

**Minutes of 1360<sup>th</sup> Meeting of the  
Town Planning Board held on 15.5.2026**

**Present**

Permanent Secretary for Development  
(Planning and Lands)  
Ms Doris P.L. Ho

Chairperson

Mr Stephen L.H. Liu

Vice-chairperson

Ms Sandy H.Y. Wong

Mr Vincent K.Y. Ho

Mr Timothy K.W. Ma

Professor Bernadette W.S. Tsui

Dr C.M. Cheng

Mr Daniel K.W. Chung

Dr Tony C.M. Ip

Mr Ryan M.K. Ip

Mr Rocky L.K. Poon

Professor B.S. Tang

Professor Simon K.L. Wong

Mr Simon Y.S. Wong

Mr Derrick S.M. Yip

Mr Eric C.B. Chan

Professor Janet K.Y. Chan

Mr Vincent K.C. Cheung

Professor Herbert P.K. Chia

Dr Chris K.T. Lam

Dr Kelvin K.Y. Leung

Mr Wilson H.K. Shum

Mr Gary X.Y. Zhang

Chief Traffic Engineer/Kowloon  
Transport Department  
Mr Vico P. Cheung

Chief Engineer (Works)  
Home Affairs Department  
Mr Bond C.P. Chow

Assistant Director (Environmental Assessment)  
Environmental Protection Department  
Mr Gary C.W. Tam

Director of Lands  
Mr Maurice K.W. Loo

Director of Planning  
Mr C.K. Yip

Deputy Director of Planning/District  
Ms Donna Y.P. Tam

Secretary

**Absent with Apologies**

Mr Daniel K.S. Lau

Mr Ben S.S. Lui

Ms Kelly Y.S. Chan

**In Attendance**

Assistant Director of Planning/Board  
Ms Caroline T.Y. Tang

Chief Town Planner/Town Planning Board  
Ms Katy C.W. Fung

Senior Town Planner/Town Planning Board  
Mr Thomas C.S. Yeung

**Agenda Item 1**

[Open Meeting]

Confirmation of Minutes of the 1359<sup>th</sup> Meeting

[The item was conducted in Cantonese.]

1. The draft minutes of the 1359<sup>th</sup> meeting held on 24.4.2026 were confirmed without amendment.

**Agenda Item 2**

[Open Meeting]

Matters Arising

[This item was conducted in Cantonese.]

(i) Reference Back of Approved Outline Zoning Plan

2. The Secretary reported that on 20.4.2026, the Secretary for Development referred the approved Kam Tin North Outline Zoning Plan (OZP) No. S/YL-KTN/11 to the Town Planning Board for amendment under section 12(1A)(a)(ii) of the Town Planning Ordinance. The reference back of the OZP was notified in the Gazette on 30.4.2026.

(ii) Hearing Arrangement for Consideration of Representations on Draft Outline Zoning Plan

3. The Secretary reported that the item was to seek Members' agreement on the hearing arrangement for consideration of representations in respect of the draft Tsuen Wan Outline Zoning Plan (OZP) No. S/TW/40.

4. The Secretary briefly introduced that on 13.2.2026, the draft OZP was exhibited for public inspection under section 5 of the Town Planning Ordinance. During the 2-month exhibition period, six valid representations were received. In view of the similar nature of the representations, the hearing of the representations was recommended to be considered by the

full Town Planning Board (the full Board) collectively in one group. To ensure efficiency of the hearing, a maximum of 10 minutes presentation time would be allotted to each representer in the hearing session. Consideration of the representations by the full Board was tentatively scheduled for June 2026.

5. The Board agreed to the hearing arrangement in paragraph 4 above.

(iii) Town Planning Appeal Abandoned

Town Planning Appeal No. 2 of 2026

Proposed 'Flat' Use (Vehicular Access and Pedestrian Walkway for Residential Development) in "Green Belt" and "Residential (Group B)" Zones and area shown as 'Road', Government Land Adjoining Inland Lots 6621 S.A and 6621 R.P. and Ext., 58 Tai Hang Road, Causeway Bay, Hong Kong

(Application No. A/H6/96)

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6. The Secretary reported that the Town Planning Appeal No. 2/2026 was received by the Appeal Board Panel (Town Planning) (TPAB) on 16.3.2026 against the decision of the Town Planning Board on 2.1.2026 to reject on review an application (No. A/H6/96) for a proposed vehicular access and pedestrian walkway for residential development at a site falling within an area mainly zoned "Green Belt", with minor portions encroaching onto the "Residential (Group B)" zone and an area shown as 'Road' on the approved Causeway Bay Outline Zoning Plan No. S/H6/17. On 5.5.2026, the appeal was abandoned by the appellant on its own accord. On 13.5.2026, TPAB confirmed the abandonment of the appeal in accordance with Regulation 7(1) of the Town Planning (Appeals) Regulations under the Town Planning Ordinance.

(iv) Appeal Statistics

7. The Secretary reported that as at 13.5.2026, one case was yet to be heard by the Appeal Board Panel (Town Planning) and two appeal decisions were outstanding.

