Heritage Impact Assessment

for

Adaptive Reuse of Block M at Kowloon Hospital
No.147A Argyle Street, Mong Kok, Kowloon

For

Hospital Authority

醫院管理局
HOSPITAL AUTHORITY

By

CHAU LAM ARCHITECTS AND ASSOCIATES
ARCHITECTS AND ENGINEERS (H.K.) LTD.
周林建築師事務所（香港）有限公司

Chau Lam Architects & Associates Architects & Engineers (H.K.) Ltd.

In association with
China Point Consultants Limited

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Heritage Impact Assessment
For Adaptive Re-use of Block M at Kowloon Hospital

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Caveat:

The HIA was carried out within the context of the refurbishment proposal of Block M of Kowloon Hospital, as provided by Hospital Authority.

Authorized Signature: Tse Ching Kan, Curry

CHINA POINT

TABLE OF CONTENT

1 EXECUTIVE SUMMARY

This Heritage Impact Assessment has been commissioned by the Hospital Authority (HA) and prepared by Chau Lam Architects and Associates, Architects & Engineers (H.K.) Ltd. to guide the adaptive reuse of Block M, Kowloon Hospital at 147A Argyle Street, Kowloon. The proposed works would allow the Block to convert from storage and function rooms for staff wellness and amenities into offices and training centre for the HA. This document has been prepared to establish the cultural significance of the Block, assess and mitigate adverse impact of the proposed works, manage construction works, and to provide guidelines for future maintenance.

Block M was accorded Grade 2 historic building by Antiquities Advisory Board in 2009. Kowloon Hospital was established in 1925 as the first public hospital in Kowloon Peninsula. Block M is one of the early-built hospital blocks believed to have been built in 1932 as a maternity block. The development of the Hospital and the Block illustrated the population boom in Kowloon Peninsula as well as the evolution of medical services in Hong Kong.

The Block demonstrates features of Classical Revival with Arts and Crafts, and local influences. It is socially, historically, and architecturally significant. There are a total of ten graded historic buildings, including Block M, within the site of Kowloon Hospital that together formed a historic complex of significant heritage values.

The Heritage Impact Assessment identifies the historical and physical development of the site, its cultural significance and significant architectural features. It also contains policies to guide the future use, development and long term maintenance.

1 摘要

此文物影響評估由醫院管理局委託，並由周林建築師事務所(香港)有限公司撰寫，以指導位於亞皆老街 147A 的九龍醫院 M 座的舊建新用。此計劃能將 M 座由現時存儲及作為員工健康及工餘設施之用途，改變成醫院管理局的辦公室及培訓中心。本文件確立了 M 座的文化意義、評估和減輕擬建工程對歷史建築的影響、協助工程之管理，並為今後的維修提供指引。

古物諮詢委員會於 2009 年將 M 座評定為二級歷史建築。九龍醫院建立於 1925 年，為九龍半島第一間公立醫院。M 座相信於 1932 年興建，為九龍醫院其中一幢最早建成的建築物，當時為生育大樓。九龍醫院及 M 座的發展說明了九龍半島人口的急速增長及香港醫療服務的演變。M 座具備了社會、歷史和建築方面的重要性。

M 座的建築展現了的古典復興、藝術和手工藝運動和地道風格的影響。它具有社會、歷史和建築意義。九龍醫院包括 M 座在內，共有十座歷史建築物，組成了具重大文物價值的歷史建築群。

此文物影響評估確定了此用地的歷史性和構建物的發展、它的文化意義和重要的建築特色。它也為了引導未來的使用、發展和長期維修及保護提供保育的政策。

2 INTRODUCTION

2.1 The Brief

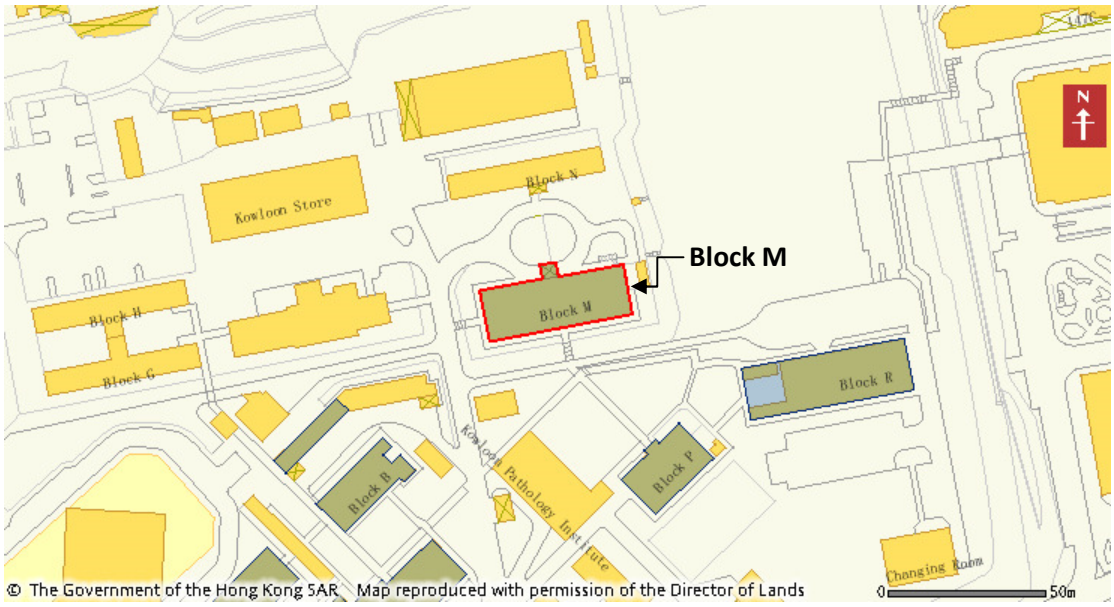
Project Background

Block M is one of the hospital blocks in Kowloon Hospital, the first government hospital in Kowloon. It was opened in 1932 and built to function as a maternity block. It is a two-storey building constructed on a gentle slope. It is built to a rectangular plan with a central corridor and wards on one side and toilets, kitchens, service rooms and the grand staircase on the other side.

Block M, Kowloon Hospital is currently used as storage and function rooms for staff wellness and amenities. The Hospital Authority intends to convert the block into offices and training centre. The proposed refurbishment would involve renovation of the internal areas.

A Heritage Impact Assessment (HIA) on Block M, Kowloon Hospital is to be prepared to ensure that a guided course of heritage conservation and managed construction works will be carried out to the historic building.

The HIA Study Area is Block M, Kowloon Hospital at 147A Argyle Street, Mong Kok, Kowloon. The Study Area is shown below:



Project:	Refurbishment of Block M, Kowloon Hospital
Drawing Title:	HIA Study Area

(Source: The Geographic Information System on Hong Kong Heritage, 2012)

2.2 Objectives

Antiquities and Monuments Office (AMO) has been consulted in the feasibility stage of refurbishment of Block M of Kowloon Hospital and a Heritage Impact Assessment (HIA) on the grade 2 building should be conducted.

The primary objectives of this HIA are:

- To identify possible impacts to the historic fabric of Block M of Kowloon Hospital according to the proposed refurbishment proposal.

- To identify mitigation measures to alleviate adverse impacts to significant fabric according to the proposed refurbishment proposal.

- To assess the overall effects on the significant fabrics upon implementation of the mitigation measures.

This report starts with an executive summary of the study. The Conservation Management Plan follows which covers research on historical, architectural and physical aspects of the building and the Statement of Cultural Significance. Issues affecting decision-making of the policies are identified, and policies on the conservation, management and maintenance are then established.

The future use of the building and its corresponding consequence in affecting the historic fabric and possible impacts are studied. The mitigation measures are then developed to alleviate effects of adverse impacts. They are presented in the HIA table in the last section.

2.3 Methodology

The assessment of impacts and proposal of mitigation measures in this report refers to the Guidance Notes for Assessment of Impact on Sites of Cultural Heritage in Environmental Impact Assessment Studies for compliance of Environmental Impact Assessment Ordinance (Cap.499) and Guidelines for Built Heritage Impact Assessment issued by AMO on 16 May 2008.

Since specific future uses have been identified for Block M of Kowloon Hospital, impacts that may result in alteration and addition to significant fabrics are anticipated. The impacts will be identified according to the preliminary refurbishment proposal of the project. Drawings of the preliminary design are also attached in the report.

Mitigation measures will give priority to avoidance of impacts. Mitigation measures will be proposed to reduce the adverse impacts previously identified. The overall effects after application of mitigation measures will be assessed in four levels: *High, Medium, Low and Neutral*.

The proposed implementation plan of the mitigation measures will then be included.

2.4 Authorship

The heritage conservation consultancy team will be led by Architect of the project: **Chau Lam Architects & Associates Architects & Engineers (H.K.) Ltd**. The key personnel are listed as follow:

- TANG, Man Kit Joseph (Project Leader)
- KIRKWOOD, Tain

The heritage conservation consultancy team will be supervised by Heritage Advisor:

- Dr. DISTEFANO, Lynne

The heritage conservation consultancy for Block M, Kowloon Hospital will be undertaken by **China Point Consultants Limited**. The key personnel in the research and preparation of the HIA report are listed as follow:

- TSE, Ching Kan Curry
- YU, Ka Sing
- CHAN, Shuk Wa Hebi

2.5 Definitions

Site or The Historic Building refers to Block M of Kowloon Hospital at 147A Argyle Street, Mong Kok, Kowloon. The location is shown in the "HIA Study Area" on page 7 of this report.

The following definitions have been reproduced from *The Burra Charter: The Australia ICOMOS Charter for Places of Cultural Significance 1999* as follows:

Cultural significance means aesthetic, historic, scientific, social or spiritual value for past, present or future generations.

Fabric means all the physical material of the *place*, including components, fixtures, contents, and objects.

Conservation means all the processes of looking after a *place* so as to retain its *cultural significance*.

Maintenance means the continuous protective care of the *fabric* and *setting* of a *place*, and is to be distinguished from repair. Repair involves *restoration* or *reconstruction*.

Preservation means maintaining the *fabric* of a *place* in its existing state and retarding deterioration.

Restoration means returning the existing *fabric* of a *place* to a known earlier state by removing accretions or by reassembling existing components without the introduction of new material.

Reconstruction means returning a *place* to a known earlier state and is distinguished from *restoration* by the introduction of new material into the *fabric*.

Adaptation means modifying a *place* to suit the existing *use* or a proposed use.

Setting means the area around a *place*, which may include the visual catchment.

Interpretation means all the ways of presenting the *cultural significance* of a *place*.

Place means site, area, land, landscape, building or other work, group of buildings or other works, and may include components, contents, spaces and views.

Use means the functions of a place, as well as the activities and practices that may occur at the place.

2.6 Limitations

Desktop research was undertaken in the preparation of this Heritage Impact Assessment Report. The extensive use of previous reports, archival document and maps was accepted as an efficient way of producing a document with updated information.

The Heritage Impact Assessment was carried out within the context of existing agreements on the refurbishment proposal for Block M at Kowloon Hospital.

The future uses and arrangement of the building for identification of impacts is based by the schedule of accommodation agreed with Hospital Authority. This may be subject to change due to the rescheduling and change of requirements and standards.

3 UNDERSTANDING THE SITE

3.1 Description of Kowloon Hospital

Kowloon Hospital is located at 147A Argyle Street, Mong Kok, Kowloon. The site is on a hill bounded by four vehicular roads: Prince Edward Road West (太子道西) to the north, Argyle Street (亞皆老街) to the south, Waterloo Road (窩打老道) to the west and Lomond Road (露明道) to the east.

Kowloon Hospital is the first government hospital in Kowloon. It comprises of a group of buildings spreading from the junction of Argyle Street and Waterloo Road to uphill where most of the hospital blocks located.

Throughout the years Kowloon Hospital has undergone continuous development. New hospital blocks were added to the landscape bit by bit and some old hospital blocks were gone to make way for new buildings. Yet quite a number of old hospital blocks survived until today. They are well-maintained and had been graded as historic buildings between 2009 and 2010. These buildings together formed a historic complex of significant heritage values.

In this section, the evolution of Kowloon Hospital, especially the history of Block M, will be summarized to provide an understanding of the historic Block M and as a basis for this HIA.

