

2015-2016



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Roles 任務

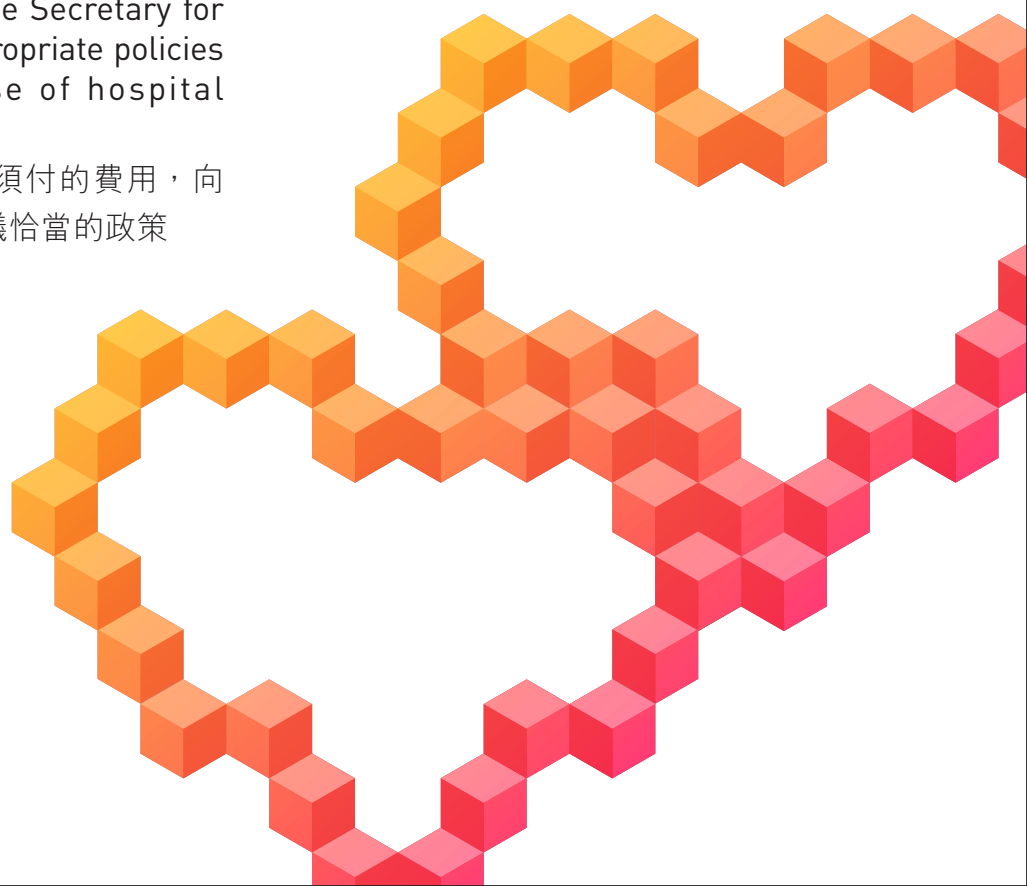
The Hospital Authority (HA) is a body corporate in the Hong Kong Special Administrative Region. Its functions are stipulated in Section 4 of the Hospital Authority Ordinance (Chapter 113).

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
-  Advising the Government of the needs of the public for hospital services and of the resources required to meet those needs
就公眾對公立醫院服務的需求及應付該等需求所需的資源，向政府提供意見
-  Managing and developing the public hospital system
管理及發展公立醫院系統
-  Recommending to the Secretary for Food and Health appropriate policies on fees for the use of hospital services by the public
就公眾使用醫院服務須付的費用，向食物及衛生局局長建議恰當的政策
-  Establishing public hospitals
設立公立醫院
-  Promoting, assisting and taking part in the education and training of persons involved in hospital or related services
促進、協助及參與培育提供醫院或有關服務的人士



Vision, Mission and Values

願景、使命及核心價值

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The corporate vision, mission and values (VMV) of Hospital Authority reflect aspirations of the Board, the management and staff in fostering a healthy community. Guided by the 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”.

醫管局的機構願景、使命及核心價值，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 Hospital Authority aims to achieve its corporate VMV by adopting six strategic intents as outlined in the HA Annual Plan 2015-2016:

醫管局採納2015-2016年度工作計劃書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 28 strategies, the Authority formulated 140 corresponding programme targets for 2015-2016, of which all were achieved in the year, save for five slightly deferred. 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28個策略重點，醫管局就2015-2016年度制訂了140項計劃目標，除了五項稍為推遲外，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

醫院管理局成員

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日獲委任為醫院管理局主席
- 脊柱外科及小兒骨科的臨床醫學研究專家

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

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

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

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Ms Anita CHENG
Wai-ching
鄭瑋青女士

- Appointed on 1 April 2014
- Chief executive officer of a marketing, brand building and event management company
- 於2014年4月1日獲委任
- 市場推廣、品牌形象及項目籌劃公司總監

Mr CHENG Yan-kee,
BBS, JP
鄭恩基先生

(up to 30.11.2015)
(任期至2015年11月30日)

- 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

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

Ms Quince CHONG
Wai-yan, JP
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

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

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



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



Mr HO Wing-yin
何永賢先生

- Appointed on 1 April 2015
- Medical laboratory technologist and Department Manager (Pathology) of Queen Elizabeth Hospital
- 於2015年4月1日獲委任
- 醫務化驗師及伊利沙伯醫院病理學部部門經理



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



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，財務匯報局前行政總裁



Mr Andy LAU Kwok-fai
劉國輝先生

- (Passed away on 17 April 2015)*
(於2015年4月17日辭世)
- 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



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



Prof Diana LEE Tze-fan, JP
李子芬教授

- Appointed on 1 December 2012
- Professor of Nursing of the 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



Membership of the Hospital Authority

醫院管理局成員

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

Prof Gabriel Matthew LEUNG, GBS, JP 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

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

(up to 30.11.2015)

(任期至2015年11月30日)

- 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

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

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Prof Raymond LIANG Hin-suen, SBS, 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
- 血液及血液腫瘤科專科醫生及私家醫院副院長

Ir Dr Hon LO Wai-kwok, SBS, MH, JP 盧偉國博士

- Appointed on 1 December 2014
- Engineer and Member of the Legislative Council (Engineering Functional Constituency)
- 於2014年12月1日獲委任
- 工程師及立法會議員(工程界)

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

(up to 30.11.2015)

(任期至2015年11月30日)

- 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

Ms Winnie NG Wai-ling, JP 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

**Dr PANG Yiu-kai,
GBS, JP**
彭耀佳博士

- Appointed on 1 April 2011
- Deputy managing director of a listed company
- 於2011年4月1日獲委任
- 上市公司副行政總裁



**Mr Ivan SZE Wing-hang,
BBS**
施榮恆先生

- Appointed on 1 December 2015
- Director of a real estate development company
- 於2015年12月1日獲委任
- 房地產開發公司董事



**Mr WONG Kwai-huen,
BBS, JP**
王桂壠先生

- 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



**Ms Priscilla WONG
Pui-sze, BBS, JP**
王沛詩女士

- Appointed on 1 December 2015
- Practising barrister
- 於2015年12月1日獲委任
- 執業大律師



**Prof Maurice YAP
Keng-hung, JP**
葉健雄教授

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



**Mr Jason YEUNG
Chi-wai**
楊志威先生

- Appointed on 1 December 2015
- Group chief compliance and risk management officer of a group of listed companies
- 於2015年12月1日獲委任
- 上市公司的集團監察及風險管理總裁



**Mr Charlie YIP
Wing-tong**
葉永堂先生

- Appointed on 1 August 2015
- Retired social worker
- 於2015年8月1日獲委任
- 退休社工

**Mr Richard YUEN
Ming-fai, GBS, 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



An isometric illustration featuring a large blue sign with the text 'Chapter 1 Corporate Governance'. To its right is a smaller red sign with the Chinese text '第一章 機構管治'. The scene is decorated with various mechanical and symbolic icons: a blue gear, a green gear, a yellow gear, a blue gear, a white ambulance on a red circular base, a black silhouette of a head with three yellow gears inside on an orange circular base, and a blue gear. The background consists of a light blue and white isometric cube pattern. The floor is a light blue grid with white lines and small colored circles (green, grey, purple) at the intersections.

Chapter 1 Corporate Governance

第一章 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. 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，根據《醫院管理局條例》第113章於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 and accountability and conduct.

Hospital Authority Board

Under the HA Ordinance, the Chief Executive of the HKSAR appoints members to the HA Board. The 2015-16 Board consisted of 28 members, including the Chairman. Details are listed in Appendix 1. Membership of the Authority comprises 24 non-public officers, three public officers and one principal officer (the Hospital Authority Chief Executive). Board members are not separately remunerated.

The HA Board meets formally about 12 times a year and any other times as required. In 2015-16, it met 15 times and considered over 130 agenda items, covering an array of important matters in leading and managing HA, including formulation of policies and strategies, steering and monitoring of the planning, development and operation of hospital services and supporting facilities, resource management, risk management and internal control, contingency preparedness and governance etc. In addition, five Board papers covering urgent matters were circulated for approval between meetings.

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。2015-16年度，大會有28名成員（包括主席），詳情載於附錄1。成員中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）。大會成員不獲額外酬金。

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2015-16年度，大會共召開15次會議，審議超過130個項目，涵蓋領導及管理醫管局的重要事宜，包括制訂政策和策略、督導及監管醫院服務與支援設施的規劃、發展和運作、資源管理、風險管理與內部監控、應變準備、管治等。另外在會期之間以傳閱方式通過五份文件，處理緊急事宜。



To ensure accountability and stewardship of HA's resources and effective management of services, sustainable efforts were made by the HA Board to sustain the momentum on a spectrum of enhanced practices validated in the previous corporate governance review. Building on a well-established system, the Organisation-wide Risk Management Policy and Strategy were refreshed and approved by the Board in 2015 for a holistic and standardised approach to risk management across HA, thereby improving the organisational processes for risk identification and development of risk mitigation strategies. On the front of the HA Review, the HA Board had set up a special task force at the Board level to steer the strategy and monitor the implementation of the recommendations of the Steering Committee on Review of HA. With the endorsement of the Board, HA released a detailed Action Plan on 22 October 2015 to guide the implementation of over 100 items of enhancement measures. As undertaken in the Action Plan, the Board would continue to reinforce its leading and managing role in HA.

The *Code of Corporate Governance Practices* (the Code) aims to provide appropriate structures and processes for ensuring a robust governance and accountability framework for guiding members of the HA Board and its committees in performing their roles and responsibilities. In view of rising public expectations on integrity and probity involving the public sector and to drive for continuous improvement, the Code was further reviewed in the past year having regard to good practices in the Sample Code of Conduct for Members of Public Bodies promulgated by the Independent Commission Against Corruption.

During the year, familiarisation programme in the form of sharing sessions was arranged for new members. Also, visits to external corporates were conducted to keep members abreast of the knowledge and skills applicable to public sector operations and changing environment.

為確保醫管局的資源運用及服務得到妥善管理，醫管局大會按早前進行的機構管治檢討，持續推行多項加強機構管治的措施。在2015年，醫管局大會在行之有效的制度上，修訂及通過《醫管局組織風險管理政策及策略》，採納全面及劃一的風險管理方式，改善整個機構識別風險及制訂緩減風險策略的程序。在醫管局檢討方面，醫管局大會就落實醫管局檢討督導委員會的建議成立了特別專責小組，從大會層面提供策略指導及監察執行情況。在醫管局大會支持下，醫管局於2015年10月22日發表詳細的行動計劃，指導推行超過100項改善措施。醫管局大會將按照行動計劃的承諾，繼續在領導和管理醫管局方面擔當更主動的角色。

《機構管治守則》(《守則》)制訂適當的架構和程序，確保醫管局有一套穩健的管治和問責框架，為醫管局大會和轄下委員會成員提供指引，以便履行職能及責任。鑒於公眾對公營機構道德誠信的要求不斷提高，醫管局於去年根據香港廉政公署發表的《公共機構成員行為守則範本》中的優良措施，進一步檢視《守則》，力臻完善。

年內，我們為新成員安排了分享會，另舉行參觀機構活動，讓成員得悉公營機構運作的新知和技能，與時並進。

Board Committees

For optimal performance of roles and exercise of powers, the HA Board has established 11 functional committees: Audit and Risk Committee, Emergency Executive Committee, Executive Committee, Finance Committee, Human Resources Committee, Information Technology Services Governing Committee, Main Tender Board, Medical Services Development Committee, Public Complaints Committee, Staff Appeals Committee and Supporting Services Development Committee. Membership of the committees, terms of reference and focus of work in 2015-16 are outlined in Appendix 3.

Hospital Governing Committees

To enhance community participation and governance of public hospitals, 32 Hospital Governing Committees (HGCs) were established in 40 hospitals and institutions in accordance with the HA Ordinance. These committees are listed in Appendix 4. In 2015-16, 32 HGCs conducted a total of 130 meetings. They received regular management reports from Hospital Chief Executives, monitored operational and financial performance of the hospitals, provided policy guidance on hospital management, and participated in human resources and procurement functions, as well as hospital and community partnership activities. On-going efforts were made to reinforce linkage and interactions between the Board and the committees, and feedback from individual committees on corporate-wide issues, where appropriate, was conveyed to HA Head Office for attention.

大會轄下的委員會

為協助醫管局大會有效發揮職能及行使職權，大會成立了11個專責委員會，包括審計及風險管理委員會、緊急應變策導委員會、行政委員會、財務委員會、人力資源委員會、資訊科技服務管治委員會、中央投標委員會、醫療服務發展委員會、公眾投訴委員會、職員上訴委員會及支援服務發展委員會。各委員會2015-16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，醫管局按《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。在2015-16年度，32個醫院管治委員會共召開130次會議，審閱醫院行政總監的定期管理報告、監察醫院在運作和財務方面的表現、指導醫院管理政策、參與人力資源及採購工作，以及醫院和社區的夥伴協作活動。醫管局持續推動醫管局大會與醫院管治委員會的連繫和互動，並收集管治委員會對機構各方面的意見，於適當時上呈醫管局總辦事處。





The *Manual on the Operation of Hospital Governing Committees*, encompassing various corporate governance policies and practices adopted by the HA Board and the HGCs over the years, provides guidance to HGC members in discharging their responsibilities. Proactive initiatives were introduced to enhance engagement and strengthen the role of HGC members in corporate policies and strategies, such as in the implementation of recommendations of the Steering Committee on Review of HA and in formulation of *HA Strategic Plan 2017-2022*. Agenda setting and self-assessment exercise of HGCs were also revisited and enhanced.

Regional Advisory Committees

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

In 2015-16, the Regional Advisory Committees discussed a number of matters including Action Plan for implementing the recommendations of the Steering Committee on Review of HA, formulation of *HA Strategic Plan 2017-2022*, HA Drug Formulary management, winter surge response plan, 2014 Patient Experience and Satisfaction Survey on Specialist Outpatient Service, security management and laundry management of HA hospitals and also progress update on hospital accreditation, etc. The committees were also briefed on the progress of the annual plans and targets of individual clusters as well as various service enhancement programmes.

《醫院管治委員會運作手冊》載列醫管局大會和醫院管治委員會多年來採納的各項機構管治原則和措施，為醫院管治委員會成員提供指引，以便履行其職責。醫管局採取了積極措施，加強醫院管治委員會成員在制訂機構政策及策略方面的參與和角色，如實施醫管局檢討督導委員會的建議，以及擬定醫管局《2017至2022年策略計劃》。醫管局亦重新審視，並加以改善醫院管治委員會的自我評核及設定議程的程序。

區域諮詢委員會

為聽取地區對醫療服務需要的意見，醫管局成立三個區域諮詢委員會。附錄5載有這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2015-16年度，三個區域諮詢委員會討論了不同事項，包括落實醫管局檢討督導委員會建議的行動計劃、制訂醫管局《2017至2022年策略計劃》、醫管局藥物名冊管理、冬季流感服務高峰期應對計劃、2014年專科門診病人經驗及服務滿意度調查、醫院的保安管理和洗衣管理，以及醫院認證計劃進度報告。委員會亦獲悉個別聯網的工作計劃進展和目標，以及多項服務改善計劃。





Executive Management

The executive management team of 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 of HA. 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 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 employees. Remuneration packages of executive directors and other senior managers are devised to attract, motivate and retain high calibre individuals in a competitive talent market. Remuneration packages of all senior executives are considered and endorsed by the HA Board through the Executive Committee.

行政管理

附錄2(b)載有行政管理團隊的名單。各行政人員獲醫管局大會授權管理及執行醫管局的日常事務及運作。為確保管理層可快捷有效地履行職責，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
**Chairman's
Review**

第二章
主席匯報





Chairman's Review

主席匯報

2015 is a very meaningful year to me. I rejoined the Hospital Authority (HA) Board as Chairman in December 2013, which was over two decades after my early service as member of the first term of the HA Board upon its establishment in 1990, and I was deeply honoured to be reappointed as Chairman for another two years in 2015. Most important of all, I am most privileged to have the opportunity to work with our outstanding team of healthcare professionals again for delivering world-class medical services to the people of Hong Kong.

2015年是非常有意義的一年。25年前，我被委任為第一屆醫院管理局（醫管局）大會成員後，2013年再度加入醫管局接任主席之職，並於2015年獲續任兩年，使我再有機會與最優秀的醫療團隊攜手合作，繼續為全港市民提供世界級的優質醫療服務。





Celebrating 25th Anniversary in 2015-16, HA continued to enhance the scope and quality of public hospital services in Hong Kong through effective application of new technology, evidence-based learning and specialised training. In July 2015, the Hong Kong SAR Government released the *Report of the Steering Committee on Review of Hospital Authority*. Having regard to the findings of the Review, we assessed our opportunities and developed a three-year Action Plan to guide enhancements in five key areas through over 100 action items, covering management and organisation structure, resource management, staff management, cost effectiveness and service management, and overall management and control.

Spending just 2.5% of Hong Kong's GDP, HA serves close to 90% of all inpatient healthcare needs in the territory. Although we are facing challenges including manpower shortage, aging population, and increasing stakeholder expectations, we remain firmly committed to providing quality services to the public.

本年度也是醫管局成立25周年的大日子。回顧這四分之一世紀，醫管局不斷採納高新科技、專業知識及培訓，改善本港醫療服務的範疇和質素。2015年7月，特區政府發表《醫院管理局檢討督導委員會報告》。報告不但總結過去，更展望將來。我們積極地回應報告，隨即於10月公布了行動計劃，擬於三年內陸續開展推行超過100項措施，涵蓋五大範疇，包括管理及組織架構、資源管理、人事管理、成本效益和服務管理，以及整體管理和監管。

醫管局僅以本地生產總值約2.5%的資源，承擔全港近九成的住院醫療服務，雖然面對人手緊絀、人口老化、持份者的期望不斷提高等各項挑戰，仍然堅定不移地致力為市民提供優質服務。



I am indebted to all members of the Board, Regional Advisory Committees and Hospital Governing Committees, as well as the co-opted members of functional committees of the Board for their guidance and advice. We were delighted to welcome Mr Ho Wing-yin, Mr Ivan Sze Wing-hang, Ms Priscilla Wong Pui-sze, Mr Jason Yeung Chi-wai and Mr Charlie Yip Wing-tong to the Board in the past year. Their diverse range of expertise and experience has brought fresh perspectives to the Board and new impetus to HA in mapping its future plans. At the same time, I also wish to express my sincere thanks to retired members Mr Cheng Yan-kee, Mrs Margaret Leung Ko May-yee and Mr Patrick Ma Ching-hang for their invaluable contributions over the years. The loss of Mr Andy Lau Kwok-fai who passed away on 17 April 2015 was sad, we all remember in our heart his cheerful smiles and tireless efforts in promoting the interests of patients.

我要衷心感謝醫管局大會、區域諮詢委員會及醫院管治委員會所有成員，以及各專責委員會的增選成員，多年來為我們提供寶貴意見和支持。我謹在此歡迎何永賢先生、施榮恆先生、王沛詩女士、楊志威先生和葉永堂先生於去年加入醫管局大會。他們在各個專業範疇具備豐富經驗，為大會注入新思維，協助制定未來路向。我亦感謝去年卸任的鄭恩基先生、梁高美懿女士和馬清鏗先生，他們貢獻多年，實在是功不可沒。劉國輝先生不幸於2015年4月17日辭世，我們深感哀痛，並永遠懷念他開朗的笑容，及為病人爭取權益的堅持和熱誠。





My sincere gratitude also goes to Legislative Council and District Council members, patient groups and our volunteers. Their efforts play an important role in the steady development of HA. Last, but certainly not least, I must express heartfelt thanks to my about 73,000 colleagues, whose dedication, compassion and professionalism are core to HA's achievement and reputation as a leading public healthcare provider. By continuing to work together, we will set new heights and excellence in public hospital services in Hong Kong to safeguard the health and well-being of our community.

John Leong Chi-yan
Chairman



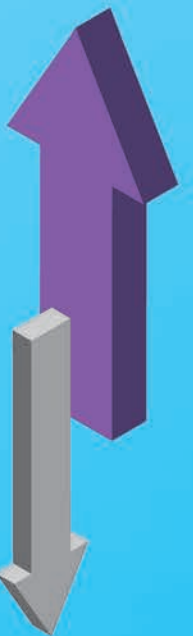
主席
梁智仁

另外，我要多謝其他對醫管局作出貢獻的人，包括立法會和區議會成員、病人組織和各位義工，有賴大家的付出和支持，才令醫管局穩步發展。醫管局能繼續成為高效率的公共醫療體系，有賴全體約73,000位同事的努力。在此，我衷心感謝全體同事，齊心朝著同樣目標前進，竭盡所能，保障市民健康。

Chapter 3 Chief Executive's Report

第三章 行政總裁匯報





Chief Executive's Report

行政總裁匯報

2015 marked the 25th Anniversary of Hospital Authority (HA). Progress of Hong Kong's public hospital services since the era of Hospital Services Department is highly encouraging, most notably in service quality, efficiency and satisfaction of patients and the community at large. The daunting challenges of ageing population, technology advancement, increasing prevalence of chronic diseases, potential health threat posed by communicable diseases such as the Middle East Respiratory Syndrome and Zika virus infection, have continued to place tremendous burden on the public healthcare service. Rising expectation of the general public towards the public healthcare system has also induced HA to drive for further improvements and excellence. Leveraging on our firm foundation established, we rise above to take advantage of every challenge and strive to maintain high quality healthcare services.

2015年是醫院管理局(醫管局)銀禧紀念。回首過去25年，香港公共醫療服務由醫院事務處年代發展至今，服務質素、效率、病人及公眾滿意度大大提高。但我們仍面對重重挑戰如人口老化、追趕日新月異的科技、慢性疾病日趨普遍，加上如中東呼吸綜合症、寨卡病毒感染等傳染病爆發的潛在威脅，為公營醫療服務帶來沉重壓力。市民對公營醫療體系日漸提高的期望，都提醒我們要精益求精。憑着前人奠下的堅實基礎，我們把握每一個機遇，迎難而上，維持優質的醫療服務。





To meet the demands in hospital services with pressing needs, we rolled out various measures to increase service capacity and accessibility. We enhanced the access of target patients to episodic care by adding 110,000 general outpatient clinic (GOPC) quota in the year. The Accident and Emergency (A&E) Department Support Session Programme was extended to all 17 A&E Departments to reduce workload.

Last year, we continued our effort in improving ancillary support to pharmacy services. The pharmacy workforce was strengthened and accessibility to services was enhanced with round-the-clock pharmacy services extended to North District Hospital, and extension of weekday service by two hours in Shatin Hospital, Our Lady of Maryknoll Hospital and Haven of Hope Hospital.

In managing escalating service demand, we further enhanced operation efficiency with different service models through collaborations with our counterparts. Our Patient Empowerment Programme (PEP) in collaboration with non-governmental organisations continued to support 14,000 chronic disease patients. The pilot Public-Private Partnership (PPP) programmes of cataract surgeries, primary care service and radiological investigation service benefitted over 6,500 patients.

HA strives for a higher standard of medical safety and professionalism. We phased out the reuse of single use devices according to clinical prioritisation. We also set up designated teams to coordinate hospital accreditation programme in 10 hospitals. We leveraged the application of technology and developed mobile application *BookHA* for Gynecology patients to submit applications for booking new case appointment as a pilot. We are further developing the App to introduce to other specialties so as to bring greater convenience to the general public in making public specialist outpatient clinic (SOPC) appointment.

為應付醫院的高壓力範疇，我們推行各種措施，擴充服務量和便捷度，包括全年增加共110,000個普通科門診診症名額，讓目標病人更快獲得基層醫療服務；並於全部17間急症室增加支援診症節數，減輕急症室的工作壓力。

去年，派藥配套方面持續改善，沙田醫院、聖母醫院及靈實醫院藥房平日的服務時間延長兩小時，北區醫院更提供24小時藥房服務，增加藥房人手。

面對龐大的服務需求，我們進一步與各方夥伴展開協作，以不同的服務模式加強運作效率。例如，繼續與非政府機構合作推行病人自強計劃，共支援14,000名慢性疾病患者。我們持續推行白內障手術、基層醫療及放射檢查服務的公私營協作先導計劃，三項計劃讓超過6,500名病人受惠。

我們致力提升醫療安全和專業水平。根據臨床優次，逐步停止重用指定的一次性醫療器材；並於10間醫院成立項目小組，統籌醫院認證計劃。我們亦積極應用現代科技，推出流動應用程式「預約通」，以婦科為試點，方便婦科病人預約公立專科門診新症，並正進一步推廣至其他專科，令市民預約專科更輕鬆。





Human resource is our most valuable asset. To alleviate pressure faced by frontline staff, we continued to strengthen workforce by recruiting 400 doctors, 2,041 nurses and 617 allied health professionals in the year. Overseas training scholarships were offered to 209 healthcare professionals. Training subsidies were also provided to healthcare professionals to align with corporate development priority areas to build staff competency.

Hong Kong SAR Government and HA are close partners in healthcare services, and HA provided support in various Government-led public healthcare initiatives. HA actively helped in the development of the Electronic Health Record (eHR) Sharing System in the past few years and the System formally commenced operation in March 2016, providing an important platform for health record sharing between public and private healthcare organisations with patients' consent. We also assisted the Government in managing the lead in drinking water incident, setting up blood taking centres in 11 HA hospitals with paediatric units which together provided over 5,600 blood lead level (BLL) screenings. Follow-up management was also provided for individuals with higher-than-normal BLL.

In October last year, HA proactively put forward the Action Plan for implementing the recommendations of the *Report of the Steering Committee on Review of Hospital Authority* which was announced in July 2015. The Action Plan outlined over 100 action items to be implemented in the coming three years. The Authority has since then been diligently following up on the various implementation plans, including key focuses in refining the cluster boundary of Kowloon Central Cluster and Kowloon West Cluster with a view to reducing cross-cluster utilisation of services and optimising vertical integration of services to ensure continuity of care; alleviating known gaps in Kowloon East, New Territories East and New Territories West Clusters through additional top-up funding; enhancing structured development and training opportunities for healthcare professionals; and working on service access and capacity issues, just to name a few.

人力資源是我們最珍貴的資產。我們繼續加強招聘，包括400名醫生、2,041名護士及617名專職醫療人員，以紓緩前線同事的工作壓力。我們亦為209名醫護人員提供海外培訓獎學金，並為優先發展服務範疇的醫護人員提供進修津貼，促進員工的專業發展。

醫管局是特區政府在醫療服務上緊密的夥伴，為政府多個公共醫療衛生項目提供支援服務。我們在過去數年積極協助政府研發電子健康紀錄互通系統，提供平台讓公私營醫護機構可在獲得病人的同意下雙向互通病歷，系統已於2016年3月正式推出。我們亦協助政府處理食水含鉛事件，在設有兒科專科的11間醫院設立抽血中心，合共提供超過5,600個血鉛檢測，並替血鉛超標人士提供跟進服務。

我們積極回應醫管局檢討督導委員會於2015年7月發表的建議，10月公布行動計劃，在三年內逐步推行超過100項行動措施。我們隨即跟進各項計劃，重點包括重整九龍中與九龍西聯網的界線，改善跨網求診的情況，及加強服務的縱向整合以確保服務的連續性。針對九龍東、新界東與新界西聯網，亦會有額外的資源，改善已知的服務量不足。我們又建立一套有系統的機制，加強醫護人員的培訓；同時加強服務能力，改善輪候情況。





Through allocating resource, we enhanced manpower support and resources in pressure areas to reduce workload of our staff, retain talents and maintain staff morale. Four staff forums were organised to listen to staff's views last year. With continuous communication with staff and other stakeholders, we stayed closely with the pulse of their comments and concerns to engage support and will continue to do so. At this 25th year, it is an opportune time for HA to consolidate our experience in the past and get prepared for challenges ahead.

Senior appointments in 2015-16 included Dr Beatrice Cheng as Hospital Chief Executive (HCE) of Ruttonjee & Tang Shiu Kin Hospitals, Cheshire Home, Chung Hom Kok and Tung Wah Eastern Hospital; Dr Chung Kin-lai as HCE of North District Hospital; and Dr Man Chi-yin as HCE of Alice Ho Miu Ling Nethersole Hospital & Tai Po Hospital. Mr Robert James Burns took up the post as Chief Internal Auditor of Group Internal Audit at HA Head Office.

My heartfelt thanks go to all our committed staff for serving the community with profound endurance and professionalism. I also wish to express my gratitude to the Government for its unwavering policy and funding support. HA will continue to improve facilities and services in public hospitals and clinics around the territory and ensure efficient use of the designated funding. We will consolidate our fundamental strengths, and map out our long-term goal and direction in fulfilling the mission of safeguarding the health of the community.

PY Leung
Chief Executive

透過資源調配，我們為面對服務壓力的範疇提供額外人力支援和資源，希望減輕員工的工作壓力，以挽留人才和維持士氣。我們在年內安排了四次員工座談會，聽取員工的意見，並會繼續與各方保持密切溝通，了解他們的意見和關注的事項，爭取支持。適值25周年，我們抓緊今次檢討及相關建議帶來的契機，總結過去，展望將來。

年內的高層人員聘任包括委任鄭信恩醫生為律敦治及鄧肇堅醫院、春磡角慈氏護養院及東華東院行政總監，委任鍾健禮醫生為北區醫院行政總監，以及文志賢醫生出任雅麗氏何妙齡那打素醫院及大埔醫院行政總監；Robert James Burns 先生出任總辦事處總內部審計師。

我衷心感謝局內每一名員工，時刻緊守崗位，專業無私地服務市民。我亦要感謝特區政府一直以來在政策和財政上支持醫管局，我們會繼續善用撥款，優化全港公立醫院和診所的設施和服務。我們定必在紮實的基石上提升實力，為未來訂下長遠的目標與方向，履行守護民康的重責。

行政總裁
梁栢賢



Chapter 4 Milestones of the Year

第四章 大事回顧



OCT AUG

APR MAY

NOV MAR



JUN

DEC

FEB

SEP

JAN



Milestones of the Year

大事回顧



4.2015

Prince of Wales Hospital completed six kidney transplants in four days, making a record in completing the greatest number of kidney transplant operations in the shortest period of time.

威爾斯親王醫院於四天內成功為六名病人完成腎臟移植手術，創下醫院歷來以最短時間完成最多腎臟移植手術的紀錄。



5.2015

Pamela Youde Nethersole Eastern Hospital achieved technological breakthrough in the first 3D EndoLap Operating Room in Hong Kong to deliver more efficient and safe endoscopic and laparoscopic surgeries. Endoscopy service was further enhanced with the operation of the new Centre in February 2016 which provided seven additional service sessions per week.

東區尤德夫人那打素醫院在微創手術科技作出突破，成立全港首間三維綜合內鏡微創手術室，利用先進的三維技術提供更有效率和安全的內視鏡和腹腔鏡手術。隨著新內視鏡中心於2016年2月投入服務，每周額外提供七個服務節數，服務能力進一步加強。



5.2015



The project of extension of the Operating Theatre Block of Tuen Mun Hospital was approved by the Legislative Council.

屯門醫院手術室大樓擴建工程獲得立法會支持。

6.2015

Haven of Hope Hospital celebrated its 60th Anniversary with a series of activities for strengthening rapport with staff and the community.

靈實醫院60周年誌慶，透過連串活動與職員和社區加強連繫。



7.2015

Hospital Authority (HA) commenced the planning of a series of activities to celebrate its 25th Anniversary. The activities also recognised the invaluable contributions of all staff over the years.

醫院管理局(醫管局)展開籌劃一系列活動，慶祝25周年誌慶。透過連串活動，表揚員工多年來的寶貴貢獻。





7.2015



HA supported the government in managing the lead in drinking water incident. From July 2015 onwards, HA provided collection and testing of blood, and follow-up management for affected individuals.

醫管局自2015年7月起協助政府處理食水含鉛事件，為受影響的市民抽血、驗血和提供跟進服務。

8.2015

Queen Mary Hospital successfully performed the world's first simultaneous living liver transplant involving transplant of part of liver from two sisters to their father. All three patients recovered well and were discharged home.

瑪麗醫院成功進行世界首宗雙肝同步移植手術，由兩名女兒各捐出部份肝臟予父親，三名病人順利康復出院。



9.2015



New Territories East Cluster received three awards in the 14th Asian Hospital Management Awards in recognition of its innovations. Three entries include the mobile application *PWH easyGo* which guides patients and visitors to their destinations in Prince of Wales Hospital; transforming wound cleansing to evidence-based practice and development of new "irrigation dressing set"; as well as community outreach services to support elderly individuals.

新界東聯網在第14屆「亞洲醫院管理大獎」獲頒三個獎項，表揚醫院推行創新服務。得獎項目包括流動應用程式「威院一路通」，協助病人及訪客搜尋前往威爾斯親王醫院各地點的路線；具臨床實證的清洗傷口方法暨全新研發傷口灌洗工具；及社區外展服務以改善長者治療過程。

10.2015

HA announced the Action Plan for implementing the recommendations of the Steering Committee on Review of HA which involved over 100 action items for improving HA's operation and service provision.

醫管局公布行動計劃，落實醫管局檢討督導委員會的建議，推行超過100項措施改善醫管局的運作和服務。



11.2015

Tseung Kwan O Hospital completed her first Organisation Wide Survey and received a four-year full accreditation status of the Australian Council on Healthcare Standards.

將軍澳醫院首次完成澳洲醫療服務標準委員會的醫院認證機構評審，獲得四年全面認證。



11.2015

Queen Mary Hospital celebrated the 20th Anniversary of lung transplant programme in Hong Kong. About 30 lung transplant recipients attended to express their deepest gratitude towards the organ donors and their families.

瑪麗醫院舉行本港肺移植20周年紀念活動，近30名肺移植受贈者出席，向器官捐贈者及他們的家人致謝。





11.2015

Pamela Youde Nethersole Eastern Hospital Minimal Access Surgery Training Centre celebrated its 20th Anniversary which marked an important milestone in HA's history of pioneering minimal access surgery training.

東區尤德夫人那打素醫院慶祝首間微創外科訓練中心20周年誌慶，標誌著醫管局開創微創外科訓練的重要里程。



12.2015

HA organised a thank-the-donor ceremony in honour of the Hong Kong Jockey Club Charities Trust for the donation of HK\$253 million for launching the "Jockey Club Inpatient Facilities Modernisation Scheme". The donation funded the installation of over 6,000 electrically-operated beds and more than 520 sets of ceiling hoist system across public hospitals to provide a safer and more comfortable environment to patients and healthcare staff.

醫管局舉行致謝儀式，感謝香港賽馬會慈善信託基金捐贈港幣2億5,300多萬元，推行「賽馬會安寢輕移計劃」，於公立醫院裝設逾6,000張電動病床及520多套病人吊運系統，為病人及醫護人員提供更安全及舒適的環境。

12.2015

An Honour Award was bestowed on HA by Macao Special Administrative Region Government in recognition of HA's collaborations with Macao partners on healthcare services.

醫管局獲頒澳門特別行政區榮譽獎狀，以表揚其與澳門醫療機構的緊密合作。



1.2016



The Hong Kong Red Cross Blood Transfusion Service set up the West Kowloon Donor Centre to improve blood donation services and blood supply in Hong Kong.

香港紅十字會輸血服務中心開設西九龍捐血站，進一步改善捐血服務並增加血液供應。

1.2016

HA and MOH Holdings Pte Ltd of Singapore signed a Memorandum of Understanding to renew mutual collaboration on training, sharing expertise in healthcare management and policy development for medical services in public hospitals.

醫管局與新加坡衛生機構 MOH Holdings Pte Ltd 更新合作備忘錄，促進雙方在培訓、公立醫院的醫療管理經驗分享及醫療政策發展等領域上的持續合作。





2.2016



Celebrating its 25th Anniversary, HA organised the Spring Gathering followed by a fun-day to express appreciation to staff and various stakeholders.

醫管局成立25周年，舉辦新春團拜及嘉年華，與員工及不同持份者共賀銀禧並表示謝意。

3.2016

The Community Rehabilitation Service Support Centre at Kowloon Hospital commenced service, providing rehabilitation services to patients with different illnesses or disabilities.

位於九龍醫院的「醫院管理局社區復康中心」投入服務，為患有不同疾病或殘障的病人提供復康服務。



3.2016



HA launched the mobile application *BookHA* to facilitate patients in submitting application for specialist outpatient clinic new case appointment.

醫管局推出流動應用程式「預約通」，方便市民預約專科門診新症。

The second Cardiac Catheterisation Laboratory in Princess Margaret Hospital was set up to strengthen cardiac care services.

瑪嘉烈醫院增設第二間心導管檢查室，加強心臟科服務。



3.2016

3.2016

Caritas Medical Centre completed Phase Two Redevelopment Project. The redeveloped new Wai Ming Block (New Ambulatory and Rehabilitation Block) was officially opened on 3 March with service capabilities enhanced, providing 20 extra rehabilitation beds, 100 consultation rooms for different specialties and three brand new day surgery operating theatres.

明愛醫院完成第二期重建計劃，其中新重建的懷明樓（新日間醫護／復康大樓）於3月3日進行開幕儀式。大樓新增20張復康病床，100間不同專科的診症室及三間日間手術室，服務能力大大提升。



Chapter 5 Engagement and Teamwork

第五章
凝聚力量 群策群力





Engagement and Teamwork

凝聚力量 群策群力

The Hospital Authority (HA) Head Office maintained constant direct communication with staff representatives through Six Staff Group Consultative Committees and the Central Consultative Committee. Information on topics of concern is also promulgated to HA staff through various channels, including staff newsletter *HASLink*, new media platforms such as HA Facebook Page and HA YouTube Channel, as well as HA Blog on the intranet.

透過六個職員協商委員會及中央協商委員會，醫院管理局（醫管局）總辦事處與員工代表保持恆常直接的溝通。其他溝通渠道包括員工通訊《協力》，新媒體平台如醫管局 Facebook 專頁和 YouTube 頻道，以及醫管局內聯網的「醫管局博客」。





The HA Chief Executive visited hospitals regularly to meet face-to-face with frontline hospital staff. At the same time, online Staff Letter Box continued to serve as a convenient channel where HA staff express their opinions and ideas. At cluster and hospital levels, Cluster Chief Executives (CCE) and Hospital Chief Executives (HCE) exchanged views with frontline staff through regular meetings, newsletters, CCE or HCE blog, online letterbox and Staff Relations Office hotline. To further enhance staff engagement and communication via modern technology, a mobile application *HR App* was developed and launched by phases commencing March 2016. This App enables staff to access essential information such as health record, staff welfare benefits and leave status via mobile devices on a timely manner.

HA all along encourages lactating staff to continue breastfeeding upon returning to work after child delivery. Breastfeeding-friendly measures such as provision of private space for lactation and lactation break have been implemented since September 2015.

Moreover, the Staff Radi programme provides access to private diagnostic imaging services of Computed Tomography, Magnetic Resonance Imaging and Breast Imaging on a co-payment basis for eligible serving staff with clinical indications. Eligible family members of serving HA employees, and HA retirees and their spouses can also enjoy this programme starting from 1 April 2016.

