



Hospital Authority  
醫院管理局

Annual Report 年報  
2013-2014



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# Roles 任務

The Hospital Authority 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  
管理及掌管公立醫院
- Establishing public hospitals  
設立公立醫院
- 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
- 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
- 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須付的費用，向食物及衛生局局長建議恰當的政策



# Vision, Mission and Values

## 願景、使命及核心價值

Helping People Stay Healthy

與民攜手 保健安康



Healthy People 市民健康

Happy Staff 員工開心

Trusted by the Community 大眾信賴

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 six strategic intents as outlined in the HA Annual Plan 2013-2014 with a theme on *Keeping Healthcare in Sync*:

醫管局採納 2013-2014 年度工作計劃書「健•同步」所載的六項重點策略，達至上述的機構願景、使命及核心價值：



Under the above strategic intents and 25 strategies, the Authority formulated 125 corresponding programme targets for 2013-2014, of which all but 12 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 25 個策略重點，醫管局就 2013-2014 年度制訂了 125 項計劃目標，除 12 項外，全部於年內完成。第六章總辦事處及醫院聯網工作匯報刊載各方面的主要成績。

# Membership of the Hospital Authority

## 醫院管理局大會成員



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

(up to 30.11.2013)  
(任期至2013年11月30日)

- Chairman of the Authority from 7 October 2004 to 30 November 2013
- Company executive and professional accountant
- 由2004年10月7日至2013年11月30日獲委任為醫院管理局主席
- 公司董事及專業會計師

**5 Mr William CHAN Fu-keung, BBS**  
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

**2 Prof John LEONG Chi-yan, SBS, JP**  
梁智仁教授

- Appointed as Chairman of the Authority on 1 December 2013
- Clinician-scientist specialising in spinal and paediatric orthopaedics
- 於2013年12月1日獲委任為醫管局主席
- 脊柱外科及小兒骨科的臨床醫學研究專家

**6 Prof Francis CHAN Ka-leung, JP**  
陳家亮教授

- Appointed on 1 April 2013
- Dean of the Faculty of Medicine of the Chinese University of Hong Kong
- 於2013年4月1日獲委任
- 香港中文大學醫學院院長

**3 Mr CHAN Bing-woon, SBS, JP**  
陳炳煥先生

- Appointed on 1 December 2008
- Solicitor and owner of a law firm
- 於2008年12月1日獲委任
- 律師及律師行東主

**7 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

**4 Dr Constance CHAN Hon-ye, 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

**8 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



9 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



10 Mr Andrew FUNG  
Hau-chung, JP  
馮孝忠先生

- Appointed on 1 December 2013
- Executive director of a listed bank
- 於2013年12月1日獲委任
- 上市銀行執行董事



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

- (up to 30.11.2013)  
(任期至2013年11月30日)
- 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 Ms LAU Ka-shi, 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



13 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
- 退休前為立法會秘書處前秘書長



14 Mr Lester Garson  
HUANG, JP  
黃嘉純先生

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



15 Dr KAM Pok-man  
甘博文博士

- Appointed on 1 April 2013
- Certified public accountant and former chief executive officer of the Financial Reporting Council
- 於2013年4月1日獲委任
- 註冊會計師，退休前為財務匯報局行政總裁



16 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
- 製衣公司合夥人



## Membership of the Hospital Authority 醫院管理局大會成員



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

(up to 30.11.2013)

(任期至2013年11月30日)

- 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

21 Mr Stephen LEE Hoi-yin  
李開賢先生

- Appointed on 1 December 2013
- Accountant and Adjunct Associate Professor in the Faculty of Business Administration of the Chinese University of Hong Kong
- 於2013年12月1日獲委任
- 會計師及香港中文大學工商管理學院客座副教授



18 Prof LEE Sum-ping  
李心平教授

(up to 31.7.2013)

(任期至2013年7月31日)

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

22 Prof Diana LEE Tze-fan  
李子芬教授

- Appointed on 1 December 2012
- Chair Professor of Nursing and Director of Nethersole School of Nursing of 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



19 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

23 Prof Gabriel Matthew LEUNG, GBS  
梁卓偉教授

- Appointed on 1 August 2013
- Dean of Li Ka Shing Faculty of Medicine of the University of Hong Kong
- 於2013年8月1日獲委任
- 香港大學李嘉誠醫學院院長



20 Mrs Margaret LEUNG KO May-ye, SBS, JP  
梁高美懿女士

- Appointed on 1 December 2011
- Deputy chairman and managing director of a listed bank
- 於2011年12月1日獲委任
- 上市銀行副主席兼董事總經理



24 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局成員



**25 Dr LI 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

**26 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

**27 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

**28 Prof Maurice YAP Keng-hung**  
**葉健雄教授**

- Appointed on 1 April 2011
- Dean of Faculty of Health and Social Sciences of 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

**29 Prof Raymond LIANG Hin-suen, JP**  
**梁憲孫教授**

- Appointed on 1 April 2013
- Specialist in haematology and haematological oncology and assistant medical superintendent of a private hospital
- 於2013年4月1日獲委任
- 血液及腫瘤科專科醫生及私家醫院助理院長

**30 Miss Winnie NG**  
**伍穎梅女士**

- 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

**31 Mr WONG Kwai-huen, BBS, JP**  
**王桂壩先生**

- 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

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

- Permanent Secretary for Food and Health (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 Food and Health (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

# Chapter 1 第1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 (Cap. 113) (the HA 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，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 2013-14 Board consisted of 28 members, including the Chairman. Details are listed in Appendix 1.

### 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。2013-14年度，大會有成員28名（包括主席）。詳情載於附錄1。成員中







Membership of the Authority comprises 24 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.

24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。

The Authority Board meets formally about 12 times a year and any other times as required. In 2013-14, it met 15 times. In addition, three Board papers covering urgent matters were circulated for approval between meetings.

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2013-14年度，大會共召開15次會議，另在會期之間以傳閱方式通過三份文件，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 governance practices focusing on the Board level as well as at the cluster/hospital level by an external consultant (the Phase 1 and Phase 2 Corporate Governance Reviews). These included strengthening the linkage between the HA Board and the Hospital Governing Committees (HGCs) through common membership and other enhanced communication channels; enhancing involvement of HGCs in strategic matters, long-term planning and experience sharing at the cluster/hospital level; enriching the contents of regular reports from Cluster Chief Executives to HGCs; organising more hospital visits and activities to facilitate communication between HGCs and hospital management and staff; reinforcing succession planning and streamlining of the HGC membership nomination process to promote healthy turnover; improving agenda setting to incorporate standing agenda items on risk management, senior staff movement and report of charitable trusts of hospital/cluster; and introducing annual self-assessment for HGCs.

年內，醫管局委聘的獨立專業顧問全面檢討醫管局中央層面的管治方式（機構管治檢討第一及第二階段），其後醫管局大會作出多項優化機構管治架構及程序的措施，包括透過安排更多大會成員兼任醫院管治委員會成員及強化其他溝通渠道，加強大會與醫院管治委員會的聯繫；讓醫院管治委員會在聯網／醫院層面參與更多策略擬訂、長遠規劃及交流心得；豐富聯網總監定期報告的內容；增加探訪醫院次數和其他活動，加強醫院管治委員會與醫院管理層及員工的溝通；實行繼任規劃及簡化成員提名過程，推動醫院管治委員會的成員更替；加強議程規劃，加入有關風險管理、高層人事變動及聯網／醫院慈善信託基金報告等常規項目；以及推行醫院管治委員會年度自我評估。

## Board Committees

For optimal performance of roles and exercise of powers, the HA Board has established 11 functional committees: Audit and Risk Committee, Executive Committee, Emergency 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 2013-14 are outlined in Appendix 3.

## Hospital Governing Committees

To enhance community participation and governance of public hospitals in accordance with the HA Ordinance, 32 HGCs have been established in 40 hospitals and institutions. These committees are listed in Appendix 4. During the year, these committees received regular management reports from Hospital Chief Executives as well as from Cluster Chief Executives, monitored operational and financial performance of the hospitals, participated in human resources and procurement processes, as well as hospital and community partnership activities. In 2013-14, the 32 HGCs 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、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、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2013-14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

為促進社區參與及加強公立醫院管治，我們按《醫院管理局條例》在40間醫院／機構成立了32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和聯網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2013-14年度，32個醫院管治委員會共召開126次會議。





## Regional Advisory Committees

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

In 2013-14, the Regional Advisory Committees discussed, amongst other agenda items, waiting time management for specialist outpatient clinics, overview of the planning process in the HA as well as clinical performance monitoring. Other topics covered included the Joint Replacement Centre in the Kowloon Central Cluster, Vancomycin-Resistant Enterococcus (VRE) situation update, community psychiatric services and eye services in the New Territories, and progress report of hospital expansion and redevelopment projects.

The Committees also deliberated on the annual plan targets of individual clusters and exchanged views on the provision of 24-hour percutaneous coronary intervention (PCI) service, doctor and nurse manpower ratios, as well as provision of service to non-local pregnant women whose spouses were Hong Kong permanent residents.

## 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2013-14年度，三個區域諮詢委員會討論了專科門診診所的輪候時間管理、醫管局的服務規劃過程以及臨床表現監察策略，並討論其他地區性題目，包括九龍中聯網的關節置換中心、抗萬古霉素腸道鏈球菌(VRE)的最新情況、新界地區的社區精神科服務及眼科服務，以及個別醫院擴建及重建工程進度等。

委員會亦審議了有關聯網的工作計劃目標，並就多個議題交流意見，包括提供24小時冠狀動脈球囊擴張術(俗稱「通波仔」)服務、醫生與護士人手比例，以及為配偶為香港永久性居民的非本地孕婦提供服務等。







## 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 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 the 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 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2章

## Chairman's Review

主席匯報







# Chairman's Review

## 主席匯報

My Chairmanship of the Hospital Authority (HA) began with a visit to the new North Lantau Hospital (NLTH) on 1 December 2013. A little over two months later in February, I attended the ground-breaking ceremony for Hong Kong Children's Hospital (HKCH) in Kai Tak. With plans that include the redevelopment, expansion or opening of at least seven hospitals in the coming 10 years, NLTH and HKCH are just two examples of HA's dedication to providing quality services to meet the current and future healthcare needs of people in Hong Kong.

我在2013年12月1日履新，同日並探訪新落成的北大嶼山醫院。約兩個月後，即2014年2月，我又出席了啟德發展區香港兒童醫院的動土典禮。未來十年，醫管局最少有七間醫院將會重建、擴建或啟用，北大嶼山醫院及香港兒童醫院只是其中兩間，這體現了醫管局精益求精，提供優質服務，配合香港市民現今和未來的醫療需要。





The past year landmarked our endeavours on several fronts. At the Board level, we launched a number of initiatives including enhanced corporate governance. At the clinical level, we set up a centrally coordinated cross-cluster patient referral system to reduce waiting time for specialist services and reinforced our clinical capacity and capabilities through steps such as improving our equipment, IT systems and models of service delivery.

We are deeply grateful to the Hong Kong Government for its continuing commitment through both funding and policy support. For 2014-15, the Government has increased HA's recurrent subvention to HK\$47.2 billion – a 3.7% increase over the previous year's.

Our creditable progress in 2013-14 was achieved despite many significant challenges. I must pay tribute to my predecessor, Mr Anthony Wu Ting-yuk, for his outstanding contribution to HA and public healthcare during his nine years as HA Chairman. I must also thank HA Chief Executive, Dr Leung Pak-yin, who was re-appointed in November 2013 for a second term of three years. Under his guidance, HA's highly talented leadership team has grown in cohesion and capability in responding to rising public expectations, greater demand for healthcare services and increasing pressure on clinical staff.

去年，我們在各方面均取得重要成果。在醫管局大會層面，我們推行了多項措施，包括優化機構管治；臨床服務方面，我們設立了由中央協調的跨聯網病人轉介系統，縮減專科服務的輪候時間；此外透過改善設備、資訊系統及服務模式，加強公立醫院的臨床服務能力。

我十分感謝香港政府在財政及政策上持續支持，包括增加醫管局2014-15年度的經常性資助，總撥款額達472億元，較前一年增加3.7%。

在2013-14年度，儘管面對不少挑戰，我們仍取得可觀進展，我必須感謝上一任主席胡定旭先生。胡先生在任九年以來，對醫管局及公立醫療作出寶貴貢獻。我亦要感謝在2013年11月獲續任三年的行政總裁梁栢賢醫生，在梁醫生領導下，醫管局的精銳領導團隊面對公眾不斷上升的期望、日增的服務需求及醫療人員的工作壓力，仍然堅定應對，迎接挑戰。





We welcomed Professor Francis Chan Ka-leung, Dr Kam Pok-man, Professor Raymond Liang Hin-suen, Professor Gabriel Matthew Leung, Mr Andrew Fung Hau-chung and Mr Stephen Lee Hoi-yin to the Board during the past year. Their diverse range of expertise and experience has brought fresh perspectives to Board discussions. I also express my sincere thanks to Professor Lee Sum-ping, Mr Benjamin Hung Pi-cheng, Mrs Yvonne Law Shing Mo-han and Ms Ka-shi Lau, who have stepped down as Board Members in 2013-14 after providing years of invaluable counsel.

I am grateful 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 advice and support. My sincere thanks also go to patient groups, District Council and Legislative Council members, and to all our HA volunteers, whose contribution enabled us to move forward with our vision.

我謹在此歡迎陳家亮教授、甘博文博士、梁憲孫教授、梁卓偉教授、馮孝忠先生及李開賢先生在去年加入醫管局大會。他們具備豐富經驗和專長，為大會注入新視野，對議事及討論增益不少。我衷心感謝去年卸任的多位成員，包括李心平教授、洪丞正先生、羅盛慕嫻女士及劉嘉時女士，他們多年來為醫管局提供了不少寶貴意見。

我懇切感謝醫管局大會、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，為我們提供寶貴意見及支持。我亦要感謝病人團體、區議會及立法會的成員，以及醫管局所有義工，他們所作的貢獻，令醫管局朝著目標向前邁進。





The devotion and support of our staff continues to ensure that HA remains highly respected by governments and healthcare administrators across the globe for our professionalism. The exemplary efforts of my colleagues are best highlighted by the supreme teamwork and service excellence demonstrated by this year's winners of Outstanding Staff and Teams Award. I congratulate our Award recipients and offer heartfelt thanks to all our staff for their tireless passion and care.

HA is committed to ensuring that public healthcare remains a cornerstone of work to promote good health and social development in Hong Kong. I trust that with the concerted efforts of the HA family and strong community support, we will achieve ever-greater outcomes for our patients and their families.

John C Y Leong  
Chairman

有賴員工的拼搏和支持，醫管局備受本地和國際醫療業界推崇。同事的卓越表現，特別是優質服務及團隊精神，在本年度的傑出員工及團隊獎頒獎禮充分彰顯。我謹向各得獎同事致賀，並衷心感謝全體職員對工作的熱誠和投入。

醫管局致力確保公共醫療為香港的基石，以促進民康，帶動社會的良好發展。我深信藉著醫管局這個大家庭上下一心，以及市民的大力支持，我們將能發揮更大成效，造福病人及其家屬。



主席  
梁智仁





## Chapter 3 第3章

# Chief Executive's Report

行政總裁匯報





# Chief Executive's Report

## 行政總裁匯報

In 2013-14, the Hospital Authority (HA) placed great emphasis on addressing the current and future risks we face in delivering high-quality people-centred care.

在2013-14年度，醫院管理局（醫管局）的重點，是應對目前和未來的風險，提供以人為本的優質醫療服務。

With growing public expectations over our ability to meet the community's medical needs, we implemented further initiatives to tackle the serious issue of overstretched services. We recruited 291 resident trainees, 12 non-local doctors, 2,097 nurses and 529 allied health professionals to alleviate increasing pressure on frontline staff as well as the severe shortage of clinicians in certain specialties. Existing talent was motivated through enhanced promotion and career development opportunities, including the creation of 120 new Associate Consultant openings and the provision of 180 overseas training scholarships.

鑑於市民對醫管局提供足夠醫療服務的期望日益提高，我們進一步推行措施，應對服務超出負荷的問題。我們聘請了291名駐院醫生，12名非本地醫生，2,097名護士和529名專職醫療人員，以減輕前線人員的壓力，並紓緩個別醫療專科人手的嚴重短缺。我們亦增加晉升及職業發展機會，激勵現有專才，包括新增120個副顧問醫生職位，以及為180名職員提供海外進修獎學金。





We also stepped up the efforts to expand our service capacity. We set up new acute and extra convalescent beds for inpatients, opened additional operating theatre sessions for cancer surgeries and emergency surgeries, and increased doctor sessions in our general and specialist outpatient clinics. Three on-going public-private partnership programmes – involving cataract, primary care and radiology services respectively – have enabled around 3,000 patients to receive earlier treatment. We also extended the community case management programme to cover three more districts, providing care for around 2,800 patients with severe mental illnesses.

Strategic use of technology was promoted to avoid unnecessary hospitalisation and provide more efficient diagnostic services to reduce the incidence of unnecessary complications that would require more invasive treatment. This included the provision of 27,000 additional patient attendances for Magnetic Resonance Imaging and Computerised Tomography scans, and 91 collaborative robotic-assisted surgery cases across the clusters.

我們亦加快擴充服務，包括增設急症及療養住院病床、增加癌症手術及緊急手術的手術室節數，以及增加普通科及專科門診的診症節數。三項公私營醫療協作計劃繼續推行，分別為白內障手術、基層醫療及放射檢查服務，讓3,000名病人及早獲得治療。我們在另外三個地區推展個案管理計劃，為約2,800名嚴重精神病患者提供服務。

我們策略性地使用科技，減少病人不必要的住院，並提供更快捷的診斷服務，避免不必要的併發症而引致更多創傷性介入治療。這包括增加27,000個磁力共振掃描及電腦斷層掃描名額，以及透過跨聯網機械臂輔助外科手術合作計劃，為91名病人進行手術。



We made significant progress with the expansion and redevelopment of our infrastructure – commencing patient services at the new North Lantau Hospital in September 2013 and holding the ground-breaking ceremony for the Hong Kong Children's Hospital in Kai Tak in February 2014, in addition to ongoing improvement works at existing hospitals such as Caritas Medical Centre, United Christian Hospital, Queen Mary Hospital, Kwong Wah Hospital, Kwai Chung Hospital and Yan Chai Hospital.

Senior appointments in 2013-14 included Ms Clara Chin Sheung-Chi as Finance Director, Dr Theresa Li Tak-lai as Head of Human Resources, and Dr Derrick Au Kit-sing as Director (Quality & Safety) at HA Head Office. At the Cluster level, Dr Hung Chi-tim took up the post of Cluster Chief Executive of New Territories East Cluster, and Dr Albert Lo Chi-yuen took up the post of Cluster Chief Executive of Kowloon Central Cluster. We also bade farewell to former Director (Finance) Ms Nancy Tse and former New Territories East Cluster Chief Executive Dr Fung Hong who both made invaluable contribution to HA during their many years of service.

在醫院基建發展及重建方面，我們亦取得重大進展。新落成的北大嶼山醫院在2013年9月開展病人服務；位於啟德發展區的香港兒童醫院在2014年2月舉行動土典禮。此外，明愛醫院、基督教聯合醫院、瑪麗醫院、廣華醫院、葵涌醫院及仁濟醫院，亦陸續進行持續改善工程。

年內我們聘任多位高層人員。總辦事處方面，包括錢湘芷女士出任財務總監、李德麗醫生出任人力資源主管、區結成醫生出任質素及安全總監；聯網方面，分別有熊志添醫生出任新界東聯網總監、盧志遠醫生出任九龍中聯網總監。前財務總監謝秀玲女士及前新界東聯網總監馮康醫生於年內榮休，他們在醫管局服務多年，作出了寶貴貢獻。





I wish to express my sincere gratitude to our passionate and dedicated staff whose efforts have enabled HA to excel among the leading public healthcare services in the world. My thanks also go to the Hong Kong Government which, on top of its continuing support through annual recurrent funding and policy decisions, has approved a HK\$13 billion one-off grant to help fund minor improvement works over the next 10 years.

We are facing significant challenges and there is much we must do to maintain the quality of healthcare. Our ability to minimise gaps between our services and patient needs rests on strong support from the community at large. With their invaluable assistance and trust, we will uphold our commitment to enhancing the lifelong health and well-being of people in Hong Kong.

PY LEUNG  
Chief Executive

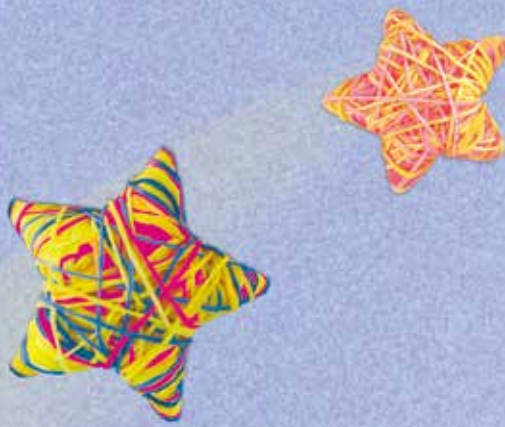
我衷心感謝醫管局一群敬業樂業、積極勵進的員工，憑著他們的努力，醫管局得以躋身世界頂尖公營醫療系統行列。我亦要感謝香港政府的支持，除了每年持續的經常性資助及決策上的配合，年內亦批出一次過撥款 130 億元資助小型工程項目，讓公立醫院及診所在未來十年進行小型改善工程。

面對重大挑戰，為維持服務質素，我們須加倍努力。要確保服務到位，縮窄與病人需求的落差，實有賴市民的大力支持。憑著市民的支持和信賴，我們會堅守目標，致力促進市民的健康和福祉。



行政總裁  
梁栢賢







# Chapter 4 第4章

## Milestones of the Year

大事回顧





# Milestones of the Year

## 大事回顧

4/2013



To enhance transparency and public accountability, Hospital Authority (HA) started posting Specialist Out-patient waiting time of selected specialties and waiting time of cataract surgery on the HA corporate website. New case booking waiting time of Ear, Nose and Throat, Gynaecology, Ophthalmology and Paediatrics has been posted up since 31 March 2014. The information will be updated quarterly.

醫管局進一步提升機構透明度，於2013年4月開始在醫管局互聯網網頁公布個別專科門診輪候時間及白內障手術輪候時間供公眾參考。截至2014年3月31日已上載的專科門診新症輪候時間包括耳鼻喉科、婦科、眼科及兒科，資料將會每季更新。

4/2013

HA signed a Memorandum of Understanding with MOH Holdings, subsidiary of Ministry of Health of Singapore, to promote exchange in healthcare management, policy development for medical services in public hospitals, and expertise sharing.

醫院管理局與新加坡衛生部轄下機構 MOH Holdings 簽署備忘錄，建立一個國際醫療協作平台，推動雙方醫療行政人員日後交流的框架。



5/2013

2013 marked the 15<sup>th</sup> anniversary for Tai Po Hospital, signifying strong partnership with community stakeholders.

大埔醫院 15 周年誌慶，與社區相關機構加強夥伴關係。



6/2013

Pok Oi Hospital completed Organization Wide Survey for the Hospital Accreditation programme and received full accreditation status of the Australian Council on Healthcare Standards for four years.

博愛醫院完成了根據澳洲醫療服務標準評審機構的醫院認證機構評審，並獲得4年認可資格。

7/2013

The first Magnetic Resonance Imaging (MRI) Suite of Ruttonjee Hospital commenced service.

律敦治醫院的首間磁力共振掃描室正式投入服務。





## 8/2013

Queen Elizabeth Hospital celebrated golden jubilee throughout the year, with special highlight on publishing an oral history book *"QEH – A People's History"*. The book features interviews of frontline staff, patient groups, patients and relatives, hospital management and also previous and current Secretaries for Food and Health of HKSAR Government.

伊利沙伯醫院舉辦一系列活動，紀念該院 50 周年，其中包括出版口述歷史《伊院人・情・事》。該書透過訪問前線員工、病人組織、病人及其家屬、管理層和歷任香港特區政府食物及衛生局局長等，紀錄伊院的歷史旅程。



## 9/2013



North Lantau Hospital commenced services in phases with 8-hour accident and emergency service, allied health and community service.

北大嶼山醫院開始分階段投入服務。首階段提供八小時急症室、專職醫療及社區服務。

9/2013

Prince of Wales Hospital, North District Hospital and Tung Wah Hospital completed Organization Wide Survey for the Hospital Accreditation programme. All three hospitals received full accreditation status of the Australian Council on Healthcare Standards for four years.

威爾斯親王醫院，北區醫院及東華醫院完成了根據澳洲醫療服務標準評審機構的醫院認證機構評審，並獲得4年認可資格。



10/2013

Pamela Youde Nethersole Eastern Hospital commemorated 20<sup>th</sup> anniversary through a series of events and activities to engage staff and community under the theme of "Rong", reflecting harmony amongst different parties.

東區醫院為慶祝20周年院慶，以「融」為主題，舉辦一系列活動，反映和諧共融的氛圍，凝聚員工及強化與社區人士的關係。



11/2013

Kowloon Hospital completed Organization Wide Survey for the Hospital Accreditation programme and received full accreditation status of the Australian Council on Healthcare Standards for four years.

九龍醫院完成了根據澳洲醫療服務標準評審機構的醫院認證機構評審，並獲得4年認可資格。





11/2013

Hospital Authority signed a 3-year Memorandum of Understanding with National Health and Family Planning Commission to enhance exchange in pharmaceutical procurement, community health, hospital management and sharing of expertise.

醫院管理局與國家衛生和計劃生育委員會在北京簽訂為期三年的合作備忘錄。進一步加強雙方在藥物採購、社區健康、醫院管理及人才培訓等領域的交流。



12/2013

The whole Tseung Kwan O Hospital (TKOH) expansion project was completed, including the new Ambulatory Care Block and renovation of various facilities in TKOH Main Block.

將軍澳醫院整項擴建工程竣工，包括日間醫療大樓及醫院主座多項設施改善工程。



1/2014

The Kowloon Central Cluster Convention 2014 themed "Cherish our Traditions, Strive for Perfection" was held on 10 January 2014.

九龍中醫院聯網研討會於2014年1月10日舉行，今年主題為「承傳仁德創未來」。



## 1/2014

The endoscopy and electro-medical diagnostic service at Tuen Mun Hospital turned a new page. The Combined Endoscopy Centre and Electro-Medical Diagnostic Unit provides better coordinated service with flow of inpatients and day patients, meeting the latest service and safety standard.

隨著綜合內窺鏡及電描診斷中心正式啟用，屯門醫院的內窺鏡及電描診斷服務揭開新的一頁。由病房改建的診斷中心，增添了儀器、設施以符合最新服務與安全標準。地方較前寬敞，為住院病人、日間病人及門診病人提供一站式的綜合內窺鏡及電腦掃描服務。



## 2/2014

LEGCO Health Services Panel endorsed Phase 1 of Queen Mary Hospital redevelopment project. The whole redevelopment project will be completed in 2023.

立法會衛生事務委員會通過瑪麗醫院第一期重建計劃，整項工程將於2023年完成。



## 2/2014

The first children hospital to be built in Hong Kong was officially named Hong Kong Children's Hospital at its ground-breaking ceremony.

香港首間兒童醫院舉行動土典禮，並正式命名為「香港兒童醫院」。

## 3/2014

The Organisation Wide Survey for hospital accreditation was conducted at United Christian Hospital, preparing the hospital for full accreditation status.

澳洲醫療服務標準委員會已完成基督教聯合醫院認證的機構評審，為聯合醫院全面認可作準備。







# Chapter 5 第5章

## Engagement and Teamwork

凝聚力量 群策群力









# Engagement and Teamwork

## 凝聚力量 群策群力

Committed to a people-oriented culture, Hospital Authority (HA) continues to furnish a positive, supportive and caring work environment to attract, retain and motivate staff on multi-fronts. A staff engagement programme 'We are HA Family' was launched to promote communication, appreciation, respect and empathy at work. Seminars, sharing sessions and online games were organised for all employees to promote awareness and practice in staff engagement.

醫院管理局（醫管局）致力推廣「以人為先」的文化，繼續提供正向和互相關顧的工作環境，吸引並激勵員工。我們推行「心繫醫·家·人」計劃，促進同事在工作間互相溝通、欣賞、尊重和體諒。我們為各級員工舉辦研討會和分享會，並推出網上遊戲，加強同事在凝聚員工方面的理念和技巧。

HA provides various communication channels to encourage open communication to strengthen rapport with staff of all levels. Other than staff newsletter *HASLink*, webcast and HA blog on the intranet, Staff Consultative Committees were established at corporate, hospital and staff group levels to enhance communication between management and staff representatives from different grades. In 2013-14, mail voting for direct election of staff representatives in all Staff Group Consultative Committees was adopted, leading to a general increase in voting rate.

醫管局提供不同渠道，鼓勵坦誠和雙向溝通，加強各級員工的聯繫。除了出版《協力》雙月刊、進行網上直播，以及總部各總監和主管在醫管局博客發表文章外，我們分別在中央、醫院及各職員組別成立職員協商委員會，加強總部與不同職系員工代表的直接溝通。在2013-14年度，醫管局職員組別協商委員會的員工代表直選改用了內部郵寄投票方式，令投票率普遍上升。





At cluster and hospital levels, diversified communication initiatives are also implemented to accommodate local needs. Regular meetings or gatherings with Cluster Chief Executives (CCE) and Hospital Chief Executives (HCE) promoted face-to-face communication between frontline staff and hospital management. Other than well-established channels such as cluster newsletter, CCE or HCE blog, online letterbox, message to CCE and Staff Relations Office hotline, Staff Communication Ambassadors met with employees periodically to listen to their voices.

Internal communication was also enhanced with the revamp of HA Channel YouTube page and a new version of HA song. The SARS 10<sup>th</sup> Anniversary Photo Exhibition gained positive feedback from staff and engaged them in sharing thoughts and feelings on e-corner.

聯網及醫院亦採用多樣化的溝通方式，配合個別不同情況。聯網總監及醫院行政總監定期與前線員工會面或聚會，鼓勵員工與管理層直接對話。除了行之有效的溝通方式如聯網刊物、聯網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外，員工溝通大使亦定期在不同場合與員工會面，聆聽他們的心聲。

我們加強了內部溝通，醫管局頻道YouTube的版面換了新設計，醫管局主題歌亦推出新版本。沙士十周年相片展覽勾起職員感受和回憶，並踴躍在網上分享。



A wide spectrum of staff wellbeing initiatives were implemented to promote a balanced and healthy lifestyle. Sports events and recreational activities were organised to meet individual interests. Family members were invited to participate in various events, such as the HA Family Day and Night and the HA Chinese New Year Run, with the latter recorded a new high enrolment of over 3,600 members of staff and their families and raised HK\$1.1 million for HA Charitable Foundation, benefiting patients with chronic illnesses.

To improve staff access to radiological imaging services amidst long waiting time in HA hospitals, a pilot programme providing eligible staff with access to private diagnostic imaging services on co-payment basis was approved in the year for launching in 2014-15.

醫管局舉辦各式各樣的員工康健活動，推廣平衡及健康的生活模式。因應員工的不同興趣，我們舉辦了各類運動比賽及康樂活動，部分亦邀請員工家屬參加，如「醫管局天倫之日與夜」及「新春長跑」。後者在今年有超過3,600名員工和家屬報名參加，為歷年之冠。是次活動為醫管局慈善基金籌得超過110萬元善款，用以幫助長期病患者。

醫管局在年內批准籌劃先導計劃，讓員工可選擇使用由私營機構提供的診斷造影服務，縮短輪候放射檢查的時間，費用由醫管局員工分擔。有關計劃於2014-15年度推行。







Dedication and experience are greatly valued in HA. Long service awards and retirement souvenirs were presented to employees who have served for 10, 20, 30 and 40 years and on retirement. Initiatives such as bright suggestions, creativity in work improvement, merit performance and outstanding achievement of individuals and teams were recognised with prizes and awards both in HA and outside the organisation.

醫管局一向重視員工的貢獻和經驗。我們向服務滿10年、20年、30年、40年及榮休的員工分別頒發長期服務獎及退休紀念狀。此外，不少員工因其獨特創見、改善工作新意念、個人或團隊優秀表現及卓越成就，在局內或局外獲頒發獎項。





## Outstanding Staff and Teams Award

Teamwork is one of the core values of HA and the key driver in providing efficient medical services with high quality territory-wide. The 'Outstanding Staff and Teams Award' organised for 17 years commended exemplary performance of individual staff and teams and attracted total nominations of 23 staff and 34 teams in 2013-14. Six employees and seven teams won the awards, four employees and three teams were granted Merit Awards.

## 凝聚力量 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「傑出員工及團隊獎」至今已舉辦17年，頒獎禮是為表揚同事及工作團隊的傑出表現。在本年度，共有23名員工及34個團隊獲提名。6名員工及7個團隊分別獲獎，另外4名員工及3個團隊獲得優異獎。





#### Outstanding Teams:

- Non-emergency Ambulance Transfer Services Team of Kowloon West Cluster (Princess Margaret Hospital)
- Lady Pao Children's Cancer Centre (CCC) of Prince of Wales Hospital
- Occupational Safety & Health Team of Kowloon East Cluster
- Organ Transplant Coordinators Team of HA Head Office
- Department of Pathology Specimen Assurance for Excellence (SAFE) Project Team of Princess Margaret Hospital
- Vascular Anomalies Multidisciplinary Team of Queen Elizabeth Hospital
- Ventilator-Assisted Children's Voyage Allies and Companions Team of Hong Kong West Cluster

#### Merit Teams:

- Community Psychiatric Service Team of New Territories West Cluster
- Diabetes Care Team of Hong Kong East Cluster
- Virtual Ward Team of Kowloon East Cluster

#### 傑出團隊獎：

- 九龍西醫院聯網（瑪嘉烈醫院）非緊急救護服務團隊
- 威爾斯親王醫院包黃秀英兒童癌症中心
- 九龍東醫院聯網職安健團隊
- 醫管局總辦事處器官移植聯絡團隊
- 瑪嘉烈醫院病理學部「檢驗保標」團隊
- 伊利沙伯醫院脈管病變綜合治療團隊
- 港島西醫院聯網「為您打氣 伴您同途」團隊

#### 優異團隊獎：

- 新界西精神科社康服務
- 港島東醫院聯網糖尿病科團隊
- 九龍東醫院聯網「護養在家」團隊



# Chapter 6 第6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）透過總辦事處及轄下七個醫院聯網，為全港市民提供公共醫療服務：



**Hong Kong East Cluster**  
港島東醫院聯網



**Kowloon West Cluster**  
九龍西醫院聯網



**Hong Kong West Cluster**  
港島西醫院聯網



**New Territories East Cluster**  
新界東醫院聯網



**Kowloon Central Cluster**  
九龍中醫院聯網



**New Territories West Cluster**  
新界西醫院聯網



**Kowloon East Cluster**  
九龍東醫院聯網

Head Office and Cluster Reports present an overview of the performance of HA Head Office and Clusters under six corporate strategic intents and also achievements in contributing to a friendly environment.

以下是總辦事處及各醫院聯網在醫管局六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 seven divisions, namely Cluster Services, Corporate Services, Finance, Human Resources, Information Technology, Quality & Safety, and Strategy & Planning.

醫管局總辦事處（總辦事處）設有七個部門，包括聯網服務部、機構事務部、財務部、人力資源部、資訊科技部、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 125 corporate targets in 2013-14 under six strategic intents outlined in the HA Annual Plan.

在2013-14年度，總辦事處根據醫管局工作計劃所訂六大策略目標，推行約125項整體機構目標。

### Strategic intent: Ally staff shortage and high turnover

To ally staff shortage, HA implemented enhancement measures to attract, motivate and retain a quality workforce through the recruitment of 291 resident trainees, 12 non-local doctors, 2,097 nurses and 529 allied health professionals during the year.

### 策略目標： 紓緩人手短缺和職員流失量

為紓緩人手短缺，醫管局推行優化措施，吸引、激勵和挽留優秀人才。年內，我們共聘請了12名非本地醫生、291名受訓駐院醫生、2,097名護士及529名專職醫療人員。

300 students enrolled in the Higher Diploma in Nursing Programme while 100 were trained as enrolled nurses. 26 specialty courses and 270 competence enhancement programmes were organised for nurses. 1,600 newly recruited nurse graduates were trained on preceptorship programmes. To meet escalating demand for maternity services in public hospitals, midwifery training programmes with an annual intake of 75 midwife trainees were launched.

在本年度，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。我們為護士舉辦了26個專科護理課程和270個提升才能培訓班，並為1,600名新入職護士舉辦護士實習指導計劃。因應公立醫院產科服務需求急增，我們舉辦了助產士培訓課程，每年取錄75名學員。





26 candidates were offered 3-year overseas scholarship in the United Kingdom with a view to alleviating inadequate local supply of podiatrists and diagnostic radiographers. 68 programmes were designed for allied health and pharmacy professionals to meet service needs and to enhance professional competence.

Training and development initiatives were enhanced both locally and overseas to strengthen clinical and management competence and provide career development opportunities for doctors, nurses and allied health professionals. Development posts for job rotation at senior management level were offered to senior nursing and allied health staff to foster succession planning. A total of 46 frontline doctors were promoted to associate consultant positions.

Clinical skills of doctors were enhanced through 20 simulation training programmes. Central Orientation Programme was designed for intern doctors, covering both personal competence and technical skill training with scenario-based patient safety components and procedural skill practices.

為紓緩本地足病診療師及放射師供應不足，我們為26名職員提供海外進修獎學金，讓他們前往英國修讀相關學科的三年學位課程。我們亦為專職醫療人員和藥劑專業人員舉辦68個進修班，以配合服務需要及提升專業能力。

我們致力加強本地及海外培訓發展，提升醫生、護士及專職醫療人員的臨床及管理才能，並提供職業發展機會。我們為高級護理及專職醫療人員開設發展職位，讓他們透過輪調方式擴闊工作層面，加強繼任規劃。此外，共46名醫生獲晉升為副顧問醫生。

我們舉辦了20個模擬訓練課程，提升醫生的能力。我們亦為實習醫生舉辦中央入職啟導課程，提供不同情境的病人安全培訓及操作技能練習，涵蓋個人質素及技術專長的訓練。



HA's endeavour in training and people development was commended by the Employee Training Board as 'Manpower Developer' for the second year. Training courses for 1,020 frontline managers and 3,719 supporting staff continued to strengthen people management capability and personal and functional skills respectively. About 300 online training programmes offered web-based learning resources for staff.

120 healthcare workers completed formal mediation training and 1,000 frontline staff were trained on complaint management and conflict resolution with an aim to build up HA's capabilities in improving patient relations and conflict resolution.

### Strategic intent: Better manage growing service demand

HA increased service capacity in priority areas and enhanced management and secondary prevention of chronic diseases with an aim to better manage growing service demand.

Hospital capacity was strengthened in 2013-14 with an addition of 287 beds, including 157 acute beds and 130 convalescent beds to address the service needs for high needs communities, such as Kowloon East Cluster, Kowloon West Cluster and New Territories West Cluster.

醫管局在培訓及人才發展方面表現出色，連續第二年獲僱員再培訓局嘉許為「人才企業」。我們為1,020名前線管理人員及3,719名支援人員舉辦了培訓課程，分別加強他們的管理專長及個人與職能技巧，另提供了300個網上學習課程，為職員提供網上學習資源。

年內，120名醫護人員完成了正式的調解訓練課程，另1,000名前線職員接受了投訴管理及化解衝突的訓練，提升處理病人關係及化解衝突的技能。

### 策略目標： 更有效管理日增的服務需求

為更有效管理日增的服務需求，醫管局提升重點範疇的服務能力、加強慢性疾病管理及中層預防以減低需求。

年內，我們加強公立醫院的服務能力，增設287張病床，包括157張急症病床及130張康復病床，以配合社區的殷切需求，特別是九龍東、九龍西及新界西聯網。





HA was also committed to managing high demand life threatening diseases. Cardiac care was enhanced with expansion of emergency percutaneous coronary intervention service from eight to 12 hours in United Christian Hospital, Princess Margaret Hospital and Prince of Wales Hospital. Clinical treatment for stroke patients was strengthened with 24-hour thrombolytic service in Pamela Youde Nethersole Eastern Hospital, Queen Elizabeth Hospital and Prince of Wales Hospital. Transient Ischaemic Attack clinics were set up in Hong Kong East Cluster and New Territories East Cluster, where patients were managed promptly by teams of neurologists and nurses for proper diagnosis and early treatment, hence reducing the likelihood of future stroke events. 28 additional hospital haemodialysis places were provided for patients with end stage renal disease. Cancer service was enhanced with strengthened radiation therapist manpower as well as the use of high technology radiotherapy in cancer treatment.

Management and prevention of chronic diseases was enhanced with anti-vascular endothelial growth factor treatment offered to around 500 new patients with age-related macular degeneration and specialist eye services for 4,000 new patients of diabetic-related eye diseases, including sight-threatening diabetic retinopathy.

For better management of increasing demand in elderly medical care, HA refined the integrated care model (ICM) for supporting elderly patients with high risk of hospital readmission. Implemented measures included an enhanced electronic platform for information sharing with different specialties, and training courses for around 100 ICM team members, including case managers, to strengthen their trans-disciplinary knowledge and skills. The Community Health Call Centre (CHCC) service was strengthened to support high risk elderly patients and diabetic patients.

為應付治理危疾的龐大需求，我們加強心臟科加護服務。基督教聯合醫院、瑪嘉烈醫院及威爾斯親王醫院緊急冠狀動脈介入治療服務由8小時延長至12小時。東區尤德夫人那打素醫院、伊利沙伯醫院及威爾斯親王醫院開展24小時溶栓治療，加強對急性中風病人的治理。港島東及新界東聯網設立短暫性腦缺血診所，由腦科醫生及護士團隊迅速提供適當診斷和及早治理，減少日後再次中風的機會。我們亦為末期腎病患者提供額外28個醫院血液透析名額，並加強癌症服務，增加放射治療人手，以及採用高端放射治療治理癌症。

我們加強慢性疾病管理及中層預防，包括為約500個老年黃斑病變的新症提供抗血管內皮生長因子藥物治療，以及為糖尿病相關眼病患者提供額外4,000個眼科服務名額，其中包括因糖尿病視網膜病變引致視力受影響的患者。

為更有效管理不斷增加的長者醫療服務需求，醫管局優化支援長者離院綜合服務，減少長者再入院的風險。推行的措施包括加強不同專科聯繫的資訊平台，以及為約100名參與綜合服務的成員提供培訓課程，其中包括個案經理，以加強他們的跨專業知識和技能。我們亦加強社區健康電話支援服務，支援高危長者病人及糖尿病患者。



Service for psychiatric inpatients were improved with strengthened workforce of nurses and allied health professionals in all hospital clusters to provide recovery-oriented treatment programmes to facilitate early discharge and community re-integration. Community care for psychiatric patients was strengthened through extending the case management programme to three more districts to provide intensive and personalised support for around 2,800 patients with severe mental illness. The programme covered a total of 15 districts in the territory, serving 15,000 patients.