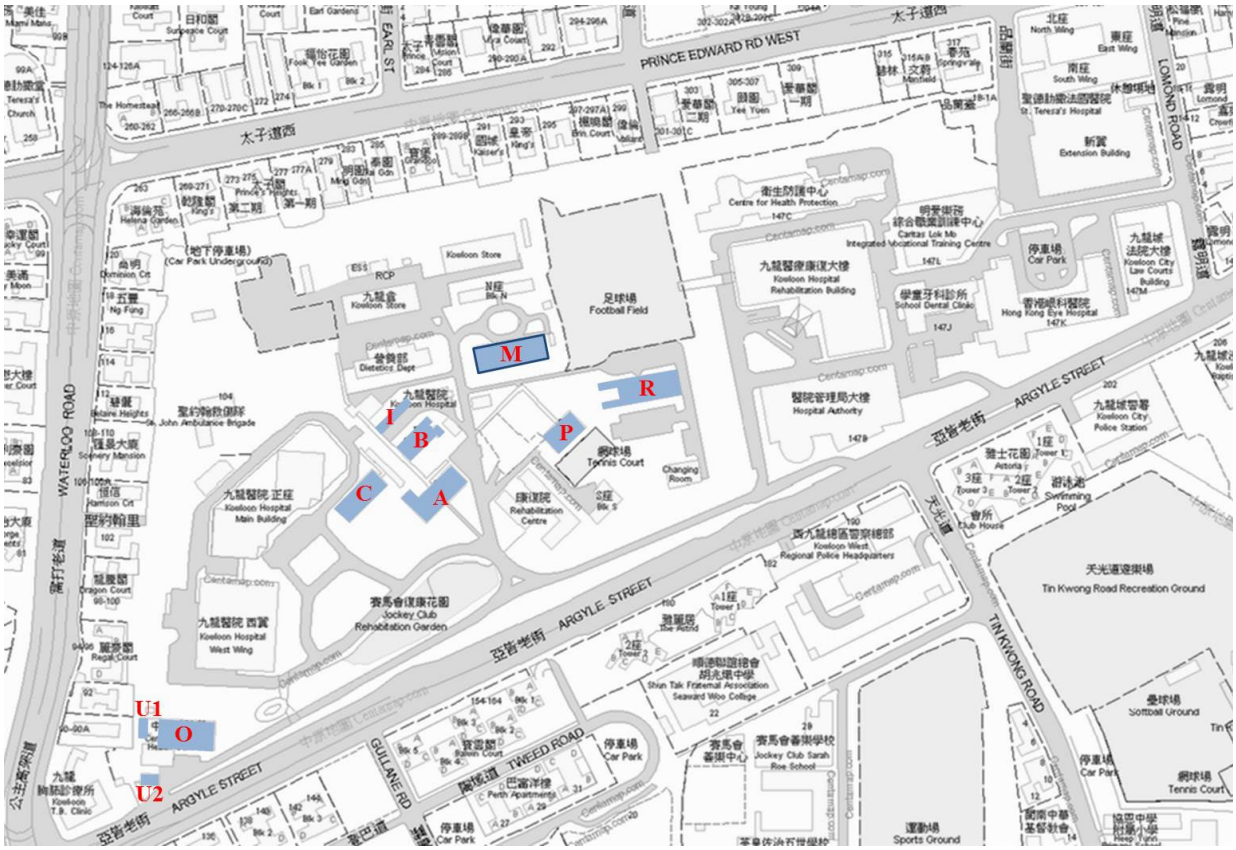


Fig.1 Location map shows the graded historic buildings in Kowloon Hospital
(Source: Google map, 2012; edited by Hebi Chan)

Buildings	**Completion Year**	**Grading (Accorded Year)**	**Index no.**
Outpatient Block	1935	Grade 2 (2009)	O
Utility Building	1945	Grade 3 (2010)	U1
Utility Building	1945	Grade 3 (2010)	U2
Block A	1925	Grade 2 (2009)	A
Block B	1925	Grade 2 (2009)	B
Block C	1934	Grade 2 (2009)	C
Block M	**1932**	**Grade 2 (2009)**	M
Block P	1934	Grade 2 (2009)	P
Block R	1934	Grade 2 (2009)	R
Isolation Block	1938	Grade 2 (2009)	I

Table.1 List of graded historic buildings in Kowloon Hospital
(Source: The Geographic Information System on Hong Kong Heritage, 2012; amended by Hebi Chan)

3.2 Historic Development

3.2.1 The Establishment of Kowloon Hospital

The voices for a public hospital in Kowloon were generally raised in the 1920 due to the increasing population of Kowloon Peninsula and thus resulting needs for hospital. According to the Government Administrative Reports, significant increase of population in Kowloon Peninsula was noticed between 1919 and 1920.[1] (Hong Kong Government AR, 1919 & 1920) Regarding the fact that there was no public hospital on the Kowloon side, an organization concerning the welfare of residents in Kowloon--- the Kowloon Residents' Association (hereafter K.R.A.) was formed in 1920 and pushed the Government for the erection of new hospital in Kowloon.

The Government invited K.R.A. to choose a site for the new hospital in May 1920 and decided upon the site chosen in September the same year (Hong Kong Telegraph, 1925.12.22). The site chosen for Kowloon Hospital is a hill to the west of Ma Tau Wai (馬頭圍), an area called Tai Shek Ku (大石鼓) in early years. The inviting tender for Kowloon Hospital gazetted on 20th October 1922 listed the work as 'construction of five blocks of buildings together with offices and outhouses, etc., at Tai Shek Ku'. Tai Shek Ku was generally referred to the areas where today's Kowloon Hospital and Kadoorie Hill (嘉道理山) situated. It was the development of Kadoorie Hill's properties that led to the extension of Waterloo Road to north, dissecting the hill into half. The hill to the west was then named as Kadoorie Hill (饒玖才, 2012) . Today, there is still a temple at Shan Tung Street (山東街) named as '大石古觀音廟', which was relocated from Tai Shek Ku in 1926. From a Kowloon map of 1947, we see that the area to the south of Kowloon Hospital was still referred as Tai Shek Ku.

[1] Around 17% increase of populations from 86,550 in 1919 to 104,000 in 1920

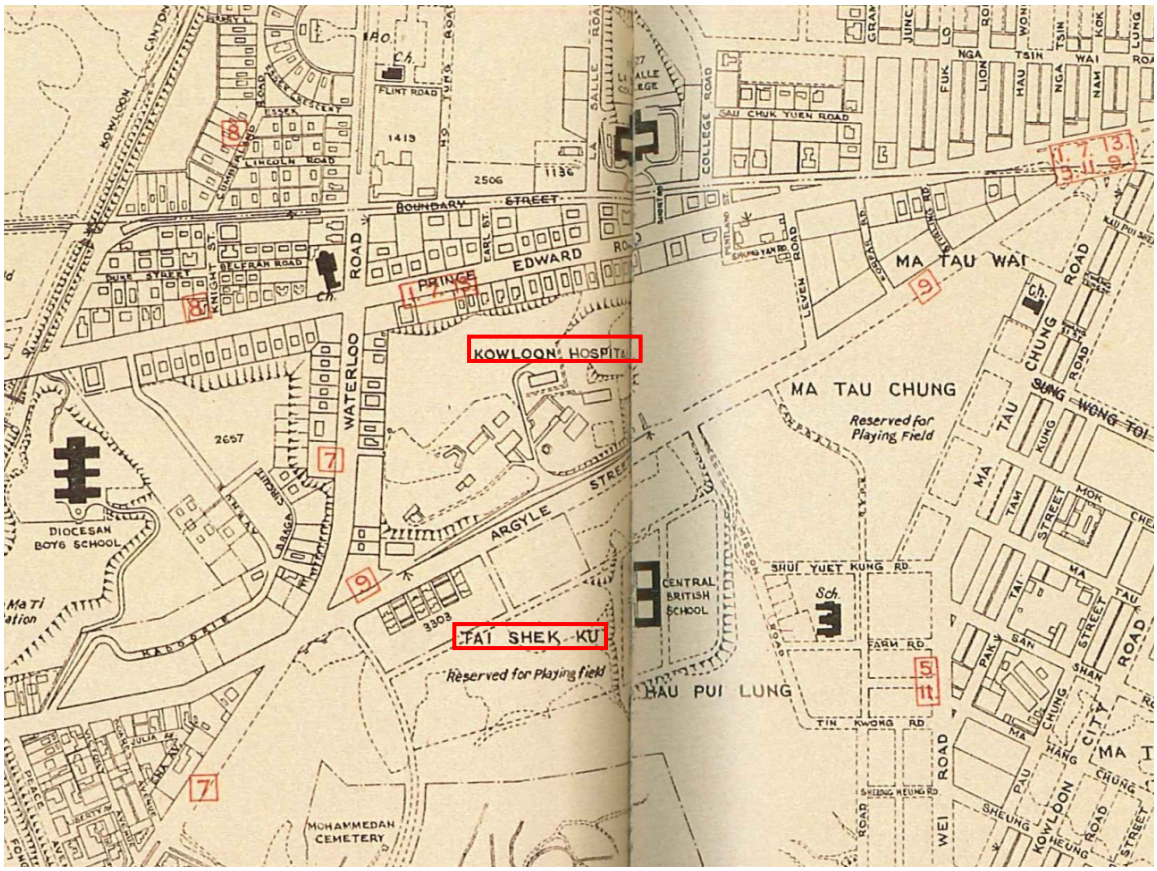


Fig.2 1947 map showing Tai Shek Ku in relation to Kowloon Hospital and Kadoorie Hill. (Mapping Hong Kong, 1992, pp.184-185)

It is imaginable that to build a hospital at top of a hill would not be an easy job. Although the location of the Hospital was already confirmed in late 1920, the actual construction work could not start until 1922. Hong Kong Daily Press reported the difficulty arose in the course of site formation as explained by Mr. Fletcher, the then Assistant Colonial Secretary:

> 'The site of the Hospital, which abutts on the 100-foot road from Sham Shui Po to Kowloon City, and also on the proposed reconstructed road to be cut from Ho Man Tin to Kowloon City, is, Mr. Fletcher explained, too high and it will become necessary considerably to raise the 50-foot road. Eventually, the Hospital will stand on ground some 70 feet above the road levels and a graded roadway to it will be built, thus permitting ambulance to be driven right up to the door. Mr. Fletcher pointed out to the Sub-Committee that it was this work of leveling down the site and the raising of the 50-ft. road which is causing delay. All this work is now in hand and it is expected that the first portion of the Hospital will be completed within two-and-a-half years.' (Hong Kong Daily Press, 1922.5.8)

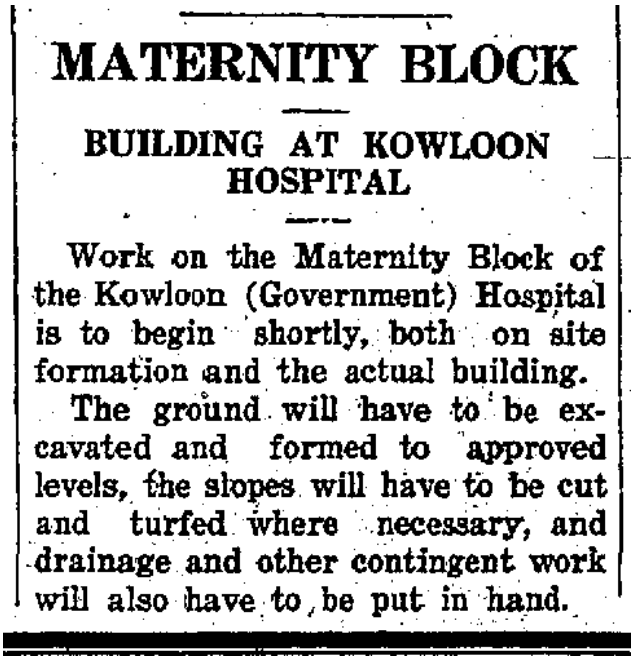
Kowloon Hospital was finally opened on 24 December 1925. Right before the opening, Dr. J.B. Addison, the Principal Civil Medical Officer at the time, described positively on the new Hospital as follow:

> '…there is everything a patient might require, the grounds are spacious, and the site an excellent one. In time the immediate surroundings will be properly developed into a pretty garden, with the planting of shrubbery. There is ample space for any future extensions which may be required, the blocks comprising the hospital buildings having been specially designed with this purpose in view.' (Hong Kong Telegraph, 1925.12.18)

However before the opening, K.R.A already expressed their disappointment for the delay and most importantly, the absence of maternity ward in the Hospital which they think obviously necessary to Kowloon residents (Hong Kong Telegraph, 1925.2.10).

3.2.2 Establishment of Block M and the Expansion of Kowloon Hospital

Kowloon Hospital continued to expand since its opening, and the construction of the long-awaited maternity block finally commenced in 1930 and opened on 1st April 1932. Unfortunately, the maternity block, in short, Block M, could not be used for the purpose it was built once completed. Instead it was used as a general block for female patients since the need for accommodation of general cases were so great.



MATERNITY BLOCK

BUILDING AT KOWLOON HOSPITAL

Work on the Maternity Block of the Kowloon (Government) Hospital is to begin shortly, both on site formation and the actual building.

The ground will have to be excavated and formed to approved levels, the slopes will have to be cut and turfed where necessary, and drainage and other contingent work will also have to be put in hand.

Fig.3 Newspaper reported the soon to be commenced construction of Block M.
(Source: China Mail, 1929.5.4)

The same year when Block M was opened, new construction continued to take place and the erection of three buildings were commenced, including C Block, a nurse hostel and a quarters for Assistant Medical Officers. (Hong Kong Government AR, 1932)

In the 1935 Government Administrative Reports, there was a brief description of the situation of Kowloon Hospital:

> 'This institute which is situated on an elevated site towards the base of the Kowloon Peninsula occupies a portion of a hospital reserve of 30 acres. This reserve will ultimately contain a five hundreds bed general hospital, a mental hospital and an infectious diseases hospital. The hospital is being built block by block as finances permit. At present it consists of three general blocks, a maternity block, an outpatients block, two sets of quarters for Medical Officers and two sets of quarters for Sisters and Nurses. There are 97 general beds and 34 maternity beds.'

From the above description, we could infer that at the time of 1935, Block M had already changed its function back to a maternity block containing 34 beds. On the other hand, there were 9 buildings in total, which 7 of them remained until today, except the two quarters for Medical Officers.

It is believed that Kowloon Hospital had once been used as Military Hospital during WWII. Unfortunately, information on this particular period of time is very limited.

