

**Minutes of 1011th Meeting of the
Town Planning Board held on 11.5.2012**

Present

Permanent Secretary for Development
(Planning and Lands)
Mr. Thomas T.M. Chow

Chairman

Mr. Stanley Y.F. Wong

Vice-chairman

Professor S.C. Wong

Mr. Timothy K.W. Ma

Mr. Rock C.N. Chen

Mr. Maurice W.M. Lee

Professor P.P. Ho

Professor Eddie C.M. Hui

Dr. C.P. Lau

Mr. Clarence W.C. Leung

Mr. Laurence L.J. Li

Mr. Roger K.H. Luk

Ms. Anita W.T. Ma

Dr. W.K. Yau

Ms. Bonnie J.Y. Chan

Professor K.C. Chau

Mr. H.W. Cheung

Dr. Wilton W.T. Fok

Mr. Ivan C.S. Fu

Mr. Sunny L.K. Ho

Mr. Lincoln L.H. Huang

Ms. Janice W.M. Lai

Mr. Dominic K.K. Lam

Mr. Patrick H. T. Lau

Ms. Christina M. Lee

Mr. Stephen H.B. Yau

Principal Assistant Secretary for Transport and Housing
Mr. Fletch W.W. Chan

Deputy Director of Environmental Protection
Mr. Benny Y.K. Wong

Assistant Director (2), Home Affairs Department
Mr. Eric K.S. Hui

Director of Lands
Miss Annie K.L. Tam

Director of Planning
Mr. Jimmy C.F. Leung

Deputy Director of Planning/District
Miss Ophelia Y.S. Wong

Secretary

Absent with Apologies

Professor Edwin H.W. Chan

Ms. Julia M.K. Lau

Dr. W.K. Lo

Mr. H. F. Leung

In Attendance

Assistant Director of Planning/Board
Mr. C.T. Ling

Chief Town Planner/Town Planning Board
Miss H.Y. Chu (am)
Ms. Christine K.C. Tse (pm)

Senior Town Planner/Town Planning Board
Ms. Johanna W.Y. Cheng (am)

Town Planner / Town Planning Board
Mr. Terence Leung (pm)

Agenda Item 1

[Open Meeting]

Confirmation of Minutes of the 1010th Meeting held on 27.4.2012

[The meeting was conducted in Cantonese.]

1. The minutes of the 1010th Meeting held on 27.4.2012 were confirmed without amendments.

Agenda Item 2

Matters Arising

[Closed Meeting]

- (i) Review of Application No. A/YL-TYST/553

Proposed Temporary Eating Place (Outside Seating Accommodation of a Licensed Restaurant) for a Period of 5 Years in “Residential (Group A)” zone , Government Land in front of Shops No. 4-5, G/F, Blocks 1-9, Treasure Court, 8 Ying Fuk Street, Hung Shui Kiu, Yuen Long, New Territories

(TPB Paper 9071)

[This meeting was conducted in Cantonese.]

2. The Secretary briefed Members on the review application that was pending the Board’s decision. She said that the applicant sought planning permission for proposed eating place (outside seating accommodation (OSA)) of a licensed restaurant) for a period of five years at the site. The application was rejected by the Rural and New Town Planning Committee on 21.10.2011.

3. At the review hearing on 27.4.2012, the applicant proposed, inter alia, to shorten the approval period sought from five years to one year; to reduce the width of the area to be occupied by OSA from 1.4m to 1.2m; to change the operation hours from 9am-11pm to 9am-10:30pm; and to appoint an OSA manager to take charge of the management of the OSA. After giving consideration to the review application, the Board

decided to adjourn the discussion and requested the Planning Department (PlanD) to seek clarification from the applicant on whether the OSA would involve temporary or permanent structures before making a decision on the review application. Members generally considered that if the OSA involved permanent structures, it should not be approved; however, if no permanent structure would be involved, it might be considered for approval.

4. On 30.4.2012, the Applicant's authorised representative, Tai Fat Restaurant Limited, wrote to the Secretary of the Board and confirmed that no permanent structure or furniture would be installed in the OSA. The Secretary asked Members to note the applicant's clarification and decide whether to approve or reject the application. If Members decided to approve the application, an approval condition specifying the operating hours as proposed by the applicant (i.e. from 9:00am to 10:30pm) should be stipulated.

5. The Chairman said that when the review application was considered at the meeting on 27.4.2012, Members were generally of the view that the application could be approved if no permanent structures were involved. Based on the Applicant's confirmation that there would be no permanent structure in the OSA, the Chairman asked whether Members agreed to approve the review application on a temporary basis for a period of 1 year as proposed by the Applicant, i.e. until 11.5.2013. Members agreed.

6. After deliberation, the Board decided to approve the application on the terms of the application as submitted to the Board on a temporary basis for a period of 1 year until 11.5.2013. Members then went through the approval conditions and advisory clauses as stated in paragraph 8.2 of the Paper and considered that the advisory clauses should be suitably amended. The review application was approved subject to following conditions:

- (a) no night-time operation between 10:30 p.m. to 9:00 a.m., as proposed by the applicant, was allowed on the application site during the planning approval period; and
- (b) if the above planning condition (a) was not complied with during the

planning approval period, the approval hereby given shall cease to have effect and shall be revoked immediately without further notice.

7. The Board also agreed to advise the applicant on the following:
- (a) to note the District Lands Officer/Yuen Long, Lands Department's comments that upon issuance of the restaurant licence by the Food and Environmental Hygiene Department, application for land licence for the proposed OSA would be considered by his office. No structure should be erected on, under or over the area;
 - (b) to note the Chief Highway Engineer/New Territories West, Highways Department's comments that no damage should be made to the footpath and the associated highway features. Any damage caused should be made good by the applicant to the satisfaction of his office at the applicant's own cost. In addition, the applicant should keep the footpath clean and cleanse the footpath after removal of the OSA;
 - (c) to note the Director of Environmental Protection's (DEP) comments that the applicant should be aware of his obligation to take appropriate measures to minimize oily fume, cooking odour and noise as required by the Air Pollution Control Ordinance and Noise Control Ordinance. Besides, the operator needed to comply with the Water Pollution Control Ordinance for any effluent discharge from the site. Moreover, the latest "Code of Practice on Handling the Environmental Aspects of Temporary Uses and Open Storage Sites" issued by DEP should be followed to minimize any potential environmental nuisances;
 - (d) to note the Chief Engineer/Mainland North, Drainage Services Department's comments that the applicant should provide his own drainage facilities to collect the runoff generated from the site or passing through the site, and discharge the runoff collected to a proper discharge point. The development should not obstruct overland flow or cause any adverse drainage impact on the adjacent areas and the existing drainage

facilities; and

- (e) to note the Director of Fire Services' comments that detailed fire safety requirements would be formulated upon receipt of referral from relevant licensing authority.

[Mr. Stanley Y.F. Wong and Mr. Fletch W.W. Chan arrived to join the meeting at this point.]

(ii) New Town Planning Appeal Received

[Open Meeting]

Town Planning Appeal No. 6 of 2012

Proposed Temporary Car Exhibition Area and Office

for a Period of 1 Year in "Village Type Development" zone,

Lot 1996 S.B RP (Part) in D.D. 130, Tuen Mun, New Territories

(Application No. A/TM-LTY Y/219)

[The meeting was conducted in Cantonese.]

8. The Secretary reported that an appeal was received by the Appeal Board Panel (Town Planning) on 3.4.2012 against the decision of the Town Planning Board (the Board) to reject on review an application (No. A/TM-LTY Y/219) for the proposed temporary car exhibition area and office for a period of one year at the application site that fell within a "Village Type Development" ("V") zone on the approved Lam Tei and Yick Yuen OZP No. S/TM-LTY Y/6. The application was rejected by the Board for the following reasons:

- (a) the applicant had not submitted any proposal on drainage, vehicular access and fire service installations to demonstrate that the proposed development would not cause adverse sewerage and traffic impacts, nor pose fire safety problem on the surrounding area; and
- (b) the application involved two previously revoked planning permissions for the same uses due to non-compliance of the approval conditions. The applicant failed to demonstrate in the submission that the relevant conditions would be complied with. Approval of the application with

repeated non-compliances with approval conditions would set an undesirable precedent for other similar applications, thus nullifying the statutory planning control mechanism.

9. The hearing date of the appeal had not yet been fixed. Members agreed that the Secretary would act on behalf of the Board in dealing with the appeal in the usual manner.

Appeal Statistics

10. The Secretary reported that as at 11.5.2012, 28 cases were yet to be heard by Appeal Board Panel (Town Planning). Details of the appeal statistics were as follows:

Allowed	:	28
Dismissed	:	122
Abandoned/Withdrawn/Invalid	:	155
Yet to be Heard	:	28
<u>Decision Outstanding</u>	:	<u>1</u>
Total	:	334

[Mr. Rock C.N. Chen and Ms. Bonnie J.Y. Chan arrived to join the meeting at this point.]

Hong Kong District

Agenda Item 3

[Open Meeting (Presentation and Question Session only)]

Further Consideration of Representations No. R1 to R793, R795 to R1023, R1026 to R1046 and R1048 to R1068 and Comments No. C1 to C9 to the Draft Wong Nai Chung Outline Zoning Plan No. S/H7/15
(TPB Paper No. 9072)

[The meeting was conducted in Cantonese and English.]

11. The following Members had declared interest on this item:

- Miss Bonnie J.Y. Chan - her family member owned a flat in Happy Valley
- Dr. Wilton W.T. Fok - his family member owned a flat in Happy Valley
- Mr. Dominic K.K. Lam] had business dealings with Ove Arup & Partners Hong Kong Ltd. (OAP) which was a consultant of Hong Kong Sanatorium and Hospital (HKSH). HKSH was one of the representers (R708).
- Professor S.C. Wong]
- Mr. Patrick H.T. Lau - being the Chairman of the Happy Valley Residents' Association which was one of the representers (R999) and had business dealings with OAP and MVA Hong Kong Ltd. which were the consultants of HKSH (R708)
- Mr. Maurice W.M. Lee - owned a flat at Link Road and a flat at Wun Sha Street
- Ms. Annie K.L. Tam - owned a flat at Broadwood Road
(Director of Lands)
- Miss Ophelia Y.S. Wong - owned a flat at Broadwood Road
(the Secretary)

12. At the meeting held 27.4.2012, Members noted that the properties owned by Ms. Annie K.L. Tam, Mr. Maurice W.M. Lee, the family member of Miss Bonnie J.Y. Chan and Dr. Wilton W.T. Fok would not be affected by the HKSH's project. Members also noted in the meeting on 27.4.2012 that Professor S.C. Wong and Mr. Dominic K.K. Lam had no involvement in the HKSH's project. Members agreed that these Members should be allowed to stay in the meeting but noted that Mr. Maurice W.M. Lee and Ms. Annie K.L. Tam had not arrived to join the meeting. Members noted that Mr. Patrick H.T. Lau had not yet arrived at the meeting.

13. As in the previous Board meetings to discuss the representation of HKSH, Members agreed that as the role of the Secretary was to provide information and advice on procedural matters and would not take part in decision-making, she could stay at the meeting.

14. As sufficient notice had been given to the representers and commenters to invite them to attend the meeting, Members agreed to proceed with the hearing of the representations in the absence of the other representers and commenters who had indicated that they would not attend or had made no reply to the invitation to the hearing.

15. Members noted that the following documents had been tabled at the meeting:

- (a) a letter from the Democratic Alliance for the Betterment and Progress of Hong Kong dated 8.5.2012;
- (b) an e-mail dated 10.5.2012 from a member of the public providing comments;
- (c) a letter dated 15.3.2012 tabled by R866 as referred to in his presentation;
- (d) the Traffic Impact Assessment (TIA) submitted by HKSH to the Board in 2009; and
- (e) the replacement pages of the TPB Paper and all information, including comments from representers, previously tabled at the meeting on 27.4.2012.

16. The following government representatives were invited to the meeting at this point:

- | | |
|-----------------------|---|
| Ms. Ginger K.Y. Kiang | - District Planning Officer/Hong Kong (DPO/HK), Planning Department (PlanD) |
| Mr. Tom C.K. Yip | - Senior Town Planner/Tsuen Wan and West Kowloon (STP/TWK), PlanD |

- Mr. Johnny C.P. Chan - Engineer/Wanchai, Transport Department (TD)
- Mr. Chris C.H. Lam - Senior Geotechnical Engineer/Island, Civil Engineering and Development Department (CEDD)
- Mr. Stephen H.W. Yeung - Geotechnical Engineer/Island, CEDD

17. The following representers, commenters and their representatives attended the morning and / or afternoon sessions of the hearing:

R175 – Ho Hung Kwong, Duncan

Dr. Winnie Lau Representers’ representative

R651 – Tsang Ka Keung

Dr. Billy Chiu Representers’ representative

R682 – Tang, William

Ms. Lee Yuk Kuen, Anna Representers’ representative

R704 – Lee Yuk Kuen, Anna

Ms. Lee Yuk Kuen, Anna Representer

R708 – Hong Kong Sanatorium and Hospital

Mr. Ian Brownlee]

Mr. Joseph Chan]

Ms. Adrienne Li]

Mr. Ben Yu]

Ms. Carol Kwok]

Mr. K.K. Kwan] Representers’ representatives

Mr. Kelvin Ip]

Mr. Eddie Chan]

Mr. Kenneth Ip]

Mr. Fred Brown]

Mr. Alan Pun]

Mr. Chapman Lam]

Ms. Lee Yuk Kuen, Anna]

R709 – Sky Oasis Limited

Mr. Chan Ying Wai, David] Representers' representatives

Mr. Lam Hau Sing]

R749 – Yip Kwan Shui

R751 – Lau Ching Fong

R752 – Wong Chi Yin

R753 – Wong Lai Ping

R754 – Liu Yee Ling

R828 – Chiu Kin Man

R882 – Lam Hau Sing

R885 – Lee Wang Tak, Paul

R886 – Luk Yuet Kuen

R928 – Chan Hon Ming

R948 – Lee Wing Sum, Wendy

Ms. Liu Yee Ling - Representer

Dr. Kacey Wong] Representers' representatives

Mr. Lam Hau Sing]

R763 – Elite Eternal Limited

Mr. Lam Hau Sing] Representers' representatives

Mr. Tony Tong]

R764 – Lin Sau Har, Peggie

Mr. Ng Yin Keung Representer's representative

R791 – Yu Wai Yip

Mr. Yu Wai Yip Representer

Ms. Pamela Peck Representer's representative

R823 – Wealth Ltd.

Mr. Lam Hau Sing Representer's representative

R1007 – Lai, Cindy

R1019 – Mrs. Chu

R1023 – Miss Wan

R1048 – Mr. Lui

R1049 – Chan Shiu Tong

R1050 – Mrs. Tung

R1051 – Kwan Tai Yuen

R1052 – Tse, Joseph

R1053 – Chan K.

R1054 – Mr. Poon

R1055 – To Ming Fai

R1056 – Wong K.H.

R1057 – Chan Yuk Lan

R1058 – Lau, Alex

R1059 – Fung King Cheong

R1060 – Ng, Ivan

Mr. Sum Kit Hang

Representers' representative

R971 – David John Forshaw

Mr. David John Forshaw

Representer

R972 – Yeung Lam Mee

R999 – Happy Valley Residents' Association

Ms. Yeung Lam Mee

- Representer

Mr. Lam Yiu Cheung

]

Mr. Lam Kwai Pan

] Representers' representative

Ms. Yu Sau Ling

]

Ms. Zhi Min Ling

]

R989 and C3 – Rose Allender

Ms. Rose Allender

Representer and commenter

R980 – Young, Kellogg W. Ltd.

Ms. Young Pan Shu, Rebecca

Representers' representatives

R991 – Robert Allender

Mr. Robert Allender Representer

R996 – Tse Tat Joseph

Mr. Tse Tat Joseph Representer

R1000 – Cheung Shu Sang

Mr. Cheung Shu Sang Representer

R1003 – Byron Wong

Mr. Byron Wong Representer

R1022 – Ng Kam Chun

Mr. Ng Kam Chun Representer

R1046 – Owners Committee of the Leighton Hill

Mr. Ng Chi Heung Representer’s representative

C2 – Amy Fung

Dr. Amy Fung Commenter

18. The Chairman extended a welcome to the attendees and explained the procedures of the hearing. He said that there would be a lunch break around 1:00pm. He then invited Mr. Tom C.K. Yip to brief Members on the representations to be further considered at the meeting.

[Mr. Anita W.T. Ma and Dr. W.K. Yau arrived to join the meeting at this point.]

19. With the aid of a powerpoint presentation, Mr. Tom C.K. Yip made the following main points as detailed in the Paper:

Background

- (a) the Hong Kong Sanatorium and Hospital site (the site) had an area of about 9,770m². The existing hospital complex comprised four main buildings, i.e. the Phase 2 building (12 storeys above 1 basement floor) in the southern part, Phases 1 and 3 buildings (148mPD) in the middle portion, and the Central Block (6 storeys) and Li Shu Fan Block (8 storeys) in the northern portion of the site;
- (b) on the Wong Nai Chung Outline Zoning Plan (OZP) No. S/H7/13, the site was mainly zoned “Government, Institution or Community” (“G/IC”) with small portions zoned “Green Belt” (“GB”) and “Residential (Group B) 3”;
- (c) on 18.1.2008, the draft Wong Nai Chung OZP No. S/H7/14 was exhibited and a building height restriction (BHR) of 37 storeys (excluding basement) and 148mPD was imposed on the area where the Phases 1 and 3 building was located, and a BHR of 12 storeys (excluding basement) was imposed on the remaining part of the site;
- (d) two representations against the BHRs of the site were received. The representation submitted by HKSH proposed to delete all BHRs for the site, or to apply the BHR of 148mPD, or the BHRs of 37 storeys and 148mPD to the whole site. The representation submitted by the Incorporated Owners of Evergreen Villa proposed to impose a more stringent BHR of not more than 7 storeys on that part of the site that was occupied by the Central Block and Li Shu Fan Block. On 8.8.2008, the Board decided not to uphold both representations;
- (e) on 6.11.2008, the HKSH applied for judicial review (JR) against the Board’s decision not to uphold its representation. On 1.9.2010, HKSH submitted a settlement proposal for the JR which was detailed in paragraph 2.4 of TPB Paper No. 8781. The Board agreed to the settlement proposal on 3.9.2010. In gist, the settlement proposal was that subject to the Board’s approval of the terms of settlement and the subsequent exhibition of amendments to the draft Wong Nai Chung OZP No. S/H7/14 such that HKSH would be permitted to construct new Phase

3A (115mPD) and Phase 4 (89mPD) buildings at the site, the two parties should execute a Consent Summons for discontinuance of the JR proceedings. Together with the settlement proposal, HKSH submitted a draft scheme to the Board (Draft Scheme 2010). The Draft Scheme 2010 split the originally proposed Phase 4 building with a building height (BH) of 148mPD into two towers, i.e. Phases 3A and 4 buildings (the HKSH redevelopment), with proposed BHs of 115mPD and 89mPD respectively;

[Mr. Clarence W.C. Leung arrived to join the meeting at this point.]

- (f) on 10.9.2010, the Metro Planning Committee (MPC) agreed to revise the BHRs for that part of the site proposed for the Phases 3A and 4 buildings of the HKSH redevelopment from 12 storeys to 115mPD and 89mPD respectively. The MPC decided to further impose a BHR of 2 storeys over the car park podium of the Phase 4 development along the Wong Nai Chung Road site boundary to ensure the provision of a 27m-building setback as indicated in HKSH's Draft Scheme 2010. The main considerations of MPC in agreeing to the amendments to the BHRs on the site were:
 - (i) there was policy support from the Secretary for Food and Health (SFH) who advised that the HKSH redevelopment would benefit the community through provision of modern medical facilities. In terms of use, the HKSH redevelopment was considered in line with the planning intention of the "G/IC" zone;
 - (ii) from visual viewpoint, the stepped BHs of 89mPD and 115mPD in the Draft Scheme 2010 were considered not incompatible with the existing BH bands of 85mPD to 115mPD for the valley floor area covered by the OZP. When compared with the situation under the BHR of 12 storeys under the OZP No. S/H7/14, the Draft Scheme 2010 would not have a major adverse impact on the view from the Happy Valley Recreation Ground towards the Wong Nai Chung Gap. For the closer view from Wong Nai

Chung Road, with the 27m-building setback of the hospital tower, the views towards the Hindu Temple and cemeteries to the north of the site would be more open, as compared with HKSH's previous scheme of 148mPD and the BHR of 12 storeys on the OZP at that time; and

- (iii) although the view from Bowen Road would be partly affected under the Draft Scheme 2010, a balanced consideration of the visual assessment and other factors was considered appropriate. Those other factors considered included the permissible development intensity under the Buildings Ordinance (BO) and the lease, technical constraints of the site, functional and operational needs of the hospital in terms of integrated design for the hospital blocks. Having regard to the positive comments from SFH and that there was no in-principle objection from the relevant government departments with respect to the technical aspects, the proposed BHs in the Draft Scheme 2010 were considered acceptable;

- (g) on 27.9.2010, HKSH withdrew the JR;

Draft Wong Nai Chung OZP No. S/H7/15

- (h) on 30.9.2010, the draft Wong Nai Chung OZP No. S/H7/15, incorporating amendments to revise the BHRs for the site as outlined above was exhibited under section 7 of the Town Planning Ordinance (the Ordinance);
- (i) a total of 1,068 representations and 9 comments were received:
 - (i) 702 supporting representations (R1 - R706, except R253, R267, R294 and R325) submitted by members of the public and the Hong Kong Private Hospitals Association;
 - (ii) 362 adverse representations were received. One adverse

representation (R708) submitted by HKSH proposed more lenient BHRs. The remaining ones (R253, R325, R707 to R1023 and R1026 to R1068) proposed more stringent BHRs; R996 to R1003 opposed the BHRs of the site in general but also supported the BHR of 2 storeys on the site. These remaining adverse representations were submitted by local residents, individual companies, members of the public, various incorporated owners, Happy Valley Residents' Association and Wan Chai District Councillors;

- (iii) 4 representations (R267, R294, R1024 and R1025) provided comments on the amendments and were submitted by members of the public and Man Lam Christian Church, Hong Kong; and
- (iv) 9 comments (C1 – C9) were submitted by Designing Hong Kong Limited, local residents and members of the public;

The Board's Meeting on 8.4.2011 (Previous Meeting)

- (j) on 8.4.2011, the Board considered all the representations/comments relating to the amended BHRs for the site. The Board noted that the R794 and R1047 had withdrawn their representations before the meeting. After consideration of the representations and comments, the Board considered that part of both R1024 and R1025 which were related to the Man Lam Christian Church were invalid, and decided not to uphold the remaining part of those two representations;
- (k) for the remaining 1064 representations regarding the site, the Board raised concerns and queries on the following issues:
 - (i) MPC on 10.9.2010 took the BHRs of 89mPD and 115mPD and the 27m-building setback of the Draft Scheme 2010 as a whole in considering the proposed amendments to the OZP. The 27m-building setback, which would improve the visual permeability along Wong Nai Chung Road, was taken as a

planning gain. According to the Geotechnical Planning Review Report (GPRR) submitted by HKSH in September 2010, the 27m-building setback was considered feasible. Although the geotechnical consultant of HKSH claimed at the meeting on 8.4.2011 that such building setback was no longer feasible due to Geotechnical Engineering Office of CEDD (GEO)'s requirement on maximum excavation depth, there was no detailed information or assessment to substantiate that. Without any advice from GEO, the Board was not able to confirm GEO's position on the matter;

- (ii) the TIA submitted by HKSH was considered inadequate in many aspects. There was doubt on whether the potential traffic increase generated by the 21 floors of clinics and other ancillary services had been taken into account, and whether the method of projecting the future traffic generation based on that of the existing number of hospital beds was appropriate; and
 - (iii) noting that the space requirement for the proton therapy machine was one of the main arguments put forth by HKSH for a higher BHR when it submitted the development scheme to the Board and HKSH's response at the meeting that it would consider the compact proton therapy machine which required significantly less space, as suggested by Commenter No. 2 (C2), further advice needed to be sought from concerned government bureau/departments on the space requirement of the proton therapy machine;
- (l) the Board decided to defer a decision on the remaining 1064 representations relating to the site pending the following:
- (i) the PlanD to seek the advice of GEO on the geotechnical constraint on the site in relation to the proposed building setback from the Wong Nai Chung Road site boundary;

- (ii) the submission of further information by HKSH to the Transport Department (TD) to substantiate the traffic impact assessment (TIA) on the proposed redevelopment scheme of HKSH; and
- (iii) the PlanD to seek the concerned government bureau/department's advice on the space requirement of the proton therapy machine;

Further Information from HKSH

- (m) between February and March 2012, HKSH had submitted the following further information to the Board:
 - (i) on 16.2.2012 - a supplementary submission with an amended scheme (with 17m-building setback from the Wong Nai Chung Road site boundary), visual impact assessment (VIA), traffic statement and an air ventilation assessment (AVA) (Annex III(a) of the Paper);
 - (ii) on 27.2.2012 - a further supplementary submission with a new conceptual design scheme (Revised Scheme 2012) (with 16m-building setback from the Wong Nai Chung Road site boundary (Annex III(b) of the Paper); and
 - (iii) on 21.3.2012 - responses to departmental comments with a further traffic statement (Annex III(c) of the Paper);
- (n) PlanD had consulted concerned government bureaux / departments and the Hospital Authority on the geotechnical issue and space requirement of the proton therapy machine as well as other issues raised by the Board at its meeting on 8.4.2011 and the relevant comments were summarised in paragraph 4 of the Paper;

[Mr. Fletch W.W. Chan left the meeting temporarily at this point.]