HA managed increased workload during high season of flu epidemic of December 2013 through coordinated effort among hospital clusters and augmented buffer capacity in acute and convalescent wards. The arrangement was communicated to the public through different channels such as press conference, television and radio interviews as well as issuing daily service statistics during the Chinese New Year period.

To better manage waiting time, HA enhanced cross-cluster collaboration by establishing a centrally coordinated mechanism to pair-up clusters so that suitable patients of certain specialties of longer waiting time could be referred to those of shorter waiting time. Capacity for services with pressing issues of waiting time and access was increased, such as providing 15,000 additional haemoglobin (HbA1c) tests in four clusters and prenatal screening for Down Syndrome for all eligible expectant mothers.

我們優化精神科住院服務，所有聯網都增加了精神科護士及專職醫療人員，為住院病人提供復元為本的治療計劃，讓他們早日出院及重返社區。我們在另外三個地區推展個案管理計劃，為約2,800名嚴重精神病患者提供深入及個人化支援，加強精神科社區照顧。個案管理計劃已在全港15個地區推行，共為15,000名病人提供服務。

在2013年12月的流感高峰期，醫管局協調各醫院聯網，增加急症及康復病房的承受能力，應付工作量急增。我們透過不同渠道如記者會、電視及電台專訪，向市民傳達有關安排，並在農曆新年期間發放每日服務統計數字。

為更有效管理輪候時間，醫管局亦加強跨聯網協作，設立中央統籌機制以配對聯網，在合適情況下把專科服務病人從輪候時間較長的聯網轉介至輪候時間較短的聯網就診。針對輪候時間長及病人量多的服務，我們已提升服務能力，如四個聯網額外增加15,000次糖化血色素測試，以及為所有合資格產婦提供產前唐氏綜合症篩查服務。





Public-Private Partnership (PPP) in healthcare services fosters healthy competition and cooperation among service providers. PPP optimises the use of resources in both public and private sectors, consequently shortens waiting time for public healthcare services. Over the past few years, the pilot PPP programmes of purchasing cataract surgeries, primary care service and radiological investigation service from the private sector were implemented. In 2013-14, over 3,000 patients benefited from three pilot PPP programmes. 20 patients in public hospitals were also offered HD treatment under PPP programme.

### Strategic intent: Ensure service quality and safety

In strengthening HA's preparedness and emergency response for disasters and crisis intervention, governance structure on disaster psychosocial services for healthcare staff was established. During the year, six hospitals obtained full accreditation status by the Australian Council on Healthcare Standards, making the total number of accredited hospitals in HA to 12.

Safer service models were developed. The aseptic dispensing facilities in Queen Mary Hospital and Princess Margaret Hospital were upgraded to meet environmental control requirements in aseptic compounding process and improve medication safety. Information technology system was enhanced to support clinical workflow and reduce errors in medication prescription to facilitate service delivery. Paediatric clinical pharmacy service was implemented in eight public hospitals. Medication orders for general paediatric inpatients were screened by clinical pharmacists while drug consultation service was provided for high-risk patients to enhance drug management and compliance.

醫療服務推行公私營合作，可鼓勵服務提供者之間健康競爭和合作。公私營醫療協作有助縮減公立醫療的輪候時間，並善用公私營醫療資源。過去數年，我們向私營機構購買白內障手術、基層醫療及放射檢查服務，開展公私營醫療合作先導計劃。在2013-14年度，三項先導計劃讓超過3,000名病人受惠，另20名公立醫院病人透過公私營合作計劃獲提供血液透析治療。

### 策略目標： 確保服務質素及安全

為提升災難應變及危機介入能力，我們設立了為醫護人員提供災難心理及社會服務的管理架構。年內，共六間公立醫院獲澳洲醫療服務標準委員會全面認證，現時共有12間公立醫院已取得認證資格。

我們推行了更安全的服務模式。瑪麗醫院及瑪嘉烈醫院提升無菌配藥設施，符合無菌調配過程的環境控制規定，改善藥物安全。我們亦加強了資訊科技系統，支援臨床工作流程及減少藥物處方出錯，以提升服務。八間公立醫院推行了兒科臨床藥劑服務，普通兒科住院病人的藥物指令由臨床藥劑師覆核，此外亦為高危病人提供藥物諮詢服務，加強用藥管理及服藥依從性。





New software was developed for Unique Patient Identification devices to enhance safety of blood administration procedures by meeting the International Society of Blood Transfusion global standard (ISBT 128) for identification, labelling and information transfer of human blood.

我們研發了一個配合「國際輸血學會」核准編碼標準 (ISBT 128) 的軟件程式，用於人類血液的識別、標示及資訊傳輸。此程式應用於病人身份確認系統，加強血液管理程序安全。

The new In-patient Medication Order Entry system implemented in Princess Margaret Hospital enhanced clinical workflow efficiency and reduced potential medication prescription errors. The next phase of Clinical Management System has commenced to enhance clinical communications and workflow.

於瑪嘉烈醫院實施的住院病人藥物指令輸入系統，有助提升臨床工作效率，並減少藥物處方出錯的潛在風險。臨床管理系統下一階段的工作亦已展開，以優化臨床資訊互通及工作流程。

HA adopts modern technology and new treatment options to enhance quality and safety. The scope of HA Drug Formulary was widened in the second quarter of 2013 to cover more drugs with accumulated scientific evidence on clinical efficacy. Two self-financed cancer drugs were repositioned as Special Drugs in the HA Drug Formulary for treatment of head and neck cancer as well as malignant pleural mesothelioma. The clinical applications of two therapeutic groups of drugs were expanded for treatment of colorectal cancer and advanced Parkinson's disease.

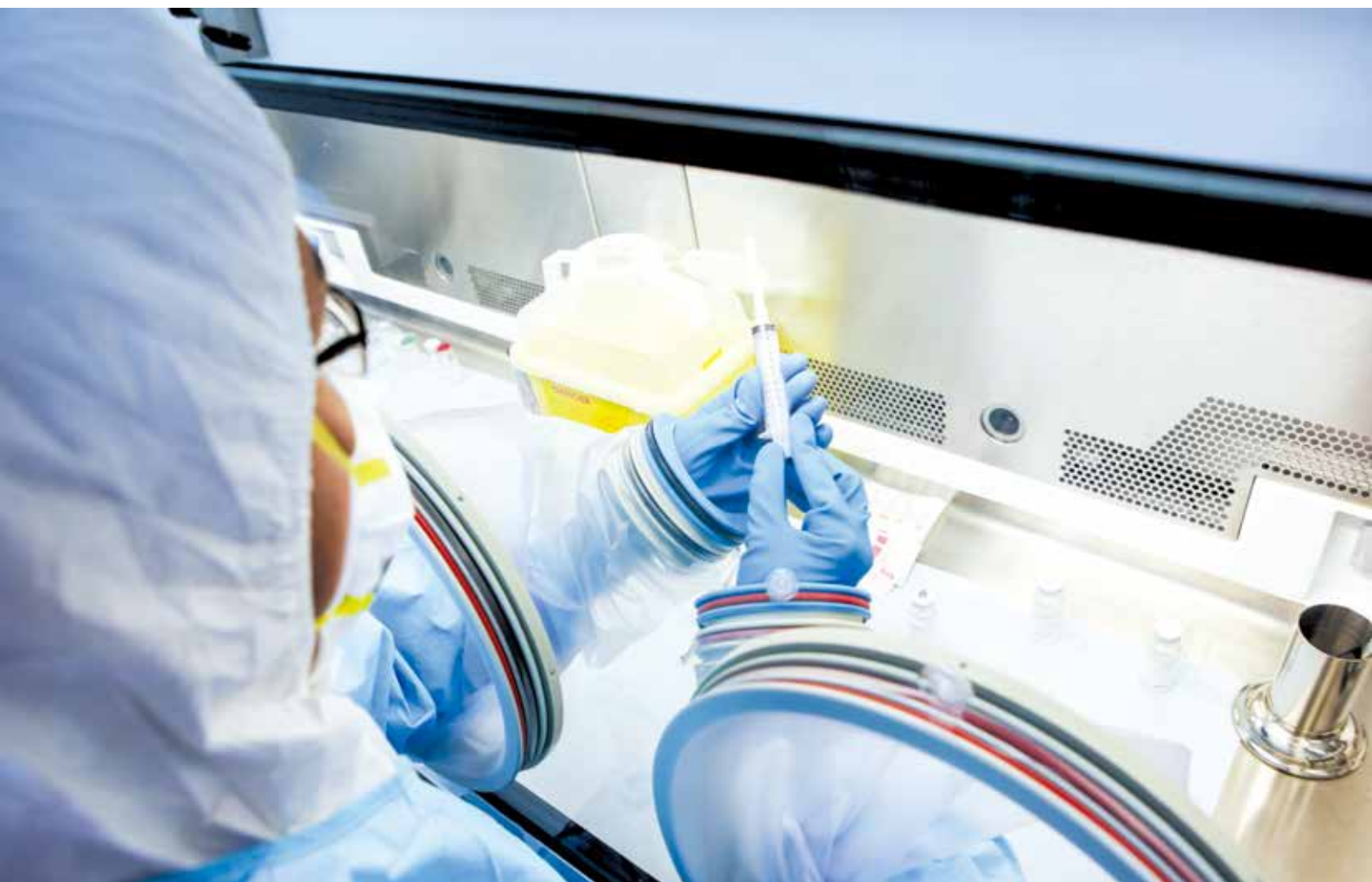
醫管局採用先進技術及嶄新療法，提升質素及安全。醫管局藥物名冊在2013年第二季擴大涵蓋範圍，納入更多已累積臨床效益實證的藥物。兩種自費癌症藥物改列作專用藥物，治療頭頸癌及惡性肋膜間質細胞瘤，另擴大兩類治療組別藥物的臨床應用範圍，用以治療大腸癌及晚期帕金森症病人。

Cancer diagnostic service was modernised by providing 130 additional patients with cytogenetic tests and conducting 500 additional predictive molecular tests. Minimally invasive surgery technique was used in 60% of hysterectomy surgeries for suitable gynaecological patients. Bipolar transurethral resection of prostate was available in 16 HA hospitals. 27 suitable patients with advanced Parkinson's Disease received deep brain stimulation treatment. A total of 91 patients underwent robotic assisted surgery under cross cluster collaborative programme with multi-disciplinary input.

HA continually upkeeps the standard of medical equipment to ensure safety for patients. With continual funding support from the Government, 612 pieces of medical equipment items were procured. Reserved recurrent subvention was utilised to speed up additional replacement of 362 pieces of medical equipment. All hip prosthesis has been replaced with modern implants.

我們提供更先進的癌症診斷服務，為額外130名癌症患者進行血癌細胞遺傳測試，以及額外提供500個預測分子測試。運用微創外科技術為適合的婦科病人進行子宮切除手術達60%。醫管局轄下16間醫院提供了雙極經尿道前列腺手術，而27名合適的晚期帕金森病患者獲提供深層腦部刺激治療。透過跨聯網及跨專業的機械臂輔助外科手術合作計劃，共有91名病人接受了手術。

醫管局致力維持醫療設備的質素水平，確保病人安全。醫管局獲政府撥款購置612項醫療器材，預留經常資助令我們加快更換額外362項醫療器材。此外，醫管局已於髖關節更換手術中全面採用新式的人工髖關節。





## Strategic intent: Enhance partnership with patients and community

Patients and community partners were engaged throughout service improvement in public hospitals. A pilot hospital-based patient experience and satisfaction survey was conducted in seven major acute hospitals. An information system was also developed to manage patient complaint and feedback.

HA adopts patient-centred approach in communication with patients and carers. 30 patient resources stations or information kiosks were set up in phases in all hospital clusters to facilitate information sharing on peer support for patients and carers. Around 300 hospital volunteers were trained. Guidelines were promulgated to facilitate visually impaired persons with guide dogs to access public hospitals and clinics.

A proactive approach was adopted to maintain rapport and communicate with the media and community stakeholders to keep them abreast of the latest development in HA policies and services. During the year, 339 media activities were organised, 540 press releases issued, 230 articles contributed to various media platforms, 1,800 media enquiries and 180 community enquiries handled. Community roving exhibition was organised at 16 locations in the territory to arouse public awareness on infection control.

## 策略目標： 加強與病人和社區的夥伴關係

我們與病人和社區建立夥伴關係，以改善公立醫院的服務。醫管局進行「個別醫院病人經驗及服務滿意度先導調查」，涵蓋七間主要急症醫院。我們也發展了一個投訴及意見電腦管理系統，收集及分析病人的投訴和意見。

醫管局病人及照顧者的溝通，著重以病人為本。我們在所有醫院聯網分階段設立30個病人資源站或資訊角，病人及照顧者分享同路人支援的資訊。約300名醫院義工完成了培訓，加強溝通技巧。我們推出了視障人士在導盲犬引領下進出醫院／診所的指引，制訂統一安排。

醫管局推行積極策略，加強與傳媒及社區持份者聯繫和溝通，讓他們得悉政策和服務的最新發展。年內，總辦事處共舉辦339次記者會及傳媒活動、發出540份新聞稿、向不同傳媒平台發出230份文稿，以及處理了1,800項傳媒查詢和180項市民查詢。我們亦在全港16個地點舉行了巡迴展覽，加強市民的防疫意識。





### Strategic intent: Ensure adequate resources to meet service needs

The Government continued its staunch support for public healthcare, with subvention to HA reaching HK\$45.5 billion in 2013-14. As a responsible public organisation, we continue to undertake prudent measures on financial management to ensure resources are properly safeguarded and appropriately deployed.

To facilitate value-for-money delivery of quality patient care, HA stays vigilant in revisiting and monitoring resource management to optimise output and performance. Through continuous engagement with different stakeholders in HA, the internal resource allocation framework was modernised with information on resource needs from a total patient journey perspective as an additional reference for resource allocation.

In 2013-14, HA recorded a surplus position mainly due to underspending from manpower shortfall despite measures had been taken to recruit and retain healthcare professionals. Looking forward, manpower shortage in the market and continual brain drain to the private sector remain major challenges for HA.

### 策略目標： 確保具備足夠資源應付服務需要

政府繼續大力支持香港的公立醫療服務，醫管局在2013-14年度所獲撥款達港幣455億元。醫管局作為負責任的公營機構，會繼續貫徹嚴謹的財政管理措施，確保審慎理財及資源用得其所。

為提供符合成本效益的優質病人服務，醫管局一貫嚴格審視及監察資源管理，以獲得最大效益和成效。透過與不同持份者持續合作，醫管局不斷優化其內部資源分配機制，以病人整體醫療過程所需的資源，作為資源分配的額外參考。

醫管局在2013-14年度錄得盈餘，主要因為人手仍然短缺，故未達預計開支。我們一直盡力採取各種措施，聘請及挽留醫護人員。在未來，市場人手短缺及私營市場人才競爭，將仍然是醫管局面對的主要挑戰。



In respect of long term financial sustainability, HA has discussed medium term resource requirement with the Government and supported the long term fiscal planning exercise by estimating the resource need to meet challenges of ageing population and rising service demand.

With funding support from the Government and Hong Kong Jockey Club Charities Trust, the fleet of Non-emergency Ambulance Transfer Service (NEATS) vehicles was further strengthened with replacement of nine vehicles and addition of 15 environmental-friendly liquefied petroleum gas vehicles. Waiting time for NEATS service was shortened and service enhanced.

To better manage growing service demand, a series of hospital development projects are in the pipeline. Key milestones achieved included completion of construction works for the new ambulatory and rehabilitation block for phase 2 redevelopment of Caritas Medical Centre, and commencement of construction works for Tin Shui Wai Hospital and Hong Kong Children's Hospital at the Kai Tak Development Area. Renovation works were carried out in six general outpatient clinics (GOPCs) to improve patient flow, barrier free access and environmental conditions. Review of designs for barrier free access in all GOPCs and 16 acute hospitals was completed.

在確保長遠財政穩定方面，醫管局已和政府磋商中期的資源需要。因應人口老齡化及服務需求上升，我們預測未來的資源需要，協助進行長遠的財政規劃。

醫管局獲政府撥款及香港賽馬會慈善信託基金捐助，持續優化非緊急救護車車隊，包括更換九部非緊急救護車和增加15部液化石油氣非緊急救護車輛。非緊急救護車服務的等候時間已經縮減，服務亦已加強。

為更有效管理日增的服務需求，我們現正進行一系列醫院興建工程。年內達至的重要進展，包括明愛醫院第二期重建工程完成興建日間醫護及復康大樓、天水圍醫院及位於啟德發展區的香港兒童醫院興建工程展開。六間普通科門診診所進行了翻修，改善病人診症流程、無障礙通道及環境狀況。所有普通科門診診所及16間急症醫院的無障礙通道設計已完成檢討。





Technology facilitates delivery of modern healthcare services. Digital imaging technology was extended to 38 hospitals in HA, greatly reducing the use of traditional films and improved service efficiency through electronic medical records.

科技有助提升現代化醫療服務。38間公立醫院已採用數碼圖像，大幅減少使用傳統的X光片。透過使用電子病歷，有助提升服務效能。

The Enterprise Resource Planning system previously implemented in most hospitals to administer HA's payroll, financial and procurement transactions was upgraded, ensuring effective performance and also enabled HA to benefit from the latest technology enhancement. The patient billing system was rolled out to all public hospitals, providing flexibility for patients to pay at any hospital and improve timeliness and accuracy.

醫管局轄下大多數醫院已採用企業資源規劃系統，處理醫管局的發薪、財務及採購流程，年內系統經過提升，確保有效運作，同時善用最新科技。病人賬務系統已在所有公立醫院全面實施，病人可於任何一間醫院繳費，而系統亦能更快捷準確發出賬單。

Patient data privacy is of prime importance in HA. Ongoing education and training for staff on personal data protection upkeeps general awareness on privacy protection. In pursuant to the established policy, resources were allocated to drive various privacy protection initiatives, including regular audits and privacy compliance checks. To strengthen technological controls on network and system security, HA has joined the Cyber Security Centre initiative of Hong Kong Police Force in protection of HA systems against cyber attacks.

醫管局注重保障病人私隱，我們持續為職員提供保護個人資料培訓，加強保障私隱意識，並制訂相關政策及撥出資源，推廣這些措施，包括定期進行審核及私隱合規審查。為加強網絡技術管控及系統保安，醫管局已參與香港警務處的網絡安全中心的監察計劃，保障醫管局的系統免受網絡攻擊。



## Head Office and Cluster Reports 總辦事處及醫院聯網工作匯報



HA enhanced the level of quality assurance and risk management processes to improve the stability and accuracy of all IT systems, identify and understand the root cause associated with system failure, and take remedial actions to ensure that the likelihood of further failure occurrences are minimised.

HA continued to provide technical agency services to the Hong Kong Government in developing the eHealth Record Sharing System, Elderly Healthcare Voucher Scheme, Vaccination Subsidy Schemes, Primary Care Directory System and Communicable Disease Information System.

為進一步改善資訊系統的穩定性和準確性，醫管局提升了質素保證水平及風險管控程序，以便更有效識別和掌握系統故障的根源，並作出修正，減少事故再次發生的機會。

此外，醫管局繼續擔任香港特區政府的技術代理，負責研發全港電子健康紀錄互通系統、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。

## Strategic intent: Enhance corporate governance

During the year, the HA Board implemented a good number of enhancements on corporate governance structure and processes, following the recommendations of a comprehensive review of governance practices completed in 2012-13 (the Corporate Governance Review). These enhanced corporate governance practices, together with various corporate policies approved and adopted by the HA Board over the years, were consolidated and documented into a Code of Corporate Governance Practices to provide detailed and transparent reference for Members of the HA Board and its committees, guiding them in performing their roles and responsibilities on the governance front.

At the cluster/hospital level, the enhanced corporate governance practices as recommended in the Corporate Governance Review were progressively implemented and documented in the updated Manual on the Operation of Hospital Governing Committees.

## 策略目標： 強化企業管治

2012-13年醫管局完成機構管治全面檢討(機構管治檢討)，醫管局大會根據當中提出的建議，於年內推行多項措施，加強機構管治架構及程序。這些改善措施以及大會多年來所通過和採納的機構管治政策，於2013-14年度經綜合編製成《機構管治實務守則》，為大會及各委員會成員提供詳細清晰的指引，以便履行管治職能和職責。

聯網及醫院亦逐步推行機構管治檢討中建議的機構管治改善措施，並納入新修訂的《醫院管治委員會運作手冊》內。





## Contributing to a Green Environment

HA strives to foster a greener environment through implementing various environmental conservation measures and practices, thus continuously improving its environmental performance.

New hospital projects in HA are designed and constructed with prevailing best practicable environmental standards. Various energy conservation features, including high efficacy lighting, energy-efficient air-conditioning, hot water, lift and escalator systems were incorporated as standard provisions in new facilities. Other green features, such as application of renewable energy, water recycling, and soft landscaping also provide environmental benefits as well as healing environments for patients.

In 2013-14, the new North Lantau Hospital was awarded a Hong Kong Building Environmental Assessment Method (HK-BEAM) Platinum certificate in recognition of sustainable design and remarkable environmental achievements. Similar energy conservation technologies were also adopted in other HA facilities through renovation and retrofitting projects whenever appropriate. These initiatives can help HA reduce carbon emission and offset the rising trend of energy consumption incurred by new facilities and increasing hospital activities. The HA Head Office and 32 public hospitals and institutions have met the carbon emission reduction standard of the Hong Kong Awards for Environmental Excellence Scheme and awarded with Carbon'Less' certificates.

## 締造綠色環境

醫管局一直致力在運作上實踐保護環境，多年來實施了不少環保措施，以期締造更綠色健康的環境。

在籌建新醫院時，我們採納現時最切實可行的環保方案來進行設計和建造，當中包括高效率照明設備、高效能空調、熱水、升降機和自動梯系統等，這些節能裝置已經成為新醫院的標準設備。其他環保設計如可再生能源，循環用水，園林綠化等亦獲廣泛採用，以提升環保效益，並為病人提供理想的康復環境。

新落成的北大嶼山醫院在2013-14年度獲得香港「綠建環評」最高級別的白金認證，以表彰其可持續發展設計和卓越環保表現。在現有的醫院設施內，我們會視乎情況適當地應用節能技術，例如納入各醫院的翻新和改裝工程中。這些節能設備可減少醫管局的整體碳排放，並緩減因新設施及醫院服務增加而引致耗能的增加。在2013-14年度，醫管局總辦事處及32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，獲頒減碳證書以作鼓勵。





Various waste reduction and recycling programmes continued in hospitals to protect the environment. A total of 3,100 tonnes of recyclables including waste paper, plastic, metals, glass bottles, used clothes and food waste were collected. HA also facilitated non-government organisations in various recycling programmes including used clothes, plastics, glass, electrical appliances and furniture. 18 hospitals achieved the Certificate of Appreciation for Used Clothes Recycling Programme 2013 from Friends of the Earth. A total of 27 hospitals and institutions were awarded the Class of Excellence Wastewise Label of the Hong Kong Awards for Environmental Excellence.

Continuous efforts were made to introduce environmental friendly LPG vehicles, with replacement of nine Non-emergency Ambulance Transfer Service vehicles and 15 more added in 2013-14.

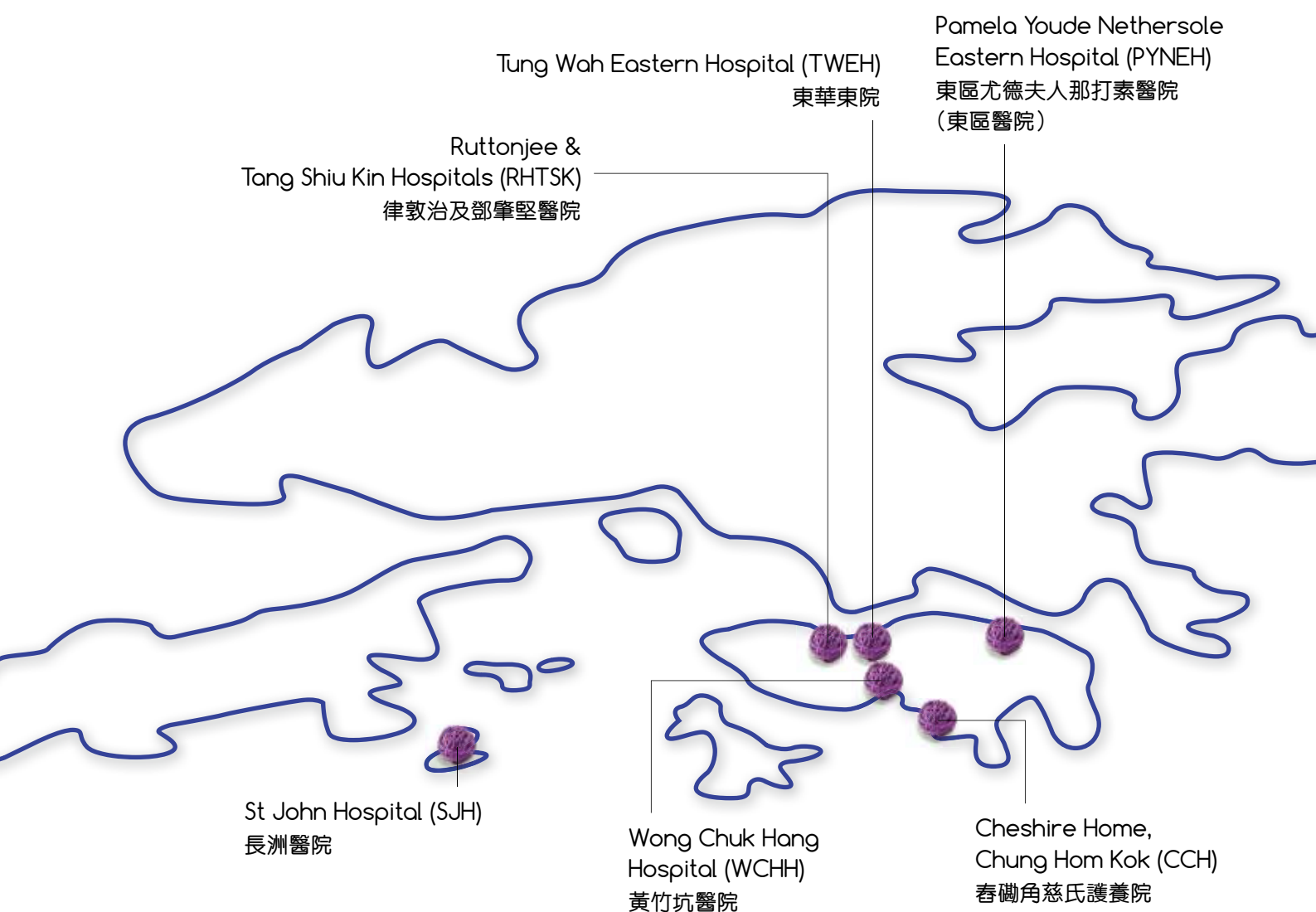
各間公立醫院亦持續推行各種減廢及回收計劃，共收集得3,100噸可回收物品，包括廢紙、塑料、金屬、玻璃樽、舊衣物及廚餘，支持減少污染，保護環境。醫管局並同時促進非政府機構在醫院舉辦各類的回收計劃的工作，包括舊衣物、塑料、玻璃樽、電器及家具回收等。18間醫院在2013年參與地球之友的「舊衣回收計劃」，獲頒授感謝獎狀。截至2013年12月31日，醫管局總辦事處及27間醫院及機構均獲香港環保卓越計劃「卓越級別」的減廢標誌。

醫管局亦持續引進環保液化石油氣車輛，在2013-14年度，已更換9部和增加15部非緊急救護車，全部為更環保的液化石油氣車輛。



# 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\*

**177,500**

**A&E attendances** 急症室求診人次

**243,850**

**Specialist outpatient attendances (clinical)** 專科門診求診人次 (臨床服務)

**792,008**

**General outpatient attendances** 普通科門診求診人次

**587,953**

**Full-time equivalent staff** 等同全職人員數目

**7,595.84**

\* Total inpatient, day patient discharges and deaths

\* 住院及日間病人出院及死亡總數

HKEC appreciates dedication of staff on quality services amidst manpower constraint. Continued recruitment of additional nurses, frontline allied health professionals and patient care assistants relieved workload of the frontline. To retain staff, HKEC organised a series of staff engagement activities such as mentorship programme for nurses. These human resource measures successfully lowered attrition rate of all staff groups, except in the care-related supporting staff group. To further improve communication and collaboration with staff, the Cluster extended Crew Resource Management training to target staff groups and offered scenario-based simulation training.

港島東聯網感謝員工對優質服務的堅持，即使面對人手緊絀，仍然全力以赴。聯網繼續增聘護士、專職醫療人員及病人服務助理，減輕前線的工作量。為挽留員工，聯網舉辦多種凝聚員工活動，如護理部推行了「良師益友」計劃。聯網推行的人力資源措施有積極成效，除支援服務（護理）組別員工外，各職員組別的流失率均見下降。為進一步加強與職員溝通和合作，聯網向目標職員組別推展優化醫療團隊管理計劃，並提供臨床模擬情境訓練。







To cope with increasing demand in pressure areas, a series of initiatives were implemented in HKEC hospitals. Stroke service was enhanced in PYNEH with introduction of Transient Ischaemic Attack clinic service in July 2013 and implementation of 24-hour thrombolytic treatment for acute ischaemic stroke patients in March 2014. Renal service was expanded with Dialysis Day Centre and Renal Ward established in the fourth quarter of 2013. As for mental health services, patients in the psychiatric admission wards were provided with better environment and recovery oriented treatment programmes.

2,000 patients of RH benefited from the new Magnetic Resonance Imaging service since July 2013. Three additional endoscopy sessions per week introduced since October 2013 enhanced access to service. HKEC also provided additional haemoglobin (HbA1c) tests for diabetic patients and increased the capacity for anti-vascular endothelial growth factor treatment.

The Cluster implemented various initiatives to sustain a robust quality and safety system. Minimally invasive surgery technique was adopted in hysterectomy surgeries among over 85% of suitable gynaecological patients to improve recovery. PYNEH performed

為應付壓力範疇不斷增加的服務需求，聯網醫院推行了一系列措施。東區醫院於2013年7月開設短暫性腦缺血診所，加強中風治理；於2014年3月為急性腦缺血中風病人開展24小時溶栓治療；以及在2013年第四季啟用日間透析中心暨腎科病房，擴展腎科服務。精神健康服務方面，精神科收症病房的環境已經改善，並推出復元為本的治理計劃。

律敦治醫院於2013年7月增設一部磁力共振掃描器，為2,000名病人提供服務。該院自2013年10月起每星期提供額外三個內窺鏡檢查時段，以加強服務。聯網亦為糖尿病患者提供額外糖化血色素測試，並擴充「抗血管內皮生長因子」治療服務。

聯網精益求精，推行多項措施鞏固服務質素及安全，如採用微創外科技術為逾85%的合適婦科病人進行子宮切除手術；透過跨聯網合作計劃，東區醫院計劃進行20項機械臂輔助外科手術，有助醫管

20 cases under the cross cluster Robotic Assisted Surgery (RAS) Collaboration Programme and contributed to staff training on RAS in HA. Timely treatment for patients was ensured with 70 additional predictive molecular tests provided for lung, breast and colorectal cancers since the first quarter of 2014. Requisition for the radio frequency identification (RFID) system in RH mortuary improved accuracy of body identification and flow control. To sustain safety culture, a number of Quality and Safety forums and training sessions were organised, covering safe mobilisation of fragile patients, procedural sedation safety, prevention of patient suicide, medication safety, use of physical restraint, and patients' nutritional status.

Resources were deployed to key enablers of corporate priority, namely the roll-out of barcode top-up system for drug stock in all wards in RH, enhancement of non-emergency ambulance transfer service with waiting time shortened and punctuality improved, and a 42-bed general medical ward set up in RH.

PYNEH's introduction of ECMO therapy to patients in Hong Kong since 2009 was duly recognized by the judges of the Hospital Management Asia (HMA). Safe Implementation of ECMO Service through High Fidelity Simulation Training in Intensive Care Unit of PYNEH was awarded Excellence Award (Bio Medical Equipment / Facilities Improvement) in HMA in September 2013.

局發展此技術；由2014年第一季起為肺癌、乳癌及大腸癌病人提供額外70個預測分子測試，確保病人獲得及時治理。律敦治醫院殮房已安裝射頻識別系統，使識別及移送遺體的過程更準確。為加強安全文化，聯網推行了一系列有關質素及安全的專題講座及培訓，包括安全搬移有潛在骨折或皮膚損傷風險及行動不良的病人、手術前鎮靜安全、防止病人自殺、用藥安全、使用肢體約束及病人營養狀況等。

聯網根據機構整體優次向重點項目批撥資源，包括律敦治醫院所有病房全面實施條碼式病房藥物補給系統；加強聯網非緊急救護運送服務，縮短等候時間及改善準時度；以及在律敦治醫院開設配備42張病床的普通科病房。

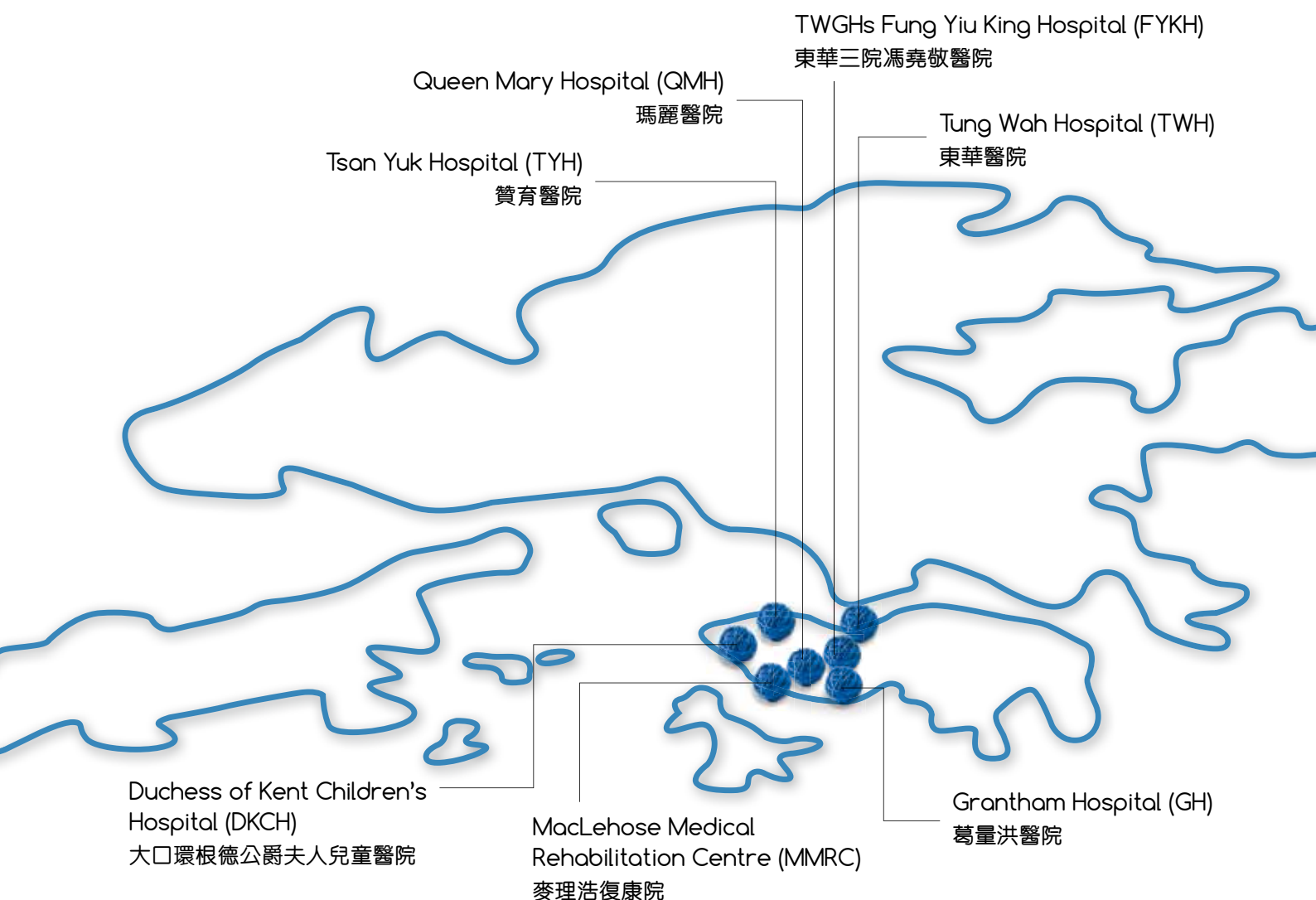
東區醫院深切治療部於2009年引入人工肺療法，並於近年開始以逼真的臨床模擬情境培訓，加強同事對人工肺療法的認知。東區醫院更憑著優質的人工肺療法服務於2013年9月榮獲亞洲醫院管理大獎改善生物醫學設備/設施組別傑出獎。





# 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

<b>Number of beds</b> 病床數目	<b>3,142</b>
<b>Patient discharges*</b> 出院病人數目*	<b>186,007</b>
<b>A&amp;E attendances</b> 急症室求診人次	<b>131,577</b>
<b>Specialist outpatient attendances (clinical)</b> 專科門診求診人次 (臨床服務)	<b>844,024</b>
<b>General outpatient attendances</b> 普通科門診求診人次	<b>390,097</b>
<b>Full-time equivalent staff</b> 等同全職人員數目	<b>7,442.25</b>

\* Total inpatient, day patient discharges and deaths

\* 住院及日間病人出院及死亡總數



HKWC continues 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 innovation in health care technology and services.

To allay staff shortage, additional allied health professionals were recruited to enhance multi-disciplinary care and rehabilitation service. Patient care assistants were added to share out simple clinical and clerical workload. Nursing manpower was also strengthened to meet operational needs at acute settings and high pressure areas.

Pressure areas of QMH were alleviated with four medical beds designated for non-invasive ventilation service for patients with chronic obstructive pulmonary disease. The hospital also opened one paediatric ICU bed and one High Dependency Unit (HDU) bed to cope with demand for complex services from cross-border eligible paediatric patients, added one paediatric cardiology ICU bed for patients requiring cardiac surgery and Extracorporeal Membrane Oxygenation (ECMO) treatment. Additional manpower was allocated to improve service for adult patients with life-threatening cardiopulmonary condition requiring Left Ventricular Assist Devices. To reduce waiting time of adult and paediatric patients for Haemopoietic Stem Cell Transplant (HSCT), the number of adult HSCT beds was increased to 18 and one more HDU bed was added for HSCT paediatric patients.

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。

為應付人手短缺，聯網增聘專職醫療人員，為需要跨專業護理和復康服務的病人加強支援；同時增聘病人服務助理，為專職醫療人員分擔簡單的臨床及文書工作；此外亦於急症病房及壓力範疇增聘護士。

瑪麗醫院推行措施紓緩不同範疇的壓力，包括為慢性阻塞性肺病患者提供四張指定病床，加強非創傷性呼吸機服務；開設兒童深切治療病床和加護病床各一張，應付合資格跨境兒科病人所需的複雜病症治療服務；以及為接受心臟手術和需要體外膜氧合器治療的兒科病人開設一張兒童心臟科深切治療病床。醫院亦增加人手，為需要安裝左心室輔助裝置的成年病人加強服務。為縮短造血幹細胞移植的輪候時間，醫院的成年人病床增至18張，兒童病床則新增一張加護病床。



To relieve overcrowding situation of eye specialist service in QMH and to provide one-stop cataract service, planning and preparation was in progress for relocating the Eye specialist outpatient clinic to GH, which had its cataract operating theatre upgraded. To meet growing service demand, 140 additional day and same-day operations were conducted in TWH. The number would increase to 350 per year in subsequent years.

Hospital haemodialysis service was expanded to benefit four more patients with end-stage renal disease. Recovery oriented treatment programmes were provided to patients in the psychiatric admission wards. Treatment of eye diseases for elderly patients was strengthened by providing anti-vascular endothelial growth factor treatment to 60 new age-related macular degeneration cases and 500 new cases of diabetic eye diseases.

To keep abreast of modern clinical practice, minimally invasive surgery technique in hysterectomy surgeries was adopted for suitable gynaecology patients. Aseptic dispensing facilities were upgraded to meet environment control requirements in the aseptic compounding process. Under the cross cluster Robotic Assisted Surgery Collaboration Programme, cancer patients from different clusters benefited through sharing of experience and technique among surgeons.

為紓緩瑪麗醫院眼科門診部擠逼情況，並提供一站式白內障服務，瑪麗醫院已經展開眼科門診部遷移至葛量洪醫院的工程，並提升白內障手術室的設施水平。為應付不斷增加的服務需求，東華醫院額外進行了140宗日間及同日手術，未來將會增至每年350宗。

聯網亦加強對末期腎病患者的服務，增加四個醫院血液透析名額；此外精神科收症病房為病人提供復元為本的治理計劃。聯網為長者加強眼科服務，60名老年黃斑病變新症病人獲提供「抗血管內皮生長因子」治療；500名與糖尿病相關眼疾的新症病人獲提供眼科服務。

瑪麗醫院提升無菌配藥設施，符合無菌調劑程序的環境監控要求。公立醫院亦採用先進醫療技術，為適合的婦科病人利用微創外科技術進行子宮切除手術。透過跨聯網的機械臂輔助外科手術合作計劃，外科醫生互相交流經驗和技術，令不同聯網的癌症病人可以受惠。





Responding to increasing burden of chronic disease, the Tuberculosis and Chest Unit in GH provided Early Visit Programme for chronic lung disease patients to reduce utilisation of accident and emergency service and in-patient admission to QMH. Care of patients with bronchiectasis and malignant pleural effusion was improved with a Bronchiectasis Clinic set up in GH with the use of indwelling intra-pleural catheter. Nurse-led chest pain clinic of Cardiac Medical Unit in GH was enhanced to provide fast track assessment and treatment for patients with coronary artery disease.

Laboratory services were enhanced, providing 30 additional cytogenetic tests for blood cancer patients, 70 additional predictive molecular tests for lung, breast and colorectal cancer patients, and additional 3,750 haemoglobin tests for diabetes patients. In support of organ transplant in Hong Kong, a laboratory-based transplant coordination centre set up in QMH strengthened laboratory and cell/tissue bank services.

QMH achieved breakthrough in liver transplant operations in 2013 where two patients received liver transplants from living donors of different blood types. With the new technique, it is anticipated that more live-donor liver transplants could be conducted in future.

