



HOSPITAL AUTHORITY 醫院管理局

ANNUAL REPORT 年報

2016-2017



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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。

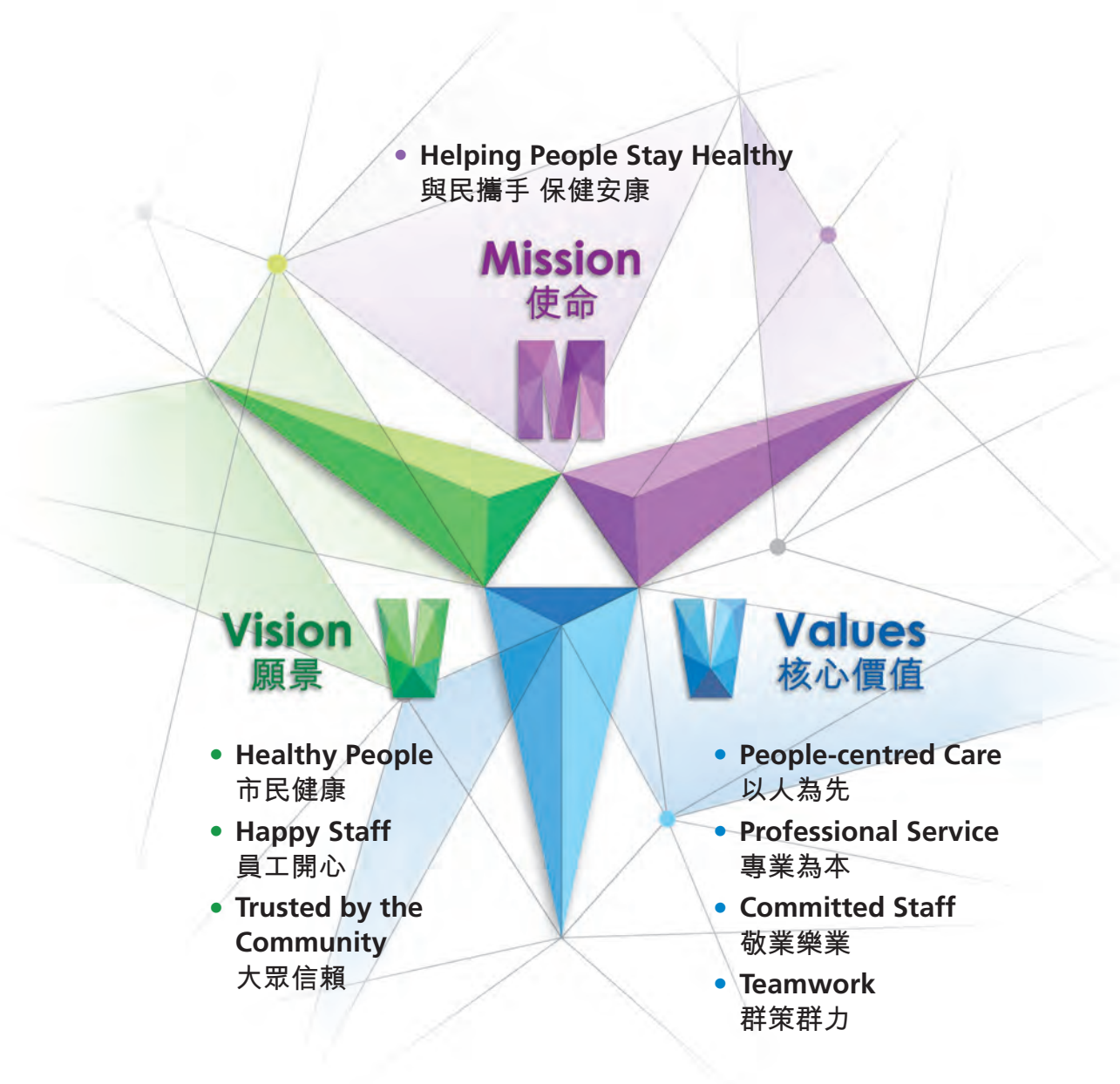
The Hospital Authority is responsible for:
醫院管理局的職能：

- ▶ 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



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。

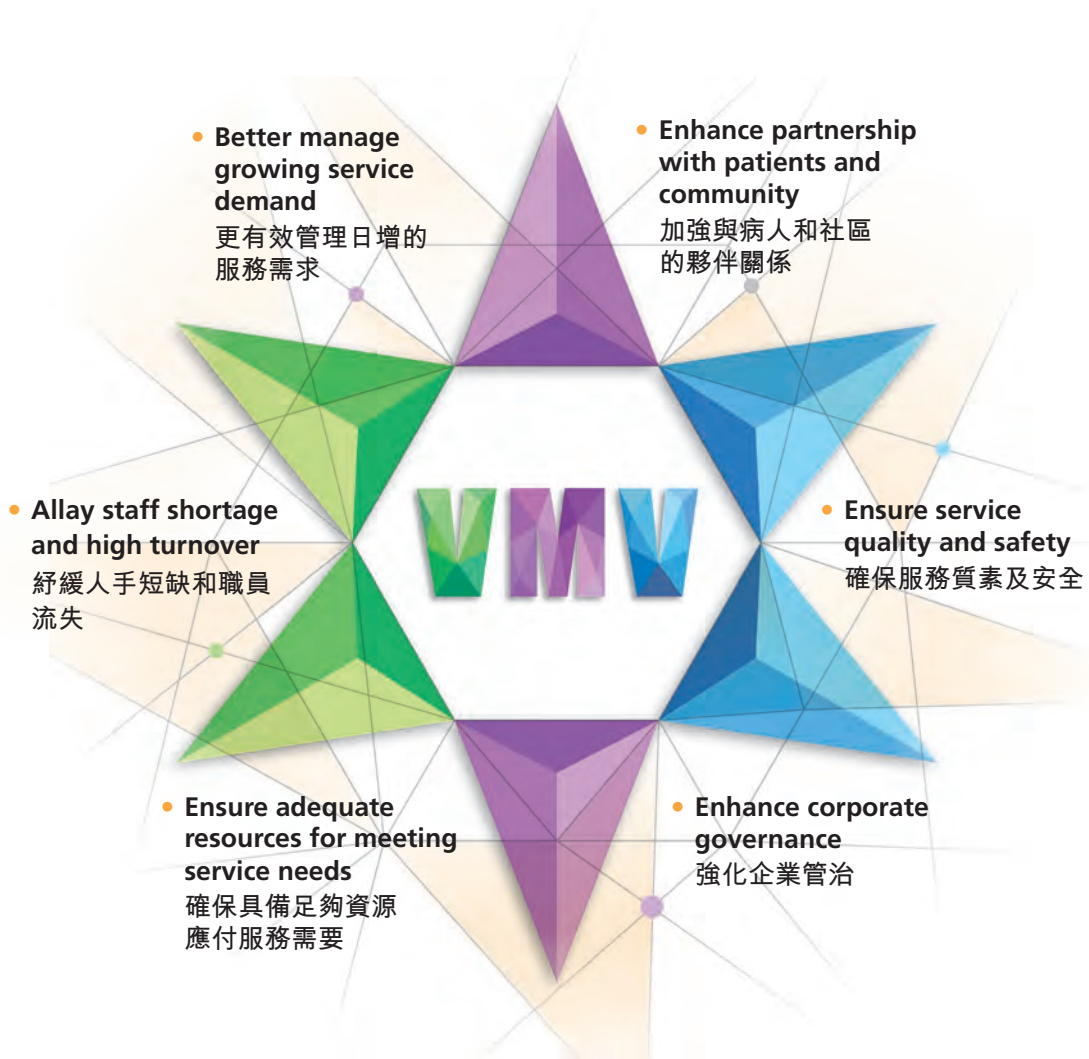


CORPORATE STRATEGIES

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 2016-2017:

醫管局採納2016-2017年度工作計劃書所載的六項策略意向，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 around 100 corresponding programme targets for 2016-2017, which were all achieved in the year, save for five slightly deferred. The Head Office and Cluster Reports in Chapter 6 describe major achievements in these areas.

根據上述的策略意向及28個策略重點，醫管局就2016-2017年度制訂了近100項工作目標，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



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



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

- (up to 30.11.2016)*
(任期至2016年11月30日)
- 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

- (up to 30.11.2016)*
(任期至2016年11月30日)
- 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, BBS, JP**
馮孝忠先生

- Appointed on 1 December 2013
- Chief financial officer of a listed property developer
- 於2013年12月1日獲委任
- 上市地產發展公司首席財務總監



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 legal 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, BBS
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



**Mrs Ann KUNG YEUNG
Yun-chi**
龔楊恩慈女士

- Appointed on 1 December 2016
- Deputy chief executive of a listed bank
- 於2016年12月1日獲委任
- 上市銀行副總裁



**Mr Daniel LAM Chun,
SBS, JP**
林濬先生

- Appointed on 1 December 2016
- Building surveyor and practising arbitrator
- 於2016年12月1日獲委任
- 屋宇測量師及執業仲裁司



**Ms Lisa LAU Man-man,
BBS, MH, JP**
劉文文女士

- Appointed on 1 December 2016
- Design consultant
- 於2016年12月1日獲委任
- 設計顧問



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



MEMBERSHIP OF THE HOSPITAL AUTHORITY

醫院管理局成員

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

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
(up to 22.9.2016)
(任期至2016年9月22日)
- 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

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



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)

Ms Winnie NG, JP 伍穎梅女士

- (up to 30.11.2016)
(任期至2016年11月30日)
- 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

Mr Patrick NIP Tak-kuen, JP 聶德權先生

- Permanent Secretary for Food and Health (Health)*
食物及衛生局常任秘書長(衛生)
- Appointed on 6 July 2016
 - Board Member in capacity as Permanent Secretary for Food and Health (Health) of Hong Kong Government
 - 於2016年7月6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

**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**
王桂壘先生

- 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

**Ms Carol YUEN
Siu-wai, JP**
袁小惠女士

- Deputy Secretary for Financial Services and the Treasury*
財經事務及庫務局副秘書長
- Appointed on 7 October 2016
 - Representing Secretary for Financial Services and the Treasury of Hong Kong Government
 - 於2016年10月7日獲委任
 - 代表香港政府財經事務及庫務局局長

**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)
(up to 5.7.2016)
(任期至2016年7月5日)
- Appointed on 9 September 2011
 - Board Member in capacity as Permanent Secretary for Food and Health (Health) of Hong Kong Government
 - 於2011年9月9日獲委任
 - 以香港政府食物及衛生局常任秘書長(衛生)身份出任醫院管理局成員

Chapter 1 • 第一章

CORPORATE GOVERNANCE

機構管治







CORPORATE GOVERNANCE

機構管治

The Hospital Authority (HA) is a statutory body established under the Hospital Authority Ordinance (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, accountability and conduct.

Hospital Authority Board

Under the HA Ordinance, the Chief Executive of the HKSAR appoints members to the HA Board. 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 2016-17 Board consisted of 28 members including the Chairman, with details listed in Appendix 1.

The HA Board meets formally about 12 times a year and any other times as required. In 2016-17, it met 16 times and considered over 140 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, governance, etc. In addition, three Board papers covering urgent matters were circulated for approval between meetings.

Pursuant to the recommendations of the Steering Committee on Review of HA, the HA Board continued to reinforce its leading and managing role in HA. In overseeing and steering the implementation of various enhancements in the HA Review Action Plan, the HA Board and its functional committees received regular progress reports from the management and provided strategic directions on relevant policy matters.

原則

醫管局大會明白社會各界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。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。2016-17年度，大會有28名成員（包括主席），詳情載於附錄1。

大會每年召開約12次正式會議，並按需要召開特別會議。在2016-17年度，大會共召開16次會議，審議超過140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、督導及監察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三份文件，處理緊急事宜。

醫管局大會根據醫管局檢討督導委員會的建議，繼續加強其領導和管理醫管局的角色。大會及其專責委員會透過審閱管理人員提交的定期工作進度報告，及為相關政策提供策略性指導，以監察及督導醫管局實施行動計劃內的各項改善措施。

Corporate governance is an evolving process. Continuous efforts were made by the HA Board to sustain the momentum on a spectrum of enhanced practices to ensure accountability and stewardship of HA's management of resources and services. Suitable adjustments were made on the terms of reference of individual functional committees as required to reflect the latest developments. The secretariat support and practices for the Board and its functional committees were reviewed and standardised. The role and participation of functional committees were strengthened in setting key standards, driving for best practices and monitoring performance. In pursuit of organisation-wide risk management, joint endeavour was made across HA to achieve progress towards a holistic and standardised approach of risk management. Following established practice, the HA Board and its functional committees conducted annual self-assessment to ensure effective operation and for continuous improvement.

During the year, familiarisation programme in the form of sharing sessions and hospital visits was arranged for new members. Corporate visits were also conducted to keep members abreast of the knowledge and skills applicable to public sector operations.

機構管治是一個不斷演進的過程。醫管局大會持續推行多項強化措施，確保醫管局妥善運用資源及服務具問責性。我們適度修訂了個別專責委員會的職權範圍，以切合最新的發展，並檢討和統一了大會及專責委員會的秘書支援服務。大會亦加強專責委員會在訂立主要標準、實踐最佳做法及監察成效的角色和參與。為完善機構風險管理，醫管局上下致力加強相關安排，以期達致全面劃一的風險管理。醫管局大會及其專責委員會按照一貫程序，每年進行自我評核，確保有效運作及不斷求進。

年內，我們安排新成員出席分享會及探訪醫院，並舉行機構參觀活動，幫助他們掌握公營機構運作的最新資訊和技能。





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 2016-17 are outlined in Appendix 3.

Hospital Governing Committees

To enhance community participation and governance of public hospitals, Hospital Governing Committees (HGCs) were established in hospitals and institutions in accordance with the HA Ordinance. Changes in the year included the establishment of HGC for the new Tin Shui Wai Hospital (TSWH) in June 2016 and the dissolving of the HGC for the Rehabaid Centre (RC) in April 2016 subsequent to the termination of HA's management of the RC. A full list of the HGCs is listed in Appendix 4. In 2016-17, 130 meetings were conducted by 32 HGCs. 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.

HGCs operated in accordance with corporate governance policies and practices outlined in the *Manual on the Operation of Hospital Governing Committees* approved by the HA Board. The linkage and interactions between the Board and HGCs have particular significance to the development of HA's corporate policies and strategies, and their continuous improvement. Continuous efforts were made to actively engage HGCs in HA's corporate issues, and ensure follow up actions on feedback from the committees and communication of relevant outcomes. HGCs were also invited to participate in strategic planning involving the hospitals, including matters relating to HA's fees and charges review, implementation plan for re-delineation of cluster boundary and capacity-demand gap analysis, and the development of refined population-based resource allocation model.

In line with the practice of HA Board and its committees, annual self-assessment was conducted by each HGC with a view to identifying opportunities for further enhancements. All HGCs adopted the standard questionnaire promulgated by the HA Board.

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2016-17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》在醫院 / 機構成立醫院管治委員會。醫管局大會於2016年6月成立天水圍醫院管治委員會，履行醫院管治職能。2016年4月，醫管局終止管理復康專科及資源中心，相關的醫院管治委員會亦隨之解散。附錄4載有各醫院管治委員會詳情。在2016-17年度，32個醫院管治委員會共召開130次會議，以審閱醫院行政總監的定期管理報告、監察醫院運作和財務表現、指導醫院管理政策、參與人力資源和採購工作，以及醫院和社區的夥伴協作活動。

《醫院管治委員會運作手冊》由醫管局大會通過，醫院管治委員會依據其所載的機構管治政策及執行指引運作。醫管局大會與醫院管治委員會的連繫和互動，對醫管局制訂機構政策和策略及持續改善尤為重要。我們積極推動醫院管治委員會參與醫管局的機構事務，加強跟進管治委員會意見及向他們匯報相關的行動成果。醫院管治委員會亦獲邀請參與有關醫院的策略規劃，包括醫管局收費檢討、醫院聯網界線重組實施計劃及服務供求差距分析，以及制訂優化的以人口為基礎的資源分配模式等事宜。

按照醫管局大會及其專責委員會的做法，各醫院管治委員會每年進行自我評核，尋求改善空間。所有醫院管治委員會進行的自我評核，均採用醫管局大會統一發布的問卷。



Regional Advisory Committees

To provide HA with advice on the healthcare needs for specific regions of Hong Kong and to assist the Authority with better performance of its functions in relation to the regions, the Authority has established three Regional Advisory Committees (RACs). These committees and their respective membership are listed in Appendix 5. Each RAC meets four times a year.

In 2016-17, the RACs were briefed on the progress of annual plans and targets of individual clusters, as well as other programmes such as the re-delineation of boundary in Kowloon and service commencement of TSWH. Other discussions included a number of matters, including progress update on the development of Electronic Health Record programme and HA's participation as user, progress update on the development of Integrated Chinese-Western Medicine Pilot Programme, General Outpatient Clinic Public-Private Partnership (PPP) Programme, development of a refined population-based resources allocation model, Colon Assessment PPP Programme, new case booking with mobile application *BookHA*, winter surge preparation, *Annual Report on Public Appreciation, Feedback and Complaints Management 2015-16* and 2015 Patient Experience and Satisfaction Survey on Inpatient Service, etc.

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以協助醫管局在有關該區域的事情上更有效地執行其職。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。

2016-17年度委員會獲悉個別聯網的周年工作計劃進展和目標，以及九龍區聯網界線重組、天水圍醫院投入服務等計劃。三個區域諮詢委員會討論了不同事項，包括醫管局協助發展及參與電子健康紀錄計劃的進展、中西醫協作先導計劃進度報告、普通科門診公私營協作計劃、發展優化以人口為基礎的資源分配模式、腸道檢查公私營協作計劃、手機應用程式「預約通」預約新症、冬季流感服務高峰期的準備工作、《公眾讚揚、意見及投訴管理年報2015-16》、2015年住院病人經驗及服務滿意度調查等。



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 approves an annual plan prepared by the executives in accordance with the Board's direction. Regular executive reports on the progress of agreed performance indicators and targets are presented to the Board.

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

行政管理

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

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



Chapter 2 • 第二章

CHAIRMAN'S REVIEW

主席匯報







CHAIRMAN'S REVIEW

主席匯報

In face of ageing population, nations worldwide are capitalising on technology advancement to deliver patient service of better quality. The Hospital Authority (HA) is no exception. Apart from trusted and diligent healthcare professionals and supporting teams, technology has a strategic and vital role to play in the future development of public hospital service in Hong Kong.

面對人口老化問題，醫院管理局（醫管局）與全球多國一樣，善用先進科技為病人提供更好的服務。展望未來香港公立醫院服務發展，除了一班專業盡責、信賴可靠的醫護人員和支援團隊外，科技亦擔當著不可或缺的角色。





HA has been developing innovative and sustainable approaches over the past years with the assistance of technology to meet ever rising demands on public hospital service. Technology-based solutions are instrumental not only in improving communication with patients and the public, but also in enhancing the satisfaction of various stakeholders. Examples include enhanced modules on Clinical Management System, automated quality assurance controls systems, clinical mobile apps, as well as mobile apps for the public on specialist clinic booking, pregnancy information and location directory.

Last year, HA responded to the *Report of the Steering Committee on Review of Hospital Authority* with full dedication. Over 100 measures were implemented in phases with satisfactory progress. Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital were regrouped into the Kowloon Central Cluster in December 2016 to rationalise cross-cluster service arrangement. Not only does the initiative balance population and hospital bed distribution among all clusters, but it also further enhances vertical integration of services to ensure continuity of patient care. To enable HA's development in the long run, we are developing a refined population-based model to support the development of short, medium and long-term service plans for optimisation of resource allocation. We have also fostered staff training and development by strengthening governance on training and designing structured mechanisms across clusters.

過去幾年，醫管局借助科技開發多種創新和可持續的方法，應對不斷增加的公立醫院服務需求。以技術為本的解決方案涵蓋多方面，由強化臨床醫療管理系統至自動化質素保證控制系統，另外亦開發多個臨床及公眾流動應用程式，包括預約專科診所、懷孕資訊、醫院導航等，不但能加強醫管局與病人和公眾溝通，亦可提升持份者對服務的滿意度。

去年，我們全力回應《醫管局檢討督導委員會報告》，逐步落實逾100項應對措施，工作進度良好。2016年12月，廣華醫院、聖母醫院和東華三院黃大仙醫院重新劃分至九龍中醫院聯網，理順跨網服務安排，平衡聯網的人口與病床分布情況，並加強服務的縱向整合，確保病人獲得持續的護理。另外，我們致力優化以人口為基礎的資源分配模式，提升資源分配效益，以加強支持短、中、長期的服務發展規劃，配合醫管局長遠發展。年內，亦在各聯網建設一套有系統的管治機制，令員工培訓工作更為有效。

Looking ahead, HA is actively implementing capital projects of different scales to enhance patient services. A series of hospital development projects have commenced as devised in the \$200 billion ten-year blueprint for hospital development announced in the Government's 2016 Policy Address. Apart from service commencement of Tin Shui Wai Hospital in January 2017, the first children hospital in Hong Kong will start service in phases from 2018 to provide tertiary specialty care for complex and rare paediatric cases. In addition, redevelopment of some hospitals established for long years is well underway. They will provide services with a new look very soon.

I would like to express my gratitude to all members of the HA Board, Regional Advisory Committees and Hospital Governing Committees, as well as co-opted members of Functional Committees. They have provided valuable opinions and support to HA along the years. We welcome Mrs Ann Kung Yeung Yun-chi, Mr Daniel Lam Chun, Ms Lisa Lau Man-man, Mr Patrick Nip Tak-kuen and Ms Carol Yuen Siu-wai, for joining the Board last year. Their expertise in various industries would bring fresh ideas to HA. Meanwhile, we thank Ms Quince Chong Wai-yan, Mr Ricky Fung Choi-cheung, Ms Esther Leung Yuet-yin, Ms Winnie Ng and Mr Richard Yuen Ming-fai, who have retired from the Board, for their substantial contribution to HA.

展望未來，醫管局致力推動各項工程發展，加強病人服務。政府在《2016年施政報告》宣布，預留2,000億元推行10年醫院發展藍圖，一系列的醫院發展項目已相繼展開。另外，天水圍醫院已於2017年1月投入服務，而香港第一家兒童醫院亦預計於2018年分階段開展服務，為複雜罕見的兒科個案提供專科醫療服務。另外，多間歷史悠久的醫院正進行重建，不久將會以全新面貌服務大眾。

在此，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，多年來為醫管局提供寶貴意見和支持。我在此歡迎龔楊恩慈女士、林濬先生、劉文文女士、聶德權先生和袁小惠女士，於去年加入醫管局大會。憑著他們在不同界別的豐富經驗，相信定能為我們注入新思維，制定未來發展路向。同時，我亦向已卸任的莊偉茵女士、馮載祥先生、梁悅賢女士、伍穎梅女士和袁銘輝先生致以衷心謝意，他們多年來的貢獻，讓醫管局獲益良多。





I also wish to take this opportunity to thank members of Legislative Council, District Councils, patient groups, and volunteers for their unfailing support. Last but not least, my sincere gratitude goes to our 74,000 staff members, including frontline healthcare colleagues, and supporting and administrative staff. Notwithstanding various challenges, HA will strive to materialise the vision of helping people stay healthy.