Allowed	46
Dismissed	181
Abandoned/Withdrawn/Invalid	215
Yet to be Heard	1
Decision Outstanding	2
<hr/> Total	<hr/> 445

**Deferral Case**

Section 17 Application

[Open Meeting (Presentation and Question Session only)]

Presentation and Question Sessions

8. The Town Planning Board (the Board) noted that there was one case requesting the Board to defer consideration of the review application. Details of the request for deferral was in **Annex**.

Deliberation Session

9. After deliberation, the Board decided to defer a decision on the review application as requested by the applicant pending submission of further information, as recommended in the Paper.

[Ms Sandy H.Y. Wong joined the meeting at this point.]

**Kowloon District**

**Agenda Item 3**

[Open Meeting (Presentation and Question Sessions only)]

Consideration of Representations in respect of the Draft Ma Tau Kok Outline Zoning Plan No. S/K10/31

(TPB Paper No. 11060)

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[The item will be conducted in Cantonese and English]

10. The Secretary reported that the draft Ma Tau Kok Outline Zoning Plan (OZP) No. S/K10/31 involved revision to the building height restriction (BHR) of a site in Ma Tau Kok and replacement of the zoning for an area covered by the approved Urban Renewal Authority (URA) Kau Pui Lung Road/Chi Kiang Street Development Scheme Plan No. S/K10/URA2/2 (the DSP) on the OZP to reflect the latest status of the DSP. The following Members had declared interests on the item:

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|---|---|
| Mr C.K. Yip<br>( <i>as Director of Planning<br/>(D of Plan)</i> ) | ] being non-executive directors of URA Board and members of its Committee;  |
| Mr Maurice K.W. Loo<br>( <i>as Director of Lands</i> )            | ]   |
| Mr Timothy K.W. Ma  | - being a member of Land, Rehousing & Compensation Committee and Development Project Objection Consideration Committee of URA, and a director of Board of Urban Renewal Fund; |
| Professor B.S. Tang   | - being a former non-executive director of URA Board;   |
| Dr Tony C.M. Ip   | ] having current business dealings with URA; and  |

Mr Ryan M.K. Ip ]  
Mr Vincent K.Y. Ho ]

Professor Herbert P.K Chia - owning a flat near Ma Tau Kok.

11. As the update on the OZP concerning the DSP was for information only, the interest declared by Mr. C.K. Yip, Mr Maurice K.W. Loo, Mr Timothy K.W. Ma, Professor B.S. Tang, Dr Tony C.M. Ip, Mr Ryan M.K. Ip and Mr Vincent K.Y. Ho in relation to URA were considered indirect, Members agreed that they could stay in the meeting. As the property owned by Professor Herbert P.K. Chia had no direct view of the amendment site, Members agreed that he could stay in the meeting.

#### Presentation and Question Sessions

12. The Chairperson said that reasonable notice had been given to the representers inviting them to attend the hearing, but other than those who were present or had indicated that they would attend the hearing, the rest had either indicated not to attend or made no reply. As reasonable notice had been given to the representers, Members agreed to proceed with the hearing of the representations in their absence.

13. The following representatives of the Planning Department (PlanD), representers and representer's representatives were invited to the meeting at this point:

#### ***PlanD***

Ms Vivian M.F. Lai - District Planning Officer/Kowloon (DPO/K)  
Ms Vicki Y.Y. Au - Senior Town Planner/Kowloon  
Ms Jenny W.C. Lai - Town Planner/Kowloon (TP/K)

#### ***Representers and Representer's Representatives***

R1 - Evangel Hospital

Dr Chui Siu Hang, Billy	]	
Professor Ho Wing Ip	]	
Mr So Wai Lik	]	
Mr Lim Wan Fung, Bernard Vincent	]	Representer's Representatives
Mr Chung Yat Sing, Eugene	]	
Ms Wong Hoi Ki, Delius	]	
Ms Wong Sum Yee	]	

R3 - 郭予宏

Mr Kwok Yu Won, Eric - Representer

R5 - Mary Mulvihill

Ms Mary Mulvihill - Representer

14. The Chairperson extended a welcome and briefly explained the procedures of the hearing. She said that PlanD's representatives would be invited to brief Members on the representations. The representers and representer's representatives would then be invited to make oral submissions. To ensure efficient operation of the hearing, each representer would be allotted 10 minutes for making presentation. There was a timer device to alert the representers and representer's representatives two minutes before the allotted time was to expire, and when the allotted time limit was up. A question and answer (Q&A) session would be held after the representers and representer's representatives had completed their oral submissions. Members could direct their questions to PlanD's representatives, the representers and the representer's representatives. After the Q&A session, PlanD's representatives, the representers and representer's representatives would be invited to leave the meeting. The Town Planning Board (the Board/TPB) would then deliberate on the representations in closed meeting and would inform the representers of the Board's decision in due course.

15. The Chairperson invited PlanD's representatives to brief Members on the representations. With the aid of a PowerPoint presentation, Ms Jenny W.C. Lai, TP/K, PlanD briefed Members on the representations, including the background of the amendment item on the OZP, the grounds/views of the representers, government responses and PlanD's views on

the representations as detailed in TPB Paper No. 11060 (the Paper). The amendment involved revision to the BHR of a “Government, Institution or Community” (“G/IC”) site occupied by Evangel Hospital at 222 Argyle Street (the Site) from 5 storeys to 114 metres above Principal Datum (mPD) to facilitate the proposed hospital redevelopment. The amendment was to take forward the decision of the Metro Planning Committee (the Committee) of the Board on 4.7.2025 to agree to the application No. Y/K10/6 under section 12A (s.12A) of the Town Planning Ordinance.