醫管局行政總裁定期探訪醫院，與醫院前線員工會面。網上職員信箱則提供另一個便利渠道，讓員工表達意見和想法。至於在聯網及醫院層面，聯網總監及醫院行政總監透過定期會面、出版刊物、聯網總監或醫院行政總監網誌、網上信箱及職員聯絡辦事處熱線等，與前線員工交流意見。醫管局亦利用現代科技，開發流動應用程式「HR App」，提供健康紀錄、員工福利資訊和假期批核等不同功能，進一步凝聚員工及促進溝通。程式由2016年3月起分階段推出，讓員工透過流動裝置，迅速獲得有用資訊。

醫管局一直鼓勵產後授乳的員工在復工後繼續餵哺母乳，並自2015年9月起推行母乳餵哺友善措施，例如提供哺乳室，以及給予員工授乳時段等。

此外，透過員工造影計劃，有臨床需要的醫管局合資格現職員工，可選擇以共同分擔費用形式，使用由私營機構提供的電腦掃描、磁力共振掃描及乳房造影服務。由2016年4月1日起，計劃涵蓋現職員工的合資格家屬，以及醫管局退休僱員及其配偶。





As a people-centred organisation, HA organised a wide variety of recreational, sports and family activities throughout the year to promote balanced and healthy lifestyle. Apart from HA Family Day and HA Family Night, family members of our staff were welcome to join selected sports activities such as the HA New Year Run, Dragon Boat Competition cum Fun Day and Sports Meet to share the fun. The 2016 HA New Year Run continued to be one of the most well-received events with an enrolment of over 4,900 staff and family members. Over HK\$1 million was raised for HA Charitable Foundation to benefit services for chronically ill patients.

To recognise staff's dedication and loyalty, which is highly treasured by HA, long service awards and retirement souvenirs are presented every year. Outstanding achievements of individuals and teams were also recognised through HA Outstanding Staff and Teams Award Ceremony held during the Hospital Authority Convention in May 2015. For 2016, five staff and five teams won the awards, while another five staff and five teams were granted Merit Awards.

醫管局以人為本，年內舉辦各種各樣康樂、體育及合家歡活動，提倡平衡及健康生活模式。除了「醫管局天倫之日與夜」，員工家屬亦可參加部分運動比賽如新春長跑、龍舟競賽暨同樂日及陸運會，與眾同樂。2016年新春長跑仍然是最受歡迎的活動之一，共有超過4,900名員工及家屬報名參加，並為醫管局慈善基金籌得超過100萬元善款，用以改善對長期病患的服務。

醫管局每年均頒發長期服務獎及榮休紀念品，表揚忠誠服務的員工；亦在2015年5月舉行的醫管局研討大會期間頒發傑出員工及團隊獎，表揚個人及團隊的傑出表現。於2016年，共有五名員工及五個團隊獲得傑出獎，另外有五名員工及五個團隊獲得優異獎。





Outstanding Teams:

- **Haematopoietic Stem Cell Service**
Hong Kong Red Cross Blood Transfusion Service
(Kowloon Central Cluster)
- **Multidisciplinary Management Team for Patients with Obese Metabolic Syndrome**
Prince of Wales Hospital (New Territories East Cluster)
- **Paediatric Neuromuscular Diagnostic & Management Team**
Queen Mary Hospital & The Duchess of Kent Children's Hospital at Sandy Bay (Hong Kong West Cluster)
- **SOPC Queue Management System (Cross-Cluster Project Team)**
United Christian Hospital, Queen Elizabeth Hospital and Hong Kong Eye Hospital (Kowloon East and Kowloon Central Cluster)
- **Tuen Mun Alcohol & Drug Dependence Unit**
Castle Peak Hospital (New Territories West Cluster)

Merit Teams:

- **ICU Family Satisfaction Enhancement (FAME) Program**
Pamela Youde Nethersole Eastern Hospital
(Hong Kong East Cluster)
- **IT Service Catalogue (ITSC) Project Team**
Kowloon West Cluster
- **NTEC Smoking Counselling and Cessation Team**
New Territories East Cluster
- **QEH Structural Heart Team**
Queen Elizabeth Hospital (Kowloon Central Cluster)
- **United Christian Hospital Ortho-Geri Team (UCHOGT)**
United Christian Hospital (Kowloon East Cluster)

傑出團隊獎：

- **造血幹細胞服務團隊**
香港紅十字會輸血服務中心
(九龍中醫院聯網)
- **肥胖代謝綜合症外科治療團隊**
威爾斯親王醫院 (新界東醫院聯網)
- **兒童神經肌肉疾病診療團隊**
瑪麗醫院及大口環根德公爵夫人兒童醫院 (港島西醫院聯網)
- **專科門診候診管理系統 (跨聯網工作小組)**
基督教聯合醫院、伊利沙伯醫院及香港眼科醫院 (九龍東及九龍中醫院聯網)
- **屯門酒及藥物依賴組**
青山醫院 (新界西醫院聯網)

優異團隊獎：

- **深切治療部病人家屬滿意度增進計劃**
東區尤德夫人那打素醫院
(港島東醫院聯網)
- **資訊科技服務大典－九龍西資訊科技團隊**
九龍西醫院聯網
- **新東聯戒煙特工隊**
新界東醫院聯網
- **伊利沙伯醫院結構性心臟病團隊**
伊利沙伯醫院 (九龍中醫院聯網)
- **聯合心，老人骨科齊創新團隊**
基督教聯合醫院 (九龍東醫院聯網)

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

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.

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。

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。





新界西聯網
New Territories West Cluster

新界東聯網
New Territories East Cluster

九龍西聯網
Kowloon West Cluster

九龍中聯網
Kowloon Central Cluster

九龍東聯網
Kowloon East Cluster

港島西聯網
Hong Kong West Cluster

港島東聯網
Hong Kong East Cluster

Head Office and Cluster Reports

總辦事處及醫院聯網工作匯報

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 and Health Informatics, Quality & Safety, and Strategy & Planning. HAHO initiated some 140 corporate targets in 2015-16 under six strategic intents outlined in the HA Annual Plan.

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、資訊科技及醫療信息部、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。在2015-16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140項整體機構目標。





Strategic intent: Alley staff shortage and high turnover

A series of measures were implemented to help build a working environment that is favourable for attracting, motivating and retaining well-qualified staff. More than 400 doctors, 2,041 nurses and 617 allied health professionals were recruited in the year. As at March 2016, there were 11 non-local doctors working as Service Residents under Limited Registration in HA.

To retain suitable expertise for training and to alleviate manpower shortfall, a Special Retired and Rehire Scheme was implemented in 2015-16 to rehire suitable clinical doctors, nurses, allied health and pharmacy staff and supporting staff retiring in 2015-16 and 2016-17, covering 62 doctors, 48 nurses, nine allied health staff and 884 supporting staff.

Collaboration with the University of Hong Kong, the Chinese University of Hong Kong and the Hong Kong Academy of Medicine on internship training as well as specialist training for doctors of all ranks was strengthened. More than 200 classes of territory-wide simulation training programmes were developed for doctors and nurses in major specialties to enhance career development opportunities and professional capabilities.

策略目標： 紓緩人手短缺和職員流失

醫管局推行一系列措施，改善工作環境，以吸引、激勵和挽留優秀人才。年內，我們共聘請超過400名醫生、2,041名護士及617名專職醫療人員。直至2016年3月，共11名非本地醫生以有限度註冊形式擔任駐院醫生。

為挽留合適的專業人才，並紓緩人手緊絀情況，醫管局在2015-16年度推行「特別退休後重聘計劃」，重新聘用在2015-16及2016-17年度退休的合適臨床醫生、護士、專職醫療及藥劑員工，以及支援職系員工。共62名醫生、48名護士、九名專職醫療人員及884名支援職系員工獲安排在上述兩個年度退休後重新聘用。

醫管局與香港大學、香港中文大學及香港醫學專科學院加強合作，為各級醫生提供實習及專科培訓，亦為各主要專科的醫生和護士提供超過200個模擬訓練班次，提升員工專業發展機會和能力。



We also implemented a wide range of training initiatives to secure healthcare staff supply, and enhance staff competency and morale. The Higher Diploma in Nursing Programme had enrolled 300 students while the Enrolled Nurses Training Programmes had enrolled 100 students. Due to the lack of local training for podiatrists, overseas scholarship was offered to 10 selected podiatrist students for a three-year degree in the United Kingdom. With a view to meeting escalating demand for maternity services in public hospitals, midwifery training programmes were provided with an annual intake of 88 trainees.

Preceptorship programmes were provided for 1,373 registered nurse graduates, and overseas training scholarships were offered to 209 doctors, nurses, allied health and pharmacy staff. There were also training subsidies for healthcare professionals in the service areas that were in line with corporate development priorities to foster career development. Additionally, 68 enrolled nurses were sponsored to undertake the clinical practicum of the Registered Nurse Conversion Programme for Enrolled Nurse.

我們推行多項培訓計劃，改善醫護人手供應、加強職員能力和提升士氣。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。由於本地未有提供足病診療課程，我們為10名學員提供海外進修獎學金，讓他們前往英國修讀三年學位課程。另外，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，年內取錄了88名學員。

我們為1,373名新畢業註冊護士舉辦護士啟導計劃，並提供海外培訓獎學金名額，資助209名醫生、護士、專職醫療及藥劑人員接受海外培訓。同時為優先發展服務範疇的醫護人員提供進修津貼，促進員工專業發展。此外，68名登記護士獲資助修讀註冊護士轉職課程的臨床實習培訓。





Strategic intent: Better manage growing service demand

To cater for escalating service demand and reduce waiting time, the Accident and Emergency (A&E) Department Support Session Programme implemented in 12 hospitals since 2013 was extended to all 17 A&E Departments in November 2015 to handle Triage IV (semi-urgent) and Triage V (non-urgent) cases[#] to relieve pressure in A&E Departments.

The pharmacy workforce was strengthened to meet increasing service demand for outpatient pharmacy services, and improve the service delivery time at specialist outpatient pharmacies. In addition, accessibility to pharmacy services was enhanced with round-the-clock services in North District Hospital, and extension of weekday service by two hours in Shatin Hospital, Our Lady of Maryknoll Hospital and Haven of Hope Hospital.

On top of step-up measures for winter surge to increase 2,000 general outpatient clinic (GOPC) quotas per week, a total of around 4,500 additional GOPC quotas were added during Christmas, Chinese New Year and Easter holidays to meet the strong demand for services. Manpower support was also strengthened by recruiting additional nursing students to assist in wards, part-time doctors and nurses, as well as providing special honorarium scheme for staff who worked overtime during the winter surge period. Appeals were made to the public for rational use of A&E services.

策略目標： 更有效管理日增的服務需求

為滿足與日俱增的服務需求及改善輪候時間，12間醫院自2013年起增加急症室支援診症節數，處理第四(次緊急)及第五(非緊急)類別分流個案[#]。計劃於2015年11月在全部17個急症室推行，以減輕急症室的工作壓力。

我們增加藥房人手，應付門診藥房上升的服務需求，改善專科門診藥房的服務時間。為更方便病人，沙田醫院、聖母醫院及靈實醫院藥房平日的服務時間延長兩小時，北區醫院更提供24小時藥房服務。

為應付冬季流感高峰期殷切的服務需求，我們加強服務，每星期增加2,000個普通科門診名額，並於聖誕節、農曆新年及復活節期間增加約4,500個普通科門診名額。我們同時加強人手，包括增聘護士學生在病房協助工作、招聘兼職醫生和護士，以及提供特別津貼予冬季流感服務高峰期間超時工作的員工。我們亦向公眾宣傳，呼籲適當使用急症室服務。

[#] Patients attending A&E Departments in HA hospitals are divided into five categories (Triage I to V) according to medical condition, namely critical, emergency, urgent, semi-urgent and non-urgent cases.

[#] 根據病人需要，醫管局轄下急症室實施分流制度：包括危殆、危急、緊急、次緊急及非緊急。



Initiatives were implemented to enhance service of various specialties. In acute stroke services, Princess Margaret Hospital and Tuen Mun Hospital started the provision of 24-hour thrombolytic acute stroke service to improve the coverage for indicated acute stroke patients. To enhance the quality of service for patients with Transient Ischaemic Attack (TIA), the TIA clinic programme was implemented in New Territories West Cluster. On the front of renal services, the provision of haemodialysis (HD) service was expanded to additional 20 patients in hospitals and 30 patients under Nocturnal Home Haemodialysis Programme. Automated peritoneal dialysis was also provided to 30 more patients. Service capacity of colonoscopy was increased by 2,700 colonoscopy procedures provided across clusters.

In the area of mental health, a total of five peer support workers with experience of mental illness were recruited in Kowloon Central Cluster, Kowloon West Cluster and New Territories West Cluster to further enhance community support for patients with severe mental illness. To strengthen the multi-disciplinary team support for patients with common mental disorder, 1,485 additional specialist outpatient clinic (SOPC) new case attendances were provided in Kowloon West Cluster. Child and adolescent psychiatric outpatient services were enhanced to curtail SOPC waiting time of new cases. Kowloon East Cluster provided 200 additional new case consultations to enhance child and adolescent psychiatric outpatient services.

The capacity of Extracorporeal Membrane Oxygenation service in Pamela Youde Nethersole Eastern Hospital, Queen Mary Hospital, Queen Elizabeth Hospital, Princess Margaret Hospital and Prince of Wales Hospital was increased to meet growing demand for the service.

醫管局提升不同專科的服務能力。瑪嘉烈醫院及屯門醫院開展24小時溶栓治療服務，加強對急性中風及臨床合適的病人提供治理。新界西聯網設立短暫性腦缺血診所，提升病人服務質素。腎科服務方面，我們提供額外20個醫院血液透析名額，30個家居血液透析名額，以及30個家居自動腹膜透析名額。為加強大腸鏡檢查服務，各聯網額外提供超過2,700個檢查。

精神健康方面，九龍中、九龍西及新界西聯網聘請五名精神病康復者擔任朋輩支援員，進一步加強對嚴重精神病患者的社區支援。為提升對一般精神病患者的跨專業支援，九龍西聯網增加1,485個專科門診新症名額。兒童及青少年精神科門診服務亦已加強，縮短專科門診新症輪候時間。九龍東聯網則額外處理200個新症，為有需要的兒童及青少年加強精神科服務和支援。

東區尤德夫人那打素醫院、瑪麗醫院、伊利沙伯醫院、瑪嘉烈醫院和威爾斯親王醫院加強了體外膜肺氧合服務，以應付不斷增長的服務需求。



New Territories East Cluster set up a joint replacement centre for performing 90 additional operations. TWGHs Wong Tai Sin Hospital provided six designated beds to support chronic ventilator-dependent patients. Multi-disciplinary care for Human Immunodeficiency Virus new cases and Highly Active Antiretroviral Therapy to eligible patients was provided in Queen Elizabeth Hospital and Princess Margaret Hospital.

Public-Private Partnership (PPP) in healthcare services not only fosters co-operation among healthcare services providers, but also helps shorten the waiting time for public healthcare services, and thus optimising the use of healthcare resources in both public and private sectors. The HD PPP programme continued and provided 188 patient capacities. The pilot PPP programmes of cataract surgeries, primary care service and radiological investigation service were implemented, benefitting over 6,500 patients. The GOPC PPP programme launched in Kwun Tong, Wong Tai Sin and Tuen Mun districts also benefitted over 7,000 patients. An interim review was conducted to monitor the implementation of the GOPC PPP programme to prepare for further extension to other districts.

To better manage growing service demand, a ten-year capital plan was formulated to meet future service needs through new development, redevelopment and expansion projects of 12 hospitals, including phase one development of a new acute hospital at the Kai Tak Development Area. HK\$200 billion was earmarked by the Government for implementing the capital works projects in the plan in the next ten years, through which a total of around 5,000 additional beds and over 90 new operating theatres would be provided. The plan also includes the development of three new Community Health Centres in North District, Shek Kip Mei and Mong Kok.

新界東聯網設立關節置換中心，進行額外90項關節置換手術。東華三院黃大仙醫院設置六張指定病床，為需長期使用呼吸機的病人改善服務質素。我們亦在伊利沙伯醫院及瑪嘉烈醫院為愛滋病病毒新感染個案提供跨專業治理，並為合適病人提供高效能抗愛滋病病毒療法。

公私營醫療協作可促進服務提供者互相合作，亦有助縮減公營醫療服務的輪候時間，善用公私營醫療資源。我們繼續推行血液透析治療的公私營協作計劃，為188名病人提供服務。我們亦繼續推行白內障手術、基層醫療及放射檢查服務的公私營協作先導計劃，三項計劃讓超過6,500名醫管局病人受惠。此外，在觀塘、黃大仙及屯門推行的普通科門診公私營協作計劃，讓超過7,000人受惠。我們進行了中期檢討，監察計劃的推行，並準備推展至其他地區。

為更有效處理與日俱增的服務需求，我們訂定了10年的基建計劃，進行12所醫院的興建、重建和擴建工程，以滿足未來的服務需要，當中包括啟德發展區新急症醫院的第一期工程。政府將於未來10年撥款港幣2,000億元推行有關計劃，各項目將合共提供約5,000張新增病床和超過90個新手術室。計劃亦包括在北區、石硤尾和旺角發展新的社區健康中心。





Strategic intent: Ensure service quality and safety

HA made continuous effort in building safety culture and developing safer service models. Queen Mary Hospital, Yan Chai Hospital and Queen Elizabeth Hospital had completed construction work for their centralised Theatre Sterilisation Service Units. The electronic Surgical Instrument Tracking and Tracing System was further rolled out to another six hospitals, namely Yan Chai Hospital, Kwong Wah Hospital, Our Lady of Maryknoll Hospital, Grantham Hospital, Ruttonjee Hospital and Hong Kong Eye Hospital. We also continued to phase out the reuse of single use devices according to clinical prioritisation.

To improve quality of drugs, HA provided additional recurrent funding to widen the scope of HA Drug Formulary. Self-financed drugs including five classes of drugs for cancer treatment, chronic hepatitis C and Crohn's disease were repositioned as special drugs in the Drug Formulary, while the clinical application of a special drug was expanded for treatment of multiple sclerosis.

Around 1,900 additional molecular tests for patients with lung, breast, colorectal and blood cancers, and around 2,590 additional laboratory tests through adopting Mass Spectrometry Serum IGF-I were provided to ensure a stable diagnostic service for patients with growth hormone abnormalities. Minimally Invasive Surgery (MIS) in 80% of the hysterectomy surgeries was conducted for suitable gynaecological patients. MIS suites were set up in Princess Margaret Hospital and Our Lady of Maryknoll Hospital with improved facilities. Pamela Youde Nethersole Eastern Hospital, Queen Elizabeth Hospital, Kwong Wah Hospital and Tuen Mun Hospital installed Matrix Assisted Laser Desorption Ionisation Time of Flight (MALDI-TOF) Mass Spectrometry to speed up microbiological identification.

策略目標： 確保服務質素及安全

醫管局致力建立安全文化，發展更安全的服務模式。瑪麗醫院、仁濟醫院及伊利沙伯醫院中央手術室消毒服務部的工程已完成；手術器具追查系統已推展至仁濟醫院、廣華醫院、聖母醫院、葛量洪醫院、律敦治醫院及香港眼科醫院。我們亦根據臨床風險分級，逐步停止重用一次性醫療器材。

醫管局增撥資源，擴大《醫管局藥物名冊》以改善藥物質素，包括將五類治療癌症、丙型肝炎和克隆氏症的自費藥物納入名冊專用藥物，並放寬一種治療多發性硬化症專用藥物的臨床應用。

我們為肺癌、乳癌、結腸癌及血癌病人合共增加約1,900個癌症基因測試；另提供額外約2,590個質譜血清檢測，為生長激素失調的病人提供穩定的診斷服務。我們亦為合適的婦科病人進行微創子宮切除手術，並達致80%的整體目標。瑪嘉烈醫院及聖母醫院設立微創外科手術室，改善手術室設施。東區尤德夫人那打素醫院、伊利沙伯醫院、廣華醫院及屯門醫院裝設「基質輔助激光解析電離飛行時間質譜儀器」(MALDI-TOF)，加快辨識微生物。



HA has been collaborating with the tripartite Chinese Medicine Centres for Training and Research to implement the Chinese-Western Medicine Pilot Programme in two phases. Upon completion of the interim review, phase two programme commenced in December 2015 with services expanded to Prince of Wales Hospital, Shatin Hospital, Kwong Wah Hospital and Princess Margaret Hospital. For the introduction of Chinese Medicine treatment in inpatient setting, other Chinese Medicine treatment modalities were explored to fulfil the clinical needs based on scientific evidence. For example, vacuum cupping, Tui-na and Chinese medications were added in the clinical protocol of acute low back pain care on top of acupuncture treatment.

With funding support from the Government and designated fund of HA, about 1,300 pieces of medical equipment items were installed for addition or replacement. Besides, new maintenance contracts were established in order to align the service level of maintenance for approximately 15,000 pieces of high risk medical equipment in HA hospitals.

To enhance clinical governance, HA identified and prioritised procedures for credentialing at corporate level and developed credentialing requirements in collaboration with Coordinating Committees, Central Committees and professional bodies. We also set up designated accreditation teams to prepare for hospital accreditation programme in 10 hospitals for continuous quality improvement. Human capital on genetic and genomic analysis will be built up through knowledge and skill transfer from academia to HA.

醫管局與三方協作的中醫教研中心合作，分兩階段推行中西醫協作先導計劃。我們已完成中期檢討，計劃的第二階段於2015年12月展開，服務擴展至威爾斯親王醫院、沙田醫院、廣華醫院及瑪嘉烈醫院。為配合發展中醫住院服務，其他臨床療效具科學實證的中醫療法亦納入探討範圍。例如針對急性下腰痛病人的臨床治療方案，除提供針灸治療外，亦加入真空拔罐、推拿及中藥等療法。

藉著政府及醫管局指定基金的撥款，我們添置或更換約1,300項醫療設備。此外，我們新訂多項維修保養合約，為轄下醫院約15,000件高風險醫療用品統一保養服務水平。

為強化臨床管治，醫管局制訂辨識資歷認證的機制，並與臨床統籌委員會、中央委員會及專業團體合作，釐定資歷認證的要求。另外於十間醫院成立項目小組，統籌醫院認證計劃的推行，以持續提高服務質素。我們亦與學術機構合作，透過知識及技術轉移，培育醫管局的遺傳及基因分析的人才。





Strategic intent: Enhance partnership with patients and community

HA has fostered close partnership with patients and community in the delivery of patient-centred service. The implementation of the Patient Empowerment Programme (PEP) with non-governmental organisations continued to provide chronic disease patients with disease specific education and self-care skills, benefiting 14,000 patients. The service model of PEP was reviewed and enhanced with more personalised service.

The initiative on SOPC Phone Enquiry System, first piloted in Kowloon Central Cluster, was extended to another six clusters in 2015-16. The system facilitates the public in making enquiries about SOPC services and in canceling or rescheduling their appointments, and thus improves communication with patients and carers. Encouraging results of the Patient Experience and Satisfaction Survey (the Survey) on Specialist Outpatient Service was announced last year, and with the findings of the Survey, HA can better understand the needs and expectations of patients for quality improvement.

策略目標： 加強與病人和社區的夥伴關係

醫管局致力與病人和社區建立緊密的夥伴關係，提供以病人為本的服務。我們繼續與非政府機構合作，推行病人賦能計劃，為14,000名慢性病患者提供疾病資訊和自理知識。計劃經檢討後，更著重提供個人化支援。

率先在九龍中聯網試行的專科門診電話查詢系統，在2015-16年度推展至其餘六個聯網。系統方便市民查詢專科門診服務、取消或更改預約，加強與病人和照顧者的溝通。醫管局在去年發表「專科門診病人經驗及服務滿意度調查」報告，調查結果令人鼓舞，並有助我們進一步了解病人的需要和期望，以提升服務質素。





Roving exhibitions were organised in the clusters to introduce the roles of Patient Resource Centres to patients, staff and the general public. We also reviewed and formulated a new plan for Patient Partnership in Action (PPIA) training programme, and started the new batch of PPIA in 2015-16 to train up patient leaders. Moreover, the content of the Smart Patient Website was enhanced with the launch of the "Smart Elders" module.

To strengthen interaction with the public, various electronic platforms are adopted for information dissemination and engaging the public. In addition to the corporate website, HA Facebook page and YouTube Channel were launched to provide information on public hospital and healthcare services. A total of 27 videos were published on HA YouTube Channel, and 316 posts were made on HA Facebook page last year.

A proactive approach is 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, 228 media activities were organised, 464 press releases issued and 340 articles contributed to various media platforms. 2,200 media enquiries and 208 community enquiries were handled. 24 meetings with Legislative Councillors and community stakeholders were arranged or attended. 41 District Council meetings and related activities were handled.

此外，我們在各聯網舉辦了一連串的流動展覽，向病人、員工及大眾介紹病人資源中心的角色。我們亦重新檢視「耆智力量計劃」，擬訂新的培訓方案，並於2015-16年度開展新一期的計劃，培訓病人領袖。同時，我們推出了「智老友」一站式資訊平台，使「智友站」網頁的內容更豐富。

為加強與公眾互動，我們透過電子平台提供訊息，除了利用醫管局網站，亦推出了醫管局 Facebook 專頁和 YouTube 頻道，發放公立醫院和醫療服務資訊。去年，我們共上載 27 條影片至醫管局 YouTube 頻道，以及發布 316 個 Facebook 帖文。

醫管局積極加強與傳媒及社區持份者聯繫和溝通，介紹政策和服務的最新發展。年內，總辦事處共安排 228 次記者會及傳媒活動、發出 464 份新聞稿、在不同傳媒平台發布 340 份文章，處理了 2,200 項傳媒查詢和 208 項社區人士查詢，安排或參與 24 次與立法會議員及社區人士會面，以及處理 41 次區議會會議及相關活動。



Strategic intent: Ensure adequate resources for meeting service needs

The Government continued its support for local public healthcare with subvention to HA reaching HK\$52 billion in 2015-16. HA would continue to adopt prudent financial measures to ensure public resources are properly and efficiently used.

Through the annual planning exercise, resource requirement of individual clusters was identified and considered against the total amount of resources available to HA, targeting at maintaining existing levels of services, training Hong Kong's healthcare workforce by recruiting new graduates, and providing pragmatic service growth in meeting the pressing demand for public hospital services. Measures to improve service quality and efficiency were also explored. To facilitate the delivery of value-for-money services, HA regularly monitors service output, performance and resources with a set of performance indicators.

HA recorded a close-to-balance financial position in 2015-16. The Government has granted additional funding during 2015-16 to 2017-18 for HA to re-employ serving employees beyond the age of 60 to increase workforce. It is anticipated that the ageing population in Hong Kong will bring further growth in service demand and impose greater financial pressure on HA. To ensure long-term financial sustainability, HA will continue to discuss its financial requirements for the coming years with the Government.

策略目標： 確保具備足夠資源應付服務需要

政府一直支持香港的公營醫療服務，醫管局在2015-16年度獲撥款達港幣520億元。醫管局會貫徹審慎的理財原則，確保公共資源用得其所及符合成本效益。

醫管局透過周年工作計劃，審視各聯網的需要，因應整體可動用的資源分配予各聯網，以維持現有的服務水平、聘請醫護畢業生以培訓香港的醫療人才，及務實地增加服務以應付殷切的服務需求。至於提高服務質素和效率的措施，亦在規劃過程中探討。為確保服務的質素和經濟效益，醫管局訂下指標，定期監察服務量、服務表現和資源應用。

醫管局在2015-16年度收支接近平衡。為增加人手，醫管局獲政府於2015-16至2017-18年度額外撥款，重新聘用年屆60歲退休年齡而離職的現職僱員。預期人口老化令服務需求持續上升，並為醫管局帶來相應的財政壓力。醫管局將繼續與政府磋商未來數年的資源需要，以維持長期財政穩健。

HA continued to leverage technology to improve service efficiency and enhance medical safety. Advanced digital imaging technology was deployed to operating theatres of major hospitals to improve surgical services. The implementation of the Inpatient Medication Order Entry system in United Christian Hospital, Ruttonjee Hospital and Yan Chai Hospital in 2015-16 further reduced the risk of prescription errors.

In view of widening use of mobile technology, the mobile network infrastructure in HA hospitals was upgraded for better coverage and stability. More mobile applications have been developed for staff and public use, including *BookHA* which enables patients to submit applications for booking new case appointments in Gynecology as a pilot and will be further introduced to other specialties.

The Enterprise Resource Planning Asset Management System has been successfully implemented throughout HA hospitals for IT assets and will be extended to incorporate medical equipment. HA adopted improved quality assurance controls to strengthen the consistency of IT systems application development and continued to apply established risk management processes to enhance IT system availability, performance and accuracy of data.

醫管局一直借助資訊科技提升服務效率和醫療安全。我們在主要醫院的手術室配置先進的數碼圖像設備，以改善外科服務。基督教聯合醫院、律敦治醫院及仁濟醫院在2015-16年度相繼推行住院病人藥物指令輸入系統，減少藥物處方出錯。

隨著流動科技日益普及，醫管局提升了轄下醫院的流動網絡基礎設施，達致最佳的覆蓋率和穩定性。我們亦開發了更多流動應用程式，供職員及公眾使用，其中「預約通」以婦科為試點，方便病人遞交婦科新症預約，日後將進一步推廣至其他專科。

醫管局轄下醫院已全面使用企業資源規劃及資產管理系統，管理資訊科技設備，並將擴展系統，把醫療設備納入其中。我們已改善質素保證監控措施以加強資訊系統應用發展的一致性，並繼續透過既定的風險管控程序，提升資訊系統的備用性、性能及數據準確性。





IT infrastructure and systems will be implemented in new hospitals and hospital blocks, including Tin Shui Wai Hospital, to pave the way for HA's hospital development and service operation plan.

Protecting patient data privacy is of prime importance in HA. We are committed to promoting and strengthening privacy protection, identifying emerging privacy risks and responding to incidents swiftly. Continuous efforts were invested in personal data protection education and training programme for all staff, internal privacy compliance checks, forums and walkrounds for heightening staff awareness in patient privacy protection. HA also participated in the Privacy Management Programme led by the Privacy Commissioner for Personal Data, adopting the same in business practices, technical infrastructure and operational processes in its clusters, hospitals and clinics.

The Hong Kong Government's eHealth Record Sharing System, in which HA serves as a technical agency, was launched in March 2016. HA also continued to provide technical services to the Department of Health for the Elderly Healthcare Voucher Scheme, Vaccination Subsidy Schemes, Primary Care Directory System, Communicable Disease Information System, Laboratory Information System and Colorectal Cancer Screening Programme System.

我們亦為包括天水圍醫院在內的新建的醫院及醫院大樓建立資訊科技設施和系統，以配合醫管局日後的醫院發展和服務計劃。

醫管局十分重視保障病人資料私隱。我們致力促進及加強保障私隱、識別新的私隱風險，並迅速處理有關事件。我們持續為職員提供保護個人資料培訓，並進行內部私隱規格檢查、座談會及巡查，以提高員工保障病人私隱的意識。此外，醫管局亦實行個人資料私隱專員提倡的私隱管理程序，並將其納入轄下各聯網、醫院及診所的實務常規、技術基礎設施和運作程序當中。

醫管局為香港政府的電子健康紀錄互通系統提供技術代理服務，系統已於2016年3月推出；另外亦繼續為衛生署提供資訊科技服務，協助發展長者醫療券計劃、疫苗注射資助計劃、基層醫療指南系統、傳染病資訊系統、化驗資訊系統及大腸癌篩檢計劃系統。





Strategic intent: Enhance corporate governance

Sustained efforts were made by the HA Board to continue with a spectrum of enhanced practices on corporate governance structure and processes validated in the previous corporate governance review. Against a robust governance and accountability framework, the *Code of Corporate Governance Practices* guides members of the Board and its committees in performing their roles and responsibilities at the Board level. In 2015-16, a familiarisation programme in the form of sharing sessions and visits to corporates was implemented, keeping members abreast of the knowledge and skills applicable to public sector operations and the changing environment.

Proactive initiatives were also introduced to enhance engagement and strengthen role of Hospital Governing Committees (HGCs) members in corporate policies and strategies. The *Manual on the Operation of Hospital Governing Committees*, encompassing various corporate governance policies and practices adopted by the HA Board and HGCs over the years, provides guidance to HGC members in discharging their responsibilities. Striving for further enhancements, agenda setting and self-assessment exercise of HGCs were revisited and enhanced.

策略目標： 強化企業管治

醫管局大會根據早前進行的機構管治檢討，持續推行多項措施加強機構管治架構及程序。醫管局建立穩健的管治和問責框架，《醫院管理局大會機構管治守則》載錄醫管局大會和轄下委員會成員在大會層面的職能和責任，有助他們履行職責。在2015-16年度，醫管局舉辦分享會及機構參觀，讓成員掌握公營機構運作的新知和技能，與時並進。

醫管局亦採取了積極措施，加強醫院管治委員會成員在機構政策及策略方面的參與和角色。《醫院管治委員會運作手冊》載列醫管局大會和醫院管治委員會多年來採納的各項機構管治原則和措施，為醫院管治委員會成員提供指引，以便履行職責。為臻完善，醫管局重新審視，並改善醫院管治委員會的自我評核及設定議程的程序。



Contributing to a Green Environment

HA recognises the need to support environmental conservation and has been making sustained effort in implementing various energy conservation and waste reduction initiatives over the years.

To reduce energy consumption, HA took specific step to gradually replace aged air-cooled air-conditioning chillers in various hospitals and institutions with energy-efficient oil-free air-cooled chillers starting from 2015-16.

HA also developed a comprehensive energy saving checklist to facilitate systematic assessment and incorporation of energy efficient measures in capital works projects in new hospital developments as well as existing hospitals. These measures can reduce carbon emission and offset the rising trend of energy consumption due to increasing hospital activities. In 2015-16, 19 public hospitals and institutions met the carbon emission reduction standard of the Hong Kong Awards for Environmental Excellence scheme and were awarded Carbon Reduction Certificates.

締造綠色環境

醫管局明白實踐保護環境的重要性，因此多年來奉行環保原則，積極實施各種節能減廢措施。

為達到節能目的，醫管局在2015-16年度開展特定計劃，逐步更換轄下醫院及機構已折舊的風冷式空調製冷機組，以更高能源效益的無油風冷式製冷機組取代。

我們亦制訂了一個全面的節約能源清單，以便進行系統化的評估，及在現有醫院及新醫院建設項目中融入各項符合能源效益的措施。這些措施有助減少碳排放，並緩減因醫院服務增加而引致能源耗用上升的情況。在2015-16年度，醫管局有19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。





Various waste reduction and recycling programmes continued in hospitals. Over 3,600 tonnes of recyclables including waste paper, plastic, metals, glass bottles, food waste and used clothes were collected. 21 hospitals achieved the Certificate of Appreciation for Used Clothes Recycling Programme from Friends of the Earth, and 29 hospitals and institutions including HA Head Office, were awarded the Class of Excellence Wastewi\$e Label of the Hong Kong Awards for Environmental Excellence in 2015. Food waste reduction programmes such as promotion of waste reduction at source and adoption of low carbon menu continued. Last but not least, 19 hospitals have environmentally friendly food waste decomposers implemented or participated in various food recycling programmes to further minimise food waste disposal.

各間公立醫院持續推行減廢及回收計劃，共收集了超過3,600噸可回收物品，包括廢紙、塑料、金屬、玻璃樽、廚餘和舊衣物。在2015年，共有21間醫院參與地球之友的「舊衣回收計劃」，獲頒授感謝獎狀。包括醫管局總辦事處在內的29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。醫管局亦繼續推行減少廚餘活動，例如推廣源頭減廢及低碳菜單，以減少食物浪費。為了進一步減少棄置廚餘，19間醫院已使用環保廚餘機分解廚餘或參與廚餘回收計劃。

Hong Kong East Cluster (HKEC)

港島東醫院聯網 (港島東聯網)

Pamela Youde Nethersole Eastern Hospital (PYNEH)

東區尤德夫人那打素醫院 (東區醫院)

Tung Wah Eastern Hospital (TWEH)

東華東院

Ruttonjee & Tang Shiu Kin Hospitals (RTSKH)

律敦治及鄧肇堅醫院

Wong Chuk Hang Hospital (WCHH)

黃竹坑醫院

St John Hospital (SJH)

長洲醫院

Cheshire Home,
Chung Hom Kok (CCH)
春磡角慈氏護養院

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	3,092
Patient discharges* 出院病人數目*	185,727
A&E attendances 急症室就診人次	231,837
Specialist outpatient attendances (clinical) 專科門診就診人次 (臨床服務)	807,962
General outpatient attendances 普通科門診就診人次	580,978
Full-time equivalent staff 等同全職人員數目	7,959

* Total inpatient, day patient discharges and deaths

* 住院及日間病人出院及死亡總數



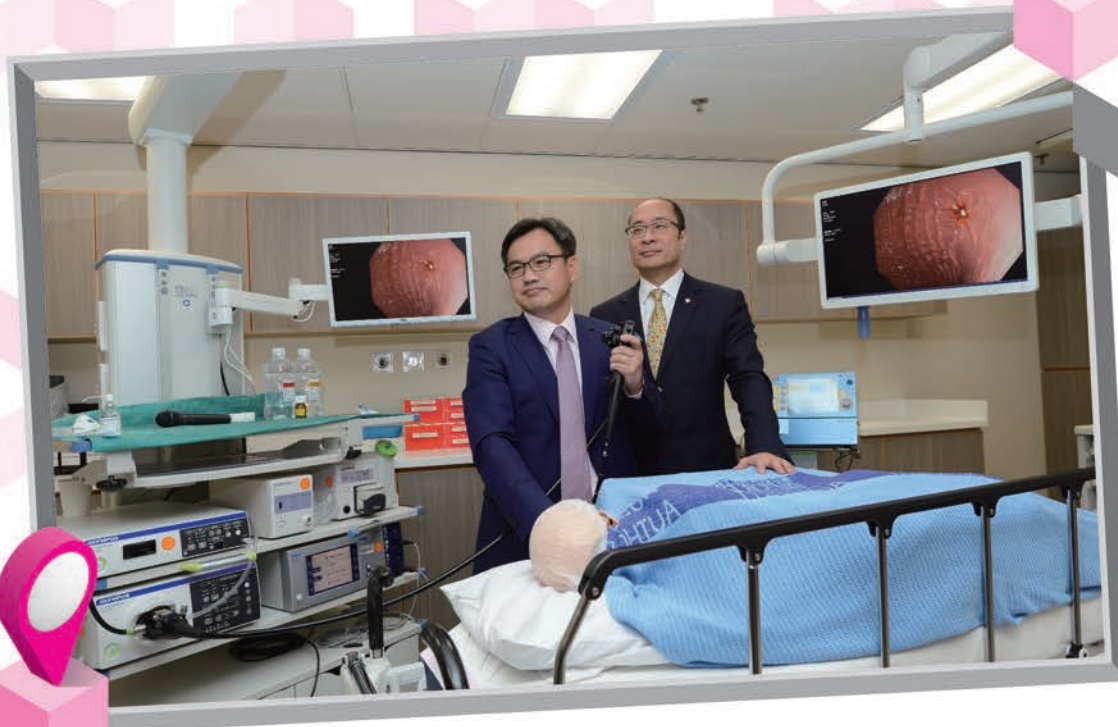
HKEC greatly values the commitment of staff in managing growing service demand and has implemented initiatives to allay manpower strain. HKEC recruited additional nurses, allied health staff and patient care assistants to relieve heavy workload. To sustain a competent workforce, HKEC continued enhancing professional and management training and development, including provision of clinical simulation training.

HKEC strengthened its services to alleviate pressure areas. PYNEH opened 10 additional orthopaedic day beds in April 2015 and one additional ICU bed in September 2015. Ruttonjee Hospital (RH) set up an Emergency Medicine Ward which provided 10 additional beds in August 2015 and designated two medical beds to enhance multi-disciplinary support for patients on mechanical ventilation starting from September 2015. SJH commenced the annual Metabolic Risk Assessment Module for patients with Diabetes Mellitus in 2015-16 with the aim to reduce diabetic complication rate and unnecessary admissions. TWEH installed one set of lower limb robotic assisted therapy system at Tseng Cheng Tseng Pei Integrated Community Rehabilitation Centre in January 2016 to enable early commencement of ambulation training for patients with severe disability.

