

Hospital Authority Annual Report
醫院管理局年報

2012-2013

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Roles 任務

The Hospital Authority (HA) is a body corporate in the Hong Kong Special Administrative Region. Its functions are stipulated in Section 4 (Chapter 113) of the Hospital Authority Ordinance.

醫院管理局（醫管局）為香港特別行政區的法定團體，其職能載於香港法例第 113 章《醫院管理局條例》第四條。

The Hospital Authority is responsible for:
醫院管理局的職能：

Managing and controlling public hospitals

規劃及建設公立醫院

Advising the Government of the needs of the public for hospital services and of the resources required to meet those needs

就公眾對公立醫院服務的需求及應付該等需求所需的資源，向政府提供意見

Managing and developing the public hospital system

管理及發展公立醫院系統

Recommending to the Secretary for Food and Health appropriate policies on fees for the use of hospital services by the public

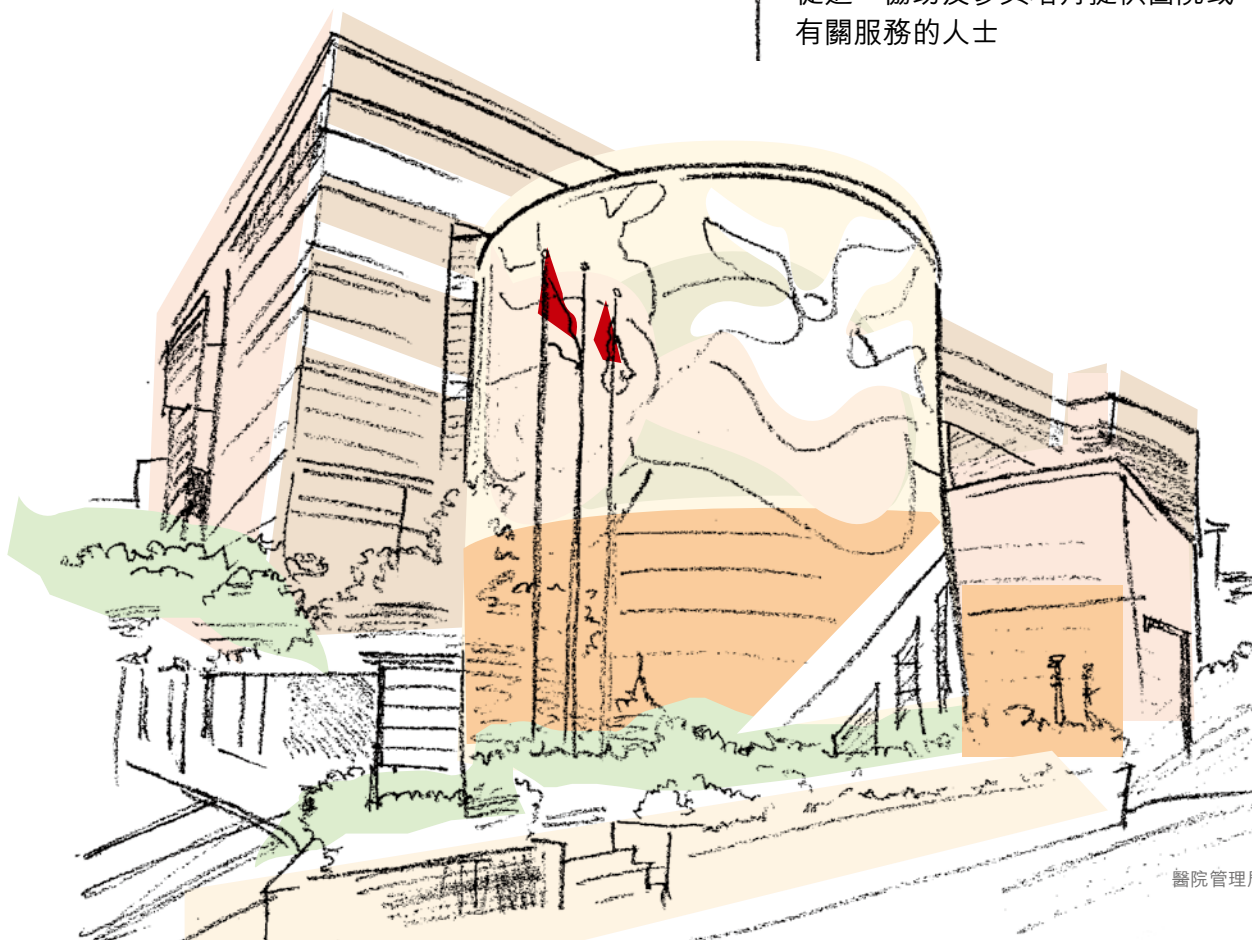
就公眾使用醫院服務需付的費用，向食物及衛生局局長建議恰當的政策

Establishing public hospitals

管理公立醫院

Promoting, assisting and taking part in the education and training of persons involved in hospital or related services

促進、協助及參與培育提供醫院或有關服務的人士



Vision, Mission and Values 願景、使命及核心價值

Vision 願景

- Healthy People 市民健康
- Happy Staff 員工開心
- Trusted by the Community 大眾信賴

Mission 使命

Helping People Stay Healthy
與民攜手 保健安康

Values 核心價值

- People-centred Care 以人為先
- Professional Service 專業為本
- Committed Staff 敬業樂業
- Teamwork 群策群力

The Hospital Authority has revamped its corporate vision, mission and values (VMV) in September 2009, reflecting aspirations of the Board, the management and staff in fostering a healthy community. Guided by the new mission of "Helping People Stay Healthy", the Authority collaborates with community partners to strive for continued success and works towards the vision of "Healthy People, Happy Staff, and Trusted by the Community".

醫管局於2009年9月更新機構願景、使命及核心價值，以反映醫管局大會、管理層及職員致力促進民康的期望。在「與民攜手 保健安康」的新使命引領下，醫管局和社區夥伴攜手合作，續創佳績，邁向「市民健康、員工開心、大眾信賴」的願景。

Corporate Strategies 機構策略

The Authority aims to achieve its corporate VMV by adopting five strategic intents as outlined in the HA Annual Plan 2012-13 with a theme on Consolidating HealthCare:

醫管局採納 2012-13 年度工作計劃書「固本培員促民康」所載的五項重點策略，達至上述的機構願景、使命及核心價值：

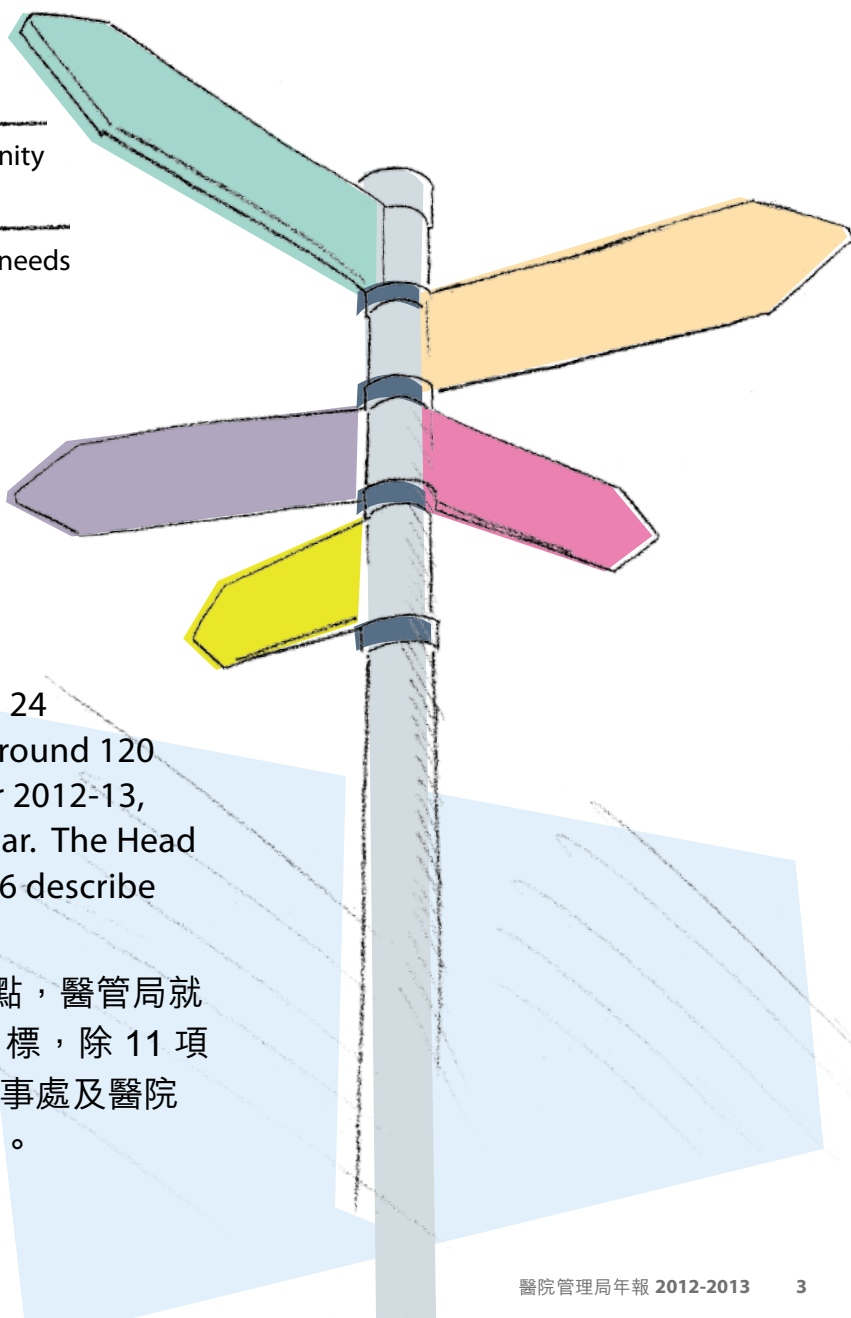
Allay staff shortage and high turnover
紓緩人手短缺和職員流失

Better manage growing service demand
有效管理日增的服務需求

Ensure service quality and safety
確保服務質素及安全

Enhance partnership with patients and community
加強與病人和社區的夥伴關係；以及

Ensure adequate resources for meeting service needs
確保具備足夠資源應付服務需要



Under the above strategic intents and 24 strategies, the Authority formulated around 120 corresponding programme targets for 2012-13, and all but 11 were achieved in the year. The Head Office and Cluster Reports in Chapter 6 describe major achievements in these areas.

根據上述的策略方針及 24 個策略重點，醫管局就 2012-13 年度制訂了約 120 項計劃目標，除 11 項外，全部於年內完成。第六章的總辦事處及醫院聯網工作匯報載有各方面的主要成績。

Membership of the Hospital Authority 醫院管理局成員

1. Mr Anthony WU Ting-yuk,
GBS, JP
胡定旭先生

- Appointed as Chairman of the Authority since 7 October 2004
- Company executive and professional accountant
- 自2004年10月7日起獲委任為醫院管理局主席
- 公司董事及專業會計師

2. Mr CHAN Bing-woon, SBS, JP
陳炳煥先生

- Appointed on 1 December 2008
- Solicitor
- 於2008年12月1日獲委任
- 律師

3. Mr William CHAN Fu-keung
陳富強先生

- Appointed on 1 December 2012
- Former human resources director of a listed public transportation group
- 於2012年12月1日獲委任
- 上市公共運輸機構前人力資源總監

4. Dr Constance CHAN Hon-yei, JP
陳漢儀醫生

- Director of Health
衛生署署長*
- Appointed on 13 June 2012
 - Board member in capacity as Director of Health of Hong Kong Government
 - 於2012年6月13日獲委任
 - 以香港政府衛生署署長身份出任醫院管理局成員

5. Mr CHENG Yan-kee, JP
鄭恩基先生

- Appointed on 1 December 2009
- Engineering consultant and managing director of a consulting engineering company
- 於2009年12月1日獲委任
- 顧問工程師及顧問工程師公司董事

6. Ms CHIANG Lai-yuen, JP
蔣麗婉女士

- Appointed on 1 April 2011
- Chief executive officer of a listed company
- 於2011年4月1日獲委任
- 上市公司行政總裁

7. Ms Quince CHONG Wai-yan
莊偉茵女士

- Appointed on 1 December 2010
- Chief corporate development officer of a listed power supply company
- 於2010年12月1日獲委任
- 上市電力公司企業發展總裁

8. Prof FDK Tai-fai, SBS, JP
霍泰輝教授

- (up to 31 December 2012)
(任期至2012年12月31日)*
- Appointed on 1 December 2004
 - Dean of Faculty of Medicine, The Chinese University of Hong Kong
 - 於2004年12月1日獲委任
 - 香港中文大學醫學院院長



9. Mr Ricky FUNG Choi-cheung, SBS, JP
馮載祥先生

- Appointed on 1 December 2010
- Former Secretary General of the Legislative Council
- 於2010年12月1日獲委任
- 立法會秘書處前秘書長

10. Mr Lester Garson HUANG, JP
黃嘉純先生

- Appointed on 1 December 2012
- Solicitor and partner of a legal firm
- 於2012年12月1日獲委任
- 律師及律師事務所合夥人

11. Mr Benjamin HUNG Pi-cheng, JP
洪丕正先生

- Appointed on 1 December 2007
- Chief executive officer of a listed bank
- 於2007年12月1日獲委任
- 上市銀行行政總裁

12. Dr LAM Ping-yan, SBS, JP
林秉恩醫生

- Director of Health
(up to 12 June 2012)
衛生署署長
(任期至2012年6月12日)
- Appointed on 21 August 2003
 - Board member in capacity as Director of Health of Hong Kong Government
 - 於2003年8月21日獲委任
 - 以香港政府衛生署署長身份出任醫院管理局成員

13. Ms Ka-ski LAU, BBS
劉嘉時女士

- Appointed on 1 April 2008
- Chief executive officer of a pension products and pension/fund services group
- 於2008年4月1日獲委任
- 退休金產品及退休/基金服務集團行政總裁

14. Mr Andy LAU Kwok-fai
劉國輝先生

- Appointed on 1 December 2011
- Partner of a garment manufacturing and trading company
- 於2011年12月1日獲委任
- 製衣貿易公司合夥人

15. Mrs Yvonne LAW SHING Mo-han, JP
羅盛慕嫻女士

- Appointed on 1 December 2007
- Certified public accountant and tax managing partner of an international accounting firm
- 於2007年12月1日獲委任
- 執業會計師及國際會計師行稅務主管合夥人

16. Mr Lawrence LEE Kam-hung, JP
李金鴻先生

- Appointed on 1 April 2005
- Solicitor and chairman of a legal firm
- 於2005年4月1日獲委任
- 律師及律師事務所主席



17. Prof Hon Joseph LEE Kok-long, SBS, JP
李國麟議員

(up to 30 November 2012)
(任期至2012年11月30日)

- Appointed on 1 December 2004
- Associate Professor of Division of Nursing and Health Studies, The Open University of Hong Kong
- 於2004年12月1日獲委任
- 香港公開大學護理及健康學部副教授

18. Mr John LEE Luen-wai, BBS, JP
李聯偉先生

(up to 30 November 2012)
(任期至2012年11月30日)

- Appointed on 1 December 2004
- Chief executive officer of a listed company
- 於2004年12月1日獲委任
- 上市公司行政總裁

19. Prof LEE Sum-ping
李心平教授

- Appointed on 1 December 2008
- Dean of Li Ka Shing Faculty of Medicine, The University of Hong Kong
- 於2008年12月1日獲委任
- 香港大學李嘉誠醫學院院長

20. Prof Diana LEETze-fan
李子芬教授

- Appointed on 1 December 2012
- Chair Professor of Nursing and Director of Nethersole School of Nursing, The Chinese University of Hong Kong
- 於2012年12月1日獲委任
- 香港中文大學那打素護理學院講座教授及院長

21. Ms Esther LEUNG Yuet-yin, JP
梁悅賢女士

Deputy Secretary for Financial Services and the Treasury
財經事務及庫務局副秘書長

- Appointed on 2 April 2012
- Representing Secretary for Financial Services and the Treasury of Hong Kong Government
- 於2012年4月2日獲委任
- 代表香港政府財經事務及庫務局局長

22. Mrs Margaret LEUNG KD
May-ye, SBS, JP
梁高美懿女士

- Appointed on 1 December 2011
- Former vice-chairman and chief executive of a listed bank
- 於2011年12月1日獲委任
- 上市銀行前副董事長兼行政總裁

23. Dr LEUNG Pak-yin, JP
梁栢賢醫生

Chief Executive, HA
醫院管理局行政總裁

- Appointed on 8 November 2010
- Board member in capacity as Chief Executive of the Hospital Authority
- 於2010年11月8日獲委任
- 以醫院管理局行政總裁身份出任醫院管理成員

24. Dr U Chi-kong, JP
李志光醫生

- Appointed on 1 April 2012
- Chief of Service of Department of Paediatrics and Co-ordinator (Clinical Service) of Prince of Wales Hospital
- 於2012年4月1日獲委任
- 威爾斯親王醫院兒科部門主管及醫務統籌



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25. Dr. Donald U Kwok-tung,
SBS, JP
李國棟醫生

(up to 30 November 2012)
(任期至2012年11月30日)

- Appointed on 1 December 2006
- Private medical practitioner
- 於2006年12月1日獲委任
- 私家醫生

26. Mr David UE Tai-chong,
SBS, JP
李大兆先生

- Appointed on 1 April 2006
- Businessman
- 於2006年4月1日獲委任
- 商界人士

27. Mr Patrick MA Ching-hang,
BBS, JP
馬清鏗先生

- Appointed on 1 December 2009
- Director and general manager of a commercial bank
- 於2009年12月1日獲委任
- 銀行董事兼總經理

28. Miss Winnie NG
伍麗梅女士

- Appointed on 1 December 2010
- Director of a listed public transportation group and founder of a listed media company
- 於2010年12月1日獲委任
- 上市公共運輸機構董事及上市媒體銷售公司創辦人

29. Mr PANG Yiu-kai, SBS, JP
彭耀佳先生

- Appointed on 1 April 2011
- Chief executive of a listed real estate group
- 於2011年4月1日獲委任
- 上市地產集團行政總裁

30. Mr WONG Kwai-huen, JP
王桂堦先生

- Appointed on 1 December 2012
- Solicitor and a law firm consultant
- 於2012年12月1日獲委任
- 律師及律師事務所顧問

31. Prof Maurice YAP Keng-hung
葉健雄教授

- Appointed on 1 April 2011
- Dean of Faculty of Health and Social Sciences, Hong Kong Polytechnic University
- 於2011年4月1日獲委任
- 香港理工大學醫療及社會科學院院長

32. Mr Richard YUEN Ming-fai, JP
袁銘輝先生

Permanent Secretary for Health
食物及衛生局常任秘書長
(衛生)

- Appointed on 9 September 2011
- Board member in capacity as Permanent Secretary for Health of Hong Kong Government
- 於2011年9月9日獲委任
- 以香港政府食物及衛生局常任秘書長(衛生)身份出任醫院管理局成員



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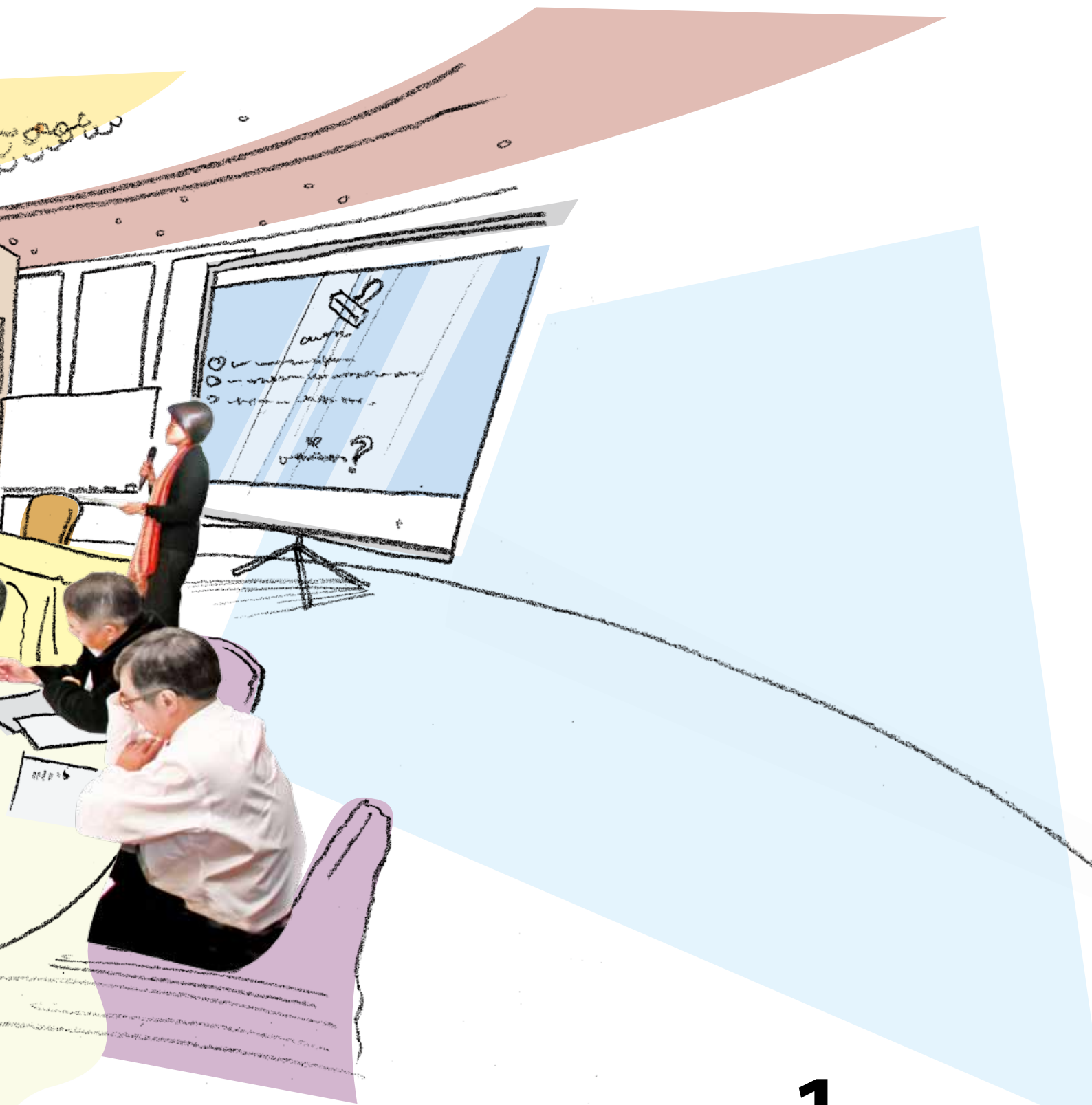
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Chapter **1** 第一章

Corporate Governance
機構管治

Corporate Governance 機構管治

The Hospital Authority (HA) is a statutory body established under the Hospital Authority Ordinance in December 1990, responsible for managing all public hospitals in Hong Kong. The HA is accountable to the Hong Kong Special Administrative Region (HKSAR) Government through the Secretary for Food and Health.

醫院管理局(醫管局)為法定團體，是根據《醫院管理局條例》於1990年12月成立的，負責管理香港的公立醫院，並透過食物及衛生局局長向香港特別行政區政府負責。



Principles

The Board acknowledges its responsibility for and commitment to corporate governance principles and recognises that the Authority's stakeholders expect the highest standards of performance, accountability and ethical behaviour.

The following outlines the approach and practices of corporate governance of the Authority.

原則

醫管局大會明白不同持份者期望醫管局在工作表現、問責性及道德操守方面須達最高標準，並確認其奉行機構管治原則的責任與承諾。

醫管局的機構管治方式及於年內的實行情況概述如下。



Hospital Authority Board

Under the HA Ordinance, the Chief Executive of the HKSAR appoints members to the Authority Board. The 2012-13 Board consisted of 27 members, including the Chairman. Details are listed in Appendix 1. Membership of the Authority comprises 23 non-public officers, three public officers and one principal officer (the Hospital Authority Chief Executive). Apart from the principal officer, other members are not remunerated in the capacity as Board members.

The Authority Board meets formally about 12 times a year and any other times as required. In 2012-13, it met 15 times. In addition, two Board papers covering urgent matters were circulated for approval between meetings.

醫院管理局大會

根據《醫院管理局條例》，醫管局大會成員由香港特別行政區行政長官任命。2012-13年度，大會有成員27名（包括主席）。詳情載於附錄1。成員中23人為非公務員、三人為公務員、一人為主要行政人員（醫管局行政總裁）。除該行政人員外，其他成員均沒有因成員的身份而領取任何薪酬。

大會每年召開約12次正式會議，如有需要會召開特別會議。在2012-13年度，大會共召開15次會議，另在會期之間以傳閱方式通過兩份文件，處理緊急事宜。





During the year, the Authority Board implemented a good number of enhancements on its corporate governance structure and processes, following the completion of a comprehensive review of its governance practices at the corporate level by an external consultant (the Phase 1 Corporate Governance Review). These included: enhancing the role of the Executive Committee to serve as a platform for coordinating the work of other functional committees; formalising the list of reserved matters for the Board for inclusion as standing items in Board meeting agendas; renaming the Audit Committee as Audit and Risk Committee after expanding its role in overseeing HA's risk related activities, particularly the development of an integrated Enterprise Risk Management System; augmenting involvement of Board members in HA's risk management and long-term strategic planning functions; revisiting the terms of reference of all functional committees to define their roles and responsibility in clearer terms; strengthening executive support to the Board and committees; refining the conflict of interest declaration system for Board members; streamlining the logistical arrangements of Board and committee meetings; and performing annual self-assessment for the Board and functional committees.

年內，醫管局委聘的獨立專業顧問就醫管局中央層面的管治方式完成了全面檢討（機構管治檢討第一階段），其後醫管局大會就其機構管治架構及程序作出多項優化措施，包括加強行政委員會的職能，作為協調其他專責委員會工作的平台；正式訂定須經大會審議及通過的事項，列作大會會議議程常設事項；審計委員會易名為審計及風險管理委員會，擴大監察醫管局整體風險管理事宜的職能，特別是發展機構綜合風險管理系統；加強大會成員參與醫管局風險管理及長遠策略規劃的職能；全面檢討各專責委員會的職權範圍，更清晰界定其角色和職責；加強對大會及委員會的行政支援；改進大會成員利益衝突申報制度；精簡大會及委員會會議流程安排；以及大會及各專責委員會每年進行自我檢討。

Board Committees

For optimal performance of roles and exercise of powers, the HA Board has established 11 functional committees: Audit and Risk Committee, Emergency Executive Committee, Executive Committee, Finance Committee, Human Resources Committee, Information Technology Services Governing Committee, Main Tender Board, Medical Services Development Committee, Public Complaints Committee, Staff Appeals Committee and Supporting Services Development Committee. Membership of the committees, their terms of reference and focus of work in 2012-13 are outlined in Appendix 3.

Hospital Governing Committees

To enhance community participation and governance of public hospitals in accordance with the HA Ordinance, 31 Hospital Governing Committees have been established in 38 hospitals and institutions. These committees are listed in Appendix 4. During the year, these committees received regular management reports from Hospital Chief Executives, monitored operational and financial performance of the hospitals, participated in human resources and procurement functions, as well as hospital and community partnership activities. In 2012-13, the 31 Hospital Governing Committee held a total of 126 meetings.

大會轄下的委員會

為協助醫管局大會有效發揮職能及行使職權，大會成立了11個專責委員會，包括審計及風險管理委員會、緊急應變策導委員會、行政委員會、財務委員會、人力資源委員會、資訊科技服務管治委員會、中央投標委員會、醫療服務發展委員會、公眾投訴委員會、職員上訴委員會及支援服務發展委員會。各委員會2012-13年度的成員名單、職權範圍及工作概況載於附錄3。

醫院管治委員會

根據《醫院管理局條例》，為促進社區參與及加強公立醫院管治，我們在38間醫院／機構成立了31個醫院管治委員會。詳情載於附錄4。這些委員會於年內審閱醫院行政總監的定期管理報告、監察醫院在運作和財務方面的表現，並參與人力資源及採購的管治工作，以及醫院和社區的夥伴協作活動。在2012-13年度，31個醫院管治委員會共召開126次會議。



Regional Advisory Committees

In accordance with the HA Ordinance and to provide the Authority with advice on the healthcare needs for specific regions of Hong Kong, the Authority has established three Regional Advisory Committees. These committees and their respective memberships are presented in Appendix 5. Each Regional Advisory Committee meets four times a year.

In 2012-13, the Regional Advisory Committees discussed, amongst other agenda items, manpower strategies for doctors and nurses, strategic framework for elderly patients, HA's preparedness for influenza pandemic and the consultancy review on clinical governance.

The Committees also deliberated on the annual plan targets of individual clusters and advised the Authority on healthcare needs of local communities in the areas of specialty services, availability of clinics during holidays and service development in various districts.

區域諮詢委員會

為聽取地區對醫療服務需要的意見，醫管局根據《醫院管理局條例》成立三個區域諮詢委員會。附錄5載有此三個委員會及其成員名單。各區域諮詢委員會每年召開四次會議。

在2012-13年度，三個區域諮詢委員會討論了醫生及護士的人手策略、長者醫療服務策略、醫管局流感大流行應變計劃及臨床管治顧問檢討報告等。

委員會亦審議了有關聯網的工作計劃目標，並就區內的醫療需求向醫管局提供意見，包括專科服務、假日診所服務，以及多個地區的服務發展。





Executive Management

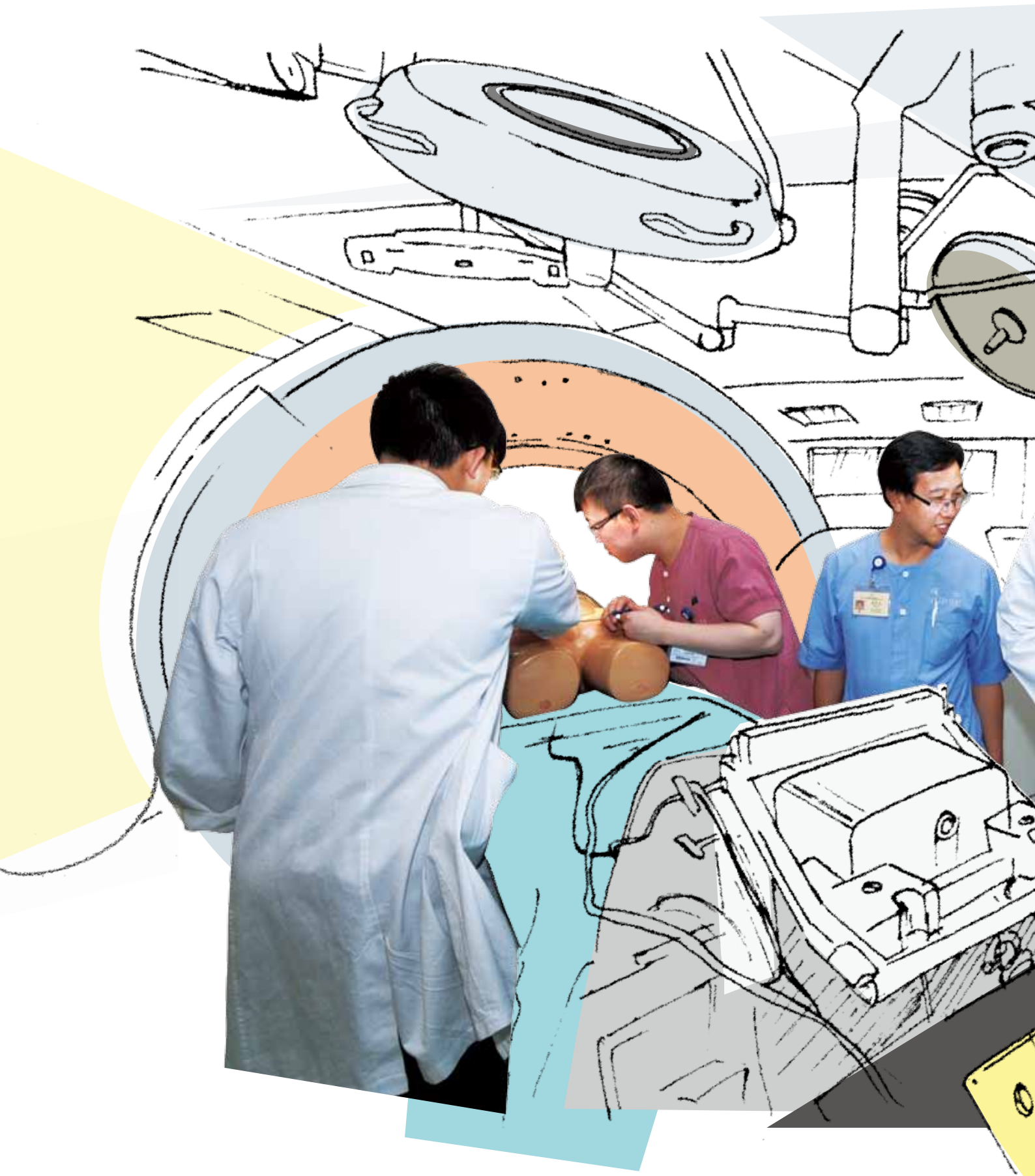
The executive management team of the HA is outlined in Appendix 2(b). The executives are charged by the HA Board with the responsibility to manage and administer day-to-day business and operations. To ensure that the management can discharge its duties in an effective and efficient manner, the HA Board has set out clear delegated authority, policies and codes of conduct. The Board also approves an annual plan prepared by the executives in accordance with the Board's direction. Regular executive reports on the progress of agreed performance indicators and targets are presented to the Board.

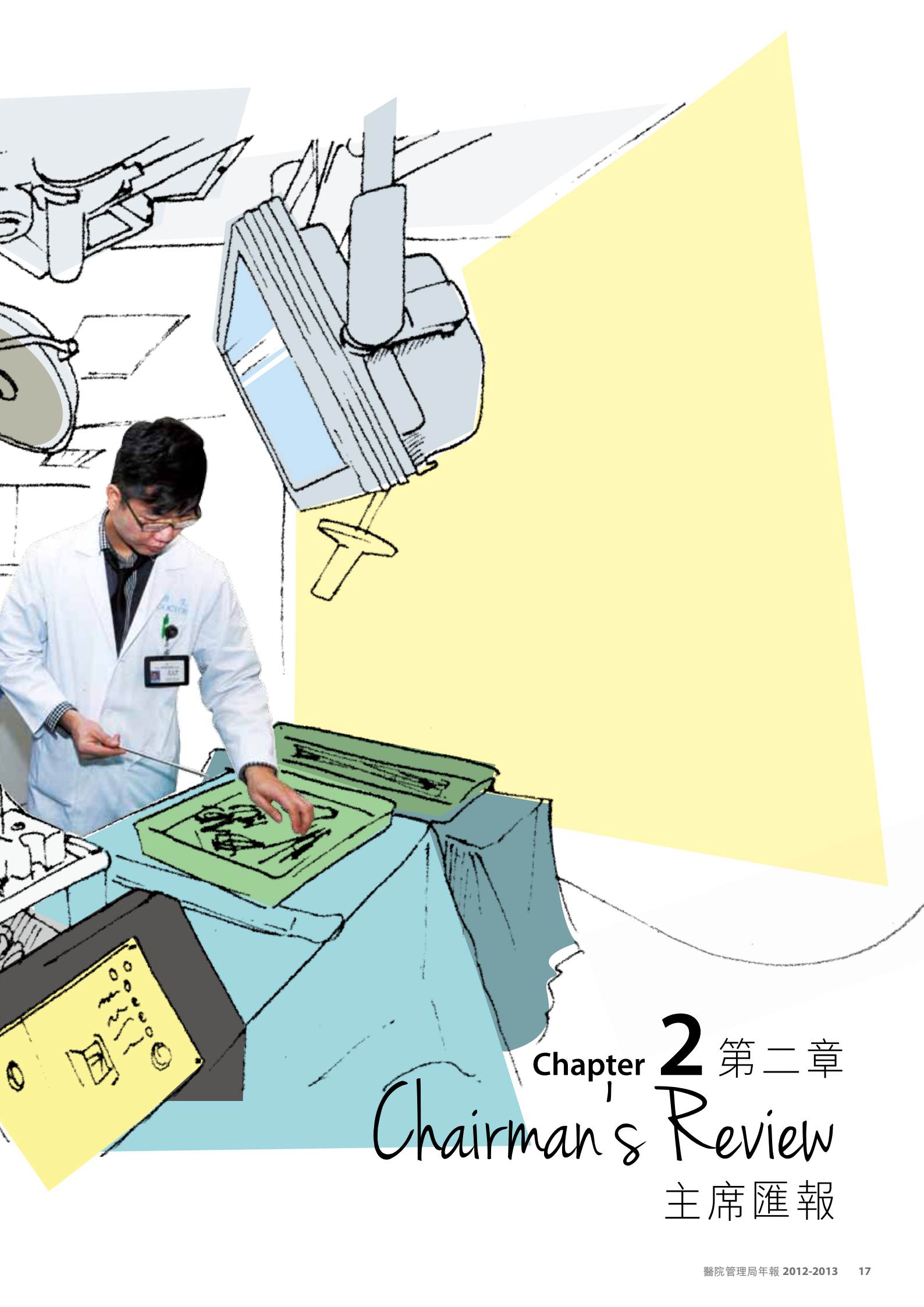
Under the powers stipulated in the HA Ordinance, the Authority determines the remuneration and terms and conditions of employment for all its employees. Remuneration packages of executive directors and other senior managers are devised to attract, motivate and retain high calibre individuals in a competitive talent market. Remuneration packages of all senior executives are considered and endorsed by the HA Board through the Executive Committee.

行政管理

附錄 2(b) 載有行政管理團隊的名單。各行政人員獲醫管局大會授權管理及執行醫管局的日常事務及運作。為確保管理層可快捷有效地履行其職責，大會已清楚列出授予權力、政策及操守準則。大會每年批核由行政人員根據大會所立方針制訂的工作計劃，行政人員亦定期向大會提交進度報告，包括議定的表現指標及工作目標的進度。

根據《醫院管理局條例》賦予的權力，醫管局可釐定所有僱員的薪酬及服務條件。為行政總監及其他高級管理人員而釐定的薪酬條件，務求能在競爭激烈的人力市場中，吸引、激勵及挽留高質素人才。所有高級行政人員的薪酬，均由醫管局大會的行政委員會考慮及審批。





Chapter **2** 第二章
Chairman's Review
主席匯報

Chairman's Review 主席匯報

Ten years after the SARS outbreak in Hong Kong, the selfless efforts of the fallen heroes and the entire Hospital Authority (HA) staff in battling the deadly disease and safeguarding people's health demonstrate professional and personal dedication that remain a defining characteristic of our service.

香港發生沙士至今已十年。疫症肆虐期間，沙士英雄無私付出，全體醫管局職員奮起力抗。他們基於專業的感召，以及個人的情操，竭盡所能保衛民康，展現了醫管局服務的特質。



A decade on, the painful memories of the loss of six frontline colleagues still burn bright but we have become a stronger organisation. We have adopted improved measures. We have set up Infectious Disease Control and Training Centre. We have over 1,400 isolation beds across our hospital network. We have good supply of protective gear, medicines and medical equipment. We have also established a Major Incident Control Centre to help ensure effective and efficient deployment of resources in the event of a serious healthcare crisis. These improvements have significantly enhanced our ability to combat any future outbreaks of contagious disease.

十年過去。疫症奪去我們六位前線同事的寶貴生命，傷痛至今尚未撫平。猶幸我們的機構已走出傷痛，以堅壯的姿態迎接挑戰。我們採取了一系列改善措施，包括設立傳染病控制培訓中心，並可隨時在公立醫院調動超過1,400張隔離病床，同時備有充足的保護裝備、藥物和醫療器材。我們設立了重大事故控制中心，一旦發生嚴重公共衛生事故，中心可協助作出迅速有效的資源調配。這些改善大大加強了我們應付傳染病突襲的能力。

Over the years, HA has developed into an internationally respected public healthcare system. Amidst ongoing internal and external challenges in 2012-13, our dedicated workforce of 64,000 employees continued to provide comprehensive and high-quality medical care. I am deeply honoured to serve as Chairman of HA – which handles about 90% of Hong Kong's secondary and tertiary healthcare needs spending only 2.4% of GDP. With the highest life expectancy and relatively low expenditure on healthcare per capita, our healthcare system is ranked among one of the most efficient in the world.

I am greatly encouraged by the progress we have made in improving the well-being of the people of Hong Kong through better service prioritisation, facilities modernisation, workflow re-engineering and the use of modern technology. But we will not become complacent. Aging population, rising public expectations and the recurrent threat of outbreaks of contagious diseases are major factors driving us to effectively discharge our vital social role in safeguarding health of the community.

時至今日，醫管局已發展為備受國際推崇的公立醫療系統。在2012-13年度，醫管局繼續面對各項內外挑戰，但我們的64,000位員工一直努力不懈，為市民提供完備和高質素的醫療服務。醫管局僅以本地生產總值2.4%的開支，照顧全港約90%的第二層及第三層醫療需求，作為醫管局主席，我深以為傲。香港的人均壽命位居全球之冠，但人均醫療支出卻相對為低，我們的醫療系統是全世界最具效率之一。

藉著訂定更適切的服務優次、更新設施、重整工作流程及採用先進科技，我們繼續致力促進民康，所得進展令人鼓舞。然而，我們絕不自滿。面對人口老化、市民期望上升，以及傳染病的持續威脅，我們必須竭盡全力，履行保障民康的重要職責。



I would like to express my gratitude to the Hong Kong government for continual strong support to HA, including 6.7% increase in annual recurrent funding in 2012-13 to HK\$42 billion. We are especially overjoyed to get the green light for the long-awaited redevelopment project of two of the oldest hospitals in Hong Kong, Queen Mary Hospital and Kwong Wah Hospital. The two redevelopment projects, in addition to the expansion project of United Christian Hospital, are going to give a facelift to the outdated building structures and obsolete facilities now our patients and healthcare staff are bearing with.

We welcomed Mr William Chan Fu-keung, Dr Constance Chan Hon-ye, Mr Lester Garson Huang, Professor Diana Lee Tze-fan, Ms Esther Leung Yuet-yin, Dr Li Chi-kong and Mr Wong Kwai-huen as new HA Board members during the year. Their expertise and experience will help HA map a steady course forward.

我感謝香港政府持續的財政支持，包括增加醫管局2012-13年度的經常性資助6.7%，總撥款額達420億元。我們特別感到雀躍，是期待已久的瑪麗醫院及廣華醫院重建項目獲得政府批准，兩所醫院均是本港歷史最悠久的醫院之一。這兩項重建計劃連同基督教聯合醫院擴建項目，將為現時的過時建築及陳舊設施帶來新貌，令病人和職員耳目一新。

我謹在此歡迎陳富強先生、陳漢儀醫生、黃嘉純先生、李子芬教授、梁悅賢女士、李志光醫生及王桂壘先生在本年度加入醫管局大會。他們的專長和經驗，將有助醫管局制訂未來的路向，穩步向前發展。





I am indebted to all members of the Board, Regional Advisory Committees and Hospital Governing Committees, and to the co-opted members of our functional committees for their guidance and advice. My sincere gratitude also goes to patient groups, District and Legislative Council members, and to our 18,000 volunteers who contributed nearly 500,000 hours in service to our hospitals and institutions over the past year.

In expressing my deep appreciation to all HA staff, I congratulate the winners of Outstanding Staff and Teams Award this year. We are blessed to have the dedication and support of every member of the HA team. With passion and professionalism, I am confident that we will continue to provide quality healthcare and a strong safety net for the people of Hong Kong.

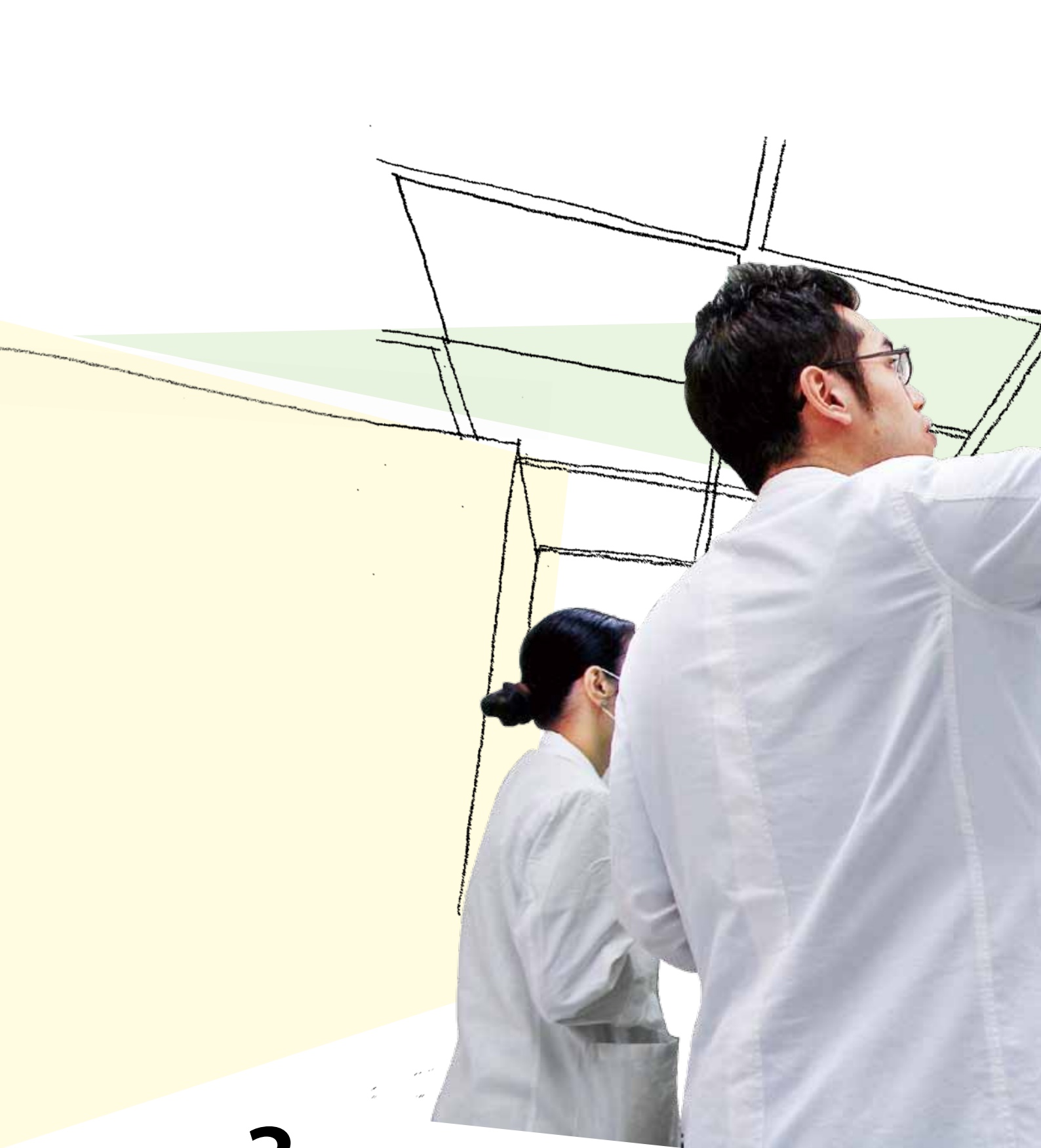
Anthony TY Wu, GBS, JP
Chairman

我衷心感謝醫管局大會、區域諮詢委員會及醫院管治委員會的所有成員，以及各專責委員會的增選成員，為我們提供悉心指導和寶貴意見。我亦要感謝病人團體、區議會及立法會的成員，以及醫管局18,000位無私奉獻的義工，他們去年在公立醫院和機構服務近500,000小時。

我更對醫管局全體員工表示讚揚，同時祝賀本年度傑出員工及團隊獎的得獎同事。醫管局慶幸有一群優秀員工，矢志盡心，竭力服務。憑著他們的服務熱誠和專業精神，我深信醫管局定能繼續提供優質醫療，並做好公共醫療安全網的角色，保障民康。



主席
胡定旭



Chapter **3** 第三章

Chief Executive's Report
行政總裁匯報



Chief Executive's Report 行政總裁匯報

The Hospital Authority (HA) made significant achievements on improving access, upgrading efficiency, enhancing quality measures, and contributing to sustainability in 2012 despite a challenging operating environment characterised by mounting service demand and manpower shortage.

在2012年，醫院管理局（醫管局）在運作上面對不少挑戰，主要包括服務需求不斷增加，以及職員人手短缺。儘管如此，我們在改善服務使用、提升效率、優化質素改善措施及維持穩定服務方面，均取得顯著成果。



HA served 80,000 people per day on average during the year. This remarkable number will grow in the years ahead in light of complex healthcare needs due to aging population, growing prevalence of chronic illnesses and continuing threat of contagious disease outbreaks. The changing social landscape of Hong Kong constitutes growing demand on HA, making quality service, operational efficiency and manpower supply high priority issues in 2012-13.

年內，醫管局每日平均為80,000名病人提供服務。隨著人口老化、慢性疾病增加，以及傳染病的持續威脅，市民將有更多複雜的醫療需要，這個數字在未來數年會繼續上升。因應香港社會結構的改變，醫管局面對的服務需求與日俱增。因此，在2012-13年度，優質服務、運作效率及人手供應是我們的重點處理事項。



Amidst all these challenges, our expanded community-based care programmes and improved diagnostic services helped reduce pressure on inpatient services. Together with notable strategies such as improving resource allocation, employing new service delivery models and enhancing staff working conditions, it further enhanced our ability to provide affordable and quality healthcare services. Enhanced collaboration with private-sector partners and the pilot cross-cluster referral arrangements helped improve satisfaction of the public.

With the government's continuing support, we were able to invest in new facilities, equipment and technology, as well as carry out our hospital redevelopment and expansion plans during the year. We also enhanced risk management and contingency plans, expanded drug formulary as well as achieved further hospital accreditation. These all contributed to creating a safer and high quality environment for the delivery of public hospital service in the 21st century.

面對種種挑戰，我們擴展社區護理計劃及改善診斷服務，以助減輕住院服務的壓力。這些措施與其他主要策略，如優化資源分配、採用新的服務模式，以及改善職員工作條件，均可進一步提升我們的能力，使我們提供可負擔及優質的醫療服務。我們亦與私營醫療機構加強合作，並試行跨聯網轉介安排，以提升市民的滿意度。

年內，有賴政府的持續財政支持，我們投資於新設施、儀器和科技，並落實各項重建及擴建工程計劃。此外，我們推行新的質素改善措施、加強風險管理及應變規劃、擴大藥物名冊，以及持續推行醫院認證。這些措施均有助我們在 21 世紀建立更安全及高質素的運作環境，提供優質的公立醫療服務。



Manpower shortfalls negatively affected morale, recruitment, as well as retention of well-qualified professionals. To alleviate pressure in understaffed areas, reduce frontline workload and retain talented individuals, we offered more incentives by creating new promotion posts and providing more local and overseas training opportunities. We stepped up recruitment initiatives for full-time and part-time doctors, hired more supporting staff and employed a number of non-local doctors under limited registration in specialties with particularly acute shortages.

Whilst 2012 was a further year of hurdles in delivering quality healthcare services, HA was blessed to have the wise counsel from our Chairman, Mr Anthony Wu, and the valuable contributions from the Board, Hospital Governing and Regional Advisory Committee members. I am grateful to the community at large for their trust and support to us. I want to pay tribute to all of our employees, who have shown a real sense of dedication, passion and endurance throughout a critical year for the HA.

人手不足不但影響士氣，而且阻礙人才招聘及挽留優秀員工。為紓緩人手不足部門的壓力、減輕前線醫護人員的工作量及挽留人才，我們增加晉升機會，並提供更多本地及海外培訓，增強員工動力。我們亦加強招聘全職及兼職醫生、增聘支援人員，以及招聘有限度註冊的非本地醫生，分派到人手壓力特別嚴重的專科部門。

2012年亦是充滿考驗的一年，試煉我們提供優質服務的能力。幸得主席胡定旭先生的英明指導，以及醫管局大會、各醫院管治委員會及三個區域諮詢委員會的寶貴貢獻，我們得以克服這些困難。我要感謝社區人士對我們的信任和支持，更要向全體員工致敬，他們以無比拼搏、熱誠和堅毅，與醫管局走過關鍵的一年。





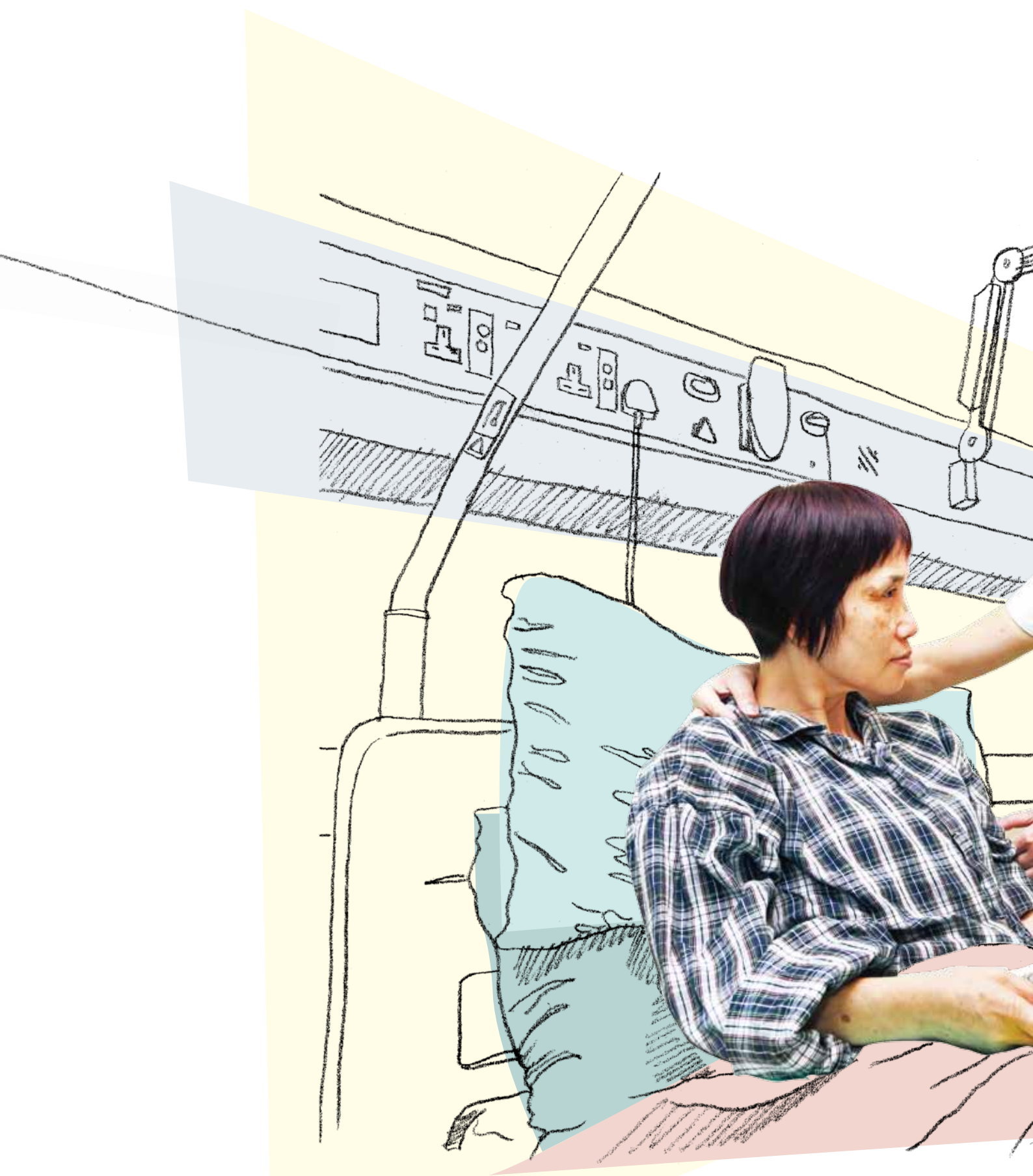
Enlisting our valuable human capital and implementing our strategies gave added impetus to us in accomplishing our mission of helping people stay health. We have addressed our most pressing challenges and made solid headways last year. Yet there is still an uphill journey ahead. By further leveraging the support of our stakeholders, we are more determined than ever to provide medical services that rank HA among the best in the world.

善用人力資源，推行適切的策略，有助我們進一步實現「與民攜手 保健安康」的目標。去年，我們應對了最迫切的挑戰，並取得一些實質進展。然而，前面尚有十分艱辛的路，但憑着各有關方面的支持，我們定必堅守使命，繼續提供世界頂尖的醫療服務。

PY LEUNG
Chief Executive



行政總裁
梁栢賢



Chapter **4** 第四章

Milestones of the Year

大事回顧



Milestones of the Year 大事回顧



125 years of loving care

雅麗氏何妙齡那打素醫院光輝 125 年

2012 is a momentous year for Alice Ho Miu Ling Nethersole Hospital as it celebrates 125th anniversary and 15th year of relocation from Hong Kong Island to Tai Po.

雅麗氏何妙齡那打素醫院慶祝成立 125 周年，以及由港島遷院大埔 15 周年。



4 · 2012

5 · 2012



Salute to volunteers

向義工致敬

Hospital Authority (HA) paid tribute to 18,000 volunteers who contributed to public hospital services in the past two decades at the meaningful event 'Together We Care'. More than 2,700 volunteers participated.

醫院管理局(醫管局)舉行「同行有您 義工感謝日」，向 18,000 位在過去二十年來服務公立醫院的義工致敬，超過 2,700 名義工出席。



Hospice centre opened in

North District Hospital

北區醫院寧養中心啟用



Opening of Hospice Centre at North District Hospital marked the continuation of 'Heart of Gold' Hong Kong Hospice Service Programme, providing enhanced palliative care.