- (o) further information submitted by HKSH were forwarded to all

representers and commenters to invite their comments. The comments received would be highlighted in the later part of the presentation;

Revised Scheme 2012

- (p) according to HKSH, the Draft Scheme 2010 was conceptual in nature and a BHR of 2-storey, as now imposed on the OZP, would require a 27m-setback from the Wong Nai Chung Road site boundary and was not part of their proposal. If a 27m-building setback was to be provided, the permitted development potential of the site could not be achieved. In view of the concerns raised by the Board at its previous meeting, HKSH had reviewed the building design in conjunction with a more detailed geotechnical assessment, and had come up with the Revised Scheme 2012;
- (q) the major development parameters of the Draft Scheme 2010 and the Revised Scheme 2012 remained unchanged as summarized in paragraph 3.1 of the Paper and highlighted below:

Building Height (BH)	Phase 3A: 115mPD Phase 4: 89mPD
Gross Floor Area (GFA)	Phases 3A and 4: 66,994m ² Total: 116,166m ²
% of Total GFA for Clinic Use	15%
Total Hospital Beds	800 beds
Total Car Parking Spaces	164

- (r) the major changes between the Draft Scheme 2010 and the Revised Scheme 2012 included the addition of three basement levels for the Phase 4 development; a change of terminology for the uses at a number of floors in the Phases 3A and 4 buildings from 'clinic use' to 'non-ward use' (that would include clinics, therapy areas and supporting facilities); and a change in the width of the building setback from the Wong Nai Chung Road site boundary. The Draft Scheme 2010 proposed a varied

building setback from 27m to 31m, whilst the Revised Scheme 2012 proposed a varied building setback from 16m to 20m. For the purpose of the remaining presentation, the extent of the building setback for the Draft Scheme 2010 and Revised Scheme 2012 would be referred as 27m and 16m respectively (when they should mean a varying setback as explained above) and the building-setback would mean building-setback above 2 storeys along the Wong Nai Chung Road site boundary;

(s) HKSH provided the following justifications for its Revised Scheme 2012:

(i) geotechnical considerations - taking account of the need to suit hospital planning and the prescribed window requirements under the Building (Planning) Regulations (B(P)R), an amended scheme which shifted the Phase 4 building closer to the slope in the south-western part of the site to provide a 17m-building setback from the Wong Nai Chung Road site boundary was originally submitted in the supplementary submission. However, GEO considered that the scheme was geotechnically infeasible because it would require an excavation depth of 36m in the adjacent slope that might cause excessive soil movement. HKSH then submitted the Revised Scheme 2012 that had a stepped formation level. There would be an excavation depth of 29m at the slope and an excavation below the road level at the part of the site fronting Wong Nai Chung Road to accommodate three basement levels. HKSH considered that the excavation required under the Revised Scheme 2012 was optimal;

(ii) architectural design of the Phase 4 development - the architectural design of the hospital block had to satisfy the prescribed window requirements and the minimum depth for the floor plate of a typical ward. To satisfy the prescribed window requirements under B(P)R) for wards facing the slope, the hospital block had to be setback from the slope in the western part of the site. HKSH indicated that the minimum depth of the

typical floor plate with a central service core arrangement (i.e. with single-bed rooms and circulation corridors arranged on the two sides of a central service core) was 33m. The central service core arrangement was considered most efficient from hospital operation perspective;

- (iii) building setback - taking into account the permitted development intensity, geotechnical considerations and architectural design (the hospital design and prescribed window requirements under the B(P)R), a building setback of only 16m from the Wong Nai Chung Road site boundary could be provided under the Revised Scheme 2012;
- (iv) proton therapy machine - for the safety of patients, it was HKSH's policy to ensure that all imported machines must be CE Mark (i.e. a declaration by the person responsible that the product conformed to all applicable European Community provisions), FDA approved (Food and Drug Administration of the United States) or approved by Australia's or Japan's Ministry of Health Labour & Welfare. The "Monach 250" compact proton therapy machine mentioned by commenter No. 2 (C2) at the previous meeting could only provide conventional proton therapy (PSPT) and not the most advanced IMPT technology; it also had not yet obtained any CE Mark or FDA approval and had cases of failure of the delivery of the machine. HKSH had decided to adopt the Sumitomo system, which was the most suitable technically, and which occupied the least space (1,260m²) and had the least requirement for clear headroom (i.e. 15m);
- (v) VIA – the VIA in HKSH's supplementary submission concluded that as viewed from the viewpoints at Bowen Road, Happy Valley Recreation Ground, the Wong Nai Chung tram terminus and Jockey Club Stand at Wong Nai Chung Road, there was no significant deterioration of the visual environment if the building setback was reduced from 27m to 17m. The visual impact of the

Revised Scheme 2012 with a building setback of 16m would be similar;

- (vi) AVA – the AVA in HKSH’s supplementary submission concluded that the air ventilation performance of the two schemes with building setback of 27m and 17m were comparable. It was considered that redevelopment on the site would not affect the wind penetration along the section of Wong Nai Chung Road adjacent to the site and the main wind corridor at Shan Kwong Road. The scheme with a 17m-building setback (i.e. with the hospital block being closer to the Wong Nai Chung Road) might generate a stronger downwash effect to bring benefit to the immediate pedestrian area as compared to the OZP conforming scheme with 27m-building setback. The difference in the built form and the schemes with building setback of 16m and 17m was minimal, and therefore their air ventilation performances were anticipated to be similar; and
- (vii) traffic statement / further traffic statement – the following were the HKSH’s main justifications from traffic perspective:
- the previous TIA was carried out in accordance with the normal procedures and was accepted by TD. The trip generation/attraction rate in the TIA was derived based on a traffic survey conducted on a normal weekday in October 2009. The standard approach for conducting TIAs for hospitals was to estimate traffic flow based on the number of hospital beds;
 - the traffic generation in the TIA was re-assessed based on the results of an additional traffic survey conducted during a normal weekday in June 2011. According to the new survey, the traffic generated by the hospital had increased by about 15% and 8% during the morning and evening peak hours respectively when compared with the survey in 2009.

During that period, there was a corresponding increase of 11% of beds (i.e. from the previous 438 beds to the current 485 beds);

- since the proportion of clinics remained constant at about 15% of the total non-domestic GFA of the hospital between the two surveys and the difference in traffic generation between the two dates was largely in line with changes in number of beds, the trip generation/attraction rate estimated by number of beds in the TIA was considered representative and adequate;
- in order to demonstrate that the annual traffic growth rate of 0.5% adopted in the TIA had accommodated the planned/approved developments in the area, additional analysis of background traffic had been performed. It was found that the increase in traffic estimated in the TIA by using an annual growth rate of 0.5% was larger than the traffic projection based on adding traffic from the approved developments. Therefore, the 0.5% growth rate adopted in the TIA represented a conservative assessment, i.e. there was no under-estimation of the traffic growth;
- with the implementation of a new traffic signal at the junction of Shan Kwong Road / Village Road in front of the existing ingress/egress point of the hospital in January 2012, traffic queue and congestion problem at the junction was observed and the public had voiced out concerns. After TD's adjustment of the signal control method on 29.2.2012, the traffic condition had been improved. Additional traffic surveys were conducted in March 2012 during various periods of a day, including the weekday off-peak and weekend peak; and
- taking into account the new traffic signal and the proposed

traffic arrangement under the Revised Scheme 2012, the anticipated 2021 traffic condition at the Shan Kwong Road / Village Road junction would be improved during various periods of a day with the implementation of the new ingress/egress point on the HKSH site;

- (t) HKSH's proposal to meet its representations were:
 - (i) to retain the BHRs of 115mPD and 89mPD for the area to be occupied by the Phases 3A and 4 buildings on the OZP;
 - (ii) to retain the BHR of 2 storeys for the building setback area;
 - (iii) to amend the boundaries of the areas stipulated with BHRs of 89mPD and 2 storeys to allow for a varied building setback of 16m to 20m from the Wong Nai Chung Road site boundary; and
 - (iv) to amend the boundaries of the areas stipulated with BHRs of 115mPD and 89mPD to allow for a larger footprint of the Phase 3A building;

Planning Assessment

Traffic Impact Assessment

- (u) the considerations regarding whether the TIA was satisfactory were:
 - (i) the TIA conducted by HKSH had concluded that, with the provision of an additional ingress/egress point on Wong Nai Chung Road, all the key junctions in the vicinity, including the junction at Shan Kwong Road / Village Road, would be operating within capacity by the design year of 2021 with the addition of traffic arising from the HKSH redevelopment;
 - (ii) in response to the concerns raised by the Board, HKSH had

submitted a traffic statement and a further traffic statement. Based on the results of further traffic surveys conducted in June 2011 and March 2012, the two traffic statements confirmed the validity of the findings of the previous TIA. The TIA and traffic statements rested on the assumption that the traffic generated by the hospital was related to the number of hospital beds, and the proportion of clinics would remain unchanged as per in the existing hospital (i.e. at 15% of the total non-domestic GFA of the hospital);

- (iii) TD had no adverse comment on the conclusion provided that there was a mechanism to ensure that the proportion of clinics to be provided in the HKSH redevelopment would be as per stated by HKSH (i.e. 15%). In this regard, a maximum percentage of the non-domestic GFA of the hospital that could be used for clinic purpose could be specified in the Notes for the “G/IC” zone; and
- (iv) TD also had no objection to the adoption of a 0.5% annual traffic growth rate and the assessment of the performance at the junction of Shan Kwong Road / Village Road;

Proton Therapy Machine

- (v) the considerations regarding whether a smaller proton therapy machine could be adopted were:
 - (i) Department of Health (D of Health) had advised that the space requirements for proton therapy facility depended on many factors such as the level of technology, scope of service and the physical environment to accommodate the said equipment/facility;
 - (ii) the smaller model (“Monach 250”) as suggested by commenter No. 2 (C2) at the previous meeting could not provide the level of technology required by HKSH and there were unsatisfactory records in the delivery of the machine;

- (iii) the Chief Executive of Hospital Authority (CE of HA) advised that there was currently no proton therapy facility within any of their existing hospitals. According to their understanding, the spatial and clear height requirements for such a facility were dependent on the selected vendor and model, the GFA might range from 6,000m² to 10,000m² and the clear height could be 3 storeys or around 12m to 15m (assuming floor-to-floor height of 4m to 5m) for some models and further space would be required for the necessary shielding; and
- (iv) given that HKSH had selected the model with the least space requirement and the height and GFA of that model were generally consistent with the range as advised by the CE of HA, PlanD had no adverse comment on the matter;

Geotechnical Constraints and Building Setback

- (w) HKSH stated that to accommodate the permitted development intensity on the site, a building setback of only 16m could be provided on the site. This had taken into account geotechnical considerations, their hospital design and the prescribed window requirements as set out below:

Geotechnical Considerations

- (i) HKSH had investigated a scheme with a deeper excavation of 36m at the slope which would allow an increased building setback of 17m, but the scheme was considered geotechnically infeasible by GEO. However, GEO had no objection to the Revised Scheme 2012 with an excavation depth of 29m. In this regard, GEO also clarified that the maximum excavation depth of 29m at the slope was not imposed by them but was proposed in HKSH's GPRR report that was submitted to the Board in September 2010;

Design and Disposition of the Hospital Blocks

- (ii) SFH had no particular comment on the design and disposition of the hospital blocks. SFH reiterated that their prime concern was the enhancement of medical service to meet the needs of the community and also noted that the hospital design was to achieve the mission of the hospital and their operational requirement;
- (iii) D of Health considered that the design of floor layout varied widely among private hospitals and among wards/services. There were variations in how individual hospitals operated their services to achieve efficiency. As long as the wards were sufficiently equipped with essential facilities, they had no particular comment on the hospital design and layout. They had no objection to the central service core design proposed by HKSH. They also advised that there was no statutory and regulatory requirement on the proportion of clinic and the type of patient rooms to be provided in hospitals. They had no particular view on the ratio of clinic use adopted by HKSH;
- (iv) the CE of HA indicated that there was no standard template for the design of hospital building. Each facility would vary according to many factors including the required clinical services provision, the service provider and the physical site. Many of the benefits stated in HKSH's submission including privacy and infection control of single-bed rooms were noted. However, there were other considerations including efficiency and preference for patient socialization which might favour multi-bed rooms;
- (v) on prescribed window requirements, the Chief Building Surveyor/Hong Kong East and Heritage Unit, Buildings Department (BD) advised that according to the prescribed window requirements under the B(P)R, every room used for habitation including patient wards should be provided with natural lighting and ventilation. Applications to modify the

prescriptive requirement of natural lighting and ventilation would be accepted if the performance standards stipulated in the Practice Notes for Authorized Persons, Registered Structural Engineers and Registered Geotechnical Engineers APP-130 were complied with; and

- (vi) taking into account the above geotechnical and design considerations, unless the hospital design/layout was changed, it would be difficult for HKSH to achieve a 27m-building setback without compromising the permitted development intensity of the site;

Visual Impacts

- (x) the considerations regarding the visual impact of reducing the building setback at the Wong Nai Chung Road site boundary were:
 - (i) the MPC had agreed to the BHRs of 89mPD, 115mPD and 2 storeys together with the 27m-building setback for the site after due consideration of the compatibility of the BHRs with the existing stepped BH profile for the adjoining areas and the visual impacts from public viewpoints;
 - (ii) the BHRs of 115mPD and 89mPD under the Revised Scheme 2012 remained compatible with the stepped BH profile for the Area on the OZP with BHRs of 85mPD to 115mPD in the areas to the south of the Happy Valley Recreation Ground. However, as pointed out by Chief Town Planner/Urban Design and Landscape, PlanD and noted by the Board at the previous meeting, the 27m-building setback was important in mitigating the visual impact as viewed from Wong Nai Chung Road and was taken as a planning gain to justify the proposal HKSH submitted to the Board in 2010;
 - (iii) strong justifications should be provided for any proposal which

would undermine the provision of such planning gain. The reduction in the building setback did not have a significant impact on the more distant views from Happy Valley Recreation Ground and Bowen Road. However, when viewed at Wong Nai Chung Road looking northwest, the Revised Scheme 2012 had apparently aggravated the overbearing impact of the proposed redevelopment on the local area and reduced the visual openness along Wong Nai Chung Road as compared with the scheme with 27m-building setback under the OZP;

(iv) the visual impact had to be properly weighed against other factors, including geotechnical constraints and design requirements, as mentioned above:

- the 27m-building setback was taken as a planning gain to justify HKSH's proposal in 2010. If the Board considered that the visual impact of reducing the building setback and the planning gain should take precedence over technical constraints and design requirements, HKSH's proposal should not be supported; or
- at the time when the MPC agreed to amend the OZP, there was consideration that the hospital redevelopment was in compliance with the planning intention and had received policy support. Hence, if the Board also considered that a balanced approach with due regard to technical constraints and design requirements should be adopted this time, sympathetic consideration might be given to HKSH's Revised Scheme 2012 with a reduced building setback;

Comments on HKSH's Further Information and Responses from Government Departments

(y) the further information submitted by HKSH were forwarded to all representatives and commenters to invite their comments. A total of 21

comments (representing 44 representers) were received, 12 of the comments were included in Annex V of the Paper and the others were tabled at the two meetings (27.4.2012 and 11.5.2012) and / or circulated to Members. All those comments opposed amending the BHRs on the site and were submitted by local residents, individual companies, members of the public and three Wan Chai District Councillors. The comments and responses were in paragraph 5 and paragraphs 6.14 to 6.30 of the Paper and summarised below;

Traffic Impact

- (z) the comments on traffic impact aspects were:
 - (i) the existing 485 beds had already caused traffic congestion in the area. The increase of hospital beds to 800 numbers would induce additional traffic from doctors, employees, patients and visitors, and would exacerbate the traffic problem. The TIA and traffic assessments submitted by HKSH failed to address the problem;
 - (ii) the cars jammed at the existing entrance of the hospital had caused traffic congestion and queuing back to Village Road. The traffic congestion had worsened after installation of the new traffic signal at the junction of Shan Kwong Road / Village Road near the existing ingress/egress point of HKSH;
 - (iii) the new ingress/egress point proposed by HKSH would only shift the congestion near the existing ingress/egress point to Wong Nai Chung Road, where congestion problem was already quite serious at present. The traffic statements had not addressed the impact of additional traffic from the HKSH redevelopment to the Causeway Bay and Wan Chai areas;
 - (iv) it was profoundly misleading for the TIA to assume that all of the trips that had origins or destinations to the north would use the

new ingress/egress point on Wong Nai Chung Road. Furthermore, as the new ingress/egress point would be left-in/left-out, it would be impossible for traffic coming from the north along the section of Wong Nai Chung Road to the west of the Happy Valley Recreation Ground to make a right turn into the new ingress point, nor for vehicles exiting to make a right turn towards the south. Therefore, the new ingress/egress point would not alleviate the existing traffic problem;

- (v) frequent vehicle honking during traffic congestion caused noise pollution;
 - (vi) the parking standards and requirements were not adequately considered. The concerns included the operational and visitor parking requirements had not been fully calculated; shortfall of parking spaces in the hospital created more traffic in the community as people drove around to search for parking spaces; it was not possible to confirm if the number of car parking spaces was achievable as details such as column structure, turning radius etc. were not shown on the drawings submitted by HKSH;
 - (vii) due to insufficient loading / unloading spaces within the site, vehicles would drop off workers, patients and visitors on street causing traffic impact; and
 - (viii) HKSH should make good use of the “two existing access points along Wong Nai Chung Road”;
- (aa) the responses to comments on traffic impact aspects were:
- (i) regarding the concerns on the traffic impacts of the proposed HKSH redevelopment, the TIA and traffic statements submitted by HKSH had confirmed that the proposed redevelopment would not cause unacceptable traffic impacts on the surrounding areas. TD had no objection to the conclusion provided that the

proportion of clinics remained unchanged;

- (ii) as to the traffic congestion observed after the installation of a new traffic signal at the junction of Shan Kwong Road / Village Road, TD had pointed out that the traffic condition had improved after adjusting the signal system in February 2012 and the further traffic statement submitted by HKSH had confirmed that the performance of the junction would be improved when the HKSH redevelopment with the new ingress/egress point on Wong Nai Chung Road was completed;

- (iii) as to the traffic impact on Wong Nai Chung Road and the Causeway Bay area, TD advised that according to the TIA and the supplementary information from the traffic consultant of HKSH, by the design year of 2021, the total traffic loaded on Wong Nai Chung Road by the hospital redevelopment was around 235(260) passenger car units per hour (pcu/hr) during the weekday morning/evening peaks resulting in a total of 2,045(1,600) pcu/hr travelling along Wong Nai Chung Road northbound. Wong Nai Chung Road northbound was a minimum 2-lane carriageway (including the tram track lane), with capacity of around 3,000pcu/hr. The increase in the hospital traffic would not induce adverse traffic impact on the general traffic condition heading to the Causeway Bay direction;

- (iv) as for the query on the assumption in the TIA that all of the trips from the north would use the new ingress/egress point on Wong Nai Chung Road, TD pointed out that the adopted percentage of traffic using the new ingress/egress point was based on an interview survey conducted during the submission of the TIA report. It was anticipated that all traffic from the north would be diverted to Wong Nai Chung Road westbound via Sports Road to the new access. This route was considered a more convenient route than the current route as it would avoid busy traffic along

the inner streets in Happy Valley, in particular Shan Kwong Road and Village Road. As for egress traffic, although the new left-in/left-out ingress/egress point would not allow vehicles to make a right turn towards the south, it provided a direct linkage to Wong Nai Chung Road for the traffic heading north and by-passing the busy road network in the Happy Valley area;

- (v) on the noise pollution caused by honking, according to the Road Traffic (Traffic Control) Regulations, no person shall use any audible warning device on a vehicle on a road except to warn any person on or near a road of danger. The addressing of unlawful honking was outside the ambit of the TIA;
- (vi) for the adequacy of parking provision, TD advised that the car parking requirement for hospital development was 1 space per 3 to 12 beds under the Hong Kong Planning Standards and Guidelines (HKPSG). The overall car parking spaces at the site would increase from the 63 for 438 beds (the situation in October 2009 when TIA was conducted) to 164 for 800 beds upon completion of the HKSH redevelopment, i.e. the parking ratio would be increased from 1 space per 7 beds to 1 space per 5 beds, which met the requirements in HKPSG. The provision should be able to improve the current parking situation. Concerning the feasibility of the parking layout on HKSH's drawings which did not show the column structure, parking spaces and turn-around radius for vehicles, TD advised that the Authorized Person should demonstrate the compliance with the relevant parking requirements at the detailed building plan submission stage;
- (vii) as for the internal traffic facilities of the hospital, the car parking spaces and drop-off area would be enlarged with the completion of the HKSH redevelopment. All hospital users were anticipated to have direct access to the hospital, without dropping off passengers on the adjacent roads; and

(viii) as for the “two existing access points along Wong Nai Chung Road” referred to by one of the representers, HKSH confirmed that there was only one existing access point which was for the loading/unloading area of the hospital at the lower end of Village Road. TD also advised that the access point was not directly connected to Wong Nai Chung Road. Hence, vehicles would still be required to route through Shan Kwong Road and Village Road to reach that access point;

Geotechnical Risk

- (bb) comments - the proposed Phases 3A and 4 buildings had a deep foundation into the slope and would affect the stability of the slope. Landslides occurred at Fung Fai Terrace and Village Terrace in 1959, 2005, 2008 and 2011. It was difficult to ensure no reoccurrence of landslides;
- (cc) responses - GEO had pointed out that the landslide risk of the site was addressed and the geotechnical feasibility of the redevelopment was demonstrated in the GPRR submitted to the Board in September 2010. GEO had no objection to the Revised Scheme 2012 with an excavation depth of 29m from the geotechnical viewpoint. HKSH was required to carry out a stability assessment for the slopes behind the site at the detailed design stage;

Visual impact

- (dd) comments - the two over 20-storey buildings would create wall effect and further destroy the valley setting and natural landscape. The proposed redevelopment would lead to a degradation of the quality of life of the local residents. HKSH should not insist on achieving the maximum GFA. The new hospital buildings would obstruct views from Village Road and Bowen Road, and views of individual developments including