港島東聯網十分重視和感謝員工，在服務需求大增下，仍然竭力付出。聯網推行一系列措施紓緩人手短缺，包括增聘護士、專職醫療人員和病人服務助理，減輕同事的工作壓力。為了維持一支優秀的工作團隊，聯網繼續加強專業及管理人員培訓和發展，包括為醫護人員提供臨床模擬培訓。

因應聯網備受壓力的服務範疇，東區醫院於2015年4月增設10張骨科日間病床及於同年9月增設一張深切治療病床。律敦治醫院於2015年8月開設一間急症科病房，額外提供10張病床，並於9月起提供兩張指定內科病床，加強對使用呼吸機病人的跨專業治理。長洲醫院自2015-16年起，為糖尿病病人每年提供糖尿病併發症風險評估，減低併發症發病率及不必要的入院個案。東華東院於2016年1月在曾正曾備綜合社區復康中心添置了一台機械輔助下肢訓練系統，讓嚴重傷殘病人接受下肢訓練，加快復康進程。





The service capacity of life-threatening diseases was expanded. Extracorporeal Membrane Oxygenation (ECMO) service in PYNEH was enhanced since April 2015. Hospital haemodialysis was provided to two extra patients, home haemodialysis to six extra patients, and home automated peritoneal dialysis treatment to three extra patients with end-stage renal disease.

We strive to enhance services with pressing issues of waiting time and access block. A new floor was renovated with improved facilities and additional procedure rooms to accommodate the new Endoscopy Centre in PYNEH and seven additional sessions per week were added in 2015-16. Operating theatre service in PYNEH was expanded with five additional operating theatre sessions per week since August 2015. To improve accessibility to radiological imaging services, Positron Emission Tomography (PET) service was extended to 12 hours on weekdays with effect from October 2015.

HKEC adopts modern technology to ensure service quality and patient safety. Inpatient Medication Order Entry (IPMOE) System to enhance medication safety, and surgical instrument tracking system for improving sterilisation safety were implemented in RH. New technology of Matrix Assisted Laser Desorption Ionisation Time of Flight (MALDI-TOF) Mass Spectrometry, which could speed up microbiological identification for timely diagnosis and treatment, was installed in PYNEH. The management of cancer patients requiring targeted therapies was modernised through providing 190 additional molecular tests. Central coordinated refill services to wards in HKEC and phone enquiry system at specialist outpatient clinics in PYNEH were implemented to improve service efficiency. Site renovations for setting up the central sterilisation service unit and Hyperbaric Oxygen Therapy Centre in PYNEH were commenced in 2015-16.

聯網亦提升對危疾治理的服務量，自2015年4月起加強東區醫院的人工心肺服務，另為末期腎病人增設兩個醫院血液透析名額、六個家居血液透析名額及三個家居自動腹膜透析名額。

我們致力提升服務量，改善輪候時間。在2015-16年度，東區醫院為新內視鏡中心裝修新樓層，提升設施及擴充服務，每周加開七個內視鏡服務節數。自2015年8月起，東區醫院每周增設五個手術室節數；並由2015年10月起延長正電子電腦掃描平日的服務時間至12小時，額外提供掃描名額，加強放射診斷服務的便捷度。

聯網採用先進技術提升服務質素及病人安全，於律敦治醫院推行「住院病人藥物指令輸入系統」，提升用藥安全，以及推行手術器具追查系統，改善消毒服務和提升服務安全。東區醫院裝設「基質輔助激光解析電離飛行時間質譜儀器」，以加快辨識微生物，讓病人得到適時診治。聯網亦增加約190個分子測試名額，為接受標靶治療的癌症病人提供更佳服務。為了提升服務效率，聯網在醫院病房推展中央統籌補充服務，並於東區醫院專科門診裝設電話查詢系統。東區醫院亦在本年度同時開展中央手術室消毒服務部和高壓氧氣治療中心的工程。

HKEC is committed to building a green culture. Achievements in environmental management were well recognised with the Bronze Award under Public Services sector granted by Hong Kong Awards for Environmental Excellence 2015 organised by the Environmental Campaign Committee to PYNEH.

Technological breakthrough was achieved in pioneering 3D technology and other innovations in the 3D EndoLap Operating Room in PYNEH to deliver more efficient and safe endoscopic and laparoscopic surgeries in May 2015. Celebration of the 20th anniversary of the Minimal Access Surgery Training Centre in PYNEH in November 2015 marked an important milestone in HA's history of pioneering minimal access surgery training.

聯網重視建立綠色文化，東區醫院獲環境運動委員會頒授2015年香港環境卓越大獎「公共服務界別 — 銅獎」，表揚醫院在環境管理上的努力。

東區醫院在微創手術科技方面作出了突破，於2015年5月成立全港首間三維綜合內鏡微創手術室，利用先進的三維技術及特設的影像系統提供更有效率和安全的內視鏡和腹腔鏡手術。與此同時，於東區醫院成立的首間微創外科訓練中心於2015年11月慶祝20周年誌慶，標誌著醫管局開創微創外科訓練的一個重要里程。



Hong Kong West Cluster (HKWC)

港島西醫院聯網(港島西聯網)

Tung Wah Hospital (TWH)

東華醫院

Tsan Yuk Hospital (TYH)

贊育醫院

Tung Wah Group of Hospitals

Fung Yiu King Hospital (FYKH)

東華三院馮堯敬醫院

The Duchess of Kent Children's

Hospital at Sandy Bay (DKCH)

大口環根德公爵夫人兒童醫院

MacLehose Medical Rehabilitation

Centre (MMRC)

麥理浩復康院

Queen Mary Hospital (QMH)

瑪麗醫院

Grantham Hospital (GH)

葛量洪醫院

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

3,142

Patient discharges* 出院病人數目*

202,584

A&E attendances 急症室就診人次

128,503

Specialist outpatient attendances (clinical) 專科門診就診人次(臨床服務)

872,166

General outpatient attendances 普通科門診就診人次

388,650

Full-time equivalent staff 等同全職人員數目

8,035

* Total inpatient, day patient discharges and deaths

* 住院及日間病人出院及死亡總數



HKWC has been continuously fostering a close partnership with Li Ka Shing Faculty of Medicine of the University of Hong Kong in the support of undergraduate and postgraduate medical education, training, research and development, as well as innovation in healthcare technology and services. The redevelopment of QMH is one step further to foster future collaboration.

Manpower shortage remained one of the main concerns to HKWC when considering service enhancement initiatives. To allay staff shortage, nursing manpower was strengthened to meet operational needs at acute settings and high pressure areas. Additional allied health professionals were also recruited to enhance support for patients requiring multi-disciplinary care and rehabilitation. Further, patient care assistants were recruited to share out simple clinical tasks and relieve clerical workload of allied health professionals.

多年來，港島西聯網一直與香港大學李嘉誠醫學院維持緊密的夥伴關係，促進及支援醫科學生和研究生的醫學教育及培訓、研究和發展，以及醫療科技及服務創新。隨著瑪麗醫院展開重建，未來的協作將進一步加強。

聯網一直十分關注人手不足對開展新服務的影響，為紓緩人手短缺，聯網於急症病房及壓力範疇增聘護士；同時增聘專職醫療人員，為需要跨專業護理和復康服務的病人加強支援；此外亦增聘病人服務助理，為專職醫療人員分擔文書及簡單的臨床工作。



Service capacity for high demand life threatening diseases, including end-stage renal disease, respiratory disease, cancer, stroke and heart disease were increased through technological advancement, care model coordination, transplantation and long-term ventilator care. These included enhancing the capacity of renal replacement therapy for patients with end-stage renal disease by providing hospital haemodialysis treatment to two additional patients, home haemodialysis treatment to five additional patients and home automated peritoneal dialysis treatment to two additional patients. QMH, being the first hospital to use this innovation in Hong Kong, has enhanced the capacity of Extracorporeal Membrane Oxygenation (ECMO) service with the launch of a pilot programme to use ECMO together with cardiopulmonary resuscitation (CPR) at the same time for saving patients with cardiac arrest. In addition, QMH imported a new technology, namely ex-vivo lung perfusion (EVLP), to increase availability of donor lungs.

In order to enhance service capacity of heart disease, the newly renovated Cardiac Non-Invasive Centre at GH provided comprehensive diagnostic services, including cardiac echocardiography services (both transthoracic and transesophageal echocardiography), exercise treadmill testing, cardio-pulmonary stress testing, cardiac arrhythmia diagnostic centre (including 24-hour Holter monitoring, cardiac event monitoring and remote monitoring service of implantable cardiac devices).

In addition, DKCH moved further by providing four additional rehabilitation beds for children requiring long-term use of ventilators. Subsequent to the smooth implementation of Phase one of the Integrated Chinese-Western Medicine Pilot Programme for stroke care since September 2014, TWH started the Phase two programme in December 2015.

聯網透過提升科技、加強醫護合作、改善移植服務，以及加強對長期依賴呼吸機病人的服務，增加對高需求危疾治療的服務量，如末期腎病、呼吸道疾病、癌症、中風及血液疾病等。具體的措施包括：增加兩個醫院血液透析名額、五個家居血液透析名額及兩個家居自動腹膜透析名額，為末期腎病患者加強血液透析服務。瑪麗醫院加強人工心肺服務能力，透過體外膜氧合心肺復甦術先導計劃，利用體外膜氧合（人工肺）並同時進行心肺復甦術，搶救心臟停頓的病人，為本港首間醫院應用這項技術。另外，瑪麗醫院引入「體外肺灌注系統」新技術，令捐贈的肺部得以修復損傷。

為配合心臟科服務需求，位於葛量洪醫院的「非創傷性心臟檢查中心」完成翻新工程，為病人提供全面的檢查服務，包括心臟超聲波檢查服務（經胸腔心臟超音波和經食道心臟超音波）、耐運動量測試及心肺功能活動測試、心律紊亂診斷中心（包括24小時動態心電圖記錄、異常心跳監測系統及置入式心胸裝置之遙距監察服務）。

此外，大口環根德公爵夫人兒童醫院額外提供四張復康病床，為長期需要呼吸機輔助的兒童服務。繼2014年9月順利推行第一階段中西醫協作先導計劃提供中風治療後，東華醫院已於2015年12月展開第二階段計劃。





Accessibility to services with pressing issues of waiting time was improved by increasing the capacity of endoscopy service, lung function laboratory service and MRI service. For example, an MRI machine was added in QMH to provide 344 additional investigations. The waiting list of endoscopy services was better managed by providing around 570 additional endoscopic procedures. Besides, the Community Geriatric Assessment Team service was strengthened to reduce unnecessary admissions from residential care homes for the elderly.

Service models with enhanced safety were developed. The surgical instrument tracking system was further rolled out to GH to support improved sterilisation service for operating theatres. Re-use of selected types of single use device according to clinical risk prioritisation was phased out. In pursuit of continuous quality improvement and patient safety, DKCH, FYKH, GH, and MMRC had embarked on the journey of preparing the hospitals for accreditation.

To keep abreast of modern clinical practices, minimal invasive surgery technique in hysterectomy surgeries was adopted for suitable gynaecological patients in QMH. The management of cancer and blood cancer patients was modernised through improving molecular tests and high-technology radiation therapy in QMH by recruiting talents and upgrading their skills. Besides, with the new Computer-aided Design and Manufacturing System, DKCH has shortened the time for tailor-making braces for teenagers with scoliosis.

The central coordinated refill service for medical consumables, Personal Protective Equipment, Central Sterile Supply Department and linen items in hospital wards was rolled out. HKWC adopted a patient-centred approach in communication with patients and carers by improving and streamlining the phone enquiry services at specialist outpatient clinics.

為了提高服務量和縮短輪候時間，聯網加強了內窺鏡檢查服務、肺功能實驗室服務，及磁力共振服務，例如在瑪麗醫院添置了一部磁力共振儀器，額外提供約344個檢查。聯網亦額外增加約570個內窺鏡檢查，以改善輪候情況；另加強社區老人評估組對護養安老院病患者的支援，以減少不必要的入院個案。

在建立更安全服務模式方面，聯網將手術器具追查系統推展至葛量洪醫院，進一步改善手術室的消毒服務。聯網亦根據臨床優次，逐步減少重用指定的一次性醫療器材。為持續提升服務質素及病人安全水平，大口環根德公爵夫人兒童醫院、東華三院馮堯敬醫院、葛量洪醫院及麥理浩復康院，相繼開展醫院認證計劃的準備工作。

瑪麗醫院亦與時並進，引入先進醫療技術，為合適的婦科病人進行微創子宮切除手術；另聘請人才和提升員工的技術，改善分子測試及高科技放射性治療，以加強對癌症及血癌病人的服務。此外，大口環根德公爵夫人兒童醫院添置了電腦輔助設計及製造系統，更快更準地為脊柱側彎病人製造支架。

聯網推展中央統籌病房醫療用品、個人防護裝備、中央消毒物品供應部及被服用品補充服務。我們又以病人為本，改善及簡化專科門診的電話查詢服務，加強與病人和照顧者的溝通。



Kowloon Central Cluster (KCC)

九龍中醫院聯網(九龍中聯網)

Hong Kong Buddhist Hospital (HKBH)

香港佛教醫院

Kowloon Hospital (KH)

九龍醫院

Hong Kong Red Cross

Blood Transfusion Service (BTS)

香港紅十字會輸血服務中心

Queen Elizabeth Hospital (QEH)

伊利沙伯醫院(伊院)

Hong Kong Eye Hospital (HKEH)

香港眼科醫院

Rehabaid Centre (RC)

復康專科及資源中心

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

3,572

Patient discharges* 出院病人數目*

213,591

A&E attendances 急症室就診人次

195,584

Specialist outpatient attendances (clinical) 專科門診就診人次(臨床服務)

1,021,610

General outpatient attendances 普通科門診就診人次

570,417

Full-time equivalent staff 等同全職人員數目

9,747

* Total inpatient, day patient discharges and deaths

* 住院及日間病人出院及死亡總數



KCC faced the challenge of maintaining quality service against increasing service volume in a densely populated Kowloon region. To maintain a stable workforce, KCC recruited additional nursing, allied health staff and patient care assistants in pressure areas. 100 nursing students were recruited to QEH nursing school to develop nursing manpower.

The surge in demand during winter months exerted considerable pressure on medical services. QEH A&E Department provided additional support sessions to handle the Triage IV (semi-urgent) & V (non-urgent) cases to alleviate congestion in the department. Additional general outpatient clinic quota was arranged in KCC to cater for the increasing demand in primary care services.

九龍中聯網位於人口密集的九龍區，服務需求持續增加，聯網要維持優質服務實屬一大挑戰。為了維持穩定的人手，聯網增聘護士、專職醫療人員及支援人員以應付高壓力範疇的服務需求。伊院護士學校招收了100名護士學生，以培訓護士人才。

因應冬季流感高峰期內對內科服務造成的壓力，伊院於急症室增加支援診症節數，處理第四(次緊急)及第五(非緊急)類別分流個案，紓緩急症室擠迫的情況。此外，聯網額外提供普通科門診診症名額，應付基層醫療服務需求。



In the year, QEH implemented a series of initiatives to meet the increasing service volume, including enhancement of renal replacement therapy for patients with end-stage renal disease. Intensive Care Unit has increased the capacity of Extracorporeal Membrane Oxygenation (ECMO) services to support critically ill patients. Additional endoscopic procedures and operating theatre sessions for day surgery were introduced to address long waiting time. Use of minimally invasive surgery was extended to at least 80% of the hysterectomy surgeries for suitable gynaecological patients. Multi-disciplinary care for patients with HIV and treatment of highly active antiretroviral therapy was offered to eligible patients. An additional organ transplant coordinator was recruited to enhance the organ transplant services in KCC. On mental health service, a peer support worker who recovered from mental illness was recruited to support patients with severe mental illness in the community.

KCC continued to ensure service quality and safety. Enhancement of sterilisation services to satellite operating theatres in QEH was completed in 2015. HKEH implemented the surgical instrument tracking system and phased out the reuse of single use devices according to clinical prioritisation. To keep abreast of technological advancement, matrix-assisted laser desorption / ionisation time-of-flight (MALDI-TOF) mass spectrometry was introduced in QEH laboratory to speed up microbiological identification for timely diagnosis and treatment. Additional molecular tests were also introduced to patients requiring targeted therapies. A designated team was set up at HKEH to prepare the hospital for accreditation.

年內，伊院實施一連串措施，以應付日增的服務需求，包括加強對末期腎病病人的洗腎治療，及提升深切治療部人工心肺服務能力，以支援危重病人服務。為縮短病人輪候服務的時間，伊院額外增加內窺鏡檢查及日間醫療中心手術室名額，並且為八成的合適婦科病人，以微創外科技術進行子宮切除手術。伊院亦為合適的病人提供跨專業愛滋病護理及高效能抗病毒療法。同時，九龍中聯網增聘一名器官移植統籌員，提升器官移植的服務。在精神健康服務方面，聯網已招聘一名精神病康復者擔任朋輩工作員，支援社區的嚴重精神病患者。

聯網致力確保病人服務的安全及質素，伊院於2015年完成手術室器具消毒的改善服務。香港眼科醫院推行手術器具追查系統，並按臨床優先次序，逐步停止重用一次性的醫療器材。為配合科技發展，伊院化驗室裝設「基質輔助激光解析電離飛行時間質譜儀器」(MALDI-TOF)，加快辨識微生物，為病人提供適時的診斷和治療。聯網亦為接受標靶治療的病人提供額外的分子化驗測試。香港眼科醫院已成立專責小組，籌備醫院認證計劃的相關工作。





With the opening of the new West Kowloon Donor Centre in January 2016, blood donation services was further stepped up, thereby improving blood supply in town. BTS also enhanced its territory-wide blood transfusion service by increasing the production and supply of leucodepleted red cells and platelet concentrates. To cater for service development in KCC, commissioning teams were set up to handle capital projects including refurbishment of HKBH, expansion of BTS Headquarters and the re-provisioning of Yaumatei Specialist Outpatient Clinic at QEH.

KCC has kicked off the preparation works for a new acute general hospital in Kai Tak Development Area. Re-delineation of cluster boundary will be implemented in phases to re-align service provision in KCC, as recommended by the Steering Committee on Review of HA.

香港紅十字會輸血服務中心於2016年1月成立西九龍捐血站，進一步加強捐血服務並增加本港的血液供應；另增加除白紅細胞及濃縮血小板的製造及供應，以加強全港的輸血服務。為配合九龍中聯網服務發展，聯網成立多個專責小組，以統籌大型基建項目，包括香港佛教醫院的大型翻新工程、香港紅十字會輸血服務中心總部擴建工程、及在伊院重置油麻地專科診所工程。

九龍中聯網已積極展開在啟德發展區規劃新急症醫院的籌備工作。此外，因應醫管局檢討督導委員會就調整聯網界線的建議，聯網將分階段執行相應的行動計劃，重新整合醫療服務。

Kowloon East Cluster (KEC)

九龍東醫院聯網(九龍東聯網)

United Christian Hospital (UCH)
基督教聯合醫院(聯合醫院)

Haven of Hope Hospital (HHH)
靈實醫院

Tseung Kwan O Hospital (TKOH)
將軍澳醫院

Number of general outpatient clinics 普通科門診診所數目	8
Throughput 服務量	
Number of beds 病床數目	2,527
Patient discharges* 出院病人數目*	181,702
A&E attendances 急症室就診人次	316,235
Specialist outpatient attendances (clinical) 專科門診就診人次(臨床服務)	820,458
General outpatient attendances 普通科門診就診人次	969,190
Full-time equivalent staff 等同全職人員數目	7,572

* Total inpatient, day patient discharges and deaths

* 住院及日間病人出院及死亡總數

Manpower is an invaluable asset to KEC in delivering professional and dedicated services to the public. The Cluster launched a number of initiatives to ease manpower strain. Additional allied health professionals were recruited to enhance multi-disciplinary support for patients. More supporting staff were hired to share out simple clinical tasks and clerical workload of allied health professionals. KEC also recruited additional nurses to alleviate the nursing manpower shortfall in hospital wards.

KEC had endeavoured to address growing service demand and pressure areas. The Cluster opened 32 additional acute medical beds and four additional surgical day beds. Moreover, two designated medical beds with multi-disciplinary support were available for patients on mechanical ventilation. An oncology team was set up to strengthen the clinical oncology service. In addition, service capacity was broadened by increasing treatment quota for renal replacement therapy for patients with end-stage renal disease, as well as providing additional endoscopic procedures to allay the waiting list. KEC continued to increase the general outpatient clinic episodic quota by 2,750 attendances to improve access of target population groups to primary care services. To alleviate the access block at A&E departments, additional support sessions were provided for handling Triage IV (semi-urgent) and Triage V (non-urgent) cases. The Cluster also enhanced child and adolescent psychiatric outpatient services by providing additional new case consultations to curtail the specialist outpatient clinic (SOPC) waiting time. The laboratory service was improved with provision of extended service hours and expanded scope of tests. Enhancement on accessibility of pharmacy services was also in place by extending the weekday pharmacy service in HHH.

員工是九龍東聯網的寶貴資產，為市民提供專業的醫療服務。為紓緩人手緊張，聯網實施了一系列措施，包括增聘專職醫療人員，以加強支援需要跨專業護理的病人；增聘支援人員，分擔專職醫療人員簡單的文書和臨床工作；同時增加護士人手，以減輕醫院病房的壓力。

為處理日增的服務需求及高壓力範疇，聯網新增了32張急症病床及四張日間外科病床；另外亦提供兩張指定病床，為需要使用呼吸機的病人提供跨專業護理服務。此外，聯網成立腫瘤科小組，以滿足臨床腫瘤科的服務需求；同時增加了末期腎病病人的洗腎治療名額及提升了內窺鏡檢查服務，以改善輪候情況。本年度聯網增加了2,750個普通科門診偶發性疾症診症名額，讓目標病人更快獲得基層醫療服務；並於急症室增加支援診症節數，處理第四次（次緊急）及第五次（非緊急）類別分流個案，以減輕急症室的工作壓力。在加強兒童及青少年精神科門診服務方面，聯網已增設新症名額以縮短專科門診的輪候時間。另外亦延長了實驗室服務時間及擴大實驗範圍，以改善服務。為了加強便捷度，靈實醫院藥房的平日服務延長了兩小時。





TKOH had successfully completed her first Organisation Wide Survey in November 2015 and a four-year full accreditation status was granted by the Australian Council on Healthcare Standards. KEC adopted modern technology and new clinical practice with a view to improving patient safety and quality of service, as well as managing risk. Inpatient Medication Order Entry system was implemented in UCH to support clinical workflow and enhance medication safety. The Cluster continued to phase out the reuse of selected class II moderate and moderate-high risk single use device according to clinical prioritisation. In addition, the management of cancer patients requiring targeted therapies was modernised through providing additional molecular tests. KEC also stepped up the adoption of minimal invasive surgery technique in hysterectomy surgeries for suitable gynaecological patients. In pursuit of patient safety, the Cluster also enhanced the maintenance for high risk medical equipment.

將軍澳醫院於2015年11月首次完成「澳洲醫療服務標準委員會」的機構評審，並獲授予四年全面認證。為確保服務質素及安全，聯網採納新科技推行了一系列提升質素及風險管理的項目：於聯合醫院推行「住院病人藥物指令輸入系統」，以支援臨床工作流程，提升用藥安全；根據臨床優次，逐步停止重用指定的第二級別中度及中高度風險的一次性醫療器材；額外增加分子測試，為接受標靶治療的癌症病人提供更佳的管理；增加使用微創技術為合適的婦科病人進行子宮切除手術；以及改善醫院裏高危醫療用品的維修保養，以保障病人安全。

In sustaining good partnership with patients and community, phone enquiry systems were set up at UCH to improve and streamline the phone enquiry services at SOPCs. The central coordinated refill service for medical consumables and linen items was rolled out in hospital wards with a view to ensuring adequate resources for meeting service needs.

KEC set up and expanded the planning and commissioning teams in order to coordinate and monitor major capital projects including the HHH expansion project, UCH expansion project as well as operation of the new Ambulatory Care Block of TKOH. The Cluster will continue to work closely with HA Head Office as well as respective stakeholders to ensure smooth progress of the capital projects.

九龍東聯網與病人及社區一直保持良好的夥伴關係。聯合醫院裝設了電話查詢系統，以改善及簡化專科門診的查詢服務。聯網亦推展了中央統籌病房醫療用品及被服用品補充服務，確保具備足夠資源應付服務需要。

為推展各項基建項目，聯網已建立並擴大專責小組，統籌及監察各項大型工程，包括靈實醫院擴建工程、聯合醫院擴建工程及將軍澳醫院新日間醫療中心的運作。聯網會繼續與總辦事處及各持份者緊密合作，確保項目順利進行。



Kowloon West Cluster (KWC)

九龍西醫院聯網(九龍西聯網)

Kwai Chung Hospital (KCH)

葵涌醫院

Yan Chai Hospital (YCH)

仁濟醫院

Princess Margaret Hospital (PMH)

瑪嘉烈醫院

Caritas Medical Centre (CMC)

明愛醫院

Kwong Wah Hospital (KWH)

廣華醫院

North Lantau Hospital (NLTH)

北大嶼山醫院

Tung Wah Group of Hospitals

Wong Tai Sin Hospital (WTSH)

東華三院黃大仙醫院

Our Lady of Maryknoll Hospital (OLMH)

聖母醫院

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	6,652
Patient discharges* 出院病人數目*	386,932
A&E attendances 急症室就診人次	629,419
Specialist outpatient attendances (clinical) 專科門診就診人次(臨床服務)	1,706,539
General outpatient attendances 普通科門診就診人次	1,692,916
Full-time equivalent staff 等同全職人員數目	16,098

* Total inpatient, day patient discharges and deaths

* 住院及日間病人出院及死亡總數



In 2015-16, KWC implemented a wide range of initiatives to enhance capacity and accessibility of services to meet the escalating demands while uphold service quality and patient safety.

Manpower support is substantial in delivering quality patient services. To mitigate manpower shortfall, additional nursing, allied health and supporting staff were recruited to supplement the workforce and alleviate the workload of frontline staff in high-pressure clinical areas.

KWC proactively increased capacity for services with pressing issues of waiting time. In the year, around 16,500 additional quota were added in KWC general outpatient clinics. Day ambulatory service in OLMH and YCH was also strengthened. Besides, resources were invested to strengthen cardiac care by setting up the second Cardiac Catheterisation Laboratory (CCL) in PMH for KWC, which commenced service in February 2016. PMH also implemented the 24-hour thrombolytic service for acute ischaemic stroke patients to improve acute stroke management. Capacity of dialysis treatment and endoscopic procedures was increased in various KWC hospitals to allay waiting time. A designated cluster team was set up in April 2015 to address the service needs on vascular surgery. KWC trauma service was further strengthened to cater for rising demand. Designated beds were assigned in CMC and WTSH to support ventilator-dependent patients.

在2015-16年度，九龍西聯網推行廣泛的措施，加強服務能力及便捷度，以滿足與日俱增的需求，同時確保病人得到優質而安全的服務。

人力資源在提供優質的醫療服務上擔當重要的角色。聯網為紓緩人手短缺問題，已陸續增聘護士、專職醫療人員和支援人員，以補充人手，並減輕高壓力範疇臨床人員的工作量。

為更有效管理日增的服務需求，九龍西聯網積極擴充輪候時間極需處理的服務。年內，聯網增加約16,500個普通科門診服務名額，並加強聖母醫院和仁濟醫院的日間服務。聯網亦已於心臟科投放資源，在瑪嘉烈醫院設立第二所心導管檢查室，並於2016年2月投入服務。瑪嘉烈醫院又提供24小時溶栓治療，以改善對急性中風病人的治理。此外，聯網各醫院加強腎臟透析及內窺鏡檢查服務，以縮短輪候時間；並於2015年4月成立專責小組，處理病人對血管外科服務的需求。聯網進一步改善創傷科服務，以滿足上升的需求。另一方面，明愛醫院及東華三院黃大仙醫院已增設指定病床，支援需要呼吸機輔助的病人。





Resources were invested by KWC to enhance accessibility of healthcare services. PMH installed an additional angiography flat panel detector equipment for diagnostic and intervention procedures in October 2015. Besides, haematology service was strengthened, and weekday pharmacy service in OLMH has been extended by two hours since October 2015 to provide the public with greater convenience.

On the mental health services front, multi-disciplinary support for patients with common mental disorder was improved. Peer support workers who recovered from mental illness were recruited in November 2015 and February 2016 to support patients with severe mental illness in the community.

聯網已投放資源改善醫療服務的便捷度。瑪嘉烈醫院於2015年10月額外裝設血液造影平板探測器，以加強放射診斷服務。此外，聯網已提升血液腫瘤科服務，並於2015年10月起延長聖母醫院藥房的服務時間，以方便市民。

在精神健康服務方面，聯網為一般精神病患者改善跨專業服務支援；並於2015年11月及2016年2月招募精神病患康復者擔任朋輩工作員，支援社區的嚴重精神病患者。





Continued quality improvement and maintenance of safety has always been our top priority. To support clinical workflow and improve medication safety, Inpatient Medication Order Entry system was further extended to YCH in December 2015, after rolling out in PMH in 2013 and NLTH in 2014. Tracking system of surgical instrument and sterilisation services for operating theatres of hospitals in KWC were also enhanced.

To facilitate the redevelopment project of KWH, project scope of the planning team in KWH was expanded to discuss and coordinate with various stakeholders on decanting services for the redevelopment.

持續改善服務質素和確保安全，一直是我們的首要任務。繼2013及2014年分別在瑪嘉烈醫院及北大嶼山醫院推行「住院病人藥物指令輸入系統」後，聯網於2015年12月將系統推展至仁濟醫院，以支援臨床工作流程，加強藥物安全。此外，聯網各醫院的手術器具追蹤和手術室的消毒服務亦已全面加强。

配合廣華醫院的重建計劃，聯網已擴大廣華醫院規劃小組的工作範圍，包括與持份者統籌及商討重建廣華醫院的設備遷移工作。

New Territories East Cluster (NTEC)

新界東醫院聯網 (新界東聯網)

North District Hospital (NDH)
北區醫院

Alice Ho Miu Ling Nethersole Hospital (AHNH)
雅麗氏何妙齡那打素醫院

Tai Po Hospital (TPH)
大埔醫院

Cheshire Home, Shatin (SCH)
沙田慈氏護養院

Prince of Wales Hospital (PWH)
威爾斯親王醫院

Shatin Hospital (SH)
沙田醫院

Bradbury Hospice (BBH)
白普理寧養中心

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	4,651
Patient discharges* 出院病人數目*	280,277
A&E attendances 急症室就診人次	385,614
Specialist outpatient attendances (clinical) 專科門診就診人次 (臨床服務)	1,141,679
General outpatient attendances 普通科門診就診人次	963,338
Full-time equivalent staff 等同全職人員數目	11,484

* Total inpatient, day patient discharges and deaths

* 住院及日間病人出院及死亡總數



NTEC made ongoing efforts to rein in the acute demand for medical services in 2015-16. External factors including large catchment area, ageing population and the medical needs of cross-border population have been affecting NTEC. Shortage of medical, nursing and allied health staff further exacerbated the situation which exerted considerable pressure on healthcare services.

Facing difficult situation of supply and demand imbalance in healthcare services in Hong Kong, NTEC remained steadfast in increasing service capacity to overcome escalating service demand. In responding to the shortage of hospital beds, NTEC opened 36 day beds and 35 acute beds, including four surgical High Dependency Unit beds and one Intensive Care Unit bed. With that, access block with patients waiting for admission to wards could be alleviated. Additional support sessions were arranged to handle Triage IV (semi-urgent) and V (non-urgent) cases to relieve overwhelming caseload in A&E Departments in the Cluster. To enhance service accessibility, a joint replacement centre was established to perform additional joint replacement surgeries, and an additional MRI machine for conducting more investigations with radiological imaging services was installed. Three general anaesthetic operating theatre sessions for cancer surgery were also added to shorten the waiting list for operations. With a view to strengthening support to the community, episodic quota of the Cluster's general outpatient clinics was increased to improve the access to primary care services. Besides, service of the Community Geriatric Assessment Team was stepped up to provide additional outreach attendances for terminally ill residents living in residential care homes for the elderly.

在2015-16年，新界東聯網竭力應付龐大的醫療服務需求。不同的外來因素包括廣闊的服務範圍、日增的銀髮人口及跨境人士的醫療需要，繼續為聯網帶來重大的挑戰；而醫護及專職醫療人手短缺問題亦為醫療服務的供應增添不少壓力。

新界東聯網面對本港醫療護理服務供求失衡的困難局面，仍堅定不移，積極拓展服務以應付與日俱增的醫療需求。面對醫院病床短缺的問題，聯網增設36張日間病床和35張急症病床，當中包括四張外科加護病床及一張深切治療病床，病人久候方能進入病房的情況得以紓緩。各間醫院的急症室增加支援診症節數，處理第四(次緊急)及第五(非緊急)類別分流個案，以減輕急症室的工作壓力。為了提高服務的便捷度，聯網設立關節置換中心，應付額外的關節置換手術；增設一部磁力共振掃描機，以增加放射診斷服務名額；並為癌症手術增設三個全身麻醉節數，縮短手術的輪候時間。聯網又加強對社區的支援，增加轄下普通科門診偶發性疾病診症名額，讓病人更快獲得基層醫療服務，以及加強社區老人評估組的外展服務，支援護養安老院的末期病患者。





On ensuring service quality and safety, NTEC modernised the management of cancer patients requiring targeted therapies through the provision of additional molecular tests. More laboratory tests for patients with growth hormone abnormalities were also provided through the adoption of Mass Spectrometry Serum IGF – I Assay. Besides, minimally invasive surgery technique was applied in 80% of hysterectomy surgeries for suitable gynaecological patients. Human capital on genetic and genomic analysis of HA was built up through knowledge and skill transfer and collaboration between academia and the Cluster.

在確保服務質素和安全方面，聯網為接受標靶治療的癌症病人提供現代化的管理服務，額外增加分子測試名額；使用血清檢測 (IGF-I)，為更多生長荷爾蒙失調患者提供測試；並為合適的婦科病人進行微創子宮切除手術，達致80% 的整體目標。聯網與醫學界合作，透過知識及技術轉移，發展醫管局在遺傳及基因分析技術的人力資本。



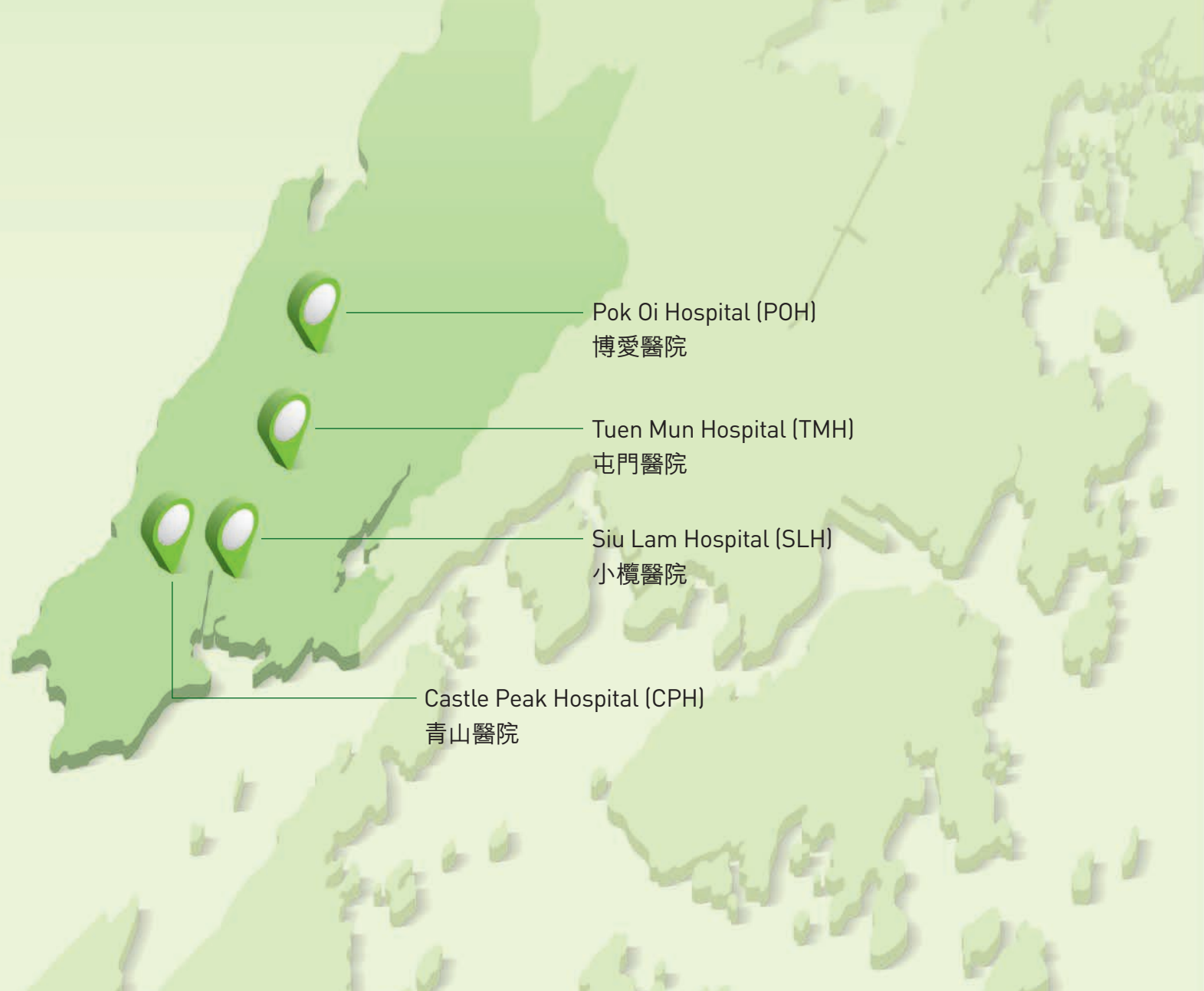


NTEC also paid great attention to allaying staff shortage and high turnover. More supporting staff members were hired to share out simple clinical tasks and clerical workload of allied health professionals. Additional nurses were recruited to relieve the workload in hospital wards. More allied health professionals were also in post to enhance multi-disciplinary support for patients.

聯網亦非常關注紓緩人手短缺及職員流失的問題，在年內增聘支援人員，紓緩專職醫療人員簡單的臨床工作及文書工作；增聘護士，減輕醫院病房的工作壓力；此外亦招聘更多專職醫療人員，為需要跨專業護理的病人加強支援。

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	4,259
Patient discharges* 出院病人數目*	216,135
A&E attendances 急症室就診人次	349,264
Specialist outpatient attendances (clinical) 專科門診就診人次(臨床服務)	939,918
General outpatient attendances 普通科門診就診人次	819,087
Full-time equivalent staff 等同全職人員數目	9,938

* Total inpatient, day patient discharges and deaths

* 住院及日間病人出院及死亡總數



To manage growing and rising ageing population, NTWC has been proactively preparing to cater for subsequent new service demands and to improve service quality by enhancing both software and hardware facilities in hospitals.

On inpatient service, NTWC increased the service capacity by opening 120 new beds in 2015-16, including 114 acute and convalescent beds in POH, four High Dependency Unit surgical beds and two convalescent beds in TMH to mitigate the pressure on inpatient facilities. Besides, the Cluster has designated two medical beds in TMH for providing multi-disciplinary support for patients on mechanical ventilation.

NTWC residents also have high demand on A&E services. Daily attendances of the two A&E departments located in TMH and POH reached an average of around 1,000 attendances. In responding to the high service demand, NTWC provided additional support sessions at the two A&E departments to handle Triage IV and V cases, which are semi-urgent and non-urgent cases to relieve the workload of staff. In addition, POH added 15 operating theatre sessions per week to cater for rising demand of surgical service, as well as to start providing emergency surgeries in order to enhance management of acute patients. A transient ischaemic attack clinic was opened in TMH to provide 24-hour thrombolytic service for acute ischaemic stroke patients.

面對區內人口不斷增長及老化，新界西聯網近年積極優化轄下醫院的軟件和硬件配套，做好準備應付新增的服務需求及提升服務質素。

年內，聯網加強轄下醫院的住院服務，合共增設了120張各類型病床，當中包括博愛醫院增加了114張急症及療養病床，屯門醫院則增設四張外科加護病床及兩張療養病床，以紓緩病床需求的壓力。同時，屯門醫院提供兩張指定病床，為需要使用呼吸機的病人提供跨專業護理服務。

新界西居民對急症室服務的需求非常殷切。聯網內位於屯門醫院及博愛醫院的急症室，每日求診人次平均約1,000人。有見及此，聯網增加急症室的支援診症節數，專門處理第四及第五類別分流個案，即次緊急及非緊急病人，以減輕急症室醫護人員的工作壓力。博愛醫院亦於每周增加15個手術室節數，以配合手術服務的增長，同時開始提供緊急手術服務，加強對急症病人的照顧。屯門醫院設立短暫性腦缺血診所，並提供24小時溶栓治療，以改善急性中風病人的治理。



A number of initiatives were implemented in NTWC to alleviate waiting time pressure. Access to service was improved by increasing service quota, which included 22,000 episodic quotas in general outpatient clinics, additional hospital haemodialysis and home automated peritoneal dialysis treatment services for patients with end-stage renal disease, and an addition of 400 endoscopic procedures to better manage the waiting list of endoscopy services. Around 1,050 additional outreach attendances were provided by the Community Geriatric Assessment Team to support terminally ill residents living in residential care homes for the elderly.

