

Proposed Application under Section 12A of the Town Planning Ordinance (Cap. 131)

Proposed Amendment to the Approved Ma Tau Kok Outline Zoning Plan No. S/K10/30 to Relax the Building Height Restriction at No. 222 Argyle Street, Kowloon

Supplementary Planning Statement




**PROPOSED APPLICATION UNDER SECTION 12A OF THE
TOWN PLANNING ORDINANCE (CHAPTER 131)**

**PROPOSED AMENDMENT TO THE APPROVED MA TAU KOK
OUTLINE ZONING PLAN NO. S/K10/30 TO RELAX THE
BUILDING HEIGHT RESTRICTION AT
NO. 222 ARGYLE STREET, KOWLOON**

- SUPPLEMENTARY PLANNING STATEMENT -

Applicant	Evangel Hospital
Submitting Agent, Planning and Visual Specialist	Townland Consultants Limited
Project Architect	Architecture Design and Research Group Limited
Traffic Consultant	OZZO Technology (HK) Limited
Environmental Consultant	EnviroSolutions & Consulting Limited
Sewerage Consultant Limited	Egis Engineering and Consulting Hong Kong
Electrical and Mechanical Engineering	NV5 Limited

File Reference: ASFNS

For and on behalf of Townland Consultants Ltd.	
Approved by :	
Position :	Associate
Date :	March 2025

March 2025

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EXECUTIVE SUMMARY

This S12A Planning Application/ Rezoning Request (“**RR**”) is submitted on behalf of the Applicant, Evangel Hospital (“**EH**”), for Amendment to the Approved Ma Tau Kok Outline Zoning Plan No. S/K10/30 (the “**Approved OZP**”) in respect of No. 222 Argyle Street, Kowloon (the “**Site**”/ “**Application Site**”). The Application Site is currently zoned “Government, Institution or Community” (“**G/IC**”) with a maximum Building Height Restriction (“**BHR**”) of 5 storeys as stipulated on the Approved OZP. The RR is to relax the maximum BHR to 110mPD which is consistent with the surrounding building height band to allow for the redevelopment of the EH (“**Proposed Hospital Redevelopment**”)

As you may be aware, the Site is subject of a Planning Approval under RR (TPB Ref: Y/K10/5) granted by the Town Planning Board (“**TPB**”) on 28 July 2023 to amend the BHR from 5 storeys to 80mPD. At the TPB meeting, a member queried whether the proposed building height would be sufficient for EH to meet the growing medical needs of the community. Thus, EH has further reviewed the building design and reassessed the needs for medical facilities, taking into consideration the rising demands for community healthcare services arising from an ageing population and planned growth in district population through ongoing urban renewal plans in the Kowloon City District and new developments in the Kai Tak area.

EH has occupied the Application Site since the 1960s. In 1965, a **non-profit making community hospital** was started to operate to provide preventive and curative care in the areas of family medicine, specialist treatment and hospitalisation with affordable pricing for the general public. The current hospital has been in operation for 59 years in the same building. Redevelopment is now due for EH to upgrade their facilities and services to meet the increased community population as well as to face the expected surging ageing population in Kowloon City District. As a direct response initiative in recent Policy Addresses to improve livelihoods through sustainable development of the community-based primary healthcare system, as well as providing opportunities for professional medical training, EH now seek to relax the BHR to 110mPD to deliver wider options in primary healthcare and geriatric services with an objective to: (i) help alleviate the pressure of patient overload in public hospitals; (ii) cater for growing demand for healthcare services; and (iii) respond quickly and effectively to exceptional circumstances such as COVID-19 epidemic.

The Proposed Hospital Redevelopment comprises a 22-storey hospital tower with a 9-storey podium (excluding 2 levels of mainly basement car park). A maximum BH of 110mPD (at main roof level) is proposed to achieve a harmonious BH Profile with the surrounding building height band. Gross floor area will increase from around 3,917m² to 18,332m², which can accommodate a total of 108 in-patient beds (including 4 High Dependency Units), 30 day beds/recliners, 6 day chemo places, 8 operating theatres and 5 endoscopy suites. The redeveloped EH will focus on general services providing Day and Short Stay Surgery Investigation and Treatment Centre, Healthcare Service Centre, 24 hours outpatient services and expanded inpatient services, housing other specialties with great demand in Hong Kong such as Orthopaedics, Ear, Nose and Throat (“**ENT**”), General Surgery, Urology, Psychiatry, Gastroenterology and Hepatology, Ophthalmology, Women’s Health, Mental Health and Chronic Disease Management. Much-needed elderly services, disease treatment follow up and clinical services such as Chinese Medicine, Day Chemotherapy Centre, Dental and Psychological Counselling and Assessment Services are also incorporated into the Redevelopment. The additional storeys will cater for IT facilities related Clinical Services to enhance EH’s operation as a Smart Hospital including telemedicine, tele-health/remote monitoring etc, as well as community education services and professional training for healthcare workers to maintain a high quality services.

Compared to the existing EH, the hospital beds and essential medical rooms of the Proposed Hospital Redevelopment will be notably increased to meet the increasing demand for healthcare services. In order to accommodate all of the essential clinical services and supporting facilities, relaxation of the BHR to 110mPD is the **most practicable** required given operational heights for specialised equipment, Electrical and Mechanical facilities, the latest medical/health care technologies for Smart Hospital and environmental-friendly hospital design, administrative and supporting facilities for community education and professional medical training and advancement.

An Indicative Development Scheme (“**IDS**”) has been prepared to demonstrate the viability of the proposed RR. Opportunity has been taken to enhance local visual amenity through incorporation of several urban design measures such as provision of at-grade tree planting, a balcony and podium gardens at 6/F, 8/F and R/F to create a healing environment for patients and staff, edge planting, vertical greening and corner splay. In addition, a voluntary 6m above ground setback fronting Argyle Street to improve pedestrian circulation for streetscape enhancement, whilst the tower is also setback approx. 6m above podium at Fu Ning Street for a wider visual corridor along Forfar Road.

In summary, the proposal to relax the maximum BHR on the Application Site to 110mPD is justified on the following grounds:

- In line with Government’s Policy for medical and healthcare services of promoting a sustainable healthcare system;
- Meeting the increasing demand for high quality healthcare services for local residents and the wider community;
- Optimising building design to accommodate necessary back of house, circulation, and electrical and mechanical facilities;
- Responding to changing healthcare needs and standards;
- Providing opportunities for community education and medical training through Hospital’s outreach programme;
- Enhancing patient care and well-being through enhanced greenery and communal space provision;
- Continue to meet the prevailing planning intention of the “G/IC” zone;
- Compatible with the height bands of the surrounding developments;
- Enhancement of Landscape Value and Amenities of the Site with provision of various at-grade tree planting, a balcony and podium gardens, edge planting and vertical greening; and
- No insurmountable technical or infrastructural impacts are anticipated.

In view of the above justifications and as detailed in this Supplementary Planning Statement, MEMBERS of the TPB are sincerely requested to give favourable consideration to the RR.

行政摘要

(內文如有差異，應以英文版本為準)

申請人播道醫院，根據城市規劃條例第 12A 條，就馬頭角分區計劃大綱核准圖編號 S/K10/30 (下稱「**核准圖**」) 內的九龍亞皆老街 222 號 (下稱「**地盤**」或「**申請地點**」) 呈交修訂圖則申請／改劃用途地帶要求 (下稱「**改劃要求**」)。申請地點座落於核准圖中的「政府、機構或社區」地帶並受制於 5 層高的建築物高度限制。改劃要求擬議把最高建築物高度限制放寬與周邊最高建築物高度限制相符的主水平基準以上 110 米，以促進播道醫院重建 (下稱「**擬議醫院重建**」)。

閣下諒會知悉，該申請地點須根據 2023 年 7 月 28 日城規會批准的 S12A 規劃申請 (城規會編號：Y/K10/5) 將建築物高度限制從 5 層放寬至主水平基準以上 80 米。於 2023 年城規會會議的討論中，有委員提議播道醫院繼續審視當時申請的高度限制是否能夠滿足社區日益增長的醫療需要。及後，播道醫院就九龍城正在進行的市區重建計劃以及人口老化的趨勢進一步檢討醫院設計和醫療設施，以滿足當區和周邊區域對臨床和醫療服務不斷增長的需求和應對無法預知的情況。

播道醫院自 1960 年代起已獲准使用申請地點並於 1965 年在該地點營運作**非牟利社區醫院**，以可負擔價錢為大眾於家庭醫學、專科治療和住院方面提供預防和治療服務。目前醫院已經於同一建築物營運了 59 年。播道醫院現需要透過重建提升設施和服務，以滿足不斷增加的社區人口和為九龍城預期激增的老齡人口作準備。為了配合政府在近年《施政報告》中建議建立可持續的社區基層醫療系統以改善民生的倡議，以及提供醫護人員專業培訓的機會，重建後的播道醫院致力在基層和老人醫療服務方面提供廣泛的選擇，其目標是：(i) 有助紓緩公立醫院面對超出負荷的問題；(ii) 減輕社會對醫療服務需求的不斷增長壓力；及(iii) 迅速而有效地應對如新冠疫情等的特殊情況。

擬議醫院重建包括一座包括 9 層平台的 22 層高的醫院大樓 (不包括 2 層地下停車場)。擬議最高建築物高度限制為主水平基準以上 110 米，以實現與周邊的建築物高度相符。擬議醫院重建的總樓面面積會由現時約 3,917 平方米增加至約 18,332 平方米，可容納共 108 張住院床位 (包括 4 間加護病房)、30 張日間躺椅/病床、6 間日間化學治療室、8 間手術室和 5 間內窺鏡檢查室。重建後的播道醫院將專注一般服務，包括提供日間及短暫停留的手術及治療中心、醫療中心、24 小時門診服務和擴大的住院服務，以容納其他香港需求較大的專科服務，例如骨科、耳鼻喉科、外科、泌尿科、精神科、腸胃肝臟科、眼科、婦女健康、心理健康和慢性疾病管理。較高需求的老人服務、疾病治療跟進以及臨床服務如中醫、日間化療中心、牙科、心理諮商及評估服務亦會透過重建引入。額外的樓層將滿足與臨床服務相關的資訊科技設施的需求，以增強播道醫院作為智慧醫院的營運 (包括遠距醫療/遠端監控等)，以及推動社區教育服務和為醫護人員提供專業培訓，以維持高水平的醫療服務。

與現時播道醫院相比，擬議醫院重建的病床和基本醫療室將顯著增加，以滿足日益增長的醫療服務需求。因應專業醫療設備、機電設施及智慧醫院所需的操作高度、環境友善的醫院設計和專業醫護培訓和晉升，建築物高度限制必須放寬至最少主水平基準以上 110 米才能**切實可行地**容納包含所有必要的醫療空間和支援設施。改劃要求已擬備了一個指示性發展方案以證明其可行性。藉此機會，擬議重建納入一些城市設計措施以改善當區的視覺景象，例如地面植樹、

露台、在 6 樓、8 樓和屋頂提供平台花園為病人和員工締造合適的復康及工作環境、綠化平台邊緣、垂直綠化和擴闊街角。另外，擬議醫院重建自願性將地面以上建築物沿亞皆老街後移 6 米，以改善行人流動及美化街道環境。建築物平台以上的部份亦沿富寧街後移約 6 米，以擴闊沿科發道的景觀走廊。

總括而言，把最高建築物高度限制放寬至主水平基準以上 110 米的建議具備以下充分理據的支持：

- 配合政府推動可持續發展醫療健康系統的政策目標；
- 滿足當區和周邊區域面對高質素醫療服務不斷增長的需求；
- 優化建築設計以容納必要的後勤用地、流通及機電設施；
- 回應不斷變化的醫療需求和標準；
- 透過醫院的外展計劃，提供社區教育和對醫護人員提供專業培訓的機會；
- 增加綠化措施及公用空間，以提升病人護理質素和健康水平；
- 繼續符合原來「政府、機構或社區」地帶的規劃意向；
- 擬議醫院重建的建築物高度限制與周邊發展高度限制互相兼容；
- 以地面植樹、提供露台及平台花園、綠化平台邊緣和垂直綠化等園境綠化措施，優化地盤的景觀及美觀價值；及
- 不會在技術及工程方面造成無法克服的影響。

基於上述支持理據及補充規劃文件內列出的詳細資料，懇請城規會委員對是項申請作出正面考慮。

Reference: ASFNS/DEL/14
Date: March 2025

TO THE TOWN PLANNING BOARD:

**SECTION 12A PLANNING APPLICATION
THE TOWN PLANNING ORDINANCE (CHAPTER 131)**

**PROPOSED AMENDMENT TO THE APPROVED MA TAU KOK
OUTLINE ZONING PLAN NO. S/K10/30 TO
RELAX THE BUILDING HEIGHT RESTRICTION OF THE
“GOVERNMENT, INSTITUTION OR COMMUNITY” ZONE
AT NO. 222 ARGYLE STREET, KOWLOON**

- SUPPLEMENTARY PLANNING STATEMENT -

1. INTRODUCTION

1.1 Purpose of the Application

- 1.1.1 Townland Consultants Limited (“**TOWNLAND**”) has been appointed by the Evangel Hospital (“**EH**”/ the “**Applicant**”) to prepare and submit this S12A Planning Application to amend the Approved Ma Tau Kok Outline Zoning Plan No. S/K10/30 (“the **Approved OZP**”) in respect of a Site at No. 222 Argyle Street, Kowloon (the “**Site**”/ “**Application Site**”). The maximum Building Height Restriction (“**BHR**”) of 5-storeys imposed on the Application Site is proposed to be relaxed to a maximum BHR of 110mPD to allow for the redevelopment of EH (“**Proposed Hospital Redevelopment**”) to enhance its services capacity to meet raising demands for community healthcare services arising from an ageing population in the district and planned growth in district population through urban renewal and new development in Kowloon City and the Kai Tak area, and is a direct response to Government initiatives in recent Policy Addresses to improve livelihoods through sustainable development of the healthcare system, as well as providing opportunities for professional medical training.
- 1.1.2 On 28 July 2023, the Metro Planning Committee (“**MPC**”) of the Town Planning Board (“**TPB**”/ “**BOARD**”) agreed to the S12A Planning Application to amend the BHR from 5 storeys to 80mPD [TPB Ref No. Y/K10/5] (“**Approved S12A Scheme**”). The Approved S12A Scheme with 80mPD was the minimum required to accommodate all the essential clinical spaces and supporting facilities and is incapable of housing other necessary ancillary services such as administrative offices, meeting facilities and storage which have to be located off-site.
- 1.1.3 At the MPC meeting, one of the members enquired whether EH would consider pursuing a higher building height for the Proposed Hospital Redevelopment at the Site. Thus, since the TPB approval in 2023, EH has further reviewed the building design and reassessed the long-term needs for medical facilities, taking into consideration the ongoing Redevelopment Plans of Kowloon City to meet the increased community demand and the ageing population for clinical and healthcare services. EH now seeks to relax the BHR to 110mPD to deliver wider options in primary healthcare and geriatric services with objectives to: (i) help alleviate the pressure of patient overload in public hospitals; (ii) cater for the growing demand for healthcare services; and (iii) respond quickly and effectively to exceptional circumstances such as COVID-19 epidemic.

- 1.1.4 The Proposed Hospital Redevelopment includes 104 in-patient beds, 4 High Dependency Units (“**HDU**”) beds, 30 day beds / recliners, a Day Chemotherapy Centre which houses 6 day chemo places, 8 Operating Theatres (“**OT**”), 5 Endoscopy Rooms / Suites (“**ER**”), 30 Consultation Rooms and with 24-hour Outpatient Services. Clinical services such as alternative medicine including Chinese Herbal medicine, Psychological Counselling & Assessment Services, Dental and Day Chemotherapy Service are also newly incorporated into the redevelopment. To further support the Government strategic priorities, EH collaborates with the service providers of **District Health Centre (Express)** to complement their services provided to the public thus assisting to relieve the pressure of the overloaded public healthcare system. The long-term continuous services include Geriatric Services, Disease Treatment & Prevention, Day Surgery and Minimal Invasive Surgery, and Disease Treatment and Prevention. EH is keen on launching a **Smart Hospital Initiative** within the Proposed Hospital Redevelopment by adopting the latest healthcare technology in order to boost the hospital and administrative productivity, give new insights into medicines and treatments as well as to improve the overall quality of care provided. IT facilitated clinical services such as telemedicine, tele-health/remote monitoring, etc. will also be provided as part of the Proposed Hospital Redevelopment. EH will also provide community education services and professional training to healthcare workers to maintain high quality services. Therefore, in order to accommodate all of the essential clinical spaces and supporting facilities on Site, an amendment of the BHR to a height of 110mPD is required to enhance the Hospital efficiency. This proposed BHR is compatible with the BHRs of adjacent sites and taking into account the operational heights for specialist equipment and good hospital design.
- 1.1.5 The purpose of this Supplementary Planning Statement (“**SPS**”) is to furnish the TPB and relevant Government Departments with the information necessary to facilitate consideration of this S12A Planning Application. An Indicative Development Scheme (“**IDS**”) for the Proposed Hospital Redevelopment has been prepared as a basis to demonstrate the technical feasibility and planning merits of the Rezoning Request. Technical Assessments for the Proposed Hospital Redevelopment have been prepared to demonstrate sufficient infrastructural capacity in the local network, including roads and sewerage. No adverse visual, traffic, environmental and sewerage impacts are anticipated due to the Proposed Hospital Redevelopment at the construction / operation stage.
- 1.1.6 This SPS is structured as follows:
- **Sections 2 and 3** describe and set out the site and planning contexts of the Planning Application;
 - **Section 4** presents the project objectives and describes the functions of the Proposed Hospital Redevelopment;
 - **Section 5** deals with the proposed Amendments to the Approved OZP in relation to the Proposed Hospital Redevelopment;
 - **Section 6** explains the needs of Proposed Hospital Redevelopment and provides the planning justifications; and
 - **Section 7** sets out our conclusions.

1.2 Background of the Applicant

- 1.2.1 EH has occupied the Application Site since the 1960s, starting as a project of Evangelical Free Church of China. In 1965, a 3-storey **non-profit making community hospital** was developed, providing preventive and curative care in the areas of family medicine, specialist treatment and hospitalisation with affordable pricing for the general public. In 1985, two (2) additional storeys were added atop. EH operates with a mission to *demonstrate the compassion of God through the provision of holistic care by ministering to serve the physical, psychological, social and spiritual needs of the whole person*. Operating for almost 60 years, EH has accumulated invaluable clinical and hospital management experiences in general hospital services.
- 1.2.2 Currently, the Hospital serves over 65,000 outpatient attendances, around 7,000 inpatient attendances and performs around 8,500 operations/endoscopies in a year. Such a caseload demonstrates that EH's service is genuinely treasured by the community and is the choice of many patients and healthcare practitioners even under an intensely competitive environment. Most patients have expressed positive feedback after using EH's Hospital service. However, the current hospital building is ageing, and redevelopment will provide an opportunity for EH to upgrade their facilities and services to meet changing demographics and healthcare needs.

2 SITE CONTEXT

2.1 Site Location

- 2.1.1 The Application Site is located at No. 222 Argyle Street, Kowloon. It is bounded by Argyle Street to the northwest; Fu Ning Street to the northeast; Fuk Cheung Street to the southeast; and a residential building named Hoover Court to the southwest (**Figures 2.1 and 2.2** refer).

2.2 Land Status

- 2.2.1 The Application Site is registered as Kowloon Inland Lot No. 8813 – [K.I.L 8813] and is fully owned by the Evangelical Free Church of China (“**EFCC**”) (formerly named as Association of Evangelical Free Churches of Hong Kong). K.I.L 8813 has a site area of approximately 1,463m² and is under a Lease term of 75 years from 5 July 1963. Under the Lease, the parcel of ground or any building or part of any building shall only be used for non-profit-making hospital and clinic purposes or both and is restricted to a building height of 45.72mPD or not exceeding 12 storeys. The site coverage is constrained to a maximum of 65%.
- 2.2.2 A Lease Modification will be submitted to the Lands Department (“**LandsD**”) subsequent to approval of this Rezoning Request and gazettal of the “G/IC” zone to affect the Proposed Hospital Redevelopment.

2.3 Existing and Surrounding Land Uses

- 2.3.1 The Application Site is currently occupied by a 5-storey non-profit making community Hospital and operated by a Board which consists of members appointed by the EFCC. The Hospital currently operates with a total Gross Floor Area (“**GFA**”) of about 3,917m².
- 2.3.2 The wider area surrounding the Application Site can be generally divided into two categories; (1) predominately “Residential (Group A)” (“**R(A)**”) and “Residential (Group B)” (“**R(B)**”) areas immediately to the southwest, north and northeast of the Application Site across Argyle Street; and (2) “Government, Institution or Community” (“**GIC**”) facilities and “Open Space” (“**O**”) in the proximity.
- 2.3.3 Medium-to-high density residential developments abutting Argyle Street are located to the north, east and immediate southwest of the Application Site. A cluster of GIC facilities is located from the south to further southeast of the Site. These GIC uses are at the southeast of Fuk Cheung Street and northwest of Ma Tau Chung Road, with “O” at the junction of Fu Ning Street and Shing Tak Street. The major land use characteristics surrounding the Site are summarised as follows (**Figures 2.1 and 2.2** also refer).