John Leong Chi-yan
Chairman

醫管局過去一年取得的成果，實有賴各方包括立法會議員、區議會議員、病人組織和義工的鼎力支持。在此，向各位致以衷心謝意。最後，當然是有賴全體74,000位同事，不管是前線醫護人員、支援人員或是後勤行政人員的辛勤付出，醫管局才能迎難而上，勇往直前，竭盡所能，實踐我們「與民攜手，保健安康」的使命。

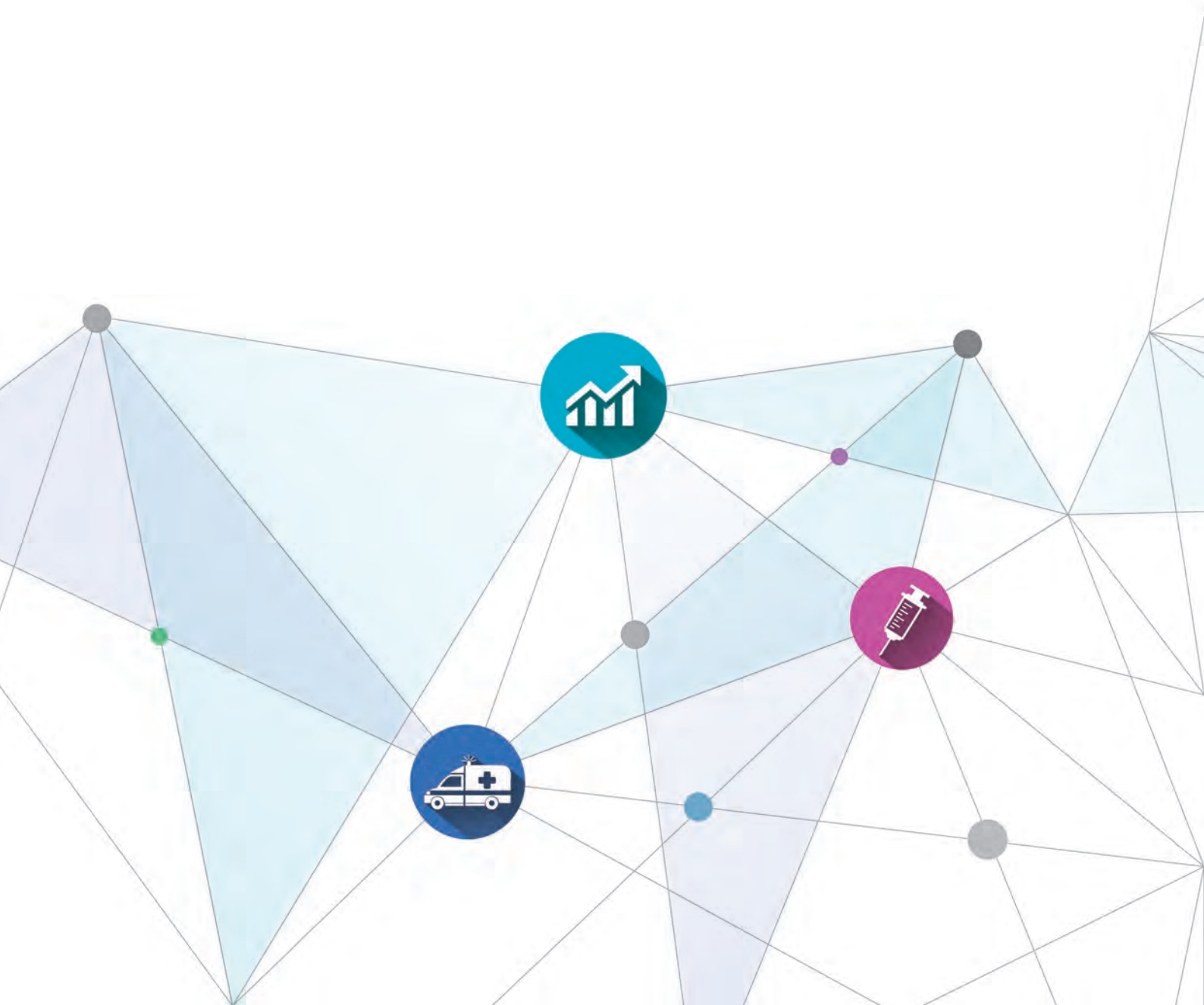


主席
梁智仁

Chapter 3 • 第三章

CHIEF EXECUTIVE'S REPORT

行政總裁匯報







CHIEF EXECUTIVE'S REPORT

行政總裁匯報

The Hospital Authority (HA) has entered a new era after the celebration of its silver jubilee in 2015. While we have critically reviewed our past, we understand that our effort must not cease so as to fulfil the mission of HA amidst challenges posed by ageing population, medical technology advancement, the prevalence of chronic diseases, higher patient expectation and emerging communicable diseases. With 74,000 professional and committed staff members, HA will continue to do its utmost to serve the public with care and expertise in sustaining a robust and reliable healthcare system and formulate long term plans for the future.

在2015年慶祝銀禧紀念後，醫院管理局（醫管局）邁進新紀元。憑著過往經驗，我們深明在面對未來種種挑戰如人口老化、醫療科技發展、慢性疾病趨升、公眾期望提高及應對新型傳染病情況下，大家仍需努力不懈才能充份履行醫管局的使命。醫管局74,000位專業和充滿熱忱的員工，將竭盡所能以關懷和專業的精神為市民服務。要維持穩健可靠的醫療系統，我們必須抖擻精神，為未來訂下長遠的目標和方向。





The HA Review led by the Government has come at an opportune time to better prepare us for future challenges. Steered by the Board, HA has been diligently implementing the recommendations of the Steering Committee on Review of HA as pledged in the HA Action Plan. The role of Head Office in central coordination is strengthened to ensure consistency in service provision and to coordinate the adoption of new treatment and highly specialised technology among clusters. With regard to refining the cluster management structure, the roles and responsibilities of Cluster Chief Executives (CCEs) and their involvement in the overall management of HA have been reviewed to achieve better division of labour and alignment of service provision at cluster level with organisation goals. Arrangements have also been made by phases to group two or more hospitals under the management of one Hospital Chief Executive (HCE). This can bring the scope of duties of all HCEs to a comparable level and facilitate job rotation among HCEs with a view to enhancing cooperation, coordination and role differentiation of hospitals within the cluster. Better coordination of services and rationalisation of the organisation structure will ensure smooth operation of HA and effective delivery of services.

On the service operational front, HA took forward various initiatives to increase the service capacity in priority areas. Primary care services were strengthened through the addition of general outpatient clinic (GOPC) quotas in 2016-17, and an increase of telephone lines supporting the GOPC Telephone Appointment System. These measures effectively provide greater convenience to the public.

由特區政府帶領的醫院管理局檢討工作，正是合適的契機，為迎接未來挑戰作好準備。在醫管局大會的督導下，我們按照行動計劃，積極穩步推展督導委員會提出的建議。醫管局總辦事處加強在中央統籌方面的角色，以確保能提供一致性服務，並協調各聯網採納新治療方法和高度專門技術的工作。為了達致更好的分工，及確保聯網服務與機構目標更為一致，我們檢視聯網總監的角色和職責，並加強聯網總監在醫管局整體管理的參與。同時，我們分階段重組兩間或以上的醫院交由同一醫院行政總監管理，使所有醫院行政總監的職責範圍相若，一方面有助崗位輪換的安排，另一方面加強聯網內醫院之間的合作和協調，以及區分個別醫院在聯網內的角色。

在運作的層面，醫管局推展多項措施擴充重點範疇的服務。在2016-17年度，普通科門診增加了診症名額，以加強基層醫療服務，同時增加普通科門診電話預約系統專線，方便市民預約診症。

Service demand was better managed through extended collaborations with community partners, thus alleviating patients' waiting time. In addition to the existing Public-Private Partnership (PPP) Programmes, the Colon Assessment PPP Programme was launched last year. While optimising the use of healthcare resources, the Programmes enable participating patients to enjoy more choices and receive appropriate treatment as early as possible.

HA Strategic Plan 2017-2022 was published last year. The plan sets out HA's overall direction, and strategic integrated planning of services, facilities and workforce in the coming five years. The *Strategic Plan* will be the overarching framework for guiding the HA Annual Plan for 2017-18 and that beyond.

HA is implementing capital projects of various scales in order to improve patient services including redevelopment of Kwong Wah Hospital and Queen Mary Hospital, expansion of United Christian Hospital, and a new acute hospital in Kai Tak Development Area. The construction work for Tin Shui Wai Hospital and re-provisioning of Yaumatei Specialist Clinic at Queen Elizabeth Hospital, as well as the superstructure works for the new Hong Kong Children's Hospital have been already completed. The above projects are part of the 10-year Hospital Development Plan which will provide some 5,000 additional public hospital beds and over 90 new operating theatres upon completion.

Effective human resource management is of paramount importance to professional development and motivation among staff, which facilitate delivery of patient-centred services. In addition to recruitment of healthcare professionals, we continued to enhance promotion opportunities for Residents to Associate Consultants, and strengthen training and development through simulation training for clinical staff, corporate scholarship programme, mediation skills training, etc. We value staff's opinions and conducted the HA-wide staff survey in August 2016 to better understand their concerns. We will conduct a detailed analysis of the survey's findings and formulate improvement measures, with a view to building a more favourable working environment.

In line with the global trend of harnessing technology in the delivery of healthcare services, HA strives to streamline workflow and enhance service efficiency with IT solutions, including Clinical Management System III, Inpatient Medication Order Entry System, Filmless Operating Theatres, etc. We embrace innovation and technology to provide the public with instant access to public healthcare services and information at their fingertips – including delivery of alerts on news of public healthcare services and activities by HA corporate app *HA Touch*; a handy specialist outpatient clinics (SOPC) new case booking platform *BookHA*; a one-stop portal of pregnancy information *HApi Journey*; useful caring tips with *Stoma Care*. More mobile apps are being planned and developed.

醫管局進一步與社區夥伴展開協作，以應付服務需求，縮短病人輪候時間。我們除了繼續推行公私營協作計劃，並於去年推出「腸道檢查公私營協作計劃」。計劃不但讓我們善用公私營醫療資源，亦為病人提供選擇，及早接受檢查並獲得適切治療。

我們在年內發表《2017-2022年策略計劃》，勾劃出醫管局未來五年的整體發展方向，並就服務、設施和人手進行綜合的策略性規劃，為醫管局2017-18及其後工作計劃提供指引。

醫管局致力推動各項基本工程發展以提升病人服務，當中包括廣華醫院及瑪麗醫院的重建、基督教聯合醫院的擴建，以及興建啟德發展區新急症醫院等。此外，天水圍醫院及伊利沙伯醫院重置油麻地專科診所的建築工程，以及香港兒童醫院的結構工程經已完成。上述項目為十年醫院發展計劃部分項目，整個計劃完成後將為本港增加5,000多張公立醫院病床，及超過90個手術室。

有效的人力資源管理對於激勵員工、發展專業及確保有效地提供以病人為本的服務至為重要。除了增聘醫護人員，醫管局繼續增設副顧問醫生職位，為駐院醫生提供額外晉升機會；另加強臨床醫護人員的培訓與發展，包括提供模擬訓練班、機構獎學金計劃及調解技巧培訓等。我們重視員工的意見，並於2016年8月進行職員意見調查，深入了解他們關注的事項。我們會詳細分析調查結果，制訂具體改善措施，積極締造良好的工作環境。

善用科技以促進有效的醫療服務是全球趨勢。醫管局積極運用資訊科技精簡工作流程，提高服務效率，包括推出第三代臨床醫療管理系統、住院病人藥物處方系統、手術室數碼圖像計劃等項目。我們又利用創新科技，讓市民輕觸電話或平板電腦屏幕，便可使用公共醫療服務和獲取相關資訊。當中包括醫管局流動應用程式「醫管局與你」，讓市民接收重要醫療服務及健康活動資訊的提示；專科門診新症流動預約平台「預約通」；提供實用懷孕資訊的「喜程」；提供造口護理相關資訊的「造口護理通」等。我們正計劃和研發更多流動應用程式供市民使用。



Last year, HA continued to support various Government-led public healthcare initiatives, including the Electronic Health Record (eHR) programme, seasonal influenza vaccination programme, and the organ donation campaign with various initiatives to promulgate the organ donation messages to the community at large.

Senior appointments in 2016-17 included Dr Deacons Yeung Tai-kong as Hospital Chief Executive (HCE) of Pok Oi Hospital and Tin Shui Wai Hospital; Dr Lo Su-vui as CCE of New Territories East Cluster; Dr Libby Lee Ha-yun as Director (Strategy and Planning) at HA Head Office; and Dr Herman Lau as HCE of Shatin Hospital, Bradbury Hospice and Cheshire Home, Shatin.

I wish to express my deepest gratitude to our passionate and dedicated staff for their selfless contributions in safeguarding public health. I must also thank the Government for its unfaltering support in funding and policy initiatives. With the concerted effort of all, HA will continue to move ahead and make impressive strides in maximising the benefit of the community in public healthcare services.

PY Leung
Chief Executive

去年，醫管局繼續支援政府多個公共醫療衛生項目，當中包括電子健康紀錄計劃、季節性流感疫苗注射計劃，以及配合政府的大型器官捐贈宣傳活動，向社區夥伴推廣有關訊息。

年內的高層人員聘任包括楊諦岡醫生出任博愛醫院及天水圍醫院行政總監，羅思偉醫生出任新界東聯網總監，李夏茵醫生出任總辦事處策略發展總監，及劉敏昌博士兼任沙田醫院、白普理寧養中心及沙田慈氏護養院行政總監。

我衷心感謝每一位熱誠投入、悉心盡責的同事，為保障公共衛生作出無私的貢獻。我亦要感謝特區政府在政策和財政方面對公營醫療服務的承擔。有賴全體同事協力同心，我深信醫管局將繼續邁步向前，在公共醫療服務方面為市民謀求最大的福祉。



行政總裁
梁栢賢

Chapter 4 • 第四章

MILESTONES OF THE YEAR

大事回顧







MILESTONES OF THE YEAR

大事回顧



4/2016

Hospital Authority (HA) organised a territory-wide community roving exhibition to mark its 25th Anniversary to showcase a wide range of advanced medical technologies introduced in public hospitals to enhance patient services, and also take the opportunity to pay tribute to the healthcare professionals for their dedicated services.

醫院管理局(醫管局)為慶祝成立25周年誌慶，於全港各區舉辦「25周年社區巡迴展覽」，向市民介紹公立醫院多年來為優化病人服務而引進的先進科技，並向一直緊守崗位的醫護人員致敬。



4/2016

Lo Fong Shiu Po Eye Centre, the ophthalmology service centre relocated from Queen Mary Hospital, commenced service at Grantham Hospital to provide one-stop treatment and service to over 80,000 patients per year in the Hong Kong West Cluster.

葛量洪醫院盧方小寶眼科中心投入服務，承接瑪麗醫院的門診服務，預計每年可為超過八萬名病人提供一站式診治護理，成為港島西聯網的眼科服務中心。



5/2016

A ceremony entitled "Our Tribute to Kwong Wah Hospital in the 1960s" was held before the commencement of the redevelopment project of Kwong Wah Hospital to commemorate the building and pay tribute to the hospital staff.

廣華醫院在重建工程開展前舉行「向廣華醫院60年代建築致敬」儀式，回顧廣華醫院歷史，並向服務大樓及醫護人員致意。



6/2016

Pamela Youde Nethersole Eastern Hospital and Tung Wah Eastern Hospital successfully completed the periodic review in Hospital Accreditation.

東區尤德夫人那打素醫院及東華東院成功通過「醫院認證計劃」的定期檢討。



7/2016

The expansion project of Haven of Hope Hospital marked an important milestone of the development of the hospital. The project targets to be completed in 2021.

靈實醫院擴建工程正式展開，並舉行啟動禮紀念醫院發展的重要里程碑，工程預計2021年完成。

8/2016

Queen Elizabeth Hospital was accredited by Baby Friendly Hospital Initiative Hong Kong Association as the first baby friendly hospital in Hong Kong. A Baby-friendly Hospital Designation Ceremony was held in August 2016 as sharing on its efforts in promoting and supporting breastfeeding over the years.

伊利沙伯醫院獲愛嬰醫院香港協會認證，成為全港首間「愛嬰醫院」，並於2016年8月舉行了「愛嬰醫院定名典禮」，與各界分享多年來推動及支持母乳餵哺的工作。



9/2016

Prince of Wales Hospital implemented the Operating Theatre Patient Location Update System (OTPLUS) to provide family members with real-time status update of patients who are undergoing operations.

威爾斯親王醫院推行「手術室病人追蹤系統」，方便家屬查詢病人手術進度的實時資訊。



10/2016

The construction of the Ambulatory Care Centre (Extension) at Queen Elizabeth Hospital was completed. Clinical services provided by Yaumatei Specialist Clinic have been relocated to the Extension Block in phases starting from December 2016.

伊利沙伯醫院日間醫療中心(新翼)落成。油麻地專科診所提供的醫療服務由同年12月起分階段遷往新翼。



11/2016

The strategy of integrating medical and social support for elderly through system and technology enabled service innovations has won the International Hospital Federation (IHF) Grand Award at the 40th IHF World Hospital Congress.

醫管局推行為長者病人提供綜合的醫社支援 — 整合系統及科技革新服務的策略，在第40屆國際醫院聯合會 (IHF) 世界醫院大會獲得 IHF 大獎。



11/2016

HA and Shanghai Hospital Development Centre renewed a collaboration agreement to enhance collaboration on exchanges and visits, training, research and service development.

醫管局與上海申康醫院發展中心續簽合作協議，促進雙方在交流研討、互訪、人才培訓、研究，以及服務發展方面的合作。

11/2016

HA won accolade for "Award for Website Corporate Governance Information" in Best Corporate Governance Awards 2016 organised by the Hong Kong Institute of Certified Public Accountants, in recognition of its corporate website in terms of high transparency, and variety of languages for the convenience of ethnic minorities.

醫管局於香港會計師公會舉辦的2016年度「最佳企業管治大獎」中獲得首次設立的「網上傳遞管治資訊」獎，表揚醫管局官方網站的企業管治資料披露具高透明度，個別資訊更提供多國語言選擇，方便少數族裔人士。



12/2016

HA launched the Colon Assessment Public-Private Partnership Programme to provide subsidy to eligible patients to receive services from private specialists, offering more choices for participating patients.

醫管局推出腸道檢查公私營協作計劃，資助合資格病人接受私家醫生提供的服務，為病人提供更多選擇。

腸道檢查公私營協作計劃

Colon Assessment Public-Private Partnership Programme



12/2016

Administrative arrangements on the re-delineation between Kowloon Central Cluster and Kowloon West Cluster were implemented on 1 December in response to the recommendations of the Steering Committee on the Review of HA, with an aim to reduce cross-cluster consultation and facilitating convenience for patients.

九龍中聯網與九龍西聯網重組的行政安排於12月1日實施，以回應醫管局檢討督導委員會的建議，減少跨網求診及更便利病人。

12/2016

The Accident and Emergency Training Centre of Ruttonjee & Tang Shiu Kin Hospitals was granted Silver Award by American Heart Association in recognition of its exemplary resuscitation and emergency care training programmes.

律敦治及鄧肇堅醫院的急症科訓練中心，獲美國心臟協會頒發銀獎，表揚該中心優異的急救訓練課程。



12/2016

Celebrating its 55th Anniversary, Castle Peak Hospital organised an open day with exhibitions on the hospital's services, as well as seminars and game booths to enhance public understanding of mental illness.

青山醫院舉行開放日慶祝55周年誌慶，透過設置不同展覽介紹醫院服務，同時舉辦講座及攤位遊戲，加強公眾對精神科病患的認識。



12/2016

HA commenced providing information on waiting time of Accident and Emergency (A&E) departments to the public on various platforms, including electronic TV screens in all A&E departments, HA corporate website and HA Touch mobile app.

醫管局通過不同渠道發放全港公立醫院急症室等候時間的資訊，包括急症室內電子屏幕、醫管局網站及流動應用程式「醫管局與你」，供市民參考。



12/2016

Pamela Youde Nethersole Eastern Hospital was the first hospital in Hong Kong in the manufacturing and implanting of a replica of a talus with 3D printing technology for a patient.

東區醫院為本港首間醫院成功應用3D打印技術，為一名患者製作並植入永久性距骨假體，讓病人恢復活動能力。





1/2017

Landfill gas was first used to generate electricity through installation of a combined heat and power plant in Alice Ho Miu Ling Nethersole Hospital as the first hospital in Hong Kong adopting such system. The system also supplies steam and hot water for various hospital facilities.

醫管局首個電熱聯供系統於雅麗氏何妙齡那打素醫院投入運作。系統利用堆填區沼氣發電，同時供應電力、蒸汽及熱水予醫院各項設施。

2/2017

The Minimal Invasive Surgery Centre, comprising three theatre suites namely Endo-Lap Theatre, Robotic Theatre and Interventional Radiology / Hybrid Theatre, was established in Princess Margaret Hospital.

瑪嘉烈醫院成立微創手術中心，內設綜合內窺鏡手術室、機械人手術室及介入性放射學手術室。



2/2017

HA launched an obstetric mobile app *HApi Journey*, providing a one-stop portal of health information and useful tip for pregnant women to facilitate their pregnancy journey and be well prepared for the newborn.

醫管局推出產科流動應用程式「喜程」，為孕婦提供一站式的健康資訊和實用「貼士」，幫助她們輕鬆愉快迎接新生命。



2/2017

Queen Mary Hospital (QMH) kicked off the celebration of its 80th Anniversary at the Hong Kong West Cluster Spring Banquet cum QMH 80th Anniversary Dinner which was attended by over 1,700 staff and guests.

瑪麗醫院以「港島西聯網迎新歲暨瑪麗醫院80周年慶祝晚宴」為80周年慶祝活動打響頭炮，逾1,700員工及嘉賓出席。

**3/2017**

Tin Shui Wai Hospital commenced service in phases from January 2017 to enhance medical support for the Tin Shui Wai Community. At the initial stage, services cover specialist outpatient clinic, community nursing, renal dialysis, diagnostic radiology and pharmacy, while daytime A&E service commenced in March 2017.

天水圍醫院於2017年1月分階段投入服務，加強對天水圍區的醫療支援。首階段提供的服務包括專科門診、社康護理、腎臟透析、放射診斷及藥劑等主要日間服務；日間急症室服務於同年3月開始提供。

**3/2017**

HA was granted the Gold Award in Public Sector in the first IT Governance Achievement Award by the Information Systems Audit and Control Association China Hong Kong Chapter in recognition of its outstanding achievement in IT governance.

醫管局於國際信息系統審計協會中國與香港分會首設的「IT管治成就大獎」中，獲頒公營機構組別金獎，表揚醫管局推行資訊科技管治的傑出表現。



Chapter 5 • 第五章

ENGAGEMENT AND TEAMWORK

凝聚力量 群策群力







ENGAGEMENT AND TEAMWORK

凝聚力量 群策群力

The Hospital Authority (HA) Head Office and staff representatives maintained constant direct communication through Six Staff Group Consultative Committees and the Central Consultative Committee.

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。





The HA Chief Executive paid regular visits to hospitals to exchange views with hospital frontline staff. Other channels including staff newsletter *HASLink*, HA Facebook Page and HA YouTube Channel also facilitated timely communication with staff on updates in the organisation. At cluster and hospital levels, Cluster Chief Executives (CCE) and Hospital Chief Executives (HCE) engaged frontline staff through regular meetings, newsletters, blog, online letterbox and staff hotline. The *HR App* was launched by phases in March 2016, subsequently rolled out to all HA staff by the end of March 2017, with seven modules implemented in the first year, namely “myWorkDay”, “myBenefit”, “myHealth”, “myOpportunities”, “myView”, “myPay” and “myLearning”, all providing easy and instant access to essential information via mobile devices.

HA believes that staff opinions are essential to supporting the management in developing key measures in engaging employee and creating a better work environment. The HA Staff Survey was conducted in August 2016 and the survey results showed that HA colleagues took pride in their quality and patient-centred service and were loyal to the organisation. On the other hand, HA should strengthen staff communication and recognition. Valuable findings of the survey will help HA formulate specific action plans at corporate and cluster levels for future improvement.