NTWC continued to prepare for the service commencement of Tin Shui Wai Hospital (TSHW). Construction work of TSHW is scheduled to be completed in later part of 2016-17. Upon completion of medical equipment installation and tests, TSHW will be commissioned by phases, signifying a key milestone in service expansion in NTWC.

With HA gaining community support from Legislative Council and District Council to expand the TMH Operating Theatre Block, NTWC is now reviewing its clinical services. A Clinical Service Plan will be formulated which serves as a blueprint for the development of the Cluster's medical service.

為了縮短病人輪候時間，聯網在年內增加多項服務。聯網在年內合共增加22,000個普通科門診偶發性疾病診症名額；增加醫院血液透析及家居自動腹膜透析名額，加強對末期腎病病人的照顧；另額外提供約400個內窺鏡檢查名額，以改善輪候情況。社區老人評估組外展服務增加約1,050人次，藉此加強對護養安老院末期病患者的支援。

聯網繼續為天水圍醫院的啟用作好準備。天水圍醫院的建築工程將於2016-17年底完成，醫療儀器安裝及各項測試完成後，將分階段投入服務。屆時，新界西聯網的醫療服務空間將進一步擴展。

此外，醫管局在2015-16年度獲得立法會及區議會相關事務委員會支持，進行屯門醫院手術室大樓擴建工程。聯網亦正檢視各項臨床服務並制訂臨床服務計劃，為新界西未來的醫療服務發展建設藍圖。

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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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 set out on pages 92 to 142, which comprise the consolidated and HA balance sheets as at 31 March 2016, 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」)及其附屬機構的綜合財務報表,此綜合財務報表包括於二零一六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布的香港財務報告準則擬備真實而中肯的綜合財務報表,並對其認為為使綜合財務報表的擬備不存在由於欺詐或錯誤而導致的重大錯誤陳述所必需的內部控制負責。

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發表意見,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布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對此等綜合財務報表是否不存在任何重大錯誤陳述獲取合理保證。

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 financial position of HA and its subsidiaries as at 31 March 2016 and of their financial performance and cash flows for the year then ended in accordance with Hong Kong Financial Reporting Standards.



PricewaterhouseCoopers
Certified Public Accountants

Hong Kong, 25 August 2016

獨立核數師報告

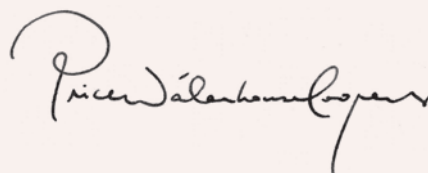
核數師的責任 (續)

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。所選擇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擬備真實而中肯的綜合財務報表相關的內部控制，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恰當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中肯地反映醫管局及其附屬機構於二零一六年三月三十一日的財務狀況及截至該日止年度的財務表現和現金流量。



羅兵咸永道會計師事務所
執業會計師

香港，二零一六年八月二十五日



Consolidated Balance Sheet

綜合資產負債表



	Note 附註	At 31 March 2016 HK\$'000 2016年3月31日 港幣千元	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元
Non-Current Assets 非流動資產			
Property, plant and equipment 物業、機器及設備	5	5,083,108	4,638,538
Intangible assets 無形資產	6	233,802	514,664
Loans receivable 應收債款	7	3,020	4,193
Placement with the Exchange Fund 外匯基金存款	8	13,300,000	13,300,000
Fixed income instruments 固定入息工具	9	1,840,000	1,650,000
		20,459,930	20,107,395
Current Assets 流動資產			
Inventories 存貨	10	1,267,360	1,313,568
Loans receivable 應收債款	7	947	1,053
Accounts receivable 應收賬款	11	316,406	353,110
Other receivables 其他應收賬款	12	177,123	216,529
Deposits and prepayments 按金及預付款項	13	321,972	279,630
Placement with the Exchange Fund 外匯基金存款	8	1,667,266	962,359
Fixed income instruments 固定入息工具	9	250,000	-
Cash and bank balances 現金及銀行結餘	14	29,781,697	20,803,731
		33,782,771	23,929,980
Current Liabilities 流動負債			
Balance with Samaritan Fund 撒瑪利亞基金結餘	15	999,630	669,972
Creditors and accrued charges 債權人及應付費用	16	10,108,179	10,348,841
Deposits received 已收按金	17	241,059	208,052
		11,348,868	11,226,865
Net Current Assets 流動資產淨值		22,433,903	12,703,115
Total Assets Less Current Liabilities 總資產減流動負債		42,893,833	32,810,510
Non-Current Liabilities 非流動負債			
Balance with Samaritan Fund 撒瑪利亞基金結餘	15	6,000,000	6,000,000
Death and disability liabilities 死亡及傷殘福利責任	18	238,782	237,892
Deferred income 遞延收益	19	12,503,367	12,756,119
Public-Private Partnership Endowment Fund 公私營協作留本基金	20	10,000,000	-
		28,742,149	18,994,011
Net Assets 資產淨值		14,151,684	13,816,499
Capital subventions and capital donations 資本補助及資本捐贈	21	5,316,910	5,153,202
Designated fund 指定基金	22	5,077,369	5,077,369
Revenue reserve 收入儲備		3,757,405	3,585,928
Total Funds 基金總額		14,151,684	13,816,499

P. M. Kam

Dr KAM Pok Man 甘博文博士
Chairman
Finance Committee
財務委員會主席

Dr LEUNG Pak Yin, JP

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

Balance Sheet

資產負債表

	Note 附註	At 31 March 2016 HK\$'000 2016年3月31日 港幣千元	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元
Non-Current Assets 非流動資產			
Property, plant and equipment 物業、機器及設備	5	5,083,108	4,638,538
Intangible assets 無形資產	6	233,802	512,718
Loans receivable 應收債款	7	3,020	4,193
Placement with the Exchange Fund 外匯基金存款	8	13,300,000	13,300,000
Fixed income instruments 固定入息工具	9	1,840,000	1,650,000
		20,459,930	20,105,449
Current Assets 流動資產			
Inventories 存貨	10	1,267,360	1,313,568
Loans receivable 應收債款	7	947	1,053
Accounts receivable 應收賬款	11	316,406	353,110
Other receivables 其他應收賬款	12	177,123	216,529
Deposits and prepayments 按金及預付款項	13	321,889	279,547
Placement with the Exchange Fund 外匯基金存款	8	1,667,266	962,359
Fixed income instruments 固定入息工具	9	250,000	-
Cash and bank balances 現金及銀行結餘	14	29,781,697	20,803,731
		33,782,688	23,929,897
Current Liabilities 流動負債			
Balance with Samaritan Fund 撒瑪利亞基金結餘	15	999,630	669,972
Creditors and accrued charges 債權人及應付費用	16	10,108,102	10,348,764
Deposits received 已收按金	17	241,059	208,052
		11,348,791	11,226,788
Net Current Assets 流動資產淨值		22,433,897	12,703,109
Total Assets Less Current Liabilities 總資產減流動負債		42,893,827	32,808,558
Non-Current Liabilities 非流動負債			
Balance with Samaritan Fund 撒瑪利亞基金結餘	15	6,000,000	6,000,000
Death and disability liabilities 死亡及傷殘福利責任	18	238,782	237,892
Deferred income 遞延收益	19	12,503,367	12,756,119
Public-Private Partnership Endowment Fund 公私營協作留本基金	20	10,000,000	-
		28,742,149	18,994,011
Net Assets 資產淨值		14,151,678	13,814,547
Capital subventions and capital donations 資本補助及資本捐贈	21	5,316,910	5,151,256
Designated fund 指定基金	22	5,077,369	5,077,369
Revenue reserve 收入儲備		3,757,399	3,585,922
Total Funds 基金總額		14,151,678	13,814,547

P. M. Kam

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



Consolidated Statement of Income and Expenditure

綜合收支結算表



	Note 附註	For the year ended 31 March 2016 HK\$'000 截至2016年 3月31日止年度 港幣千元	For the year ended 31 March 2015 HK\$'000 截至2015年 3月31日止年度 港幣千元
Income 收入			
Recurrent Government subvention 經常性政府補助		50,538,379	48,037,806
Capital Government subvention for building projects 建築工程的資本性政府補助		1,143,406	808,545
Hospital/clinic fees and charges 醫院 / 診療所收費	23	3,597,986	3,422,811
Donations 捐贈		64	13
Transfers from 轉調自：			
Designated donation fund 指定捐贈基金	19	145,645	229,599
Minor Works Projects Fund 小型工程項目基金	19	1,066,209	1,011,020
Capital subventions 資本補助	21	1,024,384	673,485
Capital donations 資本捐贈	21	113,686	110,317
Investment income 投資收益	24	188,185	266,914
Other income 其他收益		826,561	668,952
		58,644,505	55,229,462
Expenditure 支出			
Staff costs 員工成本	25	(40,298,679)	(37,234,711)
Drugs 藥物		(5,710,382)	(5,328,465)
Medical supplies and equipment 醫療物品及設備		(2,558,198)	(2,326,445)
Utilities charges 公用開支		(1,174,165)	(1,201,717)
Repairs and maintenance 維修及保養		(1,894,103)	(1,741,345)
Building projects funded by the Government 由政府撥款的建築工程	2(g)(iii) & 及 (iii)	(2,209,615)	(1,819,565)
Operating lease expenses 營運租賃開支		(160,342)	(156,117)
Depreciation and amortisation 折舊及攤銷	5 & 及 6	(1,108,886)	(779,103)
Other operating expenses 其他營運開支	26	(3,379,795)	(3,265,135)
		(58,494,165)	(53,852,603)
Surplus for the year 年內盈餘		150,340	1,376,859

Consolidated Statement of Comprehensive Income

綜合全面收益表

	Note 附註	For the year ended 31 March 2016 HK\$'000 截至2016年 3月31日止年度 港幣千元	For the year ended 31 March 2015 HK\$'000 截至2015年 3月31日止年度 港幣千元
Surplus for the year 年內盈餘		150,340	1,376,859
Other comprehensive income 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	21	1,284,623	1,301,538
- Transfers from Minor Works Projects Fund 轉調自小型工程項目基金	21	17,155	25,439
- Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	21	(1,138,070)	(783,802)
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	18	21,137	(11,286)
Total comprehensive income for the year 年內全面收益總額		335,185	1,908,748



Consolidated Statement of Cash Flows

綜合現金流動報表



	Note 附註	For the year ended 31 March 2016 HK\$'000 截至2016年 3月31日止年度 港幣千元	For the year ended 31 March 2015 HK\$'000 截至2015年 3月31日止年度 港幣千元
Net cash (used in)/generated from operating activities 營運活動(所用)/所得現金淨額	29	(818,911)	1,416,049
Investing activities 投資活動			
Investment income received 已收投資收益		227,758	255,592
Purchases of property, plant and equipment 購置物業、機器及設備	5	(1,182,441)	(1,199,257)
Purchases of intangible assets 購置無形資產	6	(119,337)	(127,720)
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		(131,767)	(4,367,923)
Increase in fixed income instruments 固定入息工具增加		(440,000)	(1,650,000)
Increase in placement with the Exchange Fund 外匯基金存款增加		-	(7,300,000)
Net cash used in investing activities 投資活動所用現金淨額		(1,645,787)	(14,389,308)
Net cash outflow before financing activities 融資前之現金淨額流出		(2,464,698)	(12,973,259)
Financing activities 融資活動			
Interest earned for Minor Works Projects Fund 小型工程項目基金所獲利息		72,200	79,715
Capital subventions 資本補助	21	1,187,599	1,143,643
Capital donations 資本捐贈	21	97,024	157,895
Net cash generated from financing activities 融資活動所得之現金淨額		1,356,823	1,381,253
Decrease in cash and cash equivalents 現金及現金等值之減少		(1,107,875)	(11,592,006)
Cash and cash equivalents at beginning of year 年初之現金及現金等值		3,066,200	14,658,206
Cash and cash equivalents at end of year 年終之現金及現金等值	14	1,958,325	3,066,200

Notes:

- (1) 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 15.
- (2) The cash flow for bank deposits designated for Public-Private Partnership (PPP) Endowment Fund was netted off with the PPP Endowment Fund and the detailed arrangement is disclosed in note 20.

註:

- (1) 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15披露。
- (2) 公私營協作留本基金指定銀行存款之現金流量已經扣除公私營協作留本基金，詳細安排於附註20披露。

Consolidated Statement of Changes in Net Assets

綜合淨資產變動報表

	Capital subventions and capital donations [Note 21] HK\$'000 資本補助 及資本捐贈 [附註21] 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 2014 於二零一四年四月一日	4,610,027	5,077,369	2,220,355	11,907,751
Total comprehensive income for the year 年內全面收益總額	543,175	-	1,365,573	1,908,748
At 31 March 2015 於二零一五年三月三十一日	5,153,202	5,077,369	3,585,928	13,816,499
Total comprehensive income for the year 年內全面收益總額	163,708	-	171,477	335,185
At 31 March 2016 於二零一六年三月三十一日	5,316,910	5,077,369	3,757,405	14,151,684





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 persons involved or to be involved in hospital services or other services relevant to the health of the public, 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.

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，向香港特別行政區政府（「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、協助及參與為從事或將會從事醫院服務或其他與公共衛生相關服務之人士的教育及培訓，以及有關醫院服務的科研。

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、診療所、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。

Notes to the Financial Statements

1. The Hospital Authority (Continued)

(a) Background (Continued)

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.

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. HACM Limited has also provided funding to six tripartite CMCTRs for provision of Chinese medicine services to HA patients under the Integrated Chinese-Western Medicine ("ICWM") Pilot Programme which have been implemented at seven hospitals for three disease areas.

In order to support the Government-led electronic health record ("eHR") programme, which is 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 2016, HA recognised HK\$261,809,000 (2015: HK\$246,150,000) 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.

財務報表附註

1. 醫院管理局 (續)

(a) 背景 (續)

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。

為促進香港中醫藥發展及科研，醫管局及其附屬機構「醫院管理局中醫藥發展有限公司」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，醫院管理局中醫藥發展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。七間公立醫院就三類病種推行中西醫協作項目先導計劃，醫院管理局中醫藥發展有限公司向六間中醫臨床教研中心提供資助，為參加先導計劃的醫管局病人提供中醫藥服務。

政府推行的電子健康記錄互通系統計劃，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。截至二零一六年三月三十一日止之財政年度，醫管局確認港幣261,809,000元（二零一五年：港幣246,150,000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作為其附屬機構，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。





Notes to the Financial Statements

1. The Hospital Authority (Continued)

(b) Hospitals and other institutions

At 31 March 2016, 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
Pamela Youde Nethersole Eastern Hospital
Pok Oi Hospital
Prince of Wales Hospital
Princess Margaret Hospital
Queen Elizabeth Hospital
Queen Mary Hospital
Ruttonjee Hospital
Shatin Hospital
Siu Lam Hospital
St. John Hospital
Tai Po Hospital
Tang Shiu Kin 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

財務報表附註

1. 醫院管理局 (續)

(b) 醫院及其他機構

在二零一六年三月三十一日，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
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
律敦治醫院
沙田醫院
小欖醫院
長洲醫院
大埔醫院
鄧肇堅醫院
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

Notes to the Financial Statements

1. The Hospital Authority (Continued)

(b) Hospitals and other institutions (Continued)

Charitable Trusts:

North District Hospital Charitable Foundation
Prince of Wales Hospital Charitable Foundation
The Hong Kong Eye Hospital Charitable Trust
(Terminated on 29 January 2016)
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 (Liquidated on 5 August 2015)
HACM Limited
Hong Kong Red Cross Blood Transfusion Service
Rehabaid Centre (Ceased management and control on
8 April 2016)
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.

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.

財務報表附註

1. 醫院管理局 (續)

(b) 醫院及其他機構 (續)

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
(於二零一六年一月二十九日終止)
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 (於二零一五年八月五日清盤)
醫院管理局中醫藥發展有限公司
香港紅十字會輸血服務中心
復康專科及資源中心 (管轄權於二零一六年
四月八日終止)
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。

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。





Notes to the Financial Statements

2. Principal accounting policies (Continued)

(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 2016.

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.

At 31 March 2016, the principal subsidiaries of HA comprise:

財務報表附註

2. 主要會計政策 (續)

(b) 綜合呈列之基準

集團的財務報表包括截至二零一六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。

在二零一六年三月三十一日，醫管局的主要附屬機構有：

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) 醫院管理局中醫藥發展有限公司 (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

Notes to the Financial Statements

2. Principal accounting policies (Continued)

(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 amendments to standards which are effective for the Group's financial year beginning 1 April 2015 are relevant to the Group:

Annual Improvements to HKFRS 2010-2012 Cycle

Annual Improvements to HKFRS 2011-2013 Cycle

The adoption of these revised HKFRSs has no significant impact on the results and financial position of the Group.

The HKICPA has also issued a number of new/revised HKFRSs which are effective for accounting period beginning on or after 1 April 2016. The Group has not early adopted these new/revised HKFRSs in the financial statements for the financial year ended 31 March 2016. 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, Minor Works Projects Fund and PPP Fund are recognised as set out in note 2(r).

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.

財務報表附註

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》

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。以下的修訂準則在集團二零一五年四月一日開始之財政年度生效，並適用於集團：

《香港財務報告準則》的年度改進（二零一零年至二零一二年週期）

《香港財務報告準則》的年度改進（二零一一年至二零一三年週期）

採用這些經修訂的《香港財務報告準則》對集團營運結果及財務狀況並無顯著影響。

香港會計師公會亦頒布了多項在二零一六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》。集團在截至二零一六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、小型工程項目基金及公私營協作基金之轉調按附註 2(r) 的方式確認。

來自固定入息工具的投資收益按附註 2(k) 的方式確認。

來自銀行存款之投資收益採用實際利息法按時間比例入賬。





Notes to the Financial Statements

2. Principal accounting policies (Continued)

(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

2. 主要會計政策 (續)

(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、電腦軟件及系統，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

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-subvented governing body, the associated expenditure is charged to the statement of income and expenditure in the year as incurred. Under the agreements with ex-subvented 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

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

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 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.

(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.

財務報表附註

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。

(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。

Notes to the Financial Statements

2. Principal accounting policies (Continued)

(k) Fixed income instruments

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

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

The Group assesses whether there is objective evidence that fixed income instruments are impaired at each 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.

(m) Accounts receivable

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

財務報表附註

2. 主要會計政策 (續)

(k) 固定入息工具

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

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

集團於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。

(m) 應收賬款

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





Notes to the Financial Statements

2. Principal accounting policies (Continued)

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

(q) Employee benefits

(i) Retirement benefits costs

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

財務報表附註

2. 主要會計政策(續)

(n) 現金及現金等值

在現金流動報表中所列的現金及現金等值，包括手持現金、銀行即期存款，以及原來到期日不超過三個月的現金存款。

(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。

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

(q) 僱員福利

(i) 退休福利開支

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

Notes to the Financial Statements

2. Principal accounting policies (Continued)

(q) Employee benefits (Continued)

(ii) Termination benefits costs

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

(iii) Death and disability benefits costs

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

The death benefits for eligible employees are accounted for as post employment defined benefits. Remeasurement of death liability arising from experience adjustments and changes in actuarial assumptions are recognised immediately in other comprehensive income.

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 18.

(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).

財務報表附註

2. 主要會計政策 (續)

(q) 僱員福利 (續)

(ii) 離職福利開支

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

(iii) 死亡及傷殘福利開支

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

合資格僱員的死亡福利列為離職後的界定福利。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。

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 18。

(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。





Notes to the Financial Statements

2. Principal accounting policies (Continued)

(r) Government subvention (Continued)

The one-off grant received from the Government for minor works projects (under Subhead 8083MM) together with the related investment income are recognised as deferred income – Minor Works Projects Fund. Each year, the amount spent on the minor works projects is transferred from deferred income to the statement of income and expenditure or other comprehensive income as appropriate. Further details of the deferred income – Minor Works Projects Fund are set out in note 19(b).

The Government allocated HK\$10,000,000,000 to HA to establish an endowment fund for PPP initiatives. The investment returns of the PPP Endowment Fund, together with the remaining balance of the one-off designated funding for HA's PPP programmes as at 31 March 2016 are recognised as deferred income – PPP Fund. Each year, the amount spent on the PPP programmes is transferred from the deferred income to the statement of income and expenditure or other comprehensive income as appropriate. Further details of the PPP Fund are set out in note 19(c).

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.

(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.

財務報表附註

2. 主要會計政策 (續)

(r) 政府補助 (續)

政府的小型工程一次性撥款(分目8083MM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,如適當,由遞延收益轉調往收支結算表或其他全面收益。遞延收益 – 小型工程項目基金的詳情載於附註19(b)。

政府向醫管局撥款港幣10,000,000,000元設立留本基金,以推行公私營協作計劃。公私營協作留本基金的投資回報,連同政府給予醫管局公私營協作計劃的一次性指定撥款於二零一六年三月三十一日的結餘確認為遞延收益 – 公私營協作基金。每年,公私營協作計劃的支出款額,如適當,由遞延收益轉調往收支結算表或其他全面收益。有關公私營協作基金的詳情載於附註19(c)。

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。

(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。

Notes to the Financial Statements

2. Principal accounting policies (Continued)

(t) Translation of foreign currencies (Continued)

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 except for Minor Works Projects Fund, which are recognised as deferred income.

(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.

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 2016 consisted of bank deposits, fixed income instruments and placement with the Exchange Fund. 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).

財務報表附註

2. 主要會計政策 (續)

(t) 外幣換算 (續)

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，惟小型工程項目基金則除外，會確認為遞延收益。

(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。

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。截至二零一六年三月三十一日的投資組合（「組合」），包括銀行存款、固定入息工具及外匯基金存款。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。





Notes to the Financial Statements

3. Financial risk management (Continued)

(a) Financial risk factors (Continued)

(i) Credit risk

The Group's credit risk is the risk that counterparties may default on its bank deposits, fixed income instruments and placement with the Exchange Fund.

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

All transactions in fixed income instruments are settled or paid for upon delivery through approved banks and safe kept by the approved custodian with high credit ranking. The credit risks of the issuers are assessed based on the credit rating determined by Moody's or Standard and Poor's. Investments in fixed income instruments (i.e. certificates of deposits) are with issuers of credit rating not lower than Moody's A3 or equivalent. Where the maturity is over three years, the credit rating is not lower than Moody's Aa3 or equivalent at the time of investments.

The placement with the Exchange Fund is entered into between HA and the Hong Kong Monetary Authority ("HKMA") and 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, bank deposits and fixed income instruments. Cash at bank, which earns interest at variable rates, gives rise to cash flow interest rate risk. Fixed rate bank deposits and fixed income instruments expose the Portfolio to fair value interest rate risk. Sensitivity analyses have been performed by the Group with regard to interest rate risk as at 31 March 2016. 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.

(iii) Price risk

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

財務報表附註

3. 財務風險管理 (續)

(a) 財務風險因素 (續)

(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、固定入息工具及外匯基金存款。

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

所有固定入息工具的交易是在交收後透過認可銀行結算 / 支付，並由具良好信貸評級的認可保管人妥為保管。固定入息工具發行商的信貸風險乃根據穆迪或標準普爾釐定的信貸評級。若投資於固定入息工具 (即存款證)，有關發行商的最低信貸評級須不低於穆迪 A3 或同等級別。至於到期日超過三年的投資，有關發行商的信貸評級在投資時須不低於穆迪 Aa3 或同等級別。

外匯基金存款是醫管局與香港金融管理局 (「金管局」) 訂定的安排，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、銀行存款及固定入息工具。銀行現金賺取不同利率，會有流動現金利率風險；而賺取固定息率的銀行存款及固定入息工具，則有公允價值利率風險。集團在二零一六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。

(iii) 價格風險

因發行商的認知信貸風險 (附註 3(a)(i)) 及市場利率 (附註 3(a)(ii)) 的變動，固定入息工具受價格風險影響。

Notes to the Financial Statements

3. Financial risk management (Continued)

(a) Financial risk factors (Continued)

(iv) Currency risk

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

(b) Fair values estimation

(i) Financial assets carried at fair values

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.

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

財務報表附註

3. 財務風險管理 (續)

(a) 財務風險因素 (續)

(iv) 貨幣風險

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

(b) 公允價值估計

(i) 按公允價值列賬的財務資產

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。

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。





Notes to the Financial Statements

3. Financial risk management (Continued)

(b) Fair values estimation (Continued)

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

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 2015 and 31 March 2016:

	For the year ended 31 March 2016 HK\$'000 截至2016年 3月31日止年度 港幣千元	For the year ended 31 March 2015 HK\$'000 截至2015年 3月31日止年度 港幣千元
At beginning of year 於年初	14,262,359	6,408,438
Addition [note 19(b)] 增加[附註19(b)]	-	7,300,000
Interest 利息	704,907	553,921
At end of year [note 8] 於年終[附註8]	14,967,266	14,262,359

(ii) Financial assets not reported at fair values

The fair values of fixed income instruments (i.e. certificates of deposits) at the reporting date are provided by the banks from whom the instruments are purchased. These instruments are summarised below:

財務報表附註

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)

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。下表呈列截至二零一五年三月三十一日止及二零一六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(即存款證)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

財務報表附註

3. Financial risk management (Continued)

3. 財務風險管理 (續)

(b) Fair values estimation (Continued)

(b) 公允價值估計 (續)

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

(ii) 非以公允價值呈列的財務資產 (續)

The Group and HA 集團及醫管局				
	Carrying Value 賬面價值		Fair Value 公允價值	
	At 31 March 2016 HK\$'000 2016年3月31日 港幣千元	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元	At 31 March 2016 HK\$'000 2016年3月31日 港幣千元	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元
Fixed income instruments 固定入息工具	2,090,000	1,650,000	2,103,181	1,658,626

(iii) 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.

(iii) 其他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

(c) 資本管理

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

根據《醫院管理局條例》，集團的資源包括：

- (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.

- (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。

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 2016, the capital of the Group was HK\$26,655,051,000 (2015: HK\$26,572,618,000).

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、資本捐贈及遞延收益。截至二零一六年三月三十一日，集團的資本為港幣26,655,051,000元(二零一五年：港幣26,572,618,000元)。





Notes to the Financial Statements

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 has adopted prudent financial measures to ensure public resources are properly and efficiently used. Through the annual planning exercise, resource requirement of individual hospital clusters is identified and considered against the total amount of resources available to the HA, so as to maintain existing levels of services, to train and build up Hong Kong's future healthcare workforce by recruiting new graduates, and to provide some pragmatic service growth in meeting the pressing demand for public hospital services. Measures to improve service quality and efficiency are also being explored. To facilitate the delivery of value-for-money services, the Group regularly monitors a set of performance indicators covering service output, performance and resources.

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 had effected payment under two settlement packages implemented in 2006 and 2010 to eligible doctors between the financial years ended 31 March 2007 and 31 March 2013.

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

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。集團一如過往採取嚴謹的財政措施，確保公共資源獲適當及有效運用。透過年度工作規劃過程，醫管局得悉個別醫院聯網的資源需要，並就醫管局具備的資源總額作出考慮，以維持現行服務水平，並聘請新畢業生進行培訓及培育香港未來的醫護人手，以及務實地增加服務量應付公立醫院服務的殷切需求，另亦探索提升服務質素及效率的措施。為提供合乎經濟效益的服務，集團定期監察一套測定服務量、績效及資源的表現指標。

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，並分別於截至二零零七年三月三十一日止至二零一三年三月三十一日止的財政年度向合資格的醫生支付了補償。

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

4. Critical accounting estimates and judgments (Continued)

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

Meanwhile, HA had effected payment under the call payment offer to eligible non-doctors approved by the HA Board between the financial years ended 31 March 2013 and 31 March 2016. 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 either settled or adjourned by the Labour Tribunal.

As at 31 March 2016, HA has adjusted the liability provision to HK\$10,502,000 (2015: HK\$121,224,000), representing management's best estimates taking into consideration of the court rulings. A write-back of provision of HK\$107,695,000 was recorded as other income for the year ended 31 March 2016.

(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 16.

(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 18. The present value of the Group's obligations is discounted with reference to market yields on Hong Kong Government Bonds, 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

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至二零一六年三月三十一日止的財政年度支付了補償。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，這些申索已經接受和解，或已為勞資審裁處暫停審理。

截至二零一六年三月三十一日，醫管局將責任撥備調整為港幣10,502,000元（二零一五年：港幣121,224,000元），這筆金額是管理層經考慮法庭判令所作的最近估計。在截至二零一六年三月三十一日止的年度，港幣107,695,000元的撥備撥回列作其他收入。

(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16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18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政府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

財務報表附註

5. Property, plant and equipment

5. 物業、機器及設備

The Group 集團

	Building and improvements HK\$'000 建築物及裝修 港幣千元	Furniture, fixtures and equipment HK\$'000 家具、固定 裝置及設備 港幣千元	Motor vehicles HK\$'000 汽車 港幣千元	Computer equipment HK\$'000 電腦設備 港幣千元	Total HK\$'000 總計 港幣千元
Cost 成本					
At 1 April 2015 於2015年4月1日	1,064,751	9,802,334	253,687	732,635	11,853,407
Reclassifications 重新分類	39	25,675	-	(35,601)	(9,887)
Additions 增加	16,891	1,080,666	5,771	79,113	1,182,441
Disposals 出售	-	(428,831)	(5,580)	(100,236)	(534,647)
At 31 March 2016 於2016年3月31日	1,081,681	10,479,844	253,878	675,911	12,491,314
Accumulated depreciation 累積折舊					
At 1 April 2015 於2015年4月1日	385,569	6,132,723	176,611	519,966	7,214,869
Reclassifications 重新分類	31	5,383	-	(12,620)	(7,206)
Charge for the year 本年度之折舊	25,731	599,820	26,657	75,938	728,146
Disposals 出售	-	(422,778)	(5,580)	(99,245)	(527,603)
At 31 March 2016 於2016年3月31日	411,331	6,315,148	197,688	484,039	7,408,206
Net book value 賬面淨值					
At 31 March 2016 於2016年3月31日	670,350	4,164,696	56,190	191,872	5,083,108

HA 醫管局

	Building and improvements HK\$'000 建築物及裝修 港幣千元	Furniture, fixtures and equipment HK\$'000 家具、固定 裝置及設備 港幣千元	Motor vehicles HK\$'000 汽車 港幣千元	Computer equipment HK\$'000 電腦設備 港幣千元	Total HK\$'000 總計 港幣千元
Cost 成本					
At 1 April 2015 於2015年4月1日	1,064,751	9,802,334	253,687	729,998	11,850,770
Reclassifications 重新分類	39	25,675	-	(35,601)	(9,887)
Additions 增加	16,891	1,080,666	5,771	79,113	1,182,441
Disposals 出售	-	(428,831)	(5,580)	(100,236)	(534,647)
At 31 March 2016 於2016年3月31日	1,081,681	10,479,844	253,878	673,274	12,488,677
Accumulated depreciation 累積折舊					
At 1 April 2015 於2015年4月1日	385,569	6,132,723	176,611	517,329	7,212,232
Reclassifications 重新分類	31	5,383	-	(12,620)	(7,206)
Charge for the year 本年度之折舊	25,731	599,820	26,657	75,938	728,146
Disposals 出售	-	(422,778)	(5,580)	(99,245)	(527,603)
At 31 March 2016 於2016年3月31日	411,331	6,315,148	197,688	481,402	7,405,569
Net book value 賬面淨值					
At 31 March 2016 於2016年3月31日	670,350	4,164,696	56,190	191,872	5,083,108



Notes to the Financial Statements

財務報表附註

5. Property, plant and equipment (Continued)

5. 物業、機器及設備 (續)

The Group 集團					
	Building and improvements HK\$'000 建築物及裝修 港幣千元	Furniture, fixtures and equipment HK\$'000 家具、固定裝置及設備 港幣千元	Motor vehicles HK\$'000 汽車 港幣千元	Computer equipment HK\$'000 電腦設備 港幣千元	Total HK\$'000 總計 港幣千元
Cost 成本					
At 1 April 2014 於2014年4月1日	1,053,138	9,069,214	242,734	693,545	11,058,631
Reclassifications 重新分類	-	3,950	-	(3,950)	-
Additions 增加	13,658	1,068,393	17,932	99,274	1,199,257
Disposals 出售	(2,045)	(339,223)	(6,979)	(56,234)	(404,481)
At 31 March 2015 於2015年3月31日	1,064,751	9,802,334	253,687	732,635	11,853,407
Accumulated depreciation 累積折舊					
At 1 April 2014 於2014年4月1日	363,475	5,898,653	157,937	507,825	6,927,890
Reclassifications 重新分類	-	2,682	-	(2,682)	-
Charge for the year 本年度之折舊	23,181	567,579	25,653	70,584	686,997
Disposals 出售	(1,087)	(336,191)	(6,979)	(55,761)	(400,018)
At 31 March 2015 於2015年3月31日	385,569	6,132,723	176,611	519,966	7,214,869
Net book value 賬面淨值					
At 31 March 2015 於2015年3月31日	679,182	3,669,611	77,076	212,669	4,638,538

HA 醫管局					
	Building and improvements HK\$'000 建築物及裝修 港幣千元	Furniture, fixtures and equipment HK\$'000 家具、固定裝置及設備 港幣千元	Motor vehicles HK\$'000 汽車 港幣千元	Computer equipment HK\$'000 電腦設備 港幣千元	Total HK\$'000 總計 港幣千元
Cost 成本					
At 1 April 2014 於2014年4月1日	1,053,138	9,069,214	242,734	690,908	11,055,994
Reclassifications 重新分類	-	3,950	-	(3,950)	-
Additions 增加	13,658	1,068,393	17,932	99,274	1,199,257
Disposals 出售	(2,045)	(339,223)	(6,979)	(56,234)	(404,481)
At 31 March 2015 於2015年3月31日	1,064,751	9,802,334	253,687	729,998	11,850,770
Accumulated depreciation 累積折舊					
At 1 April 2014 於2014年4月1日	363,475	5,898,653	157,937	505,188	6,925,253
Reclassifications 重新分類	-	2,682	-	(2,682)	-
Charge for the year 本年度之折舊	23,181	567,579	25,653	70,584	686,997
Disposals 出售	(1,087)	(336,191)	(6,979)	(55,761)	(400,018)
At 31 March 2015 於2015年3月31日	385,569	6,132,723	176,611	517,329	7,212,232
Net book value 賬面淨值					
At 31 March 2015 於2015年3月31日	679,182	3,669,611	77,076	212,669	4,638,538



Notes to the Financial Statements

財務報表附註

6. Intangible assets

6. 無形資產

The Group 集團		
	For the year ended 31 March 2016 HK\$'000 截至2016年 3月31日止年度 港幣千元	For the year ended 31 March 2015 HK\$'000 截至2015年 3月31日止年度 港幣千元
Cost 成本		
At beginning of year 於年初	1,164,129	1,102,768
Reclassifications 重新分類	9,887	-
Additions 增加	119,337	127,720
Disposals 出售	(24,493)	(66,359)
At end of year 於年終	1,268,860	1,164,129
Accumulated amortisation 累積攤銷		
At beginning of year 於年初	649,465	623,482
Reclassifications 重新分類	7,206	-
Charge for the year 本年度之攤銷	380,740	92,106
Disposals 出售	(2,353)	(66,123)
At end of year 於年終	1,035,058	649,465
Net book value 賬面淨值		
At end of year 於年終	233,802	514,664
HA 醫管局		
	For the year ended 31 March 2016 HK\$'000 截至2016年 3月31日止年度 港幣千元	For the year ended 31 March 2015 HK\$'000 截至2015年 3月31日止年度 港幣千元
Cost 成本		
At beginning of year 於年初	1,154,145	1,093,906
Reclassifications 重新分類	9,887	-
Additions 增加	119,337	126,598
Disposals 出售	(24,493)	(66,359)
At end of year 於年終	1,258,876	1,154,145
Accumulated amortisation 累積攤銷		
At beginning of year 於年初	641,427	615,981
Reclassifications 重新分類	7,206	-
Charge for the year 本年度之攤銷	378,794	91,569
Disposals 出售	(2,353)	(66,123)
At end of year 於年終	1,025,074	641,427
Net book value 賬面淨值		
At end of year 於年終	233,802	512,718



Notes to the Financial Statements

財務報表附註

7. Loans receivable

Certain eligible employees under the Home Loan Interest Subsidy Scheme were offered downpayment loans for the purchase of their residential properties ("Downpayment Loan Scheme"). The repayment period of the loans is the shorter of the mortgage life and 20 years. Interest charged on the downpayment loans is determined by the Group from time to time and is set at 1.282% as at 31 March 2016 (2015: 1.395%). Downpayment Loan Scheme has been suspended since April 2002.

At 31 March 2016, 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 2016 HK\$'000 2016年3月31日 港幣千元	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元
Repayable within one year	一年內償還	947	1,053
Repayable beyond one year	超過一年償還	3,020	4,193
		3,967	5,246

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

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.

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（「首期貸款計劃」）。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，於二零一六年三月三十一日時為1.282%（二零一五年：1.395%）。首期貸款計劃自二零零二年四月起已暫停。

在二零一六年三月三十一日，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「醫院管理局公積金計劃」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

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。



Notes to the Financial Statements

財務報表附註

8. Placement with the Exchange Fund (Continued)

The interest on the placement is at a fixed rate determined annually in January and payable annually in arrears on 31 December. Currently, the rate of return 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 government bond in the previous year (subject to a minimum of zero percent), whichever is the higher. This rate of return has been fixed at 5.5% and 3.3% per annum for January to December 2015 and January to December 2016, respectively. HA did not withdraw the interest earned up to 31 December 2015 which would continue to accrue interest at the same rate payable for the principal amount.

The placement with the Exchange Fund is analysed as follows:

8. 外匯基金存款(續)

這筆存款的息率固定，在每年一月釐定，並於每年十二月三十一日支付。現時，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，或三年期政府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。二零一五年一月至十二月及二零一六年一月至十二月的每年回報率分別為5.5%及3.3%。醫管局沒有支取截至二零一五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。

外匯基金存款分析如下：

	Minor Works Projects Fund [Note 19(b)] 小型工程項目基金 [附註 19(b)]		Custodian for Samaritan Fund [Note 15] 作為撒瑪利亞基金的 保管人[附註 15]		Total 總計	
	At 31 March 2016 HK\$'000 2016年 3月31日 港幣千元	At 31 March 2015 HK\$'000 2015年 3月31日 港幣千元	At 31 March 2016 HK\$'000 2016年 3月31日 港幣千元	At 31 March 2015 HK\$'000 2015年 3月31日 港幣千元	At 31 March 2016 HK\$'000 2016年 3月31日 港幣千元	At 31 March 2015 HK\$'000 2015年 3月31日 港幣千元
Principal amount 本金	7,300,000	7,300,000	6,000,000	6,000,000	13,300,000	13,300,000
Interest earned but not withdrawn at the reporting date 報告日所獲但沒有提取的利息收入	602,794	190,800	942,666	580,726	1,545,460	771,526
Accrued interest 應計利息	64,842	101,587	56,964	89,246	121,806	190,833
	7,967,636	7,592,387	6,999,630	6,669,972	14,967,266	14,262,359
Less: non-current portion 減：非流動部分	(7,300,000)	(7,300,000)	(6,000,000)	(6,000,000)	(13,300,000)	(13,300,000)
Current portion 流動部分	667,636	292,387	999,630	669,972	1,667,266	962,359

9. Fixed income instruments

The fixed income instruments represent Hong Kong dollar certificates of deposits with maturity periods within five years from the date of purchase. The investment yield for the year ended 31 March 2016 is between 1.74% and 2.55%.