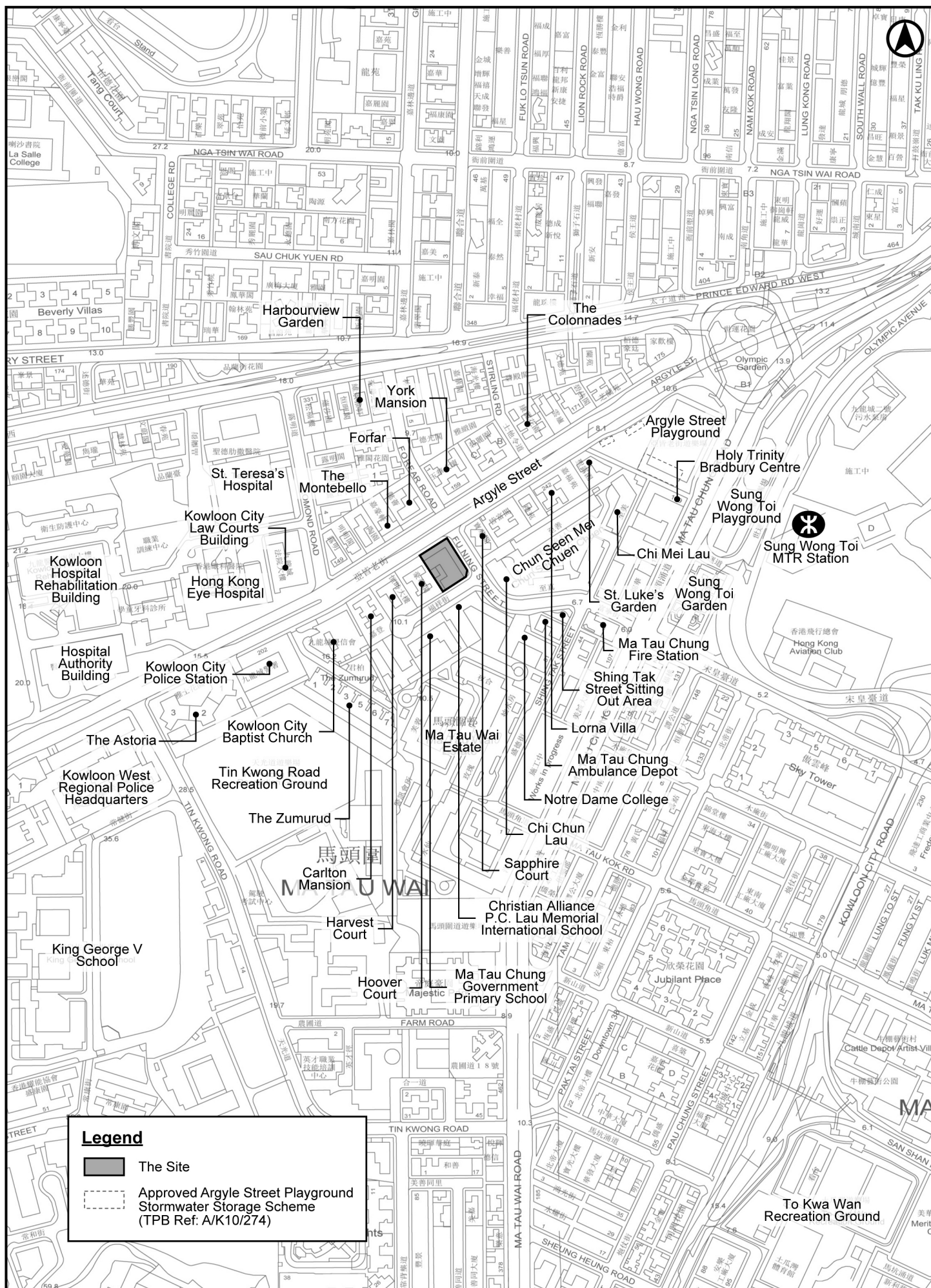


FIGURE 2.1 SITE LOCATION PLAN
SCALE 1 : 5,000

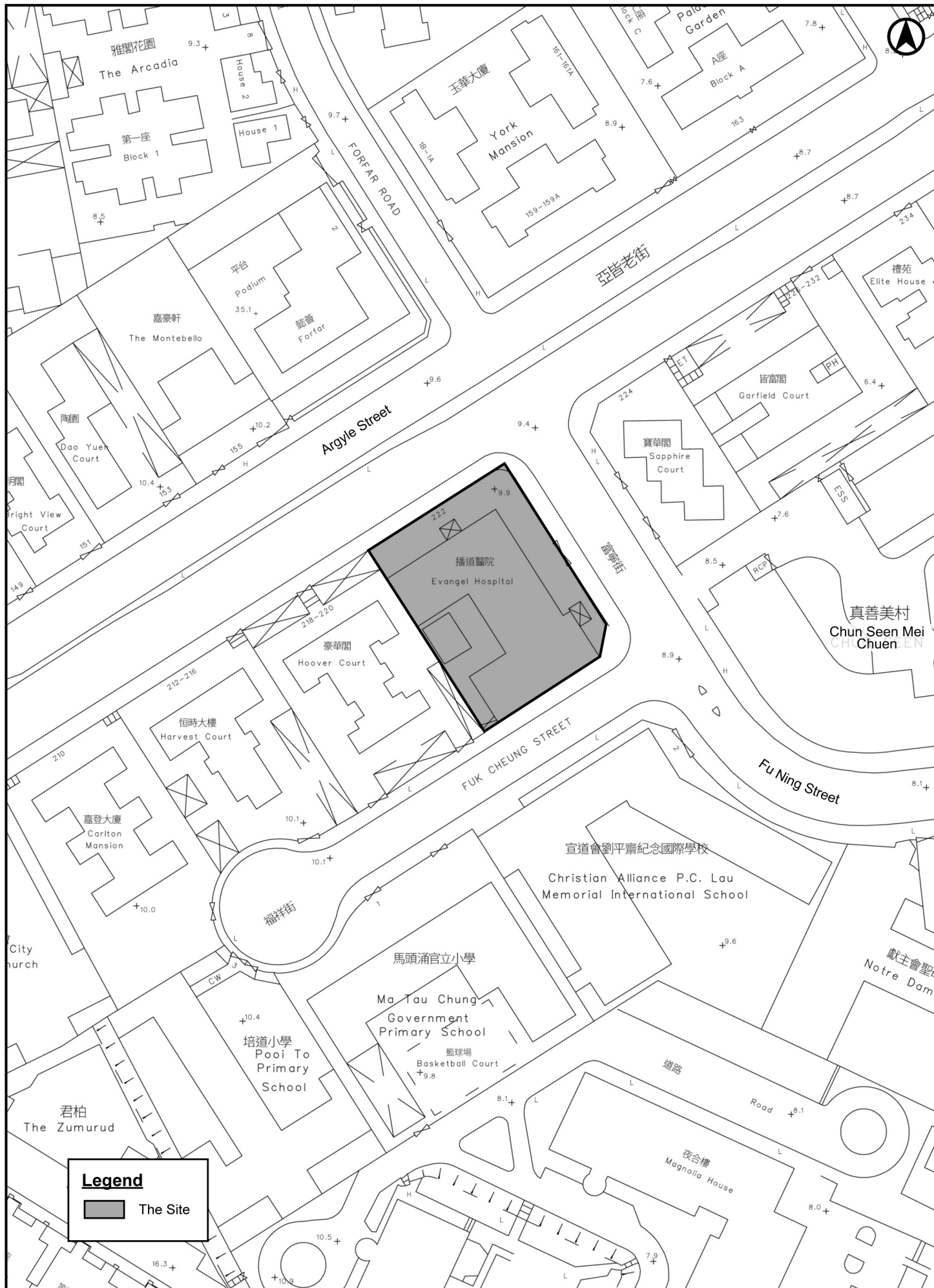


FIGURE 2.2 SITE LOCATION PLAN
SCALE 1 : 1,000

- The area to the north and northwest of the Application Site across Argyle Street comprises mainly mid-to-high rise buildings including two high-rise residential developments, namely Forfar and The Montebello, which are 24 storeys (approx. 129mPD) and 24 storeys (approx. 103mPD) respectively stand opposite to the Applicant Site. This area is generally zoned “R(B)” with a BHR stipulation of 80mPD on the Approved OZP. Areas to the northeast of the Application Site across Fu Ning Street and immediate southwest of the Application Site are occupied by medium-density residential developments zoned “R(B)” and “R(A)”. The mid-rise residential community includes Hoover Court, Harvest Court and Chun Seen Mei Chuen with 12 to 13 storeys at approx. 41-46mPD. Notably, the Government has announced that one of the sites in Kai Tak will be allocated to the Hong Kong Housing Society (“HKHS”) for the redevelopment of Chun Seen Mei Chuen. Chun Seen Mei Chuen will be redeveloped to Lok Man Sun Chuen by phases, in the short-medium term commencing around 2026/27. Immediately adjacent to the southwest of Christian Alliance PC Lau Memorial International School, Ma Tau Chung Ambulance Depot and Notre Dame College is Ma Tau Wai Estate zoned “R(A)” with a BHR of 100mPD, are also subject to a redevelopment project under the Hong Kong Housing Authority (“HKHA”). The HKHA is currently conducting feasibility study and technical assessments on Ma Tau Wai Estate Redevelopment and will release the findings this year. Given the current need for public housing supply, it is reasonable to expect that the Chun Seen Mei Chuen and Ma Tau Wai Estate will be developed to its maximum development potential of 80mPD and 100mPD, respectively, as stipulated on the Approved OZP.
- The area to the immediate south of the Application Site encircled by Fuk Cheung Street, Fu Ning Street and Shing Tak Street is a belt of low to mid-rise “GIC” mainly for educational uses and “O” uses including the Ma Tau Chung Government Primary School, Christian Alliance P.C. Lau Memorial International School, Ma Tau Chung Ambulance Depot, Notre Dame College and Ma Tau Chung Fire Station which ranges from approx. 18mPD to 40mPD and the Shing Tak Street Sitting-out Area. To Kwa Road Recreation Ground is also located to the further southeast of the Site in an “O” zone. More GIC facilities are located to the further west and southwest of the Application Site including Kowloon City Law Courts Building, St. Teresa’s Hospital, Hong Kong Eye Hospital, Hospital Authority Building, Kowloon City Baptist Church and Kowloon West Regional Police Headquarters. The building heights of these development ranges between approx. 30mPD to 67mPD.
- Beyond the residential developments and GIC facilities are scattered open spaces including Argyle Street Playground, which will be redeveloped with a planned underground stormwater storage tank and aboveground pumping station with playground facilities re-provisioned in-situ (TPB Ref: A/K10/274) and Sung Wong Toi Playground to the northeast of the Application Site. The Shing Tak Street Sitting Out Area at the junction of Fu Ning Street and Shing Tak Street is the nearest open space to the Application Site. In addition, to the further southwest of the Application Site is the Tin Kwong Road Recreation Ground, which is an open space providing a cricket practice ground with natural turf pitches.

2.4 Accessibility

- 2.4.1 The Application Site is in proximity to Sung Wong Toi MTR Station and is approx. 330m from the nearest MTR exit which is a comfortable walking distance.
- 2.4.2 The Site is also accessible by various forms of transportation, including bus, minibus, taxi, and private car. The nearest minibus stop with route No. 61 is situated directly outside the Application Site on Argyle Street running between Island Resort in Siu Sai Wan and Sai

Yeung Choi Street in Mong Kok. There are two (2) bus stops located approximately 200m northwest and northeast of the Application Site outside Hong Kong Eye Hospital and Palace Garden across Argyle Street. Together, these bus stops serve over 20 bus routes and over 10 minibuses operating within Kowloon and between Kowloon and New Territories.

- 2.4.3 Currently, there is one (1) vehicular access serving the Application Site located at Fu Ning Street.

3 PLANNING CONTEXT

3.1 Statutory Planning Context

- 3.1.1 The Application Site is zoned “Government, Institution or Community” (“**G/IC**”) under the Approved Ma Tau Kok OZP No. S/K10/30 gazetted on 8 September 2023 (**Figure 3.1** refers). According to the Schedule of Uses attached to the Approved OZP, ‘Hospital’ use is always permitted and the planning intention in respect of the “G/IC” zone is “*primarily for the provision of Government, institution and community facilities serving the needs of the local residents and/or a wider district, region or the territory. It is also intended to provide land for uses directly related to or in support of the work of the Government, organizations providing social services to meet community needs, and other institutional establishments*” (**Figure 3.1** refers).
- 3.1.2 The Applicant Site is also subject to a maximum BHR of 5 storeys as stipulated on the Approved OZP (**Figure 3.1** refers).

3.2 Planning and Site History

- 3.2.1 The existing BHR was gazetted under the OZP on 18 January 2008 to reflect the height of the existing EH. At the time, the imposition of BHRs on “G/IC” zones was to provide visual and spatial relief to the area.
- 3.2.2 In setting the BHR on the Site, the TPB did not undertake separate assessment of individual sites to assess view preservation to ridgelines, visual permeability / view corridors, wind penetration or air circulation. Moreover, the TPB imposed four (4) main building height bands – 80mPD, 100mPD, 120mPD and 140mPD for areas covered by other zones, including “Commercial”, “Comprehensive Development Area”, “Residential (Group A)”, “Residential (Group B)” and “Residential Group (E)”. As shown in **Figure 3.1**, immediately adjacent sites fall within the 80mPD building height band.

Approved S12A Scheme (TPB Ref: Y/K10/5)

- 3.2.3 The Application Site is subject of a S12A Planning Application approved by TPB on 28 July 2023 to amend the BHR from 5 storeys to 80mPD for the Redevelopment of Proposed Hospital Redevelopment (TPB Ref No. Y/K10/5) (“**Approved S12A Scheme**”). The Approved S12A Scheme comprises a 16-storey building over two (2) levels of basement mainly for car parking, providing a total of 76 in-patient beds, 4 HDUs and 38 day beds / recliners. Various planning and design merits were proposed in the Approved S12A Scheme, including (i) a 6m-wide full-height setback from Argyle Street; (ii) a 6m-wide tower setback above podium level from Fu Ning Street; (iii) an all-weather canopy of approx. 14m in length; (iv) at-grade street planting fronting Argyle Street; and (v) a circulation splay at the junction of Fu Ning Street and Fuk Cheung Street to improve pedestrian circulation, streetscape amenity and visual permeability. Besides at-grade street plantings and lawn at G/F, landscape treatments including edge plantings at 3/F and R/F and vertical greening at the façade of Fu Ning Street were also proposed to promote visual interest and pedestrian comfort.
- 3.2.4 Various technical assessments including Visual Impact Assessment (“**VIA**”), Traffic Impact Assessment (“**TIA**”), Environmental Assessment (“**EA**”), Sewerage Impact Assessment (“**SIA**”), Conceptual Landscape Proposal and Air Ventilation Assessment – Initial Study (“**AVA-IS**”) were undertaken in the Approved S12A Scheme to ascertain that there are no adverse impacts induced due to the Proposed Hospital Redevelopment. According to the MPC Paper No. Y/K10/5B on 28 July 2023, the Commissioner for Transport has no adverse comments on the TIA and the proposed internal transport facilities. The Director of Food and Environmental Hygiene (“**DFEH**”) also has no further

comments regarding the location of the reprovisioned Refuse Collection Vehicle bay after understanding that nearby stakeholders and the general public have not raised further comments, as the Applicant has made genuine efforts to address the public concerns about the potential nuisance brought about by the daily refuse collection activity and allow the reprovisioned RCV bay to remain in front of the hospital on Fuk Cheung Street to avoid impacts to nearby residents.

- 3.2.5 While the Director of Environmental Protection (“**DEP**”) and the Chief Engineer/Mainland South, Drainage Services Department have no adverse comments on the Approved S12A Scheme, the DEP is of the view that a special condition requiring submission of the revised Air Quality Impact Assessment (“**AQIA**”) and SIA should be included in the lease modification stage to address the outstanding comments. The Chief Town Planner/Urban Design and Landscape (“**UD&L**”) Unit, Planning Department and Chief Architect/ Central Management Division 2, Architectural Services Department also have no comment on the Approved S12A Scheme from an architectural, visual and landscape impact point of view. UD&L also commented that as (i) the Site does not fall within any identified air path; (ii) there is no specific site circumstances that would warrant air ventilation concerns; and (iii) the Site and the proposal do not fall within the categories in which an AVA is required. Thus, no further comments were provided on the submitted AVA report. Other Government Departments including Water Supplies Department, Fire Services Department, Highways Department, Civil Engineering and Development Department, Commissioner of Police, Electrical and Mechanical Services Department and Home Affairs Department have no objection / no comment on the Approved S12A Scheme.

3.3 Non-Statutory Planning Context

Policy Addresses

- 3.3.1 The Policy Address (“**Policy Address**”) is the annual address made by the Chief Executive (“**CE**”) of Hong Kong outlining the policy objectives of the Government for the following year. As reflected in recent Policy Addresses, the Government has recognised that healthcare is a livelihood issue of greatest public concern in face of an ageing population and sought to establish a long-term sustainable healthcare system in Hong Kong by encouraging the development of private healthcare services, which would provide more options in healthcare systems while relieving strain on the overburdened public sector. In the latest 2024 Policy Address, the Government advocated for improved service efficiency at the private healthcare sector and addressing the issue of medical inflation through exploring legislating for private healthcare price transparency (*Paras. 188 of 2024 Policy Address* refers).
- 3.3.2 The CE stated that the role of primary healthcare services will be operated through public-private partnership as a mean to make such services more accessible to the general public. To this end, the Government has set up District Health Centre (“**DHC**”) and interim DHC Expresses of smaller scale in all districts across the city by the end of 2022, thereby attaining the interim goal of covering all 18 districts to establish personalised health plans for the public through district-based medical-social collaboration and public-private partnership as set out in the policy initiatives in 2018 and 2019 Policy Addresses (*Para. 176 and 177 of the 2018 Policy Address* and *Para. 37 of 2019 Policy Address* refer). The Voluntary Health Insurance Scheme (“**VHIS**”) was also introduced to encourage more people to use healthcare services provided by the private healthcare sector (*Para. 200 of 2018 Policy Address* refers).
- 3.3.3 The Government strived to further reform the healthcare system by advancing primary healthcare development in all fronts to encourage the community to focus on prevention management. Notably, the CE announced the Primary Healthcare Blueprint in 2022, aiming to transform Hong Kong's current treatment-oriented healthcare system to a

sustainable community-based, people-centric approach, promoting "family doctor for all" and timely diagnosis (*Para. 82 of 2022 Policy Address* refers). Emphasis has been placed in the subsequent Policy Addresses in 2023 and 2024, to strengthen the healthcare reform to primary healthcare system, through coordination the implementation with various healthcare sector and NGOs, formulating legislation to strengthen its regulatory framework, upgrading more DHC Expresses into DHC and launching a Primary Dental Co-Care Pilot Scheme for Adolescents to encourage the prevention of dental diseases (*Para. 140 of 2023 Policy Address and Paras. 185 and 186 of 2024 Policy Address* refer).

- 3.3.4 Furthermore, the Government will accord greater priorities to enhance the oral health and mental health of the community and to actively promote the development of Chinese Medicine with formulation of its development footprint and launching a new pilot project on "cancer care" at Day Chemotherapy Centres (*Para. 144, 145 and 148 of 2023 Policy Address and Paras. 191 and 192 of 2024 Policy Address* refer).
- 3.3.5 The imminent manpower shortage in the healthcare system is also acknowledged and the CE have outlined several measures to expand the capacity for relevant professional healthcare training in the recent Policy Addresses. In the 2023 Policy Address, the CE announced the introduction or exploration of amending the relevant Registration Ordinances and Supplementary Medical Professions Ordinance to provide new pathways for admissions of qualified dentists, nurses and supplementary medical professionals as well as upgrading the healthcare teaching facilities in university institutions, further increasing the number of tertiary healthcare training places and enhancing the provision of tuition sponsorship (*Para. 146, 198 and 199 of 2023 Policy Address* refer). The Government's initiative to enhance healthcare training places is also maintained in the 2024 Policy Address by supporting the establishment of a third medical school in the city (*Para. 190 of 2024 Policy Address* refers).
- 3.3.6 Apart from the aforementioned medical initiatives, the CE advocated for the development of a low-altitude economy, which refers to economic activities in airspace below 1,000 metres and presents a wide array of application scenarios including rescues, surveys and delivery of goods and passengers, with a view to driving development in areas such as telecommunication technologies, AI and the digital industry to unlock the low altitude airspace as a new production factor for our economy. The Government will establish the Working Group to explore relevant measures such as deploying drones for delivery, surveys, etc. (*Paras. 81 and 82 of 2024 Policy Address* refers).