16. There were other amendments to the Notes of the OZP to align with the latest Master Schedule of Notes to Statutory Plans.

[Mr Vico P. Cheung joined the meeting during PlanD’s presentation.]

17. The Chairperson then invited the representers and representer’s representatives to elaborate on their representations.

#### R1 - Evangel Hospital

18. Professor Ho Wing Ip, Chairman of the Board of Directors of Evangel Hospital, delivered an opening remark as follows:

- (a) the hospital redevelopment plan had undergone approximately 6 years of planning. During the period, the hospital actively solicited and incorporated feedback from stakeholders in the redevelopment proposal. The redevelopment proposal was presented to the Board for consideration in July 2025 and received the Board’s support;
- (b) since its establishment in 1965, Evangel Hospital had been in operation for 61 years. As the smallest private hospital in Hong Kong, it might not be widely known. That said, its services had been recognised and valued by patients and the community. The hospital operated as a non-profit-making organisation with a Christian service ethos. Its board members served on a voluntary basis. The core mission was to provide society with high-quality, affordable private medical services, expressing care for the community

through faith. This mission had guided the hospital for 61 years and would remain unchanged;

- (c) with the growing societal demand for quality healthcare services and the fact that public hospital services had been operating at full capacity, services provided by private hospitals could complement the public sector in that regard. Furthermore, there was increasing demand for accessible and affordable medical care for the elderly due to the ageing population, and the redevelopment plan was also intended to provide services to meet these needs; and
- (d) he expressed gratitude to all who supported the hospital redevelopment and also thanked those who offered opposing views, which were also valuable for improving the hospital services and the redevelopment proposal.

19. With the aid of a PowerPoint presentation, Dr Chui Siu Hang, Billy, Hospital Superintendent of Evangel Hospital, made the following main points:

- (a) projection indicated that Hong Kong's population aged 65 or above would rise from 26% in mid-2026 to 32% in 2036, while the working population would decline from 65% in mid-2026 to 61% in mid-2036. The ageing population would face diseases of different nature, such as chronic diseases, diabetes and hypertension leading to heart disease and stroke, degenerative diseases including dementia, osteoporosis and degenerative joint diseases, and cancer, all of which required long-term healthcare services. Citing Hospital Authority (HA) statistics, there were over 30,000 new cancer cases annually. While Hong Kong boasted one of the world's highest female life expectancies (88 years), what was more important was to ensure a quality life for the elderly;
- (b) the hospital aimed to strengthen services for early screening, early detection and early treatment. This approach would seek to intervene, diagnose and manage conditions at earlier stages, thereby improving the outcomes and quality of life of patients;

- (c) the hospital would provide one-stop care, including support for mental health and comorbidities, which would benefit both the elderly and carers;
- (d) to meet the large and growing demand with limited space of the hospital, the future operation model would leverage technology such as teleconsultation to allow more patients to receive healthcare services at home and the use of robotic surgery to enhance efficiency and reduce reliance on manual labour;
- (e) the hospital committed to adopting price transparency and package pricing as required by the Department of Health. An internal review of special surgeries over the past year found that only 5% of the surgeries exceeded the initial quoted budget by more than 20%; and
- (f) the proposed redevelopment plan was essential for the expansion of the hospital's space for the accommodation of more diverse and high-tech medical facilities, enabling Evangel Hospital to continue its operation under its mission for promoting the healthcare and wellbeing of the community.

R3 - 郭予宏

20. Mr Kwok Yu Won, Eric expressed that he would continue to support the hospital redevelopment project.

R5 - Mary Mulvihill

21. With the aid of a visualiser, Ms Mary Mulvihill made the following main points:

- (a) she agreed that the hospital should be redeveloped but objected to the scale of the redevelopment. The BH of 114mPD represented an increase of over 30% in BH compared with the BH of 80mPD approved in 2023 under application No. Y/K10/5;
- (b) the proposal would involve increase not only in BH, but also in plot ratio (PR) and site coverage (SC). The increase in BH and PR would not result in

proportional increase in the number of beds, and day beds should not be counted;

- (c) government, institution and community (GIC) site should serve as breathing space among high-rise and high-density environment. There were plenty of ongoing development projects in the area, and such relief provided by GIC facilities would become essential, especially for a corner site. The proposed BH would result in a concrete block, which would create wall effect, adversely affect light penetration and cause visual and ventilation impacts;
- (d) the podium garden on 3/F provided no benefit to the public;
- (e) the proposed development with additional facilities would result in an increase in traffic flow and on-street loading/unloading activities. Together with the proposed vehicular ingress/egress at Fuk Cheung Street, there would be impacts on pedestrian flow, particularly for the students from the three schools located to the south and southwest of the hospital. In addition, the number of parking spaces proposed under the latest approved application No. Y/K10/6 had not been increased when compared with the previously approved application (No. Y/K10/5);
- (f) there was insufficient setback from Hoover Court, posing fire risks to this adjacent residential block;
- (g) for sites zoned "G/IC", a major portion of the proposed development should be dedicated to GIC and other public uses, including public open space. Otherwise, the proposal for a private hospital should only proceed through a rezoning to commercial or business use, as in the case of the profit-making Hong Kong Sanatorium & Hospital development in Shau Kei Wan;
- (h) while most private hospitals claimed to be non-profit-making, there was a lack of transparency regarding the public services actually delivered to the community. Their designation as non-profit entities, often associated with churches, was accepted without scepticism about their underlying motives.