北區醫院寧養中心由李嘉誠基金會「人間有情」香港寧養服務計劃贊助，提供寧養及紓緩服務。

20th anniversary commemorative volume published

《醫路 - 生命是美》發布

Featuring 70 stories of frontline workers, the book is a memoir of touching experiences of carers and patients in HA.

醫管局二十周年紀念文集《醫路 - 生命是美》結集醫管局前線醫護人員70多篇撰文，分享醫患相扶持的感受點滴。



6. 2012



Approval for United Christian Hospital expansion

基督教聯合醫院擴建計劃獲得通過

The Legislative Council approved the funding of HK\$352 million for the hospital to embark on an expansion project.

立法會財委會通過撥款3億5,200萬元，讓基督教聯合醫院開展擴建計劃。

7. 2012



Cuisine lessons tantalised patients' taste buds

健康美食令病人垂涎

Diabetes patients revitalised their taste buds after learning new methods of cooking from special cuisine class organised by the Ambulatory Care Centre College of Queen Elizabeth Hospital.

伊利沙伯醫院日間醫療中心「門診學堂」為糖尿病患者介紹適合病人的菜餚和烹調方式，讓他們可享受健康美食。

Seven transplants done in nine days breaks record

瑪麗醫院創換肝手術紀錄

Queen Mary Hospital liver transplant team performed a total of seven liver transplant surgeries in nine days, saving seven lives, including a two-and-a-half-year-old toddler.

瑪麗醫院肝臟移植團隊創下九日內進行七宗肝移植手術的佳績，成功拯救七名病人，最年輕的病人僅兩歲半。



8. 2012



Excellence in staff engagement

促進員工投入表現卓越

New Territories East Cluster won HR Excellence Award 2012 for outstanding performance in staff engagement, adopting matrix approach in communicating with staff of all disciplines.

新界東聯網在香港人力資源管理學會舉辦的「2012卓越人力資源獎」獲頒發「卓越員工投入獎」。管理層讓同事參與不同的討論和決定，使他們融入成為聯網的一份子。

9. 2012



1,000th liver transplant performed in Hong Kong

肝臟移植令千人重獲新生

Queen Mary Hospital celebrated with the 1,000th patient who underwent liver transplantation since the first operation was conducted in Hong Kong in 1991.

瑪麗醫院慶祝完成第一千宗肝臟移植手術，該院早於1991年進行全港首宗肝臟移植手術。





Hospice centre opened in Hong Kong Buddhist Hospital 香港佛教醫院寧養中心開幕

The 10th hospice centre in HA was opened at Hong Kong Buddhist Hospital, enhancing holistic palliative care service in HA. Together with the other nine centres in HA, 'Heart of Gold' programme serves more than 11,000 cancer patients.

由醫院管理局與李嘉誠基金會「人間有情」香港寧養服務計劃合作的第十間寧養中心，於香港佛教醫院啟用，加強醫管局的全人舒緩護理服務。十間中心共為 11,000 名癌症病人提供服務。

10 · 2012



First radiological scanner installed in HA 醫管局裝設首部三維 X 光引導手術系統

An orthopaedic integrated operation room equipped with the first radiological scanner 'O-arm' and computer navigation system was set up in Pamela Youde Nethersole Eastern Hospital to enhance surgical safety, efficacy and training. The machine is the first of its kind in pan-China area.

東區尤德夫人那打素醫院開設微創骨科綜合影像手術室，引入大中華區首部三維 X 光引導手術系統，提高手術的準確性和安全性，同時方便培訓新人。

11 · 2012

Queen Elizabeth Hospital promotes breastfeeding 伊利沙伯醫院推廣母乳餵哺

伊利沙伯醫院推廣母乳餵哺

Breastfeeding Fun Day invited participation of the public and enhanced understanding of breastfeeding and operation of 'baby friendly hospital'.

伊利沙伯醫院推廣母乳餵哺及「愛嬰醫院」，舉行「愛嬰繽紛日」，歡迎市民參與。



Hong Kong Bone Marrow Donor Registry opened to Macau citizens

澳門市民登記加入「香港骨髓捐贈者資料庫」

HA signed a memorandum of agreement with the Macau Health Bureau enabling Macau citizens to register with the Hong Kong Bone Marrow Donor Registry as volunteer unrelated donors at the Macau Blood Transfusion Service.

醫管局與澳門衛生局簽署「澳門骨髓捐贈者登記」備忘錄。澳門居民可在當地捐血中心登記，再由「香港骨髓捐贈者資料庫」處理及儲存無血緣骨髓捐贈者的資料。



Queen Elizabeth Hospital celebrates 50th anniversary

伊利沙伯醫院五十周年誌慶

A walkathon organised by Queen Elizabeth Hospital kicked off a series of activities engaging staff and the community, celebrating 50 years of serving the public in Hong Kong.

伊利沙伯醫院舉行「金禧健步行同樂日」，為一連串慶祝活動揭開序幕，既與職員同樂，亦寓慶祝於社區關懷。



12 · 2012

1 · 2013



In memory of 20 years of heart transplant

葛量洪醫院慶祝心臟移植手術 20 周年

The first heart transplant recipient shared his experience with cardiologists and healthcare workers of Grantham Hospital to celebrate the 20th anniversary of heart transplant in Hong Kong. 141 patients have undergone heart transplantation since 1992.

葛量洪醫院舉行心臟移植手術 20 周年慶祝活動，本港首位心臟移植手術接受者與該院醫護人員分享感受。自 1992 年起，共有 141 名病人接受了心臟移植手術。



North Lantau Hospital completed construction

北大嶼山醫院興建工程竣工

Construction of the new North Lantau Hospital was completed with the site handed over to the HA for commissioning.

北大嶼山醫院興建工程已經完成。

2. 2013

3. 2013

Hospital Authority commended for bravery in sea rescue

醫院管理局參與海難救援獲嘉許

HA was commended by Sing Tao News Corporation as 'Leader of the Year' for contributing to the rescue team of the ferry collision off Lamma Island.

醫管局參與南丫島撞船事故海難救援，全體救援人員獲星島報業集團主辦的「傑出領袖選舉」選為「傑出領袖」。



Chapter **5** 第五章

Engagement and Teamwork

凝聚力量 群策群力





Engagement and Teamwork 凝聚力量 群策群力

Understanding the needs and concerns of stakeholders is instrumental from crafting strategic objectives to formulating implementation plans in order to actualise organisational goals and win trust of the community. The Hospital Authority (HA) is committed to engaging all stakeholders in policy formulation, strategic planning, organisation development and service implementation.

由勾劃策略方針以至研訂推行，必須了解持份者的需要和關注，才可實現機構的願景，得到市民信任。在政策制訂、策略規劃、機構發展及服務推行方面，醫管局均非常重視持份者的參與。



Engaging Patients

The Patient Advisory Committee was established in 2011 to enhance partnership with patients and the community, which are important stakeholders. Suggestions of patient groups were incorporated in the HA annual planning process. The second phase of 'Patient Partnership in Action' programme was launched in collaboration with the Alliance for Patients' Mutual Help Organizations, with 24 patient leaders completed training in 2012-13.

與病人建立夥伴關係

病人和社區是醫院管理局（醫管局）服務的重要持份者，我們在2011年設立病人諮詢委員會，加強與病人和社區的聯繫。我們亦就年度工作規劃諮詢病人的意見。在2012-13年度，我們與病人互助組織聯盟合作舉辦第二屆「耆智力量 - 病人領袖培訓計劃」，24名病人領袖完成了培訓。





Volunteers are partners in the delivery of healthcare. Other than advanced training for 200 volunteers, a study was conducted in the year to identify their training needs. A finale programme 'Together We Care' was organised to celebrate HA's 20th anniversary and to express our appreciation to our volunteers for the last two decades. More than 2,700 volunteers participated in the event.

Communication through new media has been enhanced by providing one-stop information related to elderly patients with chronic diseases on Smart Patient Website, ranging from wound care, drugs, rehabilitation and self-care information. A mobile application was launched to help people search information of patient groups.

在醫護過程中，義工是我們的夥伴。年內，我們為200名義工提供進階訓練，並進行一項研究，了解義工的培訓需要。醫管局20周年誌慶的壓軸節目「同行有您-義工感謝日」，是向過去二十年來服務公立醫院的義工致敬，活動有超過2,700名義工參加。

我們加強利用新媒體促進溝通。一站式資訊平台「智友站」為患有慢性疾病的長者提供健康資訊，如傷口護理、藥物知識、復康及自我照顧技巧。我們亦推出智能電話應用程式，方便公眾搜尋病人組織的資料。



Engaging Staff

HA continues to engage staff through various initiatives in fostering people-oriented culture and provide a positive and caring work environment that attracts, retains and motivates staff, thus improving staff morale, job satisfaction and sense of belonging.

Besides better employment terms, improved advancement and training opportunities, increasing efforts were devoted to promote open communication with staff, look after their wellbeing, and appreciate their hard work.

鼓勵員工積極參與

醫管局繼續透過不同措施凝聚員工，推廣「以人為先」的文化，並積極建立正向和互相關顧的工作環境，吸引及激勵員工為醫管局效力，以提升士氣、加強工作滿足感和歸屬感。

除了優化員工僱用條件、改善職業發展前景及增加培訓，我們亦加強措施，促進與員工的坦誠溝通、照顧其身心健康，並表揚及嘉許他們的努力。





Communication channels of various kinds strengthen rapport with staff of all levels. Other than a bi-monthly newsletter 'HASLink' and monthly webcast, senior directors shared views and experiences on the HA intranet blog. At hospitals, regular meetings with staff representatives listen to staff concerns. Lunch gatherings with cluster chief executives (CCE) and hospital chief executives (HCE) encouraged frontline to meet face-to-face with the management. Newsletters, blogs, online letterboxes, messages to CCE, staff hotlines were promoted to facilitate communication.

HA promotes a balanced and healthy lifestyle. Recreational activities were popular throughout the year, ranging from various sports events to concessionary tickets to theme parks. The Chinese New Year Run, an HA signature event, attracted over 2,600 staff and family members, raising HK\$800,000 for the HA Charitable Foundation. In 2012-13, HA was awarded the 'Most Supportive Award' in Hong Kong Marathon, 'Overall Champion' in the Corporate Games organised by Leisure and Cultural Services Department and 'Second Runner-Up' in MTR Hong Kong Race Walking.

我們利用各種溝通渠道，加強各級員工聯繫。除了出版《協力》雙月刊及主席行政總裁每月主持網上直播，總部各總監及主管亦在醫管局博客分享經驗和看法。醫院方面，管理層與職員代表定期會面，聆聽員工的心聲；聯網總監或醫院行政總監與前線同事舉行午餐聚會，鼓勵員工與管理層直接對話。各聯網利用刊物、總監或醫院行政總監網誌、網上信箱、「給聯網總監的話」及職員聯絡辦事處熱線等，進一步促進溝通。

醫管局推廣作息平衡及健康生活，年內舉辦的康樂活動極受歡迎，其中包括體育運動比賽，以及提供主題樂園優惠門票。醫管局新春長跑屬每年盛事，今年有超過2,600名職員和家屬參加，創歷年紀錄，並為醫管局慈善基金籌得80萬元善款。在2012-13年度，醫管局在渣打香港馬拉松賽事中榮獲「最鼎力支持大獎」，在康樂及文化事務署舉辦的工商機構運動會中勇奪「甲組團體總冠軍」，另在港鐵舉辦的競步賽中贏得季軍。



Psychological and physical wellness programmes were designed to provide frontline staff with stress management and coping skills, benefitted over 300 employees. Access to diagnostic services was improved for staff during the year.

Experience and loyalty are greatly respected in HA. Long service awards and retirement souvenirs were presented to staff who had served for 10, 20, 30 and 40 years. Bright suggestions and creativity in work improvement were encouraged and recognised with prizes.

Teamwork

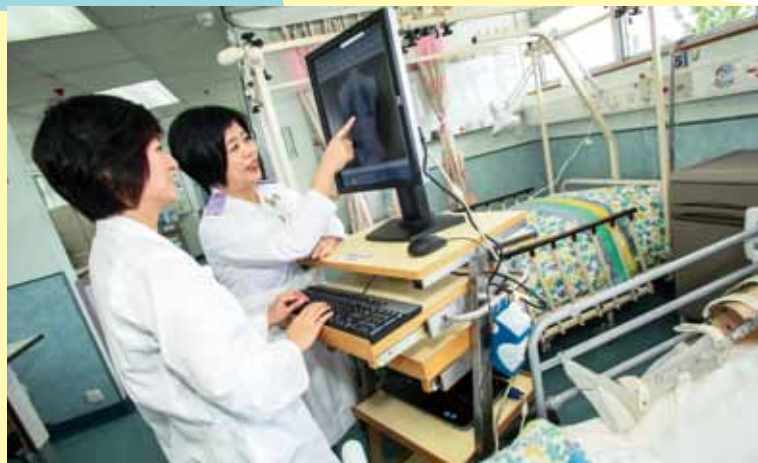
Teamwork is one of the core values of HA and a major contributor to quality and efficient medical services. Training programmes were designed to nurture team spirit in building cohesive team, facilitating team performance, fostering win-win interactions, and recognising contribution.

我們舉辦促進身心健康的訓練課程，以提升前線員工管理壓力和處理問題的能力及技巧，有超過300名職員參加。此外，我們作出改善，讓員工可更快獲得放射服務。

醫管局重視富有經驗和忠誠的員工，我們向服務滿10年、20年、30年和40年的職員頒發長期服務獎及退休紀念狀，並鼓勵員工發表創見和新意念，改善工作成效，優勝者會獲得獎勵。

群策群力

「群策群力」是醫管局一個重要核心價值，亦是促成我們提供優質高效醫療服務的重要元素。醫管局舉辦各種培訓計劃，透過建立團隊互信、提升績效、加強互動、發揮雙贏，以及認同貢獻，促進團隊精神。



Organised for 16 years, the 'Outstanding Staff and Teams Award' attracted total nominations of 34 employees and 35 teams this year. Five teams and six employees won the awards while Merit Awards were claimed by five teams and four employees.

Outstanding Team awards:

Clinical Data Analysis and Reporting System (CDARS) Team of HA Head Office

Health Care Food Service Team of Pamela Youde Nethersole Eastern Hospital

Hong Kong Buddhist Hospital Joint Replacement Centre

Kowloon East Cluster Cataract Consortium

Medication Safety Enhancement Team (Nursing) of New Territories East Cluster

Merit Team Awards:

Project Team for Crew Resource Management Programme of Hong Kong East Cluster

Post Discharge Support Team for Children requiring Long-term Care of Queen Elizabeth Hospital

Princess Margaret Hospital 'We Care We Share' Team

Team of Fast Track Surgery Program of Kowloon East Cluster

The Seating Team of New Territories West Cluster

醫管局傑出員工及團隊獎至今已舉辦超過十六年。在本年度，共有34名員工及35個團隊獲提名。五個團隊及六名員工分別獲獎，另外五個團隊及四名員工獲得優異獎。

傑出團隊獎：

醫管局總辦事處臨床資料分析系統團隊

東區尤德夫人那打素醫院醫療膳食團隊

香港佛教醫院關節置換中心

九龍東白內障醫療團隊

新界東聯網藥物安全促進小組（護理）

優異團隊獎：

港島東醫院聯網「優化醫療團隊管理」團隊

伊利沙伯醫院的延續愛與關懷－兒科家居特別護理支援隊

瑪嘉烈醫院「關懷至上、齊做榜樣」團隊

將軍澳醫院的「外科手術快線」團隊

新界西聯網坐姿服務團隊



Chapter 6 第六章

Head Office and Cluster Reports

總辦事處及醫院聯網工作匯報





The Hospital Authority (HA) provides public healthcare services to the people of Hong Kong through the Head Office and seven hospital clusters:

醫院管理局(醫管局)透過總辦事處及以下七個醫院聯網，為全港市民提供公共醫療服務：

Hong Kong East Cluster

港島東醫院聯網

Hong Kong West Cluster

港島西醫院聯網

Kowloon Central Cluster

九龍中醫院聯網

Kowloon East Cluster

九龍東醫院聯網

Kowloon West Cluster

九龍西醫院聯網

New Territories East Cluster

新界東醫院聯網

New Territories West Cluster

新界西醫院聯網

Head Office Report presents an overview of the performance of HA Head Office under five corporate strategic directions and also achievements in contributing to a friendly environment.

Cluster Reports outline key achievements of all Clusters under five corporate strategic directions.

以下是總辦事處及各醫院聯網在醫管局五大策略範疇的工作匯報，以及醫管局在促進環保方面的成果。

Head Office 總辦事處

The HA Head Office (HAHO) aligns corporate values and directions. It plays a strategic role in leading corporate development and supporting hospital clusters through interactive collaboration of six divisions, namely Cluster Services, Corporate Services, Finance & Information Technology Services, Human Resources, Quality & Safety, and Strategy & Planning.

醫管局總辦事處（總辦事處）設有六個部門，包括聯網服務部、機構事務部、財務及資訊科技部、人力資源部、質素及安全部和策略發展部。總辦事處負責協調機構價值和方向，並擔當策略角色，透過各部門的互動合作，推動機構發展，並為醫院聯網提供支援。



The HAHO initiated some 120 corporate targets in 2012-13 under five strategic intents outlined in the HA Annual Plan.

Strategic intent: Allay staff shortage and high turnover

To maintain a sustainable and quality workforce, enhancement measures were implemented to address staff shortage and high turnover, namely:

- increase manpower supply and relieve workload of clinical staff
- improve terms and conditions of frontline staff
- enhance promotion opportunities and career development
- strengthen professional and managerial competence

在2012-13年度，總辦事處根據醫管局工作計劃所訂五大策略目標，推行約120項整體機構目標。

策略目標： 紓緩人手短缺和職員流失量

為維持穩定及高質素的職員隊伍，我們推行一系列優化措施，以紓緩人手短缺及減少流失，包括：

- 增加人手供應及紓緩醫護人員的工作量
- 改善前線員工的工作條件
- 增加晉升機會及加強職業發展
- 提升專業及管理才能



A total of 13 non-local doctors, 275 resident trainees, 1,950 nurses and 558 allied health professionals were recruited in the year. Supply of 280 phlebotomists/technical assistants and 315 clerical staff alleviated heavy workload at the frontline. 292 resignees and retirees were recruited to rejoin HA as part-time doctors. Non-local doctors under limited registration remained a supplementary short term measure in strengthening clinical manpower.

Structured succession programmes were developed to ensure sustainable leadership for HA, with 85 candidates participated. 74 doctors were promoted to associate consultant positions.

年內，我們共聘請了13名非本地醫生、275名受訓駐院醫生、1,950名護士及558名專職醫療人員，並增聘280名抽血員／技術助理及315名文書人員，以減輕前線醫護人員的工作量。我們亦聘請了292名已離職或退休的前僱員，重返醫管局擔任兼職醫生，並繼續招聘有限度註冊的非本地醫生，作為紓緩人手短缺的短期措施。

全新的行政領袖培訓課程亦已展開，加強領導層繼任人手安排，共85名同事經遴選後參加計劃。共74名駐院專科醫生獲晉升為副顧問醫生。



Training and development initiatives were implemented both locally and overseas to enhance clinical and management competence. 300 students enrolled in the Higher Diploma in Nursing Programme while 100 were trained as enrolled nurses. 26 specialty courses and 253 competence enhancement programmes were organised for nurses. Due to inadequate local supply of podiatrists and diagnostic radiographers, 12 overseas scholarships in these disciplines were offered. Five advanced specialty programmes and 66 enhancement courses were designed for allied health and pharmacy professionals to meet service needs and enhance professional competence.

Competency of doctors improved with simulation training focusing on both human quality and technical skill. Around 1,000 newly graduated nurses received training and support at the HA simulation laboratory at Princess Margaret Hospital.

Efforts in people development were recognised by the Manpower Developer Award of the Employee Retraining Board. A full spectrum of training programmes covering vocational skills, presentation skills, teamwork, leadership and project planning benefitted 2,600 frontline managers and 4,540 supporting staff. 120 healthcare workers completed formal mediation training and 1,750 frontline staff were trained on complaint management and conflict resolution to improve patient relations.

我們為職員提供本地及海外培訓及發展計劃，以提升臨床及管理才能。300人報讀了護理學高級文憑課程，另100人報讀了登記護士訓練課程。我們亦為護士舉辦26個專科護理課程和253個提升才能培訓班。由於本地足病診療師及放射師供應不足，我們為12名員工提供了海外進修獎學金，此外亦為專職醫療人員和藥劑專業人員提供5個高級專科課程及66個加強班，以配合服務需要及提升專業能力。

我們亦致力提升醫生的能力，透過模擬訓練，鞏固醫生的個人質素及技術專長。此外，約1,000名新畢業護士在瑪嘉烈醫院的醫管局模擬實驗室接受訓練和學習。

醫管局獲僱員再培局嘉許為「人才企業」，表揚局方在培訓及人才發展方面的貢獻。我們亦提供全方位培訓計劃及課程，包括職能技巧訓練、演說技巧、團隊合作、領導能力及項目策劃，共有2,600名前線管理人員及4,540名支援員工參加。120名醫護人員完成認可調解課程，另1,750名前線人員接受了投訴管理及化解衝突培訓，提升醫院的病人關係。





Strategic intent: Better manage growing service demand

Measures were implemented to meet growing service demand of various disease groups and patient groups. To improve the health outcomes for patients with end stage renal disease, 28, 50 and 45 quotas were added for hospital haemodialysis (HD), home HD and automated peritoneal dialysis respectively. 114 public patients in HA were offered HD treatment under the Public-Private Partnership programme.

Community care for psychiatric patients was strengthened through extending the case management programme to four more districts to provide intensive and personalised support for around 1,900 more patients with severe mental illness. The programme covered a total of 12 districts and supported 11,500 patients.

策略目標： 更有效管理日增的服務需求

我們推行一系列措施，應付各種疾病和病人不斷上升的服務需求。為改善對末期腎衰竭病人的治療，醫院血液透析、家居血液透析及自動化腹膜透析分別增加28個、50個及45個名額。透過公私營協作計劃，114名公營系統病人獲提供血液透析治療服務。

我們加強對精神病人的社區護理。社區個案管理計劃擴展至另外四個地區，為額外1,900名嚴重精神病患者提供深入及持續支援。該計劃覆蓋全港12區，共為11,500名精神病患者服務。



Radiology service was improved with around 39,800 additional patient attendances of Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) scans. The pilot project of purchasing radiological investigation services from the private sector improved CT and MRI services for patients of specific cancer groups, registering a total of 3,601 examinations. The service network between Queen Elizabeth Hospital and Pamela Youde Nethersole Eastern Hospital has been in place since 1 April 2012 to provide Positron Emission Tomography-Computed Tomography (PET-CT) service in HA.

The waiting list of elderly care – Central Infirmery Waiting List – was better managed. We also improved the accessibility to general outpatient clinics by adding quota for episodic care, simplifying the telephone booking system, and expanding the drug formulary.

我們亦改善放射服務。電腦斷層及磁力共振掃描服務約增加39,800個服務名額，而透過向私營機構購買放射檢查服務的先導計劃，某些癌症類別的病人可更快獲得電腦斷層及磁力共振掃描服務，進行的檢查共3,601次。伊利沙伯醫院與東區尤德夫人那打素醫院自2012年4月1日建立服務網絡，提供同位素影像科技—電腦斷層掃描服務。

醫管局加強中央療養服務輪候名冊的管理，改善長者照顧。我們亦提升普通科門診服務，包括增加偶發性疾病診症名額、簡化電話預約流程，以及擴大藥物名冊。

To facilitate demand management, HA has completed service workload projections of each specialty, covering different areas of service ranging from inpatient, outpatient, emergency to community services as well as all clinical supporting, pharmacy and allied health services. Manpower projections for doctors, nurses and allied health professionals were also completed. These data formed a common basis for medium-to-long term planning of service and manpower.

Key milestones in capital works in the year included the completion of construction works for Phase 1 development of North Lantau Hospital, promulgation of clinical services plans for Hong Kong West Cluster and Kwai Chung Hospital. Design-and-build tendering exercise for a children's hospital commenced.

The 17th Chinese medicine centre for training and research (CMCTR) set up under the tripartite collaboration model commenced operation at Queen Elizabeth Hospital on 1 December 2012. Commissioning work of the last CMCTR has started at the general outpatient clinic in Tung Chung Health Centre of Islands district.

Strategic intent: Ensure service quality and safety

Haematology service was enhanced with day transfusion services for adult thalassemia patients in all clusters. Disaster psychosocial services were improved with enhanced governance, better training and revamped contingency plan. Guidelines of infectious diseases and infection control plans of major outbreaks were diligently reviewed and revised.

為擬定服務需求對策，醫管局完成了一套服務需求預測，涵蓋各個專科的住院、門診、急症和社區服務，以及所有臨床支援、藥劑及專職醫療服務。我們亦完成了醫生、護士及專職醫療人員的人力需求預測。這些數據成為服務及人手中長期規劃的通用參考。

年內有關基本工程計劃的重要進展，包括新的北大嶼山醫院第一期興建工程已經完成，以及推出港島西醫院聯網臨床服務計劃和葵涌醫院重建方案臨床服務計劃。兒童醫院的設計和建造採總承包方式，招標工作已經展開。

以三方合作模式開設的第17間中醫培訓及科研中心，於2012年12月1日在伊利沙伯醫院啟用。第18間亦即最後一間設於東涌健康中心普通科門診診所的離島區中醫培訓及科研中心，亦已展開籌備啟用工作。

策略目標： 確保服務質素及安全

我們加強了成人血液疾病治療服務，並在各醫院聯網為成年地中海貧血病人設立日間輸血服務。為提升災難心理及社會服務的質素，我們加強了策劃管理和培訓，並更新應變計劃，另詳細檢討主要傳染病的感染控制計劃，訂立全新指引。





Risk management and contingency planning was strengthened through enhanced central committee and Rapid Communication System. Personal protective equipment, powered air purification respirators and radiation monitoring equipment were purchased to enhance protection against hazardous material incidents. Tracking system for surgical instruments was implemented in three hospitals and radio-frequency identification system was applied to four hospital mortuaries to safeguard accurate body identification.

HA continued with Phase 2 accreditation scheme with five hospitals passed periodic reviews and seven hospitals completed gap analysis. Our Lady of Maryknoll Hospital was the first hospital that completed Organisation Wide Survey in Phase 2 and was recommended for full accreditation status. Training and development of local surveyors progressed well with a total of 58 surveyors appointed as at end of 2012-13.

我們成立了重大事故應變委員會，以及事故溝通工作小組，藉以加強風險管理及應變規劃。針對各類有害物質的事故，我們購置了適用的保護衣及設備，並添置輻射監測量度儀器。三間醫院推行了手術用品追蹤系統，四間醫院的殮房安裝了無線射頻辨識技術系統，加強遺體確認程序的準確性。

醫管局繼續推行第二階段醫院認證計劃，五間公立醫院完成定期覆核，七間完成差距分析。參與第二階段計劃的醫院中，聖母醫院是首間成功完成全面機構評審，並獲推薦全面認證資格。培訓本地評審員進展良好，在2012-13年度末，共58人獲委任為評審人員。

HA Drug Formulary was expanded to cover more drugs with accumulated scientific evidence on clinical efficacy. Three new drugs were introduced as special drugs for treatment of bladder, colon and pancreatic cancer and multiple sclerosis. The clinical applications of nine therapeutic groups of drugs were expanded for treatment of blood disorders, cancer, cardiovascular, central nervous system, endocrinal, gastrointestinal, immune system and renal diseases as well as for anaesthesia and sedation.

New models of nursing care were introduced to improve patient service, including community nursing centre, virtual ward and enhanced community nursing services for high risk elderly. 14 general outpatient clinics were renovated to improve environment, patient flow and barrier free access.

With continual support from the government, 12 engineering equipment projects were completed and 606 medical equipment items were purchased. 194 pieces of medical equipment were replenished.

醫管局藥物名冊新增具療效實證的藥物。三種新納入為專用藥物的包括治療膀胱癌、結腸癌、胰臟癌和多發性硬化症的藥物，另擴大九類藥物的臨床應用範圍，用以治療血液疾病、癌症、心血管病、中央神經系統疾病、內分泌疾病、腸胃病、免疫系統病及腎病，以及作麻醉和鎮靜用途。

我們採用新的護理服務模式，包括社區護理中心、模擬病房及加強對高危長者的社康護理。14間普通科門診診所已進行翻新工程，以改善環境、病人就診流程及無障礙設施。

醫管局繼續獲政府撥款資助，完成12個工程設備項目，並購置606項醫療器材，另更換了194項醫療器材。



**Strategic intent:
Enhance partnership with patients and community**

Phase 2 of 'Patient Partnership in Action' programme organised with the Alliance for Patients' Mutual Help Organizations trained 24 patient leaders in 2012-13. Patient groups' suggestions were incorporated in HA's annual planning process. Patient empowerment programmes launched jointly with non-government organisations continued to provide chronic disease patients with disease-specific education and self-care skills, benefitting 17,000 patients. The Smart Patient Website was enhanced with information for elderly patients with chronic diseases. A new mobile application was developed to facilitate search on patient groups.

A 5-year plan of the Patient Satisfaction Survey was formulated to gauge feedback, covering hospital and specialty-based survey as well as follow-up mechanism. An independent agency was also commissioned to conduct patient engagement study to better understand the views of doctors, nurses and patients, and also to analyse the enablers and barriers of patient engagement.

**策略目標：
加強與病人和社區的夥伴關係**

年內，我們與病人互助組織聯盟合作推行第二期「睿智力量-病人領袖培訓計劃」，24名病人領袖完成了培訓。我們亦就年度工作規劃諮詢病人的意見。透過與非政府機構合作推行病人賦能計劃，我們為慢性病患者提供疾病資訊，並提升他們的自我照顧能力，共17,000名病人參加了這些計劃。「智友站」為患有慢性疾病的長者推出「智老友」的資訊平台，並推出智能電話應用程式，方便公眾搜尋病人組織的資料。

我們制定了醫管局病人服務滿意度調查的未來五年服務計劃，其中包括個別醫院調查、專科服務調查及跟進調查結果機制，另委託了一個獨立機構進行「病人參與」研究，以了解醫生、護士及病人對病人參與的意見，並分析促進及妨礙病人參與的各種原因。





HA adopts a proactive approach to maintain rapport with the media and the community and update them on the latest development in policies and services. Besides 450 media activities organised during the year, 350 press releases were issued, 1,900 media enquiries and 220 community requests were handled. A commemorative volume on HA's 20th anniversary featuring stories written by frontline staff of various disciplines was published. Large scale event 'Together We Care' paid tribute to volunteers and recorded positive response from over 2,700 participants.

Strategic intent: Ensure adequate resources to meet service needs

With the government's unwavering support for healthcare, the subvention to HA reached HK\$42 billion in 2012-13. HA continued to stay vigilant in optimising resource utilisation and deliver quality patient care and value-for-money services. Through pragmatic financial management and performance monitoring, a surplus position was recorded.

醫管局推行積極策略，加強與傳媒及社區的聯繫，讓他們得悉政策及服務的最新發展。年內，總辦事處共舉辦450次記者會及傳媒活動、發出350份新聞稿，以及處理了1,900項傳媒查詢和220項市民查詢。我們出版了醫管局二十周年紀念文集《醫路-生命是美》，收錄前線醫護人員的撰文和分享，另舉行「同行有您」義工感謝日，超過2,700名義工出席，場面盛大。

策略目標： 確保具備足夠資源應付服務需要

有賴政府一直以來對公營醫療服務的支持，醫管局在2012-13年度獲得的撥款達420億元。醫管局亦貫徹嚴謹的財政規管和績效監察措施，確保資源得以善用及符合成本效益，讓市民獲得優質的醫療服務。年內，醫管局再次錄得盈餘。

The government injected HK\$10 billion into Samaritan Fund (SF) to benefit more patients in need. To assist needy patients eligible for drug subsidy, the financial assessment criteria of SF drug applications were relaxed with introduction of a deductible allowance from the patient's household disposable capital in September 2012.

HA continued to deploy resources towards strategic areas of need in accordance with the organisation's prevailing resource allocation framework, and implemented necessary measures to address workforce situation. Casemix information continued to play a role in the resource allocation process with broadened use on operation management and clinical outcome review during the year. To further enhance efficiency in resource utilisation to meet challenges of ageing population and rising service demand, the internal resource allocation system will be modernised in order to better reflect resource needs from a total patient journey perspective.

政府向撒瑪利亞基金注資 100 億元，讓有需要的病人受惠。為使更多病人合資格獲得藥物資助，基金由 2012 年 9 月起放寬病人財政狀況評審，在計算家庭可動用資產總值時，引入可扣減的豁免額。

為確保財政穩定的策略方針，醫管局繼續採用現行的資源分配機制，作為分配資源的基礎，並因應人手情況，訂立所需改善措施。年內，「病例組合」的數據除用於資源分配外，亦更廣泛地在改善營運管理及臨床成效檢討方面作應用參考。為進一步提升資源運用效益，以應對人口老化及需求增加的挑戰，醫管局正計劃優化其內部資源分配機制，以病人的整體醫療過程所需之資源作基礎，訂立一套更有效反映資源需求的計算模式。





Technology facilitates the delivery of modern healthcare services. With digital imaging extended to 16 hospitals since 2009, less traditional films were used and electronic medical records were improved. The new In-patient Medication Order Entry system piloted in Princess Margaret Hospital enhanced clinical workflow efficiency and reduced potential medication prescription errors. Enterprise Resource Planning system implemented in most hospitals minimised the risk of procurement and inventory control of pharmaceutical products, and improved monitoring of product quality and suppliers' performance. Patient billing system was also revamped to provide flexibility of payment and improved timeliness and accuracy of billing of itemised charges.

Computer security controls, regular monitoring of access to patient data, and privacy compliance checks were enhanced in hospitals and clinics to uphold patient privacy. Corporate-wide continuous efforts ensured staff were educated and trained to protect patient privacy.

科技有助提供現代化醫療服務。自2009年起，醫管局在轄下16間醫院推展數碼圖像技術，大幅減少使用傳統的X光底片菲林軟片，有助推行電子病歷。住院病人藥物指令輸入系統在瑪嘉烈醫院作試點推行，效果理想，可提升臨床工作效率，以及減少藥物處方出錯的潛在風險。為盡量減少藥物採購和庫存控制風險，醫管局轄下大多數醫院採用了企業資源規劃軟件，使藥物相關程序現代化，加強監察藥物品質及製造商和供應商的表現。新的病人賬務系統已經實施，病人支付賬單有更大靈活性，系統亦能更快捷準確發出賬單，逐項列明收費。

我們加強醫院及診所的電腦保安監控、定期監察病人資料存取，以及巡查在資料保安方面是否符合規格，保障病人私隱，同時確保所有職員在保障病人私隱方面獲得培訓。



Besides, HA also provided technical agency service to the Hong Kong government in developing the eHealth Record programme, Elderly Healthcare Voucher Scheme, vaccination subsidy schemes, Primary Care Directory System and Communicable Disease Information System.

Contributing to a Green Environment

HA is committed to achieving the best practicable environmental standards and practices to minimise adverse impact on the environment, through energy conservation, pollution control, and reduced consumption in HA facilities over the years.

此外，醫管局獲香港特區政府委任為研發全港電子健康記錄互通系統、長者醫療券、疫苗注射資助計劃、基層醫療指南系統及傳染病資訊系統計劃的技術代理。

締造綠色環境

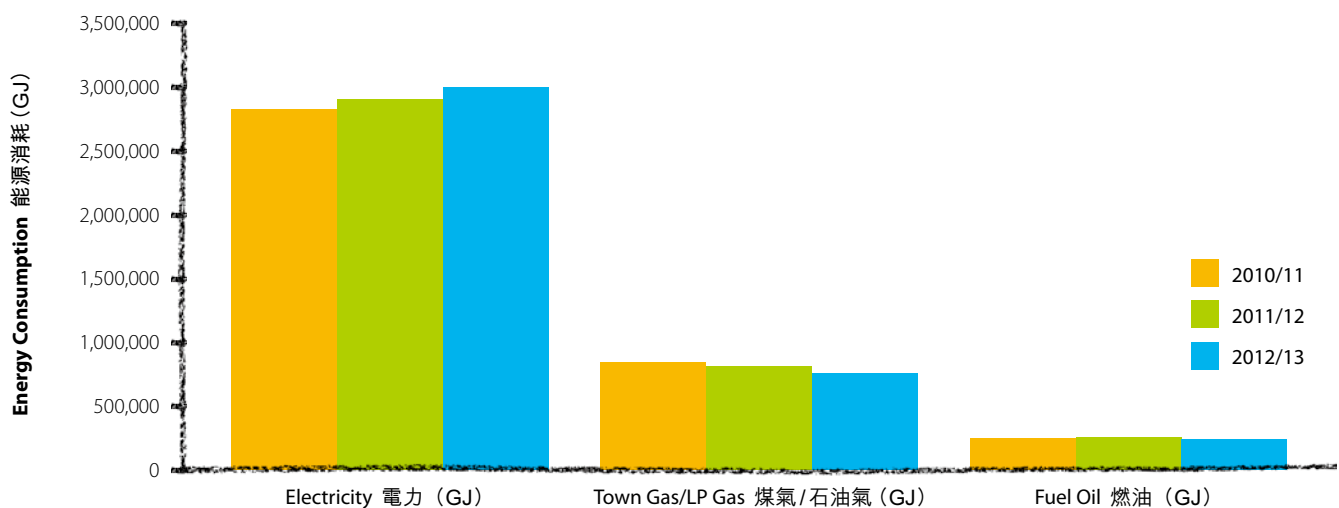
醫管局一直致力奉行最切實可行的環保標準和守則，透過節約能源、控制污染及減少耗用，減少對環境造成不良影響。

Besides good operation and housekeeping measures, equipment with high energy efficiency, retrofitting works and renewable energy applications were used in lighting, air-conditioning, steam and hot water systems in HA premises to conserve energy. For example, high efficiency chillers, light emitting diode, T5 fluorescent tubes and compact fluorescent lamps were used to gradually replace aged chillers and energy-inefficient incandescent light bulbs. Energy conservation design practices were also adopted in new hospital construction projects.

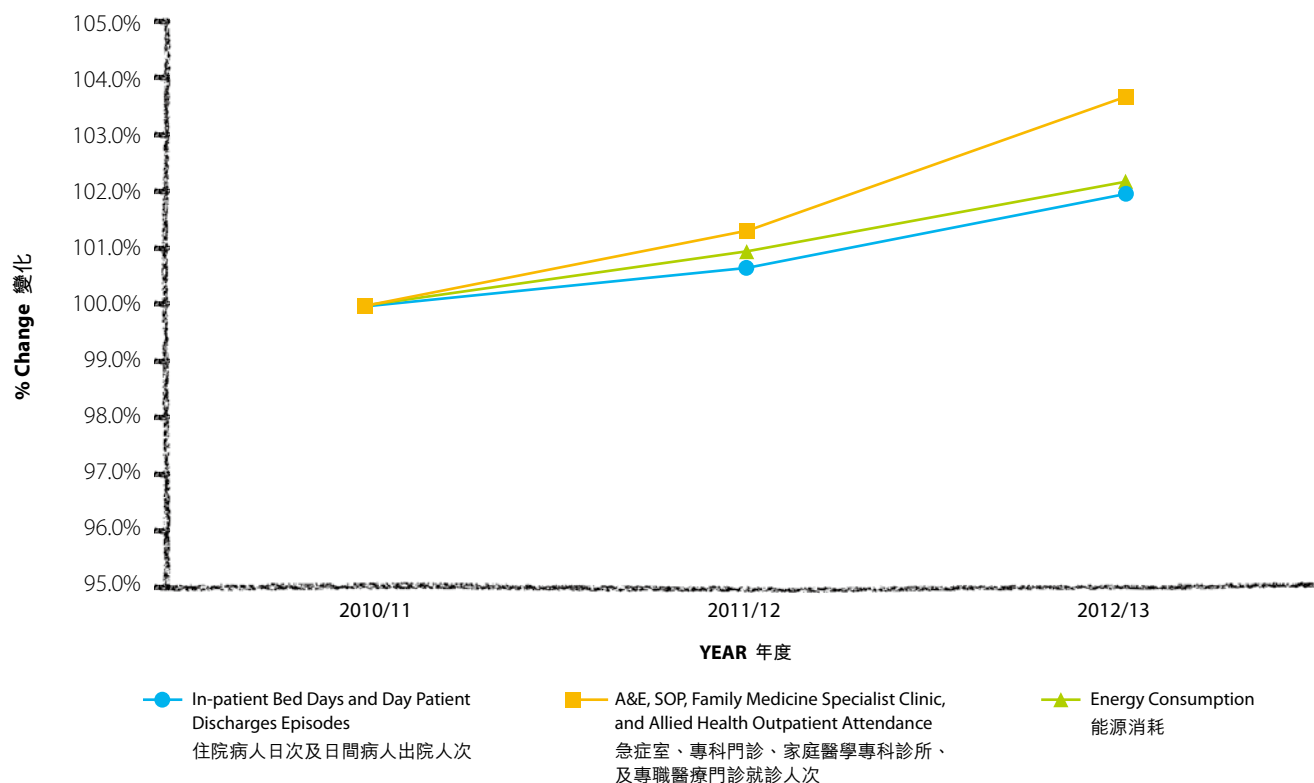
除實行良好的運作及內務管理，我們採取的節約能源措施包括照明、空調、蒸汽及熱水等機電系統採用高能效的設備、翻新設施，使用可再生能源，減低耗電量，例如採用高能效空調製冷機組，取代醫院舊有製冷機，以及使用新一代照明設備，如發光二極管、T5光管及慳電膽等，取代較耗電的鎢絲燈。這些節能設計亦同時廣泛應用在新醫院建造工程上。



Energy Consumption of Hospitals and Institutions 醫院及機構的能源消耗



Change in Energy Consumption Versus Change in Patient Services 能源消耗相對於病人服務的變化



Energy conservation initiatives helped HA reduce carbon emission and offset the rising trend of energy consumption due to increasing hospital activities. In 2012-13, 35 public hospitals and institutions met the carbon emission reduction standard of the Hong Kong Awards for Environmental Excellence scheme and were awarded the Carbon'Less' Certificates.

節能措施有助醫管局減少碳排放，並減慢因醫院服務增加引致能源耗用上升的趨勢。在2012-13年度，醫管局有35間醫院及機構在減少碳排放方面符合香港環保卓越計劃的準則，獲頒減碳證書。

Pollution control through waste reduction and recycling programmes protects the environment. A total of 2,600 tonnes of recyclables including waste paper, plastic, metals, glass bottles and used clothes were collected from HA hospitals through various recycling programmes. Food waste reduction programmes, use of environmental friendly food waste decomposers, and adoption of low carbon menu continued in hospitals. 18 hospitals achieved the 'Certificate of Appreciation for Used Clothes Recycling Program' 2012 from Friends of the Earth. As of 31 December 2012, 28 hospitals and institutions and HAHO were awarded the 'Class of Excellence' 'Wastewi\$e' Label by the Hong Kong Awards for Environmental Excellence.

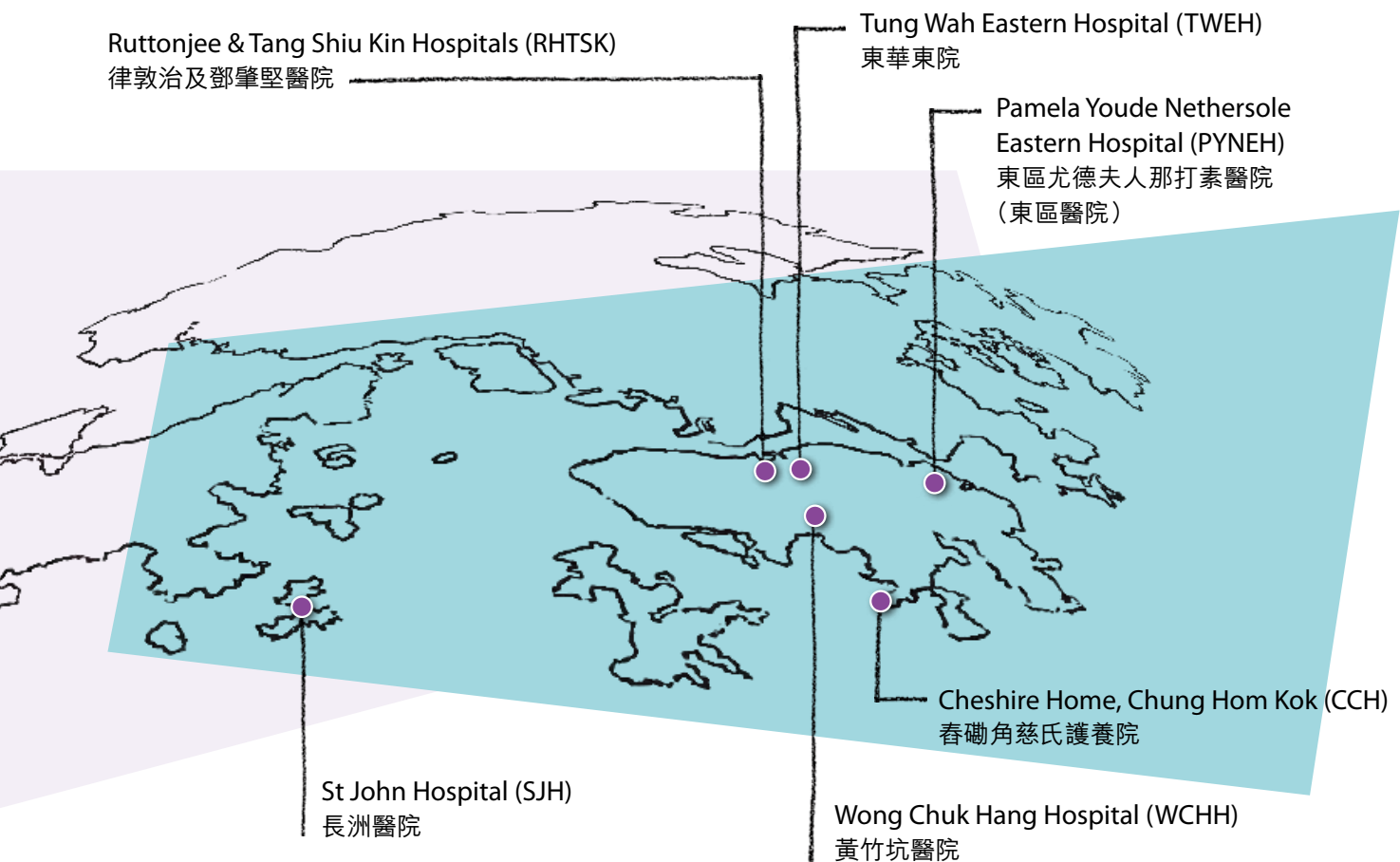
減廢及回收計劃可減少污染，促進環保。公立醫院舉辦各類回收計劃，共收集得2,600噸回收物料，包括廢紙、塑膠、金屬、玻璃樽及舊衣。醫院亦持續推行廚餘減少活動，如使用環保廚餘機分解廚餘成為肥料和採用低碳菜單鼓勵綠色飲食等，減少食物浪費。18間醫院在2012年參與地球之友舊衣回收計劃獲得感謝獎狀。截至2012年12月31日，醫管局總辦事處及28間醫院及機構均榮獲香港環保卓越計劃「卓越級別」減廢標誌。



Environmental friendly LPG vehicles were continuously introduced with replacement of eight Non-Emergency Ambulance Transfer Service (NEATS) vehicles and 20 more added in 2012-13. HAHO won the champion of 'Most Significant Fuel Efficiency Improvement' and nine hospitals achieved gold award on 'Fuel Efficiency Percentage Improvement' and 'Fuel Saving Percentage Improvement' in the Corporate Green Driving Award Scheme 2012 in Take a 'Brake' Low Carbon Action for commendable fuel efficiency performance.

醫管局亦持續引進環保液化石油氣車輛。在2012-13年，已更換八部非緊急救護車和增加20部非緊急救護車為液化石油氣車輛。此外，在「企業綠色駕駛獎勵計劃2012」的「放駕一天」節能減碳行動中，總辦事處榮獲「最佳燃油效益改善大」冠軍，另九間醫院分別於「燃油效益百分比改善」及「燃油用量百分比減幅」兩個項目獲取金佳績，在減少燃油耗用方面獲得表揚。

Hong Kong East Cluster (HKEC) 港島東醫院聯網 (港島東聯網)



Number of general outpatient clinics 普通科門診診所數目	12
Throughput 服務量	
Number of beds 病床數目	3,031
Patient discharges* 出院病人數目*	174,560
A&E attendances 急症室求診人次	248,930
Specialist outpatient attendances (clinical) 專科門診求診人次 (臨床服務)	775,781
General outpatient attendances 普通科門診求診人次	578,161
Full-time equivalent staff 職員數目 ⁺	7,225.77

* Total inpatient, day patient discharges and deaths

* 住院及日間病人出院及死亡總數

+ 等同全職人員數目 (full-time equivalent)



HKEC appreciates staff's dedication amidst manpower strain. To improve retention, HKEC further strengthened human resource measures through staff engagement programmes, training and promotion opportunities such as new nursing and allied health supervisory posts. The Cluster Occupational Safety & Health (OSH) Team won HA Outstanding Team Award 2012, demonstrating the commitment of management and staff on the promotion of safety culture at workplace. The second OSH Forum held in January 2013 reinforced the momentum under the theme "Stay Healthy, Work Happy".

港島東聯網感謝員工對工作的熱誠和堅持，即使面對人手緊絀，仍然全力以赴。為挽留員工，聯網繼續加強各項人力資源措施，包括推行員工凝聚計劃、加強培訓及增加晉升機會，如開設護理及專職醫療督導職位。港島東聯網職安健團隊榮獲2012年醫管局傑出團隊獎，展示了聯網管理層與員工的努力，攜手推廣職業安全文化。承接此佳績，第二屆港島東聯網職安健研討會於2013年1月舉行，以「健康在身 工作稱心」為主題，繼續宣揚職安健信息。



HKEC keeps strengthening its services in pressure areas. In PYNEH, automated peritoneal dialysis was offered to additional renal patients, an adult transfusion centre commenced to serve thalassemia and haemophilia patients in August 2012 from Mondays to Saturdays. Two additional neonatal intensive care beds were opened in December 2012. Service hours of acute stroke care nurse was extended and intravenous thrombolytic treatment was enhanced in PYNEH. Service delivery model for Positron Emission Tomography - Computed Tomography (PET-CT) was explored to reinforce service capacity. To enhance management of patients with neuro-musculoskeletal disorder, hydrotherapy sessions with concessionary rate was provided for listed patient groups and non-government organisations. In face of a low bed-to-age ratio, the Orthopaedics and Traumatology day ward in PYNEH was relocated to expand the day and ambulatory services. The Cluster also enhanced pharmacy services with additional dispensing staff in specialist outpatient clinics and extended service hours in Ruttonjee Hospital (RH).

聯網致力加強服務，針對壓力範疇。東區醫院為更多腎科病人提供自動化腹膜透析服務，亦於2012年8月開設成人輸血中心，為地中海貧血及血友病成年病人提供週一至週六的日間輸血服務及護理。2012年12月，聯網增設兩張初生嬰兒深切治療病床。針對急性中風的治理，東區醫院延長專責護士的服務時間，並加強靜脈血栓溶解治療。在提升服務能力方面，東區醫院積極探討正電子放射斷層掃描—電腦斷層掃描的服務提供模式。為加強對神經肌肉或關節性疾人士的服務，東區醫院為符合治療準則的病人／非政府機構提供租用水療服務的優惠。聯網遷置東區醫院的骨科日間病房，擴展骨科日間醫護服務，以應付病床數目隨人口年齡上升後減少的挑戰。聯網亦加強藥房服務，包括於專科門診診所增聘配藥員，以及延長律敦治醫院的藥房服務時間。

HKEC implemented various initiatives to sustain a robust quality and safety system. Project to upgrade aseptic dispensing facilities was launched to improve drug safety, modern sterilisation methods for rigid endoscopes, surgical implants and surgical instruments were implemented, and less high risk drugs were used in wards of RH. TWEH enhanced supervision to sustain effectiveness of the pilot cardiac programme and reduced readmission. Besides renovating PYNEH A&E Department to enhance patient privacy, the hospital also upgraded personal protective equipment and radiation monitoring equipment to support the Daya Bay contingency plan.

Periodic review for hospital accreditation of PYNEH was successfully held in June 2012. The Nethersole Clinical Simulation Training Center was set up at PYNEH in December 2012 to improve clinicians' competence and team communication in order to enhance patient safety through simulation-based training. The Cluster ended the financial year 2012-13 with a Quality and Safety month in March 2013, with a total of 19 programmes, seminars, forums and drills conducted.

The patient empowerment programme delivered in collaboration with non-government organisations benefited and engaged over 6,000 patients with chronic diseases, carers and community partners.

HKEC practised strategic demand management with prudent expansion of capacity in a strong patient safety culture to maintain financial sustainability. Resources were deployed to key enablers of corporate priority, namely the roll-out of Enterprise Resource Planning System to modernise pharmacy supply chain, enhancement of non-emergency ambulance transfer service, renovation and enhancement of service of psychiatric admission wards, and strengthened hospital security service.

聯網精益求精，透過不同措施鞏固服務質素及安全，例如開展改善無菌配藥設施計劃以提升藥物安全、採用現代化方法處理硬式內視鏡、手術用植入物及相關儀器消毒、律敦治醫院病房減少貯存高風險藥物、東華東院加強督導，以維持心臟科減少再住院先導計劃的成效、東區醫院急症室進行改善工程加強保障病人私隱，及更換或提升個人防護裝備和輻射監察儀器以配合大亞灣應變計劃。

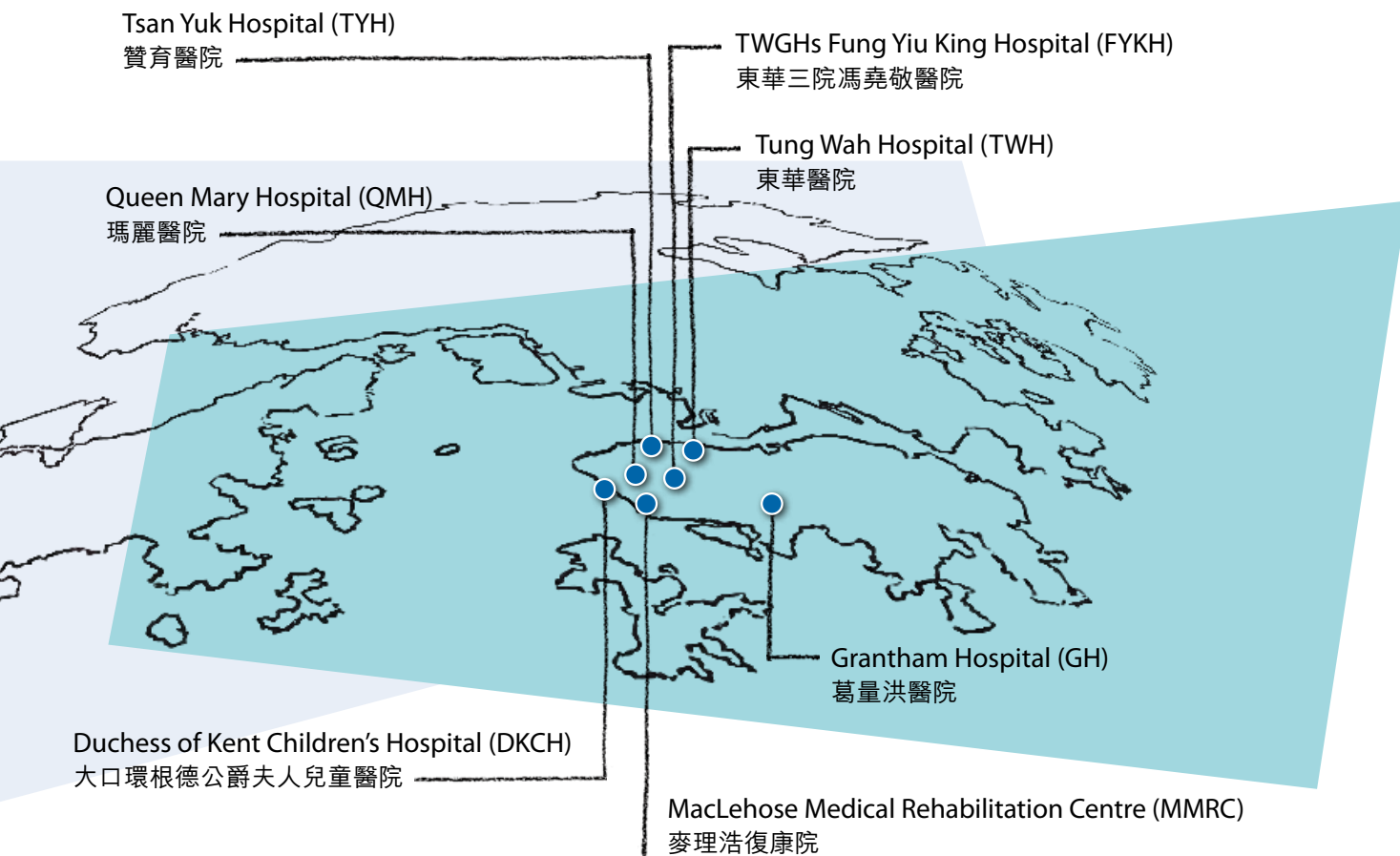
此外，東區醫院於2012年6月成功通過醫院認證計劃的定期覆核。那打素臨床模擬訓練中心於2012年12月在東區醫院正式啟用，透過模擬病房及仿真病人，加強醫護人員的臨床技巧及團隊溝通，提升病人安全。聯網將2013年3月訂為質素及安全月，並舉辦質素及安全項目、工作坊、研討會及應變演習等19項活動。

聯網持續加強與病人、照顧者及社區的夥伴關係，與非政府機構合辦病人賦能計劃，讓超過六千名慢性病患者受惠。

聯網亦實行策略性的需求管理，審慎擴充服務能力，同時強調病人安全文化及確保財政穩定。聯網按照機構的整體服務優次善用資源以加強支援部門職能，包括推展企業資源規劃系統以更新藥物供應鏈流程、加強非緊急救護運送服務、改善東區醫院精神科收症病房環境及服務，以及提升醫院保安服務。



Hong Kong West Cluster (HKWC) 港島西醫院聯網 (港島西聯網)



Number of general outpatient clinics 普通科門診診所數目	6
Throughput 服務量	
Number of beds 病床數目	3,135
Patient discharges* 出院病人數目*	180,505
A&E attendances 急症室求診人次	132,564
Specialist outpatient attendances (clinical) 專科門診求診人次 (臨床服務)	812,988
General outpatient attendances 普通科門診求診人次	367,993
Full-time equivalent staff 職員數目 ⁺	7,348.89

* Total inpatient, day patient discharges and deaths

* 住院及日間病人出院及死亡總數

+ 等同全職人員數目 (full-time equivalent)



HKWC works in close partnership with Li Ka Shing Faculty of Medicine of The University of Hong Kong in supporting undergraduate and postgraduate medical education and training, research and development, as well as innovations in health care technology and services.

