the use of Artificial Intelligence (AI) in supporting clinical and management decision-making, and innovative use of tele-medicine, Internet of Things (IoT), mobile applications and Robotics.
- **Digital Workplace and Collaboration** – to support strategic human resources and financial management, and enable a more integrated and connected workplace for all HA staff.
- **Advanced Process and Infrastructure** – to transform IT infrastructure, processes and tools to uplift IT capability in proactive planning and delivering technology solutions.

- **Resource Centralisation and Specialisation** – to optimise the IT professional workforce to increase specialisation and sustainability, including collaboration with external IT professional communities to increase the awareness and adaptability of HA staff whilst maintaining a high level of productivity.

A robust governance structure is in place to ensure IT investments are prioritised and aligned with clinical and business needs. The services of IT&HID are governed by the HA Board through the Information Technology Services Governing Committee (ITGC), and supported by the IT Technical Advisory Sub-Committee for technical advice and infrastructure directions.

In addition, programmes related to IT development are prioritised according to their business needs by the Committee on IT, and endorsed by the ITGC prior to implementation. Programme targets with key performance indicators for major development initiatives are reported for progress monitoring alongside regular progress updates to the ITGC.

Major Risks and Challenges

Given the increasing reliance on information technology to improve care coordination, improve healthcare quality and further explore new service models, IT&HID faces a number of key challenges, which are listed as follows:

- Minimising the risk of a cybersecurity breach through improvements in overall security protection, staff security awareness, monitoring, detection and responsiveness to ensure information remains protected and accurate.
- Consolidating and expanding IT&HID Innovation to HA wide service innovation to enable overall Hong Kong healthcare transformation needs.
- Introducing new digital tools and technologies for staff, to increase productivity through automation, and facilitating more efficient communication and collaboration.
- Establishing a data analytics platform to enable data driven initiatives within HA and collaboration in data analytical research across Hong Kong.
- Further strengthening management of agency services to meet the needs of increased service demand, system availability and stability.
- Improving system availability and performance levels to ensure timely access to clinical and business information via IT applications.

- Monitoring and enhancing the effectiveness of controls to safeguard the security and privacy protection of sensitive information assets, including patient data.
- Maintaining the IT&HID organisational structure, the skill and competency mix to enhance delivery of corporate strategies and frontline priorities.
- Maximising the use of standardised architectural design to manage demands for service improvements.
- Ensuring sustainability of project management capabilities to facilitate efficient and effective delivery of projects in accordance with stakeholder requirements.

Major Initiatives in 2020-21

IT&HID is responsible for a number of initiatives in 2020-21, including support to the service plans of both internal and external stakeholders. The majority of these are multi-year projects. Key initiatives are outlined below:

Internal Service Provision

IT Support for Service Transformation and Provision

- Develop further the HA clinical system capabilities for the fourth generation of Clinical Management System (CMS), including new functions on paperless, protocol-enabled, closed-loop, personalised and patient-centred clinical services.
- Strategically plan and develop the HA patient mobile app platform (HA Go) to further digitalise HA's services to enable easy access to these services by the public through smart phones.
- Strategically plan and develop the HA data analytics and machine learning platforms to improve clinical efficiency and effectiveness through the use of data driven services such as using Artificial Intelligence (AI) for radiological diagnosis and concurrent safety checks for complicated clinical situations.
- Strategically plan and support the implementation of Smart Hospital initiatives, leveraging on automation and integration to create new capabilities and service models.
- Provide IT infrastructure and systems to support extension of TMH OT Block, expansion of HHH and BTS, as well as redevelopment KWH (Phase 1).

IT Support for Improving Service Standards

- Extend the roll-out of the Closed Loop Inpatient Medication Order Entry (IPMOE) project to five hospitals (BH, HKEH, KH, OLMH and WTSH) to strengthen medication safety; and continue system enhancement service to support more complicated clinical workflows for hospitals with IPMOE implemented.
- Continue to enhance quality assurance and risk management controls for all IT services and systems, through standardisation and automation of processes, and monitoring of compliance.
- Replace ageing IT equipment and outdated software to reduce operational risks in supporting hospital services.

IT Support for Technology Adoption

- Explore, source and test potential technology solutions to support IT Innovation initiatives including mobile, telemedicine, IoT, Robotics, AI and Big Data Analytics.
- Continue the development and implementation of “Smart Hospital” initiatives, including the Queue Management System, smart payment kiosks, electronic bed panels, smart vital signs charting and hospital navigation, to improve the efficiency of patient services at public hospitals.
- Continue the development of mobile apps and devices for clinical staff to support clinical functions.
- Continue to develop and introduce innovative solutions such as mobile payment (e-payment) capabilities to support service provision transformation.

IT Support for Community Partnerships

- Provide on-going IT support and enhancements to existing Public-Private Partnership (PPP) programmes, including related IT enhancements for the development of Integrated Management Framework.
- Continue to enhance clinical systems and provide IT support to cater for the data needs of the territory-wide Electronic Health Records (eHR) initiative.

IT Support for People and Resources Management

- Continue system upgrade and the development of extended features for the Enterprise Resources Planning (ERP) System.
- Enhancement of other corporate IT systems to improve the efficiency of various administrative and management functions.
- Leverage technology to develop and implement digital workplace initiatives, focusing on increasing automation, facilitating increase in communication and collaboration.

External Service Provision

eHR Programme

- Continue the provision of technical agency services for the implementation and on-going operation of Stage 1 and the development of Stage 2 of the eHR Sharing System.
- Support other eHealth related initiatives including District Health Centre project led by the Government.

eHealth and Information Systems for Department of Health

- Act as a technical agency for the Department of Health to develop Stage 2 Clinical Information Management System (CIMS 2) as a major initiative for their Clinical Service Improvement.
- Continue to provide on-going IT support for the Health Care Voucher, Vaccination, and Primary Care Directory schemes.
- Continue to provide on-going IT support for the system interfaces with the Department of Health's Communicable Disease Information System.
- Continue to provide on-going IT support for the Laboratory Information System for the Department of Health's Clinical Pathology Laboratory Centre.
- Continue to provide on-going IT support to Department of Health for the Colorectal Cancer Screening Programme and the Electronic Platform for Regulation of Private Healthcare Facilities.

The IT&HI targets for 2020-21 are outlined in the following section.

IT&HI Targets

Internal Service Provision

IT Support for Service Transformation and Provision

1Q21

- Develop planned features to enhance the HA clinical system capabilities for the fourth generation of CMS, including new functions such as paperless, protocol-enabled, closed-loop, personalised and patient-centred clinical services.
- Plan and develop planned features to implement the HA patient mobile app platform (HA Go) to integrate the first batch of mobile apps to facilitate the public to access HA's services.
- Plan and develop planned features to implement the HA data analytics and machine learning platform to support the development of data driven intelligence to improve clinical efficiency and effectiveness.
- Implement network infrastructure and information systems for new hospital blocks, including extension of TMH OT Block, expansion of HHH and BTS, as well as redevelopment of KWH (Phase 1).

IT Support for Improving Service Standards

1Q21

- Extend the roll-out of Closed Loop IPMOE project to five hospitals (BH, HKEH, KH, OLMH and WTSH) and continue system enhancement service.
- Continue to enhance the quality assurance and risk management controls for all IT services and systems.
- Continue to replace ageing IT network, servers, PC workstations, related equipment and outdated software.

IT&HID Targets

Internal Service Provision

IT Support for Technology Adoption

1Q21

- Explore, source and test potential technology solutions to support IT Innovation initiatives comprising mobile, telemedicine and IoT, Robotics, AI and Big Data Analytics.
- Continue the development of Queue Management System, smart payment kiosks, electronic bed panels, smart vital signs charting and hospital navigation.
- Continue to develop mobile apps and devices for clinical staff.
- Continue to develop and introduce innovative solutions such as mobile payment (e-payment) capabilities.

IT Support for Community Partnerships

1Q21

- Provide IT on-going support and enhancements to existing PPP programmes, and perform related IT enhancements for the development of Integrated Management Framework for clinical PPP programmes.
- Continue to enhance HA's clinical systems and provide IT support to facilitate data interfaces under eHR Stage 1 programme.
- Continue to plan and develop data interfaces to support the new datasets (e.g. Chinese Medicine) under eHR Stage 2 programme.

IT Support for People and Resources Management

1Q21

- Continue system upgrade and the development of extended features and functions for the ERP System.
- Leverage technology to develop and implement digital workplace initiatives focusing on increasing automation, and facilitating more communication and collaboration.
- Development of the Facility Improvement and Maintenance Works Order Management System

IT&HID Targets

External Service Provision

eHR Programme

1Q21

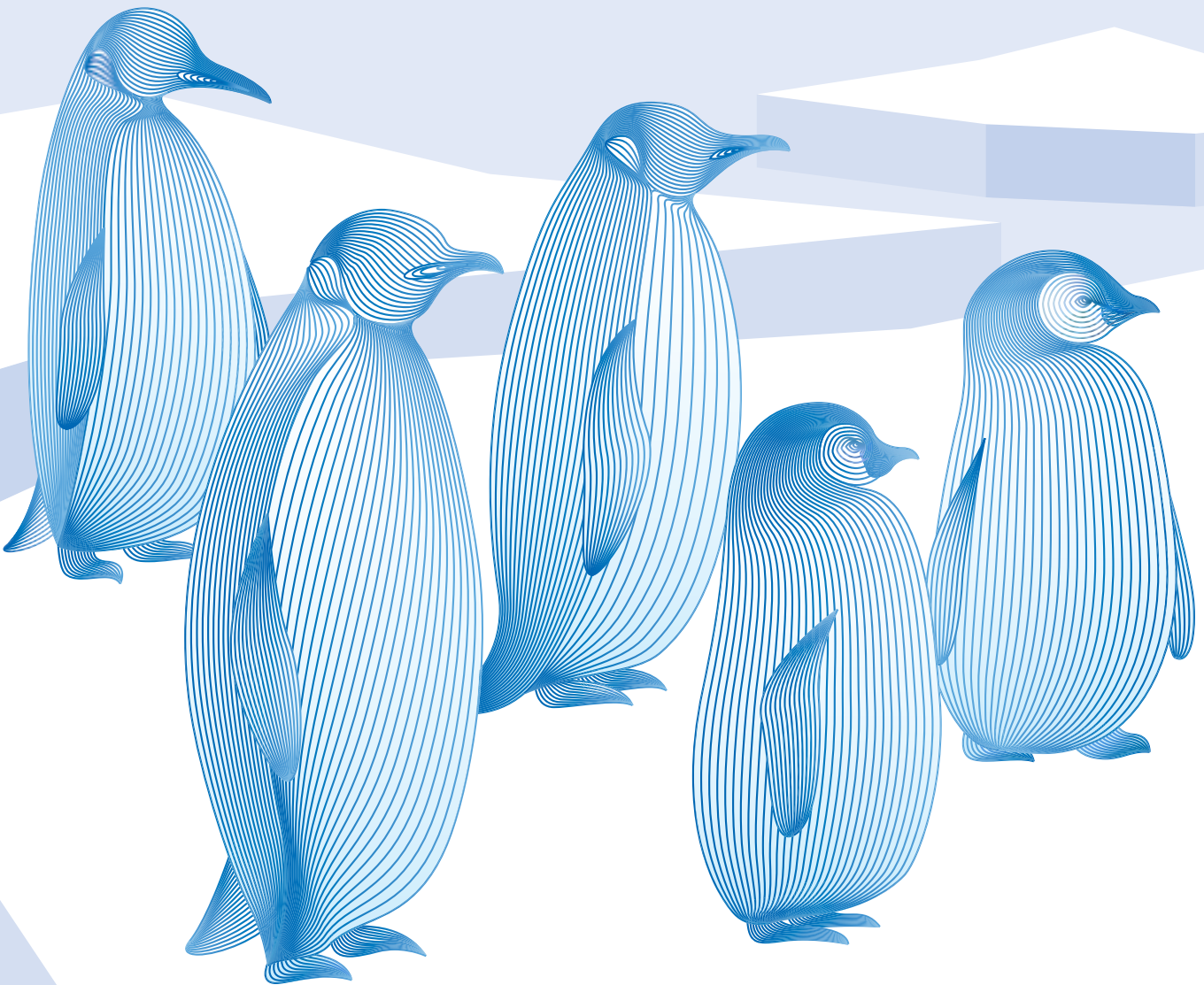
- Provide agency support for the implementation and on-going operation of Stage 1 and the development of Stage 2 of the eHR Sharing System.
- Support other eHealth related initiatives including various PPP programmes and District Health Centre led by the Government.

eHealth and Information Systems for Department of Health

1Q21

- Act as a technical agency for the Department of Health to develop CIMS 2.
- Continue to provide on-going IT support for the Health Care Voucher, Vaccination, and Primary Care Directory schemes.
- Continue to provide on-going IT support for the Colorectal Cancer Screening Programme and the Electronic Platform for Regulation of Private Healthcare Facilities.
- Continue to provide on-going IT support for the system interfaces with the Department of Health's Communicable Disease Information System.
- Continue to provide on-going IT support for the Laboratory Information System.