The 2025-26 Budget (2025)

- 3.3.7 In recent years, the Government has put a stronger focus on training and pooling of healthcare professionals, by increasing the number of medical training places on several occasions. According to the latest Budget, the Government will increase the number of training places to 650 in the 2025/26 academic year and the Task Group on New Medical School is expected to complete its assessment and formulate recommendations on the development of the new medical school to the Government this year. The Government is committed to set aside resources to support local universities in the development of the new medical school on a matching basis. (*Paras. 126 and 127 of the 2025-2026 Budget* refers).

Hong Kong Cancer Strategy (2019)

- 3.3.8 The Hong Kong Cancer Strategy launched by the Government in 2019 is the first holistic plan for cancer prevention, screening, diagnosis, treatment, technology and support, research and surveillance activities for Hong Kong with the objective to reduce the incidence and mortality of cancer in the city for the period between 2020 to 2025. The document demonstrates the Government's commitment to providing a more appropriate

and timely intervention to people with or without symptoms of cancer at a population level. It also stresses the importance of the active participation of private sector and public-private partnership in capturing a complete and high coverage of cancer data as well as enhancing the effectiveness and capacities of cancer prevention and treatment services in Hong Kong.

The Development of Private Healthcare Services

- 3.3.9 The promotion and facilitation of the development of private healthcare services is set out in the Healthcare Reform Consultation Document entitled “Your Health, Your Life” (2008) produced by the former Food and Health Bureau (“**FHB**”) (*currently the Health Bureau (“**HHB**”)*). The document stresses the importance of increasing the overall capacity of the healthcare system. The second stage of the Healthcare Reform Consultation Document, entitled “My Health, My Choice” (2010), encourages citizens to access healthcare services provided by the private sector. The former FHB has also formulated proposals for a Health Protection Scheme (“**HPS**”), which is the standardization and regulation of voluntary private health insurance, enabling more people to use private healthcare services.
- 3.3.10 All these policy initiatives point towards the need for increased capacities in private Hospitals to meet public demand for better medical services and more medical choices. EH also made references to the issuance of Primary Healthcare Blueprint by HHB in 2022, the launch of “eHealth+ Five-year Plan” and “Chronic Disease Co-Care Pilot Scheme” in 2023, etc. to ensure the hospital development plan aligned with the strategic directions of the HKSAR Government.

Draft Departmental Plan

- 3.3.11 The Application Site falls within the Draft Kowloon Planning Area No. 10 Ma Tau Kok Outline Development Plan No. D/K10/1C dated in June 2000 (“**Draft ODP**”). The Draft ODP is a draft administrative plan without statutory authority. As stated in Para. 2.2 of the Draft ODP, *“the land use zonings set out in the Plan are generally in compliance with that in the current statutory plan but show more details. These details have no statutory effect but will generally be followed in land transactions where Government is in a position to determine the user of land, by way of lease modifications or sales of Government land. Where the zoning on the Plan conflicts with the uses permitted under existing lease conditions, the zoning cannot be used as more than a guide to the development or redevelopment which Government wishes to encourage.”*
- 3.3.12 The Application Site is shown as “Institution or Community” (“**IC**”) on the Draft ODP with a 6m wide building line (“**BL**”) fronting onto Argyle Street. Para. 5.5 of the Draft ODP notes that a BL ranging from between 3m to 6m from the lot boundary is imposed on “Residential – Zone 2” (“**R2**”) sites in order to reserve land for road widening or to enhance the townscape. Notwithstanding, the Plan shows the BL of the adjacent R2 sites has been extended into the Application Site along Argyle Street. The notes of the “R2” zone also state that the BL may be applied in a flexible manner subject to road widening needs and acceptable design of development proposals. Since the release of the Draft ODP in 2000, there have been no plans to widen this section of Argyle Street.

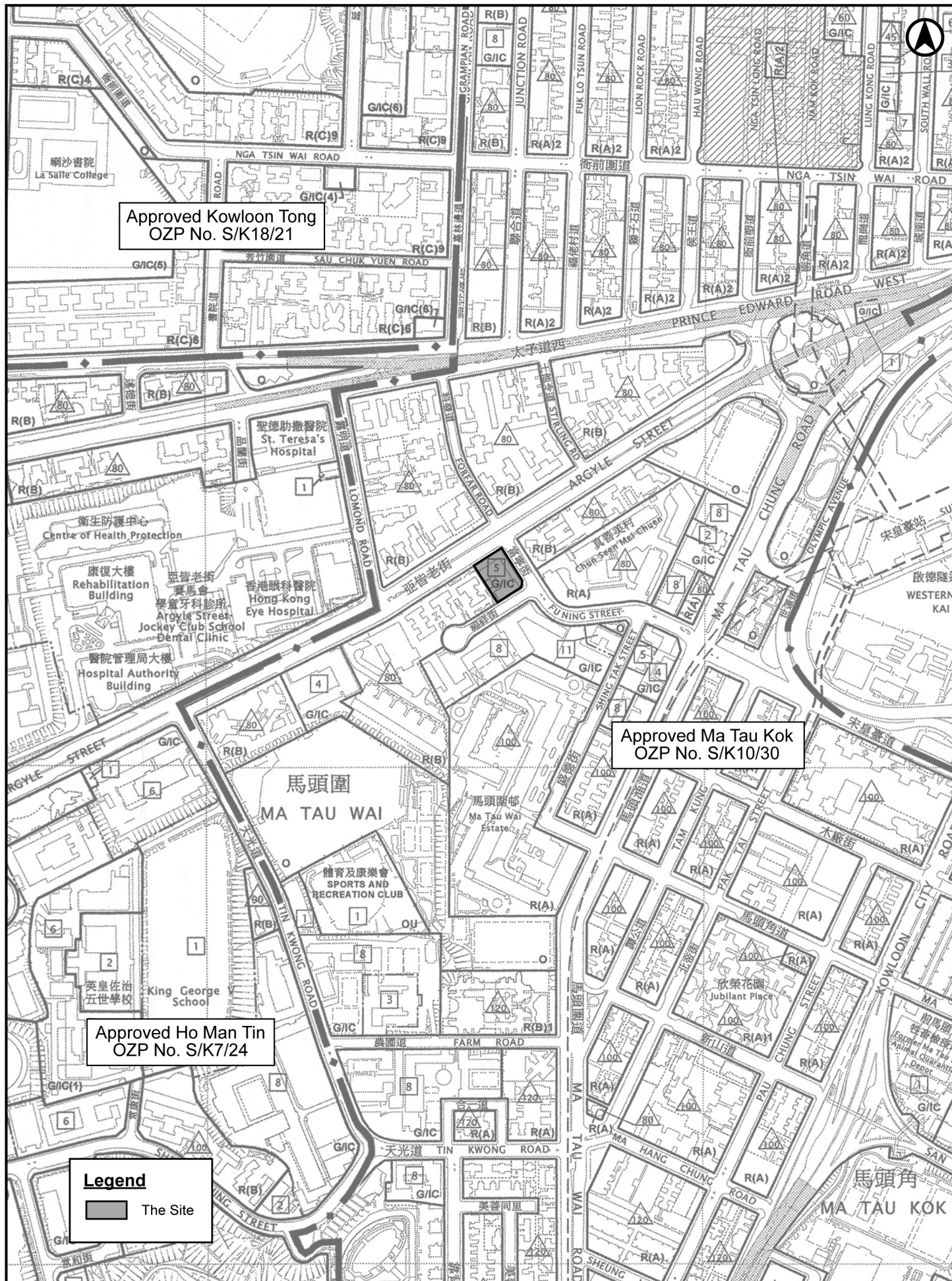


FIGURE 3.1 COMPOSITE OZP : APPROVED MA TAU KOK OUTLINE ZONING PLAN NO. S/K10/30, APPROVED HO MAN TIN OUTLINE ZONING PLAN NO. S/K7/24 AND APPROVED KOWLOON TONG OUTLINE ZONING PLAN NO. S/K18/21
SCALE 1 : 5,000

GOVERNMENT, INSTITUTION OR COMMUNITY

Column 1 Uses always permitted	Column 2 Uses that may be permitted with or without conditions on application to the Town Planning Board
Ambulance Depot	Animal Boarding Establishment
Animal Quarantine Centre (in Government building only)	Animal Quarantine Centre (not elsewhere specified)
Broadcasting, Television and/or Film Studio	Columbarium
Cable Car Route and Terminal Building	Correctional Institution
Eating Place (Canteen, Cooked Food Centre only)	Crematorium
Educational Institution	Driving School
Exhibition or Convention Hall	Eating Place (not elsewhere specified)
Field Study/Education/Visitor Centre	Flat
Government Refuse Collection Point	Funeral Facility
Government Use (not elsewhere specified)	Helicopter Landing Pad
Hospital	Helicopter Fuelling Station
Institutional Use (not elsewhere specified)	Holiday Camp
Library	Hotel
Market	House
Place of Recreation, Sports or Culture	Mass Transit Railway Vent Shaft and/or Other Structure above Ground Level other than Entrances
Public Clinic	Off-course Betting Centre
Public Convenience	Office
Public Transport Terminus or Station	Petrol Filling Station
Public Utility Installation	Place of Entertainment
Public Vehicle Park (excluding container vehicle)	Private Club
Recyclable Collection Centre	Radar, Telecommunications Electronic Microwave Repeater, Television and/or Radio Transmitter Installation
Religious Institution	Refuse Disposal Installation (Refuse Transfer Station only)
Research, Design and Development Centre	Residential Institution
School	Sewage Treatment/Screening Plant
Service Reservoir	Shop and Services (not elsewhere specified)
Social Welfare Facility	Utility Installation for Private Project
Training Centre	Zoo
Wholesale Trade	

Planning Intention

This zone is intended primarily for the provision of Government, institution and community facilities serving the needs of the local residents and/or a wider district, region or the territory. It is also intended to provide land for uses directly related to or in support of the work of the Government, organizations providing social services to meet community needs, and other institutional establishments.

(Please see next page)

GOVERNMENT, INSTITUTION OR COMMUNITY (Cont'd)

Remarks

- (1) No new development, or addition, alteration and/or modification to or redevelopment of an existing building shall result in a total development and/or redevelopment in excess of the maximum building heights, in terms of number of storeys or metres above Principal Datum, as stipulated on the Plan, or the height of the existing building, whichever is the greater.
- (2) In determining the relevant maximum number of storeys for the purposes of paragraph (1) above, any basement floor(s) may be disregarded.
- (3) Based on the individual merits of a development or redevelopment proposal, minor relaxation of the building height restriction stated in paragraph (1) above may be considered by the Town Planning Board on application under section 16 of the Town Planning Ordinance.

4 INDICATIVE DEVELOPMENT SCHEME

4.1 Proposed Hospital Redevelopment Objectives

4.1.1 The projected medical needs in the Kowloon City District continue to rise since the TPB Approval in July 2023, taking into consideration the planned growth of population in (i) the Urban Renewal Authority (“**URA**”) Nga Tsin Wai Road / Carpenter Road Development Scheme Plan gazetted in September 2023 and commenced acquisition process in April 2024,; and (ii) the proposed redevelopment and expansion of the Chun Seen Mei Chuen and Ma Tau Wai Estate in the vicinity of the Site. More redevelopment and urban renewal projects will occur within the Kowloon City area, it is foreseeable that quality private medical care will be in great demand in the near future. In tandem, current medical trends point towards smart healthcare (i.e. the adoption of digital healthcare technologies to address healthcare needs), ambulatory care (day treatment that does not require overnight stay) and primary care. All aimed at greater emphasis on prevention, outcome improvement and optimising the operational efficiency of healthcare system, while reducing an unnecessary burden on tertiary care.

4.1.2 EH is a non-profit making community hospital with no subvention from the Government providing preventive and curative care in the areas of family medicine, specialist treatment and hospitalization. In view of changes in planning circumstances since the Approved S12A Scheme and to prepare to respond effectively to exceptional circumstance such as COVID-19 epidemic, EH has further reviewed the building design and reassessed all its needs of medical facilities as well as their operational and structural requirements to augment its planned service capacity, quality and practically to implement its **Smart Hospital Initiative** bringing together:

- Person-centered architecture/design;
- Innovative technologies;
- Efficient workflow design; and
- Best healthcare practice to achieve an optimal patient care and working environment.

Under this endeavour, EH proposes to revise the BHR from 5 storeys in the existing EH and 80mPD in the Approved S12A Scheme to 110mPD to allow for a 22-storey with a 9-storey podium over 2 levels of mainly basement car park which, is in line with the height bands of adjacent sites.

4.1.3 Indeed, the hospital beds and essential medical consultation rooms of the IDS will be notably increased to meet the growing demand of healthcare services against the existing condition. Comparing to the Approved S12A Scheme (which comprises a 16-storey Hospital with a 4-storey podium over 2 levels of mainly basement car park), the IDS will add 6 additional storeys and maximise the development potential at the podium levels to accommodate all the essential clinical services and supporting facilities with respect to EH’s operation needs including those services that were not able to be accommodated under the 80mPD (e.g. IT facilitated clinical service, Day Chemotherapy Centre, Dental Service and Professional Training / Community Education Services etc). These additional medical services and healthcare facilities will bring great benefits to the public community.

4.1.4 Due to the constraint of a limited floor space at the Application Site, the Consultant Team has made every effort to optimise the development potential upon detailed reviews of the operational heights for specialist medical equipment, Electrical and Mechanical (“**E&M**”) facilities, and the latest medical/healthcare technologies for Smart Hospital. An E&M Consultant has been appointed which was not previously engaged in the Approved S12A Scheme to review the IDS to ensure that adequate plantrooms and E&M facilities are provided to support the Proposed Hospital Redevelopment. The proposed BHR of

110mPD is the **most practicable** required through careful examination of the spatial arrangement and headroom requirement of each level, as well, by incorporation of environmental-friendly hospital design, administrative and supporting facilities for communication education and professional nurse training and advancement. Further elaboration is provided in **Sections 4.2 to 4.6** below.

- 4.1.5 Regarding the positioning of EH and the spectrum of its medical service provision upon redevelopment, EH intends to continue their support to the underprivileged patients to alleviate the long waiting list for surgery and hospital beds in the public sector with affordable and packaged pricing. EH therefore maintains its initiatives in the Approved S12A Scheme to establish itself as a **Day and Short Stay Surgery Investigation and Treatment Centre** with a service model focusing on high volume, low complexity surgery procedures to provide patients with greater convenience and a **Healthcare Service Centre** to house outpatient and diagnostic services as a hub providing comprehensive primary healthcare services utilising EH's expertise in **family medicine**. EH's focus on family medicine, day surgery and personalised healthcare services which echo the Government's prevailing policy initiatives to establish a sustainable community-based primary healthcare system and differentiate from other hospitals in the Kowloon City District such as St. Teresa's Hospital and Hong Kong Baptist Hospital which are of much larger scales and stronger focus on their variety of out-patient specialist and clinical services. For instance, the former provides more than 1,000 beds and is known for its Obstetrics & Gynaecology Department and Oncology Centre, whereas the latter owns more than 800 beds and over 30 medical centres and paramedical services.
- 4.1.6 Similar to the Approved S12A Scheme, the high demand primary healthcare services of the IDS will include expanded in-patient and out-patient clinical services, Orthopaedics, Ear, Nose and Throat ("**ENT**"), General Surgery, Urology, Psychiatry, Gastroenterology and Hepatology, Ophthalmology, Women's Health, Mental Health and Chronic Disease Management and long-term continue services such as Geriatric Services, disease treatment and prevention, day surgery and minimal invasive surgery. On top of that, primary health services will be increased to include Chinese Medicine, **Remote Patient Monitoring Centre** for providing telemedicine, tele-health and tele-monitoring, Psychological Counselling & Assessment Service, Dental Service and Chemotherapy Service in the form of a **Day Chemotherapy Centre** and the provision of **Community Education / Professional Training** for EH's in-house practical training programmes for healthcare workers to maintain a high-quality services in the Proposed Hospital Redevelopment supported by adoption of technologies such as simulation training. The IDS complies with the HHB's requirement on the 70:30 GFA proportion for clinical and non-clinical facilities of the Hospital.

4.2 Technical and Accommodation Schedule

- 4.2.1 The Technical and Accommodation Schedules of the IDS are illustrated in **Table 4.1** below. The Architectural Drawings of the IDS are furnished at **Appendix I**. The comparison of the development parameters of the IDS against the Existing Hospital and the Approved S12A Scheme is shown in **Table 4.2**.

Table 4.1: Technical and Accommodation Schedules of the IDS

Technical Schedule	
Site Area	Approximately 1,463m ²
Proposed Plot Ratio	Approximately 12.53
Proposed GFA	Approximately 18,331m ²
Site Coverage	Below 39m: About 83% Above 39m: About 65%

BL Setback from Argyle Street	6m (above ground only)
Building Height (Maximum at Main Roof Level)	Not more than 110mPD
Maximum Number of Storeys	22 Storeys (including 9-storey podium) over 2 Levels of Basement
Number of Blocks	1
Total Number of Beds / Recliners	
- Hospital In-patient Beds	104
- Day Beds / Recliners	30
- High Dependency Unit (HDU)	4
- Day Chemo Places	6
Proposed Number of Consultation Rooms (Clinical Services)	30
Number of Operating Theatre (OT) and Endoscopy Rooms (ER)	8 OT, 5 ER
Total Number of Parking Spaces	Carparking: 39 (including 5 nos. of accessible parking) Motorcycle Parking: 5 Hearse Parking: 1 Ambulance Parking / Layby: 1(*) Heavy Goods Vehicle Parking: 1 Taxi/ Private Car Layby: 1 Refuse Collection Vehicle Lay-by: 1

Remarks:

(*) Shared use for parking and loading / unloading

Accommodation Schedule	
B2/F	Car Park / Building Services / Lift Area
B1/F	Car Park / Building Services / Lift Area / Medical Accommodation
G/F	Car Park / Loading and Unloading / Building Services / Lift Area / Shop and Services / Eating Place
M/F – 5/F	Medical Accommodation / Building Services / Lift Area
6/F	Medical Accommodation / Canteen / Balcony / Building Services / Lift Area
7/F	Medical Accommodation / Ancillary Facilities (Non-Medical)* / Building Services / Lift Area
8/F	Building Services / Lift Area / Flat Roof
9/F – 13/F	Medical Accommodation / Building Services / Lift Area
14/F	Building Services / Lift Area
15/F – 19/F	Medical Accommodation / Building Services / Lift Area
20/F	Ancillary Facilities (Non-Medical)* / Building Services / Lift Area
R/F	Flat Roof / Building Services / Lift Area
TR/F	Flat Roof / Building Services
UR/F	Flat Roof

Remarks

* The Ancillary Facilities (Non-Medical) located on 7/F and 20/F are for Administration purposes such as ancillary Office and Community Education / Professional Training Centre for EH's in-house education programmes.

Table 4.2: Comparison of the IDS against the Existing Hospital and Approved S12A Scheme

Development Parameters	Existing Hospital	Approved S12A Scheme	IDS
Site Area (m ²)	Approximately 1,463	Approximately 1,463	Approximately 1,463
Proposed Plot Ratio	Approximately 2.68	Approximately 8.9	Approximately 12.53
Proposed GFA (m ²)	Approximately 3,917	Approximately 13,021	Approximately 18,331
Site Coverage	65%	Podium (at 15m): About 78% Hospital Tower (over 15m): About 63%	Podium (at 39m): About 83% Hospital Tower (over 39m): About 65%
Building Height (mPD) (Maximum at Main Roof Level)	Not more than 26.9	Not more than 80	Not more than 110
Maximum Number of Storeys	5	16 (including 4-storey podium) over 2 Levels of Basement	22 (including 9-storey podium) over 2 Levels of Basement
Number of Blocks	1	1	1
Total Number of Beds / Recliners			
- Hospital In-patient Beds	57	76	104
- Day Beds / Recliners	3	38	30
- High Dependency Unit (HDU)	-	4	4
- Day Chemo Places	-	-	6
Total Number of Operating Theatres (OTs)	4	7	8
Total Number of Endoscopy Rooms (ERs)	3	6	5
Total Number of Consultation Rooms	7	12	30
Operation Hours (Outpatient Services)	07:00 - 23:00 (including Sundays and Public Holidays)	24-hour	24-hour

Access and Internal Transport Provisions

- 4.2.2 Vehicular access to the Application Site will be via an ingress / egress off Fuk Cheung Street directly connecting to the G/F. Internal transport facilities will be provided at the B2/F to G/F as outlined in **Table 4.1** above. All internal transport facilities will be provided in accordance with EH's operational requirements. Please refer to **Section 6.11** for details.