QMH received the Reader's Digest Trusted Brands Gold Award for the seventh year in 2013, reflecting trust and confidence of the community in the hospital over the years. Preparatory work for the hospital redevelopment project has started with a clinical services plan developed collaboratively with HA Head Office. The plan will serve as a guide for subsequent service and facility planning of QMH and the Cluster.

To manage growing service demand, HKWC reduced average pharmacy waiting time of specialist outpatient clinics from 20 to 16.5 minutes and provided counseling service to high-risk group. Mental health service was enhanced through personalised case management programme for 1,000 patients with severe mental illness and multi-disciplinary therapeutic care for patients in psychiatric admission wards. Risk stratification and structured management were offered to 12,130 hypertensive patients. 423 chronic disease patients has benefitted from the new smoking counseling and smoking cessation services since October 2012.

港島西聯網一直與香港大學李嘉誠醫學院緊密合作，支持醫科學生和研究生的醫科教育和培訓、研究和發展，以及醫療科技和服務的創新。

2013年，瑪麗醫院連續第七年蟬聯讀者文摘亞洲信譽品牌金獎，足見多年來社會人士對該院服務的信心和肯定。瑪麗醫院重建計劃的籌備工作已經展開，與醫管局總辦事處共同制訂的港島西聯網臨床服務計劃，亦已於2013年3月發表，為瑪麗醫院和聯網其後的服務及設施規劃提供指引。

為應付日增的服務需求，聯網專科門診藥房的取藥平均輪候時間由20分鐘縮減至16.5分鐘，並為高風險病人提供藥物輔導諮詢服務。為加強精神健康服務，聯網為1,000名嚴重精神病患者提供個案管理計劃，並為精神科收症病房的病人提供跨專業治療。此外，共有12,130名高血壓病人接受了風險評估及高血壓跟進管理服務；新的戒煙治療亦在2012年10月展開，共有423名長期病患者受惠。

Hospital haemodialysis service was expanded to five additional patients and automated peritoneal dialysis to four additional patients with end-stage renal disease. Appropriate and integrated care for thalassaemia and haemophilia patients requiring life-long hospital support was enhanced through adult transfusion service. Transient ischaemic attack (TIA) clinic was set up in January 2013 for neurologists to promptly review patients suffering from TIA two weeks after discharge from A&E Department.

Service quality and safety were improved. QMH replaced and upgraded personal protective equipment and radiation monitoring equipment in A&E Department as required by the Daya Bay contingency plan and upgrade aseptic dispensing services to enhance drug safety. Sterilisation of surgical equipment was improved. Cardiovascular radiographic/fluoroscopy systems of cardiac catheterization laboratory were upgraded.

To sustain efforts in hospital accreditation, periodic review was conducted in QMH in October 2012, attaining two Extensive Achievements. Gap analysis was smoothly completed in TWH in September 2012.

聯網增加五個醫院血液透析名額，並為額外四名末期腎病患者提供自動化腹膜透析，另設立成人輸血服務，加強為終生需要依賴醫院服務的成年地中海貧血及血友病病人提供適切及綜合護理。短暫性腦缺血診所於2013年1月設立，短暫性腦缺血病人在離開急症室後兩星期內可獲安排接受腦科醫生覆檢。

聯網致力改善服務質素和安全，包括更換及改善急症室的個人防護裝備，並加強輻射監察儀器，以符合大亞灣應變計劃的要求；提升瑪麗醫院的無菌配藥服務，以加強藥物安全；改善手術室儀器的消毒方法；更換及提升瑪麗醫院心臟手術室的心血管X光和透視檢察系統。

瑪麗醫院於2012年10月進行認證評審的中期檢討，並獲取兩個傑出評估級別。東華醫院為準備醫院認證，已於2012年9月順利完成差距分析。





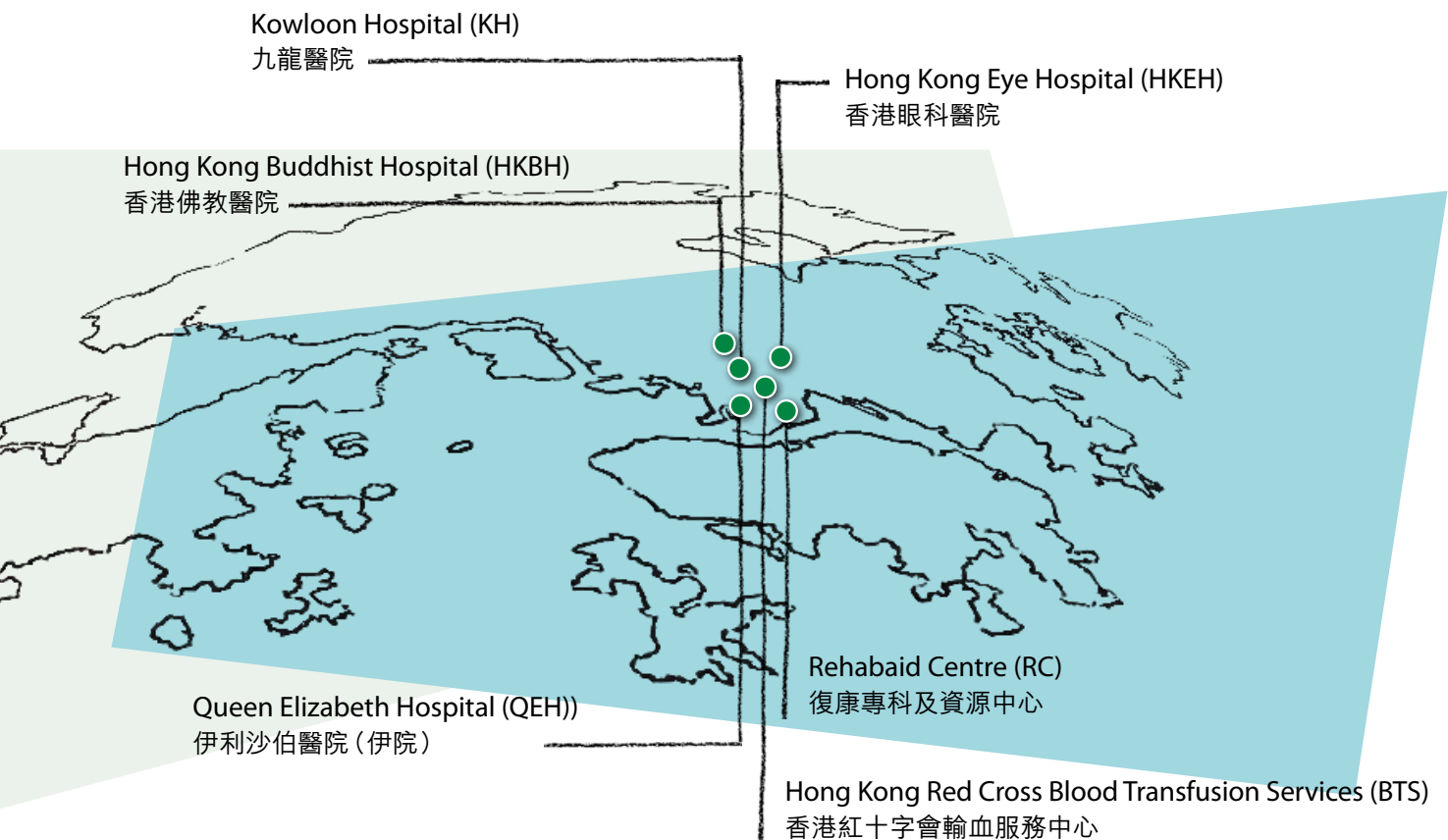
Hydrotherapy sessions at MMRC were offered at concessionary rate to listed patient groups and non-government organisations for patients with neuro-musculoskeletal disorder. To enhance patients' self-management skills and prevent secondary complications, over 2,600 patients with chronic diseases participated in the patient empowerment programme organised jointly with non-government organisations.

TWH streamlined patient admission workflow and refurbished admission and shroff office to provide patients and visitors with a homey reception and a user-friendly working environment for staff. Nursing and supporting manpower were strengthened. It improved support for meal plating, patient portering and security supporting services; relieved nurses' workload and improved care efficiency. It also supported operating theatre services and enhanced supportive environment for staff. Nine additional drivers and attendants were recruited to improve the Non-Emergency Ambulance Transport Services to shorten patients' waiting time.

麥理浩復康院加強對筋肌勞損病人的水療服務，已登記的病人組織會員和非政府機構可以優惠收費獲得服務。為提升長期病患者的自我照顧能力，及避免再次出現併發症，聯網與非政府機構合作，邀請超過 2,600 名病人參加病人賦能計劃。

東華醫院的入院登記處和繳費處完成翻新工程，優化病人入院流程，並為病人、訪客及員工提供舒適方便的環境。聯網亦增加護理及支援人手，加強分餐、病人運送及保安支援服務，減輕護士的工作量和提高護理效率，並優化手術室服務，紓緩人手緊張。為加強非緊急救護運送服務，聯網增聘九名司機及服務員，縮短病人等候時間。

Kowloon Central Cluster (KCC) 九龍中醫院聯網 (九龍中聯網)



Number of general outpatient clinics 普通科門診診所數目	6
Throughput 服務量	
Number of beds 病床數目	3,547
Patient discharges* 出院病人數目*	202,846
A&E attendances 急症室求診人次	206,214
Specialist outpatient attendances (clinical) 專科門診求診人次 (臨床服務)	1,009,572
General outpatient attendances 普通科門診求診人次	561,449
Full-time equivalent staff 職員數目 ⁺	8,898.46

* Total inpatient, day patient discharges and deaths

* 住院及日間病人出院及死亡總數

+ 等同全職人員數目 (full-time equivalent)



The Cluster has improved services in Kowloon Central districts while addressing staff shortage and high turnover. QEH introduced more safety devices to enhance occupational safety for frontline staff. To consolidate workflow and improve service, the WISER (We Innovate, Service Excel Regularly) movement engaged 30 lean facilitators in 2012. Regular teaching programmes with visits to external institutions were organised for experience sharing and enhancing lean management skills. Through WISER projects, staff morale and job satisfaction was ameliorated.

Measures were implemented by KCC to better manage growing service demand. Renal replacement therapies were provided for additional home haemodialysis and automated peritoneal dialysis patients. Two neonatal intensive beds had been opened since October 2012. Service hours of Central Endoscopy Unit were extended to cater to emergency needs. Nurse clinic was introduced in Saturday mornings to serve more diabetic patients. An adult transfusion centre was set up to provide thalassemia and hemophilia patients with integrated care. Transient ischaemic attack (TIA) clinic was established in October 2012 to offer early intervention to TIA patients.

九龍中聯網於本年度致力改善醫療服務，並紓緩人手短缺和職員流失的影響。伊院增設安全設備，加強前線職員的職業安全。為整固流程及改善服務，聯網的明智培訓計劃於2012年動員30名項目輔導員，定期舉辦培訓活動，並外訪其他機構，以分享經驗及加強精益管理技巧。明智培訓計劃提高了員工的士氣和工作滿足感。

為更有效管理日增的服務需求，聯網增加家居血液透析及自動腹膜透析服務名額。2012年10月伊院增設兩張初生嬰兒深切治療病床，並延長中央內窺鏡檢查組服務時間，以加強緊急內窺鏡服務；護士診所加開星期六上午服務，為更多糖尿病患者提供服務。該院血液學中心開設成人輸血中心，為地中海貧血及血友病成年病人提供綜合護理服務；2012年10月開設短暫性腦缺血治理診所，為病人提供及早治理。

Diagnostic services were improved with 5,000 additional CT scan quotas and a new Positron Emission Tomography - Computed Tomography (PET-CT) service delivery model. KH recruited additional case managers to serve patients with severe mental illness in Kowloon City district. QEH and KH organised additional hydrotherapy sessions to cater to non-government organisations for patients with musculoskeletal disorder. Pharmacy services of QEH Ambulatory Care Centre were strengthened while smoking cessation programme benefitted 420 patients.

QEH is committed to enhancing quality and safety and has continued the evaluation and quality improvement programme cycle on hospital accreditation. Personal protective equipment in A&E Department and radiation monitoring equipment were upgraded for Daya Bay contingency plan. QEH and KH also increased the emergency stock level for winter surge. Facility improvement plan was formulated to upgrade aseptic dispensing services to enhance drug safety. Flash sterilisation was eliminated for implants and surgical instruments and so was the use of chemical disinfectants for reprocessing rigid endoscope. Stem cell service in BTS was improved through a territory-wide umbilical cord blood collection site established at United Christian Hospital in Kowloon East Cluster.

聯網亦加強診斷服務，額外增設5,000個電腦斷層掃描服務名額，並推行新的正電子放射斷層掃描服務模式。九龍醫院增聘個案經理，為九龍城區的嚴重精神病患者提供服務。伊院及九龍醫院為非政府機構的肌骨病人提供額外水療節數。伊院日間醫療中心藥房增加了人手，聯網並為額外420名病人提供戒煙服務。

伊院繼續推行醫院認證計劃的評估及質素改進標準以提升服務質素及安全。配合大亞灣應變計劃，伊院已提升急症室的個人防護裝備和輻射監察儀器。伊院及九龍醫院增加物資應急存量，應付冬季流感高峰期及緊急情況所需。為提升藥物安全，聯網改良設施，加強無菌配藥服務。手術植入物及相關儀器停用快速消毒方法，並棄用化學溶液消毒硬性內窺鏡。為提升幹細胞服務，香港紅十字會輸血服務中心於基督教聯合醫院設立全港性臍血收集站。





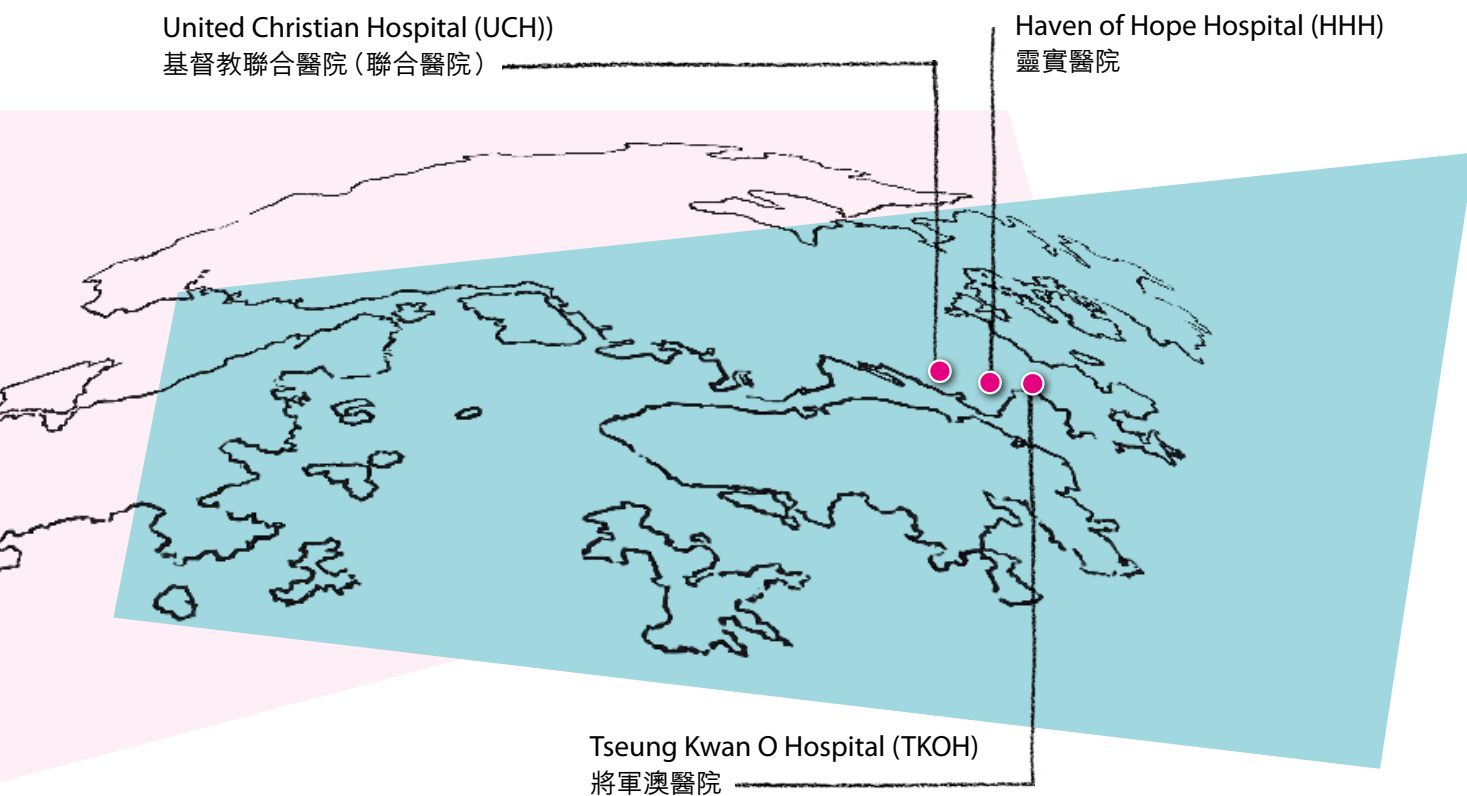
QEH further enhanced the central enquiry service at L Block Specialist Clinic from October 2012 to ensure partnership with patients and community. The KCC occupational lifestyle redesign centre for patients with chronic symptoms and functional limitations started operation in December 2012 in Yaumatei Specialist Clinic. Patient empowerment programme organised in collaboration with TWGHs Wong Cho Tong Community Centre benefitted over 2,000 chronic disease patients.

Modernisation facilitates delivery of quality patient care. The Cluster implemented the pharmacy supply chain management system on dangerous drug inventory in March 2013 while KH psychiatric admission ward was renovated to facilitate multi-disciplinary therapeutic care.

為加強與病人和社區的夥伴關係，伊院於2012年10月進一步改善L座專科診所的中央電話查詢服務。聯網設於油麻地專科診所的職業康復生活重整中心於2012年12月正式啟用，為慢性疾病及機能障礙病人服務。聯網與東華三院黃祖棠社會服務中心合作推行病人賦能計劃，已服務超過2,000名長期病患者。

2013年3月，聯網更新了危險藥物的供應鏈管理系統。九龍醫院的精神科收症病房進行了更新改善工程，並提供跨專業治療。

Kowloon East Cluster (KEC) 九龍東醫院聯網 (九龍東聯網)



Number of general outpatient clinics 普通科門診診所數目	8
Throughput 服務量	
Number of beds 病床數目	2,371
Patient discharges* 出院病人數目*	167,148
A&E attendances 急症室求診人次	315,833
Specialist outpatient attendances (clinical) 專科門診求診人次 (臨床服務)	745,931
General outpatient attendances 普通科門診求診人次	867,348
Full-time equivalent staff 職員數目 ⁺	6,483.46

* Total inpatient, day patient discharges and deaths

* 住院及日間病人出院及死亡總數

+ 等同全職人員數目 (full-time equivalent)



Facing continuous challenge of growing population of the elderly and rising service demand, KEC aims at reducing the impact caused by shortage of frontline doctors. Measures were implemented to improve manpower supply. To boost morale and retain experienced staff, the Cluster also improved work environment and career progression opportunities. While maximising operational efficiency and effectiveness through service rationalisation and prioritisation, a robust triage mechanism is in place to ensure timely services for patients with pressing needs.

面對人口老化及服務需求不斷上升，九龍東聯網致力減輕醫生人手不足對服務的影響，積極落實增加人手的措施。為提升士氣並挽留資深人才，聯網改善職員工作環境及晉升前景，並透過理順服務及釐定優次，提高運作效率，同時推行有效的分流機制，讓需求殷切的病人獲得適時的服務。



The number of beds in TKOH has increased to 543, with 40 new beds opened in 2012. 5,000 cases of cataract surgery can now be handled annually by KEC since the TKOH Cataract Centre fully operated in 2011, effectively shortened waiting time to about 16 months. New MRI and haemodialysis services were successfully implemented. Equipped with enhanced facilities, the TKOH Ambulatory Care Block has commenced service by phases since March 2012.

The Cluster increased 9,000 quotas for general outpatient service to cope with increasing demand of elderly people. Risk Assessment and Management Programme (RAMP) service was introduced for hypertensive patients, reducing specialist referrals and hospital admission through monitoring the condition of the chronically-ill.

將軍澳醫院的病床增至543張，其中40張於2012年投入服務。將軍澳醫院的白內障中心於2011年全面投入服務後，九龍東每年可處理5,000宗白內障手術，大幅縮短病人輪候時間至約16個月。新的磁力共振檢查及血液透析服務亦已按計劃開展。將軍澳醫院日間醫療服務大樓已於2012年3月分階段投入服務，所提供設施更為完備。

鑑於長者對普通科門診服務的需求不斷上升，聯網增加了9,000個普通科門診名額，亦為高血壓病人推行健康風險評估及治理服務，監察長期病患者的病情，減少他們因病情惡化而須轉介專科和入院。



During the year, improvement programmes in enhancing risk management in operating theatre as well as aseptic dispensing service were all completed. UCH conducted gap analysis in March 2013 as preparation for future hospital accreditation.

With the green light of the Legislative Council on funding approval in July 2012, the preparation work of UCH expansion project has begun. To reduce impact on patient services, clinical departments located in lower block of Block P and ground floor of Block G would be decanted to other areas in the hospital. Owing to inadequate space, part of supporting services offices and stores would be decanted to TKOH. Specialist outpatient clinics of Ear, Nose and Throat would also be relocated to TKOH while inpatient service would remain in UCH.

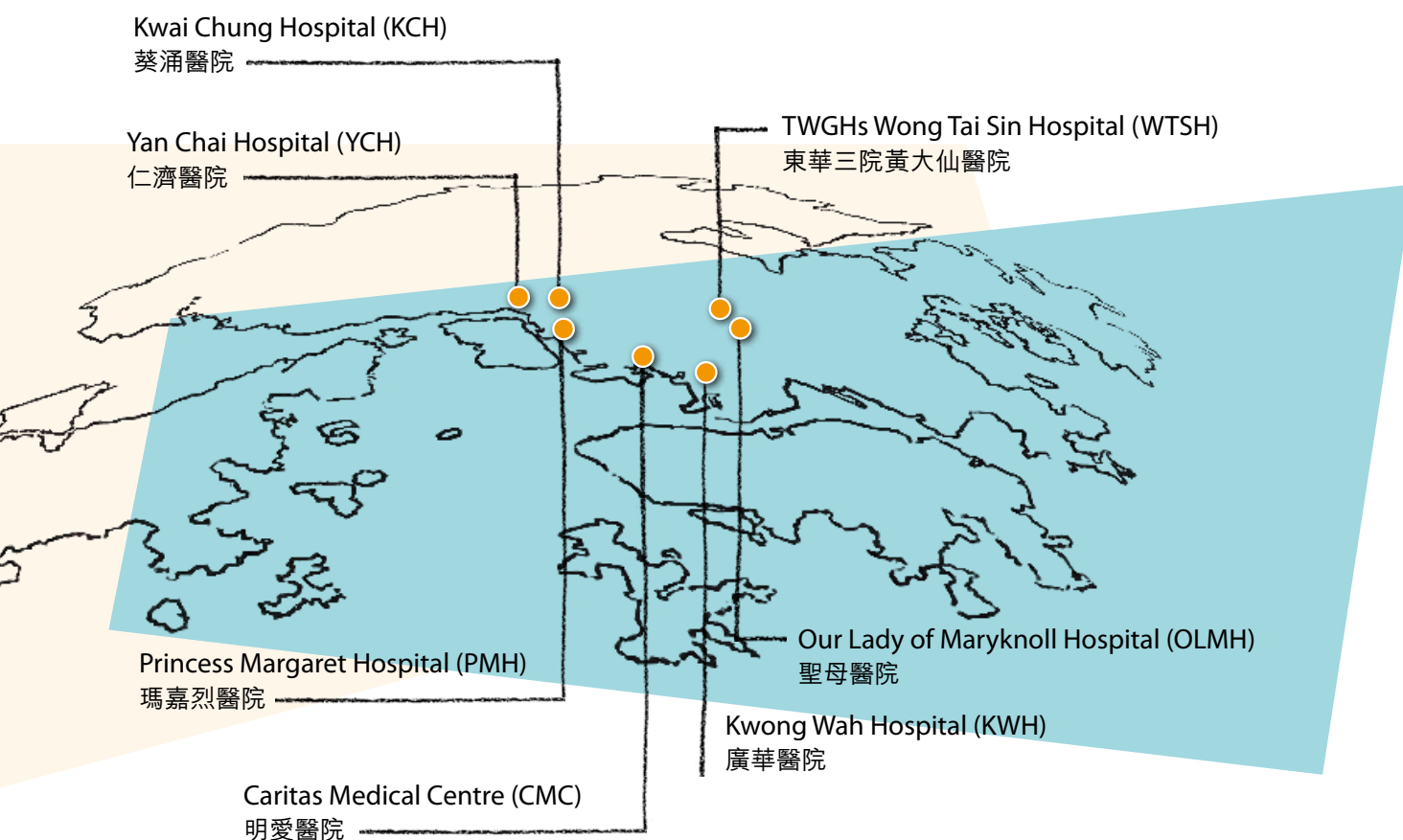
In order to gauge the community's support in the decanting process, the Cluster would continue to communicate with the public through different channels, update them on progress, and collect the public's opinions and address their concerns.

聯網完成了加強手術室風險管理及無菌配藥等改善計劃。聯合醫院在2013年3月完成差距分析，為推行醫院認證計劃做好準備。

繼立法會於2012年7月通過撥款，聯合醫院已開始籌備擴建工程。現時位於P座低座及G座地下的臨床部門將作院內調遷，以減少對病人服務的影響。由於地方有限，部份後勤支援服務辦公室及貨倉需遷往將軍澳醫院。耳鼻喉專科門診診所亦會遷往將軍澳醫院，住院服務則會保留在聯合醫院。

為就服務調遷安排諮詢市民的意見，聯網會定期透過不同渠道與社區人士溝通，匯報最新情況，並收集意見，適時處理他們關注的事項。

Kowloon West Cluster (KWC) 九龍西醫院聯網 (九龍西聯網)



Number of general outpatient clinics 普通科門診診所數目	23
Throughput 服務量	
Number of beds 病床數目	6,587
Patient discharges* 出院病人數目*	362,712
A&E attendances 急症室求診人次	580,126
Specialist outpatient attendances (clinical) 專科門診求診人次 (臨床服務)	1,611,830
General outpatient attendances 普通科門診求診人次	1,582,195
Full-time equivalent staff 職員數目 ⁺	14,075.91

* Total inpatient, day patient discharges and deaths

* 住院及日間病人出院及死亡總數

+ 等同全職人員數目 (full-time equivalent)



KWC expanded service capacity by setting up an Ear, Nose and Throat Centre in YCH, opening five new neonatal intensive care beds in KWH, and offering additional quota for home haemodialysis and automated peritoneal dialysis in various hospitals in the Cluster.

The Cluster also strengthened secondary prevention of chronic diseases at general outpatient clinics through joint efforts of multi-disciplinary healthcare teams. In collaboration with non-government organisations, KWC recruited an additional 2,000 chronic disease patients to participate in various patient empowerment programmes.

九龍西聯網擴展服務，除了於仁濟醫院設立耳鼻喉中心，並於廣華醫院增設五張初生嬰兒深切治療病床，更於聯網不同醫院增加家居血液透析及自動腹膜透析服務名額。

聯網以跨部門醫療團隊模式，加強普通科門診診所的第二層慢性疾病預防服務，另與非政府機構合作，招募額外2,000名長期病患者參加各項病人賦能計劃。



With Phase 1 construction work of the new North Lantau Hospital in Tung Chung district completed in end 2012, every endeavour was made to support the commissioning of the eighth hospital in the Cluster, which will commence service by phases from September 2013.

Personal protective equipment and radiation monitoring equipment in the A&E departments of KWC were replaced and upgraded to meet requirements in the Daya Bay contingency plan. The sterilisation methods in KWC operating theatres were also upgraded to align with international standards. The radio frequency identification system was implemented at the mortuary of KWH and Lai King Building of PMH in February 2013 and March 2013 respectively for accurate body identification. The Inpatient Medication Order Entry system was piloted at designated wards of PMH to enhance medication safety.

年內聯網積極投入新醫院的籌備啟用工作。聯網第八間醫院北大嶼山醫院第一期興建工程於2012年底竣工，將於2013年9月分階段展開服務。

為配合大亞灣應變計劃，聯網為轄下各急症室更換及提升個人防護裝備和輻射監測儀器。此外，手術室器材的消毒方法亦已提升，以符合國際標準。廣華醫院及瑪嘉烈醫院荔景大樓殮房分別於2013年2月及3月採用射頻識別系統，為準確識別遺體提供多一重保障。另外，瑪嘉烈醫院在指定病房試行住院病人藥物指令系統，提升用藥安全。

KWC has made ongoing efforts in undertaking hospital accreditation programmes to meet requirements of Australian Council of Healthcare Standards. OLMH completed gap analysis in June 2012 while CMC completed periodic review in August 2012.

To sustain a quality workforce with high morale, the Cluster continued to increase the supply of healthcare professionals, improve grade development and career progression, enhance training and development, and improve working conditions. These enhancement measures covered various disciplines, including doctors, nurses, allied health professionals and administrative staff.

100 additional nurses were trained at the nursing school of CMC. Extra numbers of drivers and patient care attendants for the Non-emergency Ambulance Transfer Service were also recruited to shorten waiting time and improve service.

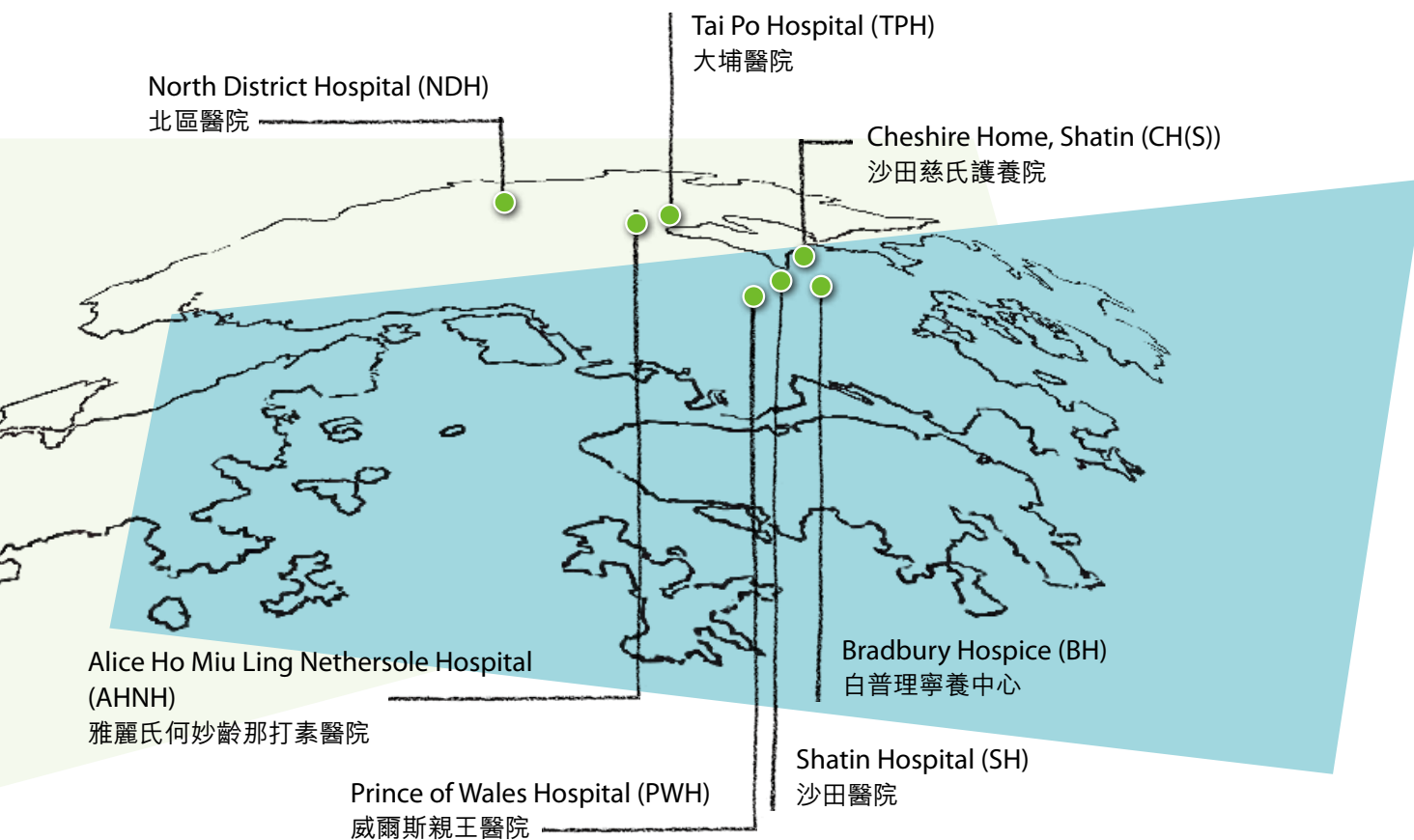
聯網繼續按澳洲醫療服務標準委員會 (ACHS) 訂定的準則，推行醫院認證計劃。聖母醫院已於2012年6月完成差距分析，明愛醫院亦於2012年8月完成認證後的定期檢討。

為了維持高質素及具士氣的工作團隊，聯網就醫生、護士、專職醫療人員和行政事務人員等不同職系推行改善措施，包括持續增加醫護人手、改善職系晉升前景、加強培訓發展及改善工作環境。

聯網於明愛醫院護士學校額外招收100名護士學生。此外，聯網亦增聘多名司機及病人服務助理，加強非緊急救護運送服務，縮短病人的等候時間。



New Territories East Cluster (NTEC) 新界東醫院聯網 (新界東聯網)



Number of general outpatient clinics 普通科門診診所數目	11
Throughput 服務量	
Number of beds 病床數目	4,515
Patient discharges* 出院病人數目*	257,812
A&E attendances 急症室求診人次	409,584
Specialist outpatient attendances (clinical) 專科門診求診人次 (臨床服務)	1,065,505
General outpatient attendances 普通科門診求診人次	910,199
Full-time equivalent staff 職員數目 ⁺	10,096.32

* Total inpatient, day patient discharges and deaths

* 住院及日間病人出院及死亡總數

+ 等同全職人員數目 (full-time equivalent)



To cope with growing demand, NTEC enhanced service capacity in various ways. The Neonatal Intensive Care Unit (NICU) was expanded by adding one NICU bed in PWH. Additional operating theatre sessions were added at PWH to shorten the waiting time for elective operations for target disease groups, such as head and neck cancer surgery, brain tumor surgery, cardiac surgery and eye surgery. Services for chronic renal patients were expanded with additional hospital and home haemodialysis as well as ambulatory peritoneal dialysis quotas. Primary care services were enhanced by delivering additional 13,380 GOPC attendances.

因應日益增加的服務需求，新界東聯網透過不同方式擴充服務。威爾斯親王醫院加強初生嬰兒深切治療部，增加一張初生嬰兒深切治療病床，另增加手術室節數，縮短重點疾病非緊急手術的輪候時間，包括頭頸癌、腦瘤、心臟及眼部手術。聯網亦加強對慢性腎病患者的服務，包括增加醫院和家居血液透析及非卧床腹膜透析名額。為加強基層醫療服務，普通科門診亦增加了13,380個名額。





A stable workforce was maintained by NTEC through the year. A total of 50 phlebotomists and technical assistants were recruited to relieve doctors and nurses from routine technical tasks for patients. A total of 18 allied health professionals, 40 nurses and 51 clerical staff were recruited to strengthen the workforce. Promotional opportunities for frontline doctors, nurses and allied health professional were enhanced by adding 50 promotional positions.

To strengthen patient safety and service quality, gap analysis for accreditation was successfully conducted in PWH and NDH in November 2012 to prepare the hospitals in meeting international standards. Our preparation work was well supported by the Cluster framework with involvement of all departments. The system implemented contributed a lot in synchronising resource input, wisdom and experience during the process, which is greatly attributed to solid governance and active staff engagement. The 'Excellent Staff Engagement Award' bestowed by Hong Kong Institute of Human Resource Management in September 2012 was great encouragement to staff, signifying a milestone in the Cluster.

年內，聯網的職員人手保持穩定。聯網增聘了50名抽血員及技術助理，協助醫生和護士為病人進行日常技術性護理工作。此外，聯網亦增聘18名專職醫療人員、40名護士和51名文書人員，並增設50個晉升職位，以改善前線醫生、護士及專職醫療人員的晉升機會。

為加強保障病人安全及提升服務質素，聯網轄下的威爾斯親王醫院及北區醫院於2012年11月進行差距分析，為醫院認證計劃作準備。聯網所有部門均為認證準備作出很大支援，積極參與。聯網的系統促使各部門投入相應資源，並獲取有用心得和經驗，這實有賴聯網穩健的管理及員工積極參與。聯網在2012年9月獲香港人力資源管理學會頒發「卓越員工投入獎」，這對員工是莫大鼓勵，對聯網亦是一項重要成就。

Collaboration programme with non-government organisations for 2,000 additional patients with chronic diseases was carried out to enhance patients' self-management skills and strengthen partnership with the community.

為加強社區協作，聯網與非政府機構展開合作計劃，額外招募2,000名長期病患者參加病人賦能計劃，提升他們的自我照顧能力。

Technology modernisation was continuously implemented to facilitate delivery of quality patient care. The Enterprise Resource Planning system was rolled out at the pharmacy to modernise pharmaceutical supply chain and ensure there is adequate resource to meet service needs.

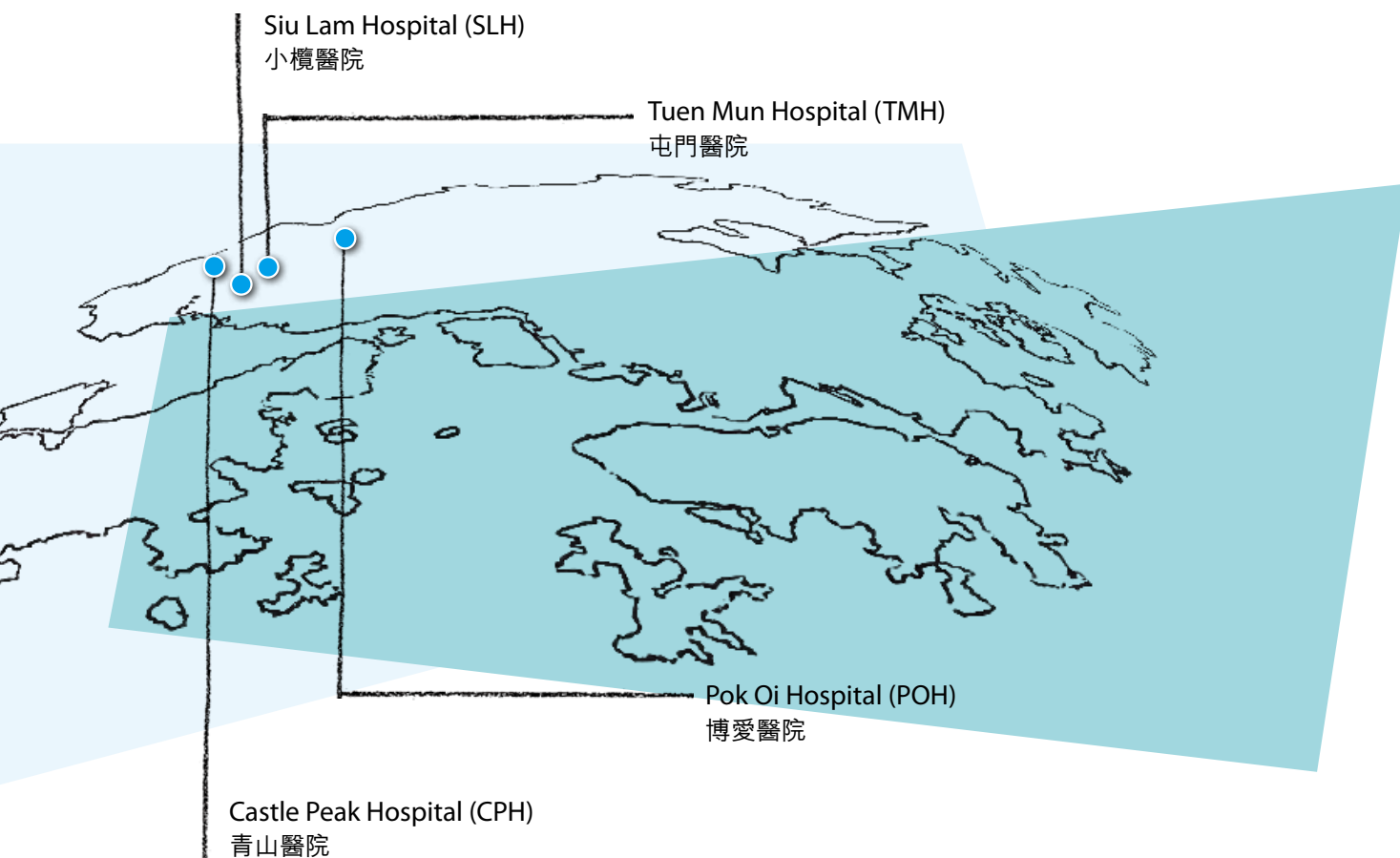
聯網持續進行科技更新，以提供優質病人護理。聯網在醫院藥房推行企業資源計劃系統，改善藥物供應鏈流程，並確保具有足夠資源應付服務需求。

The psychiatric admission wards in TPH were modernised to provide acute psychiatric patients with multi-disciplinary therapeutic care and also to reduce congestion and overcrowdedness in these wards.

大埔醫院精神科收症病房已進行改善工程，為急症精神科病人提供跨專業治療護理，並紓緩病房擠逼情況。



New Territories West Cluster (NTWC) 新界西醫院聯網 (新界西聯網)



Number of general outpatient clinics 普通科門診診所數目	8
Throughput 服務量	
Number of beds 病床數目	3,967
Patient discharges* 出院病人數目*	177,549
A&E attendances 急症室求診人次	360,059
Specialist outpatient attendances (clinical) 專科門診求診人次 (臨床服務)	863,848
General outpatient attendances 普通科門診求診人次	766,062
Full-time equivalent staff 職員數目 ⁺	8,309.40

* Total inpatient, day patient discharges and deaths

* 住院及日間病人出院及死亡總數

+ 等同全職人員數目 (full-time equivalent)



NTWC expanded service capacity by adding 41 new beds, including 30 acute beds and one neonatal intensive care bed in TMH, and 10 beds in emergency medicine ward in POH. Haemodialysis service was enhanced to benefit six more patients with end-stage renal disease. Hypertension management, smoking counseling and cessation services were improved in general outpatient clinics in the Cluster. Pharmacy hours were extended in POH and specialist outpatient clinics enhanced to improve services.

To enliven the Cluster's people first core value, NTWC emphasises greatly on staff training both locally and overseas. Some of the programmes included training for 101 registered nurses at TMH nursing school, preceptorship programme for new graduate nurses, as well as structured training and development programme for newly recruited allied health staff.

Continuous pursuit for quality improvement and patient safety of NTWC is reflected from great emphasis on hospital accreditation, with participation of cluster hospitals in the four-year cycle organisation-wide survey, a mid-cycle periodic review and an annual self-assessment exercise. Response plans for critical incidents including chemical, biological, radiation, and nuclear incidents were reviewed and revamped. Drills were conducted to counteract damage and uphold safety.

新界西聯網於本年度擴展服務，增設41張病床，其中30張急症病床及1張初生嬰兒深切治療病床設於屯門醫院，另外10張病床設於博愛醫院急症內科病房。聯網亦為另外六名末期腎病患者提供血液透析服務。此外，聯網普通科門診診所加強防治高血壓及戒煙輔導服務，亦延長博愛醫院藥劑部的服務時間，以及加強專科門診的藥劑服務。

聯網奉行「以人為本」的核心價值，故著重為員工提供本地及海外培訓，其中包括屯門醫院普通科護士學校為101名學員提供註冊護士培訓；為新入職的護士推行為期兩年的實習指導計劃，以及為新入職的專職醫療人員提供有系統的培訓及發展課程。

聯網一直致力提高服務質素和安全水平，積極推行醫院認證計劃，轄下醫院參與四年一個周期的全面檢視、中期覆核和年度自我評估。此外，聯網亦審視及全面修訂生化、輻射及核安全重大事故的應變計劃，期間並參與演習，盡量減低事故影響，保障安全。

Technology upgrade improves patient service. A radio frequency identification system was implemented in TMH mortuary, with similar plan for other hospitals in the Cluster. Implementation of Enterprise Resource Planning system modernised the pharmacy supply chain through process re-engineering and new technologies.

Hydrotherapy service was introduced in POH to benefit all inpatients of NTCW hospitals. Concessionary rates were offered to patient groups or non-government organisations.

The Cluster enhanced services for people with cancer and caregivers through the new Maggie's Cancer Caring Centre in TMH since March 2013. Supported by the Keswick Foundation and operated by Maggie's Hong Kong, a charity organisation, the centre boasts uniqueness through a welcoming and home-like environment in meeting increasing need of cancer patients in the local community.

Partnership with patients and the community was also enhanced through collaboration with Yan Oi Tong in recruiting more than 3,000 patients with chronic diseases to participate in various patient empowerment programmes. With improvement in self-management skills, the patients can better cope with chronic illness with improved outcomes.

科技更新可改善病人服務。屯門醫院殮房裝設射頻識別系統，並計劃推廣至聯網其他醫院。聯網亦透過應用新科技及重整流程，推行機構資源規劃系統，更新藥物供應鏈流程。

博愛醫院開展水療服務，為新界西聯網醫院所有住院病人提供服務，並以優惠的收費，讓病人團體或非政府機構租用。

2013年3月，設於屯門醫院的香港 Maggie's (銘琪) 癌症關顧中心正式開幕，加強為癌症病人及其照顧者提供服務。中心獲「凱瑟克基金」資助，由慈善團體香港 Maggie's (銘琪) 營辦，提供設計獨特的恬靜環境，切合癌症病人的增加服務需求。

此外，聯網加強與病人和社區的夥伴關係，與仁愛堂合作安排超過3,000名長期病患者參加各項病人賦能計劃，提升他們的自我照顧能力，令他們積極面對疾病，改善病情。



Independent Auditor's Report and Audited Financial Statements 獨立核數師報告及經審查的財務報表

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羅兵咸永道

Independent Auditor's Report

To The Members of the Hospital Authority

We have audited the consolidated financial statements of the Hospital Authority ("HA") and its subsidiaries (together, the "Group") set out on pages 92 to 139, which comprise the consolidated and HA balance sheets as at 31 March 2013, and the consolidated statement of income and expenditure, the consolidated statement of comprehensive income, the consolidated cash flow statement and the consolidated statement of changes in net assets for the year then ended, and a summary of significant accounting policies and other explanatory information.

The Hospital Authority's Responsibility for the Consolidated Financial Statements

The Hospital Authority is responsible for the preparation of consolidated financial statements that give a true and fair view in accordance with Hong Kong Financial Reporting Standards issued by the Hong Kong Institute of Certified Public Accountants, and for such internal control as the Hospital Authority determines is necessary to enable the preparation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit and to report our opinion solely to you, as a body, in accordance with section 10 of the Hospital Authority Ordinance and for no other purpose. We do not assume responsibility towards or accept liability to any other person for the contents of this report.

We conducted our audit in accordance with Hong Kong Standards on Auditing issued by the Hong Kong Institute of Certified Public Accountants. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

獨立核數師報告

致醫院管理局成員

本核數師(以下簡稱「我們」)已審計列載於第92頁至139頁醫院管理局(「醫管局」)及其附屬機構(以下合稱「貴集團」)的綜合財務報表,此綜合財務報表包括於二零一三年三月三十一日的綜合及醫管局資產負債表與截至該日止年度的綜合收支結算表、綜合全面收益表、綜合現金流動報表和綜合淨資產變動報表,以及主要會計政策概要及其他附註解釋資料。

醫院管理局就綜合財務報表須承擔的責任

醫院管理局須負責根據香港會計師公會頒佈的香港財務報告準則編製綜合財務報表,以令綜合財務報表作出真實而公平的反映,及落實其認為編製綜合財務報表所必要的內部控制,以使綜合財務報表不存在由於欺詐或錯誤而導致的重大錯誤陳述。

核數師的責任

我們的責任是根據我們的審計對該等綜合財務報表作出意見,並按照醫院管理局條例第十條僅向整體之醫院管理局成員報告,除此之外本報告別無其他目的。我們不會就本報告的內容向任何其他人士負上或承擔任何責任。

我們已根據香港會計師公會頒佈的香港審計準則進行審計。這些準則要求我們遵守道德規範,並規劃及執行審計,以合理確定此等綜合財務報表是否不存在任何重大錯誤陳述。

PricewaterhouseCoopers, 22/F Prince's Building, Central, Hong Kong
T: +852 2289 8888, F: +852 2810 9888, www.pwchk.com



Independent Auditor's Report

To The Members of the Hospital Authority (Continued)

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of consolidated financial statements that give a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements give a true and fair view of the state of affairs of HA and of the Group as at 31 March 2013 and of the Group's surplus and cash flows for the year then ended in accordance with Hong Kong Financial Reporting Standards.

PricewaterhouseCoopers
Certified Public Accountants

Hong Kong, 22 August 2013

獨立核數師報告

致醫院管理局成員 (續)

審計涉及執程序以獲取有關綜合財務報表所載金額及披露資料的審計憑證。所選定的程序取決於核數師的判斷，包括評估由於欺詐或錯誤而導致綜合財務報表存在重大錯誤陳述的風險。在評估該等風險時，核數師考慮與該機構編製綜合財務報表以作出真實而公平的反映相關的內部控制，以設計適當的審計程序，但目的並非對機構的內部控制的效能發表意見。審核亦包括評價管理層所採用的會計政策的合適性及所作出的會計估計的合理性，以及評價綜合財務報表的整體列報方式。

我們相信，我們所獲得的審核憑證是充足和適當地為我們的審計意見提供基礎。

意見

我們認為，該等綜合財務報表已根據香港財務報告準則真實而公平地反映醫管局及貴集團於二零一三年三月三十一日的事務狀況及貴集團截至該日止年度的盈餘及現金流量。

羅兵咸永道會計師事務所
執業會計師

香港，二零一三年八月二十二日

Consolidated Balance Sheet

綜合資產負債表

	Note 附註	At 31 March 2013 HK\$'000 2013年3月31日 結餘 港幣千元	At 31 March 2012 HK\$'000 2012年3月31日 結餘 港幣千元
Non-Current Assets 非流動資產			
Property, plant and equipment 物業、機器及設備	5	3,873,742	3,479,671
Intangible assets 無形資產	6	509,493	415,356
Loans receivable 應收債款	7	7,474	9,386
Placement with the Hong Kong Monetary Authority 香港金融管理局存款	8	6,124,158	-
Fixed income instruments 固定入息工具	9	-	300,001
		10,514,867	4,204,414
Current Assets 流動資產			
Inventories 存貨	10	1,251,914	1,048,667
Loans receivable 應收債款	7	1,452	1,603
Accounts receivable 應收賬款	11	260,368	257,684
Other receivables 其他應收賬款	12	100,782	78,192
Deposits and prepayments 按金及預付款項	13	278,466	262,957
Fixed income instruments 固定入息工具	9	300,001	1,730,993
Bank deposits with original maturity over three months 原來到期日超過三個月之銀行存款	14	8,886,683	4,717,415
Cash and cash equivalents 現金及現金等值	14	3,002,589	3,717,620
		14,082,255	11,815,131
Current Liabilities 流動負債			
Creditors and accrued charges 債權人及應付費用	15	6,664,372	5,770,957
Deposits received 已收按金	16	129,242	158,440
		6,793,614	5,929,397
Net Current Assets 流動資產淨值			
		7,288,641	5,885,734
Total Assets Less Current Liabilities 總資產減流動負債			
		17,803,508	10,090,148
Non-Current Liabilities 非流動負債			
Balance with Samaritan Fund 撒瑪利亞基金結餘	8	6,124,158	-
Death and disability liabilities 死亡及傷殘福利責任	17	195,720	176,363
Deferred income 遞延收益	18	490,428	506,621
Net Assets 資產淨值			
		10,993,202	9,407,164
Capital subventions and donations 資本補助及捐贈	19	4,383,235	3,895,027
Designated fund 指定基金	20	5,077,369	5,077,369
Revenue reserve 收入儲備		1,532,598	434,768
Capital Subventions and Donations, Designated Fund and Reserves 資本補助及捐贈、指定基金及儲備			
		10,993,202	9,407,164



Mr Benjamin HUNG, JP 洪丕正先生
Chairman
Finance Committee
財務委員會主席



Dr LEUNG Pak Yin, JP 梁栢賢醫生
Chief Executive
行政總裁

Balance Sheet

資產負債表

	Note 附註	At 31 March 2013 HK\$'000 2013年3月31日 結餘 港幣千元	At 31 March 2012 HK\$'000 2012年3月31日 結餘 港幣千元
Non-Current Assets 非流動資產			
Property, plant and equipment 物業、機器及設備	5	3,873,742	3,479,671
Intangible assets 無形資產	6	508,627	414,958
Loans receivable 應收債款	7	7,474	9,386
Placement with the Hong Kong Monetary Authority 香港金融管理局存款	8	6,124,158	-
Fixed income instruments 固定入息工具	9	-	300,001
		10,514,001	4,204,016
Current Assets 流動資產			
Inventories 存貨	10	1,251,914	1,048,667
Loans receivable 應收債款	7	1,452	1,603
Accounts receivable 應收賬款	11	260,368	257,684
Other receivables 其他應收賬款	12	100,782	78,269
Deposits and prepayments 按金及預付款項	13	278,383	262,874
Fixed income instruments 固定入息工具	9	300,001	1,730,993
Bank deposits with original maturity over three months 原來到期日超過三個月的銀行存款	14	8,886,683	4,717,415
Cash and cash equivalents 現金及現金等值	14	3,002,589	3,717,620
		14,082,172	11,815,125
Current Liabilities 流動負債			
Creditors and accrued charges 債權人及應付費用	15	6,664,295	5,770,957
Deposits received 已收按金	16	129,242	158,440
		6,793,537	5,929,397
Net Current Assets 流動資產淨值			
		7,288,635	5,885,728
Total Assets Less Current Liabilities 總資產減流動負債			
		17,802,636	10,089,744
Non-Current Liabilities 非流動負債			
Balance with Samaritan Fund 撒瑪利亞基金結餘	8	6,124,158	-
Death and disability liabilities 死亡及傷殘福利責任	17	195,720	176,363
Deferred income 遞延收益	18	490,428	506,621
		10,992,330	9,406,760
Net Assets 資產淨值			
		10,992,330	9,406,760
Capital subventions and donations 資本補助及捐贈	19	4,382,369	3,894,629
Designated fund 指定基金	20	5,077,369	5,077,369
Revenue reserve 收入儲備		1,532,592	434,762
Capital Subventions and Donations, Designated Fund and Reserves 資本補助及捐贈、指定基金及儲備		10,992,330	9,406,760



Mr Benjamin HUNG, JP 洪丕正先生
Chairman
Finance Committee
財務委員會主席



Dr LEUNG Pak Yin, JP 梁栢賢醫生
Chief Executive
行政總裁

Consolidated Statement of Income and Expenditure

綜合收支結算表

	Note 附註	For the year ended 31 March 2013 HK\$'000 截至2013年 3月31日止年度 港幣千元	For the year ended 31 March 2012 HK\$'000 截至2012年 3月31日止年度 港幣千元
Income 收入			
Recurrent Government subvention 經常性政府補助	21	41,346,479	36,847,073
Capital Government subvention 資本性政府補助		1,137,177	790,108
Hospital/clinic fees and charges 醫院／診療所收費	22	2,950,732	3,029,866
Donations 捐贈		387	225
Transfers from 轉調自：			
Designated donation fund 指定捐贈基金	18	149,044	144,943
Capital subventions 資本補助	19	674,909	711,168
Capital donations 資本捐贈	19	120,087	109,149
Investment income 投資收益		176,955	149,682
Other income 其他收益		598,070	535,102
		47,153,840	42,317,316
Expenditure 支出			
Staff costs 員工成本		(32,289,722)	(29,616,427)
Drugs 藥物		(4,478,851)	(4,068,679)
Medical supplies and equipment 醫療物品及設備		(1,999,294)	(1,845,758)
Utilities charges 公用開支		(1,047,639)	(969,607)
Repairs and maintenance 維修及保養		(1,384,230)	(1,269,804)
Building projects funded by the Government 由政府撥款的建築工程	2(g)(ii) and (iii)	(1,137,177)	(790,108)
Operating lease expenses - office premises and equipment 營運租賃開支－辦公室及設備		(114,463)	(84,611)
Depreciation and amortisation 折舊及攤銷	5, 6	(768,537)	(814,718)
Other operating expenses 其他營運開支	23	(2,836,097)	(2,360,723)
		(46,056,010)	(41,820,435)
Surplus for the year 年內盈餘		1,097,830	496,881

Consolidated Statement of Comprehensive Income

綜合全面收益表

	Note 附註	For the year ended 31 March 2013 HK\$'000 截至2013年 3月31日止年度 港幣千元	For the year ended 31 March 2012 HK\$'000 截至2012年 3月31日止年度 港幣千元
Surplus for the year 年內盈餘		1,097,830	496,881
Other comprehensive income 其他全面收益			
– Additions to capital subventions and donations 資本補助及捐贈增加	19	1,283,204	1,122,694
– Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	19	(794,996)	(820,317)
Total comprehensive income for the year 年內全面收益總額		1,586,038	799,258

Consolidated Cash Flow Statement

綜合現金流動報表

	Note 附註	For the year ended 31 March 2013 HK\$'000 截至2013年 3月31日止年度 港幣千元	For the year ended 31 March 2012 HK\$'000 截至2012年 3月31日止年度 港幣千元
Net cash generated from operating activities 營運活動所得現金淨額	27	1,546,289	1,302,753
Investing activities 投資活動			
Investment income received 已收投資收益		176,955	149,682
Purchases of property, plant and equipment 購置物業、機器及設備	5	(1,106,447)	(934,150)
Purchases of intangible assets 購置無形資產	6	(176,757)	(188,544)
Net (increase)/decrease in bank deposits with original maturity over three months 原來到期日超過三個月的銀行存款的淨額(增加)/減少		(4,169,268)	1,392,960
Net decrease/(increase) in fixed income instruments 固定入息工具的淨額減少/(增加)		1,730,993	(15)
Net cash (used in)/generated from investing activities 投資活動(所用)/所得現金淨額		(3,544,524)	419,933
Net cash (outflow)/inflow before financing activities 融資前之現金淨額(流出)/流入		(1,998,235)	1,722,686
Financing activities 融資活動			
Capital subventions 資本補助	19	1,072,126	929,549
Capital donations 資本捐贈	19	211,078	193,145
Net cash generated from financing activities 融資所得之現金淨額		1,283,204	1,122,694
(Decrease)/increase in cash and cash equivalents 現金及現金等值之(減少)/增加		(715,031)	2,845,380
Cash and cash equivalents at beginning of year 年初之現金及現金等值		3,717,620	872,240
Cash and cash equivalents at end of year 年終之現金及現金等值	14	3,002,589	3,717,620

Note: The cash flow for the placement with the Hong Kong Monetary Authority on behalf of the Samaritan Fund was netted off with the outstanding balance with the Samaritan Fund and the detailed arrangement is disclosed in note 8.