Cluster PLANS

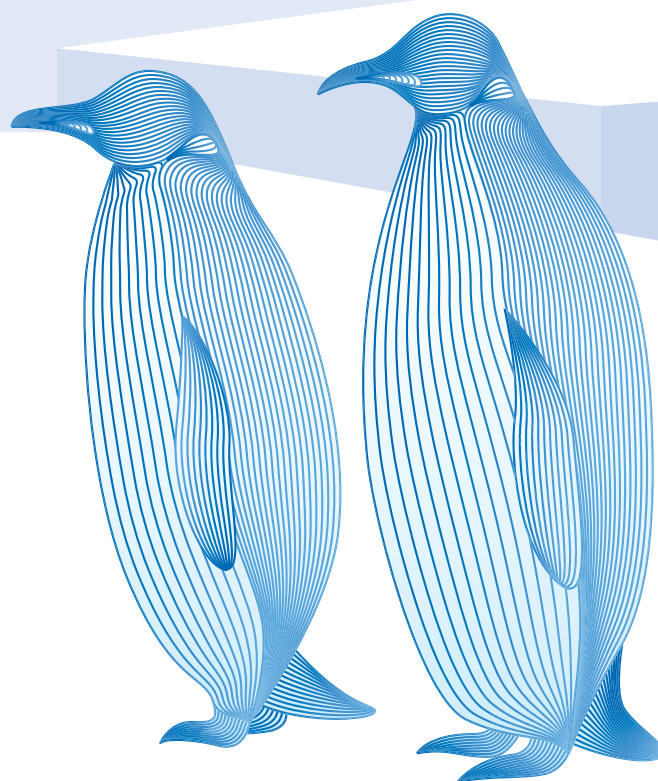


This section contains an overview of the work plans of the seven Clusters for 2020-21.

The front page of each Cluster Plan contains a map showing the distribution of hospitals, specialist outpatient clinics and general outpatient clinics in the Cluster. Hospitals with A&E service are marked with the symbol **+** for easy identification. Following the Cluster map are the summary of healthcare facilities available and a table showing the distribution of patients served in 2018-19 by district of residence in the Cluster. Major risks and challenges faced by the Cluster, as well as the key initiatives and targets in 2020-21 are also included in the respective Cluster Plan.

Sequence of the Plans

- Hong Kong East Cluster (HKEC)
- Hong Kong West Cluster (HKWC)
- Kowloon Central Cluster (KCC)
- Kowloon East Cluster (KEC)
- Kowloon West Cluster (KWC)
- New Territories East Cluster (NTEC)
- New Territories West Cluster (NTWC)



Hong Kong East Cluster



As at 31 Mar 2019		Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1	Cheshire Home, Chung Hom Kok	✓	✓	
2	Pamela Youde Nethersole Eastern Hospital +	✓	✓	
3	Ruttonjee Hospital +	✓	✓	
4	St. John Hospital +	✓	✓	✓
5	Tang Shiu Kin Hospital / Tang Shiu Kin Hospital Community Ambulatory Care Centre / Violet Peel General Out-patient Clinic	✓	✓	✓
6	Tung Wah Eastern Hospital	✓	✓	✓
7	Wong Chuk Hang Hospital	✓		
8	Sai Wan Ho General Out-patient Clinic		✓	✓
9	Anne Black General Out-patient Clinic			✓
10	Chai Wan General Out-patient Clinic			✓
11	North Lamma General Out-patient Clinic			✓
12	Peng Chau General Out-patient Clinic			✓
13	Shau Kei Wan Jockey Club General Out-patient Clinic			✓
14	Sok Kwu Wan General Out-patient Clinic			✓
15	Stanley General Out-patient Clinic			✓
16	Wan Tsui General Out-patient Clinic			✓

+ Hospital with A&E service

Healthcare Facilities

There are seven hospitals or institutions in the Hong Kong East Cluster (HKEC). There are also seven specialist outpatient clinics and 12 general outpatient clinics. As at 31 March 2019, HKEC provided a total of 3 204 beds; of which 2 177 were for acute, convalescent and rehabilitation care; 627 for infirmary care and 400 for psychiatric care.

Actual Patients Served

In 2018-19, approximately 401 500 patients had utilised services in HKEC. Approximately 80% of them resided in the Eastern, Wan Chai, Southern and Islands Districts.

Number and percentage distribution of patients ever utilised HKEC services in 2018-19 according to district of residence

District of residence	No. of patients [^] #	Distribution [#]
Eastern	228 600	57%
Wan Chai	48 900	12%
Southern	23 200	6%
Islands	20 500	5%
Others*	80 300	20%
HKEC Total	401 500	100%

* Include patients from places outside Hong Kong or with unknown addresses

[^] Figures are rounded to the nearest hundred

[#] There may be a slight discrepancy between the sum of individual items and the total as shown in the table owing to rounding

Major Risks and Challenges

HKEC strives to deliver safe and quality services amid the immense challenges of ageing population and space constraint, coupled with stringent manpower supply, ever-increasing service demand and community expectations. It is projected that the proportion of ageing population in the Eastern and Wan Chai districts will remain one of the highest in the territory in the new decade. With increased complexity of illness and expected surging demand, it is imperative to expand the services offered. HKEC shall endeavour to optimise bed capacity to address the ever-growing demand, rejuvenate hospital facilities to enhance services capacity, efficiency and safety accompanied by measures to maintain a competent workforce.

To confront the challenges in the years ahead, HKEC has embarked the Clinical Services Plan (CSP) in 2019. As the last cluster to commence, HKEC spared no effort in revamping service delivery models, enhance service quality and address the service demand, reinforce the coordination and collaboration among the Cluster's hospitals and delineate the roles and clinical service profile of hospitals across HKEC. With the invaluable contributions from professionals, community and relevant stakeholders, the strategic roadmap formulated will guide the development of HKEC in the coming 10-15 years.

Immense effort will be made to strengthen the services in pressure areas and life-threatening diseases, reinforce multidisciplinary coordination, as well as enhance ambulatory and outreach services to cater the needs of patients. HKEC shall continue to uphold the etiquette of collaboration with the community to reduce unnecessary hospitalisation. Incentivising staff with the enhancement of supporting staff manpower, provision of staff training and cultivation of a harmonious working environment shall alleviate the enormous pressure on manpower shortages.

Major Initiatives in 2020-21

In alignment with the corporate objectives, HKEC's major initiatives for 2020-21 are as follows:

Provide Patient-Centred Care with Improved Service Quality and Optimised Demand Management

- 20 additional oncology acute medical beds will be provided at RH; one additional Intensive Care Unit (ICU) bed will be provided at PYNEH.
- Four additional oncology day beds for non-chemotherapy procedures will be provided at PYNEH. Services for additional attendances will be provided to cancer patients under the case management approach.
- Two psychiatric wards with inpatient, gazetted beds at PYNEH will be refurbished to enhance Child and Adolescent (C&A) psychiatric service at HKEC. Multidisciplinary support will be strengthened to provide psychogeriatric outreach service to Residential Care Homes for the Elderly (RCHes) at HKEC.
- Geriatric support of Community Geriatric Assessment Team (CGAT) for terminally ill patients in RCHes and focused geriatric assessments for elderly patients attending Accident & Emergency (A&E) at RH will be strengthened.
- Six additional hospital haemodialysis places for patients with end-stage renal disease will be provided to address the demand for haemodialysis.
- Service hours for the first Hyperbaric Oxygen Therapy (HBOT) Centre in HA at PYNEH will be extended during weekdays.
- Additional imaging service attendances for mammograms and diagnostic angiography examination will be provided at HKEC.
- Allied health services will be strengthened to cater for additional inpatient attendances at PYNEH, RH, TWEH and CCH.
- Pharmacist clinic for ambulatory care will be implemented at PYNEH; drug refill services and Inpatient Drug Distribution Model will be implemented at HKEC.
- A cluster-based patient relations office structure and corporate communication structure will be established at HKEC.

Develop a Committed and Competent Workforce through Enhancing Staff Training and Development

- General and psychiatric inpatient wards, A&E, ICU, stroke and peri-operative services will be enhanced with additional nursing manpower.
- Experienced nurses will be recruited as part-time preceptors to support junior nurses.
- Clerical support to acute medical wards and supporting staff for allied health services will be enhanced.

HKEC Targets

Improve Service Quality	
• Enhance day services by providing four additional oncology day beds at PYNEH	3Q20
• Provide Outpatient Parenteral Antimicrobial Therapy service for 170 additional new case attendances for SOPC at PYNEH	1Q21
• Set up a team for providing Pre-operative Anaesthetic Assessment Clinic services at HKEC	3Q20
• Set up a discharge lounge at PYNEH to facilitate pre-discharge planning and enhance rehabilitation bed utilisation	1Q21
• Roll out the restorative rehabilitation programme for stroke patients at TWEH and provide an additional of 1 150 physiotherapy and 1 150 occupational therapy attendances to cover weekends and public holidays	1Q21
• Enhance allied health services at HKEC by providing services for an additional of 2 630 speech therapy inpatient attendances and 1 100 prosthetic and orthotic inpatient attendances	1Q21
• Provide services with stratified care management for 2 200 additional physiotherapy outpatient attendances at PYNEH	1Q21

Improve Service Quality

• Provide early patient mobilisation services by physiotherapists in the acute general adult ICU of HKEC to 200 additional ICU patients	1Q21
• Enhance the HA's complaints management system by establishing a cluster-based, patient relations office structure at HKEC	2Q20
• Establish a cluster-based, corporate communication structure and recruit one Senior Information Officer at HKEC	4Q20
• Enhance geriatric support for elderly patients attending A&E by providing services for 750 additional focused geriatric assessments at RH	1Q21
• Enhance the CGAT support for terminally ill patients in RCHes by providing services for 350 additional geriatric outreach attendances	1Q21
• Enhance multidisciplinary support to provide psychogeriatric outreach services to RCHes at HKEC for 840 additional attendances	1Q21
• Recruit an additional case manager at HKEC to provide services for 300 additional psychiatric outreach attendances to patients with mental illness	1Q21
• Roll out the Inpatient Medication Order Entry system to A&E department, oncology Department and ICU at HKEC	1Q21
• Roll out the screening programme for Inborn Errors of Metabolism to PYNEH	1Q21
• Expand the service capacity of the HBOT Centre by providing extended service hours during weekdays	3Q20
• Optimise surgical planning at the orthopaedics and traumatology Departments by adopting medical grade 3D printing at HKEC	1Q21

Optimise Demand Management

• Provide 20 additional acute medical beds at RH	4Q20
• Provide one additional ICU bed at PYNEH	3Q20
• Enhance prevention and control of viral hepatitis by providing 1 800 additional service capacity for hepatitis related tests, setting up hepatitis nurse clinic and enhancing antenatal clinic	1Q21
• Enhance imaging services at HKEC to provide an additional of 580 attendances for mammograms and 170 attendances for diagnostic angiography examinations	1Q21
• Enhance pharmacy services by implementing pharmacist clinic for ambulatory care at PYNEH, launching drug refill services and implementing the inpatient drug distribution model at HKEC	1Q21
• Enhance cancer services by providing inpatient, consultative oncology services at RH; provide case management services to 200 patients with breast cancer and 150 patients with colorectal cancer, and recruit a social worker to provide psychosocial support for 800 additional attendances to oncology patients at HKEC	1Q21
• Enhance C&A psychiatric service at HKEC by refurbishing two psychiatric wards with inpatient gazetted beds	4Q20
• Provide services for six additional hospital haemodialysis places for patients with end-stage renal disease	1Q21
• Provide 300 Continuous Glucose Monitoring sensors and related services to patients at HKEC	1Q21
• Establish service networks at HKEC to provide Intra-arterial Mechanical Thrombectomy service at extended hours during weekdays for acute ischaemic stroke patients	1Q21
• Recruit eight additional Patient Care Assistants (PCAs) to enhance Non-Emergency Ambulance Transfer Service	1Q21

Enhance Staff Training and Development

<ul style="list-style-type: none"> Enhance nursing manpower by recruiting a total of 22 nurses for general and psychiatric inpatient wards, A&E, ICU, stroke and peri-operative services 	1Q21
<ul style="list-style-type: none"> Recruit one medical physicist and upgrade one optometrist II position for enhancing the promotion prospects of allied health staff 	1Q21
<ul style="list-style-type: none"> Enhance phlebotomy services at HKEC by providing additional positions and upgraded phlebotomists positions across the Clusters' hospitals 	1Q21
<ul style="list-style-type: none"> Enhance supporting staff manpower for allied health services by recruiting two additional PCAs 	1Q21
<ul style="list-style-type: none"> Enhance administrative support at HKEC by recruiting additional executive and clerical staff for acute medical wards, Finance and Administration Department 	1Q21
<ul style="list-style-type: none"> Recruit 13 Full-Time Equivalent Advanced Practice Nurses as part-time clinical preceptors for junior nurses 	1Q21

Hong Kong West Cluster



As at 31 Mar 2019		Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1	Grantham Hospital	✓	✓	
2	MacLehose Medical Rehabilitation Centre	✓	✓	
3	Queen Mary Hospital +	✓	✓	
4	The Duchess of Kent Children's Hospital at Sandy Bay	✓	✓	
5	Tsan Yuk Hospital	✓	✓	
6	Tung Wah Group of Hospitals Fung Yiu King Hospital	✓	✓	
7	Tung Wah Hospital	✓	✓	✓
8	David Trench Rehabilitation Centre		✓	
9	Aberdeen Jockey Club General Out-patient Clinic			✓
10	Ap Lei Chau General Out-patient Clinic			✓
11	Central District Health Centre General Out-patient Clinic			✓
12	Kennedy Town Jockey Club General Out-patient Clinic			✓
13	Sai Ying Pun Jockey Club General Out-patient Clinic			✓

+ Hospital with A&E service

Healthcare Facilities

There are seven hospitals or institutions in the Hong Kong West Cluster (HKWC). There are also eight specialist outpatient clinics and six general outpatient clinics. As at 31 March 2019, HKWC provided a total of 3 148 beds; of which 2 866 were for acute, convalescent and rehabilitation care, 200 for infirmary care and 82 for psychiatric care.

Actual Patients Served

In 2018-19, approximately 334 600 patients had utilised services in HKWC. Approximately 57% of them resided in the Southern and Central & Western Districts, whereas 17% were from the neighbouring Eastern, Wan Chai and Islands Districts.