醫管局行政總裁定期探訪醫院，與醫院前線員工交流意見。其他平台包括員工通訊《協力》、醫管局 Facebook 專頁及 YouTube 頻道，為員工適時提供機構的最新資訊。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、網誌、網上信箱及職員熱線等，加強與前線員工的聯繫。「人力資源應用程式」(HR App) 於2016年3月起分階段推出；至2017年3月底，全面推展至所有員工。首年推出的功能包括「工作日程」、「員工優惠」、「健康紀錄」、「職位空缺」、「意見發表」、「薪酬紀錄」及「學習天地」。員工可透過流動裝置，隨時隨地獲得實用的資訊。

醫管局相信員工的意見有助管理層制訂重點措施，加強員工的歸屬感，及締造更佳的工作環境。醫管局於2016年8月進行「『醫』家我有 Say」職員意見調查，結果顯示員工對醫管局提供優質及以病人為本的服務深以為傲，亦高度忠於機構。然而，機構與員工的溝通及給予的肯定則需加強。調查結果有助醫管局在機構及聯網層面制訂具體改善措施。

To bring more convenience to staff, electronic booking for staff clinic has been introduced through mobile app "Staff Health Record" (*mSHR*) since November 2016 in addition to telephone appointment. Utilisation data of the two booking systems of telephone and app also provided useful reference for future service planning on HA staff clinics.

HA attaches great importance to staff safety. As a measure of continuous improvement in Occupational Safety and Health (OSH) management, a consultancy study was conducted to review the overall OSH management. Recommendations on strengthening governance, enhancing management structure, building staff competence and fostering safety culture will be implemented by phases.

HA organised a wide variety of recreational, sports and family activities throughout the year to promote a balanced and healthy lifestyle. Apart from HA Family Day and HA Family Night, family members of staff were welcome to participate in selected sports activities, such as the HA New Year Run, Dragon Boat Competition cum Fun Day and Sports Meet. The 2017 HA New Year Run continued to be one of the most popular events. It had an enrollment of over 5,700 staff and family members and over \$1 million was raised for HA Charitable Foundation to support services for the benefit of patients.

To recognise staff's dedication and loyalty, long service awards and retirement souvenirs are presented every year. Individuals and teams with outstanding achievements received accolades through HA Outstanding Staff and Teams Award Ceremony held at the Hospital Authority Convention. For 2017, five staff and seven teams won the awards, while another four staff and three teams were granted Merit Awards.

為方便員工使用醫管局職員診所服務，除了電話預約系統外，我們於2016年11月推出流動應用程式「流動版員工健康紀錄」(*mSHR*)。兩個系統的服務使用數據，有助規劃診所未來的服務。

醫管局重視員工安全，致力令職安健管理更完善。醫管局進行職安健管理顧問檢討，相關建議如促進綜合管治、加強管理架構、發展員工才能及推廣安全文化，將分階段落實。

年內，醫管局舉辦各式各樣的康體及合家歡活動，提倡平衡及健康生活模式。除了「醫管局天倫之日與夜」，員工家屬亦可參加運動比賽如新春長跑、龍舟競賽暨同樂日及陸運會。2017年新春長跑仍然是最受歡迎的活動之一，超過5,700名員工和家屬報名參加，並為醫管局慈善基金籌得善款超過100萬元，支持讓病人受惠的項目。

醫管局每年均頒發長期服務獎及榮休紀念品，嘉許忠誠服務的員工；另在醫管局研討大會期間頒發傑出員工及團隊獎，表揚個人及團隊的卓越成就。於2017年，共有五名員工及七個團隊獲得傑出獎，另外四名員工及三個團隊獲得優異獎。





Outstanding Teams:

- **Baby-friendly Hospital Initiative Team**
Queen Elizabeth Hospital (Kowloon Central Cluster)
- **Chai Wan Laundry**
Pamela Youde Nethersole Eastern Hospital
(Hong Kong East Cluster)
- **Critical Incident Support Teams (CISTs)**
Hospital Authority
- **Hospital Authority Eye Bank**
Hong Kong Eye Hospital (Kowloon Central Cluster)
- **Kowloon East and New Territories East Cross-cluster Comprehensive Ear Reconstruction and Hearing Rehabilitation Team**
Kowloon East Cluster and New Territories East Cluster
- **Paediatric Nephrology Team**
Princess Margaret Hospital (Kowloon West Cluster)
- **Pharmacy Express Services Team**
Head Office Chief Pharmacist's Office and Information Technology and Health Informatics Division, Prince of Wales Hospital and Queen Elizabeth Hospital (Hospital Authority Head Office, New Territories East Cluster and Kowloon Central Cluster)

Merit Teams:

- **Occupational Health Centre**
Hong Kong East Cluster
- **Orthopaedic Rehabilitation Team**
Tuen Mun Hospital (New Territories West Cluster)
- **Patient Relations and Engagement Team**
Tuen Mun Hospital and Pok Oi Hospital
(New Territories West Cluster)

傑出團隊獎：

- **愛嬰醫院運動團隊**
伊利沙伯醫院 (九龍中醫院聯網)
- **柴灣洗衣房**
東區尤德夫人那打素醫院
(港島東醫院聯網)
- **員工緊急事故支援組**
醫院管理局
- **醫院管理局眼庫**
香港眼科醫院 (九龍中醫院聯網)
- **九龍東及新界東跨聯網綜合耳部重建及聽力復康團隊**
九龍東醫院聯網及新界東醫院聯網
- **兒童腎科團隊**
瑪嘉烈醫院 (九龍西醫院聯網)
- **藥劑部分流服務團隊**
總辦事處總藥劑師辦事處及資訊科技及醫療信息部、威爾斯親王醫院、伊利沙伯醫院 (醫院管理局總辦事處、新界東醫院聯網及九龍中醫院聯網)

優異團隊獎：

- **職康中心**
港島東醫院聯網
- **骨科康復團隊**
屯門醫院 (新界西醫院聯網)
- **病人關係處**
屯門醫院及博愛醫院 (新界西醫院聯網)

Chapter 6 • 第六章

HEAD OFFICE AND CLUSTER REPORTS

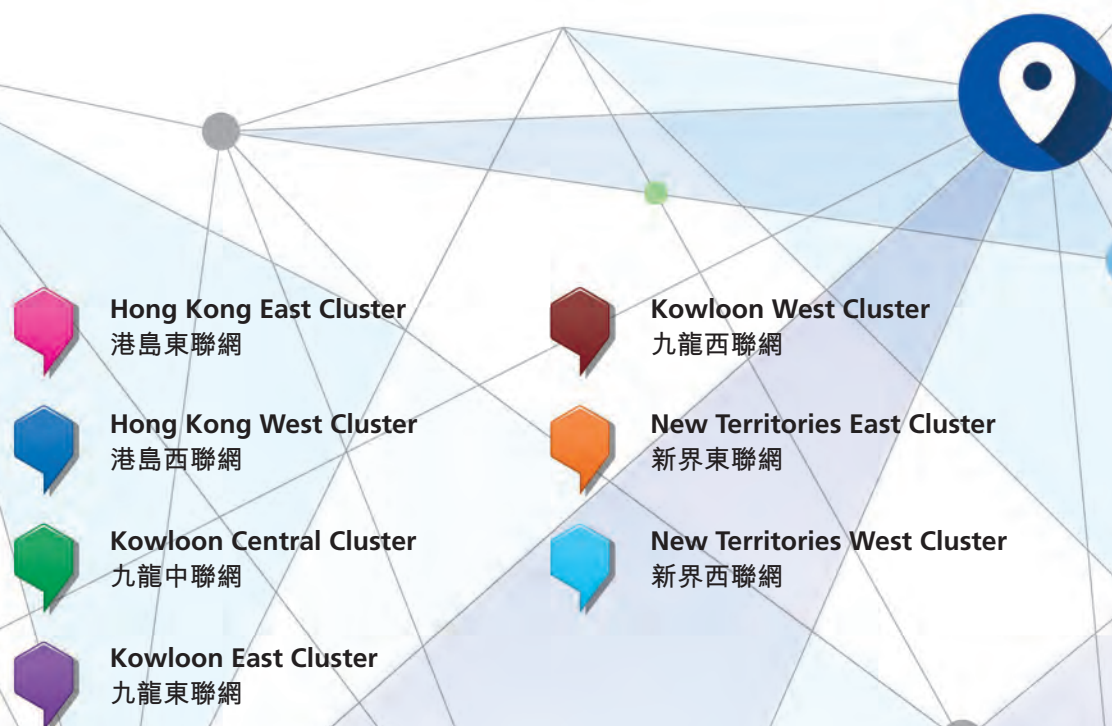
總辦事處及 醫院聯網工作匯報

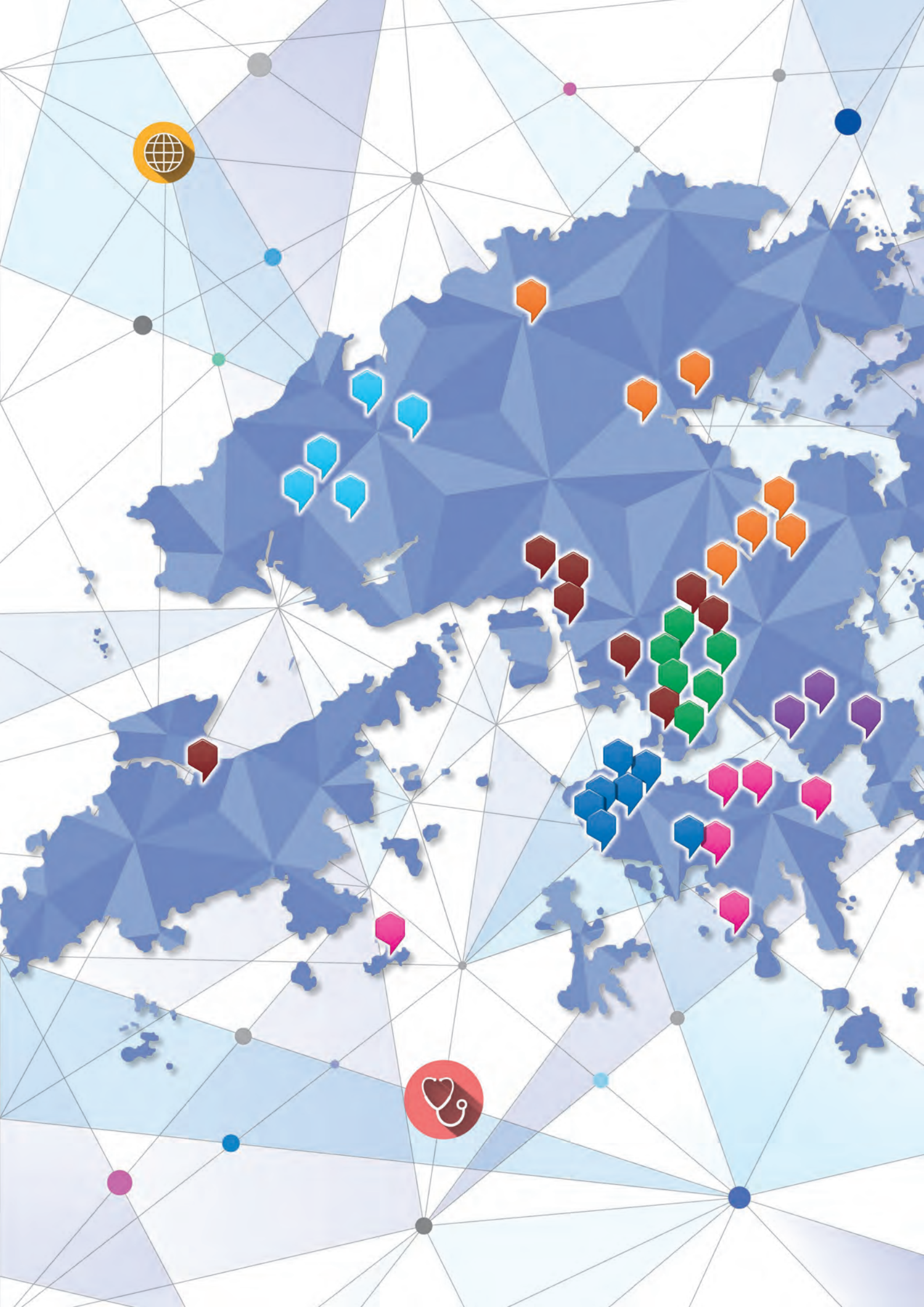
The Hospital Authority (HA) provides public healthcare services to the people of Hong Kong through the Head Office and seven hospital clusters.

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。







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 around 100 programme targets in 2016-17 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2016-17年度，總辦事處根據醫管局工作計劃所訂六大策略目標，推行近100項工作目標。





Strategic intent: Alley staff shortage and high turnover

A series of measures were unveiled to alleviate manpower shortfall and high turnover, including recruitment of more than 460 doctors, 1,750 nurses and 580 allied health professionals. As at March 2017, there were 15 non-local doctors working as Service Residents under Limited Registration in HA.

To encourage and retain well-qualified staff, additional promotion opportunities were offered under the Additional Associate Consultant Promotion Mechanism. Besides, an annual progression exercise introduced in 2015-16 was continued to retain Patient Care Assistants of inpatient services on 24 hours shift.

HA strives to strengthen its workforce for service provision. In view of the lack of local training for podiatrists, overseas scholarship was offered to eight selected podiatrist students to study a three-year degree course in the United Kingdom. Midwifery training programmes were provided in an attempt to address growing demand for maternity services in public hospitals.

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，包括增聘超過 460 名醫生、1,750 名護士及 580 名專職醫療人員，紓緩人手緊絀和職員流失。截至 2017 年 3 月，共 15 名非本地醫生以有限度註冊形式擔任駐院醫生。

為激勵和挽留優秀人才，醫管局根據副顧問醫生額外晉升機制，增設額外晉升職位。此外，我們繼續推行自 2015-16 年度實施的年度晉升計劃，以挽留提供 24 小時住院病人服務的病人服務助理。

醫管局亦致力增加人手以配合服務發展。由於本地未有提供足病診療課程，我們為 8 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。我們舉辦了助產士培訓課程，以應付公立醫院產科服務需求的上升。

With the \$300 million Government designated training fund in place, various training programmes were rolled out in 2016-17 for both clinical and non-clinical staff for supporting service development, professional development and operational needs. To enhance management capabilities of senior clinical leaders and executives, more e-modules of Healthcare Service Training Management were released. Training programmes on people skills and team leadership, as well as vocational training to strengthen technical competencies of patient care assistants were also provided.

With an aim to promote career development, preceptorship programmes were provided to newly recruited nurse graduates. There were overseas training scholarships for doctors, nurses, allied health staff and pharmacists, and training subsidies were offered to healthcare professionals. Territory-wide simulation training programmes were developed for doctors and nurses in major specialties to enhance career development opportunities and professional capabilities. Mediation skills training was also organised for frontline staff to enhance their competency in patient engagement and conflict resolution.

藉着政府提供的3億元指定培訓基金，我們在2016-17年度為臨床及非臨床人員推出各類培訓課程，以配合服務發展、專業培訓及運作需要。為提升高級臨床主管及行政人員的管理才能，我們推出更多醫療服務管理培訓網上學習單元。我們亦提供人際關係技巧及團隊領導培訓，並為病人服務助理加強職業培訓，以提升技能專長。

為促進員工專業發展，我們為新聘畢業護士舉辦護士啟導計劃；同時為醫生、護士、專職醫療人員及藥劑師，提供海外培訓獎學金，並為醫護人員提供進修津貼。醫管局亦為各主要專科的醫生和護士提供模擬訓練班，提升員工專業發展機會和能力；又為前線員工提供調解技巧訓練，以提升病人協作和調解衝突的能力。





Strategic intent: Better manage growing service demand

As recommended by the Steering Committee on the Review of HA, re-delineation of cluster boundary between Kowloon Central Cluster (KCC) and Kowloon West Cluster (KWC) took place in phases with a view to further enhancing vertical integration of services, strengthen the continuity of care for patients and reduce cross-cluster consultations. Three hospitals namely Kwong Wah Hospital, Our Lady of Maryknoll Hospital and TWGHs Wong Tai Sin Hospital, and the services units were regrouped from KWC to KCC with effect from 1 December 2016. Refining the cluster boundary will promote a better balance in the service demand among the three Kowloon clusters. Reorganisation of clinical services will proceed by phases after 1 April 2017 upon readiness of supporting functions and infrastructure.

Task Force on Winter Surge regularly reviews the strategy and response plan for winter surge, and coordinates step-up measures in order to cope with the anticipated increase in service demand. In 2016-17, around 18,000 additional service quotas of GOPCs were provided during the winter surge period. Around 5,000 service quotas of GOPCs were further added during Christmas, Chinese New Year and Easter holidays. Appeals were also made to the public for appropriate use of Accident and Emergency (A&E) services.

策略目標： 更有效管理日增的服務需求

回應醫管局檢討督導委員會的建議，醫管局分階段實施聯網界線重組，以加強服務的縱向整合，確保區內病人獲得持續的護理，減少跨網求診情況。由2016年12月1日起，原屬於九龍西聯網的廣華醫院、聖母醫院及東華三院黃大仙醫院，和相關服務組別，已納入九龍中聯網。藉着聯網界線重整，九龍區三個聯網的服務需求將有更佳平衡。臨床醫療服務的重組在2017年4月1日後，在相關支援服務及系統準備就緒後分階段進行。

冬季流感服務高峰期專責小組定期檢討冬季服務高峰期的策略及應變計劃，並協調應變措施應付急增的服務需求。在2016-17年度冬季服務高峰期間，普通科門診診所額外增加約18,000個服務名額，另於聖誕節、農曆新年及復活節期間增加約5,000個服務名額。我們亦向公眾呼籲適當使用急症室服務。



Tremendous effort has been made by HA to reduce waiting time in various patient services. At A&E Departments, the A&E Department Support Session Programme continued in 17 A&E Departments of HA to handle Triage IV (semi-urgent) and V (non-urgent) cases. The fifth joint replacement centre in HA was set up in Hong Kong West Cluster to provide additional surgeries to alleviate the waiting time for joint replacement surgery.

Services of high demand on life threatening diseases were strengthened. Grantham Hospital and TWGHs Wong Tai Sin Hospital provided designated beds to offer centralised care for chronic ventilator-dependent patients. Multi-disciplinary care was provided for additional Human Immunodeficiency Virus (HIV) new cases, and Highly Active Antiretroviral Therapy (HAART) was offered to eligible patients in Queen Elizabeth Hospital and Princess Margaret Hospital. Support to Hospital Authority Infectious Disease Centre was strengthened by recruiting additional medical manpower in Queen Elizabeth Hospital and Princess Margaret Hospital to provide rapid response at the first stage of the emerging major outbreaks of infectious diseases in Hong Kong.

The Transient Ischaemic Attack (TIA) service in New Territories West Cluster (NTWC) was reinforced together with the preparation for further enhancement of thrombolysis service. Patients can thus receive early treatment and proper diagnosis, reducing disability and likelihood of future stroke events. For renal services, the provision of haemodialysis (HD) service was expanded with additional hospitals HD, nocturnal home HD, and automated peritoneal dialysis added, while the HD Public-Private Partnership (PPP) programme continued.

Apart from HD PPP, the PPP programmes of cataract surgeries, primary care service and radiological investigation service continued. On top of the three piloting districts of Kwun Tong, Wong Tai Sin and Tuen Mun, the GOPC PPP programme was rolled out to nine more districts (Eastern, Southern, Wan Chai, Kowloon City, Sham Shui Po, Kwai Tsing, Sai Kung, Sha Tin and Yuen Long), offering convenience for patients seeking primary healthcare services and relieving the pressure on public general outpatient service. Provision of infirmary care services by a non-governmental organisation commissioned via PPP commenced at Wong Chuk Hang Hospital in September 2016, with full operation from December 2016 onwards.

我們竭力改善不同服務的輪候時間。17間醫院繼續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。醫管局於港島西聯網開設第五個關節置換中心，提供額外關節置換手術名額，以縮短關節置換手術的輪候時間。

我們亦提高高需求危疾治理的服務能力。葛量洪醫院及東華三院黃大仙醫院分別提供指定病床，集中照顧需要長期使用呼吸機的病人。伊利沙伯醫院和瑪嘉烈醫院為更多愛滋病新症病人提供跨專科護理服務，並為合適的病人提供高效能抗愛滋病毒療法。我們在伊利沙伯醫院和瑪嘉烈醫院增聘醫護人員，以便在爆發重大傳染病的早期，能及時支援醫管局傳染病中心作出應變。

新界西聯網加強了短暫性腦缺血治療服務，亦為進一步強化溶栓治療作準備，病人因此能及早接受適當診斷和治療，減低殘障程度和日後中風的機會。腎科服務方面，我們提供額外醫院血液透析名額、家居血液透析名額，以及家居自動腹膜透析名額，並繼續推行血液透析治療的公私營協作計劃。

除了血液透析治療的公私營協作計劃，我們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計劃。此外，普通科門診公私營協作計劃全面開展，除了試行的觀塘、黃大仙及屯門，計劃推展至另外九區(東區、南區、灣仔、九龍城、深水埗、葵青、西貢、沙田及元朗)，為病人提供更方便的基層醫療服務選擇，紓緩普通科門診服務需求。我們亦推行療養服務協作計劃，由受託非政府機構在2016年9月起於黃竹坑醫院提供療養服務，服務在2016年12月全面開展。



Strategic intent: Ensure service quality and safety

HA continued to adopt modern technology and new treatment options, including the use of new biomarkers to improve the accuracy of prostate cancer detection. We also built up service capacity of In-vitro Fertilisation (IVF) by adding IVF cycles in Queen Mary Hospital. For prevention of hepatitis B reactivation for cancer patients, additional hepatitis B virus DNA tests were provided for target patients.

The scope of HA Drug Formulary was widened to cover more drugs with accumulated scientific evidence on clinical efficacy. Two classes of self-financed drugs for secondary stroke management and osteoporosis treatment were repositioned as special drugs in the HA Drug Formulary, while the clinical applications of three special drug classes were expanded for management of diabetes mellitus, secondary prevention of osteoporotic fracture and breast cancer treatment. As a proactive measure to enhance the transparency on the Drug Formulary, the *HA Drug Formulary Management Manual* ("the Manual") was published, with particular emphasis on the governance, principles, operating procedures, consultation and engagement of stakeholders in HA's drug formulary management. HA promulgated the Manual to its stakeholders to enhance their understanding and confidence in HA's drug formulary management system.

策略目標： 確保服務質素及安全

醫管局繼續引入現代科技與新治療方法，包括採用引導性更高的生物標記技術，協助診斷前列腺癌。我們亦於瑪麗醫院提供額外人工受孕治療周期以加強人工受孕服務。另為預防癌症病人復發乙型肝炎，我們為目標病人提供額外乙型肝炎基因測試。

醫管局擴大《醫管局藥物名冊》(藥物名冊)以涵蓋更多具實證療效的藥物，包括將兩類治療中風及骨質疏鬆的自費藥物納入為名冊專用藥物，並放寬三種治療糖尿病、預防骨質疏鬆性骨折及治療乳癌專用藥物的臨床應用。為提高藥物名冊的透明度，醫管局推出《醫管局藥物名冊管理手冊》(手冊)，重點載列藥物名冊的管治架構、原則、運作程序、諮詢機制及持份者的參與。我們向各持份者介紹手冊內容，加深他們對藥物名冊的了解和信心。

A breastfeeding support team was established in Pamela Youde Nethersole Eastern Hospital and Tuen Mun Hospital respectively in support of HA's policy of promoting breastfeeding for newborn babies in HA hospitals. Other initiatives included enhancement of the custom print informed consent system to support workflow of both surgeons and anaesthetists, and recruitment of additional manpower to assist in planning and implementation of comparative audit as prioritised by Coordinating Committees (Neurosurgery) to monitor the outcomes of neurosurgery.