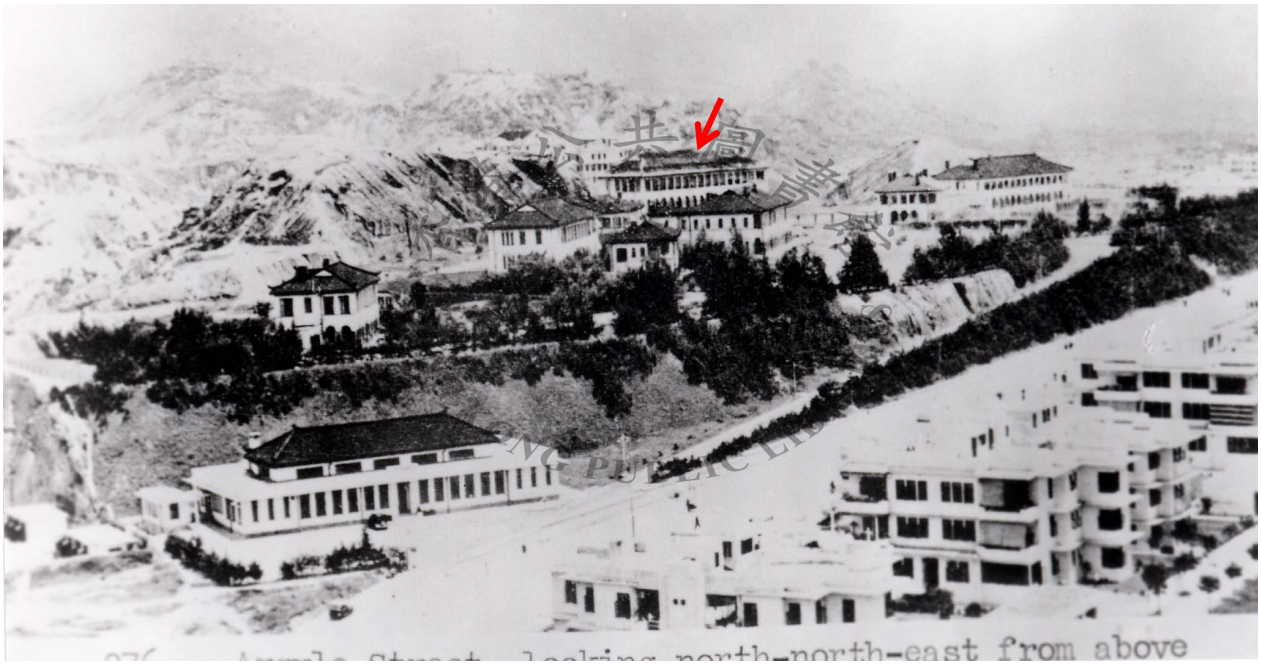


Fig.4 Kowloon Hospital along the Arygle Street in 1930s. We could see the Block M at the far middle. (Hong Kong Public Library, 1930)

3.2.3 Evolution of Kowloon Hospital and Block M

Kowloon Hospital had been expanding since its establishment in 1925 and become a complex of buildings. In early years, these buildings were built in scale with each others and were arranged in harmony with the landscape. If we refer to the 1949 aerial photo, we could see the nice configuration of the hospital blocks at that time.

A plan to establish a new Kowloon Hospital, i.e. Queen Elizabeth Hospital was put forward in mid-1950s, which the new hospital would replace Kowloon Hospital as the acute emergency hospital of Kowloon and New Territories. The idea to turn Kowloon Hospital into a tuberculosis hospital was started since then. A Government document titled 'Note for Public Works Sub-committee: Future Use of Kowloon Hospital Area' mentioned:

> 'The new Kowloon Hospital will be brought into use by stage, from early 1961 onwards, and an early decision is therefore required on the future use of the present Kowloon Hospital…The Director of Medical and Health Services proposes that the Hospital should become a surgical T.B. (tuberculosis) hospital; he considers that new ward block could be built to a greater height than at present, with ample space between blocks for patients and staff to exercise…' (Public Record Office, 1954, HKRS156-1-5230)

To match with such use as a tuberculosis hospital, construction of new hospital blocks started in early 1960s. Major building composing of three blocks, i.e. D, E and F Block, and a building composing of two blocks, i.e. G and H Block were added to the landscape. Kowloon Hospital started full-scale operation in its new role as a tuberculosis and convalescent hospital in 1964. It was used primarily as a subsidiary to the Queen Elizabeth Hospital for patients requiring convalescent nursing care and rehabilitation, while some beds were reserved for the care of tuberculosis patients.

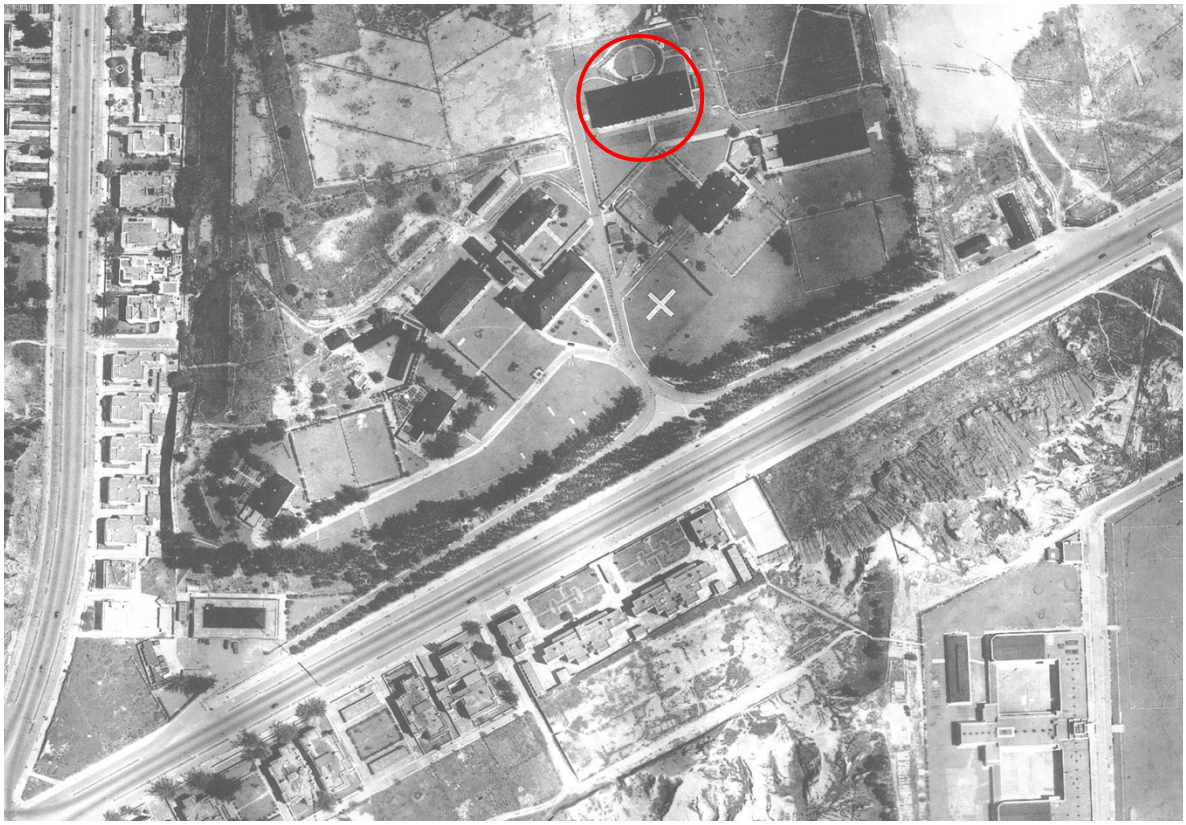


Fig.5 Aerial photo showing the configuration of Kowloon Hospital in 1949. Building circled in red is the Block M. MQ, SQ, GQ and MOR refers to medical officers quarters, servants quarters, gardeners quarters and mortuary respectively. All these buildings no longer exist today (marked in black).
(Source: Survey and Mapping Office, 1949)

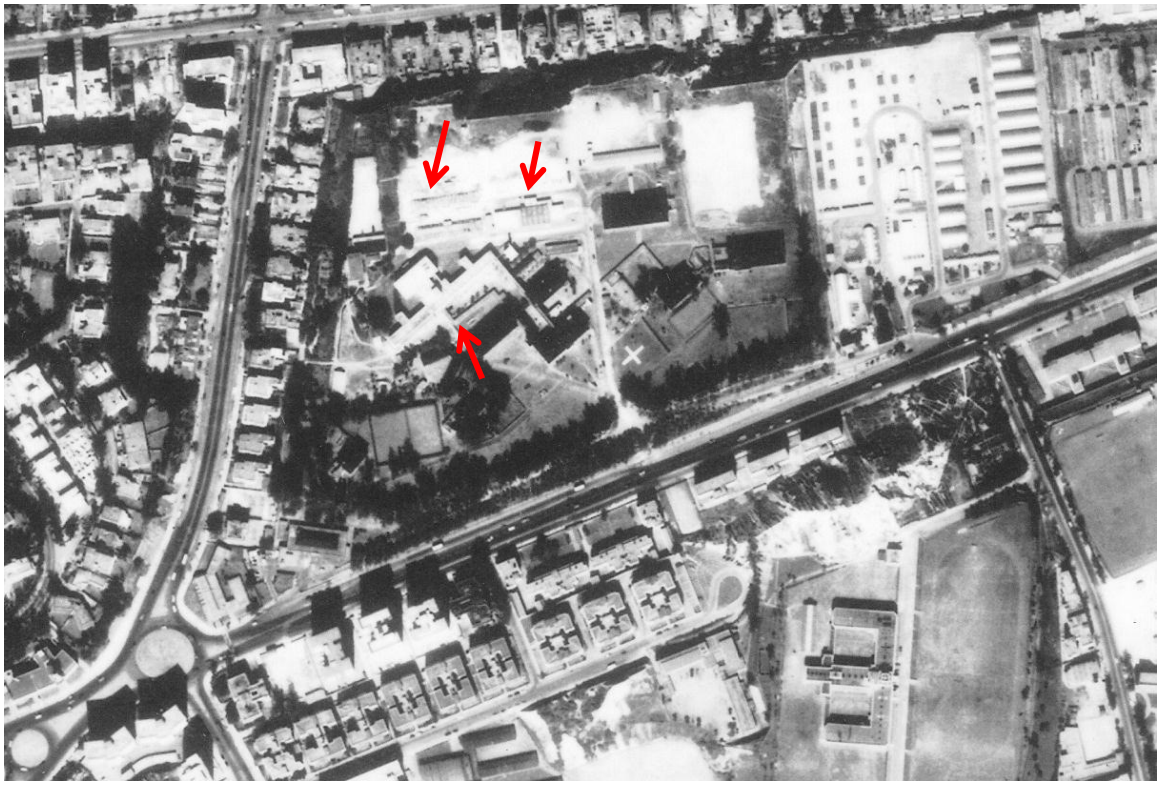


Fig.6 Aerial photo in 1961 shows a number of buildings under construction, including D, E, F, G, H Blocks and a kitchen. (Source: Survey and Mapping Office, 1961)

According to 工商日報 dated 29 March 1964, apart from being a tuberculosis hospital, part of the Kowloon Hospital would also be used as a 'training centre for assistant nurses'[2].

With reference to the record plan of Block M after 1964/65 rehabilitation, the ground floor and the first floor of Block M was further divided into M1 & M2 respectively. Although the actual use of Block M after 1964 could not be ascertained, some space at the first floor had once used as 'Nurses Lecture Room'.

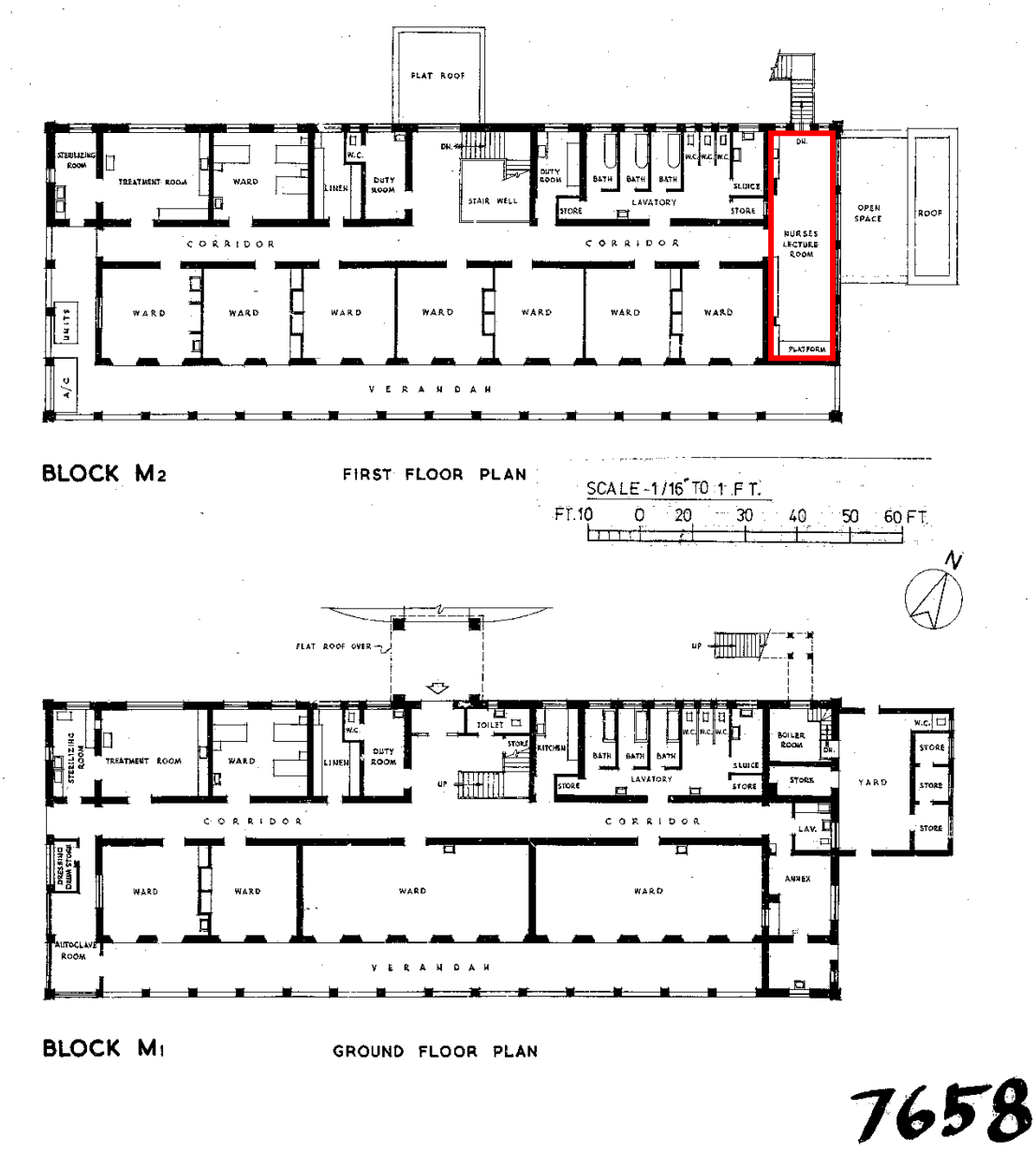


Fig.7 Record Plan after 1964/5 rehabilitation. Room outlined in red was the Nurses Lecture Room. (Source: Hospital Authority, 1965)

[2] In Chinese it was referred to 訓練輔助護士中心.