Rather than serving as genuine healthcare providers, those facilities might simply operate as profit-generating medical centres that exploited tax exemptions, straying from the planning intention of “G/IC” zonings. There was no information on the regulations that would govern the operation of the hospital as a non-profit-making organisation nor details on the hospital’s collaboration with non-governmental organisations as claimed by the hospital and on the minimum requirements regarding the services that the hospital accepted in return for the support of the Health Bureau (HHB) for the redevelopment proposal. It was essential that their income and expenditures should be transparent to the community and taxpayers;

- (i) the increase in the number of beds showed the intention for commercial operation of the hospital, which suggested a lack of commitment to its non-profit-making intention, potentially leading to the exploitation of favourable land grant. The current 60 beds already exceeded the lease requirement of providing 40 to 45 beds while no action had been taken regarding the breach;
- (j) with private hospitals mostly located on Hong Kong Island and in Kowloon, instead of supporting further development of private hospitals in urban districts, the focus of the authorities should be on directing initiatives toward the New Territories, where there was a greater need; and
- (k) the redevelopment proposal should be rejected as the intention was to develop a commercial medical hospital. Medical care was not the best solution to resolve problems associated with the ageing population. An environment with good air quality and ventilation should also be emphasised.

22. As the presentations of PlanD’s representative, the representers and representer’s representatives had been completed, the meeting proceeded to the Q&A session. The Chairperson explained that Members would raise questions to the representers, representer’s representatives and/or PlanD’s representatives to answer. The Q&A session should not be taken as an occasion for the attendees to direct questions to the Board nor for cross-examination between parties. The Chairperson then invited questions from Members.

*“G/IC” Zone*

23. Noting the comment raised by R5 regarding the appropriateness of the “G/IC” zone for private hospitals which could be operated on a profit-making basis, a Member enquired whether it was a general practice that ‘hospital’ was zoned “G/IC” regardless of whether it was a public or private hospital and whether it was a profit or non-profit-making private hospital. In response, Ms Vivian M.F. Lai, DPO/K, PlanD, with the aid of a PowerPoint slide, said that according to the Definition of Terms used in Statutory Plans, ‘hospital’ use meant “any private or public establishment registered under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) for the care of the sick, injured or infirm and those who require other medical treatment”. Both public and private hospitals provided services to meet the medical needs of the community and were considered GIC facilities. As such, the “G/IC” zoning for the Site was considered appropriate. While the Site was private land, it was restricted for hospital use under the lease.

24. Mr C.K. Yip, D of Plan, supplemented that facilities within the “G/IC” zone were not necessarily required to be operated by the public sector. The planning intention for this zone was primarily for the provision of GIC facilities serving the needs of the local residents and/or a wider district, region or the territory. This could be achieved by either public or private organisations. In fact, some hospitals, international schools and residential homes for the elderly operated by the private sector were also located within “G/IC” zones.

*Proposed BHR*

25. Two Members raised the following questions:

- (a) the rationale behind the proposed BHR of 114mPD, noting that the upper floors using Modular Integrated Construction (MiC) would have a higher floor-to-floor height (FTFH) of 5m as compared with the lower floors of 4m to 4.5m without the use of MiC; and
- (b) any information on the overall BH if the tower portion was not constructed using MiC, and justification or reference for the wards with 5m FTFH.

26. In response, Professor Ho Wing Ip and Mr Lim Wan Fung, Bernard Vincent, R1's representatives, made the following points:

- (a) the proposed new hospital building was divided into two portions. The upper portion, i.e. the tower, was designed to accommodate operating theatres (OTs) and wards where greater ceiling heights were required. OTs would accommodate robotic surgical equipment and other devices that needed to be suspended from the ceiling, thereby requiring a higher FTFH. Having considered the spatial requirements, MiC was adopted for the tower portion, and this aligned with the government policy encouraging wider adoption of MiC to enhance efficiency and quality. The lower portion, i.e. the podium, would provide a variety of services/facilities including outpatient services, radiology diagnosis, consultation rooms, laboratories and pharmacies, and their spatial needs were different. For example, radiology suites would require higher ceilings, whereas standard consultation rooms would not. As such, the floor height of the podium portion would not be standardised but would vary according to specific requirements. The design aimed to create a purpose-built facility that could effectively support the hospital's future operation; and
- (b) the FTFH of the tower portion would be about 4.5m if MiC was not adopted, and the difference was about 0.5m per floor.