Evergreen Villa. There would be adverse visual impacts on the areas surrounding Tung Shan Terrace. The reduced building setback from the Wong Nai Chung Road site boundary was unacceptable from environmental and planning viewpoint and a building setback of 27m was required;

- (ee) responses - the BHRs of 89mPD, 115mPD and 2 storeys for the site were not incompatible with the existing BH bands of 85mPD to 115mPD for the valley floor area covered by the Wong Nai Chung OZP, and would not have major adverse impact on the views from major local vantage points. As to the reduction in the building setback from 27m to 16m, it would result in a more significant visual impact when viewed from the east at Wong Nai Chung Road. However, visual impact should be properly weighed against other relevant factors, including the permissible development intensity of the site under the BO and the lease, technical constraints of the site, functional and operational needs of the hospital;

AVA

- (ff) comments - the submitted AVA ignored the fact that the erection of two multi-storey buildings next to the existing 37-storey Phase 3 building would affect air quality and ventilation along Village Road and in the adjoining areas;
- (gg) responses - taking into account the AVA conducted for the Wong Nai Chung OZP and the AVA submitted by HKSH, the proposed reduction in building setback from 27m to 16m was not expected to have significant adverse impact on the air ventilation along the wind corridor of Shan Kwong Road;

Impact on the Local Community

- (hh) comments - the excavation work for the Revised Scheme 2012 would take four years to complete and the construction work would take a few

more years. The social, environmental and traffic impacts to the community would be unbearable and unacceptable;

- (ii) responses - the environmental impacts during the construction of HKSH's redevelopment were subject to statutory control under various pollution control ordinances, including the Air Pollution Control Ordinance, Noise Control Ordinance, etc. Any concerns, enquiries or complaints regarding issues subject to statutory control under these ordinances would be handled by the Environmental Protection Department (EPD);

Alternative Location

- (jj) comments - HKSH should seek alternative location to relocate some supporting facilities such as training facilities, nurse hostels and some of the wards to a private hospital site in Wong Chuk Hang. They might locate those services and functions, which would not be affected by the vibration of underground mass transit railway tunnel to the Wong Chuk Hang site. There was no convincing argument as to why a proton therapy machine should not be located at a more suitable alternative site;
- (kk) responses - HKSH had indicated a strong preference for redevelopment at their existing site taking into account the operational requirements of the hospital and the locations and constraints of the sites proposed by the Government for private hospital development. SFH and D of Health had no objection to HKSH's in-situ redevelopment proposal and advised that the private hospital site at Wong Chuk Hang had been put up for open tender;

Fire safety

- (ll) comments - the proposed high-rise hospital buildings did not comply with international safety standards. There was concern on the means of escape for numerous patients in these buildings and fire-fighting in case

of fire;

- (mm) responses - the BD and the Fire Services Department (FSD) had no in-principle objection to HKSH's redevelopment proposal. The compliance of the proposal with the relevant fire safety and means of escape requirements and its allied regulations under the BO would be checked in detail at the building plan submission stage;

Green Belt

- (nn) comments - the inclusion of an area (about 38m²) zoned "GB" as part of the redevelopment site of HKSH would reduce the amount of green belt in the area;
- (oo) responses - the concerned "GB" area was part of a cut slope within the existing confines of the hospital and was not covered with any vegetation. Given its small size, location and existing site condition, the MPC on 10.9.2010 agreed that the proposed boundary adjustment of the "G/IC" zone to include the "GB" area was considered acceptable and could be regarded as minor adjustment of the zoning boundary as permitted under the covering Notes of the OZP;

Private Street at Fung Fai Terrace

- (pp) comments - a private street at Fung Fai Terrace which linked the southern boundary of the site with Village Road, was damaged by construction vehicles accessing the hospital during previous construction works. However, HKSH had delayed repairing of the private street;
- (qq) responses - repair of the private street should be a matter to be resolved between HKSH and concerned owners;

Low Frequency Noise Annoyance by air conditioning system of HKSH

- (rr) comments - the air conditioning system on the lower floors of the Phase 3 building was creating low frequency noise annoyance to residents in the area;
- (ss) responses - noise annoyance from air conditioning system was controlled under the Noise Control Ordinance (NCO) and enforced by the EPD. In 2011, the EPD had received two complaints against noise from the subject air conditioning system, but the complainants subsequently indicated that the noise situation had been improved;

PlanD's Views

- (tt) based on the planning assessment and considerations set out in paragraph 6 of the Paper, PlanD's views were:
- (i) to note support of R1 to R703 (except R253, R267, R294 and R325) to the BHRs on the site; support of R704 to R706 (part) to the BHRs of 89mPD and 115mPD; and support of R996 to R1003 (part) to BHR of 2 storeys;
- (ii) to note R267 and R294 that had not specified support / opposition to amendments to the Plan;
- (iii) not to uphold R253, R325, R707, R709 to R793, R795 to R1023 (except R996 to R1003), R1026 to R1046, and R1048 to R1068, and the remaining parts of R704 to R706 and R996 to R1003; and
- (iv) for R708:
- to uphold R708 if the Board would like to adopt a balanced consideration with due regard to technical constraints and design requirements of the hospital. The Plan should be amended to meet HKSH's representation by adjusting the

boundary of the areas stipulated with BHRs of the 115mPD, 89mPD and 2-storey on the basis of the Revised Scheme 2012 submitted by HKSH. The Notes for the “G/IC” zone should be amended to specify that no more than 15% of the total non-domestic GFA of the development should be used for clinic purpose; or

- not to uphold R708 if the Board considered that the adverse visual impact in relation to the reduced building setback from the Wong Nai Chung Road site boundary and HKSH’s previously proposed planning gain of providing a 27m-building setback were more important. In such case, the Plan should not be amended.

20. The Chairman said that a few representers (R175, R682, R763, R651 and R951 and R1022) had requested to make their representations first as they had to leave the meeting early. With no objection from the attendees, the Chairman then invited the representers and commenters and their representatives to elaborate on their representations and comments. The Chairman asked the attendees to be concise with their presentations as their submissions had all been provided to Members before the meeting.

R175 – Ho Hung Kwong, Duncan

(Dr. Winnie Lau - representer’s representative)

21. Dr. Winnie Lau made the following main points:

- (a) Dr. Ho was a cardiologist and she was a gynaecologist. It was very important for their patients to receive timely treatment. Hence, as doctors, they were also very concerned about the traffic condition in the area. The new ingress/egress point at Wong Nai Chung Road proposed in HKSH redevelopment would help divert some traffic from the inner streets of Happy Valley and would help to address the additional traffic impact resulting from the redevelopment;

- (b) they would try their best to provide timely treatment to patients. However, from her experience, there were cases where there was no room available in HKSH and they had to refer patients to other hospitals or asked patients to wait for days for a hospital bed; and
- (c) they hoped that HKSH could proceed with their redevelopment plans so that more hospital beds would be available to serve the residents of Happy Valley and the whole of Hong Kong.

[Mr. Fletch W.W. Chan returned to join the meeting at this point.]

R682 – Tang, William

(Ms. Lee Yuk Kuen, Anna - representer's representative)

22. Ms. Lee Yuk Kuen, Anna made the following main points:

- (a) she explained that Dr. Tam Ka Fai, who was to represent R682, had asked her to read out his speaking note as he was not able to attend the meeting as he had to attend to an urgent case. She said that Dr. Tam was a gynaecologist and was well aware of the importance of timely delivery of patients and arrival of doctors to the hospital. As such, they were also concerned about the traffic condition in the area;
- (b) the new traffic signal at the Shan Kwong Road / Village Road junction that started operation at the beginning of 2012 had initially caused traffic congestion. However, in response to the suggestions of HKSH, TD had made adjustments to the signalling arrangement of the traffic light and traffic congestion at that junction had been relieved;
- (c) there were not enough beds in HKSH and there were many times when he had to unwillingly refer patients to other private / public hospitals; and
- (d) a new ingress/egress point at Wong Nai Chung Road was proposed for the HKSH redevelopment. The hospital redevelopment could increase

the number of beds in HKSH and bring traffic improvement to the area.

R763 - Elite Eternal Limited

(Mr. Lam Hau Sing – representer's representative)

23. Mr. Lam Hau Sing said that on behalf of R763, S.K. Lam, Alfred Chan & Co. (Solicitors & Notaries) had issued two letters to the Board indicating their discontent about the amendments made to the draft Wong Nai Chung OZP in question. He reiterated that they maintained their stance and said that their legal team would continue to follow up on the matter.

R651 - Tsang Ka Keung

(Dr. Billy Chiu – representer's representative)

24. Dr. Billy Chiu made the following main points:
- (a) he was Resident Medical Officer Specialist in Family Medicine and the Assistant Director of Resident Medical Services (Training) at HKSH. He was also teaching family medicine in the University of Hong Kong (HKU);
 - (b) HKSH was an important hospital providing training to doctors. From 1998, HKSH had collaborated with the School of Medicine of HKU to provide training for student doctors. The two-week training programme would cover out-patient operations as well as some medical treatments not available in public hospitals; and
 - (c) the specialist training programme in family medicine in HKSH was set up in 2001 and he was one of the graduates. However, there were currently insufficient rooms to provide training opportunities and that had affected expansion of the training programme. With the HKSH redevelopment, there would be increased training opportunities that would benefit doctors as well as patients.

[Dr. C.P. Lau left the meeting temporarily at this point.]

R951 – Lam Shiu Toi

R1022 – Ng Kam Chun

(Mr. Ng Kam Chun, Wan Chai District Councillor – representer and representer's representative)

25. Mr. Ng Kam Chun made the following main points:

- (a) he was familiar with the area as he was born, and had lived and worked in Happy Valley. Being a district councillor for the area, he would outline the residents' major concerns for Members' consideration;
- (b) one of the major concerns of residents was traffic impact. Currently, HKSH only had 400 odd beds and after redevelopment there would be 800 beds. Traffic was currently very congested and it was difficult to imagine the traffic situation after the redevelopment, especially because people visiting HKSH would mostly go by taxis or private cars. Moreover, in-patient services would attract much more visitors than out-patient services, especially when celebrities stayed in the hospital;
- (c) the existing ingress/egress point at the junction of Shan Kwong Road / Village Road was poorly designed and vehicles often had to queue back onto Village Road. It was estimated that in the morning peak hour, about 70% of the vehicles on Village Road was going to HKSH;
- (d) in the past decade, there had been a number of landslides in areas between Stubbs Road and Wong Nai Chung Road, such as at Fung Fai Terrace and Village Terrace. As the HKSH redevelopment required excavation into the slope, residents were concerned about its impact on slope stability;
- (e) there were also concerns about the fire safety of the high-rise hospital block in HKSH. Based on FSD's briefing to the Wan Chai District

Council, he considered that there were still outstanding concerns on the fire safety of the hospital and the absence of an evacuation plan for patients during fire outbreak; and

- (f) the residents of Happy Valley generally considered that HKSH was a hospital providing good quality service and they had no objection to HKSH expanding its business. However, any redevelopment of the hospital should not become a burden on the local community and should be in harmony and not in confrontation with residents. Hence, HKSH should consider relocating some supporting facilities to other places to reduce the impact on the area.

R704 - Lee Yuk Kuen, Anna

(Ms. Lee Yuk Kuen, Anna)

26. With the aid of a powerpoint presentation, Ms. Lee Yuk Kuen, Anna made the following main points:

- (a) HKSH was proposing the provision of all single-bed wards in the Phase 4 building and she wanted to explain the benefits of single-bed wards. The prime benefit of single-bed wards was infection control. She said that designing hospitals with single-bed wards was in line with the global trend;
- (b) the Ysbyty Aneurin Bevan Hospital in the United Kingdom with all single-bed wards was quoted as an example. That hospital was completed in 2010. According to the head nurse of that hospital, with the single-bed ward design, a 50% reduction in infection was noted;
- (c) the overall benefits of single-bed wards were that it would improve the safety of patients and staff by lowering infection rates, improve operational efficiency, enable faster recovery of patients and better quality of service; and

- (d) a number of examples of hospital in the United States with single-bed wards were listed, namely, Palomar Medical Center in California with 360 beds, St. Joseph's Hospital in Wisconsin with 80 beds, TriPoint Medical Centre in Northeast Ohio with 119 beds and Virtua Voorhees Hospital in New Jersey with 368 beds.

[Dr. C.P. Lau returned to join the meeting at this point.]

R708 - Hong Kong Sanatorium and Hospital

(Mr Ian Brownlee]]
Mr. K.K. Kwan]]
Mr. Kelvin Ip]] representer's representatives
Mr. Fred Brown]]
Dr. Joseph Chan)]]

27. With the aid of a powerpoint presentation, the team made a presentation. Mr. Ian Brownlee made the following main points:

- (a) the presentation of the team would only focus on some key concerns as HKSH's redevelopment proposal was detailed in the various submissions made to the Board and had been covered in detail in the Paper and in PlanD's presentation;
- (b) a photo of a model showing the originally planned redevelopment on the site was shown. The Phase 3 building was built but the remaining part (i.e. previously the single Phase 4 building and currently the two Phases 3A and 4 buildings) was pending as a result of the gazettal of the OZP No. S/H7/14 stipulating BHRs on the site. As the two parts of the redevelopment were designed to be connected, the Phase 3 building was currently not operating efficiently;
- (c) the amendments to the BHRs on the site in the subject OZP No. S/H7/15 arose from a settlement proposal for a JR that HKSH lodged against the Board's decision not to uphold his representation in respect of the OZP

No. S/H7/14. The key principles of the settlement proposal were that the HKSH redevelopment should be allowed to achieve the permitted development intensity on the site and the buildings on the site should be of similar BH as those in the area;

- (d) HKSH was currently operating at full capacity and the hospital had to turn patients away as there were insufficient hospital beds. The local community was currently benefitting from the medical services provided by HKSH, such as the 24-hour out-patient service. The HKSH redevelopment would continue to benefit the local community as well as people in Hong Kong. It was indicated that 90% of the hospital's patients were Hong Kong residents. The proton therapy machine to be accommodated in HKSH redevelopment would be the only machine of such kind in Hong Kong, and that would enhance cancer treatment;
- (e) the existing traffic congestion at the Shan Kwong Road / Village Road junction could only be resolved with the provision of an alternative ingress/egress point and implementation of other transport facilities in the HKSH redevelopment. The forecast improvement in traffic conditions after operation of the HKSH redevelopment was supported by technical assessments that were accepted by TD;
- (f) the BHRs currently imposed on the site were based on a preliminary conceptual design submitted by HKSH in September 2010 in the settlement proposal. However, the 2-storey BHR along the Wong Nai Chung Road site boundary was not part of the settlement proposal, and the extent of that building setback remained the main issue at stake;
- (g) the Board deferred a decision on the representations at its meeting held on 8.4.2011 and requested the following:
 - (i) more information to be submitted to the TD to substantiate the assumptions and findings of the TIA, including the assumption that trip generation was to be estimated based on the number of hospital

beds;

(ii) to seek GEO's confirmation on the geotechnical constraint regarding the proposed building setback; and

(iii) to seek advice on the space requirement of the proton therapy machine;

(h) in addressing the Board's considerations at the previous meeting, HKSH had completely re-assessed the architectural design and the geotechnical design for the HKSH redevelopment. A holistic approach had been adopted taking into account a number of factors, including feasibility, costs, time of construction, hospital operation and efficiency. There were two main technical issues (i.e. geotechnical constraints and hospital design) and one subjective issue (i.e. visual impacts regarding the reduction of building setback from the Wong Nai Chung Road site boundary). The Revised Scheme 2012 showed that a building setback of 16m could be provided. Moreover, additional traffic statements, submitted to and accepted by TD, had confirmed that there would be improvements to traffic conditions in the area;

(i) the Revised Scheme 2012 was the most practical outcome resulting from an iterative process between the technical consultants and government departments. All the clarifications requested by the Board at the previous meeting (8.4.2011) had been satisfactorily addressed;

(j) HKSH's current proposal to meet the representation were:

(i) to accept the BHRs of 115mPD and 89mPD and that were imposed on the site for the areas to be occupied by the Phase 3A and 4 buildings;

(ii) to accept the BHR of 2-storey on the site for the building setback area along the Wong Nai Chung Road site boundary (i.e. they

would not pursue their previous request as stated in the representation statement to increase the BHR to 3-storey);

(iii) a minimum building setback of 16m from the Wong Nai Chung Road site boundary was proposed (i.e. instead of the 11m-building setback requested at the previous meeting);

(iv) PlanD's proposal to include a restriction in the Notes of the "G/IC" zone to specify that no more than 15% of the total non-domestic GFA of the development should be used for clinic purpose was acceptable to HKSH; and

(v) to adjust the boundaries of the BH zones on the OZP as shown in Drawing Ha-1 of the Paper. The adjustments would result in a reduced building setback area (minimum 16m) along the Wong Nai Chung Road site boundary as well as enlarging the area stipulated with BHR of 115mPD so as to allow the Phase 3A and Phase 4 buildings to be well connected; and

(k) it was agreed that the only outstanding issue was whether the reduction in the building setback would have overbearing adverse visual impact. The HKSH's views were that there would be minimal difference between a scheme with reduced building setback and the OZP conforming scheme. However, by allowing a reduced building setback would significantly improve the efficiency of the hospital's operation. The Board was urged to accept the Revised Scheme 2012.

28. Mr. K. K. Kwan continued with the presentation and made the following main points on geotechnical aspects:

(a) the slope to the south-west of the site was very steep with a maximum angle of 55 degrees. The slope extended upwards to Stubbs Road, and there was a level difference of 80m between Stubbs Road and Wong Nai Chung Road. The steep slope posed major constraints on the feasible

depth of excavation;

- (b) a sectional drawing of the scheme presented at the previous meeting was shown. For that scheme with a 11m-building setback proposed along the Wong Nai Chung Road site boundary, the borepile wall would start from 21mPD and the excavation depth would be 29m;
- (c) HKSH had explored a scheme which pushed the borepile wall up to the slope at the south-western site boundary. For that scheme with a 17m-building setback from the Wong Nai Chung Road site boundary, the borepile wall would start from 44mPD and the excavation depth would be 36m. The geotechnical assessment confirmed that there would be excessive soil movement and GEO considered that the scheme was geotechnically infeasible;
- (d) the scheme was subsequently amended as the Revised Scheme 2012 that would allow for a 16m-building setback. The borepile wall would start at 34mPD (i.e. 10m lower than the 17m-building setback scheme) and the excavation depth would be 29m. The Revised Scheme 2012 would result in less soil movement and a smaller retaining structure. GEO considered the Revised Scheme 2012 to be acceptable from geotechnical aspect subject to detailed design; and
- (e) the stability of the slope was also very important for the hospital and HKSH would carry out all the works necessary to ensure the safety of the slope.

29. Mr. Kelvin Ip continued with the presentation and made the following main points on architectural and visual impact aspects:

Architectural Design

- (a) a typical floor plan of the redevelopment was shown. To serve the operational needs of the hospital and for an efficient floor layout, a

central service core arrangement (i.e. with circulation space around a service core to serve the wards and related accommodations) was proposed. The width of the circulation space and the service core were kept to a practical minimum to minimise the depth of the Phase 4 building. Fire compartmentation would be adopted in the hospital design to limit fire spread and facilitate discharge of occupants during emergency;

- (b) the conceptual section showed that the wards would be located on typical floors in the middle section of the Phase 4 building, the operating theatres would be located on the upper floors and the lower floors would be for non-ward and car parking uses;
- (c) the Phase 4 building had to be setback from the steep slope to its south-west so that the wards facing the slope would comply with the air ventilation and lighting requirements under the B(P)R;
- (d) the Revised Scheme 2012 would allow for a minimum 16m-building setback of the Phase 4 building from the Wong Nai Chung Road site boundary. Due to the curving profile of the site boundary, the building setback would range from 16m to 20m;

Visual Impact Assessment

- (e) the following photomontages were shown to compare the visual impacts of the OZP conforming scheme (with 27m-building setback) and the Revised Scheme 2012 (with 16m-building setback). It was concluded that there was no significant deterioration in the visual environment from all four viewpoints even if the building setback at the Wong Nai Chung Road site boundary was reduced:
 - (i) viewpoint from Wong Nai Chung Road adjacent to the Jockey Club Stand – this view was representative of the views for drivers along Wong Nai Chung Road southbound. There was no big

difference in the visual impacts of the two schemes. The width of the building façade along Wong Nai Chung Road would be shorter for the Revised Scheme 2012 when compared to the OZP conforming scheme;

- (ii) viewpoint from the centre of the Happy Valley Recreation Ground – there was not much difference in the visual impacts of the two schemes. For the Revised Scheme 2012, there would be a gap between the Phase 4 building and the slope, which would allow some residential developments in the south-west of HKSH to have views of the Happy Valley Recreation Ground;
- (iii) viewpoint from Bowen Road – there would be no difference in the visual impact of the two schemes; and
- (iv) viewpoint from the Wong Nai Chung Road tram terminus – the building setback proposed in the Revised Scheme 2012 would allow for some setback from the road as compared to the existing buildings that were built right up to the Wong Nai Chung Road site boundary. Due to the openness of this visual context with the Happy Valley Recreation Ground in the east, the difference in visual impact between the two schemes would not be discernible.

[Mr. H.W. Cheung left the meeting temporarily at this point.]

30. Mr. Fred Brown continued with the presentation and made the following main points on traffic aspects:

Responses to Comments on the TIA

- (a) the following responses / clarifications to comments made on the TIA were made:
 - (i) additional traffic surveys had been carried out after the previous

meeting to collect the necessary traffic data during different peak periods over the weekdays and weekends;

- (ii) it was clarified that the survey of the origin and destination of where people were going to and from was based on a licence plate survey and not interviews;
- (iii) the annual traffic growth rate of 0.5% assumed in the TIA was a conservative estimate and had taken into account both the Government's population planning data and the currently identified future developments in the Happy Valley area;
- (iv) one of the assumptions of the TIA and traffic statements was that the traffic generated by the hospital was related to the number of hospital beds and that the proportion of clinics would remain similar to the existing situation (i.e. 15% of the total non-domestic GFA in the hospital). It was verified by travel surveys that the observed traffic generation rates were related to the actual number of hospital beds existing at the time the travel surveys were conducted; and
- (v) TD had accepted the technical submissions on traffic impacts;

Internal Transport Arrangements

- (b) the additional ingress/egress point at Wong Nai Chung Road (that would be left-in / left-out) would divert some hospital traffic away from the inner streets of Happy Valley and would relieve the Shan Kwong Road / Village Road junction;
- (c) with the re-design of the hospital complex, there would be substantial increase of on-site transport facilities, the car parking spaces would be doubled and the lay-by and queuing spaces would both be tripled. That would avoid cars queuing back onto public roads;

- (d) the car parking floors in the various buildings on the site would be connected and it would no longer be necessary to use the existing ingress/egress point at Shan Kwong Road / Village Road to enter / exit the car park;

[Mr. Eric K.S. Hui left the meeting temporarily at this point.]