Through the funding support from the Government to the Capital Block Vote as well as the Designated Fund of HA, medical equipment items were installed as additions or replacements in public hospitals at the total cost of approximately \$782 million in the year.

New Key Performance Indicators (KPIs) reflecting capacity-demand gap and service efficiency have been developed for key pressure areas, including specialist outpatient services, operating theatre (OT) services and access block monitoring. The KPIs on specialist outpatient services and OT utilisation provided direction for capacity building and resource allocation. The access block indicator could facilitate hospitals to review their situation and take actions in a timely manner.

東區尤德夫人那打素醫院及屯門醫院設立母乳餵哺支援團隊，以配合在醫管局轄下醫院推廣初生嬰兒母乳餵哺。其他措施包括改善「手術知情同意書」電腦系統，支援外科及麻醉科醫生的工作流程；以及增聘人手，協助神經外科中央統籌委員會按優先次序訂立的手術範圍籌劃和進行審計，以監察神經外科的手術成果。

藉着政府的非經常性整筆撥款及醫管局指定基金撥款，我們於年內動用了近7億8,200萬元，為轄下醫院添置或更換醫療設備。

醫管局為重點壓力範疇制訂新的主要表現指標，包括專科門診服務、手術室服務及診治流程監察，以反映供求差距和服務效率。專科門診服務及手術室使用率的主要表現指標，為服務擴展及資源分配提供方向，而有關診治流程的主要表現指標，可讓醫院審視情況並及時作出改善。





Strategic intent: Enhance partnership with patients and community

HA strives to enhance community support for children with special-care needs in special schools. Case managers were recruited in Caritas Medical Centre, Kwong Wah Hospital, Pamela Youde Nethersole Eastern Hospital and Queen Elizabeth Hospital to provide integrated care.

To promote chronic disease management, the implementation of the Patient Empowerment Programme with non-governmental organisations continued to provide patients with disease specific education and self-care skills.

Positive results were revealed in the Report of Patient Experience and Satisfaction Survey on Inpatient Service (the Survey) last year. With the findings of the Survey, HA can better understand the needs and expectations of patients for continuous quality improvement.

To foster close partnership with patients and the community, a planning workshop on Patient Resources Centre (PRC) services was conducted with key stakeholders in 2016-17 to formulate strategies and priority actions on patient empowerment and volunteer service development. We also launched nine pilot collaborative projects involving patient groups, clinical teams and PRCs in hospitals to enhance peer support and disease management for chronic disease patients. In addition, the 4th batch of Patient Partnership in Action (PPIA) training programme was conducted in the year to train up patient leaders. The Smart Patient Website has also been enhanced with the launch of a new webpage and eight languages for the ethnic minorities.

策略目標： 加強與病人和社區的夥伴關係

醫管局致力加強社區支援服務，明愛醫院、伊利沙伯醫院、廣華醫院及東區尤德夫人那打素醫院聘請個案經理，在特殊學校為有特殊護理需要的兒童提供綜合護理支援。

為加強慢性疾病管理，醫管局繼續與非政府機構合作推行病人賦能計劃，為病人提供疾病資訊和自理知識。

醫管局在去年發表「住院病人經驗及服務滿意度調查」報告，調查結果正面，有助我們深入了解病人的需要和期望，持續提升服務質素。

為了與病人和社區建立更緊密的夥伴關係，我們在2016-17年度與主要持份者舉辦了有關病人資源中心服務規劃的工作坊，藉以制定病人賦能與義工服務發展的策略和優次。我們亦推出了九個協作項目的先導計劃，透過病友組織、臨床團隊和病人資源中心之間的聯繫，加強對慢性病患者的朋輩支援和疾病管理能力。另外，第四屆「耆智力量計劃」於年內推行，培訓更多的病人領袖。我們亦更新了「智友站」網頁，並為少數族裔人士提供八種語言選擇。



To strengthen interaction and reach out to different sectors of the community, web-based platforms and social media are adopted for information dissemination. In addition to the corporate website, HA Facebook page and YouTube Channel published a total of more than 560 posts and 30 videos in 2016-17 respectively.

HA has leveraged on advanced technology to strengthen communication with the public and improve services for patients. With push notification function in HA corporate mobile application *HA Touch*, users will be able to stay up-to-date with important news on public healthcare services and health activities. In addition to gynaecology, the coverage of *BookHA* was further extended to cardiothoracic surgery, ear, nose and throat, eye, medicine, neurosurgery, orthopaedics and traumatology, and surgery, bringing greater convenience to the public in making specialist outpatient clinic (SOPC) new case appointments. Another mobile app *HApi Journey* was launched in February 2017, providing useful information for pregnant women.

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, about 180 media activities were organised, 420 press releases were issued and 340 articles were contributed to various media platforms. About 2,570 media enquiries and 220 community enquiries were handled. Furthermore, more than 20 meetings with Legislative Councillors and community stakeholders were arranged or attended, while more than 100 District Council meetings and related activities were handled.

為加強與公眾的互動，接觸不同社群，我們透過網絡及社交媒體包括醫管局網站、Facebook 專頁和 YouTube 頻道提供訊息。在2016-17年度，我們共發布超過560個 Facebook 帖文，以及上載超過30條影片至醫管局 YouTube 頻道。

科技發展有助我們加強與大眾溝通和改善病人服務。醫管局流動應用程式「醫管局與你」備有「推送通知」功能，讓用戶時刻緊貼重要的公營醫療服務及健康活動資訊。「預約通」於年內推展至更多專科，涵蓋婦科、心胸外科、耳鼻喉科、眼科、內科、神經外科、骨科和外科，方便市民預約專科門診新症。另一流動應用程式「喜程」於2017年2月推出，為孕婦提供實用資訊。

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，總辦事處共安排約180次記者會及傳媒活動、發出約420份新聞稿，在不同傳媒平台發布約340份文章，處理了約2,570項傳媒查詢和220項社區人士查詢，安排或參與超過20次與立法會議員及社區人士會面，以及處理超過100次區議會會議及相關活動。

Strategic intent: Ensure adequate resources for meeting service needs

The Government continued its commitment to public healthcare through providing subvention to HA, which reached \$53 billion in 2016-17. HA would continue to adopt prudent financial measures to ensure public resources are used properly and efficiently.

Through HA's annual planning exercise, resource requirement of individual clusters was identified and considered against the total amount of resources available to 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 pragmatic service growth in meeting the pressing demand for public hospital services. To facilitate the delivery of value-for-money services, HA regularly monitors a set of performance indicators covering service output, performance and resources.

In 2016-17, HA recruited additional manpower to sustain the level of service provision to cater the rising healthcare needs of the community. Given no additional recurrent Government subvention in 2016-17 under the Government-wide expenditure control measures, HA had to operate under a deficit budget in 2016-17 and recorded an operating deficit of \$1.5 billion, which was funded by HA's one-off revenue reserve as an interim measure. Since service provision will bring recurrent financial implication, the deployment of one-off savings to maintain daily operation will not be sustainable in long term. HA will continue to perform medium-term financial projection to assess possible financial outlooks under different scenarios and reflect its financial position and funding needs to the Government.

策略目標： 確保具備足夠資源應付服務需要

政府繼續支持香港的公營醫療服務，在2016-17年度向醫管局撥款達530億元。醫管局會貫徹審慎理財原則，確保資源用得其所及符合成本效益。

醫管局透過周年工作規劃，按照整體資源審視和考慮各聯網的需要，以維持現行服務水平、聘請畢業生以培訓及加強本港未來的醫護人才，及切實地提高服務量以應付殷切的服務需求。為確保提供的服務合乎經濟效益，醫管局定期監察涵蓋服務量、服務表現和資源運用的各項表現指標。

因應醫療服務需求日益增加，醫管局於2016-17年度繼續增聘人手，以維持服務水平。由於政府整體採取措施控制開支，醫管局未能獲得額外的經常性撥款。因此，醫管局在財赤預算下運作，錄得15億元的營運虧損，並動用一次性的收入儲備作為過渡措施。現行醫療服務提供量會帶來經常性財政負擔，動用一次性的儲備維持日常營運，長遠來說並不可行。醫管局會繼續進行中期財政推算，評估在不同情況下的財政展望，並向政府反映醫管局的財務狀況及資源需要。





With an aim to minimise the non-clinical duties of clinical staff and to better control and monitor ward stock of non-drugs supplies, the enhanced central coordinated refill service has been rolled out in hospitals by phases since 2013-14. Full implementation was achieved after the final phase of implementation in 16 hospitals of five clusters in 2016-17.

HA continued to embrace technology-based solutions to deliver efficient healthcare services. 12 new or enhanced modules under Clinical Management System III Phase Two project in 2016-17 were completed. Nine clinical mobile apps were developed to help clinical staff to provide better bedside care. The deployment of advanced digital imaging technology in operating theatres of major hospitals was continued to improve surgical services. With the implementation of Inpatient Medication Order Entry system in five hospitals in 2016-17 including Alice Ho Miu Ling Nethersole Hospital, Caritas Medical Centre, North District Hospital, Pamela Youde Nethersole Eastern Hospital and Pok Oi Hospital, the risk of prescription errors was further reduced.

IT Infrastructure and systems were implemented to support service operation of new hospitals and hospital blocks, including Tin Shui Wai Hospital and relocation of Yaumatei Specialist Outpatient Clinic to Queen Elizabeth Hospital.

The Enterprise Resource Planning Asset Management System for both IT assets and medical equipment was successfully implemented. A number of enhancements were planned to streamline operational workflows.

Through the adoption of automation tools, HA enhanced its level of quality assurance controls and internal IT systems development processes to minimise code errors and reduce system vulnerabilities. With the ongoing project-based review and annual enterprise IT risk management processes, IT system availability and accuracy of data will continue to be improved.

HA attaches great importance to patient data privacy. Sustained effort were made to strengthen privacy controls, identify emerging cybersecurity risks, and respond to incidents in a timely manner. In-house developed training programmes on privacy and IT security were made available to all staff to enrich their knowledge in these areas. These programmes will be updated regularly. Hospital privacy compliance checks, forums and inspections additionally contributed to the heightening of staff awareness in patient privacy protection. HA continued to participate in the Privacy Management Programme led by the Privacy Commissioner for Personal Data, adopting the best practices, technical infrastructure and operational processes throughout its clusters, hospitals and clinics.

為減輕臨床人員的非臨床工作，並改善病房的非藥品庫存控制和監察，我們自2013-14年度起分階段在各醫院推展加強的中央統籌醫療用品及被服用品補充服務。在2016-17年度，最後一個階段於五個聯網共16間醫院推行，服務得以全面推展。

醫管局推行第三代臨床管理系統第二期計劃，在2016-17年度完成共12個全新或強化功能，借助資訊科技提升醫療服務效率；另為臨床員工開發及推出了九個臨床流動應用程式，方便提供最佳的病人護理服務。我們繼續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。五間醫院包括雅麗氏何妙齡那打素醫院、明愛醫院、北區醫院、東區尤德夫人那打素醫院及博愛醫院於年內推行住院病人藥物指令輸入系統，減少藥物處方出錯。

我們亦為新建的醫院及醫院大樓提供資訊科技基建和系統，包括天水圍醫院及在伊利沙伯醫院重置油麻地專科診所項目，支援服務的開展。

醫管局的企業資源規劃及資產管理系統已順利發展並涵蓋資訊科技設備及醫療設備，現正規劃多項改善措施以精簡運作流程。

醫管局採用自動化工具，優化質素保證監控措施及內部資訊科技系統發展流程，以減少問題代碼和系統漏洞。我們亦透過持續的項目檢討及年度機構資訊科技風險管理程序，提升系統備用性及數據準確性。

醫管局高度重視保障病人資料私隱，一直致力加強保障措施、識別新的網絡安全風險，並迅速處理相關事故。我們為員工提供保障私隱及資訊科技保安的內部培訓，並定期更新課程。我們亦進行醫院私隱規格審查、座談會及巡查，以提高員工保障病人私隱的意識。醫管局繼續實行個人資料私隱專員提倡的私隱管理程序，在轄下聯網、醫院及診所引入最佳作業方式、技術基礎設施及運作程序。



HA played dual roles in the Government's Electronic Health Record (eHR) programme – both as a technical agency to assist the Food and Health Bureau in the development of Electronic Health Record Sharing System (eHRSS), and as one of the major healthcare providers (HCPs) to share patients' health data through the eHRSS. The first stage of eHRSS has been operating smoothly since its launch in March 2016. Separately, HA also continued to provide technical services to the Department of Health for the Elderly Healthcare Voucher Scheme, Vaccination Schemes, Primary Care Directory System, Communicable Disease Information System, Laboratory Information System and Colorectal Cancer Screening Programme System and all systems have been operating smoothly.

HA collaborated with the tripartite Chinese Medicine Centres for Training and Research to implement the disease-based Integrated Chinese-Western Medicine (ICWM) Pilot Programme for eligible HA inpatients in designated hospitals in two phases.

醫管局在政府主導的電子健康紀錄計劃中擔當雙重角色，一方面作為技術代理，協助食物及衛生局發展電子健康紀錄互通系統，另一方面作為其中一個參與計劃的主要醫護提供者，在系統上互通病人的健康紀錄，系統首階段自2016年3月啟用以來一直運作暢順。此外，醫管局繼續協助衛生署發展長者醫療券計劃、疫苗注射計劃、基層醫療指南系統、傳染病資訊系統、化驗室資訊系統及大腸癌篩檢計劃系統，各系統一直運作暢順。

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，在指定醫院為特定疾病的合資格住院病人提供服務。



Strategic Intent: Enhance corporate governance

Sustained efforts were made by the HA Board to implement a spectrum of enhanced practices to ensure accountability and stewardship of HA's resources and management of services. The HA Board is committed to good corporate governance and will continue to reinforce its leading and managing role on HA, as recommended in the HA Review. The Board has set out overarching policies to guide and provide scope for the Executive Management who were responsible for implementing the approved plans and managing HA's operation. The roles of functional committees in long-term strategy planning and risk management were strengthened, as set out in their revised terms of reference. The Board has adopted an integrated approach in risk management to ensure the integrity of different organisational functions and avoid potential risks from happening. In 2016-17, familiarisation programme in the form of sharing sessions and corporate visits continued, keeping members abreast of the knowledge and skills applicable to the public sector operations.

The *Manual on the Operation of Hospital Governing Committees* (HGCs) encompassing various corporate governance policies and practices adopted by the Board and HGCs over the years, provides guidance to HGC members in discharging their responsibilities. Much effort has been made to enhance the communication between the Board and HGCs, as well as between HGCs and the management at cluster and hospital level and frontline staff, which in turn facilitated the effective management of hospitals under HA's overall policies and strategies.

策略目標： 強化企業管治

醫管局大會持續推行多項優化措施，確保資源運用及服務管理具問責性及得到妥善管理。醫管局大會致力實行良好機構管治，按照醫管局檢討的建議，進一步加強領導及管理醫管局的角色。大會確立整體原則，為負責的行政人員提供指引，執行已核准的計劃及管理醫管局的運作。專責委員會亦加強長遠策略規劃及風險管理的角色，相關職權範圍已修訂。大會已採用綜合風險管理方式，確保不同部門職能的整體性，避免可能出現的風險。在2016-17年度，醫管局繼續舉辦分享會和機構參觀活動，讓成員掌握公營機構運作的最新資訊和技能。

《醫院管治委員會運作手冊》載列了醫管局大會和醫院管治委員會多年來採納的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。醫管局亦按整體政策及策略，致力加強大會與醫院管治委員會的溝通，以及醫院管治委員會與聯網、醫院管理層及前線醫護人員的溝通，促進良好有效的管治。

Contributing to a green environment

HA is committed to the health of the community, and contributing to a sustainable living environment is one of the keys.

A wide range of energy efficient features and renewable energy technologies were applied to air-conditioning, lighting, steam and hot water installations in new hospital construction projects as well as improvement works of existing hospitals. HA continued to replace aged air-cooled air-conditioning chillers in various HA venues with energy-efficient oil-free air-cooled chillers in 2016-17.

In November 2016, a Combined Heat and Power plant commenced operation in Alice Ho Miu Ling Nethersole Hospital as the first hospital in Hong Kong in adopting such system. Incorporating the concept of practising waste-to-energy, the system generates electricity from landfill gas, and at the same time supplies steam and hot water for hospital by reclaiming waste heat from the generator's cooling and exhaust system.

The application of energy efficient technologies, together with good operation and housekeeping practices, helps HA offset the rising trend of energy consumption due to increasing hospital activities. Hospitals and institutions continued to proactively participate in waste reduction and recycling programmes organised by different organisations in support of environmental protection. Besides, food waste reduction programmes, such as promotion of waste reduction at source and adoption of low carbon menu, continued in hospitals.

締造綠色環境

醫管局致力保障市民健康，締造可持續的生活環境是關鍵之一。

醫管局在新醫院發展和現有醫院改善工程中，包括空調、照明、蒸汽和熱水系統，應用了節能及可再生能源技術。我們在2016-17年度繼續更換各醫院及機構的舊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。

在2016年11月，醫管局首個電熱聯供系統於雅麗氏何妙齡那打素醫院投入運作。系統利用堆填區沼氣發電，同時透過回收發電機冷卻器及廢氣餘熱，為醫院供應蒸汽及熱水，達致「轉廢為能」的效果。

醫管局利用節能技術，配合良好的運作和內務管理，減少因醫院服務量增加而上升的能源消耗量。各醫院及機構繼續積極參與由不同機構舉辦的減廢及回收計劃，支持環境保護運動。此外，我們繼續推動減少廚餘，例如推廣源頭減廢及選用低碳菜單。



KOWLOON WEST CLUSTER (KWC) 九龍西醫院聯網 (九龍西聯網)

In 2016-17, KWC implemented a number of initiatives to meet the growing service demand and uphold service quality and patient safety.

To allay staff turnover and retain talents, KWC provided additional promotion opportunities for Residents to Associate Consultants. Besides, the Cluster continued the annual progression exercise for Patient Care Assistants working in wards with 24 hours services.

On improving service capacity, percutaneous coronary intervention in PMH was strengthened; designated beds were assigned in YCH and WTSH to support the chronic ventilator-dependent patients; capacity of the Cluster on renal replacement therapy for patients with end-stage renal disease was enhanced; cancer care was extended to CMC

with chemotherapy service rolled out. To enhance accessibility of health services, the integrated neurological rehabilitation service in PMH was strengthened. Medical and Geriatric day ward service was extended. Additional sessions per week were added for day surgery, minor procedures and audiology services in CMC to further shorten the waiting time for patients.

The capacity of mental health service was further strengthened by increasing the psychiatric learning disabilities outreach attendances in KCH. Besides, the support to children with



North Lantau Hospital (NLTH)
北大嶼山醫院

Hospitals 醫院	KWC # 九龍西聯網 #	HKEC 港島東聯網	HKWC 港島西聯網	KCC # 九龍中聯網 #
Number of general outpatient clinics 普通科門診診所數目	23	12	6	6
Throughput 服務量				
Number of beds 病床數目	6,652	3,112	3,142	3,596
Patient discharges* 出院病人數目*	402,432	190,701	212,733	224,668
A&E attendances 急症室就診人次	631,235	227,465	129,674	194,648
Specialist outpatient attendances (clinical) 專科門診就診人次 (臨床服務)	1,761,030	827,500	891,261	1,035,508
General outpatient attendances 普通科門診就診人次	1,716,077	607,799	395,348	579,645
Full-time equivalent staff 等同全職人員數目	16,332	8,078	8,137	9,998

* Total inpatient, day patient discharges and deaths

* 住院及日間病人出院及死亡總數

Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information continued to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) start from 1 April 2017.

原屬於九龍西聯網的黃大仙及旺角區，已於2016年12月1日正式劃入九龍中聯網。相關地區的服務單位亦已於同日起納入九龍中聯網，以支援該聯網於界線重組後的服務覆蓋範圍。作為過渡性安排，有關服務/人手統計數字及財務資料的匯報會繼續按照原先的聯網界線（即相關服務單位仍屬九龍西聯網）為依據，直至2017年3月31日為止。相關數字由2017年4月1日起按照新的聯網界線（即相關服務單位納入九龍中聯網）匯報。

^ HA has ceased the management and operation of the Rehabaid Centre with effect from 8 April 2016.

^ 醫管局由2016年4月8日起，終止管理及營運復康專科及資源中心。

special-care needs in special schools was enhanced by recruitment of additional case managers in KWH and CMC. The primary care service was enhanced with additional attendances in the Family Medicine Triage Clinics to reduce the waiting time for specialist outpatient clinics. The access to target population groups was further improved by providing additional evening sessions in North Kwai Chung General Outpatient Clinic.

To improve medication safety, Inpatient Medication Order Entry system was extended to CMC.

With an aim to strengthen the emergency preparedness during major outbreaks of infectious diseases in Hong Kong, additional manpower was recruited in PMH to provide rapid response at the first stage of disease emergence.

九龍西聯網在2016-17年度推行一系列措施以應對與日俱增的服務需求，確保病人獲得優質及安全的服務。

為紓緩人手短缺及挽留人才，聯網繼續增設副顧問醫生職位，為駐院醫生提供額外晉升機會；並為24小時病房的病人服務助理推行年度晉升機制。

在增加服務供應方面，瑪嘉烈醫院加強冠狀動脈介入治療；仁濟醫院及黃大仙醫院提供指定病床，服務需要長期使用呼吸機的病人。聯網亦改善末期腎病病人的洗腎服務，以及將癌症化療服務擴展至明愛醫院。瑪嘉烈醫院加強腦神經綜合復康中心服務，並延長內科及老人科日間病房服務，提升服務的便捷度。明愛醫院增加日間手術、額外小型手術及聽力學服務每周節數，以縮短病人的等候時間。

精神科服務方面，葵涌醫院為有學習障礙的病人增加外展服務名額；廣華醫院及明愛醫院亦額外招募個案經理，在特殊學校為需要特別護理的兒童提供綜合護理和加強社區支援。基層醫療服務方面，聯網在年內增設家庭醫學分診診所服務的診症名額，以加快處理專科門診的候候名單；北葵涌普通科門診診所提供額外的夜間診症節數，使病人更快獲得服務。

聯網已在明愛醫院推行「住院病人藥物指令輸入系統」，加強藥物安全。

為加強香港在爆發重大傳染病時的應變處理，瑪嘉烈醫院已增聘醫療人員，以期在傳染病爆發初期迅速啟動應變措施。

HONG KONG EAST CLUSTER (HKEC) 港島東醫院聯網(港島東聯網)

HKEC has been optimising service capacity, improving service accessibility and retaining talents against the growing demand and manpower shortage. Our people are the key to deliver quality patient services. Staff training and development remained one of the main focuses of HKEC. RTSKH Accident and Emergency Training Centre (AETC) was granted Silver Award by the American Heart Association in recognition of its exemplary resuscitation and emergency care training programmes in December 2016 and has taken over the Post-Basic Simulation Training for HA nurses in June 2016.

Despite escalating service demand, HKEC is committed to high standard service quality and patient safety. PYNEH and TWEH completed the Periodic Review of Hospital Accreditation in June 2016. The Cluster Catering Department strived to ensure food safety and achieved the ISO 22000:2005 – Food Safety Management System certification in April 2016. RTSKH renovated its Special Accommodation Ward in January 2017, incorporating elderly-friendly design and facilities.

Services in pressure areas were strengthened through enhancing capacity in acute surgical beds and operating theatre sessions per week in PYNEH in October 2016. TWEH was awarded the "Social Capital Builders Awards" in 2016 by the Labour and Welfare Bureau for its excellent support to the carers of chronically ill patients. HKEC adopts advanced technologies to modernise patient service. A new upper limb robotic device "Hand of Hope" was installed in December 2016 in Tseng Cheng Tseng Pei Integrated Community Rehabilitation Centre in TWEH to facilitate patients' hand rehabilitation. Department of Orthopaedics and Traumatology in PYNEH was the first in Hong Kong to successfully manufacture and implant a replica of a talus with 3D printing technology for a patient.