27. In response to a Member's enquiry on the reason why a higher FTFH was required for the wards, Mr Lim Wan Fung, Bernard Vincent, R1's representative, said that the standards for wards had been amended with more stringent requirements, under which space had to be allocated for isolation wards and reserved to accommodate electrical and mechanical (E&M) facilities and advanced air purification system to meet the need for infection control measures after the pandemic. Mr Lim further said that a s.12A application for relaxation of BHR to 80mPD for the redevelopment of the hospital (No. Y/K10/5) was agreed by the Committee in 2023. Noting the acute demand for healthcare services and the presence of high-rise existing/planned developments in the vicinity, a Member, during consideration of that s.12A application, enquired whether the applicant would consider pursuing a higher BH. Having further reviewed the building design and provision of medical facilities, the applicant

subsequently submitted another s.12A application (No. Y/K10/6) with a proposed BH of 114mPD, which was agreed by the Committee in 2025.

28. A Member said that the FTFH of 5m with MiC adopted was considered reasonable as space had to be reserved for E&M facilities.

*Proposed Facilities*

29. Some Members raised the following questions:

- (a) noting the comment of R5 that the floor area of the redevelopment proposal had been significantly increased while the increase in the number of beds was relatively modest in comparison, how the redevelopment proposal would enhance the quality of services to meet the needs of the community;
- (b) any breakdown of GFAs for different medical accommodation uses;
- (c) whether any radiotherapy facilities were planned; and
- (d) noting the ageing population, the types of services and floor space allocated for elderly services and preventive work.

30. In response, Dr Chui Siu Hang, Billy and Professor Ho Wing Ip, R1's representatives, made the following points:

- (a) the number of hospital beds was no longer the sole performance indicator, with greater emphasis placed on the quality of services offered by hospitals and the increasing focus on screenings and efficient operations. The average length of stay for in-patient surgery patients had decreased significantly to 1.5 to 2 days, indicating that hospital resources could be deployed more efficiently. A significant portion of new hospital infrastructure would be dedicated to advanced diagnostic services, such as radiology, with more computed tomography and magnetic resonance imaging scanners to support comprehensive screening programmes. Besides, robotic surgery would also

be a future service of the hospital, which required substantial space for supporting information technology and E&M facilities. There was ongoing collaboration with public hospitals via the Chronic Disease Co-Care Scheme. A key achievement was the establishment of the “eHealth” system, which at the moment enabled the sharing of radiology and laboratory test reports between public and private hospitals. The challenge lay in the interoperability of different hospital management systems used across hospitals and clinics, which hindered the complete sharing of patients’ medical records. Furthermore, healthcare integration was extending beyond Hong Kong to the Greater Bay Area (GBA). This paved the way for teleconsultation services, enabling Hong Kong residents living in the GBA, as well as non-local patients, to access medical care from Hong Kong-based providers. The vision was to support patients at home, in Hong Kong, and abroad through telemedicine. In view of the relatively small scale of the hospital, it was targeted to be developed as a “smart hospital” providing services that were affordable to the general public with the support of technology;

- (b) the floor space required for hospital beds had increased significantly as compared with past design, resulting in a triple increase in bed space area while only doubling the number of beds. Making reference to the requirements in Australia, the space for hospital beds should also take into account the use of wheelchairs. On the other hand, there was an obvious decrease in demand for overnight stays while demand for day beds increased as patients were admitted in the morning for operations and returned home on the same day. This reduced reliance on and the number of overnight in-patient beds. The GFA for the tower portion was about 9,500m<sup>2</sup> while that for the podium portion was about 8,500m<sup>2</sup>. As mentioned above, the hospital was targeted to be developed as a “smart hospital” with the adoption of technologies such as 5G/6G-enabled robotic surgery and automated delivery system, and would focus on providing services related to early screenings and early detection of the diseases, such as diagnostic imaging rather than traditional physical examinations. It required a comprehensive and forward-looking strategy on the medical services best suited to the needs of the community. This business

model (flexible, service-oriented and technologically integrated) would help secure the revenue generated from the hospital's services for its sustainable operation and long-term development;

- (c) the redevelopment had not planned for radiotherapy services due to their special spatial requirements. The focus of radiology would be on diagnostics, with the capacity of the diagnostic imaging department planned to be doubled. The new diagnostic imaging facilities would be located on one of the floors within the podium of the new building; and
- (d) larger consultation facilities were essential for conducting screenings, as the process required engagement with a large number of individuals and involved a significant number of staff. By 2038, there would be 2.5 million elderly people, of whom 1 million would be aged 80 or above. Medical research indicated that one-third of people over 80 might develop dementia. To this end, more consultation rooms and associated facilities were essential for conducting screenings for early detection and hence early treatment of diseases. These would require considerable human resources and space. In future, with advancement in technology, teleconsultation could be adopted with consultation and training for patients conducted at home.

31. In response to a Member's enquiry, Mr Lim Wan Fung, Bernard Vincent, R1's representative, said that a podium garden with seating and landscape treatments was proposed on 8/F for staff and patients. The podium garden would contribute to the urban landscape by softening the building edges and promoting visual interest for the neighbourhood.

#### *Visual and Air Ventilation*

32. Two Members raised the following questions:

- (a) the visual impact of the proposed development as the SC of the podium portion (below 39m) was 83%; and
- (b) whether any assessment on air ventilation impact had been conducted.