At 31 March 2016, the fixed income instruments held by the Group and HA are as follows:

9. 固定入息工具

固定入息工具是指由購買日期起計五年內到期的港元存款證，二零一六年三月三十一日止年度的投資收益在1.74%至2.55%之間。

於二零一六年三月三十一日，集團及醫管局持有的固定入息工具如下：

	At 31 March 2016 HK\$'000 2016年3月31日 港幣千元	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元
Maturing within one year 一年內到期	250,000	-
Maturing between one and five years 一至五年內到期	1,840,000	1,650,000
	2,090,000	1,650,000



Notes to the Financial Statements

財務報表附註

9. Fixed income instruments (Continued)

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

9. 固定入息工具 (續)

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

10. Inventories

10. 存貨

The Group and HA 集團及醫管局		
	At 31 March 2016 HK\$'000 2016年3月31日 港幣千元	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元
Drugs 藥物	1,053,654	1,086,706
Medical consumables 醫療消耗品	183,227	199,220
General consumables 一般消耗品	30,479	27,642
	1,267,360	1,313,568

11. Accounts receivable

11. 應收賬款

The Group and HA 集團及醫管局		
	At 31 March 2016 HK\$'000 2016年3月31日 港幣千元	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元
Bills receivable [note 11(a)] 應收賬單[附註11(a)]	362,968	384,690
Accrued income 應計收入	11,597	14,824
	374,565	399,514
Less: Provision for doubtful debts [note 11(b)] 減：呆賬撥備[附註11(b)]	(58,159)	(46,404)
	316,406	353,110

(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 2016 HK\$'000 2016年3月31日 港幣千元	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元
Below 30 days 30日以下	151,965	164,370
Between 31 and 60 days 31至60日	98,877	61,342
Between 61 and 90 days 61至90日	48,550	95,794
Over 90 days 超過90日	63,576	63,184
	362,968	384,690





Notes to the Financial Statements

11. Accounts receivable (Continued)

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

- (i) Patients attending outpatient and accident and emergency services are required to pay fees before services are performed.
- (ii) Private patients and non-eligible persons are required to pay deposit on admission to hospital.
- (iii) Interim bills are sent to patients during hospitalisation. Final bills are sent if the outstanding amounts have not been settled on discharge.
- (iv) Administrative charge is imposed on late payments of medical fees and charges for medical services provided on or after 1 July 2007. The administrative charge is imposed at 5% of the outstanding fees past due 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:

The Group and HA 集團及醫管局

	At 31 March 2016 HK\$'000 2016年3月31日 港幣千元	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元
Past due by 過期：		
Below 30 days 30 日以下	110,812	129,195
Between 31 and 60 days 31 至 60 日	84,285	47,178
Between 61 and 90 days 61 至 90 日	37,998	86,095
Over 90 days 超過 90 日	18,134	26,121
	251,229	288,589

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.

財務報表附註

11. 應收賬款 (續)

集團有關病人賬單的政策如下：

- (i) 病人到門診診所及急症室求診須於接受診治前繳付費用。
- (ii) 私家病人及非符合資格人士入院時須繳付訂金。
- (iii) 醫院會向住院病人發出中期賬單。假如病人在出院時未繳付尚欠的費用，醫院會發出最後賬單通知。
- (iv) 就二零零七年七月一日或之後所提供的醫療服務，若過期支付費用須另繳行政費。如在賬單發出後 60 日仍未清繳費用，會另外徵收欠款 5% 作為行政費，每項賬單上限為港幣 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，每項賬單上限為港幣 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：

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

財務報表附註

11. Accounts receivable (Continued)

11. 應收賬款 (續)

- (b) At 31 March 2016, bills receivable of HK\$111,739,000 (2015: HK\$96,101,000) were impaired by HK\$58,159,000 (2015: HK\$46,404,000) of which HK\$32,558,000 (2015: HK\$20,718,000) 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\$25,601,000 (2015: HK\$25,686,000) 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:

- (b) 於二零一六年三月三十一日，港幣111,739,000元(二零一五年：港幣96,101,000元)的應收賬單減值港幣58,159,000元(二零一五年：港幣46,404,000元)，其中港幣32,558,000元(二零一五年：港幣20,718,000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25,601,000元(二零一五年：港幣25,686,000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 2016 HK\$'000 2016年3月31日 港幣千元	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元
Below 30 days 30 日以下	41,153	35,175
Between 31 and 60 days 31 至 60 日	14,592	14,164
Between 61 and 90 days 61 至 90 日	10,552	9,699
Over 90 days 超過 90 日	45,442	37,063
	111,739	96,101

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 2016 HK\$'000 截至2016年 3月31日止年度 港幣千元	For the year ended 31 March 2015 HK\$'000 截至2015年 3月31日止年度 港幣千元
At beginning of year 於年初	46,404	57,900
Additional provision 撥備增加	58,126	52,227
Uncollectible amounts written off 註銷的未收回款額	(46,371)	(63,723)
At end of year 於年終	58,159	46,404

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

財務報表附註

12. Other receivables

12. 其他應收賬款

The Group and HA 集團及醫管局		
	At 31 March 2016 HK\$'000 2016年3月31日 港幣千元	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元
Donations receivable 應收捐款	59,703	96,432
Interest receivable 應收利息	76,334	82,589
Receivable from the Government for reimbursement or refund of expenditure incurred on capital projects 政府付還或退還基本工程項目所涉開支的應收款項	739	2
Others 其他	40,347	37,506
	177,123	216,529

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

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

13. Deposits and prepayments

13. 按金及預付款項

The Group 集團		
	At 31 March 2016 HK\$'000 2016年3月31日 港幣千元	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元
Utility and other deposits 公用事業及其他按金	23,150	23,799
Prepayments to Government departments 向政府部門預付的款項	101,795	72,725
Maintenance contracts and other prepayments 保養合約及其他預付款項	197,027	183,106
	321,972	279,630

HA 醫管局		
	At 31 March 2016 HK\$'000 2016年3月31日 港幣千元	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元
Utility and other deposits 公用事業及其他按金	23,067	23,716
Prepayments to Government departments 向政府部門預付的款項	101,795	72,725
Maintenance contracts and other prepayments 保養合約及其他預付款項	197,027	183,106
	321,889	279,547



Notes to the Financial Statements

財務報表附註

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 2016 HK\$'000 2016年3月31日 港幣千元	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元
Cash at bank and in hand 銀行存款及手持現金	555,403	725,252
Bank deposits with original maturity within three months 原來到期日不超過三個月的銀行存款	1,402,922	2,340,948
Cash and cash equivalents 現金及現金等值	1,958,325	3,066,200
Bank deposits designated for PPP Endowment Fund [note 20] 公私營協作留本基金指定銀行存款〔附註20〕	10,000,000	-
Bank deposits with original maturity over three months 原來到期日超過三個月的銀行存款	17,823,372	17,737,531
	29,781,697	20,803,731

The effective interest rate on short term bank deposits is between 0.01% and 0.83% (2015: 0.01% and 1.11%). These deposits have an average maturity of 52 days (2015: 49 days).

短期銀行存款的實際利率為0.01%至0.83%之間(二零一五年: 0.01%至1.11%之間), 這些存款的平均到期日為52天(二零一五年: 49天)。

15. 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 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 Hong Kong Monetary Authority for a fixed period of six years during which time HA would not be able to withdraw the principal amount.

As HA is acting as a custodian for the Samaritan Fund, the cumulative investment return up to 31 March 2016 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 balance with Samaritan Fund is analysed as follows:

	At 31 March 2016 HK\$'000 2016年3月31日 港幣千元	At 31 March 2015 HK\$'000 2015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	942,666	580,726
Accrued interest 應計利息	56,964	89,246
	6,999,630	6,669,972
Less: non-current portion 減: 非流動部分	(6,000,000)	(6,000,000)
Current portion 流動部分	999,630	669,972

15. 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, 根據醫管局與香港金融管理局所訂的信貸安排, 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。

由於醫管局是作為撒瑪利亞基金的保管人, 基金截至二零一六年三月三十一日止年度的累積投資回報連同本金, 皆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。

撒瑪利亞基金結餘分析如下:



Notes to the Financial Statements

財務報表附註

16. Creditors and accrued charges

16. 債權人及應付費用

The Group 集團		
	At 31 March 2016 HK\$'000 2016年3月31日 港幣千元	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元
Trade payables [note 16 (a)] 應付貿易賬款 [附註 16 (a)]	410,460	362,125
Accrued charges and other payables [note 16 (b)] 應付費用及其他賬款 [附註 16 (b)]	5,354,052	4,875,208
Current account with the Government [note 16 (c)] 與政府之間的來往賬目 [附註 16 (c)]	4,343,667	5,111,508
	10,108,179	10,348,841

HA 醫管局		
	At 31 March 2016 HK\$'000 2016年3月31日 港幣千元	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元
Trade payables [note 16 (a)] 應付貿易賬款 [附註 16 (a)]	410,460	362,125
Accrued charges and other payables [note 16 (b)] 應付費用及其他賬款 [附註 16 (b)]	5,350,355	4,874,660
Current account with the Government [note 16 (c)] 與政府之間的來往賬目 [附註 16 (c)]	4,343,667	5,111,508
Current account with a subsidiary 與附屬機構之間的來往賬目	3,620	471
	10,108,102	10,348,764

(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：

The Group and HA 集團及醫管局		
	At 31 March 2016 HK\$'000 2016年3月31日 港幣千元	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元
Below 30 days 30 日以下	351,452	285,545
Between 31 and 60 days 31 至 60 日	42,916	38,935
Between 61 and 90 days 61 至 90 日	9,708	20,854
Over 90 days 超過 90 日	6,384	16,791
	410,460	362,125

All trade payables as at 31 March 2016 are expected to be settled within one year. The Group has maintained adequate cash flows and banking facilities for settlement of trade payables.

二零一六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

財務報表附註

16. Creditors and accrued charges (Continued)

- (b) Accrued charges and other payables included accrual for annual leave of HK\$1,888,843,000 (2015: HK\$1,756,146,000) and contract gratuity accrual of HK\$1,411,748,000 (2015: HK\$1,233,794,000). The balance also included a provision for doctors' and non-doctors' claims of HK\$10,502,000 (2015: HK\$121,224,000) 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. 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1,888,843,000元(二零一五年:港幣1,756,146,000元),以及應計合約酬金港幣1,411,748,000元(二零一五年:港幣1,233,794,000元)。結餘亦包括一筆港幣10,502,000元撥備(二零一五年:港幣121,224,000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或特定項目的撥款,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。

17. Deposits received

The Group and HA 集團及醫管局	At 31 March 2016 HK\$'000 2016年3月31日 港幣千元	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元
Patient deposits 病人按金	42,512	38,235
Deposits received from the Government in respect of building projects 就建築工程從政府所收的按金	44	8,710
Other deposits 其他按金	198,503	161,107
	241,059	208,052

17. 已收按金

18. 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:

18. 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:

The Group and HA 集團及醫管局	At 31 March 2016 HK\$'000 2016年3月31日 港幣千元	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元
Present value of funded obligations 注資責任的現值	254,068	239,936
Fair value of plan assets 計劃資產的公允價值	(15,286)	(2,044)
	238,782	237,892



Notes to the Financial Statements

財務報表附註

18. Death and disability liabilities (Continued)

18. 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 2016 HK\$'000 截至2016年 3月31日止年度 港幣千元	For the year ended 31 March 2015 HK\$'000 截至2015年 3月31日止年度 港幣千元
At beginning of year 於年初	239,936	206,350
Current service cost 現行服務開支	33,380	27,447
Interest cost 利息開支	3,757	5,048
Benefits paid 已付福利	(5,182)	(6,543)
Remeasurement of disability liability 傷殘福利責任重新計量	(9,427)	1,606
Remeasurement of death liability 死亡福利責任重新計量	(8,396)	6,028
At end of year 於年終	254,068	239,936

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 2016 HK\$'000 截至2016年 3月31日止年度 港幣千元	For the year ended 31 March 2015 HK\$'000 截至2015年 3月31日止年度 港幣千元
At beginning of year 於年初	2,044	6,663
Adjustment on plan assets 計劃資產的調整	12,741	(5,258)
Employer contributions 僱主供款	5,683	7,182
Benefits paid 已付福利	(5,182)	(6,543)
At end of year 於年終	15,286	2,044

The death benefits are insured by a group life insurance policy and the current insurance policy covers the period up to 31 July 2018. The fair value of plan assets was taken as the present value of the expected death benefits with respect to the obligations covered by the policy.

醫管局透過團體人壽保險為僱員提供死亡福利保障，現行保險計劃有效期至二零一八年七月三十一日。計劃資產的公允價值為保險計劃估計死亡福利責任的現值。



Notes to the Financial Statements

財務報表附註

18. Death and disability liabilities (Continued)

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:

The Group and HA 集團及醫管局		
	For the year ended 31 March 2016 HK\$'000 截至2016年 3月31日止年度 港幣千元	For the year ended 31 March 2015 HK\$'000 截至2015年 3月31日止年度 港幣千元
Current service cost 現行服務開支	33,380	27,447
Interest cost 利息開支	3,757	5,048
Remeasurement of disability liability 傷殘福利責任重新計量	(9,427)	1,606
Total, included in staff costs [note 25] 總計(包括在員工成本內)[註25]	27,710	34,101
Remeasurement of death liability 死亡福利責任重新計量	(8,396)	6,028
Adjustment on plan assets (excluding interest income) 計劃資產的調整(不包括利息收入)	(12,741)	5,258
Total, included in other comprehensive income 總計(包括在其他全面收益內)	(21,137)	11,286

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 2016 截至2016年 3月31日止年度 %	For the year ended 31 March 2015 截至2015年 3月31日止年度 %
Discount rate 貼現率	1.60	1.60
Assumed rate of future salary increases 假設未來薪金增幅	3.60	3.70



Notes to the Financial Statements

財務報表附註

18. Death and disability liabilities (Continued)

The analysis below shows how the present value of the funded obligations as at 31 March 2016 would have increased/(decreased) as a result of the following changes in the principal actuarial assumptions:

	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	(14,333)	15,678
Assumed rate of future salary increases 假設未來薪金增幅	15,094	(13,939)

18. 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，得出二零一六年三月三十一日注資責任現值的增加/(減少)：

19. Deferred income

19. 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 19(a)] HK\$'000 將軍澳醫院基金 [附註 19(a)] 港幣千元	Minor Works Projects Fund [Note 19(b)] HK\$'000 小型工程 項目基金 [附註 19(b)] 港幣千元	PPP Fund [Note 19(c)] HK\$'000 公私營協作 基金 [附註 19(c)] 港幣千元	Total HK\$'000 總計 港幣千元
At 1 April 2014 於 2014 年 4 月 1 日	533,889	66,776	12,808,101	-	13,408,766
Additions during the year 年內增加	230,760	-	-	-	230,760
Interest earned 所獲利息	-	-	383,121	-	383,121
Exchange loss 匯兌損失	-	-	(276)	-	(276)
Utilisation during the year 年內應用	-	(194)	-	-	(194)
Transfers to consolidated statement of comprehensive income 轉調往綜合全面收益表	-	-	(25,439)	-	(25,439)
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(229,599)	-	(1,011,020)	-	(1,240,619)
At 31 March 2015 於 2015 年 3 月 31 日	535,050	66,582	12,154,487	-	12,756,119
Additions during the year 年內增加	166,032	-	-	441,960	607,992
Interest earned 所獲利息	-	-	447,373	6	447,379
Exchange loss 匯兌損失	-	-	(12,532)	-	(12,532)
Utilisation during the year 年內應用	-	(8,153)	-	-	(8,153)
Transfers to consolidated statement of comprehensive income 轉調往綜合全面收益表	-	-	(17,155)	-	(17,155)
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(145,645)	-	(1,066,209)	-	(1,211,854)
Return of unspent funds to the Government 退還給政府的未用款項	-	(58,429)	-	-	(58,429)
At 31 March 2016 於 2016 年 3 月 31 日	555,437	-	11,505,964	441,966	12,503,367



Notes to the Financial Statements

19. 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. At 31 March 2016, the project was completed and the unspent funds were transferred to current liabilities and subsequently returned to the Government in June 2016.

(b) Minor Works Projects Fund

During the financial year ended 31 March 2014, the Government advanced HK\$13,000,000,000 (under Subhead 8083MM) to HA for minor works projects to improve the existing facilities in public hospitals and clinics. The one-off grant has replaced the annual block funding allocation under Capital Works Reserve Fund – Improvement Works Block Vote (Subhead 8100MX) and covers minor works projects under five planned programmes, with costing not more than HK\$75 million for each individual item. The five programmes are facility rejuvenation programme, capacity enhancement programme, safe engineering programme, universal accessibility programme and regular maintenance/minor works and preparatory works for major capital works projects.

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 starting from April 2014. 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.

The exchange loss of HK\$12,532,000 for the financial year ended 31 March 2016 (2015: HK\$276,000) arose from Renminbi (RMB) denominated bank deposits. The total interest accumulated since the initial investment was sufficient to cover the exchange loss.

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

(c) PPP Fund

On 31 March 2016, the Government allocated HK\$10,000,000,000 to HA to establish an endowment fund (note 20), the investment returns of which, together with the balance of the one-off designated funding for HA's PPP programmes as at 31 March 2016, are to be deployed for the ongoing operation as well as enhancement of the PPP programmes commencing from April 2016.

財務報表附註

19. 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。於二零一六年三月三十一日，這個項目已經完成，未經使用的款項轉調往流動負債，其後於二零一六年六月退還給政府。

(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8083MM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。這筆一次性撥款已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），並按五個擬定計劃進行每項上限為港幣7,500萬元的小型改善工程。五個計劃包括設施修復計劃、服務量提升計劃、安全機電計劃、加強人人暢道通行計劃，以及定期維修／小型工程及主要工程計劃的預備工作。

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，將用以支付由二零一四年四月起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。

在截至二零一六年三月三十一日止的財政年度，存放於銀行的人民幣存款引致港幣12,532,000元的匯兌損失（二零一五年：港幣276,000元）。自投資日起累積的利息總額足以彌補有關匯兌損失。

小型工程項目基金結餘主要包括非流動項目。

(c) 公私營協作基金

二零一六年三月三十一日，政府向醫管局撥款港幣10,000,000,000元以設立留本基金（附註20）。基金的投資回報，連同醫管局公私營協作計劃的一次性指定撥款於二零一六年三月三十一日的結餘，用於持續營運及優化由二零一六年四月起推行的公私營協作計劃。



Notes to the Financial Statements

財務報表附註

20. Public-Private Partnership Endowment Fund

During the financial year ended 31 March 2016, the Government approved the allocation of HK\$10,000,000,000 to HA to establish an endowment fund for PPP initiatives. The fund was received by HA on 31 March 2016. As approved by the Government, the fund will be placed with the Exchange Fund for a period of six years commencing July 2016. HA could make use of the investment returns to regularize the ongoing operation as well as enhancing the PPP programmes commencing from April 2016.

20. 公私營協作留本基金

於截至二零一六年三月三十一日止的財政年度內，政府通過向醫管局撥款港幣10,000,000,000元設立留本基金，以加強推行公私營協作計劃。醫管局於二零一六年三月三十一日收到撥款。政府批准醫管局由二零一六年七月起將款項存於外匯基金，為期六年。醫管局可利用投資回報，恒常營運及優化由二零一六年四月起推行的公私營協作計劃。

21. Capital subventions and capital donations

21. 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 2014 於2014年4月1日	3,391,601	1,218,426	4,610,027
Additions during the year 年內增加	1,143,643	157,895	1,301,538
Transfers from Minor Works Projects Fund 轉調自小型工程項目基金	25,439	-	25,439
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(673,485)	(110,317)	(783,802)
At 31 March 2015 於2015年3月31日	3,887,198	1,266,004	5,153,202
Additions during the year 年內增加	1,187,599	97,024	1,284,623
Transfers from Minor Works Projects Fund 轉調自小型工程項目基金	17,155	-	17,155
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(1,024,384)	(113,686)	(1,138,070)
At 31 March 2016 於2016年3月31日	4,067,568	1,249,342	5,316,910

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 2014 於2014年4月1日	3,390,240	1,218,426	4,608,666
Additions during the year 年內增加	1,142,521	157,895	1,300,416
Transfers from Minor Works Projects Fund 轉調自小型工程項目基金	25,439	-	25,439
Transfers to statement of income and expenditure 轉調往收支結算表	(672,948)	(110,317)	(783,265)
At 31 March 2015 於2015年3月31日	3,885,252	1,266,004	5,151,256
Additions during the year 年內增加	1,187,599	97,024	1,284,623
Transfers from Minor Works Projects Fund 轉調自小型工程項目基金	17,155	-	17,155
Transfers to statement of income and expenditure 轉調往收支結算表	(1,022,438)	(113,686)	(1,136,124)
At 31 March 2016 於2016年3月31日	4,067,568	1,249,342	5,316,910



Notes to the Financial Statements

22. 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.

23. 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 2016 amounted to HK\$548,084,000 (2015: HK\$538,499,000).

24. Investment income

The investment income for the financial year ended 31 March 2016 was stated net of exchange loss of HK\$33,652,000 (2015: HK\$275,000) arising from RMB denominated bank deposits. The total interest accumulated since the initial investment was sufficient to cover the exchange loss.

財務報表附註

22. 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，分別列入現金及銀行及固定入息工具結餘內。

23. 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。在截至二零一六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548,084,000元（二零一五年：港幣538,499,000元）。

24. 投資收益

在截至二零一六年三月三十一日止之財政年度所列的投資收益，是已減去港幣33,652,000元（二零一五年：港幣275,000元）因人民幣銀行存款引致的匯兌損失。自投資日起所累積的利息總額足以彌補有關匯兌損失。



Notes to the Financial Statements

財務報表附註

25. Staff costs

25. 員工成本

The Group 集團	For the year ended 31 March 2016 HK\$'000 截至2016年 3月31日止年度 港幣千元	For the year ended 31 March 2015 HK\$'000 截至2015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	37,295,588	34,415,031
Post-employment benefits 離職後福利：		
– Contribution to HA Provident Fund Scheme [note 25 (a)] 醫管局公積金計劃供款〔附註 25(a)〕	2,385,833	2,266,007
– Contribution to Mandatory Provident Fund Scheme [note 25 (b)] 強積金計劃供款〔附註 25(b)〕	589,548	519,572
Death and disability benefits [note 18] 死亡及傷殘福利〔附註 18〕	27,710	34,101
	40,298,679	37,234,711

(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 2016, the total membership was 29,414 (2015: 29,989). The scheme's net asset value as at 31 March 2016 was HK\$55,617,495,000 (2015: HK\$58,006,082,000).

(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「醫院管理局公積金計劃」。「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。

於二零一六年三月三十一日，計劃共有29,414名成員（二零一五年：29,989名），計劃的資產淨值為港幣55,617,495,000元（二零一五年：港幣58,006,082,000元）。



Notes to the Financial Statements

25. Staff costs (Continued)

(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\$1,500 per month.

At 31 March 2016, the total membership was 48,730 (2015: 44,013). During the financial year ended 31 March 2016, total members' contributions were HK\$499,266,000 (2015: HK\$436,790,000). The net asset value as at 31 March 2016, including assets transferred from members' previous employment, was HK\$5,808,324,000 (2015: HK\$5,940,981,000).

26. 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 2016, other operating expenses included an accrual for auditor's remuneration of HK\$2,955,000 (2015: HK\$3,050,000).

財務報表附註

25. 員工成本 (續)

(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「醫院管理局公積金計劃」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1,500元為上限。

於二零一六年三月三十一日，計劃共有48,730名成員(二零一五年：44,013名)。在截至二零一六年三月三十一日止之財政年度內，成員的供款總額為港幣499,266,000元(二零一五年：港幣436,790,000元)。於二零一六年三月三十一日，計劃的資產淨值，包括成員先前職位轉調的資產，為港幣5,808,324,000元(二零一五年：港幣5,940,981,000元)。

26. 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。截至二零一六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2,955,000元(二零一五年：港幣3,050,000元)。





Notes to the Financial Statements

財務報表附註

27. Remuneration of Members of the Board and Five Highest Paid Executives

27. 大會成員及五名最高薪行政人員的酬金

- (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:

- (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：

		For the year ended 31 March 2016 HK\$'000 截至2016年 3月31日止年度 港幣千元
Current Position/Name of Executives 現時職位 / 行政人員姓名		
Chief Executive 行政總裁 Dr Pak Yin LEUNG 梁栢賢醫生		5,747
Director (Cluster Services) 聯網服務總監 Dr Wai Lun CHEUNG 張偉麟醫生		5,127
Cluster Chief Executive (Hong Kong West) 港島西聯網總監 Dr Che Chung LUK 陸志聰醫生		4,926
Cluster Chief Executive (Kowloon West) 九龍西聯網總監 Dr Sau Ying TUNG 董秀英醫生		4,926
Cluster Chief Executive (Kowloon Central) 九龍中聯網總監 Dr Chi Yuen LO 盧志遠醫生		4,925
		25,651

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。

		For the year ended 31 March 2015 HK\$'000 截至2015年 3月31日止年度 港幣千元
Current Position/Name of Executives 現時職位 / 行政人員姓名		
Chief Executive 行政總裁 Dr Pak Yin LEUNG 梁栢賢醫生		5,293
Director (Cluster Services) 聯網服務總監 Dr Wai Lun CHEUNG 張偉麟醫生		4,724
Cluster Chief Executive (Hong Kong West) 港島西聯網總監 Dr Che Chung LUK 陸志聰醫生		4,537
Cluster Chief Executive (Kowloon West) 九龍西聯網總監 Dr Sau Ying TUNG 董秀英醫生		4,537
Cluster Chief Executive (New Territories East) 新界東聯網總監 Dr Chi Tim HUNG 熊志添醫生		4,411
		23,502

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

註：所有行政人員並不獲取與表現掛鈎的不定額薪酬。

Notes to the Financial Statements

28. Related party transactions

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

- (a) HA has entered into agreements with the Electrical and Mechanical Services Department ("EMSD") of the Government for providing biomedical and general electronics engineering services, hospital engineering services and health building maintenance services to the Group. According to the terms of agreements, the amounts incurred for these services for the financial year ended 31 March 2016 amounted to HK\$914,422,000 (2015: HK\$866,675,000). Other services provided by the EMSD for the year (e.g. routine maintenance and improvement works) were approximately HK\$531,494,000 (2015: HK\$475,803,000).

- (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 2016, revenue foregone in respect of medical services provided to these persons amounted to HK\$340,624,000 (2015: HK\$353,111,000). The cost of such services has been taken into account in the Government's subvention to the Group.

- (c) Remuneration of key management personnel

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

Total remuneration of the key management personnel is shown below:

	For the year ended 31 March 2016 HK\$'000 截至2016年 3月31日止年度 港幣千元	For the year ended 31 March 2015 HK\$'000 截至2015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	60,679	55,739
Post-employment benefits 離職後福利	6,091	5,541
	66,770	61,280

- (d) Other significant related party transactions with the Government include annual recurrent grants, capital subventions (note 21) and designated funds (notes 19 and 22). Details of transactions relating to the Group's retirement schemes are included in note 25.

財務報表附註

28. 與關聯人士的交易

集團與關聯人士所作的重大交易計有：

- (a) 醫管局與政府機電工程署訂立了協議，由該署向集團提供醫學及一般電子工程服務、醫院工程服務及醫療建築保養服務。根據協議條款，截至二零一六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914,422,000元（二零一五年：港幣866,675,000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531,494,000元（二零一五年：港幣475,803,000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療所的服務及設施。截至二零一六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340,624,000元（二零一五年：港幣353,111,000元），這些服務的費用已包括在政府給集團的補助內。

- (c) 主要管理人員薪酬

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

主要管理人員的薪酬總額如下：





Notes to the Financial Statements

28. Related party transactions (Continued)

- (e) Outstanding balances with the Government as at 31 March 2015 and 2016 are disclosed in notes 8, 12, 13, 15, 16, 17 and 20. The current account with a subsidiary, HACM Limited, is disclosed in note 16.

29. Net cash (used in)/generated from operating activities

The Group 集團		
	For the year ended 31 March 2016 HK\$'000 截至2016年 3月31日止年度 港幣千元	For the year ended 31 March 2015 HK\$'000 截至2015年 3月31日止年度 港幣千元
Surplus for the year 年內盈餘	150,340	1,376,859
Investment income 投資收益	(188,185)	(266,914)
Income transferred from Minor Works Projects Fund 轉調自小型工程項目基金之收入	(1,066,209)	(1,011,020)
Income transferred from capital subventions and capital donations 轉調自資本補助及資本捐贈之收入	(1,138,070)	(783,802)
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	29,184	4,699
Depreciation and amortisation 折舊及攤銷	1,108,886	779,103
Write-back of provision for doctors' and non-doctors' claims 醫生及非醫生職員補償之撥備撥回	(107,695)	-
Increase in death and disability liabilities 死亡及傷殘福利責任增加	22,027	26,919
Increase in deferred income 遞延收益增加	12,234	967
Decrease in inventories 存貨減少	46,208	55,051
Decrease in loans receivable 應收債款減少	1,279	1,591
Decrease/(increase) in accounts receivable 應收賬款減少/(增加)	36,704	(59,793)
Decrease/(increase) in other receivables 其他應收賬款減少/(增加)	33,151	(38,162)
Increase in deposits and prepayments 按金及預付款項增加	(42,342)	(27,539)
Increase in creditors and accrued charges 債權人及應付費用增加	250,570	1,322,492
Increase in deposits received 已收按金增加	33,007	35,598
Net cash (used in)/generated from operating activities 營運活動(所用)/所得現金淨額	(818,911)	1,416,049

30. Funds held in trust

At 31 March 2016, Health Care and Promotion Fund of HK\$ 31,713,000 (2015: HK\$36,874,000) was held in trust for the Government but not included in the financial statements.

財務報表附註

28. 與關聯人士的交易(續)

- (e) 截至二零一五年及二零一六年三月三十一日與政府之間的未清賬款於附註8,12,13,15,16,17及20披露，與附屬機構「醫院管理局中醫藥發展有限公司」之間的來往賬目於附註16披露。

29. 營運活動(所用)/所得現金淨額

30. 信託基金

於二零一六年三月三十一日，集團以信託基金形式為政府管理港幣31,713,000元(二零一五年：港幣36,874,000元)的健康護理及促進基金，這筆款額未列入財務報表內。

Notes to the Financial Statements

財務報表附註

31. Donations from the Hong Kong Jockey Club Charities Trust

During the financial year ended 31 March 2016, the Hong Kong Jockey Club Charities Trust made donations totalling HK\$81,305,000 (2015: HK\$88,446,000) to the following institutions:

	HK\$'000 港幣千元
Jockey Club Inpatient Facilities Modernisation Scheme (Various hospitals) 賽馬會安寢輕移計劃(不同醫院)	49,708
Wong Tai Sin Hospital 黃大仙醫院	14,220
Enhanced Home Renal Replacement Therapy Programme (Various hospitals) 家居透析計劃(不同醫院)	8,352
Caritas Medical Centre 明愛醫院	6,250
Princess Margaret Hospital 瑪嘉烈醫院	2,022
Hospital Authority Head Office 醫院管理局總辦事處	730
United Christian Hospital 基督教聯合醫院	23
	81,305

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

31. 來自香港賽馬會慈善信託基金的捐贈

截至二零一六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81,305,000元(二零一五年：港幣88,446,000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。

32. Commitments

At 31 March 2016, the Group and HA had the following commitments:

(a) Capital commitments

32. 承擔

於二零一六年三月三十一日，集團及醫管局有以下之承擔：

(a) 資本承擔

The Group 集團		
	At 31 March 2016 HK\$'000 2016年3月31日 港幣千元	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元
Authorised but not contracted for 已獲授權但未訂契約	5,618,968	6,614,976
Contracted for but not provided 已訂契約但未撥備	3,948,641	1,301,598
	9,567,609	7,916,574
HA 醫管局		
	At 31 March 2016 HK\$'000 2016年3月31日 港幣千元	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元
Authorised but not contracted for 已獲授權但未訂契約	5,618,962	6,611,300
Contracted for but not provided 已訂契約但未撥備	3,948,048	1,301,510
	9,567,010	7,912,810



Notes to the Financial Statements

32. 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 2016, 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 2016 HK\$'000 2016年3月31日 港幣千元	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元
Buildings 樓宇			
Within one year 一年內期滿		45,149	36,401
Between one and five years 一至五年內期滿		144,700	121,918
Beyond five years 超過五年期滿		16,779	43,092
		206,628	201,411
Equipment 設備			
Within one year 一年內期滿		26,451	48,401
Between one and five years 一至五年內期滿		30,026	6,979
		56,477	55,380

33. Taxation

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

34. 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.

35. Comparative figures

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

36. Approval of financial statements

The financial statements were approved by members of HA on 25 August 2016.

財務報表附註

32. 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

於二零一六年三月三十一日，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：

33. 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。

34. 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。

35. 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。

36. 財務報表的通過

本財務報表已於二零一六年八月二十五日獲醫管局成員通過。

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Membership of the Hospital Authority 醫院管理局成員

Name 姓名	No. of plenary meetings attended in 2015-16 2015-16 年度 出席全體大會次數	Committee participation in 2015-16* 2015-16 年度參與的委員會 *
Prof John LEONG Chi-yan, SBS, JP <i>Chairman, HA</i> 梁智仁教授 醫院管理局主席	15/15	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
Mr William CHAN Fu-keung, BBS 陳富強先生	12/15	Chairman of HRC (<i>from 1.12.2015</i>); Vice-Chairman of MTB and HRC (<i>up to 30.11.2015</i>); Member of EC, EEC (<i>both from 1.12.2015</i>) & MSDC; HGC Chairman of Tuen Mun Hospital 人力資源委員會主席 (由2015年12月1日起); 中央投標委員會及人力資源委員會 (截至2015年11月30日) 副主席; 行政委員會、緊急應變策導委員會 (均由2015年12月1日起) 及醫療服務發展委員會成員; 屯門醫院管治委員會主席
Dr Constance CHAN Hon-ye, JP <i>Director of Health</i> 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; 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; 威爾斯親王醫院管治委員會成員
Ms Anita CHENG Wai-ching 鄭瑋青女士	11/15	Member of ITGC and MTB; Chairman of HRAC (<i>from 28.5.2015</i>); HGC Member of Shatin Hospital 資訊科技服務管治委員會及中央投標委員會成員; 香港區域諮詢委員會主席 (由2015年5月28日起); 沙田醫院管治委員會成員
Mr CHENG Yan-kee, BBS, JP (<i>up to 30.11.2015</i>) 鄭恩基先生 (截至2015年11月30日)	7/9	Chairman of SSDC; Vice-Chairman of ITGC; Member of EC, EEC and MTB (<i>all up to 30.11.2015</i>); 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及中央投標委員會成員 (全截至2015年11月30日); 仁濟醫院管治委員會成員
Ms CHIANG Lai-yuen, JP 蔣麗婉女士	6/15	Vice-Chairman of SSDC (<i>up to 30.11.2015</i>); Member of MTB, SSDC (<i>from 1.12.2015</i>); HGC Chairman of North District Hospital 支援服務發展委員會副主席 (截至2015年11月30日); 中央投標委員會及支援服務發展委員會 (由2015年12月1日起) 成員; 北區醫院管治委員會主席
Ms Quince CHONG Wai-yan, JP 莊偉茵女士	12/15	Vice-Chairman of HRC (<i>from 1.12.2015</i>); Member of HRC (<i>up to 30.11.2015</i>), MTB and SAC; HGC Chairman of Kwai Chung Hospital and Princess Margaret Hospital 人力資源委員會副主席 (由2015年12月1日起); 人力資源委員會 (截至2015年11月30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
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



Name 姓名	No. of plenary meetings attended in 2015-16 2015-16 年度 出席全體大會次數	Committee participation in 2015-16* 2015-16 年度參與的委員會 *
Mr Andrew FUNG Hau-chung, JP 馮孝忠先生	12/15	Vice-Chairman of FC (<i>from 23.4.2015</i>); Member of FC (<i>up to 22.4.2015</i>) and MTB; HGC Member of Pamela Youde Nethersole Eastern Hospital 財務委員會副主席 (由 2015 年 4 月 23 日起); 財務委員會 (截至 2015 年 4 月 22 日) 及中央投標委員會成員; 東區尤德夫人那打素醫院管治委員會成員
Mr HO Wing-yin 何永賢先生	15/15	Member of HRC, MSDC and MTB (<i>all from 17.4.2015</i>) 人力資源委員會、醫療服務發展委員會及中央投標委員會成員 (全由 2015 年 4 月 17 日起)
Mr Lester Garson HUANG, JP 黃嘉純先生	11/15	Chairman of ARC; Member of EC, EEC and SSDC; HGC Chairman of Our Lady of Maryknoll Hospital 審計及風險管理委員會主席; 行政委員會、緊急應變策導委員會及支援服務發展委員會成員; 聖母醫院管治委員會主席
Dr KAM Pok-man 甘博文博士	15/15	Chairman of FC; Member of ARC, EC, EEC, MSDC and SSDC; HGC Member of Queen Elizabeth Hospital 財務委員會主席; 審計及風險管理委員會、行政委員會、緊急應變策導委員會、醫療服務發展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
Mr Andy LAU Kwok-fai (<i>passed away on 17.4.2015</i>) 劉國輝先生 (於 2015 年 4 月 17 日辭世)	0/15	Member of HRC, PCC, MTB and SSDC; Chairman of HRAC (<i>from 1.12.2014</i>); HGC Member of Queen Elizabeth Hospital 人力資源委員會、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; 香港區域諮詢委員會主席 (由 2014 年 12 月 1 日起); 伊利沙伯醫院管治委員會成員
Mr Stephen LEE Hoi-yin 李開賢先生	12/15	Vice-Chairman of ARC (<i>from 23.4.2015</i>); Member of ARC (<i>up to 22.4.2015</i>), FC, ITGC (<i>from 5.2.2016</i>) and MTB; HGC Member of Castle Peak Hospital & Siu Lam Hospital 審計及風險管理委員會副主席 (由 2015 年 4 月 23 日起); 審計及風險管理委員會 (截至 2015 年 4 月 22 日)、財務委員會、資訊科技服務管治委員會 (由 2016 年 2 月 5 日起) 及中央投標委員會成員; 青山醫院及小欖醫院管治委員會成員
Prof Diana LEE Tze-fan, JP 李子芬教授	12/15	Vice-Chairman of MSDC (<i>from 23.4.2015</i>); Member of HRC, MSDC (<i>up to 22.4.2015</i>) and MTB; Chairman of KRAC; HGC Member of Cheshire Home, Shatin and Tseung Kwan O Hospital 醫療服務發展委員會副主席 (由 2015 年 4 月 23 日起); 人力資源委員會、醫療服務發展委員會 (截至 2015 年 4 月 22 日) 及中央投標委員會成員; 九龍區域諮詢委員會主席; 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 <i>Deputy Secretary for Financial Services and the Treasury</i> 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, JP 梁卓偉教授	10/15	Member of MSDC and MTB; HGC Member of Queen Mary Hospital and Tsan Yuk Hospital 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成員
Mrs Margaret LEUNG KO May-yee, SBS, JP (<i>up to 30.11.2015</i>) 梁高美懿女士 (截至 2015 年 11 月 30 日)	8/9	Member of FC and MTB (<i>all up to 30.11.2015</i>) 財務委員會及中央投標委員會成員 (全截至 2015 年 11 月 30 日)