註：代撒瑪利亞基金存於香港金融管理局的存款之現金流量已經扣除於撒瑪利亞基金的結餘，詳細安排於附註8披露。

Consolidated Statement of Changes in Net Assets

綜合淨資產變動報表

	Capital subventions and donations HK\$'000 [Note 19] 資本補助 及捐贈 港幣千元 [附註 19]	Designated fund HK\$'000 指定基金 港幣千元	Revenue reserve HK\$'000 收入儲備 港幣千元	Total HK\$'000 總計 港幣千元
At 1 April 2011 於二零一一年四月一日	3,592,650	5,077,369	(62,113)	8,607,906
Total comprehensive income for the year 年內全面收益總額	302,377	-	496,881	799,258
At 31 March 2012 於二零一二年三月三十一日	3,895,027	5,077,369	434,768	9,407,164
Total comprehensive income for the year 年內全面收益總額	488,208	-	1,097,830	1,586,038
At 31 March 2013 於二零一三年三月三十一日	4,383,235	5,077,369	1,532,598	10,993,202

Notes to the Financial Statements

1. The Hospital Authority

(a) Background

The Hospital Authority ("HA") and its subsidiaries are collectively referred to as the "Group" in the consolidated financial statements. HA is a statutory body established in Hong Kong on 1 December 1990 under the Hospital Authority Ordinance (Cap.113). The Hospital Authority Ordinance provides HA with the powers to manage and control the delivery of public hospital services in Hong Kong. Under the Hospital Authority Ordinance, HA is responsible amongst other matters for the following:

- advising the Government of the Hong Kong Special Administrative Region (the "Government") of the needs of the public for hospital services and of the resources required to meet those needs;
- managing and developing the public hospital system;
- recommending to the Secretary for Food and Health appropriate policies on fees for the use of hospital services by the public;
- establishing public hospitals; and
- promoting, assisting and taking part in education and training of HA staff and research relating to hospital services.

Pursuant to Section 5(a) of the Hospital Authority Ordinance, an agreement was entered into between the Government and HA on 3 June 2011 ("Agreement"), under which the Government and HA agreed that HA shall be responsible for managing and controlling the government lands and the hospitals, clinics, facilities, buildings and premises established thereon (as set out in Annex A of the Agreement and referred to as "Properties"), as well as the facilities and amenities (as set out in Annex B of the Agreement) that may be provided on the Properties. The ownership of the Properties continues to be held by the Government.

HA has also entered into agreements with the individual governing bodies of the ex-subsented hospitals which allowed HA to assume ownership of some operating assets as at 1 December 1991 and to manage and control other assets, the ownership of which remains with the individual governing bodies.

As a result, HA has assumed responsibility for the management of the public hospital operations since 1 December 1991. Also, all operating and capital commitments outstanding as at 1 December 1991 were assumed by HA, except for the capital works projects funded under the Capital Works Reserve Fund of the Government.

As part of the Government's healthcare reform plan, HA has taken over the management and operation of all general outpatient clinics ("GOPCs") from the Department of Health by July 2003. Under the arrangement, the title and ownership in respect of the related operating assets of the GOPCs were retrospectively transferred to HA in July 2003 after receiving formal approval from the Government in June 2006. These assets were transferred at nil value.

財務報表附註

1. 醫院管理局

(a) 背景

在綜合財務報表中，醫院管理局（「醫管局」）及其附屬機構統稱為「集團」。醫管局於一九九零年十二月一日根據《醫院管理局條例》（第113章）成立為法定團體。《醫院管理局條例》賦予醫管局管理及掌管香港公立醫院服務的權力。根據《醫院管理局條例》，醫管局的主要工作如下：

- 就公眾對醫院服務之需求及所需之資源，向香港特區政府（「政府」）提供意見；
- 管理及發展公立醫院系統；
- 就公眾使用醫院服務須繳付的費用，向食物及衛生局局長建議恰當的政策；
- 設立公立醫院；及
- 促進、協助及參與有關醫院服務的教育，員工培訓及科研。

根據醫院管理局條例第5(a)條，政府與醫管局在二零一一年六月三日達成協議（「協議」），雙方同意由醫管局管理及掌管有關的政府土地及建於其上的醫院、診所、設施、建築物及樓宇（按協議附件A所載統稱「物業」），以及物業內的設施和設備（按協議附件B所載），物業的擁有權仍歸政府所有。

醫管局亦與個別前補助醫院的管治機構達成協議，容許醫管局於一九九一年十二月一日接收一些營運資產的擁有權，以及管理和掌管其他擁有權仍屬於個別管治機構的資產。

因此，醫管局由一九九一年十二月一日起全面承擔所有醫院運作的管理。此外，除由政府基本工程儲備基金撥款的基本工程計劃外，對於一九九一年十二月一日仍未完成的所有營運及資本承擔，亦由醫管局負責。

作為政府的醫療改革計劃的一部分，醫管局由二零零三年七月起接管衛生署所有普通科門診診所。根據安排，這些普通科門診診所相關營運資產之業權及擁有權由二零零三年七月起轉讓予醫管局，政府的正式批准於二零零六年六月發出，有關資產以無價值轉讓。

Notes to the Financial Statements (Continued)

1. The Hospital Authority (Continued)

(a) Background (Continued)

In order to promote the development and research of Chinese medicine in Hong Kong, HA's subsidiary, HACM Limited entered into agreements with 10 non-governmental organisations ("NGOs") in collaboration with certain universities in Hong Kong to operate 17 Chinese Medicine Centres for Training and Research ("CMCTRs"). Under the agreements with the NGOs, HACM Limited has provided an annual subvention to the NGOs for operating CMCTRs in Hong Kong. These NGO clinics have provided Chinese medicine outpatient services including the prescription of Chinese herbal medicine and related services. For the year ended 31 March 2013, the subvention paid to these NGOs amounted to HK\$28,185,000 (2012: HK\$26,466,000).

In order to support the Government-led electronic health record ("eHR") programme, which is a 10-year-programme and an essential part of the healthcare reform, HA has been engaged to serve as the technical agency to the Government, leveraging its experience and know-how in the Clinical Management System ("CMS"). With this role, HA undertakes multiple streams of eHR related projects, which are funded by the recurrent subvention and other designated funding from the Government. During the financial year ended 31 March 2013, HA recognised HK\$210,131,000 (2012: HK\$179,673,000) as other income to match with the expenditure incurred in relation to the eHR related projects.

On 19 October 2011, HA set up a subsidiary, eHR HK Limited, to act as a custodian to hold, maintain and license the intellectual property rights and assets related to the eHR programme.

(b) Hospitals and other institutions

At 31 March 2013, HA had under its management and control the following hospitals and institutions:

Hospitals:

Alice Ho Miu Ling Nethersole Hospital
Bradbury Hospice
Caritas Medical Centre
Castle Peak Hospital
Cheshire Home, Chung Hom Kok
Cheshire Home, Shatin
The Duchess of Kent Children's Hospital at Sandy Bay
Grantham Hospital
Haven of Hope Hospital
Hong Kong Buddhist Hospital
Hong Kong Eye Hospital
Kowloon Hospital
Kwai Chung Hospital
Kwong Wah Hospital
MacLehose Medical Rehabilitation Centre
North District Hospital
Our Lady of Maryknoll Hospital

財務報表附註(續)

1. 醫院管理局(續)

(a) 背景(續)

為促進香港中醫藥發展及科研，醫管局及其附屬機構「醫院管理局中醫藥服務有限公司」與十間志願團體簽訂協議，與香港一些大學合作開辦十七間中醫臨床教研中心。根據與志願團體的協議，醫院管理局中醫藥服務有限公司每年提供一筆資助予這些志願團體在香港開辦及營運中醫臨床教研中心。這些診所會提供中醫門診服務，包括處方中藥及相關服務。截至二零一三年三月三十一日止之年度，為這些志願團體提供的一筆資助為港幣28,185,000元(二零一二年：港幣26,466,000元)。

政府推行的電子健康記錄互通系統計劃，為一項橫跨十年的計劃，是醫療改革一個重要部分。醫管局獲政府委託作為技術代理機構，運用發展臨床管理系統的經驗和專業知識，協助政府推行計劃。作為政府的技術代理機構，醫管局須進行不同範疇的電子健康記錄互通系統相關的計劃，這些計劃由政府的經常性補助及其他指定撥款提供經費。截至二零一三年三月三十一日止之財政年度，醫管局確認港幣210,131,000元(二零一二年：港幣179,673,000元)的款項作為其他收入，以支付電子健康記錄互通系統相關計劃的開支。

於二零一一年十月十九日，醫管局成立eHR HK Limited的附屬機構，此機構作為保管人，持有、保管及特許有關電子健康記錄互通系統計劃的知識產權及資產。

(b) 醫院及其他機構

在二零一三年三月三十一日，由醫管局管理及掌管的醫院及機構如下：

醫院：

雅麗氏何妙齡那打素醫院
白普理寧養中心
明愛醫院
青山醫院
春磡角慈氏護養院
沙田慈氏護養院
大口環根德公爵夫人兒童醫院
葛量洪醫院
靈實醫院
香港佛教醫院
香港眼科醫院
九龍醫院
葵涌醫院
廣華醫院
麥理浩復康院
北區醫院
聖母醫院

Notes to the Financial Statements (Continued)

1. The Hospital Authority (Continued)

(b) Hospitals and other institutions (Continued)

Hospitals (Continued):

Pamela Youde Nethersole Eastern Hospital
Pok Oi Hospital
Prince of Wales Hospital
Princess Margaret Hospital
Queen Elizabeth Hospital
Queen Mary Hospital
Ruttonjee & Tang Shiu Kin Hospitals
Shatin Hospital
Siu Lam Hospital
St. John Hospital
Tai Po Hospital
Tsan Yuk Hospital
Tseung Kwan O Hospital
Tuen Mun Hospital
Tung Wah Eastern Hospital
Tung Wah Group of Hospitals Fung Yiu King Hospital
Tung Wah Group of Hospitals Wong Tai Sin Hospital
Tung Wah Hospital
United Christian Hospital
Wong Chuk Hang Hospital
Yan Chai Hospital

Other Institutions:

eHR HK Limited
HACare (ceased operation of the long stay care home on 31 December 2004 and has remained inactive thereafter)
HACM Limited
Hong Kong Red Cross Blood Transfusion Service
Rehabaid Centre
Specialist outpatient clinics
General outpatient clinics
Other clinics and associated units

(c) Principal office

The address of the principal office of the Hospital Authority is Hospital Authority Building, 147B Argyle Street, Kowloon, Hong Kong.

財務報表附註(續)

1. 醫院管理局(續)

(b) 醫院及其他機構(續)

醫院(續):

東區尤德夫人那打素醫院
博愛醫院
威爾斯親王醫院
瑪嘉烈醫院
伊利沙伯醫院
瑪麗醫院
律敦治及鄧肇堅醫院
沙田醫院
小欖醫院
長洲醫院
大埔醫院
贊育醫院
將軍澳醫院
屯門醫院
東華東院
東華三院馮堯敬醫院
東華三院黃大仙醫院
東華醫院
基督教聯合醫院
黃竹坑醫院
仁濟醫院

其他機構:

eHR HK Limited
荔康居(此長期護理院在二零零四年十二月三十一日結束運作,之後已停止服務)
醫院管理局中醫藥服務有限公司
香港紅十字會輸血服務中心
復康專科及資源中心
專科門診診所
普通科門診診所
其他診療所及相關科組

(c) 主要辦事處

醫院管理局的主要辦事處設於香港九龍亞皆老街147號B醫院管理局大樓。

Notes to the Financial Statements (Continued)

2. Principal accounting policies

The principal accounting policies applied in the preparation of the consolidated financial statements are set out below. These policies have been consistently applied to both years presented, unless otherwise stated.

(a) Basis of presentation

The financial statements have been prepared in accordance with Hong Kong Financial Reporting Standards ("HKFRSs") issued by the Hong Kong Institute of Certified Public Accountants ("HKICPA") as appropriate to Government subvented and not-for-profit organisations. They have been prepared under the historical cost convention, as modified by the revaluation of certain financial assets which are stated at fair value.

The preparation of financial statements in conformity with HKFRSs requires the use of certain critical accounting estimates. It also requires management to exercise its judgment in the process of applying HA's accounting policies. The areas involving a higher degree of judgment or complexity, or areas where assumptions and estimates are significant to the financial statements are disclosed in note 4.

(b) Basis of consolidation

The financial statements of the Group include the income and expenditure of the Head Office, subsidiaries, all Hospitals, Specialist Clinics, General Outpatient Clinics and other institutions under its management and control made up to 31 March 2013.

The financial statements reflect the recorded book values of those assets owned and the liabilities assumed by the Group. Those assets under the management and control of HA, but not owned by HA, are not accounted for in these financial statements.

(c) Subsidiaries

Subsidiaries are entities over which the Group has the power to govern the financial and operating policies. Subsidiaries are fully consolidated from the date that control is transferred to the Group. They are de-consolidated from the date that control ceases.

Intra-group transactions, balances and unrealised gains on transactions within the Group have been eliminated on consolidation. Unrealised losses are also eliminated unless the transaction provides evidence of an impairment of the assets transferred. The accounting policies of the subsidiaries are consistent with the accounting policies adopted by the Group.

財務報表附註(續)

2. 主要會計政策

編製綜合財務報表所用的主要會計政策列述如下，除非另作說明，這些政策一貫用於呈列二零一二及二零一三年的數字。

(a) 呈報之基準

本財務報表是按照香港會計師公會所發出適用於政府補助及非牟利機構的《香港財務報告準則》，以及根據慣用的原值成本法編製，而某些以公允價值列出的財務資產會經過重新估值而作調整。

根據《香港財務報告準則》所編製的財務報表，需採用若干關鍵的會計估計，並要求管理層在應用其會計政策的過程中，作出判斷。需要較大判斷或較為複雜，或有關假設及估計對財務報表有重要影響的項目，於附註4披露。

(b) 綜合呈列之基準

集團的財務報表包括截至二零一三年三月三十一日之財政年度內由其管理及掌管的總辦事處、附屬機構、所有醫院、專科診所、普通科門診診所及其他機構的收入和支出。

本財務報表反映集團所擁有之資產及所承擔之負債的有紀錄賬面值。由醫管局管理及掌管，但並非由醫管局所擁有的資產，並未列入本財務報表內。

(c) 附屬機構

附屬機構為集團對其財政及營運政策具管控權的實體，在集團接管附屬機構之日，附屬機構與集團的財務資料會作綜合呈列，當集團對附屬機構的管控權終止，便不會作綜合呈列。

集團內機構之間的交易、結餘及未實現之交易收益，在綜合呈列後已減除，未實現之虧損亦已減除，除非交易能提供證明所轉移的資產有耗損。附屬機構的會計政策與集團採用的會計政策一致。

Notes to the Financial Statements (Continued)

2. Principal accounting policies (Continued)

(c) Subsidiaries (Continued)

At 31 March 2013, the principal subsidiaries of HA comprise:

Name 名稱	Principal activities 主要業務	Place of incorporation/ operation 註冊成立／營運地點	Effective percentage directly held by the Group 集團直接持有的有效 份額
HACM Limited (limited by guarantee) 醫院管理局中醫藥服務有限公司 (擔保有限公司)	To steer the development and delivery of Chinese medicine services 規劃中醫藥服務的發展與供應	Hong Kong 香港	100
eHR HK Limited (limited by guarantee) (擔保有限公司)	To act as a custodian to hold, maintain and license the intellectual property rights and assets related to eHR programme 作為保管人，持有、保管及特許有關電子健康記錄互通系統計劃的知識產權及資產	Hong Kong 香港	100

(d) Adoption of new / revised HKFRSs

The HKICPA has issued a number of new / revised HKFRSs, including interpretations, amendments or improvements to the existing standards, which become effective in the current period. These new / revised HKFRSs are not applicable to the Group and have no effect on the Group's financial statements.

The HKICPA has also issued a number of new / revised HKFRSs which are effective for accounting period beginning on or after 1 April 2013. The Group has not early adopted these new / revised HKFRSs in the financial statements for the year ended 31 March 2013. The Group is in process of making an assessment but is not yet in a position to quantify the impact of these new / revised HKFRSs on its results of operations and financial position.

(e) Recognition of income

Recurrent subvention is recognised on an accruals basis. Non-recurrent subvention that is spent on expenditure which does not meet the capitalisation policy of property, plant and equipment or intangible assets as set out in note 2(g)(i) and note 2(i) respectively are recognised when the related expenditure is incurred.

Hospital / clinic fees and charges are recognised when services are provided.

財務報表附註(續)

2. 主要會計政策(續)

(c) 附屬機構(續)

在二零一三年三月三十一日，醫管局的主要附屬機構有：

(d) 採用新訂／經修訂的《香港財務報告準則》

香港會計師公會頒布了多項在此期間生效的新訂／經修訂的《香港財務報告準則》，包括對現有準則的詮釋、修訂或改良。這些新訂／經修訂的《香港財務報告準則》並不適用於集團，對集團的財務報表並無影響。

香港會計師公會亦頒布了多項在二零一三年四月一日或之後開始的會計期生效之新訂／經修訂的《香港財務報告準則》。集團在截至二零一三年三月三十一日止的財務報表並沒有提早採用這些新訂／經修訂之《香港財務報告準則》。集團現正作出評估，但現在尚未可量化這些新訂／經修訂準則對集團營運結果及財務狀況的影響。

(e) 收入之確認

經常性補助，以權責發生制原則確認。用於不符合附註2(g)(i)物業、機器及設備或附註2(i)無形資產資本化規定的非經常性補助，則於有關費用發生時確認。

醫院／診療所收費於提供服務時確認。

Notes to the Financial Statements (Continued)

2. Principal accounting policies (Continued)

(e) Recognition of income (Continued)

Designated donations are recognised as income when the amounts have been received or are receivable from the donors and the related expenditure is charged to the statement of income and expenditure. Other donation income is recognised upon receipt of non-designated cash or donations-in-kind not meeting the capitalisation policy of property, plant and equipment or intangible assets as set out in note 2(g)(i) and note 2(i) respectively.

Transfers from the designated donation fund are recognised when the designated donation fund is utilised and the expenditure does not meet the capitalisation policy of property, plant and equipment or intangible assets as set out in note 2(g)(i) and note 2(i) respectively.

Transfers from capital subventions and capital donations are recognised when depreciation or amortisation and net book value of assets disposed are charged to the statement of income and expenditure.

Investment income from fixed income instruments is recognised as set out in note 2(k).

Investment income from bank deposits is recognised on a time proportion basis using the effective interest method.

(f) Donations

(i) Donated assets

Properties, computer software and systems donated to the Group with a value below HK\$250,000 each and other donated assets with a value below HK\$100,000 each are recorded as income and expenditure in the year of receipt of the assets.

Properties, computer software and systems donated to the Group with a value of HK\$250,000 or more each and other donated assets with a value of HK\$100,000 or more each are capitalised on receipt of assets according to the policy set out in note 2(g)(i) and note 2(i). The amount of the donated assets is credited to the capital donations account. Each year, an amount equal to the depreciation or amortisation charge for these assets and the net book value of assets disposed is transferred from the capital donations account and credited to the statement of income and expenditure.

(ii) Cash donations

Cash donations for specific use as prescribed by the donor are accounted for in the designated donation fund. When the fund is utilised and spent for expenditure not meeting the capitalisation policy as set out in note 2(g)(i) or note 2(i), they are accounted for as expenditure of the designated donation fund and, in the case of capital expenditure, in accordance with the policy for donated assets outlined above.

財務報表附註(續)

2. 主要會計政策(續)

(e) 收入之確認(續)

指定用途捐贈收入於收款或應收款及有關開支已記入收支結算表內時確認。其他捐贈收入於接獲非指定用途之現金或不符合附註(2)(g)(i)物業、機器及設備或附註2(i)無形資產資本化規定的實物捐贈時確認。

指定用途捐贈之轉調，於使用該指定用途捐款而該支出並不符合附註(2)(g)(i)物業、機器及設備或附註2(i)無形資產資本化規定時確認。

資本補助及資本捐贈之轉調，於資產折舊或攤銷及出售資產的賬面淨值計入收支結算表時確認。

來自固定入息工具的投資收益按附註2(k)的方式確認。

來自銀行存款之投資收益採用實際利息法按時間比例入賬。

(f) 捐贈

(i) 捐贈資產

捐贈予集團而每項價值少於港幣25萬元的物業、電腦軟件及系統，以及其他每項價值少於港幣10萬元的捐贈資產，於收取時在該年度之收支賬目內記賬。

捐贈予集團而每項價值港幣25萬元或以上的物業、電腦軟件及捐贈，以及其他每項價值港幣10萬元或以上的捐贈資產，按附註2(g)(i)及附註2(i)所列的政策，於收取時資本化。捐贈資產的金額會記入資本捐贈的貸方。每年，一筆相等於這些資產折舊或攤銷的金額及出售資產的賬面淨值由資本捐贈轉調往收支結算表的貸方。

(ii) 現金捐贈

由捐贈人指定用途的現金捐贈會列入一個指定捐贈基金。當資金的運用及支出不符合附註2(g)(i)或附註2(i)的資本化規定，會列入該指定基金的開支賬目內，至於資本開支則根據上述捐贈資產的政策處理。

Notes to the Financial Statements (Continued)

2. Principal accounting policies (Continued)

(f) Donations (Continued)

(ii) Cash donations (Continued)

Non-specified donations for general operating purposes are recorded as donations in the statement of income and expenditure upon receipt of cash donations.

(g) Capitalisation of property, plant and equipment

(i) Effective from 1 December 1991, the following categories of assets which give rise to economic benefits have been capitalised:

Building projects costing HK\$250,000 or more; and
All other assets costing HK\$100,000 or more on an individual basis.

The accounting policy for depreciation of property, plant and equipment is set out in note 2(h).

(ii) For properties which are funded by the Government through HA but are owned by an ex-subservient governing body, the associated expenditure is charged to the statement of income and expenditure in the year as incurred. Under the agreements with ex-subservient governing bodies, the ownership of building projects, although funded by the Government through HA, is vested with the governing bodies.

(iii) For expenditure on subsequent improvement to properties the ownership of which has not been vested with HA, the amount spent is capitalised only if the improvement does not form part of the properties and can be re-used by HA when re-located. Otherwise, the expenditure is charged to the statement of income and expenditure in the year as incurred.

(iv) Expenditure on furniture, fixtures, equipment, motor vehicles and computer hardware is capitalised (subject to the minimum expenditure limits set out in note 2(g)(i) above) and the corresponding amounts are credited to the capital subventions and capital donations accounts for capital expenditure funded by the Government and donations respectively.

(v) Property, plant and equipment transferred from the hospitals to HA at 1 December 1991 was recorded at nil value.

(h) Depreciation

Property, plant and equipment are stated at cost less accumulated depreciation. Additions represent new or replacement of specific components of an asset. An asset's carrying value is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

財務報表附註(續)

2. 主要會計政策(續)

(f) 捐贈(續)

(ii) 現金捐贈(續)

作為一般營運之用的非指定用途捐贈，於收款時列入該年度之收支結算表內。

(g) 物業、機器及設備資本化

(i) 由一九九一年十二月一日起，下列各類可帶來經濟效益的資產經已資本化：

費用在港幣 25 萬元或以上的建築工程；及
以個別計算，費用在港幣 10 萬元或以上的所有其他資產。

物業、機器及設備的折舊會計政策列於附註 2(h)。

(ii) 由政府透過醫管局撥款但由前補助機構管治團體擁有的財產，有關開支於支出時即記入收支結算表列作開支入賬。根據與前補助機構管治團體的協議，建築工程雖然由政府透過醫管局撥款，但擁有權是屬於有關的管治團體。

(iii) 至於非由醫管局擁有的物業的隨後改善開支，只要改善不構成物業的一個附連部分及在遷移後可供醫管局重新使用，有關開支應資本化。否則，有關開支會記入開支發生的該年度的收支結算表內。

(iv) 家具、固定裝置、設備、汽車及電腦硬件的開支應資本化(根據上文附註 2(g)(i) 所列的最低限額)。此資本開支，會視乎是政府撥款或捐贈撥款而將相應款額分別記入資本補助及資本捐贈的貸方。

(v) 於一九九一年十二月一日由醫院轉調往醫管局的物業、機器及設備以無價值入賬。

(h) 折舊

物業、機器及設備乃按成本值減累積折舊入賬。年內增加代表某項資產新加或更換的組件。若資產的賬面價值高於估計可收回價值，其賬面價值會即時減至為可收回價值。

Notes to the Financial Statements (Continued)

2. Principal accounting policies (Continued)

(h) Depreciation (Continued)

The historical cost of assets acquired and the value of donated assets received by the Group since 1 December 1991 are depreciated using the straight-line method over the expected useful lives of the assets as follows:

Leasehold improvements 租賃物業裝修	Over the life of the lease to which the improvement relates 根據租賃之年期
Buildings 建築物	20 - 50 years 年
Furniture, fixtures and equipment 家具、固定裝置及設備	3 - 10 years 年
Motor vehicles 汽車	5 - 7 years 年
Computer equipment 電腦設備	3 - 6 years 年

The residual values and useful lives of assets are reviewed and adjusted, if appropriate, at each balance sheet date.

The gain or loss arising from disposal or retirement of an asset is determined as the difference between the sales proceeds and the carrying amount of the asset and is recognised in the statement of income and expenditure.

Capital expenditure in progress is not depreciated until the asset is placed into commission.

(i) Intangible assets

Computer software and systems including related development costs costing HK\$250,000 or more each, which give rise to economic benefits are capitalised as intangible assets. Intangible assets are stated at cost less accumulated amortisation and are amortised on a straight line basis over the estimated useful lives of one to three years.

(j) Placement with the Hong Kong Monetary Authority

HA has designated the placement with the Hong Kong Monetary Authority ("HKMA") as a "financial asset at fair value through profit or loss". HA determines the classification of its financial assets at initial recognition, and such classification depends on the purpose for which the financial assets were acquired. Financial assets carried at fair value through profit or loss are initially recognised at fair value and transaction costs are expensed to the statement of income and expenditure. Financial assets are derecognised when the rights to receive cash flows have expired or have been transferred and HA has transferred substantially all risks and rewards of ownership. Financial assets at fair value through profit or loss are subsequently carried at fair value.

財務報表附註(續)

2. 主要會計政策(續)

(h) 折舊(續)

集團自一九九一年十二月一日起所取得的資產的原值成本或捐贈資產的價值，是按資產的預計可使用年期以直線法計算折舊如下：

如有需要，資產的剩餘價值及可使用年期會在結算日作檢討及修訂。

資產出售或不再使用所產生之盈虧以其出售價及資產之賬面價值之差額計入收支結算表內。

未完成的資本開支在資產啟用前不提折舊。

(i) 無形資產

費用在港幣25萬元或以上可帶來經濟效益的電腦軟件及系統連開發費用，已資本化列為無形資產。無形資產乃按成本值減累積攤銷列出，以及按資產一至三年的預計可使用年期以直線法計算攤銷。

(j) 香港金融管理局存款

醫管局指定香港金融管理局(「金管局」)存款為「按公允價值列賬及在損益處理之財務資產」。醫管局在最初確認其財務資產時決定其分類，而有關分類視乎獲取該財務資產的目的。按公允價值列賬及在損益處理之財務資產最初以公允價值確認，而交易成本會記入收支結算表。當收取現金流量的權利已到期或已轉讓，並且醫管局已實質上將所有風險和報酬的擁有權已轉讓時，便會終止確認該財務資產。按公允價值列賬及在損益處理之財務資產其後按公允價值列賬。

Notes to the Financial Statements (Continued)

2. Principal accounting policies (Continued)

(k) Fixed income instruments

Fixed income instruments are classified as held-to-maturity investments on the basis that the Group has the positive intention and ability to hold the investments to maturity.

Fixed income instruments are recognised on a trade-date basis and stated at amortised cost, less any impairment loss recognised to reflect irrecoverable amounts. The annual amortisation of any discount or premium on the acquisition of fixed income instruments is aggregated with other investment income receivable over the term of the instrument using the effective interest method.

The Group assesses whether there is objective evidence that fixed income instruments are impaired at each balance sheet date. The amount of the loss is measured as the difference between the carrying amount of the fixed income instruments and the present value of estimated future cash flows, discounted at the original effective interest rate. The carrying amount of the fixed income instruments is reduced and the amount of the loss is recognised in the statement of income and expenditure.

(l) Inventories

Inventories, which comprise drugs, other medical and general consumable stores, are valued at the lower of cost and net realisable value. Cost is calculated using the weighted average method. Where applicable, provision is made for obsolete and slow-moving items. Inventories are stated net of such provision in the balance sheet. Net realisable value is determined with reference to the replacement cost.

(m) Accounts receivable

Accounts receivable are recognised initially at fair value and subsequently measured at amortised cost using the effective interest method, less provision for impairment. A provision for impairment of accounts receivable is established when there is objective evidence that the Group will not be able to collect all amounts due according to the original terms of the receivables. Significant financial difficulties of the debtor, probability that the debtor will default or delinquency in payments are considered indicators that the receivable is impaired. The amount of the provision is the difference between the carrying amount of the accounts receivable and the present value of estimated future cash flows, discounted at the original effective interest rate. The carrying amount of the accounts receivable is reduced through the use of an allowance account, and the amount of the loss is recognised as an expense in the statement of income and expenditure. Decrease in the previously recognised impairment loss shall be reversed by adjusting the allowance account. When an accounts receivable is uncollectible and eventually written off, the respective uncollectible amount is offset against the allowance account for accounts receivable. Subsequent recoveries of amounts previously written off are credited against the current year's expense in the statement of income and expenditure.

財務報表附註(續)

2. 主要會計政策(續)

(k) 固定入息工具

固定入息工具歸類為持至到期日的投資，基於集團有意及具能力持有此等投資直至到期日。

固定入息工具是按交易日作為基準予以確認，並以攤餘成本減任何已確認以反映不可收回的金額的減值來計量。而因購買固定入息工具發生的折扣或溢價，則會在該投資工具的期限內，以實際利息法與該項投資的其他應收投資收入合計。

集團於結算日評估有否客觀證據顯示固定入息工具會減值，虧損額是固定入息工具的賬面價值及估計未來現金流量按原來實際息率貼現值的差額。當固定入息工具的賬面價值作出減值，虧損額會在收支結算表確認。

(l) 存貨

存貨包括藥物、其他醫療及一般消耗品，按成本及可變現淨值兩者之較低者入賬。計算成本時使用加權平均方式，有需要時會對過時及消耗緩慢的存貨作撇賬準備。在資產負債表中列出的存貨，是已減去撇賬準備後的款項。可變現淨值乃參考替換成本釐定。

(m) 應收賬款

應收賬款先以公允價值確認，其後以實際利息法，按攤餘成本減去壞賬撥備後確認。當有客觀證據顯示集團將不能按原來條款收回所有應收賬款，應收賬款便會作出減值撥備。欠款人有重大經濟困難，或欠款人可能拖欠款項或過期不付款，均被視為應收賬款作出減值的跡象。撥備款項是應收賬款的賬面價值及估計未來現金流量按原來實際息率貼現值的差額。應收賬款的賬面價值會利用備抵賬戶減值，虧損額在收支結算表確認為開支。先前確認的壞賬額如減少，會在備抵賬戶作出調整。當應收賬款不能收回並最終註銷，不能收回的款額會在應收賬款的備抵賬戶抵銷，已註銷的款額如日後收回，會記入收支結算表本年度開支的貸方。

Notes to the Financial Statements (Continued)

2. Principal accounting policies (Continued)

(n) Cash and cash equivalents

For the purposes of the cash flow statement, cash and cash equivalents comprise cash in hand, deposits held at call with banks, and cash investments with a maturity of three months or less from the date of investment.

(o) Impairment of non-financial assets

Assets that are subject to amortisation are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount. The recoverable amount is the higher of an asset's fair value less costs to sell and value in use.

(p) Provisions and contingent liabilities

Provisions are recognised when the Group has a present legal or constructive obligation as a result of past events, it is probable that an outflow of resources will be required to settle the obligation, and a reliable estimate of the amount can be made. Where the Group expects a provision to be reimbursed, for example under an insurance contract, the reimbursement is recognised as a separate asset but only when the reimbursement is virtually certain.

Where it is not probable that an outflow of economic benefits will be required, or the amount cannot be estimated reliably, the obligation is disclosed as a contingent liability, unless the probability of outflow of economic benefits is remote. A contingent liability is a possible obligation that arises from past events and whose existence will only be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Group.

(q) Employee benefits

(i) Retirement benefits costs

Payments to the Group's defined contribution retirement benefit plans are charged as an expense as they fall due. Payments made to the Mandatory Provident Fund Scheme are dealt with as payments to defined contribution plans where the Group's obligations under the schemes are equivalent to those arising in a defined contribution retirement benefit plan. The retirement benefit costs charged in the statement of income and expenditure represent the contributions payable in respect of the current year to the Group's defined contribution retirement benefit plan and the Mandatory Provident Fund Scheme.

財務報表附註(續)

2. 主要會計政策(續)

(n) 現金及現金等值

在現金流動報表中所列的現金及現金等值，包括手持現金、銀行即期存款，以及自投資日期起三個月或不足三個月到期的現金投資。

(o) 非財務資產減值

需作攤銷的資產當出現有機會不能收回賬面價值的情況時，便須檢討減值狀況。若資產賬面價值超出可收回價值的數額，應確認為減值虧損。資產的可收回款額，是按資產的公允價值減去出售成本與使用價值的較高者釐定。

(p) 撥備及或然負債

當集團因過往事件而致目前負有法律或推定之責任，在履行這項責任時有可能導致資源流出，而涉及金額亦能可靠地作出估量，撥備便會予以確認。當集團預期撥備會獲發還，例如受保險合約保障，在款額肯定獲發還時，有關款額會作為獨立資產予以確認。

倘經濟效益流出未能肯定，或未能可靠地估量有關金額，則有關責任會以或然負債形式披露，除非經濟效益流出的可能性極低。或然負債是因過往事件引致的可能責任，其存在取決於一項或多項非全由集團控制的未來不肯定事件之發生與否。

(q) 僱員福利

(i) 退休福利開支

集團付予界定供款退休福利計劃的款項，到期時會以開支入賬。向強制性公積金計劃所作的供款，會作為向界定供款計劃供款處理，集團於這些計劃所負的責任，等同於界定供款退休福利計劃所負的責任。記入收支結算表中的退休福利開支，代表該年度集團向界定供款退休福利計劃及強制性公積金計劃所作的供款。

Notes to the Financial Statements (Continued)

2. Principal accounting policies (Continued)

(q) Employee benefits (Continued)

(ii) Termination benefits costs

Termination benefits are payable whenever an employee's employment is terminated before the normal retirement age or whenever an employee accepts voluntary redundancy in exchange for these benefits. The Group recognises termination benefits costs when there is an obligation to make such payments without possibility of withdrawal.

(iii) Death and disability benefits costs

The cost of the Group's obligations in respect of death and disability benefits provided to employees is recognised as staff costs in the statement of income and expenditure with reference to annual actuarial valuations performed by an independent qualified actuary.

The death benefits for eligible employees are accounted for as post employment defined benefits. Any cumulative unrecognised actuarial gains and losses exceeding 10% of the greater of the present value of the Group's obligations and the fair value of plan assets are recognised in the statement of income and expenditure over the expected average remaining service lives of the employees.

The disability benefits are accounted for as other long-term employee benefits. Actuarial gains and losses are recognised immediately in the statement of income and expenditure.

Further details of the death and disability liabilities are set out in note 17.

(iv) Other employee benefits costs

Other employee benefits such as annual leave and contract gratuity are accounted for as they accrue.

(r) Government subvention

Subvention grants approved for the year less amounts spent on property, plant and equipment and intangible assets during the year are classified as recurrent grants.

Government subventions of a capital nature ("capital subventions") are credited to the capital subventions account and the corresponding amounts are capitalised as property, plant and equipment or intangible assets as set out in note 2(g)(iv) and note 2(i) respectively. This includes capital expenditure on furniture, fixtures, equipment, motor vehicles, computer hardware, software and systems. Each year, an amount equal to the depreciation or amortisation charge for these assets and net book value of assets disposed is transferred from the capital subventions account and credited to the statement of income and expenditure.

財務報表附註(續)

2. 主要會計政策(續)

(q) 僱員福利(續)

(ii) 離職福利開支

離職福利是當僱員在正常退休年齡前離職，或接受自願裁減條款以換取這些福利時而須支付的。當集團有責任支付及有關福利不可能撤回，這些離職福利會予以確認。

(iii) 死亡及傷殘福利開支

集團用以支付職員死亡及傷殘福利責任的開支，是根據獨立認可精算師每年所作的精算估值，在收支結算表確認為職員開支。

合資格僱員的死亡福利列為離職後的界定福利。任何未確認的精算盈餘或虧損中超過集團用以支付職員死亡福利責任的現值，及計劃資產的公允價值中較高者的10%之金額，會以僱員的預計尚餘平均服務年期，在收支結算表確認。

傷殘福利列為其他長遠職員福利，精算盈餘及虧損即時在收支結算表確認。

有關死亡及傷殘福利責任的詳情見附註17。

(iv) 其他僱員福利開支

其他僱員福利如年假及約滿酬金於應付時入賬。

(r) 政府補助

本年度經核准的政府補助金扣除本年內用於物業、機器及設備及無形資產的開支，列為經常性補助金。

資本性質的政府補助(「資本補助」)會記入資本補助的貸方，並按附註2(g)(iv)及附註2(i)所述將相同金額資本化，分別列為物業、機器及設備或無形資產。這個項目已包括家具、固定裝置、設備、汽車、電腦硬件、軟件及系統。每年，一筆相等於該等資產折舊或攤銷的金額及出售資產的賬面淨值會由資本補助轉往收支結算表的貸方。

Notes to the Financial Statements (Continued)

2. Principal accounting policies (Continued)

(s) Operating leases

Leases in which a significant portion of the risks and rewards of ownership are retained by the lessor are classified as operating leases. Payments made under operating leases (net of any incentives received from the lessor) are recognised as expenses in the statement of income and expenditure on a straight line basis over the period of the lease.

(t) Translation of foreign currencies

Items included in the financial statements of the Group are measured using the currency of the primary economic environment in which the Group operates ("the functional currency"). The financial statements are presented in Hong Kong dollar, which is the Group's functional and presentation currency.

Foreign currency transactions are translated into the functional currency using the exchange rates prevailing at the transaction dates. Monetary assets and liabilities denominated in foreign currencies are translated at the rates of exchange ruling at the balance sheet date. Exchange gains and losses are dealt with in the statement of income and expenditure.

(u) Related parties

Parties are considered to be related to the Group if the party has the ability, directly or indirectly, to control the Group or exercise significant influence over the Group in making financial and operating decisions, or vice versa. Related parties also include key management personnel having authority and responsibility for planning, directing and controlling the activities of the Group.

For the purpose of these financial statements, transactions between the Group and Government departments, agencies or Government controlled entities, other than those transactions such as the payment of rent and rates, fees etc. that arise in the normal dealings between the Government and the Group, are considered to be related party transactions.

3. Financial risk management

(a) Financial risk factors

The Group's activities of providing healthcare services to patients, the administration of drugs, the employment of a large workforce and the investment activities are primary areas of financial risks being mitigated by the Group's financial risk management process. The Group's underlying principles of financial risk management are to transfer the cost of financial risks of significant level through insurance with a diversity of insurers, to self insure for the operational risks and to comply with regulatory insurance requirements as an employer and owner of a motor fleet.

財務報表附註(續)

2. 主要會計政策(續)

(s) 營運租賃

如有關租賃的大部分風險及擁有權回報歸出租人所有，均分類為營運租賃。根據營運租賃所支付的款項(減去出租人給予的任何優惠)按租賃年期以直線方式於收支結算表確認。

(t) 外幣換算

集團財務報表內各個項目均以集團營運時主要經濟環境的貨幣為計量(「功能貨幣」)。財務報表內呈列的金額以港元為單位，即集團的功能及呈列貨幣。

外幣交易是根據交易日的匯率將外幣轉換為功能貨幣。以外幣為單位的貨幣資產及負債，於資產負債表的日期按匯率轉換，透過轉換所得的盈餘及虧損記入收支結算表。

(u) 關聯人士

與集團關聯的人士，是指直接或間接有能力控制集團作出財政及運作決策，或對此深具影響的關聯人士，反之亦然。關聯人士亦包括具權力及有責任規劃、指令及管控集團事務的主要管理人員。

就本財務報表之編訂，集團與政府部門、機構或政府控制實體之間的交易，除政府與集團的正常交易如支付租金、差餉及費用等外，均視作關聯人士交易。

3. 財務風險管理

(a) 財務風險因素

集團所進行的事務如為病人提供醫療服務、管理藥物、僱用龐大職員隊伍及投資活動等，均是主要的財務風險來源，就這些風險進行財務管理可將風險減低。集團財務風險管理的主要原則，是透過向不同保險公司購買保險及自行承保運作風險，將重大風險而導致的財政費用轉移，以及作為僱主及擁有車隊的機構遵守各項保險規管條文。

Notes to the Financial Statements (Continued)

3. Financial risk management (Continued)

(a) Financial risk factors (Continued)

With regard to investments, in accordance with the Group's policies and guidelines, the primary objectives are to meet liquidity requirements, to protect capital and to provide a reasonable return. The investment portfolio ("Portfolio") as at 31 March 2013 consisted entirely of bank deposits and debt instruments. Based on the risk control measures as summarised below, the risk of default by the counterparties is considered minimal and the Portfolio has no significant concentration of credit risk. Besides, the Group has no significant currency risk because substantially all assets and liabilities are denominated in Hong Kong dollar, the Group's functional and presentation currency. The Group manages its cash flow requirements and risk as disclosed in note 3(c).

(i) Credit risk

The Group's credit risk is the risk that counterparties may default on its bank deposits, debt instruments and placement.

Bank deposits are placed with the Group's approved banks which are of investment grade as determined by Standard and Poor's and Moody's. For bank deposits, banks must meet the minimum credit rating not lower than Moody's Baa3 or equivalent.

All transactions in debt instruments are settled or paid for upon delivery through approved banks. The credit risks of the issuers are assessed based on the credit ratings determined by Standard and Poor's or Moody's. Investments in debt instruments (i.e. certificate of deposits or bonds) should be with issuers of credit ratings not lower than Moody's A3 or equivalent. Where the maturity is over two years, the credit ratings should not be lower than Moody's Aa3 or equivalent at the time of investments.

The placement with the HKMA is entered into between HA and the HKMA for the HK\$6,000,000,000 not immediately required by the Samaritan Fund (note 8). It is expected that the HKMA can fulfill its contractual obligations to HA in respect to the placement.

(ii) Interest rate risk

The Portfolio's interest rate risk arises from interest bearing cash at bank, bank deposits and debt instruments. Cash at bank, which earns interest at variable rates, gives rise to cash flow interest rate risk. Fixed rate bank deposits and debt instruments expose the Portfolio to fair value interest rate risk. Sensitivity analyses have been performed by the Group with regard to interest rate risk as at 31 March 2013. If interest rates had been increased or decreased by 50 basis points, which represent management's assessment of a reasonably possible change in those rates, and all other variables were held constant, the effect on the Group's surplus and net assets is insignificant.

財務報表附註(續)

3. 財務風險管理(續)

(a) 財務風險因素(續)

就投資方面，根據集團有關政策及指引，其主要目標是符合流動資金的需要、保障資金及提供合理回報。截至二零一三年三月三十一日的投資組合（「組合」），全屬銀行存款及債務工具。根據下文所列的風險控制措施，有關銀行的拖欠風險應可減至最低，而組合亦沒有重大的信貸集中風險。此外，由於資產及負債大體上都以港元為單位，即集團的功能及呈列貨幣，故集團無重大的貨幣風險。集團對流動現金需要及風險的管理，於附註 3(c) 披露。

(i) 信貸風險

集團的信貸風險是交易對手可能拖欠其銀行存款、債務工具及存入款項。

銀行存款均存放於集團的認可銀行，銀行乃根據標準普爾及穆迪釐定的投資評級。就銀行存款而言，銀行的最低信貸評級須不低於穆迪 Baa3 或同等級別。

所有債務工具的交易是在交收後透過認可銀行結算／支付。債務工具發行商的信貸風險乃根據標準普爾或穆迪釐定的信貸評級。若投資於債務工具（即存款證或債券），有關發行商的最低信貸評級須不低於穆迪 A3 或同等級別。至於到期日超過兩年的投資，有關信貸評級在投資時須不低於穆迪 Aa3 或同等級別。

醫管局與金管局訂定安排，將撒瑪利亞基金未即時需要的港幣 6,000,000,000 元存放於金管局（附註 8），預計金管局就這筆存款可履行對醫管局的合約責任。

(ii) 利率風險

組合的利率風險來自賺取利息的銀行現金、銀行存款及債務工具。銀行現金賺取不同利率，會有流動現金利率風險；而賺取固定息率的銀行存款及債務工具，則有公允價值利率風險。集團在二零一三年三月三十一日就利率風險進行敏感度分析。當利率升降 50 點子（即管理層認為的合理可能之利率變動），而所有其他變動因素維持不變，這對集團的盈餘及資產淨值不會有重大影響。

Notes to the Financial Statements (Continued)

3. Financial risk management (Continued)

(a) Financial risk factors (Continued)

(iii) Price risk

Debt instruments are subject to the price risk caused by the changes in the perceived credit risks of the issuers and market interest rates as disclosed in note 3(a)(i) and note 3(a)(ii).

(iv) Currency risk

The Group's financial assets and liabilities are substantially denominated in Hong Kong dollar, the Group's functional and presentation currency, and hence will not be exposed to significant currency risk.

(b) Fair values estimation

(i) Financial assets carried at fair values

HKFRS 7 "Financial Instruments: Disclosures" requires disclosure for the Group's financial instruments that are measured at fair value by level of the following fair value measurement hierarchy:

Level 1 – Quoted prices (unadjusted) in active markets for identical assets or liabilities.

Level 2 – Inputs other than quoted prices included within level 1 that are observable for the asset or liability, either directly (that is, as prices) or indirectly (that is, derived from prices)

Level 3 – Inputs for the asset or liability that are not based on observable market data (that is, unobservable inputs).

The fair value of financial instruments traded in active markets is based on quoted market prices at the balance sheet date. A market is regarded as active if quoted prices are readily and regularly available from an exchange, dealer, broker, industry group, pricing service, or regulatory agency, and those prices represent actual and regularly occurring market transactions on an arm's length basis. These instruments are included in level 1. None of the instruments of HA is included in level 1.

The fair value of financial instruments that are not traded in an active market (for example, over-the-counter derivatives) is determined by using valuation techniques. These valuation techniques maximise the use of observable market data where it is available and rely as little as possible on entity specific estimates. If all significant inputs required to fair value an instrument are observable, the instrument is included in level 2. None of the instruments of HA is included in level 2.

財務報表附註(續)

3. 財務風險管理(續)

(a) 財務風險因素(續)

(iii) 價格風險

債務工具因發行商的認知信貸風險(附註3(a)(i))及市場利率(附註3(a)(ii))變動受價格風險的影響。

(iv) 貨幣風險

集團財務資產及負債大體上都以港元為單位，即集團的功能及呈列貨幣，故沒有重大的貨幣風險。

(b) 公允價值估計

(i) 按公允價值列賬的財務資產

香港財務報告準則第7號「金融工具：披露」要求披露集團的金融工具，並按以下公允價值的計量架構披露公允價值計量：

第一層 — 相同資產或負債於活躍市場之報價(未經調整)

第二層 — 除了第一層所包括的報價以外，該資產或負債的可觀察的其他輸入，可為直接(即價格)或間接(即源自價格)

第三層 — 資產和負債並不是根據可觀察市場數據的輸入(即不可觀察輸入)

在活躍市場交易的金融工具的公允價值根據資產負債表日的市場報價列賬。當報價可即時和定期從證券交易市場、交易商、經紀、業內人士、報價服務機構或監管代理獲得，而該等報價代表按公平交易基準進行的真實和常規市場交易，該市場被視為活躍。這些工具屬於第一層。醫管局並無屬於第一層的工具。

沒有在活躍市場交易的金融工具(例如場外衍生工具)的公允價值利用估值技術釐定。估值技術盡量利用可觀察市場數據(如有)，盡量少依賴主體的特定估計。如計算一項金融工具公允價值所需的所有重大輸入為可觀察數據，這些工具屬於第二層。醫管局並無屬於第二層的工具。

Notes to the Financial Statements (Continued)

3. Financial risk management (Continued)

(b) Fair values estimation (Continued)

(i) Financial assets carried at fair values (Continued)

If one or more of the significant inputs is not based on observable market data, the instrument is included in level 3.

Specific valuation techniques used to value financial instruments include:

- Quoted market prices or dealer quotes for similar instruments.
- The fair value of forward foreign exchange contracts is determined using forward exchange rates at the balance sheet date, with the resulting value discounted back to present value.
- Other techniques, such as discounted cash flow analysis, are used to determine fair value for the remaining financial instruments.

The placement with the HKMA is included in level 3. The following table presents the changes in level 3 instruments for the year ended 31 March 2013:

	For the year ended 31 March 2013 HK\$'000 截至2013年 3月31日止年度 港幣千元
At beginning of year 於年初	—
Addition 增加	6,000,000
Interest from placement with the HKMA 金管局存款利息收入	124,158
At end of year 於年終	<u>6,124,158</u>

(ii) Fair values of financial assets not reported at fair values

The fair values of fixed income instruments (including Hong Kong dollar Bonds and Exchange Fund Notes) are determined based on quoted market prices at the balance sheet date and are summarised as follows:

財務報表附註(續)

3. 財務風險管理(續)

(b) 公允價值估計(續)

(i) 按公允價值列賬的財務資產(續)

如一項或多項重大輸入並非根據可觀察市場數據，這些工具屬於第三層。

用以估值金融工具的特定估值技術包括：

- 同類型工具的市場報價或交易商報價；
- 遠期外匯合約的公允價值使用資產負債表的遠期匯率釐定，而所得價值折算至現值；
- 其他技術，例如折算現金流分析，用以釐定其餘金融工具的公允價值。

金管局存款屬於第三層。下表呈列截至二零一三年三月三十一日止年度第三層金融工具的變動：

(ii) 非以公允價值呈列的財務資產

固定入息工具(包括港元債券及外匯基金債券)的公允價值是根據結算日的市價釐定，現概列如下：

Notes to the Financial Statements (Continued)

3. Financial risk management (Continued)

(b) Fair values estimation (Continued)

(ii) Fair values of financial assets not reported at fair values (Continued)

The Group and HA 集團及醫管局				
	Carrying Value [Note 9] 賬面價值 [附註 9]		Fair Value 公允價值	
	31 March 2013 HK\$'000 2013年3月31日 港幣千元	31 March 2012 HK\$'000 2012年3月31日 港幣千元	31 March 2013 HK\$'000 2013年3月31日 港幣千元	31 March 2012 HK\$'000 2012年3月31日 港幣千元
Fixed Income Instruments 固定入息工具	300,001	2,030,994	300,165	2,037,082

The carrying values of other financial assets and liabilities such as cash and bank balances, loans receivable, accounts receivable and trade payables approximate their fair values and accordingly, no disclosure of fair values for these items is presented.

其他金融財務資產及負債如現金及銀行結餘、應收債款、應收賬款及應付貿易賬款的賬面價值與其公允價值相若，故這些項目的公允價值沒有呈列。

(c) Capital management

Under the Hospital Authority Ordinance, the resources of the Group consist of the following:

- All money paid by the Government to HA and appropriated for that purpose by the Legislative Council and otherwise provided to HA by the Government; and
- All other money and property, including gifts, donations, fees, rent, interest and accumulations of income received by HA.

In this regard, the capital of the Group comprises revenue reserve, designated fund, capital subventions and donations and deferred income as shown in the consolidated balance sheet. At 31 March 2013, the capital of the Group was HK\$11,483,630,000 (2012: HK\$9,913,785,000).

財務報表附註 (續)

3. 財務風險管理 (續)

(b) 公允價值估計 (續)

(ii) 非以公允價值呈列的財務資產 (續)

The Group and HA 集團及醫管局				
	Carrying Value [Note 9] 賬面價值 [附註 9]		Fair Value 公允價值	
	31 March 2013 HK\$'000 2013年3月31日 港幣千元	31 March 2012 HK\$'000 2012年3月31日 港幣千元	31 March 2013 HK\$'000 2013年3月31日 港幣千元	31 March 2012 HK\$'000 2012年3月31日 港幣千元
Fixed Income Instruments 固定入息工具	300,001	2,030,994	300,165	2,037,082

The carrying values of other financial assets and liabilities such as cash and bank balances, loans receivable, accounts receivable and trade payables approximate their fair values and accordingly, no disclosure of fair values for these items is presented.

其他金融財務資產及負債如現金及銀行結餘、應收債款、應收賬款及應付貿易賬款的賬面價值與其公允價值相若，故這些項目的公允價值沒有呈列。

(c) 資本管理

根據《醫院管理局條例》，集團的資源包括：

- 由政府付予醫管局及經立法會通過有關撥款用途的所有款項，以及由政府以其他方式撥給醫管局的款項；及
- 醫管局收到的所有其他款項及財產，包括餽贈、捐贈、費用、租金、利息及累積收入。

故此，集團的資本包括綜合資產負債表所載的收入儲備、指定基金、資本補助及捐贈和遞延收益。截至二零一三年三月三十一日，集團的資本為港幣11,483,630,000元(二零一二年：港幣9,913,785,000元)。

Notes to the Financial Statements (Continued)

3. Financial risk management (Continued)

(c) Capital management (Continued)

The Group's objective for managing capital is to safeguard the Group's ability to continue as a going concern to ensure sustainability of the public health care system. As in previous years, the Group undertook a budget planning process to work out a viable budget plan for the financial year ended 31 March 2013. The annual budget is compiled by assessing the total resources required for HA to meet its needs on baseline services, pressure areas, as well as programmes approved for the year and other initiatives incorporated in the HA annual plan. The projected requirement has been mapped against the funding indicated by the Government together with other sources of income, including medical and non-medical fee income and alternative sources of income. The Group targeted to contain the overall expenditure within the total funding available. The Group will also make every endeavour to meet the rising service demand and ensure the best use of public resources. To enhance accountability for the appropriate use of resources, key performance indicators have been developed to measure performance of hospitals / clusters and monthly financial report on HA and clusters' performance has been reviewed to monitor the spending level against budget on an ongoing basis.

4. Critical accounting estimates and judgments

In preparing the financial statements, management is required to exercise significant judgments in the selection and application of accounting policies, including making estimates and assumptions. The following is a review of the more significant accounting policies that are impacted by judgments and uncertainties and for which different amounts may be reported under a different set of conditions or using different assumptions.

(a) Provision for doctors' claims and non-doctors' compensation

165 doctors had filed claims against HA for alleged failure to grant rest days, statutory holidays, public holidays and overtime worked over a period going back to 1996 in High Court Action No. 1924 of 2002. Similar claims were lodged by other doctors in the Labour Tribunal between 2006 and 2012 and they were adjourned pending assessment of the High Court claim.