4.3 Building Design of the Indicative Development Scheme

Architectural and Medical Planning Design Intent

- 4.3.1 With a proposed GFA of approx. 18,331m² accommodated within a 22-storey building with a 9-storey podium over 2 levels of basement, the IDS can yield a maximum of 104 in-patient beds, 4 HDU beds, 30 day beds / recliners, 6 day chemo places, 8 OTs, 5 ERs as well as a 24-hour operating out-patient department.
- 4.3.2 The IDS will maximise its building footprint with a 9-storey podium which will accommodate medical facilities requiring larger building footprints, including out-patient, radiological facilities, physiotherapy, pharmacy, laboratories, pathology and virtual care facilities and a larger canteen to cater for the additional patients. The lower 5 levels of the podium (i.e. G/F to 3/F) will be fully utilised to: (a) house facilities of higher demand and more patient sensitive including out-patient consultation rooms and radiology; (b) accommodate ancillary Shop and Services / Eating Place uses (such as florist or cafe) catering for patients' convenience, and (c) equipped with escalators to ensure a smooth daily operation and circulation of the Hospital.
- 4.3.3 The Tower portion accommodating OTs, ERs and In-patient wards, etc. is designed to ensure efficient circulation given the constrained GFA under the proposed BHR of 110mPD. The IDS is designed with sufficient ceiling height between floors for Medical Accommodation and Ancillary Facilities & Services. Requirements under the Building Ordinance ("BO") and relevant legislation on provision of windows for patients' wards shall be complied with. Thus, the proposed floor-to-floor ("FtoF") height of the medical floors reflects the headroom requirements for specialist equipment and in line with other hospitals. In order to adapt to the COVID-19 pandemic as well as to cope with other unforeseeable infectious diseases, the FtoF heights of approx. 4m to 5m is proposed and is the minimum required to cater for typical and isolated wards for stringent infection control requirements. According to the international standard and guidelines on infection control for transmission-based precautions, ventilation for isolation rooms shall be negative pressure controlled and shall have a minimum of 12 air changes per hour. To achieve such a special ventilation requirement (e.g. separate exhaust outlets, fans and duct works etc) and to accommodate future maintenance needs, a 5m FtoF height is proposed on 15/F whilst the headroom of other ward floors is at 4m high. Notably, the top floor (i.e. 20/F) have a FtoF of approx. 4.9m providing multi-purpose rooms for administrative purposes and for Community Education / Professional Medical Trainings through EH's in-house outreach programmes to achieve EH's objectives of community contributions and maintain a high level of experienced medical professionals. The relatively higher FtoF height allows better penetration of natural daylight and provides a more comfortable environment for staff and visitors.
- 4.3.4 The Proposed Hospital Redevelopment is divided into Three (3) zones (i.e. Podium Level, Lower Tower Level and Upper Tower Level) to facilitate smooth operation of the Hospital, access to and maintenance of modern equipment installation with minimum service interruption. The basement levels will mainly be taken up by carpark and some supporting medical equipment including mortuary, stores and associated E&M facilities.

Back of House and Circulation Facilities

- 4.3.5 Given G/F to 3/F are occupied by major outpatient services such as Clinics, Dental, Pharmacy, Radiology and other Specialist Consultation which is anticipated to be more frequented by visitors and patients, a set of escalators are provided on the lowest floors to help ease the demand on public lifts and reduce waiting time. In order to further enhance the Hospital's operation and patients' convenience with an lift zoning approach, Patient / Service Lifts (for loadings of goods) L1 will serve B2/F to R/F, L2 will serve B2/F to 20/F, and L3 will serve G/F to 20/F. Passenger Lifts L4 to L6 will serve B2/F to 20/F whilst, Passengers Lifts L7 and L8 will serve G/F to 13/F. An additional accessible Passenger Lift L9 will also serve podium levels G/F to 5/F to further support the outpatient services to the Physiotherapy at 5/F. Please refer to **Appendix 1** for the Architectural Drawings.
- 4.3.6 In addition, a dedicated drug lift (in the form of a dumbwaiter) will serve 1/F to 19/F to facilitate medication delivery. Dedicated clean and dirty lifts with a set of internal staircases in the clean zone will be introduced on 9/F to 13/F to facilitate clinical workflow and sterilisation procedures between OT, ER, Day Wards / Day Chemotherapy Centre and Central Sterile Supplies Department ("**CSSD**"), to implement better infection control.

Electrical and Mechanical ("**E&M**") Facilities

- 4.3.7 Various E&M plant rooms that are essential to the hospital operation are located on M/F, 8/F, 14/F and Roof levels due to maintenance needs and to comply with the structural requirements under CLP Power Hong Kong. According to Code of Practice 101 for Distribution Substation Design (Version 15) by CLP Power (dated 30 June 2020), the minimum FtoF height for Transformer ("**Tx**") room including the hoisting delivery track and transfer slab / double slab at the ceiling shall be approx. 5.5m. Access passage for equipment shall be at least 3m wide and 2.8m high and no more than Three (3) Tx shall be accommodated within any one Tx room. Thus, a relatively higher FtoF of 5.5m at M/F is proposed compared to other E&M floors to (i) accommodate substation and other building services materials to support the power supply of the operation of the Hospital; (ii) to ease the transportation of the Tx during maintenance and repairment; and (iii) to minimise interruption to the normal hospital operation with Tx and associated facilities located within the same floor. In light of the above, other E&M services (e.g. water tank and pump room) are placed on 8/F, 14/F and Roof levels to distribute the E&M supply to other floors of the building more efficiently. Typical Section Plans illustrating the height of the substation at M/F and E&M services at 8/F and 14/F are provided in **Figures 4.1a** and **4.1b**. A Schematic E&M Service Plan showing the relationship of the E&M distribution from M/F, 8/F, 14/F and R/F to the different floors of the building is also provided in **Figure 4.1c**. For the FtoF height of each floor, please refer to the Section Plan attached in **Appendix 1**.

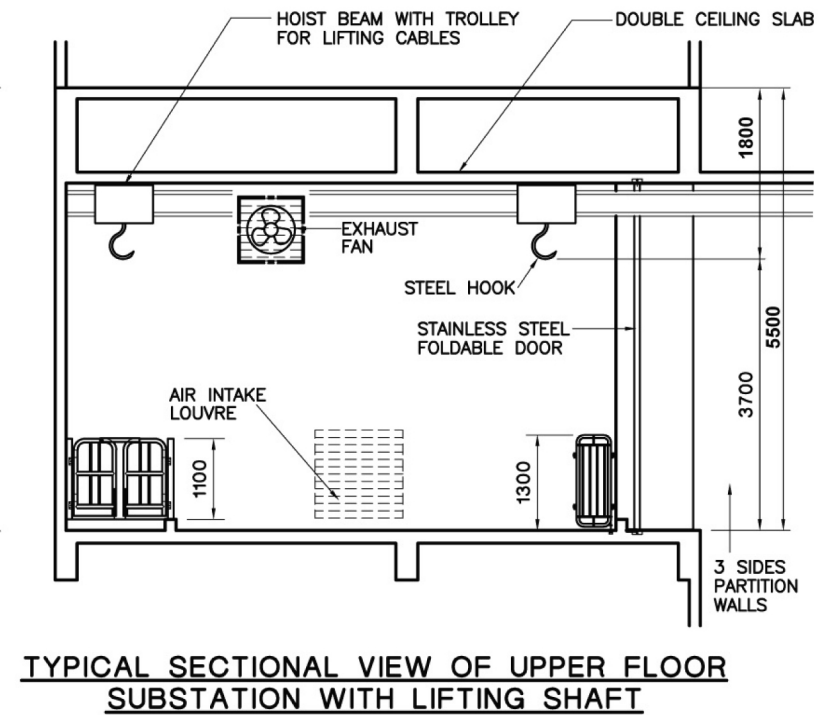
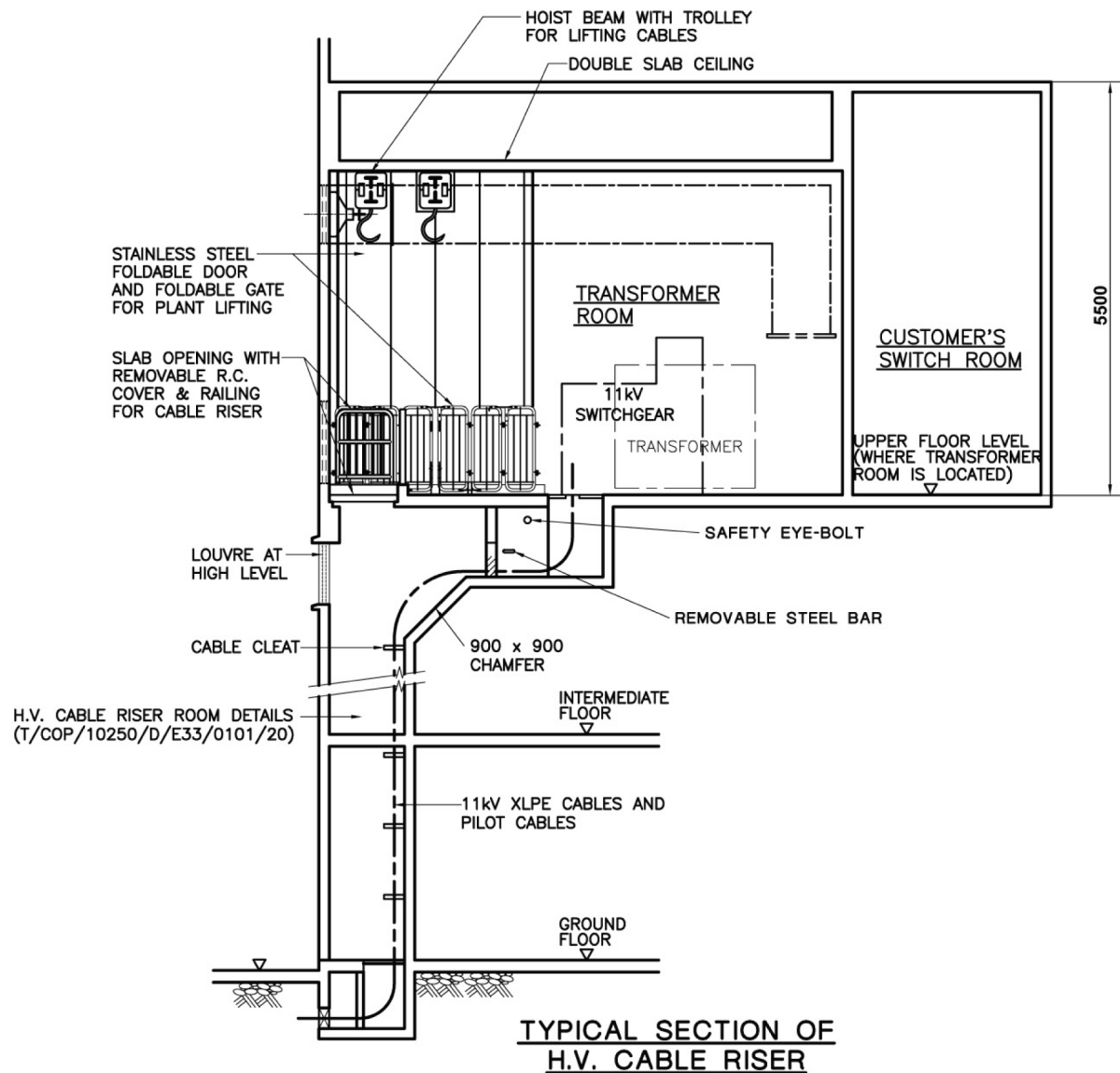
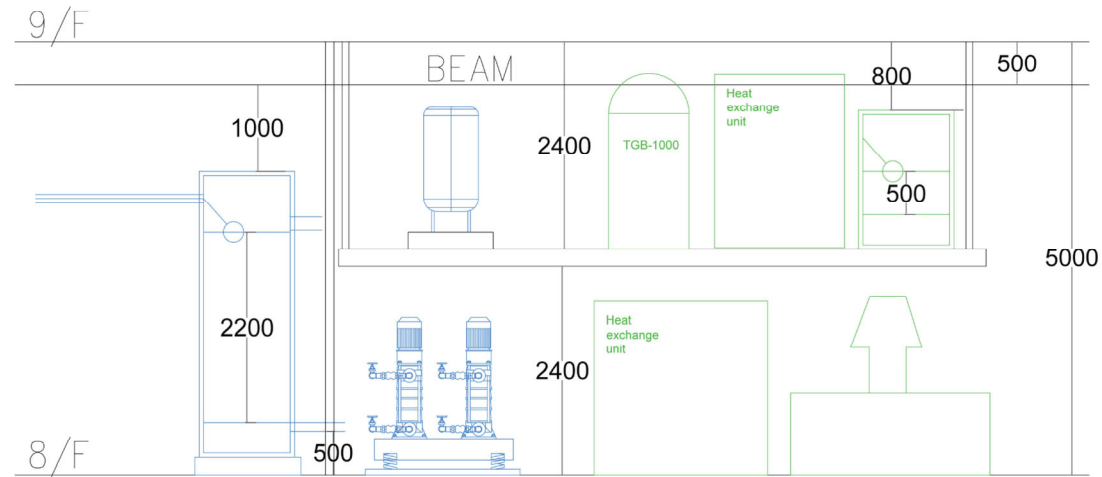
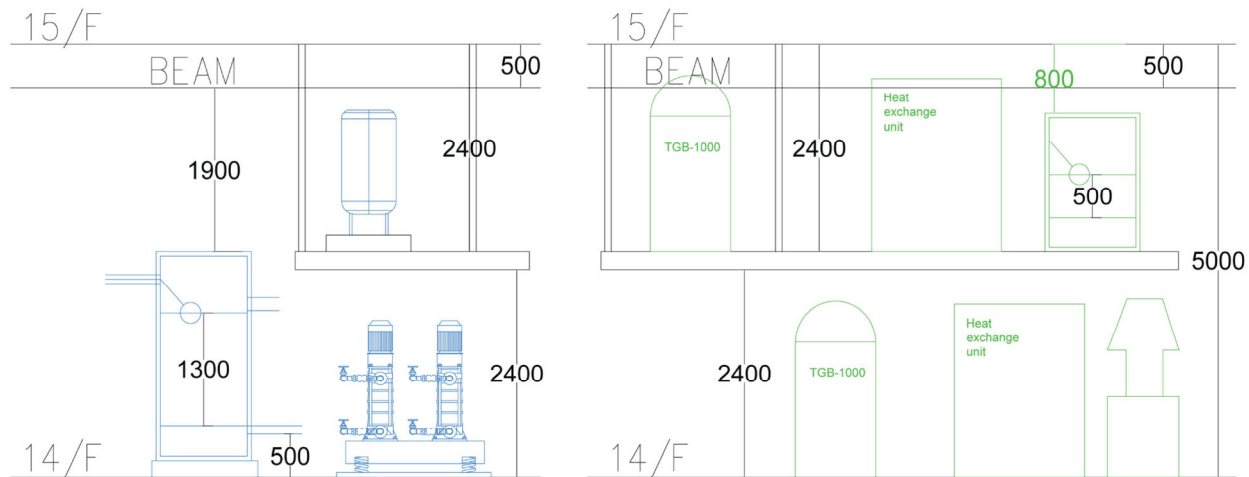


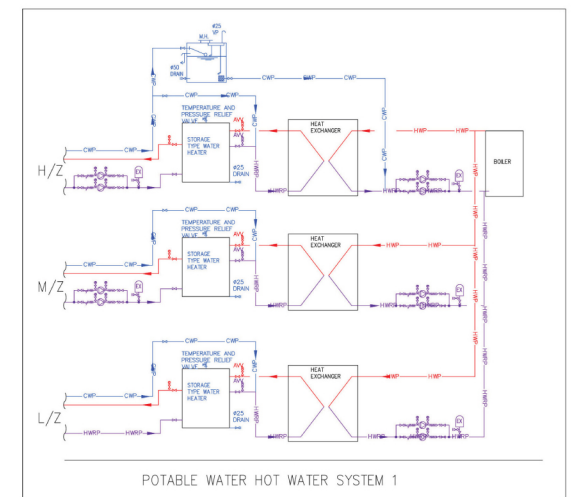
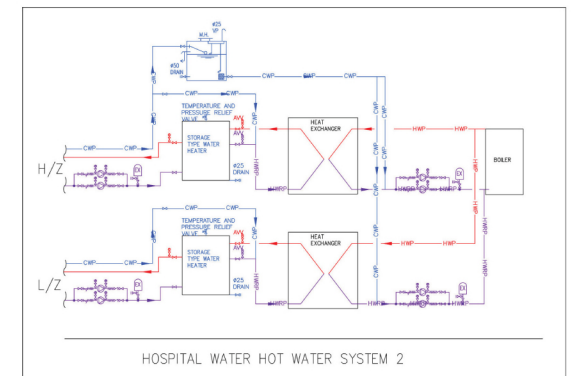
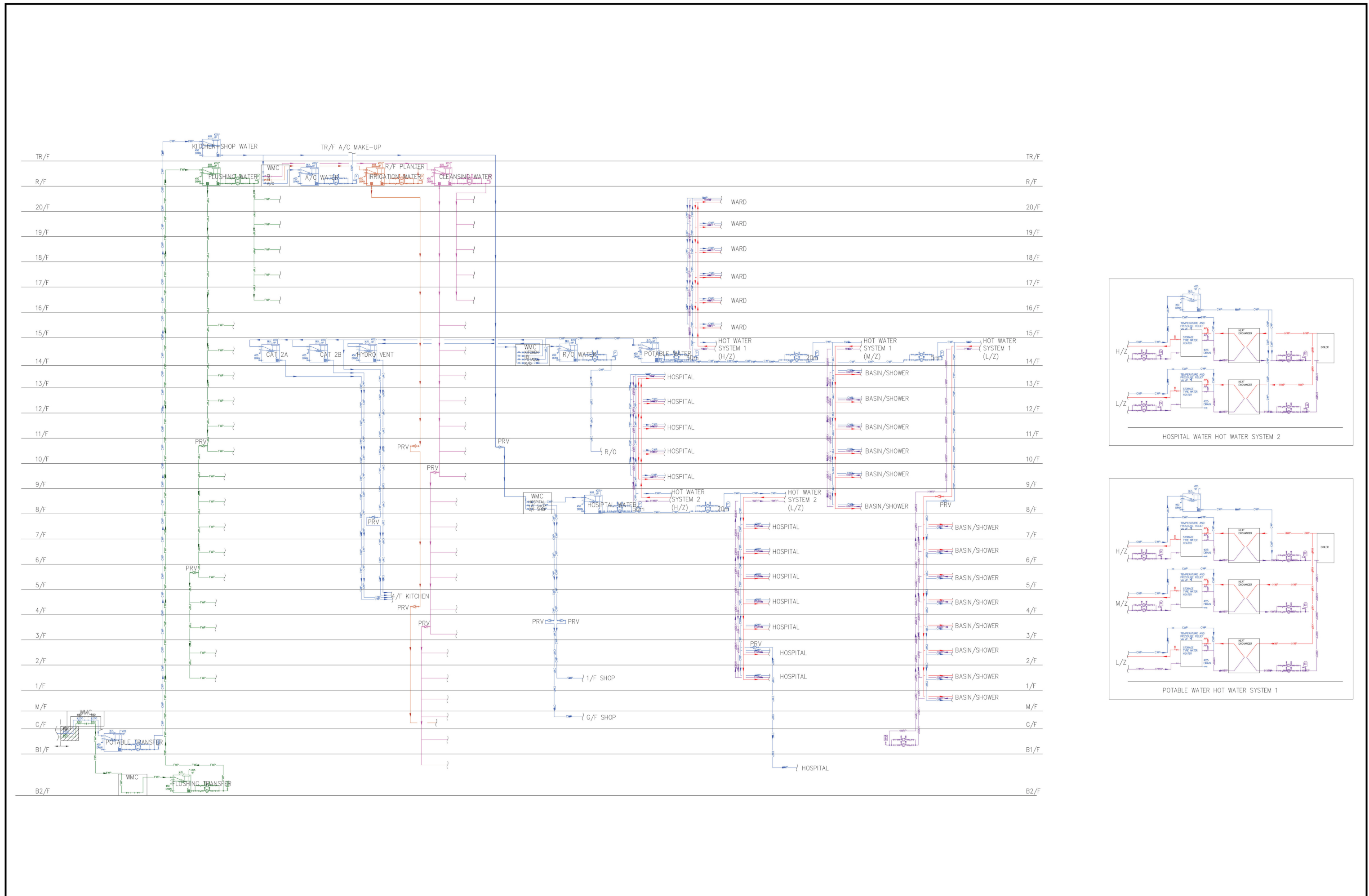
FIGURE 4.1a EXTRACT OF TYPICAL UPPER FLOOR SUBSTATION SECTIONS FROM CLP