Number and percentage distribution of patients ever utilised HKWC services in 2018-19 according to district of residence

District of residence	No. of patients [^] #	Distribution [#]
Southern	110 300	33%
Central & Western	80 600	24%
Eastern	29 900	9%
Wan Chai	13 100	4%
Islands	13 000	4%
Others*	87 700	26%
HKWC Total	334 600	100%

* Include patients from places outside Hong Kong or with unknown addresses

[^] Figures are rounded to the nearest hundred

[#] There may be a slight discrepancy between the sum of individual items and the total as shown in the table owing to rounding

Major Risks and Challenges

Ageing population

The latest population projection shows that the proportion of Hong Kong population aged 65 or above will potentially increase to 23% by 2026¹. The size of the elderly population in Central & Western District as well as Southern District are projected to be on the rise proportionally. With the greater proportion of elderly population in the community, demand of healthcare services for managing chronic diseases and other aged-related medical conditions, among others, will continue to rise. To meet this potential challenge, there is an urgent need for enhancement of the corresponding services.

Ageing facilities

Hospitals in HKWC were built in the past centuries, with TWH built 150-year ago and QMH and TYH having more than 80 years of service. The other three hospitals, GH, DKCH and FYKH are also in their 60+ years of service. On top of the redevelopment projects of QMH and GH which would bring forth long-term service enhancement, short-term initiatives to improve the hardware are also being contemplated to maintain the service standards.

Demand of space

QMH has been providing tertiary and quaternary medical services for Hong Kong, including organ transplant, bone marrow transplant, cardiothoracic surgery, burn surgery, and plastic & reconstructive surgery. There is always a need for advancement of infrastructure and expansion of services, which requires physical space. Coupled with the increasing number of medical and nursing students on site for clinical training, the effective use of space and facilities is one of the major challenges for HKWC.

¹ Based on "Hong Kong Population Projections 2017-2066" published by Census & Statistics Department

Diverse roles and partnership

Each hospital in HKWC has inherited the historical, cultural and traditional attributes of its own parent organisation, which in turn frames the scope of services provided and present challenges to service planning. The Cluster Management has embarked on a number of service re-organisation plans to promote integrated and patient-centred care across the Cluster. At the MacLehose Medical Rehabilitation Centre Jockey Club SOPC, for instance, patients can receive both doctor consultation and allied health assessment in a single visit.

HKWC has had a unique partnership with Li Ka Shing Faculty of Medicine of the University of Hong Kong. Academia footprints are ubiquitous in each and every hospital in HKWC. HA staff members in these hospitals are likewise conversant with the roles of service, education and research. Further strengthening and enriching the partnership is envisaged in future through collaborative joint venture arrangements.

Major Initiatives in 2020-21

In alignment with the corporate objectives, HKWC's major initiatives for 2020-21 are as follows:

Improve Service Quality

- Provide service for 200 additional surgical procedures with same day admission to enhance ambulatory surgical services at DKCH
- Enhance cardiac triage services at TWH and cardiac rehabilitation programme for 1350 additional rehabilitation day attendances
- Provide services for 860 additional day patient attendances to enhance the multidisciplinary support for lymphedema care at TWH
- Set up a mobile team at QMH to provide respiratory care to medical ward patients supported with two designated beds
- Set up a multidisciplinary Palliative Care (PC) consultative team at HKWC to provide 1250 additional consultative visits
- Strengthen the medical support for ventilated, neuro-surgical and orthopaedic patients at MMRC and provide End of Life (EOL) care to 90 patients at FYKH

- Provide services for 660 additional allied health outpatient attendances to enhance allied health support to Child and Adolescent (C&A) patients at HKWC
- Enhance the Community Geriatric Assessment Team (CGAT) support for terminally ill patients in Residential Care Homes for the Elderly (RCHes) by providing services for 350 additional geriatric outreach attendances
- Enhance the service capacity by providing an additional of 19 haematopoietic stem cells transplants, 180 tests Next Generation Sequencing and 60 tests for measurable residual disease

Optimise Demand Management

- Provide nine additional sessions per week for endoscopic procedures at HKWC
- Enhance Orthopaedics SOPC capacity by providing service for 1120 additional new case attendances
- Provide service for 120 additional new case attendances for SOPC and 670 day patient attendances for adult immunology and allergy services
- Develop a designated team to enhance the advanced pulmonary hypertension service and provide services for 15 additional patients
- Enhance the child assessment service at DKCH to cater for 270 additional new case attendances for SOPC
- Strengthen pharmacy services by implementing pharmacist clinic for ambulatory care at QMH, and the inpatient drug distribution model at HKWC
- Establish service networks at HKWC to provide 24-hour Intra-arterial Mechanical Thrombectomy service for acute ischaemic stroke patients

Enhance Staff Training and Development

- Strengthen the nursing manpower in general inpatient and labour wards, Accident & Emergency (A&E), Intensive Care Unit (ICU), stroke and peri-operative services by recruiting a total of 17 additional nurses
- Recruit 11 Full-Time Equivalent (FTE) Advanced Practice nurses (APNs) as part-time clinical preceptors for junior nurses

HKWC Targets

Improve Service Quality	
• Enhance capacity of ambulatory surgical services to provide 200 additional surgical procedures with same day admission at DKCH	1Q21
• Provide triage service for cardiac patients at TWH and enhance the cardiac rehabilitation programme to provide services for 1 350 additional rehabilitation day attendances	1Q21
• Enhance the multidisciplinary support for lymphedema care in TWH to provide services for 860 additional day patient attendances	1Q21
• Set up a mobile team at QMH to provide respiratory care to patients in the medical ward and designate two beds to support cases with respiratory complications	1Q21
• Set up a multidisciplinary PC consultative team at HKWC to provide 1 250 additional consultative visits	1Q21
• Enhance the medical support for ventilated, neurosurgical and orthopaedic patients at MMRC and provide EOL care to 90 patients at FYKH	1Q21
• Enhance allied health support to C&A patients by providing services for 660 additional allied health outpatient attendances at HKWC	1Q21
• Provide early patient mobilisation services by physiotherapists in the acute general adult ICU of HKWC to 200 additional ICU patients	1Q21
• Enhance the HA's complaints management system by establishing a cluster-based, patient relations office structure at HKWC	2Q20
• Enhance geriatric support for patients attending A&E by providing 750 additional focused geriatric assessments at QMH	1Q21
• Enhance the CGAT support for terminally ill patients in RCHes by providing services for 350 additional geriatric outreach attendances	1Q21

Improve Service Quality

- | | |
|---|------|
| • Recruit an additional case manager at HKWC to provide services for 300 additional psychiatric outreach attendances to patients with mental illness | 1Q21 |
| • Establish a liaison committee on genetics services to explore future service models for genetic and genomic service in HA; recruit and train genetic counsellors for indexing patients and family members | 1Q21 |
| • Enhance the service capacity to provide an additional of 19 haematopoietic stem cells transplants, 180 tests for Next Generation Sequencing and 60 tests for measurable residual disease | 1Q21 |
| • Provide deep brain stimulation treatment for five additional patients with advanced Parkinson's Disease | 1Q21 |
| • Provide prostate biopsies service for 100 additional patients using transperineal approach | 1Q21 |
| • Enhance patients' blood management by implementing thromboelastometry tests for quick screen of global haemostasis | 1Q21 |

Optimise Demand Management

- | | |
|--|------|
| • Provide nine additional sessions per week for endoscopic procedures at HKWC | 1Q21 |
| • Enhance Orthopaedics SOPC capacity to provide services for 1 120 additional new case attendances | 1Q21 |
| • Provide adult immunology and allergy services for an additional of 120 new case attendances for SOPC and 670 day patient attendances | 1Q21 |
| • Develop a designated team to enhance the capacity for advanced pulmonary hypertension to provide services for 15 additional patients | 1Q21 |
| • Enhance the child assessment service at DKCH to cater for 270 additional new case attendances for SOPC | 1Q21 |
| • Enhance prevention and control of viral hepatitis by providing 7 420 additional service capacity for hepatitis related tests, setting up hepatitis nurse clinic and enhancing antenatal clinic | 1Q21 |

Optimise Demand Management

- | | |
|--|------|
| • Enhance pharmacy services by implementing pharmacist clinic for ambulatory care at QMH, and the inpatient drug distribution model at HKWC | 1Q21 |
| • Enhance cancer services by providing case management services to an additional of 100 patients with breast cancer, 50 patients with haematological cancer and 100 patients with gynaecological cancer, as well as recruiting a social worker to provide psychosocial support for 800 additional attendances to oncology patients | 1Q21 |
| • Provide three additional hospital haemodialysis places for patients with end-stage renal disease | 1Q21 |
| • Provide 300 Continuous Glucose Monitoring sensors and related services to patients at HKWC | 1Q21 |
| • Establish service networks at HKWC to provide 24-hour Intra-arterial Mechanical Thrombectomy service for acute ischaemic stroke patients | 1Q21 |
| • Extend the service hours of perfusion services to support emergency cardiothoracic operations and extracorporeal life support services | 1Q21 |
| • Recruit three additional Patient Care Assistants (PCAs) to enhance Non-Emergency Ambulance Transfer Service | 1Q21 |

Enhance Staff Training and Development

- | | |
|---|------|
| • Enhance nursing manpower by recruiting 17 nurses for general inpatient and labour wards, A&E, ICU, stroke and peri-operative services | 1Q21 |
| • Recruit one medical physicist and upgrade one optometrist II position for enhancing the promotion prospects of allied health staff | 1Q21 |
| • Enhance supporting staff manpower for allied health services by recruiting two additional PCAs | 1Q21 |
| • Enhance administrative support at HKWC by recruiting additional executive, clerical and supporting staff for acute medical wards, human resource, finance and administration department | 1Q21 |
| • Recruit 11 FTE APNs as part-time clinical preceptors for junior nurses | 1Q21 |

Kowloon Central Cluster



As at 31 Mar 2019		Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1	Hong Kong Buddhist Hospital	✓	✓	✓
2	Hong Kong Children's Hospital	✓	✓	
3	Hong Kong Eye Hospital	✓	✓	
4	Hong Kong Red Cross Blood Transfusion Service	✓		
5	Kowloon Hospital	✓	✓	
6	Kwong Wah Hospital +	✓	✓	✓
7	Our Lady of Maryknoll Hospital / Our Lady of Maryknoll Hospital Family Medicine Clinic	✓	✓	✓
8	Queen Elizabeth Hospital +	✓	✓	
9	Tung Wah Group of Hospitals Wong Tai Sin Hospital	✓	✓	
10	Community Rehabilitation Service Support Centre, Hospital Authority		✓	
11	Yau Ma Tei Jockey Club General Out-patient Clinic		✓	✓
12	Central Kowloon Health Centre			✓
13	East Kowloon General Out-patient Clinic			✓
14	Hung Hom Clinic			✓
15	Lee Kee Memorial Dispensary			✓

As at 31 Mar 2019		Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
16	Li Po Chun General Out-patient Clinic			✓
17	Robert Black General Out-patient Clinic			✓
18	Shun Tak Fraternal Association Leung Kau Kui Clinic			✓
19	Wang Tau Hom Jockey Club General Out-patient Clinic			✓
20	Wu York Yu General Out-patient Clinic			✓

✚ Hospital with A&E service

Healthcare Facilities

There are nine hospitals or institutions in Kowloon Central Cluster (KCC). There are also 10 specialist outpatient clinics and 13 general outpatient clinics. As at 31 March 2019, KCC provided a total of 5 664 beds; of which 4 949 were for acute, convalescent and rehabilitation care, 250 for infirmary care and 465 for psychiatric care.

Actual Patients Served

In 2018-19, approximately 735 400 patients had utilised services in KCC. Approximately 70% of them resided in the Wong Tai Sin, Kowloon City, Yau Tsim Mong and Kwun Tong Districts.

Number and percentage distribution of patients ever utilised KCC services in 2018-19 according to district of residence

District of residence	No. of patients [^] #	Distribution [#]
Wong Tai Sin	180 100	24%
Kowloon City	146 500	20%
Yau Tsim Mong	116 800	16%
Kwun Tong	71 800	10%
Others*	220 200	30%
KCC Total	735 400	100%

* Include patients from places outside Hong Kong or with unknown addresses

[^] Figures are rounded to the nearest hundred

[#] There may be a slight discrepancy between the sum of individual items and the total as shown in the table owing to rounding

Major Risks and Challenges

Centrally located in the densely populated Kowloon region with ease of access, KCC has been providing quality services to residents in Kowloon areas. Due to population ageing, KCC faces the challenge of delivering quality services under increasing service volume and complexity. Service capacity of KCC has been very stretched due to escalating demand for hospital beds and over congestion in wards during surge period. Furthermore, manpower shortage and the turnover of experienced staff have created enormous pressure on service provision.

The challenge of KCC is to strive for providing safe and quality medical services while continuing to rationalise the provision of medical services among hospitals within the KCC. Concerted effort is required from all KCC colleagues to overcome these challenges, in particular in SOPC waiting time for various specialties and access block situation at the Accident & Emergency (A&E).

KCC will continue to coordinate various major capital projects, including the move-in to BTS headquarters and the redevelopment of KWH and OLMH. Planning work of the new acute general hospital in Kai Tak Development Area is in progress. Since March 2019, HKCH has commenced its inpatient services by phases, including neonatal intensive care, paediatric surgery and nephrology, and Operating Theatre (OT) services.