St John Hospital (SJH)
長洲醫院

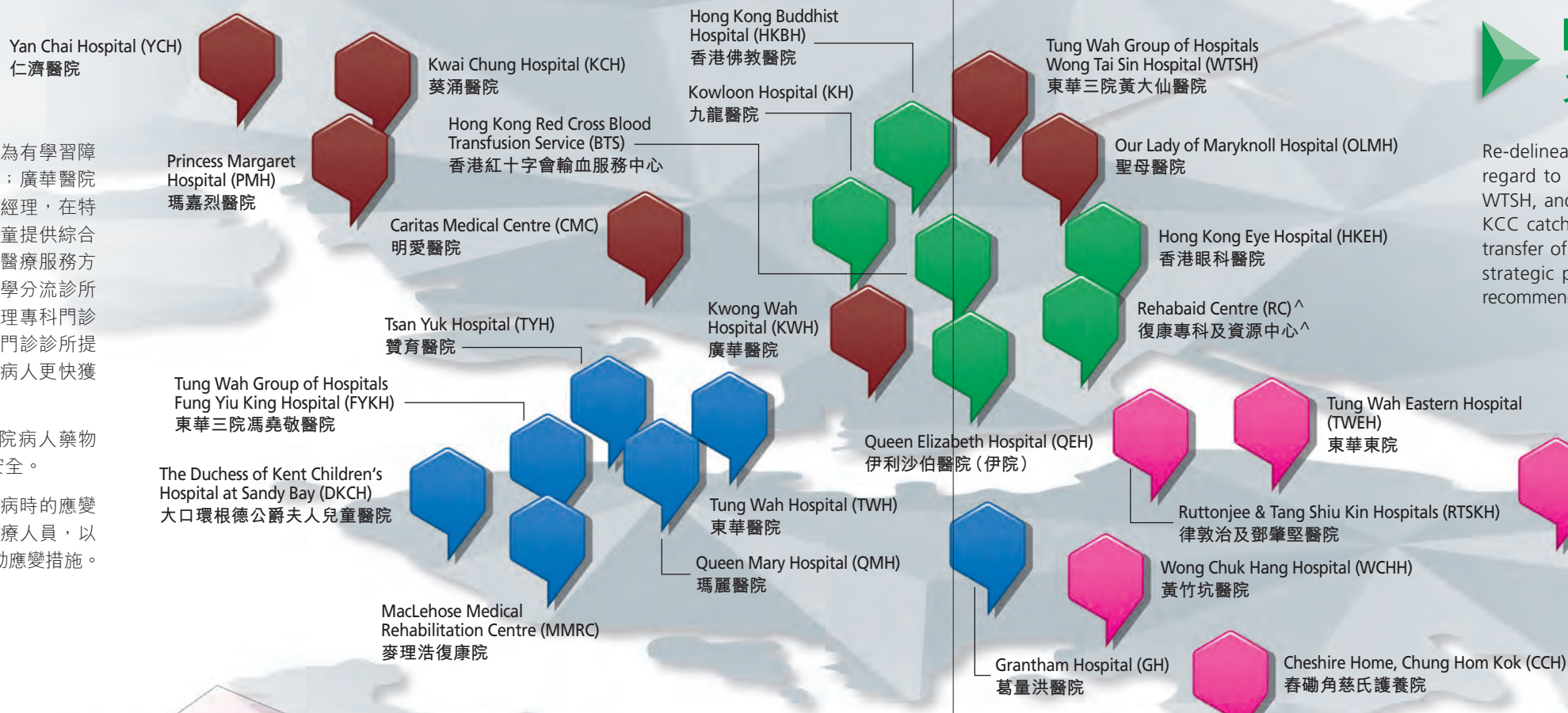


港島東聯網在服務需求增加和人手短缺的情況下，推出了一系列措施擴充服務量、提升便捷度及挽留人才。員工是聯網提供優質醫療服務的關鍵。因此，聯網一直十分重視員工的培訓和發展。律敦治及鄧肇堅醫院的急症科訓練中心於2016年12月獲美國心臟協會頒發銀獎，以表揚中心卓越的急救訓練課程。同年6月，醫管局護理深造學院為醫管局護士提供的模擬訓練已由急症科訓練中心負責。

縱使服務需求日增，港島東聯網依然致力確保服務質素和病人安全。東區醫院及東華東院於2016年6月順利通過醫院認證的中期覆核，而聯網病人膳食服務部亦於同年4月取得國際標準 ISO 22000:2005 食物安全管理系統的認證，提升病人膳食

安全。律敦治醫院在2017年1月翻新特別病房，融入關懷長者的設計和設施。

為更有效應付服務需求大的範疇，東區醫院於2016年10月起加開外科急症病床和每星期增加手術室節數。東華東院於2016年獲勞工及福利局頒發「社會資本動力獎」，以表揚醫院為照顧長期病患者的人士提供出色的支援服務。聯網亦採用先進技術為病人服務，東華東院曾正曾備綜合社區復康中心於2016年12月安裝了一套復康機械手「希望之手」，幫助病人手部康復及活動。東區醫院的矯形及創傷外科團隊更成功在香港首次應用3D打印技術，為一名患者製作並植入永久性距骨假體，讓病人恢復活動能力。



KOWLOON CENTRAL CLUSTER (KCC) 九龍中醫院聯網(九龍中聯網)

Re-delineation of the cluster boundary took effect from 1 December 2016 in regard to administrative arrangements. Hospitals including KWH, OLMH and WTSH, and services units were re-grouped from Kowloon West Cluster to new KCC catchment areas. Upon the cut-over for non-clinical support services and transfer of budget and manpower on 1 April 2017, KCC has started to develop strategic plan to align the provision of clinical services having regard to the recommendation of the Steering Committee on Review of HA.

To cope with the high demand for A&E and inpatient services, addressing waiting time and capacity issues was of high priority of KCC. Rapid Assessment and Treatment Team was piloted in QEH to support Triage III patients and additional support sessions were provided to handle Triage IV and V cases. To enhance inpatient service capacity in KCC, additional orthopaedic acute beds were opened in QEH.

In addition, QEH enhanced structural heart diseases programme, HIV services for eligible patients and renal replacement therapy for patients with end-stage renal diseases. Additional operating theatre



sessions and outside-theatre sessions for anaesthetic procedures were introduced. KCC Oncology service was strengthened by the extension of radiotherapy service hours and additional hepatitis B virus DNA tests were introduced to cancer patients.

HKEH strengthened the manpower to review and approach additional cases in order to identify suitable tissues and increase the supply of transplantable corneas for treatment of corneal blindness. BTS continued to scale up territory-wide blood transfusion service through increasing production and supply of leucodepleted red cells and platelet concentrates.

The clinical services provided at Yau Ma Tei Specialist Clinic were relocated to new Ambulatory Care Centre (Extension) in QEH which commenced operation in December 2016. The planning of the new acute general hospital in Kai Tak Development Area has also been in progress.

隨著聯網界線重組的行政安排於2016年12月1日起實施，廣華醫院、東華三院黃大仙醫院和聖母醫院，以及相關服務組別，已由九龍西聯網納入九龍中聯網的服務範圍。相關行政支援服務、財務及人力資源在2017年4月1日完成轉移，九龍中聯網已開展策略規劃，按醫管局檢討督導委員會的建議，調整聯網醫療服務。

為應付急症室及住院服務需求增加，聯網重點處理等候時間及住院病床不足問題。伊院引入快速評估及治療團隊，處理第三類別分流個案，並增加急症室的支援診症節數，處理第四及第五類別分流個案；另外增設骨科急症病床，提升九龍中聯網的住院服務量。

伊院又加強結構性心臟介入治療服務，為合適的病人提供高效能抗愛滋病毒療法及為末期腎病患者加強血液透析服務，以及增加額外的手術室節數及手術室外的麻醉手術節數。為加強九龍中聯網的腫瘤科服務，伊院延長放射治療的服務時間，並為癌症病人提供額外的乙型肝炎病毒基因測試。

香港眼科醫院加強審視及處理捐贈個案的人手，以辨識合適的組織及增加可供移植的角膜數量，治療角膜性失明。香港紅十字會輸血服務中心繼續增加白細胞過濾的紅血球及濃縮血小板的供應，加強全港的輸血服務。

油麻地專科診所已在2016年12月，遷往伊院新落成的日間醫療中心(新翼)投入服務。啟德發展區新急症醫院的規劃亦在進展中。



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、護理科學生和研究生的教育、培訓和研究工作以及醫療科技及服務發展。隨著瑪麗醫院重建計劃展開，未來的協作將進一步加強。

聯網一直關注人手不足及流失率高的問題，特別是病人服務助理職系情況。為此，聯網一方面加強病人服務助理的招聘和挽留措施，另一方面繼續為在24小時病房工作的病人服務助理推行年度晉升機制。

聯網一直致力提升服務量，當中包括增加家居自動腹膜透析及家居血液透析名額，為末期腎病患者加強洗腎服務；瑪麗醫院延長放射治療的服務時間，以應付日增的需求；葛量洪醫院提供指定病床，為長期使用呼吸機的病人提供跨專業護理。大口環

HONG KONG WEST CLUSTER (HKWC) 港島西醫院聯網(港島西聯網)

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

Manpower shortage and high turnover in particular among the supporting care colleagues is a major concern to HKWC. To allay the issue, HKWC has not only stepped up recruitment and retention initiatives for Patient Care Assistants (PCAs) but also continued with the annual progression exercise for PCAs working in wards with 24 hours services.

Continuous efforts have been made to increase service capacity. These included enhancing the capacity of renal replacement therapy for patients with end-stage renal disease by providing additional home automated peritoneal dialysis treatment and home haemodialysis treatment. The service hours of radiotherapy services in QMH was also extended to cater for escalating needs. Designated beds in GH with multi-disciplinary support were provided for chronic ventilator-dependent patients. The Joint Replacement Centre in DKCH was set up to provide additional sessions of operation for patients on Hong Kong Island. A Pain Clinic was set up in

MMRC to implement pain management programme and provide multi-disciplinary care for patients. The child and adolescent psychiatric outpatient services were enhanced by providing additional new case consultations to curtail the waiting time due to growing service demand.

Patients' accessibility to radiological imaging services was enhanced through the introduction of densitometry service at QMH. To cover more Residential Care Homes for the Elderly in HKWC, the Community Geriatric Assessment Team service was strengthened with additional outreach attendances.

The Chemotherapy and Radiotherapy nurse clinic was established in QMH to ensure safe and effective oncology services. Through the establishment of the Sterile Service Department in HKWC, six reprocessing sites in QMH were supported and sterilisation service was provided to GH. The service capacity of In-vitro Fertilisation (IVF) was further enhanced by the provision of additional IVF cycles in QMH to cope with the growing service demand.

The central coordinated refill service for medical consumables and linen items was implemented in hospital wards of QMH and TYH to strengthen business support services. Additional resources were provided for the first stage of Phase One QMH Redevelopment Project to ensure smooth transition and continuous provision of clinical services in the planning process.

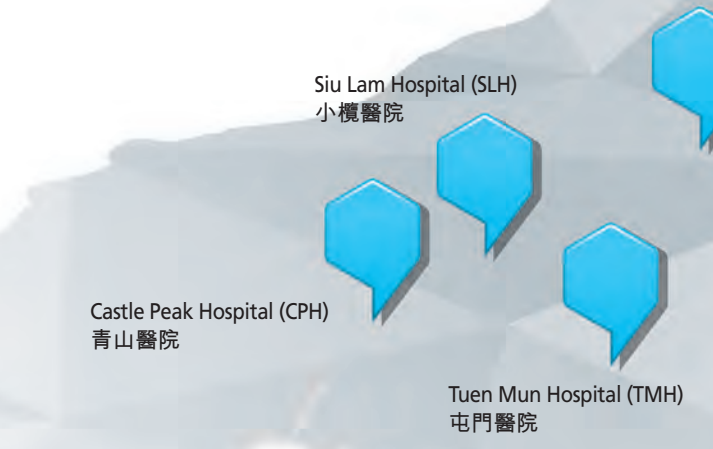
NEW TERRITORIES WEST CLUSTER (NTWC) 新界西醫院聯網 (新界西聯網)

Expansion of service capacity is one of the key strategies adopted by NTWC to address escalating service demand from the community. With TSWH commencing its services in phases in early 2017, the provision of public medical services in Tin Shui Wai community, in particular the support of emergency service has enhanced significantly. TSWH will continue to expand its services in coming years to meet the demand of the residents in the district. Apart from this new service point in Tin Shui Wai, the Cluster also opened more than 100 additional beds in different hospitals in 2016-17 to cope with the increasing demand arising from the growing population and aging problem of the community.

To strengthen its surgical facilities and service capacity, TMH commenced the works of Operating Theatre Block Extension Project in 2016-17. Upon completion of the project, additional operating theatres, an expanded Accident and Emergency and Radiology Department, as well as more clinical space will be available in TMH.

Another key strategy deployed by NTWC is enhancement in service quality. Various measures were taken forward in 2016-17, such as implementation of the Inpatient Medication Order Entry system to ensure medication safety; creating additional Associate Consultant posts and training additional nurses to retain experienced clinical staff; enhancing acute stroke, haemodialysis, peritoneal dialysis, operating theatre and endoscopy services for treatment of better quality.

In future, NTWC will continue to strive for enhancement in service capacity and quality, and invest in adding new facilities to manage service demand of the patients in Tuen Mun and Yuen Long districts.



提升服務量是新界西聯網回應服務需求增長的重點策略之一。隨著天水圍醫院於2017年初分階段投入服務，該區的公營醫療服務，特別是急症服務的支援顯著提升。天水圍醫院在未來數年會繼續擴展服務，以配合區內居民的需要。除了天水圍區新服務點，聯網在2016-17年度於轄下不同醫院共增加了超過100張病床，以回應區內人口不斷增長和老化所帶來的需求。

為優化手術設施及增加服務量，屯門醫院的手術室大樓擴建計劃已於2016-17年動工，計劃將增加醫院的手術室、擴展急症室和放射科，並提供更多空間為病人診治。

新界西聯網另一重點策略是提升服務質素。在2016-17年度，聯網採取了不同措施優化服務，包括引入住院病人藥物處方系統以確保藥物安全；增設副顧問醫生職位及額外培訓護士以挽留有經驗的臨床醫護人員；加強中風、血液透析、腹膜透析、手術室及內窺鏡等服務，以提升治療質素。

展望將來，新界西聯網會繼續提升服務的質和量，以配合屯門和元朗區內病人的需求。聯網亦會繼續增加設施，拓展服務空間。



Hospitals 醫院	NTWC 新界西聯網	NTEC 新界東聯網	KEC 九龍東聯網
Number of general outpatient clinics 普通科門診診所數目	8	10	8
Throughput 服務量			
Number of beds 病床數目	4,368	4,713	2,543
Patient discharges* 出院病人數目*	230,372	302,427	197,087
A&E attendances 急症室就診人次	346,668	385,432	316,829
Specialist outpatient attendances (clinical) 專科門診就診人次 (臨床服務)	1,018,293	1,197,841	869,710
General outpatient attendances 普通科門診就診人次	851,943	972,454	997,733
Full-time equivalent staff 等同全職人員數目	10,480	11,822	7,835

* Total inpatient, day patient discharges and deaths
* 住院及日間病人出院及死亡總數

NEW TERRITORIES EAST CLUSTER (NTEC) 新界東醫院聯網 (新界東聯網)

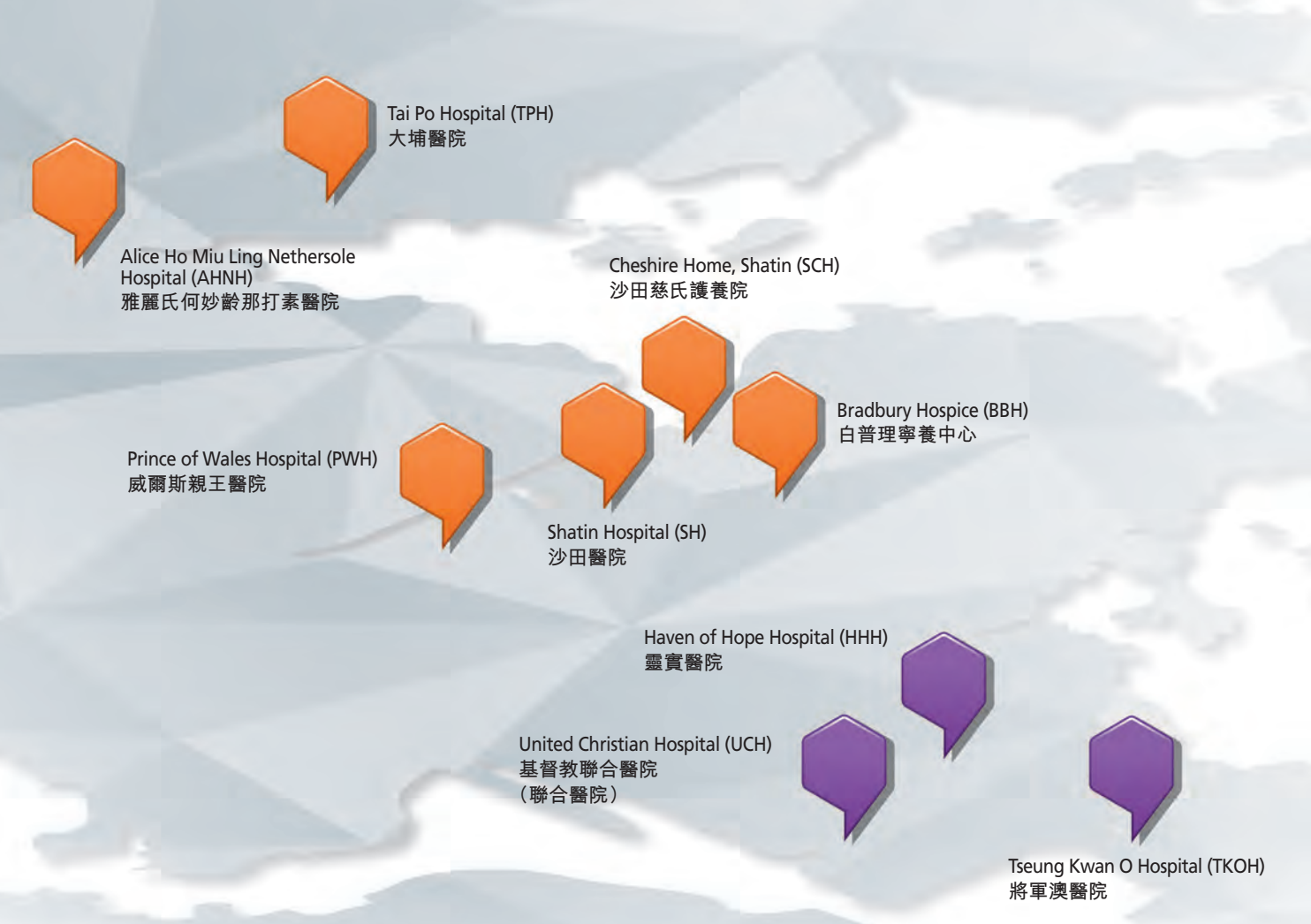
In 2016-17, NTEC spared no effort to optimise the management of demand and improve service quality and safety. Access block resulting from immense service demand due to population growth, in particular the aged population, continued to be a problem in NTEC. The pressure was more acute during winter surge period.

The Cluster has implemented the bed management enhancement programme since November 2016. In addition to daily morning meeting to monitor the hospital bed situation, staff are designated on-site at all times to take charge of overall bed coordination, early bed arrangement and escalation of support whenever the need arises. The programme proved to be effective in alleviating the problem. Promising results were observed in the percentage of access block ≥ 12 hours dropping to zero, while that of ≥ 4 hours also declined in AHNH, NDH and PWH. Apart from tackling the admission problem, NTEC also continued the initiative of discharge lounge during the

winter surge as a downstream measure to facilitate early discharge. Patients ready for discharge are transferred to the discharge lounge and looked after by nurses, while beds in wards can then be vacated for admission of other patients.

During the year, the implementation of "Express Queue Dispensing" in PWH successfully shortened the overall waiting time for medications. It was a collaborative endeavour of PWH frontline colleagues with the support of Head Office Chief Pharmacist's Office and Information Technology and Health Informatics Division. Since the introduction of the system, the average waiting time for drug dispensing has significantly reduced. The initiative won HA Outstanding Team Award in 2017.

Seasonal influenza vaccination achieved improved uptake rate among patients and staff in 2016-17. NTEC will keep up vigilance against influenza.



在2016-17年度，新界東聯網不遺餘力地優化需求管理，提高服務質素和安全。

新界東的人口增長特別是長者人數增加，造成龐大的服務需求。病人久候入院的問題，在新界東聯網一直存在。在冬季流感高峰期期間，聯網面對的壓力更為嚴峻。

自2016年11月起，聯網推行了病床管理計劃。除了每天早上舉行會議，監察醫院病床情況，更安排指定人員在現場負責協調整體病床的情況，盡早安排病床，及在有需要時提升支援。計劃有效舒緩問題。在雅麗氏何妙齡那打素醫院、北區醫院及威爾斯親王醫院，病人等候12小時或以上才能入院的百分比跌至0，結果令人鼓舞；而等候4小時或以上的百分比亦見下降。除了處理入院問題，新界東聯網繼續在冬季流感高峰期期間，設立出院等候室，作為下游措施加快病人出院。準備出院的病人，會獲安排轉往出院等候室由護士照顧，病房騰出的病床便可接收其他病人。

年內，威爾斯親王醫院聯同醫管局總辦事處的總藥劑師辦事處和資訊科技及醫療信息部實施「快隊配藥」計劃，成功縮短整體輪候取藥時間。計劃推出後，整體病人平均輪候取藥時間顯著減少。該計劃更獲頒醫管局傑出團隊獎2017。

在2016-17年，新界東聯網的病人及職員接種季節性流感疫苗的比例均有所提升。新界東聯網將繼續保持警覺，對抗流感。



KOWLOON EAST CLUSTER (KEC) 九龍東醫院聯網 (九龍東聯網)

In 2016-17, KEC continued to face escalating healthcare demand coupled with increasing disease complexity and an ageing population. With limited bed capacity and physical space constraint, the Cluster has strived to cope with service pressure areas through rationalisation and prioritisation, and boosted the service volume through enhanced productivity. KEC opened more medical day beds in UCH as well as more surgical day beds and coronary care beds in TKOH. In addition, the service capacity was augmented by establishing a new peritoneal dialysis service centre, and providing additional endoscopic sessions in TKOH. The Cluster also streamlined multi-disciplinary team support for patients with common mental disorder in specialist outpatient clinics and recruited a peer support worker to support patients with severe mental illness in the community.

KEC valued our staff effort in delivering professional and dedicated services to the public. To align with the corporate

direction, the Cluster allayed high turnover by continuing the annual progression exercise for Patient Care Assistants working in wards with 24 hours services and additional promotion opportunities for Residents.

KEC adopted modern technology with a view to improving service quality as well as managing risks. The laboratory service was enhanced by providing additional hepatitis B virus DNA tests to cancer patients for prevention of hepatitis B reactivation.

To enhance partnership with patients and the community, KEC recruited additional allied health professionals and supporting staff to enhance rehabilitation service and training for patients' caregivers in HHH.

In addressing the long-term pressure on physical space, the embarkation of UCH and HHH expansion projects epitomised a milestone for KEC. It is envisaged that the projects will not only elevate the overall service capacity, but also the resources for clinical and supporting services will be further synergised and aligned to augment service efficiency and quality.