8/F WATER TANK AND PUMP
ROOM AND BOILER ROOM SECTION



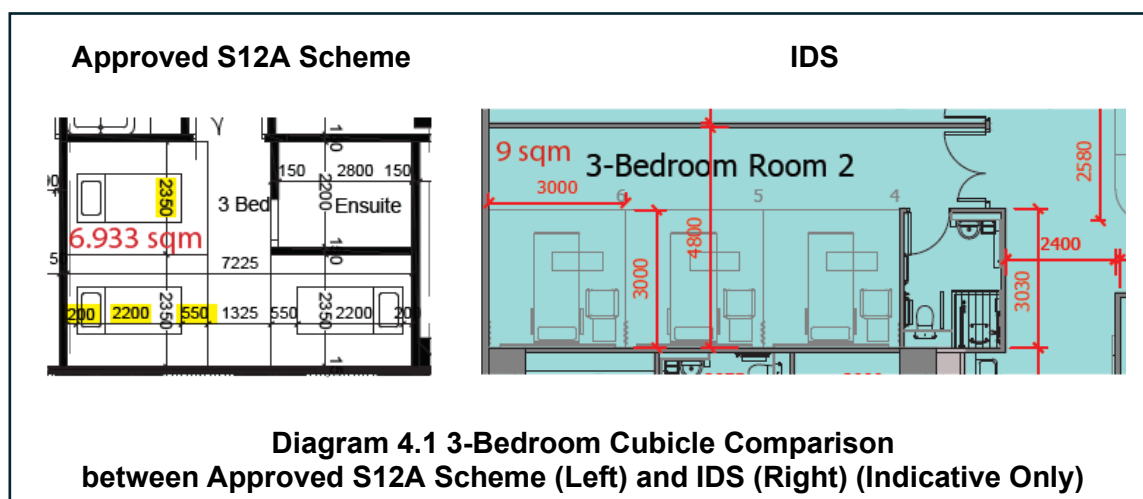
14/F WATER TANK AND PUMP
ROOM AND BOILER ROOM SECTION



4.4 Additional Clinical Floors and Proposed Specialised Facilities

In-patient Wards

- 4.4.1 Compared to the Approved S12A Scheme, the IDS provided an additional 6 storeys where some floors have been allocated for clinical use. The footprints for the inpatient ward floors (from 15/F to 19/F) are specifically designed to suit the functional and operational performance, occupying around 20.2% of the total GFA in the IDS. The inpatient ward footprint is an essential approach to contemporary hospital planning, providing the optimal patient-centred care. Whilst the ward footprint must provide sufficient perimeter to allow windows and daylight to all inpatient bedrooms as required by building regulations. Furthermore, it must also remain compact enough to minimise staff travel for reasons of clinical observation and patient safety (i.e. all patient bedrooms must be able to be observed from a staff station). The corridor length from the ward entry to the end of the ward must also be minimised for the same reasons, so that patient safety is not compromised by long walking distances for staff or placing patients away from staff activity.
- 4.4.2 Since the TPB Approval in 2023, EH has carefully reviewed the spatial arrangement and configuration of the inpatient ward floors to comply with the current spatial standard of cubicle sizes set by the Hospital Authority (“HA”) in the new hospitals, which necessitates a minimum 9m² operation area per bed excluding manoeuvring / circulation space. Along with considerations of circulation spaces, waiting areas, location of supporting staff facilities and nurse stations outlined in **Section 4.3** above, EH proposes to include additional 28 inpatient beds with larger cubicle sizes of minimum 9m² which will not only align with the HA standard but also allow for a more spacious and better experiences for patients comparing to the average bed cubicle size of approx. 6.9m² only in the Approved S12A Scheme (**Diagram 4.1** refers). A minimum of 2.4m corridor width is also adopted for better bed movement and to facilitate safe and efficient transfers of patients and medical equipment. The layout of the typical ward floors (i.e. 16/F to 19/F) will comprise 22 beds while the in-patient ward with negative pressure rooms and HDUs on 15/F will comprise of 20 beds, subject to detailed design. Sufficient floor area is likewise ensured in the medical planning of the isolation facilities (such as the negative pressure rooms) with enhanced air ventilation equipment for effective response to exceptional circumstances and tighten infection control. This contributes to a net increase of about 2.2% GFA of in-patient ward floor areas when compared to that of the Approved S12A Scheme.



- 4.4.3 The typical wards in the IDS comprise six 3-bedroom, one 2-bedroom and two 1-bedroom cubicles to optimise provision of in-patient beds and offer a diversified yet financially viable

approach under a constrained tower footprint of approx. 860m² GFA only. The nurse stations are centralised to provide a larger viewsheds for medical staff to monitor the patients and allow more frequent interactions between them, contributing to a better quality of care. The linen room, equipment room and treatment room are also located in the central area to facilitate staff access.

Operation Theatres and Endoscopy Suites

- 4.4.4 Additional floor spaces will be allocated for the OT Departments on levels 10/F to 12/F, resulting in a net increase in the total number of OT from 7 to 8 and an upgrade of the OT sizes from a maximum of approx. 40m² in the Approved S12A Scheme to a maximum of approx. 60 m² in the IDS which complies with the current HA spatial standard of an OT size of approx. 50-60m² allowing additional spaces for housing laparoscopic, robotic and imaging equipment under the latest technology and to cater for different complexities of surgical operations (**Figure 4.2** refers). Such expansion in the OT Department would take into account the associated preparation room, changing room, post-anaesthesia care unit (“**PACU**”) and sluice room to ensure a smooth flow of clinical workflows, adjacency of facilities in the modernized OT Departments as well as other non-clinical departments which were not sufficient to be accommodated in the Approved S12A Scheme. In particular, the OT Departments in the IDS will provide a physical separation setting of dirty and clean pathways and utility rooms to ascertain the surgical operations are carried out in a clean environment, which was not considered in the Approved S12A Scheme.
- 4.4.5 Similarly, in the IDS, the design of the ER Department on 9/F will accommodate endoscopy suites including a refined bronchoscopy room with additional floor spaces for endoscope reprocessing areas, which physically separate those contaminated from the clean and storage areas and sterilise the endoscopes prior to patient use and supporting preparation room to improve operational workflow and implement better infection control practices. In general, the GFA of OT and ER departments will see a net increase of about 4.7% to 5.3% compared to that of the Approved S12A Scheme.

Day Chemotherapy Centre and Day Wards

- 4.4.6 EH fully understands the growing importance in cancer prevention and treatment and ambulatory care and thus, a Day Chemotherapy Centre including 6 day chemo places will be provided on 10/F, while day wards with a total of 30 day beds / recliners will be provided on 9/F to 10/F to facilitate EH’s establishment as a Day and Short Stay Surgery, Investigation and Treatment Centre and contribution to alleviating the acute healthcare demands.

Out-patient Services and Medical Imaging

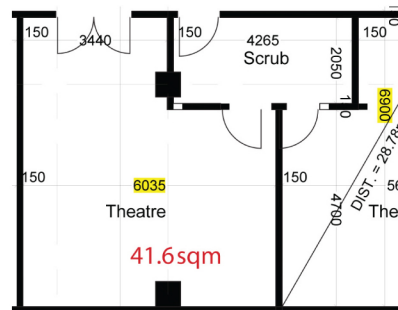
- 4.4.7 To ensure a smooth operation of the hospital, medical imaging such as Magnetic Resonance Imaging (“**MRI**”), Positron Emission Tomography - Computed Tomography (“**PET-CT**”) and Ultrasound will be housed on 3/F. The medical imaging equipment is strategically positioned to prevent interference between devices and allow sufficient space for future maintenance to be conducted without disrupting daily operations. The out-patient services offering General Practice Consultation Rooms (“**GPCR**”) and Specialist Consultation Rooms (“**SCR**”) are housed on 1/F and 2/F which include spacious waiting areas and loop circulation pathways to facilitate smooth patient movement, while other out-patient services, Laboratory / Pathology, Pharmacy and Physiotherapy are located on 4/F and 5/F. In particular, the total number of GPCR and SCR will be increased from 7 and 12 rooms in the existing hospital and Approved S12A Scheme respectively to a total of 30 rooms in the IDS to cater for the growing demand of ambulatory and primary care in the community and to accommodate a larger variety of outpatient services including Dental and Chinese Medicine.

The floor plan illustrates the layout of the first floor, featuring a central corridor system and various functional areas. Key rooms include:

- Stair A** and **Stair B** with adjacent **Riser** and **Access** areas.
- Plant** rooms (22 m²) and **PACU** (Post-Anesthesia Care Unit).
- Patient / Service Lift Lobby** and **Patient Hold**.
- Interview**, **Sully**, **Mis AV**, **Waste**, **Specimen**, and **Staff Cow / WC** rooms.
- Nurses Station** and **Public Lift Lobby**.
- Stair B**, **Riser**, **Lobby**, and **Plant** areas on the right side.
- Doctor's Lounge**, **Manager's Office**, **Linen**, and **Manager's Office**.
- Theatre** rooms (5605, 6035, 4267 Scrub, 4617 Scrub, 4265 Scrub, 5605 Theatre).

The plan includes dimensions, room numbers, and a grid system (H, G, F, E, D, C, B, A) along the top and bottom edges.

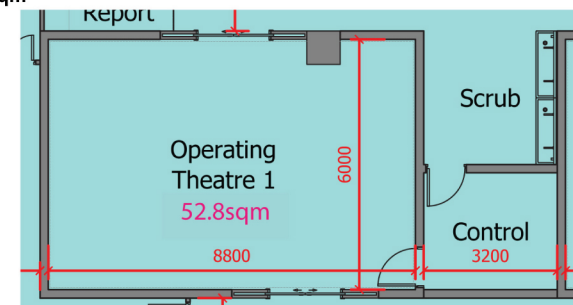
- *Detailed Layout (Indicative Only)



The floor plan illustrates the layout of the Operating Theatre complex, including three operating theatres, corridors, and various support rooms. The plan is color-coded: yellow for lift lobbies, light blue for clean corridors and operating theatres, and light green for support rooms. Key features include:

- Operating Theatre 1:** 52.8 sqm, equipped with a scrub sink, control panel, and a dirty utility/decontamination area.
- Operating Theatre 2:** 52.8 sqm, equipped with a scrub sink, control panel, and a dirty utility/decontamination area.
- Operating Theatre 3:** 60.3 sqm, equipped with a scrub sink, control panel, and a dirty utility/decontamination area.
- Corridors:** A central clean corridor connects the operating theatres. A dirty corridor runs along the left side, leading to a dirty lift and a dirty utility/decontamination area.
- Lifts:** A public lift lobby (yellow) and a service lift lobby (yellow) are located in the center. A dirty lift (orange) is located in the bottom left.
- Support Rooms:** E&M (PAU ROOM 1), E&M (PAU ROOM 2), Cleaning Lounge Room, Staff WC, Store, Nurse Manager, Nurse Counter, Preparation Room, Clean Lift, Sterile Stock Store, Linen, A. L.V., and Equipment Store.
- Dimensions:** The overall dimensions of the complex are 9000 x 6675.

- *Detailed Layout (Indicative Only)



4.5 Virtual Care Facilities

- 4.5.1 The IDS put into operation the smart initiatives for better planning and operational efficiency. An additional floor was allocated for virtual care facilities including the establishment of a **Remote Patient Monitoring Centre** and cubicles for telemedicine on 7/F along with local IT support on the same floor. Various IT applications are expected upon the implementation of smart initiatives, such as digitalised medical records with the support of an integrated Hospital information System, adoption of Internet of Things (“IoT”) for patient status monitoring and smart bed patient information display, remote monitoring devices for diagnosis and intervention through telemedicine and use of automated systems such as autonomous mobile robot system in wards and specialised medical departments and robotic surgery services to optimise efficiency, etc.
- 4.5.2 Adequate space and upgrading work are required to modernise the existing aged hospital with up-to-date IT infrastructure and implement applications of big data and artificial intelligence. These include but not limit to an expanded capacity in relevant E&M transformers room, servers and 5G installation to ensure sufficient power supply and network to the Hospital, information storage, backup power and server, as well as the spaces to accommodate the dimensions of box dispensing robots and loose tablet machines when appropriate. These factors collectively contribute to the need for extra BH / storeys in the IDS which was not fully explored in the Approved S12A Scheme.
- 4.5.3 With the expansion and enhanced provisions of medical facilities and hospital beds, smart pharmacy is envisioned to be adopted in the Pharmacy Department on 5/F to accommodate automated and robotic systems to speed up inventory management and dispensing, optimise storage and retrieval of prescriptions with adoption of fast-moving dispensers, robotic storage and smart cabinets. Thus, reducing manual labour and enhancing delivery speed. Subject to detailed design and the type of dispensing system, the size may vary and would take up floor area (**Diagram 4.2** refers). As such, separate areas for in-patient, out-patient and emergency dispensing will be adopted to enhance medication safety and efficiency. Along with adequate and required circulation, storage, cleaning areas for cytotoxic drug processing and supporting staff changing rooms and resting areas, this will necessitate a larger floor area occupying approx. 533m² in the IDS (equivalent to about half that of a podium footprint in the IDS). The additional provision of a drug lift serving 1/F to 19/F as outlined in **Section 4.3** will further promote the development of semi-automated medication delivery and improve pharmaceutical safety.



Diagram 4.2 Examples of Fast-moving Box Dispensing Systems

- 4.5.4 In addition, the Applicant will explore reserving a landing zone on R/F for potential drone

landing for medical-related delivery and support, if necessary, to be in line with the Government's initiative in the 2024 Policy Address to develop a low-altitude economy. Details will be provided at the subsequent stage once Government's Working Group has released further information on the relevant measures such as deploying drones for deliver, surveys and permits etc.

4.6 Design Merits and Considerations

Urban Design

- 4.6.1 In order to minimise the impact of the increased BH and massing of the IDS, various urban design elements will be incorporated to bring about improvements to the townscape and enhance amenities for pedestrian passers-by and local residents. Please refer to **Figure 4.3** for details on the Design Features. As per the Approved S12A Scheme, a voluntary above-ground full-height setback of 6m from Argyle Street and circulation splays at Fu Ning Street/Fuk Cheung Street will be maintained. Please see **Figures 4.4a** and **4.4b** for the Comparison of the Approved S12A Scheme and the IDS.
- 4.6.2 The proposed tower setback of approx. 6m above podium at Fu Ning Street is maintained from the Approved S12A Scheme, which not only serves to create a wider visual corridor along Fu Ning Street but also helps facilitate air ventilation and visual permeability through breaking down the visual mass and enables more space for edge planting and vertical greenery at the low zone. Green roof at R/F will also enable greater visual interest and enhancement of the local visual amenity. Greenery and variation in massing are adopted to reduce the visual impact of the building mass.
- 4.6.3 Compared to the Approved S12A Scheme, the proposed all-weather canopy fronting Argyle Street will be expanded from approx. 14.9m to approx. 20m in length for potential security control in the future and to ease visitors waiting for taxi pick up / drop off as well as pedestrians waiting at the traffic lights, thus facilitating circulation. Please see **Figures 4.4a** and **4.4b** for details.
- 4.6.4 Moreover, the IDS will incorporate **additional** design elements including a communal podium garden with seatings on 8/F facing Fu Ning Street and a balcony with edge planting at 6/F to provide natural ventilation and breathing space for Hospital staff and visitors, subject to management control, to enjoy and allow for visual relief and improvement of visual connection to the street (**Figure 4.3** refers).
- 4.6.5 In view of the potential interfacing issue with adjacent residential development, namely Hoover Court, the IDS proposed a minimum building setback of 650mm from the southwestern lot boundary to maintain an approx. 4.45m building gap / separation between the IDS building edge and the closest part of Hoover Court, as well as to incorporate planters on the western façade facing Hoover Court at levels M/F to 8/F and a green coloured pattern wall mural at levels G/F to 8/F as mitigation measures to improve the aesthetics and alleviate any potential adverse visual and environmental impacts (**Figure 4.3** refers).

Legend

- ❶ A 6m voluntary above-ground full-height setback from Argyle Street to provide a breathing corridor and for streetscape enhancement
- ❷ A 6m wide tower setback above podium level at Fu Ning Street for a wider visual corridor along Forfar Road
- ❸ Circulation splay at Fu Ning Street / Fuk Cheung Street to improve pedestrian circulation and visual permeability
- ❹ A 20m All-weather canopy to ease visitor waiting for taxi pick-up / drop off and to facilitate circulation for pedestrians waiting at the traffic lights and potential security control in the future
- ❺ At-grade tree plantings with lawn coverage on G/F to enhance streetscape amenity and promote visual interest and pedestrian comfort
- ❻ Communal podium garden with outdoor seatings on 8/F to act as breathing space for Hospital staff and visitors (under management control) and to improve the visual connection to the street
- ❼ A balcony with edge planting on 6/F to allow for visual relief
- ❽ Landscape Treatments at R/F to promote visual interest (*Please see Appendix 2 for the Conceptual Landscape Proposal*)
- ❾ Vertical Greening at façade facing Fu Ning Street to break down the visual mass and facilitate visual permeability
- ❿ Planters on the western façade facing Hoover Court at levels M/F to 8/F to alleviate the potential adverse visual impacts
- ⓫ Green coloured pattern wall mural on western facade facing Hoover Court at levels G/F to 8/F to improve aesthetic
- ⓬ A minimum 650mm building setback from the southwestern lot boundary is provided to minimise potential impacts on air ventilation and sunlight penetration
- ⓭ Sensitive building façade treatment with contrasting wall tones and variations in façade design to create visual interest

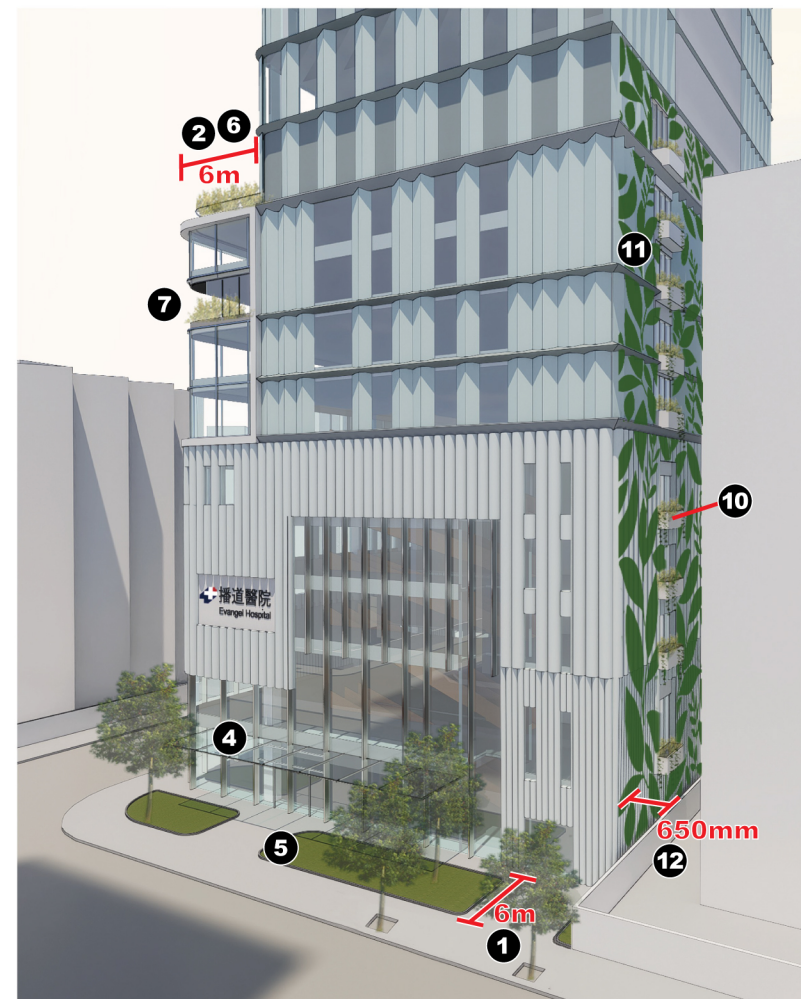
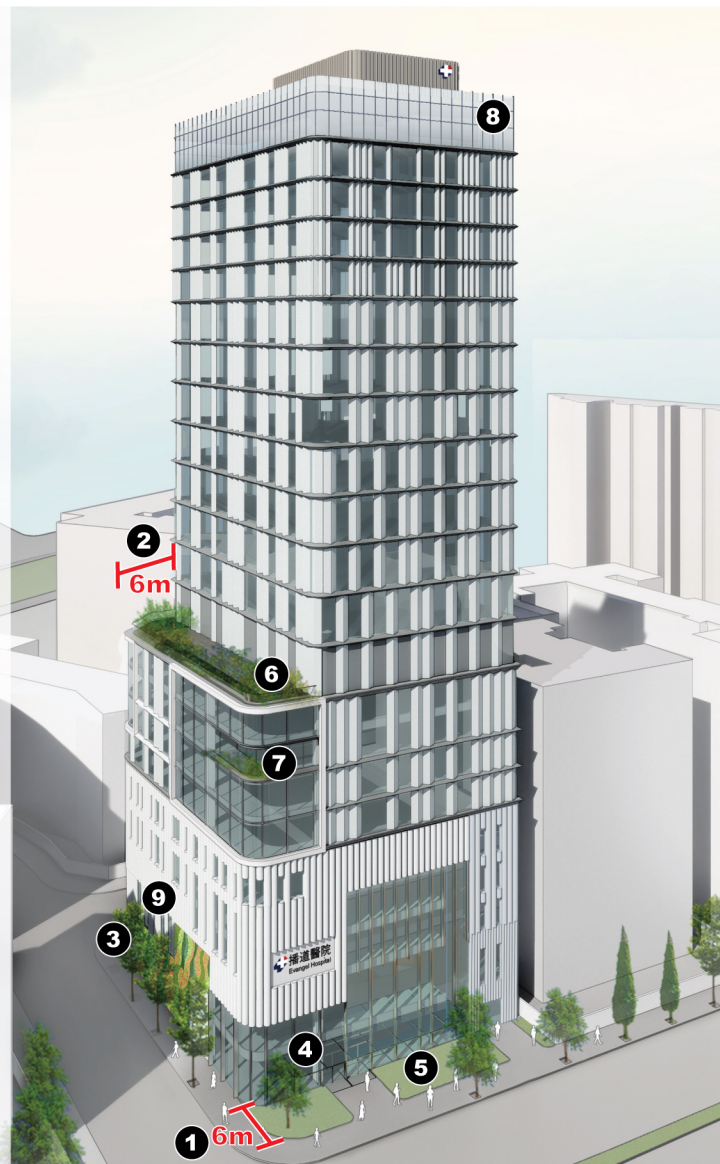


FIGURE 4.3 DESIGN FEATURES (INDICATIVE ONLY)

**View of the Proposed Hospital Redevelopment
from Argyle Street and Fu Ning Street**

APPROVED S12A SCHEME



IDS



FIGURE 4.4a COMPARISON OF APPROVED S12A SCHEME AND IDS (INDICATIVE ONLY)

**View of the Proposed Hospital Redevelopment
from Argyle Street at Street Level**

APPROVED S12A SCHEME



IDS



FIGURE 4.4b COMPARISON OF APPROVED S12A SCHEME AND IDS (INDICATIVE ONLY)

- 4.6.6 Sensitive building facade treatment with contrasting wall tones and variations in façade design will create visual interest and to reduce the perceived bulkiness of the IDS. The variation in façade design in the IDS is particularly noticeable in the lower podium levels with a mix of glass and wall-like façades to break down the verticality of the development at street-level. In addition, 20/F is proposed to serve as administrative and community education / professional training purposes and will adopt a unique permeable façade to allow better penetration of sunlight (e.g. glass curtain wall) subject to detail design.