Major Initiatives in 2020-21

KCC has formulated a wide range of initiatives in alignment with the corporate key objectives to develop quality and patient-centred healthcare services. KCC's major initiatives for 2020-21 are as follows:

- **To improve service quality**, four additional day beds for renal services, six additional day beds for oncology services and 1 000 additional day patient attendances for Outpatient Parental Antimicrobial Therapy (OPAT) service will be provided at QEH. KCC will set up a team for providing Pre-anaesthetic Assessment Clinic (PAAC) services. Restorative rehabilitation programme for patients with lower limb fracture or arthroplasties will be rolled out at KWH and provide services for 1 150 additional physiotherapy attendances to cover weekends and public holidays. 2 200 additional physiotherapy outpatient attendances with stratified care management services will be provided at KWH. The Community Rehabilitation Service Support Centre (CRSSC) will be relocated to the Multi-Service Centre at the QEH compound and provide 340 additional allied health outpatient attendances. A multidisciplinary Palliative Care (PC) consultative team will be set up in KCC to provide 1 450 additional consultative visits. Early patient mobilisation services by physiotherapists will be provided in the adult intensive care unit (ICU) of KCC to 200 additional ICU patients. One maternal special care bed will be designated in the labour ward of KWH and two Registered Nurses (RNs) will be recruited for training in high-risk pregnancy care. Community Geriatric Assessment Team (CGAT) support for terminally ill patients in Residential Care Homes for the Elderly (RCHes) will be enhanced by providing 700 additional geriatric outreach attendances. An additional case manager will be recruited in KCC to provide services for 300 additional psychiatric outreach attendances to patients with mental illness. An additional pharmacist will be recruited to provide medication management service for hospitalised geriatric patients under the care of Psychiatry Department in KH. Deep brain stimulation treatment will be provided for five additional patients with advanced Parkinson's Disease.
- **To optimise demand management**, KCC will enhance its bed provision with an additional of 40 acute medical beds, 16 orthopaedic beds, a neurosurgical High Dependency Unit (HDU) bed, and an Intensive Care Unit (ICU) bed at QEH. Twelve additional extended care beds will be provided at HKBH. Clinical care support at WTSH will be enhanced to provide services for 350 additional inpatient attendances. 10 additional OT sessions per week will be provided at QEH to cater for surgical service demand. HKCH will continue to expand the service capacity by providing three additional OT sessions per week, 24-hour admission and pharmacy services. BTS Headquarters will continue to commence its service in the new annex building, introduce pathogen reduction treatment of blood components and red cell blood group genotyping services.

For ambulatory care, services for 2 000 additional FMSC attendances under the collaborative model for Family Medicine (FM) and Orthopaedics & Traumatology (O&T) will be provided at KCC and services for 375 additional Internal Medicine SOPC new case attendances will be provided at QEH. Laboratory capacity will be increased to provide 5 170 additional hepatitis related tests. An antenatal clinic will be set up for enhancing prevention and control of viral hepatitis. Pathology services will be enhanced by providing 24-hour support for on-site haematopathology consultations at KWH. For diagnostic and radiology services, 1 760 additional mammograms will be provided at KCC. Clinical pharmacy services at QEH will be enhanced by providing professional inputs to oncology outpatients and implementing a pharmacist clinic for ambulatory care. To enhance oncology services, on-site consultative services and 100 additional new case attendances for SOPC will be provided at KWH. An additional 100 patients with breast cancer and 50 patients with haematological cancer will be provided with case management services. A social worker will be recruited to provide psychosocial support for 800 additional attendances to oncology patients. Service hours of radiotherapy at QEH will be extended to provide services for 1 330 additional treatment attendances. For chronic disease management, six additional hospital haemodialysis places for patients with end-stage renal disease will be provided. Continuous glucose monitoring sensors and related diabetic services will be provided for 300 adults and 600 paediatric patients at KCC. 13 additional Patient Care Assistants (PCAs) will be recruited to enhance Non-Emergency Ambulance Transfer Service (NEATS) support.

- **To enhance Staff Training and Development**, a total of 30 nurses will be recruited to enhance nursing manpower of general and psychiatric inpatient wards, labour ward, A&E, ICU, stroke and peri-operative services. Promotion prospects will be enhanced for allied health staff including recruitment of two additional medical physicist positions and provision of promotion opportunity for one optometrist II. In addition, supporting staff for allied health services will be strengthened by recruiting three additional PCAs. Manpower support at KCC will be strengthened by recruiting additional executive and clerical staff for acute medical wards, SOPCs, Finance and Administration Departments. 17 additional Advanced Practice Nurses (APNs) will be recruited as part-time clinical preceptors to support junior nurses.

KCC Targets

Improve Service Quality	
• Provide four additional day beds for renal services and six additional day beds for oncology services at QEH	4Q20
• Provide OPAT service for 1 000 additional day patient attendances at QEH	1Q21
• Set up a team for providing PAAC services in KCC	1Q21
• Roll out the restorative rehabilitation programme for patients with lower limb fracture or arthroplasties at KWH and provide services for 1 150 additional physiotherapy attendances to cover weekends and public holidays	1Q21
• Provide services with stratified care management for 2 200 additional physiotherapy outpatient attendances at KWH	1Q21
• Relocate CRSSC to the Multi-Service Centre at QEH campus and provide services for 340 additional allied health outpatient attendances	1Q21
• Set up a multidisciplinary PC consultative team at KCC to provide services for 1 450 additional consultative visits	1Q21
• Provide early patient mobilisation services by physiotherapists in the acute general adult ICU of KCC to 200 additional ICU patients	1Q21
• Designate one maternal special care bed in the labour ward of KWH and recruit two RNs for training in high-risk pregnancy care	1Q21
• Enhance the CGAT support for terminally ill patients in RCHes by providing services for 700 additional geriatric outreach attendances	1Q21
• Recruit a case manager in KCC to provide services for 300 additional psychiatric outreach attendances to patients with mental illness	1Q21

Improve Service Quality

- | | |
|---|------|
| • Recruit an additional pharmacist to provide medication management service for hospitalised geriatric patients under the care of Psychiatry Department at KH | 1Q21 |
| • Provide deep brain stimulation treatment for five additional patients with advanced Parkinson's Disease | 1Q21 |

Optimise Demand Management

- | | |
|--|------|
| • Provide 40 additional acute medical beds, 16 orthopaedic beds, one HDU bed, and one ICU bed at QEH | 4Q20 |
| • Provide 12 additional extended care beds at HKBH | 4Q20 |
| • Continue to expand the service capacity at HKCH by providing three additional OT sessions per week, 24-hour admission and pharmacy services | 3Q20 |
| • Continue to support the service commencement of the new annex building at BTS Headquarters and introduce pathogen reduction treatment of blood components and red cell blood group genotyping services | 1Q21 |
| • Enhance clinical care at WTSB to provide services for 350 additional inpatient attendances | 1Q21 |
| • Provide 10 additional OT sessions per week at QEH | 1Q21 |
| • Provide services for 2 000 additional FMSC attendances under the collaborative model for FM and O&T at KCC | 1Q21 |
| • Provide services for 375 additional SOPC new case attendances for Internal Medicine at QEH | 1Q21 |
| • Enhance prevention and control of viral hepatitis by providing 5 170 additional service capacity for hepatitis related tests, setting up hepatitis nurse clinic and enhancing antenatal clinic | 1Q21 |
| • Enhance pathology services by providing 24-hour support for on-site haematopathology consultation services at KWH | 3Q20 |
| • Enhance imaging services at KCC to cater for 1 760 additional mammograms | 1Q21 |

Optimise Demand Management

- | | |
|--|------|
| • Enhance pharmacy services by implementing pharmacist clinic for ambulatory care and providing clinical pharmacy services to oncology outpatients at QEH | 1Q21 |
| • Enhance on-site consultative oncology services and cater for 100 additional SOPC new cases attendances at KWH | 1Q21 |
| • Enhance cancer services by providing case management services to additional 100 patients with breast cancer, 50 patients with haematological cancer and recruiting a social worker to provide psychosocial support for 800 additional attendances to oncology patients | 1Q21 |
| • Extend the service hours of radiotherapy at QEH to provide services for 1 330 additional treatment attendances | 1Q21 |
| • Provide services for six additional hospital haemodialysis places for patients with end-stage renal disease | 1Q21 |
| • Provide 300 Continuous Glucose Monitoring (CGM) sensors for adults, 600 CGM sensors for children, and related diabetic services to selected patients at KCC | 1Q21 |
| • Recruit 13 additional PCAs to enhance NEATS | 1Q21 |

Enhance Staff Training and Development

- | | |
|--|------|
| • Enhance nursing manpower by recruiting 30 nurses for general and psychiatric inpatient wards, labour ward, A&E, ICU, stroke and peri-operative services | 1Q21 |
| • Recruit two additional medical physicists and upgrade one optometrist II position for enhancing the promotion prospects of allied health staff | 1Q21 |
| • Enhance supporting staff manpower for allied health services by recruiting three additional PCAs | 1Q21 |
| • Enhance administrative support at KCC by recruiting additional executive and clerical staff for acute medical wards, SOPCs, finance and administration departments | 1Q21 |
| • Recruit 17 Full-Time Equivalent APNs as part-time clinical preceptors for junior nurses | 1Q21 |

Kowloon East Cluster



As at 31 Mar 2019		Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1	Haven of Hope Hospital	✓	✓	
2	Tseung Kwan O Hospital +	✓	✓	
3	United Christian Hospital +	✓	✓	
4	Yung Fung Shee Memorial Centre		✓	
5	Kowloon Bay Health Centre General Out-patient Clinic			✓
6	Kwun Tong Community Health Centre			✓
7	Lam Tin Polyclinic General Out-patient Clinic			✓
8	Mona Fong General Out-patient Clinic			✓
9	Ngau Tau Kok Jockey Club General Out-patient Clinic			✓
10	Shun Lee General Out-patient Clinic			✓
11	Tseung Kwan O (Po Ning Road) General Out-patient Clinic			✓
12	Tseung Kwan O Jockey Club General Out-patient Clinic			✓

+ Hospital with A&E service

Healthcare Facilities

There are three hospitals or institutions in the Kowloon East Cluster (KEC). There are also four specialist outpatient clinics and eight general outpatient clinics. As at 31 March 2019, KEC provided a total of 2 727 beds; of which 2 531 were for acute, convalescent and rehabilitation care, 116 for infirmary care and 80 for psychiatric care.

Actual Patients Served

In 2018-19, approximately 520 400 patients had utilised services in KEC. Approximately 85% of them resided in the Kwun Tong and Sai Kung Districts.

Number and percentage distribution of patients ever utilised KEC services in 2018-19 according to district of residence

District of residence	No. of patients [^] #	Distribution [#]
Kwun Tong	271 200	52%
Sai Kung	171 200	33%
Others*	78 000	15%
KEC Total	520 400	100%

* Include patients from places outside Hong Kong or with unknown addresses

[^] Figures are rounded to the nearest hundred

[#] There may be a slight discrepancy between the sum of individual items and the total as shown in the table owing to rounding

Major Risks and Challenges

In KEC, significant increase in demand for public healthcare services has been observed. This is contributed largely by the ageing population, advances in medical technologies, increasing disease complexities and higher public expectations. To meet these service demands and ensure judicious use of resources as well as realising our goals ahead, KEC conscientiously plans its service provision in accordance with the directions of the HA Strategic Plan as well as the KEC Clinical Services Plan (CSP). Programmes and initiatives depicted under the Annual Plan 2020-21 are the syntheses of detailed service and budget planning of KEC.

To ensure timely access for patients to high quality and responsive services, KEC aims to enhance care access and efficiency by rationalising and re-orientating services to be more streamlined and responsive to patients' needs. KEC has planned its services diligently along the theme of 'CARE' (Cancer, Ambulatory, Rehabilitation, Emergency) with a view to anchoring the service development plan closely to the KEC CSP.

To equip the Cluster amply for the 'transformation' process, KEC has paid high focus on two main pillars: staff capability and technological enabler. To this end, KEC has enhanced governance on 'Training and Development' as well as 'Smart Hospital Development' by setting up cluster level committees to oversee planning and coordination of these areas. KEC will continue to inject resources in 2020-21 by increasing training opportunities of the professional staff; and to explore, exchange and engage staff alongside the Smart Hospital journey.

With the commissioning of redeveloped HHH in 2020-21, an upturn of the overall service level, in particular the rehabilitation capability of KEC is envisaged. This provides a thriving opportunity for KEC to streamline and refine its service models to better tailor service delivery with patients' needs.

KEC is looking forward to a new chapter ahead upon accomplishment of the two key hospital expansion projects for HHH and UCH. In the meantime, we will continue to strive for quality healthcare services and to meet the growing service demand through the conjoint efforts of our dedicated professional team.

Major Initiatives in 2020-21

In alignment with the corporate objectives and the CSP for KEC, the major initiatives for 2020-21 are as follows:

Capacity Building

- Provide additional acute surgical beds at UCH and Orthopaedics & Traumatology (O&T) beds at TKOH; commence operation of the new block at HHH; set up cluster-based nursing triage team to facilitate pre-discharge planning and enhance rehabilitation bed utilisation at KEC; and expand Enhanced Recovery After Surgery (ERAS) programme to provide services for surgical, orthopaedic & gynaecological patients at KEC.

Cancer Service

- Provide additional acute oncology beds at UCH; provide additional chemotherapy services; render case management services to breast cancer patients; and recruit one social worker to provide psychosocial support for oncology patients.

Ambulatory Service

- Enhance ambulatory surgical services by providing additional day beds and Operating Theatre (OT) sessions at TKOH; establish Fast Track Clinic in the day medical centre of TKOH; provide additional GOPC quotas; and enhance allied health outpatient attendances.

Rehabilitation Service

- Enhance transitional post-discharge support for elderly patients with hip fracture and acute stroke by providing needs assessments and home visits with rehabilitation at KEC.

Emergency Service

- Establish a cluster-based, infectious disease network at KEC for expanding service coverage and improving coordination.

Quality & Safety

- Optimise surgical planning by adopting medical grade 3D printing at KEC; enhance pharmacy services by launching drug refill services and implementing inpatient drug distribution model at KEC; enhance prevention and control of viral hepatitis by providing additional service capacity for hepatitis related tests, setting up hepatitis nurse clinic and enhancing antenatal clinic.