33. In response, Mr Lim Wan Fung, Bernard Vincent and Ms Delius Wong, R1's representatives, with the aid of a PowerPoint slide, made the following points:

- (a) the Site was small. The proposed layout sought to balance a number of objectives and requirements, including meeting the hospital's operational needs and adhering to various statutory and administrative regulations and requirements, while enhancing the urban environment of the surrounding community. On the planning side, the applicant proposed a 6m voluntary full-height setback from Argyle Street and a 6m setback of the tower portion facing Fu Ning Street for air ventilation and visual considerations. The setback from Argyle Street also provided opportunity for enhancement of streetscape and pedestrian flow. To address the potential interface impact on Hoover Court located to the southwest of the Site, a minimum building setback of 0.65m from the southwestern lot boundary of the hospital would be provided to maintain a 4.45m building gap between the proposed hospital building and Hoover Court; and vertical greening would be provided while windows on the façade facing Hoover Court would be avoided to minimise interface issues. The podium floors were designated for out-patient clinics and day care centres with higher volume of users, and both escalators and lifts would be provided to facilitate efficient pedestrian flow. The upper tower floors would accommodate specialised medical facilities, including OTs and wards with space allocated for E&M facilities. The proposed hospital building would comply with the Buildings Ordinance and align with the Sustainable Building Design Guidelines;
- (b) an Air Ventilation Assessment (AVA) report in the form of an expert evaluation had been submitted in the first s.12A application (No. Y/K10/5). As the Site did not fall within any identified breezeway or air path, the Urban Design Unit of PlanD considered upon review that an AVA report was not required. As such, no AVA report was submitted for the second s.12A application (No. Y/K10/6). The proposed setbacks could help improve air ventilation and the overall environment near the hospital; and

- (c) nevertheless, mitigation measures such as building setbacks from major roads were proposed to enhance visual permeability and air circulation.

34. Ms Vivian M.F. Lai, DPO/K, PlanD, with the aid of some PowerPoint slides, said that according to Technical Circular No. 1/06 on AVAs (TC), the Site did not fall within the categories of projects that required AVA. Argyle Street was a major wind/visual corridor and the applicant had proposed setback from Argyle Street for air ventilation and visual enhancement. The BHRs in the vicinity of the Site were mainly 80mPD and 100mPD, with some existing buildings opposite the hospital developed with BHs over 100mPD including 129mPD of Forfar. The BHR of 114mPD for the Site was considered not incompatible with the surrounding developments, and the visual impact was not considered unacceptable.

#### *Other Technical Aspects*

35. Two Members raised the following questions:

- (a) the traffic impact generated, and the design of vehicular ingress/egress and drop-off arrangement of the proposed redevelopment; and
- (b) whether there would be any difficulty in transporting MiC modules to the Site.

36. In response, Mr Lim Wan Fung, Bernard Vincent and Ms Delius Wong, R1's representatives, with the aid of a PowerPoint slide, made the following points:

- (a) traffic impact assessment (TIA) had been conducted under the s.12A application and confirmed that the proposed development would not induce adverse impacts on the surrounding road traffic and pedestrian flow and the proposed internal parking provision could generally meet the requirements under the Hong Kong Planning Standards and Guidelines (HKPSG). The Commissioner for Transport had no adverse comments on the TIA and the proposed transport facilities. The redevelopment plan would provide improved traffic and parking arrangements compared with the existing situation, including provision of basement car park and placing vehicular ingress/egress at Fuk Cheung Street, which carried less traffic than Argyle

Street, and the provision of the main pedestrian entrance at Argyle Street where public transport services were available. As required by the Transport Department under the Transport Planning and Design Manual, the applicant would provide road safety audit in the feasibility study, detailed design and construction stages. Alarm system and signage would be provided at the vehicular run-in/out at Fuk Cheung Street to enhance pedestrian safety. Improvement would also be made by carrying out refuse collection activities within the Site. Besides, the adoption of MiC would reduce traffic impact and disturbance to the neighbourhood during the construction stage; and

- (b) given the sufficient road width of Argyle Street, there should be no difficulty in transporting MiC modules to the Site.

#### *Financial Matters and Implementation Programme*

37. Two Members raised the following questions:

- (a) the estimated cost for the redevelopment project; and
- (b) the estimated commencement and completion time of the project.

38. In response, Dr Chui Siu Hang, Billy, Professor Ho Wing Ip and Mr So Wai Lik, R1's representatives, made the following points:

- (a) the preliminary estimated cost of the redevelopment was approximately HK\$3 billion, which included construction, demolition, equipment, financing and other related expenses. The construction cost for the main hospital building, including two basement levels, was estimated approximately HK\$1.7 billion. Around HK\$800 million was allocated for equipment, including advanced medical equipment, robotics, automated logistics systems, etc. The remaining HK\$500 million covered consultants' fees and financial arrangements; and

- (b) the commencement of the project was contingent upon securing funding, which would mainly come from donations. Given the current economic situation and the need for a fundraising campaign, it was estimated that 2 to 3 years would be required to secure the necessary funding, based on an optimistic assessment and subject to obtaining the necessary government approvals. Once funding was secured, time would be required for transitional arrangements to maintain hospital operations (about 0.5 year), demolition works (about 1 year), followed by approximately 3 years for building construction and another year for internal finishing and equipment installation. Overall, the construction works were estimated to take around 5 years. Based on an optimistic funding timeline (with funding secured by 2028) and the 5.5-year construction period, the new hospital might potentially commence operation around 2033-2034. The said project timeline was not guaranteed and would highly depend on securing sufficient funding from the community. As a non-profit-making hospital with limited financial reserves, the project team could not proceed without confirmed funding from donations/fundraising activities.