Kowloon Hospital continued to expand in late 1960s that a Nursing School and a new wing, the West Wing were built in 1969. The relatively high-rise development caused abrupt change of the harmonious ambience of Kowloon Hospital.

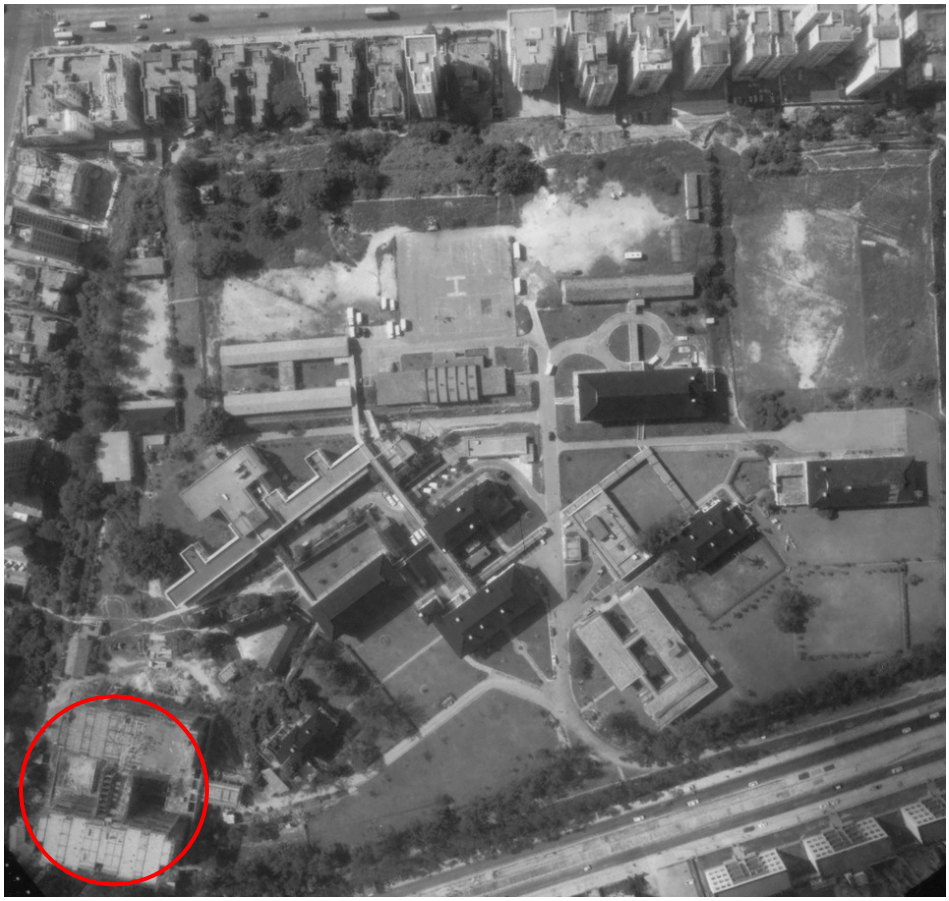


Fig.8 1969 aerial photo shows the construction of West Wing in progress. The building is relatively high comparing to the old hospital blocks. (Source: Survey and Mapping Office, 1969)

In 1982, the first Prosthetic & Orthotic School was established in Kowloon Hospital, which later developed into the Department of Rehabilitation Sciences of Hong Kong Polytechnic University. Block M was once used to house the School for Prosthetic & Orthotic from 1991 to 2000[3].

More recent development of Kowloon Hospital was the construction of Rehabilitation Building and the Main Building that were completed in 2000 and 2002 respectively. Some of the blocks were demolished to make way for the Main Building. With their completion, most of the daily operations were transferred and concentrated at these two buildings. The other hospital blocks are thus mainly used as supporting facilities.

[3] According to the information provided by Hospital Authority, Block M had been used as the School for Prosthetic & Orthotic from 1991 to 2000. As the School was established since 1982, it is inferred that the School was probably located somewhere else before 1991.

Fig.9 1998 aerial photo shows the Rehabilitation Building in completion stage (in blue circle) and the foundation of Main Building (in red circle). (Source: Survey and Mapping Office, 1998)

A timeline summarizing the development of Kowloon Hospital and Block M:

Year	Kowloon Hospital	Block M
1925	▪ Establishment of Kowloon Hospital ▪ Completion of - Block A and - Block B	
1932		▪ Completion of Block M
1934	▪ Completion of - Block C - Block P (Sisters Quarters) and - Block R (Nurses Quarters)	
By 1935	▪ Completion of - 2 Medical Officers Quarters and - Outpatients Block	
Between 1935 to 1949	▪ Completion of - Isolation Block - Servants Quarters - Gardeners Quarters and - Mortuary	
1964	▪ Operated as a tuberculosis and convalescent hospital ▪ Part of the Kowloon Hospital were used as a 'training centre for assistant nurses'	
1969	▪ Completion of - Nursing School and - West Wing	
1991	▪ Hospital Authority took over management of Kowloon Hospital	
1991-2000		▪ Used as School for Prosthetic & Orthotic
2000	▪ Completion of Rehabilitation Building	
2002	▪ Completion of Main Building	

3.3 Management Regime

During the early years, Kowloon Hospital was managed by its own hospital board. It went under the management of Hospital Authority in 1991.

The conservation and development works of the hospital are now monitored by Hospital Authority.

3.4 Current Physical Conditions

General condition of Block M of Kowloon Hospital was checked by visual site inspection.

Block M has always been pretty well managed by periodic up-keeping and general cleaning.

No serious leakage problem is found for the roof. However it is noted from the colours of the roof that the roof has been repaired for several times, and the existing water-proofing membrane is breaking down.

The external walls, verandahs and windows demand conservation treatment. Paint at the external walls has been substantially peeled off. At the verandahs, the grey gauged bricks of the column shaft of arches are disintegrating. Some cracks are found at the red tile sill and grey gauged brick and red brick trimming at window and door openings.

Most of the previous alteration to the internal spaces is due to a changes in function thus the provision of new furniture such as shelves and cabinets for the new uses.

A thorough building condition survey is recommended to identify all defects so that they can be handled in the next maintenance work programme.

4 ASSESSMENT OF CULTURAL SIGNIFICANCE

4.1 Criteria of Assessment

The principles and methodology of assessing the cultural significance of Block M, Kowloon Hospital are directly based on procedures laid out in two internationally accepted publications: the *Australia ICOMOS Burra Chater* (1999) and *The Conservation Plan, 7th Edition* (2013).

The concept of 'cultural significance' embraces the cultural heritage values of heritage places to the community, which cannot be expressed in financial terms alone. Assessment of cultural significance endeavors to establish why such a place is considered important and valued by the community. Significance, therefore, is embodied in the fabric of the place, including the setting, the records associated with the place and the response that the place evokes in the community.

Significance is normally evaluated or expressed through the preparation of 'Statement of Significance' which answers the questions 'Why is this site important?' Sections below identify the cultural significance for Block M, Kowloon Hospital in this format. The assessment is intended to enable decisions on the future management of Block M as a heritage place. The objective is to ensure that the cultural heritage values of the place is understood so that future decisions do not destroy the places' significance but continue to conserve it for future generations.

With reference to the *Burra Charter*, the cultural significance of a heritage place is assessed under the categories of historic, social and aesthetic values. Since Block M is one of the buildings within a historic complex, its heritage value as a group will also be assessed in this case.

4.2 Statement of Significance

4.2.1 Historical Value

Built in 1932, Block M is one of the early-built hospital blocks in Kowloon Hospital. It together with Block A, B and C were the major ward blocks that provided services for Kowloon's residents in early years. The establishment of Kowloon Hospital illustrated the expanding population in Kowloon Peninsula in the 1920s and the social needs of medical services as a result. Block M, the maternity block that was seriously in demand at that time, reflected the inadequacy of such provision in the society. The change of Kowloon Hospital into a tuberculosis and convalescent hospital in the mid-1960s and the subsequent change of use of Block M due to the opening of Queen Elizabeth Hospital help to present the development of medical services in Hong Kong as a whole.

4.2.2 Aesthetic Value

Block M is believed to have been built in 1932. It is a two-storey building constructed in rectangular plan with a central corridor and wards on one side and toilets, kitchens, service rooms and staircases on the other side. There are open colonnaded and arcaded verandahs on the south elevation at ground floor and first floor level.

The external appearance of Block M is very similar to Blocks A, B and C of Kowloon Hospital, with rendered and painted walls and a Chinese tiled hipped and pitched roof. Grey gauged brickwork is used for the ground floor verandah columns and to trim the window openings and first floor verandah parapet Canton tile trimming. Windows are generally steel framed units divided into small glazing squares. The projecting eaves are supported by ornamental brackets and the gutters drained by exposed rainwater downpipes. The "cow's horn" curling ends to the ridge and corners give the roof an oriental appearance. The architectural style of Block M is the same as Blocks A, B and C, basically Classical Revival with Arts and Crafts and Chinese influences.

This style of architecture is quite rare in Hong Kong. As one of the blocks to be built in the 1930s, Block M has individual architectural merit as well as group value. The internal space and the exterior apart from window mounted room coolers and surface mounted conduit, has not been altered too much and retains much of its original authentic appearance.

4.2.3 Social Value

Being the only government hospital in Kowloon in early years, Kowloon Hospital played an important role in the provision of medical services to the local community. Although the opening of Queen Elizabeth Hospital in the mid-1960s had replaced it as the acute emergency hospital, it remained significant as a tuberculosis and convalescent hospital after conversion. Block M, being part of the Kowloon Hospital, and more importantly as a maternity block greeting new arrivals, made it especially memorable for some individuals.

4.2.4 Group value

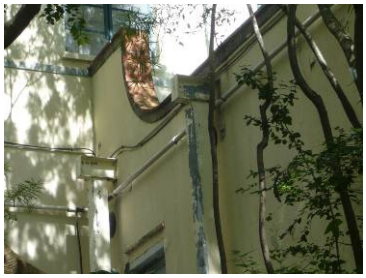
There are a total of ten graded historic buildings, including Block M, within Kowloon Hospital that together formed a historic complex of significant heritage values. It is also physically close to a number of historic buildings, namely the St. Teresa's Church (Grade 1), King George V School (Grade 2), Tang King Po School (Grade 3), Main Building and St. Clare Chapel of Heep Yunn School (Grade 3) and Ma Tau Kok Animal Quarantine Depot (Grade 2).

4.3 Significant Features

Significant Features	Levels of Significance	Photos
EXTERIOR		
North Elevation (facing Block N)		
▪ "Cow's horn" curling ends to the ridge and corners of hipped and pitched roof	Exceptional	
▪ Entrance porch with square-section columns and flat cover with flat projecting eaves		
▪ Red tiled sill to window openings ▪ Grey gauged brick and red brick trimming at window and door openings		
▪ Grey gauged brick trimming and red tile coping at curved parapet wall at the East end		
		

Significant Features	Levels of Significance	Photos
EXTERIOR (cont.)		
North Elevation (facing Block N) (cont.)		
▪ Chimney	High	
▪ Chinese tiled hipped and pitched roof with projecting eaves supported by ornamental brackets ▪ Rendered and painted external walls painted in cream colour with grey skirting ▪ Arrangement of window openings (rectangular)		
▪ Steel framed windows painted in dark green and divided into small glazing squares		
▪ Granite slab pavement at entrance porch		
▪ Gutters drained by exposed cast iron rainwater downpipes painted in dark green	Moderate	

Significant Features	Levels of Significance	Photos
EXTERIOR (cont.)		
South Elevation		
▪ "Cow's horn" curling ends to the ridge and corners of hipped and pitched roof	Exceptional	
▪ Open colonnaded and arcaded verandahs on the G/F and the 1/F		
▪ Arches with grey gauged brickwork column shaft and granite base at the verandah on the G/F ▪ Granite threshold stone at the verandah on the G/F		
▪ Grey gauged brick and red Canton tile trimming at parapet wall of 1/F verandah		
▪ Red tile sill at window openings ▪ Grey gauged brick and red tile trimming at window openings		

Significant Features	Levels of Significance	Photos
EXTERIOR (cont.)		
South Elevation (cont.)		
▪ Grey gauged brick trimming and red Canton tile trimming at parapet wall and door opening at East end	Exceptional	
▪ Chimney ▪ Chinese tiled hipped and pitched roof with projecting eaves supported by ornamental brackets ▪ Rendered and painted external walls in cream colour with grey skirting ▪ Arrangement of window and door openings ▪ Steel framed glass window and doors painted in dark green and divided into small glazing squares ▪ Use of obscured and patterned glass at lower portion of glass doors ▪ Use of transparent glass at upper portion of windows	High	
▪ Painted and plastered brick parapet wall at G/F verandah		
▪ White timber false ceiling at verandah of 1/F		

Significant Features	Levels of Significance	Photos
EXTERIOR (cont.)		
South Elevation (cont.)		
▪ External staircase with Shanghai plaster parapet wall	High	
▪ Metal hooks for securing stings of blinds at parapet wall of 1/F verandah	Moderate	
▪ Gutters drained by exposed cast iron rainwater downpipes		
▪ Steel columns acting as structural reinforcement	Intrusive	

Significant Features	Levels of Significance	Photos
EXTERIOR		
East Elevation		
▪ "Cow's horn" curling ends to the ridge and corners of hipped and pitched roof ▪ Circle motif at the triangular vertical surface ▪ Red brick sill to window openings ▪ Grey gauged brick and red tile trimming at window openings	Exceptional	
▪ Open colonnaded and arcaded verandahs on the 1/F		
▪ Chinese tiled hipped and pitched roof with projecting eaves supported by ornamental brackets ▪ Chimney	High	
▪ Rendered and painted external walls in cream colour with grey skirting ▪ Arrangement of window openings ▪ Steel framed windows (rectangular) painted in dark green and divided into small glazing squares ▪ Use of obscured and patterned glass at lower portion of windows ▪ Use of transparent glass at upper portion of windows		 