因應慢性疾病日增，葛量洪醫院結核暨胸肺內科部為慢性胸肺病病人進行早期探訪計劃，減少病人到瑪麗醫院急症室求診及入院。為加強對支氣管擴張及惡性胸膜積液病人的照顧，葛量洪醫院增設了支氣管擴張病診所，引入長期胸腔引流置入技術。此外，葛量洪醫院心臟內科加強胸痛科心臟護士診所的服務，加快為胸痛病人進行冠心病風險評估及診治。

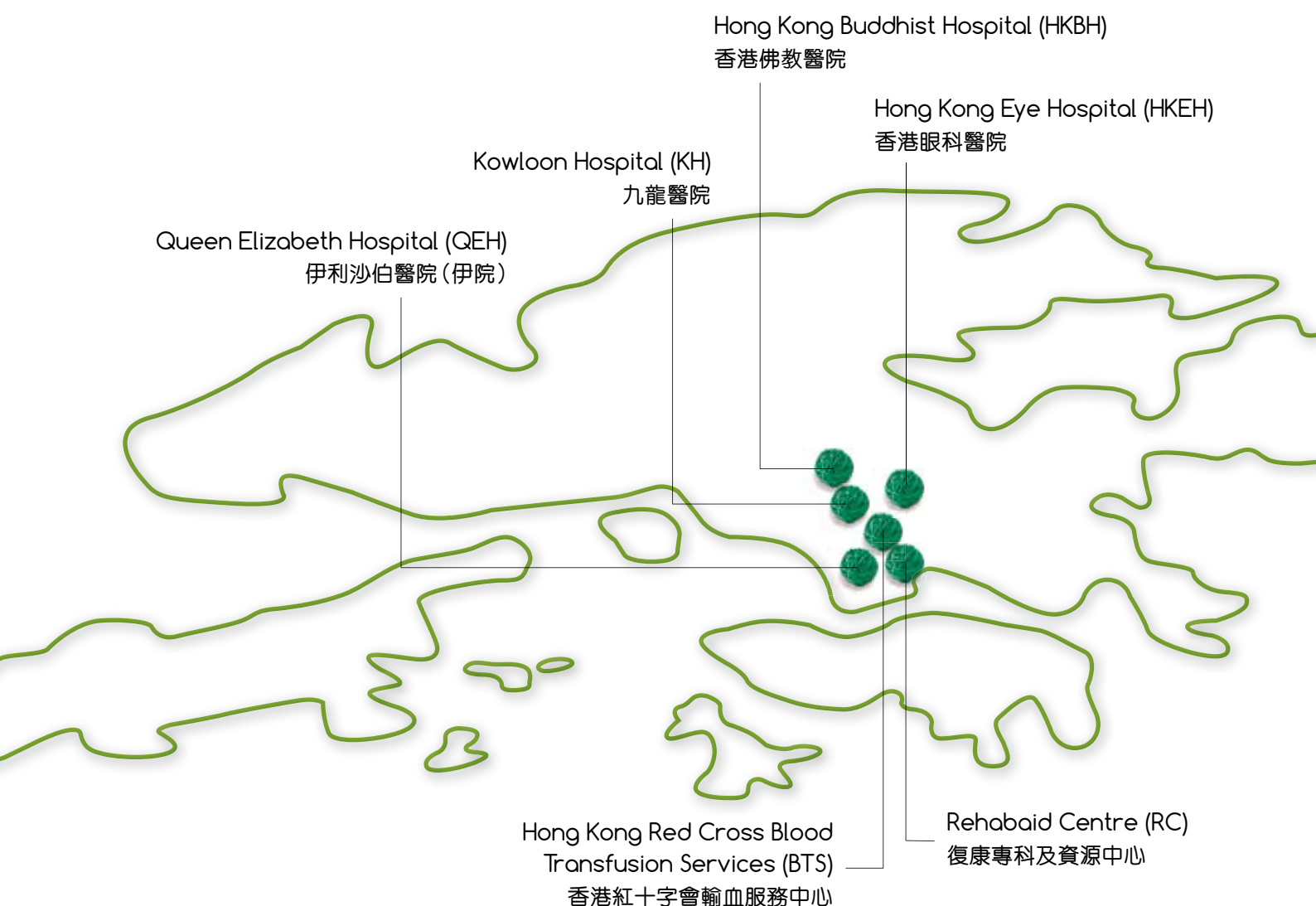
聯網積極擴展化驗服務，為額外30名病人提供血癌細胞遺傳測試，並為肺癌、乳癌及大腸癌病人提供額外70個預測分子測試，以及為糖尿病患者提供額外3,750個糖化血色素測試。此外，瑪麗醫院設立移植化驗統籌中心，加強統籌化驗室及細胞／組織庫服務，支援香港的器官移植。

2013年肝臟移植手術取得突破性進展，兩名病人成功進行全港首宗跨血型活肝移植手術。藉著這項新技術，每年的活肝移植手術料會增加。



# 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**

**3,548**

**Patient discharges\* 出院病人數目\***

**202,593**

**A&E attendances 急症室求診人次**

**195,280**

**Specialist outpatient attendances (clinical) 專科門診求診人次（臨床服務）**

**1,016,873**

**General outpatient attendances 普通科門診求診人次**

**565,425**

**Full-time equivalent staff 等同全職人員數目**

**9,307.47**

\* Total inpatient, day patient discharges and deaths

\* 住院及日間病人出院及死亡總數



To cope with aging population and service demand in the community, KCC expanded service capacity by setting up an acute stroke ward with 16 beds and added one ICU bed in QEH. Additional operating theatre sessions were opened to allay the waiting list of emergency surgery and cancer operations in QEH. 24-hour on site consultation and emergency surgical support by specialist was implemented in QEH for neonatal and paediatric surgery. HKEH enhanced eye services for the elderly by providing anti-vascular growth factor treatment for age-related macular degeneration cases and provided specialist eye service for diabetic related eye diseases. Further enhancement of psychiatric services in KH was completed with the psychiatric admission ward setting improved and the community case management service expanded to severe mental illness patients living in the Sai Kung district.

面對社區人口老化及服務需求增加，九龍中聯網致力提升服務能力。伊院推行的措施包括：設立一間急性中風病房，設有16張病床；增設一張深切治療病床；增加手術室節數，縮短緊急手術及癌症外科手術的輪候時間；初生嬰兒及兒童外科服務推行24小時駐院諮詢及緊急外科支援。為加強長者眼科服務，香港眼科醫院為老年黃斑病變新症病人提供「抗血管內皮生長因子」治療，以及為與糖尿病相關眼疾新症病人提供服務。為進一步加強精神科服務，九龍醫院改善精神科收症病房，並為居於西貢區的嚴重精神病患者提供個案管理服務。



In pursuit of continuous quality improvement and patient safety, BTS increased the production and supply of leucodepleted blood products which enhanced blood transfusion safety and reduced the risk of transfusion reaction. HKEH strengthened the supply of high quality eye tissues and increase the supply of corneas of the Eye Bank. New treatment options and modern technology were adopted in QEH with minimally invasive surgery technique introduced for over 60% hysterectomy surgeries for suitable gynaecological patients. Deep Brain stimulation treatment was provided for nine patients with advanced Parkinson's diseases. Modernised diagnostic services for cancer patients were introduced by expanding cytogenetic services for blood cancer and predictive molecular testing services for lung, breast and colorectal cancers in QEH.

To sustain and ensure a stable workforce, QEH provided education and training for various healthcare professionals. QEH School of General Nursing completed the intake of 100 student nurses in the third quarter of 2013. Staff development and simulation training programmes developed professionalism of healthcare workers. To relieve pressures of the frontline, additional medical, nursing, allied health professionals and patient care assistants were recruited to meet operational needs at acute settings and high pressure areas. To improve the non-emergency ambulance transfer service and waiting time, additional drivers and attendants were recruited.

為持續提升質素及病人安全，香港紅十字會輸血服務中心增加白細胞過濾血製品的製造和供應，加強輸血安全及減少輸血不良反應。香港眼科醫院加強眼部組織庫的服務，提供優質眼部組織及額外眼角膜作移植用途。伊院採用新療法及先進技術，利用微創外科技術為約60%合適的婦科病人進行子宮切除手術，並為九名晚期帕金森症病人進行深層腦部刺激治療。此外，伊院推行先進癌症診斷服務，擴展血癌細胞遺傳測試，以及肺癌、乳癌及大腸癌預測分子測試。

為維持及確保穩定的工作團隊，伊院為醫護人員提供培訓，伊院護士學校於2013年第三季額外培訓100名註冊護士。聯網亦提供員工發展及模擬訓練，加強專業發展。為紓緩前線壓力，聯網增聘醫生、護士、專職醫療及病人服務助理，紓緩急症及壓力範疇的工作量。聯網亦改善非緊急救護運送服務，增聘司機和服務員，縮短病人等候時間。







KCC strives to maximise quality within limited resources through hospital accreditation and various quality improvement measures ('WISER' Movement). To improve supply logistics and workflow, auto-refill of medical consumables and linen items was implemented in QEH and KH. A commissioning team was set up to coordinate the Yaumatei Specialist Clinic re-provisioning project.

QEH celebrated Golden Jubilee in 2013 with a series of programmes to engage staff and the community, including a walkathon cum fun and games day, career fun day and a series of community engagement programmes. A gala dinner was held on 10 September 2013 and a book named *QEH – A People's History* was published.

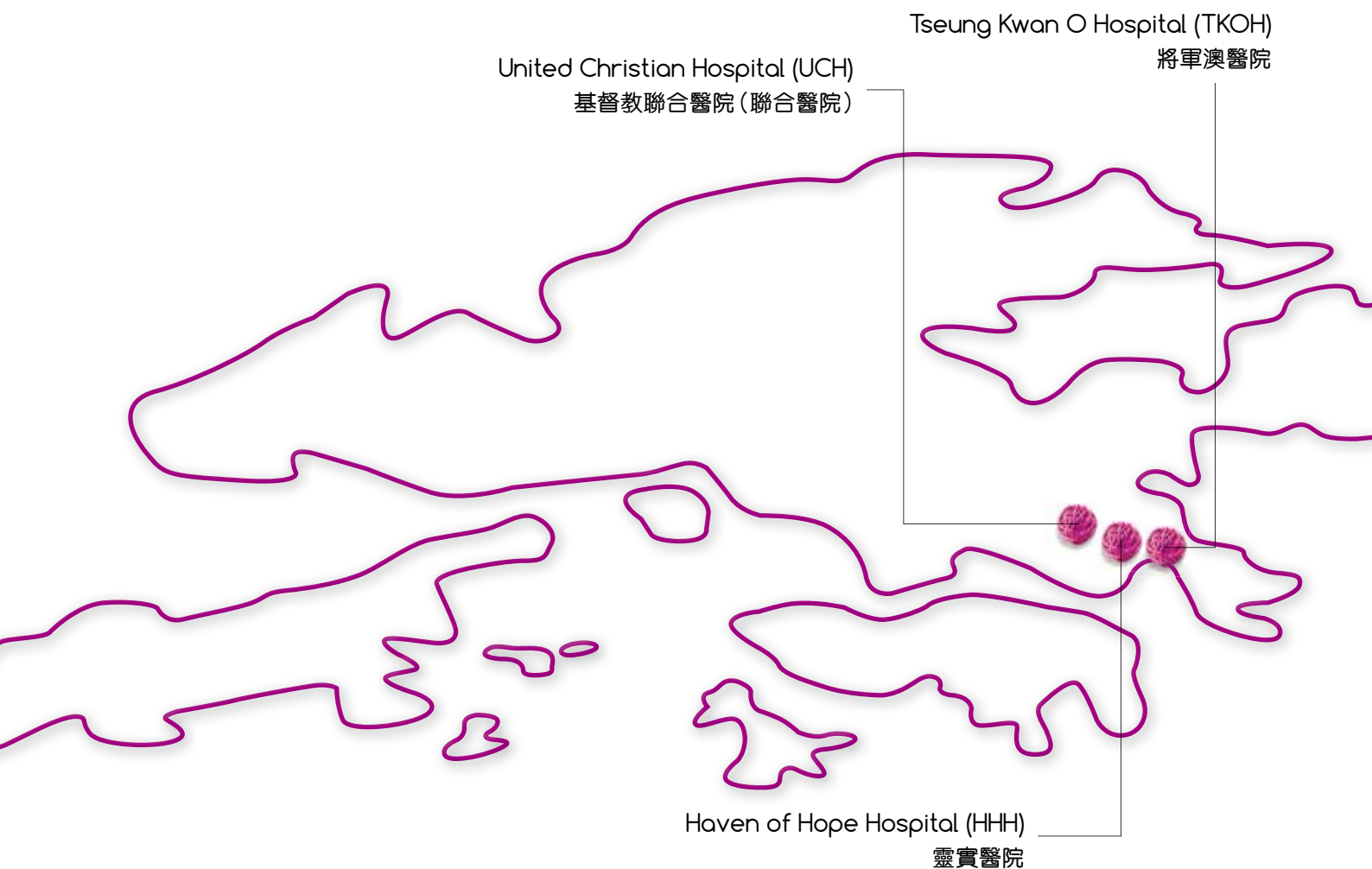
聯網透過醫院認證計劃及質素提升措施("WISER"精益管理)，在有限資源下維持優質服務質素。為改善醫療用品及被服用品流程，伊院及九龍醫院推行物品自動補充服務。聯網成立了籌備團隊，統籌油麻地專科診所重置計劃。

2013年欣逢伊院金禧紀念，聯網舉辦多項活動，凝聚員工、病人和社區，其中包括伊院金禧健步行同樂日、伊院職業展覽及一連串與民同樂的活動。五十周年誌慶晚宴於2013年9月10日舉行，醫院出版《伊院人·情·事》的口述歷史書，慶祝金禧紀念。



# Kowloon East Cluster (KEC)

## 九龍東醫院聯網（九龍東聯網）



<b>Number of general outpatient clinics</b> 普通科門診診所數目	<b>8</b>
<b>Throughput</b> 服務量	
<b>Number of beds</b> 病床數目	<b>2,487</b>
<b>Patient discharges*</b> 出院病人數目*	<b>168,030</b>
<b>A&amp;E attendances</b> 急症室求診人次	<b>323,703</b>
<b>Specialist outpatient attendances (clinical)</b> 專科門診求診人次（臨床服務）	<b>766,997</b>
<b>General outpatient attendances</b> 普通科門診求診人次	<b>921,662</b>
<b>Full-time equivalent staff</b> 等同全職人員數目	<b>6,960.14</b>

\* Total inpatient, day patient discharges and deaths

\* 住院及日間病人出院及死亡總數

KEC recruited additional nurses to meet operational needs at acute settings and high pressure areas. More frontline allied health professionals were recruited to enhance support for patients requiring multi-disciplinary care and rehabilitation. Additional patient care assistants were posted in allied health departments to share out simple clinical tasks and relieve clerical workload.

Measures were implemented to better manage growing service demand. 116 beds were added during the year to strengthen inpatient service. To shorten the specialist waiting lists, KEC increased new case quota with collaboration of clinical staff. GOPC episodic quota was also increased by 6,700 attendances to meet growing demand of the elderly. The ambulatory chemotherapy service and haemodialysis service were also enhanced. The first autologous transplant in KEC was successfully carried out in September 2013 at the newly established Autologous-Haemopoietic Stem Cell Transplant Centre. The new pharmacy at the new ambulatory care block in TKOH provided one-stop service for out-patient care.

九龍東聯網致力改善醫療服務，為不同臨床部門增聘護士，紓緩急症及壓力範疇的工作量，同時增聘前線專職醫療人員，加強支援需要跨專業照顧及復康服務的病人。專職醫療部亦增加病人服務助理，分擔文書工作及簡單的臨床職務。

為更有效管理日增的服務需求，聯網於年內共開設116張病床，加強住院服務。為改善專科門診輪候情況，在醫護人員積極配合下，聯網增加了新症名額。普通科門診亦額外增加6,700個偶發性疾病診症名額，迎合不斷增加的長者服務需求。日間化療及血液透析服務亦已加強。2013年9月，聯網在新設的自體造血幹細胞移植中心成功完成首宗自體移植。將軍澳醫院新日間醫療大樓內的藥房為門診病人提供一站式服務。





KEC enhanced community care for mental health patients by providing case management service to 700 patients with severe mental illness living in the Sai Kung district. The mental health service was also enhanced by providing recovery oriented treatment programmes for patients in psychiatric admission wards.

Service quality and safety were improved. KEC enhanced cancer diagnostic services by providing 70 additional predictive molecular tests for lung, breast and colorectal cancers. Minimally invasive surgery technique was adopted in hysterectomy surgeries for suitable gynaecological patients. The Organization-Wide Survey for hospital accreditation of UCH was successfully held in March 2014.

為加強對精神病患者的社區支援，聯網已成立專責團隊，為居於西貢區的700名嚴重精神病患者提供個案管理服務。精神健康服務亦已加強，精神科收症病房為病人提供復元為本的治理計劃。

聯網致力改善服務質素及安全，包括改善癌症診斷服務，為肺癌、乳癌及大腸癌病人提供額外70個預測分子測試，以及利用微創外科技術為合適的婦科病人進行子宮切除手術。此外，基督教聯合醫院於2014年3月順利進行醫院認證計劃的機構評審。





To ensure adequate resources for service needs, the Cluster coordinated service re-provisioning of Kwun Tong Jockey Club GOPC. Capacity for patient support service was strengthened, particularly in medical record, domestic service and cluster transport service. The service of the out-sourced Shum Wan Laundry was extended to HHH. KEC continued to expand the non-emergency ambulance transfer service ambulance fleet with nine additional drivers and attendants to shorten waiting time and improve punctuality.

The expansion works of TKOH were completed in 2013, providing better healthcare facilities and services to the public. The alteration and improvement works of UCH commenced in March 2013 and would be completed in 2014. The hospital decanting plan would then be activated to tie in with the hospital's expansion project. Meanwhile, the expansion project of HHH was in a preparatory stage. It was envisaged that the rehabilitation and convalescent services in the Cluster would be further improved.

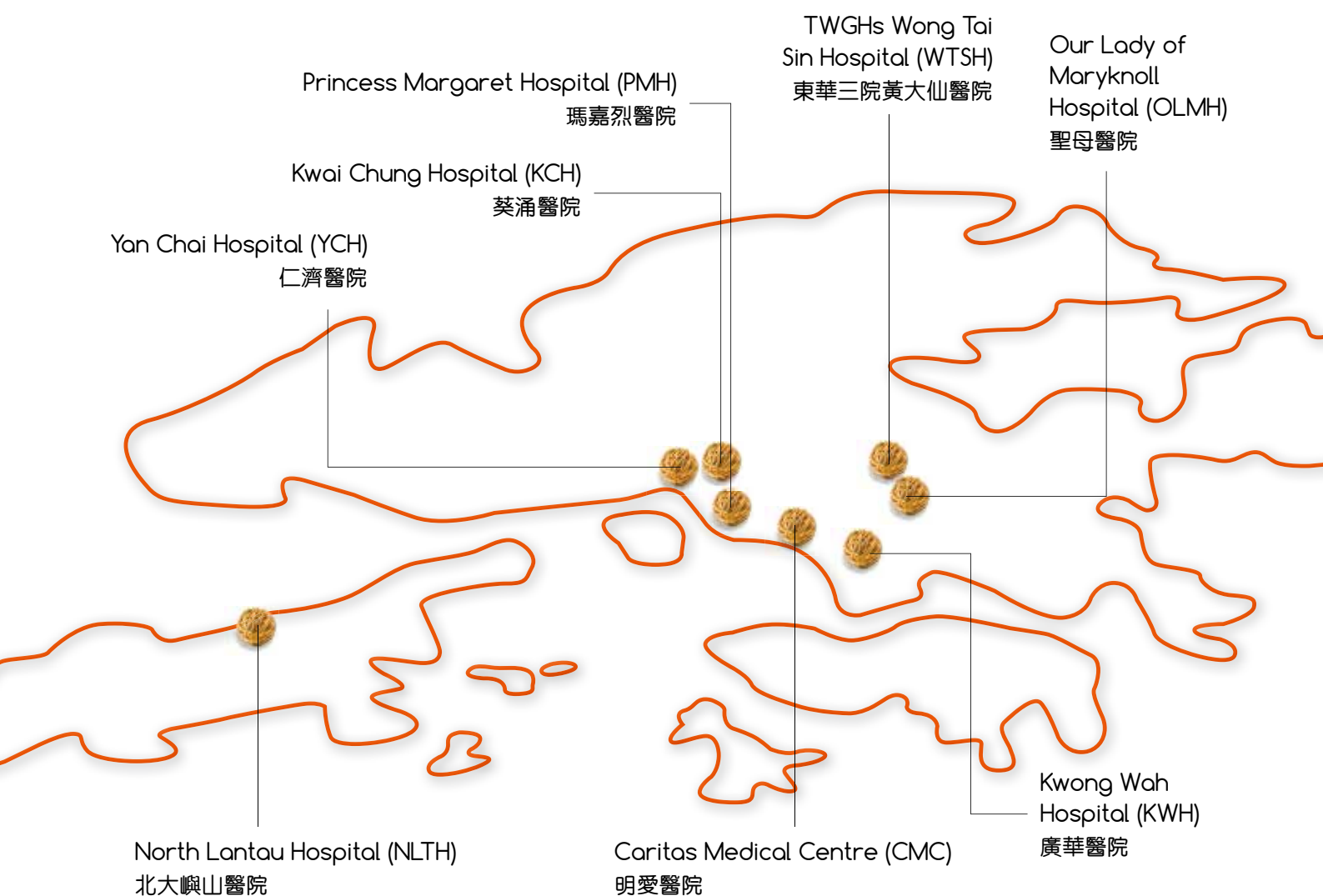
為確保具備足夠資源應付服務需要，聯網統籌觀塘賽馬會健康院普通科門診診所重置項目，另加強了病人支援服務，特別是有關病人紀錄、庶務及聯網運送服務。已外判的深灣洗衣工場增加為靈實醫院提供服務。聯網繼續擴展非緊急救護運送服務車隊，增聘九名司機和服務員，縮短病人等候時間及改善服務準時度。

將軍澳醫院擴建工程已於2013年完成，為市民提供更優質的醫療設施及服務。基督教聯合醫院改建及翻新工程於2013年3月展開，將於2014年內完成，屆時醫院會啟動調遷計劃，以配合擴建工程。另外，靈實醫院擴建計劃現處於準備階段。藉著這些設施改善，聯網可望進一步優化復康及療養服務。



# 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

**6,629**

**Patient discharges\*** 出院病人數目\*

**370,586**

**A&E attendances** 急症室求診人次

**595,085**

**Specialist outpatient attendances (clinical)** 專科門診求診人次（臨床服務）

**1,634,502**

**General outpatient attendances** 普通科門診求診人次

**1,603,082**

**Full-time equivalent staff** 等同全職人員數目

**14,955.15**

\* Total inpatient, day patient discharges and deaths

\* 住院及日間病人出院及死亡總數



KWC implemented a number of initiatives to manage the growing service demand in order to sustain high service quality and patient safety.

42 additional inpatient beds were introduced to meet mounting service needs, including extra acute and convalescent beds for coronary care and rehabilitation services respectively. Existing general acute beds were designated for managing patients with chronic obstructive pulmonary disease. Service capacity was broadened with extended hours of emergency percutaneous coronary intervention, extra elective orthopaedic trauma operation, and Family Medicine specialist outpatient clinic sessions. Mental health service was enhanced by incorporating programmes of focusing on recovery oriented treatment and case management.

九龍西聯網推行一系列措施，管理與日俱增的服務需求，確保為病人提供安全優質的醫療服務。

聯網增設42張住院病床，應付不斷增加的服務需求，包括心臟科急症病床及療養病床，以及復康服務，另將一些現有急症病床指定為慢性阻塞性肺病患者病床。此外，聯網擴展服務能力，延長緊急冠狀動脈介入治療的服務時間、增加非緊急骨科創傷手術及家庭醫學專科診所的應診節數。精神健康方面，聯網繼續加強復元為本的綜合治理計劃和個案管理服務。



## Head Office and Cluster Reports

### 總辦事處及醫院聯網工作匯報

The new North Lantau Hospital commenced Phase 1 operation in September 2013. Accident & Emergency service hours had doubled, reaching 16 hours per day, since January 2014. A hospital-affiliated Community Health Centre providing general out-patient service to Tung Chung residents was also in place.

The cross cluster Robotic Assisted Surgery Collaboration Programme, an extension of minimally invasive surgery technique on hysterectomy surgeries for suitable gynaecological patients, was made possible through adoption of new technology with enhanced cross cluster collaboration. Predictive molecular tests for lung, breast and colorectal cancers were made more available for timely diagnosis and treatment. The Inpatient Medication Order Entry system, first piloted at PMH to improve medication safety together with upgraded dispensing facilities to achieve an aseptic environment, were initiatives taken to sustain patient safety.

北大嶼山醫院於2013年9月展開第一期運作。醫院急症室服務由2014年1月起延長一倍時間，每天16小時。該院的社區健康中心亦已正式啟用，為東涌居民提供普通科門診服務。

聯網推行跨聯網機械臂輔助外科手術合作計劃，利用微創外科技術為合適的婦科病人進行子宮切除手術，另為肺癌、乳癌及大腸癌患者提供預測分子測試，改善癌症診斷和治理。此外，聯網於瑪嘉烈醫院試行住院病人藥物指令輸入系統和提升無菌配藥服務，致力確保用藥及病人安全。







KWC continued on-going hospital accreditation exercise, meeting requirements of Australian Council of Healthcare Standards. OLMH was accredited in second quarter, while PMH having completed gap analysis in fourth quarter of 2013.

To sustain a skilled, committed and highly competent workforce, KWC continued to recruit and retain healthcare professionals, improving respective professional grade development and career progression, and enhancing training and development for various disciplines.

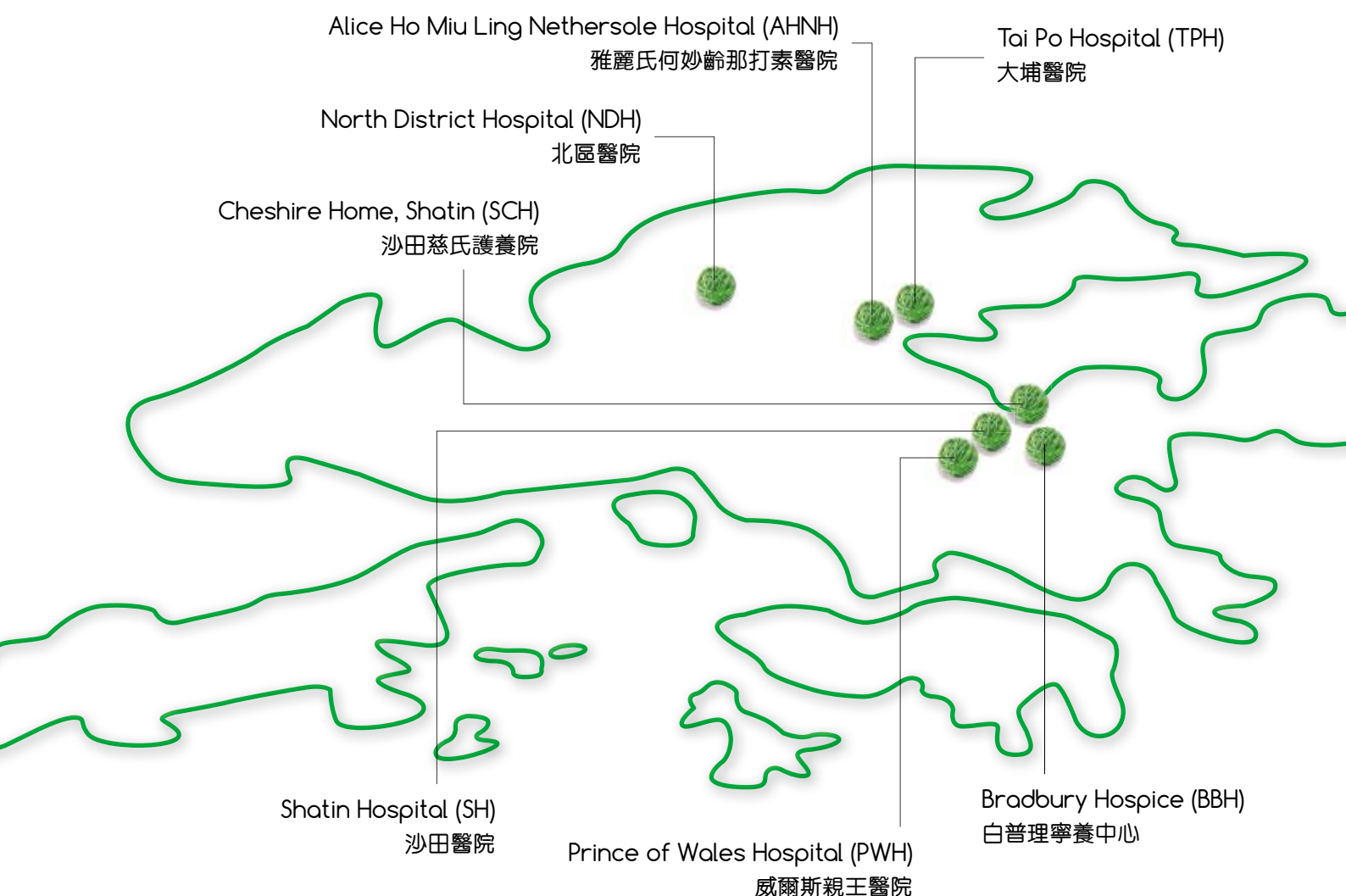
聯網持續推行醫院認證計劃，以符合澳洲醫療服務標準委員會的標準。聖母醫院在2013年第二季通過認證，瑪嘉烈醫院亦於第四季完成差距分析。

聯網致力維持一支幹練、投入和優秀的工作團隊，繼續增聘和挽留醫療專才、改善各專業職系的發展和工作前景，並加強不同專業的培訓與發展。



# 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

**10**

**Throughput** 服務量

**Number of beds** 病床數目

**4,518**

**Patient discharges\*** 出院病人數目\*

**262,448**

**A&E attendances** 急症室求診人次

**394,271**

**Specialist outpatient attendances (clinical)** 專科門診求診人次（臨床服務）

**1,099,139**

**General outpatient attendances** 普通科門診求診人次

**941,614**

**Full-time equivalent staff** 等同全職人員數目

**10,557.1**

\* Total inpatient, day patient discharges and deaths

\* 住院及日間病人出院及死亡總數



2013-14 was a busy year for NTEC with a lot of major initiatives achieved and many important events worthy of celebration.

NTEC faced increasing service demand arising from the surge of cross border population. To meet high demand, the observation ward at NDH was converted to a 20-bed Emergency Medicine ward and a 10-bed paediatric day ward was established at AHNH. The bed capacity in PWH was built up with three additional High Dependency Unit (HDU) beds, a Medical Ambulatory Care Centre with 30 day beds, and an 8-bed ambulatory care unit at the Children Cancer Centre.

To improve the management of specialist outpatient waiting lists, more doctor sessions were added, including 4,200 new cases for Eye Specialist Clinic.

新界東聯網經歷繁忙的一年，聯網完成了多項主要計劃，亦有不少值得慶祝的重要活動。

由於跨境人士激增，聯網面對的服務需求不斷上升。為應付需求，聯網將北區醫院的觀察病房改裝成急診科病房，配備病床20張，並在雅麗氏何妙齡那打素醫院開設一間兒科日間病房，配備病床10張。威爾斯親王醫院亦增加病床數目，包括增設3張加護病床、開設內科日間醫療中心提供30張日間病床，以及兒童癌症中心增設8張日間病床。

為縮短專科門診輪候名單，聯網已增加醫生應診時段，包括眼科專科診所處理4,200個新症。





A stable workforce was maintained by NTEC with special concern on the workload of frontline doctors, nurses and allied health professionals. To relieve heavy workload, additional nurses were recruited and frontline allied health professionals were added to enhance support for patients requiring multi-disciplinary care and rehabilitation. More patient care assistants were recruited for allied health departments to share out simple clinical tasks and relieve clerical workload. In addition, the auto-refill service of medical consumables and linen items were implemented in all hospital wards in PWH, SCH and SH to relieve workload of ward staff.

To avoid unnecessary admission, the Cluster successfully implemented psychiatric consultation liaison service in Tai Po district. It was then rolled out in Shatin district with 1,500 psychiatric consultation liaison attendances at the A&E department in PWH for patients with probable mental health problems. Community care for mental health patients was enhanced through case management service for 700 patients with severe mental illness residing in North District. To enhance inpatient psychiatric service, Tai Po Hospital has facilities improved so that recovery oriented treatment programmes could be provided to patients in psychiatric admission wards, which were renovated in February 2014.

聯網維持穩定的工作團隊，特別關注前線醫生、護士及專職醫療人員的工作壓力。為減輕他們的工作量，聯網增聘護士和前線專職醫療人員，為需要跨專業照顧及復康服務的病人加強支援；專職醫療部亦增聘病人服務助理，分擔文書工作及簡單的臨床職務。此外，威爾斯親王醫院、沙田慈氏護養院及沙田醫院病房推行醫療用品及被服用品自動補充服務，減輕病房人員的工作量。

為減少不必要的病人住院，聯網成功在大埔區推行精神科諮詢會診服務，其後推展至沙田區。威爾斯親王醫院急症室提供1,500個諮詢會診名額，診視可能有心理健康問題的病人。聯網亦為居於北區的700名嚴重精神病患者，提供個案管理服務，加強精神科社區照顧。為提升精神科住院服務，大埔醫院於2014年2月完成病房改善工程，精神科收症病房為病人提供復元為本的治理計劃。



To strengthen patient safety and service quality, cancer diagnostic services were enhanced in the Cluster through providing additional cytogenetic tests for blood cancer and predictive molecular tests for lung, breast and colorectal cancers.

2013-14 was a year of celebration in NTEC with PWH and NDH granted full accreditation for four years through staff engagement and teamwork. It was also a remarkable year for Tai Po Hospital, signifying strong partnership with community stakeholders on its 15th anniversary.

為提升病人安全及服務質素，聯網加強癌症診斷服務，提供額外血癌細胞遺傳測試，並為肺癌、乳癌及大腸癌病人提供額外預測分子測試。

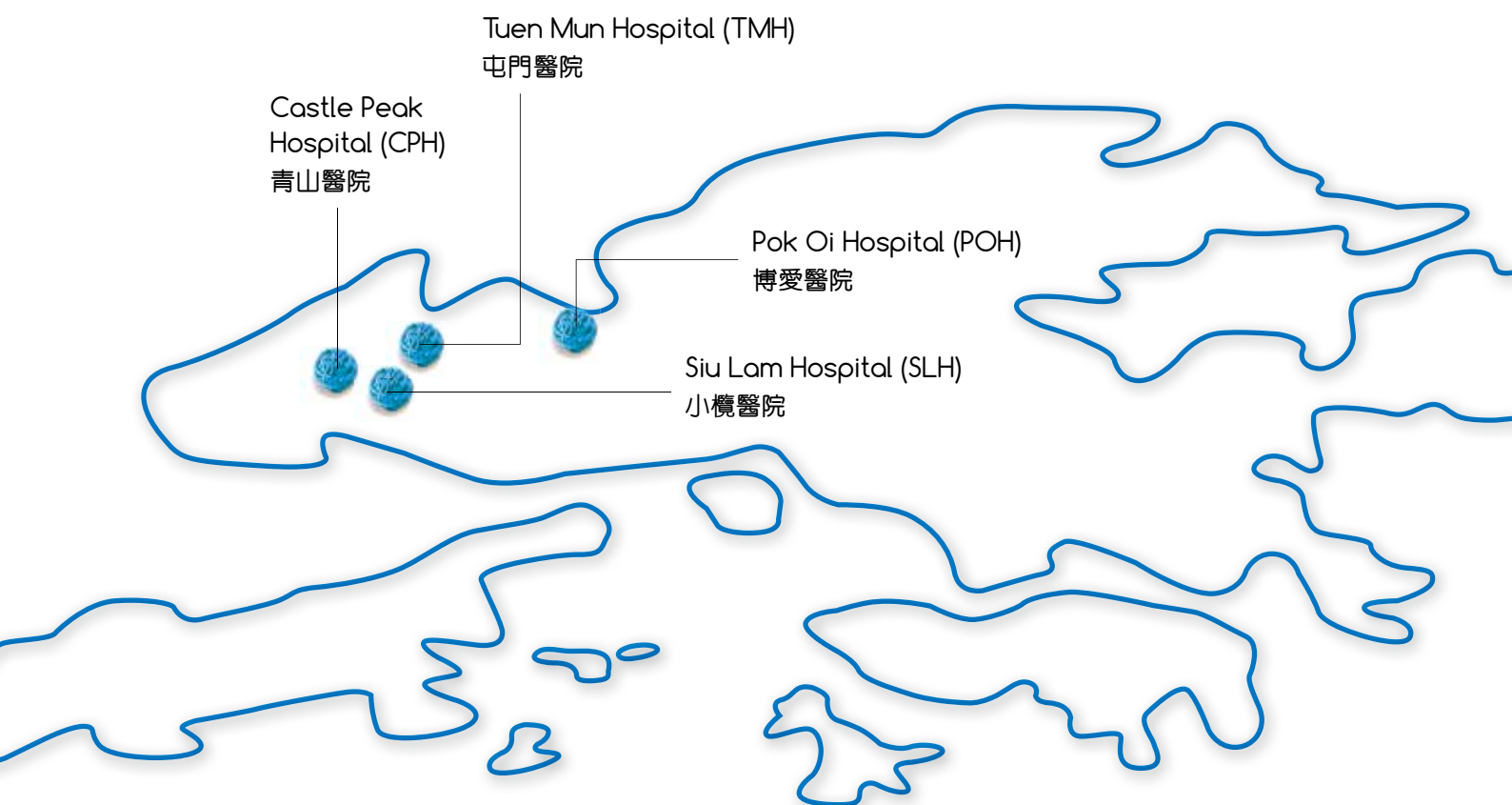
全賴聯網職員和醫院團隊積極投入，威爾斯親王醫院及北區醫院在本年度得到全面認證，獲頒四年認可資格，可喜可賀。今年亦適逢大埔醫院15週年院慶，標誌著醫院與各社區持份者保持緊密聯繫，攜手向前邁進。





# 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

**4,085**

**Patient discharges\*** 出院病人數目\*

**202,167**

**A&E attendances** 急症室求診人次

**357,240**

**Specialist outpatient attendances (clinical)** 專科門診求診人次（臨床服務）

**887,340**

**General outpatient attendances** 普通科門診求診人次

**803,873**

**Full-time equivalent staff** 等同全職人員數目

**8,942.38**

\* Total inpatient, day patient discharges and deaths

\* 住院及日間病人出院及死亡總數



With new development areas abound in the Tuen Mun and Yuen Long districts, it is anticipated that the total population and service demand will rise further. To better manage growing service demand, initiatives were implemented during the year to increase service capacity. A total of 118 additional beds were opened to cater for more inpatient need of local residents, with 40 acute beds in TMH and POH respectively and 38 convalescent beds in TMH.

Service for day patient and outpatient were improved. The Electro-Medical Diagnostic Units (EDU) at TMH and POH were revamped with a new Combined Endoscopy and EDU Centre opened at TMH in January 2014, providing a total of 24 additional sessions of endoscopy and electro-medical diagnostic services per week. The capacity of renal replacement therapy was also expanded to provide four more patients with hospital haemodialysis service. Episodic quotas of 12,000 attendances were added to general outpatient clinics to improve access to public primary care services for target population groups. Anti-vascular endothelial growth factor treatment was provided to 60 new age-related macular degeneration cases and 500 new cases of diabetic related eye diseases.

隨著屯門及元朗區開闢新發展區，預期人口數目及醫療需求會進一步增加。為有效管理日增的服務需求，聯網於年內推出各項措施，以提升服務能力，共增加118張病床，滿足區內對住院服務的殷切需求，包括屯門醫院及博愛醫院各增設40張急症病床，屯門醫院加開38張療養病床。

聯網加強了日間及門診服務。屯門醫院及博愛醫院提升電描診斷服務，屯門醫院綜合內窺鏡及電描診斷中心於2014年1月正式投入服務，每星期提供額外24個內窺鏡及電描診斷時段。聯網亦擴展洗腎治療服務，為額外4名病人提供醫院血液透析治療。普通科門診服務亦增加了12,000個偶發性疾病診症名額，讓目標病人更快獲得基健醫療服務。60名老年黃斑病變新症病人獲提供「抗血管內皮生長因子」治療，500名與糖尿病相關眼疾的新症病人獲提供眼科服務。



The core value of 'people FIRST' was enlivened with emphasis on staff recruitment and training. Some of the programmes included training for 100 new registered nurses at TMH nursing school, recruitment of additional nurses to meet operational needs at acute settings and high pressure areas, and recruitment of more frontline allied health professionals to enhance support for patients requiring multi-disciplinary care and rehabilitation.

NTWC accords high significance to service quality and safety. The cancer diagnostic service was enhanced with more predictive molecular tests for lung, breast, and colorectal cancers provided. Minimally invasive surgery technique was introduced in hysterectomy surgeries for suitable gynaecological patients. The radio frequency identification system was further rolled out to POH mortuary to ensure accurate body identification and flow control.

Tin Shui Wai Hospital, a new hospital of NTWC, is anticipated to commission service in phases from 2016-17 onwards. A commissioning team was set up in the year to coordinate planning and preparatory works.

聯網一向奉行「以人為本」的核心價值，故十分重視員工的招聘和培訓。年內推行的計劃包括：屯門醫院普通科護士學校為100名學員提供註冊護士的培訓課程、增聘護士人手加強急症及壓力範疇的服務，以及增聘專職醫療人員，加強病人復康的銜接和支援。

聯網極注重服務質素和安全水平。癌症診斷服務已予加強，為肺癌、乳癌及大腸癌病人提供更多預測分子測試，以及採用微創外科技術，為合適的婦科病人進行子宮切除手術。博愛醫院殮房亦引入射頻識別系統，使識別和移送遺體的過程更準確。

聯網轄下的天水圍醫院，預計於2016-17年度起分階段投入服務。聯網於年內成立了籌備團隊，統籌醫院的規劃和興建。



# 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 142, which comprise the consolidated and HA balance sheets as at 31 March 2014, and the consolidated statement of income and expenditure, the consolidated statement of comprehensive income, the consolidated statement of cash flows 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」)已審核列載於第92頁至142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二零一四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。

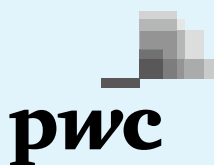
### 醫院管理局就綜合財務報表須承擔的責任

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的綜合財務報表,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。



羅兵咸永道

## Independent Auditor's Report

### Auditor's Responsibility (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 2014 and of the Group's surplus and cash flows for the year then ended in accordance with Hong Kong Financial Reporting Standards.