2016-17年，九龍東聯網繼續面對多項挑戰，包括醫療服務需求上升、日趨複雜的病症以及人口老化等問題。由於病床不足及醫院空間有限，聯網透過理順服務優先及提高生產力等措施，致力應付需求高的服務範疇。聯網在基督教聯合醫院增設日間病床，以及於將軍澳醫院增設日間手術病床及心臟科加護病床。將軍澳醫院設立了新的腹膜透析服務中心，並同時增加內窺鏡檢查節數，以提升服務能力。聯網亦加強專科門診的跨專業團隊對一般精神病人的支援，以及招募了一名朋輩工作員，支援社區的嚴重精神病患者。

九龍東聯網有賴各努力不懈的員工，為市民提供專業的醫療服務。為配合機構的整體方向，聯網繼續為在24小時病房工作的病人服務助理推行年度晉升機制，並為駐院醫生提供額外晉升機會，以改善員工流失問題。

聯網善用新科技，以提升服務質素及風險管理。聯網為癌症病人提供額外基因測試，以預防乙型肝炎復發。

為促進與病人和社區夥伴的關係，聯網在靈實醫院增聘專職醫療人員和支援人員，加強康復服務及對病人照顧者的培訓。

基督教聯合醫院及靈實醫院擴建工程的展開，標誌著九龍東聯網服務的新里程。計劃有助應對空間不足的問題及提高整體服務量，亦將進一步整合臨床及支援服務的資源，以提升協同效應，為市民提供高質優的醫療服務。



INDEPENDENT AUDITOR'S REPORT AND AUDITED FINANCIAL STATEMENTS

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羅兵咸永道

Independent Auditor's Report To The Members of the Hospital Authority

獨立核數師報告 致醫院管理局成員

Opinion

What we have audited

The consolidated financial statements of the Hospital Authority ("HA") and its subsidiaries (together, the "Group") set out on pages 68 to 122, which comprise:

- the consolidated and HA balance sheets as at 31 March 2017;
- the consolidated statement of income and expenditure for the year then ended;
- the consolidated statement of comprehensive income for the year then ended;
- the consolidated statement of cash flows for the year then ended;
- the consolidated statement of changes in net assets for the year then ended; and
- the notes to the consolidated financial statements, which include a summary of significant accounting policies.

Our opinion

In our opinion, the consolidated financial statements give a true and fair view of the financial position of HA and the consolidated financial position of the Group as at 31 March 2017, and of the Group's consolidated financial performance and its consolidated cash flows for the year then ended in accordance with Hong Kong Financial Reporting Standards ("HKFRSs") issued by the Hong Kong Institute of Certified Public Accountants ("HKICPA").

Basis for Opinion

We conducted our audit in accordance with Hong Kong Standards on Auditing ("HKSA") issued by the HKICPA. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Consolidated Financial Statements section of our report.

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

Independence

We are independent of the Group in accordance with the HKICPA's Code of Ethics for Professional Accountants ("the Code"), and we have fulfilled our other ethical responsibilities in accordance with the Code.

意見

我們已審計的內容

醫院管理局(「醫管局」)及其附屬機構(以下統稱「貴集團」)列載於第68至122頁的綜合財務報表，包括：

- 於二零一七年三月三十一日的綜合及醫管局資產負債表；
- 截至該日止年度的綜合收支結算表；
- 截至該日止年度的綜合全面收益表；
- 截至該日止年度的綜合現金流動報表；
- 截至該日止年度的綜合淨資產變動報表；及
- 綜合財務報表附註，包括主要會計政策概要。

我們的意見

我們認為，該等綜合財務報表已根據香港會計師公會頒布的《香港財務報告準則》真實而中肯地反映了於二零一七年三月三十一日醫管局的財務狀況及貴集團的綜合財政狀況，以及貴集團截至該日止年度的綜合財務表現及綜合現金流量。

意見的基礎

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。我們在該等準則下承擔的責任已在本報告「核數師就審計綜合財務報表承擔的責任」部分中作進一步闡述。

我們相信，我們所獲得的審計憑證能充足及適當地為我們的審計意見提供基礎。

獨立性

根據香港會計師公會頒布的《專業會計師道德守則》(以下簡稱「守則」)，我們獨立於貴集團，並已履行守則中的其他專業道德責任。



羅兵咸永道

Independent Auditor's Report To The Members of the Hospital Authority

(Continued)

Other Information

HA is responsible for the other information. The other information comprises all of the information included in the annual report other than the consolidated financial statements and our auditor's report thereon.

Our opinion on the consolidated financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the consolidated financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the consolidated financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of HA and Those Charged with Governance for the Consolidated Financial Statements

HA is responsible for the preparation of the consolidated financial statements that give a true and fair view in accordance with HKFRSs issued by the HKICPA, and for such internal control as HA determines is necessary to enable the preparation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, HA is responsible for assessing the Group's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless there are events or conditions that have caused or may cause the Group to cease to continue as a going concern.

Those charged with governance are responsible for overseeing the Group's financial reporting process.

獨立核數師報告

致醫院管理局成員(續)

其他信息

醫管局須對其他信息負責。其他信息包括年報內的所有信息，但不包括綜合財務報表及我們的核數師報告。

我們對綜合財務報表的意見並不涵蓋其他信息，我們亦不對該等其他信息發表任何形式的鑒證結論。

結合我們對綜合財務報表的審計，我們的責任是閱讀其他信息，在此過程中，考慮其他信息是否與綜合財務報表或我們在審計過程中所了解的情況存在重大抵觸或者似乎存在重大錯誤陳述的情況。

基於我們已執行的工作，如果我們認為其他信息存在重大錯誤陳述，我們需要報告該事實。在這方面，我們沒有任何報告。

醫管局及管治層就綜合財務報表須承擔的責任

醫管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需的內部控制負責。

在擬備綜合財務報表時，醫管局負責評估貴集團持續經營的能力，並在適用情況下披露與持續經營有關的事項，以及使用持續經營為會計基礎，除非出現任何事項或情況而導致或可能導致貴集團不能持續經營。

管治層須負責監督貴集團的財務報告過程。



羅兵咸永道

Independent Auditor's Report To The Members of the Hospital Authority (Continued)

獨立核數師報告 致醫院管理局成員(續)

Auditor's Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. We 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. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with HKSA's will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these consolidated financial statements.

As part of an audit in accordance with HKSA's, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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 Group's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by HA.

核數師就審計綜合財務報表 承擔的責任

我們的目標，是對綜合財務報表整體是否不存在由於欺詐或錯誤而導致的重大錯誤陳述取得合理保證，並出具包括我們意見的核數師報告。我們僅按照醫院管理局條例第十條向閣下(作為整體)報告我們的意見，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。合理保證是高水平的保證，但不能保證按照《香港審計準則》進行的審計，在某一重大錯誤陳述存在時總能發現。錯誤陳述可以由欺詐或錯誤引起，如果合理預期它們單獨或滙總起來可能影響綜合財務報表使用者依賴綜合財務報表所作出的經濟決定，則有關的錯誤陳述可被視作重大。

在根據《香港審計準則》進行審計的過程中，我們運用了專業判斷，保持了專業懷疑態度。我們亦：

- 識別和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，設計及執行審計程序以應對這些風險，以及獲取充足和適當的審計憑證，作為我們意見的基礎。由於欺詐可能涉及串謀、偽造、蓄意遺漏、虛假陳述，或凌駕於內部控制之上，因此未能發現因欺詐而導致的重大錯誤陳述的風險高於未能發現因錯誤而導致的重大錯誤陳述的風險。
- 了解與審計相關的內部控制，以設計適當的審計程序，但目的並非對貴集團內部控制的有效性發表意見。
- 評價醫管局所採用會計政策的恰當性及作出會計估計和相關披露的合理性。



羅兵咸永道

Independent Auditor's Report To The Members of the Hospital Authority (Continued)

Auditor's Responsibilities for the Audit of the Consolidated Financial Statements (Continued)

- Conclude on the appropriateness of HA's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Group's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the consolidated financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Group to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the consolidated financial statements, including the disclosures, and whether the consolidated financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Obtain sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the Group to express an opinion on the consolidated financial statements. We are responsible for the direction, supervision and performance of the group audit. We remain solely responsible for our audit opinion.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

PricewaterhouseCoopers
Certified Public Accountants

Hong Kong, 28 September 2017

獨立核數師報告

致醫院管理局成員 (續)

核數師就審計綜合財務報表 承擔的責任 (續)

- 對醫管局採用持續經營會計基礎的恰當性作出結論。根據所獲取的審計憑證，確定是否存在與事項或情況有關的重大不確定性，從而可能導致對貴集團的持續經營能力產生重大疑慮。如果我們認為存在重大不確定性，則有必要在核數師報告中提請使用者注意綜合財務報表中的相關披露。假若有關的披露不足，則我們應當發表非無保留意見。我們的結論是基於核數師報告日止所取得的審計憑證。然而，未來事項或情況可能導致貴集團不能持續經營。
- 評價綜合財務報表的整體列報方式、結構和內容，包括披露，以及綜合財務報表是否中肯反映交易和事項。
- 就貴集團內實體或業務活動的財務信息獲取充足、適當的審計憑證，以便對綜合財務報表發表意見。我們負責貴集團審計的方向、監督和執行。我們為審計意見承擔全部責任。

除其他事項外，我們與管治層溝通了計劃的審計範圍、時間安排、重大審計發現等，包括我們在審計中識別出內部控制的任何重大缺陷。

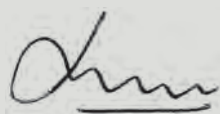
羅兵咸永道會計師事務所
執業會計師

香港，二零一七年九月二十八日

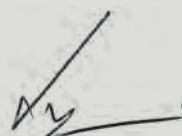
Consolidated Balance Sheet

綜合資產負債表

	Note 附註	At 31 March 2017 HK\$'000 2017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
Non-Current Assets 非流動資產			
Property, plant and equipment 物業、機器及設備	5	5,565,993	5,083,108
Intangible assets 無形資產	6	250,587	233,802
Loans receivable 應收債款	7	1,836	3,020
Placements with the Exchange Fund 外匯基金存款	8	23,300,000	13,300,000
Fixed income instruments 固定入息工具	9	250,000	1,840,000
		29,368,416	20,459,930
Current Assets 流動資產			
Inventories 存貨	10	1,296,482	1,267,360
Loans receivable 應收債款	7	827	947
Accounts receivable 應收賬款	11	326,238	316,406
Other receivables 其他應收賬款	12	297,625	177,123
Deposits and prepayments 按金及預付款項	13	323,605	321,972
Placements with the Exchange Fund 外匯基金存款	8	2,367,339	1,667,266
Fixed income instruments 固定入息工具	9	1,890,000	250,000
Cash and bank balances 現金及銀行結餘	14	17,326,021	29,781,697
		23,828,137	33,782,771
Current Liabilities 流動負債			
Balance with Samaritan Fund 撒瑪利亞基金結餘	15	1,221,289	999,630
Creditors and accrued charges 債權人及應付費用	16	10,488,845	10,108,179
Deposits received 已收按金	17	297,734	241,059
		12,007,868	11,348,868
Net Current Assets 流動資產淨值			
		11,820,269	22,433,903
Total Assets Less Current Liabilities 總資產減流動負債			
		41,188,685	42,893,833
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	253,418	238,782
Deferred income 遞延收益	19	11,782,280	12,503,367
Public-Private Partnership Endowment Fund 公私營協作留本基金	20	10,000,000	10,000,000
		28,035,698	28,742,149
Net Assets 資產淨值			
		13,152,987	14,151,684
Capital subventions and capital donations 資本補助及資本捐贈			
	21	5,816,580	5,316,910
Designated fund 指定基金			
	22	5,077,369	5,077,369
Revenue reserve 收入儲備			
		2,259,038	3,757,405
Total Funds 基金總額			
		13,152,987	14,151,684



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



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

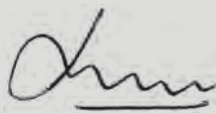
The notes on pages 74 to 122 are an integral part of these consolidated financial statements.

第74至122頁的附註是本綜合財務報表的一部分。

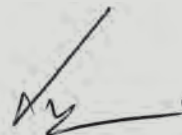
Balance Sheet

資產負債表

	Note 附註	At 31 March 2017 HK\$'000 2017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
Non-Current Assets 非流動資產			
Property, plant and equipment 物業、機器及設備	5	5,565,993	5,083,108
Intangible assets 無形資產	6	250,587	233,802
Loans receivable 應收債款	7	1,836	3,020
Placements with the Exchange Fund 外匯基金存款	8	23,300,000	13,300,000
Fixed income instruments 固定入息工具	9	250,000	1,840,000
		29,368,416	20,459,930
Current Assets 流動資產			
Inventories 存貨	10	1,296,482	1,267,360
Loans receivable 應收債款	7	827	947
Accounts receivable 應收賬款	11	326,238	316,406
Other receivables 其他應收賬款	12	297,625	177,123
Deposits and prepayments 按金及預付款項	13	323,522	321,889
Placements with the Exchange Fund 外匯基金存款	8	2,367,339	1,667,266
Fixed income instruments 固定入息工具	9	1,890,000	250,000
Cash and bank balances 現金及銀行結餘	14	17,326,021	29,781,697
		23,828,054	33,782,688
Current Liabilities 流動負債			
Balance with Samaritan Fund 撒瑪利亞基金結餘	15	1,221,289	999,630
Creditors and accrued charges 債權人及應付費用	16	10,488,768	10,108,102
Deposits received 已收按金	17	297,734	241,059
		12,007,791	11,348,791
Net Current Assets 流動資產淨值			
		11,820,263	22,433,897
Total Assets Less Current Liabilities 總資產減流動負債			
		41,188,679	42,893,827
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	253,418	238,782
Deferred income 遞延收益	19	11,782,280	12,503,367
Public-Private Partnership Endowment Fund 公私營協作留本基金	20	10,000,000	10,000,000
		28,035,698	28,742,149
Net Assets 資產淨值			
		13,152,981	14,151,678
Capital subventions and capital donations 資本補助及資本捐贈			
	21	5,816,580	5,316,910
Designated fund 指定基金			
	22	5,077,369	5,077,369
Revenue reserve 收入儲備			
		2,259,032	3,757,399
Total Funds 基金總額			
		13,152,981	14,151,678



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



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

The notes on pages 74 to 122 are an integral part of these financial statements.

第 74 至 122 頁的附註是本財務報表的一部分。

Consolidated Statement of Income and Expenditure 綜合收支結算表

	Note 附註	For the year ended 31 March 2017 HK\$'000 截至2017年 3月31日止年度 港幣千元	For the year ended 31 March 2016 HK\$'000 截至2016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		52,368,730	50,538,379
Capital Government subvention for building projects 建築工程的資本性政府補助		1,259,367	1,143,406
Hospital/clinic fees and charges 醫院 / 診療所收費	23	3,817,718	3,597,986
Donations 捐贈		40	64
Transfers from 轉調自：			
Designated donation fund 指定捐贈基金	19	171,110	145,645
Minor Works Projects Fund 小型工程項目基金	19	1,103,964	1,066,209
Public-Private Partnership Fund 公私營協作基金	19	181,712	-
Capital subventions 資本補助	21	814,305	1,024,384
Capital donations 資本捐贈	21	161,806	113,686
Investment income 投資收益	24	208,867	188,185
Other income 其他收益		726,912	826,561
		60,814,531	58,644,505
Expenditure 支出			
Staff costs 員工成本	25	(43,083,902)	(40,298,679)
Drugs 藥物		(6,156,112)	(5,710,382)
Medical supplies and equipment 醫療物品及設備		(2,690,534)	(2,558,198)
Utilities charges 公用開支		(1,180,882)	(1,174,165)
Repairs and maintenance 維修及保養		(1,989,457)	(1,894,103)
Building projects funded by the Government 由政府撥款的建築工程	2 (g) (ii) to 至 (iv)	(2,363,331)	(2,209,615)
Operating lease expenses 營運租賃開支		(158,893)	(160,342)
Depreciation and amortisation 折舊及攤銷	5 & 6	(964,804)	(1,108,886)
Other operating expenses 其他營運開支	26	(3,745,175)	(3,379,795)
		(62,333,090)	(58,494,165)
(Deficit)/surplus for the year 年內(虧損) / 盈餘		(1,518,559)	150,340

The notes on pages 74 to 122 are an integral part of these consolidated financial statements.

第74至122頁的附註是本綜合財務報表的一部分。



Consolidated Statement of Comprehensive Income

綜合全面收益表

	Note 附註	For the year ended 31 March 2017 HK\$'000 截至2017年 3月31日止年度 港幣千元	For the year ended 31 March 2016 HK\$'000 截至2016年 3月31日止年度 港幣千元
(Deficit)/surplus for the year 年內(虧損)/盈餘		(1,518,559)	150,340
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	1,453,623	1,284,623
– Transfers from Minor Works Projects Fund 轉調自小型工程項目基金	21	22,158	17,155
– Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	21	(976,111)	(1,138,070)
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	20,192	21,137
Total comprehensive income for the year 年內全面收益總額		(998,697)	335,185

The notes on pages 74 to 122 are an integral part of these consolidated financial statements.

第74至122頁的附註是本綜合財務報表的一部分。

Consolidated Statement of Cash Flows

綜合現金流動報表

	Note 附註	For the year ended 31 March 2017 HK\$'000 截至2017年 3月31日止年度 港幣千元	For the year ended 31 March 2016 HK\$'000 截至2016年 3月31日止年度 港幣千元
Net cash used in operating activities 營運活動所用現金淨額	29	(2,659,321)	(818,911)
Investing activities 投資活動			
Investment income received 已收投資收益		205,151	227,758
Purchases of property, plant and equipment 購置物業、機器及設備	5	(1,349,462)	(1,182,441)
Purchases of intangible assets 購置無形資產	6	(126,319)	(119,337)
Net decrease / (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減少 / (增加)		2,551,052	(131,767)
Increase in fixed income instruments 固定入息工具增加		(50,000)	(440,000)
Net cash generated from / (used in) investing activities 投資活動所得 / (所用) 現金淨額		1,230,422	(1,645,787)
Net cash outflow before financing activities 融資前之現金淨額流出		(1,428,899)	(2,464,698)
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		56,159	72,200
Interest earned for Public-Private Partnership Fund 公私營協作基金所獲利息		14,493	-
Capital subventions 資本補助	21	1,265,842	1,187,599
Capital donations 資本捐贈	21	187,781	97,024
Net cash generated from financing activities 融資活動所得之現金淨額		1,524,275	1,356,823
Increase / (decrease) in cash and cash equivalents 現金及現金等值之增加 / (減少)		95,376	(1,107,875)
Cash and cash equivalents at the beginning of the year 年初之現金及現金等值		1,958,325	3,066,200
Cash and cash equivalents at the end of the year 年終之現金及現金等值	14	2,053,701	1,958,325

Notes:

- (1) The interest on the placements 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 HK\$10,000,000,000 bank deposits designated for Public-Private Partnership ("PPP") Endowment Fund was netted off with the HK\$10,000,000,000 placement with the Exchange Fund for the year ended 31 March 2017 and the detailed arrangement is disclosed in note 2(r) and note 20.

註：

- (1) 代撒瑪利亞基金存於外匯基金的存款之利息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港幣10,000,000,000元現金流量已經扣除截至二零一七年三月三十一日止年度於外匯基金的港幣10,000,000,000元存款，詳細安排於附註2(r)及附註20披露。

The notes on pages 74 to 122 are an integral part of these consolidated financial statements.

第74至122頁的附註是本綜合財務報表的一部分。



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 2015 於二零一五年四月一日	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
Total comprehensive income for the year 年內全面收益總額	499,670	-	(1,498,367)	(998,697)
At 31 March 2017 於二零一七年三月三十一日	5,816,580	5,077,369	2,259,038	13,152,987

The notes on pages 74 to 122 are an integral part of these consolidated financial statements.

第74至122頁的附註是本綜合財務報表的一部分。

Notes to the Financial Statements

1. The Hospital Authority

(a) Background

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

- advising the Government of the Hong Kong Special Administrative Region (the "Government") of the needs of the public for hospital services and of the resources required to meet those needs;
- managing and developing the public hospital system;
- recommending to the Secretary for Food and Health appropriate policies on fees for the use of hospital services by the public;
- establishing public hospitals; and
- promoting, assisting and taking part in education and training of 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-subservent 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 2017, HA recognised HK\$279,790,000 (2016: HK\$261,809,000) 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。截至二零一七年三月三十一日止之財政年度，醫管局確認港幣279,790,000元(二零一六年：港幣261,809,000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 2017, 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
Tin Shui Wai 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

在二零一七年三月三十一日，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
天水圍醫院
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 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
 HACM Limited
 Hong Kong Red Cross Blood Transfusion Service
 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 financial statements have been prepared on a going concern basis as HA's ability to continue as a going concern relies primarily on Government funding.

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
 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
 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
 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

醫管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。

由於醫管局的持續經營能力主要是依賴政府撥款，編製財務報表是使用持續經營為會計基礎。

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

財務報表附註

2. Principal accounting policies (Continued)

2. 主要會計政策 (續)

(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 2017.

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

(b) 綜合呈列之基準

集團的財務報表包括截至二零一七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) 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 2017, the principal subsidiaries of HA comprise:

(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。

在二零一七年三月三十一日，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 2016 are relevant to the Group:

Annual Improvements to HKFRS 2012-2014 Cycle

Amendments to HKAS 1, Disclosure Initiative
Amendments to HKAS 16 and 38, Clarification of Acceptable Methods of Depreciation and Amortisation

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 2017. The Group has not early adopted these new/revised HKFRSs in the financial statements for the financial year ended 31 March 2017. The Group is in the process of making an assessment but is not yet in a position to conclude 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 programmes 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二零一六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(二零一二年至二零一四年週期)

《香港會計準則》第1號修訂 披露倡議
《香港會計準則》第16及38號修訂 可接受折舊法和攤銷法之澄清

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二零一七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》。集團在截至二零一七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，但現在尚未可總結這些新訂 / 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 and other donated assets each with a value below HK\$100,000 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)(v) 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)(v)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 properties which are funded by the Government through HA but are owned by the Government (including those under entrustment arrangement with the Government), the associated 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) 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.
- (v) 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.
- (vi) Property, plant and equipment transferred from the hospitals to HA at 1 December 1991 was recorded at nil value.

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) 由政府透過醫管局撥款但由政府擁有的財產(包括受政府委託營運管理的財產)，有關開支於支出時記入收支結算表列作開支入賬。
- (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) 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。
- (v) 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。
- (vi) 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。

Notes to the Financial Statements

財務報表附註

2. Principal accounting policies (Continued)

2. 主要會計政策 (續)

(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.

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.

(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。

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。

Notes to the Financial Statements

2. Principal accounting policies (Continued)

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

(k) Fixed income instruments

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

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

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

財務報表附註

2. 主要會計政策(續)

(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。

(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。

Notes to the Financial Statements

2. Principal accounting policies (Continued)

(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 as 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 expenses in the statement of income and expenditure.

(n) Cash and cash equivalents

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

財務報表附註

2. 主要會計政策 (續)

(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，按攤餘成本值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。

(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。



Notes to the Financial Statements

財務報表附註

2. Principal accounting policies (Continued)

2. 主要會計政策(續)

(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.

(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) 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.

(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。

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.

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。

Notes to the Financial Statements

2. Principal accounting policies (Continued)

(q) Employee benefits

(i) Retirement benefits costs

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

(ii) Termination benefits costs

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

(iii) Death and disability benefits costs

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

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

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.