HA paid out HK\$525,434,000 during the financial year ended 31 March 2007 and HK\$222,640,000 between the financial years ended 31 March 2011 and 31 March 2013 under two settlement packages implemented in 2006 and 2010 respectively.

Following the Court of Final Appeal ruling in October 2009 and the assessment of damages for the three lead plaintiffs in High Court Action No. 1924 of 2002 in June 2012, damages in respect of the three lead plaintiffs were paid in September 2012. HA has since settled over 80% of remaining claims in High Court Action No. 1924 of 2002 and the Labour Tribunal. The estimated total settlement amount is HK\$206,429,000.

財務報表附註(續)

3. 財務風險管理(續)

(c) 資本管理(續)

集團資本管理的目標是保障集團的能力，繼續在持續經營的基礎上確保公立醫療體制的可持續能力。集團一如過往，透過預算規劃過程就截至二零一三年三月三十一日止財政年度制訂穩健的預算計劃。在制訂年度財政預算時，是根據所獲得的政府撥款及其他收入來源，包括醫療及非醫療費用和其他類別的收入，評估及訂出預計整體資源需求，以維持基線及壓力範疇的服務需要，以及推行醫管局工作計劃內載列的批核項目及其他措施。集團的目標是達至預算平衡，將整體開支控制於政府每年補助額內，並盡力切合日增的服務需求，確保公共資源用得其所。為加強適當運用資源的問責性，集團制訂了主要成效指標，以持續量度醫院／聯網的表現，並審閱反映醫管局及聯網表現的每月財政報告，按規劃預算監察開支情況。

4. 關鍵會計估計及判斷

在制備財務報表時，管理層在會計政策的挑選及應用方面需要運用重大判斷，包括作出估計及假設。以下所列是一些需要運用重大判斷及受不確定因素影響的較重要會計政策，如情況不同，或採用不同的假設，可能會得出不同的呈報數額。

(a) 醫生及非醫生職員補償之撥備

165名醫管局醫生因一九九六年起未獲給予休息日、法定假期、公眾假期及超時工作補償而向醫管局申索賠償，高等法院案件編號為1924-2002。其他醫生在二零零六至二零一二年期間經由勞資審裁處提出的類似申索，勞資審裁處已暫停審理，等待高院對案件的評估。

醫管局在二零零六年及二零一零年先後推出兩個和解方案，於截至二零零七年三月三十一日止之財政年度支付了港幣525,434,000元，另於截至二零一一年三月三十一日止至二零一三年三月三十一日止之財政年度共支付了港幣222,640,000元。

根據終審法院在二零零九年十月的判令，以及高等法院於二零一二年六月對三名主要原告人的賠償評估（高等法院案件編號1924-2002），醫管局於二零一二年九月向三名主要原告人支付了賠償。至此，就高等法院案件編號1924-2002及向勞資審裁處提出的餘下申索，超過80%已接受醫管局的和解方案。估計和解金額合共港幣206,429,000元。

Notes to the Financial Statements (Continued)

4. Critical accounting estimates and judgments

(Continued)

(a) Provision for doctors' claims and non-doctors' compensation (Continued)

Meanwhile, HK\$47,568,000 was paid by HA during the financial year ended 31 March 2013 under the call payment offer to eligible non-doctors approved by the HA Board in January 2012. Reviews for various cases requested by staff / leavers who had not accepted or received offers under this call payment offer were completed. Further offers were issued to eligible staff / leavers in June 2013 and the total settlement amount is estimated to be HK\$13,100,000.

A provision of HK\$192,420,000 has been made in the financial statements as at 31 March 2013, representing management's best estimates of outstanding and potential claims after making reference to the court rulings and an independent qualified actuary.

(b) Provision for medical malpractice claims

The Group co-insures and retains a designated sum for each medical malpractice claim. For those professional liability claims in excess of the retained sum, the claims will be borne by the insurer. In view of the complex nature and long development period of the claims, a Claims Review Panel consisting of the participating medical malpractice insurers, the external panel law firms appointed by the insurers and HA's in-house experts review the status of potential and active claims semi-annually and assess the provision required on each significant case. An independent qualified actuary also assists the Group on the assessment of the exposure of other reported cases based on historical development trend of the claims settlement. With reference to the assessments and the analysis by the Claims Review Panel and the external actuarial consultant respectively, management reviews the claims exposure and determines the provision required to cover the Group's exposure at each balance sheet date. Such provision is included in accrued charges and other payables in note 15.

(c) Death and disability liabilities

The Group engages an independent qualified actuary to assess the present value of obligations for its death and disability scheme at each balance sheet date. Major actuarial assumptions include the discount rate and salary inflation rate which are set out in note 17. The present value of the Group's obligations is discounted with reference to market yields on Hong Kong Exchange Fund Notes, which have terms to maturity approximating the terms of the related obligations. The long-term salary inflation is generally based on the market's long-term expectation of price inflation.

財務報表附註(續)

4. 關鍵會計估計及判斷(續)

(a) 醫生及非醫生職員補償之撥備(續)

另一方面，醫管局大會於二零一二年一月通過向合資格的非醫生職員推出候召補償方案，醫管局在截至二零一三年三月三十一日止之財政年度支付了港幣47,568,000元。根據此方案，一些沒接受是次補償方案或未收過任何補償的僱員就其個案提出了檢討要求，醫管局已完成所有檢討，並於二零一三年六月進一步向合資格職員／離職人員發放補償。估計和解金額合共港幣13,100,000元。

截至二零一三年三月三十一日的財務報表已作出港幣192,420,000元撥備，這筆金額是管理層經參考法庭判令及合資格獨立精算師的意見所作的最近估計。

(b) 醫療失誤申索撥備

集團就醫療失誤申索採用共同保險制，並為每項醫療失誤申索預留指定款額。超出預留款額的專業責任申索，會由保險公司承擔。鑑於此等申索的複雜性質及漫長進展，一個由承保醫療失誤責任的保險公司、保險公司所委任的外界律師行小組及醫管局的專家組成的申索檢討委員會，會每半年檢討潛在及現有申索個案的情況，並評估每宗重要個案所需的撥備。合資格獨立精算師亦會根據過往申索補償的發展趨勢，協助集團評估其他呈報個案的申索風險。管理層會參考申索檢討委員會及外界精算顧問分別所作的評估和分析，檢討申索的風險，並於結算日釐定用以應付集團風險的所需撥備，此項撥備列入附註15的「應付費用及其他賬款」。

(c) 死亡及傷殘福利責任

集團委託了合資格的獨立精算師於結算日評估死亡及傷殘計劃福利責任的現值，所採用的主要精算假設包括附註17所述的貼現率及薪金通脹率。集團用以支付此等責任的現值，是根據與有關責任年期相若的香港外匯基金債券的市場回報按貼現率計算，而長遠的薪金通脹率一般是以市場預期的長遠價格通脹率為依據。

Notes to the Financial Statements (Continued)

財務報表附註(續)

5. Property, plant and equipment

5. 物業、機器及設備

The Group 集團					
	Building and improvements HK\$'000 建築物及裝修 港幣千元	Furniture, fixtures and equipment HK\$'000 家具、固定 裝置及設備 港幣千元	Motor vehicles HK\$'000 汽車 港幣千元	Computer equipment HK\$'000 電腦設備 港幣千元	Total HK\$'000 總計 港幣千元
Cost 成本					
At 1 April 2012 於2012年4月1日	1,047,823	8,016,103	156,821	1,046,830	10,267,577
Reclassifications 重新分類	(4,698)	4,585	–	145	32
Additions 增加	8,645	956,762	66,076	74,964	1,106,447
Disposals 出售	–	(422,463)	(6,115)	(467,829)	(896,407)
At 31 March 2013 於2013年3月31日	1,051,770	8,554,987	216,782	654,110	10,477,649
Accumulated depreciation 累積折舊					
At 1 April 2012 於2012年4月1日	318,299	5,478,865	123,997	866,745	6,787,906
Charge for the year 本年度之折舊	22,437	602,596	20,870	63,411	709,314
Disposals 出售	–	(419,515)	(6,115)	(467,683)	(893,313)
At 31 March 2013 於2013年3月31日	340,736	5,661,946	138,752	462,473	6,603,907
Net book value 賬面淨值					
At 31 March 2013 於2013年3月31日	711,034	2,893,041	78,030	191,637	3,873,742

HA 醫管局					
	Building and improvements HK\$'000 建築物及裝修 港幣千元	Furniture, fixtures and equipment HK\$'000 家具、固定 裝置及設備 港幣千元	Motor vehicles HK\$'000 汽車 港幣千元	Computer equipment HK\$'000 電腦設備 港幣千元	Total HK\$'000 總計 港幣千元
Cost 成本					
At 1 April 2012 於2012年4月1日	1,047,823	8,016,103	156,821	1,044,193	10,264,940
Reclassifications 重新分類	(4,698)	4,585	–	145	32
Additions 增加	8,645	956,762	66,076	74,964	1,106,447
Disposals 出售	–	(422,463)	(6,115)	(467,829)	(896,407)
At 31 March 2013 於2013年3月31日	1,051,770	8,554,987	216,782	651,473	10,475,012
Accumulated depreciation 累積折舊					
At 1 April 2012 於2012年4月1日	318,299	5,478,865	123,997	864,108	6,785,269
Charge for the year 本年度之折舊	22,437	602,596	20,870	63,411	709,314
Disposals 出售	–	(419,515)	(6,115)	(467,683)	(893,313)
At 31 March 2013 於2013年3月31日	340,736	5,661,946	138,752	459,836	6,601,270
Net book value 賬面淨值					
At 31 March 2013 於2013年3月31日	711,034	2,893,041	78,030	191,637	3,873,742

5. Property, plant and equipment (Continued)

5. 物業、機器及設備(續)

The Group 集團					
	Building and improvements HK\$'000 建築物及裝修 港幣千元	Furniture, fixtures and equipment HK\$'000 家具、固定 裝置及設備 港幣千元	Motor vehicles HK\$'000 汽車 港幣千元	Computer equipment HK\$'000 電腦設備 港幣千元	Total HK\$'000 總計 港幣千元
Cost 成本					
At 1 April 2011 於2011年4月1日	1,047,301	7,662,783	154,592	1,090,460	9,955,136
Reclassifications 重新分類	–	(469)	–	469	–
Additions 增加	522	881,135	5,157	47,336	934,150
Disposals 出售	–	(527,346)	(2,928)	(91,435)	(621,709)
At 31 March 2012 於2012年3月31日	1,047,823	8,016,103	156,821	1,046,830	10,267,577
Accumulated depreciation 累積折舊					
At 1 April 2011 於2011年4月1日	296,161	5,398,045	108,625	897,112	6,699,943
Reclassifications 重新分類	–	(469)	–	469	–
Charge for the year 本年度之折舊	22,138	606,643	18,300	60,512	707,593
Disposals 出售	–	(525,354)	(2,928)	(91,348)	(619,630)
At 31 March 2012 於2012年3月31日	318,299	5,478,865	123,997	866,745	6,787,906
Net book value 賬面淨值					
At 31 March 2012 於2012年3月31日	729,524	2,537,238	32,824	180,085	3,479,671

HA
醫管局

	Building and improvements HK\$'000 建築物及裝修 港幣千元	Furniture, fixtures and equipment HK\$'000 家具、固定 裝置及設備 港幣千元	Motor vehicles HK\$'000 汽車 港幣千元	Computer equipment HK\$'000 電腦設備 港幣千元	Total HK\$'000 總計 港幣千元
Cost 成本					
At 1 April 2011 於2011年4月1日	1,047,301	7,662,783	154,592	1,087,823	9,952,499
Reclassifications 重新分類	–	(469)	–	469	–
Additions 增加	522	881,135	5,157	47,336	934,150
Disposals 出售	–	(527,346)	(2,928)	(91,435)	(621,709)
At 31 March 2012 於2012年3月31日	1,047,823	8,016,103	156,821	1,044,193	10,264,940
Accumulated depreciation 累積折舊					
At 1 April 2011 於2011年4月1日	296,161	5,398,045	108,625	894,652	6,697,483
Reclassifications 重新分類	–	(469)	–	469	–
Charge for the year 本年度之折舊	22,138	606,643	18,300	60,335	707,416
Disposals 出售	–	(525,354)	(2,928)	(91,348)	(619,630)
At 31 March 2012 於2012年3月31日	318,299	5,478,865	123,997	864,108	6,785,269
Net book value 賬面淨值					
At 31 March 2012 於2012年3月31日	729,524	2,537,238	32,824	180,085	3,479,671

Notes to the Financial Statements (Continued)

財務報表附註 (續)

6 Intangible assets
6 無形資產

The Group 集團	For the year ended 31 March 2013 HK\$'000 截至 2013 年 3 月 31 日止年度 港幣千元	For the year ended 31 March 2012 HK\$'000 截至 2012 年 3 月 31 日止年度 港幣千元
Cost 成本		
At beginning of year 於年初	1,429,794	1,337,312
Reclassifications 重新分類	(32)	-
Additions 增加	176,757	188,544
Disposals 出售	(665,143)	(96,062)
At end of year 於年終	941,376	1,429,794
Accumulated amortisation 累積攤銷		
At beginning of year 於年初	1,014,438	999,855
Charge for the year 本年度之攤銷	59,223	107,125
Disposals 出售	(641,778)	(92,542)
At end of year 於年終	431,883	1,014,438
Net book value 賬面淨值		
At end of year 於年終	509,493	415,356
HA 醫管局		
	For the year ended 31 March 2013 HK\$'000 截至 2013 年 3 月 31 日止年度 港幣千元	For the year ended 31 March 2012 HK\$'000 截至 2012 年 3 月 31 日止年度 港幣千元
Cost 成本		
At beginning of year 於年初	1,423,238	1,331,190
Reclassifications 重新分類	(32)	-
Additions 增加	175,812	188,110
Disposals 出售	(665,143)	(96,062)
At end of year 於年終	933,875	1,423,238
Accumulated amortisation 累積攤銷		
At beginning of year 於年初	1,008,280	994,396
Charge for the year 本年度之攤銷	58,746	106,426
Disposals 出售	(641,778)	(92,542)
At end of year 於年終	425,248	1,008,280
Net book value 賬面淨值		
At end of year 於年終	508,627	414,958

7 Loans receivable

Certain eligible employees under the Home Loan Interest Subsidy Scheme were offered downpayment loans for the purchase of their residential properties. The repayment period of the loans is the lesser of the mortgage life or 20 years. Interest charged on the downpayment loans is determined by the Group from time to time and is set at 1.674% as at 31 March 2013 (2012: 1.674%). New applications for the downpayment loans have been suspended since April 2002.

At 31 March 2013, the downpayment loans advanced to eligible staff which are fully secured by charges over the properties are as follows:

The Group and HA 集團及醫管局		
	At 31 March 2013 HK\$'000 2013年3月31日 港幣千元	At 31 March 2012 HK\$'000 2012年3月31日 港幣千元
Repayable within one year 一年內償還	1,452	1,603
Repayable beyond one year 超過一年償還	7,474	9,386
	8,926	10,989

The loans receivable is neither past due nor impaired. The maximum exposure to credit risk at the reporting date is the carrying value of the receivable mentioned above. According to the terms and conditions of the scheme, the monthly principal repayment and payment of interest in respect of the downpayment loans are deducted from the employees' wages and that any benefits to which an employee will be entitled to receive under the HA Provident Fund Scheme shall stand charged with repayment of downpayment loan and interest thereon if such debt has not been paid by the employee upon resignation or on an agreed date. On this basis, the receivable balance is considered to be fully recoverable.

8 Placement with the Hong Kong Monetary Authority

During the financial year ended 31 March 2013, the Government has injected HK\$10,000,000,000 to support the operation of the Samaritan Fund, which was established in 1950 by resolution of the Legislative Council for the purpose of providing financial assistance to needy patients. As instructed by the Government, HK\$4,000,000,000 was vested immediately in the Samaritan Fund. The balance of HK\$6,000,000,000 (the "Principal Amount") not immediately required by the Samaritan Fund has been placed with the HKMA since 8 November 2012 by way of a credit facility entered into between HA and the HKMA for a fixed period of six years during which time HA would not be able to withdraw the Principal Amount.

7 應收債款

在醫管局推行的購屋貸款利息津貼計劃下，一些合資格僱員可獲得首期貸款以購置居所。首期貸款的還款期為物業按揭年數或20年，以較短者為準。首期貸款的息率由醫管局不時訂定，於二零一三年三月三十一日時為1.674%（二零一二年：1.674%）。首期貸款計劃自二零零二年四月起暫停接受新申請。

在二零一三年三月三十一日，已發放給合資格僱員的首期貸款並有物業作十足抵押如下：

應收債款並無過期或減值。在報告日最大的信貸風險是上述債款的賬面價值。根據計劃的條款及條件，首期貸款的每月本金及利息還款會在僱員的薪金扣除。若僱員於離職時或議定日期未能償還首期貸款及所涉利息，則僱員根據「醫管局公積金計劃」可獲的任何權益，會用作扣減這些欠款。因此，應收債款結餘是可以完全收回。

8 香港金融管理局存款

在截至二零一三年三月三十一日止之財政年度，政府向撒瑪利亞基金注資港幣10,000,000,000元，以支持基金的運作。撒瑪利亞基金於一九五零年經立法局決議成立，目的是向有需要的病人提供資助。根據政府指示，為數港幣4,000,000,000元的款項即時投入基金，而餘下未即時需要的港幣6,000,000,000元（「本金」），根據醫管局與金管局所訂的信貸安排，由二零一二年十一月八日起存入金管局，年期固定為六年。在此段期間，醫管局不能支取這筆本金。

Notes to the Financial Statements (Continued)

8 Placement with the Hong Kong Monetary Authority (Continued)

The rate of return on the placement, which is determined annually in January and payable annually in arrears on 31 December, is calculated on the basis of the average annual rate of return on certain investment portfolio of the Exchange Fund over the past six years or the average annual yield of three-year Exchange Fund Notes in the previous year (subject to a minimum of zero percent), whichever is the higher. This rate has been fixed at 5.6% and 5.0% per annum for January to December 2012 and January to December 2013, respectively. HA did not withdraw the interest earned for the period from 8 November to 31 December 2012 which would continue to accrue interest at the same rate payable for the Principal Amount.

HA has designated the placement with the HKMA as a "financial asset at fair value through profit or loss". The financial asset is denominated in Hong Kong dollar. Its fair value is determined using the discounted cash flow model. As HA is acting as a custodian for the Samaritan Fund, the investment income of HK\$124,158,000 for the year ended 31 March 2013 was recorded together with the Principal Amount as balance with Samaritan Fund, which is unsecured, interest free, denominated in Hong Kong dollar and repayable upon the maturity of the placement.

9 Fixed income instruments

The fixed income instruments represent Hong Kong dollar Bonds and Exchange Fund Notes with maturity periods within five years. The overall expected yield is between 1.9% and 2.0% (2012: 1.4% and 2.9%).

At 31 March 2013, the fixed income instruments held by the Group and HA are as follows:

The Group and HA 集團及醫管局

	At 31 March 2013 HK\$'000 2013年3月31日 港幣千元	At 31 March 2012 HK\$'000 2012年3月31日 港幣千元
Maturing within one year 一年內到期	300,001	1,730,993
Maturing between one and five years 一至五年內到期	-	300,001
	300,001	2,030,994

The above financial assets are neither past due nor impaired. The credit quality of these assets is disclosed in note 3(a) while the maximum exposure to credit risk at the reporting date is the fair value of these assets as stated in note 3(b)(ii). The Group does not hold any collateral as security.

財務報表附註(續)

8 香港金融管理局存款(續)

這筆存款的回報率在每年一月釐定，並於每年十二月三十一日支付。回報率是按外匯基金投資組合過往六年的平均投資回報率，或三年期外匯基金債券過去一年的平均年度收益率計算(最低為0%)，以較高者為準。二零一二年一月至十二月及二零一三年一月至十二月的每年回報率分別為5.6%及5.0%。醫管局沒有支取在二零一二年十一月八日至十二月三十一日賺取的利息，這些款項會按本金可享息率繼續積存利息。

醫管局將存放於金管局的款項列為「按公允價值列賬及在損益處理之財務資產」。這項財務資產以港元為單位，其公允價值根據貼現現金流模式釐定。由於醫管局是作為撒瑪利亞基金的保管人，基金截至二零一三年三月三十一日止年度為數港幣124,158,000元的投資收益連同本金，列作撒瑪利亞基金的結餘。這筆存款無抵押及免息，以港元為單位，並於到期日付還。

9 固定入息工具

固定入息工具是指醫管局一般持有直至到期日的港元債券及外匯基金債券。這些債券的年期少於五年。整體預期收益在1.9%至2.0%之間(二零一二年：1.4%至2.9%)

集團及醫管局在二零一三年三月三十一日持有的固定入息工具如下：

上述財務資產並無過期或減值，這些資產的信貸質素披露於附註3(a)。在報告日，最大的信貸風險是附註3(b)(ii)所列這些資產的公允價值。集團並未持有任何抵押品作抵押。

10 Inventories

10 存貨

The Group and HA 集團及醫管局		
	At 31 March 2013 HK\$'000 2013年3月31日 港幣千元	At 31 March 2012 HK\$'000 2012年3月31日 港幣千元
Drugs 藥物	1,043,097	839,690
Medical consumables 醫療消耗品	178,996	182,705
General consumables 一般消耗品	29,821	26,272
	1,251,914	1,048,667

11 Accounts receivable

11 應收賬款

The Group and HA 集團及醫管局		
	At 31 March 2013 HK\$'000 2013年3月31日 港幣千元	At 31 March 2012 HK\$'000 2012年3月31日 港幣千元
Bills receivable [note 11(a)] 應收賬單[附註11(a)]	297,471	282,011
Accrued income 累計收入	11,991	14,633
	309,462	296,644
Less: Provision for doubtful debts [note 11(b)] 減：呆賬撥備[附註11(b)]	(49,094)	(38,960)
	260,368	257,684

(a) Aging analysis of bills receivable is set out below:

(a) 應收賬單的賬齡分析如下：

The Group and HA 集團及醫管局		
	At 31 March 2013 HK\$'000 2013年3月31日 港幣千元	At 31 March 2012 HK\$'000 2012年3月31日 港幣千元
Below 30 days 30日以下	130,722	121,716
Between 31 and 60 days 31至60日	53,777	48,330
Between 61 and 90 days 61至90日	37,089	22,569
Over 90 days 超過90日	75,883	89,396
	297,471	282,011

Notes to the Financial Statements (Continued)

11 Accounts receivable (Continued)

The Group's policy in respect of patient billing is as follows:

- (i) Patients attending outpatient and accident and emergency services are required to pay fees before services are performed.
- (ii) Private patients and non-eligible persons are required to pay deposit on admission to hospital.
- (iii) Interim bills are sent to patients during hospitalisation. Final bills are sent if the outstanding amounts have not been settled on discharge.
- (iv) Administrative charge is imposed on late payments of medical fees and charges for medical services provided on or after 1 July 2007. The administrative charge is imposed at 5% of the outstanding fees overdue for 60 days from issuance of the bills, subject to a maximum charge of HK\$1,000 for each bill. An additional 10% of the outstanding fees are imposed if the bills remain outstanding 90 days from issuance of the bills, subject to a maximum additional charge of HK\$10,000 for each bill.
- (v) Legal action will be instituted for outstanding bills where appropriate. Patients who have financial difficulties may be considered for waiver of fees charged.

An aging analysis of receivables that are past due but not impaired is as follows:

財務報表附註(續)

11 應收賬款(續)

集團有關病人賬單的政策如下：

- (i) 病人到門診診所及急症室求診須於接受診治前繳付費用。
- (ii) 私家病人及非符合資格人士入院時須繳付訂金。
- (iii) 醫院會向住院病人發出中期賬單。假如病人在出院時未繳付尚欠的費用，醫院會發出最後賬單通知。
- (iv) 就二零零七年七月一日或之後所提供的醫療服務，若過期支付費用須另繳行政費。如在賬單發出後60日仍未清繳費用，會另外徵收欠款5%作為行政費，每項賬單上限為1,000元；如在賬單發出後90日仍未清繳費用，則會另外徵收欠款10%作為行政費，每項賬單上限為10,000元。
- (v) 集團會就拖欠的賬款按個別情況採取法律行動。有經濟困難的病人，集團會考慮予以費用減免。

過期但沒有減值的應收賬單的賬齡分析如下：

The Group and HA 集團及醫管局	At 31 March 2013 HK\$'000 2013年3月31日 港幣千元	At 31 March 2012 HK\$'000 2012年3月31日 港幣千元
Past due by: 過期：		
Below 30 days 30日以下	98,404	93,032
Between 31 and 60 days 31至60日	43,015	38,003
Between 61 and 90 days 61至90日	29,228	16,635
Over 90 days 超過90日	35,310	56,856
	205,957	204,526

Receivables that are past due but not impaired include outstanding debts to be settled by government departments, charitable organisations or other institutions for whom the credit risk associated with these receivables is relatively low. The Group does not hold any collateral over these balances.

過期但沒有減值的應收賬款包括政府部門、慈善團體或其他機構應償還的欠款，這些應收賬款涉及的信貸風險相對為低，集團並未持有任何抵押品作抵押。

Notes to the Financial Statements (Continued)

財務報表附註(續)

11 Accounts receivable (Continued)

(b) At 31 March 2013, bills receivable of HK\$91,514,000 (2012: HK\$77,485,000) were impaired by HK\$49,094,000 (2012: HK\$38,960,000) of which HK\$27,889,000 (2012: HK\$23,194,000) related to receivables individually determined to be impaired. These mainly related to non-eligible persons, the recoverability of which are considered to be low after taking all possible debt recovery actions. Remaining allowance for impairment of HK\$21,205,000 (2012: HK\$15,766,000) was made by reference to historical past due recovery patterns. It was assessed that a portion of the receivables is expected to be recovered. The aging analysis of these receivables is as follows:

11 應收賬款(續)

(b) 於二零一三年三月三十一日，港幣91,514,000元(二零一二年：港幣77,485,000元)的應收賬單減值為港幣49,094,000元(二零一二年：港幣38,960,000元)，其中港幣27,889,000元(二零一二年：港幣23,194,000元)與個別決定減值的應收賬單有關，主要涉及非符合資格人士，雖然已採取所有可能行動向他們追收欠款，但成功收回機會不大。在參考以往的過期欠款追收情況後，繼而作出了港幣21,205,000元(二零一二年：港幣15,766,000元)餘額減值備抵，估計部分賬款應可收回。這些應收賬單的賬齡分析如下：

The Group and HA 集團及醫管局		
	At 31 March 2013 HK\$'000 2013年3月31日 港幣千元	At 31 March 2012 HK\$'000 2012年3月31日 港幣千元
Below 30 days 30日以下	32,318	28,684
Between 31 and 60 days 31至60日	10,762	10,327
Between 61 and 90 days 61至90日	7,861	5,934
Over 90 days 超過90日	40,573	32,540
	91,514	77,485

Movements in the provision for impairment of accounts receivable are as follows:

應收賬款減值撥備的變動如下：

The Group and HA 集團及醫管局		
	For the year ended 31 March 2013 HK\$'000 截至2013年 3月31日止 港幣千元	For the year ended 31 March 2012 HK\$'000 截至2012年 3月31日止 港幣千元
At beginning of year 於年初	38,960	42,699
Additional provision 撥備增加	45,322	33,161
Uncollectible amounts written off 註銷的未收回收款額	(35,188)	(36,900)
At end of year 於年終	49,094	38,960

The maximum exposure to credit risk at the reporting date is the fair value of receivable mentioned above. The Group does not hold any collateral as security.

在報告日，最大的信貸風險是上述應收賬款的公允價值，集團並未持有任何抵押品作抵押。

Notes to the Financial Statements (Continued)

財務報表附註(續)

12 Other receivables

12 其他應收賬款

The Group 集團	At 31 March 2013 HK\$'000 2013年3月31日 港幣千元	At 31 March 2012 HK\$'000 2012年3月31日 港幣千元
Donations receivable 應收捐款	36,647	14,182
Interest receivable 應收利息	40,160	41,620
Receivable from the Government for reimbursement or refund of expenditure incurred on capital projects 政府就基本工程發還或退還開支的應收款項	-	448
Other receivables 其他應收款項	23,975	21,942
	100,782	78,192

HA 醫管局	At 31 March 2013 HK\$'000 2013年3月31日 港幣千元	At 31 March 2012 HK\$'000 2012年3月31日 港幣千元
Donations receivable 應收捐款	36,647	14,182
Interest receivable 應收利息	40,160	41,620
Receivable from the Government for reimbursement or refund of expenditure incurred on capital projects 政府就基本工程發還或退還開支的應收款項	-	448
Current account with a subsidiary 與附屬機構之間的來往賬目	-	77
Other receivables 其他應收款項	23,975	21,942
	100,782	78,269

Other receivables do not contain impaired assets. The maximum exposure to credit risk at the reporting date is the fair value of each class of receivable mentioned above. The Group does not hold any collateral as security.

其他應收款項並無減值資產。在報告日，最大的信貸風險是上述各類應收款項的公允價值，集團並未持有任何抵押品作抵押。

13 Deposits and prepayments

13 按金及預付款項

The Group 集團	At 31 March 2013 HK\$'000 2013年3月31日 港幣千元	At 31 March 2012 HK\$'000 2012年3月31日 港幣千元
Utility and other deposits 公用事業及其他按金	11,979	11,378
Prepayments to Government departments 向政府部門預付的款項	135,360	147,874
Maintenance contracts and other prepayments 保養合約及其他預付款項	131,127	103,705
	278,466	262,957

HA 醫管局	At 31 March 2013 HK\$'000 2013年3月31日 港幣千元	At 31 March 2012 HK\$'000 2012年3月31日 港幣千元
Utility and other deposits 公用事業及其他按金	11,896	11,295
Prepayments to Government departments 向政府部門預付的款項	135,360	147,874
Maintenance contracts and other prepayments 保養合約及其他預付款項	131,127	103,705
	278,383	262,874

14 Cash and bank balances

14 現金及銀行結餘

The Group and HA 集團及醫管局	At 31 March 2013 HK\$'000 2013年3月31日 港幣千元	At 31 March 2012 HK\$'000 2012年3月31日 港幣千元
Cash at bank and in hand 銀行存款及手持現金	1,618,563	868,222
Bank deposits with original maturity within three months 原來到期日不超過三個月的銀行存款	1,384,026	2,849,398
Cash and cash equivalents 現金及現金等值	3,002,589	3,717,620
Bank deposits with original maturity over three months 原來到期日超過三個月的銀行存款	8,886,683	4,717,415
	11,889,272	8,435,035

The effective interest rate on short term bank deposits is between 0.01% and 2.65% (2012: 0.001% and 3.80%). These deposits have an average maturity of 47 days (2012: 51 days).

短期銀行存款的實際利率為0.01%至2.65%之間(二零一二年：0.001%至3.80%)，這些存款的平均到期日為47天(二零一二年：51天)。

Notes to the Financial Statements (Continued)

財務報表附註(續)

15 Creditors and accrued charges

15 債權人及應付費用

The Group 集團	At 31 March 2013 HK\$'000 2013年3月31日 港幣千元	At 31 March 2012 HK\$'000 2012年3月31日 港幣千元
Trade payables [note 15 (a)] 應付貿易賬款 [附註 15(a)]	211,236	320,048
Accrued charges and other payables [note 15 (b)] 應付費用及其他賬款 [附註 15(b)]	4,039,385	3,631,814
Current account with the Government [note 15 (c)] 與政府之間的來往賬目 [附註 15(c)]	2,413,751	1,819,095
	6,664,372	5,770,957

HA 醫管局	At 31 March 2013 HK\$'000 2013年3月31日 港幣千元	At 31 March 2012 HK\$'000 2012年3月31日 港幣千元
Trade payables [note 15 (a)] 應付貿易賬款 [附註 15(a)]	211,236	320,048
Accrued charges and other payables [note 15 (b)] 應付費用及其他賬款 [附註 15(b)]	4,038,906	3,631,814
Current account with the Government [note 15 (c)] 與政府之間的來往賬目 [附註 15(c)]	2,413,751	1,819,095
Current account with a subsidiary 與附屬機構之間的來往賬目	402	-
	6,664,295	5,770,957

(a) Aging analysis of trade payables is set out below:

(a) 應付貿易賬款的賬齡分析如下：

The Group and HA 集團及醫管局	At 31 March 2013 HK\$'000 2013年3月31日 港幣千元	At 31 March 2012 HK\$'000 2012年3月31日 港幣千元
Below 30 days 30日以下	181,420	263,893
Between 31 and 60 days 31至60日	19,102	50,802
Between 61 and 90 days 61至90日	8,561	3,722
Over 90 days 超過90日	2,153	1,631
	211,236	320,048

All trade payables as at 31 March 2013 are expected to be settled within one year. The Group has maintained adequate cash flows and banking facilities for settlement of trade payables.

二零一三年三月三十一日的應付貿易賬款應於一年內繳付。集團備有足夠流動現金及銀行融資繳付應付貿易賬款。

Notes to the Financial Statements (Continued)

15 Creditors and accrued charges (Continued)

- (b) Accrued charges and other payables included accrual for unutilised annual leave of HK\$1,551,413,000 (2012: HK\$1,377,685,000) and contract gratuity accrual of HK\$916,607,000 (2012: HK\$755,883,000). The balance also included a provision for doctors' claims and non-doctors' compensation of HK\$192,420,000 (2012: HK\$414,800,000) as described in note 4(a).
- (c) The balance mainly included Government funding for designated programs or specific items that were already received and will be recognised as income over the periods in which the related expenditure is incurred and charged to the statement of income and expenditure.

16 Deposits received

The Group and HA 集團及醫管局

	At 31 March 2013 HK\$'000 2013年3月31日 港幣千元	At 31 March 2012 HK\$'000 2012年3月31日 港幣千元
Patient deposits 病人按金	26,398	84,303
Deposits received from the Government in respect of building projects 就建築工程從政府所收的按金	18	199
Other deposits 其他按金	102,826	73,938
	129,242	158,440

17 Death and disability liabilities

Under their terms of employment, HA employees are entitled to death and disability benefit cover. This is funded by HA through the recurrent subvention from the Government.

The amounts recognised in the balance sheet are as follows:

The Group and HA 集團及醫管局

	At 31 March 2013 HK\$'000 2013年3月31日 港幣千元	At 31 March 2012 HK\$'000 2012年3月31日 港幣千元
Present value of funded obligations 注資責任的現值	207,103	184,599
Fair value of plan assets 計劃資產的公允價值	(10,079)	(1,307)
	197,024	183,292
Unrecognised actuarial losses 未予確認的虧損精算估值	(1,304)	(6,929)
Death and disability liabilities provided 已撥備的死亡及傷殘福利責任	195,720	176,363

財務報表附註(續)

15 債權人及應付費用(續)

- (b) 應付費用及其他賬款包括未放年假撥備港幣\$1,551,413,000元(二零一二年:港幣1,377,685,000元),以及應計合約酬金港幣916,607,000元(二零一二年:港幣755,883,000元)。結餘亦包括一筆港幣192,420,000元撥備(二零一二年:港幣414,800,000元),用以支付附註4(a)所述給醫生及非醫生職員的補償金額。
- (c) 結餘主要包括從政府收到對指定計劃/特定項目的撥款,這些撥款待有關開支發生及已記入收支結算表時確認作收入。

16 已收按金

17 死亡及傷殘福利責任

根據僱用條件,醫管局的僱員可享有死亡及傷殘福利保障。該計劃由醫管局透過政府的經常性補助予以資助。

資產負債表予以確認的款額如下:

Notes to the Financial Statements (Continued)

財務報表附註(續)

17 Death and disability liabilities (Continued)

17 死亡及傷殘福利責任(續)

The movement in the present value of funded obligations is as follows:

注資責任之現值變動如下：

The Group and HA 集團及醫管局	For the year ended 31 March 2013 HK\$'000 截至2013年 3月31日止年度 港幣千元	For the year ended 31 March 2012 HK\$'000 截至2012年 3月31日止年度 港幣千元
At beginning of year 於年初	184,599	134,858
Current service cost 現行服務開支	25,531	17,113
Interest cost 利息開支	2,359	3,833
Benefits paid 已付福利	(5,163)	(4,418)
Actuarial (gain)/loss 精算估值(收益)/虧損	(223)	33,213
At end of year 於年終	207,103	184,599

The movement in the fair value of plan assets is as follows:

計劃資產的公允價值變動如下：

The Group and HA 集團及醫管局	For the year ended 31 March 2013 HK\$'000 截至2013年 3月31日止年度 港幣千元	For the year ended 31 March 2012 HK\$'000 截至2012年 3月31日止年度 港幣千元
At beginning of year 於年初	1,307	3,878
Actuarial gain/(loss) 精算估值收益/(虧損)	8,991	(3,174)
Employer contributions 僱主供款	4,944	5,021
Benefits paid 已付福利	(5,163)	(4,418)
At end of year 於年終	10,079	1,307

Notes to the Financial Statements (Continued)

財務報表附註(續)

17 Death and disability liabilities (Continued)

17 死亡及傷殘福利責任(續)

The amounts recognised in the consolidated statement of income and expenditure have been calculated by reference to an actuarial valuation and are as follows:

在綜合收支結算表予以確認的款額，是根據精算估值得出：

The Group and HA 集團及醫管局	For the year ended 31 March 2013 HK\$'000 截至 2013 年 3 月 31 日止年度 港幣千元	For the year ended 31 March 2012 HK\$'000 截至 2012 年 3 月 31 日止年度 港幣千元
Current service cost 現行服務開支	25,531	17,113
Interest cost 利息開支	2,359	3,833
Actuarial (gain)/loss recognised 確認的精算估值(收益)/虧損	(3,589)	18,356
Total, included in staff costs 總計(包括在員工成本內)	24,301	39,302

Principal actuarial assumptions used in the actuarial valuation are as follows:

精算估值採用的主要精算假設如下：

The Group and HA 集團及醫管局	For the year ended 31 March 2013 截至 2013 年 3 月 31 日止年度 %	For the year ended 31 March 2012 截至 2012 年 3 月 31 日止年度 %
Discount rate 貼現率	1.40	1.30
Assumed rate of future salary increases 假設未來薪金增幅	3.60	4.10

Notes to the Financial Statements (Continued)

財務報表附註(續)

18 Deferred income

18 遞延收益

The Group and HA 集團及醫管局				
	Designated donation fund [Note 2(f)] HK\$'000 指定捐贈基金 [附註 2(f)] 港幣千元	North District Hospital Fund [Note 18(a)] HK\$'000 北區醫院基金 [附註 18(a)] 港幣千元	Tseung Kwan O Hospital Fund [Note 18(b)] HK\$'000 將軍澳醫院 基金 [附註 18(b)] 港幣千元	Total HK\$'000 總計 港幣千元
At 1 April 2011 於 2011 年 4 月 1 日	431,715	1,807	82,362	515,884
Additions during the year 年內增加	139,924	-	-	139,924
Adjustment/(utilisation) during the year 年內調整/(應用)	-	350	(2,437)	(2,087)
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(144,943)	-	-	(144,943)
Return of unspent funds to the Government 退還政府的未經使用餘額	-	(2,157)	-	(2,157)
At 31 March 2012 於 2012 年 3 月 31 日	426,696	-	79,925	506,621
Additions during the year 年內增加	139,990	-	-	139,990
Utilisation during the year 年內應用	-	-	(7,139)	(7,139)
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(149,044)	-	-	(149,044)
At 31 March 2013 於 2013 年 3 月 31 日	417,642	-	72,786	490,428

(a) North District Hospital Fund

During the financial year ended 31 March 1994, the Government advanced to HA a sum of HK\$1,690,350,000 for the construction of the North District Hospital. The sum is held by HA in trust for the Government to meet the construction costs of the North District Hospital which are managed by HA as an agent for the Government. All interest earned from this grant is repaid annually to the Government. The hospital was commissioned during the financial year ended 31 March 1998. At 31 March 2012, the fund was fully spent and the balance payable of HK\$2,157,000 as at 31 March 2012 was returned to the Government during the financial year ended 31 March 2013.

(b) Tseung Kwan O Hospital Fund

During the financial year ended 31 March 1996, the Government advanced HK\$2,047,290,000 to HA for the construction of Tseung Kwan O Hospital. All interest earned from this grant is repaid annually to the Government. The hospital was commissioned during the financial year ended 31 March 2000. The remaining fund balance will be used for project costs and any unspent balance will be repaid to the Government.

(a) 北區醫院基金

於截至一九九四年三月三十一日止的財政年度內，政府預支港幣 1,690,350,000 元予醫管局以興建北區醫院。醫管局受託於政府管理這筆款項，以支付由醫管局作為政府代理人負責這項工程的興建費用。所有來自這筆款項的利息每年歸還政府。北區醫院已於截至一九九八年三月三十一日止的財政年度內啟用。在二零一二年三月三十一日，基金已全數使用，截至二零一二年三月三十一日的港幣 2,157,000 元尚餘款額，已於截至二零一三年三月三十一日止的財政年度內退還給政府。

(b) 將軍澳醫院基金

於截至一九九六年三月三十一日止的財政年度內，政府預支港幣 2,047,290,000 元予醫管局，以興建將軍澳醫院。所有來自這筆款項的利息每年歸還政府。將軍澳醫院已於截至二零零零年三月三十一日止的財政年度內啟用。基金的尚餘款額將用以支付項目開支，未經使用的餘額會退還給政府。

19 Capital subventions and donations

19 資本補助及捐贈

The Group 集團	Capital subventions [Note 2(r)] HK\$'000 資本補助 [附註 2(r)] 港幣千元	Capital donations [Note 2(f)] HK\$'000 資本捐贈 [附註 2(f)] 港幣千元	Total HK\$'000 總計 港幣千元
At 1 April 2011 於2011年4月1日	2,548,717	1,043,933	3,592,650
Additions during the year 年內增加	929,549	193,145	1,122,694
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(711,168)	(109,149)	(820,317)
At 31 March 2012 於2012年3月31日	2,767,098	1,127,929	3,895,027
Additions during the year 年內增加	1,072,126	211,078	1,283,204
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(674,909)	(120,087)	(794,996)
At 31 March 2013 於2013年3月31日	3,164,315	1,218,920	4,383,235

HA 醫管局	Capital subventions [Note 2(r)] HK\$'000 資本補助 [附註 2(r)] 港幣千元	Capital donations [Note 2(f)] HK\$'000 資本捐贈 [附註 2(f)] 港幣千元	Total HK\$'000 總計 港幣千元
At 1 April 2011 於2011年4月1日	2,547,877	1,043,933	3,591,810
Additions during the year 年內增加	929,115	193,145	1,122,260
Transfers to statement of income and expenditure 轉調往收支結算表	(710,292)	(109,149)	(819,441)
At 31 March 2012 於2012年3月31日	2,766,700	1,127,929	3,894,629
Additions during the year 年內增加	1,071,181	211,078	1,282,259
Transfers to statement of income and expenditure 轉調往收支結算表	(674,432)	(120,087)	(794,519)
At 31 March 2013 於2013年3月31日	3,163,449	1,218,920	4,382,369

Notes to the Financial Statements (Continued)

財務報表附註(續)

20 Designated Fund - Home Loan Interest Subsidy Scheme

The Group offers eligible employees under the scheme an interest subsidy to finance the purchase of a residence in Hong Kong. Eligibility under the scheme is primarily determined by the employee's length of service. The amount of subsidy generally represents half of the interest rate payable by the eligible employee up to a maximum of 6% per annum. However, eligibility and the maximum amount of subsidies granted are subject to a number of restrictions as further defined in the scheme.

The scheme is funded by HA through the recurrent subvention from the Government. A designated fund has been set aside for the scheme and is maintained in designated bank and investment accounts which are included under cash and bank and fixed income instruments balances respectively.

During the financial year ended 31 March 2013, the Group allocated HK\$59,289,000 (2012: HK\$68,637,000), out of its recurrent subvention from the Government, for meeting the related expenditure of the scheme. This amount is included within the recurrent Government subvention for the year in the consolidated statement of income and expenditure and has been fully utilised.

21 Recurrent Government subvention

The Group receives annual operating grants from the Government to provide hospital services in Hong Kong. A draft Memorandum of Administrative Agreement ("MAA") with the Government provides a formula for the claw back of the excess of income over expenditure in the reporting period. For the financial years ended 31 March 2013 and 2012, no provision for claw back was required under the terms of the draft MAA.

22 Hospital/clinic fees and charges

The charges for hospital services provided by the Group are levied in accordance with those stipulated in the Gazette. Since the Government has established a set of policies and procedures on granting fee waivers to the needy patients, the hospital/clinic fees and charges recognised as income in the consolidated statement of income and expenditure are stated net of such waivers. The amount of hospital / clinics fees and charges waived for the financial year ended 31 March 2013 amounted to HK\$517,964,000 (2012: HK\$526,928,000).

23 Other operating expenses

Other operating expenses comprise office supplies, hospital supplies, non-capitalised project expenditure and other administrative expenses. For the financial year ended 31 March 2013, other operating expenses included an accrual for auditor's remuneration of HK\$2,770,000 (2012: HK\$2,770,000).

20 指定基金 - 購屋貸款利息津貼計劃

根據此項計劃，集團為合資格僱員提供一項利息津貼，資助他們在本港購置居所。資格主要決定於僱員的服務年資。津貼金額一般為合資格僱員應付利息率的一半，最高為每年6%。不過，資格及津貼最高限額受到計劃的一些規定所限制。

該計劃由醫管局透過政府的經常性補助予以資助。計劃預留一筆指定基金，用以支付購屋貸款利息津貼福利的有關開支，並存於指定銀行投資戶口，分別列入現金、銀行及固定入息工具結餘內。

於截至二零一三年三月三十一日止的財政年度內，集團從政府的經常性補助中撥出港幣59,289,000元(二零一二年：港幣68,637,000元)，用以支付計劃的有關開支，這筆款項已包括在綜合收支結算表中本年度的經常性政府補助內，並已全數應用。

21 經常性政府補助

集團每年獲政府提供營運補助，在香港提供醫院服務。集團與政府訂定的行政安排備忘錄草擬本制定了一個計算報告期間盈餘回扣的方程式。截至二零一二年及二零一三年三月三十一日止的財政年度，並無需要根據行政安排備忘錄草擬本的回扣規定作出任何撥備。

22 醫院／診療所收費

集團所提供的醫療服務，是根據憲報所刊載的收費表而收取費用。由於政府已制訂一套給予經濟有困難病人費用減免的政策及程序，故在綜合收支結算表中確認為收入的醫院／診療所收費，已扣除了這些減免數額。在截至二零一三年三月三十一日止之財政年度內，獲減免的醫院／診療所收費為港幣517,964,000元(二零一二年：港幣526,928,000元)。

23 其他營運開支

其他營運開支包括辦公室用品、醫院物資、非資本化項目開支及其他行政開支。在截至二零一三年三月三十一日止之財政年度，其他營運開支包括應計核數師酬金港幣2,770,000元(二零一二年：港幣2,770,000元)。

Notes to the Financial Statements (Continued)

財務報表附註(續)

24 Remuneration of Members of the Board and Five Highest Paid Executives

- (a) No Board members are remunerated in the capacity as Board members.
- (b) The remuneration of the five highest paid executives, which is included in the staff costs for the year, is as follows:

For the year ended 31 March 2013

24 大會成員及五名最高薪行政人員的酬金

- (a) 所有出任大會成員的人士均沒有因成員身份而領取酬金：
- (b) 年內的員工成本已包括支付予以下五名最高薪行政人員的酬金：

截至二零一三年三月三十一日止年度

Current Position / Name of Executives 現時職位／行政人員姓名	Basic pay, allowance, retirement scheme contribution and other benefits HK\$'000 基本薪金、津貼、 退休計劃供款 及其他福利 港幣千元
Chief Executive 行政總裁 Dr Pak Yin LEUNG 梁栢賢醫生	4,732
Director (Finance) 財務總監 Ms Nancy TSE 謝秀玲女士	4,473
Cluster Chief Executive (New Territories East) 新界東聯網總監 Dr Hong FUNG 馮康醫生	4,412
Director (Cluster Services) 聯網服務總監 Dr Wai Lun CHEUNG 張偉麟醫生	4,350
Cluster Chief Executive (Kowloon West) 九龍西聯網總監 Dr Sau Ying TUNG 董秀英醫生	4,037
	22,004

Note: All executives do not receive any variable remuneration related to performance.

註：所有行政人員並不獲取與表現掛鈎的不定額薪酬。

Notes to the Financial Statements (Continued)

財務報表附註(續)

24 Remuneration of Members of the Board and Five Highest Paid Executives (Continued)

24 大會成員及五名最高薪行政人員的酬金(續)

For the year ended 31 March 2012

截至二零一二年三月三十一日止年度

Current Position / Name of Executives 現時職位／行政人員姓名	Basic pay, allowance, retirement scheme contribution and other benefits HK\$'000 基本薪金、津貼、 退休計劃供款 及其他福利 港幣千元
Chief Executive 行政總裁 Dr Pak Yin LEUNG 梁栢賢醫生	4,552
Director (Finance) 財務總監 Ms Nancy TSE 謝秀玲女士	4,252
Cluster Chief Executive (New Territories East) 新界東聯網總監 Dr Hong FUNG 馮康醫生	4,196
Director (Cluster Services) 聯網服務總監 Dr Wai Lun CHEUNG 張偉麟醫生	4,134
Chief of Service (Pamela Youde Nethersole Eastern Hospital) 東區尤德夫人那打素醫院部門主管 Dr Wing Mui LEE [^] 李詠梅醫生 [^]	3,719
	20,853

Note: All executives do not receive any variable remuneration related to performance.

註：所有行政人員並不獲取與表現掛鈎的不定額薪酬。

[^] Dr Wing Mui LEE retired from her appointment as Chief of Service on 1 March 2012 with a one-off encashment of unutilised annual leave balance of approximately \$450,000.

[^] 擔任部門主管的李詠梅醫生於二零一二年三月一日退休，其未放取的年假結餘折算為一筆約港幣450,000元的現金。

25 Retirement schemes

The Group operates an occupational retirement scheme, the Hospital Authority Provident Fund Scheme ("HAPFS"). In accordance with the Mandatory Provident Fund ("MPF") Schemes Ordinance, the Group set up a MPF Scheme on 1 December 2000 by participating in a master trust scheme provided by INVESCO Strategic MPF Scheme ("MPFS"). Permanent employees can choose between the HAPFS and the MPFS while contract and temporary employees are required to join the MPFS unless otherwise exempted.

(a) HA Provident Fund Scheme

The HAPFS is a defined contribution scheme. The scheme was established on 1 April 2003 and governed by its Trust Deed and Rules dated 29 January 2003, and registered under section 18 of the Hong Kong Occupational Retirement Schemes Ordinance ("ORSO"). It replaced the old provident fund scheme ("the Old HAPFS") that was established and governed by its Trust Deed and Rules dated 22 October 1991, and registered under section 18 of the ORSO, and was terminated on 1 April 2003. All the funds, assets and monies of the Old HAPFS as at 1 April 2003 were transferred to the HAPFS.

25 退休金計劃

集團實施「醫管局公積金計劃」的職業退休計劃。此外，根據強制性公積金計劃條例的規定，醫管局於二零零零年十二月一日透過加入景順強積金策略計劃的一項集成信託計劃成立「強制性公積金計劃」。常額僱員可選擇加入「醫管局公積金計劃」或「強制性公積金計劃」，合約及臨時僱員則須加入「強制性公積金計劃」，除非獲得豁免。

(a) 醫管局公積金計劃

「醫管局公積金計劃」是一項界定供款計劃，根據二零零三年一月二十九日的信託契約與規則，於二零零三年四月一日成立及受其監管，並根據香港職業退休計劃條例第十八條註冊。此計劃取代舊有的醫管局公積金計劃（「舊有計劃」）。舊有計劃是根據一九九一年十月二十二日的信託契約與規則成立及受其監管，並根據香港職業退休計劃條例第十八條註冊，在二零零三年四月一日終止。舊有計劃截至二零零三年四月一日的所有資金、資產及款項全部轉移至「醫管局公積金計劃」。

Notes to the Financial Statements (Continued)

25 Retirement schemes (Continued)

(a) HA Provident Fund Scheme (Continued)

Most employees who have opted for HA terms of employment are eligible to join the HAPFS on a non-contributory basis. The HAPFS is a defined contribution scheme as all benefits are defined in relation to contributions except that a minimum death benefit equating to twelve months' salary applies on the death of a member. However, when the member's account balance is less than his twelve months' scheme salary, the difference will be contributed by the Death and Disability Scheme of the Group.

The monthly normal contribution by the Group is currently set at 15% of each member's monthly basic salary. The percentage of benefit entitlement, receivable by the employee on resignation or retirement, increases with the length of service.

At 31 March 2013, the total membership was 31,643 (2012: 32,672). During the financial year ended 31 March 2013, the Group contributed HK\$2,115,711,000 (2012: HK\$2,033,235,000) to the scheme, which is included in the staff costs for the year. The scheme's net asset value as at 31 March 2013 was HK\$48,949,045,000 (2012: HK\$44,061,707,000).

(b) Mandatory Provident Fund Scheme

Effective from the MPF commencement date of 1 December 2000, HA joined the INVESCO Strategic MPF Scheme which has been registered with the Mandatory Provident Fund Schemes Authority and authorised by the Securities and Futures Commission.

The Group's contributions to MPFS are determined according to each member's terms of employment. Members' mandatory contributions are fixed at 5% of monthly salary up to a maximum of HK\$1,250 per month.

At 31 March 2013, the total membership was 35,784 (2012: 30,126). During the financial year ended 31 March 2013, total members' contributions were HK\$292,701,000 (2012: HK\$214,921,000). The Group's contributions to the scheme, including a contribution payable of HK\$33,073,000 as at 31 March 2013 (2012: HK\$25,826,000), totalled HK\$369,973,000 (2012: HK\$288,471,000) which is included in the staff costs for the year. The net asset value as at 31 March 2013, including assets transferred from members' previous employment, was HK\$4,071,549,000 (2012: HK\$3,284,148,000).

財務報表附註(續)

25 退休金計劃(續)

(a) 醫管局公積金計劃(續)

大部分已選擇醫管局僱用條件的僱員，均有資格參加無需供款的「醫管局公積金計劃」。「醫院管理局公積金計劃」是一個界定供款計劃，因為除了於成員去世時發放相等於十二個月薪金的最低死亡福利外，所有利益都視乎供款界定。不過，當成員的賬目結餘較其於該計劃下之十二個月計劃薪金為低，該差額則會由集團的死亡及傷殘基金補足。

集團的每月正常供款現為僱員底薪的15%。僱員在辭職或退休時可獲的利益比率隨服務年資增加。

於二零一三年三月三十一日，計劃共有31,643名成員(二零一二年：32,672名)。截至二零一三年三月三十一日止之財政年度內，集團對該計劃的供款為港幣2,115,711,000元(二零一二年：港幣2,033,235,000元)，這筆款項已包括在本年度的員工成本內。於二零一三年三月三十一日，計劃的資產淨值為港幣48,949,045,000元(二零一二年：港幣44,061,707,000元)。

(b) 強制性公積金計劃

二零零零年十二月一日強制性公積金的生效日期起，醫管局加入景順強積金策略計劃，此計劃已向強制性公積金管理局註冊，並經證券及期貨監察事務委員會認可。

集團對「強制性公積金計劃」的供款，根據每名成員的僱用條件而定。成員的強制性供款固定為月薪5%，以每月港幣1,250元為上限。

於二零一三年三月三十一日，計劃共有35,784名成員(二零一二年：30,126名)。在截至二零一三年三月三十一日止之財政年度內，成員的供款總額為港幣292,701,000元(二零一二年：港幣214,921,000元)。集團對計劃的供款，包括截至二零一三年三月三十一日應付的供款港幣33,073,000元(二零一二年：港幣25,826,000元)，為港幣369,973,000元(二零一二年：港幣288,471,000元)，供款已包括在本年的員工成本內。於二零一三年三月三十一日，計劃的資產淨值，包括成員先前職位轉調的資產，為港幣4,071,549,000元(二零一二年：港幣3,284,148,000元)。

Notes to the Financial Statements (Continued)

26 Related party transactions

Significant related party transactions entered into by the Group include the following:

(a) HA has entered into agreements with the Electrical and Mechanical Services Department ("EMSD") of the Government for providing biomedical and general electronics engineering services, hospital engineering services and health building maintenance services to the Group. According to the terms of agreements, the amounts incurred for these services for the financial year ended 31 March 2013 amounted to HK\$774,974,000 (2012: HK\$699,526,000). Other services provided by the EMSD for the year (e.g. routine maintenance and improvement works) were approximately HK\$196,939,000 (2012: HK\$248,505,000).

(b) HA has entered into an agreement with the Government to provide serving and retired civil servants, their eligible dependants and other eligible persons with the services and facilities at all public hospitals and clinics free of charge or at the prevailing rates as prescribed in the Civil Service Regulations. For the financial year ended 31 March 2013, revenue foregone in respect of medical services provided to these persons amounted to HK\$303,590,000 (2012: HK\$284,400,000). The cost of such services has been taken into account in the Government's subvention to the Group.

(c) Remuneration of key management personnel

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the Group. It comprises the Chief Executive, Cluster Chief Executives, Directors and other division heads of the Head Office.

Total remuneration of the key management personnel is shown below:

	For the year ended 31 March 2013 HK\$'000 截至2013年 3月31日止年度 港幣千元	For the year ended 31 March 2012 HK\$'000 截至2012年 3月31日止年度 港幣千元
Basic pay and other short term employee benefits 基本薪金及其他短期僱員福利	49,885	46,440
Post-employment benefits 離職後福利	4,760	4,324
	54,645	50,764

(d) Other significant related party transactions with the Government include annual recurrent grants (note 21), capital subventions (note 19) and designated funds (notes 18 and 20). Details of transactions relating to the Group's retirement schemes are included in note 25.