Landscape Treatments

- 4.6.7 Two (2) nos. of Trees are proposed with lawn coverage at the G/F setback area alongside the existing street trees on Argyle Street and Fu Ning Street as per the Approved S12A Scheme. Additional edge plantings of (flowering) shrubs are proposed at 6/F balcony, 8/F podium garden and R/F green roof to increase overall greening on the Site, soften the building edges of the podium and enhance the visual quality and permeability, especially when viewed from the junction of Argyle Street and Fu Ning Street (**Figures 4.3, 4.4a, 4.4b** and **Appendix 2** refer). Compared to the podium garden at 3/F in the Approved S12A Scheme, the podium garden at 8/F in the IDS will include a well-designed landscaped area with gathering spaces and outdoor seatings for the enjoyment and comfort of staff and visitors (under management control), which will also provide visual interest to the surrounding buildings cluster. Vertical greenery fronting Fu Ning Street at levels G/F and M/F, planters on the western façade facing Hoover Court at the podium levels of M/F to 8/F and street planting on G/F fronting Argyle Street will be further explored at the detailed design stage for the enjoyment of pedestrians and to allow more opportunities for greening at the low zone. The proposed greening shall contribute to higher well-being and public health and enhance the quality of life.
- 4.6.8 The IDS will provide an overall minimum 20% site coverage of greenery area of the entire Application Site. A Conceptual Landscape Proposal is provided in **Appendix 2** to illustrate the indicative landscape design. Planning details and location of vertical greening and tree planting etc will be further studied and furnished at the subsequent detail design stage.

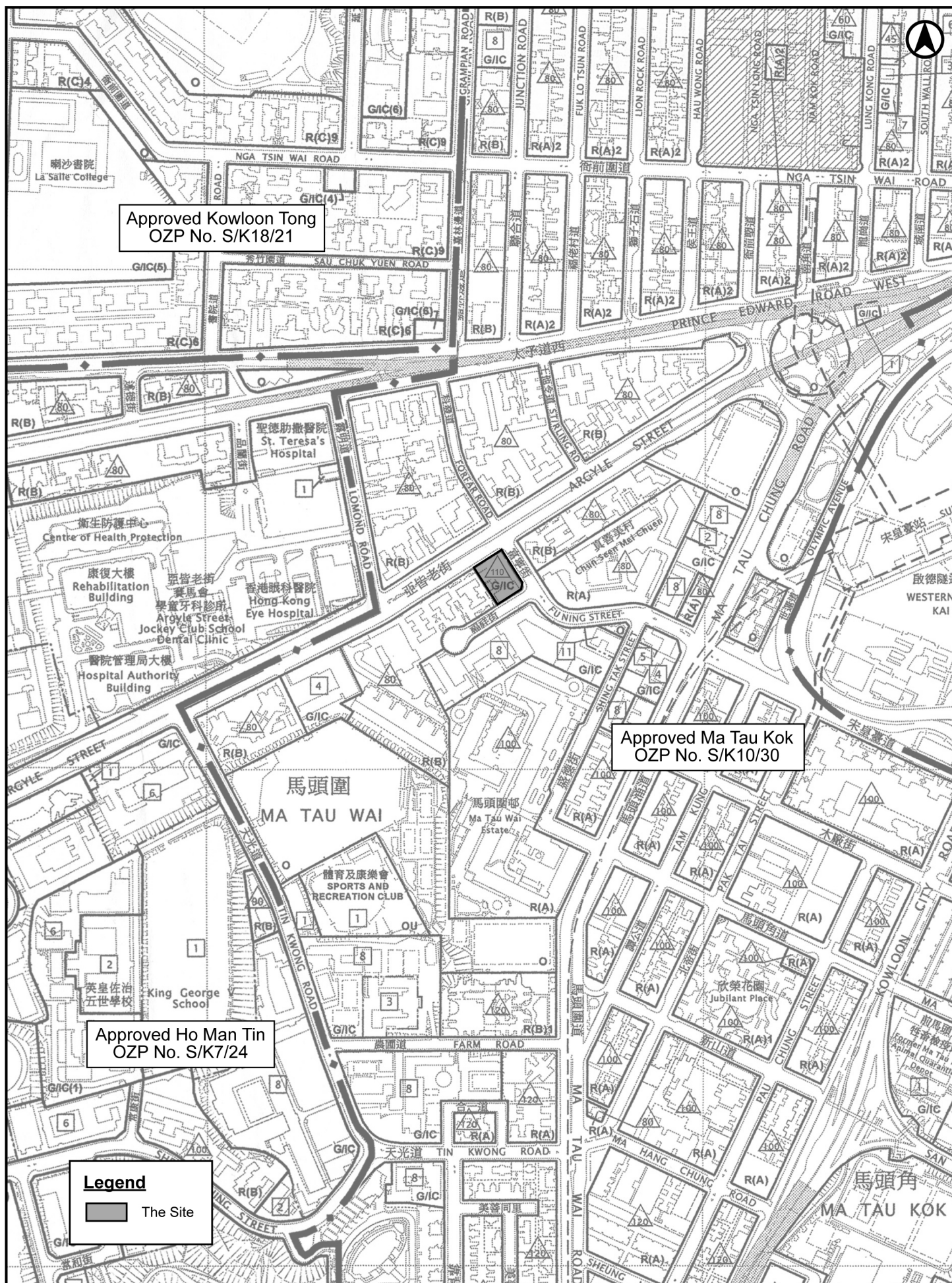
4.7 Implementation Programme

- 4.7.1 The Proposed Hospital Redevelopment is anticipated to commence operation in 2032/2033, at the earliest.
- 4.7.2 The operation of essential healthcare services at the Application Site will not be affected during the construction period of the Proposed Hospital Redevelopment with proper interim arrangement. EH would identify suitable off-site location(s) to continue most of its services and would take into consideration the establishment of an interim centre for day surgeries. With digitalised medical records supported by the EH's Smart Hospital initiatives, it is anticipated that outpatient services could be relocated to other locations seamlessly during the construction period.

5 PROPOSED AMENDMENTS TO THE APPROVED MA TAU KOK OUTLINE ZONING PLAN NO. S/K10/30

5.1 Proposed Amendment to the Approved OZP

- 5.1.1 This S12A Planning Application seeks to relax the BHR at the Application Site from 5 storeys to 110mPD whilst maintaining the planning intention of the “G/IC” zoning which is *“intended primarily for the provision of Government, institution or community facilities serving the needs of the local residents and/or a wider district, region or the territory. It is also intended to provide land for uses directly related to or in support of the work of the Government, organisations providing social services to meet community needs, and other institutional establishments”*.
- 5.1.2 The 110mPD BHR will allow a 22-storey Hospital accommodating the minimum GFA necessary for the facilities as identified in the above sections to be redeveloped on the Application Site. Please refer to **Figure 5.1** for the proposed amendment to the Approved OZP.



ASFNS

FIGURE 5.1 PROPOSED AMENDMENT TO THE APPROVED MA TAU KOK
OUTLINE ZONING PLAN NO. S/K10/30
SCALE 1 : 5,000

6 PLANNING JUSTIFICATIONS

6.1 In Line with Government's Policy for Medical and Healthcare Services

- 6.1.1 In the face of an ageing population and increasing healthcare awareness among the general public, the policy initiatives announced in recent Policy Addresses (**Para 3.3.1** to **3.3.10** refers) support the improvement of Hong Kong's healthcare system and advocate for its transformation from the current treatment and institutional-oriented nature to a sustainable prevention-oriented community-based nature. A stronger emphasis has been placed on the development of primary healthcare and family medicine to facilitate timely diagnosis and detection of diseases and on the need for public-private partnership between the HA and the private healthcare sector as an implementation mode in dual-track delivery of healthcare services to sustain the entire healthcare system in Hong Kong since 2018. These initiatives aimed at alleviating the acute medical demands of the overloaded public healthcare sector and accommodating future community needs.
- 6.1.2 The recent Policy Addresses accord greater priorities to promote and facilitate the development of Chinese Medicine, oral health and mental health in the community as well as addressing the imminent labour shortage of medical professionals. Positioning itself as a small-scale non-profit making community hospital with expertise in family medicine, the Proposed Hospital Redevelopment would support the policy initiatives by utilising its expertise in family medicine and by focusing on prevention management and caring for the underprivileged. EH proposes to enhance a wide range of quality primary healthcare services as outlined in **Section 4.1.6** including the Chronic Disease, Cancer Care, Chinese Medicine, Dental, Mental Health sectors as emphasised and provide more affordable healthcare and regular outreach programmes for serving the local residents at the community level.
- 6.1.3 EH has offered discounts to various groups in the community over the years, including patients referred by HA / Department of Health ("**DoH**"), holders of Senior Citizen Card / Registration Card for Persons with Disabilities, church employees and members. Furthermore, EH also participated in various programs and provision of services to those parties in need, e.g. programs for patients with Cleft Lip & Palate, Right Care, Right Time & Right Team (3R) Project, etc. EH also responded to the promotion of the HKSAR Government in providing services during the time in need, e.g. Chronic Disease Co-Care Pilot Scheme ("**CDCC**"), Vaccination Program, PPP Project during the COVID-19 pandemic. All of the above practices will be continued with the Proposed Hospital Redevelopment.
- 6.1.4 Since the Approved S12A in July 2023, EH wrote to the HHB in December 2024 that at least 30% of the inpatient bed days taken up in the Proposed Hospital Redevelopment each year will be for services provided through standard beds at packaging charges and at least 70% of the total number of operational in-patient beds are standard beds in each service year. This reassures that EH is determined to help alleviate the pressure on the public healthcare system. HHB has indicated their in-principle support for the Proposed Hospital Redevelopment.
- 6.1.5 To echo the Government's prominent initiative in the 2024 Policy Address to develop a low-altitude economy development, the Applicant will explore the possibility of providing a landing zone on R/F in the subsequent stage upon further information release from the Government on the relevant measure for low-altitude economy in the event of future medical-related delivery and services support by drones.

6.2 Meeting the Increasing Demand for High Quality Healthcare Services for Local Residents and Wider Community

- 6.2.5 There is an overwhelming and growing demand for public medical and health services with a consistent rise in the number of patients in recent years in the face of an ageing population and high bed utilisation rates. According to “Projections of Population Distribution 2023-2031” issued by the Planning Department, there will be an increase of 36,500 (+44%) elderly population aged 65 or above from 2021 to 2031 in Kowloon City District alone. Bed utilisation rates in 2019 of elderly aged 65-79 and above 80 were five (5) times and 14 times that of people below 65 years of age, respectively as referred to in the HA Strategic Plan 2022-2027 published in 2021.
- 6.2.6 Furthermore, statistics collected in recent years indicate that there is a trend of increasing utilisation of clinical wards and inpatient beds with long waiting lists in the district. A significant shortfall of 787 hospital beds is observed against the planned provision in the Ma Tau Kok OZP area in 2023, which is set to be catered in the HA’s redevelopment projects in the First and Second Ten-year Hospital Development Plans (“**HDPs**”) that are still underway (*Annex V of TPB Paper No. 10933* refers). Specifically, the bed occupancy rate in the public hospitals in Kowloon Central Cluster of HA during service demand surge could chart as high as 127% (*HA Public Hospitals Key Statistics during Service Demand Surge 2024-25* refers).
- 6.2.7 On top of that, since the TPB Approval in 2023, demands for medical service are anticipated to escalate in view of the planned growth brought about by the new redevelopment proposals in the Kowloon City District and the recently completed residential developments in the adjacent Kai Tak Development Area (“**KTDA**”). There are many planned redevelopment sites in the vicinity of the Site, including the public housing estates of Chun Seen Mei Chuen and Ma Tau Wai Estate, the Urban Renewal Authority (“**URA**”) Shing Tak Street / Ma Tau Chung Road and Ma Tau Wai Road / Lok Shan Road Development Projects etc. In particular, the URA Nga Tsin Wai Road / Carpenter Road Development Scheme Plan was gazetted in September 2023 which will bring about a holistic restructuring of the district and an additional 10,012 population into the area upon completion.
- 6.2.8 Based on these underpinning demographics, it can be incurred that there is a genuine need for more community health hospitals and the expansion of private healthcare services to ease the shortage and capacity demand of medical services in the region of Kowloon City or even the wider community of Hong Kong. To better meet the projected demand and quality for medical services, EH is committed to expanding its facilities to provide relief to the overloaded public sector and has further refined the Proposed Hospital Redevelopment Scheme.
- 6.2.9 The redeveloped 22-storey Hospital will further enable the provision of 144 hospital beds (including 4 HDUs, 30 day beds / recliners, 6 day chemo places) which will bring about an approx. 22% increase in the number of hospital beds to be provided from the Approved S12A Scheme (i.e. 118 beds) and more than double the amount (with 140% increase) from the existing hospital (i.e. 60 beds), whilst expanded services such as the newly incorporated Day Chemotherapy Centre, Psychological Counselling and Assessment and Dental Services will also help to further meet the local needs. Additional floor space through expansion would help to adequately respond to the growing expectation for medical care and attention. The IDS would provide better a spatial arrangement and facilities to facilitate the hospital’s future development.
- 6.2.10 Despite there is no PR restriction under the “G/IC” zone to allow flexibility in the use of

the land by institutions or community facilities of different scales and natures, the proposed PR of approx. 12.53 is slightly higher than the maximum PR of 12 in the non-domestic sites in the same planning area which is mainly to restrain traffic growth. It should be noted that the proposed PR does not exceed the permitted PR as defined in Building (Planning) Regulations (“**B(P)R**”) (i.e. PR 15). The minor exceedance is due to the relatively small site area of approx. 1,463m². EH wishes to make the best use of its existing Hospital site at the heart of Kowloon City District for growing demand of healthcare services for the public, a Site that is a valuable private land resource.

6.2.11 EH has a long history of operating as a **non-profit making community hospital** since 1965 and is a **medical / healthcare service provider** for patients and the community rather than for financial gain / commercial profits. If the PR is to be reduced to 12, it would lead to a loss of approx. 775.39m² of GFA, which is equivalent to approx. 1 storey in the Hospital tower. Furthermore, with the ongoing redevelopment / development proposals in recent years in Kowloon City and adjacent Kai Tak area, the PR restriction of certain zoning should be reviewed due to the change in planning circumstances. The Technical Assessments attached in **Appendix 2 to 6** demonstrated that there are no adverse impacts or insurmountable infrastructural constraints due to the proposed PR in the IDS. Various planning and design merits are also incorporated and are considered significant planning gains which the public can be greatly benefitted from (**Section 4.6** refers).

6.2.12 In terms of land use efficiency, redevelopment under the IDS will be more viable and further optimise the valuable G/IC land resources in the urban area. The additional BHR contributes to approx. double the in-patient ward floor areas from the Approved S12A Scheme which will enhance public services with community benefits to the persons in need, without reliance on Government Land and subvention from the Government. The Proposed Hospital Redevelopment is thus a precious opportunity to implement and greatly improve the health and living quality of the people in Hong Kong and should be given favourable consideration.

6.3 Optimising Building Design to Accommodate Necessary Back of House, Circulation and Electrical and Mechanical Facilities

6.3.1 A custom-designed building is required for the expansion of the current capacity of the hospital, yet the site constraints have limited the buildable footprint. Given the relatively small site area (approx. 1,463m²) bounded by three streets predominated by residential buildings and the need to comply with building and hospital regulations, the proposed BHR of 110mPD is the most practical for a 22-storey hospital that can achieve EH's objectives. Despite this, some supporting services such as medical records storage, laundry and storage will have to be located off-site. The proposed BHR is fully compatible with the surrounding building heights - both existing and as stipulated on the OZP. Deeper excavation (i.e. over 9m) of basement levels has been explored to potentially relocate radiology and provision of additional parking spaces, however, it is not considered sustainable as it will necessitate a smoke extraction system, require additional staircase areas to meet buildings and fire regulations, and necessitate additional frontage and space on G/F which is already fully occupied with no extra space to cater for. Notwithstanding, deeper excavation will potentially impose flooding risks and is not considered a financially feasible option. Thus, two basement levels for car parking are considered as the upper limit in the IDS.

6.3.2 The quest for efficiency and the call for sterility and safety is essential in the bustling, ever-evolving hospital environment in Hong Kong with a growing emphasis on smart healthcare to ensure the timely delivery of high-quality healthcare, of which back of house (“**BOH**”) logistics and circulation have a pivotal role. Upon a further detailed design review and

conducting lift traffic analysis, the findings indicated that the originally proposed 6 lifts (including 3 Patient / Service Lifts for staff and goods delivery and 3 Passenger Lifts) in the Approved S12A Scheme would be inadequate to accommodate the high traffic demands in the IDS and thus have come up with an optimised BOH and circulation design as outlined in **Section 4.3**, which includes a total of 6 Passenger Lifts (including 1 Accessible Lift) and 3 Patient / Service Lifts with larger car sizes and separate zoning control to optimise usage across the building, subject to detailed design (**Figures 6.1a** and **6.1b** refer).