Name 姓名	No. of plenary meetings attended in 2015-16 2015-16 年度 出席全體大會次數	Committee participation in 2015-16* 2015-16 年度參與的委員會 *
Dr LEUNG Pak-yin, JP <i>Chief Executive, HA</i> 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
Prof Raymond LIANG Hin-suen, SBS, JP 梁憲孫教授	14/15	Vice-Chairman of PCC (<i>from 23.4.2015</i>); Member of MSDC, MTB and PCC (<i>up to 22.4.2015</i>); HGC Member of North Lantau Hospital 公眾投訴委員會副主席 (由 2015 年 4 月 23 日起)；醫療服務發展委員會、中央投標委員會及公眾投訴委員會 (截至 2015 年 4 月 22 日) 成員；北大嶼山醫院管治委員會成員
Ir Dr Hon LO Wai-kwok, SBS, MH, JP 盧偉國博士	8/15	Member of MTB and SSDC 中央投標委員會及支援服務發展委員會成員
Mr Patrick MA Ching-hang, BBS, JP (<i>up to 30.11.2015</i>) 馬清鏗先生 (截至 2015 年 11 月 30 日)	8/9	Chairman of HRC; Member of ARC, EC, EEC and FC (<i>all up to 30.11.2015</i>); HGC Chairman of Tai Po Hospital 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 (全截至 2015 年 11 月 30 日)；大埔醫院管治委員會主席
Ms Winnie NG 伍穎梅女士	14/15	Chairman of SSDC (<i>from 1.12.2015</i>); Member of EC, EEC (<i>both from 1.12.2015</i>), ITGC (<i>from 7.3.2016</i>), MTB and SSDC (<i>both up to 30.11.2015</i>); HGC Chairman of Prince of Wales Hospital 支援服務發展委員會主席 (由 2015 年 12 月 1 日起)；行政委員會、緊急應變策導委員會 (均由 2015 年 12 月 1 日起)、資訊科技服務管治委員會 (由 2016 年 3 月 7 日起)、中央投標委員會及支援服務發展委員會 (均截至 2015 年 11 月 30 日) 成員；威爾斯親王醫院管治委員會主席
Dr PANG Yiu-kai, GBS, JP 彭耀佳博士	8/15	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 Ivan SZE Wing-hang, BBS (<i>from 1.12.2015</i>) 施榮恆先生 (由 2015 年 12 月 1 日起)	6/6	Member of ARC, FC, HRC & MTB (<i>all from 22.12.2015</i>); HGC Member of Tung Wah Group of Hospitals 審計及風險管理委員會、財務委員會、人力資源委員會及中央投標委員會成員 (全由 2015 年 12 月 22 日起)；東華三院各醫院管治委員會成員
Mr WONG Kwai-huen, BBS, JP 王桂壙先生	13/15	Vice-Chairman of SSDC (<i>from 1.12.2015</i>); Member of FC, MTB and SSDC (<i>up to 30.11.2015</i>); Chairman of NRAC; HGC Member of Tseung Kwan O Hospital 支援服務發展委員會副主席 (由 2015 年 12 月 1 日起)；財務委員會、中央投標委員會及支援服務發展委員會 (截至 2015 年 11 月 30 日) 成員；新界區域諮詢委員會主席；將軍澳醫院管治委員會成員
Ms Priscilla WONG Pui-sze, BBS, JP (<i>from 1.12.2015</i>) 王沛詩女士 (由 2015 年 12 月 1 日起)	2/6	Member of ARC, FC, HRC and MTB (<i>all from 17.12.2015</i>) 審計及風險管理委員會、財務委員會、人力資源委員會及中央投標委員會成員 (全由 2015 年 12 月 17 日起)
Prof Maurice YAP Keng-hung, JP 葉健雄教授	13/15	Chairman of MTB and MSDC; Member of ARC, EC, EEC and HRC; HGC Member of Grantham Hospital 中央投標委員會及醫療服務發展委員會主席；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人力資源委員會成員；葛量洪醫院管治委員會成員

Name 姓名	No. of plenary meetings attended in 2015-16 2015-16 年度 出席全體大會次數	Committee participation in 2015-16* 2015-16 年度參與的委員會 *
Mr Jason YEUNG Chi-wai (from 1.12.2015) 楊志威先生 (由 2015 年 12 月 1 日起)	5/6	Member of ARC and FC (both from 17.12.2015); HGC Member of Kwai Chung Hospital & Princess Margaret Hospital 審計及風險管理委員會及財務委員會成員 (均由 2015 年 12 月 17 日起)；葵涌醫院及瑪嘉烈醫院管治委員會成員
Mr Charlie YIP Wing-tong (from 1.8.2015) 葉永堂先生 (由 2015 年 8 月 1 日起)	10/10	Member of HRC, MSDC, SSDC, MTB (all from 18.8.2015), ITGC (from 5.2.2016) and PCC (from 11.9.2015); Member of NRAC; HGC Member of North District Hospital and Tuen Mun Hospital 人力資源委員會、醫療服務發展委員會、支援服務發展委員會及中央投標委員會成員 (全由 2015 年 8 月 18 日起)、資訊科技服務管治委員會 (由 2016 年 2 月 5 日起) 及公眾投訴委員會 (由 2015 年 9 月 11 日起) 成員；新界區域諮詢委員會成員；北區醫院及屯門醫院管治委員會成員
Mr Richard YUEN Ming-fai, GBS, JP Permanent Secretary for Food and Health (Health) 袁銘輝先生 食物及衛生局常任秘書長 (衛生)	15/15	Member of EEC, FC, HRC, MSDC and SSDC 緊急應變策導委員會、財務委員會、人力資源委員會、醫療服務發展委員會及支援服務發展委員會成員

* Note

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

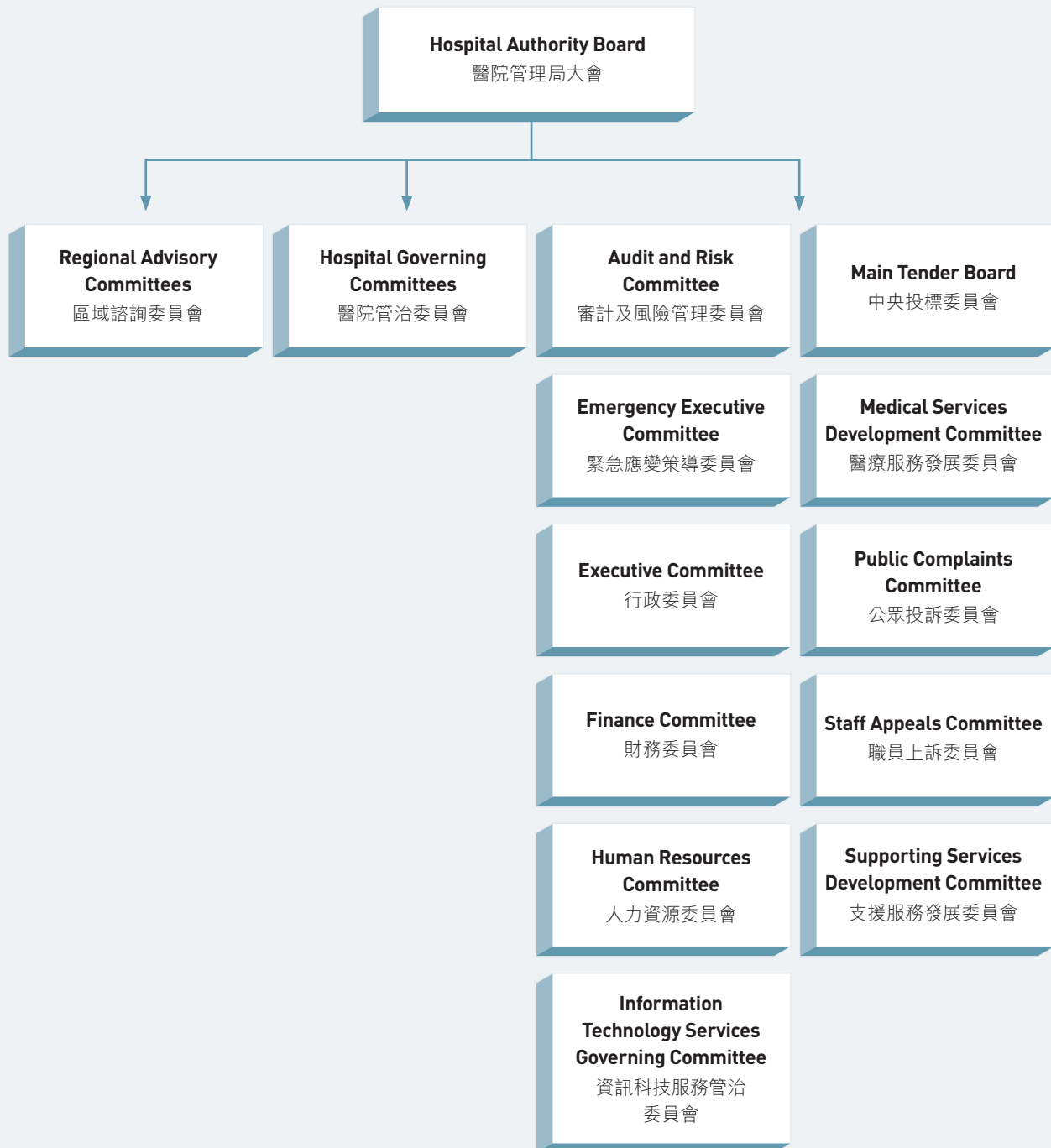
ARC	-	Audit and Risk Committee
EC	-	Executive Committee
EEC	-	Emergency Executive Committee
FC	-	Finance Committee
HGC	-	Hospital Governing Committee
HRAC	-	Regional Advisory Committee of Hong Kong
HRC	-	Human Resources Committee
ITGC	-	Information Technology Services Governing Committee
KRAC	-	Regional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

* 註：

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



Hospital Authority Committee Structure 醫院管理局委員會架構



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



Hospital Authority Executive Structure

醫院管理局行政架構



Membership and Terms of Reference of Functional Committees 專責委員會成員及職權範圍

Audit and Risk Committee

審計及風險管理委員會

Membership List

成員名單

Chairman

主席

Mr Lester Garson HUANG, JP

黃嘉純先生

Vice-Chairman

副主席

Mr Stephen LEE Hoi-yin (*from 23.4.2015*)

李開賢先生 (由2015年4月23日起)

Members

成員

Mr Ricky FUNG Choi-cheung, SBS, JP

馮載祥先生

Dr KAM Pok-man

甘博文博士

Mr Stephen LEE Hoi-yin (*up to 22.4.2015*)

李開賢先生 (截至2015年4月22日)

Mr Patrick MA Ching-hang, BBS, JP (*up to 30.11.2015*)

馬清鏗先生 (截至2015年11月30日)

Mr Ivan SZE Wing-hang, BBS (*from 22.12.2015*)

施榮恆先生 (由2015年12月22日起)

Ms Priscilla WONG Pui-sze, BBS, JP (*from 17.12.2015*)

王沛詩女士 (由2015年12月17日起)

Prof Maurice YAP Keng-hung, JP

葉健雄教授

Mr Jason YEUNG Chi-wai (*from 17.12.2015*)

楊志威先生 (由2015年12月17日起)

Mr Paul YU Shiu-tin, BBS, JP

余嘯天先生

Ms Wendy YUNG Wen-yee

容韻儀女士

In attendance

列席

Mr Richard YUEN Ming-fai, GBS, JP, *Permanent Secretary for Food and Health (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;

職權範圍

- 積極監察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；



2. Recommend the appointment of the external auditor and the audit fee to the Board, endorse any non-audit services to be provided by the external auditor, and consider any questions of resignation or dismissal;
 3. Consult with the External Auditor on all relevant matters including the:
 - (a) nature and scope of the audit;
 - (b) audited financial statements and the audit opinion;
 - (c) management letter and management's response; and
 - (d) matters of which the External Auditor may wish to draw attention;
 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.
2. 就外聘核數師的委任及審計費用，向醫管局大會作出建議；批准由外聘核數師提供任何非審計服務；並審議任何有關請辭或解聘事宜；
 3. 就所有有關事項諮詢外聘核數師，包括：
 - (a) 審計評核的性質和範圍；
 - (b) 經審計的每年財務報表及審計意見；
 - (c) 核數師致管理層的函件及管理層的回應；及
 - (d) 外聘核數師提出的任何事項；
 4. (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）。

Focus of Work in 2015-16

In 2015-16, the Committee met six times to exercise active oversight of the internal audit function of HA, considered matters related to the audit of HA's financial statements, and oversaw the effectiveness of risk management and internal controls at HA in accordance with the Terms of Reference of the Committee. Matters considered by the Committee in 2015-16 were broadly summarised as follows:

2015-16年度工作概況

在2015-16年度，委員會共召開六次會議，根據其職權範圍積極監察醫管局的內部審計職能、審議有關醫管局財務報表審計的事宜，以及監察醫管局風險管理及內部管控的成效。委員會在2015-16年度審議的事項概述如下：





- (a) In monitoring the effectiveness of HA's internal audit function, the Committee received from Chief Internal Auditor quarterly progress reports on audit results of HA's operational areas with discussions focusing on audit conclusions, major audit observations and relevant follow-up actions planned by the management. Key internal audits considered by the Committee included "Geriatric Day Hospital Service", "Measures to Address Winter Surge", "Contingency Planning for Drug Supplies Disruption" and "Senior Executive Succession". The Committee also received updates on the development of audit analytics of clinical systems and deliberated on key observations identified during the pilot operations. To plan ahead for 2016-17, the Committee took part in prioritising areas for internal audits in tandem with HA's key stakeholders, and endorsed the Internal Audit Plan for 2016-17. Besides, appointment of Chief Internal Auditor of HA was considered and approved by the Committee.
- (b) On the audit of financial statements, the Committee reviewed and endorsed HA's draft audited financial statements for 2014-15 in a joint meeting with the Finance Committee. The Committee also considered reports from the external auditor on the 2014-15 internal control matters, the 2015-16 financial statement audit work plan and the results of preliminary audit risk assessment.
- (c) To improve HA's risk management process, the Committee considered and endorsed the updated Organisation-wide Risk Management (ORM) Policy and Strategy and the ORM Framework. In addition, in examining key risks facing HA in 2016, the Committee reviewed reports on compliance with HA related ordinances, integrity risks and key organisation-wide risks. Planned risk mitigation actions were also considered by the Committee. During the year, the Committee received risk management reports pertaining to financial risks, interruption (downtime) of Information Technology (IT) systems and the development of the Electronic Health Record Programme undertaken by HA.
- (d) To maintain good governance and a high level of probity, the Committee considered the recommendations from the Corruption Prevention Department of the Independent Commission Against Corruption (ICAC) via the assignment reports on HA's handling of medico-legal cases, acceptance of sponsorship, and letting and administration of advertising sites at HA hospitals; and discussed the follow-up actions arising. With reference to ICAC's Sample Code of Conduct for Employees of Public Bodies and Sample Code of Conduct for Members of Public Bodies, the Committee considered the handling of probity related issues in HA in the light of the good practices promulgated by ICAC. The Committee also discussed the actions taken to reduce and recycle food waste in HA in response to the recommendations made by the Director of Audit in a value for money audit on the Government.
- (e) The Committee revisited the arrangements in the self-assessment exercise and adjusted the assessment period to align with the practice of other functional committees of the HA Board.
- (a) 在監察醫管局內部審計職能的成效方面，委員會收閱總內部審計師提交的季度報告，載列有關醫管局運作範疇的審計結果。委員會集中討論審計結論、審計師的主要意見及管理層擬訂的跟進行動，年內審閱的主要內部審計項目包括「老人科日間醫院服務」、「應對冬季流感服務高峰期措施」、「藥物供應中斷應急規劃」及「高級行政人員繼任安排」。醫管局臨床系統審計進行試驗運作，委員會亦收閱有關的分析發展報告及討論審計師的主要意見。為就2016-17年度進行前瞻性規劃，委員會聯同醫管局的主要持份者參與訂定內部審計的優先範疇，並通過2016-17年度的內部審計計劃。此外，委員會審議及通過醫管局總內部審計師的聘任。
- (b) 財務報表審計方面，委員會在聯同財務委員會的會議上，審閱及通過醫管局2014-15年度經審核的財務報表擬本。委員會亦審閱外聘核數師就2014-15年度內部規管事宜、2015-16年度財務報表審計工作計劃及審計風險初步評估結果的報告。
- (c) 為優化醫管局的風險管理程序，委員會審議及通過最新的機構風險政策及策略和有關框架。此外，委員會審視醫管局在2016年所面對的主要風險，其中審閱了醫管局相關條例合規性、誠信風險及和主要機構風險的報告，並審議擬訂的風險緩減措施。年內，委員會收閱有關財務風險、資訊科技系統中斷（停頓時間）及醫管局開發電子健康紀錄互通系統的風險管理報告。
- (d) 為維持良好管治及高度廉潔，委員會審議了廉政公署防止貪污處審查報告所作的建議，包括有關醫管局醫療訴訟個案的處理、接受贊助及醫管局醫院廣告位出租和管理，並討論所需跟進行動。委員會參考廉政公署的《公共機構僱員行為守則範本》及《公共機構成員行為守則範本》，根據該署頒布的良好範則，審議醫管局就廉潔操守相關事宜的處理。此外，因應審計署署長有關政府廚餘減量及循環再造的衡工量值審計而作出的建議，委員會討論醫管局的相應跟進行動。
- (e) 委員會重新審視自我評核的安排，並調整評核周期與醫管局大會轄下其他專責委員會一致。

Executive Committee

行政委員會

Membership List

成員名單

Chairman

主席

Prof John LEONG Chi-yan, SBS, JP

梁智仁教授

Members

成員

Mr William CHAN Fu-keung, BBS (from 1.12.2015)

陳富強先生(由2015年12月1日起)

Mr CHENG Yan-kee, BBS, JP (up to 30.11.2015)

鄭恩基先生(截至2015年11月30日)

Mr Ricky FUNG Choi-cheung, SBS, JP

馮載祥先生

Mr Lester Garson HUANG, JP

黃嘉純先生

Dr KAM Pok-man

甘博文博士

Dr LEUNG Pak-yin, JP, Chief Executive

梁栢賢醫生 行政總裁

Mr Patrick MA Ching-hang, BBS, JP (up to 30.11.2015)

馬清鏗先生(截至2015年11月30日)

Ms Winnie NG (from 1.12.2015)

伍穎梅女士(由2015年12月1日起)

Prof Maurice YAP Keng-hung, JP

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).

(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。)

Focus of Work in 2015-16

In 2015-16, the Committee met 11 times to discuss and consider 55 papers. The Committee continued to play a leading and managing role on HA, and participated in the formulation of strategies, directions and policies at early stages. Major matters considered included formulation of HA Strategic Plan 2017-2022, HA Budget and Annual Plan for 2016-17, medium term financial projection, ten-year hospital development plan and submissions under the Capital Works Resource Allocation Exercise, organisation-wide risk management policy and strategy, key performance indicators, etc.

The Committee also focused on the need for capacity building. It discussed and determined a wide range of matters concerning HA's talent management which included the appointment and remuneration matters of senior executives at HA Head Office and clusters, job evaluation of selected senior executive positions, career posting and succession of senior executives, retirement age for new recruits, regrouping of hospitals and appointment of Deputy Hospital Chief Executives, etc.

The Committee advised the Board on the succession in Board Committees, and other membership matters relating to Hospital Governing Committees, Regional Advisory Committees and Charitable Trusts in HA. It also revisited the governance of HA Provident Fund Scheme, considered issues arising from the termination of management and control rights on Rehabaid Centre, and examined the policy on release of information to the public.

The Committee advised on Board meeting agendas proposed by the Management including an annual forward looking agenda and key matters raised by the respective Functional Committee Chairmen.

In anticipation of the recommendations from the Steering Committee on Review of Hospital Authority, the Board proactively set up a Task Force to steer the strategies and action plans for timely implementation of the recommendations. Comprising all Members of the Executive Committee, the Task Force conducted four meetings in August and September 2015 for intensive discussions with HA senior executives on the proposed concrete action plans, expected targets and deliverables, planned timetable and interim enhancement measures on each of the recommendations. HA promulgated its action plan for implementation of the recommendations of the Steering Committee on 22 October 2015. Since then, the Executive Committee (viz. the Task Force) received regular quarterly progress update from the Management on the implementation and progress of the HA Review Action Plan.

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.

2015-16 年度工作概況

在2015-16年度，委員會共召開11次會議，討論和考慮55份文件。委員會在醫管局繼續擔任領導和管理角色，參與制訂策略、方向及政策的初步方案，主要討論事項包括制訂醫管局2017至2022年策略計劃、醫管局2016-17年度財政預算及工作計劃、中期財務預測、十年醫院發展計劃及基本工程計劃撥款申請、機構整體風險管理政策及策略、主要表現指標等。

委員會亦著重人力資源建置，在期內商討及決定多項有關醫管局人材管理的事宜，包括醫管局總辦事處及聯網高級行政人員的聘任及薪酬事宜、選定高級行政職位工作評估、高級行政人員調任安排及繼任規劃、新聘人員的退休年齡、醫院重組以及委任副醫院行政總監等。

委員會就醫管局大會轄下委員會繼任以及醫管局醫院管治委員會、區域諮詢委員會及慈善基金信託委員會等其他成員名單相關事宜向醫管局大會提供意見，並檢討醫管局公積金計劃的管治事宜、考慮復康專科及資源中心終止管理及控制權的影響，以及審閱公開資料政策。

委員會亦就管理層對醫管局大會議程建議的討論事項提供意見，包括年度預訂議程及有關專責委員會主席提出的重要議題。

因應醫院管理局檢討督導委員會的建議，醫管局大會主動成立專責小組，指導適時推行有關建議的策略及行動計劃。有關專責小組由行政委員會全體成員組成，在2015年8至9月期間舉行四次會議，就督導委員會提出的各項建議，與醫管局行政高層密集商討建議的具體行動計劃、預期目標及成果、計劃時間表及中期改善措施。醫管局已於2015年10月22日發表落實督導委員會建議的行動計劃。其後，行政委員會(即專責小組)定期收閱管理層推行醫管局檢討行動計劃的季度進展報告。

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。



Emergency Executive Committee 緊急應變策導委員會

Membership List 成員名單

Chairman 主席

Prof John LEONG Chi-yan, SBS, JP
(In his absence, the Emergency Executive Committee chairmanship should be elected among its standing members)
梁智仁教授
(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 William CHAN Fu-keung, BBS (from 1.12.2015)
陳富強先生(由2015年12月1日起)

Mr CHENG Yan-kee, BBS, JP (up to 30.11.2015)
鄭恩基先生(截至2015年11月30日)

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

Mr Lester Garson HUANG, JP
黃嘉純先生

Dr KAM Pok-man
甘博文博士

Dr LEUNG Pak-yin, JP, Chief Executive
(In his absence, the Deputising CE)
梁栢賢醫生 行政總裁
(行政總裁不在時，由代理行政總裁出任)

Mr Patrick MA Ching-hang, BBS, JP (up to 30.11.2015)
馬清鏗先生(截至2015年11月30日)

Ms Winnie NG (from 1.12.2015)
伍穎梅女士(由2015年12月1日起)

Miss Janice TSE, JP
(representing the Permanent Secretary for Food and Health (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, JP
葉健雄教授

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
 - 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 emergency situation;

職權範圍

- 代表醫院管理局(醫管局)大會運作，並行使其權力及職能，包括：
 - 對現有醫管局政策、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。
- 為醫管局面對的緊急情況，鑑辨目標及評估風險；



3. 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;
 4. To coordinate activities of the other Hospital Authority committees including Hospital Governing Committees;
 5. To ensure effective communication of clear and concise messages to key stakeholders, including staff, patients, Government and the public; and
 6. To be accountable to the Authority Board and the making of regular reports to Hospital Authority Members as soon as practicable.
3. 批核醫管局中央指揮委員會所制訂的緊急應變策略和方針，並監察所有醫管局醫院及機構的執行進度；
 4. 統籌其他醫管局委員會，包括醫院管治委員會的行動；
 5. 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
 6. 須向醫管局大會負責，並於可行範圍內盡快向醫管局大會成員報告。

Focus of Work in 2015-16

In 2015-16, the Emergency Executive Committee (EEC) conducted a meeting in June 2015 upon activation of the Serious Response Level (S2) in public hospitals on 8 June 2015 as a result of the Government's decision to raise the response level of the Preparedness Plan for Middle East Respiratory Syndrome (MERS) from "Alert" to "Serious" on the same day.

Through the meeting, the Committee received an update on the MERS situation in Korea and the risk faced by Hong Kong. Members were briefed on the case reporting criteria advised by the Centre of Health Protection and the infection control and preventive measures by HA, such as universal masking at all clinical areas and visiting arrangements; activation of e-MERS platform for case reporting; laboratory support; stockpiling of personal protection equipment; infection control training to staff; and internal and external communication etc. Arrangements relating to temporary suspension of medical exchange programmes and activities in healthcare institutions in Korea were also discussed.

On 1 August 2015, the Government lowered the response level of the Preparedness Plan for MERS from "Serious" to "Alert", and HA correspondingly lowered the response level in all public hospitals from "Serious" to "Alert". The EEC was then deactivated on the same day.

2015-16 年度工作概況

在 2015-16 年度，緊急應變策導委員會於 2015 年 6 月召開會議，處理 2015 年 6 月 8 日因應政府將「中東呼吸綜合症應變計劃」的應變級別由「戒備」提升至「嚴重」而於同日啟動公立醫院嚴重應變級別 (S2) 事宜。

委員會在會上聽取了韓國爆發中東呼吸綜合症的最新情況，以及香港所面對的相關風險。成員備悉衛生防護中心提出的個案呈報準則以及醫管局採取的感染控制及預防措施，例如臨床範圍全面佩戴口罩、相關探病安排、啟動 e-MERS 電子平台通報個案；化驗室支援；備存個人防護裝備；為員工舉辦控制培訓；以及對內和對外溝通等。委員會亦討論了暫停前往韓國醫療機構參加醫學交流會議和活動的相關安排。

於 2015 年 8 月 1 日，政府將「中東呼吸綜合症應變計劃」的應變級別由「嚴重」下調至「戒備」，而醫管局亦相應將所有公立醫院的應變級別由「嚴重」下調至「戒備」，緊急應變策導委員會隨即於同日停止運作。



Finance Committee 財務委員會

Membership List 成員名單

Chairman 主席	Dr KAM Pok-man 甘博文博士
Vice-Chairman 副主席	Mr Andrew FUNG Hau-chung, JP (<i>from 23.4.2015</i>) 馮孝忠先生 (由 2015 年 4 月 23 日起)
Members 成員	Mr Andrew FUNG Hau-chung, JP (<i>up to 22.4.2015</i>) 馮孝忠先生 (截至 2015 年 4 月 22 日)
	Mr Stephen LEE Hoi-yin 李開賢先生
	Mrs Margaret LEUNG KO May-yee, SBS, JP (<i>up to 30.11.2015</i>) 梁高美懿女士 (截至 2015 年 11 月 30 日)
	Ms Esther LEUNG Yuet-yin, JP / Ms Karyn CHAN (<i>up to 26.4.2015</i>) / Miss Bella MUI (<i>from 27.4.2015</i>) (<i>representing the Secretary for Financial Services and the Treasury</i>) 梁悅賢女士 / 陳靜婉女士 (截至 2015 年 4 月 26 日) / 梅品雅女士 (由 2015 年 4 月 27 日起) (代表財經事務及庫務局局長)
	Dr LEUNG Pak-yin, JP, <i>Chief Executive</i> 梁栢賢醫生 行政總裁
	Mr Patrick MA Ching-hang, BBS, JP (<i>up to 30.11.2015</i>) 馬清鏗先生 (截至 2015 年 11 月 30 日)
	Dr PANG Yiu-kai, GBS, JP 彭耀佳博士
	Mr Ivan SZE Wing-hang, BBS (<i>from 22.12.2015</i>) 施榮恆先生 (由 2015 年 12 月 22 日起)
	Miss Janice TSE Siu-wa, JP (<i>representing the Permanent Secretary for Food and Health (Health)</i>) 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
	Ms Priscilla WONG Pui-sze, BBS, JP (<i>from 17.12.2015</i>) 王沛詩女士 (由 2015 年 12 月 17 日起)
	Mr Jason YEUNG Chi-wai (<i>from 17.12.2015</i>) 楊志威先生 (由 2015 年 12 月 17 日起)

Terms of Reference

1. Advise and make recommendations on the financial aspects of the Hospital Authority Corporate Plan and Annual Plan;
2. Advise and make recommendations on the financial planning, control, performance, monitoring and reporting aspect of the Hospital Authority;
3. Advise on policy guidelines for all financial matters, including investment, business and insurance;
4. Advise and make recommendations on the resource allocation policies;

職權範圍

1. 就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. 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 make 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.

Focus of Work in 2015-16

In 2015-16, the Committee met six times, including five scheduled meetings and a special meeting, to assist the HA Board in ensuring proper stewardship and effective use of public funds through making recommendations to the Board on various finance related matters for the Authority. Matters considered by the Committee in 2015-16 were broadly summarised as follows:

- (a) In support of the corporate strategy and policy development of HA, the Committee discussed the strategies proposed for HA Strategic Plan 2017-22 pertaining to the strategic focus of "Financial Provision". In addition, as guided by the HA Review Action Plan endorsed by the Board, the Committee deliberated on initiatives to enhance resource management, with discussion centred on preparation work for developing a refined population-based internal resource allocation model as an analytical tool for assessing parity of resource distribution among clusters and in turn generating business intelligence to guide service planning in HA. Besides, to facilitate the review of Government subvention to HA, the Committee considered an enhanced financial projection framework for assessing HA's resource requirements from both demand-driven and supply-driven perspectives. It also examined the findings of the preliminary review of fees and charges for hospital services and related financial implications to HA as well as the development of service costing in HA.
- (b) Dovetailing with the HA's annual service and resource planning process, the Committee examined the proposed 2016-17 HA budget and resource allocation. The Committee also considered the funding position of the Home Loan Interest Subsidy Scheme and the financial aspects of the Special Pay Adjustment in HA. In addition to endorsing HA's insurance renewal approach and direction for 2016-17, the Committee, with the assistance of the Treasury Panel, also advised on HA's investment strategies as well as treasury management and operations. On financial risk management, the Committee reviewed the risk mitigation measures taken in 2015 and considered the planned actions to address the key financial risks facing HA in 2016. It also reviewed the administrative and financial arrangement of private services in HA.

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。

2015-16 年度工作概況

在 2015-16 年度，委員會共召開六次會議（包括五次定期會議及一次特別會議），以協助醫管局大會妥善督導和有效運用公帑，並就醫管局的多項財務相關事宜，向大會作出建議。委員會於 2015-16 年度審議的事項概述如下：

- (a) 為支援醫管局制訂整體策略及政策，委員會就醫管局 2017-2022 年策略計劃有關「財政撥款」的策略重點討論建議策略。此外，根據醫管局檢討報告及醫管局大會通過的行動計劃，委員會討論加強資源管理的措施，探討發展優化以人口為基礎的內部資源分配模式作為分析工具的籌備工作，以評估聯網之間資源分配的公平性，其中獲得的數據分析，為醫管局服務規劃提供指引。此外，為便於檢討政府向醫管局提供撥款的安排，委員會審議優化的財務推算框架，以期從需求及供應兩個角度評估醫管局所需的資源。委員會亦審閱醫院服務收費的初步檢討結果及對醫管局的有關財政影響，以及醫管局服務成本計算方式的發展。
- (b) 委員會配合醫管局的服務及資源規劃進程，審議醫管局 2016-17 年度預算及資源分配建議。委員會亦審議醫管局購屋貸款利息津貼計劃的財務狀況，以及特別薪酬調整的財政方面事宜。委員會亦通過醫管局 2016-17 年度保險續保模式及方針，並在庫務小組協助下，就醫管局的投資策略及庫務管理及運作提供意見。就財務風險管理方面，委員會審閱 2015 年採取的風險緩減措施，並審議行動計劃以緩減醫管局 2016 年主要財務風險。委員會亦審議醫管局私家服務的行政及財務安排。



- (c) On accountability reporting and monitoring of HA's financial position, the Committee reviewed and endorsed HA's draft audited financial statements for 2014-15 in a joint meeting with the Audit and Risk Committee. In addition, it considered the 2014-15 audited financial statements / accounts 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, the HA Charitable Foundation and the minor works under the Capital Works Reserve Fund Head 708 Subhead 8083 MM. On HA's financial performance, the Committee received monthly financial reports and considered a mid-year financial review together with the unaudited financial statements for the six months ended 30 September 2015. The Committee also discussed the key financial performance indicators including debt management measures and related statistics.
- (d) The Committee also reviewed the Annual Work Plan of the Finance Division and the proposed key strategic areas for 2016-17.

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.

- (c) 在問責報告及監察醫管局財務狀況方面，委員會在聯同審計及風險管理委員會的會議上，審閱及通過醫管局2014-15年度經審核的財務報表擬本。此外，委員會亦審議醫管局推行的若干指定計劃於2014-15年度的經審核財務報表／帳目，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、醫院管理局慈善基金，以及基本工程儲備基金總目708分目8083MM項下的小型工程。就醫管局財務表現方面，委員會收閱醫管局每月財務報告，並審議截至2015年9月30日止六個月未經審核的財務報表，以及年中財政檢討。委員會亦討論醫管局主要財務表現指標，包括債務管理措施及有關統計數字。

- (d) 委員會亦審閱財務部2016-17年度工作計劃及建議的主要策略範疇。

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

Chairman

主席

Mr William CHAN Fu-keung, BBS (*from 1.12.2015*)

陳富強先生 (由 2015 年 12 月 1 日起)

Mr Patrick MA Ching-hang, BBS, JP (*up to 30.11.2015*)

馬清鏗先生 (截至 2015 年 11 月 30 日)

Vice-Chairman

副主席

Mr William CHAN Fu-keung, BBS (*up to 30.11.2015*)

陳富強先生 (截至 2015 年 11 月 30 日)

Ms Quince CHONG Wai-yan, JP (*from 1.12.2015*)

莊偉茵女士 (由 2015 年 12 月 1 日起)

Members

成員

Prof Francis CHAN Ka-leung, JP

陳家亮教授

Ms Quince CHONG Wai-yan, JP (*up to 30.11.2015*)

莊偉茵女士 (截至 2015 年 11 月 30 日)

Mr HO Wing-yin (*from 17.4.2015*)

何永賢先生 (由 2015 年 4 月 17 日起)

Mr Andy LAU Kwok-fai (*passed away on 17.4.2015*)

劉國輝先生 (於 2015 年 4 月 17 日辭世)

Ms Angela LEE Chung-yan (*up to 12.4.2015*)

(*representing the Permanent Secretary for Food and Health (Health)*)

李頌恩女士 (截至 2015 年 4 月 12 日)

[代表食物及衛生局常任秘書長 (衛生)]

Miss Linda LEUNG (*from 13.4.2015*)

(*representing the Permanent Secretary for Food and Health (Health)*)

梁嘉盈女士 (由 2015 年 4 月 13 日起)

[代表食物及衛生局常任秘書長 (衛生)]

Prof Diana LEE Tze-fan, JP

李子芬教授

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

梁栢賢醫生 行政總裁

Mr Ivan SZE Wing-hang, BBS (*from 22.12.2015*)

施榮恆先生 (由 2015 年 12 月 22 日起)

Ms Priscilla WONG Pui-sze, BBS, JP (*from 17.12.2015*)

王沛詩女士 (由 2015 年 12 月 17 日起)

Prof Maurice YAP Keng-hung, JP

葉健雄教授

Mr Charlie YIP Wing-tong (*from 18.8.2015*)

葉永堂先生 (由 2015 年 8 月 18 日起)

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 2015-16

In 2015-16, the Committee met six times to discuss and consider various human resources (HR) matters of 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 shortening the length of qualifying service for conversion from contract to permanent employment; introducing overseas recruitment of Associate Consultants for specialties with great recruitment difficulty (i.e. Anatomical Pathology and Obstetrics and Gynaecology); extending the Special Retired and Rehire Scheme to serving nurses, allied health and pharmacy staff; granting paternity leave to male employees; making arrangement for rehiring serving staff after normal retirement; re-grouping of hospitals with an implementation blueprint and arrangement for appointing Deputy Hospital Chief Executives; as well as considering a Special Pay Adjustment in HA with reference to the Government's 2013 Civil Service Pay Level Survey. The Committee also granted endorsement-in-principle for the proposed 2015-16 annual pay adjustment for HA employees, and received progress reports on the follow-up actions of the Optometrist Grade Review and Additional Promotion Mechanism for Frontline Doctors.

In response to the recommendations of HA Review on staff management, the Committee gave comments on the proposals to strengthen central co-ordination and consistency in HR policies and practices; and considered initiatives to strengthen the governance of staff training, including setting up the Central Training & Development Committee as a subcommittee under Human Resources Committee and receiving regular reports from it. It also received a report on the central training provisions for healthcare professionals in HA.

With regard to staff welfare and communication / engagement, the Committee discussed and endorsed enhancement measures for the pilot project on staff access to radiological services; noted the plan for launching an HA-wide Staff Survey and an HR Mobile Application which included different modules such as leave application and approval, staff welfare, staff health record, vacancy notification circular etc. The Committee was updated on the progress of rolling out eLeave to clusters. It also monitored the HA Mandatory Provident Fund Scheme and HA Provident Fund Scheme through regular updates.

During the year, the Committee noted the clinical placement arrangement for allied health students in relation to HA's role in providing education and training to persons involved in hospital or related services.

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。

2015-16年度工作概況

在2015-16年度，委員會共召開六次會議，討論及審議醫管局各項人力資源事宜。委員會根據醫管局紓緩人手短缺和職員流失的策略方向，審議及通過多項人力資源建議和措施，以改善人手情況及僱用條件，例如縮短合約僱員轉制為常額僱員所需服務年資；針對有特別招募困難的專科（例如解剖病理學及婦產科）從海外聘請副顧問醫生；將退休後重聘特別計劃推展至現職護士、專職醫療人員及藥劑部員工；給予男性僱員侍產假；就現職員工達正常退休年齡後重聘所作的安排；重新組合醫院並制訂安排委任副醫院行政總監的執行計劃；以及參照政府的2013年薪酬水平調查考慮在醫管局作出特別薪酬調整。委員會亦原則上同意2015-16年度醫管局僱員的年度薪酬調整，並收閱了視光師職系檢討及前線醫生額外晉升機制的跟進報告。

因應醫管局檢討有關員工管理的建議，委員會就加強中央協調及統一人力資源政策及執行措施的建議方案提出意見；並審議加強員工培訓管治的措施，包括於人力資源委員會之下成立稱為中央培訓及發展委員會的小組委員會並定期收閱其報告。此外，委員會亦收閱醫管局醫療專業人員的中央培訓措施報告。

在員工安康及溝通 / 凝聚政策方面，委員會審議並通過員工使用放射服務先導計劃的優化措施；備悉推出醫管局全體員工意見調查及人力資源流動應用程式（包括不同單元如申請和批核假期、員工福利、員工健康紀錄、職位空缺等）的計劃。委員會備悉向聯網推行電子假期申請系統的進度報告。委員會亦審閱醫管局強制性公積金計劃及醫管局公積金計劃的定期報告，監察計劃運作。

年內，委員會備悉醫管局的專職醫療學生實習安排，以履行其向醫院或相關服務從業員提供教育及培訓的職責。



Appendix 3

附錄 3

The Committee also gave comments on the enhanced HR Key Performance Indicators (KPIs) Reporting Mechanism and provided feedback on the quarterly KPI reports. In addition, the Committee assessed the HR risks in 2016 in conjunction with planned mitigation actions, deliberated on the agenda forecast for 2016-17, and commented on the HA Strategic Plan 2017-2022 and HA HR Annual Plan targets for 2015-16. Moreover, the Committee considered and made comments on HA's follow up plan after reviewing the recommendations from the Independent Commission Against Corruption Assignment Report on "Acceptance of Sponsorship". It also reviewed a report on staff complaints received in 2015 and considered the findings.

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.

委員會就優化後的人力資源主要表現指標匯報機制以及主要表現指標季度報告提出意見。此外，委員會審議2016年度人力資源風險評估及擬定的風險緩減措施、討論2016-17年度的預設議程，並就醫管局2017至2022年策略計劃和2015-16年度工作計劃之目標提出意見。委員會亦審議醫管局經參閱廉政公署有關「接受贊助」的審查工作報告後提出的跟進計劃，並提供意見。委員會還審核了2015年度職員投訴報告及有關結果。

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

Chairman

主席

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

梁栢賢醫生 行政總裁

Vice-Chairman

副主席

Mr CHENG Yan-kee, BBS, JP (*up to 30.11.2015*)

鄭恩基先生 (截至2015年11月30日)

Members

成員

Mr Sidney CHAN Shuen-yiu, JP (*from 17.3.2016*)

Head of Electronic Health Record Office

陳選堯先生 (由2016年3月17日起)

電子健康紀錄統籌處處長

Ms Anita CHENG Wai-ching

鄭瑋青女士

Mr Davey CHUNG Pui-hong (*up to 19.11.2015*)

Deputy Secretary for Food and Health (Health)

鍾沛康先生 (截至2015年11月19日)

食物及衛生局副秘書長 (衛生)

Mr Daniel LAI, BBS, JP

賴錫璋先生

Mr Victor LAM Wai-kiu, JP (*up to 1.7.2015*)

Government Chief Information Officer (Acting)

林偉喬先生 (截至2015年7月1日)

政府資訊科技總監 (署理)

Mr Stephen LAU Ka-men, JP

劉嘉敏先生

Mr Stephen LEE Hoi-yin (*from 5.2.2016*)

李開賢先生 (由2016年2月5日起)

Hon Charles Peter MOK, JP

莫乃光先生

Ir Allen YEUNG Tak-bun (*from 13.7.2015*)

Government Chief Information Officer

楊德斌先生 (由2015年7月13日起)

政府資訊科技總監

Mr Charlie YIP Wing-tong (*from 5.2.2016*)

葉永堂先生 (由2016年2月5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.