Traffic Routings

- (e) currently, all traffic entering the hospital had to pass through the inner streets of Happy Valley and the Shan Kwong Road / Village Road junction and traffic exiting the hospital also had to go through that junction;
- (f) in future, with the new ingress/egress point at Wong Nai Chung Road, it was assumed that all incoming traffic to the hospital from the north (estimated to be about 70% to 80% of total ingress traffic) would route through the section of Wong Nai Chung Road to the east and south sides of the Happy Valley Recreation Ground to enter the hospital through the new ingress/egress point. The assumed preference for such routing was supported by their journey time surveys. It was further assumed that traffic coming from the south would all be via Village Road. However, this was a conservative assumption as traffic from the south might travel through an alternative route via Blue Pool Road and would use the new ingress/egress point without going through Village Road. Overall, it was projected that there would be less traffic on Shan Kwong Road (estimated reduction of 100-120 pcu/hr). It was projected that around 140 – 150 pcu/hr would be diverted to the section of Wong Nai Chung Road to the east and south sides of the Happy Valley Recreation Ground, which would have adequate capacity to accommodate the additional hospital traffic;
- (g) for traffic exiting the hospital, it was assumed that all north-bound

traffic would turn left and exit onto the section of Wong Nai Chung Road to the west of the Happy Valley Recreation Ground (and would not go through the Shan Kwong Road / Village Road junction). The south-bound traffic would be similar to the existing situation. It was projected that traffic on the section of Wong Nai Chung Road (between the new ingress/egress point and Shan Kwong Road / Village Road junction) would be reduced by about 125 – 150 pcu/hr. It was pointed out that the figure of 235 pcu/hr as mentioned earlier in DPO's presentation was the figure for the total traffic load from HKSH onto Wong Nai Chung Road after completion of its redevelopment; and the additional traffic from the redevelopment would only be around 100-110 pcu/hr;

- (h) the findings of the technical assessments confirmed that the performance of the Shan Kwong Road / Village Road junction would be worsened even without the HKSH redevelopment. However, the performance of that junction would be better than the existing situation with the HKSH redevelopment and the new ingress/egress point at Wong Nai Chung Road;
- (i) construction traffic would use the new ingress/egress point at Wong Nai Chung Road and would not pass through the inner streets of Happy Valley; and
- (j) it was concluded that the HKSH redevelopment would provide a safe and reliable alternative ingress/egress point that would bring traffic benefits to Happy Valley.

[Ms. Annie K.L. Tam arrived to join the meeting at this point and Mr. H.W. Cheung returned to join the meeting at this point.]

31. Dr. Joseph Chan, Deputy Medical Superintendent of HKSH, made the following main points to conclude the presentation:

- (a) HKSH had been established for more than 90 years and it had developed into a hospital providing high quality medical services;
- (b) there was a genuine need for the HKSH redevelopment as the demand for their hospital service had been increasing and there was insufficient hospital beds for patients. The HKSH's redevelopment was for the benefit of the whole community of Hong Kong. If more patients could use the services in private hospital, it would reduce the pressure on the public hospital system and reduce public funds to be spent on health care. All income from the hospital would be reserved for the future development of the hospital;
- (c) it was necessary for the hospital to redevelop on the site. HKSH was a hospital providing a comprehensive range of medical services. To ensure effective treatment and safety of patients, all medical staff and the necessary machines had to be provided on the same site;
- (d) a proton therapy machine would be accommodated in the HKSH redevelopment to provide cancer patients with the most updated technology in cancer treatment. The proton therapy machine required a substantial amount of space for its installation and accommodation;
- (e) there were various infectious diseases, namely SARS, bird flu and swine flu, threatening the people of Hong Kong in the past years. Hence, for better infection control, the hospital would adopt single-bed wards in the redevelopment. Although that would require more floor space, the hospital considered it worthwhile as it would enhance the safety of patients;
- (f) it was also important that patients could reach the hospital in a timely manner, hence the hospital placed priority on traffic improvement in its redevelopment proposal. In their proposal, a new ingress/egress point would be provided at Wong Nai Chung Road, and there would be increased car parking spaces and lay-by space for pick-up / drop-off; and

- (g) he reiterated that the primary aim of pursuing the redevelopment was to provide high-quality medical service to the community of Hong Kong, and urged Members to accept their revised proposal.

[Mr. Eric K.S.Hui returned to join the meeting and Mr. Ivan C.S. Fu left the meeting temporarily at this point.]

R749 - Yip Kwan Shui

R751 - Lau Ching Fong

R752 - Wong Chi Yin

R753 - Wong Lai Ping

R754 - Liu Yee Ling

R828 - Chiu Kin Man

R882 - Hung Yiu Kwong

R885 - Lee Wang Tak, Paul

R886 - Luk Yuet Kuen

R928 - Chan Hon Ming

R948 - Lee Wing Sum Wendy

(Ms. Liu Yee Ling (representer) and Dr. Kacey Wong (representers' representative))

32. Dr. Kacey Wong read out Ms. Liu Yee Ling's speaking note on her behalf covering the following main points:

- (a) HKSH should not build any more high-rise buildings on the site. The Government should allocate suitable land in other places for HKSH to build a new hospital;
- (b) the HKSH redevelopment and the as-built Phase 3 building would form an excessively tall wall that would adversely affect the flow of wind from the hills and cause adverse impacts on air quality in the Happy Valley area. The high-rise developments at Leighton Hill and Causeway Bay and those buildings on the site would form barriers to air ventilation, and this would cause further deterioration of the air quality in the Causeway

Bay area. As Happy Valley and Causeway Bay were densely populated, worsening of air ventilation and air quality would adversely affect the health of residents and tourists. It would also affect the reputation of Hong Kong as Causeway Bay was a popular destination for tourists. HKSH and the Board were urged to re-consider the redevelopment of HKSH on the site;

[Mr. Timothy K.W. Ma arrived to join the meeting at this point.]

- (c) the HKSH redevelopment would lead to major traffic congestion in Happy Valley that would have knock-on effects on traffic in Wan Chai, Causeway Bay, Deep Water Bay, Repulse Bay, Stanley and Wong Chuk Hang. As the roads in the area could not be further widened, development of two new hospital buildings with more patients and visitors (mostly travelling on cars) would further aggravate the existing traffic congestion problems. The Government was urged to make long-term plans to improve the traffic in the area and not to allow the HKSH redevelopment;
- (d) the green landscape in the area provided open views and was invaluable natural resources of Happy Valley and Causeway Bay. The residents in the Happy Valley area would lose the views of the green landscape if the HKSH's redevelopment proposal was allowed; and
- (e) they agreed that HKSH should further develop its medical services to serve the community of Hong Kong, but further redevelopment on the site would create more adverse impacts than benefits. They recommended that the Government negotiate with HKSH and allocate another site for the hospital redevelopment.

R764 Lin Sau Har, Peggie

(Mr. Ng Yin Keung – representer's representative)

33. With the aid of a powerpoint presentation, Mr. Ng Yin Keung from the Civic

Party made the following main points:

- (a) the HKSH redevelopment would bring more adverse impacts than benefits in terms of traffic, visual and air ventilation impacts;
- (b) Mr. Albert Lai of their political party had made a presentation at the previous meeting and had raised questions about the geotechnical risks of the HKSH redevelopment. According to the information regarding the Happy Valley Underground Stormwater Storage Scheme submitted by the Development Bureau to the Legislative Council (CB(1)1798/10-11(01)) in April 2011, the design of the stormwater storage tank had assumed a 1-in-50 years storm. However, HKSH had only assumed a 1-in-10 years storm in its technical assessment, and had under-estimated the risk of heavy storm and landslide. If HKSH would not re-conduct its geotechnical risk assessment, they should at least prepare emergency plans for evacuation of patients in the case of 1-in-50 year storms;

[Dr. C.P. Lau left the meeting temporarily at this point.]

- (c) HKSH had a record of wrong doings in the past. They had not repaired the damages which they had made to the private street at Fung Fai Terrace. They had prepared traffic assessment based on wrong assumptions. The complaints about the low frequency noise from the air-conditioning system in the Phase 3 building had not been resolved;
- (d) the population in Happy Valley had not grown much but HKSH had proposed to substantially increase the number of beds in the hospital. It was obvious that the HKSH redevelopment was not for serving the Happy Valley community. If so, the hospital should not expand on the site at the expense of the local community, which would suffer from traffic congestion, reduced air ventilation and reduced view of the sky. HKSH should build new hospitals on other sites in different areas of Hong Kong. HKSH proposed to provide single-bed wards, however he

doubted whether this type of rooms would serve the needs of the residents in Happy Valley;

- (e) the proton therapy machine chosen by HKSH would occupy substantial amount of floor height and floor space. However, there was no assessment as to whether proton therapy was appropriate for treating the types of cancer which were most common in Hong Kong. It might be that proton therapy was not needed by most of the cancer patients in Hong Kong; and
- (f) it was unclear whether the design of the hospital had taken into account flooding risks (say for a 1-in-10 years or 1-in-50 years storm). From his past working experience, equipment that were critical to the operation of the business should not be located on lower floors of buildings that were subject to the risk of flooding. He doubted why HKSH would choose to locate the proton therapy machine in the lowest floors of the redevelopment. He suspected that after the Board agreed to amend the OZP to meet HKSH's representation, HKSH might change to use a proton therapy machine that required less space and would locate it in the upper floors. Even if that was the case, the Board would have no means to revert its decision and lower the BHR on the site.

[Mr. Maurice W.M. Lee arrived to join the meeting at this point.]

R823 Wealth Ltd

(Mr. Lam Hau Sing – representer's representative)

34. With the aid of a powerpoint presentation, Mr. Lam Hau Sing made the following main points:

- (a) there were many planned projects within the Happy Valley area. These included 10 planned residential developments with 700 units and 200 car parking spaces (that would be completed in the next few years) and the construction works for the Happy Valley Stormwater Storage Scheme

(that would span a construction period of some 10 years);

- (b) the residents of Happy Valley had been suffering from the nuisance created by the Phase 3 development. Since the operation of the Phase 3 development, the Shan Kwong Road / Village Road junction was always very congested. They had to file complaints with the Police on a frequent basis due to the traffic congestion situation at Village Road. Residents had taken photo records which showed that access of emergency vehicles, including ambulance and fire engine, to the hospital was delayed due to traffic congestion in the area. Traffic congestion would also affect timely arrival of emergency vehicles to provide rescue services for residents in the area;
- (c) HKSH had used the private street at Fung Fai Terrace as access for construction vehicles when they constructed the Phase 3 building. However, HKSH had refused to repair the damages made to the private street, even though residents were willing to share part of the cost. In addition, the valet parking service provided by HKSH had recently started to use Fung Fai Terrace for frequent access. Those cars travelled at high speed, and this had caused safety concerns for children and elderly using the private street; and
- (d) the HKSH redevelopment should not be allowed at the expense of the residents of Happy Valley.

R836 Ho Kit Wai, Margaret

(Dr. Kacey Wong – representer's representative)

35. With the aid of a powerpoint presentation, Dr. Kacey Wong made the following main points:

- (a) the high-rise buildings proposed on the site would affect the local community. Photos of overseas examples of buildings / hospitals with good design and green building facades were shown. On the contrary,

the design of the HKSH redevelopment was poor; it was an out-of-proportion curtain wall building with no architectural articulation nor green façade. The HKSH redevelopment would be a typical 'wall building' with major visual impacts;

- (b) it was not enough for the Board to impose a building setback along the Wong Nai Chung Road site boundary to mitigate the visual effects of the HKSH redevelopment. He urged the Board to request for more improvements in the design;
- (c) the HKSH redevelopment would destroy existing greenery as there would be substantial excavation of the existing slopes. The future high-rise buildings would also obstruct wind flow;

[Dr. C.P. Lau returned to join the meeting at this point.]

- (d) according to an article in New York Times dated 2.1.2012, the cost of proton therapy for a patient would be roughly twice that of traditional types of radiation therapy. However, there was no convincing evidence that proton therapy was better than traditional types of radiation treatment for all types of cancer. It was worth noting that the proton machine required substantial floor height to accommodate. The machine itself was 5-storey high and another 5-storey clear height was required for the delivery of the machine. There were data in the United States which showed that hospitals that had invested in a proton machine was subject to substantial financial risks, and there was a tendency for those hospitals to maximize the utilization of the machine and would seek much higher treatment cost from patients as compared to traditional radiation therapy;
- (e) information from Taiwan similarly indicated that there were no conclusive findings that proton therapy was better than traditional cancer therapy. In addition, according to the Taiwan experience, about 80 engineers with specialist training would be required to operate and maintain one proton therapy machine. He doubted whether there were

enough personnel with such specialized training to support the use of the proton therapy machine in HKSH. There were also concerns on the safety and evacuation plans for neighbouring residents in case of radiation leakage from the proton therapy machine; and

- (f) in conclusion, residents felt that the HKSH redevelopment would have adverse effect on their safety, health and convenience. For example, fire fighting and ambulance services to serve local residents would be potentially delayed by traffic congestion. He considered that HKSH only aimed to maximize its development potential and profit, even though they were registered as a non-profit making organisation.

R866 New Investment Ltd.

(Mr. Lam Hau Sing – representer's representative)

36. With the aid of a powerpoint presentation, Mr. Lam Hau Sing made the following main points:

- (a) on 6.5.2012, the residents of Happy Valley staged a protest against the HKSH redevelopment. More than 500 residents, including elderly and children, participated in the protest to express their discontent about the traffic and visual impacts of the HKSH redevelopment. A booklet documenting the event, newspaper cuttings and collected signatures was forwarded to Members for information on 8.5.2012;
- (b) the residents wanted the public to know that the nuisance created by HKSH in the Happy Valley area had become unbearable. The hospital only cared about maximizing its profit. Although some doctors had spoken to support the HKSH redevelopment, he was sure that there were doctors with dissenting views who might not be willing to speak up. The Board should re-consider the validity of the technical assessments submitted by HKSH;
- (c) he read out a letter on behalf of a resident who indicated that the crime

rate in Happy Valley was low because there was neighbourhood watch and mutual co-operation between residents. HKSH had damaged the mutual harmony in the local community as they aimed to maximize their own profits and benefits. One example was for HKSH to use the private street at Fung Fai Terrace for valet parking for the hospital;

- (d) the Phase 3 development had created more traffic which caused more air pollution, pedestrian / vehicle conflict and frequent traffic congestion. These had major adverse impacts on their health, safety and convenience;
- (e) a letter from a tenant of a unit in Fung Fai Terrace was tabled for Members' reference. The tenant requested for early termination of the lease term due to air pollution from heavy traffic, noise from car honking and traffic congestion created by the Phase 3 development. Hence, the HKSH development had already affected the property rights of residents which were protected under Articles 6 and 105 of the Basic Law. He further said that the Board had previously refused a planning application for kindergarten use at Essex Road on traffic impact grounds. On similar grounds, he urged the Board to refuse the HKSH redevelopment;
- (f) he understood from sources within the Government that the top management in HKSH had exerted pressure with regard to some traffic control measures in the locality. He had doubts as to whether the top management of HKSH had also exerted similar pressure to force relevant authorities to accept the technical assessments submitted by HKSH; and
- (g) he added a note that the overseas examples of single-bed wards shown by the representatives of HKSH were all in a low-rise and open setting. He said that HKSH was misleading to show such photos as their proposed single-bed wards would result in a high-rise building within a densely built-up area.

[Ms. Anita W.T. Ma left the meeting temporarily and Dr. W.K. Yau left the meeting at this point.]

R958 The Incorporated Owners of San Francisco Towers
(Mr. Ho Yip Chor – representer's representative)

37. With the aid of a powerpoint presentation, Mr. Ho Yip Chor made the following main points:

Visual Impacts

- (a) the two hospital buildings proposed in the HKSH redevelopment would have major visual impacts on views as seen from residents' flats. Photos from Ming Lai Court and Village Court (both at Village Terrace), Greencliff (at Tung Shan Terrace), Ming's Court (at Yuk Sau Street), and San Francisco Towers (at Blue Pool Road), Villa Lotto (at Broadwood Road) and Bowen Road were shown. It was indicated that the existing views of Wan Chai, the Happy Valley Recreation Ground, the green backdrop and views of the sky from those residential developments / Bowen Road would be obstructed by the two hospital buildings. The HKSH redevelopment would also affect air ventilation and the fung shui of Happy Valley. Obstruction to views of residents' flats would also affect property value;

Low Frequency Noise from Air-conditioning System

- (b) the low frequency noise from the air-conditioning system in the Phase 3 building was affecting the health and well-being of residents. They needed to close the windows of their flats at all times. Some elderly had indicated that the low frequency noise had caused them to suffer from depression and they had to seek medical treatment. The health impacts of low frequency noise were medically proven. Although HKSH had promised to improve the situation at a meeting held on 24.11.2010, there had not been any improvement in the situation to

date;

Traffic Congestion and Insufficient Car Parking Space

- (c) there were currently insufficient car parking spaces to serve the hospital complex (63 car parking spaces for 400 odd hospital beds). There would only be some 160 car parking spaces upon the full redevelopment with 800 hospital beds. That would be insufficient to meet all the parking demand from their own staff, patients and visitors;
- (d) as there were currently insufficient on-site car parking spaces, during peak hours for discharge of patients, there could be 200 to 300 cars driving around the inner streets of Happy Valley causing major traffic congestion. It was difficult to accept the conclusion of the traffic assessment that some 160 car parking spaces would be sufficient to serve HKSH after its redevelopment;
- (e) HKSH had indicated to residents at the meeting held on 24.11.2010 that there were errors in their prediction of pedestrian flow for the Phase 3 development, and that was why there was long queuing time for lifts within the hospital. It could be deduced that HKSH must have also underestimated the traffic generation from the Phase 3 development, and that had resulted in the traffic congestion which they were currently experiencing;

[Mr. Anita W.T. Ma returned to join the meeting at this point.]

- (f) the access of fire engines and ambulances to both the hospital and the local area had been affected by traffic congestion in the area. The safety of residents was at risk;
- (g) when the new traffic signal at the Shan Kwong Road / Village Road junction started operation at the beginning of 2012, there was severe traffic congestion which affected private vehicles as well as bus and

mini-bus services. The TD had subsequently adjusted the signal control arrangement, and it was indicated in the Paper that the traffic condition had been improved. Although the traffic flow within the hospital might have improved, the fact was that there was still traffic congestion in the streets and on-street pick-up/drop-off activities frequently disrupted traffic flow. Recently, he noted that there were policemen stationed at key junctions to manage traffic in the local area. He understood that it was only a temporary measure and he doubted whether the Government was doing so to help HKSH with their case at the Board's meeting;

- (h) TD should be well aware that there was frequent traffic congestion in the inner streets of Happy Valley, including Shan Kwong Road, Yik Yam Street, King Kwong Road, Yuk Sau Street and Village Road. The TIA had also indicated that some road junctions were operating at two to three times of their design capacity. It was difficult to understand why TD would still indicate that there was no adverse comment on the TIA and traffic statements submitted;

New Ingress / Egress Point

- (i) HKSH proposed a new ingress/egress point at the Wong Nai Chung Road as a measure to address the additional traffic impacts from the HKSH redevelopment. He doubted whether there would be sufficient circulation space within the site to prevent car queuing back onto the heavily trafficked Wong Nai Chung Road;

[Ms. Annie K.L. Tam left the meeting temporarily and Prof. P.P. Ho and Dr. P.C. Lau left the meeting at this point.]

- (j) another major doubt about the findings of the TIA was its assumptions on traffic routing, i.e. that traffic on the existing route to HKSH (the section of Wong Nai Chung Road on the west side of the Happy Valley Recreation Ground) would change to use the section of Wong Nai

Chung Road around the east and south sides of the Happy Valley Recreation Ground to enter the hospital through the new ingress/egress point. From a layman's perspective and from his discussion with a few taxi drivers, this assumption on traffic routing was not reasonable unless additional traffic control / management measures would be implemented;

- (k) it would be more likely that traffic from Stubbs Road, Kennedy Road and Queen's Road East would turn right and use the existing route (i.e. the section of Wong Nai Chung Road to the west side of the Happy Valley Recreation Ground) to access HKSH. For traffic from Central and the eastern district, it would likely pass through the Canal Road Bridge and exit near the Racing Museum, also using the existing route to access the hospital. It would be a detour to exit the Canal Road Bridge near Times Square to route through Sports Road and the section of Wong Nai Chung Road to the east and south sides of the Happy Valley Recreation Ground. Members should seriously consider whether the traffic routings assumed in the traffic assessment were valid and acceptable;
- (l) the TIA had assumed that the proportion of clinic would remain the same as in the existing hospital, i.e. 15% of total hospital GFA. He doubted whether the Board could have means to stipulate an effective control on the proportion of floor space for clinic use;

Major Developments Not Taken into account in the TIA

- (m) he quoted the rezoning of the "G/IC" site at 17A Ventris Road, occupied by the former Sam Yuk Secondary School, and said that MPC of the Board had agreed to substantially relax the BHR from around 10 storeys to around 20 storeys to facilitate a residential care home for the elderly (RCHE) development. Given the frequent traffic congestion and limited capacity on Ventris Road, it was difficult to understand why TD would agree to that rezoning. In addition, the TIA for the

HKSH redevelopment had not taken into account this major RCHE development;

- (n) the Happy Valley Underground Stormwater Storage Scheme would be built underneath the race course over the next eight to ten years. The storage tank would be some 130 hectares in area, with storage capacity of 60 000 cubic metres and 1 km of pipes. That would involve extensive excavation;
- (o) the TIA had also not taken into account the traffic generation from the 10 planned residential developments, with an estimated 1000 units, that would be completed in the next few years;
- (p) the construction of all the above major projects would create a lot of construction vehicle traffic within the Happy Valley area. However, traffic from these construction works, which would overlap with the construction period for the HKSH redevelopment, had not been taken into account in the TIA;

Other Issues

- (q) he did not accept HKSH's argument that the provision of all single-bed wards was for infection control as in the past, private hospitals would be unwilling to accept patients with infectious diseases. The only reason for providing single-bed rooms was to maximize profit;
- (r) although HKSH claimed that they were a local hospital serving the Happy Valley area, he had personal experience when his wife was refused treatment, after a traffic accident, at the hospital; and
- (s) the HKSH redevelopment would lead to traffic congestion not only in the vicinity of the hospital but in the whole of Happy Valley. The harmony of the community was being destroyed by HKSH and it had reached an unbearable point which pushed residents to protest in the

streets. He urged Members not to agree to the HKSH redevelopment.

R791 Yu Wai Yip

(Ms. Pamela Peck – representer’s representative)

38. Ms. Pamela Peck made the following main point:

- (a) the residents of Happy Valley opposed the HKSH redevelopment on the site. There were major traffic problems in the area and the existing road network would not be able to cope with any more redevelopment on the site. Other representers had already raised the point that traffic congestion had caused delays for access of ambulances and fire engines to the hospital and to other places within the area;
- (b) it was a serious matter that residents of Happy Valley, who represented the higher income groups, had to voice out their discontent by protesting in the streets. The local residents were very united and were determined to stop the further expansion of HKSH on the site. The wall-like buildings proposed were disproportionate with the scale of developments in the area and would have adverse impacts on the air flow and the environment; and
- (c) it was important to maintain harmony in the local community and the Board was urged to seriously consider the residents’ opposition to the HKSH redevelopment on the site.

39. The Chairman indicated that the meeting would be adjourned for lunch break at 1:00pm and the meeting would resume at 2:00pm.

40. The meeting resumed at 2:00p.m.

41. The following Members and the Secretary were present in the afternoon session:

Mr. Thomas Chow Chairman

Mr. Stanley Wong Vice-Chairman

Ms. Bonnie Chan

Professor K. C. Chau

Mr. H. W. Cheung

Mr. Ivan Fu

Mr. Sunny Ho

Mr. Lincoln Huang

Professor C.M. Hui

Ir. Janice Lai

Mr. Dominic Lam

Mr. Patrick Lau

Ms. Christina Lee

Mr. Clarence Leung

Mr. Laurence Li

Mr. Roger Luk

Ms. Anita Ma

Mr. Timothy Ma

Professor S.C. Wong

Mr. Stephen Yau

Director of Lands
Miss Annie Tam

Director of Planning
Mr. Jimmy Leung

Agenda Item 3

[Open Meeting (Presentation and Question Session only)]

Further Consideration of Representations and Comments to the
Draft Wong Nai Chung Outline Zoning Plan No. S/H7/15
R1 to R793, 795 to 1023, 1026 to 1046 and 1048 to 1068, C1 to C9
(TPB Paper No. 9072)

[The meeting was conducted in Cantonese and English.]