PricewaterhouseCoopers

**PricewaterhouseCoopers**  
Certified Public Accountants

Hong Kong, 25 September 2014

## 獨立核數師報告

### 核數師的責任 (續)

審計涉及執行程序以獲取有關綜合財務報表所載金額及披露資料的審核憑證。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二零一四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。

PricewaterhouseCoopers

羅兵咸永道會計師事務所  
執業會計師

香港，二零一四年九月二十五日



## Consolidated Balance Sheet

## 綜合資產負債表

	Note 附註	At 31 March 2014 HK\$'000 2014年3月31日 港幣千元	At 31 March 2013 HK\$'000 2013年3月31日 港幣千元
<b>Non-Current Assets 非流動資產</b>			
Property, plant and equipment 物業、機器及設備	5	4,130,741	3,873,742
Intangible assets 無形資產	6	479,286	509,493
Loans receivable 應收債款	7	5,597	7,474
Placement with the Exchange Fund 外匯基金存款	8	6,000,000	6,000,000
		<b>10,615,624</b>	10,390,709
<b>Current Assets 流動資產</b>			
Inventories 存貨	9	1,368,619	1,251,914
Loans receivable 應收債款	7	1,240	1,452
Accounts receivable 應收賬款	10	293,317	260,368
Other receivables 其他應收賬款	11	156,302	100,782
Deposits and prepayments 按金及預付款項	12	252,091	278,466
Placement with the Exchange Fund 外匯基金存款	8	408,438	124,158
Fixed income instruments 固定入息工具	13	—	300,001
Bank deposits with original maturity over three months 原來到期日超過三個月的銀行存款	14	13,369,608	8,886,683
Cash and cash equivalents 現金及現金等值	14	14,658,206	3,002,589
		<b>30,507,821</b>	14,206,413
<b>Current Liabilities 流動負債</b>			
Balance with Samaritan Fund 撒瑪利亞基金結餘	8	408,438	124,158
Creditors and accrued charges 債權人及應付費用	15	9,026,349	6,664,372
Deposits received 已收按金	16	172,454	129,242
		<b>9,607,241</b>	6,917,772
<b>Net Current Assets 流動資產淨值</b>		<b>20,900,580</b>	7,288,641
<b>Total Assets Less Current Liabilities 總資產減流動負債</b>		<b>31,516,204</b>	17,679,350
<b>Non-Current Liabilities 非流動負債</b>			
Balance with Samaritan Fund 撒瑪利亞基金結餘	8	6,000,000	6,000,000
Death and disability liabilities 死亡及傷殘福利責任	17	199,687	195,720
Deferred income 遞延收益	18	13,408,766	490,428
		<b>19,608,453</b>	6,686,148
<b>Net Assets 資產淨值</b>		<b>11,907,751</b>	10,993,202
<b>Capital subventions and capital donations 資本補助及資本捐贈</b>	19	4,610,027	4,383,235
<b>Designated fund 指定基金</b>	20	5,077,369	5,077,369
<b>Revenue reserve 收入儲備</b>		2,220,355	1,532,598
<b>Total Funds 基金總額</b>		<b>11,907,751</b>	10,993,202



**Dr KAM Pok Man 甘博文博士**  
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

The notes on pages 98 to 142 are an integral part of these consolidated financial statements. 第 98 至 142 頁的附註是本綜合財務報表的一部分。

## Balance Sheet

### 資產負債表

	Note 附註	At 31 March 2014 HK\$'000 2014年3月31日 港幣千元	At 31 March 2013 HK\$'000 2013年3月31日 港幣千元
<b>Non-Current Assets 非流動資產</b>			
Property, plant and equipment 物業、機器及設備	5	4,130,741	3,873,742
Intangible assets 無形資產	6	477,925	508,627
Loans receivable 應收債款	7	5,597	7,474
Placement with the Exchange Fund 外匯基金存款	8	6,000,000	6,000,000
		<b>10,614,263</b>	10,389,843
<b>Current Assets 流動資產</b>			
Inventories 存貨	9	1,368,619	1,251,914
Loans receivable 應收債款	7	1,240	1,452
Accounts receivable 應收賬款	10	293,317	260,368
Other receivables 其他應收賬款	11	156,302	100,782
Deposits and prepayments 按金及預付款項	12	252,008	278,383
Placement with the Exchange Fund 外匯基金存款	8	408,438	124,158
Fixed income instruments 固定入息工具	13	–	300,001
Bank deposits with original maturity over three months 原來到期日超過三個月的銀行存款	14	13,369,608	8,886,683
Cash and cash equivalents 現金及現金等值	14	14,658,206	3,002,589
		<b>30,507,738</b>	14,206,330
<b>Current Liabilities 流動負債</b>			
Balance with Samaritan Fund 撒瑪利亞基金結餘	8	408,438	124,158
Creditors and accrued charges 債權人及應付費用	15	9,026,272	6,664,295
Deposits received 已收按金	16	172,454	129,242
		<b>9,607,164</b>	6,917,695
<b>Net Current Assets 流動資產淨值</b>			
		<b>20,900,574</b>	7,288,635
<b>Total Assets Less Current Liabilities 總資產減流動負債</b>			
		<b>31,514,837</b>	17,678,478
<b>Non-Current Liabilities 非流動負債</b>			
Balance with Samaritan Fund 撒瑪利亞基金結餘	8	6,000,000	6,000,000
Death and disability liabilities 死亡及傷殘福利責任	17	199,687	195,720
Deferred income 遞延收益	18	13,408,766	490,428
		<b>19,608,453</b>	6,686,148
<b>Net Assets 資產淨值</b>			
		<b>11,906,384</b>	10,992,330
<b>Capital subventions and capital donations 資本補助及資本捐贈</b>			
	19	4,608,666	4,382,369
<b>Designated fund 指定基金</b>			
	20	5,077,369	5,077,369
<b>Revenue reserve 收入儲備</b>			
		2,220,349	1,532,592
<b>Total Funds 基金總額</b>			
		<b>11,906,384</b>	10,992,330



**Dr KAM Pok Man 甘博文博士**  
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

The notes on pages 98 to 142 are an integral part of these financial statements. 第 98 至 142 頁的附註是本財務報表的一部分。



## Consolidated Statement of Income and Expenditure

## 綜合收支結算表

		For the year ended 31 March 2014 HK\$'000 截至2014年 3月31日止年度 港幣千元	For the year ended 31 March 2013 HK\$'000 截至2013年 3月31日止年度 港幣千元
	Note 附註		
<b>Income 收入</b>			
Recurrent Government subvention 經常性政府補助		43,717,781	41,346,479
Capital Government subvention for building projects 建築工程的資本性政府補助		1,156,191	1,137,177
Hospital/clinic fees and charges 醫院／診所收費	21	3,181,876	2,950,732
Donations 捐贈		98	387
Transfers from 轉調自：			
Designated donation fund 指定捐贈基金	18	182,755	149,044
Minor Works Projects Fund 小型工程項目基金	18	207,583	—
Capital subventions 資本補助	19	787,916	674,909
Capital donations 資本捐贈	19	127,508	120,087
Investment income 投資收益		195,003	176,955
Other income 其他收益		697,526	598,070
		<b>50,254,237</b>	47,153,840
<b>Expenditure 支出</b>			
Staff costs 員工成本	22	(34,459,087)	(32,289,722)
Drugs 藥物		(4,940,504)	(4,478,851)
Medical supplies and equipment 醫療物品及設備		(2,118,174)	(1,999,294)
Utilities charges 公用開支		(1,131,095)	(1,047,639)
Repairs and maintenance 維修及保養		(1,520,377)	(1,384,230)
Building projects funded by the Government 由政府撥款的建築工程	2(g)(ii) & 及 (iii)	(1,363,774)	(1,137,177)
Operating lease expenses 營運租賃開支		(131,409)	(114,463)
Depreciation and amortisation 折舊及攤銷	5 及 6	(909,338)	(768,537)
Other operating expenses 其他營運開支	23	(3,015,447)	(2,836,097)
		<b>(49,589,205)</b>	(46,056,010)
<b>Surplus for the year 年內盈餘</b>		<b>665,032</b>	1,097,830

The notes on pages 98 to 142 are an integral part of these consolidated financial statements. 第 98 至 142 頁的附註是本綜合財務報表的一部分。

## Consolidated Statement of Comprehensive Income

### 綜合全面收益表

	Note 附註	For the year ended 31 March 2014 HK\$'000 截至2014年 3月31日止年度 港幣千元	For the year ended 31 March 2013 HK\$'000 截至2013年 3月31日止年度 港幣千元
<b>Surplus for the year</b> 年內盈餘		<b>665,032</b>	1,097,830
<b>Other comprehensive income</b> 其他全面收益			
Items that will be reclassified subsequently to income or expenditure: 其後會重新分類為收入或支出的項目：			
– Additions to capital subventions and capital donations 資本補助及資本捐贈增加	19	<b>1,142,216</b>	1,283,204
– Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	19	<b>(915,424)</b>	(794,996)
Item that will not be reclassified to income or expenditure: 不會重新分類為收入或支出的項目：			
– Remeasurement of death liability 死亡福利責任重新計量	17	<b>22,725</b>	–
<b>Total comprehensive income for the year</b> 年內全面收益總額		<b>914,549</b>	1,586,038

The notes on pages 98 to 142 are an integral part of these consolidated financial statements. 第 98 至 142 頁的附註是本綜合財務報表的一部分。



## Consolidated Statement of Cash Flows

### 綜合現金流動報表

	Note 附註	For the year ended 31 March 2014 HK\$'000 截至2014年 3月31日止年度 港幣千元	For the year ended 31 March 2013 HK\$'000 截至2013年 3月31日止年度 港幣千元
<b>Net cash generated from operating activities</b> 營運活動所得現金淨額	26	<b>2,627,854</b>	1,546,289
Investing activities 投資活動			
Investment income received 已收投資收益		<b>195,003</b>	176,955
Purchases of property, plant and equipment 購置物業、機器及設備	5	<b>(980,603)</b>	(1,106,447)
Purchases of intangible assets 購置無形資產	6	<b>(161,613)</b>	(176,757)
Net increase 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		<b>(4,482,925)</b>	(4,169,268)
Net decrease in fixed income instruments 固定入息工具的淨額減少		<b>300,001</b>	1,730,993
Net cash used in investing activities 投資活動所用現金淨額		<b>(5,130,137)</b>	(3,544,524)
Net cash outflow before financing activities 融資前之現金淨額流出		<b>(2,502,283)</b>	(1,998,235)
Financing activities 融資活動			
Deferred income – Minor Works Projects Fund 遞延收益 – 小型工程項目基金	18	<b>13,015,684</b>	–
Capital subventions 資本補助	19	<b>1,015,202</b>	1,072,126
Capital donations 資本捐贈	19	<b>127,014</b>	211,078
Net cash generated from financing activities 融資活動所得之現金淨額		<b>14,157,900</b>	1,283,204
Increase/(decrease) in cash and cash equivalents 現金及現金等值之增加／(減少)		<b>11,655,617</b>	(715,031)
Cash and cash equivalents at beginning of year 年初之現金及現金等值		<b>3,002,589</b>	3,717,620
Cash and cash equivalents at end of year 年終之現金及現金等值	14	<b>14,658,206</b>	3,002,589

Note: The cash flow for the placement with the Exchange Fund 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外匯基金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 capital donations [Note 19] HK\$'000 資本補助 及資本捐贈 [附註 19] 港幣千元	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 2012 於二零一二年四月一日	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
Total comprehensive income for the year 年內全面收益總額	226,792	–	687,757	914,549
At 31 March 2014 於二零一四年三月三十一日	4,610,027	5,077,369	2,220,355	11,907,751

The notes on pages 98 to 142 are an integral part of these consolidated financial statements. 第 98 至 142 頁的附註是本綜合財務報表的一部分。



## 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-subservient 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 18 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 financial year ended 31 March 2014, the subvention paid to these NGOs amounted to HK\$46,733,000 (2013: HK\$28,185,000).

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 2014, HA recognised HK\$283,816,000 (2013: HK\$210,131,000) 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 2014, HA had under its management and control the following hospitals, charitable trusts 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  
North Lantau 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十八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。截至二零一四年三月三十一日止之財政年度，為這些志願團體提供的一筆資助為港幣46,733,000元(二零一三年：港幣28,185,000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。截至二零一四年三月三十一日止之財政年度，醫管局確認港幣283,816,000元(二零一三年：港幣210,131,000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

在二零一四年三月三十一日，由醫管局管理及掌管的醫院、慈善信託基金及機構如下：

##### 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  
北大嶼山醫院  
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

##### Charitable Trusts:

North District Hospital Charitable Foundation  
Prince of Wales Hospital Charitable Foundation  
The Hong Kong Eye Hospital Charitable Trust  
The Hospital Authority Charitable Foundation  
The Hospital Authority New Territories West Cluster Hospitals Charitable Trust  
The Pamela Youde Nethersole Eastern Hospital Charitable Trust  
The Princess Margaret Hospital Charitable Trust  
The Queen Elizabeth Hospital Charitable Trust

##### 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 HA 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

##### 慈善信託基金:

北區醫院慈善信託基金  
威爾斯親王醫院慈善信託基金  
香港眼科醫院慈善信託基金  
醫院管理局慈善基金  
善心醫療基金

東區尤德夫人那打素醫院慈善信託基金  
瑪嘉烈醫院慈善基金  
伊利沙伯醫院慈善信託基金

##### 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 all the years presented, unless otherwise stated.

#### (a) Basis of preparation

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, Charitable Trusts, Specialist Outpatient Clinics, General Outpatient Clinics and other institutions under its management and control made up to 31 March 2014.

The financial statements reflect the recorded book values of those assets owned and the liabilities assumed by the Group.

#### (c) Subsidiaries

Subsidiaries are all entities over which the Group has control. The Group controls an entity when the Group is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power to direct the activities of the entity. 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所有年度的數字。

#### (a) 編製之基準

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二零一四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、慈善信託基金、專科診所、普通科門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。

#### (c) 附屬機構

附屬機構是指集團有管控權的所有實體。當集團能透過其參與實體運作而承擔或享有實體可變回報的風險或權利，並能夠運用其權力指令實體的事務而影響該等回報，即代表集團擁有管控權。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 2014, 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. The following new or revised standards and amendments to standards which are effective for the Group's financial year beginning 1 April 2013 are relevant to the Group:

HKAS 1 (amendment)	Presentation of Financial Statements – Presentation of Items of Other Comprehensive Income
HKAS 19 (revised)	Employee Benefits
HKFRS 10	Consolidated Financial Statements
HKFRS 13	Fair Value Measurement

- (i) The amendments to HKAS 1 require entities to present the items of other comprehensive income that would be reclassified to income or expenditure in the future if certain conditions are met separately from those that would never be reclassified to income or expenditure. The Group's presentation of other comprehensive income has been modified accordingly.
- (ii) HKAS 19 (revised) introduces a number of amendments to the accounting for defined benefit plans. Amongst them, all actuarial gains and losses relating to defined benefit schemes are required to be recognised immediately in other comprehensive income. Since death benefits under the death and disability scheme are accounted for as post-employment defined benefits, the accounting policy for valuation of death benefit costs has been

## 財務報表附註(續)

### 2. 主要會計政策(續)

#### (c) 附屬機構(續)

在二零一四年三月三十一日，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。以下新訂／經修訂準則及修訂本在集團二零一三年四月一日開始之財政年度生效，並適用於集團：

《香港會計準則》第1號 (修訂本)	財務報表之呈列 — 其他全面收益項目 之呈列
《香港會計準則》第19號 (經修訂)	僱員福利
《香港財務報告準則》第10號	綜合財務報表
《香港財務報告準則》第13號	公允價值計量

- (i) 根據《香港會計準則》第1號的修訂，實體須將在日後符合若干條件的情況下重新分類為收入或支出的其他全面收益項目，與不會重新分類為收入或支出的其他全面收益項目分開呈列。集團其他全面收益的呈列方式已作相應修訂。
- (ii) 《香港會計準則》第19號(經修訂)引入多項關於界定福利計劃之會計處理的修訂。其中有關於界定福利計劃的精算估值收益及虧損，須即時於其他全面收益中確認。由於根據死亡及傷殘福利計劃，死亡福利是列作離職後界定福利，死亡福利開支估值的會計政策已修改，取代以往所用的「走廊法」。採用《香港會計準則》第19號

## Notes to the Financial Statements (Continued)

### 2. Principal accounting policies (Continued)

#### (d) Adoption of new / revised HKFRSs (Continued)

changed, for which the corridor method was previously adopted. The application of the requirements of HKAS 19 (revised) did not have a material effect on the Group's comparative financial statements. Therefore, no restatements are necessary on application of HKAS 19 (revised).

- (iii) HKFRS 10 introduces a single control model to determine whether an investee should be consolidated, by focusing on whether the entity has power over the investee, exposure or rights to variable returns from its involvement with the investee and the ability to use its power to affect the amount of those returns. Accordingly, HA, acting as a guardian over the charitable trusts established by the HA Board, has consolidated the financial results of these charitable trusts into the Group's financial statements for the financial year ended 31 March 2014. The application of the requirements of HKFRS 10 did not have a material effect on the Group's comparative financial statements. Therefore, no restatements are necessary on application of HKFRS 10.
- (iv) HKFRS 13 replaces existing guidance in individual HKFRSs with a single source of fair value measurement guidance. It also contains extensive disclosure requirements about fair value measurements for both financial and non-financial instruments. The adoption of HKFRS 13 does not have any material impact on the Group's financial statements and the relevant disclosure for financial assets is included in note 8.

The HKICPA has also issued a number of new/revised HKFRSs which are effective for accounting period beginning on or after 1 April 2014. The Group has not early adopted these new/revised HKFRSs in the financial statements for the financial year ended 31 March 2014. The Group is in the 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

Subventions for recurrent expenditure are recognised on an accruals basis, except for those subventions for designated programs or capital items that are recognised when the related expenditure is incurred as set out in note 2(r).

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

Transfers from the designated donation fund and capital donations are recognised as set out in note 2(f).

Transfers from the capital subventions and Minor Works Projects Fund are recognised as set out in note 2(r).

## 財務報表附註(續)

### 2. 主要會計政策(續)

#### (d) 採用新訂／經修訂的《香港財務報告準則》(續)

(經修訂)對集團財務報表的比較數字並無任何重大影響，因此，應用這項準則毋需作重新呈列。

- (iii) 《香港財務報告準則》第10號引入單一控制權模式，以釐定應否將投資個體綜合入帳，其著眼點為有關實體能否對投資個體行使權力、參與投資個體業務而獲得或承受可變動回報的風險或權利，以及是否有能力行使其權力來影響該等回報金額。醫管局作為醫管局大會所成立之慈善信託基金的監管人，已將這些慈善信託基金的財務結果，綜合呈列於集團截至二零一四年三月三十一日止的財務報表中。採用《香港會計準則》第10號對集團財務報表的比較數字並無任何重大影響，因此，應用這項準則毋需作重新呈列。
- (iv) 《香港財務報告準則》第13號透過單一指引替代現時列載於個別《香港財務報告準則》內有關公允價值計量的指引。《香港財務報告準則》第13號亦對有關金融工具及非金融工具的公允價值計量作出更廣泛的披露要求。採納《香港財務報告準則》第13號對集團的財務報表並無任何重大影響，有關財務資產的披露載於附註8。

香港會計師公會亦頒布了多項在二零一四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》。集團在截至二零一四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

除非是指定計劃或資本項目的補助按附註2(r)所述在有關開支發生時確認，其他經常性開支之補助會以權責發生制原則確認。

醫院／診療所收費於提供服務時確認。

指定用途捐贈基金及資本捐贈之轉調按附註2(f)的方式確認。

資本補助及小型工程項目基金之轉調按附註2(r)的方式確認。



## Notes to the Financial Statements (Continued)

## 2. Principal accounting policies (Continued)

## (e) Recognition of income (Continued)

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 each 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 each with a value of HK\$250,000 or above and other donated assets each with a value of HK\$100,000 or above 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 recognised in other comprehensive income and accumulated in total funds under capital donations. Each year, an amount equal to the depreciation or amortisation charge for these assets and the net book value of assets disposed of is transferred from capital donations 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. Cash donations that are spent on property, plant and equipment or intangible assets as set out in note 2(g)(iv) and note 2(i) respectively are recognised in other comprehensive income and accumulated in total funds under capital donations, and the corresponding amounts are capitalised as property, plant and equipment or intangible assets respectively. Each year, an amount equal to the depreciation or amortisation charge for these assets and the net book value of assets disposed of is transferred from capital donations to the statement of income and expenditure.

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

## 財務報表附註(續)

## 2. 主要會計政策(續)

## (e) 收入之確認(續)

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。捐贈資產的金額於其他全面收益確認，並在基金總額之下的資本捐贈累積。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。

## (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。當現金捐贈的開支是用於附註2(g)(iv)的物業、機器及設備或附註2(i)的無形資產，會於其他全面收益確認，並在基金總額之下的資本捐贈累積，而相同款額亦會資本化為物業、機器及設備或無形資產。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。

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。

## Notes to the Financial Statements (Continued)

### 2. Principal accounting policies (Continued)

#### (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 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.
- (iii) 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.
- (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 recognised under capital subventions and capital donations 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 any accumulated depreciation and impairment. 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)

#### (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) 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。
- (iii) 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。
- (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在資本補助及資本捐贈確認。
- (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任何累積折舊及減值入賬。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 reporting 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 any accumulated amortisation and impairment and are amortised on a straight line basis over the estimated useful lives of one to three years.

## 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報告日作檢討及修訂。

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。

## Notes to the Financial Statements (Continued)

### 2. Principal accounting policies (Continued)

#### (j) Financial assets at fair value through profit or loss

HA has designated the placement with the Exchange Fund 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.

#### (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 reporting 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.

## 財務報表附註(續)

### 2. 主要會計政策(續)

#### (j) 按公允價值列賬及在損益處理之財務資產

醫管局指定外匯基金存款為「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。

#### (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。

集團於報告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。在資產負債表中所列的存貨，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。



## Notes to the Financial Statements (Continued)

### 2. Principal accounting policies (Continued)

#### (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.

#### (n) Cash and cash equivalents

For the purposes of the statement of cash flows, cash and cash equivalents comprise cash in hand, deposits held at call with banks, and cash deposits with original maturity within three months.

#### (o) Impairment of non-financial assets

Assets that are subject to depreciation and 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.

## 財務報表附註(續)

### 2. 主要會計政策(續)

#### (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利率貼現值的差額。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。

#### (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，以及原來到期日不超過三個月現金存款。

#### (o) 非財務資產減值

需作折舊及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，會確認為減值虧損。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。

## Notes to the Financial Statements (Continued)

### 2. Principal accounting policies (Continued)

#### (p) Provisions and contingent liabilities (Continued)

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.

##### (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. Remeasurement of death liability arising from experience adjustments and changes in actuarial assumptions are recognised immediately in other comprehensive income.

## 財務報表附註(續)

### 2. 主要會計政策(續)

#### (p) 撥備及或然負債(續)

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。

##### (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。根據經驗調整及精算假設改變而重新計量的死亡福利責任，即時在其他全面收益確認。



## Notes to the Financial Statements (Continued)

### 2. Principal accounting policies (Continued)

#### (q) Employee benefits (Continued)

##### (iii) Death and disability benefits costs (Continued)

The disability benefits are accounted for as other long-term employee benefits. Remeasurement of disability liability arising from experience adjustments and changes in actuarial assumptions 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 other than the following are classified as recurrent subvention income.

Government grants for building projects are classified and recognised as capital subvention income when the amount is spent on expenditure which does not meet the capitalisation policy of property, plant and equipment as set out in notes 2(g)(i), 2(g)(ii) and 2(g)(iii).

The one-off grant received from the Government for minor works projects (under Subhead SH8083MM) together with the related investment income are recognised as deferred income – Minor Works Project Fund. Each year, the amount spent on the minor works projects is transferred from deferred income to the statement of income and expenditure. Further details of the deferred income – Minor Works Projects Fund are set out in note 18(b).

Government subventions that are spent on property, plant and equipment or intangible assets as set out in note 2(g)(iv) and note 2(i) respectively are recognised in other comprehensive income and accumulated in total funds under capital subventions, and the corresponding amounts are capitalised as property, plant and equipment or intangible assets 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 of is transferred from capital subventions 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)

##### (iii) 死亡及傷殘福利開支(續)

傷殘福利列為其他長遠職員福利。根據經驗調整及精算假設改變而重新計量的傷殘福利責任，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

除下列外，本年度經核准的政府補助金列為經常性補助金。

建築工程的政府補助，當支出款額不符合附註2(g)(i), 2(g)(ii) 及 2(g)(iii) 物業、機器及設備資本化規定時，會列作及確認為資本補助收入。

政府的小型工程一次性撥款(分目SH8083MM項下)及有關的投資收益確認為遞延收益-小型工程項目基金。每年，小型工程項目的支出款額由遞延收益轉調往收支結算表。遞延收益-小型工程項目基金的詳情載於附註18(b)。

用於附註2(g)(iv)物業、機器及設備或附註2(i)無形資產支出的政府補助，在其他全面收益確認，並在基金總額項下的資本補助累積。相同金額會資本化，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調往收支結算表。

## 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 reporting 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 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 2014 consisted of bank deposits and financial assets at fair value through profit or loss. 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 and placement with the Exchange Fund.

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.

The placement with the Exchange Fund is entered into between HA and the Hong Kong Monetary Authority ("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 of the placement.

##### (ii) Interest rate risk

The Portfolio's interest rate risk arises from interest bearing cash at bank and bank deposits. Cash at bank, which earns interest at variable rates, gives rise to cash flow interest rate risk. Fixed rate bank deposits 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 2014. 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。截至二零一四年三月三十一日的投資組合（「組合」），包括銀行存款及按公允價值列賬及在損益處理之財務資產。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，由於組合的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及外匯基金存款。

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。

醫管局與香港金融管理局（「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元存放於外匯基金（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所獲利息的銀行現金及銀行存款。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，則有公允價值利率風險。集團在二零一四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) 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

The Group's financial instruments that are measured at fair value are categorised 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 reporting 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 the Group 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 the Group 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) 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

集團以公允價值計量的金融工具按以下公允價值的計量架構進行分類：

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 — 資產或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報告日的市場報價列賬。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 reporting 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 Exchange Fund is included in level 3. The following table presents the changes in level 3 instruments for the financial years ended 31 March 2014 and 31 March 2013:

	<b>For the year ended 31 March 2014 HK\$'000 截至2014年 3月31日止年度 港幣千元</b>	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	<b>6,124,158</b>	—
Addition 增加	<b>—</b>	6,000,000
Interest from placement with the Exchange Fund 外匯基金存款利息收入	<b>284,280</b>	124,158
At end of year 於年終	<b>6,408,438</b>	6,124,158

##### (ii) Financial assets not reported at fair values

The fair values of fixed income instruments (including Hong Kong dollar bonds and Exchange Fund notes) at the reporting date were provided by the banks from whom the instruments were purchased. These instruments were summarised below:

## 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報告日的遠期匯率釐定，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。

外匯基金存款屬於第三層。下表呈列截至二零一四年三月三十一日止及二零一三年三月三十一日止年度第三層工具的變動：

##### (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)在報告日的公允價值由向其購買工具的銀行提供，現概列如下：

## Notes to the Financial Statements (Continued)

### 3. Financial risk management (Continued)

#### (b) Fair values estimation (Continued)

- (ii) Financial assets not reported at fair values (Continued)

The Group and HA 集團及醫管局				
	Carrying Value 賬面價值		Fair Value 公允價值	
	At 31 March 2014 HK\$'000 2014年3月31日 港幣千元	At 31 March 2013 HK\$'000 2013年3月31日 港幣千元	At 31 March 2014 HK\$'000 2014年3月31日 港幣千元	At 31 March 2013 HK\$'000 2013年3月31日 港幣千元
Fixed income instruments 固定入息工具	—	300,001	—	300,165

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:

- (i) 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
- (ii) 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, capital donations and deferred income as shown in the consolidated balance sheet. At 31 March 2014, the capital of the Group was HK\$25,316,517,000 (2013: HK\$11,483,630,000).

## 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)

#### (c) 資本管理

根據《醫院管理局條例》，集團的資源包括：

- (i) 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
- (ii) 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、資本補助及資本捐贈和遞延收益。截至二零一四年三月三十一日，集團的資本為港幣25,316,517,000元(二零一三年：港幣11,483,630,000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 2014. 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' and non-doctors' claims

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 90% of remaining claims in High Court Action No. 1924 of 2002 and the Labour Tribunal.

## 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二零一四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90%已接受醫管局的和解方案。

## Notes to the Financial Statements (Continued)

### 4. Critical accounting estimates and judgments

(Continued)

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

Meanwhile, HK\$47,568,000 and HK\$12,064,000 were paid by HA during the financial year ended 31 March 2013 and 31 March 2014 respectively under the call payment offer to eligible non-doctors approved by the HA Board. Various review requests have further been re-examined and revised offers were issued to eligible staff/leavers in February 2014 and the total settlement amount is estimated to be HK\$3,500,000.

During the current year, a number of non-doctors had filed claims against HA in the Labour Tribunal for rest days, statutory and public holidays or claims under the call payment offer. These claims were adjourned by the Labour Tribunal.

Presently, uncertainties remain in relation to the eventual outcome of the outstanding claims and/or potential claims. A provision of HK\$129,342,000 (2013: HK\$192,420,000) has been made in the financial statements as at 31 March 2014, representing management's best estimates 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 reporting 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 year end 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及二零一四年三月三十一日止的財政年度分別支付了港幣47,568,000元及港幣12,064,000元。經進一步重新審視各項檢討要求，醫管局於二零一四年二月向合資格職員／離職人員發出修訂補償額，估計和解金額合共港幣3,500,000元。

在本年度，一批非醫生職員就休息日、法定假期及公眾假期或根據候召補償方案的補償，經勞資審裁處向醫管局提出申索，勞資審裁處已暫停審理這些個案。

現時，有關餘下及／或可能申索的最終結果仍未能確定。截至二零一四年三月三十一日的財務報表已作出港幣129,342,000元(二零一三年：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，並於報告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報告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
<b>Cost 成本</b>					
At 1 April 2013 於2013年4月1日	1,051,770	8,554,987	216,782	654,110	10,477,649
Reclassifications 重新分類	–	(160)	–	160	–
Additions 增加	1,368	881,004	33,750	64,481	980,603
Disposals 出售	–	(366,617)	(7,798)	(25,206)	(399,621)
At 31 March 2014 於2014年3月31日	1,053,138	9,069,214	242,734	693,545	11,058,631
<b>Accumulated depreciation 累積折舊</b>					
At 1 April 2013 於2013年4月1日	340,736	5,661,946	138,752	462,473	6,603,907
Charge for the year 本年度之折舊	22,739	597,685	26,983	70,111	717,518
Disposals 出售	–	(360,978)	(7,798)	(24,759)	(393,535)
At 31 March 2014 於2014年3月31日	363,475	5,898,653	157,937	507,825	6,927,890
<b>Net book value 賬面淨值</b>					
At 31 March 2014 於2014年3月31日	689,663	3,170,561	84,797	185,720	4,130,741

#### 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
<b>Cost 成本</b>					
At 1 April 2013 於2013年4月1日	1,051,770	8,554,987	216,782	651,473	10,475,012
Reclassifications 重新分類	–	(160)	–	160	–
Additions 增加	1,368	881,004	33,750	64,481	980,603
Disposals 出售	–	(366,617)	(7,798)	(25,206)	(399,621)
At 31 March 2014 於2014年3月31日	1,053,138	9,069,214	242,734	690,908	11,055,994
<b>Accumulated depreciation 累積折舊</b>					
At 1 April 2013 於2013年4月1日	340,736	5,661,946	138,752	459,836	6,601,270
Charge for the year 本年度之折舊	22,739	597,685	26,983	70,111	717,518
Disposals 出售	–	(360,978)	(7,798)	(24,759)	(393,535)
At 31 March 2014 於2014年3月31日	363,475	5,898,653	157,937	505,188	6,925,253
<b>Net book value 賬面淨值</b>					
At 31 March 2014 於2014年3月31日	689,663	3,170,561	84,797	185,720	4,130,741

## Notes to the Financial Statements (Continued) 財務報表附註(續)

### 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
<b>Cost 成本</b>					
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
<b>Accumulated depreciation 累積折舊</b>					
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
<b>Net book value 賬面淨值</b>					
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
<b>Cost 成本</b>					
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
<b>Accumulated depreciation 累積折舊</b>					
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
<b>Net book value 賬面淨值</b>					
At 31 March 2013 於2013年3月31日	711,034	2,893,041	78,030	191,637	3,873,742



## 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 2014 HK\$'000 截至2014年 3月31日止年度 港幣千元	For the year ended 31 March 2013 HK\$'000 截至2013年 3月31日止年度 港幣千元
<b>Cost 成本</b>		
At beginning of year 於年初	941,376	1,429,794
Reclassifications 重新分類	–	(32)
Additions 增加	161,613	176,757
Disposals 出售	(221)	(665,143)
At end of year 於年終	1,102,768	941,376
<b>Accumulated amortisation 累積攤銷</b>		
At beginning of year 於年初	431,883	1,014,438
Charge for the year 本年度之攤銷	191,820	59,223
Disposals 出售	(221)	(641,778)
At end of year 於年終	623,482	431,883
<b>Net book value 賬面淨值</b>		
At end of year 於年終	479,286	509,493

HA 醫管局	For the year ended 31 March 2014 HK\$'000 截至2014年 3月31日止年度 港幣千元	For the year ended 31 March 2013 HK\$'000 截至2013年 3月31日止年度 港幣千元
<b>Cost 成本</b>		
At beginning of year 於年初	933,875	1,423,238
Reclassifications 重新分類	–	(32)
Additions 增加	160,252	175,812
Disposals 出售	(221)	(665,143)
At end of year 於年終	1,093,906	933,875
<b>Accumulated amortisation 累積攤銷</b>		
At beginning of year 於年初	425,248	1,008,280
Charge for the year 本年度之攤銷	190,954	58,746
Disposals 出售	(221)	(641,778)
At end of year 於年終	615,981	425,248
<b>Net book value 賬面淨值</b>		
At end of year 於年終	477,925	508,627

## Notes to the Financial Statements (Continued)

## 財務報表附註(續)

### 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 1.395% as at 31 March 2014 (2013: 1.674%). New applications for the downpayment loans have been suspended since April 2002.

At 31 March 2014, 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 2014 HK\$'000 2014年3月31日 港幣千元	At 31 March 2013 HK\$'000 2013年3月31日 港幣千元
Repayable within one year 一年內償還	1,240	1,452
Repayable beyond one year 超過一年償還	5,597	7,474
	<b>6,837</b>	<b>8,926</b>

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 Exchange Fund and Balance with Samaritan Fund

During the financial year ended 31 March 2013, the Government 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 was placed with the Exchange Fund 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，於二零一四年三月三十一日時為1.395%（二零一三年：1.674%）。首期貸款計劃自二零零二年四月起暫停接受新申請。

在二零一四年三月三十一日，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. 外匯基金存款及撒瑪利亞基金結餘

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外匯基金，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 Exchange Fund and Balance with Samaritan Fund (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 5.0% and 3.6% per annum for January to December 2013 and January to December 2014, respectively. HA did not withdraw the interest earned up to 31 December 2013 which would continue to accrue interest at the same rate payable for the Principal Amount.

HA has designated the placement with the Exchange Fund as a "financial asset at fair value through profit or loss". The valuation technique and significant unobservable inputs used in the fair value measurements are the discounted cash flow and discount rate respectively. The placement is denominated in Hong Kong dollar. Its fair value is determined with reference to the estimated rates of investment return for future years and approximates its carrying value.

As HA is acting as a custodian for the Samaritan Fund, the cumulative investment return up to 31 March 2014 was recorded together with the Principal Amount as balance with Samaritan Fund, which is unsecured, interest free and denominated in Hong Kong dollar. The Principal Amount is repayable upon the maturity of the placement.

The placement with the Exchange Fund and balance with Samaritan Fund is analysed as follows:

## 財務報表附註(續)

### 8. 外匯基金存款及撒瑪利亞基金結餘(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。二零一三年一月至十二月及二零一四年一月至十二月的每年回報率分別為5.0%及3.6%。醫管局沒有支取截至二零一三年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。

醫管局將存放於外匯基金的款項列為「按公允價值列賬及在損益處理之財務資產」。其公允價值計量所用的估值技術及重大未可觀察輸入，分別是貼現現金流及貼現率。這項款項以港元為單位，其公允價值根據未來年度的估計投資回報率釐定，與其賬面價值相若。

由於醫管局是作為撒瑪利亞基金的保管人，基金截至二零一四年三月三十一日止年度的累積投資回報連同本金，列作撒瑪利亞基金結餘。這筆存款沒抵押及免息，以港元為單位，並於到期日付還。

外匯基金存款及撒瑪利亞基金結餘分析如下：

The Group and HA 集團及醫管局		
	At 31 March 2014 HK\$'000 2014年3月31日 港幣千元	At 31 March 2013 HK\$'000 2013年3月31日 港幣千元
Principal Amount 本金	6,000,000	6,000,000
Interest earned but not withdrawn at the reporting date 報告日所獲但沒有提取的利息收入	352,053	49,574
Accrued interest 應計利息	56,385	74,584
	<b>6,408,438</b>	6,124,158
Less: non-current portion 減：非流動部分	<b>(6,000,000)</b>	(6,000,000)
Current portion 流動部分	<b>408,438</b>	124,158

## Notes to the Financial Statements (Continued) 財務報表附註(續)

### 9. Inventories

### 9. 存貨

The Group and HA 集團及醫管局		
	At 31 March 2014 HK\$'000 2014年3月31日 港幣千元	At 31 March 2013 HK\$'000 2013年3月31日 港幣千元
Drugs 藥物	1,150,776	1,043,097
Medical consumables 醫療消耗品	188,338	178,996
General consumables 一般消耗品	29,505	29,821
	<b>1,368,619</b>	<b>1,251,914</b>

### 10. Accounts receivable

### 10. 應收賬款

The Group and HA 集團及醫管局		
	At 31 March 2014 HK\$'000 2014年3月31日 港幣千元	At 31 March 2013 HK\$'000 2013年3月31日 港幣千元
Bills receivable [note 10(a)] 應收賬單 [附註 10(a)]	335,167	297,471
Accrued income 應計收入	16,050	11,991
	<b>351,217</b>	<b>309,462</b>
Less: Provision for doubtful debts [note 10(b)] 減：呆賬撥備 [附註 10(b)]	(57,900)	(49,094)
	<b>293,317</b>	<b>260,368</b>

(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 2014 HK\$'000 2014年3月31日 港幣千元	At 31 March 2013 HK\$'000 2013年3月31日 港幣千元
Below 30 days 30日以下	130,647	130,722
Between 31 and 60 days 31至60日	66,432	53,777
Between 61 and 90 days 61至90日	40,375	37,089
Over 90 days 超過90日	97,713	75,883
	<b>335,167</b>	<b>297,471</b>



## Notes to the Financial Statements (Continued)

### 10. 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)

### 10. 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 2014 HK\$'000 2014年3月31日 港幣千元	At 31 March 2013 HK\$'000 2013年3月31日 港幣千元
Past due by: 過期：		
Below 30 days 30日以下	92,058	98,404
Between 31 and 60 days 31至60日	51,386	43,015
Between 61 and 90 days 61至90日	30,160	29,228
Over 90 days 超過90日	49,517	35,310
	<b>223,121</b>	<b>205,957</b>

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)

### 10. Accounts receivable (Continued)

(b) At 31 March 2014, bills receivable of HK\$112,046,000 (2013: HK\$91,514,000) were impaired by HK\$57,900,000 (2013: HK\$49,094,000) of which HK\$30,203,000 (2013: HK\$27,889,000) 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\$27,697,000 (2013: HK\$21,205,000) 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:

### 10. 應收賬款(續)

(b) 於二零一四年三月三十一日，港幣112,046,000元(二零一三年：港幣91,514,000元)的應收賬單減值港幣57,900,000元(二零一三年：港幣49,094,000元)，其中港幣30,203,000元(二零一三年：港幣27,889,000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27,697,000元(二零一三年：港幣21,205,000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 2014 HK\$'000 2014年3月31日 港幣千元	At 31 March 2013 HK\$'000 2013年3月31日 港幣千元
Below 30 days 30日以下	38,589	32,318
Between 31 and 60 days 31至60日	15,046	10,762
Between 61 and 90 days 61至90日	10,215	7,861
Over 90 days 超過90日	48,196	40,573
	<b>112,046</b>	<b>91,514</b>

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 2014 HK\$'000 截至2014年 3月31日止 港幣千元	For the year ended 31 March 2013 HK\$'000 截至2013年 3月31日止 港幣千元
At beginning of year 於年初	49,094	38,960
Additional provision 撥備增加	45,052	45,322
Uncollectible amounts written off 註銷的未收回款額	(36,246)	(35,188)
At end of year 於年終	<b>57,900</b>	<b>49,094</b>

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)

### 11. Other receivables

### 11. 其他應收賬款

The Group and HA 集團及醫管局		
	At 31 March 2014 HK\$'000 2014年3月31日 港幣千元	At 31 March 2013 HK\$'000 2013年3月31日 港幣千元
Donations receivable 應收捐款	67,161	36,647
Interest receivable 應收利息	60,524	40,160
Others 其他	28,617	23,975
	<b>156,302</b>	<b>100,782</b>

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。

### 12. Deposits and prepayments

### 12. 按金及預付款項

The Group 集團		
	At 31 March 2014 HK\$'000 2014年3月31日 港幣千元	At 31 March 2013 HK\$'000 2013年3月31日 港幣千元
Utility and other deposits 公用事業及其他按金	24,834	11,979
Prepayments to Government departments 向政府部門預付的款項	57,287	135,360
Maintenance contracts and other prepayments 保養合約及其他預付款項	169,970	131,127
	<b>252,091</b>	<b>278,466</b>

HA 醫管局		
	At 31 March 2014 HK\$'000 2014年3月31日 港幣千元	At 31 March 2013 HK\$'000 2013年3月31日 港幣千元
Utility and other deposits 公用事業及其他按金	24,751	11,896
Prepayments to Government departments 向政府部門預付的款項	57,287	135,360
Maintenance contracts and other prepayments 保養合約及其他預付款項	169,970	131,127
	<b>252,008</b>	<b>278,383</b>



## Notes to the Financial Statements (Continued)

## 財務報表附註(續)

### 13. Fixed income instruments

The fixed income instruments represented Hong Kong dollar bonds and Exchange Fund notes with maturity periods within five years. The overall yield for the financial year ended 31 March 2013 was between 1.9% and 2.0%. These instruments were matured during the financial year ended 31 March 2014.

### 13. 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。這些債券的年期不超過五年。二零一三年三月三十一日止財政年度的整體收益在1.9%至2.0%之間。這些工具已在二零一四年三月三十一日止的財政年度內到期。

### 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 2014 HK\$'000 2014年3月31日 港幣千元	At 31 March 2013 HK\$'000 2013年3月31日 港幣千元
Cash at bank and in hand 銀行存款及手持現金	1,030,810	1,618,563
Bank deposits with original maturity within three months 原來到期日不超過三個月之銀行存款	13,627,396	1,384,026
Cash and cash equivalents 現金及現金等值	14,658,206	3,002,589
Bank deposits with original maturity over three months 原來到期日超過三個月之銀行存款	13,369,608	8,886,683
	28,027,814	11,889,272

The effective interest rate on short term bank deposits is between 0.01% and 1.60% (2013: 0.01% and 2.65%). These deposits have an average maturity of 56 days (2013: 47 days).