Significant Features	Levels of Significance	Photos
EXTERIOR (cont.)		
East Elevation (cont.)		
▪ Gutters drained by exposed cast iron rainwater downpipes	Moderate	
▪ Aluminium windows at the East end on the G/F, installed when the portion was used as overnight room.	Low	
▪ Exhaust duct hoods ▪ Reinforcement steel I-beams	Intrusive	
▪ Steel columns acting as structural reinforcement		

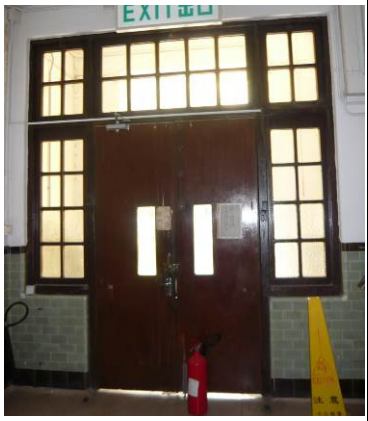
Significant Features	Levels of Significance	Photos
EXTERIOR (cont.)		
West Elevation		
▪ "Cow's horn" curling ends to the ridge and corners of hipped and pitched roof ▪ Circle motif at the triangular vertical surface of roof ▪ Red tile sill to window openings ▪ Grey gauged brick and red tile trimming at window openings	Exceptional	
▪ Chinese tiled hipped and pitched roof with projecting eaves supported by ornamental brackets	High	
▪ Open colonnaded and arcaded verandahs on the 1/F ▪ Arches with grey gauged brickwork column shaft and granite base at the verandah on the G/F ▪ Arrangement of archway and window openings ▪ Rendered and painted external walls in cream colour with grey skirting		
		
▪ Steel framed windows (rectangular and arched windows) painted in dark green and divided into small glazing squares ▪ Use of obscured and patterned glass at lower portion of windows ▪ Use of transparent glass at upper portion of windows		

Significant Features	Levels of Significance	Photos
EXTERIOR (cont.)		
West Elevation (cont.)		
▪ External staircase with Shanghai plaster parapet wall		
▪ White timber false ceiling in grid at verandah on 1/F		
▪ Gutters drained by exposed cast iron rainwater downpipes	Moderate	

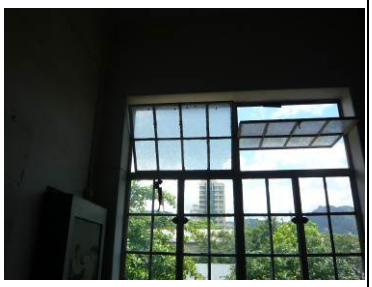
Significant Features	Levels of Significance	Photos
INTERIOR		
Ceiling, Entrance Lobby, Grand Staircase and Corridor		
▪ White painted false ceiling in grid with ventilation holes above grand staircase and all of the rooms on the 1/F	Exceptional	
▪ Timber false ceiling painted in white on the 1/F	High	
▪ Decorative plastered moulding at edges of timber false ceiling on the 1/F		
▪ Curved corned ceiling on the G/F		
▪ Grand staircase with metal railing and timber coping, and circular timber railing.		

Significant Features	Levels of Significance	Photos
INTERIOR (cont.)		
Wall Finishes		
▪ Ceramic wall tiles of brown and tinted green colours in public area, and of ivory and black colours in wet zones	High	 
▪ Emulsion paint in white	Moderate	
Floor Finishes		
▪ Old timber flooring in ward zones with plaster skirting painted in dark brown	High	
▪ Terrazzo flooring in wet zones and public area		

Significant Features	Levels of Significance	Photos
INTERIOR (cont.)		
Floor Finishes (cont.)		
▪ Granolithic floor finish at verandahs	High	
▪ Cement sand flooring in the interior	Moderate	
▪ Vinyl flooring in tiles or roll form	Low	
▪ New timber flooring		
▪ Tiles to pave the intervened floor for condensate pipes at verandahs	Intrusive	

Significant Features	Levels of Significance	Photos
INTERIOR (cont.)		
DOOR		
▪ Timber doors painted in brown (except modern ones e.g. main entrance doors) and associate windows and accessories ▪ Fanlights (pivoted ventilation glass panels or fixed timber framed glass panel) above door openings ▪ Ironmongery of doors (except modern ones)	High	   

Significant Features	Levels of Significance	Photos
INTERIOR (cont.)		
Doors (cont.)		
▪ Lettering (in Chinese and in English) painted on timber doors indicating the room nos. and past functions	High	
▪ Steel frames of glass doors painted in white ▪ Use of clear glass at upper, and patterned and obscured glass and lower portion		
▪ Curtain pelmet	Moderate	
▪ Name card slot	Low	
▪ Air-conditioners	Intrusive	

Significant Features	Levels of Significance	Photos
INTERIOR (cont.)		
Windows		
▪ Steel frames of glass doors painted in white ▪ Use of clear glass at upper, and patterned and obscured glass and lower portion	High	
▪ Side hung and pivoted windows		
▪ Ironmongery (except modern ones) ▪ Curved edges of wall openings for windows		
▪ Green terrazzo window sill with grey brick trimming		
▪ Air-conditioners	Intrusive	

Significant Features	Levels of Significance	Photos
INTERIOR (cont.)		
Others		
▪ Wardrobe and wash basin cupboards	High	
▪ Terrazzo working bench at Room 113	Moderate	
▪ Cupboards at Room 108, former delivery room on the 1/F		
▪ Skylight covering the original yard at East end	Intrusive	

5 OPPORTUNITIES AND CONSTRAINTS

5.1 Introduction

This section will set out the opportunities and constraints facing the Site. There are benefits that the Site can gain through its conservation. Simultaneously, there are existing and potential problems that need to be solved in order to find a long-term sustainable future of the Site.

5.2 Requirements arising from Cultural Significance

The Burra Charter (1999) is accepted by Antiquities and Monuments Office of HKSAR Government as the main guide to conservation work and practices. It provides detailed principles for the formulation of conservation policy.

The Articles of the Burra Charter set out the obligations for conservation policy for cultural significance site and have been used in the conservation policies for Block M, Kowloon Hospital.

The following are relevant articles:

- Continuing security and maintenance of significant items should be safeguarded which is an integral part of good management of places of cultural significance. (Articles 2)
- All conservation work should involve minimum interference to the existing fabric. Conservation is based on a respect for the existing fabric, use, associations and meanings. It requires a cautious approach of changing as necessary but as little as possible. (Article 3)
- All the knowledge, skills and disciplines which can contribute to the study and care of the place should be employed. (Article 4)
- The visual setting including the form, scale, colour, texture and materials for significant items must be maintained and no new construction or other action which detracts from the heritage value of the item should occur. (Article 8)
- Contents, fixtures and objects which contribute to the cultural significance of a place should be retained at that place. (Article 10)
- New work that does not distort or obscure the cultural significance of the place may be acceptable. They should be readily identifiable as such. (Article 22)
- Existing fabric should be recorded before disturbance occurs. (Article 27)
- Disturbance of fabric may occur in order to provide evidence needed for the making of decisions on the conservation of place. (Article 28)
- Appropriate direction and supervision should be maintained at all stages of the work. (Article 30)

- A record should be kept of new evidence and for future decisions. (Articles 27, 31 & 32)
- Fabric of cultural significance already or subsequently removed should be kept in a secure repository. (Article 33)
- Adequate resources should be provided for conservation. (Article 34)

The proposed works when carried out in accordance with the above listed articles should yield satisfactory results and guarantee a sustainable conservation. The implementation of these articles would however require considerable resources not limiting to the input and supervision from professional consultants with expertise in conservation works, but also involvement of stakeholders. In addition specialist contractor with relevant job experience should be employed to carry out the works.

5.3 Historical Fabric as Good Devices for Interpretation

The existing partitioning at former ward that is composed of cupboards with wardrobes and wash basins coveys the oldest and longest use of Block M as Maternity Block, so are the furniture that were introduced for the new use in the past. They provide good evidence of the history of the Block. However keeping all of these historic fabrics may prevent an efficient use of space for the future.

5.4 Appropriate New Use will Enrich the Site's Significance

In view of the Site's significance mentioned in previous section of this CMP, a new use compatible to the Site is essential for its sustainable future. Once a new use that is considered appropriate for the Site is chosen, a proper balance shall be struck between the preservation of historic fabric and the intervention necessary for the serving of the new use.

5.5 Improvement to the Site

In this renovation, intervention to the physical fabric and upgrading of building services systems would be carried out at the Site. It is understood that the said works is piece-meal and would be carried out by different sub-contractors and at different timeframe. Future works must be based on conservation plan and guidelines specified in this CMP. The new services system would improve the energy efficiency and building safety of the site. The project should be seen as an opportunity to demonstrate conservation best practice.

5.6 Enhanced Group Value of Historic Buildings

Block M of Kowloon Hospital is very similar in the external appearance, materials, treatment of Blocks A, B, C and R. The three blocks have been renovated and adaptively reused and their experience can provide valid reference for the conservation of Block M. The block will accommodate a new use after the works and reserve the community together with the other historical buildings within Kowloon Hospital.

6 CONSERVATION PRINCIPLES AND GUIDELINES

6.1 Introduction

The conservation policies and guidelines intend to provide a guide to the conservation and retention of the cultural significance of Block M, Kowloon Hospital. The policies outline courses of action that should be followed and considered in the long term use and care of and the preparation of maintenance plans for the building.

6.2 Conservation Principles

The following fundamental principles provide the essential guiding aims for the building that should be adopted by the manager, future owner and the Antiquities and Monuments Office, Leisure and Cultural Services Department, HKSAR Government.

Principle 1 The Statement of Cultural Significance should be accepted as one of the bases for future planning and conservation works of the building.

Principle 2 The future conservation and development of the place should be carried out in accordance with the principles of the Australia ICOMOS charter for the conservation of places of cultural significance (the Burra Charter).

Principle 3 The approach and options recommended for the conservation of specific fabric, spaces and qualities of the place should be endorsed by all parties and stakeholders as a guide for future work. The recommendations should be related to the principles of the Burra Charter.

Principle 4 Uses for areas of exceptional and high significance should only be developed in such a way that the character and significance of these areas are not to be compromised.

Principle 5 Future development should avoid or minimize adverse effect on the quality of the surrounding precinct of the site of cultural significance.

6.3 Conservation Guidelines

Conservation guidelines set out here reflect the vision and philosophy articulated by the principles above. The proposed renovation works should be conducted in accordance with these guidelines. Any person not familiar with the Site and its heritage values should refer to the corresponding sections stated in this HIA as well as supplementary plans and specifications prepared by an architectural conservationist.

The visions of these conservation guidelines for the Site are: -

- Protection and enhancement of the values and significance of the Site as basis for the proposed intervention
- Seeking balance between conservation and new use of the Site to create a sustainable heritage place

Guideline 1: The Site shall be recognized as a heritage place of cultural significance with attributes contributed by its historic, social and architectural values.

Block M, Kowloon Hospital is a heritage place of cultural significance that is demonstrated in the assessment in the previous section of this HIA. It should be formally acknowledged by those responsible for the Site and works. Ensure that the future managers, operators and users of the Site recognize and understand that under their control, enjoyment and use. In addition they should aware of their roles, duties and responsibilities. There should be constant consultation amongst them to ensure that there is balance of objectives, expectations and priorities. Review the guidelines for the Site before the transfer of management or maintenance agents. Make sure the management and maintenance of the heritage place will be implemented and monitored in full.

Guideline 2: To observe and apply the conservation principles and practices of internationally acclaimed and recognized charters and guidelines for places of cultural significance and historic environment.

The principles and guidelines stipulated in Burra Charter (1979, revision of 1999), Principles for the Conservation of Heritage Sites in China (2003), Conservation Principles, Policies and Guidance for the Sustainable Management of the Historic Environment (2008), Standards and Guidelines for the Conservation of Historic Places in Canada (2010), but not limited to the above-mentioned, shall form the foundation for the management of Block M, Kowloon Hospital. Such practice will bring the Site into line with widely accepted conservation standards.

Guideline 3: To render the heritage place healthy and safe for occupation and enjoyment by thorough planning to handle potential risks.

The regime of risk preparedness starts with compliance with all regulations related to health and safety, fire, structure; inspection and maintenance of mechanical equipment; checking of the presence of asbestos and termite; control of people movement, provision of barrier-free access etc. Ensure periodic inspections of the building and electrical and mechanical systems be conducted. Performance of the building should also be constantly reviewed.

Guideline 4: To carry out appropriate works corresponding to the level of significance of individual historic fabric specified in this document.

The level of significance given in Section 4.3 of this HIA represents a sound analysis and assessment of individual historic fabric based on the evidence gathered. Ensure that the level of significance shall form the basis for the determination of appropriate works and action

Guideline 5: To achieve a sustainable conservation practice by maximum reversibility, minimum intervention, reuse of salvaged materials and immediate treatment of endangered fabric.

Proposed building works shall aim at enhancing the significance of the heritage place through maximum reversibility and minimum intervention. Ensure that only works that are necessary to be carried out. Salvage existing materials that are removed or demolished due to the renovation for possible reuse as far as possible. They shall be disposed only after confirmation by conservation architect. In the course of the inspection where damage or deterioration of the heritage fabric is identified, immediate repair or treatment is recommended.

Guideline 6: To allow new development only outside the historic building boundary of the Site.

Only new development of essential needs for the on-going service of the heritage building is allowed. It should occupy an area outside the heritage boundary and with least physical impact and visual impact to the preservation and appreciation of the historical place. It should also be subjected to a heritage impact assessment exercise.

Guideline 7: To preserve the setting of the Site as far as possible.

When new development of essential needs is to be proceeded with, it should minimize the impact to the setting of the site. Ensure the ambience could be preserved. Existing trees, slopes, external staircases etc. that are found outside of the historical building boundary have to be protected as far as possible.