財務報表附註

2. 主要會計政策 (續)

(q) 僱員福利

(i) 退休福利開支

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

(ii) 離職福利開支

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

(iii) 死亡及傷殘福利開支

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

合資格僱員的死亡福利列為離職後的界定福利。根據經驗調整及精算假設改變而重新計量的死亡福利責任，即時在其他全面收益確認。

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。

Notes to the Financial Statements

2. Principal accounting policies (Continued)

(q) Employee benefits (Continued)

(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) to (iv).

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 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)(v) and note 2(i) respectively are recognised in other comprehensive income and accumulated in total funds under capital subventions, and the corresponding amounts are capitalised as property, plant and equipment or intangible assets respectively. This includes capital expenditure on furniture, fixtures, equipment, motor vehicles, computer hardware, software and systems. Each year, an amount equal to the depreciation or amortisation charge for these assets and net book value of assets disposed of is transferred from capital subventions to the statement of income and expenditure.

財務報表附註

2. 主要會計政策(續)

(q) 僱員福利(續)

(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)至(iv)物業、機器及設備資本化規定時，會列作及確認為資本補助收入。

政府的小型工程一次性撥款(分目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表。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表。有關公私營協作基金的詳情載於附註19(c)。

用於附註2(g)(v)物業、機器及設備或附註2(i)無形資產支出的政府補助，在其他全面收益確認，並在基金總額項下的資本補助累積。相同金額會資本化，分別列為物業、機器及設備或無形資產。這個項目已包括家具、固定裝置、設備、汽車、電腦硬件、軟件及系統。每年，一筆相等於該等資產折舊或攤銷的金額及出售資產的賬面淨值會由資本補助轉調往收支結算表。

Notes to the Financial Statements

2. Principal accounting policies (Continued)

(s) Operating leases

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

(t) Translation of foreign currencies

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

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

財務報表附註

2. 主要會計政策 (續)

(s) 營運租賃

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

(t) 外幣換算

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

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

Notes to the Financial Statements

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 2017 consisted of bank deposits, fixed income instruments and placements 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).

(i) Credit risk

The Group's credit risk is the risk that counterparties may default on its bank deposits, fixed income instruments and placements 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 investment.

The placements with the Exchange Fund are 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 placements.

財務報表附註

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。截至二零一七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。

(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。

Notes to the Financial Statements

3. Financial risk management (Continued)

(a) Financial risk factors (Continued)

(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 2017. 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 deficit 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.

(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).

財務報表附註

3. 財務風險管理 (續)

(a) 財務風險因素 (續)

(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。集團在二零一七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，這對集團的虧損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。

(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）。

Notes to the Financial Statements

3. Financial risk management (Continued)

(b) Fair values estimation (Continued)

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

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.

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.

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)

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。

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。

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)

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

The placements with the Exchange Fund are included in level 3. The following table presents the changes in level 3 instruments for the financial years ended 31 March 2017 and 31 March 2016:

	For the year ended 31 March 2017 HK\$'000 截至2017年 3月31日止年度 港幣千元	For the year ended 31 March 2016 HK\$'000 截至2016年 3月31日止年度 港幣千元
At the beginning of the year 於年初	14,967,266	14,262,359
Addition [note 20] 增加[附註20]	10,000,000	-
Interest 利息	700,073	704,907
At the end of the year [note 8] 於年終[附註8]	25,667,339	14,967,266

外匯基金存款屬於第三層。下表呈列截至二零一七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) 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 approved custodian. These instruments are summarised below:

(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核准保管人提供，現概列如下：

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 2017 HK\$'000 2017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 2017 HK\$'000 2017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
Fixed income instruments 固定入息工具	2,140,000	2,090,000	2,145,364	2,103,181

(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。

Notes to the Financial Statements

3. Financial risk management (Continued)

(c) Capital management

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

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

In this regard, the capital of the Group comprises revenue reserve, designated fund, capital subventions, capital donations and deferred income as shown in the consolidated balance sheet. At 31 March 2017, the capital of the Group was HK\$24,935,267,000 (2016: HK\$26,655,051,000).

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 healthcare system. The Group has always been prudent in financial management so as to ensure proper and effective use of public resources. Through the annual planning exercise, resource requirements of individual hospital clusters are identified and considered against the total amount of funding available to the Group, with a view to meet the rising service demand for public hospital services and build up Hong Kong's future healthcare workforce with recruitment of new graduates. The Group also continuously strives for enhancement of efficiency in use of its resources. To facilitate the delivery of value-for-money services, the Group regularly monitors a set of performance indicators covering performance in clinical service, human resources management and financial management.

財務報表附註

3. 財務風險管理 (續)

(c) 資本管理

根據《醫院管理局條例》，集團的資源包括：

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

故此，集團的資本包括綜合資產負債表所載的收入儲備、指定基金、資本補助、資本捐贈及遞延收益。截至二零一七年三月三十一日，集團的資本為港幣24,935,267,000元（二零一六年：港幣26,655,051,000元）。

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。集團一直奉行審慎的財務管理原則，以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，並就集團所獲撥款總額作出考慮，以應付公立醫院服務日益增加的需求，並聘請新畢業生培育香港未來的醫護人手。集團亦不斷致力提升資源運用的效率。為能提供合乎經濟效益的服務，集團定期監察一套測定醫療服務、人力資源管理及財務管理績效的表現指標。

Notes to the Financial Statements

財務報表附註

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 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.

(b) 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.

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」。

(b) 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 2016 於2016年4月1日	1,081,681	10,479,844	253,878	675,911	12,491,314
Reclassifications 重新分類	-	300	-	(338)	(38)
Additions 增加	25,397	1,224,834	32,643	66,588	1,349,462
Disposals 出售	(15,353)	(741,160)	(14,454)	(224,143)	(995,110)
At 31 March 2017 於2017年3月31日	1,091,725	10,963,818	272,067	518,018	12,845,628
Accumulated depreciation 累積折舊					
At 1 April 2016 於2016年4月1日	411,331	6,315,148	197,688	484,039	7,408,206
Reclassifications 重新分類	-	50	-	(88)	(38)
Charge for the year 本年度之折舊	26,336	732,262	27,940	68,732	855,270
Disposals 出售	(13,926)	(735,417)	(14,454)	(220,006)	(983,803)
At 31 March 2017 於2017年3月31日	423,741	6,312,043	211,174	332,677	7,279,635
Net book value 賬面淨值					
At 31 March 2017 於2017年3月31日	667,984	4,651,775	60,893	185,341	5,565,993

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 2016 於2016年4月1日	1,081,681	10,479,844	253,878	673,274	12,488,677
Reclassifications 重新分類	-	300	-	(338)	(38)
Additions 增加	25,397	1,224,834	32,643	66,588	1,349,462
Disposals 出售	(15,353)	(741,160)	(14,454)	(221,506)	(992,473)
At 31 March 2017 於2017年3月31日	1,091,725	10,963,818	272,067	518,018	12,845,628
Accumulated depreciation 累積折舊					
At 1 April 2016 於2016年4月1日	411,331	6,315,148	197,688	481,402	7,405,569
Reclassifications 重新分類	-	50	-	(88)	(38)
Charge for the year 本年度之折舊	26,336	732,262	27,940	68,732	855,270
Disposals 出售	(13,926)	(735,417)	(14,454)	(217,369)	(981,166)
At 31 March 2017 於2017年3月31日	423,741	6,312,043	211,174	332,677	7,279,635
Net book value 賬面淨值					
At 31 March 2017 於2017年3月31日	667,984	4,651,775	60,893	185,341	5,565,993

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 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

6. Intangible assets

6. 無形資產

The Group 集團		
	For the year ended 31 March 2017 HK\$'000 截至2017年 3月31日止年度 港幣千元	For the year ended 31 March 2016 HK\$'000 截至2016年 3月31日止年度 港幣千元
Cost 成本		
At the beginning of the year 於年初	1,268,860	1,164,129
Reclassifications 重新分類	38	9,887
Additions 增加	126,319	119,337
Disposals 出售	(131,781)	(24,493)
At the end of the year 於年終	1,263,436	1,268,860
Accumulated amortisation 累積攤銷		
At the beginning of the year 於年初	1,035,058	649,465
Reclassifications 重新分類	38	7,206
Charge for the year 本年度之攤銷	109,534	380,740
Disposals 出售	(131,781)	(2,353)
At the end of the year 於年終	1,012,849	1,035,058
Net book value 賬面淨值		
At the end of the year 於年終	250,587	233,802

HA 醫管局		
	For the year ended 31 March 2017 HK\$'000 截至2017年 3月31日止年度 港幣千元	For the year ended 31 March 2016 HK\$'000 截至2016年 3月31日止年度 港幣千元
Cost 成本		
At the beginning of the year 於年初	1,258,876	1,154,145
Reclassifications 重新分類	38	9,887
Additions 增加	126,319	119,337
Disposals 出售	(127,720)	(24,493)
At the end of the year 於年終	1,257,513	1,258,876
Accumulated amortisation 累積攤銷		
At the beginning of the year 於年初	1,025,074	641,427
Reclassifications 重新分類	38	7,206
Charge for the year 本年度之攤銷	109,534	378,794
Disposals 出售	(127,720)	(2,353)
At the end of the year 於年終	1,006,926	1,025,074
Net book value 賬面淨值		
At the end of the year 於年終	250,587	233,802

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 2017 (2016: 1.282%). Downpayment Loan Scheme has been suspended since April 2002.

At 31 March 2017, 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 2017 HK\$'000 2017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
Repayable within one year 一年內償還	827	947
Repayable beyond one year 超過一年償還	1,836	3,020
	2,663	3,967

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. Placements with the Exchange Fund

HA has designated the placements with the Exchange Fund as "financial assets 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 placements are denominated in Hong Kong dollar. Their fair values are 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，於二零一七年三月三十一日時為1.282%（二零一六年：1.282%）。首期貸款計劃自二零零二年四月起已暫停。

在二零一七年三月三十一日，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. Placements with the Exchange Fund (Continued)

The interest on the placements 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 3.3% and 2.8% per annum for January to December 2016 and January to December 2017, respectively. HA did not withdraw the interest earned up to 31 December 2016 which would continue to accrue interest at the same rate payable for the principal amount.

The placements with the Exchange Fund are 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。二零一六年一月至十二月及二零一七年一月至十二月的每年回報率分別為3.3%及2.8%。醫管局沒有支取截至二零一六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：

The Group and HA 集團及醫管局								
	Custodian for Samaritan Fund [Note 15] 作為撒瑪利亞基金的保管人 [附註 15]		Minor Works Projects Fund [Note 19(b)] 小型工程項目基金 [附註 19(b)]		PPP Fund and PPP Endowment Fund [Notes 19(c) and 20] 公私營協作基金及 公私營協作留本基金 [附註 19(c) 及 20]		Total 總計	
	At 31 March 2017 HK\$'000 2017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 2017 HK\$'000 2017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 2017 HK\$'000 2017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 2017 HK\$'000 2017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
Principal amount 本金	6,000,000	6,000,000	7,300,000	7,300,000	10,000,000	-	23,300,000	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	1,171,774	942,666	863,586	602,794	155,984	-	2,191,344	1,545,460
Accrued interest 應計利息	49,515	56,964	56,362	64,842	70,118	-	175,995	121,806
	7,221,289	6,999,630	8,219,948	7,967,636	10,226,102	-	25,667,339	14,967,266
Less: non-current portion 減：非流動部分	(6,000,000)	(6,000,000)	(7,300,000)	(7,300,000)	(10,000,000)	-	(23,300,000)	(13,300,000)
Current portion 流動部分	1,221,289	999,630	919,948	667,636	226,102	-	2,367,339	1,667,266

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 2017 is between 1.47% and 2.55%.

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，二零一七年三月三十一日止年度的投資收益在1.47%至2.55%之間。

Notes to the Financial Statements

財務報表附註

9. Fixed income instruments (Continued)

9. 固定入息工具 (續)

At 31 March 2017, the fixed income instruments held by the Group and HA are as follows:

於二零一七年三月三十一日，集團及醫管局持有的固定入息工具如下：

The Group and HA 集團及醫管局		
	At 31 March 2017 HK\$'000 2017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
Maturing within one year 一年內到期	1,890,000	250,000
Maturing between one and five years 一至五年內到期	250,000	1,840,000
	2,140,000	2,090,000

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

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 2017 HK\$'000 2017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
Drugs 藥物	1,073,311	1,053,654
Medical consumables 醫療消耗品	195,139	183,227
General consumables 一般消耗品	28,032	30,479
	1,296,482	1,267,360

11. Accounts receivable

11. 應收賬款

The Group and HA 集團及醫管局		
	At 31 March 2017 HK\$'000 2017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
Bills receivable [note 11(a)] 應收賬單 [附註11(a)]	361,952	362,968
Accrued income 應計收入	28,235	11,597
	390,187	374,565
Less: Provision for impairment [note 11(b)] 減：減值撥備 [附註11(b)]	(63,949)	(58,159)
	326,238	316,406

Notes to the Financial Statements

財務報表附註

11. Accounts receivable (Continued)

11. 應收賬款(續)

(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 2017	At 31 March 2016
	HK\$'000	HK\$'000
	2017年3月31日	2016年3月31日
	港幣千元	港幣千元
Below 30 days 30日以下	155,765	151,965
Between 31 and 60 days 31至60日	75,277	98,877
Between 61 and 90 days 61至90日	78,645	48,550
Over 90 days 超過90日	52,265	63,576
	361,952	362,968

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

集團有關病人賬單的政策如下：

- (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.
- (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。

Notes to the Financial Statements

財務報表附註

11. Accounts receivable (Continued)

11. 應收賬款 (續)

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

過期但沒有減值的應收賬單的賬齡分析如下：

The Group and HA 集團及醫管局		
	At 31 March 2017 HK\$'000 2017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
Past due by 過期：		
Below 30 days 30日以下	123,297	110,812
Between 31 and 60 days 31至60日	59,933	84,285
Between 61 and 90 days 61至90日	67,247	37,998
Over 90 days 超過90日	7,036	18,134
	257,513	251,229

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

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

(b) At 31 March 2017, bills receivable of HK\$104,439,000 (2016: HK\$111,739,000) were impaired by HK\$63,949,000 (2016: HK\$58,159,000) of which HK\$39,309,000 (2016: HK\$32,558,000) 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\$24,640,000 (2016: HK\$25,601,000) 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) 於二零一七年三月三十一日，港幣104,439,000元(二零一六年：港幣111,739,000元)的應收賬單減值港幣63,949,000元(二零一六年：港幣58,159,000元)，其中港幣39,309,000元(二零一六年：港幣32,558,000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24,640,000元(二零一六年：港幣25,601,000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 2017 HK\$'000 2017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
Below 30 days 30日以下	32,468	41,153
Between 31 and 60 days 31至60日	15,344	14,592
Between 61 and 90 days 61至90日	11,398	10,552
Over 90 days 超過90日	45,229	45,442
	104,439	111,739

Notes to the Financial Statements

財務報表附註

11. Accounts receivable (Continued)

11. 應收賬款(續)

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 2017 HK\$'000 截至2017年 3月31日止年度 港幣千元	For the year ended 31 March 2016 HK\$'000 截至2016年 3月31日止年度 港幣千元
At the beginning of the year 於年初	58,159	46,404
Additional provision 撥備增加	60,976	58,126
Uncollectible amounts written off 註銷的未收回款額	(55,186)	(46,371)
At the end of the year 於年終	63,949	58,159

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。

12. Other receivables

12. 其他應收賬款

The Group and HA 集團及醫管局		
	At 31 March 2017 HK\$'000 2017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
Donations receivable 應收捐款	127,509	59,703
Interest receivable 應收利息	71,737	76,334
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	57,018	739
Others 其他	41,361	40,347
	297,625	177,123

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 receivables 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。

Notes to the Financial Statements

財務報表附註

13. Deposits and prepayments

13. 按金及預付款項

The Group 集團		
	At 31 March 2017 HK\$'000 2017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
Utility and other deposits 公用事業及其他按金	23,145	23,150
Prepayments to Government departments 向政府部門預付的款項	124,969	101,795
Maintenance contracts and other prepayments 保養合約及其他預付款項	175,491	197,027
	323,605	321,972
HA 醫管局		
	At 31 March 2017 HK\$'000 2017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
Utility and other deposits 公用事業及其他按金	23,062	23,067
Prepayments to Government departments 向政府部門預付的款項	124,969	101,795
Maintenance contracts and other prepayments 保養合約及其他預付款項	175,491	197,027
	323,522	321,889

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 2017 HK\$'000 2017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
Cash at bank and in hand 銀行存款及手持現金	388,222	555,403
Bank deposits with original maturity within three months 原來到期日不超過三個月之銀行存款	1,665,479	1,402,922
Cash and cash equivalents 現金及現金等值	2,053,701	1,958,325
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之銀行存款	15,272,320	17,823,372
	17,326,021	29,781,697

The cash and bank balances included bank deposits designated for Minor Works Projects Fund and PPP Fund of HK\$1,639,280,000 (2016: HK\$2,858,121,000) and HK\$299,063,000 (2016: HK\$441,960,000) respectively. The effective interest rate on short term bank deposits is between 0.01% and 1.27% (2016: 0.01% and 0.83%). These deposits have an average maturity of 53 days (2016: 52 days).

現金及銀行結餘包括小型工程項目基金及公私營協作基金的指定銀行存款，分別為港幣1,639,280,000元(二零一六年：港幣2,858,121,000元)及港幣299,063,000元(二零一六年：港幣441,960,000元)。短期銀行存款的實際利率在0.01%至1.27%之間(二零一六年：0.01%至0.83%之間)，這些存款的平均到期日為53天(二零一六年：52天)。

Notes to the Financial Statements

財務報表附註

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 2017 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:

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，基金截至二零一七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：

The Group and HA 集團及醫管局	At 31 March 2017	At 31 March 2016
	HK\$'000	HK\$'000
	2017年3月31日	2016年3月31日
	港幣千元	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	1,171,774	942,666
Accrued interest 應計利息	49,515	56,964
	7,221,289	6,999,630
Less: non-current portion 減：非流動部分	(6,000,000)	(6,000,000)
Current portion 流動部分	1,221,289	999,630

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 2017 HK\$'000 2017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
Trade payables [note 16(a)] 應付貿易賬款 [附註 16(a)]	604,133	410,460
Accrued charges and other payables [note 16(b)] 應付費用及其他賬款 [附註 16(b)]	5,648,840	5,354,052
Current account with the Government [note 16(c)] 與政府之間的來往賬目 [附註 16(c)]	4,235,872	4,343,667
	10,488,845	10,108,179

HA 醫管局		
	At 31 March 2017 HK\$'000 2017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
Trade payables [note 16(a)] 應付貿易賬款 [附註 16(a)]	604,133	410,460
Accrued charges and other payables [note 16(b)] 應付費用及其他賬款 [附註 16(b)]	5,644,670	5,350,355
Current account with the Government [note 16(c)] 與政府之間的來往賬目 [附註 16(c)]	4,235,872	4,343,667
Current account with a subsidiary 與附屬機構之間的來往賬目	4,093	3,620
	10,488,768	10,108,102

(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 2017 HK\$'000 2017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
Below 30 days 30日以下	579,574	351,452
Between 31 and 60 days 31至60日	20,128	42,916
Between 61 and 90 days 61至90日	3,357	9,708
Over 90 days 超過90日	1,074	6,384
	604,133	410,460

All trade payables as at 31 March 2017 are expected to be settled within one year. The Group has maintained adequate cash flows and banking facilities for settlement of trade payables.

二零一七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 of the Group and HA included accrual for annual leave of HK\$1,968,565,000 (2016: HK\$1,888,843,000) and contract gratuity accrual of HK\$1,497,136,000 (2016: HK\$1,411,748,000).
- (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) 集團及醫管局的應付費用及其他賬款包括未放年假撥備港幣 1,968,565,000 元 (二零一六年：港幣 1,888,843,000 元)，以及應計合約酬金港幣 1,497,136,000 元 (二零一六年：港幣 1,411,748,000 元)。
- (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

17. 已收按金

The Group and HA 集團及醫管局	At 31 March 2017	At 31 March 2016
	HK\$'000	HK\$'000
	2017年3月31日	2016年3月31日
	港幣千元	港幣千元
Patient deposits 病人按金	41,810	42,512
Deposits received from the Government in respect of building projects 就建築工程從政府所收的按金	2,277	44
Other deposits 其他按金	253,647	198,503
	297,734	241,059

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 2017	At 31 March 2016
	HK\$'000	HK\$'000
	2017年3月31日	2016年3月31日
	港幣千元	港幣千元
Present value of funded obligations 注資責任的現值	263,757	254,068
Fair value of plan assets 計劃資產的公允價值	(10,339)	(15,286)
	253,418	238,782

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 2017 HK\$'000 截至2017年 3月31日止年度 港幣千元	For the year ended 31 March 2016 HK\$'000 截至2016年 3月31日止年度 港幣千元
At the beginning of the year 於年初	254,068	239,936
Current service cost 現行服務開支	37,623	33,380
Interest cost 利息開支	3,974	3,757
Benefits paid 已付福利	(8,890)	(5,182)
Remeasurement of disability liability 傷殘福利責任重新計量	(33)	(9,427)
Remeasurement of death liability 死亡福利責任重新計量	(22,985)	(8,396)
At the end of the year 於年終	263,757	254,068

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 2017 HK\$'000 截至2017年 3月31日止年度 港幣千元	For the year ended 31 March 2016 HK\$'000 截至2016年 3月31日止年度 港幣千元
At the beginning of the year 於年初	15,286	2,044
Adjustment on plan assets (excluding interest income) 計劃資產的調整(不包括利息收入)	(2,793)	12,741
Employer contributions 僱主供款	6,736	5,683
Benefits paid 已付福利	(8,890)	(5,182)
At the end of the year 於年終	10,339	15,286

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)

18. 死亡及傷殘福利責任 (續)

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

下列是在綜合收支結算表及綜合全面收益表予以確認的款額，是根據精算估值得出：

The Group and HA 集團及醫管局	For the year ended 31 March 2017 HK\$'000 截至2017年 3月31日止年度 港幣千元	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 service cost 現行服務開支	37,623	33,380
Interest cost 利息開支	3,974	3,757
Remeasurement of disability liability 傷殘福利責任重新計量	(33)	(9,427)
Total, included in staff costs [note 25] 總計(包括在員工成本內)[附註25]	41,564	27,710
Remeasurement of death liability 死亡福利責任重新計量	(22,985)	(8,396)
Adjustment on plan assets (excluding interest income) 計劃資產的調整(不包括利息收入)	2,793	(12,741)
Total, included in other comprehensive income 總計(包括在其他全面收益內)	(20,192)	(21,137)

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 2017 截至2017年 3月31日止年度 %	For the year ended 31 March 2016 截至2016年 3月31日止年度 %
Discount rate 貼現率	1.70	1.60
Assumed rate of future salary increases 假設未來薪金增幅	3.60	3.60

The analysis below shows how the present value of the funded obligations as at 31 March 2017 would have increased / (decreased) as a result of the following changes in the principal actuarial assumptions:

下列分析是根據以下主要精算假設的改變，得出二零一七年三月三十一日注資責任現值的增加 / (減少)：

	Increase in 50 basis points HK\$'000 利率升50點子 港幣千元	Decrease in 50 basis points HK\$'000 利率降50點子 港幣千元
Discount rate 貼現率	(14,878)	16,296
Assumed rate of future salary increases 假設未來薪金增幅	15,666	(14,429)

Notes to the Financial Statements

財務報表附註

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 2015 於2015年4月1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
Additions during the year 年內增加	215,347	-	-	1,757	217,104
Interest earned 所獲利息	-	-	299,400	241,975	541,375
Exchange loss 匯兌損失	-	-	(622)	-	(622)
Transfers to consolidated statement of comprehensive income 轉調往綜合全面收益表	-	-	(22,158)	-	(22,158)
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(171,110)	-	(1,103,964)	(181,712)	(1,456,786)
At 31 March 2017 於2017年3月31日	599,674	-	10,678,620	503,986	11,782,280

(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. During the financial year ended 31 March 2016, the project was completed and the unspent funds payable were returned to the Government in June 2016.