Staff Training & Development

- Recruit additional nurses as part-time clinical preceptors for junior nurses; enhance nursing, administrative and supporting manpower to buttress different service areas.

KEC Targets

Improve Service Quality	
• Provide an additional of 10 day beds and five OT sessions per week for ambulatory surgical services at TKOH	4Q20
• Enhance the capacity of allied health services to provide 23 580 additional allied health inpatient and outpatient attendances	1Q21
• Provide services with stratified care management for 2 200 additional physiotherapy outpatient attendances at TKOH	1Q21
• Provide early patient mobilisation services by physiotherapists in the acute general adult intensive care unit (ICU) of KEC to 200 additional ICU patients	1Q21
• Enhance the transitional post-discharge support for elderly patients with hip fracture and acute stroke by providing an additional of 1 500 needs assessments and 3 600 home visits with rehabilitation at KEC	1Q21
• Enhance psychiatric services for Child and Adolescent patients by implementing the collaboration between paediatric and psychiatric departments and improving allied health support to provide services for 660 additional allied health outpatient attendances at KEC	1Q21
• Set up a cluster-based nursing triage team to facilitate pre-discharge planning and enhance rehabilitation bed utilisation at KEC	1Q21
• Establish a cluster-based, infectious disease network at KEC for expanding service coverage and improving coordination	1Q21
• Increase manpower at TKOH Accident & Emergency (A&E) Department and establish a Fast Track Clinic in the day medical centre to provide services for 300 additional new case attendances for SOPC	1Q21
• Enhance multidisciplinary support to provide psychogeriatric outreach services to Residential Care Homes for the Elderly in KEC for 840 additional attendances	1Q21
• Roll out the screening programme for Inborn Errors of Metabolism to UCH	1Q21
• Optimise surgical planning at the O&T departments by adopting medical grade 3D printing at KEC	1Q21

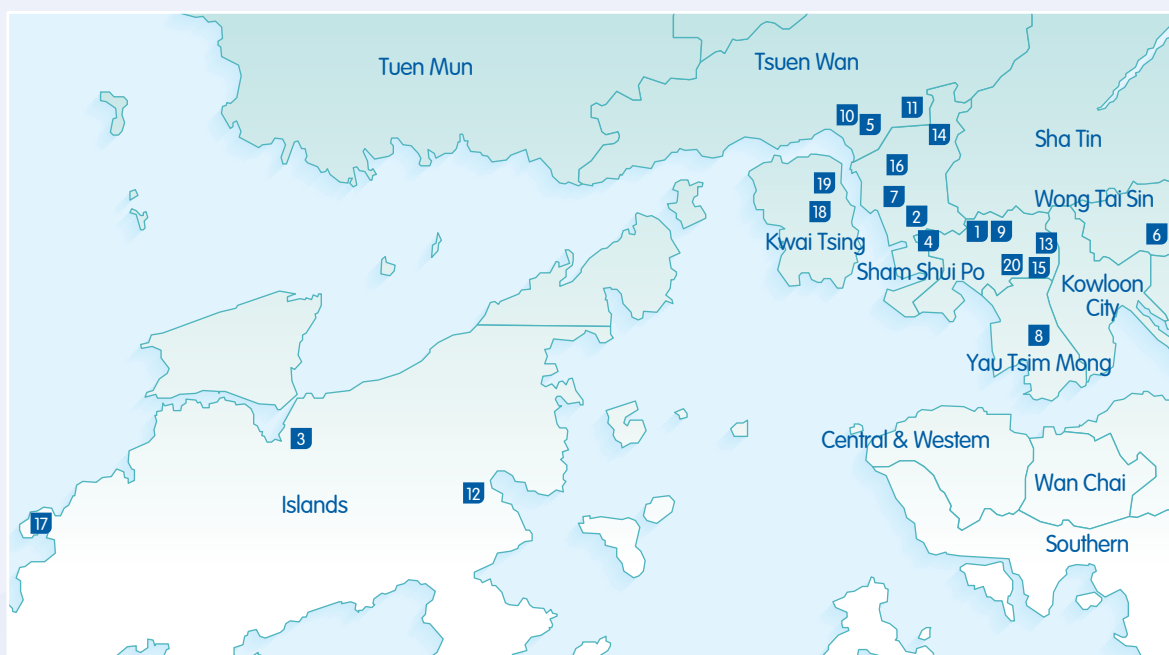
Optimise Demand Management

• Provide an additional of 16 acute oncology beds and 10 surgical beds at UCH	3Q20
• Provide 10 additional acute O&T beds at TKOH	3Q20
• Commence operation of the new block at HHH	3Q20
• Expand the ERAS programme to provide services for 450 additional surgical, orthopaedic and gynaecological patients at KEC	1Q21
• Increase the GOPC quota by 2 370 at KEC	1Q21
• Provide an additional total of 1 570 new case attendances for internal medicine, ophthalmology and psychiatry SOPC at KEC	1Q21
• Enhance prevention and control of viral hepatitis by providing 4 450 additional service capacity for hepatitis related tests, setting up hepatitis nurse clinic and enhancing antenatal clinic	1Q21
• Enhance pharmacy services by launching drug refill services and implementing the inpatient drug distribution model at KEC	1Q21
• Enhance cancer services by providing chemotherapy services for 375 additional day patient attendances, case management services to 100 additional patients with breast cancer and recruiting one social worker to provide psychosocial support for 800 additional attendances to oncology patients	1Q21
• Provide 12 additional hospital haemodialysis places for patients with end - stage renal disease	1Q21
• Recruit seven additional Patient Care Assistants (PCAs) to enhance Non - Emergency Ambulance Transfer Service	1Q21

Enhance Staff Training and Development

• Enhance nursing manpower by recruiting 23 nurses for general and psychiatric inpatient wards, labour ward, A&E, ICU, stroke and peri-operative services	1Q21
• Recruit one medical physicist and upgrade one optometrist II position for enhancing the promotion prospects of allied health staff	1Q21
• Enhance supporting staff manpower for allied health services by recruiting additional PCAs	1Q21
• Enhance administrative support at KEC by recruiting additional executive and clerical staff for acute medical wards, finance and administration department	1Q21
• Recruit 11 Full-Time Equivalent Advanced Practice Nurses as part-time clinical preceptors for junior nurses	1Q21

Kowloon West Cluster



As at 31 Mar 2019		Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1	Caritas Medical Centre + / Caritas Medical Centre Family Medicine Clinic	✓	✓	✓
2	Kwai Chung Hospital	✓	✓	
3	North Lantau Hospital + / North Lantau Community Health Centre	✓	✓	✓
4	Princess Margaret Hospital +	✓	✓	
5	Yan Chai Hospital + / Yan Chai Hospital General Practice Clinic	✓	✓	✓
6	East Kowloon Psychiatric Centre		✓	
7	Kwai Chung - Psychogeriatric Out-patient Department cum Carers Support Centre / Ha Kwai Chung General Out-patient Clinic		✓	✓
8	Yaumatei Child and Adolescent Mental Health Service		✓	
9	Cheung Sha Wan Jockey Club General Out-patient Clinic			✓
10	Lady Trench General Out-patient Clinic			✓
11	Mrs Wu York Yu General Out-patient Clinic			✓
12	Mui Wo General Out-patient Clinic			✓

As at 31 Mar 2019		Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
13	Nam Shan General Out-patient Clinic			✓
14	North Kwai Chung General Out-patient Clinic			✓
15	Shek Kip Mei General Out-patient Clinic			✓
16	South Kwai Chung Jockey Club General Out-patient Clinic			✓
17	Tai O Jockey Club General Out-patient Clinic			✓
18	Tsing Yi Cheung Hong General Out-patient Clinic			✓
19	Tsing Yi Town General Out-patient Clinic			✓
20	West Kowloon General Out-patient Clinic			✓

+ Hospital with A&E service

Healthcare Facilities

There are five hospitals or institutions in Kowloon West Cluster (KWC). There are also eight specialist outpatient clinics and 16 general outpatient clinics. As at 31 March 2019, KWC provided a total of 4 807 beds; of which 3 531 were for acute, convalescent and rehabilitation care, 196 for infirmary care, 160 for mentally handicapped care and 920 for psychiatric care.

Actual Patients Served

In 2018-19, approximately 689 300 patients had utilised services in KWC. Approximately 80% of them resided in the Kwai Tsing, Sham Shui Po, Tsuen Wan and Islands Districts.

Number and percentage distribution of patients ever utilised KWC services in 2018-19 according to district of residence

District of residence	No. of patients [^]	Distribution [#]
Kwai Tsing	232 000	34%
Sham Shui Po	145 900	21%
Tsuen Wan	112 700	16%
Islands	60 600	9%
Others*	138 100	20%
KWC Total	689 300	100%

* Include patients from places outside Hong Kong or with unknown addresses

[^] Figures are rounded to the nearest hundred

[#] There may be a slight discrepancy between the sum of individual items and the total as shown in the table owing to rounding

Major Risks and Challenges

KWC continues to face an escalating service demand due to population growth and demographic shift. The population served is among the largest in HA clusters, more socio-economically disadvantaged and older compared to the Hong Kong average. To cope with the increasing service demand, KWC shall enhance the collaboration among its cluster's hospitals and revamp the service delivery models, as mapped out in the Clinical Service Plan (CSP) for the KWC published in 2019. The infrastructure and physical facilities at PMH and Lai King Block are planned for expansion and redevelopment. The KCH redevelopment project is also underway. All these factors have put pressure on KWC in sustaining and further improving the provision of medical services to the local community.

Major Initiatives in 2020-21

In 2020-21, KWC will translate the blueprints of KWC CSP into practical initiatives, which also meet both the Corporate objectives and the specific needs of the Cluster. The initiatives are as follows:

- **Managing increased service demand from population growth and ageing:** additional acute and extended care beds will be provided at KWC. These include six acute neurosurgical beds, 12 acute surgical beds at PMH, and 16 acute surgical beds at CMC. In addition, four emergency medicine beds, 10 day beds and 36 extended care beds will be provided at NLTH to meet the substantial increase in population growth in the Tung Chung New Town.
- **Enhancing geriatric support:** YCH will provide additional focused geriatric assessments for elderly patients attending Accident & Emergency (A&E). PMH will provide five additional day-time trauma Operating Theatre (OT) sessions per week for geriatric patients with acute fragility fractures. The acute geriatric fragility fracture nursing coordination services at PMH and CMC will be set up. The Community Geriatric Assessment Team (CGAT) support for terminally ill patients in Residential Care Homes for the Elderly (RCHes) will also be strengthened in KWC.
- **Enhancing clinical service capacity:** the KWC oncology service will be strengthened, including inpatient oncology consultation at CMC and YCH, as well as the set-up of pharmacist chemotherapy clinic and integrated cancer clinic. In addition, Palliative Care (PC) services with consultative visits to cancer patients will be provided at PMH. The case management services for breast cancer, colorectal cancer, haematological and gynaecological cancer patients will be enhanced. The prevention and control of viral hepatitis would be further enhanced by providing 3 800 additional service capacity for hepatitis related tests, setting up hepatitis nurse clinic and enhancing antenatal clinic. The quota for hospital haemodialysis service for end-stage renal failure patients will be increased. For urology services, PMH will provide prostate biopsies to 100 additional patients using transperineal approach, and provide support to HKCH on paediatric renal transplant service.

- **Increasing throughput on investigation procedures and diagnostic services:** seven additional sessions per week for endoscopy services will be provided at KWC. The cluster 's diagnostic imaging services for Computed Tomography (CT) scans, Magnetic Resonance Imaging (MRI) and mammograms will be strengthened by providing additional service attendances. The screening programme for Inborn Error of Metabolism (IEM) will be rolled out to PMH.
- **Strengthening collaboration and capacity of allied health services:** multidisciplinary pre-operative care for Orthopaedics & Traumatology (O&T) and surgical patients will be enhanced with the service provision for 10 300 additional allied health outpatient attendances at YCH, CMC and PMH. Stratified care management services will be provided for 4 400 additional physiotherapy outpatient attendances at PMH and YCH. The restorative rehabilitation programme for stroke patients will be rolled out to CMC, to provide additional 1 150 physiotherapy and 1 150 occupational therapy attendances to cover weekends and public holidays. Physiotherapy services will be provided for 2 400 additional allied health outpatient attendances for patient on waiting list for total joint replacement surgery at YCH under the pilot structured, non-surgical treatment programme. Early patient mobilisation services by physiotherapists in the acute general adult Intensive Care Unit (ICU) of KWC will be offered, targeting for 200 ICU patients. The overall capacity of allied health services will be enhanced, with 2 870 additional allied health outpatient attendances at KWC.
- **Improving to outpatient services:** The targeted active intervention programme will be rolled out in non-DM SOPCs in KWC to support 3 650 additional SOPC attendances. To shorten the waiting time for SOPC, services for 2 000 additional FMSC attendances will be provided under the collaborative model for O&T at KWC.
- **Enhancing mental health services:** KWC will recruit 12 case managers to provide 3 600 additional psychiatric outreach attendances for patients with mental illness. The allied health support for psychiatric Child and Adolescent (C&A) service will be strengthened, with the service provision for 660 allied health outpatient attendances.
- **Enhancing staff training and development:** The manpower support and training development of various grades will be strengthened. These include the recruitment of 23 nurses for general and psychiatric inpatient wards, labour ward, A&E, ICU, stroke and peri-operative services, and 19 Full-Time Equivalent (FTE) Advanced Practice Nurses (APNs) as part-time clinical preceptors for junior nurses. Additional Executive Assistants (EAs), Patient Care Assistants (PCAs), Operation Assistants (OpAs) and clerical staff for allied health, SOPC, acute medical wards, administration, finance and human resources teams will be recruited.