### *Community Engagement*

39. A Member enquired how the project team would communicate to the public the benefits of the new hospital to the community, given the increase in BH of the new hospital building.

40. In response, Dr Chui Siu Hang, Billy and Professor Ho Wing Ip, R1's representatives, made the following points:

- (a) the hospital was positioned to provide holistic healthcare services to the public at affordable prices. It adopted a family doctor-led model, aiming for patients to consult a single doctor within a department for diagnosis and treatment, rather than attending multiple specialist departments separately. This approach aimed to reduce the burden on patients and their families, including the need to attend numerous appointments; and

- (b) the hospital would maintain its existing strong community ties through a collaborative network with church organisations whose volunteers visited patients. To improve outreach and public understanding, the hospital would enhance its promotional and outreach activities, as well as information dissemination through its marketing team, such as uploading videos to its website to keep the public informed of the project and its progress, thereby enhancing the community's understanding of the project.

*Others*

41. A Member raised the following questions:

- (a) whether there was any information on the demand and supply of medical and healthcare facilities provided by the public and private sections across the territory; and
- (b) whether there were any guidelines requiring consideration of funding arrangement for GIC development/redevelopment.

42. In response, Ms Vivian M.F. Lai, DPO/K, PlanD, with the aid of some PowerPoint slides, made the following points:

- (a) the HKPSG requirement for hospital was 5.5 beds per 1,000 persons. According to the GIC table for the Kowloon City District Council Area, which provided information, among others, on hospital beds of the public and private sectors, there would be surpluses of 3,167 hospital beds and three clinics/health centres, taking into account planned provision and the planned population. As the applicant accepted the minimum requirements for the proposed hospital redevelopment and would contribute to providing the public with more choice and affordable high-quality private hospital services under the dual-track healthcare system in Hong Kong, HHB provided in-principle policy support for the proposed redevelopment. Private hospitals could collaborate with the public sector in providing quality medical and healthcare services to the public; and

- (b) with reference to Town Planning Board Guidelines No. 16A on Application for Development/Redevelopment within Government, Institution or Community Zone under Section 16 of the Town Planning Ordinance, funding/financial arrangement was not included in the planning criteria for assessing GIC development/redevelopment. The applicant had indicated that the funding sources for the redevelopment project would mainly comprise donations and revenue generated from the hospital's operation.

43. In response to the Member's follow-up enquiry, Ms Vivian M.F. Lai, DPO/K, PlanD, with the aid of some PowerPoint slides, said that there was no territory-wide data on the provision of hospital beds at hand. The assessment of the HA was on a cluster basis, taking into account a number of factors in planning and developing various public healthcare services, and HA had long-term plan for service provision. Kowloon City District fell within the Kowloon Central Cluster which also covered Yau Tsim Mong and Wong Tai Sin Districts.

44. As Members had no further questions to raise, the Chairperson said that the hearing procedures for the presentation and Q&A sessions had been completed. The Chairperson thanked the representers, representer's representatives and PlanD's representatives for attending the meeting. The Board would deliberate on the representations in closed meeting and would inform the representers of the Board's decision in due course. The representers, representer's representatives and PlanD's representatives left the meeting at this point.

[Mr Derrick S.M. Yip left the meeting during the Q&A session.]

[The meeting was adjourned for a 25-minute break. Professor Bernadette W.S. Tsui, Professor Simon K.L. Wong and Messrs Ryan M.K. Ip and Rocky L.K. Poon left the meeting during the break.]

#### Deliberation Session

45. The Chairperson invited views from Members.

46. Members generally supported the redevelopment proposal under Item A which

would provide enhanced healthcare services to the public at affordable prices, particularly for the elderly, for the benefit of the community and in line with up-to-date standards. Members noted that the environmental, air ventilation and traffic concerns raised by R5 had been duly considered and design measures including setbacks and greenery had been proposed. While the proposed BHR of 114mPD was acknowledged as higher than some buildings in the surrounding area, it was considered acceptable given the site constraints and the need to accommodate enhanced medical facilities and the adoption of MiC. In addition, some Members expressed the following views on Item A:

- (a) there was uneven geographical distribution of private hospitals in Hong Kong, with a concentration on Hong Kong Island and in Kowloon, but a shortage in the New Territories. It was suggested that more private hospital developments could be planned in the New Territories while noting that the development of private hospitals would depend on private initiatives;
- (b) while Evangel Hospital was located in Kowloon City and there was a surplus in hospital beds in the Kowloon City District Council Area according to the GIC table, the subject hospital also served patients of other districts. With population growth, there would be increasing demand for medical and healthcare services, and private hospitals could contribute to meeting such demand and collaborate with the public hospitals;
- (c) the increase in the number of beds as an indicator for assessing proposed PR/BH increase for hospital development/redevelopment would only be one of the considerations. The overall hospital facilities and services could also be enhanced through the adoption of technology, such as greater use of teleconsultation and more advanced screening equipment, as proposed by Evangel Hospital, in order to meet the changing healthcare needs of different age groups;
- (d) the project proponent could provide further elaboration on the benefits of adopting MiC, such as quieter construction processes and shorter construction period;