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。



Focus of Work in 2015-16

In 2015-16, 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 discussed the plan for greater IT innovation solutions for HA and the proposal of various IT transformation initiatives to enhance efficiency and performance with an ultimate goal to benefit both patients and staff. It also discussed the future direction for IT service management under the IT and Health Informatics Division (IT&HID) for effective support of IT production systems and services in HA. Reports on IT Operational Risk Assessment were received with discussion on the key risks identified and the actionable mitigating measures in particular against the potential risks associated with the launch of Electronic Health Record Sharing System (eHRSS) in March 2016. The Committee also received progress update on the revamp of IT policies and standards whereby a centralised electronic document management system for IT&HID documents was set up.

In the area of privacy and data protection, the Committee discussed the work on security controls, compliance monitoring and privacy impact assessment in HA. To meet the growing demand for IT systems to support the operation of the organisation, the Committee endorsed the IT Block Vote Submission for 2016-17 and the IT&HID Annual Work Plan 2016-17 for responding to challenges in continuing existing service delivery and delivering the major strategic IT-enabled projects in particular in light of the implementation of HA Review Action Plan and the priorities emanating from the HA Strategic Plan 2017-2022.

To fulfil its overseeing functions, the Committee monitored the implementation of the work stipulated in the IT&HID Annual Plan by considering, amongst others, the performance and status reports of respective IT functions at each of its meeting, the comments of which were conveyed to the relevant working teams under IT&HID 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 IT&HID on the development of the Government's eHR Programme for which HA was the technical agent, discussed the preparation of HA participating as a major user of eHRSS and endorsed the draft audited financial statements related to eHR Programme undertaken by HA annually.

To support HA's service needs with the latest trend of IT technical development, the Committee received advice from the Information Technology Technical Advisory Subcommittee (ITTASC) on the IT technical architectures and technology selections proposed by IT&HID which included mobile architecture and application development; IT-enabled innovation in HA; big data analysis and use of social media in HA etc. The Committee also approved the new appointment and reappointments of ITTASC membership and received regular inputs from it.

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.

2015-16 年度工作概況

在 2015-16 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方面事宜。年內，委員會討論加強醫管局資訊科技創新方案及多個資訊科技轉型方案，以提升效益和表現，惠及病人和員工。委員會亦討論資訊科技及醫療信息部轄下資訊科技服務的未來方向，確保醫管局的資訊科技生產系統及服務更有成效。委員會收閱資訊科技運作風險評估報告，討論所識別的主要風險及可採取的緩減措施，特別是 2016 年 3 月電子健康紀錄互通系統推出後的相關潛在風險；以及備悉資訊科技政策及標準框架修訂進展報告，資訊科技及醫療信息部建立中央電子文件庫等事宜。

另外，委員會亦就保障病人私隱及數據安全的相關政策、合規監察和私隱風險評估等方面的工作提供意見。為支援機構運作的需要，切合對資訊科技系統不斷增加的需求，特別是因應醫管局檢討行動計劃的推行及醫管局 2017 至 2022 年策略計劃所訂優次，委員會通過 2016-17 年度資訊科技整體撥款申請，以及資訊科技及醫療信息部 2016-17 年度工作計劃，務求回應當前挑戰，維持現行服務及推行各項倚重資訊科技的主要策略性項目。

為履行其監督職能，委員會監察資訊科技及醫療信息部周年工作計劃的實施，在各次會議上均有審閱不同資訊科技職能的表現及狀況報告，有關意見會向部門相關工作團隊傳達，以供跟進。委員會會議的常規議程項目包括第三期臨床醫療管理系統、業務支援資訊科技系統、電子健康紀錄互通系統及資訊科技服務表現的進展報告。委員會亦監察資訊科技及醫療信息部為政府開發電子健康紀錄互通系統的持續進度（醫管局擔任技術代理），並就醫管局作為該系統主要使用者的準備工作提供意見，以及每年通過相關的經審核財務報表擬本。

為利用最新資訊科技發展支援醫管局的業務需要，委員會收閱信息技術諮詢小組委員會就資訊科技及醫療信息部建議的資訊科技架構及選擇方案提供意見，包括流動化架構及應用程式發展、醫管局資訊科技創新項目、大數據分析，以及在醫管局內應用社交媒體等。委員會亦通過委任及續委小組委員會成員名單，並定期聽取其意見。

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

Chairman 主席

Prof Maurice YAP Keng-hung, JP
葉健雄教授

Vice-Chairman 副主席

Mr William CHAN Fu-keung, BBS
陳富強先生

Mr Lincoln TSO Lai
曹禮先生

Ex-officio members 副主席

Dr LEUNG Pak-yin, JP, *Chief Executive
(or his nominated representative)*
梁栢賢醫生 行政總裁
(行政總裁或其委任代表)

Ms Clara CHIN Sheung-chi, *Director (Finance)
(or her nominated representative)*
錢湘芷女士 財務總監
(財務總監或其委任代表)

Members 成員

Two of the following rotating members:
以下其中兩位輪值成員：

Prof Francis CHAN Ka-leung, JP
陳家亮教授

Ms Anita CHENG Wai-ching
鄭瑋青女士

Mr CHENG Yan-kee, BBS, JP (*up to 30.11.2015*)
鄭恩基先生 (截至 2015 年 11 月 30 日)

Ms CHIANG Lai-yuen, JP
蔣麗婉女士

Ms Quince CHONG Wai-yan, JP
莊偉茵女士

Mr Andrew FUNG Hau-chung, JP
馮孝忠先生

Mr HO Wing-yin (*from 17.4.2015*)
何永賢先生 (由 2015 年 4 月 17 日起)

Mr Andy LAU Kwok-fai (*passed away on 17.4.2015*)
劉國輝先生 (於 2015 年 4 月 17 日辭世)

Prof Diana LEE Tze-fan, JP
李子芬教授

Mr Stephen LEE Hoi-yin
李開賢先生

Prof Gabriel Matthew LEUNG, GBS, JP
梁卓偉教授

Mrs Margaret LEUNG KO May-yee, SBS, JP (*up to 30.11.2015*)
梁高美懿女士 (截至 2015 年 11 月 30 日)

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

Ir Dr Hon LO Wai-kwok, SBS, MH, JP
盧偉國博士

Ms Winnie NG (*up to 30.11.2015*)
伍穎梅女士 (截至 2015 年 11 月 30 日)

Dr PANG Yiu-kai, GBS, JP
彭耀佳博士



Mr Ivan SZE Wing-hang, BBS (from 22.12.2015)
施榮恒先生 (由 2015 年 12 月 22 日起)

Mr WONG Kwai-huen, BBS, JP
王桂壠先生

Ms Priscilla WONG Pui-sze, BBS, JP (from 17.12.2015)
王沛詩女士 (由 2015 年 12 月 17 日起)

Mr Charlie YIP Wing-tong (from 18.8.2015)
葉永堂先生 (由 2015 年 8 月 18 日起)

Terms of Reference

1. To consider and approve tenders and contract variations in the Hospital Authority in accordance with the delegation of authority limits approved by the Board, including:
 - (a) To review and assess the recommendations made by the assessment panel;
 - (b) To review the procedures and criteria adopted by the assessment panel in the course of its selection;
 - (c) To approve the selection made by the assessment panel after satisfying itself that (a) and (b) are in order and such approval should be final.
2. To receive management reporting of acceptance of offer approved in the Head Office by a Director in exercising Special Authority for Urgent Direct Purchase.

Note: Under the prevailing Hospital Authority Procurement and Materials Management Manual approved by the Board, the schedule of authority limits in respect of the Main Tender Board includes approval of tender exceeding \$1.5 million centrally coordinated by Hospital Authority Head Office, or exceeding \$4.5 million for those arranged by the clusters / hospitals.

Focus of Work in 2015-16

In 2015-16, the Main Tender Board (MTB) met 24 times to consider a total of 638 tender papers for procurement of supplies and services with value of over \$1.5 million for HA Head Office, and above \$4.5 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 MTB sought clarifications or made suggestions for the management to follow up on 10 tender papers. Actions were taken accordingly and all tender papers were finally approved.

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

職權範圍

1. 根據醫管局大會授予的執行權限，審議及批核醫管局的採購投標及合約更改，包括：
 - (a) 檢視及確定評估小組所作的建議；
 - (b) 檢視評估小組在甄選過程中採用的程序及準則；
 - (c) 在確立上述 (a) 及 (b) 項為適切後，就評估小組的甄選作最終批核。
2. 聽取有關審批直接採購合約的管理匯報，該等合約已獲總辦事處總監行使「緊急直接採購特別權力」批核。

註：根據大會批核的《醫院管理局採購及物料管理手冊》，現時中央投標委員會的權限範圍包括批核由醫管局總辦事處統籌 150 萬元以上的採購投標，或由聯網 / 醫院安排 450 萬元以上的採購投標。

2015-16 年度工作概況

在 2015-16 年度，中央投標委員會共召開 24 次會議，審議共 638 份採購物資和服務的投標文件，當中醫管局總辦事處每宗合約所涉價值為 150 萬元以上，而聯網及醫院每宗合約所涉價值則為 450 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 10 份投標文件要求管理層釐清或建議管理人員跟進。經跟進建議後，全部投標文件已獲通過。

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, JP 葉健雄教授
Vice-Chairman 副主席	Prof Diana LEE Tze-fan, JP (from 23.4.2015) 李子芬教授 (由 2015 年 4 月 23 日起)
Members 成員	Dr Constance CHAN Hon-ye, JP <i>Director of Health</i> 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 陳家亮教授
	Mr HO Wing-yin (from 17.4.2015) 何永賢先生 (由 2015 年 4 月 17 日起)
	Dr KAM Pok-man 甘博文博士
	Prof Diana LEE Tze-fan, JP (up to 22.4.2015) 李子芬教授 (截至 2015 年 4 月 22 日)
	Ms Esther LEUNG Yuet-yin, JP / Ms Karyn CHAN (up to 26.4.2015) / Miss Bella MUI (from 27.4.2015) (representing the Secretary for Financial Services and the Treasury) 梁悅賢女士 / 陳靜婉女士 (截至 2015 年 4 月 26 日) / 梅品雅女士 (由 2015 年 4 月 27 日起) (代表財經事務及庫務局局長)
	Prof Gabriel Matthew LEUNG, GBS, JP 梁卓偉教授
	Dr LEUNG Pak-yin, JP, <i>Chief Executive</i> 梁栢賢醫生 行政總裁
	Prof Raymond LIANG Hin-suen, SBS, JP 梁憲孫教授
	Dr PANG Yiu-kai, GBS, JP 彭耀佳博士
	Mr Charlie YIP Wing-tong (from 18.8.2015) 葉永堂先生 (由 2015 年 8 月 18 日起)
	Mr Richard YUEN Ming-fai, GBS, 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)

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；





3. Consider and make recommendations on the overall priorities for the planning and development of the public hospitals and related services in order to ensure an optimal utilisation of available resources;
4. Consider, review and make recommendations on any other matters related to the planning and development of the public hospitals and related services;
5. Consider periodically matters relating to risk, risk management and risk mitigation relevant to medical services development; and
6. Exercise powers delegated by the Board on the following matters:
 - (a) approve the scope of coverage of the Samaritan Fund as recommended by the Management Committee of the Samaritan Fund,
 - (b) approve clinical service plans on specialty services and redevelopment projects, except those involving decisions on financial provisions.

3. 審議規劃發展公立醫院及相關服務的整體優先次序，並作出建議，確保最有效地運用所獲資源；
4. 審議及檢討規劃發展公立醫院及相關服務的任何其他事宜，並作出建議；
5. 定期審議醫療服務發展範疇的相關風險、風險管理及風險緩減事宜；及
6. 就以下事宜行使醫院管理局大會授予的權力：
 - (a) 批核撒瑪利亞基金管理委員會建議的基金涵蓋範圍；
 - (b) 批核專科服務及重建項目的臨床服務計劃，惟涉及財政撥款的決定者除外。

Focus of Work in 2015-16

In 2015-16, the Committee met six times to discuss issues relating to the planning, development and management of clinical services. In support of the corporate strategy and policy development of HA, the Committee considered and deliberated on the formulation of the HA Strategic Plan 2017-2022. To map out the guiding principles, models of care and planned future service directions, the Committee discussed and considered the respective clinical services plans for the New Territories East Cluster and the New Territories West Cluster; strategic framework for rehabilitation services; service organisation after the termination of HA's management and operation of the Rehabaid Centre; development of the Integrated Chinese-Western Medicine pilot programme; and community psychiatric services for patients with severe mental illness. Besides, the Committee received briefings on service development of the Hong Kong Children's Hospital and the commissioning of the Tin Shui Wai Hospital. The Committee also noted the services provided by the Maggie's Cancer Caring Centre Hong Kong and by the Centre for Healthy Life in Tuen Mun Hospital.

The Committee considered and gave advice on a wide range of clinical management issues. Subjects considered in 2015-16 included the introduction of new drugs and indications to be covered by the Samaritan Fund from 2015-16. Enhancing clinical risk management and clinical governance as well as implementing continuous quality improvement systems were of high importance. The Committee considered various matters relating to patient safety and risk management, including HA's Sentinel Events and Serious Untoward Events Policy; mechanism for the safe introduction of new procedures / technology; medical device management; and credentialing and defining scope of practice in HA. It also kept a close eye on winter surge preparation; development and monitoring of Clinical Service key performance indicators as well as the patient service and care risks and the proposed risk reduction plans for 2016. In response to the recommendations of HA Review on service provision as well as quality and safety, the Committee gave comments on the proposed action items and received regular reports on individual action items including Specialist Outpatient Clinic waiting time management. It was also briefed on blood donation policy for donors with history of men who had sex with men; and access to HA hospitals / clinics by visually impaired persons with guide dogs.

2015-16 年度工作概況

在 2015-16 年度，醫療服務發展委員會共召開六次會議，討論臨床服務的規劃、發展及管理事宜。為支援醫管局的機構策略和政策發展，委員會考慮及討論醫管局 2017 至 2022 年策略規劃。委員會亦考慮及審議新界東及新界西醫院聯網臨床服務計劃的制訂、康復服務策略、復康專科及資源中心終止由醫管局管理後的服務重整及運作、中西醫協作先導計劃的發展，以及嚴重精神病患者社區精神科服務，以制訂指導原則和服務模式，規劃未來的服務發展。此外，委員會獲報告有關香港兒童醫院的服務發展及天水圍醫院啟用計劃。委員會亦備悉香港銘琪癌症關顧中心和屯門醫院健康生活中心提供的服務。

委員會審議不同醫療管理事宜，並提供意見。2015-16 年度審議的事項包括撒瑪利亞基金在 2015-16 年度起納入新藥及適應症。加強臨床風險管理和臨床管治，以及推行持續質素提升的系統至為重要。委員會考慮多項關於病人安全和風險管理的事項，包括醫管局醫療風險警示事件及重要風險事件政策、安全引進新醫療程序 / 科技的機制、醫療儀器管理、醫管局資歷認證及確定臨床實務範圍制度框架。委員會亦密切監察冬季流感服務高峰期的應對準備、臨床服務主要表現指標的發展和監察，以及 2016 年病人服務及治療風險與風險防範計劃建議。因應醫管局檢討督導委員會就有關服務提供及質素和安全所提的建議，委員會為醫管局的行動計劃提供意見，並收閱個別行動措施的定期報告，包括專科門診輪候時間管理。委員會亦備悉有關曾發生同性性行為的男性捐血者的捐血政策，以及視障人士帶同導盲犬到醫管局醫院 / 診所的安排。

The Committee received progress reports of various clinical programmes, including the Service Management Report of the Chinese Medicine Centres for Research and Training under the tripartite arrangement; HA Patient Experience and Satisfaction Survey on Specialist Outpatient Service; Patient Empowerment Programme; breastfeeding promotion; and the various clinical public-private partnership (PPP) programmes. The Committee also noted the Government's plan of allocating a \$10 billion endowment fund for PPP initiatives to HA as announced in the 2015-16 Budget Speech.

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.

委員會收閱各項臨床服務計劃的進展報告，包括三方合作模式中醫教研中心的服務管理報告、醫管局專科門診病人經驗及服務滿意度調查、病人自強計劃、母乳餵哺推廣，以及各項臨床公私營協作計劃的進展。委員會亦備悉政府在2015至16年度財政預算案宣布設立100億元基金予醫管局推動公私營協作計劃的安排。

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

Chairman 主席

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

Vice-Chairman 副主席

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

Members 成員

Rev Canon Dr Alan CHAN Chor-choi (*up to 30.11.2015*)
陳佐才法政牧師 (截至2015年11月30日)

Dr Jane CHAN Chun-kwong
陳真光醫生

Mr CHAN Shu-ying, SBS, JP (*up to 30.11.2015*)
陳樹鏌先生 (截至2015年11月30日)

Ms Christine Barbara CHAN So-han, BBS
陳素嫻女士

Mr CHAN Wing-kai
陳永佳先生

Dr Jinghan CHEN (*from 1.12.2015*)
陳靜涵博士 (由2015年12月1日起)

Ms Peggy CHING Pui-ki
程佩琪女士

Mr CHOI Chi-sum
蔡志森先生

Rev Dr Andrew CHOI Chung-ho (*from 1.12.2015*)
蔡宗灝牧師 (由2015年12月1日起)

Mr Antonio CHU Lok-sang (*up to 30.11.2015*)
朱樂生先生 (截至2015年11月30日)

Prof Joanne CHUNG Wai-yee (*up to 30.11.2015*)
鍾慧儀教授 (截至2015年11月30日)

Mr HO Sau-him
何守謙先生

Mr Herman HUI Chung-shing, SBS, MH, JP
許宗盛先生

Mr Samuel HUI Kwok-ting
許國定先生

Mr Joe KWOK Jing-keung, SBS, FSDSM
郭晶強先生

Mr KWOK Leung-ming, SBS, CSDSM
郭亮明先生

Mr Alex LAM Chi-yau
林志韜先生

Mr Andy LAU Kwok-fai (*passed away on 17.4.2015*)
劉國輝先生 (於2015年4月17日辭世)

Dr Robert LAW Chi-lim*
羅致廉醫生*

Dr Agnes LAW Koon-chui, JP
羅觀翠博士

Mr Peter LEE Shung-tak, BBS, JP (*from 1.12.2015*)
李崇德先生 (由2015年12月1日起)



Ms Maggie LEUNG Yee-mei

梁綺眉女士

Dr MAK Sin-ping, BBS* (*up to 30.11.2015*)

麥倩屏醫生* (截至2015年11月30日)

Ms Manbo MAN Bo-lin, MH (*from 1.12.2015*)

文保蓮女士 (由2015年12月1日起)

Mr Simon MOK Sai-man, MH

莫世民先生

Prof WAN Chin-chin

尹葉芊芊教授

Mrs Elizabeth WONG YEUNG Po-wo, MBE (*up to 30.11.2015*)

黃楊寶和女士 (截至2015年11月30日)

Mr Paul WU Wai-keung (*from 1.12.2015*)

胡偉強先生 (由2015年12月1日起)

Ms Lina YAN Hau-yee, MH, JP

殷巧兒女士

Ms Agnes Garman YEH (*from 1.12.2015*)

葉嘉雯女士 (由2015年12月1日起)

Ms Lisa YIP Sau-wah, JP*

葉秀華女士*

Mr Charlie YIP Wing-tong (*from 11.9.2015*)

葉永堂先生 (由2015年9月11日起)

* 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.

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(附件); 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。



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 two 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;
 - (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.

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) 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. 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.)

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。)

Focus of work in 2015-16

In 2015-16, the Public Complaints Committee held 19 meetings and handled a total of 320 cases, of which 244 were related to medical services, 30 related to administrative procedure, 43 related to staff attitude and three 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.

2015-16年度工作概況

在2015-16年度，公眾投訴委員會共召開19次會議及處理320宗個案，其中244宗關於醫療服務、30宗關於行政程序、43宗關於員工態度、3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，以提升醫管局投訴處理機制的效率及成效，並就改善醫療系統及服務提出建議。委員會定期進行對內及對外溝通，提高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分享經驗，促進風險管理，同時定期舉辦投訴處理專門訓練課程，其中包括應用調解技巧訓練，增強前線人員處理投訴的技巧。



Staff Appeals Committee 職員上訴委員會

Membership List 成員名單

Chairman 主席

Mr Peter LO Chi-lik (*up to 30.11.2015*)
羅志力先生 (截至2015年11月30日)

Mr Lawrence LEE Kam-hung, BBS, JP (*from 1.12.2015*)
李金鴻先生 (由2015年12月1日起)

Members 成員

Ms Quince CHONG Wai-yan, JP
莊偉茵女士

Mr Lawrence LEE Kam-hung, BBS, JP (*up to 30.11.2015*)
李金鴻先生 (截至2015年11月30日)

Mr Paul YU Shiu-tin, BBS, JP
余嘯天先生

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 relevant information required from the management for making a decision;
 - (d) ensure that appropriate action is taken; and
 - (e) reply to the appellant;
3. The Committee's decision shall represent the Hospital Authority's decision and shall be final;
4. The Committee shall make annual reports to the Hospital Authority Board.

Focus of Work in 2015-16

The Committee serves to consider and decide on appeals from staff members who have raised a grievance and appeal through the normal internal complaint channels established in HA and who wish to make further appeal against the decision made. The membership of the Committee comprises individuals who are not staff members of HA. The Committee is required to submit an annual report to the HA Board.

In 2015-16, the Committee considered one appeal case carried forward from 2014-15. The Committee duly considered the appeal and concluded that it did not consider the conclusions made at the hospital/cluster levels were wrong or should be overturned. Observations by the Committee in the process of investigation were also conveyed to the hospital management for attention.

As a good corporate governance practice, the Committee conducted an annual self-assessment 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，以使出決定；
 - (d) 確保已採取恰當的行動；及
 - (e) 回覆上訴人。
3. 委員會的決定即為醫院管理局的最終決定。
4. 委員會須每年向醫院管理局大會提交報告。

2015-16年度工作概況

醫管局職員如已循既定渠道提出投訴但不滿有關裁決，並作出上訴，委員會會就這些上訴個案進行聆訊。委員會的成員全部均非醫管局的職員。委員會須向醫管局大會提交年度工作報告。

在2015-16年度，委員會審議一宗2014-15年度未完成處理的個案。委員會詳細審議有關上訴個案後，並不認為醫院/聯網層面的裁決有任何不妥或應推翻。委員會在調查過程中觀察所得的事項，已轉達有關的管理人員跟進。

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

Chairman 主席

Mr CHENG Yan-kee, BBS, JP (*up to 30.11.2015*)
鄭恩基先生 (截至 2015 年 11 月 30 日)

Ms Winnie NG (*from 1.12.2015*)
伍穎梅女士 (由 2015 年 12 月 1 日起)

Vice-Chairman 副主席

Ms CHIANG Lai-yuen, JP (*up to 30.11.2015*)
蔣麗婉女士 (截至 2015 年 11 月 30 日)

Mr WONG Kwai-huen, BBS JP (*from 1.12.2015*)
王桂壠先生 (由 2015 年 12 月 1 日起)

Members 成員

Prof Edwin CHAN Hon-wan
陳漢雲教授

Dr Andrew CHAN Ping-chiu, BBS
陳炳釗博士

Mr CHENG Yan-kee, BBS, JP (*from 1.12.2015*)
鄭恩基先生 (由 2015 年 12 月 1 日起)

Ms CHIANG Lai-yuen, JP (*from 1.12.2015*)
蔣麗婉女士 (由 2015 年 12 月 1 日起)

Mr Lester Garson HUANG, JP
黃嘉純先生

Dr KAM Pok-man
甘博文博士

Mr Andy LAU Kwok-fai (*passed away on 17.4.2015*)
劉國輝先生 (於 2015 年 4 月 17 日辭世)

Ms Angela LEE (*up to 13.4.2015*) / Miss Linda LEUNG (*from 13.4.2015*)
(*representing the Permanent Secretary for Food and Health (Health)*)
李頌恩女士 (截至 2015 年 4 月 13 日) / 梁嘉盈女士 (由 2015 年 4 月 13 日起)
[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
梁永立先生

Ir Dr Hon LO Wai-kwok, SBS, MH, JP
盧偉國博士

Ms Winnie NG (*up to 30.11.2015*)
伍穎梅女士 (截至 2015 年 11 月 30 日)

Mr WONG Kwai-huen, BBS, JP (*up to 30.11.2015*)
王桂壠先生 (截至 2015 年 11 月 30 日)

Mr Charlie YIP Wing-tong (*from 18.8.2015*)
葉永堂先生 (由 2015 年 8 月 18 日起)

Terms of Reference

1. Advise on the directions and policies related to the development of Business Support Services and Environmental Protection to best support clinical services delivery in the Hospital Authority;
2. Review and monitor the annual capital expenditure plan approved by the Hospital Authority Board;

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. 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.
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 2015-16

In 2015-16, the Committee met four times to advise on directions and policies related to the development of Business Support Services and Capital Planning to best support clinical service delivery in HA. It endorsed the formulation of the HA strategic plan 2017-2022 on Business Support Services and Capital Planning projects. It reviewed reports on hospital security services and laundry management in HA. The Committee commented on the implementation of the Enterprise Asset Management for medical equipment and other non-IT asset items, and the outcomes of the enhancement of biomedical engineering services in 2013 to 2015. It received reports on the contracts with price adjustment approved via Authorise and Direct granted by the MTB, and the single tenders conducted in 2014-15. It also endorsed the proposed procurement approach for maintenance services of medical equipment in HA. The Committee followed through the replacement of medical and engineering equipment in 2015-16 and the plan for up to 2018-19. It examined the results and recommendations of the study on letting and administration of advertising sites in HA conducted by ICAC, as well as the audit commission on reducing and recycling of solid waste. It also revisited the key operational risks in relation to business support services, pharmaceutical supplies and capital planning.

The Committee endorsed the formulation of the annual capital expenditure plan for both major capital works projects and the one-off grant for minor works projects, and considered regular reports on the progress of major capital works projects. It examined the Ten-year Hospital Development Plan which involved the earmarked government funding of \$200 billion. It also reviewed reports on the asbestos survey and the latest updates on the barrier free access to HA facilities. It considered the results of the consultancy review of safety performance on capital works contracts, the results of the study of energy efficiency in Tuen Mun Hospital and supported the enhancement of IT system in minor works order processing. The Committee also received an assessment report on HA's project management of major capital works projects with reference to the report of the Independent Expert Panel on the Express Rail Link Project. It supported the legal recommendation in regard to the claims for trespass to the slope at Ruttonjee Hospital. It also reviewed the regular progress reports from the Capital Works Sub-Committee (CWSC) which was established under the Committee to oversee and advise on capital works / project related items. The Committee also approved the appointment and reappointments of CWSC membership.

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.

2015-16 年度工作概況

在 2015-16 年度，委員會共召開四次會議，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，務求為醫管局的醫療服務模式提供最適切的支援服務，並通過醫管局 2017 至 2022 年策略計劃中有關業務支援服務及基本工程規劃的各個項目。期間，委員會除檢討醫管局的醫院保安服務及洗衣服務管理外，亦就醫療設備及非資訊科技資產項目的資產管理執行情況提出意見，並審閱醫學工程服務於 2013 至 2015 年間的改善措施及其成效。委員會又收閱經由中央投標委員會授權批准調整合約價格的匯報以及 2014-15 年度所進行單一投標的報告，同時亦通過醫管局醫療設備保養服務的採購建議方案。另外，委員會亦跟進 2015-16 年度更換醫療及工程設備的進度及截至 2018-19 年度的有關規劃；並審閱廉政公署評估醫管局出租及管理轄下廣告位置的結果及建議、以及審計署就醫管局固體廢物減排及循環再造所提出的意見。此外，委員會亦檢討業務支援服務、藥物供應及基本工程規劃三個組別所涉及的各項主要運作風險。

另一方面，委員會又通過有關小型工程項目一筆過撥款及大型基本工程項目的年度資本開支預算，並定期審議各項大型基本工程項目的進展報告。委員會亦審閱政府預留 2,000 億元推行的醫院十年發展計劃，並收閱醫院使用石棉的狀況調查報告及設置無障礙通道的最新進展。委員會審閱有關基本工程合約承辦商安全表現的顧問檢討報告及屯門醫院能源效益評估結果；並支持改善處理小型工程訂單的電腦系統。委員會又收閱醫管局參照高鐵工程獨立專家小組報告而進行的大型基本工程項目管理評估，並對律敦治醫院就有關斜坡被侵佔申請索償的法律意見表示支持。委員會亦按時審閱轄下基本工程小組委員會的進展報告，該小組委員會負責審議基本工程及項目的相關事項。委員會亦通過委任及續委小組委員會成員名單。

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。



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Public Feedback Statistics

公眾意見統計

Complaint / Appreciation Received (1.4.2015 – 31.3.2016)

投訴 / 讚揚數字 (2015年4月1日 – 2016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	244
Staff attitude 職員態度	43
Administrative procedure 行政程序	30
Others 其他	3
Total number of appeal cases handled 處理上訴個案總數	320

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	1,561	3,529	23,413
Staff attitude 職員態度	635	2,634	14,041
Administrative procedure 行政程序	390	2,505	1,683
Overall performance 整體表現	190	1,844	715
Others 其他	32	638	9,569
Total number of hospital complaint / feedback / appreciation 醫院投訴 / 意見 / 讚揚總數	2,808	11,150	49,421

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	91	260	1,970
Staff attitude 職員態度	97	270	1,300
Administrative procedure 行政程序	31	279	119
Overall performance 整體表現	7	94	147
Others 其他	10	14	466
Total number of complaint / feedback / appreciation received by GOPC 普通科門診診所投訴 / 意見 / 讚揚總數	236	917	4,002

* 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 2015-16. The volume of patient care activities across the full range of services in 2015-16 is comparable to the level in 2014-15.

醫院管理局大致上達到二零一五至一六年度的服務表現目標。二零一五至一六年度各類病人醫護服務的整體服務量與二零一四至一五年度的水平相若。

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：

	2014-15	2015-16
(I) Access to services 可取用的服務		
inpatient services 住院服務		
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 convalescent) 普通科 (急症及康復)	21,337	21,587
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	27,645	27,895
ambulatory and outreach services 日間及外展服務		
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 minute) (%) 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	97
triage III (urgent cases - 30 minutes) (%) 第 III 類別 (緊急個案 - 30 分鐘) (%)	75	78
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 星期	< 1 week 星期
second priority patients 第二優先就診病人	5 weeks 星期	5 weeks 星期
rehabilitation and geriatric services (as at 31 March) 康復及老人科服務 (截至三月三十一日)		
no. of community nurses 社康護士數目	468	477
no. of geriatric day places 老人科日間醫院名額	639	659
psychiatric services (as at 31 March) 精神科服務 (截至三月三十一日)		
no. of community psychiatric nurses 精神科社康護士數目	129	130
no. of psychiatric day places 精神科日間醫院名額	889	889



	2014-15	2015-16
(II) Delivery of services 所提供的服務		
<i>inpatient services</i> 住院服務		
no. of discharges and deaths 住院病人出院人次及死亡人數		
general (acute and convalescent) 普通科 (急症及康復)	1,035,951	1,055,887
infirmary 療養科	3,501	3,511
mentally ill 精神科	17,140	17,440
mentally handicapped 智障科	531	487
overall 總計	1,057,123	1,077,325
no. of patient days 病人住院日次		
general (acute and convalescent) 普通科 (急症及康復)	5,937,588	6,112,117
infirmary 療養科	510,633	509,730
mentally ill 精神科	935,336	936,376
mentally handicapped 智障科	201,122	198,958
overall 總計	7,584,679	7,757,181
bed occupancy rate (%) 病床住用率 (%)		
general (acute and convalescent) 普通科 (急症及康復)	88	89
infirmary 療養科	88	88
mentally ill 精神科	71	71
mentally handicapped 智障科	85	82
overall 總計	85	86
average length of stay (days)* 平均住院時間 (日)*		
general (acute and convalescent) 普通科 (急症及康復)	5.7	5.8
infirmary 療養科	141	129
mentally ill 精神科	57	54
mentally handicapped 智障科	420	334
overall 總計	7.3	7.2
<i>ambulatory and outreach services</i> 日間及外展服務		
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	571,563	589,623
A&E services 急症室服務		
no. of attendances 就診人次	2,222,901	2,236,456
no. of attendances per 1,000 population 每千人口的就診人次	307	306
no. of first attendances for 首次就診人次分流		
triage I 第 I 類別	19,353	19,830
triage II 第 II 類別	41,344	43,840
triage III 第 III 類別	677,457	694,114
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	712,500	724,585
no. of specialist outpatient (clinical) follow-up attendances 專科門診 (臨床) 舊症覆診人次	6,479,280	6,585,747
total no. of specialist outpatient (clinical) attendances 專科門診 (臨床) 就診總人次	7,191,780	7,310,332



	2014-15	2015-16
primary care services 基層醫療服務		
no. of general outpatient attendances 普通科門診就診人次	5,905,262	5,984,576
no. of family medicine specialist clinic attendances 家庭醫學專科門診就診人次	289,048	289,124
total no. of primary care attendances 基層醫療就診總人次	6,194,310	6,273,700
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	87,250	91,189
no. of home visits by community nurses 社康護士家訪次數	861,961	855,449
no. of allied health (community) attendances 專職醫療(社區)就診人次	33,165	35,373
no. of allied health (outpatient) attendances 專職醫療(門診)就診人次	2,428,470	2,531,869
geriatric services 老人科服務		
no. of outreach attendances 接受外展服務人次	642,176	637,777
no. of geriatric elderly persons assessed for infirmity care service 接受療養服務評核的長者人數	1,637	1,560
no. of geriatric day attendances 老人科日間醫院就診人次	144,138	149,601
no. of Visiting Medical Officer attendances 接受到診醫生治療人次	113,591	109,544
psychiatric services 精神科服務		
no. of psychiatric outreach attendances 接受精神科外展服務人次	280,120	282,735
no. of psychiatric day attendances 精神科日間醫院就診人次	219,163	223,781
no. of psychogeriatric outreach attendances 接受老人精神科外展服務人次	95,219	97,503
(III) Quality of services 服務質素		
no. of hospital deaths per 1,000 population^ 每千人口中病人在醫院死亡人數^	3.1	3.1
unplanned readmission rate within 28 days for general inpatients (%) 普通科住院病人在出院後 28 天內未經預約再入院率 (%)	10.4	10.6



	2014-15	2015-16
(IV) Cost of services 服務成本		
cost distribution 成本分布		
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	54.5	54.4
ambulatory and outreach 日間及外展服務	45.5	45.6
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	3.9	4.1
ambulatory and outreach 日間及外展服務	3.2	3.5
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 (%)	46.2	46.9
cost of services per 1 000 population (HK\$Mn) 每千人口的服務成本 (港幣百萬元)	22.3	23.3
unit costs 單位成本		
inpatient services 住院服務		
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)	23,830	25,270
infirmary 療養科	214,440	223,210
mentally ill 精神科	134,820	138,840
mentally handicapped 智障科	530,550	622,120
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)	4,600	4,830
infirmary 療養科	1,470	1,540
mentally ill 精神科	2,470	2,590
mentally handicapped 智障科	1,400	1,520
ambulatory and outreach services 日間及外展服務		
cost per A&E attendance (HK\$) 急症室每次診症的成本 (港元)	1,140	1,230
cost per specialist outpatient attendance (HK\$) 專科門診每次診症的成本 (港元)	1,130	1,190
cost per general outpatient attendance (HK\$) 普通科門診每次診症的成本 (港元)	410	445
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)	1,100	1,130
cost per outreach visit by community nurse (HK\$) 社康護士每次外展服務的成本 (港元)	490	535
cost per psychiatric outreach attendance (HK\$) 精神科外展服務每次的成本 (港元)	1,440	1,550
cost per geriatric day attendance (HK\$) 老人科日間醫院每次服務的成本 (港元)	1,900	1,960
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 (%)	19.2	18.5
percentage of non-CSSA fee waiver (%) 非綜援收費減免百分率 (%)	5.8	6.2

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 hospital death rate covering inpatient and day inpatient deaths in Hospital Authority hospitals in a particular year. The standardised rate, as a standard statistical technique to facilitate comparison over years, is calculated by applying the Hospital Authority age-specific hospital death rate in that particular year to the "standard" population in mid-2001.

~ Refers to the amount waived as percentage to total charge.

備註 :

* 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。

^ 指某一年度涵蓋醫管局轄下醫院住院及日間住院病人死亡人數的標準化死亡率。有關標準化死亡率是將醫管局在該年度各個年齡組別的醫院病人死亡率，套用於二零零一年中的「標準」人口而計算出來的。這是一個標準的統計方法，有助比較不同年份的死亡率。

~ 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 2015-16

2015-16 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 2016) ² 醫院病床數目 (截至2016年 3月31日) ²	Total IP & DP discharges and deaths 住院及日間 出院病人 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 總就診人次	Total SOP (clinical) attendances ^{3,4} 專科門診 (臨床)就診 總人次 ^{3,4}	Family Medicine Specialist Clinic attendances ³ 家庭醫學 專科門診 就診人次 ³	Total Allied Health (Outpatient) attendances ^{3,5} 專職醫療 (門診)就診 總人次 ^{3,5}	General Outpatient attendances ^{3,6} 普通科門診 就診人次 ^{3,6}
Hong Kong East Cluster 港島東醫院聯網									
Cheshire Home, Chung Hom Kok 春磡角慈氏護養院	240	417	76.9	174.9	-	-	-	166	-
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	1,717	145,739	82.6	5.4	144,204	576,281	57,585	146,036	393,618
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	621	26,962	89.5	7.6	77,916	129,404	10,058	99,141	127,929
St John Hospital 長洲醫院	87	3,795	62.0	4.4	9,717	54	-	6,253	32,690
Tung Wah Eastern Hospital 東華東院	267	8,643	85.2	13.8	-	102,223	-	30,721	26,741
Wong Chuk Hang Hospital 黃竹坑醫院	160	171	91.5	396.3	-	-	-	-	-
Sub-total 小計	3,092	185,727	84.2	7.4	231,837	807,962	67,643	282,317	580,978
Hong Kong West Cluster 港島西醫院聯網									
The Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院	133	3,482	59.4	9.3	-	19,910	-	28,476	-
Tung Wah Group of Hospitals Fung Yiu King Hospital 東華三院馮堯敬醫院	272	3,049	74.2	21.7	-	522	-	431	-
Grantham Hospital 葛量洪醫院	388	15,022	72.9	11.5	-	37,211	-	2,996	-
MacLehose Medical Rehabilitation Centre 麥理浩復康院	110	947	53.5	21.8	-	326	-	2,701	-
Queen Mary Hospital 瑪麗醫院	1,704	153,275	78.3	4.5	128,503	743,286	21,010	151,329	357,037
Tung Wah Hospital 東華醫院	532	26,684	81.6	12.6	-	48,037	-	6,189	31,613
Tsan Yuk Hospital 贊育醫院	3	125	-	1.0	-	22,874	-	5,202	-
Sub-total 小計	3,142	202,584	75.9	6.3	128,503	872,166	21,010	197,324	388,650
Kowloon Central Cluster 九龍中醫醫院聯網									
Hong Kong Buddhist Hospital 香港佛教醫院	324	8,183	89.4	16.3	-	12,259	-	14,406	45,814
Hong Kong Eye Hospital 香港眼科醫院	45	8,579	40.4	3.8	-	230,012	-	22,558	-
Kowloon Hospital 九龍醫院	1,321	16,659	83.5	25.4	-	85,315	-	139,086	-
Queen Elizabeth Hospital 伊利沙伯醫院	1,882	180,170	93.3	5.3	195,584	693,847	8,617	226,633	524,603
Rehabaid Centre ¹ 復康專科及資源中心 ¹	-	-	-	-	-	177	-	20,149	-
Sub-total 小計	3,572	213,591	88.7	8.2	195,584	1,021,610	8,617	422,832	570,417



Institution 機構	No. of hospital beds (as at 31 March 2016) ² 醫院病床數目 (截至2016年 3月31日) ²	Total IP & DP discharges and deaths 住院及日間 出院病人 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 總就診人次	Total SOP (clinical) attendances ^{3,4} 專科門診 (臨床)就診 總人次 ^{3,4}	Family Medicine Specialist Clinic attendances ³ 家庭醫學 專科門診 就診人次 ³	Total Allied Health (Outpatient) attendances ^{3,5} 專職醫療 (門診)就診 總人次 ^{3,5}	General Outpatient attendances ^{3,6} 普通科門診 就診人次 ^{3,6}
Kowloon East Cluster 九龍東醫院聯網									
Haven of Hope Hospital 靈實醫院	461	6,972	91.1	22.2	-	8,640	-	5,481	-
Tseung Kwan O Hospital 將軍澳醫院	661	56,296	93.7	5.2	137,654	295,229	213	123,465	320,920
United Christian Hospital 基督教聯合醫院	1,405	118,434	88.9	4.8	178,581	516,589	56,665	221,543	648,270
Sub-total 小計	2,527	181,702	90.6	5.8	316,235	820,458	56,878	350,489	969,190
Kowloon West Cluster 九龍西醫院聯網									
Caritas Medical Centre 明愛醫院	1,206	56,835	83.6	6.4	133,947	375,361	1,514	83,932	297,442
Kwai Chung Hospital 葵涌醫院	920	4,360	72.9	59.4	-	227,824	-	38,685	-
Kwong Wah Hospital 廣華醫院	1,186	97,074	80.9	4.1	134,014	356,688	3,405	167,149	210,384
North Lantau Hospital 北大嶼山醫院	40	3,817	92.2	5.5	92,869	9,292	250	30,028	93,825
Our Lady of Maryknoll Hospital 聖母醫院	236	11,191	64.4	7.8	-	67,600	778	34,568	439,757
Princess Margaret Hospital 瑪嘉烈醫院	1,733	150,144	97.7	5.3	134,857	454,482	15,753	120,218	367,416
Tung Wah Group of Hospitals Wong Tai Sin Hospital 東華三院黃大仙醫院	531	8,475	89.0	21.5	-	-	-	967	-
Yan Chai Hospital 仁濟醫院	800	55,036	84.5	4.6	133,732	215,292	3,594	89,684	284,092
Sub-total 小計	6,652	386,932	84.7	6.4	629,419	1,706,539	25,294	565,231	1,692,916
New Territories East Cluster 新界東醫院聯網									
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	523	56,727	85.2	4.3	137,489	249,664	5,066	115,992	240,011
Bradbury Hospice 白普理寧養中心	26	595	88.4	14.2	-	57	-	1,294	-
Cheshire Home, Shatin 沙田慈氏護養院	304	211	73.9	432.9	-	-	-	214	-
North District Hospital 北區醫院	603	45,318	93.9	5.0	108,150	170,470	5,703	64,243	256,937
Prince of Wales Hospital 威爾斯親王醫院	1,650	158,195	88.0	5.2	139,975	720,494	45,892	191,014	466,390
Shatin Hospital 沙田醫院	552	8,899	92.5	20.1	-	404	-	296	-
Tai Po Hospital 大埔醫院	993	10,332	83.6	24.1	-	590	-	513	-
Sub-total 小計	4,651	280,277	87.1	7.4	385,614	1,141,679	56,661	373,566	963,338
New Territories West Cluster 新界西醫院聯網									
Castle Peak Hospital 青山醫院	1,156	2,774	66.0	103.1	-	139,849	-	25,088	-
Pok Oi Hospital 博愛醫院	719	43,994	92.5	6.3	126,901	103,289	30,915	74,747	-
Siu Lam Hospital 小欖醫院	500	482	95.4	341.9	-	0	-	-	-
Tuen Mun Hospital 屯門醫院	1,884	168,885	102.9	5.7	222,363	696,780	22,106	240,275	819,087
Sub-total 小計	4,259	216,135	89.7	8.9	349,264	939,918	53,021	340,110	819,087
GRAND TOTAL 總計	27,895	1,666,948	86.0	7.2	2,236,456	7,310,332	289,124	2,531,869	5,984,576



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 2016 is based on the Annual Survey on Hospital Beds in Public Hospitals 2015-16.
3. Outpatient attendances for different clinics are grouped under respective hospital management.
4. Specialist Outpatient (SOP) (clinical) attendances also include attendances from nurse clinics in SOP setting.
5. Total Allied Health (Outpatient) attendances exclude follow-up consultations provided by the Medical Social Services Units.
6. General Outpatient (GOP) attendances also include attendances from nurse clinics in GOP setting and attendances in related healthcare reform initiative programmes in primary care.