Guideline 8: To extend the conservation of significant fabrics to the conservation of current interventions for a holistic and complete heritage protection exercise

When funding is available, there should be an attempt to replace unsightly building works and intrusive building services that had been installed consideration of the heritage attributes of the monument. Inappropriate interventions carried out in the past could be treated with innovation to demonstrate the care of the historic fabric.

Guideline 9: To ensure that the Site is documented thoroughly prior to commencement of works, and conservation and building works are documented appropriately and undertaken as necessary.

Prior to execution of building and conservation work, cartographic and photographic survey shall be conducted to record the existing condition of the site. The conservation, maintenance and new works shall be properly recorded. Such record should be archived and retained by both the operator and AMO for ease of retrieval for posterity. Ensure that conservation works are documented and supervised by a conservation architect. Contractors engaged to work on the Site shall be suitably qualified and experienced in conservation techniques.

7 MANAGEMENT & MAINTENANCE PLAN

7.1 Introduction

The management & maintenance plan intends to guide the management of the site after the completion of the restoration and adaptation works of Block M, Kowloon Hospital. The plan should be thoroughly studied and comprehended by future manager and frontline management staff to safeguard the cultural significance of historical fabrics with regards to the new use.

7.2 Use and Operation

A change in use is envisaged for Block M converting from storage and function rooms for staff wellness and amenities into offices and training centre. Its new use may increase visitor's numbers and traffic and impose additional loading to the structure. This issue could be handled by conducting structural survey to ascertain the structural capacity of the building for appropriate space planning. The capacities to be accommodated should be checked regularly.

A simple form of maintenance manual should be prepared and made known to frontline site management staff to ensure their full understanding of the requirements in their duties. They should pay due attention to the conditions of the building so necessary maintenance works would be arranged at earliest convenience.

7.3 Maintenance Management Plan

Although the Site is underutilized in recent years, there is a fairly good maintenance regime in place. The state of repair of the buildings is fairly good. The new use with increased visitor would undoubtedly accelerate its wear and tear which is expected. Regular maintenance should be carried out to mitigate the any problem found before further deterioration so to lengthen its servicing period.

On-going maintenance is necessary to keep the building in good form upon completion of the restoration and adaptation work. Repairs should be carried out to match the materials, colour, texture, nature, craftsmanship of the existing historical fabrics for authenticity and maximum compatibility, visual and physical. Replacements should be avoided. It is acceptable only when the historical fabrics are beyond repairs.

Inspection and monitoring should be carried out as listed below:

- Regular inspection of the condition of the preserved historic and architectural features
- Annual inspection of the brick walls
- Annual inspection of Chinese tiled roof
- Regular inspection of internal and external finishes and fittings
- Regular cleaning of drainage and plumbing system

7.4 Future Development

The immediate environs of Block M have been not undergone radical changes since 1920s to 30s. The setting with landscaped planting, football lawn and low rise buildings contributed the spirit of place as a hospital has been maintained.

After completion of this conversion it is unlikely that another extensive conversion exercise would be carried out in the near future. As a Grade 2 historic building, future renovation and restoration works to the House should seek advice from the Antiquities and Monuments Office (AMO) prior to commencement. The proposed works should follow internationally accepted conservation principles and practice. They should be designed and supervised by Conservation Architect and Heritage Consultant.

7.5 Documentation

A photographic and cartographic survey should be completed prior to commencement of any conversion and adaptation works. Upon completion of the conversion and adaptation works, as-built drawings and photos should be prepared for record and future reference.

To facilitate future management of the historic building, this conservation proposal, copies of the specifications for the conversion and restoration works, past and future surveys, inspection and monitoring reports etc. should be kept at management office. They should be made available to site manager, users, technicians and professionals conducting future inspection, repair and up-keeping works.

7.6 Interpretation

The proposed conversion works would involve covering up, modification and even removal of historic fabrics. Existing spatial qualities and layout would also be altered. Interpretation should be provided to facilitate users and visitors' understanding of the historic building.

The interpretation materials can come into different forms. HA will be responsible for the formulation of interpretation programmes and display of artifacts.

7.7 Knowledge

On implementation of the HIA and recommendations thereof, the contents of the HIA should be conveyed to the users and stakeholders. In return, the users and stakeholders should be allowed the chance to provide their feedback for necessary improvements of the on-going conservation management process.

8 PROPOSED WORKS

8.1 Introduction

Block M, Kowloon Hospital is to be converted from storage and function rooms for staff wellness and amenities into offices and training centre. Necessary renovation and upgrading works are proposed that could be classified into the following categories:

- Restoration Works
- Asbestos Removal Works
- Demolition and Building Works
- Building Services Upgrading Works
- Barrier Free Access Upgrading Works

8.2 Building Services Upgrading Works

The following building services upgrading works are proposed:

- MVAC Installation
  New VRV system coupled with outdoor and indoor units, pipes, fittings etc. are to be provided to replace existing window type AC units. New false ceiling would be provided. Fanlights would be modified for the penetration of air ducts.

- Electrical Installation
  Existing lighting fittings and switches will be replaced with new ones. New socket, telephone, data, fax outlets boxes and cable trays will be provided. New door access system will be provided.

- Plumbing and Drainage Installation
  Existing direct feed potable water system, flushing water system and drainage system are to be renewed. A new flushing water tank is to be provided.

- Fire Service Installation
  Fire hydrant/ hose reel system including fire service tanks, sprinkler system including sprinkler tanks, AFA panel and fire alarm system are to be provided.

- Green Building Provisions
  Devices are to be installed to reduce energy consumption

8.3 Demolition and Building Works

To suit the needs and spatial requirements of the new use, the following demolition and building works are proposed:

- Non-structural partitioning walls with cupboards
- Existing toilets
- Doors

8.4 Restoration Works

The following historical fabrics are to be restored:

- Chinese-tiled roof
- External walls
- Fair-face brick columns at verandahs
- Historic windows
- Historic doors

8.5 Asbestos Mitigation Works

Subsequent to the discovery of asbestos containing materials at the building, the following asbestos removal works are proposed:

- Complete removal of timber false ceiling on the 1/F (both interior and exterior)
- Complete removal of vinyl floor and mastic on the G/F

8.6 Barrier Free Access Upgrading Works

A toilet for persons with a disability would be provided on the G/F. It would be equipped with emergency call bell system consisting of panic alarm button and alarm bell.

9 HERITAGE IMPACT ASSESSMENT

9.1 Explanation

The following table presents and relates Heritage Impact Assessment and Mitigation Measures regarding the renovation works to Block M, Kowloon Hospital. The explanations of terms are as follow:

Category	- The assessment is categorized into General, Exterior and Interior.
Assessment Items	- Proposed alterations to significant fabrics are identified. The Impact is explained with details.
Reasons for Changes	- Conditions / requirements are identified that affect or initiate the proposed works and impacts.
Elements Affected	- Affected elements are identified for each impact. One or more significant features may be affected.
Suggested Mitigation Measures	- Practical advice is given to mitigate adverse impact effects.
Impact (Beneficial/ Adverse)	- Proposed intervention could exert beneficial or adverse impact to the heritage resource.
Overall Adverse Impact Level* After Mitigation	- Overall level of adverse impact on features, *after application of mitigation measures*, is assessed as follows:

High	an impact that significantly alters or obliterates significant characteristics of the heritage resource;
Medium	an impact that alters the character or surroundings of the heritage resource, but is consistent with existing and emerging trends;
Low	an impact capable of measurement but with no alteration of significant characteristics; and
Neutral	a change that does not affect value of the heritage resource and/or its surroundings.

("Impact Levels" framework courtesy of Commonwealth Historic Resource Management Ltd.)*

9.2 Heritage Impact Assessment Table

Category	Assessment Items	Reasons for Changes	Elements Affected	Suggested Mitigation Measures	*Adverse/ Beneficial Impact*	*Overall Adverse Impact Level After Mitigation*
(A) General						
A1	Understanding history of the Site Block M had been adaptively reused for maternity ward, Prosthetics and Orthotics (P&O) unit and function rooms for staff wellness in the past. It has been handed over from Kowloon Hospital to Hospital Authority in June 2012 and will continue to serve the hospital community	To convert the Block from storage and function rooms for staff wellness to office and training use	N/A	▪ Establish ways to facilitate understanding of the history of the Site and its past uses by display of timeline, photos, maps, website etc.	***Adverse***	***Neutral***
(B) Structure						
B1	Structural condition of the building Proposed alteration works and new uses with more users and loads may affect the structural integrity of the building	Demolish internal partitions and walls to provide bigger space for new training rooms and office	Structural integrity of Block M	▪ Check the structural conditions and capacity of the building prior to confirmation of the schedule of accommodation and its layout. ▪ Monitor the demolition works by structural monitoring system and analysis of records during the works. The monitoring system	***Adverse***	***Neutral***

Category	Assessment Items	Reasons for Changes	Elements Affected	Suggested Mitigation Measures	*Adverse/ Beneficial Impact*	*Overall Adverse Impact Level After Mitigation*
				may include tell-tales, inclinometer and settlement checkers. These installations should be non-destructive.		
(C) Building Services System						
C1	New automatic sprinkler system, F.S. tanks and F.S. provisions A 37,000L sprinkler tank (6mW x 4mL x 3mH) and a 27,000L F.S. tank (5mW x 4mL x 3mH) would be provided outside the historic building boundary of Block M. The two tanks would be located at Block N which is about 20m to the North of Block M	To enhance the fire safety provision of the building	▪ Openings at the external walls at the East end for penetration of pipes	▪ Size and nos. of required openings on the walls at the East end to be minimized, and left-over space be filled up and made good to match existing walls	***Adverse***	***Low***

Category	Assessment Items	Reasons for Changes	Elements Affected	Suggested Mitigation Measures	*Adverse/ Beneficial Impact*	*Overall Adverse Impact Level After Mitigation*
C2  	<u>New MVAC system</u> A new VRV system coupled with outdoor units would be installed to replace existing window type AC units and exhaust fans. (Please refer DWG-03, and PERSPECTIVE 1)	To enhance the performance of air-conditioning system and reduce energy consumption	▪ Windows and doors would retrieve its original appearance with A/C and exhaust fans removed ▪ New outdoor units would be placed at the open area to the east end, and the reinstated open yard at the east end ▪ New openings would be made at existing internal walls for the penetration of new MVAC ducts ▪ New louvres at external walls for fresh air intak	▪ New MVAC ducts to go through new openings of partitioning walls that are at a level higher than fanlights of doors, and covered by new false ceiling ▪ New false ceiling would be installed to hide new MVAC ducts ▪ Provide visual barrier to cover the outdoor units at the east end when space allows	***Beneficial***	**-**
(D) Exterior Conservation and Building Works						
D1 	<u>Demolish brick parapet walls on the G/F</u> (Please refer DWG-01)	To provide means of escape compliant to current fire safety codes	▪ Two small portions of the fourteen external parapet walls on the G/F	▪ Salvage and reuse dismantled bricks provided that they are of sound condition	***Adverse***	***Medium***

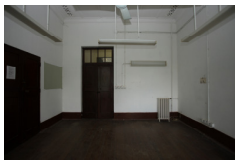
Category	Assessment Items	Reasons for Changes	Elements Affected	Suggested Mitigation Measures	*Adverse/ Beneficial Impact*	*Overall Adverse Impact Level After Mitigation*
D2 	Repair to and repainting of external walls Scrap off loose materials and repair the same for the reinforced concrete/ brick wall façade prior to application of acrylic texture paint	To rectify defects found in the building enclosure. To enhance the waterproofing performance of the building. To improve aesthetics.	▪ External walls	▪ External walls to be thoroughly surveyed prior to any repair and repainting works ▪ New paint to match the colour of existing and Block A and B in the neighbourhood	***Beneficial***	**-**
D3 	Removal of timber false ceiling at verandah as it is f asbestos contaminated material (ACM) (Please refer DWG-02)	To comply Environmental Protection Department ‘s regulations.	▪ Existing timber board false ceiling	▪ New timber false ceiling of the same design of existing one is to be provided at the same level as substitute to cover the space below the pitched roof.	***Adverse***	***Medium***
D4 	Repair to metal framed glass doors at entrance porch, side entrance, corridor and verandahs Replace all glazing units with 6mm thk. glass. Repair and repaint metal frames. Repair or replace ironmongery	To enhance heat and sound insulation. To improve security and safety. To enhance air tightness thus the performance of new building services systems. To improve aesthetics.	▪ Existing glass doors at entrances and verandahs	▪ Provide patterned and obscured glass to the lower portion and clear ones to the upper portion in the same manner as existing ▪ Existing ironmongery to be reused as far as possible. New ironmongery to match existing ▪ New paint to match the colour of existing ▪ Primer be applied prior to synthetic paint	***Beneficial***	**-**

Category	Assessment Items	Reasons for Changes	Elements Affected	Suggested Mitigation Measures	*Adverse/ Beneficial Impact*	*Overall Adverse Impact Level After Mitigation*
D5 	Repair to metal framed windows Replace all glazing units with 6mm thk. glass. Repair and repaint metal frames. Repair or replace ironmongery	To enhance heat and sound insulation. To improve security and safety. To enhance air tightness thus the performance of building services systems. To improve aesthetics.	▪ Existing metal framed windows	▪ Provide patterned and obscured glass to the lower portion and clear ones to the upper portion in the same manner as existing ▪ Existing ironmongery to be reused as far as possible. New ironmongery to match existing ▪ New paint (dark green for outside, white for inside to match existing ▪ Primer to be applied prior to synthetic paint	***Beneficial***	**-**
D6 	Re-roofing to flat roof Form surface channel and provide new waterproofing membrane (Please refer DWG-04)	To improve the water-proofing system of the flat roof	▪ Existing flat roof	▪ Survey the roof thoroughly to identify areas requiring rectification ▪ Colour of the new membrane to be approved by conservation architect	***Beneficial***	**-**
D7 	Repair to the double layered pitched Chinese tiled roof (Please refer DWG-05)	To improve the water tightness of the pitched roof	▪ Existing black painted Chinese tiled roof	▪ Survey the roof thoroughly to identify areas requiring rectification ▪ Replace broken tiles by new ones with same form and size	***Beneficial***	**-**