Presentation Session

42. The following representatives of the PlanD, TD and CEDD were invited to the meeting at this point:

Ms. Ginger Kiang	- DPO/HK, PlanD
Mr. Tom Yip	- STP/TWK, PlanD
Mr. Johnny Chan	- Engineer/Wan Chai, TD (E/WC, TD)
Mr. Chris C.H. Lam	- Senior Geotechnical Engineer/Island (SGE/I, CEDD)
Mr. Stephen H.W. Yeung	- Geotechnical Engineer/Island, CEDD

43. The following representers, commenter and their representatives were also invited to the meeting:

R749 – Yip Kwan Shui

R751 – Lau Ching Fong

R752 – Wong Chi Yin

R753 – Wong Lai Ping

R754 – Liu Yee Ling

R828 – Chiu Kin Man

R885 – Lee Wang Tak, Paul

R886 – Luk Yuet Kuen

R928 – Chan Hon Ming

R948 – Lee Wing Sum, Wendy

Mr. Lam Hau Sing - Representers' representative

R791 – Mr. Yu Wai Yip

Mr. Yu Wai Yip - Representer

R960 – The Incorporated Owners of Evergreen Villa, Stubbs Road

Ms. Helen Tseng]
Mr. Leung Yiu Kei, Andy] Representers' representatives
Ms. Wai Yuk Chun]

R963 – Fung King Cheong

Mr. Fung King Cheong Representer

R969 – Tse, Joseph

R977 – Mr. Wong

R978 – Fum Ying

R979 – Mrs. Ng

R980 – Kellogg W. Ltd. Miss Young

R981 – Jiang Ting Pui

R1005 – Wong Man Yu

R1006 – Lung Yee Fong

R1007 – Lai, Cindy

R1019 – Mrs. Chu

R1023 – Ms. Wan

R1048 – Mr. Lui

R1049 – Chan Shiu Tong

R1050 – Mrs. Tung

R1051 – Kwan Tai Yuen

R1052 – Tse, Joseph

R1053 – Chan K.

R1054 – Mr. Poon

R1055 – To Ming Fai

R1056 – Wong K.H.

R1057 – Chan Yuk Lan

R1058 – Lau, Alex

R1059 – Fung King Cheong

R1060 – Ng, Ivan

Mr. Sum Kit Hang Representers' representative

R971 – David John Forshaw

Mr. David John Forshaw Representer

R972 – Yeung Lam Mee

R999 – Happy Valley Residents' Association

Ms. Yeung Lam Mee - Representer

Mr. Lam Yiu Cheung]

Mr. Lam Kwai Pan] Representers' representative

Ms. Yu Sau Ling]

Ms. Zhi Min Ling]

R989 and C3 – Rose Allender

Ms. Rose Allender Representer and commenter

R991 – Robert Allender

Mr. Robert Allender Representer

R1000 – Cheung Shu Sang

Mr. Cheung Shu Sang Representer

R1003 – Byron Wong

Mr. Byron Wong

Representer

C2 – Amy Fung

Dr. Amy Fung

Commenter

44. The Chairman extended a welcome to the attendees. Mr. Cheung Shu Sang, R1000, requested to make a presentation first. After consulting all other representers who had no objection to his request, the Chairman allowed Mr. Cheung to make a presentation first.

R1000 (Mr. Cheung Shu Sang)

45. With the aid of a Powerpoint presentation, Mr. Cheung made the following main points:

- (a) during the presentation by PlanD in the morning, the visual impacts of the proposed development as viewed from the viewpoints in the west (i.e. the Happy Valley Recreation Ground), the east (i.e. the tram terminus) and the south (i.e. Stubbs Road) had been presented. However, there was no photomontage showing the visual impacts from the front of the proposed development (i.e. from the northeast);
- (b) a photo taken from the website of HKSH indicated that the buildings behind HKSH along Stubbs Road and on the hillside had been removed from the photo, indicating that HKSH was conscious of its adverse visual impacts on the other buildings;
- (c) the Li Shu Pui Block was initially designed to be a 30-storey building. The first phase of the development, completed in 1993, was only 17 storeys in height. HKSH claimed that due to the relaxation of building regulations, the Phase 3 of the development

was extended to 37 storeys. It was not known which building regulations the HKSH was referring to. By referring to a photo showing the Phase 3 of Li Shui Pui Block under construction, the visual impacts of a 37-storey building were far greater than a 30-storey building;

- (d) as shown in a photo highlighting 12 residential developments of 26 to 64 storeys in height (built between 1988 to 2012), there was no room for another high-rise development in the Wong Nai Chung area;
- (e) there were three private hospitals in the Wong Nai Chung/Causeway Bay area providing one quarter of all private hospital beds in Hong Kong. The high concentration of private hospital beds in such a small area should be questioned;
- (f) as demonstrated by a photomontage, the visual impacts when viewed from the front of the proposed development were unacceptable as it would lead to “wall effects”. This hearing should have been held in Happy Valley so that the actual situation could be observed; and
- (g) the Phases 3A and 4 expansion of HKSH would bring unbearable stresses to the Happy Valley community. Instead of further developing at the existing site, HKSH should expand at a more suitable location. The original building height restriction of 12 storeys on the OZP should be maintained.

R960 (Incorporated Owners of Evergreen Villa, Stubbs Road)

46. Ms. Helen Tseng, representative of R960, made the following main points:

- (a) a key assumption in the TIA was that if the GFA reserved for clinics had remained unchanged at about 15% of the total non-domestic GFA of the hospital, then the trip generation rate would be directly proportional to the increase in the number of hospital beds. This assumption was based on the observation that the increase in trip rate to/from the hospital (as recorded in the traffic surveys conducted in October 2009 and June 2011) was largely in line with the increase in the number of hospital beds from 438 to 485 during the same period;
- (b) this assumption should be questioned. If the total non-domestic GFA was increased to 112,265m² as proposed, then the GFA of the clinics, taken to be 15% of the figure, would be about 16,800m². It was common knowledge that more traffic would be generated by a clinic than by a hospital ward. It was therefore unreasonable to assume that the substantial increase in the GFA of the clinics would have no impact on the trip rate. It was not understood why TD would accept such an assumption;
- (c) HKSH had not provided information on the clinics, including the number of clinics, the kinds of services to be provided and the expected number of patients per hour;
- (d) According to the TIA, if the number of beds in the hospital was increased to 800, then the trip generation rate would be about 300 pcu/hr. However, assuming each clinic was about 50m² in size, there would be about 300 clinics in the hospital. Even if each clinic would have one patient per hour, the trip generation rate would already be 300 pcu/hr. The trip generation rate provided in the TIA should therefore be questioned; and
- (e) the Board was requested to examine whether the TIA was misleading and should not just accept it at face value.

[Professor C.M. Hui arrived to join the meeting at this point.]

R963 (Mr. Fung King Cheong)

47. With the aid of a Powerpoint presentation, Mr. Fung King Cheong made the following main points:

- (a) Phases 3A and 4 of HKSH could attract additional traffic to the hospital which would overload the existing ingress/egress point of the hospital by 60% and 78.5% during the morning and afternoon peaks on weekdays respectively. To solve this problem, it was proposed by HKSH that a new ingress/egress point would be provided at Wong Nai Chung Road. For this new scheme to be successful, two conditions were required. Firstly, there had to be sufficient space for the traffic queuing and efficient inter-connected circulation routes inside the parking facility of the hospital, so that there would be no traffic queuing outside the new ingress/egress point on Wong Nai Chung Road. Secondly, 73% of the traffic had to be diverted to using the new ingress/egress point, as predicted in the traffic model;
- (b) for the first condition to be met, the internal traffic circulation should have a capacity to accommodate a trip rate of at least 265 pcu/hr so as to avoid queuing at Wong Nai Chung Road. By simulating the route of vehicles on each car parking level, it was shown that an incoming vehicle from the new ingress/egress point would encounter sightline problems, complicated turning movements due to the tight curves, and conflicts with other vehicles moving inside the car park. Furthermore, according to the Buildings Department's Practice Note PNAP APP-111, the use of two-way ramps in a multi-storey car park was not recommended. Based on the above considerations, it was doubtful whether the

internal circulation of the car park could handle a trip rate of 265 pcu/hr;

- (c) at the podium floor of the hospital, there would be traffic from both ingress/egress points and therefore the podium floor should have a capacity to handle a trip rate of 365 pcu/hr. However, there would be conflicts between the incoming and outgoing traffic at the lay-by area. It also appeared that the lay-by would serve as additional car parking spaces. HKSH had failed to demonstrate how a trip rate of 365 pcu/hr could be handled efficiently at the podium floor. Given the complicated traffic arrangement for vehicles using the new ingress/egress point, it was doubtful whether drivers would prefer the new ingress/egress point to the existing one at Village Road;
- (d) TD had confirmed that it had only commented on the TIA but not the internal circulation of the car park;
- (e) for the second condition on traffic distribution, some drivers might choose to go to HKSH via Sports Road and Wong Nai Chung Road, and some drivers might opt for Wong Nai Chung Road on the west side of the racecourse. It was therefore strange for the traffic model to include an assumption that no drivers would choose to go to HKSH through Wong Nai Chung Road on the west side of the racecourse. This assumption did not accord with the everyday experience;
- (f) he understood that TD also had concerns on the above assumption and MVA's response was that the assumption was based on surveys of visitors to HKSH on their preferred routing. MVA also stated in the morning session of this hearing that the assumption was based on some other studies. However, there was no information on the details of the survey, including the questions asked, the

sampling of visitors, the mode of transportation of the visitors and the statistical significance of the survey;

- (g) based on the above, the assumption that 73% of the traffic would use the new ingress/egress point was questionable. Any mistakes in this assumption would affect the accuracy of the traffic model. It was important to make sure that 73% of the traffic would use the new ingress/egress point so that the Shan Kwong Road/Village Road junction would not be overloaded. However, the justification of this assumption had not been presented clearly to the public and the Board. No measures had been suggested in the TIA to ensure that the assumed trip distribution would be achieved;
- (h) as indicated in a photo, there was traffic queue at Shan Kwong Road/Village Road junction even though the traffic light was green, indicating that Wong Nai Chung Road was already very busy. After the redevelopment of HKSH, it was estimated that a vehicle would enter the new ingress/egress point every 13 seconds. There could be two scenarios: either the traffic coming from the east along Wong Nai Chung Road would need to take a left turn and cut across the northbound traffic to enter the HKSH through the new ingress/egress point, leading to further congestion on Wong Nai Chung Road; or the vehicles would use the Village Road ingress/egress point by turning into the inner streets in Happy Valley, causing congestion in that area;
- (i) photos taken at 10a.m. on a weekday showed that there were traffic queues along Village Road and Wang Tak Street. The queues were caused by the vehicles waiting to enter HKSH. MVA considered that with the completion of the Phases 3A and 4 of HKSH, the traffic conditions at the existing ingress/egress point near the Shan Kwong Road/Village Road junction would be improved. However, if the new ingress/egress on Wong Nai

Chung Road could not divert traffic from the existing ingress/egress, the traffic situation along Village Road would be worsened, which could lead to delays in rescue in emergency situations;

- (j) in a letter from TD in 2008, TD was of the view that as there was no change in the number of beds in the Phase 3 redevelopment of HKSH, the Phase 3 redevelopment would not have adverse traffic impacts on the surrounding areas. However, it turned out that the traffic conditions in Happy Valley were chaotic and TD had to change the Shan Kwong Road/Village Road junction from a priority junction into a signal-controlled junction. It was evident that traffic volume was not solely dependent on the number of beds/wards;
- (k) as for air ventilation, the AVA prepared by HKSH compared the baseline scheme with a 27m building setback with the proposed scheme with a reduced building setback of 17m. However, the fundamental problem that should be examined in the AVA was the changes in wind environment before and after the Phases 3A and 4 extension, and their impacts on the adjacent areas;
- (l) according to the Hong Kong Planning Standards and Guidelines (HKPSG), a high wall-like structure blocking the prevailing wind should be avoided. Based on the wind rose included in the AVA, it could be seen that the Phases 3A and 4 development of HKSH would block the prevailing wind. Similarly, according to Buildings Department's practice note PNAP APP-152, the building façade of HKSH spanning over a length of about 120m could not be considered to be permeable;
- (m) furthermore, since the Phase 3A development of HKSH would encroach onto the slopes to its southwest, the last remaining air corridor between the existing Phase 3 development and the slope

would be lost. The wind environment for the low-rise developments at Fung Fai Terrace would be worsened. Based on the above considerations, it could be seen that the air ventilation issues had not been satisfactorily addressed; and

- (n) without properly addressing the traffic and air ventilation issues, the extension of HKSH should not be approved.

R791 (Mr. Yu Wai Yip)

48. Mr. Yu Wai Yip made the following main points:

- (a) he was a father of three children and he would like to give his views from the perspective of a parent. The transport system in Happy Valley was unique in that there were a lot of traffic lights. Many visitors going to the hospital were not familiar with the location of traffic lights in Happy Valley. They might often need to rush through the traffic in emergency situations and therefore might accidentally jump the traffic lights, endangering the local residents including the children; and
- (b) furthermore, there were about 20 schools in Happy Valley, with a lot of children walking around the area. Given the unique nature of traffic in Happy Valley, it was not sufficient for the TIA to look into the traffic data and the congestion problems alone. Instead, the TIA should also ascertain whether a hospital with 800 beds was suitable to be located in a small community such as Happy Valley. As a father, he considered that it was not suitable for the HKSH extension to be located in Happy Valley.

R969 (Tse, Joseph), R977 (Mr. Wong), R978 (Fum Ying), R979 (Mrs. Ng), R980 (Kellogg W. Ltd. Miss Young), R981 (Jiang Ting Pui), R1005 (Wong Man Yu), R1006 (Lung Yee Fong), R1007 (Lai, Cindy), R1019 (Mrs. Chu), R1023 (Ms. Wan), R1048

(Mr. Lui), R1049 (Chan Shiu Tong), R1050 (Mrs. Tung), R1051 (Kwan Tai Yuen), R1052 (Tse, Joseph), R1053 (Chan K.), R1054 (Mr. Poon), R1055 (To Ming Fai), R1056 (Wong K.H.), R1057 (Chan Yuk Lan), R1058 (Lau, Alex), R1059 (Fung King Cheong) and R1060 (Ng, Ivan)

49. Mr. Sum Kit Hang, representative of a group of 24 representers, made the following main points:

- (a) he represented a company providing management services for Celeste Court, a residential development in Wong Nai Chung. The company had asked the residents for the views of the redevelopment proposal of HKSH. Of the forty-five responses received, forty-four objected to the proposal and only one agreed to the setback of 16m. The major concern of the residents was traffic congestion. The TIA was mainly concerned with the traffic arrangement at the ingress/egress point of HKSH but ignored the traffic congestion towards the further north of Wong Nai Chung Road. The traffic conditions in Happy Valley were affected by the traffic conditions at Cross-Harbour Tunnel and Aberdeen Tunnel, which were very congested, and his experience was that the traffic congestion at Wong Nai Chung Road was very severe. The traffic along Wong Nai Chung Road started to tail back near Hindu Temple. If the traffic conditions got worse as a result of the redevelopment of HKSH, the inner streets in Happy Valley would also be affected. He wanted to know if TD had any solution to the traffic problems in Happy Valley;
- (b) some residents noted that HKSH was serving a lot of visitors from the Mainland and wondered whether HKSH was truly serving the residents of Hong Kong. The residents would not be pleased if they sacrificed their rights for the benefit of other people;
- (c) some residents were not pleased with the worsening traffic

congestion problem in Happy Valley since the development of Phase 3 of HKSH. They noted that taxi drivers were not willing to go to Happy Valley because of the traffic congestion. Some residents suggested that HKSH should find another site for its expansion. Some considered that there were not enough parking spaces in HKSH which had led to illegal parking along Village Road. This situation could be worsened when Phases 3A and 4 development were completed;

- (d) other concerns of the residents included noise and air pollution during the construction period. There would be wall effects and the blocking of air ventilation upon the completion of the proposed development; and
- (e) according to para. 3.4(j) of the Paper, “the anticipated 2021 traffic condition at the junction would be improved during various periods of a day...”. A resident asked the Board to clarify whether the improvement would only occur during certain periods of a day, and whether the traffic conditions would be worsened during the rest of the day. TD should also clarify if the proposed ingress/egress of HKSH, which was close to a bus stop and the Shan Kwong Road/Village Road junction, was suitable from a traffic safety point of view.

R971 (David John Forshaw)

50. With the aid of a Powerpoint presentation, Mr. David John Forshaw made the following points:

- (a) as a professional surveyor, fellow of the Hong Kong Institute of Surveyors with over 30 years planning and land experience in Hong Kong (in Lands Department, Hong Kong Science and Technology Parks Corporation and leading surveying practices) as well as a

resident of Happy Valley, he was concerned about the adverse impact caused by the HKSH redevelopment on the residents and the environment;

Traffic Impact

- (b) the TIA submitted by HKSH failed to address the traffic problems caused by the existing and future development of HKSH and were not supported by facts. However, they were still accepted by both TD and PlanD as recorded in paragraphs 4.1, 4.2 and 6.14 of the TPB Paper. TD had no adverse comments on the submitted traffic assessments based on only two traffic surveys conducted on two different days in 2009 and 2011. TD had also no adverse comments on the conclusion of the TIA that the traffic conditions at the concerned road junction would be improved during various periods of a day with the implementation of the additional vehicular ingress/egress on Wong Nai Chung Road. PlanD also stated that the TIA and traffic statements submitted by HKSH had confirmed that the proposed redevelopment would not cause unacceptable traffic impacts on the surrounding areas;

- (c) in December 2008, TD had replied to his enquiry on the Phase 3 development stating that the Phase 3 development would not cause adverse traffic impacts on the surrounding road network in Happy Valley as the architect for the redevelopment project had confirmed that there would not be any change in the number of hospital beds. However, despite this assurance, the traffic conditions in the surrounding road network had considerably worsened. According to HKSH's website, the Phase 3 development was the largest construction project in the HKSH's history and it was built to cope with the continuous demand for hospital beds and speciality services;

- (d) by presenting a video showing the traffic conditions outside HKSH, he asked the Board to take note of the adverse traffic impact caused by the Phase 3 development, i.e. the traffic nearby the hospital was gridlocked, the hospital car park was full, the pedestrians were at risk and there was serious honking of car horns. The traffic situation was even worse after the installation of traffic lights. It was expected that the risk to pedestrians and traffic chaos would increase twofold if the number of beds increased to 800. Creating another ingress/egress at Wong Nai Chung Road would only worsen the traffic chaos;

[Mr. Lawrence Li arrived to join the meeting at this point.]

Visual Impact

- (e) he had grave concern on PlanD's comments on paragraph 6.24 of the TPB Paper that the building height restrictions were not incompatible with the existing building height bands for the valley floor area covered by the Wong Nai Chung OZP, and would not have a major adverse impact on the view from major local vantage points;
- (f) on the contrary, the proposed developments would have a severe and detrimental effect from most vantage points in Happy Valley. They were incompatible with the surrounding area and together with the existing Phase 3 development formed a massive wall blocking out the view of green hill behind them. There were no architectural or green features in the buildings;
- (g) they did not conform with the planning intention which was to prevent out-of-context tall buildings in the locality and they would set a dangerous precedent resulting in a proliferation of undesirable developments in Happy Valley if approval was given for the

redevelopment;

Building Setback

- (h) he did not agree with PlanD's comments in paragraph 6.25 of the Paper that the reduction in building setback from 27m to 16m would result in more significant visual impact when viewed from the east at Wong Nai Chung Road but "such impact should be weighed against the technical constraints and design requirements of the hospital as well as the contribution of the proposed development in enhancing the medical service to meet the needs of the community";
- (i) first, the design of the building should comply with the planning standards. PlanD had incorrectly compromised the good planning standards to accommodate the bad design;
- (j) second, the Board was concerned with town planning. It would be *ultra vires* if the Board approved the hospital development purely because of the perceived benefits to the community;

Air Ventilation Assessment

- (k) residents in Fung Fai Terrace and Shan Kwong Road had reported significant deterioration in air quality and air ventilation since the completion of the Phase 3 development. The completion of two more high-rise buildings would considerably worsen the air flow. The effect of air flow should be considered in conjunction with the Kerry Property development now under construction in Shan Kwong Road;

Proton Therapy Machine

- (l) although PlanD had no adverse comment on the proton therapy machine, no detailed submissions had been made by HKSH as to why the machine could not be accommodated at the Wong Chuk Hang site offered by the Government. No evidence had been put forward by HKSH to support its claim that the vibrations from the MTR trains at Wong Chuk Hang could affect the proton therapy machine;

- (m) as Facilities Manager for Hong Kong Science and Technology Park I, he was responsible for the development of a 3 million-square foot facility and was able to proceed with the development without causing harm to the very sensitive equipment of the tenants. He considered that suitable measures could be taken at the Wong Chuk Hang site to prevent vibrations to protect the proton therapy machine;

Geotechnical Risk

- (n) it was stated in paragraph 6.23 of the Paper that HKSH was required to carry out a stability assessment for the slopes behind the site at the detailed design stage. However, this was manifestly inadequate and too late. The slope currently posed a threat to HKSH and there had been several slips over the years. The site was far too small to accommodate such a large hospital development; and

- (o) to conclude, his representation to the Board at the hearing on 8.4.2011 had not been addressed by HKSH. Those important issues in his representation should be addressed so that the Board could make a balanced decision. He urged the Board to reject the proposals of HKSH which would result in a gigantic planning catastrophe.

[Ms. Christina Lee left the meeting at this point.]

R972 (Yeung Lam Mei)

R999 (Happy Valley Residents' Association)

51. Ms. Yeung Lam Mei made the following points:
- (a) she was a member of the Wan Chai South Area Committee and the Vice-Chairperson of the Happy Valley Residents' Association. Both she and the Happy Valley Residents' Association objected to the redevelopment scheme of the HKSH;
 - (b) after the Phase 3 development was completed, the price of medical services in HKSH had increased so much that the Happy Valley residents could no longer afford to pay the medical bills. As a result, they could only make use of the facilities in other private hospitals in the vicinity or Ruttonjee Hospital at times of emergency;
 - (c) in this regard, it was unfair that only the rich and non-local people were able to enjoy the medical services in HKSH. HKSH should consider providing privileges to the local residents in Happy Valley in view of the hardship they would suffer during and after the redevelopment of HKSH;
 - (d) HKSH should consider decentralizing its medical facilities to other districts. This would facilitate the patients living in other parts of the territory, while at the same time help to end the heavy traffic congestion in Happy Valley. Otherwise, the lives of the residents in Happy Valley would be put at risk due to the delay of medical treatment arising from traffic congestion;
 - (e) Happy Valley was a small neighbourhood. It could not cope with

the increase in traffic generated by the two-fold increase of hospital beds in HKSH. TD should consider extending the MTR services to Happy Valley to tackle the traffic problem due to the redevelopment of HKSH;

- (f) the redevelopment of a 21-storey building would breach the ridgeline and affect the natural environment currently enjoyed by local residents in Happy Valley; and
- (g) both HKSH and the Board should take into account the concerns of the local residents and the impact of the redevelopment of HKSH on Happy Valley.

[Ms. Anita Ma left the meeting temporarily at this point.]