(e) Outstanding balances with the Government as at 31 March 2012 and 2013 are disclosed in notes 8, 12, 13, 15 and 16. The current account with a subsidiary, HACM Limited, is disclosed in notes 12 and 15.

財務報表附註(續)

26 與關聯人士的交易

集團與關聯人士所作的重大交易計有：

(a) 醫管局與政府機電工程署訂立了協議，由該署向集團提供醫學及一般電子工程服務、醫院工程服務及醫療建築保養服務。根據協議條款，截至二零一三年三月三十一日止之財政年度內有關服務涉及的款額為港幣774,974,000元(二零一二年：港幣699,526,000元)。年內機電工程署提供其他服務(如例行保養及改善工程)的費用約為港幣196,939,000元(二零一二年：港幣248,505,000元)。

(b) 醫管局與政府訂立了協議，為現職及退休公務員、其合資格的家屬及其他符合資格人士以免費或按公務員條例所訂收費提供公立醫院及診所的服務及設施。截至二零一三年三月三十一日止之財政年度，為上述人士所提供的醫療服務涉及之免收款項為港幣303,590,000元(二零一二年：財政港幣284,400,000元)，這些服務的費用已包括在政府給集團的補助內。

(c) 主要管理人員薪酬

主要管理人員是指具權力及責任規劃、指令及管控集團事務的人士，這包括行政總裁、聯網總監、各總監及總辦事處其他科部主管。

主要管理人員的薪酬總額如下：

(d) 與政府關聯人士進行的其他重大交易包括每年經常性補助(附註21)、資本補助(附註19)及指定基金(附註18及20)，有關集團退休計劃的交易詳情載於附註25。

(e) 截至二零一二年及二零一三年三月三十一日與政府之間的未清賬款於附註8,12,13,15及16披露，與附屬機構「醫院管理局中醫藥服務有限公司」之間的來往賬目於附註12及15披露。

Notes to the Financial Statements (Continued)

財務報表附註(續)

27 Net cash generated from operating activities

27 營運活動所得現金淨額

The Group 集團	For the year ended 31 March 2013 HK\$'000 截至2013年 3月31日止年度 港幣千元	For the year ended 31 March 2012 HK\$'000 截至2012年 3月31日止年度 港幣千元
Surplus for the year 年內盈餘	1,097,830	496,881
Investment income 投資收益	(176,955)	(149,682)
Income transferred from capital subventions and donations 轉調自資本補助及捐贈之收入	(794,996)	(820,317)
Loss on disposal of property, plant and equipment and intangible assets 出售物業、機器及設備及無形資產虧損	26,459	5,599
Depreciation and amortisation 折舊及攤銷	768,537	814,718
Increase in death and disability liabilities 死亡及傷殘福利責任增加	19,357	34,281
Decrease in deferred income 遞延收益減少	(16,193)	(9,263)
Increase in inventories 存貨增加	(203,247)	(155,777)
Decrease in loans receivable 應收債款減少	2,063	3,559
Increase in accounts receivable 應收賬款增加	(2,684)	(32,850)
(Increase)/decrease in other receivables 其他應收款項(增加)/減少	(22,590)	12,798
Increase in deposits and prepayments 按金及預付款項增加	(15,509)	(31,850)
Increase in creditors and accrued charges 債權人及應付費用增加	893,415	1,274,018
Decrease in deposits received 已收按金減少	(29,198)	(139,362)
Net cash generated from operating activities 營運活動所得現金淨額	1,546,289	1,302,753

28 Funds in trust

At 31 March 2013, funds held in trust (including accrued interest income) for the Government but not included in the financial statements are set out below:

28 信託基金

於二零一三年三月三十一日，集團為政府管理但未列入財務報表的信託基金數額(包括應收利息收入)如下：

The Group and HA 集團及醫管局	At 31 March 2013 HK\$'000 2013年3月31日 港幣千元	At 31 March 2012 HK\$'000 2012年3月31日 港幣千元
Health Care and Promotion Fund 健康護理及促進基金	47,465	50,158
Health Services Research Fund 醫療服務研究基金	491	1,092
	47,956	51,250

Notes to the Financial Statements (Continued)

財務報表附註(續)

29 Donations from the Hong Kong Jockey Club Charities Trust

During the financial year ended 31 March 2013, the Hong Kong Jockey Club Charities Trust made donations totalling HK\$57,333,000 (2012: HK\$46,147,000) to the following institutions:

	HK\$'000 港幣千元
Hospital Authority Head Office 醫院管理局總辦事處	7,974
Queen Elizabeth Hospital 伊利沙伯醫院	39,101
Caritas Medical Centre 明愛醫院	6,250
Tuen Mun Hospital 屯門醫院	2,226
Shatin Hospital 沙田醫院	1,782
	57,333

The donations were accounted for in the designated donation fund in accordance with the accounting policy set out in note 2(f)(ii).

截至二零一三年三月三十一日止的財政年度內，香港賽馬會慈善信託基金共向下列機構捐出港幣57,333,000元(二零一二年：港幣46,147,000元)：

根據附註2(f)(ii)所載的會計政策，捐贈列入指定捐贈基金內。

30 Commitments

At 31 March 2013, the Group and HA had the following commitments:

(a) Capital commitments

The Group 集團	At 31 March 2013 HK\$'000 2013年3月31日 港幣千元	At 31 March 2012 HK\$'000 2012年3月31日 港幣千元
Authorised but not contracted for 已獲授權但未訂契約	2,791,492	1,995,786
Contracted for but not provided 已訂契約但未撥備	1,607,020	2,138,366
	4,398,512	4,134,152

30 承擔

於二零一三年三月三十一日，集團及醫管局有以下之承擔：

(a) 資本承擔

HA 醫管局	At 31 March 2013 HK\$'000 2013年3月31日 港幣千元	At 31 March 2012 HK\$'000 2012年3月31日 港幣千元
Authorised but not contracted for 已獲授權但未訂契約	2,790,362	1,991,465
Contracted for but not provided 已訂契約但未撥備	1,598,352	2,136,253
	4,388,714	4,127,718

Notes to the Financial Statements (Continued)

30 Commitments (Continued)

(a) Capital commitments (Continued)

The capital commitments disclosed above include both costs to be capitalised under property, plant and equipment or intangible assets and also costs which are to be charged to the statement of income and expenditure in accordance with the accounting policy set out in note 2(g).

(b) Operating lease commitments

At 31 March 2013, the Group and HA had commitments for future minimum payments under non-cancellable operating leases which fall due as follows:

The Group and HA 集團及醫管局		At 31 March 2013 HK\$'000 2013年3月31日 港幣千元	At 31 March 2012 HK\$'000 2012年3月31日 港幣千元
Buildings 樓宇			
Within one year 一年內期滿	21,500	18,540	
Between one and five years 一至五年內期滿	18,794	25,633	
Beyond five years 超過五年期滿	-	207	
	40,294	44,380	
Equipment 設備			
Within one year 一年內期滿	72,859	41,377	
Between one and five years 一至五年內期滿	100,388	115,352	
	173,247	156,729	

31 Taxation

No taxation is provided as HA is exempt from taxation under the Hospital Authority Ordinance.

32 Contingent liabilities

Adequate provisions have been made in the financial statements after reviewing the status of outstanding claims and taking into account legal advice received.

33 Approval of financial statements

The financial statements were approved by members of HA on 22 August 2013.

財務報表附註(續)

30 承擔(續)

(a) 資本承擔(續)

根據附註2(g)所述的會計政策，上述所列的資本承擔包括將會資本化的物業、機器及設備或無形資產費用，以及行將記入收支結算表的開支。

(b) 營運租賃承擔

在二零一三年三月三十一日，集團及醫管局有各項於下列時間到期的不可撤銷營運租賃之未來最低付款承擔：

31 稅項

醫管局按《醫院管理局條例》獲豁免繳稅，故並無作出稅項準備。

32 或然負債

經評估尚未解決申索個案的狀況，並根據所得法律意見，此財務報表已作出足夠的撥備。

33 財務報表的通過

本財務報表已於二零一三年八月二十二日獲醫管局成員通過。

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Membership of the Hospital Authority

醫院管理局成員

Name 姓名	No. of plenary meetings attended in 2012-13	Committee participation in 2012-13* 2012-13 年度參與的委員會*
	2012-13 年度 出席全體大會次數	
Mr Anthony WU Ting-yuk, GBS, JP <i>Chairman, HA</i> 胡定旭先生 醫院管理局主席	15/15	Chairman of plenary meetings, EC, EEC and HRC (<i>up to 24.10.2012</i>) 全體大會、行政委員會、緊急應變策導委員會及人力資源委員會 (<i>截至 2012 年 10 月 24 日</i>) 主席
Mr CHAN Bing-woon, SBS, JP 陳炳煥先生	14/15	Member of HRC, MTB and PCC; Chairman of HKRAC; HGC Member of Pamela Youde Nethersole Eastern Hospital 人力資源委員會、中央投標委員會及公眾投訴委員會成員；港島區域諮詢委員會主席；東區尤德夫人那打素醫院管治委員會成員
Mr William CHAN Fu-keung (<i>from 1.12.2012</i>) 陳富強先生 (<i>由 2012 年 12 月 1 日起</i>)	6/6	Member of HRC, MSDC and MTB (<i>from 20.12.2012</i>) 人力資源委員會、醫療服務發展委員會及中央投標委員會成員 (<i>由 2012 年 12 月 20 日起</i>)
Mr CHENG Yan-kee, JP 鄭恩基先生	13/15	Chairman of SSDC; Vice-Chairman of ITGC; Member of EC, EEC, MSDC and MTB; HGC Member of Yan Chai Hospital 支援服務發展委員會主席；資訊科技服務管治委員會副主席；行政委員會、緊急應變策導委員會、醫療服務發展委員會及中央投標委員會成員；仁濟醫院管治委員會成員
Ms CHIANG Lai-yuen, JP 蔣麗婉女士	5/15	Vice-Chairman of SSDC 支援服務發展委員會副主席
Ms Quince CHONG Wai-yan 莊偉茵女士	13/15	Member of HRC, MSDC, SAC (<i>from 25.10.2012</i>) and MTB (<i>from 28.6.2012</i>) 人力資源委員會、醫療服務發展委員會、職員上訴委員會 (<i>由 2012 年 10 月 25 日起</i>) 及中央投標委員會 (<i>由 2012 年 6 月 28 日起</i>) 成員
Prof FOK Tai-fai, SBS, JP (<i>up to 31.12.2012</i>) 霍泰輝教授 (<i>截至 2012 年 12 月 31 日</i>)	6/11	Chairman of MSDC (<i>up to 31.12.2012</i>); Member of EC, EEC and FC (<i>up to 31.12.2012</i>); HGC Member of Prince of Wales Hospital 醫療服務發展委員會主席 (<i>截至 2012 年 12 月 31 日</i>)；行政委員會、緊急應變策導委員會及財務委員會成員 (<i>截至 2012 年 12 月 31 日</i>)；威爾斯親王醫院管治委員會成員
Mr Ricky FUNG Choi-cheung, SBS, JP 馮載祥先生	12/15	Chairman of PCC; Member of ARC, EC and EEC 公眾投訴委員會主席；審計及風險管理委員會、行政委員會及緊急應變策導委員會成員
Mr Lester Garson HUANG, JP (<i>from 1.12.2012</i>) 黃嘉純先生 (<i>由 2012 年 12 月 1 日起</i>)	6/6	Member of ARC (<i>from 10.1.2013</i>), SSDC and MTB (<i>from 20.12.2012</i>); HGC Chairman of Our Lady of Maryknoll Hospital 審計及風險管理委員會 (<i>由 2013 年 1 月 10 日起</i>)、支援服務發展委員會及中央投標委員會成員 (<i>由 2012 年 12 月 20 日起</i>)；聖母醫院管治委員會主席

Name 姓名	No. of plenary meetings attended in 2012-13	Committee participation in 2012-13* 2012-13 年度參與的委員會*
	2012-13 年度 出席全體大會次數	
Mr Benjamin HUNG Pi-cheng, JP 洪丕正先生	8/15	Chairman of FC (from 16.1.2013); Vice-Chairman of FC (up to 15.1.2013); Member of EC and EEC (from 16.1.2013) 財務委員會主席(由2013年1月16日起); 財務委員會副主席(截至2013年1月15日); 行政委員會及緊急應變策導委員會成員(由2013年1月16日起)
Dr LAM Ping-yan, SBS, JP Director of Health (up to 12.6.2012) 林秉恩醫生 衛生署署長 (截至2012年6月12日)	2/2	Member of MSDC 醫療服務發展委員會成員
Dr Constance CHAN Hon-ye, JP Director of Health (from 13.6.2012) 陳漢儀醫生 衛生署署長 (由2012年6月13日起)	13/13	Member of MSDC 醫療服務發展委員會成員
Ms Ka-shi LAU, BBS 劉嘉時女士	9/15	Vice-Chairman of HRC; Member of ARC and MSDC; Chairman of NRAC 人力資源委員會副主席; 審計及風險管理委員會及醫療服務發展委員會成員; 新界區域諮詢委員會主席
Mr Andy LAU Kwok-fai 劉國輝先生	10/15	Member of PCC, MTB and SSDC 公眾投訴委員會、中央投標委員會及支援服務發展委員會成員
Mrs Yvonne LAW SHING Mo-han, JP 羅盛慕嫻女士	14/15	Member of HRC and MTB; Chairman of KRAC; HGC Chairman of Shatin Hospital 人力資源委員會及中央投標委員會成員; 九龍區域諮詢委員會主席; 沙田醫院管治委員會主席
Mr Lawrence LEE Kam-hung, JP 李金鴻先生	13/15	Chairman of ARC and MTB; Member of EC, EEC, FC and MSDC; HGC Chairman of Pamela Youde Nethersole Eastern Hospital and HGC Member of Grantham Hospital 審計及風險管理委員會及中央投標委員會主席; 行政委員會、緊急應變策導委員會、財務委員會及醫療服務發展委員會成員; 東區尤德夫人那打素醫院管治委員會主席; 葛量洪醫院管治委員會成員
Prof Hon Joseph LEE Kok-long, SBS, JP (up to 30.11.2012) 李國麟議員 (截至2012年11月30日)	7/9	Member of HRC, MSDC and MTB (up to 30.11.2012); HGC Member of Kwai Chung Hospital and Princess Margaret Hospital 人力資源委員會、醫療服務發展委員會及中央投標委員會成員(截至2012年11月30日); 葵涌醫院及瑪嘉烈醫院管治委員會成員
Mr John LEE Luen-wai, BBS, JP (up to 30.11.2012) 李聯偉先生 (截至2012年11月30日)	8/9	Chairman of FC (up to 30.11.2012); Member of EC and EEC (up to 30.11.2012); HGC Chairman of Queen Elizabeth Hospital 財務委員會主席(截至2012年11月30日); 行政委員會及緊急應變策導委員會成員(截至2012年11月30日); 伊利沙伯醫院管治委員會主席

Name 姓名	No. of plenary meetings attended in 2012-13	Committee participation in 2012-13* 2012-13 年度參與的委員會*
	2012-13 年度 出席全體大會次數	
Prof LEE Sum-ping 李心平教授	10/15	Member of PCC and MTB (from 28.6.2012); HGC Member of Queen Mary Hospital and Tsan Yuk Hospital 公眾投訴委員會及中央投標委員會 (由 2012 年 6 月 28 日起) 成員；瑪麗醫院及贊育醫院管治委員會成員
Prof Diana LEE Tze-fan (from 1.12.2012) 李子芬教授 (由 2012 年 12 月 1 日起)	6/6	Member of HRC, MSDC and MTB (from 20.12.2012); HGC Member of Cheshire Home, Shatin 人力資源委員會、醫療服務發展委員會及中央投標委員會成員 (由 2012 年 12 月 20 日起)；沙田慈氏護養院管治委員會成員
Ms Esther LEUNG Yuet-yin, JP Deputy Secretary for Financial Services and the Treasury (from 2.4.2012) 梁悅賢女士 財經事務及庫務局副秘書長 (由 2012 年 4 月 2 日起)	15/15	Member of FC and MSDC 財務委員會及醫療服務發展委員會成員
Mrs Margaret LEUNG KO May-yee, SBS, JP 梁高美懿女士	13/15	Member of FC and MTB (from 28.6.2012); HGC Member of Queen Mary Hospital and Tsan Yuk Hospital 財務委員會及中央投標委員會 (由 2012 年 6 月 28 日起) 成員；瑪麗醫院及贊育醫院管治委員會成員
Dr LEUNG Pak-yin, JP Chief Executive, HA 梁栢賢醫生 醫院管理局行政總裁	15/15	Chairman of ITGC; Member of EC, EEC, FC, HRC, MTB, MSDC, SSDC, all RACs and HGCs 資訊科技服務管治委員會主席；行政委員會、緊急應變策導委員會、財務委員會、人力資源委員會、中央投標委員會、醫療服務發展委員會、支援服務發展委員會、各區域諮詢委員會及各醫院管治委員會成員
Dr LI Chi-kong, JP 李志光醫生	12/15	Member of HRC, MSDC (from 19.4.2012) and MTB (from 28.6.2012); HGC Member of Hong Kong Red Cross Blood Transfusion Service 人力資源委員會、醫療服務發展委員會 (由 2012 年 4 月 19 日起) 及中央投標委員會 (由 2012 年 6 月 28 日起) 成員；香港紅十字會輸血服務中心管治委員會成員
Dr Donald LI Kwok-tung, SBS, JP (up to 30.11.2012) 李國棟醫生 (截至 2012 年 11 月 30 日)	7/9	Vice-Chairman of ARC and MSDC 審計及風險管理委員會及醫療服務發展委員會副主席
Mr David LIE Tai-chong, SBS, JP 李大壯先生	4/15	Member of ARC, MSDC and MTB (from 28.6.2012) 審計及風險管理委員會、醫療服務發展委員會及中央投標委員會 (由 2012 年 6 月 28 日起) 成員
Mr Patrick MA Ching-hang, BBS, JP 馬清鏗先生	15/15	Chairman of HRC (from 25.10.2012); Vice-Chairman of HRC (up to 24.10.2012); Member of ARC, EC and EEC (from 25.10.2012) and FC; HGC Chairman of Tai Po Hospital; HGC Member of Tung Wah Group of Hospitals 人力資源委員會主席 (由 2012 年 10 月 25 日起)；人力資源委員會副主席 (截至 2012 年 10 月 24 日)；審計及風險管理委員會、行政委員會、緊急應變策導委員會 (由 2012 年 10 月 25 日起) 及財務委員會成員；大埔醫院管治委員會主席；東華三院管治委員會成員

Name 姓名	No. of plenary meetings attended in 2012-13	Committee participation in 2012-13* 2012-13 年度參與的委員會*
	2012-13 年度 出席全體大會次數	
Miss Winnie NG 伍穎梅女士	11/15	Member of SSDC and MTB (from 28.6.2012); HGC Member of Queen Elizabeth Hospital 支援服務發展委員會及中央投標委員會 (由 2012 年 6 月 28 日起) 成員；伊利沙伯醫院管治委員會成員
Mr PANG Yiu-kai, SBS, JP 彭耀佳先生	13/15	Member of FC, MSDC and MTB (from 28.6.2012) 財務委員會、醫療服務發展委員會及中央投標委員會 (由 2012 年 6 月 28 日起) 成員
Mr WONG Kwai-huen, JP (from 1.12.2012) 王桂堯先生 (由 2012 年 12 月 1 日起)	6/6	Member of FC (from 10.1.2013), SSDC, MTB (from 20.12.2012) and PCC (from 27.12.2012) 財務委員會 (由 2013 年 1 月 10 日起)、支援服務發展委員會、中央投標委員會 (由 2012 年 12 月 20 日起) 及公眾投訴委員會 (由 2012 年 12 月 27 日起) 成員
Prof Maurice YAP Keng-hung 葉健雄教授	14/15	Chairman of MSDC (from 16.1.2013); Vice-Chairman of MTB; Member of ARC, EC, EEC (from 16.1.2013) and HRC 醫療服務發展委員會主席 (由 2013 年 1 月 16 日起)；中央投標委員會副主席；審計及風險管理委員會、行政委員會、緊急應變策導委員會 (由 2013 年 1 月 16 日起) 及人力資源委員會成員
Mr Richard YUEN Ming-fai, JP Permanent Secretary for Health 袁銘輝先生 食物及衛生局常任秘書長 (衛生)	15/15	Member of EEC, FC, HRC, MSDC and SSDC 緊急應變策導委員會、財務委員會、人力資源委員會、醫療服務發展委員會及支援服務發展委員會成員

* Note:

Apart from the principal officer (the Hospital Authority Chief Executive), other members are not remunerated in the capacity as Board members. They discharge the role of governance of the Authority through formulating policies and directions and overseeing executive performance at Board meetings, as well as taking part in steering the work of various committees of the Authority including:

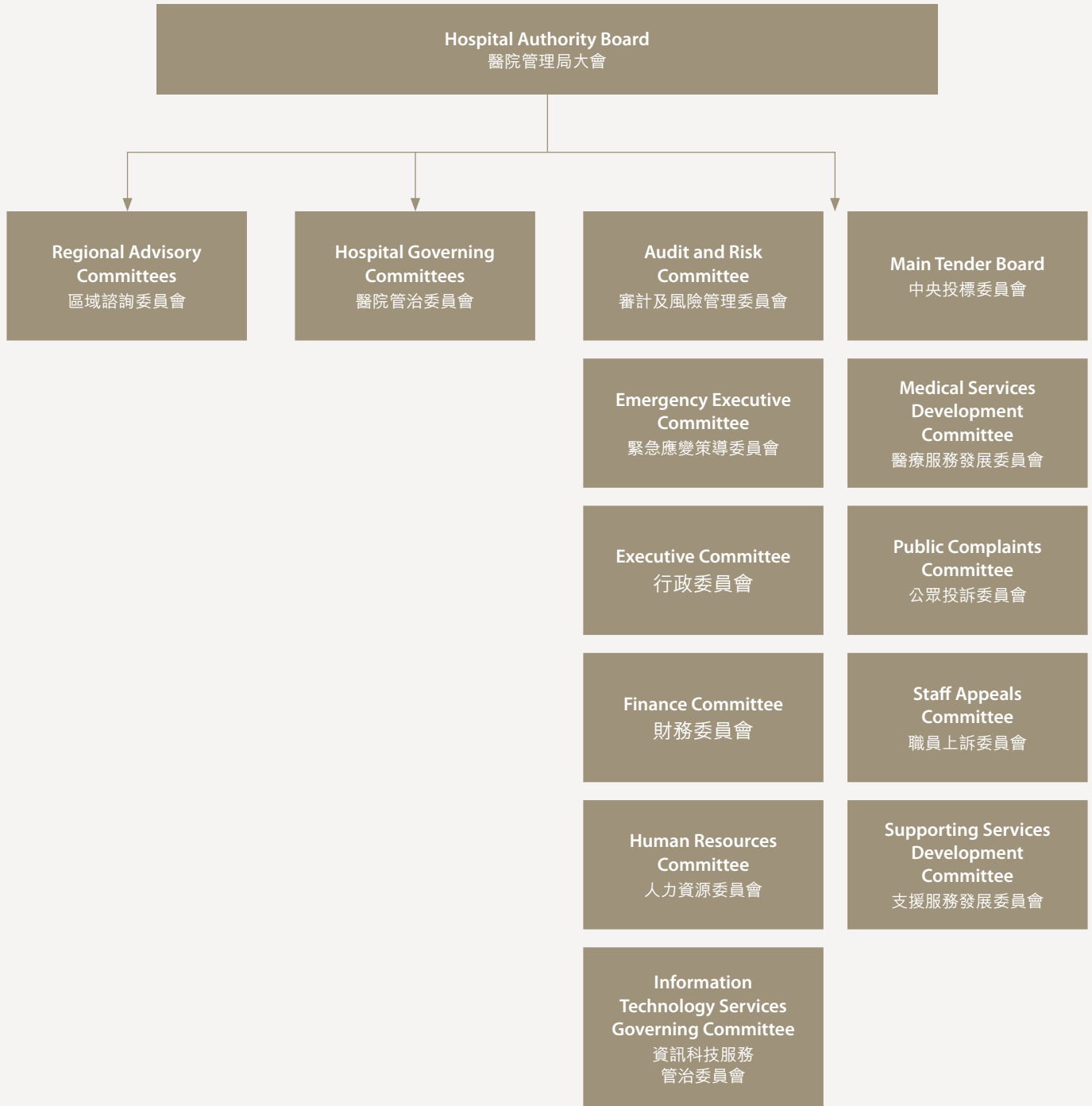
- ARC - Audit and Risk Committee
- EC - Executive Committee
- EEC - Emergency Executive Committee
- FC - Finance Committee
- HGC - Hospital Governing Committee
- HRAC - Regional Advisory Committee of Hong Kong
- HRC - Human Resources Committee
- ITGC - Information Technology Services Governing Committee
- KRAC - Regional Advisory Committee of Kowloon
- MSDC - Medical Services Development Committee
- MTB - Main Tender Board
- NRAC - Regional Advisory Committee of New Territories
- PCC - Public Complaints Committee
- SAC - Staff Appeals Committee
- SSDC - Supporting Services Development Committee

* 註：

除主要行政人員 (醫院管理局行政總裁) 外，其他成員均沒有因大會成員的身份而領取任何薪酬。大會成員透過在全體會議上制訂政策／路向、監察管理層的工作成效，以及指導醫管局專責委員會的工作，一同參與醫管局的管治。

Hospital Authority Committee Structure

醫院管理局委員會架構



Note: Membership lists of various committees are listed in Appendices 3, 4 and 5.
註：各委員會成員名單載於附錄3、4及5。

Hospital Authority Executive Structure

醫院管理局行政架構



Membership and Terms of Reference of Functional Committees

專責委員會成員及職權範圍

Audit and Risk Committee

審計及風險管理委員會

Membership List

成員名單

Chairman 主席	:	Mr Lawrence LEE Kam-hung, JP 李金鴻先生
Vice-Chairman 副主席	:	Dr Donald LI Kwok-tung, SBS, JP (<i>upto 30.11.2012</i>) 李國棟醫生 (截至2012年11月30日)
Members 成員	:	Mr Ricky FUNG Choi-cheung, SBS, JP 馮載祥先生 Mr Lester Garson HUANG, JP (<i>from 10.1.2013</i>) 黃嘉純先生 (由2013年1月10日起) Ms Ka-shi LAU, BBS 劉嘉時女士 Mr David LIE Tai-chong, SBS, JP 李大壯先生 Mr Patrick MA Ching-hang, BBS, JP 馬清鏗先生 Ms Estella NG Yi-kum 伍綺琴女士 Prof Maurice YAP Keng-hung 葉健雄教授 Mr Paul YU Shiu-tin, BBS, JP 余嘯天先生
In attendance 列席	:	Mr Richard YUEN Ming-fai, JP, <i>Permanent Secretary for Health</i> 袁銘輝先生 (食物及衛生局常任秘書長 (衛生)) Dr LEUNG Pak-yin, JP, <i>Chief Executive</i> 梁栢賢醫生 (行政總裁)

Terms of Reference

1. Exercise an active oversight of the internal audit function to ensure that its:
 - (a) mandate, resources and organisational status are appropriate;
 - (b) plans and activities are adequate to provide systematic coverage of the internal control and risk management systems put in place by the Management; and
 - (c) findings are actioned appropriately and timely;
2. Recommend the appointment of the external auditor and the audit fee to the Board, endorse any non-audit services to be provided by the external auditor, and consider any questions of resignation or dismissal;
3. Consult with the External Auditor on all relevant matters including the:
 - (a) nature and scope of the audit;
 - (b) audited financial statements and the audit opinion;
 - (c) management letter and management's response; and
 - (d) matters of which the External Auditor may wish to draw attention;

職權範圍

1. 積極監察醫院管理局 (醫管局) 的內部審計職能，以確保：
 - (a) 其職責範圍、資源及組織狀況適切恰當；
 - (b) 其計劃及活動足以有系統地涵蓋局方所訂立的內部規管及風險管理制度；及
 - (c) 能就審計所得結果採取適當及時的行動；
2. 就外聘核數師的委任及審計費用，向醫管局大會作出建議；批准由外聘核數師提供任何非審計服務；並審議任何有關請辭或解聘事宜；
3. 就所有有關事項諮詢外聘核數師，包括：
 - (a) 審計評核的性質和範圍；
 - (b) 經審計的每年財務報表及審計意見；
 - (c) 核數師致管理層的函件及管理層的回應；及
 - (d) 外聘核數師提出的任何事項；

4. Gain reasonable assurance on the completeness, accuracy, and fairness of audited financial statements, including appropriateness of accounting policies and standards, adequacy of disclosures and significant audit adjustments (in collaboration with the Finance Committee);
5. Oversee the effectiveness of systems for risk management and internal control, including:
 - (a) periodic review of:
 - (i) Hospital Authority's policies and process for the identification, assessment and prioritisation of risk;
 - (ii) the Hospital Authority Risk Framework including reports on the enterprise wide risk profile; and
 - (iii) significant risk issues reported to it by the Chief Executive;
 - (b) monitoring Hospital Authority's financial and administrative control processes, including those designed to ensure the safeguarding of resources and operational efficiency, through the results of internal and external audit;
6. Oversee the processes implemented by the Management for monitoring:
 - (a) compliance with pertinent statutes and regulations;
 - (b) compliance with Hospital Authority's Code of Conduct;
 - (c) effectiveness of controls against conflicts of interest and fraud; and
 - (d) effectiveness of Hospital Authority's whistleblowing mechanism.

Note: It should be noted that although the functions of the Audit and Risk Committee cover a wide area, matters that are of a pure clinical nature (such as medical ethics) are not within its purview.

Focus of Work in 2012-13

The Audit Committee reviewed and endorsed the proposed revisions to its Terms of Reference (TOR) and the associated proposed change of name of the Committee to Audit and Risk Committee to reflect its wider scope in overseeing HA's risk activities and processes as recommended by an external consultant on the Review of HA's Corporate Governance Practices. The revised TOR and change of name of the Committee were approved by the HA Board in October 2012.

In 2012-13, the Committee held six regular meetings with every meeting considering a planned agenda to cover the Committee's Terms of Reference. One of the meetings was held to review the identified key enterprise-wide risks facing the HA in 2013 and the planned mitigation actions for them.

To exercise an active oversight of the internal audit function, the Committee approved the Annual Internal Audit Plan for 2012-13 and directly received quarterly progress reports from the Chief Internal Auditor on completed audit results and follow-up actions. The internal audits reviewed during the year included "High Risk Medications", "Orientation and Support for New Staff", "Waiting Time Management for Key Services", "Mixed Gender Wards", "Examination Leave and Examination Fees", "Revenue Sharing Arrangement – Hong Kong Eye Hospital", "Measurement of Accident & Emergency Waiting Times", "Provision of Day Surgery", "Operating Hours for Computerised Tomography / Magnetic Resonance Imaging", "Waiting Time Management – Specialist Outpatient Clinic", "Honorary Appointments System" and "Strategic Workforce Planning". In the area of external audit, the Committee reviewed the external auditor's Audit Strategy Memorandum, including their audit risk assessment and work plan. Subsequently, the Committee received and discussed their audit opinion on HA's financial statements in a joint meeting with the Finance Committee.

4. (聯同財務委員會)就經審計的每年財務報表，包括其會計政策及準則的適切性、披露資料的充分程度，以及重大審計調整等方面取得合理憑證，確保完整、準確及公平；
5. 監察風險管理及內部規管機制的成效，包括：
 - (a) 定期檢討：
 - (i) 醫管局的風險識別、評估及排序政策和程序；
 - (ii) 醫管局的風險框架，包括機構風險概況報告；及
 - (iii) 行政總裁向委員會匯報的重大風險事宜；
 - (b) 透過內部及外部的審計評核結果，監察醫管局的財務及行政規管程序，包括確保資源及運作效率的有關程序；
6. 監察醫管局用以管控以下所訂立的程序：
 - (a) 對有關法例及規例的遵循；
 - (b) 對醫管局行為守則的遵循；
 - (c) 對利益衝突及欺詐行為的規管成效；及
 - (d) 醫管局舉報機制的成效。

註：雖然審計及風險管理委員會的職能涵蓋廣泛，惟其權限並不包括純屬醫療性質之事宜(例如醫療倫理)。

2012-13 年度工作概況

審計委員會因應外部顧問於醫管局機構管治檢討報告中提出的建議，審閱並通過了職權範圍的建議修訂，亦相應通過易名為「審計及風險管理委員會」的建議，以反映其監察醫管局整體風險事宜與管控程序的職責。經修訂的職權範圍及新名稱於2012年10月由醫管局大會通過。

在2012-13年度，委員會共召開六次會議，討論根據其職權範圍而訂定的議程，其中一次會議是審閱醫管局整體層面上預期於2013年面對的主要風險及擬訂防範措施。

為積極監察醫管局的內部審計功能，委員會批核了2012-13年度的內部審計計劃，並直接收閱總內部審計師有關已完成審計結果及跟進行動的季度報告。年內經評核的內部審計包括「高風險藥物」、「新入職員工的迎新及支援」、「主要服務的輪候時間管理」、「男女混合病房」、「考試休假及費用資助安排」、「香港眼科醫院的收益分配安排」、「急症室輪候時間計算方式」、「日間手術服務」、「電腦掃描／磁力共振服務時間」、「專科門診診所輪候時間管理」、「名譽委任制度」及「人手策略規劃」等。由外聘核數師進行的審計方面，委員會審核了外聘核數師的審計策略備忘錄，包括有關審計的風險評估及審計工作計劃。委員會其後與財務委員會一同開會，收閱及討論外聘核數師對醫管局財務報表的審核意見。

The Committee considered accountability reports from responsible subject officers to monitor the financial and administrative control processes in place such as measures to minimise unplanned readmission for high-risk elderly patients in medical departments, measures to address manpower shortages and the backlog of building maintenance / engineering equipment maintenance, and measures to enhance the safe use of high risk medications. The Committee also reviewed an Assignment Report on HA's procurement of drugs compiled by the Corruption Prevention Department of the Independent Commission Against Corruption, implementation of the recommendations of the Director of Audit's Report on HA's Public-Private-Partnership programmes, and a report on follow-up actions from the Ombudsman's Report on Non-Emergency Ambulance Transfer Service. The Committee considered progress updates on risk management for the electronic Health Record Projects, information technology risks on breach of confidentiality / privacy, Patient Billing development and implementation, as well as HA's preparedness and contingency responses to disasters and major infectious diseases outbreaks.

審計委員會亦審議不同專責人員提交的問責報告，以監察現行的財務及行政規管程序，如減少內科高危長者病人未經預先安排再入院的措施、應對人手緊絀及建築物維修／工程設備維修積壓項目的措施，以及加強高風險藥物使用安全的措施。委員會亦審閱廉政公署就醫管局藥物採購程序發出的防貪審查報告、審計署署長就醫管局公私營協作項目報告所作建議的實行情況，以及申訴專員公署就非緊急救護運送服務所作報告的跟進報告，並審議電子健康記錄計劃風險管理、資訊科技機密／私隱資料外洩風險、病人帳務及收費系統發展及執行，以及醫管局災難及大型傳染病應變計劃的進展報告。

Executive Committee

行政委員會

Membership List

成員名單

Chairman 主席	:	Mr Anthony WU Ting-yuk, GBS, JP 胡定旭先生
Member 成員	:	Mr CHENG Yan-kee, JP 鄭恩基先生
	:	Prof FOK Tai-fai, SBS, JP (up to 31.12.2012) 霍泰輝教授 (截至2012年12月31日)
	:	Mr Ricky FUNG Choi-cheung, SBS, JP 馮載祥先生
	:	Mr Benjamin HUNG Pi-cheng, JP (from 16.1.2013) 洪丕正先生 (由2013年1月16日起)
	:	Mr Lawrence LEE Kam-hung, JP 李金鴻先生
	:	Mr John LEE Luen-wai, BBS, JP (up to 30.11.2012) 李聯偉先生 (截至2012年11月30日)
	:	Dr LEUNG Pak-yin, JP, Chief Executive 梁栢賢醫生行政總裁
	:	Mr Patrick MA Ching-hang, BBS, JP (from 25.10.2012) 馬清鏗先生 (由2012年10月25日起)
	:	Prof Maurice YAP Keng-hung (from 16.1.2013) 葉健雄教授 (由2013年1月16日起)

Terms of Reference

1. Consider key matters and overall policies and directions on long-term strategy and planning, risk management, corporate governance, performance management and succession planning, and facilitate the Board in discharging its responsibilities in this regard;
2. Advise on Board meeting agenda items proposed by the Management including an annual forward looking agenda and key matters raised by Functional Committee Chairmen;
3. Serve as a forum for the HA Chairman, Functional Committee Chairmen and the HA Chief Executive to consider major matters relating to the leadership and oversight of the HA;
4. Advise on changes to Board and Functional Committee structure and processes including the respective terms of reference; oversee their annual self-assessments; and advise the Board on the appointment of chairmen, vice-chairmen and co-opted members of the Functional Committees;
5. Advise the Board on the organisation structure and functions of the HA Head Office and its Divisions;
6. Exercise powers delegated by the Board on the following staff matters:
 - (a) Advise the Board on the appointment, remuneration changes, contract variation of the Chief Executive;
 - (b) Advise the Board on the appointment of Cluster Chief Executives and Directors of Divisions;
 - (c) Approve contract renewal, remuneration changes and contract variation as well as lateral transfer/job rotation of Cluster Chief Executives and Directors of Divisions;
 - (d) Approve the appointment, contract renewal, remuneration changes and contract variation as well as lateral transfer/job rotation of Hospital Chief Executives and Heads of Divisions; and

職權範圍

1. 審議有關長遠策略規劃、風險管理、機構管治、績效管理及繼任規劃的重要事宜及整體政策方針，並協助醫院管理局(醫管局)大會履行這方面的職責；
2. 就管理人員建議的醫管局大會會議議程提供意見，包括每年的預設議程及專責委員會主席提出的重要事宜；
3. 討論有關領導及監察醫管局工作的重大事宜；
4. 就大會及專責委員會的架構及程序(包括職權範圍)的變動提供意見、監察其自我評核，以及就專責委員會主席、副主席及增選成員的委任向大會提供意見；
5. 就醫管局總辦事處及其部門的組織架構及職能，向大會提供意見；
6. 就以下的職員事宜，行使醫管局大會授予的權力：
 - (a) 就行政總裁的聘任、薪酬及合約變動事宜，向大會提供意見；
 - (b) 就聯網總監及部門總監的聘任，向大會提供意見；
 - (c) 審批聯網總監及部門總監的續約、薪酬與合約變動及同級調職／職位輪調事宜；
 - (d) 審批醫院行政總監及部門主管的聘任、續約、薪酬與合約變動及同級調職／職位輪調事宜；及

- (e) Review the performance of Chief Executive, Directors, Heads of Division and Cluster Chief Executives;
- 7. Convene as the Emergency Executive Committee (EEC) in accordance with HA's Emergency Contingency Plan (supplemented by a senior Food & Health Bureau official when meeting as EEC).

Focus of Work in 2012-13

In 2012-13, the role and Terms of Reference of the Executive Committee were revisited and enhanced to serve as a bridge between the HA Board and other Functional Committees. Its responsibilities in long-term planning, risk management, corporate governance, performance management, succession planning, Board agenda setting, oversight of committee structure/processes, and staff matters were also restructured and strengthened.

During the year, the Committee met eight times to discuss or approve 29 papers (including one through circulation). Topics considered included appointment and remuneration matters of senior executives and those of chiefs of clusters and hospitals, career posting and succession of senior executives, findings and recommendations of the Corporate Governance Review, the HA Strategic Plan 2012-2017, revision of fees and charges, submissions for and results of the Capital Works Resource Allocation Exercise, membership of HA Committees and Hospital Governing Committees, proposals on declaration of interests by Board Members, and self-assessment of HA Board & Committees, etc.

- (e) 檢討行政總裁、總監、部門主管及聯網總監的工作表現；
- 7. 根據醫管局緊急應變計劃召開「緊急應變策導委員會」。(如召開「緊急應變策導委員會」，則需增補一名食物及衛生局的高級官員。)

2012-13 年度工作概況

2012-13 年度，行政委員會檢討並加強其角色及職權範圍，擔任醫管局大會與其他專責委員會之間的橋樑，並重整和鞏固在長遠規劃、風險管理、機構管治、績效管理、繼任規劃、醫管局大會議程安排、監察委員會架構／程序以及職員人事事宜等方面的責任。

年內，委員會共召開八次會議，討論或通過 29 份文件（包括一份傳閱文件），內容包括高級行政人員和聯網及醫院主管的聘任及薪酬事宜、高級行政人員調任安排及繼任規劃、機構管治檢討結果及建議、醫管局 2012 至 2017 年策略計劃、服務收費調整、基本工程計劃撥款申請及結果、醫管局各委員會及醫院管治委員會成員名單、醫管局大會成員利益申報建議，以及醫管局大會及委員會的自我檢討安排等。

Emergency Executive Committee

緊急應變策導委員會

Membership List

成員名單

- Chairman** : Mr Anthony WU Ting-yuk, GBS, JP
 主席 (In his absence, the Emergency Executive Committee chairmanship should be elected among its standing members)
 胡定旭先生
 (主席不在時，緊急應變策導委員會的主席應自常任成員中選出)
- Members** : Mr CHENG Yan-kee, JP
 成員 鄭恩基先生
- : Prof FOK Tai-fai, SBS, JP (up to 31.12.2012)
 霍泰輝教授 (截至2012年12月31日)
- Mr Ricky FUNG Choi-cheung, SBS, JP
 馮載祥先生
- Mr Benjamin HUNG Pi-cheng, JP (from 16.1.2013)
 洪丕正先生 (由2013年1月16日起)
- Mr Lawrence LEE Kam-hung, JP
 李金鴻先生
- Mr John LEE Luen-wai, BBS, JP (up to 30.11.2012)
 李聯偉先生 (截至2012年11月30日)
- Dr LEUNG Pak-yin, JP, Chief Executive (In his absence, the Deputising CE)
 梁栢賢醫生行政總裁 (行政總裁不在時，由代理行政總裁出任)
- Mr Patrick MA Ching-hang, BBS, JP (from 25.10.2012)
 馬清鏗先生 (由2012年10月25日起)
- Miss Janice TSE Siu-wa, JP (representing the Permanent Secretary for Health)
 謝小華女士 [代表食物及衛生局常任秘書長 (衛生)]
- Prof Maurice YAP Keng-hung (from 16.1.2013)
 葉健雄教授 (由2013年1月16日起)

Note: The Emergency Executive Committee (EEC) was set up by the Board on 15 January 2004. It will automatically be called into action when the HA activates the Tier-three Strategic Response to a major incident, which is defined as an incident with prolonged and territory-wide implications, such as the Serious Level (S2) or Emergency Level Response (E1 and E2) to influenza pandemic.

註：緊急應變策導委員會於2004年1月15日由醫管局大會成立。當發生重大事故，即對全香港有持續及大範圍影響的事故，例如對流感爆發的嚴重級別(S2)或緊急級別(E1及E2)應變，醫管局須啟動第三層策略應變，委員會即展開運作。

Terms of Reference

- To act for the Hospital Authority Board and exercise its powers and functions, including:
 - altering, amending or overriding existing Hospital Authority policies, standards, guidelines and procedures; and
 - the establishment of sub-committees or task forces to tackle particular matters at hand;
- To identify the objectives and assess the risks facing Hospital Authority in the emergency situation;
- To approve the strategies and policies for managing the emergency formulated by the Hospital Authority Central Command Committee, and monitor implementation progress in all HA hospitals and institutions;
- To coordinate activities of the other Hospital Authority committees including Hospital Governing Committees;
- To ensure effective communication of clear and concise messages to key stakeholders, including staff, patients, Government and the public; and
- To be accountable to the Authority Board and the making of regular reports to Hospital Authority Members as soon as practicable.

職權範圍

- 代表醫院管理局大會運作，並行使其權力及職能，包括：
 - 對現有醫院管理局政策、標準、指引及程序作出更改、修訂或否決；及
 - 設立小組委員會或專責小組處理具體事項；
- 為醫院管理局面對的緊急情況，鑑辨目標及評估風險；
- 批核醫院管理局中央指揮委員會所制訂的緊急應變策略和方針，並監察所有醫院管理局醫院及機構的執行進度；
- 統籌其他醫院管理局委員會，包括醫院管治委員會的行動；
- 確保與主要利益相關各方(包括職員、病人、政府及市民)的訊息溝通有效、清晰而簡潔；及
- 須向醫院管理局大會負責，並於可行範圍內盡快向醫院管理局大會成員報告。

Focus of Work in 2012-13

In 2012-13, the Emergency Executive Committee met twice in response to a confirmed case of human H5 (Avian) influenza infection. At the meeting on 5 June 2012, the Committee was briefed on the chronology and latest position of the situation after the confirmation of an imported case of human H5 (Avian) influenza infection and the activation of the Serious Response Level (S2). Members noted the actions taken or to be taken by HA, including activation of HA Head Office's Major Incident Control Centre; communication with cluster hospitals on immediate alert and responses; management of the index case; contact tracing; as well as other coordination work with the Government.

At its meeting on 14 June 2012, the Committee was briefed on the development and latest update of the situation. Members noted that HA would maintain its actions under the S2 response level, including corresponding risk management measures, surveillance and epidemiological investigations, infection control measures, Personal Protection Equipment, and internal and external communication. Members also noted the anticipated stand down of the S2 response level if the situation remained uneventful.

On 22 June 2012, the Government lowered the influenza response level from "Serious" to "Alert" Response Level. Following the Government's decision, HA lowered the response level from "Serious (S2)" to "Alert" effective on 22 June 2012 and the Committee was deactivated effective on the same day accordingly.

2012-13 年度工作概況

在2012-13年度，緊急應變策導委員會召開兩次會議，以處理一宗人類H5流感(禽流感)感染確診個案。在2012年6月5日的會議上，委員會聽取了一宗外地傳入人類H5流感(禽流感)確診個案並啟動嚴重應變級別(S2)的時序發展和最新情況。成員獲悉醫管局已經及將會採取的措施，包括啟動醫管局總辦事處重大事故控制中心、知會聯網醫院有關戒備及應變的最新情況、首宗確診個案的管理事宜、追蹤接觸個案，以及處理其他與政府協調的工作。

於2012年6月14日的會議上，委員會聽取了事件的發展經過及最新情況，獲悉醫管局會繼續按嚴重應變級別(S2)採取相應措施，包括有關的風險管理措施、傳染病監察及調查、感染控制措施、個人保護裝備及對內和對外溝通。同時，成員亦知悉當情況穩定後將會調低應變級別。

政府於2012年6月22日將流感大流行應變級別從「嚴重」調低至「戒備」，醫管局亦隨即將應變級別從「嚴重(S2)」調低至「戒備」，即日生效。因此，委員會於同日解散。

Finance Committee

財務委員會

Membership List

成員名單

- Chairman** : Mr Benjamin HUNG Pi-cheng, JP (from 16.1.2013)
主席 洪丕正先生 (由 2013 年 1 月 16 日起)
Mr John LEE Luen-wai, BBS, JP (up to 30.11.2012)
李聯偉先生 (截至 2012 年 11 月 30 日)
- Vice-Chairman** : Mr Benjamin HUNG Pi-cheng, JP (up to 15.1.2013)
副主席 洪丕正先生 (截至 2013 年 1 月 15 日)
- Members** : Prof FOK Tai-fai, SBS, JP (up to 31.12.2012)
成員 霍泰輝教授 (截至 2012 年 12 月 31 日)
Mr Lawrence LEE Kam-hung, JP
李金鴻先生
Ms Esther LEUNG Yuet-yin, JP (from 2.4.2012) /
Ms Karyn CHAN (representing the Secretary for Financial Services and the Treasury)
梁悅賢女士 (由 2012 年 4 月 2 日起) /
陳靜婉女士 [代表財經事務及庫務局局長]
Mrs Margaret LEUNG KO May-yee, SBS, JP
梁高美懿女士
Dr LEUNG Pak-yin, JP, Chief Executive
梁栢賢醫生行政總裁
Mr Patrick MA Ching-hang, BBS, JP
馬清鏗先生
Mr PANG Yiu-kai, SBS, JP
彭耀佳先生
Miss Janice TSE Siu-wa, JP (representing the Permanent Secretary for Health)
謝小華女士 [代表食物及衛生局常任秘書長 (衛生)]
Mr Michael N SOMERVILLE (up to 30.11.2012)
Mr Michael N SOMERVILLE (截至 2012 年 11 月 30 日)
Mr WONG Kwai-huen, JP (from 10.1.2013)
王桂壙先生 (由 2013 年 1 月 10 日起)

Terms of Reference

1. Advise and make recommendations on the financial aspects of the Hospital Authority Corporate Plan and Annual Plan;
2. Advise and make recommendations on the financial planning, control, performance, monitoring and reporting aspect of the Hospital Authority;
3. Advise on policy guidelines for all financial matters, including investment, business and insurance;
4. Advise and make recommendations on the resource allocation policies;
5. Advise and recommend to the Hospital Authority on the financial statements (audited and unaudited) of the Hospital Authority;
6. Liaise with the Trustees of the Hospital Authority Provident Fund Scheme and made recommendations to the Hospital Authority;
7. Monitor the financial position of the Hospital Authority; and
8. Consider periodically matters relating to risk, risk management and risk mitigation relevant to finance operations and other relevant areas contributing to the financial risk profile of Hospital Authority.

職權範圍

1. 就醫院管理局 (醫管局) 整體發展計劃及周年工作計劃的財務方面，提供意見及作出建議；
2. 就醫管局的財政規劃、規管、表現、監察及匯報等方面，提供意見及作出建議；
3. 就所有財務事宜，包括投資、業務及保險的政策指引，提供意見；
4. 就資源分配政策提供意見及作出建議；
5. 就醫管局的每年財務報表 (經審核及未經審核)，向醫管局提供意見及作出建議；
6. 與醫管局公積金計劃的信託人聯繫，並向醫管局作出建議；
7. 監察醫管局的財政狀況；及
8. 就醫管局財務運作及其他引致財務風險的範疇，定期審議相關的風險、風險管理及風險緩減事宜。

Focus of Work in 2012-13

In July 2012, the Finance Committee revised its Terms of Reference (TOR) by including matters relating to risk management and mitigation measures as follow-up actions to the recommendations of the external consultant's review of HA's Corporate Governance Practices. The updated TOR of the Committee was approved by the HA Board in October 2012.

To assist the HA Board in ensuring proper stewardship and effective use of public funds, the Committee met five times in 2012-13 to advise and make recommendations to the Board on various finance related matters for the Authority. Key focus of the Committee in 2012-13 were broadly summarised as follows:

- (a) In support of corporate strategy formulation and policies development of HA, the Committee considered a review of Government funding arrangement for three years from 2013-14 to 2015-16, and the progress on the continuous refinement of HA's internal resource allocation system with a view to developing a measure that better reflects resource needs from a total patient journey perspective, as well as the updates on insurance approach and direction for 2013-14.
- (b) Dovetailing with HA's service and resource planning process, the Committee considered the proposed 2013-14 HA budget and resource allocation. It also reviewed the financial risk assessment and the Annual Work Plan of the Finance Division for 2013-14.
- (c) On accountability reporting and monitoring of HA's financial position, the Committee reviewed HA's draft audited financial statements for 2011-12. Besides, it also considered the 2011-12 audited financial statements for a number of designated programmes undertaken by HA, including the electronic Health Record Programme development, the Samaritan Fund, the Community Care Fund Medical Assistance Programme and the HA Charitable Foundation. In addition to receiving monthly financial reports during the year, the Committee also considered a mid-year financial review of HA together with the unaudited financial statements for the six months ended 30 September 2012.
- (d) The Committee received regular Treasury Panel (TP)'s progress update on HA's treasury operations and management, which included the report for the Internal Controls Review of HA's treasury operations conducted by the external consultants in March 2013. The Report revealed that HA has a well-established control framework and risk management mechanism to govern its treasury functions. Apart from TP's progress report, an update on the development of its next generation of Patient Billing System was also provided to the Committee. Last but not least, to better support capacity building for the Finance function, the Committee considered the progress of various staff development initiatives for the Finance workforce.

2012-13 年度工作概況

財務委員會在2012年7月修訂其職權範圍，因應外部顧問就醫管局機構管治檢討所作的建議，加入有關風險管理及緩減措施的內容。委員會修訂後的職權範圍於2012年10月經醫管局大會通過。

為協助醫管局大會妥善督導和有效運用公帑，委員會在2012-13年度共召開五次會議，就醫管局的多項財務相關事宜，向大會提供意見及作出建議。委員會於2012-13年度的工作重點概述如下：

- (a) 為支援醫管局制訂整體策略及政策，委員會審議2013-14至2015-16政府三年撥款安排的檢討；優化醫管局內部資源分配機制的進展，以病人的整體醫療過程所需之資源作基礎，訂立一套更有效反映資源需求的計算模式；以及重新修訂2013-14年度的投保模式及方針。
- (b) 委員會亦配合醫管局的服務及資源規劃進程，審議醫管局2013-14年度預算及資源分配建議，並審閱財務部2013-14年度的財務風險評估及年度工作計劃。
- (c) 在問責報告及監察醫管局財務狀況方面，委員會審閱醫管局2011-12年度的經審核財務報表擬本，亦審議醫管局推行的若干指定計劃2011-12年經審核財務報表，包括電子健康紀錄系統開發計劃、撒瑪利亞基金、關愛基金醫療援助計劃，以及醫院管理局慈善基金。除年內每月收閱財務報告外，委員會亦審議醫管局的年中財政檢討及截至2012年9月30日止六個月未經審核的財務報表。
- (d) 委員會定期收閱庫務小組就醫管局庫務運作及管理提交的進度報告，包括外部顧問於2013年對醫管局庫務運作進行的內部管控檢討報告。根據該份報告，醫管局設有完善的管控架構和風險管理機制，以管理其庫務職能。除庫務小組的進度報告外，委員會亦收閱新一代病人帳務系統的開發進度報告。最後，為加強協助財務部提升工作能力，委員會亦審議各項財務人員培訓措施的進度。

Human Resources Committee

人力資源委員會

Membership List

成員名單

- Chairman**
主席
- : Mr Patrick MA Ching-hang, BBS, JP (from 25.10.2012)
馬清鏗先生 (由 2012 年 10 月 25 日起)
- Mr Anthony WU Ting-yuk, GBS, JP (up to 24.10.2012)
胡定旭先生 (截至 2012 年 10 月 24 日)
- Vice-Chairman**
副主席
- : Mr Patrick MA Ching-hang, BBS, JP (up to 24.10.2012)
馬清鏗先生 (截至 2012 年 10 月 24 日)
- Ms Ka-shi LAU, BBS
劉嘉時女士
- Members**
成員
- : Mr CHAN Bing-woon, SBS, JP
陳炳煥先生
- Mr William CHAN Fu-keung (from 20.12.2012)
陳富強先生 (由 2012 年 12 月 20 日起)
- Ms Quince CHONG Wai-yan
莊偉茵女士
- Mr Billy KONG Churk-hoi, BBS, JP
江焯開先生
- Mrs Yvonne LAW SHING Mo-han, JP
羅盛慕嫻女士
- Ms Angela LEE Chung-yan
(representing the Permanent Secretary for Health)
李頌恩女士
[代表食物及衛生局常任秘書長(衛生)]
- Prof Hon Joseph LEE Kok-long, SBS, JP (up to 30.11.2012)
李國麟議員 (截至 2012 年 11 月 30 日)
- Prof Diana LEE Tze-fan (from 20.12.2012)
李子芬教授 (由 2012 年 12 月 20 日起)
- Dr LEUNG Pak-yin, JP, Chief Executive
梁栢賢醫生行政總裁
- Dr LI Chi-kong, JP (from 19.4.2012)
李志光醫生 (由 2012 年 4 月 19 日起)
- Dr Kim MAK, BBS, JP
麥建華博士
- Prof Thomas WONG Kwok-shing, JP
汪國成教授
- Prof Maurice YAP Keng-hung
葉健雄教授

Terms of Reference

1. Advise on manpower planning;
2. Advise on staff training and development matters;
3. Advise, review and make recommendations on human resources policies and related issues;
4. Advise, review and make recommendations to the Hospital Authority on the terms and conditions of employment for staff;
5. Advise, review and make recommendations to the Hospital Authority on staff pay awards and overall staffing structure;
6. Advise, review and make recommendations to the Hospital Authority on any other staff related matters; and

職權範圍

1. 就人力規劃提供意見；
2. 就職員培訓及發展事宜提供意見；
3. 就人力資源政策及有關事宜提供意見，進行檢討及作出建議；
4. 就職員的僱用條件向醫院管理局(醫管局)提供意見，進行檢討及作出建議；
5. 就職員薪酬及整體人手架構向醫管局提供意見，進行檢討及作出建議；
6. 就其他任何與人手有關的事宜向醫管局提供意見，進行檢討及作出建議；及

7. Consider periodically matters relating to risk, risk management and risk mitigation relevant to human resources management.

Focus of Work in 2012-13

In August 2012, the Human Resources Committee revised its Terms of Reference (TOR) by including matters relating to risk management and mitigation measures as follow-up actions to the recommendations of the external consultant's review of HA's Corporate Governance Practices. The updated TOR of the Committee was approved by the HA Board in October 2012.

In 2012-13, the Committee met seven times to discuss various human resources ("HR") matters of HA. To address manpower issues, the Committee considered and endorsed various HR measures that were initiated to improve the manpower situation, including Continuous Night Shift Scheme for Diagnostic Radiographers, as well as measures to address meal hour and statutory minimum wage issues. It also granted approval-in-principle for the 2012-13 annual pay adjustment for the employees of HA.

In respect of staff benefits, the Committee received an annual report on the HA Mandatory Provident Fund Scheme, endorsed the granting of paternity leave to eligible male employees of HA, and supported the introduction of a pilot programme to enhance staff access to radiological services. Moreover, it endorsed alignment of the conditioned work hours of supporting grades employees who were on 45 hours net with those of other grades of staff who were on 44 hours gross per week.