- 6.3.3 Notably, the IDS has a clear demarcation of Patient / Service and Pedestrian lifts zoning to segregate medical workflow with public circulation to ensure infection control, reduce waiting time and prevent overloading issues when compared to the Approved S12A Scheme. In addition, the lift traffic analysis shed light on the over-reliance and insufficiency on the escalator from G/F to 3/F in the Approved S12A Scheme in accommodating wheelchair users or individuals/patients with accessibility issues to the highly demanded 24-hour Outpatient Services. As a result, an additional Pedestrian Accessible Lift is proposed in the IDS next to the pedestrian entrance to provide more convenient, barrier-free and seamless access from G/F to 5/F (**Figure 6.1a** refers). To further improve the hospital's operational efficiency, a dedicated drug lift (in the form of a dumbwaiter) is also proposed to be installed on 1/F to 19/F including all medical floors whilst, a set of internal staircases will be introduced in the clean zone additional to the clean and dirty lifts proposed on the surgical and sterilisation floors on 9/F to 13/F in the IDS to facilitate delivery of medication and medical equipment as well as to implement better infection control (**Figure 6.1b** refers). In particular, the set of internal staircases would provide direct access between the surgical and sterilisation floors and reduce reliance on lifts or non-sterile fire-escape staircases which might compromise efficiency or hygiene.
- 6.3.4 These provisions of BOH and circulation facilities (including lift core and lobby, escape staircase and associated circulation spaces, etc.) contribute to approx. 22.6% of GFA / PR of the IDS, which sees an increase of approx. 6% from the contributing the same in the Approved S12A Scheme (with approx. 16.6% GFA/PR). Under the site constraints with limited floor plate sizes, a minor relaxation of BHR accommodating the additional GFA/PR is required to provide robust support to the functionality and operational efficiency of the modernised hospital environment so that the daily operation of the IDS would not be compromised.
- 6.3.5 Nevertheless, to practically implement the modernisation of hospital infrastructure and to cater for the post-COVID19 demands, the Applicant is fully aware of the indispensability of the electrical design and mechanical system to Hospital operation and patient safety. Thus, the IDS has taken into consideration the details of the proposed E&M plant room provisions outlined in **Section 4.3** and has appointed an E&M Consultant to ensure that a reliable and continuous power supply could be accommodated to prevent disruptions during emergencies or power outages and are in compliance with the latest statutory structural requirements and design standards. These include enabling electric charges for vehicles, supporting the loadings of all medical equipment (e.g. MRI, PET-CT) as well as, A/C provisions and remote monitoring, allowing the envisioned adoption of electrical boilers to minimise emissions and potential air quality impacts, which all call for additional E&M services and plant rooms. Albeit the GFA for E&M plant rooms is disregarded from calculations, the increased E&M plant room provisions, which include Tx rooms, water tank and pump rooms would contribute to approx. one net additional storey in the IDS. These rooms have been appropriately and effectively sized with no unnecessary buffer space left such that essential E&M services including chillers have been relocated to the

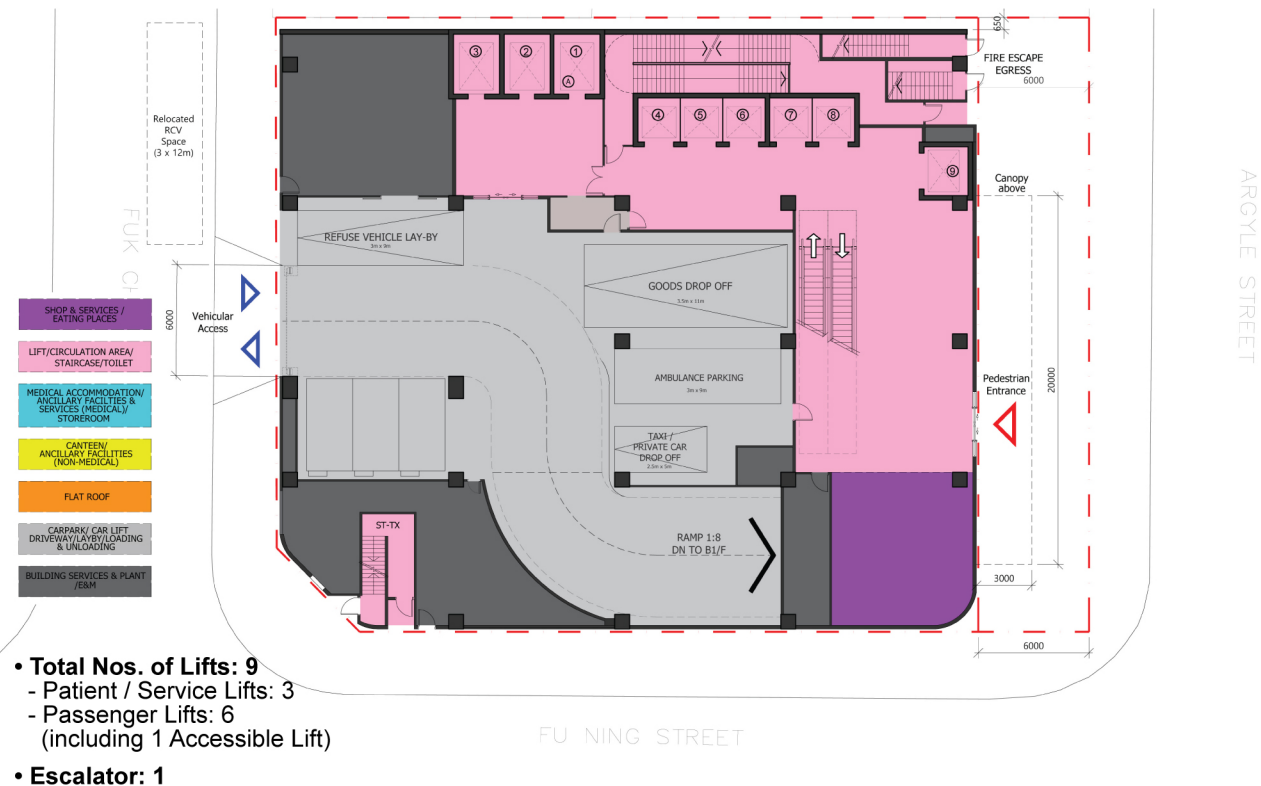
G/F

APPROVED S12A SCHEME



*Circulation layout also applies to M/F, 1/F, 2/F and 3/F

IDS



*Circulation layout also applies to M/F, 1/F, 2/F and 3/F (with 1 additional Drug Lift provided on 1/F, 2/F and 3/F)

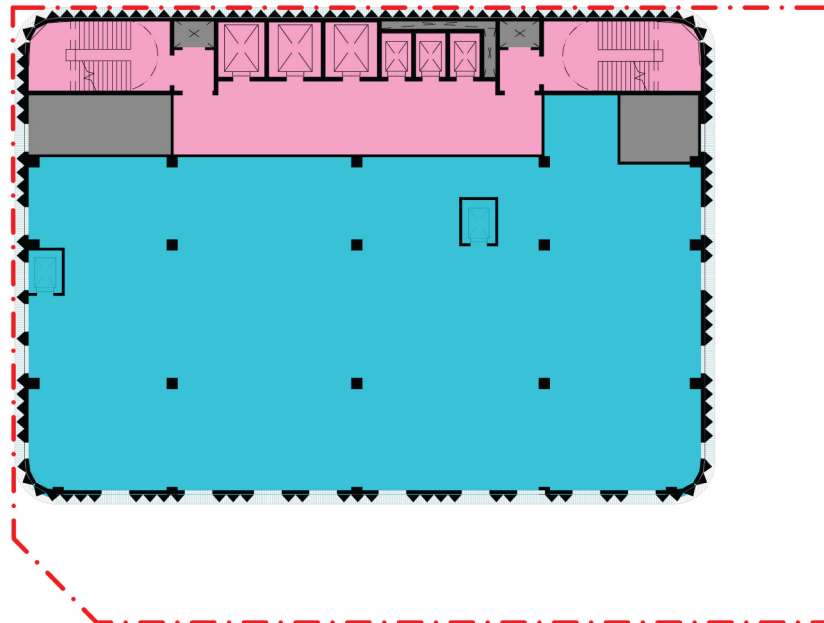
FIGURE 6.1a CIRCULATION COMPARISON OF APPROVED S12A SCHEME AND IDS

9/F

APPROVED S12A SCHEME

LIFT/CIRCULATION AREA/ STAIRCASE/TOILET
MEDICAL ACCOMMODATION/ ANCILLARY FACILITIES & SERVICES/STOREROOM
CANTEEN/ ANCILLARY FACILITIES
FLAT ROOF (LANDSCAPE AREA/ ERM)
CARPARK/ CAR LIFT/ DRIVEWAY/ LAYBY/ LOADING & UNLOADING/ SERVICES
BUILDING SERVICES & PLANT

- **Total Nos. of Lifts: 8**
 - Patient / Service Lifts: 3
 - Passenger Lifts: 3
 - Clean and Dirty Lifts: 2



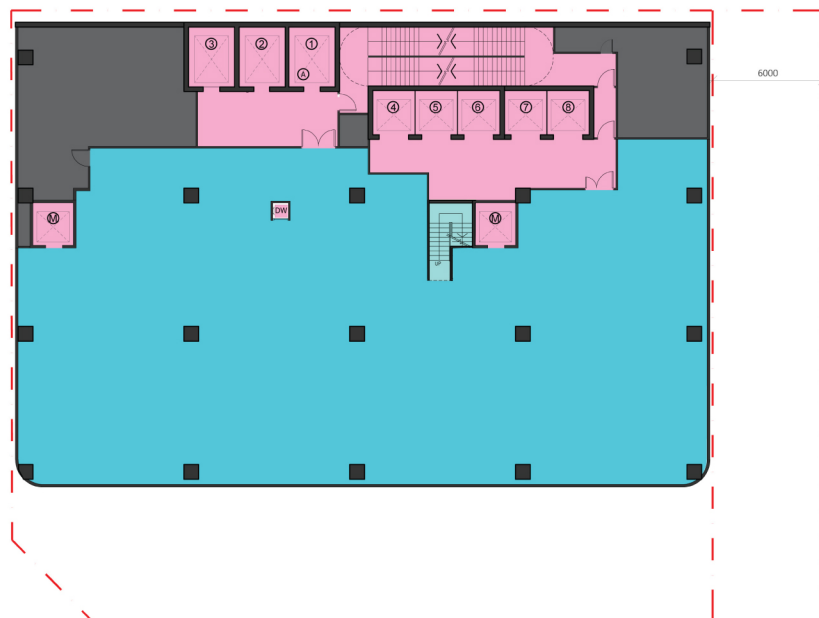
*Circulation layout also applies to 8/F, 9/F, 10/F and 11/F

IDS

SHOP & SERVICES / EATING PLACES
LIFT/CIRCULATION AREA/ STAIRCASE/TOILET
MEDICAL ACCOMMODATION/ ANCILLARY FACILITIES & SERVICES (MEDICAL)/ STOREROOM
CANTEEN/ ANCILLARY FACILITIES (NON-MEDICAL)
FLAT ROOF
CARPARK/ CAR LIFT/ DRIVEWAY/ LAYBY/ LOADING & UNLOADING
BUILDING SERVICES & PLANT /EAM

- **Total Nos. of Lifts: 11**
 - Patient / Service Lifts: 3
 - Passenger Lifts: 5
 - Clean and Dirty Lifts: 2
 - Drug Lift: 1

- **Internal Staircase : 1**



*Circulation layout also applies to 10/F, 11/F, 12/F and 13/F

plant rooms on R/F, subject to detailed design. Please refer to **Figure 6.2** for extracts of the E&M plant room arrangements in the IDS. The Applicant has endeavoured to increase the medical accommodation where possible by reassessing the BOH, circulation and E&M facilities from the Approved S12A Scheme and yet sufficient to allow the operation of the Proposed Hospital Redevelopment.

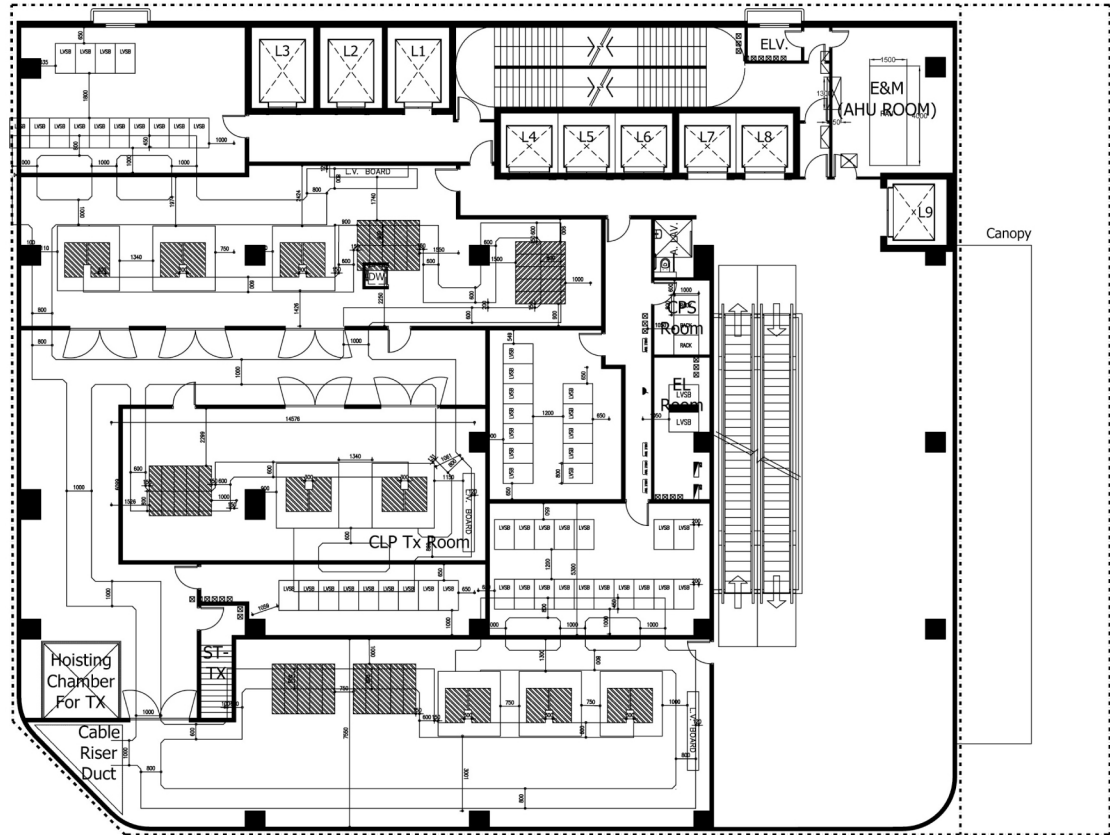
6.4 Responding to Changing Healthcare Needs and Standards

- 6.4.1 In order to launch a Smart Hospital Initiative that meets the future technological medical needs and improves the operational efficiency of hospitals, such as robotic surgery, centralised automated pharmacy pneumatic delivery system and/or 5G integrated technologies, healthcare centres need to have a higher clear headroom to accommodate the equipment. The establishment of a Remote Patient Monitoring Centre making available applications of telemedicine and remote sensing could significantly ameliorate the problem of manpower shortage and optimise medical service delivery and intervention, leading to greater patient and staff satisfaction.
- 6.4.2 The global COVID-19 pandemic outbreak has highlighted the need to tighten infectious disease control where possible, and as a result, additional floor space is proposed in the IDS allocated for the medical planning of isolation facilities and E&M plant rooms to enhance air ventilation equipment and to ensure effective response to exceptional circumstances, as seen in the introduction of two (2) negative pressure rooms in the in-patient wards.
- 6.4.3 Apart from the implementation of smart healthcare and enhancement of infection control, the hospital design in the IDS is also refined in accordance with the growing emphasis on prevention-focused treatment and the surging demands in specific medical specialities and disciplines, including cancer care and ambulatory care. In response, the IDS put forth a Day Chemotherapy Centre which strives to expand its realms of primary healthcare services to tailor to the changing healthcare needs which was not available in the Approved S12A Scheme.
- 6.4.4 Nonetheless, various medical facilities have been upgraded by making reference to the spatial requirements and standards set out by the HA when compared with the Approved S12A Scheme as indicated in **Section 4.4**. In particular, the sizes and facilities circulation spaces for in-patient wards, ER and OT which were previously sub-standard have been refined, such as incorporating physically separated settings for clean and dirty pathways and reprocessing areas for ER, as well as enlarging in-patient ward and OT/ER sizes to not only provide a more comfortable and spacious environment for patients and staff, but also maximise the Hospital operational efficiency and tighten infection control.

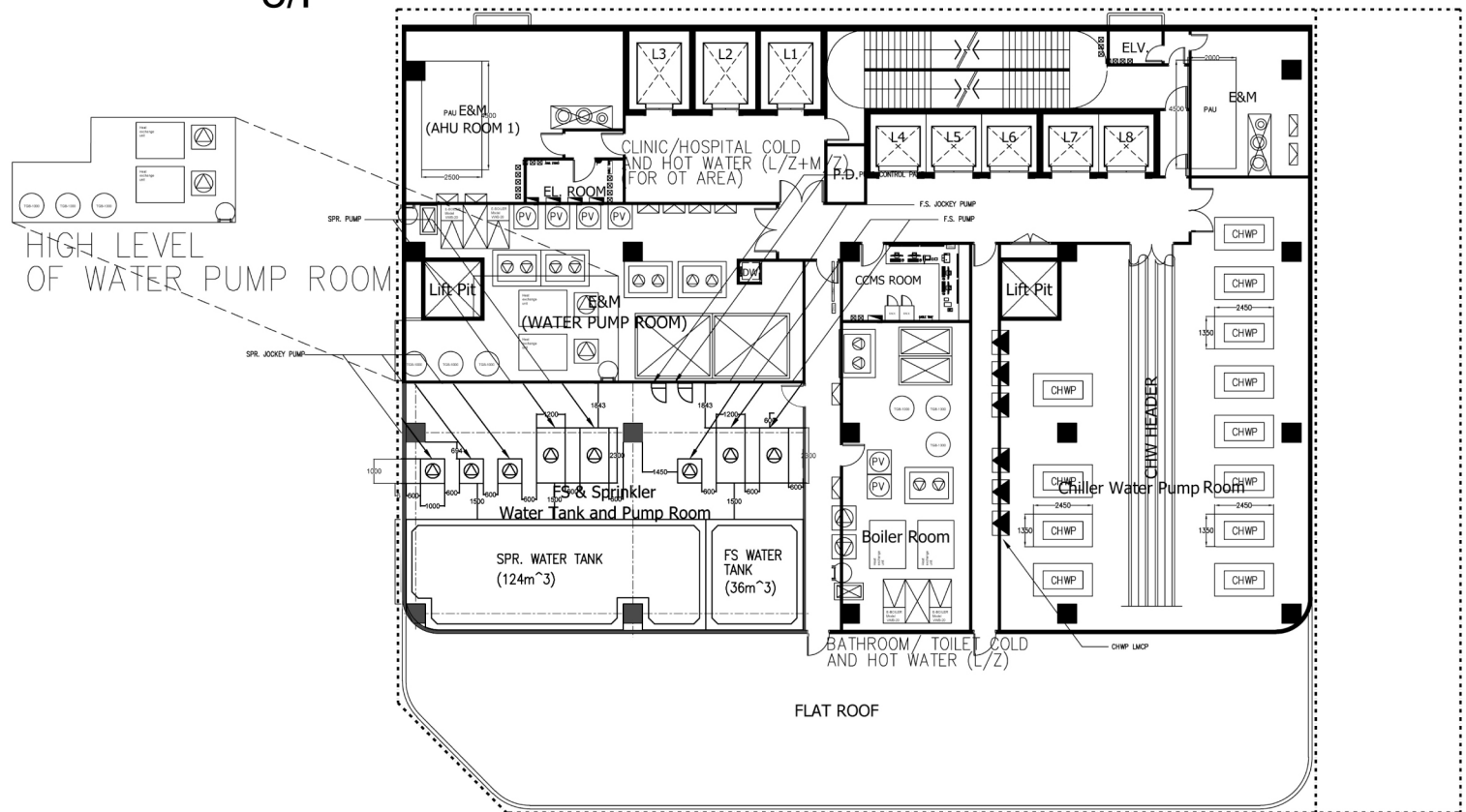
6.5 Opportunities for Community Education and Medical Training

- 6.5.1 According to the “Healthcare Manpower Projection 2023” conducted by the HHB, there will be a continuous shortage of medical professionals into the long term in the light of the projection of healthcare needs with regards to demographic changes. The projected shortfall of doctors in 2030 and 2040 will be 1,570 and 1,200 respectively whereas the projected shortfall of general nurses in 2030 and 2040 will be 8,700 and 6,000 respectively. In light of the severe shortage and experienced recruitment challenges of well-trained healthcare professionals (particularly nurses), EH proposes to expand its scope of services to allow for a long-term provision of in-house programmes and activities for community education and professional medical trainings. Seminars and talks will be held from time to time to encourage medical exchange, clinical research and development and heighten public health awareness on personal hygiene and disease prevention, etc. When