R989/C2 (Rose Allender)

52. With the aid of a Powerpoint presentation, Ms. Rose Allender made the following points:

- (a) as a local resident living in Happy Valley for 20 years, she had no objection to a large infrastructure project currently undertaken by Drainage Services Department in Happy Valley, even though it would take away a large part of the sports ground and parking areas along Wong Nai Chung Road. This was because the project would help upgrade the existing drainage system and cope with the flooding problem in Happy Valley, and therefore would benefit the community;
- (b) however, she was not convinced that the redevelopment of the HKSH would serve the community. The intention of HKSH was to maximize profits and build an international reputation without considering the needs of the community. The new medical

facilities would only serve the mainland mothers and rich people from overseas. There would be no additional benefit for the residents of Happy Valley and the people of Hong Kong;

- (c) as shown in various photomontages, the height and the bulk of the development would have an overbearing impact on the surrounding environment as viewed from every angle. The new development looked like a big industrial building in Aberdeen. For people taking public transport into Happy Valley, once they turned into Wong Nai Chung Road, they would be confronted by the hospital building;
- (d) despite HKSH's claim that patients' access to nature through the gardens or the window views would improve the healing rates, HKSH itself had been destroying and degrading the natural view currently enjoyed by the residents and visitors of Happy Valley through its redevelopment;
- (e) although minor adjustments had been made to HKSH's redevelopment plan, HKSH still insisted on achieving the maximum permitted GFA on the site and the provision of 800 hospital beds;
- (f) HKSH was asking the Board to negate its previous concerns on the preservation of character and uniqueness of the Happy Valley landscape. The Board's previous concerns as recorded in the minutes of the TPB meeting on 8.8.2008 were as follows:
 - (i) "to avoid further development of tall buildings like Hong Kong Sanatorium and Hospital Phase 3 and some developments on Stubbs Road which were incompatible with the surrounding developments, the imposition of building height restrictions for the Area was considered necessary";
 - (ii) "if the Phase III development was required to be submitted to

the Board for consideration, they (a few Members) would not support the proposal as it was totally out of place with the surrounding environment and had destroyed the unique medium to low rise character of Happy Valley”;

- (iii) “the building height restriction of 37 storeys for Phase 3 development was not ‘planned’, rather, it was in recognition of the as-built situation that such building height restriction was adopted by the Board”;
 - (iv) “As such, they (a few Members) did not consider it appropriate to use the building height of Phase 3 development as the yardstick for determining the building height of the Phase 4 development”;
 - (v) “There was a need to safeguard the pleasant living environment and unique character in the Wong Nai Chung Area”;
 - (vi) “the building height restriction of 12 storeys for the part of the site covering Li Shu Pui Block Phase 2, Li Shu Fan Block and the Central Block was considered appropriate and compatible with the surrounding developments”;
- (g) by sending representatives to attend the TPB meeting and to deal with the town planning process, HKSH had tried to protect itself from being challenged on its position and motives as well as its unwillingness to engage with the community on this issue; and
- (h) the residents should not be asked to pay the price for the benefit of only one party, i.e. HKSH, which goals was not to serve the community but to advance its profits and reputation.

53. Mr. Robert Allender made the following points:

- (a) he had been living in Happy Valley for about 20 years and was a professional involving in the field of sustainability since 1992. In 1992, the Earth Summit was held at Rio de Janeiro where world leaders participated to discuss the issues on sustainability. The conference would be held again this year. Yet, little progress was made on sustainable development after 20 years;
- (b) in 1999, the Chief Executive announced in his Policy Address that it was the Government's policy to develop Hong Kong into a world-class city with a pleasant living environment. The community, business sector and government bureaux/departments should all work together to achieve the aim of sustainable development. However, little progress had been made since then;

[Ms. Anita Ma returned to join the meeting at this point.]

- (c) at the hearing on 8.4.2011, he had presented his views that the redevelopment proposal of HKSH was against the principle of sustainable development which involved economic, environmental and social aspects but his views were ignored by HKSH;
- (d) the redevelopment plan submitted by HKSH failed to achieve social equality in various aspects. For instance, the photomontages presented were taken from some viewpoints which were uncommon to local residents and visitors, e.g. at the middle of the racecourse and Shan Kwong Road. Besides, PlanD also presented the case on behalf of HKSH instead of from the public point of view. As to the noise pollution caused by honking, its adverse impact on local residents was completely ignored by the Government as it was stated in the government response that the addressing of unlawful

honking was outside the ambit of the TIA; and

- (e) given the importance of sustainability, the Board should thoroughly map out the government requirement on sustainability against the redevelopment plan submitted by HKSH before making its decision. He urged the Board to reject the HKSH's redevelopment proposal.

R1003 (Byron Wong)

54. Mr. Byron Wong made the following points:

- (a) he had been working in the Mandarin Oriental Hotel Group for 16 years. He was now a Regional Director of Technical Services responsible for the renovation and new developments of all hotels in Asia and also the Head for the design and development of 44 hotels globally. He was therefore familiar with the review of TIA reports which were essential for hotel development and operation. MVA was one of the traffic consultants of the Mandarin Oriental Hotel Group;
- (b) the HKSH's redevelopment plan should not be approved because the TIA submitted by the consultant was materially misleading and biased. Members of the public, the Board, PlanD, TD and Masterplan Consultant had based their support relying on the favourable findings of the TIA commissioned by HKSH;
- (c) the following statements of the TIA were misleading and false:
 - (i) the additional new ingress/egress would improve traffic;
 - (ii) all incoming trips from the west would use the new ingress without providing evidence how it came to that conclusion;
 - (iii) after the new egress was in place, traffic would not go into the inner street network of Happy Valley;

- (d) the TIA assumed that all of the trips from the north would use the new ingress/egress on Wong Nai Chung Road which was based on an interview survey. This was a key assumption for the TIA and had to be verified. However, the survey had not been disclosed and it was therefore impossible to confirm if the survey conducted was fair and valid. Furthermore, the traffic consultant, MVA, was commissioned by HKSH. It was doubtful if the survey was objective and reliable;

- (e) according to the Further Traffic Statement submitted by HKSH in March 2012, with the existing ingress/egress, 75% of the incoming traffic to the hospital would use the western section of Wong Nai Chung Road while the remaining 25% would come from the eastern section. With the provision of new ingress/egress, it claimed that all incoming traffic would be diverted to the eastern section of Wong Nai Chung Road and there would be no traffic using the western section. This claim was misleading and unfounded as one could not dictate all drivers to use only the eastern section;

[Miss Annie Tam joined the meeting at this point.]

- (f) Hong Kong Planning Standards and Guidelines only required the hospital to provide car parking for its own operational needs, i.e. for doctors and employees. The hospital was not required to provide parking for its increased number of patients and visitors. So even though HKSH claimed that it had complied with parking regulations for 800 beds, it did not address the actual demand. The Phase 3 development complied with the parking requirement but the car parks were full and clogged up with traffic. The same severe traffic situation would occur with the new Phases 3A and 4 developments;

- (g) the TIA assumed that it would be faster for cars to enter the entrance lobby by using the new ingress/egress. This was a misleading assumption. Cars using the new ingress/egress would take a longer time to reach the entrance lobby as they needed to pass through a crowded multi-level car park and the ticket gates would further slow down the traffic. Hence, the travel distance through two levels of car parks from the new ingress to the entrance lobby was in fact longer compared with the existing ingress. Besides, to drop off patients, cars must enter a roundabout which would further increase the traffic;
- (h) it was also misleading and false for the TIA to claim that the traffic arrangement with the new ingress/egress would ensure that no further traffic loading would be added onto the network of the inner streets and would improve local traffic condition. People who needed to reach Sing Woo Road and travel to the south (e.g. to Tai Hang and South Island) would not use the new ingress/egress as the existing one was closer. Hence, traffic at the existing ingress/egress and throughout Happy Valley would worsen after the hospital expansion; and
- (i) to conclude, HKSH's expansion should not be approved because of the critically misleading statements and conclusions from the TIA commissioned by itself. Traffic and honking noise generated by the hospital's current volume of people, cars and business was intolerable. Allowing the hospital to almost double in size would destroy the community.

R752 (黃志妍), R754 (廖綺玲), R770(Wong Mun Ling, Cynthia), R828(So Shung Yan), R928(陳漢明), R948(Lee Wing Sum Wendy)

55. Mr. Lam Hau Sing made the following points:

- (a) he would be speaking on behalf of a group of elderly representers and residents;
- (b) a Ms. Wong Kam Hing, aged 78, objected to the development of high-rises in Happy Valley which led to life-threatening air and noise pollution. The temperature in Happy Valley was usually one or two degrees higher than the other areas. HKSH was selfish and inconsiderate. The Board was requested to safeguard the interests of the residents;
- (c) a Ms. Chong had been hit by a car outside HKSH. After a complaint to the hospital, she received a letter of apology from the vice-superintendent of the hospital. However, the traffic conditions outside the hospital had not improved. It appeared that the hospital had been changed for the worse. Recently, she had been sick but she could not reserve a bed at the hospital. She then went to another hospital and received better care there;
- (d) a resident said that he was disappointed that in a recent survey of the retail sector including the medical sector, Hong Kong ranked very poorly. The only goal of the retail sector was to make more money. HKSH gave him a feeling of hegemony and the staff had no smile. It was hoped that the Board would safeguard the interests of the residents;
- (e) a Mr. Lam said that the Board should be fair and should safeguard the interests of the 70,000 residents of Happy Valley and many others at Stubbs Road;
- (f) a Ms. Ching, aged 73, had lived in Happy Valley the whole life. Her tranquil lifestyle had been disturbed by HKSH. If the redevelopment proposal of HKSH was approved, she would sell her property and use the money to apply for a judicial review;

- (g) a resident said that the traffic conditions, due to HKSH, had become intolerable. It was hoped that the Board would safeguard the interests of the residents;
- (h) a resident said that the proton therapy machine might have side effects and a proper consultation on the installation of such a machine should be conducted. Many residents had submitted comments that were logical and reasonable. It was hoped that the Board would safeguard their interests; and
- (i) a resident said with regard to the TIA, TD might have abused the public office and the superintendent of the hospital might have been involved in something illegal. They would discuss the issues with their lawyers.

R960 (Ms. Wai Yuk Chun)

56. Ms. Wai Yuk Chun made the following points:

- (a) after staying unhappily at another hospital, her father felt much more satisfied after transferring to HKSH;
- (b) she appreciated the single-bed room design as it was more hygienic; and
- (c) the traffic congestion in Happy Valley was caused by congestion in other parts of Hong Kong Island, including the Cross-Harbour Tunnel. The new ingress/egress point would be able to relieve the traffic congestion.

C2 – Dr. Amy Fung

57. With the aid of a Powerpoint presentation, Dr. Amy Fung made the following points:

- (a) she had been living in Happy Valley for 10 years and was a practising doctor. She would like to express her views on the HKSH's redevelopment plan from both the perspectives of a resident and a doctor by assessing the need, problems and alternatives of the proposal;

Need for Proton Therapy Machine

- (b) HKSH claimed that the new development would need to provide a large space for the proton therapy machine for the treatment of cancer. However, the need and the space requirement as claimed by HKSH were questionable;
- (c) proton therapy was used for the treatment of very specific tumours and was normally applied to cases when the radiation needed to be delivered with extreme precision, e.g. for tumour located in sensitive position like the brain, the head or the spinal column. It was not suitable for Nasopharyngeal Carcinoma (cancer of nose and throat) and for tumour already spread out. She did not agree with HKSH's claim that proton therapy would greatly enhance the treatment of cancers for Hong Kong residents as it could not be applied to many common cancers;
- (d) according to the statistics provided by the Hong Kong Cancer Registry under Hospital Authority in 2009, the top ten cancers (including lung, colorectum, breast, liver, prostate, stomach, nasopharynx, non-melanoma skin, non-Hodgkins lymphoma and corpus uteri) comprised 73.8% of all cancers in Hong Kong, of which 3.5% belonged to Nasopharyngeal Carcinoma (cancer of nose and throat). Besides, cancers of brain and nervous system

contributed to 2.6% of all cancers. There was no data available for head and neck cancer, but in United States, about 3% of all adult cancers belonged to head and neck cancers;

- (e) the effectiveness of proton therapy, as compared with the traditional type of radiation treatment for cancer, was still controversial;
- (f) HKSH should consider the benefits of using conventional proton therapy machine as compared with the compact one. While noting that HKSH had assessed different compact models and also considered that the model suggested by her at the hearing on 8.4.2011 was unsuitable, she suggested that HKSH should further explore other choices of compact proton machine system, e.g. the MEVION S250;

Need for Doctor Training

- (g) another need for hospital expansion as claimed by HKSH was to provide space for the training of doctors, e.g. in collaboration with University of Hong Kong in training doctors for family medicine. Yet, this need was not justified for several reasons. First, training courses for doctors were now more commonly conducted in public hospitals than in private hospitals. Second, family medicine training was mainly clinic-based but there was no change in the proportion of clinics in HKSH after redevelopment. The goal for expansion was mainly to cater for the benefit of in-patients by increasing in-patient services and hospital rooms. Third, distant training, e.g. through DVD, video and on-line training was getting more popular and the time spent on on-site hospital training had dropped accordingly;

Problems

- (h) it was obvious that HKSH's redevelopment proposal would generate various problems including air pollution, visual impact and traffic problem. As to traffic problem, even though new traffic arrangements were implemented since early 2012, traffic jam was still very severe and commonly seen in the area;
- (i) there were deficiencies in the TIA submitted by HKSH which failed to address the traffic load generated by the 800 hospital beds. Firstly, the projected traffic situation in 2021 was merely based on the increase of observed traffic flow of 15% (morning peak) and 8% (evening peak) from 2009 to 2011, during which time the number of hospital beds had increased from 438 to 485 (+11%). Secondly, the TIA failed to acknowledge that the traffic impact generated by the absolute increase in number/GFA of clinics even though there was no change in its proportion (i.e. 15% of total non-domestic GFA). Third, the TIA failed to address the actual increase in the demand of car parks without taking into account the fact that most patients and visitors were car owners. Fourth, many of the patients and visitors of HKSH were famous people or celebrities who would attract media and public attention and could in turn lead to a ten-fold increase of traffic;

Alternative Locations

- (j) four sites, which were located in Wong Chuk Hang, Tai Po, Tseung Kwan O and Lantau Island, were put forward by the Government as private hospital sites. In terms of site area, the Wong Chuk Hang site with an area of 2.75ha was a good alternative to fulfill the expansion need of HKSH with a site area of 0.99ha;
- (k) according to the press, the FHB had received 30 parties expressing interest for these sites (12 for Wong Chuk Hang, 6 for Tai Po, 3 for Tseung Kwan O and 9 for Lantau Island). Among them, 21 were

submitted by local organisations, 7 by overseas organisations and 2 by local/overseas joint-partnership;

- (l) HKSH had not fully considered other sites that were suitable for private hospital use. The reason given by HKSH for not bidding the Wong Chuk Hang site was that the underground tunnel of the proposed South Island Line would run across the site and affect the sensitive medical equipment in the hospital. This reason was considered not justified. The Government should have already undertaken relevant technical assessments to ensure that the site was suitable for hospital use before putting forward the sites for bidding. If the site was not suitable for hospital use, the Government should have taken it back. Besides, many local and overseas bidders had expressed an interest for the site. It was considered that HKSH's decision not to bid for the site was purely a commercial decision;
- (m) it was unlikely that the expansion of HKSH at the Wong Chuk Hang site would affect its business. In choosing doctors and hospital, people would take into account factors including good reputation, recommendations from friends or doctors, the amount of waiting time and the coverage of insurance. The location of the hospital was not an essential consideration, especially for the rich and middle class patients who owned private cars. Besides, with the opening of the South Island Line in 2015, the accessibility of the Wong Chuk Hang site would be greatly improved;
- (n) to conclude, she objected to the in-situ redevelopment of the HKSH into Phase 3A and 4 buildings with maximum building heights at 89mPD and 115mPD respectively. HKSH should consider finding an alternative site for its expansion so as to achieve a win-win situation; and
- (o) the Board should not easily give up the urban design principles and

the building height concept. Otherwise, it would adversely affect the overall image of Hong Kong and diminish the competitiveness of the city, despite the enhancement of medical facilities in HKSH.

[The meeting was adjourned for a five-minute break and resumed at 5:05 p.m.]

Question and Answer Session

Trip generation rate

58. Noting that some representers had doubts on the assumptions adopted in the TIA report, a Member asked the representative of TD to comment on the TIA submitted by HKSH. Mr. Johnny Chan, E/WC, TD, said that according to the 2009 TIA report conducted by MVA, the performance of the 12 key junctions in the area (Table 3.2) was examined. As Territorial Population and Employment Data Matrices (TPEDM) prepared by TD did not include trip generation rate for hospital, MVA had conducted traffic surveys of the vehicles entering and leaving HKSH during the morning and evening peak hours. Based on the observed trip generation of the existing hospital with 438 beds, the trip generation rates were derived (Table 4.3) and the trip rates were then applied to the total number of beds of 800 to determine the trip rates for the redevelopment scheme (Table 4.4). These data were then superimposed onto the 2021 reference traffic flow to estimate the 2021 design traffic flows in Happy Valley. The results showed that the Shan Kwong Road/Village Road junction would be overloaded in 2021 if there were only one ingress/egress to the hospital. The performance of the junction would improve significantly if there was an additional ingress/egress on Wong Nai Chung Road.

[Mr. Dominic Lam left the meeting temporarily at this point.]

59. As for the growth of traffic flow in Happy Valley, Mr. Johnny Chan said that the supplementary Traffic Statement submitted by HKSH had adopted an annual growth rate of +0.5% with reference to the population and employment figures in the vicinity for the future 10-15 years provided by PlanD. MVA had demonstrated that

the traffic projection based on the annual growth rate of 0.5% was larger than that based on the existing population and the known developments within the assessment area. TD agreed that the adoption of the annual growth rate of +0.5% was appropriate. The growth rate did not only apply to HKSH, but also the traffic flow in other road network.

60. Mr. Johnny Chan continued and said that TD considered that the traffic assessments submitted by HKSH were acceptable subject to the availability of a proper mechanism to ensure that the proportion of the clinics in relation to the total non-domestic GFA of the hospital would remain unchanged.

61. The Chairman said that a number of representers had said that the survey for the TIA was not reliable as when the TIA was prepared in 2009, some of the 438 beds in the hospital were not yet in use. Mr. Fred Brown, representative of R708, said that the observed trip rate was based on 438 occupied beds together with 15% of the total non-domestic GFA used as clinics. The trip rate was then applied to the redevelopment scheme with 800 beds.

62. A Member asked the representative of HKSH about the existing ratio between the number of shared rooms and single-bed rooms and the trip generation rates for a shared room and a single-bed room. The same Member asked if HKSH decided to convert single-bed rooms into shared rooms to meet the market demand, whether the number of beds and hence the traffic would increase. Mr. Ian Brownlee said that there were currently some shared rooms in the existing building, and HKSH would progressively convert all the shared rooms to single-bed rooms. During the conversion process, there would be both shared rooms and single-bed rooms in the hospital. It should also be noted that the hospital redevelopment was designed to accommodate 800 beds. HKSH had no objection to include a cap of 800 hospital beds in the Notes of the OZP. Dr. Joseph Chan added that the number of beds would not be increased until the new ingress/egress point was in place and the car parking facility was enhanced. HKSH would not further increase the number of beds to over 800 even if there were changes in circumstances in future. Since the trip generation rate was based on the number of beds rather than the number of rooms, the number of

single-bed rooms or shared rooms would not affect the traffic generation at the hospital. Mr. Johnny Chan of TD said that the trip generation rate was related to the number of hospital beds. As long as the number of beds did not exceed 800, the traffic projection would be acceptable. Dr. Joseph Chan said that many patients liked to stay in single-bed rooms which could reduce the risk of cross-infection. Their third-class rooms would be designed as single-bed rooms in future.

63. Two Members noted that the total GFA of the clinics would increase from about 8,700m² in 2011 to about 16,800m² in 2021. Assuming that each consultation room was about 50m² in size, there would be a total of about 330 consultation rooms. If each consultation took 20 minutes, 1,000 persons would visit the clinics every hour. The Members asked whether it was appropriate to estimate the trip rate based on the number of beds alone. The Chairman also asked if the trip rate projection was appropriate given that the actual increase in the floor space for clinics was substantial. Mr. Johnny Chan of TD said that the TIA was considered acceptable as long as the proportion of the clinics was maintained at 15% of the total non-domestic GFA of the hospital and the trip rate would increase in proportion to the increase in the number of beds. Mr. Chapman Lam explained that it was a professional practice to estimate the trip generation of a hospital in terms of the number of its hospital beds. The trip rate data collected in the surveys had included trips generated by hospital beds and clinics, and therefore the trip rate projection for the redevelopment scheme had taken into account the traffic generated by the hospital beds and the clinics. Mr. Ian Brownlee said that there was no objection to restrict the proportion of the GFA of clinics to 15% of the total non-domestic GFA of the hospital. Dr. Joseph Chan said that the clinics in HKSH were larger in size than other clinics and therefore the assumption that there would be 330 clinics was not accurate. Dr. Chan also said that the traffic situation was also a matter of concern to the hospital as that would affect the interest of the doctors and patients. HKSH would ensure that this constraint was taken into account as the hospital further developed its services.

[Mr. Stephen Yau left the meeting at this point.]

64. Ms. Helen Tseng, representative of R960, said that between 2009 and

2011, there was no increase in the floor space of the clinics but there was an increase in hospital beds from 438 to 485. This indicated that the increase in traffic was due to the increase in the number of beds. Considering that the GFA of the clinics would increase substantially after the redevelopment of HKSH, it was unreasonable to use the two sets of traffic data obtained in 2009 and 2011 as the basis for traffic projection. She added that the clinics were not as large as what Dr. Joseph Chan had claimed. Mr. Johnny Chan of TD said that based on the data submitted by HKSH, the trip rate in 2009 when there were 438 beds was about 0.35 pcu/hr/bed, while the trip rate in 2011 when there were 485 beds was about 0.36 pcu/hr/bed. By applying the trip rates to the redevelopment scheme with 800 beds, the additional traffic due to the increase in trip rates would be 8 pcu/hr. The traffic impact generated was considered very minor. In response to a question from the Chairman, Mr. Johnny Chan confirmed that the methodology used by MVA was acceptable.

[Mr. Lawrence Li left the meeting at this point.]

65. A Member asked about the number of patients who would be served by the clinics. Dr. Joseph Chan said that he did not have the relevant information at hand. It should be noted that the specialists in HKSH might only have two to three patients per day and the number of patients differed for different specialties.

66. A Member asked if the same methodology used in the TIA would be applied to a public hospital. Mr. Johnny Chan of TD said that in preparing the TIA, MVA had to base its traffic projection on the actual traffic data collected in surveys. The same would be required for a public hospital.

Survey methodology

67. A Member asked whether TD had validated the data used in the TIA. Mr. Johnny Chan said that the background traffic data provided by MVA were in line with those obtained by TD. Regarding the query of Dr. Amy Fung, C2, on the methodology of the traffic survey conducted by MVA, Mr. Johnny Chan said that traffic survey was normally conducted on a typical day. TD had conducted surveys

in June 2011 at the Shan Kwong Road/Village Road junction a number of times on Tuesdays, Thursdays and Saturdays during both peak and non-peak periods and the trip rate data collected by MVA and TD were similar. The observed trip rate of the existing hospital had included trips generated by the total number of hospital beds and the clinics. He therefore accepted the use of the observed trip rate to project the trip rate for the redevelopment scheme.

68. The Chairman asked whether TD had raised questions on the methodology used in the TIA. Mr. Johnny Chan said that when TD first received the TIA report in 2007, a lot of comments had been provided to MVA before approval was given in 2009.

69. Noting the divisive views between the residents and HKSH on the traffic distribution in the area, and that traffic flow varied throughout the day and there were usually more visitors to the hospital during weekends, a Member asked how the traffic surveys were conducted. Mr. Chapman Lam said that the first survey completed in 2009 was conducted at the morning peak from 8:30a.m. to 9:30a.m. and the evening peak from 6:30p.m. to 7:30p.m. The second survey was conducted in 2012 after the signalized junction at Shan Kwong Road/Village Road was in place. It was conducted from 11:30a.m. to 12:30p.m. on a weekday and a weekend when the traffic was heavy. The Chairman asked whether TD agreed with the methodology of the survey. Mr. Johnny Chan said that the 2009 survey was in line with the standard methodology adopted by TD. As for the 2012 survey, the results were consistent with TD's own survey results.