短期銀行存款的實際利率為0.01%至1.60%之間(二零一三年: 0.01%至2.65%之間)，這些存款的平均到期日為56天(二零一三年: 47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

<b>The Group</b> 集團		
	<b>At 31 March 2014</b> <b>HK\$'000</b> <b>2014年3月31日</b> <b>港幣千元</b>	At 31 March 2013 HK\$'000 2013年3月31日 港幣千元
Trade payables [note 15 (a)] 應付貿易賬款 [附註 15(a)]	<b>207,301</b>	211,236
Accrued charges and other payables [note 15 (b)] 應付費用及其他賬款 [附註 15(b)]	<b>4,364,721</b>	4,039,385
Current account with the Government [note 15 (c)] 與政府之間的來往賬目 [附註 15(c)]	<b>4,454,327</b>	2,413,751
	<b>9,026,349</b>	6,664,372

<b>HA</b> 醫管局		
	<b>At 31 March 2014</b> <b>HK\$'000</b> <b>2014年3月31日</b> <b>港幣千元</b>	At 31 March 2013 HK\$'000 2013年3月31日 港幣千元
Trade payables [note 15 (a)] 應付貿易賬款 [附註 15(a)]	<b>207,301</b>	211,236
Accrued charges and other payables [note 15 (b)] 應付費用及其他賬款 [附註 15(b)]	<b>4,364,525</b>	4,038,906
Current account with the Government [note 15 (c)] 與政府之間的來往賬目 [附註 15(c)]	<b>4,454,327</b>	2,413,751
Current account with a subsidiary 與附屬機構之間的來往賬目	<b>119</b>	402
	<b>9,026,272</b>	6,664,295

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

(a) 應付貿易賬款的賬齡分析如下：

<b>The Group and HA</b> 集團及醫管局		
	<b>At 31 March 2014</b> <b>HK\$'000</b> <b>2014年3月31日</b> <b>港幣千元</b>	At 31 March 2013 HK\$'000 2013年3月31日 港幣千元
Below 30 days 30日以下	<b>194,731</b>	181,420
Between 31 and 60 days 31至60日	<b>10,098</b>	19,102
Between 61 and 90 days 61至90日	<b>1,719</b>	8,561
Over 90 days 超過90日	<b>753</b>	2,153
	<b>207,301</b>	211,236

All trade payables as at 31 March 2014 are expected to be settled within one year. The Group has maintained adequate cash flows and banking facilities for settlement of trade payables.

二零一四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 annual leave of HK\$1,659,186,000 (2013: HK\$1,551,413,000) and contract gratuity accrual of HK\$1,099,314,000 (2013: HK\$916,607,000). The balance also included a provision for doctors' and non-doctors' claims of HK\$129,342,000 (2013: HK\$192,420,000) as described in note 4(a).
- (c) The balance mainly included Government funding for designated programmes 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 2014 HK\$'000 2014年3月31日 港幣千元	At 31 March 2013 HK\$'000 2013年3月31日 港幣千元
Patient deposits 病人按金	39,476	26,398
Deposits received from the Government in respect of building projects 就建築工程從政府所收的按金	–	18
Other deposits 其他按金	132,978	102,826
	<b>172,454</b>	<b>129,242</b>

### 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 2014 HK\$'000 2014年3月31日 港幣千元	At 31 March 2013 HK\$'000 2013年3月31日 港幣千元
Present value of funded obligations 注資責任的現值	206,350	207,103
Fair value of plan assets 計劃資產的公允價值	(6,663)	(10,079)
	<b>199,687</b>	<b>197,024</b>
Unrecognised actuarial loss 未予確認的虧損精算估值	–	(1,304)
Death and disability liabilities provided 已撥備的死亡及傷殘福利責任	<b>199,687</b>	<b>195,720</b>

## 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1,659,186,000元(二零一三年:港幣1,551,413,000元),以及應計合約酬金港幣1,099,314,000元(二零一三年:港幣916,607,000元)。結餘亦包括一筆港幣129,342,000元撥備(二零一三年:港幣192,420,000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 2014 HK\$'000 截至2014年 3月31日止年度 港幣千元	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	207,103	184,599
Current service cost 現行服務開支	30,844	25,531
Interest cost 利息開支	2,848	2,359
Benefits paid 已付福利	(4,727)	(5,163)
Remeasurement of disability liability 傷殘福利責任重新計量	(2,403)	(3,595)
Remeasurement of death liability 死亡福利責任重新計量	(27,315)	3,372
At end of year 於年終	206,350	207,103

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 2014 HK\$'000 截至2014年 3月31日止年度 港幣千元	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	10,079	1,307
(Loss)/return on plan assets (excluding interest income) 計劃資產的(虧損)/回報(不包括利息收入)	(3,286)	8,991
Employer contributions 僱主供款	4,597	4,944
Benefits paid 已付福利	(4,727)	(5,163)
At end of year 於年終	6,663	10,079

## 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 and consolidated statement of comprehensive income have been calculated by reference to an actuarial valuation and are as follows:

下列是在綜合收支結算表及綜合全面收益表予以確認的款額，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 2014 HK\$'000 截至2014年 3月31日止年度 港幣千元	For the year ended 31 March 2013 HK\$'000 截至2013年 3月31日止年度 港幣千元
Current service cost 現行服務開支	30,844	25,531
Interest cost 利息開支	2,848	2,359
Remeasurement of disability liability 傷殘福利責任重新計量	(2,403)	(3,595)
Recognition of death liability 確認的死亡福利責任	—	6
Total, included in staff costs [note 22] 總計(包括在員工成本內)[註22]	31,289	24,301
Remeasurement of death liability 死亡福利責任重新計量	(27,315)	—
Recognition of previously unrecognised actuarial loss 確認以往未予確認的精算估值虧損	1,304	—
Loss on plan assets (excluding interest income) 計劃資產的虧損(不包括利息收入)	3,286	—
Total, included in other comprehensive income 總計(包括在其他全面收益內)	(22,725)	—

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 2014 截至2014年 3月31日止年度 %	For the year ended 31 March 2013 截至2013年 3月31日止年度 %
Discount rate 貼現率	2.50	1.40
Assumed rate of future salary increases 假設未來薪金增幅	3.60	3.60

## Notes to the Financial Statements (Continued) 財務報表附註(續)

### 17. Death and disability liabilities (Continued)

The analysis below shows how the present value of the funded obligations as at 31 March 2014 would have increased/(decreased) as a result of the following changes in the principal actuarial assumptions:

### 17. 死亡及傷殘福利責任(續)

下列分析是根據以下主要精算假設的改變，得出二零一四年三月三十一日注資責任現值的增加／(減少)。

	Increase in 50 basis points HK\$'000 利率升 50 點子 港幣千元	Decrease in 50 basis points HK\$'000 利率降 50 點子 港幣千元
Discount rate 貼現率	(11,083)	12,065
Assumed rate of future salary increases 假設未來薪金增幅	11,566	(10,701)

### 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	Tseung Kwan O Hospital Fund [Note 18(a)] HK\$'000 將軍澳醫院 基金 [附註 18(a)] 港幣千元	Minor Works Projects Fund [Note 18(b)] HK\$'000 小型工程 項目基金 [附註 18(b)] 港幣千元	Total HK\$'000 總計 港幣千元
At 1 April 2012 於2012年4月1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
Additions during the year 年內增加	299,002	–	13,000,000	13,299,002
Interest earned 所獲利息	–	–	15,684	15,684
Utilisation during the year 年內應用	–	(6,010)	–	(6,010)
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(182,755)	–	(207,583)	(390,338)
At 31 March 2014 於2014年3月31日	533,889	66,776	12,808,101	13,408,766



## Notes to the Financial Statements (Continued)

### 18. Deferred income (Continued)

#### (a) 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.

#### (b) Minor Works Projects Fund

During the financial year ended 31 March 2014, the Government advanced HK\$13,000,000,000 (under Subhead SH8083MM) to HA for minor works projects to improve the existing facilities in public hospitals and clinics. The one-off grant will replace the annual block funding allocation under Capital Works Reserve Fund – Improvement Works Block Vote (Subhead 8100MX) and will cover minor works projects each costing not more than HK\$75 million for ward renovations, provision of additional beds, expansion of clinical facilities, upgrading of electrical and mechanical engineering installations, as well as universal accessibility enhancements.

As approved by the Government, HA has placed HK\$7,300,000,000 with the Exchange Fund over a period of six years since 11 April 2014 while the remaining funds have been managed internally and invested within the ambit of HA's prevailing investment guidelines. The approved grant, together with the related investment income, will be fully used to meet the costs of the minor works projects in the coming 10 years or so. For the use of funds, HA will continue to seek prior approval from the Government for each individual item of expenditure to be funded by the one-off grant, as has been the practice for the use of funds under Subhead 8100MX.

Minor Works Projects Fund balance predominantly comprised non-current items.

## 財務報表附註(續)

### 18. 遞延收益(續)

#### (a) 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。

#### (b) 小型工程項目基金

於截至二零一四年三月三十一日止的財政年度內，政府預支港幣13,000,000,000元(分目SH8083MM項下)予醫管局，以供進行小型工程項目，改善公立醫院及診所的現時設施。這筆一次性撥款將代替每年透過基本工程儲備基金 – 改善工程的整體撥款(分目8100MX)，用以進行每項上限為7,500萬元的小型改善工程，包括翻新病房、加設病床、擴展臨床設施、提升電力及機械工程裝置，以及改善暢達通道等。

醫管局獲政府批准，於二零一四年四月十一日將港幣7,300,000,000元存入外匯基金，為期六年，餘款由內部管理，並根據醫管局現行的投資規定進行投資。獲批撥款連同有關利息收入，將用以支付未來約十年的小型工程項目開支。對於基金的使用，醫管局會沿用過往使用分目8100MX項下基金的做法，就獲一次過撥款資助的每個開支項目事先獲取政府批准。

小型工程項目基金結餘主要包括非流動項目。

## Notes to the Financial Statements (Continued) 財務報表附註(續)

### 19. Capital subventions and capital donations

### 19. 資本補助及資本捐贈

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 2012 於2012年4月1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
Additions during the year 年內增加	1,015,202	127,014	1,142,216
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(787,916)	(127,508)	(915,424)
At 31 March 2014 於2014年3月31日	3,391,601	1,218,426	4,610,027

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 2012 於2012年4月1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
Additions during the year 年內增加	1,013,841	127,014	1,140,855
Transfers to statement of income and expenditure 轉調往收支結算表	(787,050)	(127,508)	(914,558)
At 31 March 2014 於2014年3月31日	3,390,240	1,218,426	4,608,666

## 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.

### 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。

### 21. 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 2014 amounted to HK\$526,516,000 (2013: HK\$517,964,000).

### 21. 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。在截至二零一四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526,516,000元（二零一三年：港幣517,964,000元）。

### 22. Staff costs

### 22. 員工成本

The Group 集團	For the year ended 31 March 2014 HK\$'000 截至2014年 3月31日止年度 港幣千元	For the year ended 31 March 2013 HK\$'000 截至2013年 3月31日止年度 港幣千元
Basic salaries and other short term employee benefits 基本薪金及其他短期僱員福利	31,829,230	29,779,737
Post-employment benefits 離職後福利：		
– Contribution to HA Provident Fund Scheme [note 22 (a)] 醫管局公積金計劃供款 [附註 22 (a)]	2,166,017	2,115,711
– Contribution to Mandatory Provident Fund Schemes [note 22 (b)] 強積金計劃供款 [附註 22 (b)]	432,551	369,973
Death and disability benefits [note 17] 死亡及傷殘福利 [附註 17]	31,289	24,301
	<b>34,459,087</b>	<b>32,289,722</b>



## Notes to the Financial Statements (Continued)

### 22. Staff costs (Continued)

#### (a) HA Provident Fund Scheme ("HAPFS")

The HAPFS is a defined contribution scheme. The current 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").

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 2014, the total membership was 30,809 (2013: 31,643). The scheme's net asset value as at 31 March 2014 was HK\$53,135,506,000 (2013: HK\$48,949,045,000).

#### (b) Mandatory Provident Fund Scheme ("MPFS")

In accordance with the Mandatory Provident Fund Schemes Ordinance, the Group set up a MPFS by participating in master trust schemes. HA permanent employees can choose between the HAPFS and the MPFS while contract and temporary employees are required to join the MPFS unless otherwise exempted.

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 2014, the total membership was 40,244 (2013: 35,784). During the financial year ended 31 March 2014, total members' contributions were HK\$352,257,000 (2013: HK\$292,701,000). The net asset value as at 31 March 2014, including assets transferred from members' previous employment, was HK\$4,877,162,000 (2013: HK\$4,071,549,000).

## 財務報表附註(續)

### 22. 員工成本(續)

#### (a) 醫院管理局公積金計劃

「醫院管理局公積金計劃」是一項界定供款計劃。現行計劃是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。

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。

於二零一四年三月三十一日，計劃共有30,809名成員(二零一三年：31,643名)，計劃的資產淨值為港幣53,135,506,000元(二零一三年：港幣48,949,045,000元)。

#### (b) 強制性公積金計劃

根據《強制性公積金計劃條例》，集團加入集成信託計劃，為職員設立強制性公積金計劃。醫管局常額僱員可選擇參加「醫管局公積金計劃」或「強制性公積金計劃」，而合約及臨時僱員須參加「強制性公積金計劃」，除非獲得豁免。

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。

於二零一四年三月三十一日，計劃共有40,244名成員(二零一三年：35,784名)。在截至二零一四年三月三十一日止之財政年度內，成員的供款總額為港幣352,257,000元(二零一三年：港幣292,701,000元)。於二零一四年三月三十一日，計劃的資產淨值，包括成員先前職位轉調的資產，為港幣4,877,162,000元(二零一三年：港幣4,071,549,000元)。

## Notes to the Financial Statements (Continued)

## 財務報表附註(續)

### 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 2014, other operating expenses included an accrual for auditor's remuneration of HK\$2,770,000 (2013: HK\$2,770,000).

### 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。截至二零一四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(二零一三年：港幣2,770,000元)。

### 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 comprised basic salaries and other short term employee benefits and post-employment benefits, and is included in the staff costs for the year, is as follows:

### 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，當中已計入基本薪金及其他短期僱員福利及離職後福利：

Current Position / Name of Executives 現時職位／行政人員姓名	For the year ended 31 March 2014 HK\$'000 截至2014年 3月31日止年度 港幣千元
Chief Executive 行政總裁 Dr Pak Yin LEUNG 梁栢賢醫生	5,045
Director (Cluster Services) 聯網服務總監 Dr Wai Lun CHEUNG 張偉麟醫生	4,462
Cluster Chief Executive (Hong Kong West) 港島西聯網總監 Dr Che Chung LUK 陸志聰醫生	4,140
Cluster Chief Executive (Kowloon Central) 九龍中聯網總監 Dr Chi Yuen LO* 盧志遠醫生*	4,140
Cluster Chief Executive (Kowloon West) 九龍西聯網總監 Dr Sau Ying TUNG 董秀英醫生	4,140
	21,927

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 LO transferred from Cluster Chief Executive (New Territories West) to Cluster Chief Executive (Kowloon Central) with effective from 1 January 2014.

\* 盧醫生前為新界西聯網總監，於二零一四年一月一日轉任九龍中聯網總監。

## 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)

Current Position / Name of Executives 現時職位／行政人員姓名	For the year ended 31 March 2013 HK\$'000 截至2013年 3月31日止年度 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
	<u>22,004</u>

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。

### 25. Related party transactions

### 25. 與關聯人士的交易

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

集團與關聯人士所作的重大交易計有：

- (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 2014 amounted to HK\$826,131,000 (2013: HK\$774,974,000). Other services provided by the EMSD for the year (e.g. routine maintenance and improvement works) were approximately HK\$273,038,000 (2013: HK\$196,939,000).
- (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 2014, revenue foregone in respect of medical services provided to these persons amounted to HK\$346,519,000 (2013: HK\$303,590,000). The cost of such services has been taken into account in the Government's subvention to the Group.

- (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，截至二零一四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826,131,000元(二零一三年：港幣774,974,000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273,038,000元(二零一三年：港幣196,939,000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。截至二零一四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346,519,000元(二零一三年：港幣303,590,000元)，這些服務的費用已包括在政府給集團的補助內。



## Notes to the Financial Statements (Continued)

### 25. Related party transactions (Continued)

#### (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 2014 HK\$'000 截至2014年 3月31日止年度 港幣千元	For the year ended 31 March 2013 HK\$'000 截至2013年 3月31日止年度 港幣千元
Basic salaries and other short term employee benefits 基本薪金及其他短期僱員福利	53,093	49,885
Post-employment benefits 離職後福利	5,071	4,760
	<b>58,164</b>	<b>54,645</b>

(d) Other significant related party transactions with the Government include annual recurrent grants, 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 22.

(e) Outstanding balances with the Government as at 31 March 2013 and 2014 are disclosed in notes 8, 12, 15 and 16. The current account with a subsidiary, HACM Limited, is disclosed in note 15.

## 財務報表附註(續)

### 25. 與關聯人士的交易(續)

#### (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、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22。

(e) 截至二零一三年及二零一四年三月三十一日與政府之間的未清賬款於附註8,12,15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15披露。

## Notes to the Financial Statements (Continued)

## 財務報表附註(續)

### 26. Net cash generated from operating activities

### 26. 營運活動所得現金淨額

The Group 集團	For the year ended 31 March 204 HK\$'000 截至2014年 3月31日止年度 港幣千元	For the year ended 31 March 2013 HK\$'000 截至2013年 3月31日止年度 港幣千元
Surplus for the year 年內盈餘	665,032	1,097,830
Investment income 投資收益	(195,003)	(176,955)
Income transferred from Minor Works Projects Fund 轉調自小型工程項目基金之收入	(207,583)	—
Income transferred from capital subventions and capital donations 轉調自資本補助及資本捐贈之收入	(915,424)	(794,996)
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	6,086	26,459
Depreciation and amortisation 折舊及攤銷	909,338	768,537
Increase in death and disability liabilities 死亡及傷殘福利責任增加	26,692	19,357
Increase/(decrease) in deferred income 遞延收益增加／(減少)	110,237	(16,193)
Increase in inventories 存貨增加	(116,705)	(203,247)
Decrease in loans receivable 應收債款減少	2,089	2,063
Increase in accounts receivable 應收賬款增加	(32,949)	(2,684)
Increase in other receivables 其他應收款項增加	(55,520)	(22,590)
Decrease/(increase) in deposits and prepayments 按金及預付款項減少／(增加)	26,375	(15,509)
Increase in creditors and accrued charges 債權人及應付費用增加	2,361,977	893,415
Increase/(decrease) in deposits received 已收按金增加／(減少)	43,212	(29,198)
Net cash generated from operating activities 營運活動所得現金淨額	2,627,854	1,546,289

### 27. Funds held in trust

At 31 March 2014, funds held in trust (including accrued interest income) for the Government but not included in the financial statements are set out below:

### 27. 信託基金

於二零一四年三月三十一日，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 2014 HK\$'000 2014年3月31日 港幣千元	At 31 March 2013 HK\$'000 2013年3月31日 港幣千元
Health Care and Promotion Fund 健康護理及促進基金	43,206	47,465
Health Services Research Fund 醫療服務研究基金	381	491
	43,587	47,956

## Notes to the Financial Statements (Continued)

## 財務報表附註(續)

### 28. Donations from the Hong Kong Jockey Club Charities Trust

During the financial year ended 31 March 2014, the Hong Kong Jockey Club Charities Trust made donations totalling HK\$51,166,000 (2013: HK\$57,333,000) to the following institutions:

	HK\$'000 港幣千元
Hospital Authority Head Office 醫院管理局總辦事處	36,475
Caritas Medical Centre 明愛醫院	6,250
Shatin Hospital 沙田醫院	5,779
Princess Margaret Hospital 瑪嘉烈醫院	1,491
Queen Elizabeth Hospital 伊利沙伯醫院	805
Kowloon Hospital 九龍醫院	366
	<u>51,166</u>

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

截至二零一四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 51,166,000 元（二零一三年：港幣 57,333,000 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。

### 29. Commitments

At 31 March 2014, the Group and HA had the following commitments:

#### (a) Capital commitments

### 29. 承擔

於二零一四年三月三十一日，集團及醫管局有以下之承擔：

#### (a) 資本承擔

<b>The Group</b> 集團		
	<b>At 31 March 2014</b> <b>HK\$'000</b> <b>2014 年 3 月 31 日</b> 港幣千元	At 31 March 2013 HK\$'000 2013 年 3 月 31 日 港幣千元
Authorised but not contracted for 已獲授權但未訂契約	<b>4,770,389</b>	2,791,492
Contracted for but not provided 已訂契約但未撥備	<b>1,494,359</b>	1,607,020
	<u><b>6,264,748</b></u>	<u>4,398,512</u>

<b>HA</b> 醫管局		
	<b>At 31 March 2014</b> <b>HK\$'000</b> <b>2014 年 3 月 31 日</b> 港幣千元	At 31 March 2013 HK\$'000 2013 年 3 月 31 日 港幣千元
Authorised but not contracted for 已獲授權但未訂契約	<b>4,766,887</b>	2,790,362
Contracted for but not provided 已訂契約但未撥備	<b>1,486,406</b>	1,598,352
	<u><b>6,253,293</b></u>	<u>4,388,714</u>



## Notes to the Financial Statements (Continued)

### 29. 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 2014, 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 2014 HK\$'000 2014年3月31日 港幣千元	At 31 March 2013 HK\$'000 2013年3月31日 港幣千元
Buildings 樓宇		
Within one year 一年內期滿	29,390	21,500
Between one and five years 一至五年內期滿	115,911	18,794
Beyond five years 超過五年期滿	75,003	–
	<b>220,304</b>	<b>40,294</b>
Equipment 設備		
Within one year 一年內期滿	60,081	72,859
Between one and five years 一至五年內期滿	43,338	100,388
	<b>103,419</b>	<b>173,247</b>

### 30. Taxation

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

### 31. 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.

### 32. Comparative figures

Certain comparative figures have been restated to conform to the current year's presentation.

### 33. Approval of financial statements

The financial statements were approved by members of HA on 25 September 2014.

## 財務報表附註(續)

### 29. 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

在二零一四年三月三十一日，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：

### 30. 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。

### 31. 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。

### 32. 比較數字

若干比較數字已重新呈列，以符合本年度的呈報方式。

### 33. 財務報表的通過

本財務報表已於二零一四年九月二十五日獲醫管局成員通過。

# Appendices

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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 2013-14 2013-14 年度 出席全體大會次數	Committee participation in 2013-14 2013-14 年度參與的委員會*
Mr Anthony WU Ting-yuk, GBS, JP Chairman, HA (up to 30.11.2013) 胡定旭先生 醫院管理局主席 (截至2013年11月30日)	9/9	Chairman of plenary meetings, EC and EEC 全體大會、行政委員會及緊急應變策導委員會主席
Prof John LEONG Chi-yan, SBS, JP Chairman, HA (from 1.12.2013) 梁智仁教授 醫院管理局主席 (由2013年12月1日起)	6/6	Chairman of plenary meetings, EC and EEC; HGC Member of Ruttonjee Hospital and Tang Shiu Kin Hospital (up to 30.11.2013) 全體大會、行政委員會及緊急應變策導委員會主席；律敦治醫院及鄧肇堅醫院管治委員會成員(截至2013年11月30日)
Mr CHAN Bing-woon, SBS, JP 陳炳煥先生	13/15	Member of HRC, MTB and PCC; Chairman of HKRAC; HGC Chairman of Castle Peak Hospital and Siu Lam 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；青山醫院及小欖醫院管治委員會主席
Mr William CHAN Fu-keung, BBS 陳富強先生	14/15	Vice-Chairman of MTB (from 30.5.2013); Member of HRC, MSDC and MTB (up to 29.5.2013); HGC Member of Tuen Mun Hospital 中央投標委員會副主席(由2013年5月30日起)；人力資源委員會、醫療服務發展委員會及中央投標委員會(截至2013年5月29日)成員；屯門醫院管治委員會成員
Dr Constance CHAN Hon-yeet, JP Director of Health 陳漢儀醫生 衛生署署長	15/15	Member of MSDC 醫療服務發展委員會成員
Prof Francis CHAN Ka-leung, JP 陳家亮教授	8/15	Member of HRC, MSDC and MTB (all from 18.4.2013); HGC Member of Prince of Wales 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(全由2013年4月18日起)；威爾斯親王醫院管治委員會成員
Mr CHENG Yan-kee, JP 鄭恩基先生	10/15	Chairman of SSDC; Vice-Chairman of ITGC; Member of EC, EEC, MSDC (up to 1.12.2013) 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(截至2013年12月1日)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	8/15	Vice-Chairman of SSDC; Member of MTB (from 25.4.2013); HGC Member of North District Hospital 支援服務發展委員會副主席；中央投標委員會成員(由2013年4月25日起)；北區醫院管治委員會成員
Ms Quince CHONG Wai-yan 莊偉茵女士	10/15	Member of HRC, MSDC (up to 27.6.2013), MTB and SAC; HGC Chairman of Kwai Chung Hospital and Princess Margaret Hospital 人力資源委員會、醫療服務發展委員會(截至2013年6月27日)、中央投標委員會及職員上訴委員會成員；葵涌醫院及瑪嘉烈醫院管治委員會主席



Name 姓名	No. of plenary meetings attended in 2013-14 2013-14 年度 出席全體大會次數	Committee participation in 2013-14 2013-14 年度參與的委員會*
Mr Ricky FUNG Choi-cheung, SBS, JP 馮載祥先生	15/15	Chairman of PCC; Member of ARC, EC and EEC; HGC Member of Hong Kong Eye Hospital, Kowloon Hospital and Rehabaid Centre 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；香港眼科醫院、九龍醫院及復康專科及資源中心管治委員會成員
Mr Andrew FUNG Hau-chung, JP (from 1.12.2013) 馮孝忠先生 (由 2013 年 12 月 1 日起)	5/6	Member of FC and MTB. (both from 18.12.2013) 財務委員會及中央投標委員會成員 (同由 2013 年 12 月 18 日起)
Mr Lester Garson HUANG, JP 黃嘉純先生	13/15	Chairman of ARC (from 25.4.2013); Member of EC, EEC (both from 25.4.2013); Member of ARC, SSDC and MTB (all up to 24.4.2013); HGC Chairman of Our Lady of Maryknoll Hospital 審計及風險管理委員會主席 (由 2013 年 4 月 25 日起)；行政委員會及緊急應變策導委員會成員 (同由 2013 年 4 月 25 日起)；審計及風險管理委員會、支援服務發展委員會及中央投標委員會成員 (全截至 2013 年 4 月 24 日)；聖母醫院管治委員會主席
Mr Benjamin HUNG Pi-cheng, JP (up to 30.11.2013) 洪丕正先生 (截至 2013 年 11 月 30 日)	4/9	Chairman of FC; Member of EC and EEC (all up to 30.11.2013) 財務委員會主席；行政委員會及緊急應變策導委員會成員 (全截至 2013 年 11 月 30 日)
Dr KAM Pok-man 甘博文博士	13/15	Chairman of FC (from 1.12.2013); Member of ARC (from 15.4.2013), EC and EEC (both from 1.12.2013), FC (up to 30.11.2013), MSDC (from 18.4.2013), MTB (from 18.4.2013 to 30.11.2013) and SSDC (from 25.4.2013) 財務委員會主席 (由 2013 年 12 月 1 日起)；審計及風險管理委員會 (由 2013 年 4 月 15 日起)、行政委員會及緊急應變策導委員會 (同由 2013 年 12 月 1 日起)、財務委員會 (截至 2013 年 11 月 30 日)、醫療服務發展委員會 (由 2013 年 4 月 18 日起)、中央投標委員會 (由 2013 年 4 月 18 日至 2013 年 11 月 30 日) 及支援服務發展委員會 (由 2013 年 4 月 25 日起) 成員
Ms Ka-shi LAU, BBS 劉嘉時女士	8/15	Vice-Chairman of HRC; Member of ARC, MSDC and MTB (from 25.4.2013); Chairman of NRAC; HGC Member of Pamela Youde Nethersole Eastern Hospital. 人力資源委員會副主席；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 2013 年 4 月 25 日起) 成員；新界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 Andy LAU Kwok-fai 劉國輝先生	15/15	Member of HRC (from 19.11.2013), PCC, MTB and SSDC; HGC Member of Queen Elizabeth Hospital 人力資源委員會 (由 2013 年 11 月 19 日起)、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；伊利沙伯醫院管治委員會成員
Mrs Yvonne LAW SHING Mo-han, JP (up to 30.11.2013) 羅盛慕嫻女士 (截至 2013 年 11 月 30 日)	9/9	Member of HRC and MTB; Chairman of KRAC (all up to 30.11.2013); 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 (全截至 2013 年 11 月 30 日)；沙田醫院管治委員會主席

Name 姓名	No. of plenary meetings attended in 2013-14 2013-14 年度 出席全體大會次數	Committee participation in 2013-14 2013-14 年度參與的委員會*
Mr Stephen LEE Hoi-yin (from 1.12.2013) 李開賢先生 (由 2013 年 12 月 1 日起)	6/6	Member of ARC, FC and MTB. (all from 18.12.2013) 審計及風險管理委員會、財務委員會及中央投標委員會成員 (全由 2013 年 12 月 18 日起)。
Prof LEE Sum-ping (up to 31.7.2013) 李心平教授 (截至 2013 年 7 月 31 日)	3/4	Member of PCC and MTB; HGC Member of Queen Mary Hospital and Tsan Yuk Hospital (all up to 31.7.2013) 公眾投訴委員會及中央投標委員會成員；瑪麗醫院及贊育醫院管治委員會成員 (全截至 2013 年 7 月 31 日)
Prof Diana LEE Tze-fan 李子芬教授	13/15	Chairman of KRAC (from 1.12.2013); Member of HRC, MSDC, MTB; HGC Member of Cheshire Home, Shatin and Tseung Kwan O Hospital 九龍區域諮詢委員會主席 (由 2013 年 12 月 1 日)；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；沙田慈氏護養院及將軍澳醫院管治委員會成員
Ms Esther LEUNG Yuet-yin, JP Deputy Secretary for Financial Services and the Treasury (Treasury) 梁悅賢女士 財經事務及庫務局副秘書長	15/15	Member of FC and MSDC 財務委員會及醫療服務發展委員會成員
Prof Gabriel Matthew LEUNG, GBS (from 1.8.2013) 梁卓偉教授 (由 2013 年 8 月 1 日起)	10/11	Member of MSDC and MTB (both from 21.8.2013); HGC Member of Queen Mary Hospital and Tsan Yuk Hospital (from 9.9.2013) 醫療服務發展委員會及中央投標委員會成員 (同由 2013 年 8 月 21 日起)；瑪麗醫院及贊育醫院管治委員會成員 (由 2013 年 9 月 9 日起)
Mrs Margaret LEUNG KO May-yee, SBS, JP 梁高美懿女士	10/15	Member of FC and MTB 財務委員會及中央投標委員會成員
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, MSDC, MTB, 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、醫療服務發展委員會、中央投標委員會、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 and MTB; 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及中央投標委員會成員；香港紅十字會輸血服務中心管治委員會成員
Prof Raymond LIANG Hin-suen, JP 梁憲孫教授	13/15	Member of HRC (from 18.4.2013 to 26.9.2013), MSDC and MTB (both from 18.4.2013) and PCC (from 1.12.2013); HGC Member of North Lantau Hospital (from 24.10.2013) 人力資源委員會 (由 2013 年 4 月 18 日至 2013 年 9 月 26 日)、醫療服務發展委員會及中央投標委員會 (同由 2013 年 4 月 18 日起) 及公眾投訴委員會 (由 2013 年 12 月 1 日起) 成員；北大嶼山醫院管治委員會成員 (由 2013 年 10 月 24 日起)
Mr Patrick MA Ching-hang, BBS, JP 馬清鏗先生	13/15	Chairman of HRC; Member of ARC, EC and EEC 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；審計及風險管理委員會、行政委員會、緊急應變策導委員會及財務委員會成員；大埔醫院管治委員會主席；東華三院各醫院管治委員會成員

Name 姓名	No. of plenary meetings attended in 2013-14		Committee participation in 2013-14 2013-14 年度參與的委員會*
	2013-14 年度 出席全體大會次數		
Miss Winnie NG 伍穎梅女士	12/15		Member of MTB and SSDC; HGC Member of Prince of Wales Hospital and Queen Elizabeth Hospital 中央投標委員會及支援服務發展委員會成員；威爾斯親王醫院及伊利沙伯醫院管治委員會成員
Mr PANG Yiu-kai, SBS, JP 彭耀佳先生	10/15		Member of FC, MSDC and MTB; HGC Chairman of Queen Mary Hospital and Tsan Yuk Hospital 財務委員會、醫療服務發展委員會及中央投標委員會成員；瑪麗醫院及贊育醫院管治委員會主席
Mr WONG Kwai-huen, BBS, JP 王桂壙先生	15/15		Member of FC, MTB, PCC and SSDC; HGC Member of Tseung Kwan O Hospital 財務委員會、中央投標委員會、公眾投訴委員會及支援服務發展委員會成員；將軍澳醫院管治委員會成員
Prof Maurice YAP Keng-hung 葉健雄教授	15/15		Chairman of MTB ( <i>from 25.4.2013</i> ) and MSDC; Vice-Chairman of MTB ( <i>up to 24.4.2013</i> ); Member of ARC, EC, EEC and HRC; HGC Member of Grantham Hospital 中央投標委員會(由2013年4月25日起)及醫療服務發展委員會主席；中央投標委員會副主席(截至2013年4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及人力資源委員會成員；葛量洪醫院管治委員會成員
Mr Richard YUEN Ming-fai, JP <i>Permanent Secretary for Food and Health (Health)</i> 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

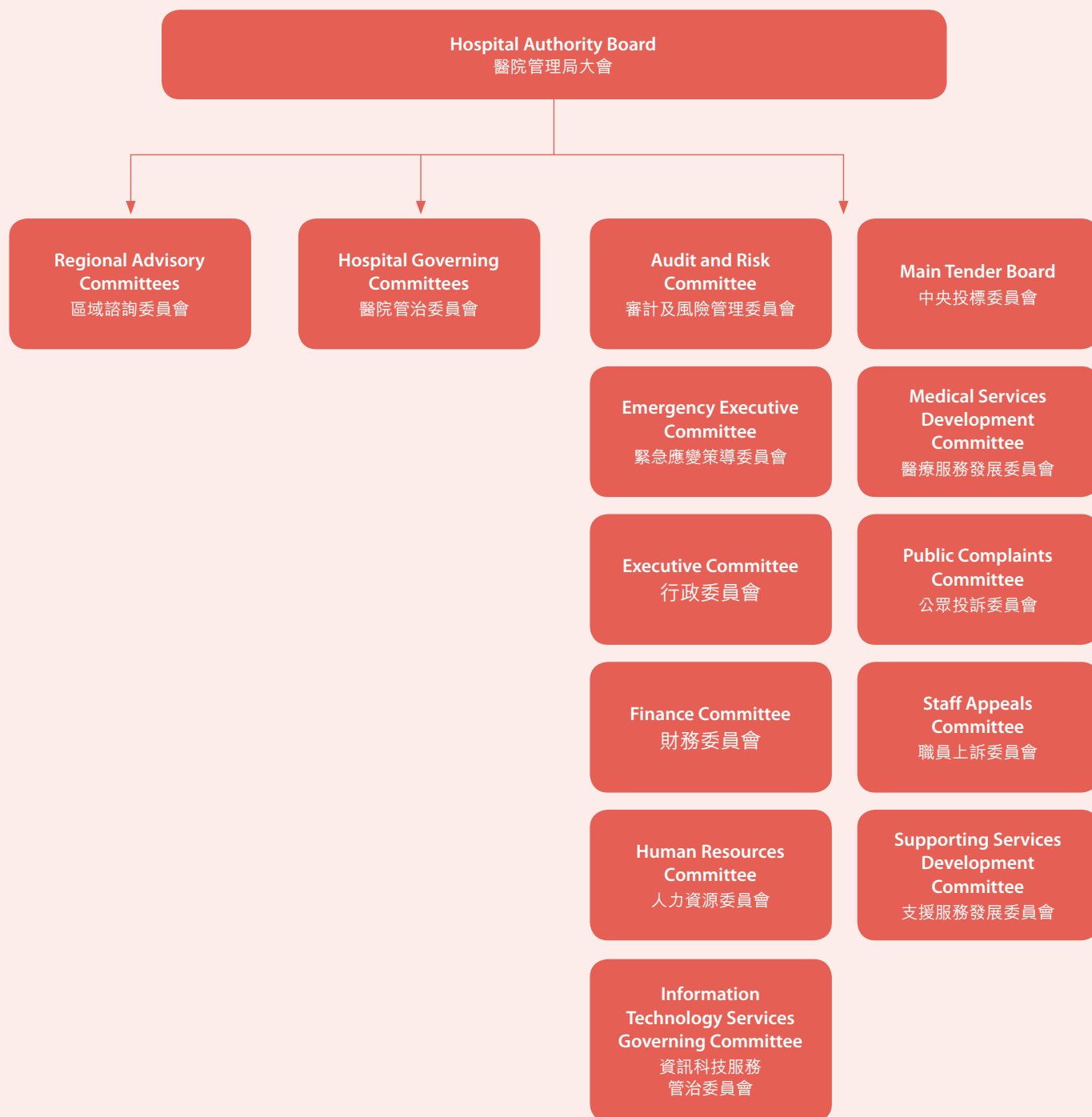
## \*註：

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



\* 18/10/2013 is the last day of duty of Dr. Fung and his last day of service is on 31/10/2013

\* 馮康醫生的最後工作日是2013年10月18日，其任職期於2013年10月31日完結

# Membership and Terms of Reference of Functional Committee

## 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

<b>Chairman</b> 主席	:	Mr Lester Garson HUANG, JP (from 25.4.2013) 黃嘉純先生 (由 2013 年 4 月 25 日起)
<b>Members</b> 成員	:	Mr Ricky FUNG Choi-cheung, SBS, JP 馮載祥先生
		Mr Lester Garson HUANG, JP (up to 24.4.2013) 黃嘉純先生 (截至 2013 年 4 月 24 日)
		Dr KAM Pok-man (from 18.4.2013) 甘博文博士 (由 2013 年 4 月 18 日起)
		Ms Ka-shi LAU, BBS 劉嘉時女士
		Mr Stephen LEE Hoi-yin (from 18.12.2013) 李開賢先生 (由 2013 年 12 月 18 日起)
		Mr Patrick MA Ching-hang, BBS, JP 馬清鏗先生
		Ms Estella NG Yi-kum (up to 30.11.2013) 伍綺琴女士 (截至 2013 年 11 月 30 日)
		Prof Maurice YAP Keng-hung 葉健雄教授
		Mr Paul YU Shiu-tin, BBS, JP 余嘯天先生
		Ms Wendy YUNG Wen-yee (from 1.12.2013) 容韻儀女士 (由 2013 年 12 月 1 日起)
<b>In attendance</b> 列席	:	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)
		Dr LEUNG Pak-yin, JP, Chief Executive 梁栢賢醫生行政總裁

##### Terms of Reference

- Exercise an active oversight of the internal audit function to ensure that its:
  - mandate, resources and organisational status are appropriate;
  - plans and activities are adequate to provide systematic coverage of the internal control and risk management systems put in place by the Management; and
  - findings are actioned appropriately and timely;
- 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;
- Consult with the External Auditor on all relevant matters including the:
  - nature and scope of the audit;
  - audited financial statements and the audit opinion;
  - management letter and management's response; and
  - matters of which the External Auditor may wish to draw attention;

##### 職權範圍

- 積極監察醫院管理局(醫管局)的內部審計職能，以確保：
  - 其職責範圍、資源及組織狀況適切恰當；
  - 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
  - 能就審計所得結果採取適當及時的行動；
- 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；
- 就所有有關事項諮詢外聘核數師，包括：
  - 審計評核的性質和範圍；
  - 經審計的每年財務報表及審計意見；
  - 核數師致管理層的函件及管理層的回應；及
  - 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 2013-14

In 2013-14, the Audit and Risk Committee held six regular meetings with every meeting considering a planned agenda to cover the Committee's Terms of Reference. As it was one of the Committee's functions to oversee risk activities and processes, a report on the key enterprise-wide risks facing the HA in 2014 and the related mitigation strategies was considered at one of its meetings.

To exercise an active oversight of the internal audit function, the Committee approved the Annual Internal Audit Plan for 2013-14 and directly received quarterly progress reports from the Chief Internal Auditor on completed audit results and follow-up actions. Among all the internal audit reports reviewed during the year, some of the key operational audits included "Laboratory Turnaround Times", "Outsourcing of Radiological Imaging Services", "HA Mechanism for the Safe Introduction of New Procedures/Technology (HAMSINP)", "Leave Management Follow-up", "Rest Day/Statutory Holidays/Public Holidays Compliance", "Legal Compliance-Security & Guarding Services Ordinance", "Queuing Time Management in Specialist Outpatient Clinics", "Overseas Travel", "Influenza Pandemic Preparedness", "Special Honorarium Scheme", "Provision of Information for Ethnic Minorities", and "Follow-up Audit on Single Use Devices".

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 the external auditor's opinion on HA's financial statements in a joint meeting with the Finance Committee. The Committee also reviewed the results of an evaluation of the external auditor's performance.

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) 透過內部及外界的審計評核結果，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）。

#### 2013-14 年度工作概況

在2013-14年度，審計及風險管理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。由於委員會其中一項職能是監察風險事宜及管控程序，在年內一次會議上，委員會審閱了醫管局2014年面對的主要風險及相關風險緩減策略的報告。

為積極監察醫管局的內部審計功能，委員會批核了2013-14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。年內經審閱的內部審計報告中，一些主要運作審計包括「化驗周轉時間」、「外判放射造影服務」、「醫管局新程序／技術安全引入機制」、「假期管理跟進」、「符合休息日／法定假日／公眾假日規定」、「符合法規 - 保安及護衛服務條例」、「專科門診診所輪候時間管理」、「外遊」、「流感大流行應對準備」、「特別津貼計劃」、「為少數族裔提供資訊」及「一次性醫療用品跟進審計」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。委員會亦審閱了有關外聘核數師的表現評核報告。

Apart from overseeing the work of external and internal auditors, the Committee also considered accountability reports from the responsible subject officers to monitor the financial and administrative control processes in place to address the capacity risk of long waiting time, breach of security of information technology risks, and risk of supervision of junior staff in the nursing grade. The Committee considered reports on the monitoring of compliance with HA's Code of Conduct, a review of HA's whistleblowing arrangement, and consultancy reviews covering the information technology internal audit function, and the information security and privacy programme.

As a good corporate governance practice, the Committee conducted a self-assessment exercise in reviewing its activities in the past two years according to its Terms of Reference.