Category	Assessment Items	Reasons for Changes	Elements Affected	Suggested Mitigation Measures	*Adverse/ Beneficial Impact*	*Overall Adverse Impact Level After Mitigation*
D8 	Remove existing skylight The originally open yard, currently covered by polycarbonate panel would be restored and be uncovered (Please refer DWG-04)	To restore the yard.	▪ The yard ▪ Structure of the building	▪ Adequate protection to the historic fabric and significant elements should be provided prior to commencement of works ▪ Sequence of works to be planned carefully not to impair significance of historic fabric	***Beneficial***	**-**
(E) Interior Conservation and Building Works						
E1 	Demolish partition walls and cupboards with wash basin and wardrobe (Please refer DWG-01)	To provide a bigger space for future training rooms and office	▪ Existing partition walls with cupboards for wardrobes and basins	▪ Preserve one of the wards with cupboards on the 1/F ▪ Retain one of the walls with cupboards for wardrobes and basins for interpretation purpose	***Adverse***	***Medium***
E2 	Demolish existing toilet Walls, shower compartments would be demolished. Sanitary fitments would be replaced (Please refer DWG-01)	To cater for current needs and the increased nos. of users	▪ N/A (Existing toilets are not original)	▪ Use existing pipes for drainage as far as possible	***Beneficial***	**-**

Category	Assessment Items	Reasons for Changes	Elements Affected	Suggested Mitigation Measures	*Adverse/ Beneficial Impact*	*Overall Adverse Impact Level After Mitigation*
E3 	Removal of false ceiling at 1/f due to removal of ACM Provide new false ceiling on the G/F and the 1/F (Please refer DWG-02,and PERSPECTIVE 4)	To comply EPD's regulations. To cover up trunkings and ducts of new building services systems. To reduce the volume to be air-conditioned thus reduced consumption of energy. Ease of maintenance.	▪ Existing timber board ceiling with ventilation holes and the peripheral plaster moulding ▪ Headroom of G/F would be lowered	▪ New timber false ceiling and moulding of the same design of existing one will be provided on the 1/F. The year of construction would be marked on the upper side of the new false ceiling ▪ Level of the new 1/F false ceiling would be lower than that of the existing due to the need to conceal all pipe and duct works. It would be higher than fanlights of doors and top member of windows ▪ Retain a portion of the original 1/F timber board ceiling for exhibition after thorough cleaning to remove ACM if accepted by EPD ▪ Level of the new false ceiling on the G/F would be higher than the top member of windows and fanlights	***Adverse***	***Medium***
E4	Provide new floor finishes New flooring would be provided to the entire interior space of the G/F and 1/F. Existing vinyl floor mastic	To renovate existing aged flooring that has been worn and torn To comply EPD's regulations.	▪ Existing flooring	▪ The fixing devices and adhesive used for the installation of new floor materials should prevent damaging the retained original timber and terrazzo flooring	***Adverse***	***Neutral***

Category	Assessment Items	Reasons for Changes	Elements Affected	Suggested Mitigation Measures	*Adverse/ Beneficial Impact*	*Overall Adverse Impact Level After Mitigation*
	would be removed due to the presence of ACM. (Please refer DWG-01)					
E5 	Retain/ dismantle of doors (Please refer DWG-01)	To revise the swing direction of the doors to fit the new layout. To enhance security.	▪ Existing timber and metal doors would be retained and reused as far as possible should the condition is good ▪ Should replacement is needed due to unacceptable condition, the design of the new doors would match the existing	▪ Dismantled timber and metal doors should be re-used as far as possible	***Adverse***	***Low***
E6 	Preserve the delivery room Room G15 and one of the wards Room 105 on the 1/F. (Please refer DWG-01, PERSPECTIVE 2 and 3)	To provide interpretation of the original use as a maternity block	▪ Existing heating devices/ radiators would be retained at the original location as far as possible	▪ N/A	***Beneficial***	**-**

Category	Assessment Items	Reasons for Changes	Elements Affected	Suggested Mitigation Measures	*Adverse/ Beneficial Impact*	*Overall Adverse Impact Level After Mitigation*
						
E8 	Demolish a room at the yard (Please refer DWG-01)	To restore the yard to its original condition	▪ n/a	▪ n/a	***Beneficial***	**-**
E9 	Demolish of the terrazzo working table in Room 113 on the 1/F (Please refer DWG-01)	To provide the space for future uses	▪ The furniture that dated back to 1964.	▪ Thorough documentation of the affected elements by photographic and cartographic survey	***Adverse***	***Low***
E10	Construct a fire rated wall at the landing of grand staircase on the G/F and 1/F (Please refer DWG-04, and PERSPECTIVE 5)	To provide a fire compartmentation	▪ The penetration of natural lighting to the corridor	▪ If budget allows, the separation should use more transparent materials e.g. glass	***Adverse***	***Medium***

Category	Assessment Items	Reasons for Changes	Elements Affected	Suggested Mitigation Measures	*Adverse/ Beneficial Impact*	*Overall Adverse Impact Level After Mitigation*
E11 	Re-locate the cupboard in the original delivery room on the 1/F, Room 108 to Room G15, the delivery room on the G/F	To provide the space for future uses	▪ The cupboard in the delivery on the 1/F	▪ Dismantle the cupboard carefully ▪ Reuse the cupboard as storage/ display	***Adverse***	***Low***

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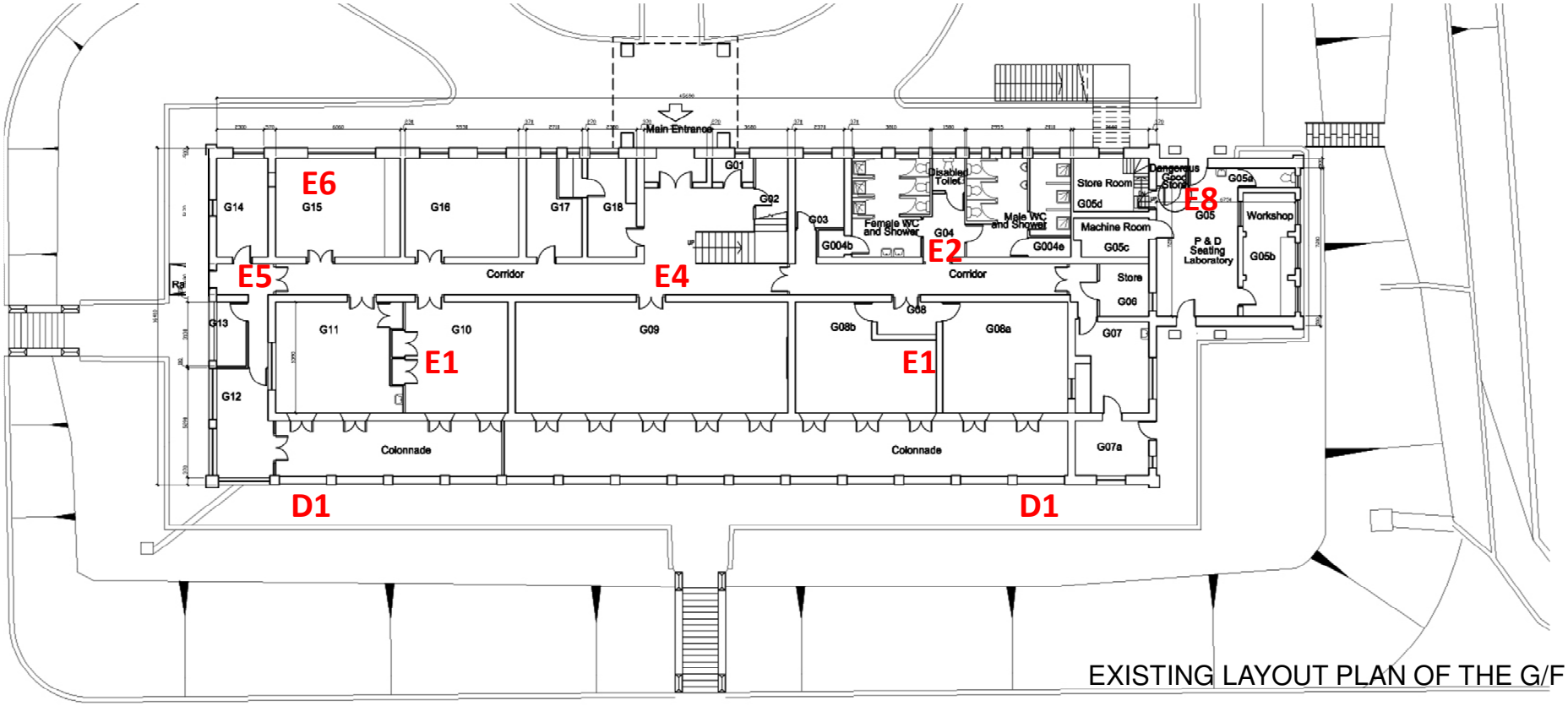
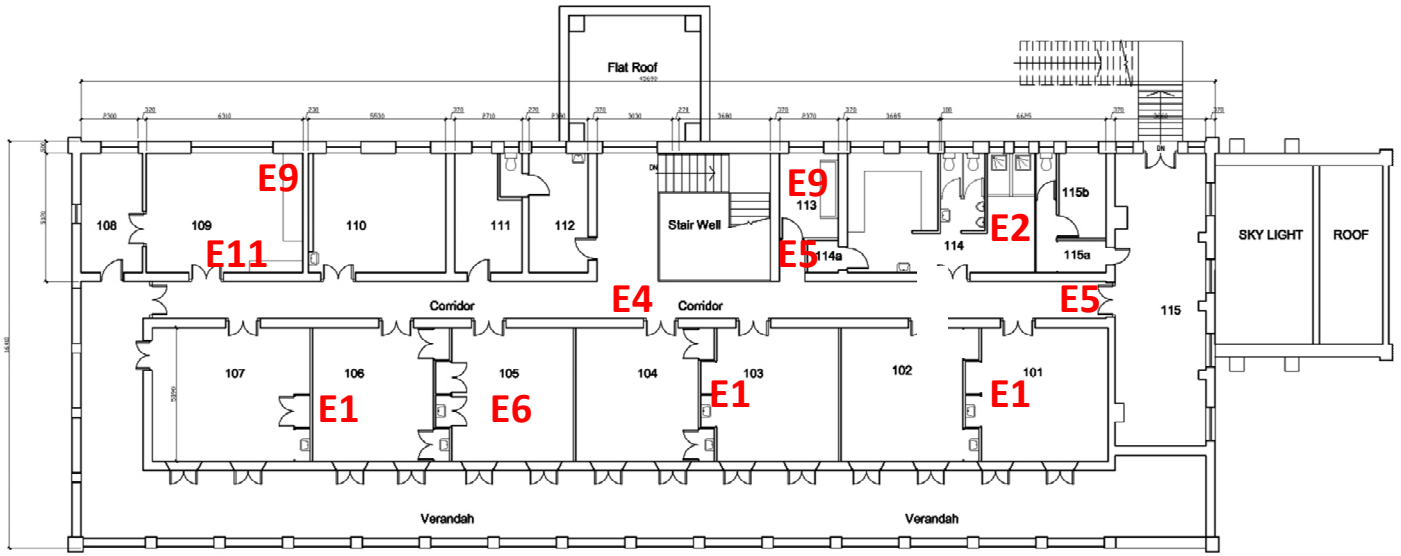
APPENDIX A