- (e) Evangel Hospital had established a strong connection with the neighbourhood and had taken into account stakeholders' comments in the building design, particularly those of residents of Hoover Court, which was located in close proximity to the hospital. The absence of objections from residents of Hoover Court demonstrated the project proponent's effective community engagement; and
- (f) Evangel Hospital was advised to maintain the communication with the community particularly during the construction period so as to minimise and address the concerns on nuisance generated during construction.

47. In response to some Members' concerns regarding the geographical distribution of private hospitals in Hong Kong, Mr C.K. Yip, D of Plan, made the following main points:

- (a) the planning and development of hospitals was under the purview of the HHB and HA, and PlanD worked with them by reserving land for new hospital projects to meet their initiatives, such as those in Kai Tak and the Northern Metropolis (NM); and
- (b) for private hospitals, PlanD had reserved suitable land in the New Development Areas while the initiatives to encourage private hospital development were subject to HHB's policy. The actual development of private hospitals would be highly market-driven as it would involve substantial capital investment. There were also historical reasons for the high concentration of private hospitals in urban areas.

48. The Chairperson also remarked that:

- (a) the Government had proactively reserved land for private hospitals within NM, specifically in areas such as the San Tin Technopole, having regard to the comparatively small number of private hospitals in the New Territories. This was intended to better complement the public healthcare system in meeting the future healthcare needs arising from the region's growing population;

- (b) while we could, at the land use planning stage, reserve land for private hospitals, how such hospital projects could be materialised depended on multiple factors, including market interests. While Hong Kong maintained certain advantages in areas such as treatment for rare or severe diseases (e.g. cancer), our healthcare landscape might also be affected by factors including competition from places in the region such as Chinese Mainland. Therefore, it was important for private hospitals in Hong Kong, existing or new, to have clear positioning and target services to enable the hospitals to thrive on their strengths; and
- (c) given the small area of the Site, the scale of the redeveloped hospital would also be relatively small compared with other private hospitals in the territory. Noting the site constraints, the project proponent had positioned the hospital to focus on early prevention, early intervention and advanced diagnostics. This strategy, together with proposed wider use of technology, could be a viable approach for the hospital's sustainable operation and long-term development. As all technical issues had been properly addressed, the project should be one that was worthy of support.

### *Conclusion*

49. The Chairperson concluded that Members generally supported the OZP amendment under Item A as the revised BHR was considered not incompatible with the developments in the surrounding area, appropriate design measures had been proposed and the proposal was considered technically feasible without objection or adverse comments from relevant government bureaux/departments, and agreed that the OZP should not be amended to meet the adverse representation. All grounds of the representations had been addressed by the departmental responses as detailed in the Paper as well as the presentations and responses made by PlanD's representatives at the meeting.

50. After deliberation, the Town Planning Board (the Board) noted the supportive views of **R1 to R4** on Item A, and decided not to uphold R5 and agreed that the draft Ma Tau Kok Outline Zoning Plan (OZP) No. S/K10/31 should not be amended to meet the

representation for the following reasons:

Item A

- (a) Item A is to take forward the decision of the Board on the agreed section 12A application to facilitate redevelopment of the existing Evangel Hospital. The proposed redevelopment is in line with the planning intention of “Government, Institution or Community” (“G/IC”) zone. The amended building height restriction (BHR) allows better utilisation of the relatively small “G/IC” site and provides opportunities to augment the provision and quality of medical services so as to meet the existing and future service demand; and
- (b) various technical assessments have been conducted to ascertain that no adverse impacts will be induced by the proposed redevelopment, along with the proposed mitigation and design measures of the redevelopment scheme. Also, relevant government departments have no adverse comments on the zoning amendment on visual, traffic, landscape and fire safety aspects. The relevant amendment to the BHR is considered appropriate.

51. The Board also agreed that the draft OZP, together with its Notes and updated Explanatory Statement, was suitable for submission under section 8 of the Town Planning Ordinance to the Chief Executive in Council for approval.

**Agenda Item 5**

[Open Meeting]

Any Other Business

[The item was conducted in Cantonese.]

52. There being no other business, the meeting was closed at 12:05 p.m.

**Minutes of 1360<sup>th</sup> Meeting of the Town Planning Board  
(held on 15.5.2026)**

**Deferral Case**

Request for Deferment of Review Application by Applicants for 2 Months

<b>Item No.</b>	<b>Application No.*</b>	<b>Times of Deferment</b>
4	A/YL-LFS/585	1 <sup>st</sup>

*\* Refer to the agenda at [https://www.tpb.gov.hk/en/meetings/TPB/Agenda/1360\\_tpb\\_agenda.html](https://www.tpb.gov.hk/en/meetings/TPB/Agenda/1360_tpb_agenda.html)  
for details of the planning application*