除監察外聘核數師及內部審計師的工作外，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，應對輪候時間過長的服務能力風險、資訊科技資料外洩風險，以及護理職系督導初級職員的風險。委員會亦審議醫管局行為守則合規監察報告、醫管局舉報機制檢討、涵蓋資訊科技內部審計職能的顧問檢討，以及資訊保安及私隱計劃。

為體現良好機構管治，委員會進行了自我評核，根據其職權範圍檢討過去兩年的工作。

## Executive Committee 行政委員會

### Membership List

#### 成員名單

<b>Chairman</b> 主席	: Mr Anthony WU Ting-yuk, GBS, JP (up to 30.11.2013) 胡定旭先生 (截至 2013 年 11 月 30 日) Prof John C Y LEONG, SBS, JP (from 1.12.2013) 梁智仁教授 (由 2013 年 12 月 1 日起)
<b>Member</b> 成員	: Mr CHENG Yan-kee, JP 鄭恩基先生 Mr Ricky FUNG Choi-cheung, SBS, JP 馮載祥先生 Mr Lester Garson HUANG, JP (from 25.04.2013) 黃嘉純先生 (由 2013 年 4 月 25 日起) Mr Benjamin HUNG Pi-cheng, JP (up to 30.11.2013) 洪丕正先生 (截至 2013 年 11 月 30 日) Dr KAM Pok-man (from 1.12.2013) 甘博文博士 (由 2013 年 12 月 1 日起) 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 Prof Maurice YAP Keng-hung 葉健雄教授

### 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;

### 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) 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
  - (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 2013-14

In 2013-14, the Committee met ten times to discuss or approve 42 papers (including three 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, progress of the Government's Hospital Authority Review, implementation progress on recommendations of the Corporate Governance Review, submissions for and results of the Capital Works Resource Allocation Exercise, membership of HA Committees and Hospital Governing Committees, the HA Budget and Annual Plan for 2014-15, HA's Key Enterprise-wide Risk Profile and reports on staff complaints against senior executives, etc.

As a good corporate governance practice, the Committee conducted a self-assessment exercise in reviewing its activities in the past year according to its Terms of Reference.

- (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) 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。)

#### 2013-14 年度工作概況

在2013-14年度，行政委員會共召開十次會議，討論或通過42份文件(包括三份傳閱文件)，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、政府督導的醫管局檢討的進展、機構管治檢討建議的實施進度、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2014-15年度財政預算及工作計劃、醫管局主要機構風險概況，以及職員對高級行政人員投訴的報告等。

為體現良好機構管治，委員會進行了自我評核，根據其職權範圍檢討過去一年的工作。

## Emergency Executive Committee

### 緊急應變策導委員會

#### Membership List

##### 成員名單

#### Chairman

##### 主席

- : Mr Anthony WU Ting-yuk, GBS, JP (up to 30.11.2013)  
胡定旭先生 (截至 2013 年 11 月 30 日)
- Prof John LEONG Chi-yan, SBS, JP (from 01.12.2013)  
(In his absence, the Emergency Executive Committee chairmanship should be elected among its standing members)  
梁智仁教授 (由 2013 年 12 月 1 日起)  
(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

##### 成員

- : Mr CHENG Yan-kee, JP  
鄭恩基先生
- : Mr Ricky FUNG Choi-cheung, SBS, JP  
馮載祥先生
- Mr Lester Garson HUANG, JP (from 25.4.2013)  
黃嘉純先生 (由 2013 年 4 月 25 日起)
- Mr Benjamin HUNG Pi-cheng, JP (up to 30.11.2013)  
洪丕正先生 (截至 2013 年 11 月 30 日)
- Dr KAM Pok-man (from 1.12.2013)  
甘博文博士 (由 2013 年 12 月 1 日起)
- Dr LEUNG Pak-yin, JP, Chief Executive (In his absence, the Deputising CE)  
梁栢賢醫生 醫管局行政總裁 (行政總裁不在時，由代理行政總裁出任)
- Mr Patrick MA Ching-hang, BBS, JP  
馬清鏗先生
- Miss Janice TSE, 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 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 2013-14**

In 2013-14, the Emergency Executive Committee met four times in response to the confirmed cases of human H7N9 (Avian) influenza infection. At the meeting on 4 December 2013, the Committee was briefed on the chronology and latest position of the situation after the confirmation of the first human case of H7N9 Avian Influenza infection on 2 December 2013 and the activation of the Serious Response Level (S2). Members noted the actions taken or to be taken by HA, including management of confirmed/suspected avian influenza infected patients, contact tracing, activation of the Clinical Management System's eH7 platform for early alert and notification, precautionary measures taken in hospitals, and recommended arrangements for visiting and volunteer services as well as clinical attachment.

At its meeting on 9 January 2014, the Committee was given a progress update on the latest development and situation, including the conditions of the confirmed cases, contact tracing, arrangements for volunteer services and hospital accreditation activities as well as other actions being taken. Members also noted that the Centre for Health Protection (CHP) and Department of Health were actively conducting various disease prevention and control measures at the border in anticipation of the higher risk of human infection arising from the large number of cross-border traffic between Hong Kong and Mainland China during the Chinese New Year holidays.

At its meeting on 17 February 2014, the Committee was briefed on the latest development of the situation and the key actions taken by the HA. Members noted that all of the five H7N9 confirmed cases were imported cases and had travel history to the affected areas in Mainland China during the respective incubation period. No secondary case was identified in the contact tracing exercise conducted by CHP. Members were further briefed on the situation in Mainland China, and noted that the imposing risk of H7N9 from Mainland was expected to continue for a period of time given the frequent cross-border traffic between Hong Kong and Mainland China. Members also noted that HA had stepped up its mitigation measures despite the overall risk to HA was relatively low.

At its meeting on 17 March 2014, Members noted that all of the six H7N9 confirmed cases were imported cases and had travel history to the affected areas in Mainland China during the respective incubation period. Members were informed of the actions taken or being taken by HA, including gradual resumption of clinical attachments, volunteer services, visits and accreditation in non-high risk areas; strengthening of the Extracorporeal Membrane Oxygenation (ECMO) services and monitoring of the isolation facilities etc. Members also noted that additional machines would be procured to meet the surge demand for ECMO services.

As at 31 March 2014, Serious Response Level (S2) remained in force.

**2013-14 年度工作概況**

在 2013-14 年度，緊急應變策導委員會共召開四次會議，以處理人類感染甲型禽流感 (H7N9) 確診個案。在 2013 年 12 月 4 日的會議上，委員會聽取了 2013 年 12 月 2 日首宗人類感染 H7N9 確診個案以及啟動嚴重應變級別 (S2) 的時序發展和最新情況。成員獲悉醫管局已經或即將採取的各項措施，包括確診／疑似感染甲型禽流感病人的管理、追蹤接觸個案、啟動臨床管理系統的 eH7 警示及通報平台、醫院防範措施，以及醫院探病及義工服務和臨床派駐實習的建議安排。

於 2014 年 1 月 9 日的會議上，委員會聽取了事件的發展經過及最新情況，包括確診個案的狀況、追蹤接觸個案、義工服務安排、醫院認證活動和其他措施。成員亦得悉，衛生防護中心及衛生署因應農曆新年期間中港跨境往來頻繁令人類感染風險上升，積極推行多項預防疾病及邊境管控措施。

於 2014 年 2 月 17 日的會議上，委員會聽取了事件的最新發展及醫管局採取的主要行動。成員得悉全部五宗 H7N9 確診個案均為外地輸入個案，在潛伏期內有外遊紀錄，曾前往中國內地的受影響區域。而在衛生防護中心進行的追蹤接觸個案過程中，並無發現繼發個案。此外，成員聽取了中國內地的情況，知道由於中港跨境往來頻繁，預期來自中國內地的 H7N9 感染風險仍會持續一段時間。而醫管局面對的整體風險雖然相對不高，亦已加強預防措施。

於 2014 年 3 月 17 日的會議上，委員會得悉全部六宗 H7N9 確診個案均為外地輸入個案，在潛伏期內有外遊紀錄，曾前往中國內地的受影響區域。成員知悉醫管局已經或即將採取的行動，包括逐步在非高危區域恢復臨床派駐實習、義工服務、探病以及認證；加強「人工心肺」服務以及監察隔離設施等。成員亦知悉醫管局將添設更多相關儀器，以應付對「人工心肺」服務急速上升的需求。

於 2014 年 3 月 31 日，嚴重應變級別 (S2) 仍維持有效。



## Finance Committee

### 財務委員會

#### Membership List

##### 成員名單

#### Chairman

##### 主席

: Mr Benjamin HUNG Pi-cheng, JP (*up to 30.11.2013*)  
洪丕正先生 (截至 2013 年 11 月 30 日)

Dr KAM Pok-man (*from 1.12.2013*)  
甘博文博士 (由 2013 年 12 月 1 日起)

#### Members

##### 成員

: Mr Andrew FUNG Hau-chung, JP (*from 18.12.2013*)  
馮孝忠先生 (由 2013 年 12 月 18 日起)

Dr KAM Pok-man (*from 18.4.2013 to 30.11.2013*)  
甘博文博士 (由 2013 年 4 月 18 日至 2013 年 11 月 30 日)

Mr Stephen LEE Hoi-yin (*from 18.12.2013*)  
李開賢先生 (由 2013 年 12 月 18 日起)

Mrs Margaret LEUNG KO May-yee, SBS, JP  
梁高美懿女士

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

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 WONG Kwai-huen, BBS, JP  
王桂壠先生

#### 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 2013-14

To assist the HA Board in ensuring proper stewardship and effective use of public funds, the Finance Committee met five times in 2013-14 to advise and make recommendations to the Board on various finance related matters for the Authority. Key focus of the Committee in 2013-14 was 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 2014-15 and beyond, 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.
- (b) Dovetailing with the HA's service and resource planning process, the Committee considered the proposed 2014-15 HA budget and resource allocation. It also reviewed the financial risk assessment of HA as well as an update on insurance approach and direction for 2013-14.
- (c) On accountability reporting and monitoring of HA's financial position, the Committee reviewed and endorsed the HA's draft financial statements for 2012-13. Besides, it also considered the 2012-13 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 Programmes 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 2013.
- (d) The Committee received regular progress update from the Treasury Panel on the HA's treasury management and operations. Besides, updates on the development of the next generation of Patient Billing System were provided to the Committee. Last but not least, the Committee also reviewed the Annual Work Plan of the Finance Division for 2014-15, and considered an update on the role of the finance function in HA and supported the proposed strategic foci for the medium term.

As a good corporate governance practice, the Committee conducted a self-assessment exercise in reviewing its activities in the past year according to its Terms of Reference.

## 2012-13 年度工作概述

為協助醫管局大會妥善督導和有效運用公帑，財務委員會在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2014-15及往後年度政府撥款安排的檢討，以及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。
- (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2014-15年度預算及資源分配建議，並審閱醫管局2013-14年度的財務風險評估及投保模式及方針報告。
- (c) 在問責報告及監察醫管局財務狀況方面，委員會審閱及通過醫管局2012-13年度的財務報表擬本，亦審議醫管局推行的若干指定計劃於2012-13年度的經審核財務報表，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。年內委員會除收閱每月財務報告外，亦審議醫管局的年中財政檢討，以及截至2013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管理及運作提呈的進度報告，亦收閱新一代病人帳務系統的開發進度報告。最後，委員會亦審閱財務部2014-15年度工作計劃；審議醫管局財務職能角色的報告，並支持建議的中期策略工作重點。

為體現良好機構管治，委員會進行了自我評核，根據其職權範圍檢討過去一年的工作。

## Human Resources Committee

### 人力資源委員會

#### Membership List

##### 成員名單

<b>Chairman</b>	:	Mr Patrick MA Ching-hang, BBS, JP
主席		馬清鏗先生
<b>Vice-Chairman</b>	:	Ms Ka-shi LAU, BBS
副主席		劉嘉時女士
<b>Members</b>	:	Mr CHAN Bing-woon, SBS, JP
成員		陳炳煥先生
		Mr William CHAN Fu-keung, BBS
		陳富強先生
		Prof Francis CHAN Ka-leung, JP (from 18.4.2013)
		陳家亮教授 (由 2013 年 4 月 18 日起)
		Ms Quince CHONG Wai-yan
		莊偉茵女士
		Mr Billy KONG Churk-hoi, BBS, JP (up to 30.11.2013)
		江焯開先生 (截至 2013 年 11 月 30 日)
		Mr Andy LAU Kwok-fai (from 19.11.2013)
		劉國輝先生 (由 2013 年 11 月 19 日起)
		Mrs Yvonne LAW SHING Mo-han, JP (up to 30.11.2013)
		羅盛慕嫻女士 (截至 2013 年 11 月 30 日)
		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 Diana LEE Tze-fan
		李子芬教授
		Dr LEUNG Pak-yin, JP, Chief Executive
		梁栢賢醫生行政總裁
		Dr Li Chi-kong, JP
		李志光醫生
		Prof Raymond LIANG Hin-suen, JP (from 18.4.2013 to 27.9.2013)
		梁憲孫教授 (由 2013 年 4 月 18 日至 9 月 27 日)
		Dr Kim MAK, BBS, JP (up to 30.11.2013)
		麥建華博士 (截至 2013 年 11 月 30 日)
		Prof Thomas WONG Kwok-shing, JP (up to 30.11.2013)
		汪國成教授 (截至 2013 年 11 月 30 日)
		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;

#### 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. 就其他任何與職員有關的事宜向醫管局提供意見，進行檢討及作出建議；



7. Consider periodically matters relating to risk, risk management and risk mitigation relevant to human resources management; and
8. Monitor the performance of the Hospital Authority Mandatory Provident Fund Schemes and make recommendations to the Hospital Authority as and when necessary.

### Focus of Work in 2013-14

In 2013-14, the Human Resources Committee met six times to discuss and consider various human resources ("HR") matters of the HA. Along the strategic direction of HA to allay staff shortage and high turnover, the Committee considered and endorsed various HR recommendations and measures that were initiated to improve manpower situation and employment terms and conditions, such as the Optometrist Grade Review and Reform proposal, and the Pay Review for Patient Care Assistants IIIA serving in in-patient wards/ services on 24-hour shifts. It also gave comments on the development of the HR grade management function in HA and received a progress report on the improvement of doctors' working hours in public hospitals. Endorsement-in-principle was granted for the proposed 2013-14 annual pay adjustment for HA employees. The Committee also received a regular update on the Hospital Authority Mandatory Provident Fund Scheme.

To further promote staff health and wellness, the Committee discussed and endorsed a pilot programme proposal to enhance staff access to radiological medical services on staff co-payment basis in 2013-14. It was also updated on the key initiatives of staff wellbeing in 2013-14. A final report on nitrous oxide exposure monitoring in HA's obstetrics and gynaecology units and an on-going nitrous oxide management programme were presented to the Committee as an initiative to improve the work safety management system in HA.

In addition, the Committee received a regular update on HA staff training and development matters. It provided comments on the work progress of the Training & Development Central Committee and gave feedback to the Training and Development unit of Head Office Human Resources Division on new training initiatives. Moreover, the Committee endorsed the proposed conversion arrangement and its implementation upon consideration of the recommendations of a job evaluation for Chief Managers in the HA Head Office.

During the year, the Committee discussed the HR risk assessment for 2013 and 2014 with planned mitigation actions, endorsed the proposed enhancement of management and control of HR functions as well as revision of the Delegation of Authority manuals, and deliberated on the agenda forecast for 2014-15. It also received updates on HR Resources Projects in HA's 2013-14 Resources Allocation Exercise as well as Call Payment Offer exercise for staff other than clinical doctors, and a report on staff complaints received in Year 2013.

As a good corporate governance practice, the Committee conducted a self-assessment exercise in reviewing its activities in the past year according to its Terms of Reference.

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；以及
8. 監察醫院管理局強積金計劃的表現，並按需要向醫管局提出建議。

### 2013-14 年度工作概況

在2013-14年度，人力資源委員會共召開六次會議，討論及審議各項人力資源事宜。委員會根據醫管局紓緩人手短缺和職員流失的策略方向，審議及通過多項改善人手情況及僱用條件的人力資源建議和措施，包括視光師職系檢討及改革建議、在24小時輪值住院病房／服務工作的三A級病人服務助理薪酬檢討。委員會亦就醫管局發展人力資源職系管理職能提供意見，並收閱改善公立醫院醫生工時的進展報告，及原則上同意2013-14年度醫管局僱員的年度薪酬調整。此外，委員會另亦收閱醫管局強制性公積金計劃的定期報告。

為進一步促進員工健康及福利，委員會於年內審議及通過先導計劃建議，按職員分擔費用模式，方便員工使用放射服務；及獲悉2013-14年度有關員工康健主要計劃措施的最新消息。委員會亦收閱醫管局婦產科病房氧化亞氮(笑氣)監察及持續管控計劃的最後報告，以改善醫管局的職業安全管理。

此外，委員會收閱員工培訓及發展事宜的定期報告，就培訓及發展中央委員會的工作進展提出意見，並就總辦事處人力資源部培訓及發展組的新培訓項目作出建議。另外，委員會在審議總辦事處有關總行政經理工作評估的建議後，通過擬議的調任安排及計劃實施。

年內，委員會審議2013及2014年的人力資源風險評估，以及擬定的風險緩減措施，並通過加強人力資源職能管理與規管及修訂權力轉授手冊的建議，也商討了2014-15年度的預設議程。此外，委員會亦收閱2013-14年度資源分配的人力資源項目報告及非醫生職員候召補償方案，以及2013年所接獲員工投訴的報告。

為體現良好機構管治，委員會進行了自我評核，根據其職權範圍檢討過去一年的工作。

## Information Technology Services Governing Committee 資訊科技服務管治委員會

### Membership List

#### 成員名單

<b>Chairman</b> 主席	: Dr LEUNG Pak-yin, JP, <i>Chief Executive</i> 梁栢賢醫生行政總裁
<b>Vice-Chairman</b> 副主席	: Mr CHENG Yan-kee, JP 鄭恩基先生
<b>Members</b> 成員	: Mr Davey CHUNG Pui-hong <i>Deputy Secretary for Food and Health (Health)</i> 鍾沛康先生 <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 Hon Charles Peter MOK, JP ( <i>from 1.12.2013</i> ) 莫乃光議員 (由 2013 年 12 月 1 日起)

### 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 2013-14

Upon the retirement of the former Director (Finance) on 1 September 2013, the Information Technology Division (ITD) HA was separated from the Finance Division to become an independent division managed by the Chief Information Officer (CIO).

### 職權範圍

1. 通過醫管局的資訊科技／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。

### 2013-14 年度工作概況

自上任總監(財務)於2013年9月1日退休後，醫管局的資訊科技部正式脫離財務部成為獨立部門，由資訊服務總管領導。

In 2013-14, 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 review of human resources related risks in ITD and the mitigating measures to address challenges in operations, implementation of its development work and technology innovation; the action plan of Quality Assurance Consultancy Review associated with HAIT systems development; update on the consultancy review of the HA information security and privacy programme; as well as the preparations for developing a holistic HA Strategy on IT to cope with business priorities and IT capability. To meet the growing demand for IT systems to support the operation of the organization, the Committee also considered and deliberated on the IT Block Vote Submission for 2014-15 and the ITD Annual Work Plan 2014-15 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 ITD 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 HAITD 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 HAITD 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. The Committee also considered and supported the proposed role of HAITD in supporting the eHR Stage 1 recurrent programme and Stage 2 activities for continuity of delivery of service and integrity of the system.

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 ITD which included open source development tools adoption in eHR CMS On-ramp application, data governance of the Reporting and Business Analysis Project, secured network interface to medical device, wifi versus 3G/4G for mobile computing, and social computing in HA, etc.

As a good corporate governance practice, the Committee conducted a self-assessment exercise in reviewing its activities in the past year according to its Terms of Reference.

在2013-14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；檢討資訊科技部的人力資源相關風險，以及緩減業務運作和執行開發及科技創新方面挑戰的措施；配合醫管局資訊科技系統發展的質素保證顧問檢討的行動計劃；醫管局資訊保安及私隱顧問檢討計劃的進展報告；以及因應業務重點項目及資訊科技能力而發展醫管局全盤資訊科技策略的籌備工作。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2014-15年度資訊科技整體撥款申請及資訊科技部2014-15年度工作計劃，以應付維持現行服務並推行各項重大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部年度工作計劃，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部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表現等進展報告。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。此外，委員會亦考慮並決定支持醫管局資訊科技部為第一階段電子健康紀錄互通系統的常設計劃及第二階段項目提供支援的建議，以確保服務持續性和系統完整性。

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部建議的資訊科技架構及選擇方案所提供的意見，包括電子健康紀錄互通系統與臨床資訊管理系統連接程式之開源開發工具、匯報及業務分析計劃數據管控、醫療設備的安全網絡介面、使用wifi或3G/4G作流動運算，以及醫管局的社交網絡技術等。

為體現良好機構管治，委員會進行了自我評核，根據其職權範圍檢討過去一年的工作。



## Main Tender Board

## 中央投標委員會

## Membership List

## 成員名單

<b>Chairman</b> 主席	:	Prof Maurice YAP Keng-hung (from 25.4.2013) 葉健雄教授 (由 2013 年 4 月 25 日起)
<b>Vice-Chairman</b> 副主席	:	Prof Maurice YAP Keng-hung (up to 24.4.2013) 葉健雄教授 (截至 2013 年 4 月 24 日)
		Mr William CHAN Fu-keung, BBS (from 30.5.2013) 陳富強先生 (由 2013 年 5 月 30 日起)
		Mr Lincoln TSO Lai (from 30.5.2013) 曹禮先生 (由 2013 年 5 月 30 日起)
<b>Ex-officio members</b> 當然成員	:	Dr LEUNG Pak-yin, JP, <i>Chief Executive (or his nominated representative)</i> 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, <i>Director (Finance) (up to 31.8.2013)</i> 謝秀玲女士財務總監 (截至 2013 年 8 月 31 日)
		Ms Clara CHIN Sheung-chi, <i>Director (Finance) (from 1.9.2013) (or her nominated representative)</i> 錢湘芷女士財務總監 (由 2013 年 9 月 1 日起) (財務總監或其委任代表)
<b>Members</b> 成員	:	Two of the following rotating members: 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, BBS (up to 29.5.2013) 陳富強先生 (截至 2013 年 5 月 29 日)
		Prof Francis CHAN Ka-leung, JP (from 18.4.2013) 陳家亮教授 (由 2013 年 4 月 18 日起)
		Mr CHENG Yan-kee, JP 鄭恩基先生
		Ms CHIANG Lai-yuen, JP (from 25.4.2013) 蔣麗婉女士 (由 2013 年 4 月 25 日起)
		Ms Quince CHONG Wai-yan 莊偉茵女士
		Mr Andrew FUNG Hau-chung, JP (from 18.12.2013) 馮孝忠先生 (由 2013 年 12 月 18 日起)
		Mr Lester Garson HUANG, JP (up to 25.4.2013) 黃嘉純先生 (截至 2013 年 4 月 25 日)
		Dr KAM Pok-man (from 18.4.2013 to 30.11.2013) 甘博文博士 (由 2013 年 4 月 18 日至 2013 年 11 月 30 日)
		Ms Ka-shi LAU, BBS (from 25.4.2013) 劉嘉時女士 (由 2013 年 4 月 25 日起)
		Mr Andy LAU Kwok-fai 劉國輝先生
		Mrs Yvonne LAW SHING Mo-han, JP (up to 30.11.2013) 羅盛慕嫻女士 (截至 2013 年 11 月 30 日)
		Mr Stephen LEE Hoi-yin (from 18.12.2013) 李開賢先生 (由 2013 年 12 月 18 日起)
		Prof LEE Sum-ping (up to 31.7.2013) 李心平教授 (截至 2013 年 7 月 31 日)
		Prof Diana LEE Tze-fan 李子芬教授

Prof Gabriel Matthew LEUNG, GBS (from 21.8.2013)

梁卓偉教授 (由 2013 年 8 月 21 日起)

Mrs Margaret LEUNG KO May-yee, SBS, JP

梁高美懿女士

Dr Li Chi-kong, JP

李志光醫生

Prof Raymond LIANG Hin-suen, JP (from 18.4.2013)

梁憲孫教授 (由 2013 年 4 月 18 日起)

Miss Winnie NG

伍穎梅女士

Mr PANG Yiu-kai, SBS, JP

彭耀佳先生

Mr Lincoln TSO Lai (up to 29.5.2013)

曹禮先生 (截至 2013 年 5 月 29 日)

Mr WONG Kwai-huen, BBS, JP

王桂壙先生

#### 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 2013-14

In 2013-14, the Main Tender Board met 24 times to consider a total of 694 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 37 tender papers and action was taken for most of them while four tender papers were resubmitted after further clarification or refinement.

As a good corporate governance practice, the Committee conducted a self-assessment exercise in reviewing its activities in the past year according to its Terms of Reference.

#### 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。

#### 2013-14 年度工作概況

在 2013-14 年度，中央投標委員會共召開 24 次會議，審議共 694 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 37 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，有四份投標文件經進一步釐清或修改後重新提呈。

為體現良好機構管治，委員會進行了自我評核，根據其職權範圍檢討過去一年的工作。

## Medical Services Development Committee

### 醫療服務發展委員會

#### Membership list

##### 成員名單

#### Chairman

##### 主席

Prof Maurice YAP Keng-hung

葉健雄教授

#### Members

##### 成員

: Dr Constance CHAN Hon-ye, JP *Director of Health*

陳漢儀醫生 衛生署署長

Mr William CHAN Fu-keung, BBS

陳富強先生

Prof Francis CHAN Ka-leung, JP (*from 18.4.2013*)

陳家亮教授 (由 2013 年 4 月 18 日起)

Mr CHENG Yan-kee, JP (*up to 30.11.2013*)

鄭恩基先生 (截至 2013 年 11 月 30 日)

Ms Quince CHONG Wai-yan (*up to 26.6.2013*)

莊偉恩女士 (截至 2013 年 6 月 26 日)

Dr KAM Pok-man (*from 18.4.2013*)

甘博文博士 (由 2013 年 4 月 18 日起)

Ms Ka-shi LAU, BBS

劉嘉時女士

Prof Diana LEE Tze-fan

李子芬教授

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)

Prof Gabriel Matthew LEUNG, GBS (*from 21.8.2013*)

梁卓偉教授 (由 2013 年 8 月 21 日起)

Dr LEUNG Pak-yin, JP, *Chief Executive*

梁栢賢醫生 行政總裁

Dr Li Chi-kong, JP

李志光醫生

Prof Raymond LIANG Hin-suen, JP (*from 18.4.2013*)

梁憲孫教授 (由 2013 年 4 月 18 日起)

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;

#### 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；



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|--|--|
| <p>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;</p> <p>4. Consider, review and make recommendations on any other matters related to the planning and development of the public hospitals and related services;</p> <p>5. Consider periodically matters relating to risk, risk management and risk mitigation relevant to medical services development; and</p> <p>6. Exercise powers delegated by the Board on the following matters:</p> <p>(a) Approve the scope of coverage of the Samaritan Fund as recommended by the Management Committee of the Samaritan Fund,</p> <p>(b) Approve clinical service plans on specialty services and redevelopment projects, except those involving decisions on financial provisions.</p> | <p>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；</p> <p>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；</p> <p>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</p> <p>6. 就以下事宜行使醫院管理局大會授予的權力：</p> <p>(a) 批核撒瑪利亞基金管理委員會建議的基金涵蓋範圍；</p> <p>(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。</p> |
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### Focus of Work in 2013-14

In 2013-14, 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 service demand projection for inpatient, ambulatory and outreach services; manpower requirement and strategies for doctors, nurses, allied health and pharmacy professionals; development of clinical services plan for the Kowloon Central Cluster; strategic service framework for coronary heart disease; stroke service development plan; framework for the development of Integrated Chinese-Western Medicine; reprovisioning of Yau Matei Specialist Clinic at Queen Elizabeth Hospital (QEH); and the renovation of the Cancer Research Laboratory at QEH.

The Committee considered and gave advice on clinical management issues relating to the introduction of new drugs and indications to be covered by the Samaritan Fund from 2013-14; management of the HA Drug Formulary; waiting time management for specialist outpatient clinics and elective surgery in HA; direction of accident and emergency services in the coming five years; clinical performance monitoring; annual review on key performance indicators; simulation training for healthcare professionals in HA; winter surge preparation; directed donation of deceased organs in Hong Kong and transplant policy for non-local residents; proposal on reforming the private clinic of Hong Kong Eye Hospital; and the patient service and care risks and the proposed risk reduction plans for 2014.

The Committee also received progress reports of various clinical programmes, including the contract management of Chinese Medicine Clinic for Research and Training under the tripartite arrangement; HA Patient Satisfaction Survey; and progress of various public-private partnership service programmes.

As a good corporate governance practice, the Committee conducted a self-assessment exercise in reviewing its activities in the past year according to its Terms of Reference.

### 2013-14 年度工作概述

在 2013-14 年度，醫療服務發展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，委員會考慮及審議住院、日間及外展服務的預測需求、醫生、護士、專職醫療及藥劑專業人員的人手需求和策略、九龍中醫院聯網臨床服務計劃的制訂、冠心病服務策略、中風科服務發展計劃、中西醫結合發展策略框架、在伊利沙伯醫院（伊院）重置油麻地專科診所，以及翻修伊院癌症研究實驗室。

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 2013-14 年度起納入新藥及適應症、醫管局藥物名冊管理、醫管局專科門診診所及非緊急手術輪候時間管理、未來五年急症室服務方向、臨床績效表現監察、主要表現指標年度檢討、醫管局醫護人員模擬訓練、冬季流感高峰期應對準備、香港遺體器官指定捐贈及對非本地居民的移植政策、改革香港眼科醫院私家診所建議，以及 2014 年病人服務及治療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，包括三方合作模式中中醫藥教研中心的合約管理、醫管局病人服務滿意度調查，以及多個公私營協作服務計劃的進展。

為體現良好機構管治，委員會進行了自我評核，根據其職權範圍檢討過去一年的工作。

## Public Complaints Committee 公眾投訴委員會

### Membership List

#### 成員名單

<b>Chairman</b>	:	Mr Ricky FUNG Choi-cheung, SBS, JP
主席		馮載祥先生
<b>Members</b>	:	Mr CHAN Bing-woon, SBS, JP
成員		陳炳煥先生
		Rev Canon Dr Alan CHAN Chor-choi
		陳佐才法政牧師
		Mr CHAN Shu-ying, SBS, JP
		陳樹鏌先生
		Ms Christine Barbara CHAN So-han
		陳素嫻女士
		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
		林志紬先生
		Mr Andy LAU Kwok-fai
		劉國輝先生
		Dr Robert LAW Chi-lim*
		羅致廉醫生*
		Dr Agnes LAW Koon-chui, JP
		羅觀翠博士
		Prof LEE Sum-ping ( <i>up to 31.7.2013</i> )
		李心平教授 (截至 2013 年 7 月 31 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, BBS, JP
		王桂壘先生
		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
		Ms Lisa YIP Sau-wah, JP*
		葉秀華女士*

\* Panel Chairman

\* 小組主席

## 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 Para 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 Public Complaints Committee ("the PCC")

1. The PCC is an appeal body within the Hospital Authority ("the 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;

## 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

公眾投訴委員會(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 2013/14

In 2013/14, the Public Complaints Committee held 16 meetings and handled a total of 289 cases, of which 206 were related to medical services, 33 related to administrative procedure, 38 related to staff attitude and 12 others. In addition to the handling of appeal cases, the Committee also advised on 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 including applied mediation skills 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。)

#### 2013/14 年度工作概況

在 2013/14 年度，公眾投訴委員會共召開 16 次會議及處理 289 宗個案，其中 206 宗關於醫療服務、33 宗關於行政程序、38 宗關於員工態度、12 宗屬其他投訴。委員會除處理上訴個案外，亦就投訴處理政策提供意見，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，其中包括應用調解技巧訓練，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

<b>Chairman</b>	:	Mr Peter LO Chi-lik
主席		羅志力先生
<b>Members</b>	:	Ms Quince CHONG Wai-yan
成員		莊偉茵女士
		Mr Billy KONG Churk-hoi, BBS, JP (up to 30.11.2013)
		江焯開先生 (截至 2013 年 11 月 30 日)
		Mr Lawrence LEE Kam-hung, JP (from 1.12.2013)
		李金鴻先生 (由 2013 年 12 月 1 日起)
		Dr Kim MAK, BBS, JP (up to 30.11.2013)
		麥建華博士 (截至 2013 年 11 月 30 日)
		Prof Thomas WONG Kwok-shing, JP (up to 30.11.2013)
		汪國成教授 (截至 2013 年 11 月 30 日)
		Mr Paul YU Shiu-tin, BBS, JP (from 1.12.2013)
		余嘯天先生 (由 2013 年 12 月 1 日起)

## Terms of Reference

1. To 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; and
4. The Committee shall make annual reports to the Hospital Authority Board.

## Focus of Work in 2013-14

The Staff Appeals Committee (SAC) was set up on 19 December 2002 as an independent authority for handling staff appeals which have already exhausted the normal staff complaint channels within the operation of HA. The Committee received two staff appeal cases in 2013-14, one of which had been referred back to the respective hospital cluster for completion of the normal staff complaint channels. The other appeal was under consideration by management for clarification of the appeal issues. During the year, the Committee also received additional information relating to an appeal which was determined to be not substantiated in 2012-13. It further considered the case and came to the view that the additional information would not have affected the decision of the SAC's previous decision; and accordingly regarded the case as closed.

As a good corporate governance practice, the Committee conducted a self-assessment exercise in reviewing its activities in the past year according to its Terms of Reference.

## 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有關資料，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；及
4. 委員會須每年向醫院管理局大會提交報告。

## 2013-14 年度工作概況

職員上訴委員會是2002年12月19日成立的獨立組織，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2013-14年度，委員會收到兩宗職員上訴個案，其中一宗已發還有關醫院聯網循正常員工投訴程序處理，另一宗正由管理人員審視，以釐清有關上訴事項。年內，委員會亦收閱一宗於2012-13年度被裁定為不成立的上訴個案的補充資料。委員會經再審議個案，最後認為補充資料不足以影響委員會原有的裁決，有關上訴已經結案。

為體現良好機構管治，委員會進行了自我評核，根據其職權範圍檢討過去一年的工作。

## Supporting Services Development Committee

### 支援服務發展委員會

#### Membership List

##### 成員名單

<b>Chairman</b>	:	Mr CHENG Yan-kee, JP
主席		鄭恩基先生
<b>Vice-Chairman</b>	:	Ms CHIANG Lai-yuen, JP
副主席		蔣麗婉女士
<b>Members</b>	:	Prof Edwin CHAN Hon-wan
成員		陳漢雲教授
		Dr Andrew CHAN Ping-chiu, BBS
		陳炳釗博士
		Mr Lester Garson HUANG, JP
		黃嘉純先生
		Dr KAM Pok-man (from 25.4.2013)
		甘博文博士 (由 2013 年 4 月 25 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
		Mr Gregory LEUNG Wing-lup, SBS (from 25.4.2013)
		梁永立先生 (由 2013 年 4 月 25 日起)
		Miss Winnie NG
		伍穎梅女士
		Mr WONG Kwai-huen, BBS, JP
		王桂壘先生

#### 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 2013-14**

In 2013-14, the Supporting Services Development Committee met four times to fulfil its Terms of Reference, mainly to advise on the directions and policies related to the development of Business Support Services and Capital Planning to best support clinical service delivery in HA. It reviewed reports on improvement of Non-Emergency Ambulance Transfer Service, hospital security services, guidance for mixed-gender wards, and enhancement of supply chain services to clinical users in clusters. The Committee also followed through the replacement of medical and engineering equipment in 2013-14 and the plan for 2014-15, the implementation of the Enterprise Resources Planning System for pharmaceutical supplies, the progress of advertising services and the strategies for drug procurement and supplies. It revisited the key operational risks in relation to business support services, pharmaceutical supplies and Capital Planning Department. It also considered the scope of work of a consultancy review of HA's procurement strategies and Manual, and a report on supporting service contracts operated by Non-Government Organisations in HA, and monitored the progress on outsourcing Shum Wan Laundry.

The Committee also considered the formulation of the annual capital expenditure plan and one-off grant for minor works projects, and regular reports on the progress of major capital works projects. It reviewed reports on the implementation of Mandatory Building Energy Code in HA hospitals, enhancement of biomedical engineering services, facilities related incident response plans, and an update on barrier free access to HA facilities. It also endorsed the findings of a performance review of HA's Term Contract System, and supported the proposals of combined heat and power application for Alice Ho Miu Ling Nethersole Hospital and application of B5 biodiesel for HA boilers. It received a progress report from the Environmental Working Group, commented on the proposed columbaria near Pok Oi 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.

As a good corporate governance practice, the Committee conducted a self-assessment exercise in reviewing its activities in the past year according to its Terms of Reference.

**2013-14 年度工作概況**

在2013-14年度，支援服務發展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基本工程規劃的發展方針及政策提供意見，務求提供最能切合醫管局醫療服務模式的支援服務。委員會收閱改善非緊急救護運送服務、醫院保安服務、混合男女病房指引，以及為聯網臨床用家加強供應鏈服務的報告；亦審閱了2013-14年度更換醫療及工程設備與2014-15年度規劃、藥物供應採用企業資源計劃系統、廣告服務的進展及藥物採購與供應策略。此外，委員會檢討業務支援服務、藥物供應及基本工程規劃組涉及的主要運作風險，並審議醫管局採購策略及守則顧問檢討的工作範圍，以及非政府機構承辦醫管局支援服務合約的報告，並監察深灣洗衣場的外判進展。

委員會亦審議制訂每年資本開支計劃及小型工程項目一筆過撥款，以及大型基本工程項目的定期進展報告。委員會亦審閱有關醫管局醫院強制實施《建築物能源效益守則》、生物醫學工程服務改善措施、設施事故應變計劃，以及醫管局設施無障礙通道的報告。委員會亦通過醫管局定期合約制度成效的檢討結果，並支持雅麗氏何妙齡那打素醫院汽電共生應用及醫管局鍋爐使用生化柴油的建議。此外，委員會收閱環境保護工作小組的進展報告、就博愛醫院附近興建骨灰龕的建議提出意見，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。

為體現良好機構管治，委員會進行了自我評核，根據其職權範圍檢討過去一年的工作。

## 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

<b>Chairman</b> 主席	:	Rt Rev Dr Thomas SOO Yee-po, JP 蘇以葆主教
<b>Ex-officio members</b> 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
<b>Members</b> 成員	:	Mr Derek CHAN Man-foon 陳文寬先生 Rev Ben CHANG Chun-wa 張振華牧師 Mr CHEUNG Wing-fai, MH 張榮輝先生 Ms Michelle CHOW Yan-wai 周恩惠女士 Mr Richard FUNG Lap-chung 馮立中先生 Ms KO Sui-fun 高瑞芬女士 Mr Michael LAI Kam-cheung, BBS, JP (from 27.6.2013) 賴錦璋先生 (由 2013 年 6 月 27 日起) 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 (up to 23.6.2013) 傅三川上校 (截至 2013 年 6 月 23 日) Rev PO Kam-cheong 蒲錦昌牧師 Mr Herman TSOI Hak-chiu 蔡克昭先生 Dr WONG Fook-yee 王福義博士 Ms Peggy WONG Pik-kiu, MH, JP 黃碧嬌女士

## Bradbury Hospice

### 白普理寧養中心

<b>Chairman</b> 主席	:	Dr Joseph LEE Man-ho 李文豪醫生
<b>Ex-officio members</b> 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
<b>Members</b> 成員	:	Dr Hubert CHAN Chung-yee, JP 陳重義博士 Miss Mable Shadalla CHOW Sui-ming 周瑞明小姐 Dr Amy CHOW Yin-man 周燕雯博士 Dr David KAN 簡錦輝醫生 Prof Samantha PANG Mei-che 彭美慈教授 Mr SHUM Si-ki 沈士基先生 Dr Vincent TSE Kin-chuen 謝建泉醫生 Mr Paul WU Wai-keung 胡偉強先生



## Caritas Medical Centre 明愛醫院

<b>Chairman</b> 主席	:	Prof David CHEUNG Lik-ching 張力正教授
<b>Ex-officio members</b> 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
<b>Members</b> 成員	:	Dr Wallace CHAN Chi-ho 陳智豪博士 Mr CHAN Wai-ming, MH 陳偉明先生 Mr Denis CHANG, JP 張健利先生 Mr Augustine CHOI Chi-wa, BBS 蔡志華先生 Mr CHOW Yick-hay, BBS, JP 周奕希先生 Dr Daniel FANG Tak-sang 方德生醫生 Prof Frederick HO Wing-huen, SBS 何永煊教授 Dr Conrad LAM Kui-shing, JP 林鉅成醫生 Mr Anthony WONG Luen-kin, JP 黃鑾堅先生 Rev Michael M C YEUNG, VG 楊鳴章副主教 Rev Joseph YIM Tak-lung 閻德龍神父

## Castle Peak Hospital & Siu Lam Hospital 青山醫院及小欖醫院

<b>Chairman</b> 主席	:	Mr CHAN Bing-woon, SBS, JP 陳炳煥先生
<b>Ex-officio members</b> 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
<b>Members</b> 成員	:	Mr CHAN How-chi, MH 陳孝慈先生 Dr IP Yan-ming, JP ( <i>up to 27.8.2013</i> ) 葉恩明醫生 (截至2013年8月27日) Prof SHAM Pak-chung 沈伯松教授 Mr TSANG Hin-hong 曾憲康先生 Ms Deborah WAN Lai-yau, BBS, JP 溫麗友女士 Dr Jimmy WONG Chi-ho, SBS, JP 王賜豪醫生 Prof Thomas WONG Kwok-shing, JP 汪國成教授 Ms Nora YAU Ho-chun, MH, JP 邱可珍女士

## Cheshire Home, Chung Hom Kok 春磡角慈氏護養院

<b>Chairman</b> 主席	:	Dr Albert WONG Chi-chiu 王志釗醫生
<b>Ex-officio members</b> 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
<b>Members</b> 成員	:	Mrs Shelley M CHOW 周慧思女士 Mr Hilbert KA Ping-wah 賈秉華先生 Ms Betty KO Lan-fun 高蘭芬女士 Dr Bernard KONG Ming-hei 江明熙醫生 Mr Peter LI Lan-yiu 李蘭耀先生 Dr Leonard LI Sheung-wai 李常威醫生 Ms Janice MORTON 莫珍妮女士 Mr Simon TAM Chi-ming 譚智明先生 Dr Paul YOUNG Tze-kong, JP 楊子剛博士



## Cheshire Home, Shatin

### 沙田慈氏護養院

<b>Chairman</b> 主席	:	Mrs Linda WONG LEUNG Kit-wah 王梁潔華女士
<b>Ex-officio members</b> 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
<b>Members</b> 成員	:	Mrs Shelley M CHOW 周慧思女士 Ms Janet LAI Keng-chok 黎勁竹女士 Prof Diana LEE Tze-fan 李子芬教授 Dr Edward LEUNG Man-fuk 梁萬福醫生 Dr Pamela LEUNG, JP 梁明娟醫生 Prof Mark MACALPINE 麥家平教授 Mr Paul MAK Chun-nam 麥鎮南先生 Ms Janice MORTON 莫珍妮女士 Mr Alfred POON Sun-biu 潘新標先生

## Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院

<b>Chairman</b> 主席	:	Mr Vivian LEE Wai-man 李偉文先生
<b>Ex-officio members</b> 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
<b>Members</b> 成員	:	Mr CHEUNG Tat-tong 張達棠先生 Mrs FOK Mei-ling ( <i>up to 18.3.2014</i> ) 霍美玲女士 (截至2014年3月18日) Prof LAU Yu-lung 劉宇隆教授 Mr Renny LIE Ken-jie 李國良先生 Mr Gordon Gilbert LOCH Han-van 陸漢峰先生 Ms Helen LUI Wai-hing 雷慧卿女士 Prof Keith LUK Dip-kei 陸颺驥教授 Dr POON Tak-lun, JP ( <i>from 30.5.2013</i> ) 潘德鄰醫生 (由2013年5月30日起) Mrs Elizabeth WONG YEUNG Po-wo 黃楊寶和女士