KWC Targets

Improve Service Quality	
• Roll out the restorative rehabilitation programme for stroke patients at CMC and provide an additional of 1 150 physiotherapy and 1 150 occupational therapy attendances to cover weekends and public holidays	1Q21
• Enhance the capacity of allied health services to provide 2 870 additional allied health outpatient attendances	1Q21
• Provide services with stratified care management for 4 400 additional physiotherapy outpatient attendances at PMH and YCH	1Q21
• Enhance multidisciplinary pre-operative care to provide services for 10 300 additional allied health outpatient attendances	1Q21
• Provide early patient mobilisation services by physiotherapists in the acute general adult ICU of KWC to 200 additional ICU patients	1Q21
• Set up a mobile team at PMH to provide respiratory care to patients in the medical ward and designate two beds to support cases with respiratory complications	1Q21
• Provide physiotherapy services for 2 400 additional allied health outpatient attendances for patients on waiting list for total joint replacement surgery at YCH under the pilot structured, non-surgical treatment programme	1Q21
• Enhance allied health support to C&A patients by providing 660 additional allied health outpatient attendances at KWC	1Q21
• Establish a cluster-based, corporate communication structure and recruit one Senior Information Officer and one Assistant Information Officer at KWC	4Q20
• Designate one maternal special care bed in the labour ward of PMH and recruit two Registered Nurses for training in high-risk pregnancy care	1Q21
• Enhance geriatric support for patients attending A&E by providing 750 additional focused geriatric assessments at YCH	1Q21

Improve Service Quality

- | | |
|---|------|
| • Enhance the CGAT support for terminally ill patients in RCHes by providing services for 700 additional geriatric outreach attendances | 1Q21 |
| • Recruit 12 additional case manager in KWC to provide services for 3 600 additional psychiatric outreach attendances to patients with mental illness | 1Q21 |
| • Roll out the screening programme for IEM to PMH | 1Q21 |
| • Implement the eAED system at CMC | 1Q21 |
| • Enhance urology services at PMH to support paediatric renal transplant services at HKCH and to provide prostate biopsies for 100 additional patients using transperineal approach | 1Q21 |

Optimise Demand Management

- | | |
|---|------|
| • Provide an additional of six acute neurosurgical beds and 12 acute surgical beds at PMH | 4Q20 |
| • Provide 16 additional acute surgical beds at CMC | 4Q20 |
| • Provide an additional of four beds in the emergency medicine ward, 10 day beds and 36 extended care beds, as well as extending pharmacy services to 24-hour coverage and setting up Clinical Psychology services at NLTH | 4Q20 |
| • Provide five additional OT sessions per week to the day-time trauma list for geriatric patients with acute fragility fractures at PMH, and set up acute geriatric fragility fracture nursing coordination services at PMH and CMC | 1Q21 |
| • Provide seven additional sessions per week for endoscopy services at KWC | 4Q20 |
| • Provide services for 2 000 additional FMSC attendances under the collaborative model for O&T at KWC | 1Q21 |
| • Enhance the service provision at the Breast Centre of YCH by adopting one-stop outpatient services approach | 4Q20 |

Optimise Demand Management

<ul style="list-style-type: none"> Enhance prevention and control of viral hepatitis by providing 3 800 additional service capacity for hepatitis related tests, setting up hepatitis nurse clinic and enhancing antenatal clinic 	1Q21
<ul style="list-style-type: none"> Enhance imaging services at KWC to provide an additional of 1 470 attendances for CT scans, 670 attendances for MRI scans and 580 attendances for mammograms 	1Q21
<ul style="list-style-type: none"> Implement the inpatient drug distribution model at KWC 	1Q21
<ul style="list-style-type: none"> Enhance inpatient oncology consultation services at CMC and YCH; set up pharmacist chemotherapy clinic and integrated cancer clinic, and provide PC services for 540 additional consultative visits to cancer patients at PMH 	1Q21
<ul style="list-style-type: none"> Enhance cancer services by providing case management services to an additional of 50 patients with breast cancer, 75 patients with colorectal cancer, 50 patients with haematological cancer and 100 patients with gynaecological cancer, as well as recruiting a social worker to provide psychosocial support for 800 additional attendances to oncology patients 	1Q21
<ul style="list-style-type: none"> Provide nine additional hospital haemodialysis places for patients with end-stage renal disease 	1Q21
<ul style="list-style-type: none"> Roll out the Targeted Active Intervention programme in non-DM SOPC at KWC to provide 3 650 additional attendances 	1Q21
<ul style="list-style-type: none"> Provide Veno-Arterial Extra Corporeal Membrane Oxygenation services at the Cardiac Care Unit of CMC 	4Q20
<ul style="list-style-type: none"> Recruit seven additional PCAs to enhance Non-Emergency Ambulance Transfer Services 	1Q21

Enhance Staff Training and Development

• Enhance nursing manpower by recruiting a total of 23 nurses for general and psychiatric inpatient wards, labour ward, A&E, ICU, stroke and peri-operative services	1Q21
• Upgrade one optometrist II position for enhancing the promotion prospects of allied health staff	1Q21
• Enhance phlebotomy services at KWC by providing additional phlebotomists positions across the Clusters' hospitals	1Q21
• Enhance supporting staff manpower for allied health and SOPC services by recruiting additional EAs, PCAs and OpAs	1Q21
• Enhance administrative support at KWC by recruiting additional executive and clerical staff for acute medical wards, human resources, finance and administration department	1Q21
• Recruit 16 FTE APNs as part-time clinical preceptors for junior nurses	1Q21

New Territories East Cluster



As at 31 Mar 2019		Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1	Alice Ho Miu Ling Nethersole Hospital +	✓	✓	
2	Bradbury Hospice	✓	✓	
3	Cheshire Home, Shatin	✓	✓	
4	North District Hospital +	✓	✓	
5	Prince of Wales Hospital +	✓	✓	
6	Shatin Hospital	✓	✓	
7	Tai Po Hospital	✓	✓	
8	Fanling Family Medicine Centre			✓
9	Lek Yuen General Out-patient Clinic			✓
10	Ma On Shan Family Medicine Centre			✓
11	Sha Tau Kok General Out-patient Clinic			✓
12	Shatin (Tai Wai) General Out-patient Clinic			✓
13	Shek Wu Hui Jockey Club General Out-patient Clinic			✓
14	Ta Kwu Ling General Out-patient Clinic			✓
15	Tai Po Jockey Club General Out-patient Clinic			✓
16	Wong Siu Ching Family Medicine Centre			✓
17	Yuen Chau Kok General Out-patient Clinic			✓

+ Hospital with A&E service

Healthcare Facilities

There are seven hospitals or institutions in the New Territories East Cluster (NTEC). There are also seven specialist outpatient clinics and 10 general outpatient clinics. As at 31 March 2019, NTEC provided a total of 4 860 beds; of which 3 819 were for acute, convalescent and rehabilitation care, 517 for infirmary care and 524 for psychiatric care.

Actual Patients Served

In 2018-19, approximately 647 800 patients had utilised services in NTEC. Approximately 84% of them resided in the Sha Tin, North and Tai Po Districts.

Number and percentage distribution of patients ever utilised NTEC services in 2018-19 according to district of residence

District of residence	No. of patients [^] #	Distribution [#]
Sha Tin	271 500	42%
North	141 500	22%
Tai Po	133 200	21%
Others*	101 600	16%
NTEC Total	647 800	100%

* Include patients from places outside Hong Kong or with unknown addresses

[^] Figures are rounded to the nearest hundred

[#] There may be a slight discrepancy between the sum of individual items and the total as shown in the table owing to rounding

Major Risks and Challenges

Escalating demand arising from population growth and ageing population has long been the key challenge of NTEC. Serving a population of around 1.3 million in its catchment area², NTEC is the largest cluster in HA in terms of geographic coverage. Apart from population growth, it is projected that elderly would account for around one-third of the population in the area by 2036, creating tremendous demand for healthcare services.

The ever-increasing service demand in NTEC catchment districts has led to access block situations and long waiting time for some clinical services. To alleviate these issues, NTEC will enhance its service capacity and accessibility by providing additional inpatient beds, augmenting outpatient, surgical and radiological services, developing more efficient service delivery models as well as strengthening manpower and staff competence.

² Based on "Projection of Population Distribution 2019-2028" published by Planning Department.

In 2020-21, NTEC will provide 115 additional beds, and add Operating Theatre (OT) sessions to address the demand for joint replacement and ambulatory surgeries. Also, it will launch the Enhanced Recovery After Surgery (ERAS) Programme for general surgery patients, 24-hour Primary Percutaneous Coronary Intervention (PPCI) services and establish a service network for providing Intra-arterial Mechanical Thrombectomy with extended hours during weekdays. Moreover, collaborative models will be implemented to improve service efficiency and provide holistic care to patients, for example, introducing an ortho-geriatric collaborative care model at PWH, setting up a multidisciplinary Palliative Care (PC) consultative team, and further improving outpatient, outreach and post-discharge services.

NTEC will continue to follow the directions set out in the Clinical Service Plan for NTEC and HA Strategic Plan 2017-2022 in formulating initiatives to deliver quality patient care.

Major Initiatives in 2020-21

NTEC has formulated the 2020-21 Annual Plan programmes in accordance with corporate objectives. The major initiatives are as follows:

Improve Service Quality

- To strengthen multidisciplinary ortho-geriatric collaboration for hip or other fragility fractures.
- To enhance psychiatric services for Child and Adolescent (C&A) patients by intensifying collaboration between paediatric and psychiatric departments.
- To address the escalating demand for geriatric services by providing 750 additional focused geriatric assessments in Accident & Emergency (A&E) Department of PWH and enhancing Community Geriatric Assessment Team (CGAT) support for terminally ill patients in Residential Care Homes for the Elderly (RCHes) through the provision of service for 700 additional geriatric outreach attendances.
- To heighten medication safety by rolling out the Inpatient Medication Order Entry (IPMOE) system to oncology department and Intensive Care Unit (ICU) at NTEC.

Optimise Demand Management

- To provide 115 additional beds, including 15 acute medical beds, eight acute surgical beds, 10 ENT day beds and 25 day oncology beds at PWH; 32 extended care beds at TPH; and 16 Emergency Medicine (EM) beds, one ICU bed and eight surgical day beds at NDH, to help manage service demand.
- To enhance the capacity of surgical services at NTEC by adding six OT sessions at AHNH per week and one designated elective OT session for metabolic and bariatric surgery at PWH.
- To implement the ERAS Programme to help patients recover from surgeries.
- To increase 4 750 quota for GOPC services and to provide 2 980 service capacity in nurse clinic to enhance SOPC services.
- To enhance cancer services by providing case management services to additional 150 patients with colorectal cancer, 50 patients with haematological cancer and 100 patients with gynaecological cancer; and by recruiting a social worker to provide psychosocial support for 800 additional patients attendances.

Enhance Staff Training and Development

- To enhance staff training and development by recruiting 16 additional Full-Time Equivalent (FTE) Advanced Practice Nurses (APNs) as part-time clinical preceptors to provide guidance to junior nurses.
- To recruit additional executive and clerical staff for acute medical wards and the finance department.
- To improve allied health services by recruiting one medical physicist and one Patient Care Assistant (PCA), and upgrading one optometrist II position.
- To enhance nursing manpower by recruiting 32 additional nurses for general and psychiatric inpatient wards, A&E, ICU, stroke and peri-operative services.

NTEC Targets

Improve Service Quality	
• Provide 10 additional ENT day beds at PWH	3Q20
• Provide 25 additional oncology day beds at PWH	1Q21
• Provide eight additional surgical day beds at NDH	4Q20
• Provide three additional OT sessions per week at PWH	3Q20
• Provide four additional OT sessions per week at NDH for enhancing ambulatory surgical services	4Q20
• Provide Outpatient Parenteral Antimicrobial Therapy service for 2 000 additional day patient attendances at PWH and AHNH	1Q21
• Provide services with stratified care management for 2 200 additional physiotherapy outpatient attendances at NDH	1Q21
• Enhance the allied health support for Adolescent Idiopathic Scoliosis at NTEC to provide services for 3 000 additional allied health outpatient attendances	1Q21
• Provide early patient mobilisation services by physiotherapists in the acute general adult ICU of NTEC to 200 additional ICU patients	1Q21
• Set up a mobile team at PWH to provide respiratory care to patients in the medical wards and designate two beds to support cases with respiratory complications	1Q21
• Extend the ortho-geriatric collaborative care model for elderly patients with hip or other fragility fractures and provide support for 250 additional geriatric orthopaedic patients at PWH	1Q21
• Set up a multidisciplinary PC consultative team at NTEC to provide services for 1 660 additional consultative visits	1Q21
• Enhance psychiatric services for C&A patients by implementing the collaboration between paediatric and psychiatric departments and improving the allied health support to provide services for 660 additional allied health outpatient attendances at NTEC	1Q21

Improve Service Quality

• Enhance the HA's complaints management system by establishing a cluster-based, patient relations office structure at NTEC	2Q20
• Designate one maternal special care bed in the labour ward of PWH and recruit two Registered Nurses (RNs) for training in high-risk pregnancy care	1Q21
• Enhance geriatric support for patients attending A&E by providing 750 additional focused geriatric assessments at PWH	1Q21
• Enhance the transitional post-discharge support for elderly patients with hip fracture and acute stroke by providing services for 2 250 additional needs assessments and 5 400 additional home visits with rehabilitation at NTEC	1Q21
• Enhance the CGAT support for terminally ill patients in RCHes by providing services for 700 additional geriatric outreach attendances	1Q21
• Enhance multidisciplinary support to provide psychogeriatric outreach services to RCHes at NTEC for 840 additional attendances	1Q21
• Roll out the IPMOE system to oncology department and ICU at NTEC	1Q21
• Implement the eAED system at NDH	1Q21
• Provide deep brain stimulation treatment for five additional patients with advanced Parkinson's Disease	1Q21