In addition, the Committee attended to staff training and development matters. It gave comments on the work progress of the Training & Development Central Committee, and provided direction for the training and development matters and 2013-14 new training initiatives of the HA Head Office.

During the year, the Committee noted the updated position of call payment offer and doctors' claims; reviewed its terms of reference; deliberated on the return-to-work and disability management issues; and gave comments on the staff engagement strategic focus and initiatives. It also received reports on HR projects in HA's 2012-13 Resources Allocation Exercise and staff complaints received in Year 2012. The HR risk assessment for 2012-13 and 2013-14 was also discussed.

7. 定期審議人力資源管理範疇的相關風險、風險管理及風險緩減事宜。

2012-13 年度工作概況

人力資源委員會在2012年8月修訂其職權範圍，因應外部顧問就醫管局機構管治檢討所作的建議，加入有關風險管理及緩減措施的內容。委員會修訂後的職權範圍於2012年10月經醫管局大會通過。

在2012-13年度，委員會共召開七次會議，討論各項人力資源事宜。委員會審議及通過多項改善人手情況的人力資源措施，包括放射師的連續夜更當值計劃、處理用膳時間及法定最低工資事宜的措施，並原則上同意2012-13年度醫管局僱員的年度薪酬調整。

員工福利事宜方面，委員會收閱醫管局強制性公積金計劃的年度報告、同意給予醫管局合資格男性僱員侍產假，並支持推行改善員工使用放射服務的先導計劃。委員會亦同意統一規定工作時數，令每週須工作45淨工作時數的支援服務僱員與每週工作時數為44總工作時數的其他職級僱員看齊。

此外，委員會亦處理員工培訓及發展事宜，就培訓及發展中央委員會的工作進展提出意見，並對培訓及發展事宜和醫管局總辦事處2013-14年度的新培訓項目作出指示。

年內，委員會聽取了候召補償及醫生索償事宜的最新情況；檢討了其職權範圍；討論了員工重投工作及傷殘管理事宜；並對員工凝聚策略重點和措施提出意見。此外，委員會亦收閱2012-13年度資源分配的人力資源項目報告和2012年所接獲員工投訴的報告，並審議2012-13和2013-14年度的人力資源風險評估。

Information Technology Services Governing Committee 資訊科技服務管治委員會

Membership List

成員名單

Chairman 主席	:	Dr LEUNG Pak-yin, JP, <i>Chief Executive</i> 梁栢賢醫生行政總裁
Vice-Chairman 副主席	:	Mr CHENG Yan-kee, JP 鄭恩基先生
Members 成員	:	Mr Thomas CHAN Chung-ching, JP (<i>up to 8.7.2012</i>) 陳松青先生 (截至2012年7月8日) Mr Davey CHUNG Pui-hong (<i>from 1.9.2012</i>) <i>Deputy Secretary for Food and Health (Health)</i> 鍾沛康先生 (由2012年9月1日起) <i>食物及衛生局副秘書長 (衛生)</i> Mr Daniel LAI, BBS, JP <i>Government Chief Information Officer</i> 賴錫璋先生 <i>政府資訊科技總監</i> Mr Stephen LAU Ka-men, JP 劉嘉敏先生

Terms of Reference

1. Approve corporate policies and standards for Information Technology / Information Systems;
2. Approve and monitor the overall progress of the implementation of the Information Technology / Information Systems Strategic Plan;
3. Approve and monitor the execution of the Information Technology / Information Systems Annual Business Plan;
4. Receive recommendations on the priorities for Information Technology systems development and implementation;
5. Receive advice from the Information Technology Technical Advisory Subcommittee;
6. Receive performance and status reports;
7. Provide periodic progress report to the Hospital Authority Board; and
8. Consider matters relating to risk, risk management and risk mitigation relevant to Information Technology across Hospital Authority.

Focus of Work in 2012-13

In August 2012, the Information Technology (IT) Services Governing Committee revised its Terms of Reference (TOR) by including matters relating to risk management and mitigation measures as follow-up actions to the recommendations of the external consultant's review of HA's Corporate Governance Practices. The updated TOR of the Committee was approved by the HA Board in October 2012.

職權範圍

1. 通過醫院管理局(醫管局)的資訊科技/資訊系統政策及標準;
2. 通過資訊科技/資訊系統策略計劃,並監察整體實施進度;
3. 通過資訊科技/資訊系統的每年工作計劃書,並監察實施情況;
4. 收閱有關資訊科技系統發展及實施的建議重點項目;
5. 收閱信息技術諮詢小組委員會的意見;
6. 收閱表現及狀況報告;
7. 向醫管局大會定期提交工作報告;及
8. 審議醫管局資訊科技範疇的相關風險、風險管理及風險緩減事宜。

2012-13 年度工作概況

資訊科技服務管治委員會在2012年8月修訂其職權範圍,因應外部顧問就醫管局機構管治檢討所作的建議,加入有關風險管理及緩減措施的內容。委員會修訂後的職權範圍於2012年10月經醫管局大會通過。

In 2012-13, the Committee met four times to discuss various issues relating to the strategic development of IT/information systems in HA. During this period, the Committee considered and deliberated on the key risks identified in the IT Operational Risk Assessment and various risk mitigation actions in quality assurance, system performance and availability, data security and privacy, and project governance; the approach for reviewing and updating IT Sourcing Strategy to ensure optimum use of IT resources and encourage innovation to meet business needs; a revised governance structure of the business supporting projects; as well as challenges during the interim management arrangement for the HA IT Services (ITS). To meet the growing demand for IT systems to support the operation of the organization, the Committee also considered and deliberated on the Consolidated IT Strategic Plan 2012-13 - 2016-17, IT Block Vote Submission for 2013-14 and the ITS Annual Plan 2013-14 for responding to challenges in continuing existing service delivery and delivering the major strategic IT-enabled projects.

To fulfill its overseeing functions, the Committee monitored the implementation of the work stipulated in the ITS Annual Plan by considering, amongst others, the performance and status reports of respective IT functions at each of its meeting, the comments of which would be conveyed to the relevant working teams under HAITS for follow-up actions. Progress Update on Clinical Management System Phase III, Business Supporting IT Systems, eHealth Record Projects and IT Services Performance were among the standing agenda items of the Committee's meetings. The Committee also monitored the ongoing efforts of HAITS on development of the Government's electronic Health Record (eHR) with HA as the technical agent and endorsed the related draft audited financial statements annually.

To support HA's service needs with the latest trend of IT technical development, the Committee received advice from the Information Technology Technical Advisory Subcommittee on the IT technical architectures and technology selections proposed by ITS which included Sybase Database Refresh Strategy and Roadmap, Cloud Computing, Reporting and Business Analysis Project and IT Services Sourcing Approach etc.

To ensure HA's accountability reporting, the Committee provided progress report to the HA Board on a regular basis and, if necessary, latest development would be supplemented between the meetings.

在2012-13年度，委員會共召開四次會議，討論醫管局資訊科技／資訊系統策略發展的各個事項。年內，委員會討論及審議資訊科技運作風險評估發現的主要風險及在質素保證、系統表現與備用、數據安全與私隱、項目管治等方面的各項風險緩減措施；檢討及更新資訊科技採購策略的方法，務求能善用資訊科技資源及鼓勵以創新方法應對業務運作需求；業務支援項目管治架構更新；以及醫管局資訊科技服務處的臨時管理安排。為應付資訊科技系統方面因應支援機構運作而不斷增加的需求，委員會亦討論及審議綜合資訊科技策略規劃2012-13-2016-17、2012-13年度資訊科技整體撥款申請，以及資訊科技服務處2013-14年度工作計劃，以應付維持現行服務並推行各項策略性資訊科技項目的挑戰。

為履行其監督職能，委員會監察資訊科技服務處年度工作計劃，其中考慮各次會議上不同資訊科技職能所作的表現及狀況報告，會上所作評語將傳達予資訊科技服務處的相關工作小組跟進。委員會會議的常規討論項目包括臨床資訊管理系統第三階段、業務支援資訊科技系統、電子健康紀錄系統計劃及資訊科技服務處表現等進展報告。此外，委員會亦監察醫管局作為技術代理為政府開發電子健康紀錄互通系統的持續進度，並每年審閱有關的經審核財務報表擬本。

為利用最新資訊科技發展支援醫管局的業務需要，委員會收閱信息技術諮詢小組委員會就資訊科技服務處建議的資訊科技架構及選擇方案所提供的意見，包括Sybase資料庫更新策略及路線圖、雲端電腦技術、匯報及業務分析計劃、資訊科技服務採購方法等。

為貫徹醫管局的問責呈報，委員會定期向醫管局大會作出進度報告，如有需要，亦會在會議間隔期間補充提供最新發展狀況。

Main Tender Board 中央投標委員會

Membership List

成員名單

- Chairman** : Mr Lawrence LEE Kam-hung, JP
主席 李金鴻先生
- Vice-Chairman** : Prof Maurice YAP Keng-hung
副主席 葉健雄教授
- Ex-officio members** : Dr LEUNG Pak-yin, JP, *Chief Executive (or his nominated representative)*
當然成員 梁栢賢醫生行政總裁 (行政總裁或其委任代表)
- Ms Nancy TSE Sau-ling, JP, *Director (Finance) (or her nominated representative)*
謝秀玲女士財務總監 (財務總監或其委任代表)
- Members** : Two of the following rotating members:
成員 以下其中兩位輪值成員 :
- Mr CHAN Bing-woon, SBS, JP
陳炳煥先生
- Mr William CHAN Fu-keung (from 20.12.2012)
陳富強先生 (由 2012 年 12 月 20 日起)
- Mr CHENG Yan-kee, JP
鄭恩基先生
- Ms Quince CHONG Wai-yan (from 28.6.2012)
莊偉茵女士 (由 2012 年 6 月 28 日起)
- Mr Lester Garson HUANG, JP (from 20.12.2012)
黃嘉純先生 (由 2012 年 12 月 20 日起)
- Mr Andy LAU Kwok-fai
劉國輝先生
- Mrs Yvonne LAW SHING Mo-han, JP
羅盛慕嫻女士
- Prof Hon Joseph LEE Kok-long, SBS, JP (up to 30.11.2012)
李國麟議員 (截至 2012 年 11 月 30 日)
- Prof LEE Sum-ping (from 28.6.2012)
李心平教授 (由 2012 年 6 月 28 日起)
- Prof Diana LEE Tze-fan (from 20.12.2012)
李子芬教授 (由 2012 年 12 月 20 日起)
- Mrs Margaret LEUNG KO May-yee, SBS, JP (from 28.6.2012)
梁高美懿女士 (由 2012 年 6 月 28 日起)
- Dr LI Chi-kong, JP (from 28.6.2012)
李志光醫生 (由 2012 年 6 月 28 日起)
- Mr David LIE Tai-chong, SBS, JP (from 28.6.2012)
李大壯先生 (由 2012 年 6 月 28 日起)
- Miss Winnie NG (from 28.6.2012)
伍穎梅女士 (由 2012 年 6 月 28 日起)
- Mr PANG Yiu-kai, SBS, JP (from 28.6.2012)
彭耀佳先生 (由 2012 年 6 月 28 日起)
- Mr Lincoln TSO (from 28.6.2012)
曹禮先生 (由 2012 年 6 月 28 日起)
- Mr WONG Kwai-huen, JP (from 20.12.2012)
王桂壠先生 (由 2012 年 12 月 20 日起)

Terms of Reference

The main function of the Hospital Authority Main Tender Board is to consider and approve tender of order value above \$4 million;

1. Review and assess the recommendations made by the assessment panel;
2. Review the procedures and criteria adopted by the assessment panel in the course of its selection;
3. Approve the selection made by the assessment panel after satisfying itself that (1) and (2) are in order and such approval should be final.

Focus of Work in 2012-13

In 2012-13, the Main Tender Board met 24 times to consider a total of 542 tender papers for procurement of supplies and services with value of over \$1 million for HA Head Office, and above \$4 million for clusters and hospitals. Tenders for procurement of supplies mainly covered purchases of pharmaceutical products, medical and laboratory equipment and their consumables whereas service tenders were mainly related to hospital domestic and supporting services, maintenance of medical and laboratory equipment, information technology systems and maintenance services and data hosting facilities. Capital works tenders were mainly concerned with hospital redevelopment projects and minor works improvements for maintenance of hospital premises. During the year, members of the Committee sought clarification or made suggestions for management to follow up on 27 tender papers and action was taken for most of them while three tender papers were resubmitted after further clarification or refinement.

職權範圍

醫管局中央投標委員會的主要職能是審議及通過涉及價值400萬元以上的投標；

1. 就評估小組所作的建議，進行檢討及評核；
2. 就評估小組遴選時所採用的程序及準則，進行檢討；及
3. 在確立上述(1)及(2)項的適切性後，就評估小組的選擇作最終的批核。

2012-13 年度工作概況

在2012-13年度，中央投標委員會共召開24次會議，審議共542份採購物資和服務的投標文件，每宗合約所涉價值為：醫管局總辦事處100萬元以上；聯網及醫院400萬元以上。有關採購物資的投標主要涉及購買藥物、醫療及化驗設備與消耗品；服務採購的投標主要涉及醫院庶務及支援服務、醫療及化驗設備保養、資訊科技系統和保養及數據寄存設施，而基本工程的投標主要涉及醫院重建項目及醫院建築物保養小型改善工程。年內，委員會成員曾就27份投標文件要求管理層釐清或建議管理人員跟進，其中大部分建議已落實執行，有三份投標文件經進一步釐清或修改後重新提呈。

Medical Services Development Committee 醫療服務發展委員會

Membership list

成員名單

- Chairman**
主席
- : Prof FOK Tai-fai, SBS, JP (up to 31.12.2012)
霍泰輝教授 (截至2012年12月31日)
- Prof Maurice YAP Keng-hung (from 16.1.2013)
葉健雄教授 (由2013年1月16日起)
- Vice Chairman**
副主席
- : Dr Donald LI Kwok-tung, SBS, JP (up to 30.11.2012)
李國棟醫生 (截至2012年11月30日)
- Members**
成員
- : Mr William CHAN Fu-keung (from 20.12.2012)
陳富強先生 (由2012年12月20日起)
- Mr CHENG Yan-kee, JP
鄭恩基先生
- Ms Quince CHONG Wai-yan
莊偉恩女士
- Dr LAM Ping-yan, SBS, JP (up to 12.6.2012)
林秉恩醫生 (截至2012年6月12日)
- Dr Constance CHAN Hon-ye, JP (from 13.6.2012)
Director of Health
陳漢儀醫生 (由2012年6月13日起)
衛生署署長
- Ms Ka-shi LAU, BBS
劉嘉時女士
- Mr Lawrence LEE Kam-hung, JP
李金鴻先生
- Prof Hon Joseph LEE Kok-long, SBS, JP (up to 30.11.2012)
李國麟議員 (截至2012年11月30日)
- Prof Diana LEE Tze-fan (from 20.12.2012)
李子芬教授 (由2012年12月20日起)
- Ms Esther LEUNG Yuet-yin, JP/Ms Karyn CHAN
[representing the Secretary for Financial Services and the Treasury]
梁悅賢女士 / 陳靜婉女士
[代表財經事務及庫務局局長]
- Dr LEUNG Pak-yin, JP, *Chief Executive*
梁栢賢醫生行政總裁
- Dr LI Chi-kong, JP (from 19.4.2012)
李志光醫生 (由2012年4月19日起)
- Mr David LIE Tai-chong, SBS, JP
李大壯先生
- Mr PANG Yiu-kai, SBS, JP
彭耀佳先生
- Mr Richard YUEN Ming-fai, JP
Permanent Secretary for Health
袁銘輝先生
食物及衛生局常任秘書長 (衛生)

Terms of Reference

1. Examine, review and make recommendations on the changing needs of the community in respect of clinical services provided by public hospitals and institutions;
2. Advise and make recommendations on the overall policies, directions and strategies relating to the provision, planning and development of the public hospitals and related services, having regard to the availability of technology, staff and other resources and the need to provide a patient-centred, outcome-focused quality healthcare service by a knowledge-based organisation;
3. Consider and make recommendations on the overall priorities for the planning and development of the public hospitals and related services in order to ensure an optimal utilisation of available resources;
4. Consider, review and make recommendations on any other matters related to the planning and development of the public hospitals and related services;
5. Consider periodically matters relating to risk, risk management and risk mitigation relevant to medical services development; and
6. Exercise powers delegated by the Board on the following matters:
 - (a) Approve the scope of coverage of the Samaritan Fund as recommended by the Management Committee of the Samaritan Fund;
 - (b) Approve clinical service plans on specialty services and redevelopment projects, except those involving decisions on financial provisions.

Focus of Work in 2012-13

In August 2012, the Medical Services Development Committee revised its Terms of Reference (TOR) by including matters relating to risk management and mitigation measures as follow-up actions to the recommendations of the external consultant's review of HA's Corporate Governance Practices. The updated TOR of the Committee was approved by the HA Board in October 2012.

In 2012-13, the Committee met five times to discuss issues relating to the planning, development and management of clinical services. On clinical services planning and development, the Committee considered and deliberated on the clinical services plans for the Hong Kong West Cluster and Kwai Chung Hospital; redevelopment plan of Queen Mary Hospital; relocation of eye out-patient services from Queen Mary Hospital to Grantham Hospital; service development of palliative care in the HA; and the development of Phase I Clinical Trial Centres in two teaching hospitals.

The Committee considered and advised on clinical management issues relating to the inclusion of new drugs and indications under the Samaritan Fund from 2012-13; review of the management of the HA Drug Formulary; demand for obstetric and related services by Non-eligible Persons; consultancy study on enhancing operating theatre efficiency; surgical instrument sterilisation service review; credentialing in the HA; specialty training of nurses; guidelines on resuscitation; and the patient service and care risks and the proposed risk reduction plans for 2013.

The Committee also received progress reports of various clinical programmes, including the Community Health Call Centre; development of Chinese Medicine under the tripartite arrangement; development of Tin Shui Wai (Tin Yip Road) Community Health Centre; and progress of the various public-private partnership service programmes.

職權範圍

1. 審查及檢討市民對公立醫院和機構所提供的、不斷變化的醫療服務需求，並作出建議；
2. 根據現行可提供的科技、職員人手及其他資源，並顧及作為知識為本機構所需提供的「以病人及成效為中心」的優質醫護服務，就提供、規劃及發展公立醫院及相關服務的整體政策、方針和策略，提供意見及作出建議；
3. 審議規劃發展公立醫院及相關服務的整體優先次序，並作出建議，確保最有效地運用所獲資源；
4. 審議及檢討規劃發展公立醫院及相關服務的任何其他事宜，並作出建議；
5. 定期審議醫療服務發展範疇的相關風險、風險管理及風險緩減事宜；及
6. 就以下事宜行使醫院管理局大會授予的權力：
 - (a) 批核撒瑪利亞基金管理委員會建議的基金涵蓋範圍；
 - (b) 批核專科服務及重建項目的臨床服務計劃，惟涉及財政撥款的決定者除外。

2012-13 年度工作概況

醫療服務發展委員會在2012年8月修訂其職權範圍，因應外部顧問就醫管局機構管治檢討所作的建議，加入有關風險管理及緩減措施的內容。委員會修訂後的職權範圍於2012年10月經醫管局大會通過。

在2012-13年度，委員會共召開五次會議，討論臨床服務的規劃、發展及管理事項。在臨床服務規劃及發展方面，委員會考慮及審議港島西醫院聯網的臨床服務計劃、葵涌醫院及瑪麗醫院的重建計劃、瑪麗醫院眼科門診服務遷至葛量洪醫院事宜、醫管局紓緩護理服務發展，以及在兩間教學醫院發展臨床試驗中心第一期計劃。

委員會審議不同醫療管理事項，並提供意見，包括撒瑪利亞基金在2012-13年度起納入新藥及適應症、醫管局藥物名冊管理檢討、非合資格人士對產科及相關服務需求、改善手術室效率顧問研究、手術用具消毒服務檢討、醫管局保密程序、護士專科培訓、急救指引，以及2013年病人服務及護理風險與風險防範計劃建議。

委員會亦收閱各項臨床服務計劃的進展報告，包括社區健康電話支援服務中心、三方合作中醫藥發展、天水圍(天業路)社區健康中心發展，以及多個公私營協作服務計劃的進展。

Public Complaints Committee

公眾投訴委員會

Membership List

成員名單

- Chairman**
主席 : Mr Ricky FUNG Choi-cheung, SBS, JP
馮載祥先生
- Members**
成員 : Mr CHAN Bing-woon, SBS, JP
陳炳煥先生
- Rev Canon Dr Alan CHAN Chor-choi
陳佐才法政牧師
- Ms Christine Barbara CHAN So-han (*from 1.12.2012*)
陳素嫻女士 (*由 2012 年 12 月 1 日起*)
- Mr CHAN Shu-ying, SBS, JP
陳樹鏞先生
- Mrs Jennifer CHEUNG NG Chui-yiu (*up to 30.11.2012*)
張伍翠瑤女士 (*截至 2012 年 11 月 30 日*)
- Sister Nancy CHEUNG Chu-kin
張柱見修女
- Mr CHOI Chi-sum
蔡志森先生
- Mr Antonio CHU Lok-sang
朱樂生先生
- Prof Joanne CHUNG Wai-yee
鍾慧儀教授
- Mr HO Sau-him
何守謙先生
- Mr Samuel HUI Kwok-ting
許國定先生
- Mr Alex LAM Chi-yau
林志釉先生
- Mr Andy LAU Kwok-fai
劉國輝先生
- Dr Robert LAW Chi-lim*
羅致廉醫生*
- Prof LEE Sum-ping
李心平教授
- Mr Carlos LEUNG Sze-hung* (*up to 30.11.2012*)
梁士雄先生* (*截至 2012 年 11 月 30 日*)
- Prof Raymond LIANG Hin-suen, JP*
梁憲孫教授*
- Dr MAK Sin-ping, BBS*
麥倩屏醫生*
- Prof WAN Chin-chin
尹葉芊芊教授
- Mr WONG Kwai-huen, JP (*from 27.12.2012*)
王桂壩先生 (*由 2012 年 12 月 27 日起*)
- Dr WONG Kwok-chun
黃國俊博士
- Mrs Elizabeth WONG YEUNG Po-wo, MBE
黃楊寶和女士

Ms Lina YAN Hau-yee, MH, JP
殷巧兒女士
Dr Agnes YEUNG LAW Koon-chui, JP
楊羅觀翠博士
Ms Lisa YIP Sau-wah, JP*
葉秀華女士*

* Panel Chairman

Terms of Reference

1. The Public Complaints Committee (PCC) is the final complaint redress and appeal body of the Hospital Authority (HA).
2. The PCC shall independently:
 - (a) consider and decide upon complaints from members of the public who are dissatisfied with the response of the HA/hospital to which they have initially directed their complaints.
 - (b) monitor HA's handling of complaints.
3. Pursuant to Paragraph 2 above, the PCC shall independently advise and monitor the HA on the PCC's recommendations and their implementation.
4. In handling complaint cases, the PCC shall follow the PCC Complaint Handling Guidelines (Annex) which may be amended from time to time.
5. The PCC shall from time to time and at least once a year, make reports to the HA Board and public, including statistics or raising important issues where applicable.

Annex

Guidelines on the handling of complaint cases in the PCC:

1. The PCC is an appeal body within HA to consider appeals made by the public relating to its services. Based on its Terms of Reference, the following are guidelines set by the PCC to facilitate the handling of complaints.
2. The PCC shall not normally handle a complaint:
 - (a) if the complaint relates to services provided by the HA more than 2 years before the date of the lodging of the complaint, unless the PCC is satisfied that in the particular circumstances it is proper to conduct an investigation into such complaint not made within that period;
 - (b) if the complaint is made anonymously and/or the complainant cannot be identified or traced;
 - (c) if the complainant has failed to obtain the proper consent of the patient, to whom the services were provided, in the lodging of the complaint (this restriction will not be applicable if the patient has died or is for any reason unable to act for himself or herself);
 - (d) if the subject matter of the complaint has been referred to or is being considered by the coroner;
 - (e) if the complaint relates to a matter for which a specific statutory complaint procedure exists;
 - (f) if the complainant or the patient concerned has instituted legal proceedings, or has indicated that he/she will institute legal proceedings, against the HA, the hospital or any persons who provided the services (in any event, the Committee shall not entertain any request for compensation);
 - (g) if the complaint relates to dispute over the established policies of HA, for example fees charging policy of the HA in respect of its services;

* 小組主席

職權範圍

1. 公眾投訴委員會(委員會)是醫院管理局(醫管局)內最終的投訴處理及上訴機制;
2. 委員會須獨立地:
 - (a) 審議及裁決公眾人士的投訴, 這些投訴最初向醫管局/醫院提出, 但投訴人對有關回覆不滿意; 以及
 - (b) 監察醫管局對投訴的處理;
3. 為執行上述第2段所述職能, 委員會會獨立地向醫管局提出建議, 並監察建議的推行;
4. 委員會在處理投訴個案時, 須依循委員會不時修訂的投訴處理指引; 及
5. 委員會須定期並至少每年一次向醫管局大會及公眾人士匯報工作, 包括提交有關的統計數字或重要議題。

附件

委員會處理投訴個案指引

1. 委員會是醫院管理局(醫管局)內的上訴機構, 負責考慮公眾人士對醫管局服務的上訴。委員會按其職權範圍, 制訂了以下投訴處理指引。
2. 如有以下情形, 委員會通常不會受理有關投訴:
 - (a) 在醫管局提供服務後超過兩年, 投訴人方才就該項服務提出投訴。但如委員會信納在某一個案的特別情況下, 對該逾期提出的投訴進行調查是恰當者, 則屬例外;
 - (b) 匿名投訴及/或投訴人無從識別或下落不明;
 - (c) 投訴人於提出投訴時, 未有取得病人(有關服務對象)同意(但假如病人已逝世或因任何理由未能自己作主, 則本限制並不適用);
 - (d) 投訴的主要內容已轉交或正由死因裁判官考慮或審裁;
 - (e) 投訴涉及事宜已有既定法定申訴程序處理;
 - (f) 投訴人或有關病人已採取法律行動, 或已表示將向醫管局、有關醫院或提供有關服務的任何人士採取法律行動(無論如何, 委員會都不會受理任何索償的要求);
 - (g) 投訴涉及醫管局既定政策的爭議, 例如醫管局服務的收費政策;

- (h) if the complaint relates to an assessment made by a medical staff pursuant to any statutory scheme whereas such scheme provides for a channel of appeal, for example, the granting of sick leave under the provisions of the Employees' Compensation Ordinance, Cap. 282;
 - (i) if the complaint relates to personnel matters or contractual matters and commercial matters;
 - (j) if the PCC considers that the complaint is frivolous or vexatious or is not made in good faith; or
 - (k) if the complaint, or a complaint of a substantially similar nature, has previously been the subject matter of a complaint which had been decided upon by the PCC.
3. Taking into account the following:
- (a) the disclosure of legal privileged documents in an open hearing;
 - (b) the disclosure of personal data in an open hearing;
 - (c) the PCC is not a judicial or quasi-judicial body;
 - (d) an aggrieved party has other channels to seek redress; and
 - (e) the PCC should not duplicate the functions of other institutions such as the courts or the Medical Council;
- the PCC considers that its meetings shall not be open to the public.
4. In considering the merits of a complaint, the PCC may from time to time obtain expert opinion by medical professionals or other experts relating to the subject matter of the complaint. If the PCC considers appropriate, it may also invite the complainant, the patient, the medical staffs or any other relevant persons to attend an interview.

(The above Guidelines on the handling of complaint cases may be amended from time to time as appropriate.)

Focus of work in 2012/13

In 2012/13, the Public Complaints Committee held 17 meetings and handled a total of 219 cases, of which 149 were related to medical services, 28 related to administrative procedure, 32 related to staff attitude and 10 others. In addition to the handling of appeal cases, the Committee also formulated complaint handling policies to improve the efficiency and effectiveness of the Authority's complaints system, and make recommendations for system change and improvement of healthcare services. Regular internal and external communication programmes were conducted to enhance the transparency and credibility of the Authority's complaints system and the Committee as the final appeal body. Through its Secretariat, the Committee also shared important lessons learned for risk management and enhanced the complaint handling skills of frontline staff through regular specialist complaint management training.

- (h) 投訴關乎醫護人員根據任何法定計劃所作的醫療評估，而該等計劃本身已有既定上訴渠道，例如根據香港法例第282章僱員補償條例規定簽發病假；
- (i) 關於人事問題、合約或商業事宜的投訴；
- (j) 瑣屑無聊、無理取鬧，或並非出於真誠的投訴；或
- (k) 投訴或性質極為相近的投訴，屬委員會早前已裁決個案的主要內容。

3. 委員會經考慮下列因素後，認為其會議不應向公眾公開：

- (a) 公開會議會披露法律保密的文件；
- (b) 公開會議會披露有關人士的個人資料；
- (c) 委員會並非司法或類似司法機構；
- (d) 感到不平的一方尚有其他申訴渠道；及
- (e) 委員會功能不應和其他機構（如法庭或醫務委員會）重疊。

4. 於考慮投訴的是非曲直時，委員會可就投訴的主要內容，徵詢醫療專業或其他界別的專家意見。委員會如認為恰當，亦可約見投訴人、病人、醫療人員或其他有關人士。

(委員會可視乎情況不時修訂上述投訴處理指引。)

2012-13 年度工作概況

在2012-13年度，公眾投訴委員會共召開17次會議及處理219宗個案，其中149宗關於醫療服務、28宗關於行政程序、32宗關於員工態度、10宗屬其他投訴。委員會除處理上訴個案外，亦制訂投訴處理政策，以改善醫管局投訴處理機制的效率及成效，並提出建議以加強機制和改善醫療服務。對內及對外的溝通計劃亦定期進行，以提升醫管局投訴處理機制的透明度和公信力，並讓公眾認識委員會乃醫管局內公眾投訴的最終上訴架構。委員會亦透過秘書處定期舉辦投訴處理的專門訓練班，與有關人員分享所汲取的經驗，從而促進風險管理及增強前線人員的投訴處理技巧。

Staff Appeals Committee

職員上訴委員會

Membership List

成員名單

Chairman 主席	:	Mr Peter LO Chi-lik 羅志力先生
Members 成員	:	Ms Quince CHONG Wai-yan (from 25.10.2012) 莊偉茵女士 (由 2012 年 10 月 25 日起)
		Mr Billy KONG Churk-hoi, BBS, JP 江焯開先生
		Dr Kim MAK, BBS, JP 麥建華博士
		Prof Thomas WONG Kwok-shing, JP 汪國成教授

Terms of Reference

1. Consider and decide upon appeals from staff members who have raised a grievance through the normal internal complaint channels and who wish to appeal against the decision made;
2. The Committee shall:
 - (a) consider whether the appeal cases need further investigation by the management;
 - (b) direct the appeal cases to be investigated;
 - (c) have access to all the relevant information required from the management for making a decision;
 - (d) ensure that appropriate action is taken; and
 - (e) reply to the appellant;
3. The Committee's decision shall represent the Hospital Authority's decision and shall be final;
4. The Committee shall make annual reports to the Hospital Authority Board.

Focus of Work in 2012-13

The Staff Appeals Committee was set up on 19 December 2002 as a body independent of HA management for handling staff appeals which have already exhausted the normal staff complaint channels within the HA's operation. There were three appeals to the Committee in 2012-13. One appeal was referred back to the relevant hospital cluster for completion of the normal staff complaint procedures. The Committee considered and handed down its decision on the two other appeals. It also handed down its decision on one appeal originated in 2011-12.

職權範圍

1. 就曾透過正常內部渠道提出申訴而又不滿有關決定的職員上訴個案，進行審議及決定；
2. 委員會須：
 - (a) 考慮上訴個案是否需由管理人員作進一步調查；
 - (b) 指令對上訴個案進行調查；
 - (c) 向管理人員取得所有相關資料，以便作出決定；
 - (d) 確保已採取恰當的行動；及
 - (e) 回覆上訴人；
3. 委員會的決定即為醫院管理局的最終決定；
4. 委員會須每年向醫院管理局大會提交報告。

2012-13 年度工作概況

職員上訴委員會於 2002 年 12 月 19 日成立，屬一獨立組織，負責處理醫管局內已經過正常員工投訴渠道處理的上訴個案。在 2012-13 年度，委員會共收到三宗職員上訴個案，其中一宗已發還有關醫院聯網循正常員工投訴程序處理。年內，委員會審議其餘兩宗個案和作出裁決，並就另一宗於 2011-12 年度提出的上訴作出裁決。

Supporting Services Development Committee 支援服務發展委員會

Membership List

成員名單

Chairman 主席	:	Mr CHENG Yan-kee, JP 鄭恩基先生
Vice-Chairman 副主席	:	Ms CHIANG Lai-yuen, JP 蔣麗婉女士
Members 成員	:	Prof Edwin CHAN Hon-wan 陳漢雲教授
		Dr Andrew CHAN Ping-chiu, BBS 陳炳釗博士
		Mr Lester Garson HUANG, JP (from 20.12.2012) 黃嘉純先生 (由 2012 年 12 月 20 日起)
		Mr Andy LAU Kwok-fai 劉國輝先生
		Ms Angela LEE Chung-yan (representing the Permanent Secretary for Health) 李頌恩女士 [代表食物及衛生局常任秘書長(衛生)]
		Mr Peter LEE Kwok-wah 李國華先生
		Dr LEUNG Pak-yin, JP, Chief Executive 梁栢賢醫生行政總裁
		Miss Winnie NG 伍穎梅女士
		Mr WONG Kwai-huen, JP (from 20.12.2012) 王桂壠先生 (由 2012 年 12 月 20 日起)

Terms of Reference

1. Advise on the directions and policies related to the development of Business Support Services and Environmental Protection to best support clinical services delivery in the Hospital Authority;
2. Review and monitor the annual capital expenditure plan approved by the Hospital Authority Board;
3. Review and advise on the implementation and monitoring of Capital Works Projects in the Hospital Authority;
4. Review and advise on the new initiatives in Business Support Services such as improvements in supply chain management, equipment management, strategic outsourcing and public-private-partnership of non-core functions, and the development of supporting services for revenue generation;
5. Advise on the adoption of better practices and industry innovations related to the planning and delivery of Business Support Services and implementation of Capital Works Projects in the Hospital Authority; and
6. Consider periodically matters relating to risk, risk management and risk mitigation relevant to business support services and capital expenditure projects and other areas under the purview of the Committee.

職權範圍

1. 就發展業務支援服務及環境保護工作的方針和政策提供意見，務求最有效地支援醫院管理局(醫管局)的醫療服務；
2. 檢討及監察醫管局大會批核的周年資本開支計劃；
3. 檢討醫管局基本工程項目的推行和監察，並提供意見；
4. 檢討業務支援服務的新措施，例如改善供應鏈管理、設備管理、非核心服務的策略性外判及公私營協作，以及發展支援服務以增加收入，並提供意見；
5. 就醫管局規劃和推行業務支援服務及基本工程項目時，採納業內更佳做法和創新，提供意見；
6. 就業務發展及支援服務、資本開支項目及其他委員會職權範圍內的範疇，定期審議相關的風險、風險管理及風險緩減事宜。

Focus of Work in 2012-13

In August 2012, the Supporting Services Development Committee revised its Terms of Reference (TOR) by including matters relating to risk management and mitigation measures as follow-up actions to the recommendations of the external consultant's review of HA's Corporate Governance Practices. The updated TOR of the Committee was approved by the HA Board in October 2012.

In 2012-13, the Committee met four times to fulfil its TOR, mainly to advise on the directions and policies related to the development of Business Support Services and Environmental Protection to best support clinical service delivery in HA. It reviewed reports on the improvement of Non-Emergency Ambulance Transfer Service, hospital security services and the service enhancement of supply chain support in clusters. The Committee also followed through the replacement of medical and engineering equipment in 2012-13 and the plan for 2013-14, the implementation of the Enterprise Resource Planning System for pharmaceutical hospital supplies, and the procurement strategies for drugs. It revisited the key operational risks in relation to business support services, pharmaceutical services and Capital Planning Department. It also studied the proposed site reservation and planning for catering and laundry service centres in Tin Shui Wai and monitored the progress on outsourcing Shum Wan Laundry.

On the other hand, the Committee also received regular reports on the progress of major capital works projects, enhancement of biomedical engineering services and condition survey on HA hospitals. It also endorsed the conclusion and recommendations of the Strategy Review of the HA Term Contracts for Minor Works and the improvement measures of the enhanced performance appraisal system for contractors and consultants, commented on the proposed changes to the site boundary of Tai Po Hospital and reviewed the regular progress reports from the Capital Works Sub-Committee which was established under the Committee to oversee and advise on capital works / project related items.

2012-13 年度工作概況

支援服務發展委員會在2012年8月修訂其職權範圍，因應外部顧問就醫管局機構管治檢討所作的建議，加入有關風險管理及緩減措施的內容。委員會修訂後的職權範圍於2012年10月經醫管局大會通過。

在2012-13年度，委員會共召開四次會議，履行其職權範圍的職責，主要就業務支援服務及環境保護的發展方針及政策提供意見，務求提供最切合醫管局醫療服務模式的支援服務。委員會審議有關改善非緊急救護運送服務、醫院保安服務及加強聯網供應鏈支援的服務；亦收閱2012-13年度更換醫療及工程設備與2013-14年度規劃、醫院藥物供應實施企業資源計劃系統以及藥物採購策略。此外，委員會亦檢討業務支援服務、藥物服務及基本工程規劃組的主要運作風險，並研究天水圍膳食及洗衣服務中心的建議選址及規劃和監察深灣洗衣場的外判進展。

另一方面，委員會亦收閱有關大型基本工程項目、生物醫學工程服務改善措施及醫管局醫院設施狀況調查的定期進展報告；通過醫管局小型工程定期合約策略檢討的結論和建議，以及加強承辦商及顧問表現評估制度的改善措施；就更改大埔醫院範圍的建議提供意見；並審閱轄下基本工程小組委員會的定期進展報告，該小組委員會負責審議基本工程及項目的相關事項。

Membership of Hospital Governing Committees 醫院管治委員會成員

Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院

Chairman 主席	:	Rt Rev Dr Thomas SOO Yee-po, JP 蘇以葆主教
Ex-officio members 當然成員	:	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	:	Rev Ben CHANG Chun-wa (<i>from 1.10.2012</i>) 張振華牧師 (<i>由 2012 年 10 月 1 日起</i>) Dr Bonba CHIU Sik-ho 趙錫河醫生 Mr Roland CHOW Kun-chee 周近智先生 Ms Michelle CHOW Yan-wai 周恩惠女士 Mr FUNG Sau-chung 馮壽松先生 Ms KO Sui-fun 高瑞芬女士 Mr Roger LEE Chee-wah 李志華先生 Dr Pamela LEUNG, JP 梁明娟醫生 Mr John LI Kwok-heem, MH 李國謙先生 Rev Dr LI Ping-kwong, SBS 李炳光牧師 Mr Wilson MOK Yu-sang 莫裕生先生 Lt-Col Samuel PHO Xuyen-tam 傅三川上校 Rev PO Kam-cheong (<i>from 1.10.2012</i>) 蒲錦昌牧師 (<i>由 2012 年 10 月 1 日起</i>) Rev Eric SO Shing-yit (<i>up to 30.9.2012</i>) 蘇成溢牧師 (<i>截至 2012 年 9 月 30 日</i>) Bishop Nicholas TAI Ho-fai (<i>up to 30.9.2012</i>) 戴浩輝監督 (<i>截至 2012 年 9 月 30 日</i>) Ms Wendy TSANG Wan-man 曾韻雯女士 Dr WONG Fook-yee 王福義博士 Ms Peggy WONG Pik-kiu, MH 黃碧嬌女士

Bradbury Hospice

白普理寧養中心

- Chairman** : Dr Geoffrey LIEU Sek-yiu
主席 廖錫堯博士
- Ex-officio members** : Hospital Authority Chief Executive or his representative
當然成員 醫院管理局行政總裁或其代表
Hospital Chief Executive
醫院行政總監
- Members** : Dr Hubert CHAN Chung-yee, JP
成員 陳重義博士
- Miss Mable Shadalla CHOW Sui-ming (*from 26.7.2012*)
周瑞明小姐 (*由 2012 年 7 月 26 日起*)
- Dr Amy CHOW Yin-man
周燕雯博士
- Dr David KAN
簡錦輝醫生
- Sister Helen KENNY
祈愛蘭修女
- Dr KWAN Wing-hong
關永康醫生
- Prof Samantha PANG Mei-che
彭美慈教授
- Father John RUSSELL, S.J.
- Mr SHUM Si-ki
沈士基先生
- Prof Dr Dominic WONG Shing-wah, GBS, JP (*Passed away in May 2012*)
黃星華教授 (*於 2012 年 5 月逝世*)

Caritas Medical Centre

明愛醫院

Chairman 主席	:	Prof David CHEUNG Lik-ching 張力正教授
Ex-officio members 當然成員	:	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
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Castle Peak Hospital & Siu Lam Hospital 青山醫院及小欖醫院

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Cheshire Home, Chung Hom Kok 春磡角慈氏護養院

Chairman 主席	:	Dr Albert WONG Chi-chiu 王志釗醫生
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Cheshire Home, Shatin 沙田慈氏護養院

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Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院

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Grantham Hospital 葛量洪醫院

Chairman 主席	:	Mr PANG Yuk-ling, SBS, JP 彭玉陵先生
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Haven of Hope Hospital 靈實醫院

Chairman 主席	:	Mr Charles CY CHIU 趙宗義先生
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Hong Kong Buddhist Hospital 香港佛教醫院

Chairman 主席	:	Mr Keith LAM Hon-keung, JP 林漢強居士
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Hong Kong Eye Hospital & Kowloon Hospital 香港眼科醫院及九龍醫院

Chairman 主席	:	Dr Eliza C H CHAN, BBS, JP 陳清霞博士
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Members 成員	:	Dr Charles CHEUNG Wai-bun, JP 張惠彬博士 Hon Starry LEE Wai-king, JP 李慧琼議員 Mr Louis LOONG Hon-biu 龍漢標先生 Dr Delia PEI CHEN Chi-kuen, BBS, JP 邊陳之娟博士 Prof Julia TAO LAI Po-wah 陶黎寶華教授 Dr Victor WOO Chi-pang 胡志鵬醫生 Mr James YIP Shiu-kwong 葉兆光先生

Hong Kong Red Cross Blood Transfusion Service 香港紅十字會輸血服務中心

Chairman 主席	:	Mr Philip TSAI Wing-chung, JP 蔡永忠先生
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Kwai Chung Hospital & Princess Margaret Hospital 葵涌醫院及瑪嘉烈醫院

Chairman 主席	:	Hon Vincent FANG Kang, SBS, JP 方剛議員
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Kwong Wah Hospital & TWGHs Wong Tai Sin Hospital 廣華醫院及東華三院黃大仙醫院

Chairman 主席	:	Mrs Viola CHAN MAN Yee-wai, BBS 陳文綺慧女士
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MacLehose Medical Rehabilitation Centre 麥理浩復康院

Chairman 主席	:	Dr Eric CHIEN Ping 錢平醫生
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North District Hospital 北區醫院

Chairman 主席	:	Mrs Gloria NG WONG Yee-man, BBS, JP 吳王依雯女士
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Our Lady of Maryknoll Hospital 聖母醫院

Chairman 主席	:	Mr Lester Garson HUANG, JP 黃嘉純先生
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Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院

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Pok Oi Hospital 博愛醫院

Chairman 主席	:	Mr POON Tak-ming, MH 潘德明先生
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Prince of Wales Hospital 威爾斯親王醫院

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Queen Elizabeth Hospital 伊利沙伯醫院

Chairman 主席	:	Mr John LEE Luen-wai, BBS, JP 李聯偉先生
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Queen Mary Hospital & Tsan Yuk Hospital 瑪麗醫院及贊育醫院

Chairman 主席	:	Dr Anthony HO Yiu-wah, BBS, JP 何耀華博士
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Rehabaid Centre 復康專科及資源中心

Chairman 主席	:	Hon Judge Kevin Anthony BROWNE
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Ruttonjee & Tang Shiu Kin Hospitals

律敦治醫院及鄧肇堅醫院

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Shatin Hospital 沙田醫院

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Members 成員	:	Mr CHEUNG Tak-hai (<i>Passed away in May 2012</i>) 張德喜先生 (於 2012 年 5 月逝世) Prof Joanne CHUNG Wai-yee 鍾慧儀教授 Mr FONG Cheung-fat 方長發先生 Mr Joseph KEUNG Shu-hoi 姜書海先生 Prof LAM Tai-hing, BBS, JP 林大慶教授 Mr Thomas PANG Cheung-wai, BBS, JP 彭長緯先生

Tai Po Hospital 大埔醫院

Chairman 主席	:	Mr Patrick MA Ching-hang, BBS, JP 馬清鏗先生
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Members 成員	:	Mr CHEUNG Wing-fai, MH 張榮輝先生 Mr Richard FUNG Lap-chung 馮立中先生 Dr Benny KWONG Kai-sing 鄭啟成博士 Mr LEUNG Wo-ping, JP 梁和平先生 Mr Arthur LI Ka-tat 李家達先生 Mr MAN Chen-fai, MH 文春輝先生 Dr YIP Ka-chee 葉嘉池醫生

Tseung Kwan O Hospital 將軍澳醫院

Chairman 主席	:	Mr LO Chung-hing, SBS 盧重興先生
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Members 成員	:	Mr Raymond CHAN Wai-man 陳偉文先生 Prof Joseph KWAN Kai-cho 關繼祖教授 Mr Henry LAI Hin-wing 賴顯榮先生 Dr Danny MA Ping-kwan 馬炳坤醫生 Ms Nancy TSANG Lan-see, JP 曾蘭斯女士 Mr WAN Yuet-cheung, MH, JP 溫悅昌先生

Tuen Mun Hospital 屯門醫院

Chairman 主席	:	Mr Paul YU Shiu-tin, BBS, JP 余嘯天先生
Ex-officio members 當然成員	:	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	:	Prof Alfred CHAN Cheung-ming, BBS, JP 陳章明教授 Mr CHAN How-chi 陳孝慈先生 Mr Michael CHAN Kee-huen 陳記煊先生 Prof Sophia CHAN Siu-chee (<i>up to 31.10.2012</i>) 陳肇始教授 (截至2012年10月31日) Dr Eddie CHAN Tat 陳達醫生 Mr KU Moon-lun 古滿麟先生 Mr Edward PONG Chong, BBS, JP 龐創先生 Mr Boris YEUNG Sau-ming 楊秀明先生 Mr Charlie YIP Wing-tong 葉永堂先生

Tung Wah Hospital/Tung Wah Eastern Hospital/TWGHs Fung Yiu King Hospital 東華醫院及東華東院及東華三院馮堯敬醫院

Chairman 主席	:	Mrs Viola CHAN MAN Yee-wai, BBS 陳文綺慧女士
Ex-officio members 當然成員	:	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	:	Dr Ina CHAN Un-chan 陳婉珍博士 Mr Charles CHANG Juo-hwa, BBS 張佐華先生 Ms CHENG Lai-king 鄭麗琼女士 Dr CHU Chor-lup 朱初立醫生 Mr Frederick FUNG King-wai 馮敬偉先生 Ms Maisy HO Chiu-ha 何超蓮女士 Dr John LEE Sam-yuen, BBS 李三元博士 Mr Billy LEUNG Ting-yu, BBS 梁定宇先生 Mr Stephen LIU Wing-ting, JP 廖榮定先生 Mr Patrick MA Ching-hang, BBS, JP 馬清鏗先生 Mrs Katherine MA 馬陳家歡女士 Mr Stephen NG Chi-wing 吳志榮先生 Mr Peter ONG Ka-lueng, BBS 王家龍先生 Mr Ivan SZE Wing-hang 施榮恆先生 Mr TONG Chun-wan 唐振寰先生

United Christian Hospital 基督教聯合醫院

Chairman 主席	:	Prof TAM Sheung-wai, GBS, JP 譚尚渭教授
Ex-officio members 當然成員	:	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	:	Mr Bunny CHAN Chung-bun, SBS, JP 陳振彬先生 Bishop Jenny CHAN Kin-lai 陳堅麗監督 Mr Derek CHAN Man-foon 陳文寬先生 Mr Clifford King CHIU 邱令智先生 Mr Roland CHOW Kun-chee 周近智先生 Mr FUNG Sau-chung 馮壽松先生 Rev Paul KAN Kei-piu 簡祺標牧師 Ms Sophia KAO Ching-chi, SBS, JP 高靜芝女士 Dr LAM Kin-wah, MH 林建華博士 Mr Marthy LI Chak-kwan 李澤昆先生 Mr John LI Kwok-heem, MH 李國謙先生 Rev PO Kam-cheong 蒲錦昌牧師 Rev Eric SO Shing-yit 蘇成溢牧師 Mr Thomas TSANG Fuk-chuen 曾福全先生 Mr Herbert TSOI Hak-kong, BBS, JP 蔡克剛先生 Rt Rev Louis TSUI Tsan-sang 徐贊生主教 Dr Hayles WAI Heung-wah 衛向華醫生 Mr David WONG Tat-kee 黃達琪先生 Ms Grace WONG Yuen-ling 黃婉玲女士 Mr WU Kwok-cheung, MH 胡國祥先生 Dr Alice YUK Tak-fun, JP 郁德芬博士

Yan Chai Hospital 仁濟醫院

Chairman 主席	:	Mr Edwin CHENG Shing-lung, MH 鄭承隆先生
Ex-officio members 當然成員	:	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	:	Mr Baldwin CHENG Shing-fung 鄭承峰先生 Mr CHENG Yan-kee, JP 鄭恩基先生 Mr Clement FUNG Cheuk-nang 馮卓能先生 Mr Alex LAN Khong-poh 凌宏寶先生 Mr Raymond LEUNG Cheong-ming, MH 梁昌明先生 Mr Peter LO Siu-kit 羅少傑先生 Mrs Susan SO CHAN Wai-hang 蘇陳偉香女士 Mr Alfred WONG Wai-kin 黃偉健先生 Mr YAU Kam-ping, MH 邱錦平先生 Mrs YIM TSUI Yuk-shan 嚴徐玉珊女士

Membership of Regional Advisory Committees 區域諮詢委員會成員

Hong Kong Regional Advisory Committee 港島區域諮詢委員會

Chairman 主席	:	Mr CHAN Bing-woon, SBS, JP 陳炳煥先生
Ex-officio members 當然成員	:	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Director of Health or his/her representative 衛生署署長或其代表
Members 成員	:	Mr AU Lap-sing 歐立成先生 Mr Stephen Chan Chit-kwai, BBS, JP 陳捷貴先生 Ms Ophelia CHAN, BBS 陳肖齡女士 Dr Eric CHIEN Ping 錢平醫生 Mr JONG Koon-sang 莊冠生先生 Mr Alex KONG Chack-ho, MH 江澤濠先生 Dr LAU Chor Chiu, MH 劉楚釗醫生 Mr Edwin LEUNG Chung-ching 梁仲清先生 Ms Helen LUI Wai-hing 雷慧卿女士 Mr PANG Yuk-ling, SBS, JP 彭玉陵先生 Dr Jeffrey PONG Chiu-fai 龐朝輝醫生 Mr Ivan SZE Wing-hang 施榮恆先生 Mr TSANG Wing-wah 曾永華先生 Mr Lincoln TSO 曹禮先生 Prof Amy TSUI Bik-may 徐碧美教授 Dr Paul YOUNG Tze-kong, JP 楊子剛博士 Prof Richard YUEN Man-fung 袁孟峰教授 Mr YUNG Chi-ming, BBS, MH 翁志明先生

Kowloon Regional Advisory Committee 九龍區域諮詢委員會

Chairman 主席	:	Mrs Yvonne LAW SHING Mo-han, JP 羅盛慕嫻女士
Ex-officio members 當然成員	:	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Director of Health or his/her representative 衛生署署長或其代表
Members 成員	:	Hon Judge Kevin Anthony BROWNE Mr CHAN Kai-wai 陳繼偉先生 Dr Ina CHAN Un-chan 陳婉珍博士 Ms CHAU Chuen-heung, BBS, MH, JP 周轉香女士 Mrs Sheila CHENG CHATJAVAL 陳鄭兆齡女士 Mr Michael CHENG Tak-kin, JP 鄭德健先生 Prof David CHEUNG Lik-ching 張力正教授 Dr Charles CHEUNG Wai-bun, JP 張惠彬博士 Mr Charles C Y CHIU 趙宗義先生 Mr CHOW Chun-fai, BBS, JP 仇振輝先生 Mr CHOW Yick-hay, BBS, JP 周奕希先生 Mr CHOY Chak-hung 蔡澤鴻先生 Mr HO Tak-sum, MH 何德心居士 Mr HO Yin-fai 何賢輝先生 Ms Nancy LAM Chui-ling, MH 林翠玲女士 Ms LAM Yuen-pun 林婉濱女士 Mr Raymond LEUNG Cheong-ming, MH 梁昌明先生 Mr John LI Kwok-heem, MH 李國謙先生 Mr SHUM Siu-hung 沈少雄先生 Mr WAN Yuet-cheung, MH, JP 溫悅昌先生 Mr Luke WONG Sui-kwong 黃兆光先生 Dr WONG Yee-him 黃以謙醫生

New Territories Regional Advisory Committee 新界區域諮詢委員會

Chairman 主席	:	Ms Ka-shi LAU, BBS 劉嘉時女士
Ex-officio members 當然成員	:	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Director of Health or his/her representative 衛生署署長或其代表
Members 成員	:	Mr Daniel CHAM Ka-hung, BBS, MH, JP 湛家雄先生 Mr CHAN How-chi 陳孝慈先生 Mr Richard FUNG Lap-chung 馮立中先生 Mr Joseph KEUNG Shu-hoi 姜書海先生 Ms Nancy KIT, JP 關港子女士 Mr LAM Tak-leung, MH, JP 林德亮先生 Mr LAU Kwok-fan 劉國勳先生 Mr Lothar LEE Hung-sham, MH 李洪森先生 Mr LI Kwok-ying, BBS, MH, JP 李國英先生 Prof Simon NG Siu-man 吳兆文教授 Ir George PANG Chun-sing, MH 彭振聲先生 Mr Alfred POON Sun-biu 潘新標先生 Mr POON Tak-ming, MH 潘德明先生 Mr SHUM Si-ki 沈士基先生 Mr Philip WONG Chak-piu, MH 黃澤標先生 Ms Peggy WONG Pik-kiu, MH 黃碧嬌女士

Membership of the Board of Trustees of the Hospital Authority Provident Fund Scheme 2012-13

醫院管理局公積金計劃信託委員會成員 2012-13

Chairman 主席	:	Mr John LEE Luen-wai, BBS, JP 李聯偉先生 · BBS, JP
Trustees 信託委員	:	Ms Nancy TSE Sau-ling, JP 謝秀玲女士 · JP
		Mr Peter LO Chi-lik 羅志力先生
		Ms LAU Ka-shi, BBS 劉嘉時女士 · BBS
		Mr Patrick MA Ching-hang, BBS, JP 馬清鏗先生 · BBS, JP
		Dr WONG Tak-cheung 黃德祥醫生
		Mr Raymond LEUNG Ho-kwan, MH (up to 15.9.2012) 梁皓鈞先生 · MH(截至2012年9月15日)
		Mr Barry NG Kwok-hing (from 16.9.2012) 吳國慶先生(由2012年9月16日起)
		Dr Gordon JAN Siu-kei (up to 15.9.2012) 鄭肇基醫生(截至2012年9月15日)
		Dr Ernest MA Hon-ming (from 16.9.2012) 馬漢明醫生(由2012年9月16日起)
		Dr WONG Chi-keung 黃志強醫生
		Miss Janice TSE Siu-wa, JP 謝小華女士 · JP
		Mr Raymond LEE Wing-hung 李永鴻先生
		Mr Alan Howard SMITH, JP 史亞倫先生 · JP

Public Feedback Statistics

公眾意見統計

Complaint / Appreciation Received (1.4.2012 – 31.3.2013)

投訴／讚揚數字(2012年4月1日－2013年3月31日)

Public Complaints Committee

公眾投訴委員會

Nature of cases 個案性質	Number of appeal cases 上訴個案數字
Medical services 醫療服務	149
Staff attitude 職員態度	32
Administrative procedure 行政程序	28
Others 其他	10
Total number of appeal cases handled 處理上訴個案總數	219

Hospital Complaint / Feedback / Appreciation Statistics

醫院投訴／意見／讚揚統計

Nature of complaint / feedback / appreciation cases 投訴／意見／讚揚個案性質	Complaint received 投訴數字	Feedback received 意見數字	Appreciation received 讚揚數字
Medical services 醫療服務	1,402	4,096	18,510
Staff attitude 職員態度	544	2,693	8,187
Administrative procedure 行政程序	444	2,775	1,402
Overall performance 整體表現	174	2,276	308
Others 其他	77	935	11,115
Total number of hospital complaint / feedback / appreciation 醫院投訴／意見／讚揚總數	2,641	12,775	39,522

GOPC* Complaint / Feedback / Appreciation Statistics

普通科門診所投訴／意見／讚揚統計

Nature of complaint / feedback / appreciation cases 投訴／意見／讚揚個案性質	Complaint received 投訴數字	Feedback received 意見數字	Appreciation received 讚揚數字
Medical services 醫療服務	73	285	1,916
Staff attitude 職員態度	94	253	1,435
Administrative procedure 行政程序	46	392	117
Overall performance 整體表現	12	92	38
Others 其他	10	32	503
Total number of complaint / feedback / appreciation received by GOPC 普通科門診所投訴／意見／讚揚總數	235	1,054	4,009

* General outpatient clinics

Statistics of the Controlling Officer's Report

管制人員報告統計數字

The Hospital Authority generally achieved its performance targets in 2012-13. The volume of patient care activities across the full range of services in 2012-13 is comparable to the level in 2011-12.