## Grantham Hospital

### 葛量洪醫院

<b>Chairman</b> 主席	:	Mr Steve LAN Yee-fong 藍義方先生
<b>Ex-officio members</b> 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
<b>Members</b> 成員	:	Dr CHENG Chun-ho 鄭俊豪醫生 Mr Raymond CHOW Wai-kam, JP 周偉淦先生 Prof Karen LAM Siu-ling 林小玲教授 Prof Peggy LAM, GBS, JP 林貝聿嘉教授 Dr Carl LEUNG Ka-kui 梁家駒醫生 Mr William LEUNG Shu-yin 梁樹賢先生 Dr Vitus LEUNG Wing-hang, JP 梁永鏗博士 Prof LO Chung-mau, JP 盧寵茂教授 Mrs Purviz Rusy SHROFF Prof Sydney TANG Chi-wai 鄧智偉教授 Prof Maurice YAP Keng-hung 葉健雄教授 Mr Rocco YIM Sen-kee, BBS, JP 嚴迅奇先生



## Haven of Hope Hospital 靈實醫院

<b>Chairman</b> 主席	:	Mr Charles C Y CHIU 趙宗義先生
<b>Ex-officio members</b> 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
<b>Members</b> 成員	:	Mr CHAU Kwok-woon 鄒國煥先生 Ms Clara CHONG Ming-wah 臧明華女士 Dr HO Wai-ip 何煒業醫生 Prof Joseph KWAN Kai-cho 關繼祖教授 Dr LAM Ching-choi, BBS, JP 林正財醫生 Dr Andrew LUK Leung 陸亮博士 Mr Eddie NG Ping-yiu 伍炳耀先生 Dr George NG Sze-fuk, GBS, JP 吳仕福博士 Mr Peter WONG Chun-kow 黃振球先生

## Hong Kong Buddhist Hospital 香港佛教醫院

<b>Chairman</b> 主席	:	Mr Keith LAM Hon-keung, JP 林漢強居士
<b>Ex-officio members</b> 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
<b>Members</b> 成員	:	Ms Kelly CHAN Yuen-sau 陳遠秀女士 Ms Pearl HO Chun-yee ( <i>up to 31.12.2013</i> ) 何珍宜女士 (截至2013年12月31日) Mr HO Tak-sum, MH 何德心居士 Dr KAO Park-ming 高百鳴醫生 Ven KOK Kwong, GBM 覺光法師 Mr LAI Sze-nuen, BBS, JP 黎時煥居士 Mr Anthony LAM Chi-tat 林志達居士 Ms May LAU Mei-mui 劉美梅女士 Mr LEE Ka-cheung 李家祥居士 Mr SHUM Man-to, SBS 沈文燾先生 Ven SIK Hin-hung 釋衍空法師 Ven SIK Hong-ming 釋宏明法師 Ven SIK Ku-tay 釋果德法師 Ven SIK Kuan-yun 釋寬運法師 Ven SIK To-ping 釋道平法師 Ven SIK Yin-chi 釋演慈法師 Dr WONG Kam-chiu, MH 黃錦超博士

## Hong Kong Eye Hospital & Kowloon Hospital 香港眼科醫院及九龍醫院

<b>Chairman</b> 主席	:	Mr LO Chung-hing, SBS 盧重興先生
<b>Ex-officio members</b> 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
<b>Members</b> 成員	:	Mrs Sheilah CHENG CHATJAVAL 陳鄭兆齡女士 Dr Charles CHEUNG Wai-bun, JP 張惠彬博士 Dr Jennifer CHEUNG NG Chui-yiu 張伍翠瑤博士 Mr Ricky FUNG Choi-cheung, SBS, JP 馮載祥先生 Ms Mavis LEE Ming-pui 李明佩女士 Hon Ms Starry LEE Wai-king, JP 李慧琼議員 Mr Louis LOONG Hon-biu 龍漢標先生 Prof Julia TAO LAI Po-wah 陶黎寶華教授 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

<b>Chairman</b> 主席	:	Mr Philip TSAI Wing-chung, JP 蔡永忠先生
<b>Ex-officio members</b> 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
<b>Members</b> 成員	:	Mr CHAN Kai-ming 陳啟明先生 Mr Ambrose HO, SBS, JP 何沛謙先生 Dr HO Chung-ping, MH, JP 何仲平醫生 Ms Ada LAM Wai-ming 林慧明女士 Dr Li Chi-kong, JP 李志光醫生 Mrs Patricia S H LING, MH, JP 林胡秀霞女士 Ms Clara SHEK 石嘉麗女士 Mr Luke WONG Sui-kwong 黃兆光先生 Mrs Irene YAU, JP 丘李賜恩女士

## Kwai Chung Hospital & Princess Margaret Hospital 葵涌醫院及瑪嘉烈醫院

<b>Chairman</b> 主席	:	Ms Quince CHONG Wai-yan 莊偉茵女士
<b>Ex-officio members</b> 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
<b>Members</b> 成員	:	Prof Chetwyn CHAN Che-hin 陳智軒教授 Mr CHAN How-chi, MH 陳孝慈先生 Mr Stanley CHEUNG Tak-kwai 張德貴先生 Mrs Nina LAM LEE Yuen-bing, MH 林李婉冰女士 Mr Alan LEE Chi-keung, MH 李志強先生 Prof Hon Joseph LEE Kok-long, SBS, JP 李國麟議員 Dr John LEE Sam-yuen, BBS 李三元博士 Mr Stephen LIU Wing-ting, JP 廖榮定先生 Mr Henry TONG Sau-chai, MH 湯修齊先生 Dr Peter TSOI Ting-kwok 蔡定國醫生 Mr William WONG Kuen-wai, BBS 黃權威先生

## Kwong Wah Hospital & TWGHs Wong Tai Sin Hospital 廣華醫院及東華三院黃大仙醫院

<b>Chairman</b> 主席	:	Dr Ina CHAN Un-chan, BBS 陳婉珍博士
<b>Ex-officio members</b> 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
<b>Members</b> 成員	:	Mrs Viola CHAN MAN Yee-wai, BBS 陳文綺慧女士 Mr Charles CHANG Juo-hwa, BBS 張佐華先生 Mr CHOW Chun-fai, BBS, JP 仇振輝先生 Mr Frederick FUNG King-wai 馮敬偉先生 Ms Maisy HO 何超羣女士 Dr John LEE Sam-yuen, BBS 李三元博士 Dr LEE Yuk-lun, JP 李銒麟博士 Mr Billy LEUNG Ting-yu, BBS 梁定宇先生 Mrs Katherine MA 馬陳家歡女士 Mr Patrick MA Ching-hang, BBS, JP 馬清鏗先生 Mr MOK Ying-fan 莫應帆先生 Mr Stephen NG Chi-wing 吳志榮先生 Mr Ivan SZE Wing-hang 施榮恆先生 Ms Wendy TSANG Wan-man 曾韻雯女士 Mr Paul YU Shiu-tin, BBS, JP 余嘯天先生 Dr YU Yuk-ling 余毓靈醫生



## MacLehose Medical Rehabilitation Centre 麥理浩復康院

<b>Chairman</b> 主席	:	Dr Eric CHIEN Ping 錢平醫生
<b>Ex-officio members</b> 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
<b>Members</b> 成員	:	Prof Chetwyn CHAN Che-hin 陳智軒教授 Mr Calvin CHAN Man-yin 陳文彥先生 Mr Vincent CHENG Wing-ming 鄭榮銘先生 Prof Kenneth CHEUNG Man-chee 張文智教授 Dr Daniel FANG Tak-sang 方德生醫生 Dr Edith MOK KWAN Ngan-hing, MH 莫關雁卿博士 Mr NG Hang-sau 伍杏修先生 Mr Sammy NG Wai-tong 吳偉堂先生 Mr Adrian WONG Koon-man, BBS, JP 黃冠文先生 Mr David YAU Po-wing 游寶榮先生 Mr YU See-ho 余斯好先生

## North District Hospital

### 北區醫院

<b>Chairman</b> 主席	:	Mrs Gloria NG WONG Yee-man, BBS, JP 吳王依雯女士
<b>Ex-officio members</b> 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
<b>Members</b> 成員	:	Ms CHIANG Lai-yuen, JP 蔣麗婉女士 Mr HUNG Siu-ling 洪少陵先生 Mr LIU Sui-biu 廖瑞彪先生 Mr MA Ching-nam, JP 馬清楠先生 Ir George PANG Chun-sing, MH 彭振聲先生 Mr Charlie YIP Wing-tong 葉永堂先生 Mr Thomas YIU Kei-chung 姚紀中先生

## North Lantau Hospital 北大嶼山醫院

<b>Chairman</b> 主席	:	Ms Sandra LEE Suk-yee, GBS, JP ( <i>from 24.10.2013</i> ) 李淑儀女士 ( <i>由 2013 年 10 月 24 日起</i> )
<b>Ex-officio members</b> 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
<b>Members</b> 成員 ( <i>All from 24.10.2013</i> ) ( <i>全部由 2013 年 10 月 24 日起</i> )	:	Mr CHAN How-chi, MH 陳孝慈先生 Ms CHAU Chuen-heung, BBS, JP 周轉香女士 Dr Robert LAW Chi-lim 羅致廉醫生 Miss Elizabeth LAW Kar-shui, MH 羅嘉穗小姐 Prof Raymond LIANG Hin-suen, JP 梁憲孫教授



## Our Lady of Maryknoll Hospital 聖母醫院

<b>Chairman</b> 主席	:	Mr Lester Garson HUANG, JP 黃嘉純先生
<b>Ex-officio members</b> 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
<b>Members</b> 成員	:	Father Brian R BARRONS 王朋神父 Mr Michael CHENG Tak-kin, JP 鄭德健先生 Dr Gabriel CHOI Kin 蔡堅醫生 Mr John J CLANCEY Dr Nancy FOK 霍麗玲醫生 Dr Lawrence LAI Fook-ming, BBS, JP 賴福明醫生 Dr LAM Siu-keung 林兆強醫生 Mrs Marigold LAU, SBS, JP 劉賴筱韞女士 Sister Marilu LIMGENCO 林敏妮修女 Ms June LO Hing-yu 羅慶好女士 Mr Rex MOK Chung-fai, MH, JP 莫仲輝先生 Rev Edward PHILLIPS Mr YAN Sai-yin 甄世賢先生 Sister Marya ZABOROWSKI 章慈雲修女

## Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院

<b>Chairman</b> 主席	:	Mr Lawrence LEE Kam-hung, JP 李金鴻先生
<b>Ex-officio members</b> 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
<b>Members</b> 成員	:	Ms Ophelia CHAN, BBS 陳肖齡女士 Mr Roland CHOW Kun-chee 周近智先生 Rev CHU Yiu-ming 朱耀明牧師 Ms Sophia KAO Ching-chi, SBS, JP ( <i>up to 4.7.2013</i> ) 高靜芝女士 (截至2013年7月4日) Ms KO Siu-wah, SBS, JP 高荅華女士 Mr Alex KONG Chack-ho, MH 江澤濠先生 Ms Ka-shi LAU, BBS 劉嘉時女士 Mr Peter LEE Kwok-wah 李國華先生 Mr John LI Kwok-heem, MH 李國謙先生 Dr Yvonne LUI Lai-kwan 呂麗君博士 Rt Rev Dr Thomas SOO Yee-po, JP 蘇以葆主教 Prof TAM Sheung-wai, GBS, JP 譚尚渭教授 Mr YEUNG Po-kwan, JP 楊寶坤先生 Dr Dominic YOUNG Ying-nam 楊應南醫生

## Pok Oi Hospital 博愛醫院

<b>Chairman</b> 主席	:	Mr TSANG Yiu-cheung, MH 曾耀祥先生
<b>Ex-officio members</b> 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
<b>Members</b> 成員	:	Mr Michael CHAN Kee-huen 陳記煊先生 Mrs CHAN Li Lei 陳李妮女士 Dr CHONG Man-yuk 莊文煜醫生 Ms Yvonne CHUA 蔡映媚女士 Dr HO Wing-tim 何榮添博士 Mr Matthew LAM Kin-hong, MH 林建康先生 Hon Mr LEUNG Che-cheung, BBS, JP 梁志祥議員 Mr POON Tak-ming, MH 潘德明先生 Mrs Winnie TAM KEUNG May-chu 譚姜美珠女士 Ms Alice WONG Man-hing 王敏馨女士 Mr Chris YIP Yiu-shing, MH 葉曜丞先生



## Prince of Wales Hospital 威爾斯親王醫院

<b>Chairman</b> 主席	:	Mr Edward HO Sing-tin, SBS, JP 何承天先生
<b>Ex-officio members</b> 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
<b>Members</b> 成員	:	Prof Francis CHAN Ka-leung, JP 陳家亮教授 Mr Larry KWOK Lam-kwong, BBS, JP 郭琳廣先生 Mr Peter LEE Kwok-wah 李國華先生 Ir Prof Peter MOK Kwok-woo 莫國和教授 Ms Maggie NG Miu-man 伍妙敏女士 Ms Winnie NG 伍穎梅女士 Mr Philip WONG Chak-piu, MH 黃澤標先生 Dr WONG Kwai-lam 黃桂林博士

## Queen Elizabeth Hospital 伊利沙伯醫院

<b>Chairman</b> 主席	:	Mr John LEE Luen-wai, BBS, JP 李聯偉先生
<b>Ex-officio members</b> 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
<b>Members</b> 成員	:	Dr Eliza C H CHAN, BBS, JP 陳清霞博士 Ms Maisy HO 何超蓮女士 Dr James HWANG Shu-tak, BBS 黃樹德醫生 Mr Chris IP Ngo-tung 葉傲冬先生 Mr Emmanuel KAO Chu-chee 高主賜先生 Mr Andy LAU Kwok-fai 劉國輝先生 Mr David MUI Ying-yuen, MH, JP 梅應源先生 Ms Winnie NG 伍穎梅女士 Ms Catherine YEN Kai-shun 嚴嘉洵女士

## Queen Mary Hospital & Tsan Yuk Hospital 瑪麗醫院及贊育醫院

<b>Chairman</b> 主席	:	Mr PANG Yiu-kai, SBS, JP 彭耀佳先生
<b>Ex-officio members</b> 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
<b>Members</b> 成員	:	Prof LEE Sum-ping ( <i>up to 31.7.2013</i> ) 李心平教授 (截至 2013 年 7 月 31 日) Prof Gabriel Matthew LEUNG, GBS ( <i>from 9.9.2013</i> ) 梁卓偉教授 (由 2013 年 9 月 9 日起) Mr Carlos LEUNG Sze-hung ( <i>up to 17.6.2013</i> ) 梁士雄先生 (截至 2013 年 6 月 17 日) Mr Joseph LO Kin-ching 勞健青先生 Mr Lincoln TSO 曹禮先生 Prof Amy TSUI Bik-may 徐碧美教授 Ms Catherine YEN Kai-shun 嚴嘉洵女士 Prof Richard YU Yue-hong, SBS 余宇康教授



## Rehabaid Centre

### 復康專科及資源中心

<b>Chairman</b> 主席	:	Mr Thomas Joseph MULVEY, JP 馬偉東先生
<b>Ex-officio members</b> 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
<b>Members</b> 成員	:	Dr Joseph BOSCO Hon Judge Kevin Anthony BROWNE Ms Kelly CHAN Yuen-sau 陳遠秀女士 Dr Eddie CHOW Siu-lun 鄒兆麟醫生 Mr Ricky FUNG Choi-cheung, SBS, JP 馮載祥先生 Mr Robin GILL Mrs Kimberley LAM KWONG Lan-heung 林鄺蘭香女士 Hon Judge Patrick LI Hon-leung 李瀚良先生 Ir TSANG Chiu-kwan, JP 曾昭群先生

## Ruttonjee & Tang Shiu Kin Hospitals

### 律敦治醫院及鄧肇堅醫院

<b>Chairman</b> 主席	:	Dr Vitus LEUNG Wing-hang, JP 梁永鏗博士
<b>Ex-officio members</b> 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
<b>Members</b> 成員	:	Ms Lillian CHAN Lit-yee 陳烈兒女士 Mr Raymond CHOW Wai-kam, JP 周偉淦先生 Mr Steve LAN Yee-fong 藍義方先生 Prof John LEONG Chi-yan, SBS, JP ( <i>up to 30.11.2013</i> ) 梁智仁教授 (截至 2013 年 11 月 30 日) Mr Edwin LEUNG Chung-ching 梁仲清先生 Dr LIU Ka-ling 廖嘉齡醫生 Mr Norman LO Kam-wah, MH, JP 盧錦華先生 Mr PANG Yuk-ling, SBS, JP 彭玉陵先生 Mr Noshir N SHROFF Mrs Purviz Rusy SHROFF Mr SHUM Choi-sang, SBS, JP 岑才生先生 Ms Anna TANG King-yung, BBS 鄭琴淵女士 Mr Richard TANG Yat-sun, BBS, JP 鄧日樂先生 Ms Alice WOO Wai-see 吳慧思女士

## Shatin Hospital

### 沙田醫院

<b>Chairman</b> 主席	:	Mrs Yvonne LAW SHING Mo-han, JP 羅盛慕嫻女士
<b>Ex-officio members</b> 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
<b>Members</b> 成員	:	Mr CHIU Man-leong 招文亮先生 Dr Andy CHIU Tin-yan 招天欣醫生 Prof Joanne CHUNG Wai-yee 鍾慧儀教授 Mr FONG Cheung-fat 方長發先生 Prof LAM Tai-hing, BBS, JP 林大慶教授 Mr LAU Kim-hung 劉劍雄先生

## Tai Po Hospital 大埔醫院

<b>Chairman</b> 主席	:	Mr Patrick MA Ching-hang, BBS, JP 馬清鏗先生
<b>Ex-officio members</b> 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
<b>Members</b> 成員	:	Ms Nancy KIT Kwong-chi, JP 關港子女士 Dr Benny KWONG Kai-sing 鄭啟成博士 Mr Gregory LEUNG Wing-lup, SBS 梁永立先生 Mr LEUNG Wo-ping, JP 梁和平先生 Mr Arthur LI Ka-tat 李家達先生 Mr MAN Chen-fai, BBS 文春輝先生 Dr YIP Ka-chee 葉嘉池醫生



## Tseung Kwan O Hospital 將軍澳醫院

<b>Chairman</b> 主席	:	Dr Eliza C H CHAN, BBS, JP 陳清霞博士
<b>Ex-officio members</b> 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
<b>Members</b> 成員	:	Mr Raymond CHAN Wai-man 陳偉文先生 Prof Joseph KWAN Kai-cho 關繼祖教授 Prof Diana LEE Tze-fan 李子芬教授 Mr Stephen LIU Wing-ting, JP 廖榮定先生 Ms Nancy TSANG Lan-see, JP 曾蘭斯女士 Dr Hayles WAI Heung-wah 衛向華醫生 Mr WAN Yuet-cheung, MH, JP 溫悅昌先生 Mr WONG Kwai-huen, BBS, JP 王桂壙先生

## Tuen Mun Hospital

### 屯門醫院

<b>Chairman</b> 主席	:	Mr Paul YU Shiu-tin, BBS, JP 余嘯天先生
<b>Ex-officio members</b> 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
<b>Members</b> 成員	:	Prof Alfred CHAN Cheung-ming, BBS, JP 陳章明教授 Mr William CHAN Fu-keung, BBS 陳富強先生 Mr KU Moon-lun 古滿麟先生 Mr Lothar LEE Hung-sham, MH 李洪森先生 Mr Edward PONG Chong, BBS, JP 龐創先生 Ms Lina YAN Hau-yee, MH, JP 殷巧兒女士 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

<b>Chairman</b> 主席	:	Dr Ina CHAN Un-chan, BBS 陳婉珍博士
<b>Ex-officio members</b> 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
<b>Members</b> 成員	:	Mrs Viola CHAN MAN Yee-wai, BBS 陳文綺慧女士 Mr Charles CHANG Juo-hwa, BBS 張佐華先生 Ms CHENG Lai-king 鄭麗琮女士 Dr CHU Chor-lup 朱初立醫生 Mr Frederick FUNG King-wai 馮敬偉先生 Ms Maisy HO 何超嫻女士 Mr Henry LAI Hin-wing 賴顯榮先生 Dr John LEE Sam-yuen, BBS 李三元博士 Dr LEE Yuk-lun, JP 李添麟博士 Mr Billy LEUNG Ting-yu, BBS 梁定宇先生 Mrs Katherine MA 馬陳家歡女士 Mr Patrick MA Ching-hang, BBS, JP 馬清鏗先生 Mr Stephen NG Chi-wing 吳志榮先生 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

<b>Chairman</b> 主席	:	Mr John LI Kwok-heem, MH 李國謙先生
<b>Ex-officio members</b> 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
<b>Members</b> 成員	:	Mr Bunny CHAN Chung-bun, GBS, 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 Ms Margot CHOW Yan-tse 周恩慈女士 Ms Constance CHOY Hok-man 蔡學雯女士 Mr Paul FAN Chor-ho, SBS, JP 范佐浩先生 Mr FUNG Sau-chung 馮壽松先生 Rev Paul KAN Kei-piu 簡祺標牧師 Dr LAM Kin-wah, BBS 林建華博士 Mr Marthy LI Chak-kwan 李澤昆先生 Rev LO Lung-kwong 盧龍光牧師 Dr Danny MA Ping-kwan 馬炳坤醫生 Rev PO Kam-cheong 蒲錦昌牧師 Rev Eric SO Shing-yit ( <i>up to 30.11.2013</i> ) 蘇成溢牧師 (截至2013年11月30日) 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 Mr David WONG Tat-kee 黃達琪先生 Ms Grace WONG Yuen-ling 黃婉玲女士 Dr Alice YUK Tak-fun, JP 郁德芬博士



## Yan Chai Hospital 仁濟醫院

<b>Chairman</b> 主席	:	Mr Raymond LEUNG Cheong-ming, MH 梁昌明先生
<b>Ex-officio members</b> 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
<b>Members</b> 成員	:	Mr William CHAU Chun-wing, MH, JP 周鎮榮先生 Dr Baldwin CHENG Shing-fung 鄭承峰博士 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 Mrs Susan SO CHAN Wai-hang 蘇陳偉香女士 Mr Alfred WONG Wai-kin 黃偉健先生 Mr Vincent WONG Yin-shun 王賢訊先生 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

<b>Chairman</b> 主席	:	Mr CHAN Bing-woon, SBS, JP 陳炳煥先生
<b>Ex-officio members</b> 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
<b>Members</b> 成員	:	Mr AU Lap-sing, MH 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 Frederick FUNG King-wai 馮敬偉先生 Mr JONG Koon-sang 莊冠生先生 Mr Alex KONG Chack-ho, MH 江澤濠先生 Mr Steve LAN Yee-fong 藍義方先生 Dr LAU Chor-chiu, MH 劉楚釗醫生 Dr Vitus LEUNG Wing-hang, JP 梁永鏗博士 Ms Helen LUI Wai-hing 雷慧卿女士 Dr Jeffrey PONG Chiu-fai 龐朝輝醫生 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 翁志明先生

## Kowloon Regional Advisory Committee

### 九龍區域諮詢委員會

<b>Chairman</b> 主席	:	Mrs Yvonne LAW SHING Mo-han, JP ( <i>up to 30.11.2013</i> ) 羅盛慕嫻女士 (截至 2013 年 11 月 30 日)
		Prof Diana LEE Tze-fan ( <i>from 01.12.2013</i> ) 李子芬教授 (由 2013 年 12 月 1 日起)
<b>Ex-officio members</b> 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
<b>Members</b> 成員	:	Mr CHAN Kai-wai 陳繼偉先生 Ms CHAU Chuen-heung, BBS, JP 周轉香女士 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 Ms Margot CHOW Yan-tse 周恩慈女士 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 Mr Chris IP Ngo-tung 葉傲冬先生 Ms Nancy LAM Chui-ling, MH 林翠玲女士 Mrs Nina LAM LEE Yuen-bing, MH 林李婉冰女士 Ms LAM Yuen-pun 林婉濱女士 Mr Thomas Joseph MULVEY, JP 馬偉東先生 Mr SHUM Siu-hung 沈少雄先生 Mr Ivan SZE Wing-hang 施榮恆先生 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 Mrs YIM TSUI Yuk-shan 嚴徐玉珊女士

## New Territories Regional Advisory Committee 新界區域諮詢委員會

<b>Chairman</b> 主席	:	Ms Ka-shi LAU, BBS 劉嘉時女士
<b>Ex-officio members</b> 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
<b>Members</b> 成員	:	Mr Daniel CHAM Ka-hung, BBS, JP 湛家雄先生 Mr FONG Cheung-fat 方長發先生 Dr HO Wing-tim 何榮添博士 Mr LAM Tak-leung, MH, JP 林德亮先生 Mr LAU Kwok-fan, MH 劉國勳先生 Dr Joseph LEE Man-ho 李文豪醫生 Mr LEUNG Wo-ping, JP 梁和平先生 Mr LI Kwok-ying, BBS, JP 李國英先生 Ir Prof Peter MOK Kwok-woo 莫國和教授 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 Philip WONG Chak-piu, MH 黃澤標先生 Prof Thomas WONG Kwok-shing, JP 汪國成教授 Ms Peggy WONG Pik-kiu, MH, JP 黃碧嬌女士 Mr Charlie YIP Wing-tong 葉永堂先生



## Membership of the Board of Trustees of the Hospital Authority Provident Fund Scheme 2013-14

### 醫院管理局公積金計劃信託委員會成員 2013-14

<b>Chairman</b>	:	Mr John LEE Luen-wai, BBS, JP
主席		李聯偉先生
<b>Trustees</b>	:	Ms Nancy TSE Sau-ling, JP
信託委員		謝秀玲女士
		Mr Peter LO Chi-lik
		羅志力先生
		Ms LAU Ka-shi, BBS ( <i>up to 28.2.2014</i> )
		劉嘉時女士 ( <i>截至 2014 年 2 月 28 日</i> )
		Ms Clara CHIN Sheung-chi ( <i>from 26.3.2014</i> )
		錢湘芷女士 ( <i>由 2014 年 3 月 26 日起</i> )
		Mr Patrick MA Ching-hang, BBS, JP
		馬清鏗先生
		Dr WONG Tak-cheung
		黃德祥醫生
		Mr Barry NG Kwok-hing
		吳國慶先生
		Dr Ernest MA Hon-ming
		馬漢明醫生
		Dr WONG Chi-keung ( <i>up to 15.9.2013</i> )
		黃志強醫生 ( <i>截至 2013 年 9 月 15 日</i> )
		Dr Vincent YEUNG Tok-fai ( <i>from 21.10.2013</i> )
		楊鐸輝醫生 ( <i>由 2013 年 10 月 21 日起</i> )
		Miss Janice TSE Siu-wa, JP
		謝小華女士
		Mr Raymond LEE Wing-hung
		李永鴻先生
		Mr Alan Howard SMITH, JP
		史亞倫先生

## Public Feedback Statistics

## 公眾意見統計

## Complaint / Appreciation Received (1.4.2013 – 31.3.2014)

## 投訴／讚揚數字(2013年4月1日 – 2014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	206
Staff attitude 職員態度	38
Administrative procedure 行政程序	33
Others 其他	12
<b>Total number of appeal cases handled 處理上訴個案總數</b>	<b>289</b>

## 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	1,520	3,982	18,159
Staff attitude 職員態度	549	2,568	9,302
Administrative procedure 行政程序	397	2,675	1,723
Overall performance 整體表現	165	1,825	818
Others 其他	22	592	12,402
<b>Total number of hospital complaint / feedback / appreciation 醫院投訴／意見／讚揚總數</b>	<b>2,653</b>	<b>11,642</b>	<b>42,404</b>

## GOPC\* Complaint / Feedback / Appreciation Statistics

## 普通科門診診所投訴／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	83	247	1,784
Staff attitude 職員態度	72	266	1,301
Administrative procedure 行政程序	46	336	115
Overall performance 整體表現	8	94	60
Others 其他	10	30	768
<b>Total number of complaint / feedback / appreciation received by GOPC 普通科門診診所投訴／意見／讚揚總數</b>	<b>219</b>	<b>973</b>	<b>4,028</b>

\* 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 2013-14. The volume of patient care activities across the full range of services in 2013-14 is comparable to the level in 2012-13.

醫院管理局大致上達到2013-14年度的服務表現目標。2013-14年度各類病人醫護服務的整體服務量與2012-13年度的水平相若。

The key activity data in respect of the Hospital Authority are:

有關醫院管理局服務的主要數據如下：

	2012-13	2013-14
<b>(I) Access to services 可取用的服務</b>		
<b>inpatient services 住院服務</b>		
no. of hospital beds (as at 31 March) 醫院病床數目(截至三月三十一日)		
general (acute and convalescence) 普通科(急症及康復)	20,845	21,132
infirmary 療養科	2,041	2,041
mentally ill 精神科	3,607	3,607
mentally handicapped 智障科	660	660
overall 總計	27,153	27,440
<b>ambulatory and outreach services 日間及外展服務</b>		
accident and emergency (A&E) services 急症室服務		
percentage of A&E patients within 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)(%)	97	96
triage III (urgent cases - 30 minutes) (%) 第III類別(緊急個案－30分鐘)(%)	84	75
specialist outpatient services 專科門診服務		
median waiting time for first appointment at specialist clinics 專科診所新症輪候時間中位數		
first priority patients 第一優先就診病人	< 1 week	< 1 week
second priority patients 第二優先就診病人	5 weeks	5 weeks
rehabilitation and geriatric services 康復及老人科服務		
no. of community nurses 社康護士數目	446	449
no. of geriatric day places 老人科日間醫院名額	619	619
psychiatric services 精神科服務		
no. of community psychiatric nurses 精神科社康護士數目	127	130
no. of psychiatric day places 精神科日間醫院名額	889	889

	2012-13	2013-14
<b>(II) Delivery of services 所提供的服務</b>		
<b><i>in-patient services</i> 住院服務</b>		
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)	1,005,918	1,005,483
infirmary 療養科	3,364	3,301
mentally ill 精神科	17,155	17,662
mentally handicapped 智障科	568	552
overall 總計	1,027,005	1,026,998
no. of patient days 病人住院日次		
general (acute and convalescence) 普通科 (急症及康復)	5,605,576	5,798,056
infirmary 療養科	504,845	505,244
mentally ill 精神科	979,880	969,898
mentally handicapped 智障科	207,909	205,890
overall 總計	7,298,210	7,479,088
bed occupancy rate(%) 病床住用率 (百分比)		
general (acute and convalescence) 普通科 (急症及康復)	85%	87%
infirmary 療養科	86%	87%
mentally ill 精神科	75%	74%
mentally handicapped 智障科	87%	87%
overall 總計	84%	85%
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	5.8
infirmary 療養科	128	127
mentally ill 精神科	63	60
mentally handicapped 智障科	838	443
overall 總計	7.5	7.4
<b><i>ambulatory and outreach services</i> 日間及外展服務</b>		
day inpatient services 日間住院病人服務		
no. of discharges and deaths 出院人次及死亡人數	516,127	542,333
A&E services 急症室服務		
no. of attendances 就診人次	2,253,310	2,241,006
no. of attendances per 1000 population 每千人口的就診人次	315	312
no. of first attendances for 首次就診人次分流		
triage I 第 I 類別	19,593	19,358
triage II 第 II 類別	38,832	41,136
triage III 第 III 類別	660,086	674,841
specialist outpatient services 專科門診服務		
no. of specialist outpatient (clinical) new attendances 專科門診 (臨床) 新症就診人次	682,055	704,512
no. of specialist outpatient (clinical) follow-up attendances 專科門診 (臨床) 舊症覆診人次	6,203,400	6,336,371
total no. of specialist outpatient (clinical) attendances 專科門診 (臨床) 就診總人次	6,885,455	7,040,883



	2012-13	2013-14
primary care services 基層醫療服務		
no. of general outpatient attendances 普通科門診就診人次	5,633,407	5,813,706
no. of family medicine specialist clinic attendances 家庭醫學專科門診就診人次	277,897	287,182
total no. of primary care attendances 基層醫療就診總人次	5,911,304	6,100,888
rehabilitation and palliative care services 康復及紓緩護理服務		
no. of rehabilitation day and palliative care day attendances 康復及紓緩護理日間服務就診人次	80,653	79,483
no. of home visits by community nurses 社康護士家訪次數	843,144	853,821
no. of allied health (community) attendances 專職醫療(社區)就診人次	31,850	32,141
no. of allied health (outpatient) attendances 專職醫療(門診)就診人次	2,268,187	2,329,162
geriatric services 老人科服務		
no. of outreach attendances 接受外展服務人次	620,068	633,416
no. of geriatric elderly persons assessed for infirmary care service 接受療養服務評估的長者人數	1,723	1,701
no. of geriatric day attendances 老人科日間醫院就診人次	139,585	137,695
no. of Visiting Medical Officer attendances 接受到診醫生治療人次	111,529	116,439
psychiatric services 精神科服務		
no. of psychiatric outreach attendances 接受精神科外展服務人次	238,796	260,146
no. of psychiatric day hospital attendances 精神科日間醫院就診人次	219,069	215,375
no. of psychogeriatric outreach attendances 接受老人精神科外展服務人次	96,437	97,995
<b>(III) Quality of services 服務質素</b>		
no. of hospital deaths per 1000 population ^ 每千人口中病人在醫院死亡人數 ^	3.2	3.3
unplanned readmission rate within 28 days for general in-patients(%) 普通科住院病人在出院後 28 天內未經預約再入院率(百分比)	10.2%	10.5 %

	2012-13	2013-14
<b>(IV) Cost of services 服務成本</b>		
<b>cost distribution 成本分布</b>		
cost distribution by service types (%) 按服務類別劃分的成本分布百分率 (%)		
inpatient 住院服務	54.8	54.7
ambulatory and outreach 日間及外展服務	45.2	45.3
cost by service types per 1 000 population (HK\$Mn) 每千人口按服務類別劃分的服務成本 (港幣百萬元)		
inpatient 住院服務	3.4	3.6
ambulatory and outreach 日間及外展服務	2.8	3.0
cost of services for persons aged 65 or above 65 歲或以上人士的服務成本		
share of cost of services (%) 服務所佔總成本的百分率 (%)	45.5	46.0
cost of services per 1 000 population (HK\$Mn) 每千人口的服務成本 (港幣百萬元)	20.6	21.3
<b>unit costs 單位成本</b>		
<b>inpatient services 住院服務</b>		
cost per inpatient discharged (HK\$) 每名出院病人的成本 (港元)		
general (acute and convalescent) 普通科 (急症及康復)	21,140	22,610
infirmary 療養科	204,200	213,800
mentally ill 精神科	122,570	124,400
mentally handicapped 智障科	445,090	481,240
cost per patient day (HK\$) 病人每日成本 (港元)		
general (acute and convalescent) 普通科 (急症及康復)	4,180	4,330
infirmary 療養科	1,360	1,400
mentally ill 精神科	2,150	2,270
mentally handicapped 智障科	1,220	1,290
<b>ambulatory and outreach services 日間及外展服務</b>		
cost per A&E attendance (HK\$) 急症室每次診症的成本 (港元)	935	1,040
cost per specialist outpatient attendance (HK\$) 專科門診每次診症的成本 (港元)	1,050	1,080
cost per general outpatient attendance (HK\$) 普通科門診每次診症的成本 (港元)	360	385
cost per family medicine specialist clinic attendance (HK\$) 家庭醫學專科門診每次診症的成本 (港元)	975	1,010
cost per outreach visit by community nurse (HK\$) 社康護士每次外展服務的成本 (港元)	425	450
cost per psychiatric outreach attendance (HK\$) 精神科外展服務每次的成本 (港元)	1,350	1,350
cost per geriatric day attendance (HK\$) 老人科日間醫院每次服務的成本 (港元)	1,730	1,840
fee waivers ~ 收費減免 ~		
percentage of Comprehensive Social Security Assistance (CSSA) fee waiver (%) 綜合社會保障援助 (綜援) 收費減免百分率 (%)	20.3	20.2
percentage of non-CSSA fee waiver (%) 非綜援收費減免百分率 (%)	4.2	4.8

## Notes:

- \* Derived by dividing the sum of length of stay of inpatients by the corresponding number of inpatients discharged and treated.
- ^ Refers to the standardised mortality rate covering inpatient and day patient deaths in Hospital Authority hospitals. It is derived by applying the age-specific mortality rate in the Hospital Authority in a particular year to a "standard" population.
- ~ 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及接受治療人數計算。
- ^ 指涵蓋醫管局轄下醫院住院及日間病人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。
- ~ 指減免款額佔總收費的百分率。

# Statistics on Number of Beds, Inpatient, Accident & Emergency and Outpatient Services in 2013-14

## 2013-14 年度病床數目、住院服務、急症室服務及門診服務統計數字

Institution 機構	No. of hospital beds (as at 31 March 2014) <sup>2</sup> 醫院病床數目 (截至 2014 年 3 月 31 日) <sup>2</sup>	Total IP & DP discharges and deaths 住院及日間住院 病人出院人次及 死亡人數	Inpatient bed occupancy rate (%) 住院病人 病床住用率 (%)	Inpatient average length of stay (days) 住院病人 平均住院時間 (日)	Total A&E attendances 急症室 總求診人次	Total SOP (clinical) attendances <sup>3,4</sup> 專科門診 (臨床) 就診總人次 <sup>3,4</sup>	Family Medicine Specialist Clinic attendances <sup>3</sup> 家庭醫學 專科門診 就診人次 <sup>3</sup>	Total Allied Health (Outpatient) attendances <sup>3,5</sup> 專職醫療 (門診) 就診 總人次 <sup>3,5</sup>	General Outpatient attendances <sup>3,6</sup> 普通科門診 就診人次 <sup>3,6</sup>
<b>Hong Kong East Cluster 港島東醫院聯網</b>									
Cheshire Home, Chung Hom Kok 春磡角慈氏護養院	240	298	83.0	166.7	-	-	-	156	-
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	1,633	138,724	86.2	5.6	152,332	560,842	58,154	125,292	393,573
Ruttonjee Hospital and Tang Shiu Kin Hospital 律敦治醫院及鄧肇堅醫院	633	26,379	85.8	6.8	80,806	126,609	10,446	92,108	138,483
St John Hospital 長洲醫院	87	3,184	64.4	5.3	10,712	81	-	7,026	32,643
Tung Wah Eastern Hospital 東華東院	278	8,757	85.5	13.7	-	104,476	-	28,776	23,254
Wong Chuk Hang Hospital 黃竹坑醫院	160	158	93.0	325.4	-	-	-	-	-
<b>Sub-total 小計</b>	<b>3,031</b>	<b>177,500</b>	<b>86.0</b>	<b>7.1</b>	<b>243,850</b>	<b>792,008</b>	<b>68,600</b>	<b>253,358</b>	<b>587,953</b>
<b>Hong Kong West Cluster 港島西醫院聯網</b>									
The Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院	133	3,290	52.7	8.7	-	20,182	-	27,171	-
Tung Wah Group of Hospitals Fung Yiu King Hospital 東華三院馮堯敬醫院	272	3,241	69.1	17.3	-	458	-	493	-
Grantham Hospital 葛量洪醫院	372	12,934	68.0	11.7	-	37,708	-	2,828	-
MacLehose Medical Rehabilitation Centre 麥理浩復康院	110	1,104	60.4	21.5	-	324	-	2,590	-
Queen Mary Hospital 瑪麗醫院	1,702	139,396	76.5	4.6	131,577	718,348	21,151	143,637	357,316
Tung Wah Hospital 東華醫院	550	25,864	80.1	14.1	-	45,781	-	5,706	32,781
Tsan Yuk Hospital 贊育醫院	3	178	-	-	-	21,223	-	5,031	-
<b>Sub-total 小計</b>	<b>3,142</b>	<b>186,007</b>	<b>73.6</b>	<b>6.4</b>	<b>131,577</b>	<b>844,024</b>	<b>21,151</b>	<b>187,456</b>	<b>390,097</b>
<b>Kowloon Central Cluster 九龍中醫院聯網</b>									
Hong Kong Buddhist Hospital 香港佛教醫院	324	7,526	83.2	17.9	-	12,058	-	13,863	46,944
Hong Kong Eye Hospital 香港眼科醫院	45	8,221	43.6	5.0	-	224,533	-	19,450	-
Kowloon Hospital 九龍醫院	1,335	15,589	84.0	26.5	-	83,425	-	144,221	-
Queen Elizabeth Hospital 伊利沙伯醫院	1,844	171,257	92.3	5.4	195,280	696,622	7,105	214,228	518,481
Rehabaid Centre <sup>1</sup> 復康專科及資源中心 <sup>1</sup>	-	-	-	-	-	235	-	22,743	-
<b>Sub-total 小計</b>	<b>3,548</b>	<b>202,593</b>	<b>87.9</b>	<b>8.4</b>	<b>195,280</b>	<b>1,016,873</b>	<b>7,105</b>	<b>414,505</b>	<b>565,425</b>

Institution 機構	No. of hospital beds (as at 31 March 2014) <sup>2</sup> 醫院病床數目 (截至2014年 3月31日) <sup>2</sup>	Total IP & DP discharges and deaths 住院及日間住院 病人出院人次及 死亡人數	Inpatient bed occupancy rate (%) 住院病人 病床住用率 (%)	Inpatient average length of stay (days) 住院病人 平均住院時間 (日)	Total A&E attendances 急症室 總求診人次	Total SOP (clinical) attendances <sup>3,4</sup> 專科門診 (臨床) 就診總人次 <sup>3,4</sup>	Family Medicine Specialist Clinic attendances <sup>3</sup> 家庭醫學 專科門診 就診人次 <sup>3</sup>	Total Allied Health (Outpatient) attendances <sup>3,5</sup> 專職醫療 (門診) 就診 總人次 <sup>3,5</sup>	General Outpatient attendances <sup>3,6</sup> 普通科門診 就診人次 <sup>3,6</sup>
<b>Kowloon East Cluster 九龍東醫院聯網</b>									
Haven of Hope Hospital 靈實醫院	461	6,394	88.2	22.2	-	9,359	-	5,026	-
Tseung Kwan O Hospital 將軍澳醫院	623	49,503	93.9	5.0	135,270	270,855	252	111,278	319,023
United Christian Hospital 基督教聯合醫院	1,403	112,133	85.4	4.8	188,433	486,783	55,422	214,496	602,639
<b>Sub-total 小計</b>	<b>2,487</b>	<b>168,030</b>	<b>88.0</b>	<b>5.7</b>	<b>323,703</b>	<b>766,997</b>	<b>55,674</b>	<b>330,800</b>	<b>921,662</b>
<b>Kowloon West Cluster 九龍西醫院聯網</b>									
Caritas Medical Centre 明愛醫院	1,203	55,651	86.8	7.2	136,813	356,775	1,252	70,651	283,847
Kwai Chung Hospital 葵涌醫院	920	4,217	76.7	62.1	-	218,575	-	31,246	-
Kwong Wah Hospital 廣華醫院	1,206	94,783	76.7	4.4	140,983	354,146	2,626	165,129	208,347
North Lantau Hospital <sup>7</sup> 北大嶼山醫院 <sup>7</sup>	-	-	-	-	26,931	358	158	7,817	29,580
Our Lady of Maryknoll Hospital 聖母醫院	236	10,230	65.0	8.2	-	65,846	1,007	33,690	424,552
Princess Margaret Hospital 瑪嘉烈醫院	1,753	142,650	97.1	5.4	149,645	428,713	13,349	108,799	393,991
Tung Wah Group of Hospitals Wong Tai Sin Hospital 東華三院黃大仙醫院	511	7,882	90.6	25.9	-	-	-	900	-
Yan Chai Hospital 仁濟醫院	800	55,173	82.0	4.4	140,713	210,089	2,655	85,492	262,765
<b>Sub-total 小計</b>	<b>6,629</b>	<b>370,586</b>	<b>84.5</b>	<b>6.7</b>	<b>595,085</b>	<b>1,634,502</b>	<b>21,047</b>	<b>503,724</b>	<b>1,603,082</b>
<b>New Territories East Cluster 新界東醫院聯網</b>									
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	536	53,273	86.7	4.4	136,913	236,136	4,806	88,767	237,450
Bradbury Hospice 白普理寧養中心	26	637	90.8	13.7	-	6	-	886	-
Cheshire Home, Shatin 沙田慈氏護養院	304	152	71.2	599.0	-	-	-	573	-
North District Hospital 北區醫院	589	42,642	96.9	5.1	112,777	170,144	5,046	61,683	264,526
Prince of Wales Hospital 威爾斯親王醫院	1,518	146,554	86.2	5.0	144,581	691,926	49,906	178,022	439,638
Shatin Hospital 沙田醫院	553	9,410	92.0	18.3	-	553	-	979	-
Tai Po Hospital 大埔醫院	992	9,780	83.3	25.5	-	374	-	441	-
<b>Sub-total 小計</b>	<b>4,518</b>	<b>262,448</b>	<b>86.7</b>	<b>7.4</b>	<b>394,271</b>	<b>1,099,139</b>	<b>59,758</b>	<b>331,351</b>	<b>941,614</b>
<b>New Territories West Cluster 新界西醫院聯網</b>									
Castle Peak Hospital 青山醫院	1,156	2,753	68.3	143.7	-	139,153	-	23,813	-
Pok Oi Hospital 博愛醫院	567	39,451	94.2	6.0	131,012	91,750	32,123	63,000	-
Siu Lam Hospital 小欖醫院	500	454	95.8	463.3	-	-	-	-	-
Tuen Mun Hospital 屯門醫院	1,862	159,509	98.0	5.6	226,228	656,437	21,724	221,155	803,873
<b>Sub-total 小計</b>	<b>4,085</b>	<b>202,167</b>	<b>88.1</b>	<b>10.0</b>	<b>357,240</b>	<b>887,340</b>	<b>53,847</b>	<b>307,968</b>	<b>803,873</b>
<b>GRAND TOTAL 總計</b>	<b>27,440</b>	<b>1,569,331</b>	<b>85.2</b>	<b>7.4</b>	<b>2,241,006</b>	<b>7,040,883</b>	<b>287,182</b>	<b>2,329,162</b>	<b>5,813,706</b>



## Notes:

1. Rehabaid Centre and Hong Kong Red Cross Blood Transfusion Service are Hospital Authority institutions with specific functions but have no hospital bed.
2. Number of hospital beds as at 31 March 2014 is based on the Annual Survey on Hospital Beds in Public Hospitals 2013/14.
3. Outpatient attendances for different clinics are grouped under respective hospital management.
4. Specialist Outpatient (SOP) (clinical) attendances include attendances from nurse clinics in SOP setting.
5. Total Allied Health (Outpatient) attendances exclude follow-up consultations provided by the Medical Social Service Department and "joint clinic" doctor consultations provided by the Optometry and Orthoptics Department.
6. General Outpatient (GOP) attendances include attendances for doctor consultations, attendances from nurse clinics in GOP setting and attendances in related healthcare reform initiative programmes in primary care.
7. North Lantau Hospital has commenced patient services in phases since 24 September 2013.