M/F



8/F



14/F

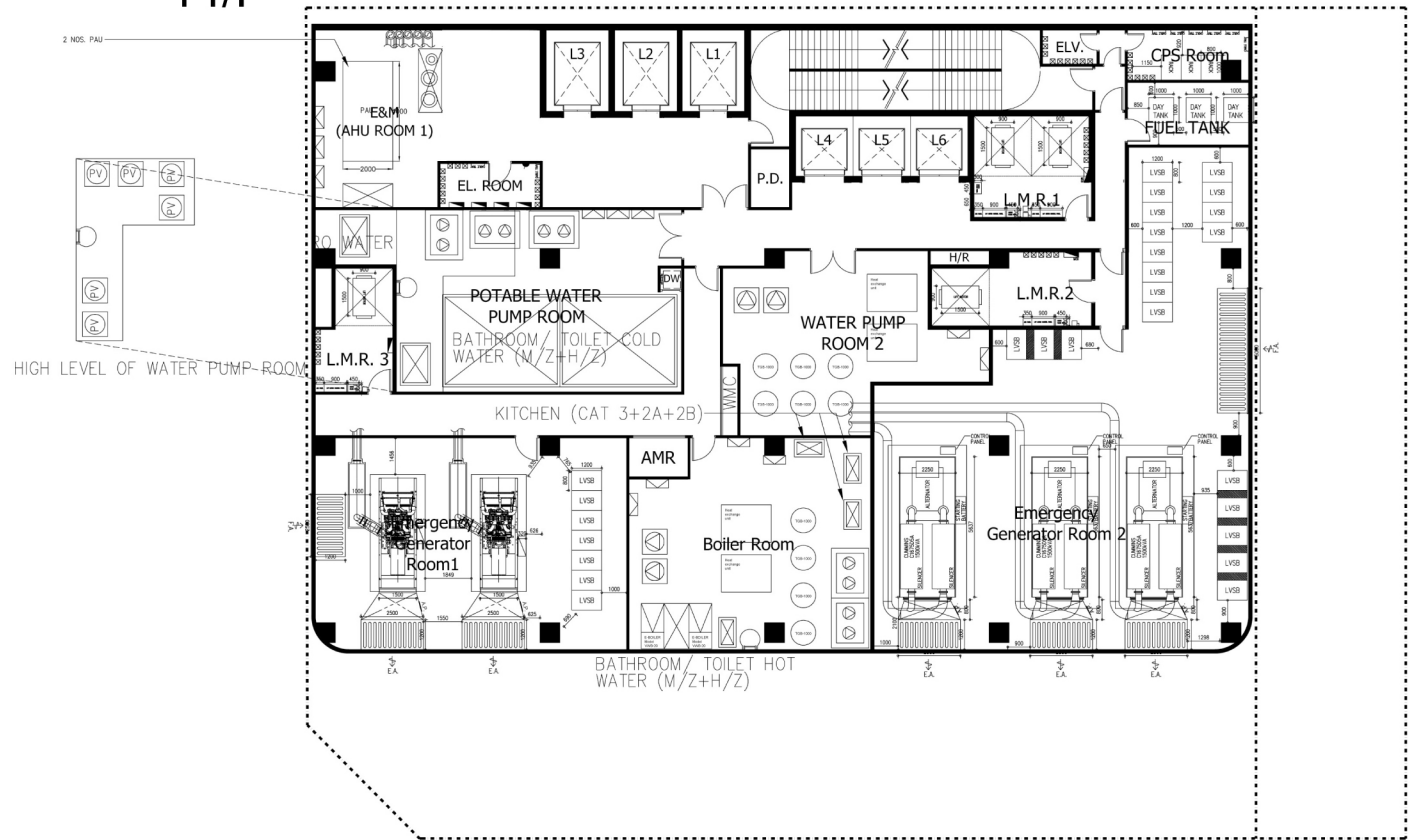


FIGURE 6.2 EXTRACTS OF E&M PLANT ROOM ARRANGEMENTS

compared with the seminars and talks provided in the existing hospital which mainly focus on transmitting medical knowledge and caring techniques such as elderly care and healthy diet, the community programmes in the IDS will put a stronger focus on primary and preventive healthcare and tailored to various community needs in order to enhance the health awareness of the general public. These educational opportunities will be consistent with the Government's efforts to foster a sustainable community-based healthcare system and to nurture medical talents to maintain a high level of healthcare standards in Hong Kong.

- 6.5.2 It is also worth noting that many public and private hospitals have provided in-house medical professional training with the long-term establishment of nursing schools such as Hong Kong Sanatorium & Hospital, Hong Kong Baptist Hospital, Union Hospital and Queen Elizabeth Hospital. The key drivers behind this are to equip aspiring healthcare professionals with a more comprehensive understanding of the healthcare system and the practical knowledge, skillsets and attitudes required, as well as retain the skilled and competent medical staff in-house amid recruitment difficulties. The proposed provision of community education and medical training programmes at EH will thus serve the same purpose.
- 6.5.3 Clinical placements and trainings are currently provided in the 3/F Chapel of the existing hospital which mainly serves lecture-type trainings with a limited capacity of not more than 30 persons and in wards where clinical students could only observe with limited hands-on experience. The proposed multi-purpose rooms in the IDS will strengthen the in-house education and training of medical/nursing students and healthcare trainees by undergoing practicum with lecturers' demonstration, such as First Aid and CPR courses and allow sufficient floor spaces to adopt practical yet interactive simulation training supported by technically advanced medical equipment, which is also in line with EH's Smart Hospital Initiatives. Adoption of technologies such as Augmented Reality ("AR"), Virtual Reality ("VR"), Mixed Reality ("MR"), and Extended Reality ("XR") provides an immersive, interactive, and risk-free environment for medical students to develop and refine their skills, thus reducing the risk of errors and allowing them to respond better to the evolving medical fields. For instance, surgical training and simulation, emergency and trauma response training, patient diagnosis and treatment, medical education and anatomy learning, as well as nursing and clinical skills. It is envisaged that the number of clinical placements will at least double in the IDS from the existing condition.
- 6.5.4 Notwithstanding, various proposed non-medical ancillary facilities are shared use or with their GFA compromised and optimised under the site constraints. For instance, while the proposed canteen in the IDS is approx. double the size of the Approved S12A Scheme, it has taken into account the supporting facilities such as dining ware storage, plating, freezing, washing, cooking / kitchen areas to ensure food safety and good hygiene are in place, which were not thoroughly considered in the Approved S12A Scheme. The proposed canteen will also be adopted for multi-purposes to support community education trainings when necessary.

6.6 Enhancing Patient Care and Staff Well-being

- 6.6.1 Efficiency and attentiveness are intrinsic requirements for looking after patients' physical and mental health. As compared to the Approved S12A Scheme, the IDS shall enhance the greenery and communal space provisions in the Proposed Hospital Redevelopment to not only support staff efficiency but also provide a better environment for staff and patient welfare. Upon further review of the building design to reassess the provision opportunities to enhance greenery and communal space provisions, the IDS further incorporates various landscape treatments with street planting at pedestrian level, edge

plantings at 6/F and R/F, vertical greenery at podium levels and a landscaped communal podium garden with outdoor seatings at 8/F. The additional greenery spaces at 6/F balcony and a podium garden at 8/F will allow staff and visitors (under management control) to take a break away from the more sterile internal hospital environment and enhance their mental well-being.

- 6.6.2 In addition, the IDS will incorporate Chaplain services to enable a more holistic and compassionate approach to health care by offering emotional and spiritual support to patients and their family members in need. The envisioned chaplain services will be provided in the multipurpose studio on 7/F. Other supporting facilities in the IDS include ancillary Shop and Services / Eating Place uses (e.g. florist shop / café) at the G/F to provide further convenience to patients and staff, and a larger canteen at 6/F to allow for more spacious seatings and dining areas for visitors with comfort.

6.7 Continue to Meet the Prevailing Planning Intention

- 6.7.1 The Proposed Hospital Redevelopment is intended for 'Hospital' use that are always permitted in the Column 1 of the "G/IC" zone and will continue to meet the prevailing planning intention of the "G/IC" zone for provision of GIC facilities serving the needs of the local resident and/or wider district. It is also intended to provide land for uses in direct support of the work of the Government providing social services to meet the community needs.
- 6.7.2 The proposed relaxation of the BHR is only to facilitate the expansion of service scale on the Site which has been challenging due to the limited building footprint of the Site and will not alter the nature of use of the Proposed Hospital Redevelopment. Nonetheless, there will be only **beneficial impacts** to existing operations through the redevelopment of the aged hospital block and further enhancement to the Approved S12A Scheme taking into consideration the prevailing medical needs and operational requirements, to accommodate the much-needed primary healthcare services in the community practically.
- 6.7.3 Noting the rationale for imposing the 5-storey BHR on the Site was to reflect the height of the existing hospital in order to provide visual and spatial relief to the area, it should also be noted that the lease is restricted to a BH of 45.72mPD or not exceeding 12 storeys. Thus, the original intention of the Site was never to be a "breathing space" but rather for mid-rise hospital development.

6.8 Compatibility with Surrounding Developments

- 6.8.1 According to the Explanatory Statement ("ES") of the Approved OZP, the TPB imposed four (4) main building height bands – 80mPD, 100mPD, 120mPD and 140mPD - for surrounding areas covered by other zones, including "Commercial", "Comprehensive Development Area" ("CDA"), "R(A)", "R(B)" and "Residential Group (E)" ("R(E)"). The proposed BHR of 110mPD of the IDS, which is directly adjacent to the residential neighbourhood zoned "R(A)" and "R(B)", is thus considered not incompatible with surrounding BHR.
- 6.8.2 Moreover, the Kowloon City District is undergoing active urban renewal with holistic restructuring and replanning of the area to better meet the community needs. There is a trend on the rise of developments with relatively higher intensity. This is exemplified in the sites zoned "R(A)" and "G/IC" under the recently gazetted Approved URA Nga Tsin Wai Road / Carpenter Road Development Scheme Plan ("DSP") No. S/K10/URA3/2 is located to the northwest of the Site. Among which the respective "R(A)" zone in the DSP is subject to a maximum BHR of 160mPD and is allowed to develop up to the permitted PR as

defined in B(P)R whereas the “G/IC” zone in the DSP is subject to a maximum BHR of 100mPD. Developments bounded by Prince Edward Road West to Ma Tung Chung Road are likely to be redeveloped in the near future with higher BHs of approx. 80mPD and 100mPD in the respective “R(A)” and “R(B)” zones. In light of this, the proposed BH and scale of the IDS are considered reasonable and not considered incompatible with the surrounding development and planning context

6.8.3 In addition, there is no specific PR restriction for the “G/IC” zone at the Application Site on the Approved OZP.

6.8.4 A voluntary above-ground setback of 6m from Argyle Street is proposed to align with the planned BL for the R2 zone shown on the Draft ODP for comprehensive streetscape enhancement (**Figure 4.3** refers). The only structure proposed within this setback is the all-weather canopy at G/F.

6.9 Enhancement of Landscape Value and Amenities of the Site

6.9.1 The Application Site is situated in an area of city grid mixed urban landscape character, predominantly surrounded by residential developments, GIC facilities and open spaces. The city grid mixed urban landscape character offers a vibrant yet diversified street life and building stock but generally with a limited variety of landscape provisions.

6.9.2 The urban design and landscape measures in the IDS as outlined in **Section 4.6** and furnished in **Appendix 2** would enhance the landscape value and visual amenities of the Application Site and its surrounding area through, inter alia, further maximised planting opportunities and utilising a variety of tree species, including tree and lawn plantings, edge plantings of shrubs at street level, podium levels and vertical greening on the building façades which will see a comparable improvement from the previous existing hospital condition which lacks landscape resources and the Approved S12A Scheme on site. In particular, additional planting opportunities would be explored at the façade facing Hoover Court with planters and a green coloured pattern wall mural proposed at the podium levels as mitigation measures to alleviate interface issues with the residential building by creating visual interests and improving the aesthetics.

6.9.3 Nonetheless, a minimum 20% green coverage of the entire Application Site with at least half will be provided at-grade or on levels easily accessible and visible to the public including pedestrians, users and visitors of the hospital.

6.10 No Adverse Visual Impact

6.10.1 Despite the increased building mass and height compared to the existing hospital and the Approved S12A Scheme, the IDS is considered compatible with the visual context and character of the surrounding neighbourhood. A VIA has been prepared in accordance with the *Town Planning Board Guidelines No. 41—Submission of Visual Impact Assessment for Planning Applications to the Town Planning Board (TPB PG No. 41)* (**Appendix 3** refers). The VIA demonstrates the overall visual impact of the IDS when compared to the Approved S12A Scheme is considered acceptable with “negligible” to “slightly adverse” visual impacts and is comparable with the adjacent BHRs.

6.11 Technical Feasibility of the Indicative Development Scheme

Traffic Aspect

- 6.11.1 A Traffic Impact Assessment (“**TIA**”) was prepared to evaluate the potential traffic impact associated with the Proposed Hospital Redevelopment on the surrounding road works (**Appendix 4** refers). The TIA indicates that all the assessed junctions in the vicinity of the Site would operate within the capacity and perform satisfactorily during AM and PM peak hours on a typical weekday, taking into account the estimated trip generations of the Proposed Hospital Redevelopment. Therefore, the Proposed Hospital Redevelopment will impose no adverse traffic impact on the road network.
- 6.11.2 A total of 39 private car parking spaces (including 5 accessible parking spaces) and 5 motorcycle parking spaces will be provided on Site. Due to the incorporation of a voluntary 6m above ground setback fronting Argyle Street, not all “high-end” car parking provisions recommended in the Hong Kong Planning Standards and Guidelines (“**HKPSG**”) can be accommodated within the Proposed Hospital Redevelopment for both parking and loading/unloading laybys.
- 6.11.3 The Proposed Hospital Redevelopment will only provide 1 no. of Ambulance Parking / layby, 1 no. of MGV/HGV layby, nil for PLBs/ maxicabs layby, 1 no. of Taxi & Private Car layby and 1 Refuse Collection Vehicle layby which is sufficient for EH daily operation. Since the Proposed Hospital Redevelopment will continue to be operated by EH with a focus on family medicine, reference has been made to existing traffic generation rates. In this regard, EH has indicated that the number of ambulance calls is generally very low. In fact, with the existing hospital of 57 beds, the total annual number of Ambulance calls from 2022 to October 2024 were 143. Therefore, even assuming a doubling of ambulance calls with the Proposed Hospital Redevelopment of above 100 hospital beds, the need for ambulance trips is still equivalent to less than a call per day. A hearse parking space of 7m x 3m is also provided in the basement level to suit EH’s daily operational needs.
- 6.11.4 As demonstrated above, EH is (i) a small-scale community hospital and does not require additional ambulance parking/layby; (ii) there are no emergency admission services on Site and the historical data demonstrate the ambulance call frequency is relatively low and with one (1) Ambulance parking/layby is sufficient for EH’s daily usage; (iii) One (1) L/UL Goods Vehicle is sufficient to support the daily operation of EH; and (iv) there are no Intensive Care Unit (“**ICU**”) and no infection isolation beds provided on site. Nonetheless, the Site is conveniently located near various public transport including Sung Wong Toi MTR Station which is approx. 330m from the Site, a minibus stop directly outside the Site on Argyle Street and the nearest bus stop is approx. 200m from the Site. Thus, the proposed internal parking provision is sufficient for EH’s operational needs.
- 6.11.5 Moreover, there is no change to the location of the RCV parking space on Fuk Cheung Street proposed in the Approved S12A Planning Application (TPB Ref No. Y/K10/5). However, to enhance pedestrian safety along Fuk Cheung Street, alarming system to alert pedestrians when vehicles are entering / leaving the Site at the vehicular access an additional warning sign will be explored to alert pedestrians using the cautionary crossing in the subsequent stage. Liaison with adjacent developments (e.g. Hoover Court) will be continued.

Environmental Aspect

- 6.11.6 An Environmental Assessment (“**EA**”) has been undertaken to assess the impact of the Proposed Hospital Redevelopment in terms of air quality, noise, water quality and waste

management (**Appendix 5** refers).

(i) Air Quality

6.11.7 No adverse air quality impact from vehicular or industrial emissions is anticipated to arise from the Proposed Hospital Redevelopment during the operation phase. To enhance air quality within the Proposed Hospital Redevelopment, the hospital will be equipped with centralised air-conditioning and will not rely on openable windows for ventilation.

(ii) Noise & Water Impacts

6.11.8 No adverse noise impact on the surrounding noise-sensitive uses is anticipated during the construction phase and operational phase of the Proposed Hospital Redevelopment. The Proposed Hospital Redevelopment will also provide a centralised air-conditioning system will be used and will not rely on operable windows for ventilation.

6.11.9 The Proposed Hospital Redevelopment will not result in adverse water quality impacts during the construction and operation phases with the implementation of mitigation measures including implementation of good site practices outlined in ProPECC PN 2/23 "Construction Site Drainage", provision of portable toilets and proper management of site drainage and disposal of site effluents generated from the Site.

(iii) Waste Management

6.11.10 No adverse impact generated from waste management during the construction phase is anticipated with proper management, handling, storage and regular disposal of C&D wastes, chemical wastes, and general refuse.

6.11.11 Furthermore, general waste will be collected on a regular basis by registered waste collectors and will be disposed of at a landfill managed by Environmental Protection Department ("EPD"). Chemical waste and clinical waste will be properly handled and collected by respective licensed waste collectors for disposal at EPD licensed facilities. Therefore, no adverse waste impacts from handling, transportation, or disposal are anticipated during operation phase. Relevant industrial standards and regulation shall be followed including the Waste Disposal (Clinical Waste) (General) Regulation, the Code of Practice for the Management of Clinical Waste Producers and Waste Collectors.

(iv) Land Contamination Aspect

6.11.12 A detailed investigation of the past and present land use of the Site was conducted. The historical records and site walkover concluded that there was no potential land contamination issue from the past and existing land use activities. Therefore, further site investigation is considered not necessary.

(v) Sewerage Aspect

6.11.13 The result of the Sewerage Impact Assessment ("**SIA**") demonstrates that the Proposed Hospital Redevelopment will not generate adverse impact on the public sewerage system (**Appendix 6** refers). Although there will be an increase in sewage flows to the existing sewerage system due to the Proposed Hospital Redevelopment, mitigation measures and possibilities of upgrading works for the existing sewerage system will be explored upon detailed survey at the Lease Modification Stage to accommodate the expected future flows.

(vi) Air Ventilation Not a Concern

6.11.14 With reference to the *Term Consultancy for Provision of Advisory Services on Air Ventilation Assessment Submissions – Expert Evaluation on Ma Tau Kok Area (AVRG09) (March 2008)*, the Application Site does not fall within any identified air path. There are also no specific site circumstances that would warrant air ventilation concerns related to the Site and the Proposed Hospital Redevelopment. Furthermore, in accordance with the joint Housing, Planning and Lands Bureau and the Environmental, Transport and Works Bureau (HPLB-ETWB) Technical Circular (TC) No. 1/06 on Air Ventilation Assessments (“AVAs”), the Application Site and the Proposed Hospital Redevelopment do not fall within the categories in which an AVA is required. Under the above consideration, it is not anticipated that the Proposed Hospital Redevelopment would create any adverse air ventilation impact due to the increase building height restriction for the Proposed Hospital Redevelopment and an AVA is not required in this instance.

7 CONCLUSION

7.1 EH has long been rooted in Kowloon City since the 1960's and is committed to serving the local community. Since 1965, the Site has been operating as a **non-profit making community hospital** focusing on personalised and quality healthcare services with an expertise in family medicine and affordable pricing to the general public in Hong Kong. Since the TPB approval in 2023 to amend the BHR from 5 storeys to 80mPD, EH has further reviewed the building design and reassessed the needs for medical facilities taking into consideration the ongoing Redevelopment Plans of Kowloon City to meet the increased community demand.

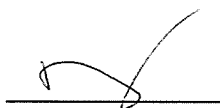
7.2 Now, in line with the latest Government Initiatives to promote primary healthcare services in the private sector to alleviate the pressure of patient overload in public hospitals, focus on prevention management and looking after the underprivileged, EH seeks to relax the maximum building height to **110mPD**, which is the **most practicable** required to expand its service capacity and to accommodate modern technologies and medical equipment for a Smart Hospital to better serve the community. The SPS demonstrates that the RR deserves favourable consideration by the TPB in light of the planning merits and justifications that are summarised below:

- In line with Government's Policy for medical and healthcare services of promoting a sustainable healthcare system;
- Meeting the increasing demand for high quality healthcare services for local residents and the wider community;
- Optimising building design to accommodate necessary back of house, circulation, and electrical and mechanical facilities;
- Responding to changing healthcare needs and standards;
- Providing opportunities for community education and medical training through Hospital's outreach programmes;
- Enhancing patient care and well-being through enhanced greenery and communal space provision;
- Continue to meet the prevailing planning intention of the "G/IC" zone;
- Compatible with the height bands of the surrounding developments;
- Enhancement of Landscape Value and Amenities of the Site with provision of various at-grade tree planning, landscape podium, edge planting and vertical greening etc; and
- No insurmountable technical or infrastructural impacts are anticipated.

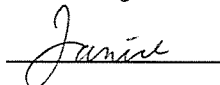
7.3 In light of the justifications and planning merits put forth in this SPS, we sincerely request MEMBERS of the TPB to give favourable consideration to this Application.

Edited &

Approved by: Delius Wong



Prepared by: Janice Wong



Date: March 2025

File Ref: ASFNS