Abbreviations:

- IP – Inpatient
 DP – Day inpatient
 A&E – Accident & Emergency
 SOP – Specialist Outpatient

Data prepared in June 2016.

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. 2016年3月31日的醫院病床數目來自2015-16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）就診總人次也包括專科護士診所的就診人次。
5. 專職醫療（門診）就診總人次不包括由醫務社會服務部提供的跟進個案。
6. 普通科門診就診人次也包括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。

資料於2016年6月擬備。



Statistics on Community and Rehabilitation Services in 2015-16

2015-16 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 ¹ 接受精神科外展服務人次 ¹	Psycho-geriatric outreach attendances ² 接受老人精神科外展服務人次 ²	Community Geriatric Assessment Service ³ 社區老人評核服務量 ³	Visiting Medical Officer attendances ⁴ 接受到診醫生治療人次 ⁴	Allied Health (Community) attendances ⁵ 專職醫療(社區)就診人次 ⁵	Rehabilitation day & palliative care day attendances 康復及舒緩護理日間服務就診人次	Geriatric day attendances ⁶ 老人科日間醫院就診人次 ⁶	Psychiatric day attendances 精神科日間醫院就診人次
Hong Kong East Cluster 港島東醫院聯網									
Cheshire Home, Chung Hom Kok 春磡角慈氏護養院	-	-	-	-	-	73	-	-	-
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	99,204	22,587	11,072	-	-	768	279	15,882	29,077
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	-	-	-	119,486	22,047	2,232	5,539	18,447	-
St John Hospital 長洲醫院	4,864	-	-	-	-	1	-	-	-
Tung Wah Eastern Hospital 東華東院	-	-	-	-	-	78	32,496	-	-
Wong Chuk Hang Hospital 黃竹坑醫院	-	-	-	-	-	4	-	2,428	-
Sub-total 小計	104,068	22,587	11,072	119,486	22,047	3,156	38,314	36,757	29,077
Hong Kong West Cluster 港島西醫院聯網									
The Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院	-	-	-	-	-	1	-	-	-
Tung Wah Group of Hospitals Fung Yiu King Hospital 東華三院馮堯敬醫院	-	-	-	42,472	11,864	2,388	-	5,703	-
Grantham Hospital 葛量洪醫院	-	-	-	-	-	45	4,353	-	-
MacLehose Medical Rehabilitation Centre 麥理浩復康院	-	-	-	-	-	73	15,848	-	-
Queen Mary Hospital 瑪麗醫院	55,097	19,414	13,959	-	-	858	-	-	21,028
Tung Wah Hospital 東華醫院	-	-	-	-	-	210	7,797	6,157	-
Sub-total 小計	55,097	19,414	13,959	42,472	11,864	3,575	27,998	11,860	21,028
Kowloon Central Cluster 九龍中醫院聯網									
Hong Kong Buddhist Hospital 香港佛教醫院	-	-	-	-	-	134	3,168	-	-
Kowloon Hospital 九龍醫院	75,537	19,296	8,957	34,611	4,983	1,849	877	2,951	9,878
Queen Elizabeth Hospital 伊利沙伯醫院	-	-	-	33,347	7,221	1,540	-	11,068	-
Rehabaid Centre 復康專科及資源中心	-	-	-	-	-	1,193	-	-	-
Sub-total 小計	75,537	19,296	8,957	67,958	12,204	4,716	4,045	14,019	9,878

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醫院管理局年報 2015-2016

Appendix 10

附錄 10

Institution 機構	Home visits by community nurses 社康護士 家訪次數	Psychiatric outreach attendances ¹ 接受精神科 外展服務 人次 ¹	Psycho- geriatric outreach attendances ² 接受老人精 神科外展服務 人次 ²	Community Geriatric Assessment Service ³ 社區老人 評核服務量 ³	Visiting Medical Officer attendances ⁴ 接受到診醫生 治療人次 ⁴	Allied Health (Community) attendances ⁵ 專職醫療 (社區)就診 人次 ⁵	Rehabilitation day & palliative care day attendances 康復及舒緩 護理日間服務 就診人次	Geriatric day attendances ⁶ 老人科 日間醫院 就診人次 ⁶	Psychiatric day attendances 精神科 日間醫院 就診人次
Kowloon East Cluster 九龍東醫院聯網									
Haven of Hope Hospital 靈實醫院	30,020	-	-	6,589	983	654	1,839	5,025	-
Tseung Kwan O Hospital 將軍澳醫院	-	-	-	-	-	51	-	-	-
United Christian Hospital 基督教聯合醫院	134,278	30,460	10,015	37,596	8,304	1,197	3,035	19,854	32,455
Sub-total 小計	164,298	30,460	10,015	44,185	9,287	1,902	4,874	24,879	32,455
Kowloon West Cluster 九龍西醫院聯網									
Caritas Medical Centre 明愛醫院	73,452	-	-	42,353	4,354	155	1,006	13,730	-
Kwai Chung Hospital 葵涌醫院	-	84,969	27,058	-	-	2,725	-	-	67,236
Kwong Wah Hospital 廣華醫院	40,495	-	-	46,986	10,257	961	-	8,876	-
North Lantau Hospital 北大嶼山醫院	6,558	2,591	-	3,894	-	206	3,468	-	-
Our Lady of Maryknoll Hospital 聖母醫院	49,767	-	-	16,891	318	115	670	-	-
Princess Margaret Hospital 瑪嘉烈醫院	81,121	-	-	42,487	5,549	1,274	1,379	14,635	-
Tung Wah Group of Hospitals Wong Tai Sin Hospital 東華三院黃大仙醫院	-	-	-	-	-	69	-	11,674	-
Yan Chai Hospital 仁濟醫院	-	-	-	41,279	5,941	215	-	6,434	-
Sub-total 小計	251,393	87,560	27,058	193,890	26,419	5,720	6,523	55,349	67,236
New Territories East Cluster 新界東醫院聯網									
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	34,888	-	900	24,874	6,256	2,708	212	10,418	10,001
Bradbury Hospice 白普理寧養中心	-	-	-	-	-	85	313	-	-
Cheshire Home, Shatin 沙田慈氏護養院	-	-	-	-	-	3	-	-	-
North District Hospital 北區醫院	36,249	11,310	6,875	28,622	6,811	3,277	319	10,463	11,376
Prince of Wales Hospital 威爾斯親王醫院	50,223	-	-	22,149	7,040	4,395	-	-	-
Shatin Hospital 沙田醫院	-	21,270	5,565	-	-	128	5,757	13,377	15,844
Tai Po Hospital 大埔醫院	-	9,067	150	-	-	14	-	-	8,102
Sub-total 小計	121,360	41,647	13,490	75,645	20,107	10,610	6,601	34,258	45,323
New Territories West Cluster 新界西醫院聯網									
Castle Peak Hospital 青山醫院	-	61,771	12,952	-	-	1,742	-	-	13,387
Pok Oi Hospital 博愛醫院	-	-	-	2,976	-	513	-	5,869	-
Siu Lam Hospital 小欖醫院	-	-	-	-	-	1	-	-	-
Tuen Mun Hospital 屯門醫院	83,696	-	-	92,725	7,616	3,438	2,834	13,410	5,397
Sub-total 小計	83,696	61,771	12,952	95,701	7,616	5,694	2,834	19,279	18,784
GRAND TOTAL 總計	855,449	282,735	97,503	639,337	109,544	35,373	91,189	196,401	223,781



Notes:

1. Figures also include home visits and crisis intervention.
2. Figures also include 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 infirmary 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 Services Units.
6. Geriatric day attendances also include attendances in Integrated Discharge Support Program (IDSP) for elderly patients.

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

Data prepared in June 2016.

註：

1. 數字也包括家訪及危機處理服務。
2. 數字也包括家訪及諮詢會診。
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)就診人次不包括由醫務社會服務部提供的跟進個案。
6. 老人科日間醫院就診人次也包括離院長者綜合支援計劃的就診人次。

各中心及團隊的服務量均歸入所屬醫院之下。

資料於2016年6月擬備。



Manpower Position – by Cluster and Institution

人手狀況 — 按聯網及機構分類

No. of Full-time Equivalent (FTE) Staff (as at 31.3.2016) ^{1, 2, 3, 4} 等同全職人員數目 (2016年3月31日數字) ^{1, 2, 3, 4}					
Institution 機構	Medical 醫療	Nursing 護理	Allied Health 專職醫療	Others 其他	Total 總計
Hong Kong East Cluster 港島東醫院聯網	631	2,613	791	3,924	7,959
Cheshire Home, Chung Hom Kok 春磡角慈氏護養院	2	57	10	115	184
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	490	1,745	532	2,509	5,276
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	91	534	166	753	1,544
St John Hospital 長洲醫院	6	36	8	78	127
Tung Wah Eastern Hospital 東華東院	39	193	71	335	638
Wong Chuk Hang Hospital 黃竹坑醫院	2	48	4	134	188
Hong Kong West Cluster 港島西醫院聯網	684	2,788	913	3,650	8,035
The Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院	12	81	49	145	287
Grantham Hospital 葛量洪醫院	32	230	53	309	624
MacLehose Medical Rehabilitation Centre 麥理浩復康院	1	38	31	85	155
Queen Mary Hospital ⁵ 瑪麗醫院 ⁵	582	2,059	674	2,568	5,883
TWGHs Fung Yiu King Hospital 東華三院馮堯敬醫院	14	82	29	150	275
Tung Wah Hospital 東華醫院	42	298	78	393	811
Kowloon Central Cluster 九龍中醫院聯網	771	3,304	1,028	4,645	9,747
HK Red Cross Blood Transfusion Service 香港紅十字會輸血服務中心	4	93	70	272	439
Hong Kong Buddhist Hospital 香港佛教醫院	16	151	40	184	391
Hong Kong Eye Hospital 香港眼科醫院	38	74	22	166	299
Kowloon Hospital 九龍醫院	66	772	187	943	1,968
Queen Elizabeth Hospital ⁶ 伊利沙伯醫院 ⁶	648	2,213	709	3,080	6,650
Kowloon East Cluster 九龍東醫院聯網	721	2,698	750	3,403	7,572
Haven of Hope Hospital 靈實醫院	22	282	67	410	781
Tseung Kwan O Hospital 將軍澳醫院	190	703	196	857	1,945
United Christian Hospital 基督教聯合醫院	509	1,713	488	2,137	4,846



Institution 機構	No. of Full-time Equivalent (FTE) Staff (as at 31.3.2016) ^{1, 2, 3, 4} 等同全職人員數目 (2016年3月31日數字) ^{1, 2, 3, 4}				
	Medical 醫療	Nursing 護理	Allied Health 專職醫療	Others 其他	Total 總計
Kowloon West Cluster 九龍西醫院聯網	1,438	5,730	1,646	7,285	16,098
Caritas Medical Centre 明愛醫院	258	877	261	1,180	2,576
Kwai Chung Hospital 葵涌醫院	78	657	125	602	1,462
Kwong Wah Hospital 廣華醫院	339	1,202	326	1,511	3,378
North Lantau Hospital 北大嶼山醫院	35	96	64	200	395
Our Lady of Maryknoll Hospital 聖母醫院	90	307	87	407	890
Princess Margaret Hospital 瑪嘉烈醫院	432	1,669	536	2,133	4,769
TWGHs Wong Tai Sin Hospital 東華三院黃大仙醫院	26	250	48	315	639
Yan Chai Hospital 仁濟醫院	180	672	199	938	1,989
New Territories East Cluster 新界東醫院聯網	1,000	4,053	1,179	5,252	11,484
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	166	626	225	953	1,969
Bradbury Hospice 白普理寧養中心	3	27	5	30	65
Cheshire Home, Shatin 沙田慈氏護養院	1	86	9	133	229
North District Hospital 北區醫院	177	706	202	840	1,926
Prince of Wales Hospital 威爾斯親王醫院	571	1,917	588	2,364	5,440
Shatin Hospital 沙田醫院	43	327	75	435	880
Tai Po Hospital 大埔醫院	40	364	75	496	975
New Territories West Cluster 新界西醫院聯網	779	3,356	889	4,915	9,938
Castle Peak Hospital 青山醫院	71	564	96	667	1,399
Pok Oi Hospital 博愛醫院	132	603	154	827	1,716
Siu Lam Hospital 小欖醫院	6	138	5	301	450
Tuen Mun Hospital 屯門醫院	570	2,050	633	3,119	6,373
Total 總計	6,025	24,542	7,195	33,073	70,834

Notes:

1. This figure excludes 2,051 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. Individual figures may not add up to the total due to rounding.
4. Manpower figures of individual hospitals/institutions include management staff providing hospital and cluster-wide services.
5. Manpower providing services for Tsan Yuk Hospital is included in Queen Mary Hospital.
6. Manpower providing services for Rehabaid Centre is included in Queen Elizabeth Hospital.

註:

1. 這數字不包括醫管局總辦事處的2,051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. 由於四捨五入的關係，各項數字相加後可能不等於總數。
4. 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。
5. 贊育醫院的服務人手已歸入瑪麗醫院內。
6. 復康專科及資源中心的服務人手已歸入伊利沙伯醫院內。



Manpower Position – by Staff Group

人手狀況 — 按職員組別分類

		No. of Full-time Equivalent (FTE) Staff 2011-12 - 2015-16 ¹				
		等同全職人員數目 ¹				
		2011/12	2012/13	2013/14	2014/15	2015/16
Appendices 226	Medical 醫療					
	Consultant 顧問醫生	699	729	761	799	840
	Senior Medical Officer/Associate Consultant 高級醫生 / 副顧問醫生	1,504	1,639	1,733	1,785	1,872
	Medical Officer/Resident(excluding Visiting Medical Officer) 醫生 / 駐院醫生 (不包括到訪醫生)	2,945	2,875	2,866	2,872	2,936
	Visiting Medical Officer 到訪醫生	16	16	16	18	17
	Intern 駐院實習醫生	275	280	311	401	368
	Senior Dental Officer/Dental Officer 高級牙科醫生 / 牙科醫生	7	6	8	8	8
	Medical Total: 醫療人員總計 :	5,447	5,546	5,695	5,884	6,040
	Nursing 護理					
	Senior Nursing Officer and above 高級護士長或以上	127	156	174	181	193
Hospital Authority Annual Report 2015-2016	Department Operations Manager 部門運作經理	168	176	181	182	184
	<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	3,526	3,760	3,978	4,114	4,286
	Registered Nurse 註冊護士	12,293	12,722	13,258	13,848	14,474
	Enrolled Nurse 登記護士	2,290	2,373	2,425	2,447	2,436
	Midwife/Others 助產士 / 其他	23	19	9	4	3
	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	447	437	434	653	611
	<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	493	510	532	545	552
	Registered Nurse 註冊護士	1,025	1,085	1,153	1,205	1,272
	Enrolled Nurse 登記護士	509	578	614	613	576
	Student Nurse/Pupil Nurse 註冊護士學生 / 登記護士學生	0	0	0	0	0
	Nursing Total: 護理人員總計 :	20,901	21,816	22,759	23,791	24,587

	No. of Full-time Equivalent (FTE) Staff 2011-12 - 2015-16 ¹ 等同全職人員數目 ¹				
	2011/12	2012/13	2013/14	2014/15	2015/16
Allied Health 專職醫療					
Audiology Technician 聽力學技術員	7	7	6	6	6
Clinical Psychologist 臨床心理學家	110	134	139	155	163
Dietitian 營養師	106	118	128	141	148
Dispenser 配藥員	997	1,055	1,129	1,186	1,249
Medical Technologist/Medical Laboratory Technician 醫務化驗師 / 醫務化驗員	1,221	1,270	1,310	1,347	1,406
Mould Technologist/Mould Laboratory Technician 製模實驗室技術師 / 製模實驗室技術員	27	27	26	26	26
Optometrist 視光師	60	61	67	67	67
Orthoptist 視覺矯正師	13	14	14	15	14
Occupational Therapist 職業治療師	613	673	698	731	772
Pharmacist 藥劑師	437	488	522	574	609
Physicist 物理學家	61	68	71	73	75
Physiotherapist 物理治療師	814	846	869	886	969
Podiatrist 足病治療師	31	35	35	39	41
Prosthetist-Orthotist 義肢矯形師	116	123	126	135	141
Diagnostic Radiographer/Radiation Therapist 放射師 / 放射治療師	925	947	1,002	1,017	1,054
Scientific Officer (Medical) 科學主任 (醫務)	71	76	82	82	87
Speech Therapist 言語治療師	69	77	82	91	105
Medical Social Worker 醫務社工	265	282	301	315	333
Dental Technician 牙科技術員	2	2	3	3	3
Allied Health Total: 專職醫療人員總計：	5,944	6,302	6,609	6,888	7,268
Care-related Support Staff 護理支援					
Health Care Assistant 健康服務助理	2,878	2,630	2,395	2,179	1,932
Ward Attendant 病房服務員	400	342	295	247	222
General Services Assistant/Technical Services Assistant(Care-related)/Theatre Technical Assistant/ Patient Care Assistant & Other Care-related Support Staff 支援服務助理 / 技術服務助理 (護理) / 手術室技術助理 / 病人服務助理及其他護理支援人員	7,111	8,076	9,447	11,290	12,116
Care-related Support Staff Total: 護理支援人員總計：	10,389	11,048	12,137	13,716	14,270
Direct Patient Care Total: 直接病人護理人手總計：	42,680	44,713	47,200	50,278	52,165



	No. of Full-time Equivalent (FTE) Staff 2011-12 - 2015-16 ¹ 等同全職人員數目 ¹				
	2011/12	2012/13	2013/14	2014/15	2015/16
Others 其他					
Chief Executive/Director/Deputy Director/Head 行政總裁 / 總監 / 副總監 / 主管	7	7	7	7	7
Cluster Chief Executive/Hospital Chief Executive 醫院聯網總監 / 醫院行政總監	27	26	26	26	24
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	90	92	95	94	100
Other Professionals/Administrator, System Manager, Analyst Programmer etc 其他專業 / 行政人員、系統經理、系統程序分析編製主任等	1,745	1,984	2,099	2,297	2,405
Other Supporting Staff – Clerical, Secretarial, Workman, Property Attendant etc 其他支援人員 — 文員、秘書、工人、產業看管員等	16,679	17,392	18,180	17,591	18,184
Non-direct Patient Care Total: 非直接病人護理人手總計：	18,548	19,501	20,407	20,015	20,720
HA Total: 醫管局人手總計：	61,228	64,213	67,607	70,293	72,885

Note:

1. Manpower on full-time equivalent (FTE) includes all full-time & part-time staff in HA's workforce i.e. permanent, contract and temporary. Individual figures may not add up to the total due to rounding.

註：

1. 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。由於四捨五入的關係，各項數字相加後可能不等於總數。



Operating Expenditure¹ in 2015-16

2015-16 年度營運開支¹

Cluster 聯網	2015-16 (HK\$Mn) 2015-16 年度 (港幣百萬元)
Hong Kong East Cluster 港島東醫院聯網	5,634
Hong Kong West Cluster 港島西醫院聯網	6,070
Kowloon Central Cluster 九龍中醫院聯網	6,997
Kowloon East Cluster 九龍東醫院聯網	5,496
Kowloon West Cluster 九龍西醫院聯網	11,872
New Territories East Cluster 新界東醫院聯網	8,514
New Territories West Cluster 新界西醫院聯網	6,906
Hospital Authority Head Office, and Others ² 醫院管理局總辦事處，及其他 ²	2,313
Total 總計	53,802

Notes:

- Operating expenditure mainly refers to the resources utilised to meet HA's daily operational needs, which does not include capital works projects, major equipment acquisition, corporate-wide Information Technology development projects. The above figures do not comprise expenditure self-financed by patients (e.g. drugs and other medical items).
- Includes corporate-wide expenditures processed by Head Office (such as insurance premium, legal costs, claims paid and salary of medical interns) and on information technology, as well as resources for supporting the Government's electronic health initiatives.

註：

- 營運開支是指應付日常運作所需的資源，當中並不包括基本工程計劃、購置大型醫療設備及企業資訊科技發展項目開支。病人自費的開支（包括藥物及其他自資購買的醫療項目）亦不計算在上述數字內。
- 包括經總辦事處處理的企業開支（如保險費用、法律費用、索償支出、實習醫生薪酬等）和整個機構的資訊科技支出，以及支援政府推行電子健康紀錄的所用資源。

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 2015-16 ¹ (HK\$Mn) 2015-16 年度培訓及發展開支 ¹ (港幣百萬元)
Hong Kong East Cluster 港島東醫院聯網	12.5
Hong Kong West Cluster 港島西醫院聯網	9.2
Kowloon Central Cluster 九龍中醫院聯網	11.4
Kowloon East Cluster 九龍東醫院聯網	4.0
Kowloon West Cluster 九龍西醫院聯網	10.6
New Territories East Cluster 新界東醫院聯網	13.1
New Territories West Cluster 新界西醫院聯網	7.7
Hospital Authority Head Office 醫院管理局總辦事處	83.5 ²
Total 總計	152.0

Notes:

- 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.
- Expenditure includes a number of corporate-wide training programmes and initiatives 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。
- 開支包括醫院管理局總辦事處中央統籌的培訓課程及活動。



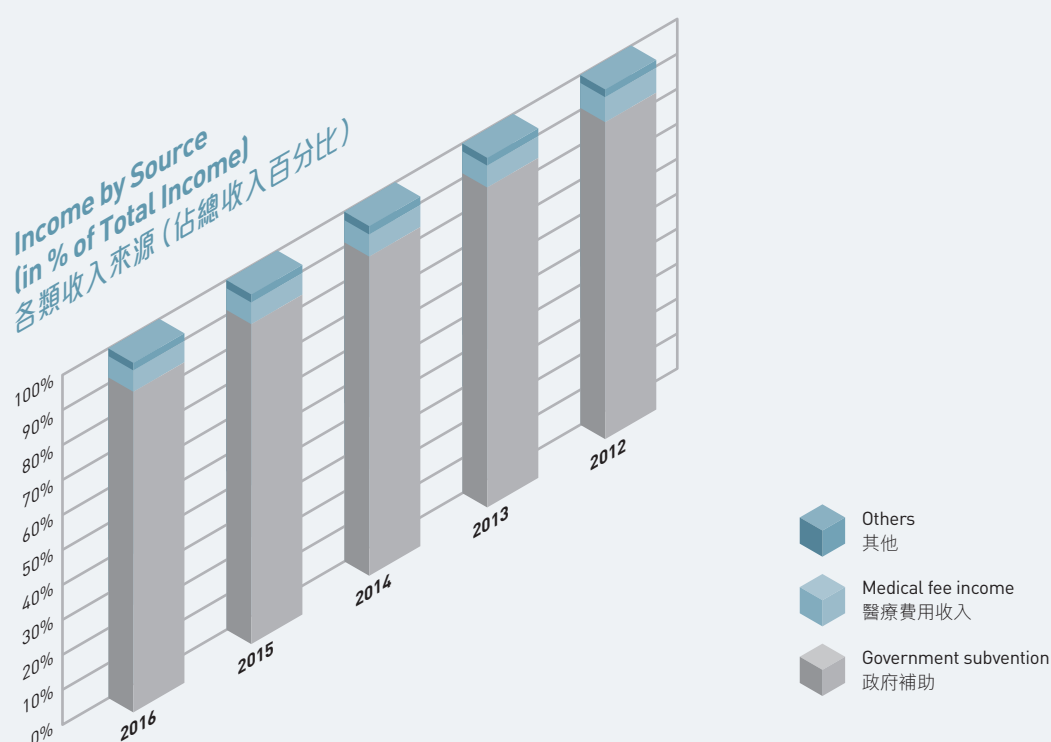
Five-Year Financial Highlights

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)

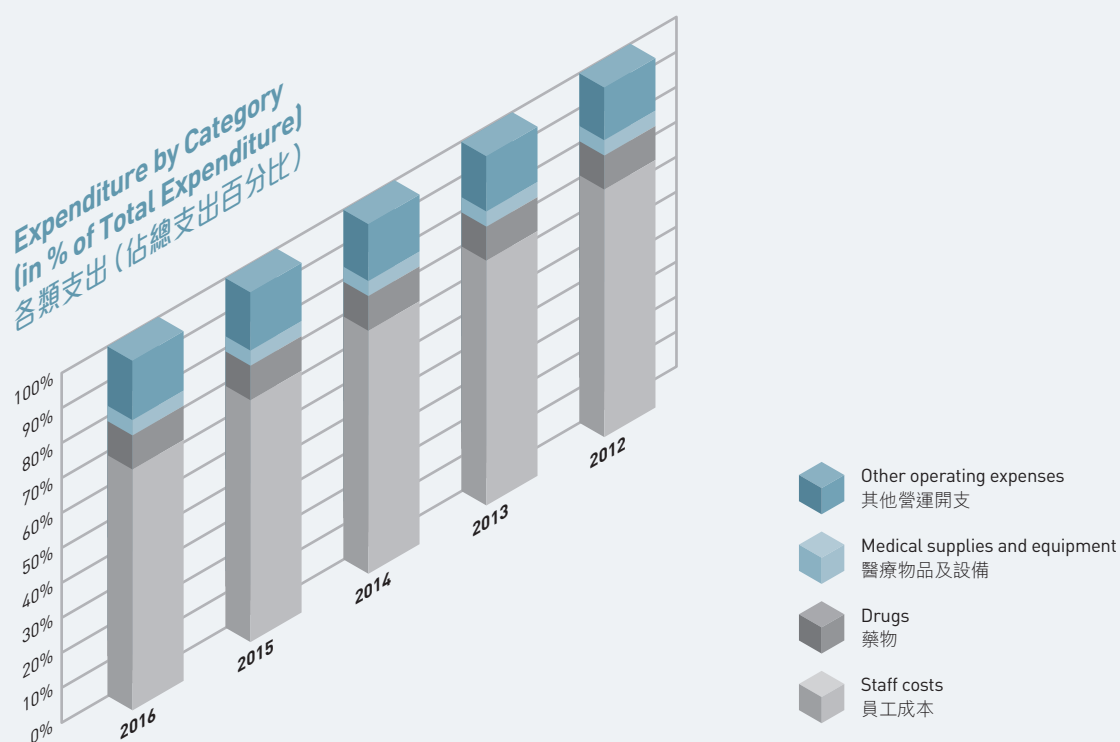
	2016 HK\$Mn 港幣百萬元	2015 HK\$Mn 港幣百萬元	2014 HK\$Mn 港幣百萬元	2013 HK\$Mn 港幣百萬元	2012 HK\$Mn 港幣百萬元
Income 收入					
Government subvention (recurrent and capital) 政府補助 (經常性及資本性)	53,772	50,531	45,869	43,159	38,348
Medical fee income (net of waivers) 醫療費用收入 (扣除豁免)	3,598	3,423	3,182	2,951	3,030
Non-medical fee income 非醫療費用收入	1,014	936	892	775	685
Designated donations 指定捐贈	146	230	183	149	145
Capital donations 資本捐贈	114	110	128	120	109
	58,644	55,230	50,254	47,154	42,317
Expenditure 支出					
Staff costs 員工成本	(40,299)	(37,235)	(34,459)	(32,290)	(29,616)
Drugs 藥物	(5,710)	(5,328)	(4,941)	(4,479)	(4,069)
Medical supplies and equipment 醫療物品及設備	(2,558)	(2,326)	(2,118)	(1,999)	(1,846)
Other operating expenses (include depreciation and amortisation) 其他營運開支 (包括折舊及攤銷)	(9,927)	(8,964)	(8,071)	(7,288)	(6,289)
	(58,494)	(53,853)	(49,589)	(46,056)	(41,820)
Surplus for the Year 年度盈餘	150	1,377	665	1,098	497



Key Financial Indicators (for the Year ended 31 March)

主要財政指標 (截至每年3月31日)

	2016 HK\$Mn 港幣百萬元	2015 HK\$Mn 港幣百萬元	2014 HK\$Mn 港幣百萬元	2013 HK\$Mn 港幣百萬元	2012 HK\$Mn 港幣百萬元
Medical fee income (Note 1) 醫療費用收入 (註1)					
Inpatient fees 住院收費	998	993	943	939	1,164
Outpatient fees 門診收費	1,312	1,285	1,258	1,218	1,188
Itemised charges 分項收費	1,742	1,595	1,420	1,231	1,134
Other medical fees 其他醫療收費	94	88	88	81	71
	4,146	3,961	3,709	3,469	3,557
Less: Waivers (Note 2) 扣除：豁免 (註2)	(548)	(538)	(527)	(518)	(527)
Medical fee income (net of waivers) 醫療費用收入 (扣除豁免)	3,598	3,423	3,182	2,951	3,030
Additional provision for doubtful debts charged to the Statement of Income and Expenditure (Note 3) 在收支結算表內增加的呆賬撥備 (註3)	58	52	45	45	33



Notes:

1. Medical fee income

Fees for hospital services are governed by the HA Ordinance. There are 3 categories of charges: (i) public charges for Eligible Persons (EP); (ii) public charges for Non-eligible Persons (NEP); and (iii) private charges. The definition of EP and NEP can be found in HA website whilst the fees and charges schedules are listed in the Gazette and HA website.

2. Waivers

Under the Government policy, recipients of Comprehensive Social Security Assistance (CSSA) can obtain free medical treatment at HA's hospitals and clinics. Other persons with financial difficulties in paying the medical fees and charges can apply for medical fee waivers through Medical Social Workers. The granting of waivers is subject to meeting the criteria under established waiving mechanism.

The waivers granted to EP and NEP for the year ended 31 March 2016 are \$458,000,000 and \$90,000,000 respectively (for the year ended 31 March 2015 are \$466,000,000 and \$72,000,000 respectively).

3. Additional provision for doubtful debts charged to the Statement of Income and Expenditure

Each year, HA would make assessment on the collectability of outstanding hospital fees and charges (accounts receivable). As a result of the assessment, additional provision (or reversal of provision) would be charged to the Statement of Income and Expenditure for the year.

註：

1. 醫療費用收入

醫院管理局的醫療服務收費受醫院管理局條例規管。醫療收費可分為下列三類：(i) 符合資格人士的公眾收費；(ii) 非符合資格人士的公眾收費；和 (iii) 私家收費。有關「符合資格人士」及「非符合資格人士」之定義，可瀏覽醫院管理局網頁。詳細收費可參閱憲報及醫院管理局網頁。

2. 豁免

在政府的政策下，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。其他人士若有經濟困難，可聯絡醫務社工申請費用減免。有關費用減免之批准是會根據既定費用減免機制之準則作評估。

截至2016年3月31日為止對於符合資格人士和非符合資格人士的費用豁免分別為港幣458,000,000及港幣90,000,000(截至2015年3月31日為止之費用豁免分別為港幣466,000,000及港幣72,000,000)。

3. 在收支結算表內增加的呆賬撥備

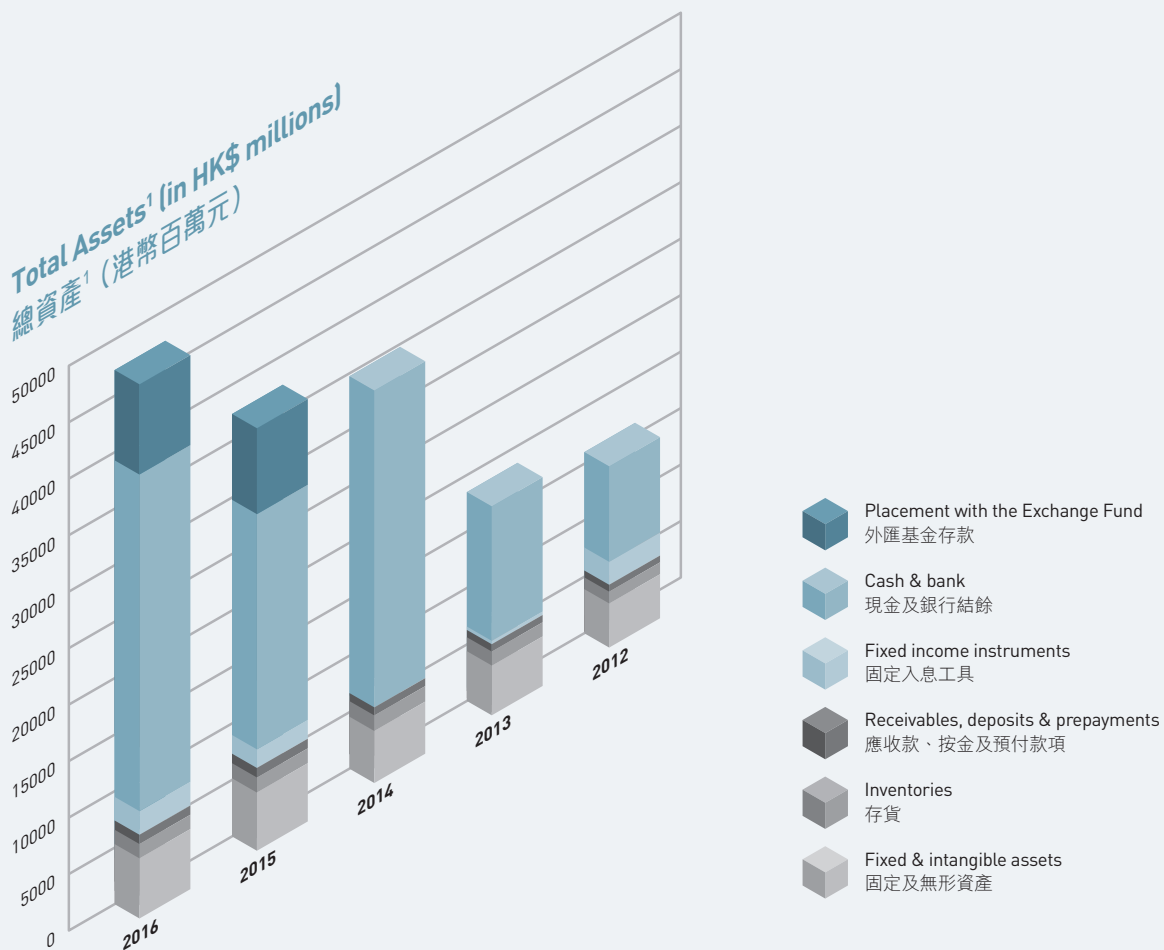
醫管局每年會評估醫療費欠款日後收回的可能性(應收賬款)。經評估後，需增加(或撥回)的呆賬撥備會計算在該年的收支結算表內。



Financial Position (at 31 March)

財政狀況 (於每年3月31日)

	2016 HK\$Mn 港幣百萬元	2015 HK\$Mn 港幣百萬元	2014 HK\$Mn 港幣百萬元	2013 HK\$Mn 港幣百萬元	2012 HK\$Mn 港幣百萬元
Non-current assets 非流動資產	20,460	20,107	10,615	10,391	4,204
Current assets 流動資產	33,783	23,930	30,508	14,206	11,815
Current liabilities 流動負債	(11,349)	(11,227)	(9,607)	(6,918)	(5,929)
Net current assets 流動資產淨值	22,434	12,703	20,901	7,288	5,886
Non-current liabilities 非流動負債	(28,742)	(18,994)	(19,609)	(6,686)	(683)
Net assets 資產淨值	14,152	13,816	11,907	10,993	9,407
Capital subventions and capital donations 資本補助及資本捐贈	5,317	5,153	4,610	4,383	3,895
Designated fund 指定基金	5,077	5,077	5,077	5,077	5,077
Revenue reserve 收入儲備	3,758	3,586	2,220	1,533	435
	14,152	13,816	11,907	10,993	9,407



Note: 1. Exclude the placement with the Exchange Fund of HK\$6,999,630,000 [2015: HK\$6,669,972,000] as HA is acting as a custodian for the Samaritan Fund.
註：1. 不包括醫管局作為撒瑪利亞基金外匯基金存款保管人存放於外匯基金港幣6,999,630,000元的款項(2015：港幣6,669,972,000元)。

Key Financial Indicators (at 31 March)

主要財政指標 (於每年3月31日)

	2016 HK\$Mn 港幣百萬元	2015 HK\$Mn 港幣百萬元	2014 HK\$Mn 港幣百萬元	2013 HK\$Mn 港幣百萬元	2012 HK\$Mn 港幣百萬元
Inventories 存貨					
Drugs 藥物	1,054	1,087	1,151	1,043	840
Other medical and general consumables 其他醫療及一般消耗品	213	227	218	209	209
	1,267	1,314	1,369	1,252	1,049
Average stock holding period (weeks)					
平均存貨儲備時間 (星期)					
Drugs 藥物	9.6	10.5	12.0	12.0	10.8
Other medical and general consumables 其他醫療及一般消耗品	8.6	8.1	8.6	8.7	10.0



醫院管理局致力保護環境，
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The Hospital Authority is committed to environmental protection.
You may access this Report on our website www.ha.org.hk

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