Optimise Demand Management

• Provide an additional of 15 acute medical and eight surgical beds at PWH	4Q20
• Provide one additional ICU bed at NDH	4Q20
• Provide 16 additional acute EM beds at NDH	1Q21
• Provide 32 additional extended care beds at TPH	4Q20
• Provide six additional OT sessions per week at AHNH	4Q20
• Provide one designated elective OT session at PWH for metabolic and bariatric surgery	4Q20
• Commence the ERAS programme to provide services for surgical patients at NTEC	4Q20
• Increase the GOPC quota by 4 750 at NTEC	1Q21
• Enhance support to SOPC at NTEC by providing nurse clinic services for 2 980 additional nurse attendances	1Q21
• Sustain the one foetal surgery session per week at PWH to provide 110 additional SOPC new case attendances	1Q21
• Enhance prevention and control of viral hepatitis by providing 5 410 additional service capacity for hepatitis related tests, setting up hepatitis nurse clinic and enhancing antenatal clinic	1Q21
• Enhance imaging services at NTEC by extending the service hours of Magnetic Resonance Imaging (MRI) at AHNH to provide 1 010 additional MRI scans	1Q21
• Enhance oncology clinical pharmacy services at NTEC to provide 100% screening of chemotherapy prescriptions	4Q20
• Extend the service hours of radiotherapy at PWH to provide 1 330 additional treatment attendances	1Q21
• Enhance cancer services by providing case management services to an additional of 150 patients with colorectal cancer, 50 patients with haematological cancer and 100 patients with gynaecological cancer, as well as recruiting one social worker to provide psychosocial support for 800 additional attendances to oncology patients	1Q21
• Provide services for 12 additional hospital haemodialysis places for patients with end-stage renal disease	1Q21

Optimise Demand Management

- | | |
|--|------|
| • Roll out the Targeted Active Intervention programme in non-DM SOPC at NTEC to provide services for 3 650 additional attendances | 1Q21 |
| • Continue to enhance the specialist-led team at PWH A&E to provide assessment and treatment for triage category III patients | 1Q21 |
| • Provide 24-hour PPCI services for eligible ST-Elevation Myocardial Infarction patients in NTEC | 4Q20 |
| • Establish service networks at NTEC to provide Intra-arterial Mechanical Thrombectomy service at extended hours during weekdays for acute ischaemic stroke patients | 1Q21 |
| • Recruit six additional PCAs to enhance Non-Emergency Ambulance Transfer Service | 1Q21 |

Enhance Staff Training and Development

- | | |
|---|------|
| • Enhance nursing manpower by recruiting a total of 32 nurses for general and psychiatric inpatient wards, A&E, ICU, stroke and peri-operative services | 1Q21 |
| • Recruit one additional medical physicist and upgrade one optometrist II position for enhancing the promotion prospects of allied health staff | 1Q21 |
| • Enhance supporting staff manpower for allied health services by recruiting two additional PCAs | 1Q21 |
| • Enhance administrative support at NTEC by recruiting additional executive and clerical staff for acute medical wards and finance department | 1Q21 |
| • Recruit 16 FTE APNs as part-time clinical preceptors for junior nurses | 1Q21 |

New Territories West Cluster



As at 31 Mar 2019		Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1	Castle Peak Hospital	✓	✓	
2	Pok Oi Hospital +	✓	✓	
3	Siu Lam Hospital	✓		
4	Tin Shui Wai Hospital +	✓	✓	
5	Tuen Mun Hospital +	✓	✓	
6	Tuen Mun Eye Centre		✓	
7	Kam Tin Clinic			✓
8	Madam Yung Fung Shee Health Centre			✓
9	Tin Shui Wai (Tin Yip Road) Community Health Centre			✓
10	Tin Shui Wai Health Centre (Tin Shui Road)			✓
11	Tuen Mun Clinic			✓
12	Tuen Mun Wu Hong Clinic			✓
13	Yan Oi General Out-patient Clinic			✓
14	Yuen Long Jockey Club Health Centre			✓

+ Hospital with A&E service

Healthcare Facilities

There are five hospitals or institutions in the New Territories West Cluster (NTWC). There are also five specialist outpatient clinics and eight general outpatient clinics. As at 31 March 2019, NTWC provided a total of 4 519 beds; of which 2 688 were for acute, convalescent and rehabilitation care, 135 for infirmary care, 520 for mentally handicapped care and 1 176 for psychiatric care.

Actual Patients Served

In 2018-19, approximately 531 300 patients had utilised services in NTWC. Approximately 92% of the patients resided in the Yuen Long and Tuen Mun Districts.

Number and percentage distribution of patients ever utilised NTWC services in 2018-19 according to district of residence

District of residence	No. of patients [^] #	Distribution [#]
Yuen Long	274 600	52%
Tuen Mun	215 900	41%
Others*	40 800	8%
NTWC Total	531 300	100%

* Include patients from places outside Hong Kong or with unknown addresses

[^] Figures are rounded to the nearest hundred

[#] There may be a slight discrepancy between the sum of individual items and the total as shown in the table owing to rounding

Major Risks and Challenges

NTWC faces the challenges of coping with soaring service demand for a wide range of medical specialties. These are posed by the growing population in the catchment area, which is projected to further increase from 1.14 million in 2018 to 1.30 million in 2028, with in particular a significant increase of 65% in the elderly population³. To tackle the situation, NTWC will implement the key clinical strategies and service directions set out in the Clinical Services Plan for NTWC published in 2017.

Apart from addressing the challenge of service volume, the quality of services is also accorded the highest priority in NTWC. As the Cluster's services have been growing rapidly in the past few years, the new colleagues constitute a significant portion of total workforce in NTWC. The Cluster needs to dedicate more resources to their supervision and training. In addition, the rapid increase in acute services has resulted in more demand for quality rehabilitation service. With a stable supply of allied health professionals, the service on rehabilitation care for inpatients during weekends and public holidays will continue to be enhanced.

NTWC will continue to weigh up priorities and increase service capacity with full commitment in providing quality services and addressing the increasing service demand within the catchment area of the Cluster.

³ Based on "Projection of Population Distribution 2019 - 2028" published by Planning Department.

Major Initiatives in 2020-21

In alignment with the corporate objectives, NTWC's major initiatives for 2020-21 are as follows:

- **Improve service quality** by increasing the day rehabilitation capacity and geriatric day hospital capacity, and continue providing rehabilitation service to cover weekends and public holidays. NTWC will enhance the Community Geriatric Assessment Team (CGAT) support for terminally-ill patients in Residential Care Homes for the Elderly (RCHes). To strengthen medication safety, Inpatient Medication Order Entry (IPMOE) system will be rolled out to Accident & Emergency (A&E) department, oncology department and Intensive Care Unit (ICU) at NTWC.
- **Optimise demand management** by providing an additional of two High Dependency Unit (HDU) beds at TMH, two ICU beds at POH, and 40 acute inpatient and 20 day beds at TSWH. NTWC will provide 10 additional Operating Theatre (OT) sessions per week to enhance the capacity of OT services. Seven additional sessions per week for endoscopy services will be provided in NTWC. To better manage the waiting list of SOPC service, NTWC will continue to increase SOPC consultation sessions. The GOPC quota will also be increased by 2 370 attendances. To enhance radiology services, an additional of 490 Positron Emission Tomography-Computed Tomography (PET-CT) scans and 1 420 Computed Tomography (CT) scans will be provided. In addition, service hours of radiotherapy at TMH will be extended to provide services for 1 330 additional treatment attendances. To enhance support for patients with end-stage renal failure, 15 additional hospital haemodialysis places will be provided. Additional Patient Care Assistants (PCAs) will be recruited to enhance Non-Emergency Ambulance Transfer Services (NEATS).
- **Enhance staff training and development** by recruiting 16 additional Full-Time Equivalent (FTE) Advanced Practice Nurses (APN) as part-time clinical preceptors to support junior nurses. To further enhance nursing manpower, NTWC will recruit a total of 28 nurses for general and psychiatric inpatient wards, A&E, ICU, stroke and peri-operative services. To enhance administrative support, NTWC will recruit additional executive and clerical staff for acute medical wards and administration department. Additional PCAs will be recruited to enhance allied health services.

NTWC Targets

Improve Service Quality	
• Enhance day services and provide 20 additional day beds at TSWH	4Q20
• Set up day rehabilitation services at POH; provide services for 600 additional rehabilitation day attendances and 1 000 additional geriatric day attendances at NTWC	1Q21
• Provide early patient mobilisation services by physiotherapists in the acute general adult ICU of NTWC to 200 additional ICU patients	1Q21
• Enhance allied health support to child and adolescent patients by providing services for 660 additional allied health outpatient attendances at NTWC	1Q21
• Set up a mobile team at TMH to provide respiratory care to patients in the medical ward and designate four beds to support cases with respiratory complications	1Q21
• Establish cluster-based, infectious disease network at NTWC for expanding service coverage and improving coordination	1Q21
• Enhance geriatric support for patients attending A&E by providing services for 750 additional focused geriatric assessments at TMH	1Q21
• Enhance the transitional post-discharge support for elderly patients by providing 1 800 additional needs assessments and 4 320 additional home visits with rehabilitation at NTWC	1Q21
• Enhance the CGAT support for terminally-ill patients in RCHes by providing services for 700 additional geriatric outreach attendances	1Q21
• Recruit an additional case manager at NTWC to provide services for 300 additional psychiatric outreach attendances to patients with mental illness	1Q21
• Roll out the IPMOE system to A&E department, oncology department and ICU at NTWC	1Q21

Optimise Demand Management

• Provide two additional HDU beds at TMH	4Q20
• Provide two additional ICU beds at POH	4Q20
• Provide an additional of 20 acute medical, 15 acute beds for emergency medicine, five acute surgical beds and expand the community nursing services at TSWH	4Q20
• Provide 10 additional OT sessions per week at NTWC	1Q21
• Provide seven additional sessions per week for endoscopy services at NTWC	1Q21
• Increase the GOPC quota by 2 370 at NTWC	1Q21
• Enhance ophthalmic service at NTWC to provide services for 330 additional SOPC new case attendances	1Q21
• Enhance prevention and control of viral hepatitis by providing 5 740 additional service capacity for hepatitis related tests, setting up hepatitis clinic and enhancing antenatal clinic	1Q21
• Enhance imaging services at NTWC by providing an additional of 490 PET-CT scans and 1 420 CT scans	1Q21
• Enhance oncology clinical pharmacy services to provide 100% screening of chemotherapy prescriptions, launch drug refill services at NTWC and implement the inpatient drug distribution model	1Q21
• Extend the service hours of radiotherapy at TMH to provide services for 1 330 additional treatment attendances	1Q21
• Enhance cancer services by providing case management services to 100 additional patients with breast cancer and recruit a social worker to provide psychosocial support for 800 additional attendances to oncology patients	1Q21
• Provide 15 additional hospital haemodialysis places for patients with end-stage renal disease	1Q21

Optimise Demand Management

- | | |
|--|------|
| • Roll out the Targeted Active Intervention programme in non-DM SOPC at NTWC to provide services for 3 650 additional attendances | 1Q21 |
| • Establish service networks at NTWC to provide Intra - arterial Mechanical Thrombectomy service at extended hours during weekdays for acute ischaemic stroke patients | 1Q21 |
| • Recruit 10 additional PCAs to enhance NEATS | 1Q21 |

Enhance Staff Training and Development

- | | |
|---|------|
| • Enhance nursing manpower by recruiting a total of 28 nurses for general and psychiatric inpatient wards, A&E, ICU, stroke and peri - operative services | 1Q21 |
| • Recruit one additional medical physicist and upgrade one optometrist II position for enhancing the promotion prospects of allied health staff | 1Q21 |
| • Enhance supporting staff manpower for allied health services by recruiting an additional PCA | 1Q21 |
| • Enhance administrative support at NTWC by recruiting additional executive and clerical staff for acute medical wards and administration department | 1Q21 |
| • Recruit 16 FTE APNs as part - time clinical preceptors for junior nurses | 1Q21 |

Abbreviations

A&E	Accident & Emergency
APN	Advanced Practice Nurse
CC	Central Committee
C&A	Child & Adolescent
CGAT	Community Geriatric Assessment Team
CGM	Continuous Glucose Monitoring
COC	Coordinating Committee
CSP	Clinical Services Plan
CT	Computed Tomography
DM	Diabetes Mellitus
eHR	Electronic Health Record
EA	Executive Assistant
EN	Enrolled Nurse
ERAS	Enhanced Recovery After Surgery
FMSC	Family Medicine Specialist Clinic
FTE	Full-Time Equivalent
GOPC	General Outpatient Clinic
HA	Hospital Authority
HBOT	Hyperbaric Oxygen Therapy
HDP	Hospital Development Plan
HDU	High Dependency Unit
ICU	Intensive Care Unit
IEM	Inborn Errors of Metabolism
IPMOE	Inpatient Medication Order Entry
IT	Information Technology
MRI	Magnetic Resonance Imaging
NEATS	Non-Emergency Ambulance Transfer Service
NGO	Non-governmental organisation
O&T	Orthopaedics & Traumatology
OpA	Operation Assistant
OPAT	Outpatient Parenteral Antimicrobial Therapy
OT	Operating Theatre
PAAC	Pre-anaesthetic Assessment Clinic
PC	Palliative Care
PCA	Patient Care Assistant
PET-CT	Positron Emission Tomography-Computed Tomography
PPCI	Primary Percutaneous Coronary Intervention
PPP	Public-Private Partnerships
RCHEs	Residential Care Homes for the Elderly
RN	Registered Nurse
SOPC	Specialist Outpatient Clinic
STEMI	ST-Elevation Myocardial Infarction