Data prepared in June 2014.

**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. 2014年3月31日的醫院病床數目來自2013-14年度的公立醫院病床數目調查。
3. 各診所的門診就診人次均歸入所屬醫院之下。
4. 專科門診(臨床)就診總人次包括專科護士診所的就診人次。
5. 專職醫療(門診)就診總人次不包括醫務社會工作部的跟進個案和視光及視覺矯正部的醫生「匯診」個案。
6. 普通科門診就診人次包括由醫生診視的就診人次、普通科護士診所的就診人次及醫療改革服務計劃內的基層醫療服務就診人次。
7. 北大嶼山醫院自2013年9月24日起分階段開始投入服務。

資料於2014年6月擬備。

# Statistics on Community and Rehabilitation Services in 2013-14

## 2013-14 年度社康及康復服務統計數字

Institution 機構	Home visits by community nurses 社康 護士家訪次數	Psychiatric outreach attendances <sup>1</sup> 接受精神科 外展服務人次 <sup>1</sup>	Psycho- geriatric outreach attendances <sup>2</sup> 接受老人精神科 外展服務人次 <sup>2</sup>	Community Geriatric Assessment Service <sup>3</sup> 社區老人 評核服務量 <sup>3</sup>	Visiting Medical Officer attendances <sup>4</sup> 接受到診醫生 治療人次 <sup>4</sup>	Allied Health (Community) attendances <sup>5</sup> 專職醫療 (社區) 就診人次 <sup>5</sup>	Rehabilitation day & palliative care day attendances 康復及舒緩 護理日間 服務就診人次	Geriatric day hospital attendances <sup>6</sup> 老人科 日間醫院 就診人次 <sup>6</sup>	Psychiatric day hospital attendances 精神科 日間醫院 就診人次
<b>Hong Kong East Cluster 港島東醫院聯網</b>									
Cheshire Home, Chung Hom Kok 春磡角慈氏護養院	-	-	-	-	-	44	-	-	-
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	98,512	23,503	11,144	-	-	776	269	16,275	30,209
Ruttonjee Hospital and Tang Shiu Kin Hospital 律敦治醫院及鄧肇堅醫院	-	-	-	122,329	22,281	1,793	4,943	18,308	-
St John Hospital 長洲醫院	4,868	-	-	-	-	3	-	-	-
Tung Wah Eastern Hospital 東華東院	-	-	-	-	-	83	28,627	-	-
Wong Chuk Hang Hospital 黃竹坑醫院	-	-	-	-	-	8	-	2,307	-
<b>Sub-total 小計</b>	<b>103,380</b>	<b>23,503</b>	<b>11,144</b>	<b>122,329</b>	<b>22,281</b>	<b>2,707</b>	<b>33,839</b>	<b>36,890</b>	<b>30,209</b>
<b>Hong Kong West Cluster 港島西醫院聯網</b>									
The Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院	-	-	-	-	-	6	-	-	-
Tung Wah Group of Hospitals Fung Yiu King Hospital 東華三院馮堯敬醫院	-	-	-	39,530	11,458	1,687	-	5,779	-
Grantham Hospital 葛量洪醫院	-	-	-	-	-	182	4,338	-	-
Maclehose Medical Rehabilitation Centre 麥理浩復康院	-	-	-	-	-	67	13,373	-	-
Queen Mary Hospital 瑪麗醫院	57,877	19,129	13,760	-	-	1,026	-	-	18,143
Tung Wah Hospital 東華醫院	-	-	-	-	-	225	7,790	6,101	-
<b>Sub-total 小計</b>	<b>57,877</b>	<b>19,129</b>	<b>13,760</b>	<b>39,530</b>	<b>11,458</b>	<b>3,193</b>	<b>25,501</b>	<b>11,880</b>	<b>18,143</b>
<b>Kowloon Central Cluster 九龍中醫院聯網</b>									
Hong Kong Buddhist Hospital 香港佛教醫院	-	-	-	-	-	147	2,258	-	-
Kowloon Hospital 九龍醫院	68,594	18,153	8,734	39,251	5,250	1,688	824	2,473	10,334
Queen Elizabeth Hospital 伊利沙伯醫院	-	-	-	31,094	6,767	1,481	-	10,390	-
Rehabaid Centre 復康專科及資源中心	-	-	-	-	-	890	-	-	-
<b>Sub-total 小計</b>	<b>68,594</b>	<b>18,153</b>	<b>8,734</b>	<b>70,345</b>	<b>12,017</b>	<b>4,206</b>	<b>3,082</b>	<b>12,863</b>	<b>10,334</b>

Institution 機構	Home visits by community nurses 社康 護士家訪次數	Psychiatric outreach attendances <sup>1</sup> 接受精神科 外展服務人次 <sup>1</sup>	Psycho- geriatric outreach attendances <sup>2</sup> 接受老人精神科 外展服務人次 <sup>2</sup>	Community Geriatric Assessment Service <sup>3</sup> 社區老人 評核服務量 <sup>3</sup>	Visiting Medical Officer attendances <sup>4</sup> 接受到診醫生 治療人次 <sup>4</sup>	Allied Health (Community) attendances <sup>5</sup> 專職醫療 (社區) 就診人次 <sup>5</sup>	Rehabilitation day & palliative care day attendances 康復及舒緩 護理日間 服務就診人次	Geriatric day hospital attendances <sup>6</sup> 老人科 日間醫院 就診人次 <sup>6</sup>	Psychiatric day hospital attendances 精神科 日間醫院 就診人次
<b>Kowloon East Cluster 九龍東醫院聯網</b>									
Haven of Hope Hospital 靈實醫院	30,725	-	-	5,924	1,743	575	1,223	4,834	-
Tsang Kwan O Hospital 將軍澳醫院	-	-	-	-	-	94	-	-	-
United Christian Hospital 基督教聯合醫院	133,546	29,782	10,092	34,300	10,754	1,224	2,812	19,834	31,516
<b>Sub-total 小計</b>	<b>164,271</b>	<b>29,782</b>	<b>10,092</b>	<b>40,224</b>	<b>12,497</b>	<b>1,893</b>	<b>4,035</b>	<b>24,668</b>	<b>31,516</b>
<b>Kowloon West Cluster 九龍西醫院聯網</b>									
Caritas Medical Centre 明愛醫院	78,411	-	-	42,001	4,443	113	1,204	13,462	-
Kwai Chung Hospital 葵涌醫院	-	74,051	27,391	-	-	2,777	-	-	62,859
Kwong Wah Hospital 廣華醫院	37,927	-	-	46,698	12,411	991	-	8,897	-
North Lantau Hospital <sup>7</sup> 北大嶼山醫院 <sup>7</sup>	-	-	-	897	-	14	-	-	-
Our Lady of Maryknoll Hospital 聖母醫院	44,928	-	-	19,076	-	148	984	-	-
Princess Margaret Hospital 瑪嘉烈醫院	90,639	-	-	40,678	5,482	855	959	13,819	-
Tung Wah Group of Hospitals Wong Tai Sin Hospital 東華三院黃大仙醫院	-	-	-	-	-	71	-	7,697	-
Yan Chai Hospital 仁濟醫院	-	-	-	41,082	6,158	255	-	4,012	-
<b>Sub-total 小計</b>	<b>251,905</b>	<b>74,051</b>	<b>27,391</b>	<b>190,432</b>	<b>28,494</b>	<b>5,224</b>	<b>3,147</b>	<b>47,887</b>	<b>62,859</b>
<b>New Territories East Cluster 新界東醫院聯網</b>									
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	36,325	-	872	27,207	7,044	2,486	246	10,672	8,656
Bradbury Hospice 白普理寧養中心	-	-	-	-	-	127	317	-	-
Cheshire Home, Shatin 沙田慈氏護養院	-	-	-	-	-	4	-	-	-
North District Hospital 北區醫院	36,246	10,697	7,216	28,822	6,816	3,266	298	9,972	11,926
Prince of Wales Hospital 威爾斯親王醫院	54,341	-	-	21,584	8,292	4,291	-	-	-
Shatin Hospital 沙田醫院	-	20,381	5,879	-	-	117	5,790	13,868	17,079
Tai Po Hospital 大埔醫院	-	4,766	241	-	-	11	-	-	7,064
<b>Sub-total 小計</b>	<b>126,912</b>	<b>35,844</b>	<b>14,208</b>	<b>77,613</b>	<b>22,152</b>	<b>10,302</b>	<b>6,651</b>	<b>34,512</b>	<b>44,725</b>
<b>New Territories West Cluster 新界西醫院聯網</b>									
Castle Peak Hospital 青山醫院	-	59,684	12,666	-	-	850	-	-	12,156
Pok Oi Hospital 博愛醫院	-	-	-	2,441	-	497	-	-	-
Tuen Mun Hospital 屯門醫院	80,882	-	-	92,203	7,540	3,269	3,228	13,995	5,433
<b>Sub-total 小計</b>	<b>80,882</b>	<b>59,684</b>	<b>12,666</b>	<b>94,644</b>	<b>7,540</b>	<b>4,616</b>	<b>3,228</b>	<b>13,995</b>	<b>17,589</b>
<b>GRAND TOTAL 總計</b>	<b>853,821</b>	<b>260,146</b>	<b>97,995</b>	<b>635,117</b>	<b>116,439</b>	<b>32,141</b>	<b>79,483</b>	<b>182,695</b>	<b>215,375</b>

## Notes:

1. Psychiatric outreach attendances refer to total number of outreach attendances and home visits. It includes Recovery Support Program, Personalized Care Program for patients with Severe Mental Illness (SMI) and services provided by Intensive Care Team.
2. Psychogeriatric outreach attendances refer to total number of outreach attendances, home visits and consultation-liaison attendances.
3. For Community Geriatric Assessment Service, the activity refers to total number of outreach attendances and geriatric elderly persons assessed for infirm care service.
4. Visiting Medical Officer attendances refer to the attendances receiving services provided to elderly persons living in Resident Care Homes for the Elderly under the Visiting Medical Officers Scheme introduced in 2003/04.
5. Allied Health (Community) attendances exclude follow-up consultations provided by the Medical Social Service Department.
6. Geriatric day hospital attendances include attendances in Integrated Discharge Support Program (IDSP).
7. North Lantau Hospital has commenced patient services in phases since 24 September 2013.

The activity performed in different centers and teams are grouped under respective hospital management.

Data prepared in June 2014

## 註：

1. 指接受相關外展服務的人次及家訪次數的總和，並包括康復支援計劃、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。
2. 指接受相關外展服務的人次、家訪次數及諮詢會診人次的總和。
3. 指接受相關外展服務的人次及接受療養服務評核的長者人數的總和。
4. 接受到診醫生治療人次指2003-04年度推出的「到診醫生計劃」中為安老院舍長者所提供的到診服務。
5. 專職醫療（社區）就診人次不包括醫務社會工作部的跟進個案。
6. 老人科日間醫院就診人次包括綜合出院支援服務就診人次。
7. 北大嶼山醫院自2013年9月24日起分階段開始投入服務。

各中心及團隊的服務量均歸入所屬醫院之下。

資料於2014年6月擬備。



## 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 31.3.2014) <sup>1,2,3</sup> 等同全職人員數目 (2014年3月31日數字) <sup>1,2,3</sup>				
	Medical 醫療	Nursing 護理	Allied Health 專職醫療	Others 其他	Total 總計
<b>Hong Kong East Cluster 港島東醫院聯網</b>	<b>605.36</b>	<b>2,443.07</b>	<b>746.21</b>	<b>3,801.20</b>	<b>7,595.84</b>
Cheshire Home, Chung Hom Kok 春磡角慈氏護養院	2.00	56.17	10.00	124.00	192.17
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	471.59	1,616.43	497.22	2,408.20	4,993.44
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院 <sup>4</sup>	85.24	506.03	163.00	714.00	1,468.27
St. John Hospital 長洲醫院	5.31	33.69	8.50	79.00	126.50
Tung Wah Eastern Hospital 東華東院	39.22	180.30	63.49	337.00	620.01
Wong Chuk Hang Hospital 黃竹坑醫院	2.00	50.45	4.00	139.00	195.45
<b>Hong Kong West Cluster 港島西醫院聯網</b>	<b>655.83</b>	<b>2,552.81</b>	<b>838.05</b>	<b>3,395.56</b>	<b>7,442.25</b>
Duchess of Kent Children's Hospital 大口環根德公爵夫人兒童醫院	11.00	65.77	37.80	124.00	238.57
Grantham Hospital 葛量洪醫院	29.00	207.50	50.60	275.00	562.10
MacLehose Medical Rehabilitation Centre 麥理浩復康院	1.21	34.00	27.00	78.00	140.21
Queen Mary Hospital 瑪麗醫院 <sup>5</sup>	557.95	1,859.97	622.05	2,385.56	5,425.53
TWGHs Fung Yiu King Hospital 東華三院馮堯敬醫院	16.46	76.23	25.60	143.00	261.29
Tung Wah Hospital 東華醫院	40.21	309.34	75.00	390.00	814.55
<b>Kowloon Central Cluster 九龍中醫院聯網</b>	<b>716.59</b>	<b>3,175.24</b>	<b>977.67</b>	<b>4,437.97</b>	<b>9,307.47</b>
HK Red Cross Blood Transfusion Service 香港紅十字會輸血服務中心	6.00	84.62	67.00	248.00	405.62
Hong Kong Buddhist Hospital 香港佛教醫院	11.00	144.00	39.00	174.54	368.54
Hong Kong Eye Hospital 香港眼科醫院	34.92	73.28	18.00	160.02	286.22
Kowloon Hospital 九龍醫院	61.35	751.62	187.67	951.24	1,951.88
Queen Elizabeth Hospital 伊利沙伯醫院	603.32	2,121.72	653.00	2,891.17	6,269.21
Rehabaid Centre 復康專科及資源中心	0.00	0.00	13.00	13.00	26.00
<b>Kowloon East Cluster 九龍東醫院聯網</b>	<b>656.60</b>	<b>2,474.19</b>	<b>685.18</b>	<b>3,144.17</b>	<b>6,960.14</b>
Haven of Hope Hospital 靈實醫院	21.71	274.20	58.64	374.60	729.15
Tseung Kwan O Hospital 將軍澳醫院	162.13	626.94	176.40	719.48	1,684.95
United Christian Hospital 基督教聯合醫院	472.76	1,573.05	450.14	2,050.09	4,546.04

Institution 機構	No. of Full-time Equivalent (FTE) Staff (as at 31.3.2014) <sup>1,2,3</sup> 等同全職人員數目 (2014 年 3 月 31 日數字) <sup>1,2,3</sup>				
	Medical 醫療	Nursing 護理	Allied Health 專職醫療	Others 其他	Total 總計
<b>Kowloon West Cluster 九龍西醫院聯網</b>	<b>1,371.79</b>	<b>5,336.66</b>	<b>1,478.81</b>	<b>6,767.89</b>	<b>14,955.15</b>
Caritas Medical Centre 明愛醫院	243.89	811.77	223.50	1,066.54	2,345.70
Kwai Chung Hospital 葵涌醫院	69.49	608.48	110.80	573.37	1,362.14
Kwong Wah Hospital 廣華醫院	341.97	1,180.17	320.97	1,448.38	3,291.49
North Lantau Hospital 北大嶼山醫院	19.00	55.00	48.00	141.00	263.00
Our Lady of Maryknoll Hospital 聖母醫院	77.55	259.48	85.04	363.38	785.45
Princess Margaret Hospital 瑪嘉烈醫院	417.95	1,558.10	477.00	1,990.88	4,443.93
TWGHs Wong Tai Sin Hospital 東華三院黃大仙醫院	23.00	239.62	43.50	301.10	607.22
Yan Chai Hospital 仁濟醫院	178.94	624.04	170.00	883.24	1,856.22
<b>New Territories East Cluster 新界東醫院聯網</b>	<b>950.29</b>	<b>3,706.97</b>	<b>1,018.36</b>	<b>4,881.48</b>	<b>10,557.10</b>
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	146.85	550.51	178.36	880.49	1,756.21
Bradbury Hospice 白普理寧養中心	3.02	26.25	5.00	26.00	60.27
Cheshire Home, Shatin 沙田慈氏護養院	2.00	88.57	8.00	134.00	232.57
North District Hospital 北區醫院	172.43	637.05	173.00	777.41	1,759.89
Prince of Wales Hospital 威爾斯親王醫院	541.36	1,743.18	522.00	2,173.05	4,979.59
Shatin Hospital 沙田醫院	42.62	313.35	70.00	409.53	835.50
Tai Po Hospital 大埔醫院	42.00	348.06	62.00	481.00	933.06
<b>New Territories West Cluster 新界西醫院聯網</b>	<b>727.31</b>	<b>3,027.03</b>	<b>796.55</b>	<b>4,391.49</b>	<b>8,942.38</b>
Castle Peak Hospital 青山醫院	77.32	571.05	91.00	650.51	1,389.88
Pok Oi Hospital 博愛醫院	105.83	424.39	118.31	610.00	1,258.53
Siu Lam Hospital 小欖醫院	3.00	129.97	2.00	300.00	434.97
Tuen Mun Hospital 屯門醫院	541.16	1,901.62	585.24	2,830.98	5,859.00
<b>Total 總計</b>	<b>5,683.77</b>	<b>22,715.97</b>	<b>6,540.83</b>	<b>30,819.76</b>	<b>65,760.33</b>

## Note:

1. This figure excludes 1846.42 staff in the Hospital Authority Head Office.
2. Manpower on full-time equivalent (FTE) basis includes all full-time & part-time staff in HA's workforce i.e. permanent, contract and temporary.
3. Manpower figures of individual hospitals/institutions include management staff providing hospital and cluster-wide services.
4. Manpower for HK Tuberculosis, Chest & Heart Diseases Association (8 staff) is included in Ruttonjee & Tang Shiu Kin Hospital.
5. Manpower providing services for Tsan Yuk Hospital is included in Queen Mary Hospital.

## 註:

1. 這數字不包括醫管局總辦事處的 1846.42 名職員。
2. 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。
3. 各醫院人手數目包括負責醫院及聯網整體事務的管理人員。
4. 香港防癆心臟及胸病協會服務的人手(8名職員)已歸入律敦治及鄧肇堅醫院內。
5. 贊育醫院的服務人手已歸入瑪麗醫院。

## Manpower Position - by Staff Group

### 人手狀況－按職員組別分類

	No. of Full-time Equivalent (FTE) Staff 2009-10 - 2013-14 *				
	等同全職人員數目 *				
	2009-10	2010-11	2011-12	2012-13	2013-14
<b>Medical 醫療</b>					
Consultant 顧問醫生	590.1	630.5	699.3	729.2	761.3
Senior Medical Officer/Associate Consultant 高級醫生／副顧問醫生	1,241.5	1,295.5	1,504.3	1,639.1	1,732.7
Medical Officer/Resident(excluding Visiting Medical Officer) 醫生／駐院醫生(不包括到訪醫生)	3,147.4	3,109.8	2,945.1	2,875.1	2,866.3
Visiting Medical Officer 到訪醫生	15.6	16.1	16.2	16.2	16.0
Intern 駐院實習醫生	277.0	280.0	275.0	280.0	311.0
Senior Dental Officer/Dental Officer 高級牙科醫生／牙科醫生	6.3	5.3	7.0	6.3	8.1
<b>Medical Total:</b> 醫療人員總計：	<b>5,277.9</b>	<b>5,337.2</b>	<b>5,446.9</b>	<b>5,545.9</b>	<b>5,695.4</b>
<b>Nursing 護理</b>					
Senior Nursing Officer and above 高級護士長或以上	81.0	81.0	127.0	156.4	174.0
Department Operations Manager 部門運作經理	163.0	163.0	168.0	176.0	181.0
<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	3,161.6	3,283.1	3,525.5	3,759.6	3,978.1
Registered Nurse 註冊護士	11,780.1	11,971.3	12,293.3	12,722.0	13,258.0
Enrolled Nurse 登記護士	2,199.4	2,198.7	2,289.8	2,372.5	2,425.0
Midwife/Others 助產士／其他	28.6	24.6	22.8	19.2	9.1
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	487.0	406.1	447.0	436.9	434.0
<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	415.3	436.3	493.4	510.5	532.5
Registered Nurse 註冊護士	1,067.5	1,058.8	1,024.8	1,085.2	1,153.1
Enrolled Nurse 登記護士	473.8	473.0	508.9	578.0	614.2
Student Nurse/Pupil Nurse 註冊護士學生／登記護士學生	9.0	6.0	0.0	0.0	0.0
<b>Nursing Total:</b> 護理人員總計：	<b>19,866.3</b>	<b>20,101.8</b>	<b>20,900.6</b>	<b>21,816.3</b>	<b>22,759.0</b>

	No. of Full-time Equivalent (FTE) Staff 2009-10 - 2013-14 *				
	等同全職人員數目 *				
	2009-10	2010-11	2011-12	2012-13	2013-14
<b>Allied Health 專職醫療</b>					
Audiology Technician 聽力學技術員	9.0	9.0	7.0	7.0	6.0
Clinical Psychologist 臨床心理學家	92.3	100.3	110.3	134.0	138.8
Dietitian 營養師	92.2	91.9	106.1	117.7	127.7
Dispenser 配藥員	949.0	971.0	996.6	1,055.1	1,128.5
Medical Technologist/Medical Laboratory Technician 醫務化驗師／醫務化驗員	1,148.0	1,175.7	1,221.2	1,270.2	1,310.2
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	26.0
Optometrist 視光師	32.0	42.0	60.0	61.0	67.0
Orthoptist 視覺矯正師	12.0	14.0	13.0	14.4	14.4
Occupational Therapist 職業治療師	531.6	572.6	613.1	672.8	698.0
Pharmacist 藥劑師	375.7	391.7	436.7	487.6	521.7
Physicist 物理學家	56.0	58.0	61.0	68.0	71.0
Physiotherapist 物理治療師	755.0	774.9	813.6	845.6	869.0
Podiatrist 足病治療師	24.0	26.8	31.4	35.2	34.9
Prosthetist-Orthotist 義肢矯形師	107.0	105.0	116.0	123.0	126.0
Diagnostic Radiographer/Radiation Therapist 放射師／放射治療師	898.0	906.7	924.6	947.2	1,001.6
Scientific Officer (Medical) 科學主任(醫務)	65.6	66.9	70.9	75.8	81.8
Speech Therapist 言語治療師	61.0	58.5	68.5	76.5	81.8
Medical Social Worker 醫務社工	210.0	223.9	265.0	281.9	301.5
Dental Technician 牙科技術員	2.0	2.0	2.0	2.0	3.0
<b>Allied Health Total:</b> 專職醫療人員總計：	<b>5,447.4</b>	<b>5,617.8</b>	<b>5,944.0</b>	<b>6,302.0</b>	<b>6,608.8</b>
<b>Care-related Support Staff 護理支援</b>					
Health Care Assistant 健康服務助理	3,283.0	3,087.0	2,878.0	2,630.0	2,395.0
Ward Attendant 病房服務員	537.0	478.0	400.0	342.0	295.0
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	5,133.2	5,661.2	7,110.8	8,076.3	9,446.7
<b>Care-related Support Staff Total:</b> 護理支援人員總計：	<b>8,953.2</b>	<b>9,226.2</b>	<b>10,388.8</b>	<b>11,048.3</b>	<b>12,136.7</b>
<b>Direct Patient Care Total:</b> 直接病人護理人手總計：	<b>39,544.9</b>	<b>40,283.0</b>	<b>42,680.2</b>	<b>44,712.5</b>	<b>47,199.9</b>



	No. of Full-time Equivalent (FTE) Staff 2009-10 - 2013-14 *				
	等同全職人員數目 *				
	2009-10	2010-11	2011-12	2012-13	2013-14
<b>Others 其他</b>					
Chief Executive/Director/Deputy Director/Head 行政總裁／總監／副總監／主管	7.0	6.0	7.0	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	26.0	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	87.6	86.6	89.6	92.0	95.0
Other Professionals/Administrator, Systems 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	1,407.4	1,521.8	1,744.9	1,983.9	2,098.5
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	16,638.9	16,593.7	16,679.0	17,391.8	18,180.4
<b>Non-direct Patient Care Total:</b> 非直接病人護理人手總計：	<b>18,167.9</b>	<b>18,235.1</b>	<b>18,547.6</b>	<b>19,500.7</b>	<b>20,406.9</b>
<b>HA Total:</b> 醫管局人手總計：	<b>57,712.8</b>	<b>58,518.1</b>	<b>61,227.8</b>	<b>64,213.2</b>	<b>67,606.8</b>

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：

\* 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。

## Resource Utilisation for 2013-14

## 2013-14 年度資源使用

Clusters 聯網	Recurrent Expenditure <sup>1</sup> for 2013-14 (HK\$Mn) 2013-14 年度經常性開支 <sup>1</sup> (港幣百萬元)
Hong Kong East Cluster 港島東醫院聯網	5,053
Hong Kong West Cluster 港島西醫院聯網	5,554
Kowloon Central Cluster 九龍中醫院聯網	6,350
Kowloon East Cluster 九龍東醫院聯網	4,718
Kowloon West Cluster 九龍西醫院聯網	10,297
New Territories East Cluster 新界東醫院聯網	7,505
New Territories West Cluster 新界西醫院聯網	5,890
Hospital Authority Head Office and Others <sup>2</sup> 醫院管理局總辦事處及其他 <sup>2</sup>	1,831
<b>Total 總計</b>	<b>47,198</b>

Note:

1. Refers to resources utilized under the Government recurrent subvention.
2. Others include resources for hospital services (e.g. intern) and corporate programmes (e.g. insurance premium, legal costs / claims and information technology services, etc) and others.

註：

1. 政府經常性補助的資源使用。
2. 「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 2013-14 <sup>1</sup> (HK\$Mn) 2013-14 年度培訓及發展開支 <sup>1</sup> (港幣百萬元)
Hong Kong East Cluster 港島東醫院聯網	9.1
Hong Kong West Cluster 港島西醫院聯網	9.7
Kowloon Central Cluster 九龍中醫院聯網	8.8
Kowloon East Cluster 九龍東醫院聯網	2.6
Kowloon West Cluster 九龍西醫院聯網	8.4
New Territories East Cluster 新界東醫院聯網	11.5
New Territories West Cluster 新界西醫院聯網	6.8
Hospital Authority Head Office 醫院管理局總辦事處	70.6 <sup>2</sup>
<b>Total 總計</b>	<b>127.5</b>

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

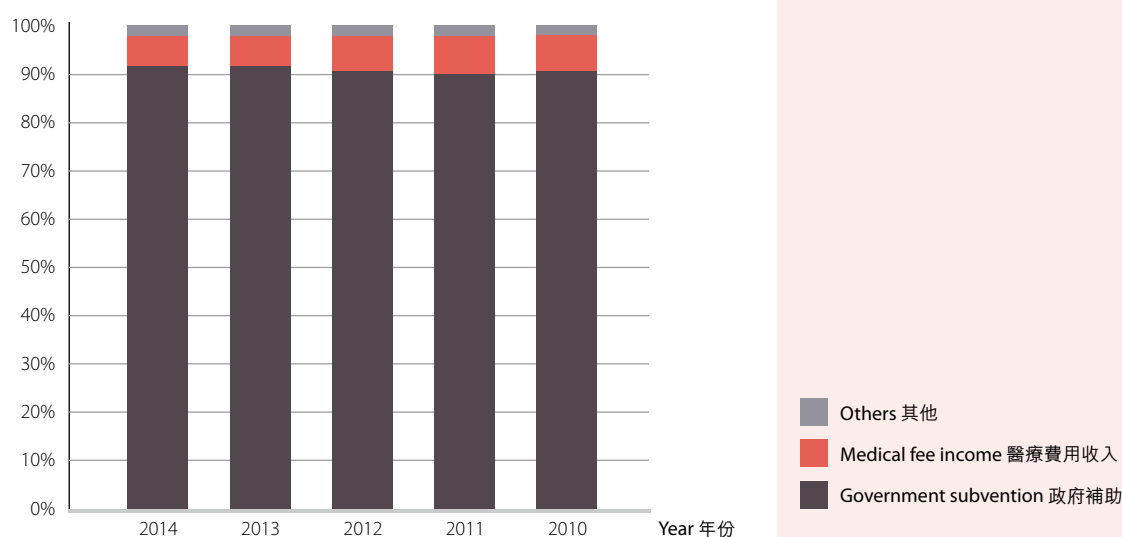
## Financial Results (for the Year ended 31 March)

## 財政情況(截至每年3月31日)

	2014 HK\$Mn 港幣百萬元	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
<b>Income 收入</b>					
Government subvention (recurrent and capital) 政府補助(經常性及資本性)	45,869	43,159	38,348	34,366	33,098
Medical fee income (net of waivers) 醫療費用收入(扣除豁免)	3,182	2,951	3,030	2,994	2,726
Non-medical fee income 非醫療費用收入	892	775	685	562	478
Designated donations 指定捐贈	183	149	145	143	132
Capital donations 資本捐贈	128	120	109	113	110
	<b>50,254</b>	<b>47,154</b>	<b>42,317</b>	<b>38,178</b>	<b>36,544</b>
<b>Expenditure 支出</b>					
Staff costs 員工成本	(34,459)	(32,290)	(29,616)	(26,904)	(26,680)
Drugs 藥物	(4,941)	(4,479)	(4,069)	(3,639)	(3,209)
Medical supplies and equipment 醫療物品及設備	(2,118)	(1,999)	(1,846)	(1,354)	(1,210)
Other operating expenses (include depreciation and amortisation) 其他營運開支(包括折舊及攤銷)	(8,071)	(7,288)	(6,289)	(6,039)	(5,473)
	<b>(49,589)</b>	<b>(46,056)</b>	<b>(41,820)</b>	<b>(37,936)</b>	<b>(36,572)</b>
<b>Surplus/(Deficit) for the Year 年度盈餘/(虧損)</b>	<b>665</b>	<b>1,098</b>	<b>497</b>	<b>242</b>	<b>(28)</b>

## Income by Source (in % of Total Income)

## 各類收入來源(佔總收入百分比)





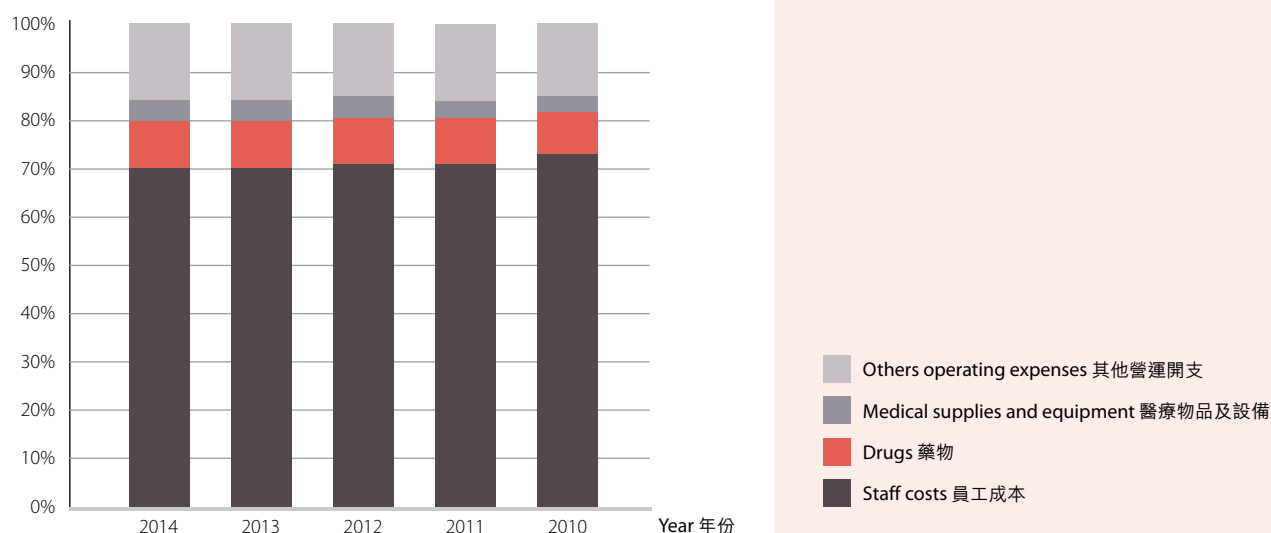
## Key Financial Indicators (for the Year ended 31 March)

## 主要財政指標 (截至每年3月31日)

	2014 HK\$Mn 港幣百萬元	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
<b>Medical fee income 醫療費用收入</b>					
Inpatient fees 住院收費	943	939	1,164	1,269	1,174
Outpatient fees 門診收費	1,258	1,218	1,188	1,169	1,128
Itemised charges 分項收費	1,420	1,231	1,134	1,032	887
Other medical fees 其他醫療收費	88	81	71	66	60
	<b>3,709</b>	<b>3,469</b>	<b>3,557</b>	<b>3,536</b>	<b>3,249</b>
<b>Less: Waivers 扣除：豁免</b>	<b>(527)</b>	<b>(518)</b>	<b>(527)</b>	<b>(542)</b>	<b>(523)</b>
<b>Medical fee income (net of waivers) 醫療費用收入 (扣除豁免)</b>	<b>3,182</b>	<b>2,951</b>	<b>3,030</b>	<b>2,994</b>	<b>2,726</b>
<b>Write-off of medical fee income 醫療費用收入註銷開支</b>	<b>36</b>	<b>35</b>	<b>37</b>	<b>29</b>	<b>36</b>

Expenditure by Category  
(in % of Total Expenditure)

## 各類支出 (佔總支出百分比)



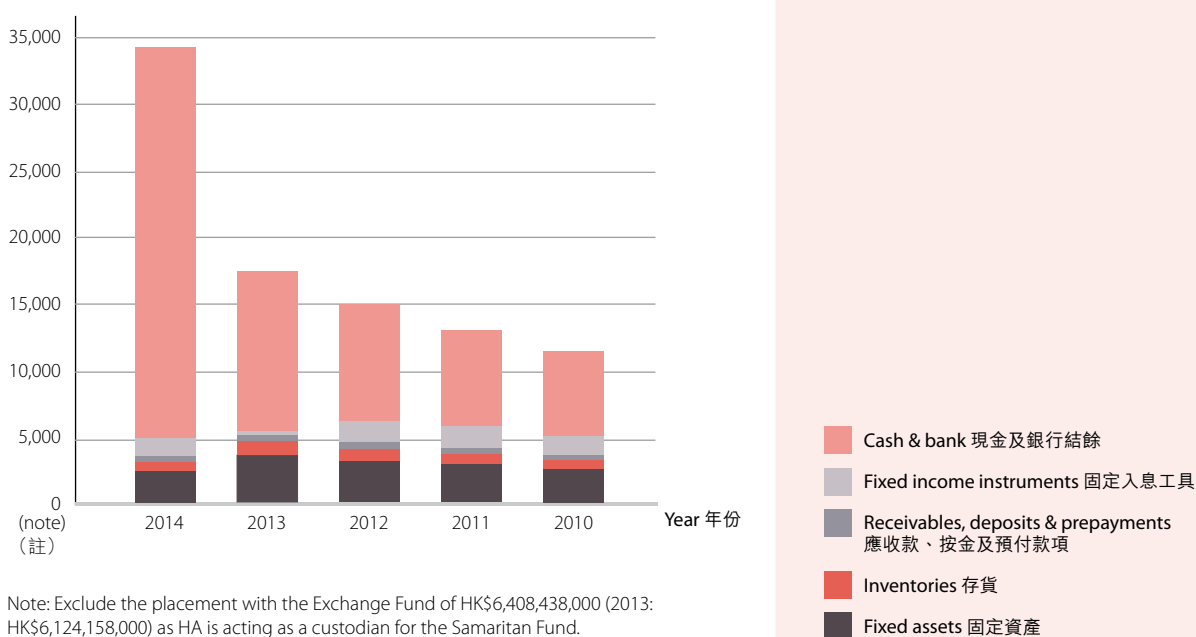
## Financial Position (at 31 March)

財政狀況（於每年3月31日）

	2014 HK\$Mn 港幣百萬元	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
<b>Non-current assets 非流動資產</b>	10,615	10,391	4,204	5,636	4,539
Current assets 流動資產	30,508	14,206	11,815	8,425	7,931
Current liabilities 流動負債	(9,607)	(6,918)	(5,929)	(4,795)	(4,007)
<b>Net current assets 流動資產淨值</b>	<b>20,901</b>	<b>7,288</b>	<b>5,886</b>	<b>3,630</b>	<b>3,924</b>
<b>Non-current liabilities 非流動負債</b>	<b>(19,609)</b>	<b>(6,686)</b>	<b>(683)</b>	<b>(658)</b>	<b>(600)</b>
<b>Net assets 資產淨值</b>	<b>11,907</b>	<b>10,993</b>	<b>9,407</b>	<b>8,608</b>	<b>7,863</b>
Capital subventions and Capital donations 資本補助及資本捐贈	4,610	4,383	3,895	3,593	3,090
Designated fund 指定基金	5,077	5,077	5,077	5,077	5,077
Revenue reserve 收入儲備	2,220	1,533	435	(62)	(304)
	<b>11,907</b>	<b>10,993</b>	<b>9,407</b>	<b>8,608</b>	<b>7,863</b>

## 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)

	2014 HK\$Mn 港幣百萬元	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
<b>Inventories 存貨</b>					
Drugs 藥物	1,151	1,043	840	713	640
Other medical and general consumables 其他醫療及一般消耗品	218	209	209	180	183
	<b>1,369</b>	<b>1,252</b>	<b>1,049</b>	<b>893</b>	<b>823</b>
<b>Average stock holding period (weeks)</b> 平均存貨儲備時間 (星期)					
Drugs 藥物	12.0	12.0	10.8	10.2	10.0
Other medical and general consumables 其他醫療及一般消耗品	8.6	8.7	10.0	9.4	8.2

## 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, except those who obtained their Hong Kong Identity Card by virtue of a previous permission to land or remain in Hong Kong granted to them and such permission has expired or ceased to be valid; or children who are Hong Kong residents and under 11 years of age. 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 2014 is HK\$57,900,000 (as at 31 March 2013: HK\$49,094,000).

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，但若該人士是憑藉其已獲入境或逗留准許而獲簽發香港身份證，而該准許已經逾期或不再有效則除外；或身為香港居民的11歲以下兒童。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2014年3月31日為止的呆帳撥備為港幣57,900,000元（截至2013年3月31日則為港幣49,094,000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：

	2013-2014			2012-2013		
	HK\$Mn 港幣百萬元	HK\$Mn 港幣百萬元	(%)	HK\$Mn 港幣百萬元	HK\$Mn 港幣百萬元	(%)
Net hospital/clinic fees and charges 醫院／診療所收費淨額		3,137	(84.6%)		2,906	(83.8%)
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	36			35		
Increase in provision 撥備增加	9			10		
		45	(1.2%)		45	(1.3%)
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		475	(12.8%)		479	(13.8%)
Non-Eligible Persons 非符合資格人士		51	(1.4%)		39	(1.1%)
Total hospital/clinic fees and charges 醫院／診療所收費總額		3,708	(100%)		3,469	(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](http://www.ha.org.hk)。

The Hospital Authority is committed to environmental protection.  
You may access this Report on our website [www.ha.org.hk](http://www.ha.org.hk)

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醫院管理局  
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