70. The Secretary said that the TIA report prepared in 2009 was tabled at the meeting for Members' reference.

71. In response to a Member's question, Mr. Fred Brown said that the traffic conditions of Happy Valley based on the data of the TIA were acceptable. Mr. Johnny Chan said that there was traffic congestion at the Shan Kwong Road/Village Road junction during certain periods of the day. However, since the adjustment of the traffic signals on 29.2.2012, the traffic congestion during the morning and evening

peak hours was less severe.

Assumption on trip distribution

72. Mr. Johnny Chan said that TD had asked MVA about the assumption that all traffic from the north would go to HKSH via Canal Road exit, Sports Road and Wong Nai Chung Road (the Sports Road route). MVA had confirmed that the assumption was based on a number of considerations, including the results of a survey. TD had no objection to the assumption.

73. A Member asked MVA to explain the assumption that 100% of the traffic coming from the north would go to HKSH via the Sports Road route. Mr. Fred Brown said that the travel distance of the west racecourse route was 1.6km, while the Sports Road route was only 1.2km. Therefore, it was logical to expect that drivers would take the Sports Road route which was shorter and faster. Although some drivers might prefer taking the old west racecourse route during the off-peak hours, they would take the Sports Road route to avoid traffic congestion along Shan Kwong Road.

74. A Member asked whether the assumption of 0/100% traffic split between the two routes was based on a survey, a model or professional judgement, and whether consideration had been given to the habit of drivers. Mr. Fred Brown said that the assumption was based on a number of considerations, including the journey time and the route length, the study of reserve capacity and critical movement at the local junctions, and the fact that Village Road and Shan Kwong Road were relatively more congested than Wong Nai Chung Road. Mr. Johnny Chan said that TD accepted HKSH's proposal to introduce administrative measures, including the use of information pamphlets, to guide hospital visitors to use the Sports Road route.

75. In response to a Member's question about the methodology of the survey, Mr. Chapman Lam, representative of R708, explained that for the vehicles leaving the hospital, they observed whether the vehicles would turn left or right. For vehicles going to the hospital, they used the technique of licence number matching. By

recording the licence number of vehicles at different checkpoints, they would be able to map out which route the vehicles had taken.

76. Mr. Ian Brownlee said that there were major differences in the findings of the TIA and the perception of the representers, but the Board's role was to assess the issues based on the technical analysis and the relevant standards. The Board should note that the personal experience of some of the representers was in a subjective manner.

The new ingress/egress point of the hospital

77. Two Members asked whether there was sufficient space within the car park podium to allow internal circulation of vehicles that had entered the hospital and whether the traffic along Village Road and Shan Kwong Road would be affected if vehicles had to queue up outside the new ingress/egress point of the hospital. Mr. Fred Brown said that as compared with the existing development, the redevelopment scheme had a much longer driveway system within the car park to allow for circulation of vehicles. The estimated traffic flow of 250 pcu/hr of the car park was much lower than that normally handled by a car park with a barrier installed. In addition, vehicles going up to the podium level for drop-off did not have to pass through a barrier. Therefore, it was unlikely that vehicles would queue up outside the new ingress/egress point of the hospital. To further avoid traffic queuing, consideration could be given to adjusting the slip road on Village Road, or altering the Shan Kwong Road/Village Road junction so that the vehicles would have to wait further south. Mr. Chapman Lam said that the design of the car park would be further examined at the general building plan stage, following the relevant building regulations and practice notes. The car park barrier would be located as far back from the ingress/egress point as possible so as to avoid vehicles queuing outside the ingress/egress point.

78. A Member asked whether it was possible to direct a certain type of vehicles to use one of the ingress/egress points. Mr. Fred Brown said that the best way was to even out the use of the two ingress/egress points. For the proposed

redevelopment scheme, if one of the ingress/egress points became congested, vehicles could easily go from one ingress/egress point to the other via Village Road. In the detailed design stage, considerations could be given to diverting a particular type of vehicles such as taxis or private cars to a particular ingress/egress point.

79. In response to a question from a Member, Mr. Fred Brown said that the mezzanine floors of the existing and the new car parks were connected. Therefore, a vehicle entering the car park through one ingress/egress point could exit at the other ingress/egress point. In the detailed design stage, the circulation mechanism inside the car park would be further explored so as to allow greater flexibility in internal circulation of vehicles.

80. A Member asked whether TD had considered if vehicles would queue up outside the new ingress/egress point of the hospital. Mr. Johnny Chan said that TD had considered the ingress/egress point arrangement, and had commented on a previous general building plan submission that the car park barrier should be located as far back as possible so as to avoid vehicles queuing outside the ingress/egress point. TD would continue to monitor the ingress/egress arrangement in future during the general building plan submission.

81. A Member asked whether enough car parking spaces would be provided within the hospital development to cater for the expansion of the hospital. Mr. Fred Brown said the number of car parking spaces to be provided was in line with the relevant requirement for a hospital development as laid down in the HKPSG. It should also be noted that a lot of visitors went to the hospital by taxis.

82. A Member said that some representers pointed out that many visitors to HKSH had a chauffeur who tended to wait or drive around the area. In view of this, the Member asked about the traffic impacts brought about by such type of visitors. Mr. Fred Brown said that he would explore the possibility to see if those vehicles could be diverted to another car park at the detailed building plan submission stage.

The Shan Kwong Road/Village Road junction

83. A Member asked the representative of HKSH to explain Table 1 of the traffic statement of the Further Supplementary Submission submitted on 21.3.2012 relating to the predicted performance of the Shan Kwong Road/Village Road junction in 2021 which seemed to suggest that the traffic conditions were acceptable. Mr. Ian Brownlee said that the table provided updated information on the performance at the Shan Kwong Road/Village Road junction after the traffic lights were installed and the signals were adjusted at that junction. Mr. Fred Brown said that for the Shan Kwong Road/Village Road junction, 42% of the northbound traffic could normally get through on the first green light, while the rest of the traffic could get through during the next green light. However, with a vehicle coming out of the hospital every 5 or 10 seconds, the traffic conditions in the area could be chaotic. After the installation of the traffic lights, there was reasonable improvement in the reserve capacity of that junction. With the addition of the second hospital ingress/egress point, the reserve capacity of the junction would be further improved. Mr. Johnny Chan agreed that after the adjustment of the traffic signals, there was improvement in the congestion problem at the Shan Kwong Road/Village Road junction.

84. The Chairman asked the representative of TD to explain how the reserve capacity of a road junction was assessed. Mr. Johnny Chan said that normally the performance of a road junction was considered acceptable if it was within 20% of the reserve capacity. TD would ensure that the performance at the junction would not get worse after the redevelopment.

85. The Chairman asked whether there was any information on the percentage of vehicles at the Shan Kwong Road/Village Road junction that would go into HKSH. Mr. Johnny Chan said that about 50% of the vehicles would go into the hospital. Mr. Chapman Lam said that around 20% of vehicles would go into HKSH. The Chairman and a Member asked about the difference between the two figures. Mr. Chapman Lam said that his figure was derived by dividing the total volume of traffic going in or out of the hospital by the total volume of traffic at the Shan Kwong Road/Village Road junction. He further said that Mr. Johnny Chan's figure might have only included the traffic on Village Road. After further calculations, Mr.

Johnny Chan and Mr. Chapman Lam clarified that the figures should be 25% and 28% respectively.

[Mr. H.W. Cheung and Mr. Lincoln Huang left the meeting at this point.]

Traffic assessment of Phase 3 of the development

86. A Member asked whether any traffic assessment had been conducted for the Phase 3 development of HKSH and if that was done, why there was serious traffic congestion. Mr. Ian Brownlee said that Phase 3 was designed in conjunction with the Phase 4 development with a complete traffic system. As Phase 4 could not be built as originally planned, some of the planned traffic arrangements could not be put in place. This had led to a worsening of the traffic conditions. Mr. Brownlee said that the video presented by one of the representers was irrelevant as it was recorded before the traffic lights were adjusted at the Shan Kwong Road/Village Road junction. HKSH had done a traffic assessment after the adjustment of the traffic lights.

87. A Member asked why the Phase 3 development was extended from 30 to 38 storeys, as claimed by a representer, although the planned traffic arrangements had not been fully in place. Dr. Joseph Chan, representative of R708, said that the Phase 3 building did not have 38 storeys as there were no 4/F, 14/F, 24/F and 34/F in the building.

Traffic conditions in Happy Valley

88. A Member asked whether the TIA had taken into account the traffic impacts generated by the construction of the underground stormwater storage facility and the planned residential developments in Happy Valley. Mr. Johnny Chan of TD said that as the underground stormwater storage facility was expected to be completed in 2018, its construction traffic would not interfere with the traffic generated by the hospital redevelopment, which was expected to be completed after 2018. As regards the traffic generated by the planned residential developments in Happy Valley, the annual growth rate of +0.5% adopted had accounted for all the new developments to

be completed between 2011 to 2021.

89. Mr. Lam Hau Sing, representative of R763, R709 and R866, said that the Drainage Services Department had confirmed to him that the underground stormwater storage facility would be completed in 2020 with a possible delay of two years.

90. A Member said that the traffic congestion in Happy Valley could be caused by the traffic congestion problem near the Causeway Bay area. The Member asked whether any remedial measures would be taken to relieve the traffic congestion problem. Mr. Fred Brown said that some photos presented earlier by a representer showing the long traffic queue in Happy Valley were misleading as they were taken on 26.4.2012 when there was a traffic accident on Queen's Road East. Long traffic queue did not normally occur in Happy Valley. His analysis was that the maximum length of the traffic queue at Village Road was only 80m on a weekday and 110m on a weekend.

91. Mr. Fred Brown continued to say that the TIA had looked at the sphere of influence of the redevelopment scheme, which included the Shan Kwong Road/Village Road junction as well as other key road junctions in Happy Valley. It was found that these junctions were adequate in terms of reserve capacity. The Canal Road to Causeway Bay area was a strategic traffic area, but it fell beyond the sphere of influence of the subject site and hence the impact of HKSH's redevelopment on this area was very marginal.

92. In response to a Member's question, Mr. Fred Brown said that a TIA would be conducted to assess the traffic impacts during the construction stage of the hospital redevelopment. The TIA would be prepared in consultation with TD.

[Ms. Anita Ma left the meeting at this point.]

Proton therapy machine

93. In response to a question from a Member, Dr. Ben Yu, a representative of R708 and a medical physicist, said that proton therapy was a new technology that

could be used for cancer treatment. It was not limited to head and neck cancer, but a wide variety of cancer types, with better results and reduced side effects. The treatment effect on children, who were more sensitive to radiotherapy, was significant. Throughout the world, there were already 33 existing proton centres, 22 were under development and more than 80 were under planning. This demonstrated that proton therapy was an effective technology to treat cancer. In deciding which model of the proton therapy machine was to be acquired, HKSH would take into account factors including safety, the technology adopted and costs. Mr. Ian Brownlee added that it was a unique opportunity for Hong Kong to acquire a proton therapy machine for the benefit of the community.

94. A Member asked why the proton therapy machine would be placed in the basement which was subject to flooding and whether there were any measures to ensure the safety of the nearby residents. Mr. Ben Yu said that it was a common practice to place the proton therapy machine in the basement. When flooding or other accidents occurred, the machine would be turned off automatically and no radiation would be emitted. There was also relevant legislation in Hong Kong to monitor the use of this type of machine.

[Professor C.M. Hui left the meeting at this point.]

Building setback

95. A Member asked whether there were any remedial measures to help reduce the adverse visual impacts as a result of the reduction of the building setback from Wong Nai Chung Road. Mr. Kelvin Ip, representative of R708, said that the revised scheme was a conceptual layout and therefore the design details were not yet available. If the redevelopment scheme could proceed, he would be able to incorporate architectural articulations such as green features to break up the façade of the building.

96. A Member asked whether it was possible to reduce the maximum number of beds or change some of the single-bed rooms to shared rooms so that the original

setback of 27m could be achieved. Dr. Joseph Chan said that it was not feasible to have a building setback of 27m because of the geotechnical constraints. By referring to a plan, Mr. K.K. Kwan, representative of R708, said that if a setback of 27m was maintained, the Phase 4 building would be a very narrow building. Mr. Tom Yip, STP/TWK, PlanD, said that according to HKSH, there were three major reasons why it was not feasible to maintain a building setback of 27m. Firstly, there were the geotechnical constraints. Secondly, there was a design requirement to maintain an overall depth of about 33m for the typical ward floors in the Phase 4 development. If HKSH was willing to revise the design, it might be possible to increase the building setback. Thirdly, it was the intention of HKSH to redevelop the site to the maximum permissible plot ratio under lease and the Buildings Ordinance. If HKSH was willing to reduce the number of beds, it might be possible to achieve a building setback greater than 16m, although the original setback of 27m might not be achievable.

97. Noting that the consultants of HKSH had prepared a geotechnical planning review report (GPRR) in 2010 and confirmed that the proposed scheme with a building setback of 27m was feasible, a Member asked why it was subsequently considered geotechnically infeasible. With the aid of a drawing on the excavation profile, Mr. K.K. Kwan said that the 2010 scheme had been revised due to the addition of basements. The building setback of 27m was not achievable under the revised scheme. Mr. Ian Brownlee said that the original scheme prepared in 2010 was only a conceptual scheme prepared to demonstrate the building height proposal for the consideration of the Board. Subsequently, during the general building plan submission stage, the more detailed requirements of the hospital, including the car park and the basements, were incorporated into the revised scheme, and the building setback of 27m was no longer feasible.

98. With the aid of an excavation profile, Mr. Chris Lam, SGE/I, CEDD, said that in the 2010 GPRR, excavation was proposed to begin at 34mPD on the slope for the 27m setback scheme and it was proven to be geotechnically feasible. During the general building plan submission stage, the basement was incorporated and the excavation profile was revised to a “stepped” excavation with an increase of total

excavation depth from 29m to 43m. However, the excavation was still proposed to begin at 34mPD on the slope. Since the excavation profile at the slope was the same, the width of the site available to accommodate the proposed building would be the same. Therefore, geotechnical constraints were not the reason why the building setback had to be reduced to accommodate the proposed building. Rather, it was a matter of architectural designs. Mr. Kelvin Ip said that besides the geotechnical constraints, another reason why the building setback of 27m could not be maintained was due to the prescribed windows requirements.

99. The Chairman and a Member asked if it was possible to shift the central lift core to one side of the building so as to achieve the larger building setback. Mr. Kelvin Ip said that the central core design with hospital wards on both sides of the core was the most efficient layout and would better ensure the safety of patients. The minimum depth for a single-bed room was 9m, which was similar to that of the existing single-bed rooms. The overall depth of about 33m for the typical ward floor was also the practicable minimum.

[Mr. Dominic Lam returned to join the meeting at this point.]

100. Mr. Kelvin Ip further said that because of the need for natural lighting, the single-bed rooms had to be located at both sides of the central core. The Chairman asked if HKSH had explored alternative solution to meet the performance standards instead of the prescribed windows requirement. Dr. Joseph Chan said that the central core design would also help to ensure the safety of the patients as the nurses did not have to work in the corners of the building not in direct sight of the patients.

101. Mr. Kelvin Ip further said that HKSH had studied an alternative scheme with an excavation depth of 36m and a building setback of 17m. However, that was considered unacceptable by GEO, CEDD.

102. Referring to Drawing Ha-15, a Member said that if the Phase 4 building was shifted towards the slope by about 6-8m, then only two or three of the lower ward floors would fail to comply with the prescribed windows requirements, resulting in a

loss of about 20 rooms. Considering the small number of rooms involved, the Member asked whether HKSH had considered this option. Mr. Kelvin Ip said that the lower floors of the building were already assigned for non-ward purposes because they were too close to the slope with no natural lighting. By shifting the building towards the slope, some ward floors would be lost and the target of providing 800 hospital beds could not be met. He had also considered the option of shifting the building all the way to the slope, but the residual floor space resulted at the lower floors was too small to accommodate any essential hospital facilities. The same Member asked if it was possible to relocate the mechanical and electrical (M & E) floor to the lower floors of the building so as to reduce the loss of hospital wards. Mr. Kelvin Ip said that as the M & E floors in the Phases 3 and 4 buildings were linked up, it was not possible to relocate the M & E floor. Furthermore, putting the M & E floor near the top of the building would minimize disturbance to the patients.

103. Considering that the operating theatres did not require prescribed windows, a Member asked whether it was possible to relocate the operating theatres to the lower floors, so as to reduce the loss of hospital wards. Mr. Kelvin Ip said that the operating theatres had to be located on the top floor of building where a column-free environment could be provided for accommodating medical equipment.

104. In response to a question from a Member, Ms. Ginger Kiang said that there were precedents that Buildings Department (BD) had accepted schemes meeting the performance standards instead of the prescribed windows requirements. Mr. Kelvin Ip agreed that BD would accept applications for modifying the prescribed windows requirements if the relevant performance standards could be met. As the HKSH redevelopment scheme was still at the planning stage, it was more desirable to plan for a scheme that could meet all the technical requirements. Mr. Kelvin Ip further said that it would be better for the patients if the windows of the wards were not too close to the slope.

105. A Member asked whether the original scheme with a 27m setback was considered feasible and whether HKSH had explored different options in the design process to maximize the building setback and to minimize the visual impacts. Mr.

Kelvin Ip said that the original scheme was considered not feasible as it had not accommodated the hospital's requirement for the basements. A year had been spent to refine the design to come up with the revised scheme.

106. Mr. Kelvin Ip further said that the revised scheme was prepared after balancing the pros and cons of different options explored. It was considered that the reduction of the building setback from 27m to 16m would not lead to significant adverse visual impacts. Even from the vantage point at the tram station terminus, the actual visual effect would not be significant as the setting would include the adjacent Happy Valley Sports Ground which was an open-air facility.

107. Mr. Ian Brownlee said that if there was a need to maintain a building setback of 27m, HKSH could have sought to increase the building height restriction from 89mPD to, say, 110mPD or 115mPD, given that the Board had accepted that HKSH should be able to achieve its permissible development potential. However, HKSH respected the concerns of the Board and the community over the building heights and therefore had not sought to increase the building height restrictions. To resolve the geotechnical problem, HKSH requested the Board to consider reducing the building setback to 16m, which would not give rise to a significant visual impact.

Visual impact assessment

108. Mr. Jimmy Leung and a Member asked how the vantage points for preparing the photomontages were selected. Ms. Ginger Kiang said that according to the established principles, the vantage points had to be accessible by and popular to the public. For the HKSH development, three vantage points had been used to assess its visual impacts, which included Happy Valley Recreation Ground, Bowen Road and Wong Nai Chung Road. The first two vantage points had been used during the review of building height restrictions (BHR) on the Wong Nai Chung OZP and adopted for assessing the visual impacts of the HKSH development for consistency. The third vantage point at the tram terminus was suggested by a Member of the Board and was regarded as a local vantage point.

109. A Member asked whether the visual impact assessment was prepared in two-dimension (2-D) or 3-D and whether the redevelopment scheme was proportional to the surrounding buildings. Ms. Ginger Kiang said that the photomontages were prepared using a 3D computer model of the redevelopment scheme; and they simulated what actually could be seen at the selected vantage points. As regards the matter of proportion, Ms. Kiang explained that in an old urban area like Happy Valley, the developments were mostly small in scale due to their lot size. The proportional issue would be obvious when these old buildings were compared with new development like the HKSH proposal. In formulating BHR for the Wong Nai Chung area, apart from the local circumstances, other considerations such as the building height concept, site constraints and development intensity permitted under OZP etc. had to be taken into account.

Air ventilation

110. A Member asked whether there would be air ventilation problem especially for the buildings behind HKSH if the redevelopment scheme was built at the subject site. Ms. Ginger Kiang said that based on the Expert Evaluation on Wong Nai Chung Area commissioned by PlanD in 2008, the north-easterly winds were annual prevailing winds, while the southerly winds were prevailing in the summer. In terms of the annual prevailing winds, HKSH was located immediately in front of a slope. In terms of the summer prevailing winds, HKSH was located downwind, e.g. wind would generally flow through the two sides of Stubbs Road developments at a higher level towards Wong Nai Chung if wind came from south-west. The proposed redevelopment scheme would not have major air ventilation impacts.

111. Mr. Lam Hau Sing, representative of R763, R709 and R866, said that if the redevelopment scheme of HKSH was built close to the slope, the only wind corridor leading to the low-rise developments at Fung Fai Terrace would be totally blocked. The impacts on the residents of Fung Fai Terrace should be taken into account in the Board's consideration.

Noise

112. The Chairman said that a representer had mentioned about the low-frequency noise generated by the air-conditioning system in HKSH. He asked whether the same problem would exist in the proposed redevelopment. Ms. Anna Lee, representative of R708, said that HKSH had measured the noise level at night and would further improve the air-conditioning system in consultation with the Environmental Protection Department. The Chairman said that he was asking whether the air-conditioning system in the proposed redevelopment scheme might create the same problem. Ms. Anna Lee said that HKSH would take note of the concern of the representer in the detailed design stage. Mr. Lam Hau Sing, representative of R763, R709 and R866, said that HKSH had made the same promise to deal with the present problem.

Relations with the community

113. A Member asked how the HKSH redevelopment was going to serve the local residents and the people of Hong Kong. Mr. Ian Brownlee said that the intention of the “G/IC” zone was to provide government, institutional or community facilities to serve the needs of the local residents and/or a wider district. HKSH did not only serve the local community in Happy Valley, but also a wider community who wished to make use of the hospital services. Although some people might not like the new hospital building, some 320 additional beds could not be provided if the hospital redevelopment was not approved. The provision of health care for an additional 320 patients would not be possible. In addition, the loss of 20 operating theatres would not be provided and that would affect a large number of people in the community. Mr. Brownlee said that on balance, the community would benefit from the construction of the new hospital building.

114. Dr. Joseph Chan, representative of R708, said that 15% or less of the GFA would be used as clinics. All the hospital wards in the redevelopment scheme would be single-bed rooms, and some would be available at third class price. More than 70% of the patients were middle-class, and more than 70% of the patients had

insurance cover. Currently, only about 10% of the patients were not Hong Kong citizens. HKSH also provided medical services for patients transferred from the public hospitals operated by the Hospital Authority. Although HKSH was a private hospital, training to doctors was also provided at the hospital, and more training facilities would be provided after the redevelopment. HKSH was also concerned about the traffic conditions at Happy Valley and would further consider suggestions to improve the car park design and the traffic arrangement wherever feasible.

115. A Member asked whether HKSH had considered scaling back the redevelopment in view of the impacts on the community. Dr. Joseph Chan said that the expansion of HKSH was in response to the public demand for medical service. HKSH had already stopped granting admission rights to some doctors so as to reduce the demand for hospital services. HKSH had also transferred some of its services to other locations. Clinics had been set up in Central and Taikoo Shing. HKSH had kept acquiring new technologies, such as robotic surgery, which would not result in positive monetary return immediately. In addition, proceeds of the hospital were ploughed back into the development of the hospital for the benefit of the community.

116. A Member said that many of the local residents who were previously pleased to have HKSH in the community were now dissatisfied with the redevelopment of the hospital. The Member asked whether HKSH had conducted any community engagement programme to explain to the local residents the redevelopment plan of HKSH. Dr. Joseph Chan said that many of the local residents who were pleased with the services of HKSH were not present in this hearing. He said that HKSH had been monitoring the traffic conditions at the ingress/egress point of HKSH and presented an extract of the video recording showing the traffic flow at the ingress/egress point when the traffic was most congested.

117. Regarding the repair works of the private road at Fung Fai Terrace, Ms. Anna Lee, representative of R708 and project manager of the HKSH redevelopment, said that HKSH had promised to pay 99% of the repair costs. Many meetings had been held with the residents there. However, the works could not be implemented as HKSH was unable to gather the relevant property owners together to reach a

consensus on how to proceed with the repair works. On 9.5.2012, HKSH had arranged a meeting with the residents, but only 6 out of 11 residential units had showed up. HKSH would continue to work out a solution with the residents. Mr. Lam Hau Sing, representative of R763, R709 and R866, said that he disagreed with the comment of Ms. Anna Lee. The residents of Fung Fai Terrace had entered into an agreement with HKSH in 2008 but there was no follow-up from HKSH until the issue was reported in Next Magazine earlier this month. Regarding the meeting arranged by HKSH, some residents had not received the invitation for a meeting and they were not sure if the meeting would be held. Mr. Lam said that although HKSH indicated at the hearing in 2011 that the repair matter would be handled, there was no follow-up since then.