Clusters	
HKEC	Hong Kong East Cluster
HKWC	Hong Kong West Cluster
KCC	Kowloon Central Cluster
KEC	Kowloon East Cluster
KWC	Kowloon West Cluster
NTEC	New Territories East Cluster
NTWC	New Territories West Cluster
Hospitals and Institutions	
AHNH	Alice Ho Miu Ling Nethersole Hospital
BTS	Hong Kong Red Cross Blood Transfusion Service
CCH	Cheshire Home, Chung Hom Kok
CMC	Caritas Medical Centre
CPH	Castle Peak Hospital
DKCH	The Duchess of Kent Children's Hospital at Sandy Bay
FYKH	Tung Wah Group of Hospitals Fung Yiu King Hospital
GH	Grantham Hospital
HHH	Haven of Hope Hospital
HKBH	Hong Kong Buddhist Hospital
HKCH	Hong Kong Children's Hospital
KCH	Kwai Chung Hospital
KH	Kowloon Hospital
KWH	Kwong Wah Hospital
MMRC	MacLehose Medical Rehabilitation Centre
NDH	North District Hospital
NLTH	North Lantau Hospital
OLMH	Our Lady of Maryknoll Hospital
PMH	Princess Margaret Hospital
POH	Pok Oi Hospital
PWH	Prince of Wales Hospital
PYNEH	Pamela Youde Nethersole Eastern Hospital
QEH	Queen Elizabeth Hospital
QMH	Queen Mary Hospital
RH	Ruttonjee Hospital
SH	Shatin Hospital
SLH	Siu Lam Hospital
TKOH	Tseung Kwan O Hospital
TMH	Tuen Mun Hospital
TPH	Tai Po Hospital
TSWH	Tin Shui Wai Hospital
TWEH	Tung Wah Eastern Hospital
TWH	Tung Wah Hospital
TYH	Tsan Yuk Hospital
UCH	United Christian Hospital
WTSH	Tung Wah Group of Hospitals Wong Tai Sin Hospital
YCH	Yan Chai Hospital

Appendix I Key Service Statistics

Targets	As at 31 March 2019	As at 31 March 2020 (Estimate)	As at 31 March 2021 (Plan / Estimate)
I. Access to services			
Inpatient services			
no. of hospital beds			
general (acute and convalescent)	22 561	23 067	23 526
mentally ill	3 647	3 647	3 647
mentally handicapped	680	680	677
infirmary	2 041	2 041	2 001
overall	28 929	29 435	29 851
Ambulatory and outreach services			
accident and emergency (A&E) services			
percentage of A&E patient attendances seen within target waiting time			
triage I (critical cases - 0 minute)(%)	100	100	100
triage II (emergency cases - 15 minutes)(%)	97	95	95
triage III (urgent cases - 30 minutes)(%)	77	90	90
specialist outpatient services			
median waiting time for first appointment at specialist outpatient clinics			
priority 1 cases	< 1 week	2 weeks	2 weeks
priority 2 cases	5 weeks	8 weeks	8 weeks
rehabilitation and geriatric services			
no. of geriatric day places	659	669	703
psychiatric services			
no. of psychiatric day places	889	889	889

Indicators	Actual for 2018-19	Estimate for 2019-20	Estimate for 2020-21
II. Delivery of services			
Inpatient services			
overall			
no. of patient days	8 336 190	8 423 000	8 555 000
bed occupancy rate (%)	89	89	89
no. of discharge episodes ^[Note 1]	1 153 884	1 173 970	1 198 870
general (acute and convalescent)			
no. of patient days	6 722 220	6 804 000	6 946 000
bed occupancy rate (%)	92	92	92
no. of discharge episodes ^[Note 1]	1 132 311	1 152 500	1 177 400
average length of stay (days) ^[Note 2]	5.9	5.9	5.9
mentally ill			
no. of patient days	936 747	941 000	941 000
bed occupancy rate (%)	71	71	71
no. of discharge episodes ^[Note 1]	17 915	17 900	17 900
average length of stay (days) ^[Note 2]	52	52	52
mentally handicapped			
no. of patient days	186 631	186 000	186 000
bed occupancy rate (%)	75	75	75
infirmery			
no. of patient days	490 592	492 000	482 000
bed occupancy rate (%)	89	89	89
Ambulatory and outreach services			
day inpatient services			
no. of discharge episodes ^[Note 1]	681 985	691 400	720 600
A&E services			
no. of A&E attendances	2 157 617	2 203 000	2 203 000
no. of A&E first attendances			
triage I	22 230	22 200	22 200
triage II	52 016	52 000	52 000
triage III	748 643	748 600	748 600
specialist outpatient services			
no. of specialist outpatient (clinical) first attendances	813 844	823 000	846 000
no. of specialist outpatient (clinical) follow-up attendances	7 088 005	7 092 000	7 168 000
total no. of specialist outpatient (clinical) attendances	7 901 849	7 915 000	8 014 000

Indicators	Actual for 2018-19	Estimate for 2019-20	Estimate for 2020-21
primary care services			
no. of general outpatient attendances	6 059 222	6 179 000	6 218 000
no. of family medicine specialist clinic attendances	311 771	312 600	322 600
total no. of primary care attendances	6 370 993	6 491 600	6 540 600
rehabilitation and palliative care services			
no. of rehabilitation day and palliative care day attendances	98 770	100 000	107 600
no. of community nurse attendances	890 668	893 000	909 000
no. of allied health (community) attendances	36 003	36 000	36 000
no. of allied health (outpatient) attendances	2 865 372	2 865 000	2 941 000
geriatric services			
no. of geriatric outreach attendances	679 871	682 800	750 000 ^[Note 3]
no. of geriatric elderly persons assessed for infirmary care service	1 854	1 850	1 850
no. of geriatric day attendances	146 059	149 000	152 600
no. of Visiting Medical Officer attendances	106 514	106 500	N.A. ^[Note 3]
psychiatric services			
no. of psychiatric outreach attendances	306 327	312 300	319 100
no. of psychiatric day attendances	225 663	226 800	230 400
no. of psychogeriatric outreach attendances ^[Note 4]	98 870 ^[Note 4]	100 400 ^[Note 4]	104 600
III. Quality of services			
no. of hospital deaths per 1 000 population ^[Note 5]	2.8	2.8	2.8
unplanned readmission rate within 28 days for general inpatients (%)	10.6	10.6	10.6
IV. Cost of services			
Cost distribution			
cost distribution by service types (%)			
inpatient	54.2	54.5	54.3
ambulatory and outreach	45.8	45.5	45.7
cost of services for persons aged 65 or above			
share of cost of services (%)	48.9	50.3	50.4
cost of services per 1 000 population (\$m)	25.4	28.1	28.3

Indicators	Actual for 2018-19	Estimate for 2019-20	Estimate for 2020-21
Unit costs			
inpatient services			
cost per patient day (\$)			
general (acute and convalescent)	5,270	5,880	6,090
mentally ill	2,900	3,190	3,280
mentally handicapped	1,810	2,000	2,050
infirmary	1,690	1,840	1,890
ambulatory and outreach services			
cost per A&E attendance (\$)	1,530	1,660	1,710
cost per specialist outpatient attendance (\$)	1,280	1,440	1,490
cost per general outpatient attendance (\$)	495	530	550
cost per family medicine specialist clinic attendance (\$)	1,210	1,340	1,380
cost per community nurse attendance (\$)	625	675	700
cost per psychiatric outreach attendance (\$)	1,710	1,860	1,930
cost per geriatric day attendance (\$)	2,330	2,490	2,590
Fee waivers ^[Note 6]			
total amount of waived fees (\$m) ^[Note 7]	1,030.5	1,056.4	1,107.3
percentage of Comprehensive Social Security Assistance (CSSA) fee waiver (%) ^[Note 8]	16.4	16.1	16.1
percentage of non-CSSA fee waiver (%) ^[Note 8]	17.2	18.0	N.A.
percentage of Higher Old Age Living Allowance fee waiver (%) ^[Note 8]	N.A.	N.A.	12.1
percentage of other fee waiver (%) ^[Note 8]	N.A.	N.A.	6.5

Indicators	Actual for 2018-19	Estimate for 2019-20	Estimate for 2020-21
V. Manpower (no. of full time equivalent staff as at 31 March)			
Medical			
doctor	5 963	6 130	6 300
specialist	3 305	3 280	3 270
non-specialist	2 658	2 850	3 030
intern	469	487	498
dentist	8	11	13
medical total	6 440	6 628	6 811
Nursing			
nurse	26 220	27 170	28 210
trainee	1 032	1 000	1 100
nursing total	27 252	28 170	29 310
Allied health	8 056	8 430	8 890
Others	37 911	39 950	42 020
total	79 659	83 178	87 031

Note 1 Refers to discharges and deaths in the Controlling Officer's Report (COR).

Note 2 Derived by dividing the sum of length of stay of inpatients by the corresponding number of inpatients discharged and treated.

Note 3 Starting from 2020-21, the overall service model for Community Geriatric Assessment Team and Visiting Medical Officer in the Hospital Authority will be streamlined to provide better support and management of chronic diseases for elderly patients living in residential care homes for the elderly. The indicators for the number of geriatric outreach attendances and number of Visiting Medical Officer attendances are consolidated.

Note 4 Starting from 2020-21, the number of Psychogeriatric Outreach Attendances will no longer include attendances arising from consultation liaison services. For comparison purposes, the figures for 2018-19 Actual and 2019-20 Revised Estimate have been adjusted accordingly.

Note 5 Refers to the age-standardised hospital death rate covering inpatient and day inpatient deaths in Hospital Authority hospitals in a particular year. The standardised rate, as a standard statistical technique to facilitate comparison over years, is calculated by applying the Hospital Authority age-specific hospital death rate in that particular year to the "standard" population in mid-2001.

Note 6 With effect from 15 July 2017, the medical fee waiver for public healthcare services has been extended to cover Old Age Living Allowance (OALA) recipients aged 75 or above and with more financial needs (renamed as Higher OALA recipients aged 75 or above on 1 June 2018). In light of the increasing portion of Higher OALA fee waiver, the indicator "percentage of non-CSSA fee waiver" is categorised into "percentage of Higher Old Age Living Allowance fee waiver" and "percentage of other fee waiver" for 2020-21 Estimate to further differentiate various types of waiver. The percentage of Higher OALA fee waiver for 2018-19 Actual and 2019-20 Revised Estimate as included under "percentage of non-CSSA waiver" is 10.6% and 11.5% respectively.

Note 7 New indicator from 2020-21 onwards.

Note 8 Refers to the amount waived as percentage to total charge.

Appendix 2 Service Estimates by Cluster

Service Estimates for 2020 - 21	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
Inpatient services							
general (acute and convalescent)							
no. of patient days	641 900	672 200	1 555 400	825 800	1 102 500	1 199 600	948 600
no. of discharge episodes ^[Note 1]	119 660	117 050	233 040	141 670	213 270	194 070	158 640
mentally ill							
no. of patient days	102 700	21 800	129 000	20 400	239 500	156 500	271 100
no. of discharge episodes ^[Note 1]	1 770	700	3 200	480	4 470	4 410	2 870
mentally handicapped							
no. of patient days	-	-	-	-	19 800	-	166 200
Infirmiry							
no. of patient days	164 000	43 000	79 500	24 600	43 900	96 800	30 200
Ambulatory and outreach services							
day inpatient services							
no. of discharge episodes ^[Note 1]	75 370	102 570	146 610	72 940	93 630	131 470	98 010
accident and emergency services							
no. of A&E attendances	214 700	123 900	312 400	282 600	473 900	356 300	439 200
specialist outpatient services							
no. of specialist outpatient (clinical) attendances	857 100	923 200	1 516 000	919 700	1 394 300	1 292 800	1 110 900
primary care services							
no. of primary care attendances	649 560	414 790	1 217 750	1 060 230	1 109 040	1 108 110	981 120
rehabilitation and palliative care services							
no. of rehabilitation day and palliative care day attendances	42 010	29 890	4 860	7 540	9 430	8 750	5 120
no. of community nurse attendances	99 100	57 500	184 600	177 000	159 500	131 800	99 500
no. of allied health (community) attendances	2 530	3 590	5 080	1 500	5 180	10 900	7 220
no. of allied health (outpatient) attendances	328 500	233 100	654 600	419 800	423 900	455 500	425 600
geriatric services							
no. of geriatric outreach attendances ^[Note 2]	108 260	66 040	166 510	54 110	142 270	94 070	118 740
no. of geriatric day attendances	29 510	8 270	26 860	18 050	24 570	30 900	14 440
psychiatric services							
no. of psychiatric outreach attendances	24 500	21 840	20 730	34 010	106 820	45 510	65 690
no. of psychiatric day attendances	27 010	22 510	10 680	33 830	68 440	47 650	20 280
no. of psychogeriatric outreach attendances ^[Note 3]	11 900	16 660	9 030	10 540	29 400	13 970	13 100
Quality of services (General Inpatient)							
unplanned readmission rate within 28 days (%)	10.2	9.2	9.9	10.9	12.4	9.8	11.1

Note 1 Refers to discharges and deaths in the Controlling Officer's Report (COR).

Note 2 Starting from 2020 - 21, the overall service model for Community Geriatric Assessment Team and Visiting Medical Officer in the Hospital Authority will be streamlined to provide better support and management of chronic diseases for elderly patients living in residential care homes for the elderly. The indicators for the number of geriatric outreach attendances and number of Visiting Medical Officer attendances are consolidated.

Note 3 Starting from 2020 - 21, the number of Psychogeriatric Outreach Attendances will no longer include attendances arising from consultation liaison services.

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We welcome your suggestions on the
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This Annual Plan can also be downloaded
from the Hospital Authority website.

ANNUAL PLAN 2020-21