Existing Layout Plans & Proposed Layout Plans

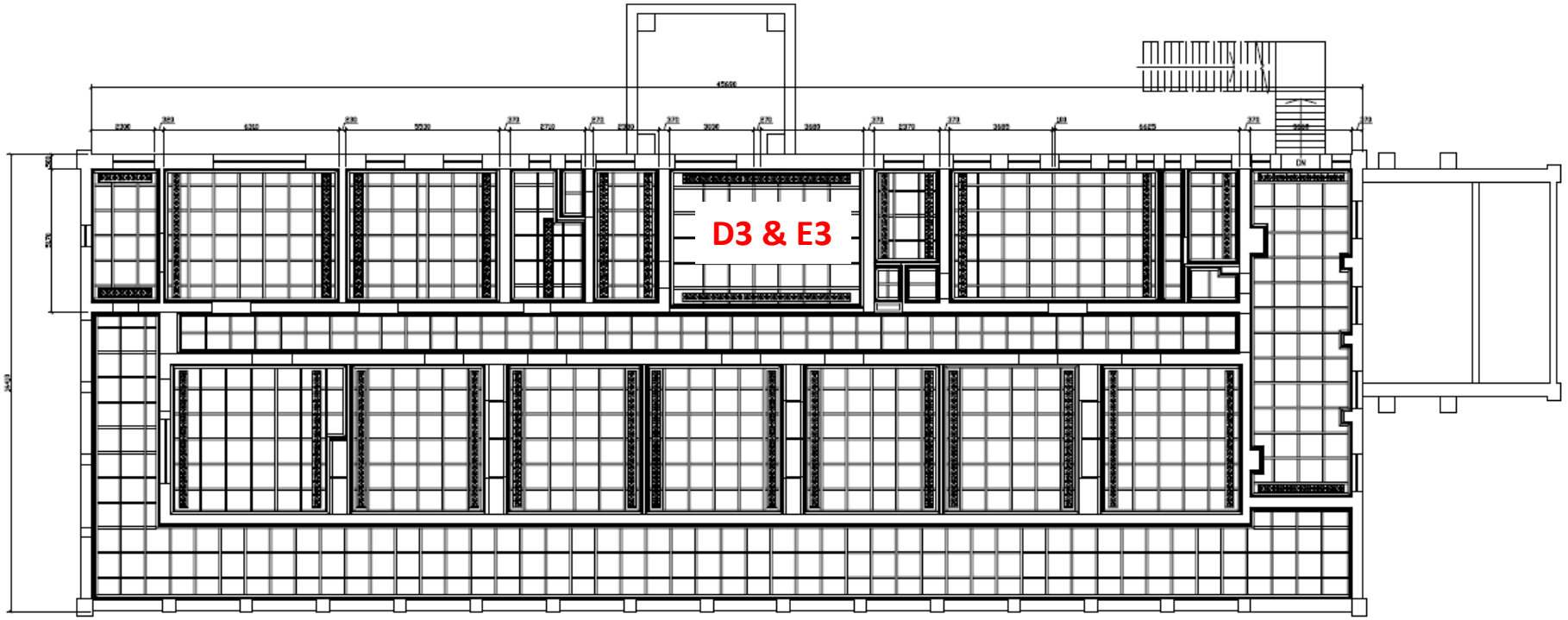


EXISTING LAYOUT PLAN OF THE G/F



EXISTING LAYOUT PLAN OF THE 1/F

DWG - 01



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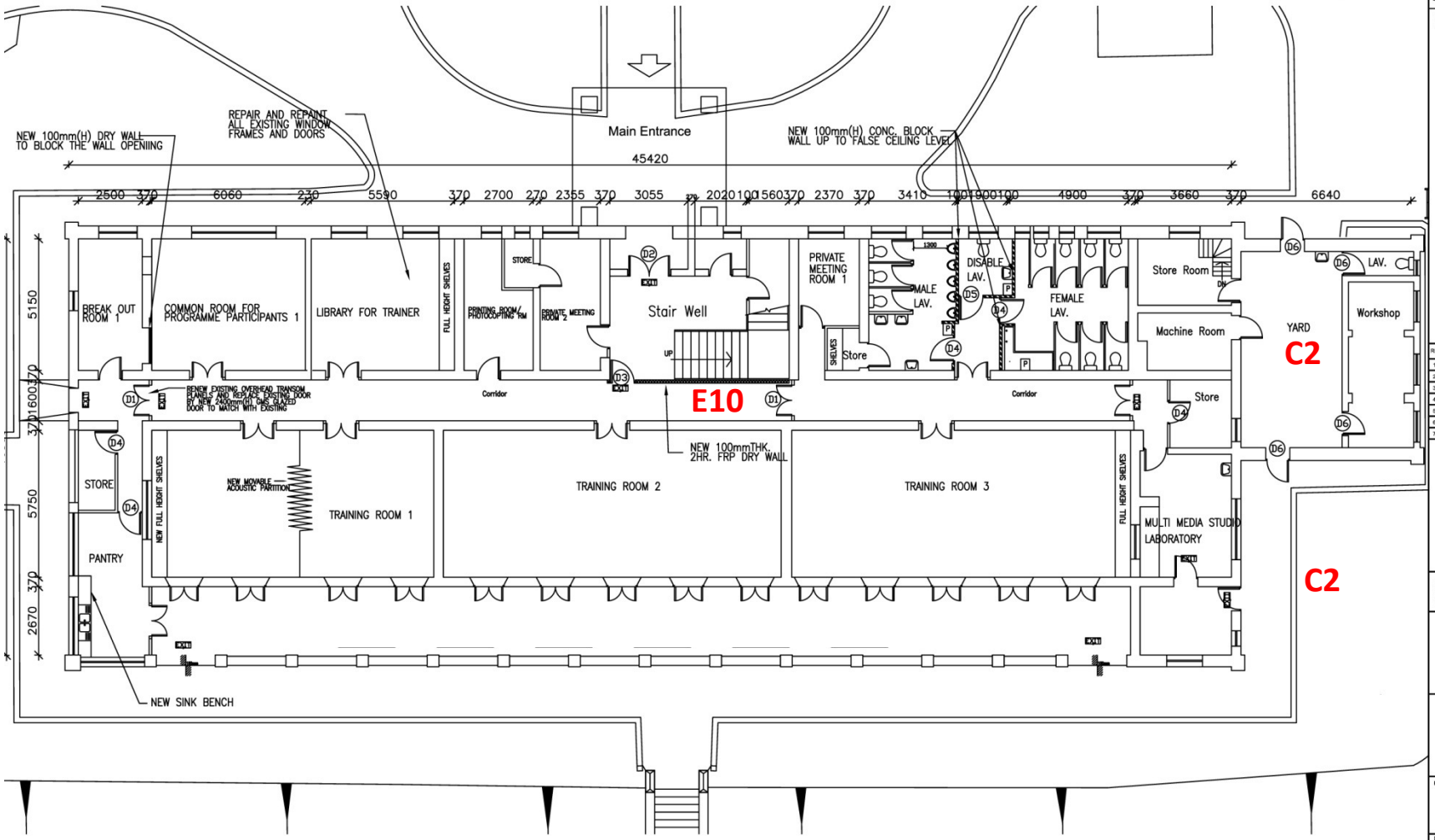
CEILING PLAN OF THE 1/F

DWG -02



PROPOSED LAYOUT PLAN AT G/F FLOOR PLAN BLOCK M

DWG -03

BLOCK PLAN

NOTES:
All demension are in mm

REV.	DESCRIPTION	DATE
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2	as per users comments	31.01.11
3	as per users comments	16.02.11
4	as per users comments	21.02.11
5	as per users comments	11.03.11
6	as per users comments	08.04.11
7	general revision	11.10.12

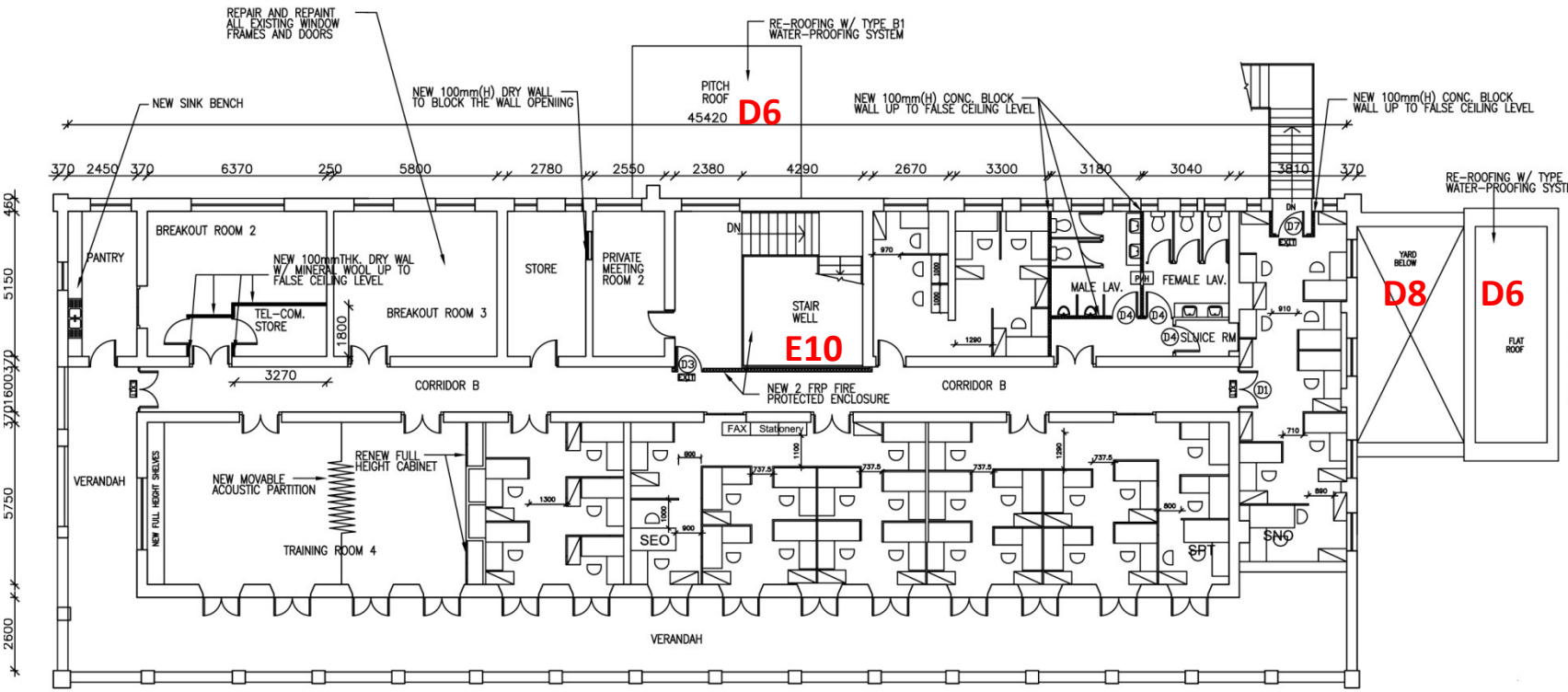
DO NOT SCALE DRAWING
This drawing is for information only, to be used as general arrangement of site conditions. All measurements stated herein are to be verified on site before construction of same

PROJECT
RENOVATION TO BLOCK M AT KOWLOON HOSPITAL

DRAWING TITLE
PROPOSED LAYOUT PLAN AND SEAT SCHEDULESAT 1/F FLOOR PLAN BLOCK M
KOWLOON HOSPITAL

DATE	08.04.2011
SCALE	1 : 150
DRWG NO.	HAB-KH-BM-A02

This drawing is for information and reference only



PROPOSED LAYOUT PLAN AT 1/F FLOOR PLAN BLOCK M

NOTES:
All demension are in mm

NEW FLAT ROOF AREA

REV.	DESCRIPTION	DATE
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2	as per users comments	31.01.11
3	as per users comments	16.02.11
4	as per users comments	21.02.11
5	as per users comments	11.03.11
6	as per users comments	06.04.11
7	general revision	11.10.12

DO NOT SCALE DRAWING
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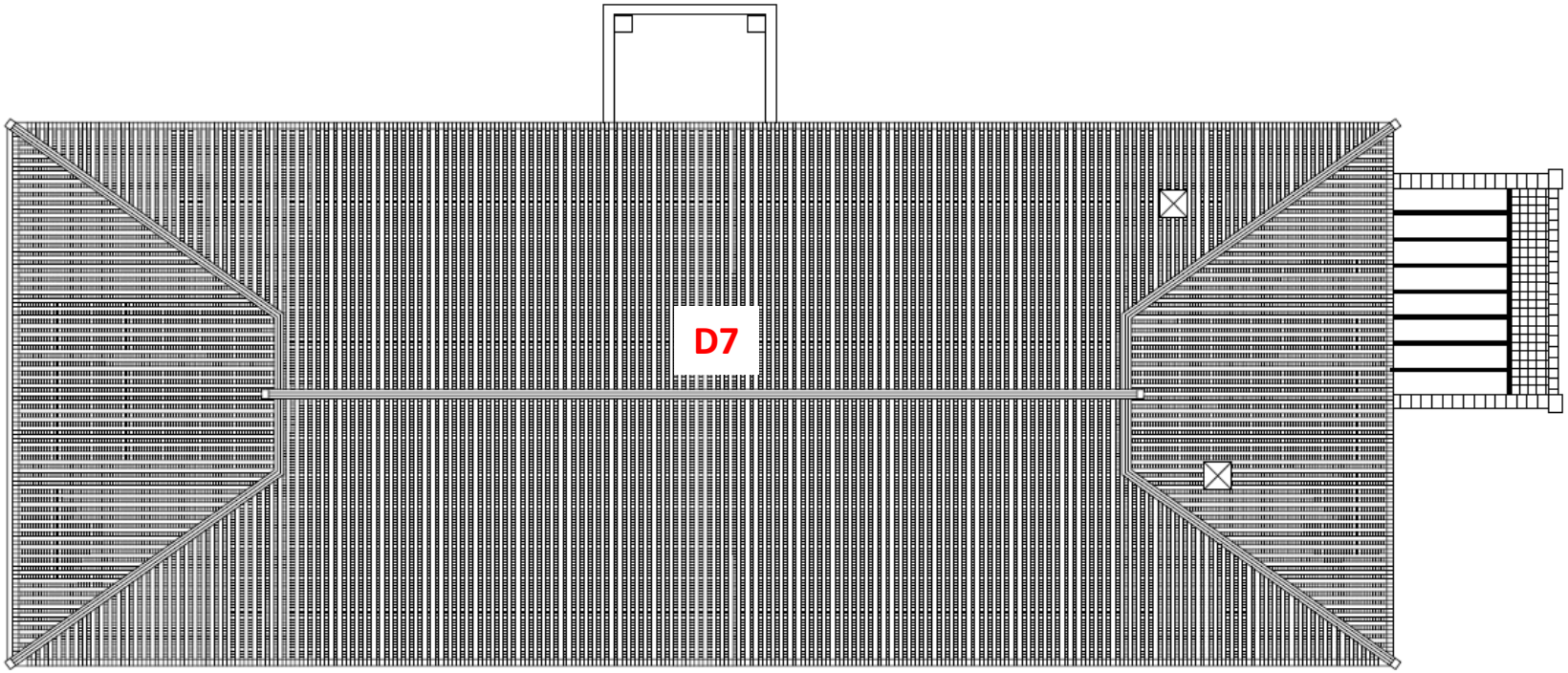
PROJECT
RENOVATION TO BLOCK M AT KOWLOON HOSPITAL

DRAWING TITLE
PROPOSED LAYOUT PLAN AT 1/F
BLOCK M
KOWLOON HOSPITAL

DATE	06.04.2011
SCALE	1 : 150
DRWG NO.	HAB-KH-BM-A01

DWG -04



N

ROOF PLAN

DWG -05

APPENDIX B

Artist Impression of the Proposed Works

PERSPECTIVE 1
Artist impression of the restored façade
with new louvres for the new air-conditioning system

PERSPECTIVE 2
Artist impression of the preserved delivery room on
the G/F

PERSPECTIVE 3
Artist impression of the preserved ward on the 1/F

PERSPECTIVE 4
Artist impression of one the training rooms on the G/F with the new false ceiling maintaining at 3.4m from the floor level

PERSPECTIVE 5
Artist impression of the new fire rated glass block wall at the 1/F landing of the grand staircase