118. As Members had no further question, the representers and the government representatives were invited to leave the meeting room. They left the meeting room at this juncture.

[The meeting was adjourned for a five-minute break and resumed at 8:30 p.m.]

Deliberation Session

Building design issues

119. The Vice-Chairman said that the BHR concerning the HKSH site had been under discussion for a long time. It had been HKSH's intention to maintain the maximum permissible GFA of the site under lease and to provide 800 hospital beds. Previously, the Board had agreed to gazette changes to the OZP to amend the BHR of Phases 3A and 4 of the hospital redevelopment to 115mPD and 89mPD with a building setback of 27m above the 2-storey car park podium from Wong Nai Chung Road. However, HKSH considered that it was unable to provide 800 beds if the Phase 4 building were set back from Wong Nai Chung Road by 27m and that therefore only a setback of 16m could be provided. From the presentations made by the representers in the hearing, it seemed that the issue of building setback was not their major concern. Rather, the representers asked the Board to disapprove the

redevelopment of the hospital. The Vice-Chairman considered that, as compared with the OZP compliant scheme with a 27m setback, the current scheme with a setback of 16m would not lead to a significant visual impact and hence the reduced setback of 16m was considered acceptable.

120. A Member supported the revised scheme and said that the proposal was better than the one previously submitted by HKSH. The consultants had addressed the Board's outstanding concerns. However, HKSH should be more forthcoming in considering Members' suggestion to improve the design of the hospital.

121. A Member said that the revised scheme, with the building setback reduced from 27m to 16m as compared with the OZP compliant scheme, represented a reduction in planning gain. This might not be unacceptable visually. However, it seemed that HKSH was not willing to explore if some of the parameters, such as the number of beds, the size of the single-bed room and the layout of the scheme could be changed. The Member suggested including a mechanism to limit the maximum number of beds to 800 and to require HKSH to improve the design of the scheme to reduce its visual impact.

122. A Member said that the Board had to strike a balance such that HKSH could redevelop at the existing site, while at the same time respecting the views of the local residents. The Board had previously requested for information on three aspects, namely the space requirement of the proton therapy machine, the geotechnical constraint in relation to the building of 27m, and further information to substantiate the TIA. The Member considered that it was not for the Board to decide on which type of proton therapy machine HKSH should use. On the point of geotechnical constraints, while the information provided by HKSH was acceptable, there might be scope to explore the possibility of further setback beyond 16m from Wong Nai Chung Road. If the tower block was moved back closer to the slope, the extent of the cantilever over the car park podium could be reduced.

123. A Member said that it was important to take account of the views of the local residents in planning for an area. The existing hospital building of 38 storeys

in height was visually intrusive at the current setting and was not welcomed by most of the local residents. The proposed Phase 3A and 4 building would be very massive and was considered not suitable in the current location. It might be better for HKSH to identify another site for its redevelopment. The Member had doubt on whether the tall buildings and the provision of 800 beds were essential at the current location. Another Member shared these views.

124. A Member said that although the redevelopment of HKSH was to provide medical services to meet the needs of the community, the scale of the redevelopment was out-of-context at this location, resulting in significant visual and traffic impacts on the surrounding area. HKSH could be allowed to redevelop in such a way that the adverse impacts could be minimized. The member said that there was room for improvement in the design of the hospital and consideration could be given to reduce some of the parameters, such as the number of beds, the size of the single-bed room and the floor-to-floor height, and to explore the possibility of increasing the building setback, as well as seeking exemption for the prescribed windows requirements. These could help reduce the adverse impacts generated by the proposed redevelopment.

125. The same Member continued to say that the AVA submitted by HKSH was generally acceptable. As HKSH had only submitted a conceptual scheme, the Board might consider devising a mechanism to require HKSH to submit a detailed development scheme, including the design and façade of the redevelopment, to the Board so as to ensure that the visual impact would be acceptable.

Traffic issues

126. The Vice-Chairman said that there was traffic congestion in the area and the new entrance proposed by HKSH might be a solution to relieve the traffic congestion problem. Whilst he had some doubt on the assumption that 100% of the traffic coming from the north would choose to go to HKSH via Canal Road exit, Sports Road and Wong Nai Chung Road (Sports Road route), judging from the TIA results, the critical junctions would still have spare capacity if, say, 70% of drivers

would take the Sports Road route. On the whole, the Vice-Chairman supported the revised scheme proposed by HKSH as expansion of the hospital was supported by the Food and Health Bureau and the HKSH had addressed the outstanding concerns of the Board which had led to adjournment of the last hearing session.

127. A Member supported the revised scheme submitted by HKSH and said that the Board had to strike a balance between the imposition of building height restrictions and development right. The Member considered that the methodology of the TIA was acceptable to TD, although there were doubts on the assumption that all traffic coming from the north would take the Sports Road route. According to the TIA, only about 28% of the trips going to HKSH would use the Shan Kwong Road/Village Road junction when the new entrance of HKSH was in place. As compared with the existing situation, the traffic conditions at the Village Road junction would be improved even if some drivers might continue to use the current route along the part of Wong Nai Chung Road on the west side of the racecourse (the west racecourse route). Furthermore, the traffic congestion problem in Happy Valley was not only caused by HKSH but the horse racing events at Hong Kong Jockey Club and the tail-back of the traffic from the Cross-Harbour Tunnel and Causeway Bay. The Member also considered that the traffic conditions at the Shan Kwong Road/Village Road junction acceptable, as, according to MVA, about 42% of the vehicles queuing up along Village Road could pass through the junction on the first green light, and the rest of the vehicles the second green light. Considering that there would be some new developments in Happy Valley, the Member said TD should be asked to consider improving the overall traffic conditions in the area rather than just focusing on the Shan Kwong Road/Village Road junction. The Police should also be asked to enhance enforcement against illegal parking in the area.

128. A Member said that the new entrance to HKSH would be helpful in relieving the traffic congestion in the area. The methodology used in the TIA, including the use of the total number of hospital beds to estimate the trip generation, was in accordance with the state of the practice. Overall, the TIA was reasonable, although the traffic consultants seemed over-confident in assuming that all traffic coming from north to HKSH would take the Sports Road route. However, even if

the assumption was to be refined, the results of the TIA might be similar.

129. A Member said that the crux of the matter was the need to balance the interests of the local residents and the other users of the medical services from all over Hong Kong. The Member had strong reservation on the TIA prepared in 2009, as some of the projections were based on the data collected in 2006. The TIA should have focused on the whole Happy Valley area instead of just a few junctions. The Member suggested that should the OZP be amended to meet HKSH's representation, specific requirements should be incorporated in the Notes of the OZP to ensure that appropriate measures would be introduced to reduce the adverse traffic impacts. The Secretary said that although the TIA in 2009 was based on data in 2006, HKSH had conducted updated surveys and prepared supplementary traffic assessment at the request of the Transport Department.

130. A Member said that the visual impact created as a result of the reduction in building setback was not significant. The major concern was in fact the adverse traffic impact on the surrounding area. The TIA had demonstrated that the traffic impacts arising from the HKSH redevelopment would be acceptable. The current traffic congestion problem in Happy Valley was also caused by other factors such as an excessive rate of car ownership of the residents in the area or the behaviour of some unruly drivers. As regards the problem of traffic conflicts at the road junctions, it was considered that the Government should spend more effort on traffic management. The Member suggested that HKSH be requested to liaise with Buildings Department on the exemption of the prescribed windows requirements so that, by reducing the distance between the slope and the tower block, a greater building setback from Wong Nai Chung Road could be achieved.

131. A Member said that even though the TIA was accepted by TD, it was likely that some drivers would still make use of the west racecourse route and therefore the relevant assumption used in the TIA seemed not realistic. Furthermore, the effectiveness of the internal vehicular circulation within the new podium had to be demonstrated in due course. The Board might need to take all these considerations into account before making a decision.

132. Another Member said that HKSH had not made effort to communicate with the local residents. The Member suggested that HKSH should be required to propose and implement concrete traffic improvement measures for users of the hospital to address the traffic impacts generated by the proposed redevelopment. The traffic problem in the area was not created by the hospital alone, and TD should also be asked to review the traffic conditions in the entire Happy Valley area comprehensively and to propose improvement measures.

133. In response to a Members' question, the Secretary said that according to the settlement proposal broadly agreed by HKSH and the Board, once the OZP amendment for the HKSH site was exhibited under section 7 of the Town Planning Ordinance such that HKSH would be permitted to construct new Phases 3A and 4 buildings at the HKSH site with maximum building heights at 115mPD and 89mPD respectively, the two parties would execute a Consent Summons for discontinuance of the JR proceedings. The consideration of the representations and comments received on the HKSH site should not be bound by the settlement then proposed. If the Board proposed further amendments to the OZP, after the hearing at this meeting, the further amendment would be published for further representations and be subject to further hearing. The Secretary further said that a major issue that the Board should consider in this hearing was whether the building height restrictions of 89mPD and 115mPD were compatible with surrounding developments and were appropriate, bearing in mind that the proposed building height of the hospital redevelopment would affect the number of hospital beds to be provided, which in turn would affect the traffic flow to the hospital.

134. The Chairman summed up the discussions thus far and said that Members generally considered that it was not for the Board to decide which proton therapy machine the hospital should use. As for the setback, HKSH had provided justifications, namely on geotechnical constraints and hospital design requirements, that had led to the change of the building setback from 27m to 16m. Members generally considered that the visual impact arising from the reduction in building setback from 27m to 16m was not significant. As for the building height, Members

generally accepted the maximum building height of 115mPD and 89mPD of the scheme submitted by HKSH. As regards the traffic impacts, although TD had accepted the TIA, Members might consider whether the assumption that 100% of traffic coming from the north to HKSH would use the Sports Road route should be further verified. Members might consider asking TD to prepare several scenarios with different percentage split of traffic coming from the north between the Sports Road route and the west racecourse route for the purpose of providing a more realistic assessment. Members might also consider whether a cap of 800 hospital beds and a maximum percentage of 15% of non-domestic GFA for clinic purpose should be stipulated in the OZP Notes for the “GIC” zone of the HKSH site.

135. A few Member agreed that TD should be asked to revisit the assumption of 100% traffic using the Sports Road route in the TIA. It was also generally agreed that a provision should be prescribed in the Notes to the OZP to allow the Board to scrutinize the design or the façade of the building and to check on the detailed vehicular internal circulation plan. The Secretary said that if members considered it necessary, the zoning of the HKSH site could be amended to require HKSH to submit a Master Layout Plan to the Board for consideration through the planning application system. Members agreed. Members also agreed that the Notes of the OZP should be amended to restrict the redevelopment to a maximum of 800 beds and not more than 15% of the non-domestic GFA should be used for clinic purpose.

136. The Chairman said that if Members considered that more information was required before making a decision, the Board could consider deferring the decision and requested TD to clarify the assumptions concerned adopted in the TIA submitted by HKSH. Members agreed.

137. A Member asked if another hearing had to be held after TD had provided further information on the TIA assumption. The Secretary said that according to the judgment in *Fine Tower Associates Ltd. v Town Planning Board*, the Board had to operate in accordance with the rules of procedural fairness. Depending on the substance of the further information to be obtained from TD, the Board would have to consider to allow last word from the representers and commenters and the need for a

hearing to consider the representations and comments together with the information received.

138. In conclusion, the Chairman said that Members agreed to request TD to clarify the assumptions concerned adopted in the TIA submitted by HKSH. The Board would defer a decision on the remaining 1064 representations relating to the HKSH site pending TD's submission to the Board for further consideration.

[Mr. Patrick Lau arrived to join the meeting at this point.]

Agenda Item 4

[Open Meeting]

Request for Deferral for Review of Application No. A/YL-TT/280

Temporary Eating Place for a Period of 3 Years in "Village Type Development" ("V") zone, Lots 1256 (Part), 1258 (Part), 1259 RP (Part), 1299 RP (Part) in D.D. 117 and Adjoining Government Land, Tai Tong Shan Road, Tai Tong, Yuen Long, New Territories (TPB Paper No. 9080)

[The meeting was conducted in Cantonese]

139. The Secretary said that on 17.4.2012, the applicant's representative wrote to the Secretary of the Board and requested the Board to defer making a decision on the review application for two months in order to allow time for the applicant to prepare fire service installations proposal in response to Director of Fire Services' latest comments.

140. Members noted that the justifications for deferment met the criteria for deferment as set out in the Town Planning Board Guidelines on Deferment of Decision on Representations, Comments, Further Representations and Applications (TPB PG-No. 33) in that the applicant needed more time to address the departmental comments, the deferment period was not indefinite, and that the deferment would not affect the interest of other relevant parties.

141. After deliberation, the Board agreed to defer a decision on the review

application as requested by the applicant. The application would be submitted to the Board for consideration within 3 months upon receipt of further submission from the applicant. The applicant should be advised that the Board had allowed a maximum period of 2 months for preparation of submission of further information, and no further deferment would be granted unless under very special circumstances.

Agenda Item 5
[Open Meeting]

Request for Deferral for Review of Application No. A/YL-TYST /546

Proposed Temporary Shop and Services (Temporary Traffic Engineering Highway Sub-station and Sale Office of Traffic Engineering Equipment with Ancillary Display Area) for a Period of 3 Years in the “Residential (Group D)” (“R(D)”) zone, Lots 969 (Part) and 972 RP (Part) in D.D. 121 and Adjoining Government Land, Shan Ha Tsuen, Yuen Long, New Territories

(TPB Paper No. 9081)

[The meeting was conducted in Cantonese]

142. The Secretary said that on 10.4.2012, a letter was received from the applicant’s representative requesting the Board to defer making a decision on the review application for 2 months so as to allow time for him to address the departmental comments on the application.

143. Members noted that the justifications for deferment met the criteria for deferment as set out in the Town Planning Board Guidelines on Deferment of Decision on Representations, Comments, Further Representations and Applications (TPB PG-No. 33) in that the applicant needed more time to address the departmental comments, the deferment period was not indefinite, and that the deferment would not affect the interest of other relevant parties.

144. After deliberation, the Board agreed to defer a decision on the review application as requested by the applicant. The application would be submitted to the Board for consideration within 3 months upon receipt of further submission from the

applicant. The applicant should be advised that the Board had allowed a maximum period of 2 months for preparation of submission of further information, and no further deferment would be granted unless under very special circumstances.

Agenda Item 6

[Open Meeting]

Submission of the Draft Ho Man Tin Outline Zoning Plan No. S/K7/21 under section 8 of the Town Planning Ordinance to the Chief Executive in Council for Approval
(TPB Paper No. 9083)

[The meeting was conducted in Cantonese]

145. Mr. Dominic K.K. Lam declared interest in this item as he lived in the Ho Man Tin area. As the item was procedural in nature, Members agreed that Mr. Ho could be allowed to stay in the meeting.

146. The Secretary briefly introduced the Paper. On 12.8.2011, the draft Ho Man Tin OZP No. S/K7/21, incorporating amendments to add the provision for minor relaxation of gross floor area/plot ratio restrictions in the Notes of “Commercial”, “Residential (Group A)”, “Residential (Group B)”, “Residential (Group C)” and “Residential (Group E)” zones, and to show the alignment of the Mass Transit Railway Kwun Tong Line Extension authorised by the CE in C on 30.11.2010 under the Railways Ordinance (Chapter 519) on the OZP for information, was exhibited for public inspection under section 5 of the Ordinance. During the two-month exhibition period, no representation was received.

147. Since no representation was received by the Board, the OZP was ready for submission to the Chief Executive in Council for approval in accordance with section 8 of the Ordinance. For submission to the CE in C, opportunity had been taken to update the Explanatory Statement (ES) to reflect the latest position of the draft OZP and the latest developments in the area.

148. After deliberation, the Board:

- (a) agreed that the draft Ho Man Tin OZP No. S/K7/21A and its Notes at Annexes I and II of the Paper respectively were suitable for submission under section 8 of the Ordinance to the CE in C for approval;
- (b) endorsed the updated ES for the draft Ho Man Tin OZP No. S/K7/21A at Annex III of the Paper as an expression of the planning intention and objectives of the Board for the various land-use zonings on the draft OZP and issued under the name of the Board; and
- (c) agreed that the updated ES was suitable for submission to the CE in C together with the draft OZP.

Agenda Item 7

[Open Meeting]

Submission of the Draft Tung A and Pak A Development Permission Area Plan No. DPA/SK-TA/1A under section 8 of the Town Planning Ordinance to the Chief Executive in Council for Approval

(TPB Paper No. 9084)

[The meeting was conducted in Cantonese]

149. The Secretary briefly introduced the Paper. On 19.8.2011, the draft Tung A and Pak A DPA Plan No. DPA/SK-TA/1 was exhibited for public inspection under section 5 of the Ordinance. During the two-month exhibition period which ended on 19.10.2011, a total of 4 representations were received. On 28.10.2011, the representations were published for 3 weeks for public comments and no comment on the representations was received. After giving consideration to the 4 representations on 17.2.2012, the Board noted the supportive view of representations No. R1 to R2 and decided not to uphold the adverse representations No. R3 and R4.

150. Since the representation consideration process had been completed, the

draft DPA Plan was ready for submission to the CE in C for approval. For submission to the CE in C, opportunity had been taken to update the ES to reflect the latest position of the draft DPA Plan and the latest developments in the area.

151. After deliberation, the Board:

- (a) agreed that the draft Tung A and Pak A DPA Plan No. DPA/SK-TA/1A and its Notes at Annexes I and II of the Paper respectively were suitable for submission under section 8 of the Ordinance to the CE in C for approval;
- (b) endorsed the updated ES for the draft Tung A and Pak A DPA Plan No. DPA/SK-TA/1A at Annex III of the Paper as an expression of the planning intention and objectives of the Board for the draft Tung A and Pak A DPA Plan and issued under the name of the Board; and
- (c) agreed that the updated ES was suitable for submission to the CE in C together with the draft DPA Plan.

Agenda Item 8

[Open Meeting]

Submission of the Draft Mau Ping Development Permission Area Plan No. DPA/ST-MP/1A under section 8 of the Town Planning Ordinance to the Chief Executive in Council for Approval

(TPB Paper No. 9085)

[The meeting was conducted in Cantonese]

152. The Secretary briefly introduced the Paper. On 26.8.2011, the draft Mau Ping DPA Plan No. DPA/ST-MP/1 was exhibited for public inspection under section 5 of the Ordinance. During the two-month exhibition period, a total of 6 representations were received. On 18.11.2011, the Board published the representations for public comment and in the first three weeks of the publication

period, no comment was received. After giving consideration to all the representations on 9.3.2012, the Board noted the support of Representations No. R1, R2, R3, R4 and R5, and decided not to uphold the remaining parts of the Representations No. R1, R2, R3, R4 and R5, not to uphold Representation No. 6, and not to amend the DPA Plan to meet the proposals made by representations.

153. Since the representation consideration process had been completed, the draft DPA Plan was ready for submission to the CE in C for approval. For submission to the CE in C, opportunity had been taken to update the ES to reflect the latest position of the draft DPA Plan and the latest developments in the area.

154. After deliberation, the Board:

- (a) agreed that the draft Mau Ping DPA Plan No. DPA/ST-MP/1A and its Notes at Annexes I and II of the Paper respectively were suitable for submission under section 8 of the Ordinance to the CE in C for approval;
- (b) endorsed the updated ES for the draft Mau Ping DPA Plan No. DPA/ST-MP/1A at Annex III of the Paper as an expression of the planning intention and objectives of the Board for the draft Mau Ping DPA Plan and issued under the name of the Board; and
- (c) agreed that the updated ES was suitable for submission to the CE in C together with the draft DPA Plan.

Agenda Item 9

[Open Meeting]

Submission of the Draft Lai Chi Wo, Siu Tan and Sam A Tsuen Development Permission Area Plan No. DPA/NE-LCW/1A under section 8 of the Town Planning Ordinance to the Chief Executive in Council for Approval

(TPB Paper No. 9087)

[The meeting was conducted in Cantonese]

155. The Secretary briefly introduced the Paper. On 26.8.2011, the draft Lai Chi Wo, Siu Tan and Sam A Tsuen DPA Plan No. DPA/NE-LCW/1 was exhibited for public inspection under section 5 of the Ordinance. During the two-month exhibition period, a total of 6 representations were received. On 11.11.2011, the Board published the representations for public comment and in the first three weeks of the publication period, no comment was received. After giving consideration to all the representations on 9.3.2012, the Board noted the support of R3, R4, R5 and R6, decided not to uphold the representations of R1 and R2, not to uphold the remaining parts of the representations of R3, R4, R5 and R6, and not to amend the DPA Plan to meet the proposals made by representations.

156. Since the representation consideration process had been completed, the draft DPA Plan was ready for submission to the CE in C for approval. For submission to the CE in C, opportunity had been taken to update the ES to reflect the latest position of the draft DPA Plan and the latest developments in the area.

157. After deliberation, the Board:

- (a) agreed that the draft Lai Chi Wo, Siu Tan and Sam A Tsuen DPA Plan No. DPA/NE-LCW/1A and its Notes at Annexes I and II of the Paper respectively were suitable for submission under section 8 of the Ordinance to the CE in C for approval;
- (b) endorsed the updated ES for the draft Lai Chi Wo, Siu Tan and Sam A Tsuen DPA Plan No. DPA/NE-LCW/1A at Annex III of the Paper as an expression of the planning intention and objectives of the Board for the draft Lai Chi Wo, Siu Tan and Sam A Tsuen DPA Plan and issued under the name of the Board; and
- (c) agreed that the updated ES was suitable for submission to the CE in C together with the draft DPA Plan.

Agenda Item 10

[Open Meeting]

Submission of the Draft Ko Lau Wan Development Permission Area Plan No. DPA/NE-KLW/1A under section 8 of the Town Planning Ordinance to the Chief Executive in Council for Approval

(TPB Paper No. 9088)

[The meeting was conducted in Cantonese]

158. The Secretary briefly introduced the Paper. On 26.8.2011, the draft Ko Lau Wan DPA Plan No. DPA/NE-KLW/1 was exhibited for public inspection under section 5 of the Ordinance. During the two-month exhibition period, a total of 3 representations were received. On 18.11.2011, the representations were published for 3 weeks for public comments and no comment on the representations was received. After giving consideration to all the representations on 9.3.2012, the Board noted Representation No. R1 and decided not to uphold Representations No. R2 and R3 and not to amend the DPA Plan to meet the proposals made by representations.

159. Since the representation consideration process had been completed, the draft DPA Plan was ready for submission to the CE in C for approval. For submission to the CE in C, opportunity had been taken to update the ES to reflect the latest position of the draft DPA Plan and the latest developments in the area.

160. After deliberation, the Board:

- (a) agreed that the draft Ko Lau Wan DPA Plan No. DPA/NE-KLW/1A and its Notes at Annexes I and II of the Paper respectively were suitable for submission under section 8 of the Ordinance to the CE in C for approval;
- (b) endorsed the updated ES for the draft Ko Lau Wan DPA Plan No. DPA/NE-KLW/1A at Annex III of the Paper as an expression of the

planning intention and objectives of the Board for the draft Ko Lau Wan DPA Plan and issued under the name of the Board; and

- (c) agreed that the updated ES was suitable for submission to the CE in C together with the draft DPA Plan.

Agenda Item 11

[Confidential item. Closed Meeting]

- 161. This item was recorded under confidential cover.

Agenda Item 12

[Open Meeting]

Any Other Business

[The meeting was conducted in Cantonese.]

- 162. There being no other business, the meeting closed at 10p.m.