醫院管理局 2012-13 年度的工作表現指標大致已經達致。2012-13 年度各類服務的病人量與 2011-12 年度相若。

The key statistics of the Controlling Officer's Report used by the Government to measure the Authority's performance in 2011-12 and 2012-13 were:

2011-12 及 2012-13 年度政府用以量度醫院管理局表現的管制人員報告主要統計數字如下：

	2011-12	2012-13
(I) No. of hospital beds (as of end March) 醫院病床數目 (三月底的數字)		
General (acute and convalescence) 普通科 (急症及康復)	20,754	20,845
Infirmary 療養科	2,041	2,041
Mentally ill 精神科	3,607	3,607
Mentally Handicapped 智障科	660	660
Total 合計	27,062	27,153
(II) Delivery of services 服務提供		
in-patient services 住院服務		
no. of discharges & deaths 住院病人出院人次及死亡人數		
general (acute and convalescence) 普通科 (急症及康復)	984,495	1,005,918
infirmary 療養科	3,435	3,364
mentally ill 精神科	16,011	17,155
mentally handicapped 智障科	385	568
overall 整體	1,004,326	1,027,005
no. of patient days 病人住院日次		
general (acute and convalescence) 普通科 (急症及康復)	5,492,158	5,605,576
infirmary 療養科	506,365	504,845
mentally ill 精神科	1,007,619	979,880
mentally handicapped 智障科	211,613	207,909
overall 整體	7,217,755	7,298,210
bed occupancy rate 病床住用率		
general (acute and convalescence) 普通科 (急症及康復)	84%	85%
infirmary 療養科	88%	86%
mentally ill 精神科	77%	75%
mentally handicapped 智障科	88%	87%
overall 整體	83%	84%
average length of stay (days) * 平均住院時間 (日) *		
general (acute and convalescence) 普通科 (急症及康復)	5.6	5.6
infirmary 療養科	121	128
mentally ill 精神科	65	63
mentally handicapped 智障科	654	838
overall 整體	7.2	7.5

	2011-12	2012-13
ambulatory diagnostic & therapeutic services 日間診斷及治療服務		
day patient 日間住院病人		
no. of discharges & deaths 出院人次及死亡人數	496,640	516,127
no. of day patients as % of total in-patient & day patient discharges and deaths 日間病人佔住院及日間病人出院人次及死亡人數百分率	33%	33%
accident & emergency services 急症室服務		
no. of attendance 就診人次	2,241,176	2,253,310
out-patient services 門診服務		
no. of specialist outpatient (clinical) attendances ** 專科門診(臨床)就診總人次**	6,731,155	6,885,455
no. of primary care attendances *** 基層醫療就診總人次***	5,599,191	5,911,304
no. of general outpatient attendances 普通科門診就診人次	5,316,486	5,633,407
no. of family medicine specialist clinic attendances 家庭醫學專科診所就診人次	282,705	277,897
rehabilitation & outreach services 康復及外展服務		
no. of home visits by community nurses 社康護士的家訪次數	838,896	843,144
psychiatric services 精神科服務		
no. of psychiatric outreach attendances 接受精神科外展服務人次	220,550	238,796
no. of psychiatric day hospital attendances 精神科日間醫院就診人次	220,532	219,069
no. of psychogeriatric outreach attendances 接受老人精神科外展服務人次	95,446	96,437
geriatric services 老人科服務		
no. of outreach attendances 接受外展服務人次	626,381	620,068
no. of older persons assessed for infirmary care service 接受療養服務評核的長者人數	1,518	1,723
no. of geriatric day hospital attendances **** 老人科日間醫院就診人次****	142,615	139,585
no. of Visiting Medical Officer attendances 接受到診醫生治療人次	109,850	111,529
no. of allied health out-patient attendances 專職醫療(門診)就診人次	2,150,405	2,268,187
(III) Quality of services 服務質素		
no. of hospital deaths per 1000 population ^ 每千人中病人在醫院死亡人數^	3.3	3.2
unplanned readmission rate within 28 days for general in-patients 普通科住院病人在28天內未經預約再入院率	10.4%	10.2%
Accident and Emergency (A&E) services 急症室服務		
% of A&E patients within the target waiting time: 在目標輪候時間內獲處理的急症病人的百分率:		
Triage I (critical cases - 0 minutes) 第I類別(危殆個案—0分鐘)	100	100
Triage II (emergency cases - 15 minutes) 第II類別(危急個案—15分鐘)	98	97
Triage III (urgent cases - 30 minutes) 第III類別(緊急個案—30分鐘)	91	84
specialist outpatient services 專科門診服務		
median waiting time for first appointment at specialist clinics † 專科診所的新症輪候時間中位數†		
first priority patients 第一優先就診病人	<1 week < 一星期	<1 week < 一星期
second priority patients 第二優先就診病人	5 weeks 五星期	5 weeks 五星期

	2011-12	2012-13
(IV) Cost of Services 服務成本		
Cost distribution 成本分佈		
cost distribution by service types(%) 按服務類別計(百分比)		
inpatient 住院	55.3%	54.8%
ambulatory & outreach 日間及外展	44.7%	45.2%
cost by service types per 1000 population (popn) (\$m) 每千人的服務成本(百萬元)		
inpatient 住院	3.2	3.4
ambulatory & outreach 日間及外展	2.6	2.8
cost of services for persons aged 65 or above 65歲或以上老人服務成本		
share of cost of services (%) 所佔比率(百分比)	45.4%	45.5%
cost of services per 1000 population (\$m) 每千人服務成本(百萬元)	19.7	20.6
Unit costs 單位成本		
Inpatient Services 住院服務		
cost per inpatient discharged (\$) 每名出院病人成本(元)		
general (acute and convalescence) 普通科(急症及康復)	20,010	21,140
infirmary 療養科	186,360	204,200
mentally ill 精神科	121,100	122,570
mentally handicapped 智障科	652,830	445,090
cost per patient day (\$) 每日住院成本(元)		
general (acute and convalescence) 普通科(急症及康復)	3,950	4,180
infirmary 療養科	1,270	1,360
mentally ill 精神科	1,930	2,150
mentally handicapped 智障科	1,190	1,220
Ambulatory & Outreach Services 日間及外展服務		
cost per accident & emergency attendance (\$) 急症室診症每次成本(元)	875	935
cost per specialist outpatient attendance (\$) 專科門診每次成本(元)	985	1,050
cost per general outpatient attendance (\$) 普通科門診每次成本(元)	335	360
cost per family medicine specialist clinic attendance (\$) 家庭醫學專科診所每次診症成本(元)	950	975
cost per outreach visit by community nurse (\$) 社康護士每次外展探訪成本(元)	385	425
cost per psychiatric outreach attendance (\$) 精神科外展服務每次成本(元)	1,210	1,350
cost per geriatric day hospital attendance (\$) 老人科日間醫院每次診症成本(元)	1,620	1,730
Waivers ~ 減免款額 ~		
% of Comprehensive Social Security Assistance (CSSA) waiver (%) 綜合社會保障援助(綜援) 豁免款額百分比	19.1	20.3
% of non-CSSA waiver (%) 非綜援減免款額百分比	3.9	4.2

Notes:

- * Derived by dividing the sum of length of stay of inpatient by the corresponding number of inpatient discharged/treated.
- ** Number of specialist outpatient (SOP) attendances include attendances from nurse clinic in SOP setting.
- *** Number of primary care attendances comprises of the number of general outpatient (GOP) attendances and family medicine specialist clinic attendances. GOP attendances include nurse clinic attendances. As part of the healthcare reform initiatives, the Hospital Authority has been implementing a number of pilot projects, such as chronic disease management programmes, to enhance primary care services. Starting from 2011-12, these programmes have been implemented on an on-going basis. The throughput and cost of such services are reflected in the relevant indicators.
- **** No. of geriatric day hospital attendances under Integrated Discharge Support Program are excluded.
- ^ Refers to the standardised mortality rate covering all deaths in HA hospitals. This is derived by applying the age-specific mortality rate in HA in a particular year to a 'standard' population.
- † Refers to median waiting time of major clinical specialties which include Ear, Nose and Throat, Gynaecology, Medicine, Ophthalmology, Orthopaedics & Traumatology, Paediatrics and Adolescent Medicine, Psychiatry and Surgery.
- ~ Refers to the amount waived as percentage to total charge.

註：

- * 按住院病人住院時間總數除以相對的住院病人出院／接受治療人數計算。
- ** 專科門診(臨床)就診總人次包括專科門診護士診所求診人次。
- *** 基層醫療就診總人次包括普通科門診就診人次及家庭醫學專科診所就診人次。普通科門診就診人次包括護士診所求診人次。配合醫療改革方向，醫管局推行多項先導計劃加強基層醫療服務，如慢性疾病管理計劃。由2011-12年度起，這些計劃持續推行，有關服務的處理量和成本在相關指標反映出來。
- **** 不包括長者病人出院綜合支援計劃下的老人科日間醫院就診人次。
- ^ 涵蓋醫管局轄下醫院所有病人的死亡人數的標準死亡率，有關數字是將醫管局某一年度按年齡分類的死亡率，套用於「標準」人口而計算出來的。
- † 指各大臨床專科包括耳鼻喉科、婦科、內科、眼科、矯形及創傷科、兒科及青少年醫學、精神科及外科的輪候時間中位數。
- ~ 指減免款額佔總收費的百分比。

Statistics on Number of Beds, Inpatient, Accident & Emergency and Outpatient Services in 2012-13

病床數目、住院服務、急症服務及門診服務統計

Institution 機構	No. of beds (as at end March 2013) 病床數目 (2013年 3月底)	Total IP & DP Discharges and Deaths 住院及日間 病人出院及 死亡總數	Inpatient Occupancy Rate (%) 病床住用率 (%)	Inpatient Average Length of Stay (days) 病人平均 住院時間 (日數)	Total A&E attendances 急症室 總求診人次	Total SOP attendances (clinical) 專科門診 總求診人次 (臨床)	Family Medicine Specialist Clinic attendances 家庭醫學 專科診所 求診人次	Total Allied Health Outpatient attendances 專職醫療 門診總求診 人次	General Outpatient attendances 普通科門診 求診人次
Hong Kong East Cluster 港島東醫院聯網									
Cheshire Home, Chung Hom Kok 春磡角慈氏護養院	240	347	79.5	219.7	-	-	-	125	-
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	1,633	136,734	82.8	5.0	155,156	547,471	58,190	118,121	380,248
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	633	25,721	81.6	6.6	82,799	125,015	10,948	92,573	138,740
St John Hospital 長洲醫院	87	3,107	61.6	4.6	10,975	67	-	6,579	33,056
Tung Wah Eastern Hospital 東華東院	278	8,461	82.3	13.3	-	103,228	-	27,353	26,117
Wong Chuk Hang Hospital 黃竹坑醫院	160	190	93.8	269.8	-	-	-	-	-
Sub-total 小計	3,031	174,560	82.7	6.8	248,930	775,781	69,138	244,751	578,161
Hong Kong West Cluster 港島西醫院聯網									
Duchess of Kent Children's Hospital 大口環根德公爵夫人兒童醫院	130	3,035	49.4	8.0	-	19,187	-	27,325	-
TWGHs Fung Yiu King Hospital 東華三院馮堯敬醫院	272	3,182	70.4	19.1	-	595	-	375	-
Grantham Hospital 葛量洪醫院	372	13,322	69.2	11.2	-	36,224	-	2,970	-
MacLehose Medical Rehabilitation Centre 麥理浩復康院	110	1,208	66.0	21.9	-	338	-	2,695	-
Queen Mary Hospital 瑪麗醫院	1,698	134,907	76.9	4.5	132,564	690,407	21,105	149,081	335,258
Tung Wah Hospital 東華醫院	550	24,655	80.0	13.9	-	45,005	-	5,591	32,735
Tsan Yuk Hospital 贊育醫院	3	196	-	-	-	21,232	-	5,018	-
Sub-total 小計	3,135	180,505	74.2	6.3	132,564	812,988	21,105	193,055	367,993
Kowloon Central Cluster 九龍中醫院聯網									
Hong Kong Buddhist Hospital 香港佛教醫院	324	8,631	84.7	16.1	-	11,464	-	10,976	45,432
Hong Kong Eye Hospital 香港眼科醫院	45	8,427	53.7	4.1	-	224,919	-	18,660	-
Kowloon Hospital 九龍醫院	1,335	16,136	83.6	26.2	-	84,137	-	132,863	-
Queen Elizabeth Hospital 伊利沙伯醫院	1,843	169,652	90.8	5.1	206,214	688,884	6,497	223,020	516,017
Rehabaid Centre 復康專科及資源中心	-	-	-	-	-	168	-	22,927	-
Sub-total 小計	3,547	202,846	87.2	8.2	206,214	1,009,572	6,497	408,446	561,449

Institution 機構	No. of beds (as at end March 2013) 病床數目 (2013年 3月底)	Total IP & DP Discharges and Deaths 住院及日間 病人出院及 死亡總數	Inpatient Occupancy Rate (%) 病床住用率 (%)	Inpatient Average Length of Stay (days) 病人平均 住院時間 (日數)	Total A&E attendances 急症室 總求診人次	Total SOP attendances (clinical) 專科門診 總求診人次 (臨床)	Family Medicine Specialist Clinic attendances 家庭醫學 專科診所 求診人次	Total Allied Health Outpatient attendances 專職醫療 門診總求診 人次	General Outpatient attendances 普通科門診 求診人次
Kowloon East Cluster 九龍東醫院聯網									
Haven of Hope Hospital 靈實醫院	425	6,077	86.6	22.4	-	9,470	-	4,629	-
Tseung Kwan O Hospital 將軍澳醫院	543	48,153	96.1	4.4	132,059	209,326	251	97,510	297,828
United Christian Hospital 基督教聯合醫院	1,403	112,918	81.9	4.5	183,774	527,135	53,003	214,659	569,520
Sub-total 小計	2,371	167,148	85.9	5.4	315,833	745,931	53,254	316,798	867,348
Kowloon West Cluster 九龍西醫院聯網									
Caritas Medical Centre 明愛醫院	1,183	54,643	85.6	7.2	139,820	351,927	732	69,628	268,555
Kwai Chung Hospital 葵涌醫院	920	4,089	76.7	71.9	-	211,209	-	31,077	-
Kwong Wah Hospital 廣華醫院	1,206	95,147	75.5	4.2	142,120	356,509	2,489	157,438	209,726
Our Lady of Maryknoll Hospital 聖母醫院	236	10,290	64.5	7.9	-	66,648	702	27,868	415,159
Princess Margaret Hospital 瑪嘉烈醫院	1,731	138,411	95.8	5.2	155,381	417,914	10,332	107,362	423,410
TWGHs Wong Tai Sin Hospital 東華三院黃大仙醫院	511	7,705	90.0	23.8	-	-	-	853	-
Yan Chai Hospital 仁濟醫院	800	52,427	77.5	4.4	142,805	207,623	2,040	78,758	265,345
Sub-total 小計	6,587	362,712	83.1	6.7	580,126	1,611,830	16,295	472,984	1,582,195
New Territories East Cluster 新界東醫院聯網									
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	563	53,005	81.4	4.0	136,101	226,647	5,035	96,628	225,056
Bradbury Hospice 白普理寧養中心	26	676	92.6	13.1	-	21	-	923	-
Cheshire Home, Shatin 沙田慈氏護養院	304	199	72.8	430.1	-	-	-	840	-
North District Hospital 北區醫院	599	38,223	92.5	5.2	115,764	173,500	6,083	68,640	248,659
Prince of Wales Hospital 威爾斯親王醫院	1,478	146,551	86.2	4.8	157,719	664,458	48,182	169,758	436,484
Shatin Hospital 沙田醫院	553	9,256	88.2	18.9	-	500	-	1,185	-
Tai Po Hospital 大埔醫院	992	9,902	81.5	24.8	-	379	-	353	-
Sub-total 小計	4,515	257,812	84.8	7.2	409,584	1,065,505	59,300	338,327	910,199
New Territories West Cluster 新界西醫院聯網									
Castle Peak Hospital 青山醫院	1,156	2,749	73.1	144.5	-	137,414	-	21,442	-
Pok Oi Hospital 博愛醫院	527	37,554	90.5	6.8	131,188	88,261	32,752	55,996	-
Siu Lam Hospital 小欖醫院	500	294	96.6	381.5	-	-	-	-	-
Tuen Mun Hospital 屯門醫院	1,784	156,952	96.1	8.8	228,871	638,173	19,556	216,388	766,062
Sub-total 小計	3,967	197,549	88.4	12.2	360,059	863,848	52,308	293,826	766,062
GRAND TOTAL 總計	27,153	1,543,132	84.0	7.5	2,253,310	6,885,455	277,897	2,268,187	5,633,407

Notes:

1. Rehabaid Centre and Hong Kong Red Cross Blood Transfusion Service are Hospital Authority institutions with specific functions but no hospital beds.
2. The number of beds as at end March 2013 is based on the Annual Survey on Hospital Beds in Public Hospitals, 2012-13.
3. The outpatient attendances for different clinics are grouped under respective hospital management.
4. Specialist outpatient (SOP) attendances (clinical) include attendances from nurse clinic in SOP setting.
5. General outpatient (GOP) attendances include attendances from nurse clinic in GOP setting and attendances in related healthcare reform initiative programmes in primary care.
6. Total Allied Health Outpatient attendances exclude follow-up consultations provided by the Medical Social Service Department and joint clinic consultations provided by the Optometry & Orthoptics Department with doctors.
7. Data prepared in July 2013.

Abbreviations:

- IP — Inpatient
DP — Day Patient
A&E — Accident & Emergency
SOP — Specialist Outpatient

註：

1. 復康專科及資源中心和香港紅十字會輸血服務中心屬醫院管理局機構，各有特定職能，兩間中心均不設病床。
2. 2013年3月底的病床數目來自2012-13年的公立醫院病床數目調查。
3. 各診所的門診求診人次均歸入所屬醫院之下。
4. 專科門診（臨床）就診總人次包括護士診所求診人次。
5. 普通科門診就診總人次包括普通科門診護士診所求診人次及基層醫療就醫療改革所推行服務計劃的求診人次。
6. 專職醫療門診總求診人次不包括醫務社會工作部提供的跟進，亦不包括視光學及視覺矯正學部在診所與醫生的聯合會診。
7. 資料於2013年7月擬備。

Statistics on Community and Rehabilitation Services in 2012-13

2012-13 年度社康及康復服務數字統計

Institution 機構	Community Nursing Service* 社康 護理服務*	Community Psychiatric Service# 精神科 社康服務#	Psycho- geriatric Service# 老人 精神科 服務#	Community Geriatric Assessment Service® 社區老人 評估服務®	Visiting Medical Officer attendances** 到訪醫生 診症次數**	Community Allied Health attendances** 社區專職 醫療求診 人次**	Rehabilitation day & palliative care day attendances 康復及紓緩 護理日間 服務求診人次	Geriatric day hospital attendances*** 老人科 日間醫院 求診人次***	Psychiatric day hospital attendances 精神科 日間醫院 求診人次
Hong Kong East Cluster 港島東醫院聯網									
Cheshire Home, Chung Hom Kok 春磡角慈氏護養院	-	-	-	-	-	42	-	-	-
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	94,219	27,152	10,870	-	-	760	367	16,193	28,247
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	-	-	-	122,676	21,553	1,835	4,990	17,307	-
St John Hospital 長洲醫院	4,542	-	-	-	-	2	-	-	-
Tung Wah Eastern Hospital 東華東院	-	-	-	-	-	59	30,743	-	-
Wong Chuk Hang Hospital 黃竹坑醫院	-	-	-	-	-	2	-	2,157	-
Sub-total 小計	98,761	27,152	10,870	122,676	21,553	2,700	36,100	35,657	28,247
Hong Kong West Cluster 港島西醫院聯網									
Duchess of Kent Children's Hospital 大口環根德公爵夫人兒童醫院	-	-	-	-	-	4	-	-	-
TWGHs Fung Yiu King Hospital 東華三院馮 堯敬醫院	-	-	-	38,711	10,035	1,539	-	5,448	-
Grantham Hospital 葛量洪醫院	-	-	-	-	-	250	4,852	-	-
Maclehose Medical Rehabilitation Centre 麥理浩復康院	-	-	-	-	-	130	12,760	-	-
Queen Mary Hospital 瑪麗醫院	53,304	19,372	13,460	-	-	771	-	-	18,680
Tung Wah Hospital 東華醫院	-	-	-	-	-	169	7,196	6,151	-
Sub-total 小計	53,304	19,372	13,460	38,711	10,035	2,863	24,808	11,599	18,680
Kowloon Central Cluster 九龍中醫院聯網									
Hong Kong Buddhist Hospital 香港佛教醫院	-	-	-	-	-	161	2,107	-	-
Kowloon Hospital 九龍醫院	67,380	14,891	8,996	37,943	5,400	1,254	878	2,409	10,723
Queen Elizabeth Hospital 伊利沙伯醫院	-	-	-	31,057	6,645	1,620	-	10,523	-
Rehabaid Centre 復康專科及資源中心	-	-	-	-	-	883	-	-	-
Sub-total 小計	67,380	14,891	8,996	69,000	12,045	3,918	2,985	12,932	10,723

Institution 機構	Community Nursing Service* 社康 護理服務*	Community Psychiatric Service# 精神科 社康服務#	Psycho- geriatric Service# 老人 精神科 服務#	Community Geriatric Assessment Service® 社區老人 評估服務®	Visiting Medical Officer attendances** 到訪醫生 診症次數**	Community Allied Health attendances** 社區專職 醫療求診 人次**	Rehabilitation day & palliative care day attendances 康復及舒緩 護理日間 服務求診人次	Geriatric day hospital attendances*** 老人科 日間醫院 求診人次***	Psychiatric day hospital attendances 精神科 日間醫院 求診人次
Kowloon East Cluster 九龍東醫院聯網									
Haven of Hope Hospital 靈實醫院	30,013	-	-	6,705	1,589	428	1,359	4,956	-
Tsang Kwan O Hospital 將軍澳醫院	-	-	-	-	-	150	-	-	-
United Christian Hospital 基督教聯合醫院	131,739	25,974	9,949	35,042	8,830	1,359	2,431	20,500	30,448
Sub-total 小計	161,752	25,974	9,949	41,747	10,419	1,937	3,790	25,456	30,448
Kowloon West Cluster 九龍西醫院聯網									
Caritas Medical Centre 明愛醫院	81,460	-	-	39,596	4,314	144	1,346	13,383	-
Kwai Chung Hospital 葵涌醫院	-	62,311	25,502	-	-	2,669	-	-	65,820
Kwong Wah Hospital 廣華醫院	37,729	-	-	41,951	8,773	977	-	7,848	-
Our Lady of Maryknoll Hospital 聖母醫院	46,935	-	-	15,624	-	160	1,046	-	-
Princess Margaret Hospital 瑪嘉烈醫院	85,712	-	-	39,202	5,939	998	1,373	13,633	-
TWGHs Wong Tai Sin Hospital 東華三院黃大仙醫院	-	-	-	-	-	71	-	7,892	-
Yan Chai Hospital 仁濟醫院	-	-	-	39,577	6,272	242	-	4,163	-
Sub-total 小計	251,836	62,311	25,502	175,950	25,298	5,261	3,765	46,919	65,820
New Territories East Cluster 新界東醫院聯網									
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	35,730	-	1,024	28,492	7,306	2,453	209	11,018	9,677
Bradbury Hospice 白普理寧養中心	-	-	-	-	-	53	417	-	-
Cheshire Home, Shatin 沙田慈氏護養院	-	-	-	-	-	7	-	-	-
North District Hospital 北區醫院	35,621	6,671	7,662	29,694	9,010	3,364	254	9,229	11,520
Prince of Wales Hospital 威爾斯親王醫院	54,866	-	-	21,976	8,220	4,275	-	-	-
Shatin Hospital 沙田醫院	-	19,648	5,888	-	-	158	5,674	14,020	16,642
Tai Po Hospital 大埔醫院	-	5,075	235	-	-	10	-	-	7,808
Sub-total 小計	126,217	31,394	14,809	80,162	24,536	10,320	6,554	34,267	45,647
New Territories West Cluster 新界西醫院聯網									
Castle Peak Hospital 青山醫院	-	57,702	12,851	-	-	572	-	-	14,067
Pok Oi Hospital 博愛醫院	-	-	-	2,257	-	453	-	-	-
Tuen Mun Hospital 屯門醫院	83,894	-	-	91,288	7,643	3,826	2,651	14,628	5,437
Sub-total 小計	83,894	57,702	12,851	93,545	7,643	4,851	2,651	14,628	19,504
GRAND TOTAL 總計	843,144	238,796	96,437	621,791	111,529	31,850	80,653	181,458	219,069

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| <p>* For Community Nursing Service, the activity refers to number of home visits made.</p> <p># For Community Psychiatric Service and Psychogeriatric Service, the activity refers to total number of outreach attendances and home visits. The activity of Community Psychiatric Service also includes Recovery Support Program, Personalized Care Program for patients with Severe Mental Illness (SMI) and services provided by Intensive Care Team, while the activity of Psychogeriatric Service also includes consultation-liaison attendances.</p> <p>@ For Community Geriatric Assessment Service, the activity refers to total number of outreach attendances and infirmary care service assessments performed.</p> <p>++ Visiting Medical Officer attendances refer to the services provided to elderly persons living in Resident Care Homes for the Elderly under the Visiting Medical Officers Scheme introduced in 2003-04.</p> <p>** Community Allied Health attendances exclude follow-up consultations provided by the Medical Social Service Department.</p> <p>*** Geriatric day hospital attendances include attendances from Integrated Discharge Support Program (IDSP).</p> <p>Note: The activity performed in different centers/teams are grouped under respective hospital management.</p> | <p>* 有關數字指社康護理服務的家訪次數。</p> <p># 有關數字指精神科社康服務及老人精神科服務的外展及家訪總數。精神科社康服務亦包括康復支援計劃、嚴重精神病患者個人化護理計劃及積極護理團隊提供的服務，而老人精神科服務亦包括諮詢會診次數。</p> <p>@ 有關數字指社區老人評估服務的外展及護養評估總數。</p> <p>++ 到訪醫生診症次數指2003-04年推行的「到訪醫生計劃」為護老院院友提供之到診服務。</p> <p>** 社區專職醫療求診人次不包括醫務社會工作部提供的跟進。</p> <p>*** 老人科日間醫院求診人次包括綜合出院支援服務求診人次。</p> <p>註：各中心及團隊的數字均歸入所屬醫院之下。</p> |
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Manpower Position – by Cluster and Institution

人手狀況 – 按聯網及機構分類

Institution 機構	No. of Full-time Equivalent (FTE) Staff (as at 31.3.2013)* 等同全職人員數目 (2013年3月31日數字)*				
	Medical 醫療	Nursing 護理	Allied Health 專職醫療	Others 其他	Total 總計
Hong Kong East Cluster 港島東醫院聯網	595.28	2348.17	716.72	3565.60	7225.77
Cheshire Home, Chung Hom Kok 春磡角慈氏護養院	2.00	55.00	10.00	113.00	180.00
HK Tuberculosis, Chest & Heart Diseases Association 香港防癆心臟及胸病協會				8.00	8.00
Hong Kong East Cluster Office 港島東醫院聯網辦事處		68.91	12.00	517.10	598.01
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	465.05	1527.73	470.20	1820.50	4283.48
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	81.95	432.63	151.62	628.00	1294.20
St. John Hospital 長洲醫院	5.31	32.98	8.00	67.00	113.29
Tung Wah Eastern Hospital 東華東院	38.97	181.66	60.90	298.00	579.53
Wong Chuk Hang Hospital 黃竹坑醫院	2.00	49.26	4.00	114.00	169.26
Hong Kong West Cluster 港島西醫院聯網	653.06	2600.12	826.15	3269.56	7348.89
Duchess of Kent Children's Hospital 大口環根德公爵夫人兒童醫院	10.00	62.85	36.50	116.00	225.35
Grantham Hospital 葛量洪醫院	27.00	213.47	50.00	254.00	544.47
Hong Kong West Cluster Office 港島西醫院聯網辦事處				1.00	1.00
MacLehose Medical Rehabilitation Centre 麥理浩復康院	1.21	33.85	29.00	77.00	141.06
Queen Mary Hospital 瑪麗醫院	562.64	1894.89	611.65	2301.56	5370.74
TWGHs Fung Yiu King Hospital 東華三院馮堯敬醫院	16.00	79.54	24.00	144.00	263.54
Tung Wah Hospital 東華醫院	36.21	315.52	75.00	376.00	802.73
Kowloon Central Cluster 九龍中醫院聯網	708.90	3069.32	940.12	4180.12	8898.46
HK Red Cross Blood Transfusion Service 香港紅十字會輸血服務中心	4.00	74.63	66.00	227.54	372.17
Hong Kong Buddhist Hospital 香港佛教醫院	14.00	144.00	36.00	176.40	370.40
Hong Kong Eye Hospital 香港眼科醫院	37.20	69.30	18.00	153.36	277.86
Kowloon Central Cluster Office 九龍中醫院聯網辦事處	1.00			74.00	75.00
Kowloon Hospital 九龍醫院	64.53	770.50	175.12	896.72	1906.87
Queen Elizabeth Hospital 伊利沙伯醫院	588.17	2010.89	632.00	2639.10	5870.16
Rehabaid Centre 復康專科及資源中心			13.00	13.00	26.00
Kowloon East Cluster 九龍東醫院聯網	632.18	2313.12	645.11	2893.05	6483.46
Haven of Hope Hospital 靈實醫院	20.28	248.07	49.88	337.36	655.59
Kowloon East Cluster Office 九龍東醫院聯網辦事處				5.00	5.00
Tseung Kwan O Hospital 將軍澳醫院	145.59	555.11	157.04	630.82	1488.56
United Christian Hospital 基督教聯合醫院	466.31	1509.94	438.19	1919.87	4334.31

Institution 機構	No. of Full-time Equivalent (FTE) Staff (as at 31.3.2013)* 等同全職人員數目 (2013年3月31日數字)*				
	Medical 醫療	Nursing 護理	Allied Health 專職醫療	Others 其他	Total 總計
Kowloon West Cluster 九龍西醫院聯網	1,307.11	5,087.60	1,359.39	6,321.81	14,075.91
Caritas Medical Centre 明愛醫院	241.99	772.01	208.47	1,005.49	2,227.96
Kowloon West Cluster Office 九龍西醫院聯網辦事處	3.00	4.00	3.00	258.36	268.36
Kwai Chung Hospital 葵涌醫院	67.51	567.91	102.00	544.74	1,282.16
Kwong Wah Hospital 廣華醫院	323.08	1,158.47	303.52	1,364.73	3,149.80
North Lantau Hospital 北大嶼山醫院	11.00	13.00	4.00	35.00	63.00
Our Lady of Maryknoll Hospital 聖母醫院	69.97	254.12	79.59	317.65	721.33
Princess Margaret Hospital 瑪嘉烈醫院	398.91	1,479.61	454.49	1,671.67	4,004.68
TWGHs Wong Tai Sin Hospital 東華三院黃大仙醫院	24.21	236.78	42.50	293.11	596.60
Yan Chai Hospital 仁濟醫院	167.44	601.70	161.82	831.06	1,762.02
New Territories East Cluster 新界東醫院聯網	940.24	3,523.54	999.36	4,633.18	10,096.32
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	144.86	534.62	179.36	671.00	1,529.84
Bradbury Hospice 白普理寧養中心	4.02	24.00	5.00	24.00	57.02
Cheshire Home, Shatin 沙田慈氏護養院	2.00	78.32	8.00	129.00	217.32
New Territories East Cluster Office 新界東醫院聯網辦事處	2.00	4.00	2.00	444.43	452.43
North District Hospital 北區醫院	169.64	619.92	163.00	720.00	1,672.56
Prince of Wales Hospital 威爾斯親王醫院	533.12	1,615.08	515.00	1,807.75	4,470.95
Shatin Hospital 沙田醫院	41.62	307.52	73.00	388.00	810.14
Tai Po Hospital 大埔醫院	43.00	340.08	54.00	449.00	886.08
New Territories West Cluster 新界西醫院聯網	697.46	2,834.39	752.17	4,025.38	8,309.40
Castle Peak Hospital 青山醫院	73.42	561.84	87.00	602.53	1,324.79
New Territories West Cluster Office 新界西醫院聯網辦事處				79.00	79.00
Pok Oi Hospital 博愛醫院	104.33	376.72	110.00	542.00	1,133.05
Siu Lam Hospital 小欖醫院	3.00	127.37	2.00	279.00	411.37
Tuen Mun Hospital 屯門醫院	516.71	1,768.46	553.17	2,522.85	5,361.19
Total 總計	5,534.23	21,776.26	6,239.02	28,888.70	62,438.21

* This figure excludes 1774.98 staff in the Hospital Authority Head Office. Manpower on full-time equivalent (FTE) basis includes all full-time & part-time staff in HA's workforce i.e. permanent, contract and temporary.

* 這數字不包括醫管局總辦事處的1,774.98名職員。人手按「等同全職人員」計，包括醫管局所有全職及兼職的常額、合約及臨時職員。

Manpower Position - by Staff Group

人手狀況－按職員組別分類

	No. of Full-time Equivalent (FTE) Staff 2008-09 - 2012-13 *				
	2008-09	2009-10	2010-11	2011-12	2012-13
Medical 醫療					
Consultant 顧問醫生	563.4	590.1	630.5	699.3	729.2
Senior Medical Officer/Associate Consultant 高級醫生／副顧問醫生	1,172.9	1,241.5	1,295.5	1,504.3	1,639.1
Medical Officer/Resident(excluding Visiting Medical Officer) 醫生／駐院醫生(不包括到訪醫生)	3,110.5	3,147.4	3,109.8	2,945.1	2,875.1
Visiting Medical Officer 到訪醫生	16.3	15.6	16.1	16.2	16.2
Intern 駐院實習醫生	292.0	277.0	280.0	275.0	280.0
Senior Dental Officer/Dental Officer 高級牙科醫生／牙科醫生	5.5	6.3	5.3	7.0	6.3
Medical Total: 醫療人員總計：	5,160.5	5,277.9	5,337.2	5,446.9	5,545.9
Nursing 護理					
Senior Nursing Officer and above 高級護士長或以上	83.0	81.0	81.0	127.0	156.4
Department Operations Manager 部門運作經理	158.0	163.0	163.0	168.0	176.0
<i>General 普通科-</i>					
Ward Manager/Nurse Specialist/Nursing Officer/ Advanced Practice Nurse 病房經理／專科護士／護士長／資深護師	3,038.4	3,161.6	3,283.1	3,525.5	3,759.6
Registered Nurse 註冊護士	11,478.1	11,780.1	11,971.3	12,293.3	12,722.0
Enrolled Nurse 登記護士	2,375.4	2,199.4	2,198.7	2,289.8	2,372.5
Midwife/Others 助產士／其他	35.3	28.6	24.6	22.8	19.2
Student Nurse/Pupil Nurse/Temporary Undergraduate Nursing student 註冊護士學生／登記護士學生／護理學學生	397.8	487.0	406.1	447.0	436.9
<i>Psychiatric 精神科-</i>					
Ward Manager/Nurse Specialist/Nursing Officer/ Advanced Practice Nurse 病房經理／專科護士／護士長／資深護師	397.7	415.3	436.3	493.4	510.5
Registered Nurse 註冊護士	1,061.5	1,067.5	1,058.8	1,024.8	1,085.2
Enrolled Nurse 登記護士	496.4	473.8	473.0	508.9	578.0
Student Nurse/Pupil Nurse 註冊護士學生／護理學學生	0.0	9.0	6.0	0.0	0.0
Nursing Total: 護理人員總計：	19,521.6	19,866.3	20,101.8	20,900.6	21,816.3

	No. of Full-time Equivalent (FTE) Staff 2008-09 - 2012-13 * 等同全職人員數目*				
	2008-09	2009-10	2010-11	2011-12	2012-13
Allied Health 專職醫療					
Audiology Technician 聽力學技術員	9.0	9.0	9.0	7.0	7.0
Clinical Psychologist 臨床心理學家	92.0	92.3	100.3	110.3	134.0
Dietitian 營養師	85.7	92.2	91.9	106.1	117.7
Dispenser 配藥員	919.0	949.0	971.0	996.6	1,055.1
Medical Technologist/Medical Laboratory Technician 醫務化驗師/醫務化驗員	1,106.1	1,148.0	1,175.7	1,221.2	1,270.2
Mould Technologist/Mould Laboratory Technician 製模實驗室技術師/製模實驗室技術員	27.0	27.0	27.0	27.0	27.0
Optometrist 視光師	29.0	32.0	42.0	60.0	61.0
Orthoptist 視覺矯正師	12.0	12.0	14.0	13.0	14.4
Occupational Therapist 職業治療師	498.6	531.6	572.6	613.1	672.8
Pharmacist 藥劑師	353.7	375.7	391.7	436.7	487.6
Physicist 物理學家	55.0	56.0	58.0	61.0	68.0
Physiotherapist 物理治療師	729.2	755.0	774.9	813.6	845.6
Podiatrist 足病治療師	22.2	24.0	26.8	31.4	35.2
Prosthetist-Orthotist 義肢矯形師	100.2	107.0	105.0	116.0	123.0
Diagnostic Radiographer/Radiation Therapist 放射師/放射治療師	869.7	898.0	906.7	924.6	947.2
Scientific Officer (Medical) 科學主任(醫務)	64.6	65.6	66.9	70.9	75.8
Speech Therapist 言語治療師	58.0	61.0	58.5	68.5	76.5
Medical Social Worker 醫務社工	198.0	210.0	223.9	265.0	281.9
Dental Technician 牙科技術員	2.0	2.0	2.0	2.0	2.0
Allied Health Total: 專職醫療人員總計：	5,231.1	5,447.4	5,617.8	5,944	6,302.0
Care-related Support Staff 護理支援					
Health Care Assistant 健康服務助理	3,465.0	3,283.0	3,087.0	2,878.0	2,630.0
Ward Attendant 病房服務員	599.0	537.0	478.0	400.0	342.0
General Services Assistant/Technical Services Assistant (Care-related)/Theatre Technical Assistant/Patient Care Assistant 支援服務助理/技術服務助理(護理)/ 手術室技術助理/病人服務助理	4,265.9	5,133.2	5,661.2	7,110.8	8,076.3
Care-related Support Staff Total: 護理支援人員總計：	8,329.9	8,953.2	9,226.2	10,388.8	11,048.3
Direct Patient Care Total: 直接病人護理人手總計：	38,243.1	39,544.9	40,283.0	42,680.2	44,712.5

	No. of Full-time Equivalent (FTE) Staff 2008-09 - 2012-13 * 等同全職人員數目*				
	2008-09	2009-10	2010-11	2011-12	2012-13
Others 其他					
Chief Executive/Director/Deputy Director/Head 行政總裁／總監／副總監／主管	7.0	7.0	6.0	7.0	7.0
Cluster Chief Executive/Hospital Chief Executive 醫院聯網總監／醫院行政總監	27.0	27.0	27.0	27.0	26.0
Chief Manager/Senior Manager/Executive Manager/ General Manager 總行政經理／高級行政經理／行政經理／總經理	86.6	87.6	86.6	89.6	92.0
Other Professionals/Administrator, System Manager, Analyst Programmer etc 其他專業／行政人員、系統經理、系統程序分析編製主任等	1,213.7	1,407.4	1,521.8	1,744.9	1,983.9
Other Supporting Staff - Clerical, Secretarial, Workman, Artisan, Property Attendant etc 其他支援人員－文員、秘書、工人、技工、產業看管員等	16,333.9	16,638.9	16,593.7	16,679.0	17,391.8
Non-direct Patient Care Total: 非直接病人護理人手總計：	17,668.2	18,167.9	18,235.1	18,547.6	19,500.7
HA Total: 醫管局人手總計：	55,911.3	57,712.8	58,518.1	61,227.8	64,213.2

Note:

* Manpower on full-time equivalent (FTE) includes all full-time & part-time staff in HA's workforce i.e. permanent, contract and temporary.

註：

* 「等同全職人員」包括醫管局所有全職及兼職的常額、合約及臨時職員。

Resource Utilisation for 2012-13

2012-13 年度資源使用

Clusters 聯網	Recurrent Expenditure for 2012-13 (\$Mn) 2012-13 年度經常開支 (百萬元)
Hong Kong East Cluster 港島東醫院聯網	4,777
Hong Kong West Cluster 港島西醫院聯網	5,204
Kowloon Central Cluster 九龍中醫院聯網	5,940
Kowloon East Cluster 九龍東醫院聯網	4,353
Kowloon West Cluster 九龍西醫院聯網	9,531
New Territories East Cluster 新界東醫院聯網	7,051
New Territories West Cluster 新界西醫院聯網	5,471
Hospital Authority Head Office and Others ^(Note) 醫院管理局總辦事處及其他 ^(註)	1,721
Total 總計	44,048

Note:

Others include resources for hospital services (e.g. intern) and corporate programmes (e.g. insurance premium, legal costs / claims and information technology / information systems services, etc) and others.

註：

「其他」包括用於醫院服務(如實習醫生)、機構項目(如保險費、法律費用／索償及資訊科技／資訊系統服務等)及其他的資源使用。

Hospital Authority Training and Development Expenditure 醫院管理局職員培訓及發展開支

Cluster 聯網	Training and Development Expenditure for 2012-13 ^(Note 1) 培訓及發展開支 2012-13 ^(註 1)
Hong Kong East Cluster 港島東醫院聯網	\$6,978,047
Hong Kong West Cluster 港島西醫院聯網	\$7,828,073
Kowloon Central Cluster 九龍中醫院聯網	\$6,915,712
Kowloon East Cluster 九龍東醫院聯網	\$2,951,895
Kowloon West Cluster 九龍西醫院聯網	\$8,058,418
New Territories East Cluster 新界東醫院聯網	\$9,135,926
New Territories West Cluster 新界西醫院聯網	\$6,552,110
Hospital Authority Head Office 醫院管理局總辦事處	\$68,338,021 ^(Note 2)
Total 總計	\$116,758,202

Note:

- Expenditure in providing training and development for HA workforce with items including course/conference fees, passages and travel, scholarships, subsistence allowances, teaching aids and devices, publications, trainer fees, refund of examination fee and other relevant charges.
- A number of corporate-wide training programmes and initiatives are centrally coordinated by Hospital Authority Head Office.

註：

- 為醫管局職員提供培訓及發展的開支，包括學費／會議費用、旅費及交通費、獎學金、膳宿津貼、教材及器具、刊物、導師費用、退還考試費及其他相關開支。
- 醫院管理局總辦事處中央統籌的企業培訓課程及計劃。

Five-Year Financial Highlights

過去五年的財政摘要

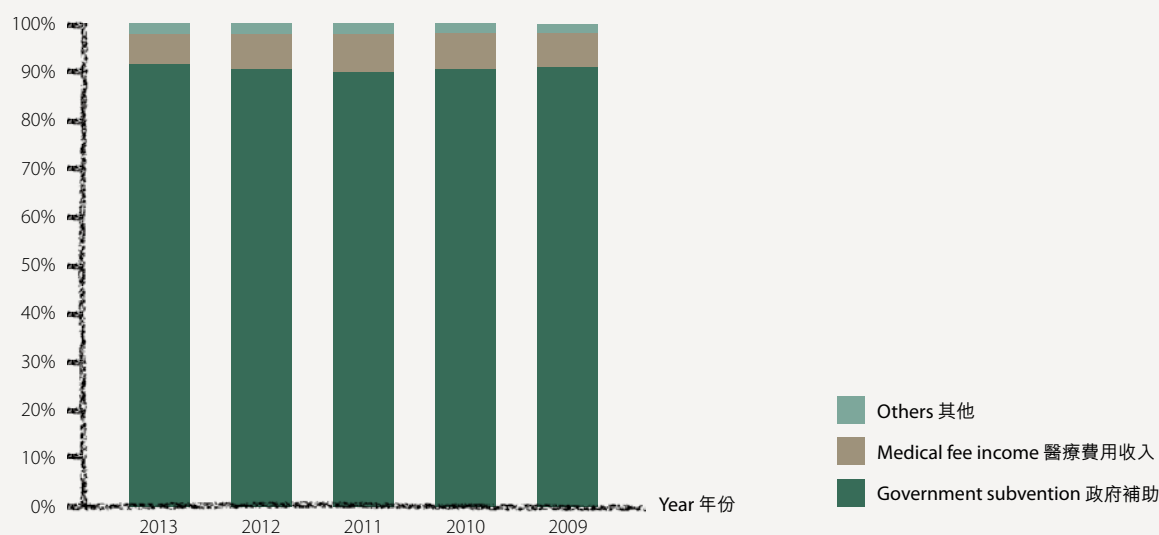
Financial Results (for the Year ended 31 March)

財政情況 (截至每年 3 月 31 日)

	2013 HK\$Mn 港幣百萬元	2012 HK\$Mn 港幣百萬元	2011 HK\$Mn 港幣百萬元	2010 HK\$Mn 港幣百萬元	2009 HK\$Mn 港幣百萬元
Income 收入					
Government subvention (recurrent and capital) 政府補助 (經常性及資本性)	43,159	38,348	34,366	33,098	31,915
Medical fee income (net of waivers) 醫療費用收入 (扣除豁免)	2,951	3,030	2,994	2,726	2,527
Non-medical fee income 非醫療費用收入	775	685	562	478	454
Designated donations 指定捐贈	149	145	143	132	112
Capital donations 資本捐贈	120	109	113	110	98
	47,154	42,317	38,178	36,544	35,106
Expenditure 支出					
Staff costs 員工成本	(32,290)	(29,616)	(26,904)	(26,680)	(26,387)
Drugs 藥物	(4,479)	(4,069)	(3,639)	(3,209)	(2,812)
Medical supplies and equipment 醫療物品及設備	(1,999)	(1,846)	(1,354)	(1,210)	(1,211)
Other operating expenses (include depreciation and amortisation) 其他營運開支 (包括折舊及攤銷)	(7,288)	(6,289)	(6,039)	(5,473)	(4,879)
	(46,056)	(41,820)	(37,936)	(36,572)	(35,289)
Surplus/(Deficit) for the Year 年度盈餘/(虧損)	1,098	497	242	(28)	(183)

Income by Source (in % of Total Income)

各類收入來源 (佔總收入百分比)



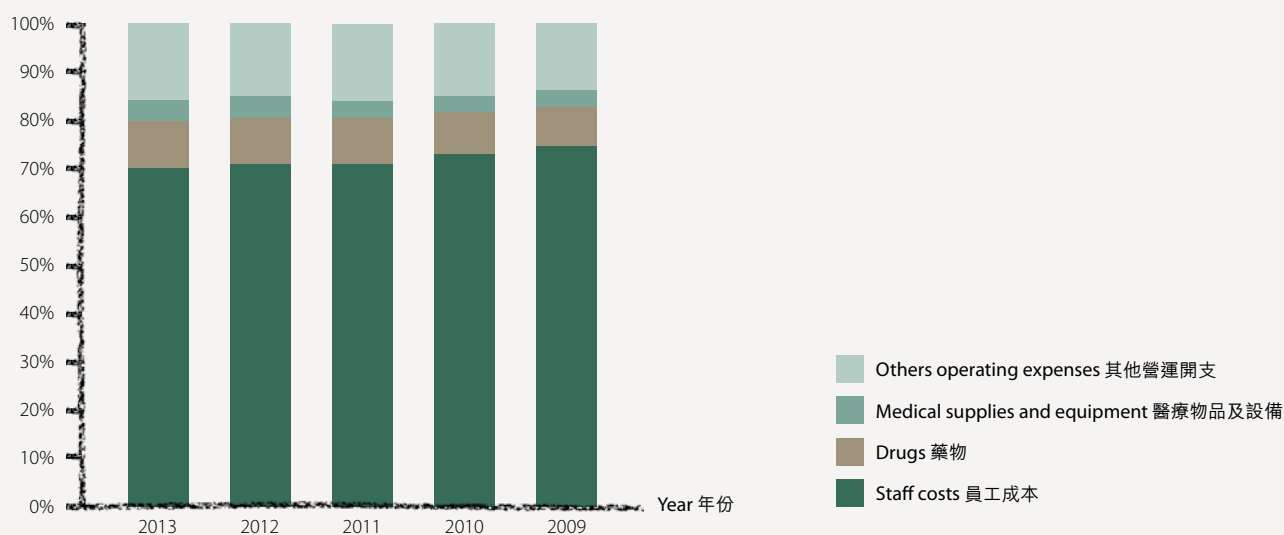
Key Financial Indicators (for the Year ended 31 March)

主要財政指標 (截至每年 3 月 31 日)

	2013 HK\$Mn 港幣百萬元	2012 HK\$Mn 港幣百萬元	2011 HK\$Mn 港幣百萬元	2010 HK\$Mn 港幣百萬元	2009 HK\$Mn 港幣百萬元
Medical fee income 醫療費用收入					
Inpatient fees 住院收費	939	1,164	1,269	1,174	1,169
Outpatient fees 門診收費	1,218	1,188	1,169	1,128	1,083
Itemised charges 分項收費	1,231	1,134	1,032	887	711
Other medical fees 其他醫療收費	81	71	66	60	61
	3,469	3,557	3,536	3,249	3,024
Less: Waivers 扣除：豁免	(518)	(527)	(542)	(523)	(497)
Medical fee income (net of waivers) 醫療費用收入 (扣除豁免)	2,951	3,030	2,994	2,726	2,527
Write-off of medical fee income 醫療費用收入註銷開支	35	37	29	36	34

Expenditure by Category (in % of Total Expenditure)

各類支出 (佔總支出百分比)



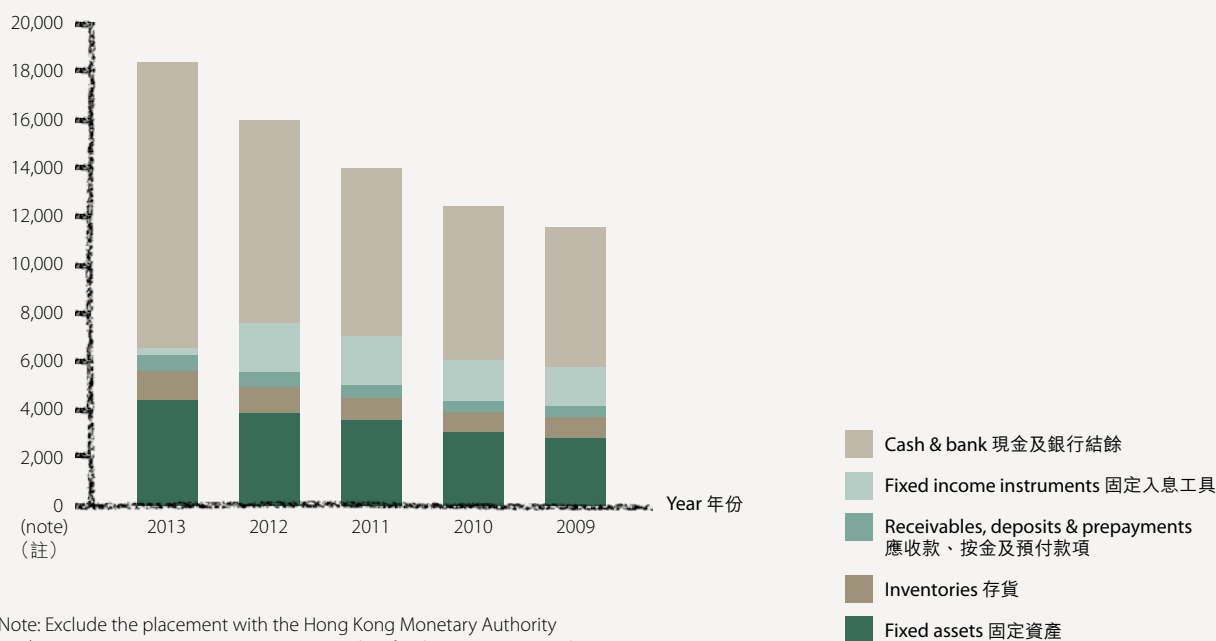
Financial Position (at 31 March)

財政狀況 (於每年 3 月 31 日)

	2013 HK\$Mn 港幣百萬元	2012 HK\$Mn 港幣百萬元	2011 HK\$Mn 港幣百萬元	2010 HK\$Mn 港幣百萬元	2009 HK\$Mn 港幣百萬元
Non-current assets 非流動資產	10,515	4,204	5,636	4,539	3,127
Current assets 流動資產	14,082	11,815	8,425	7,931	8,476
Current liabilities 流動負債	(6,794)	(5,929)	(4,795)	(4,007)	(3,316)
Net current assets 流動資產淨值	7,288	5,886	3,630	3,924	5,160
Non-current liabilities 非流動負債	(6,810)	(683)	(658)	(600)	(661)
Net assets 資產淨值	10,993	9,407	8,608	7,863	7,626
Capital subventions and donations 資本補助及捐贈	4,383	3,895	3,593	3,090	2,825
Designated fund 指定基金	5,077	5,077	5,077	5,077	5,077
Revenue reserve 收入儲備	1,533	435	(62)	(304)	(276)
	10,993	9,407	8,608	7,863	7,626

Total Assets (in HK\$ millions)

總資產 (港幣百萬元)



Key Financial Indicators (at 31 March)

主要財政指標 (於每年 3 月 31 日)

	2013 HK\$Mn 港幣百萬元	2012 HK\$Mn 港幣百萬元	2011 HK\$Mn 港幣百萬元	2010 HK\$Mn 港幣百萬元	2009 HK\$Mn 港幣百萬元
Inventories 存貨					
Drugs 藥物	1,043	840	713	640	680
Other medical and general consumable 其他醫療及一般消耗品	209	209	180	183	184
	1,252	1,049	893	823	864
Average stock holding period (weeks) 平均存貨儲備時間 (星期)					
Drugs 藥物	12.0	10.8	10.2	10.0	12.5
Other medical and general consumable 其他醫療及一般消耗品	8.7	10.0	9.4	8.2	7.2

Analysis of Hospital/Clinic Fees and Charges

醫院／診療所收費分析

The fees and charges for medical services provided by the Hospital Authority are levied in accordance with those stipulated in the Gazette. The fees and charges are recognised as income in the Statement of Income and Expenditure when services are provided. Different charge rates are applicable for Eligible Persons and Non-Eligible Persons. Eligible Persons of public health services are holders of Hong Kong Identity Card issued under the Registration of Persons Ordinance or children under 11 years of age with Hong Kong resident status. Persons who are not Eligible Persons are classified as Non-Eligible Persons.

Fees and charges that are uncollectible after all possible attempts have been made are written off in the Statement of Income and Expenditure for the year. In addition, provision is made for outstanding fees and charges. Such provision is assessed based on both the aging as well as the recoverability rate of outstanding hospital fees and charges as at the end of the financial year. The amount of provision for doubtful debts as at 31 March 2013 is HK\$49,094,000 (as at 31 March 2012: HK\$38,960,000).

Fees and charges for public medical services are waived for recipients of Comprehensive Social Security Assistance ("CSSA"). Other patients who have financial difficulties in paying fees and charges for medical services can approach the Medical Social Workers to apply for waivers which may be granted after assessment of the patients' financial condition.

The analysis of the hospital/clinic fees and charges of the Hospital Authority is as follows:

醫院管理局所提供醫療服務的收費，是根據憲報規定的收費表徵收。有關收費於服務提供時，在該年度的收支結算表確認為收入。「符合資格人士」及「非符合資格人士」所需繳付的費用並不相同。使用公立醫療服務的「符合資格人士」是指持有根據《人事登記條例》所發香港身份證的人士，或11歲以下具香港居民資格的兒童。不符合上述資格的人士則為「非符合資格人士」。

經用盡所有可能方法但仍未能收取的費用則會在該年度的收支結算表內註銷，此外，亦會為尚未清繳的費用作呆帳撥備。呆帳撥備是評估財政年度終結時尚未清繳費用的拖欠期及可追收機會後計算出來。截至2013年3月31日為止的呆帳撥備為港幣49,094,000元(截至2012年3月31日則為港幣38,960,000元)。

領取「綜合社會保障援助」(綜援)的人士可獲豁免公立醫療服務收費，其他病人若有經濟困難，可聯絡醫務社工申請費用減免。有關病人在接受經濟狀況評估後，如符合資格，便可獲得費用減免。

醫院管理局醫院／診療所收費的分析如下：

	2012-2013			2011-2012		
	HK\$'000 港幣千元	HK\$'000 港幣千元	(%)	HK\$'000 港幣千元	HK\$'000 港幣千元	(%)
Net hospital/clinic fees and charges 醫院／診療所收費淨額		2,905,410	(83.8%)		2,996,705	(84.3%)
Hospital/clinic fees written-off and changes in provision for doubtful debts 註銷的醫院／診療所收費及呆帳撥備變動						
Actual write-off 實際註銷	35,188			36,900		
Increase/(Decrease) in provision 撥備增加／(減少)	10,134			(3,739)		
		45,322	(1.3%)		33,161	(0.9%)
Waiver of hospital/clinic fees for: 獲減免的醫院／診療所收費：						
Eligible Persons 符合資格人士		479,164	(13.8%)		488,653	(13.7%)
Non-Eligible Persons 非符合資格人士		38,800	(1.1%)		38,275	(1.1%)
Total hospital/clinic fees and charges 醫院／診療所收費總額		3,468,696	(100%)		3,556,794	(100%)

醫院管理局致力保護環境，
此年報已上載本局網站 www.ha.org.hk。

The Hospital Authority is committed to environmental protection.
You may access this Report on our website www.ha.org.hk

醫院管理局 Hospital Authority

香港九龍亞皆老街 147B 醫院管理局大樓
Hospital Authority Building
147B Argyle Street, Kowloon, Hong Kong

電話 Tel : (852)2300 6555
傳真 Fax : (852)2890 7726
電郵 Email : enquiry@ha.org.hk

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