(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。在截至二零一六年三月三十一日止的財政年度，這個項目已經完成，應付的未用款項於二零一六年六月退還給政府。

Notes to the Financial Statements

19. Deferred income (Continued)

(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 arose from Renminbi (RMB) denominated bank deposits which were switched back to Hong Kong dollar upon maturity in April 2016. 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

The Government allocated to HA a sum of HK\$10,000,000,000 on 31 March 2016 as an endowment fund (note 20) to generate investment returns for regularising and enhancing ongoing clinical PPP programmes, as well as developing new clinical PPP initiatives in future. HA can make use of the investment returns together with the remaining balance of the one-off designated funding provided previously to support the ongoing operation of the PPP programmes commencing from April 2016.

During the financial year ended 31 March 2017, the Government provided recurrent subvention of HK\$1,757,000 to HA for annual pay adjustment of staff deployed on PPP initiatives. The subvention was transferred to the PPP Fund and was recognised in the deferred income – PPP Fund when the subvention was received.

財務報表附註

19. 遞延收益 (續)

(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。

存放於銀行的人民幣存款在二零一六年四月到期時兌回港幣引致匯兌損失。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

於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 元設立留本基金(附註 20)，利用所得投資回報以恒常營運和優化持續推行的臨床公私營協作計劃，以及在日後推行新的計劃。醫管局可利用投資回報，連同政府之前給予的一次性指定撥款的結餘，持續營運由二零一六年四月起推行的公私營協作計劃。

於截至二零一七年三月三十一日止的財政年度，政府向醫管局提供港幣 1,757,000 元經常性補助，用作公私營協作計劃職員的年度薪酬調整。有關補助於收到時轉調往公私營協作基金，並確認為遞延收益 — 公私營協作基金。

Notes to the Financial Statements

財務報表附註

20. Public-Private Partnership Endowment Fund

20. 公私營協作留本基金

As approved by the Government, the endowment fund of HK\$10,000,000,000 has been placed with the Exchange Fund for a period of six years since 12 July 2016.

政府批准醫管局由二零一六年七月十二日起將港幣 10,000,000,000 元的留本基金存於外匯基金，為期六年。

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 2015 於 2015 年 4 月 1 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
Additions during the year 年內增加	1,265,842	187,781	1,453,623
Transfers from Minor Works Projects Fund 轉調自小型工程項目基金	22,158	-	22,158
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(814,305)	(161,806)	(976,111)
At 31 March 2017 於 2017 年 3 月 31 日	4,541,263	1,275,317	5,816,580
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 2015 於 2015 年 4 月 1 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
Additions during the year 年內增加	1,265,842	187,781	1,453,623
Transfers from Minor Works Projects Fund 轉調自小型工程項目基金	22,158	-	22,158
Transfers to statement of income and expenditure 轉調往收支結算表	(814,305)	(161,806)	(976,111)
At 31 March 2017 於 2017 年 3 月 31 日	4,541,263	1,275,317	5,816,580

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 2017 amounted to HK\$572,515,000 (2016: HK\$548,084,000).

24. Investment income

The investment income for the financial year ended 31 March 2017 included an exchange loss of HK\$2,124,000 (2016: HK\$33,652,000) arising from RMB denominated bank deposits which were switched back to Hong Kong dollar upon maturity in May 2016. 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。在截至二零一七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572,515,000元(二零一六年：港幣548,084,000元)。

24. 投資收益

在截至二零一七年三月三十一日止之財政年度的投資收益，包括在二零一六年五月到期的人民幣銀行存款兌回港幣引致的匯兌損失港幣2,124,000元(二零一六年：港幣33,652,000元)。自投資日起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 2017 HK\$'000 截至2017年 3月31日止年度 港幣千元	For the year ended 31 March 2016 HK\$'000 截至2016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	39,888,829	37,295,588
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)]	2,508,057	2,385,833
– Contribution to Mandatory Provident Fund Scheme [note 25(b)] 強積金計劃供款 [附註25(b)]	645,452	589,548
Death and disability benefits [note 18] 死亡及傷殘福利 [附註18]	41,564	27,710
	43,083,902	40,298,679

(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 2017, the total membership was 29,462 (2016: 29,414). The scheme’s net asset value as at 31 March 2017 was HK\$61,131,801,000 (2016: HK\$55,617,495,000).

(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。

於二零一七年三月三十一日，計劃共有29,462名成員(二零一六年：29,414名)，計劃的資產淨值為港幣61,131,801,000元(二零一六年：港幣55,617,495,000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 2017, the total membership was 51,307 (2016: 48,730). During the financial year ended 31 March 2017, total members' contributions were HK\$549,122,000 (2016: HK\$499,266,000). The net asset value as at 31 March 2017, including assets transferred from members' previous employment, was HK\$7,130,385,000 (2016: HK\$5,808,324,000).

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 2017, other operating expenses included an accrual for auditor's remuneration of HK\$1,950,000 (2016: HK\$2,955,000).

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。

於二零一七年三月三十一日，計劃共有51,307名成員(二零一六年：48,730名)。在截至二零一七年三月三十一日止之財政年度內，成員的供款總額為港幣549,122,000元(二零一六年：港幣499,266,000元)。於二零一七年三月三十一日，計劃的資產淨值，包括成員先前職位轉調的資產，為港幣7,130,385,000元(二零一六年：港幣5,808,324,000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。截至二零一七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1,950,000元(二零一六年：港幣2,955,000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 for the services provided in the capacity as Board members.
- (b) The remuneration of the five highest paid executives, which comprises 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以成員身份提供服務而領取酬金。
- (b) 年內的員工成本已包括支付予以下五名最高薪行政人員的酬金，當中已計入基本薪金及其他短期僱員福利及離職後福利：

Current Position/Name of Executives 現時職位 / 行政人員姓名	For the year ended 31 March 2017 HK\$'000 截至2017年 3月31日止年度 港幣千元
Chief Executive 行政總裁 Dr Pak Yin LEUNG 梁栢賢醫生	5,995
Director (Cluster Services) 聯網服務總監 Dr Wai Lun CHEUNG 張偉麟醫生	5,518
Cluster Chief Executive (Hong Kong West) 港島西聯網總監 Dr Che Chung LUK 陸志聰醫生	5,235
Cluster Chief Executive (Kowloon West) 九龍西聯網總監 Dr Sau Ying TUNG 董秀英醫生	5,235
Cluster Chief Executive (Kowloon Central) 九龍中聯網總監 Dr Chi Yuen LO 盧志遠醫生	5,090
	27,073

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。

Current Position/Name of Executives 現時職位 / 行政人員姓名	For the year ended 31 March 2016 HK\$'000 截至2016年 3月31日止年度 港幣千元
Chief Executive 行政總裁 Dr Pak Yin LEUNG 梁栢賢醫生	5,747
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。

Notes to the Financial Statements

財務報表附註

28. Related party transactions

28. 與關聯人士的交易

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

集團與關聯人士所作的重大交易計有：

(a) HA has entered into agreements with the Electrical and Mechanical Services Department ("EMSD") of the Government for providing biomedical and general electronics engineering services, electrical, mechanical, air-conditioning and building services to the Group. According to the terms of agreements, the amounts incurred for these services for the financial year ended 31 March 2017 amounted to HK\$973,945,000 (2016: HK\$914,422,000). Other services provided by the EMSD for the year (e.g. capital and improvement works) were approximately HK\$550,954,000 (2016: HK\$531,494,000).

(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、電力、機械、空調和樓宇服務。根據協議條款，截至二零一七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973,945,000元(二零一六年：港幣914,422,000元)。年內機電工程署提供其他服務(如基本工程及改善工程)的費用約為港幣550,954,000元(二零一六年：港幣531,494,000元)。

(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 2017, revenue foregone in respect of medical services provided to these persons amounted to HK\$364,405,000 (2016: HK\$340,624,000). The cost of such services has been taken into account in the Government's subvention to the Group.

(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。截至二零一七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364,405,000元(二零一六年：港幣340,624,000元)，這些服務的費用已包括在政府給集團的補助內。

(c) Remuneration of key management personnel

(c) 主要管理人員薪酬

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.

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。

Total remuneration of the key management personnel is shown below:

主要管理人員的薪酬總額如下：

	For the year ended 31 March 2017 HK\$'000 截至2017年 3月31日止年度 港幣千元	For the year ended 31 March 2016 HK\$'000 截至2016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	64,506	60,679
Post-employment benefits 離職後福利	6,338	6,091
	70,844	66,770

(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.

(d) 與政府關聯人士進行的其他重大交易包括每年經常性補助、資本補助(附註21)及指定基金(附註19及22)，有關集團退休計劃的交易詳情載於附註25。

Notes to the Financial Statements

財務報表附註

28. Related party transactions (Continued)

- (e) Outstanding balances with the Government as at 31 March 2016 and 2017 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.

28. 與關聯人士的交易(續)

- (e) 截至二零一六年及二零一七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. Net cash used in operating activities

29. 營運活動所用現金淨額

The Group 集團	For the year ended 31 March 2017 HK\$'000 截至2017年 3月31日止年度 港幣千元	For the year ended 31 March 2016 HK\$'000 截至2016年 3月31日止年度 港幣千元
(Deficit)/surplus for the year 年內(虧損)/盈餘	(1,518,559)	150,340
Investment income 投資收益	(208,867)	(188,185)
Income transferred from Minor Works Projects Fund 轉調自小型工程項目基金之收入	(1,103,964)	(1,066,209)
Income transferred from PPP Fund 轉調自公私營協作基金之收入	(181,712)	-
Income transferred from capital subventions and capital donations 轉調自資本補助及資本捐贈之收入	(976,111)	(1,138,070)
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	11,307	29,184
Depreciation and amortisation 折舊及攤銷	964,804	1,108,886
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	34,828	22,027
Increase in deferred income 遞延收益增加	45,994	12,234
(Increase)/decrease in inventories 存貨(增加)/減少	(29,122)	46,208
Decrease in loans receivable 應收債款減少	1,304	1,279
(Increase)/decrease in accounts receivable 應收賬款(增加)/減少	(9,832)	36,704
(Increase)/decrease in other receivables 其他應收賬款(增加)/減少	(125,099)	33,151
Increase in deposits and prepayments 按金及預付款項增加	(1,633)	(42,342)
Increase in creditors and accrued charges 債權人及應付費用增加	380,666	250,570
Increase in deposits received 已收按金增加	56,675	33,007
Net cash used in operating activities 營運活動所用現金淨額	(2,659,321)	(818,911)

30. Funds held in trust

At 31 March 2017, Health Care and Promotion Scheme of HK\$25,137,000 (2016: HK\$31,713,000) was held in trust for the Government but not included in the financial statements.

30. 信託基金

於二零一七年三月三十一日，集團以信託基金形式為政府管理港幣25,137,000元(二零一六年：港幣31,713,000元)的健康護理及促進計劃，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 2017, the Hong Kong Jockey Club Charities Trust made donations totalling HK\$100,777,000 (2016: HK\$81,305,000) 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)	44,510
Kowloon Hospital 九龍醫院	13,354
Wong Tai Sin Hospital 黃大仙醫院	12,204
Queen Elizabeth Hospital 伊利沙伯醫院	10,470
Caritas Medical Centre 明愛醫院	6,250
Enhanced Home Renal Replacement Therapy Programme (Various hospitals) 家居透析計劃(不同醫院)	4,644
United Christian Hospital 基督教聯合醫院	4,402
Princess Margaret Hospital 瑪嘉烈醫院	4,115
Tai Po Hospital 大埔醫院	828
	100,777

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

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 2017, the Group and HA had the following commitments:

(a) Capital commitments

The Group 集團	At 31 March 2017 HK\$'000 2017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
Authorised but not contracted for 已獲授權但未訂契約	6,086,787	5,618,968
Contracted for but not provided 已訂契約但未撥備	5,937,837	3,948,641
	12,024,624	9,567,609

32. 承擔

於二零一七年三月三十一日，集團及醫管局有以下之承擔：

(a) 資本承擔

Notes to the Financial Statements

財務報表附註

32. Commitments (Continued)

32. 承擔(續)

(a) Capital commitments (Continued)

(a) 資本承擔(續)

HA 醫管局		
	At 31 March 2017 HK\$'000 2017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
Authorised but not contracted for 已獲授權但未訂契約	6,086,724	5,618,962
Contracted for but not provided 已訂契約但未撥備	5,937,813	3,948,048
	12,024,537	9,567,010

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).

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) Operating lease commitments

(b) 營運租賃承擔

At 31 March 2017, the Group and HA had commitments for future minimum payments under non-cancellable operating leases which fall due as follows:

於二零一七年三月三十一日，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：

The Group and HA 集團及醫管局		
	At 31 March 2017 HK\$'000 2017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
Buildings 樓宇		
Within one year 一年內期滿	48,967	45,149
Between one and five years 一至五年內期滿	116,334	144,700
Beyond five years 超過五年期滿	4,600	16,779
	169,901	206,628
Equipment 設備		
Within one year 一年內期滿	51,060	26,451
Between one and five years 一至五年內期滿	81,706	30,026
	132,766	56,477

Notes to the Financial Statements

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. Approval of financial statements

The financial statements were approved by members of HA on 28 September 2017.

財務報表附註

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. 財務報表的通過

本財務報表已於二零一七年九月二十八日獲醫管局成員通過。



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附錄 1

Membership of the Hospital Authority 醫院管理局成員

Name 姓名	No. of plenary meetings attended in 2016-17	Committee participation in 2016-17* 2016-17 年度參與的委員會 *
	2016-17 年度 出席全體大會次數	
Prof John LEONG Chi-yan, SBS, JP <i>Chairman, HA</i> 梁智仁教授 醫院管理局主席	16/16	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	13/16	Chairman of HRC; Vice-Chairman of MTB (<i>up to 27.4.2016</i>); Member of EC, EEC and MSDC; HGC Chairman of Tuen Mun Hospital 人力資源委員會主席；中央投標委員會副主席(截至2016年 4月27日)；行政委員會、緊急應變策導委員會及醫療服務發 展委員會成員；屯門醫院管治委員會主席
Dr Constance CHAN Hon-yeet, JP <i>Director of Health</i> 陳漢儀醫生 衛生署署長	16/16	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	7/16	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	7/16	Member of ITGC and MTB; Chairman of HRAC; 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；港島區域諮 詢委員會主席；沙田醫院管治委員會成員
Ms CHIANG Lai-yuen, JP 蔣麗婉女士	5/16	Member of MTB and SSDC; HGC Chairman of North District Hospital 中央投標委員會及支援服務發展委員會成員；北區醫院管治委 員會主席
Ms Quince CHONG Wai-yan, JP (<i>up to 30.11.2016</i>) 莊偉茵女士 (截至2016年11月30日)	8/10	Vice-Chairman of HRC (<i>up to 30.11.2016</i>); Member of MTB (<i>up to 30.11.2016</i>) and SAC (<i>up to 31.10.2016</i>); HGC Chairman of Kwai Chung Hospital and Princess Margaret Hospital 人力資源委員會副主席(截至2016年11月30日)；中央投 標委員會(截至2016年11月30日)及職員上訴委員會(截至 2016年10月31日)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 (<i>up to 30.11.2016</i>) 馮載祥先生 (截至2016年11月30日)	10/10	Chairman of PCC; Member of ARC, EC and EEC (<i>all up to</i> <i>30.11.2016</i>); HGC Member of Hong Kong Eye Hospital, Kowloon Hospital and Rehabaid Centre (<i>up to 7.4.2016</i>) 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(全截至2016年11月30日)；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(截至 2016年4月7日)成員
Mr Andrew FUNG Hau-chung, BBS, JP 馮孝忠先生	12/16	Vice-Chairman of FC; Member of MTB; HGC Member of Pamela Youde Nethersole Eastern Hospital 財務委員會副主席；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



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Name 姓名	No. of plenary meetings attended in 2016-17	Committee participation in 2016-17* 2016-17 年度參與的委員會 *
	2016-17 年度 出席全體大會次數	
Mr HO Wing-yin 何永賢先生	16/16	Member of HRC, MSDC and MTB; HGC Member of North District 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；北區醫院管治委員會成員
Mr Lester Garson HUANG, JP 黃嘉純先生	14/16	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, BBS 甘博文博士	16/16	Chairman of FC; Member of ARC, EC, EEC, MSDC and SSDC; HGC Chairman 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主席
Mrs Ann KUNG YEUNG Yun-chi (from 1.12.2016) 龔楊恩慈女士 (由 2016 年 12 月 1 日起)	5/6	Member of HRC and MTB (both from 15.12.2016) 人力資源委員會及中央投標委員會成員 (均由 2016 年 12 月 15 日起)
Mr Daniel LAM Chun, SBS, JP (from 1.12.2016) 林濬先生 (由 2016 年 12 月 1 日起)	6/6	Member of ARC (from 19.12.2016), MTB and SSDC (both from 7.12.2016) 審計及風險管理委員會 (由 2016 年 12 月 19 日起)、中央投標委員會及支援服務發展委員會 (均由 2016 年 12 月 7 日起) 成員
Ms Lisa LAU Man-man, BBS, MH, JP (from 1.12.2016) 劉文文女士 (由 2016 年 12 月 1 日起)	4/6	Member of MTB, PCC and SSDC (all from 15.12.2016) 中央投標委員會、公眾投訴委員會及支援服務發展委員會成員 (全由 2016 年 12 月 15 日)
Mr Stephen LEE Hoi-yin 李開賢先生	15/16	Vice-Chairman of ARC; Member of FC, ITGC and MTB; HGC Member of Castle Peak Hospital and Siu Lam Hospital 審計及風險管理委員會副主席；財務委員會、資訊科技服務管治委員會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	14/16	Vice-Chairman of MSDC; Member of HRC 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；人力資源委員會及中央投標委員會成員；九龍區域諮詢委員會主席；沙田慈氏護養院及將軍澳醫院管治委員會成員
Ms Esther LEUNG Yuet-yin, JP Deputy Secretary for Financial Services and the Treasury (up to 22.9.2016) 梁悅賢女士 財經事務及庫務局副秘書長 (截至 2016 年 9 月 22 日)	8/8	Member of FC and MSDC (all up to 22.9.2016) 財務委員會及醫療服務發展委員會成員 (全截至 2016 年 9 月 22 日)
Prof Gabriel Matthew LEUNG, GBS, JP 梁卓偉教授	6/16	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

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Name 姓名	No. of plenary meetings attended in 2016-17	Committee participation in 2016-17* 2016-17 年度參與的委員會 *
	2016-17 年度 出席全體大會次數	
Dr LEUNG Pak-yin, JP <i>Chief Executive, HA</i> 梁栢賢醫生 醫院管理局行政總裁	16/16	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	9/16	Vice-Chairman of PCC; Member of MSDC and MTB; HGC Member of North Lantau Hospital 公眾投訴委員會副主席；醫療服務發展委員會及中央投標委員會成員；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	8/16	Member of MTB and SSDC; HGC Member of Alice Ho Miu Ling Nethersole Hospital 中央投標委員會及支援服務發展委員會成員；雅麗氏何妙齡那打素醫院管治委員會成員
Ms Winnie NG, JP <i>(up to 30.11.2016)</i> 伍穎梅女士 (截至2016年11月30日)	7/10	Chairman of SSDC; Member of EC, EEC (<i>all up to 30.11.2016</i>) and ITGC; HGC Chairman of Prince of Wales Hospital 支援服務發展委員會主席；行政委員會、緊急應變策導委員會(全截至2016年11月30日)及資訊科技服務管治委員會成員；威爾斯親王醫院管治委員會主席
Mr Patrick NIP Tak-kuen, JP <i>Permanent Secretary for Food and Health (Health)</i> <i>(from 6.7.2016)</i> 聶德權先生 食物及衛生局常任秘書長(衛生) (由2016年7月6日起)	12/12	Member of EEC, FC, HRC, MSDC and SSDC (<i>all from 6.7.2016</i>) 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(全由2016年7月6日起)
Dr PANG Yiu-kai, GBS, JP 彭耀佳博士	7/16	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 施榮恆先生	10/16	Chairman of PCC (<i>from 1.12.2016</i>); Vice-Chairman of MTB (<i>from 28.4.2016</i>); Member of ARC, EC (<i>from 1.12.2016</i>), EEC (<i>from 1.12.2016</i>), FC, HRC, PCC (<i>up to 30.11.2016</i>) and MTB (<i>up to 27.4.2016</i>); HGC Member of hospitals of Tung Wah Group of Hospitals 公眾投訴委員會主席(由2016年12月1日起)；中央投標委員會副主席(由2016年4月28日起)；審計及風險管理委員會、行政委員會(由2016年12月1日起)、緊急應變策導委員會(由2016年12月1日起)、財務委員會、人力資源委員會、公眾投訴委員會(截至2016年11月30日)及中央投標委員會(截至2016年4月27日)成員；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	14/16	Chairman of SSDC (<i>from 1.12.2016</i>); Vice-Chairman of SSDC (<i>up to 30.11.2016</i>); Member of EC, EEC (<i>both from 1.12.2016</i>), FC and MTB (<i>up to 30.11.2016</i>); HGC Chairman of Tin Shui Wai Hospital (<i>from 10.6.2016</i>); HGC Member of Tseung Kwan O Hospital 支援服務發展委員會主席(由2016年12月1日起)；支援服務發展委員會副主席(截至2016年11月30日)；行政委員會、緊急應變策導委員會(均由2016年12月1日起)；財務委員會及中央投標委員會(截至2016年11月30日)成員；天水圍醫院管治委員會主席(由2016年6月10日起)；將軍澳醫院管治委員會成員
Ms Priscilla WONG Pui-sze, BBS, JP 王沛詩女士	9/16	Member of ARC, FC, HRC and MTB 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



Appendix 1

附錄 1

Name 姓名	No. of plenary meetings attended in 2016-17	Committee participation in 2016-17* 2016-17 年度參與的委員會 *
	2016-17 年度 出席全體大會次數	
Prof Maurice YAP Keng-hung, JP 葉健雄教授	15/16	Chairman of MSDC and MTB; Member of ARC, EC, EEC and HRC; HGC Member of Grantham Hospital 醫療服務發展委員會及中央投標委員會主席；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
Mr Jason YEUNG Chi-wai 楊志威先生	12/16	Member of ARC and FC; HGC Member of Kwai Chung Hospital and Princess Margaret Hospital 審計及風險管理委員會及財務委員會成員；葵涌醫院及瑪嘉烈醫院管治委員會成員
Mr Charlie YIP Wing-tong 葉永堂先生	14/16	Member of HRC, ITGC, MSDC, MTB, PCC, SAC (from 1.11.2016) and SSDC; Chairman of NRAC; HGC Member of North District Hospital and Tuen Mun Hospital 人力資源委員會、資訊科技服務管治委員會、醫療服務發展委員會、中央投標委員會、公眾投訴委員會、職員上訴委員會(由2016年11月1日起)及支援服務發展委員會成員；新界區域諮詢委員會主席；北區醫院及屯門醫院管治委員會成員
Ms Carol YUEN Siu-wai, JP Deputy Secretary for Financial Services and the Treasury (from 7.10.2016) 袁小惠女士 財經事務及庫務局副秘書長 (由2016年10月7日起)	8/8	Member of FC and MSDC (all from 7.10.2016) 財務委員會及醫療服務發展委員會成員(全由2016年10月7日起)
Mr Richard YUEN Ming-fai, GBS, JP Permanent Secretary for Food and Health (Health) (up to 5.7.2016) 袁銘輝先生 食物及衛生局常任秘書長(衛生) (截至2016年7月5日)	4/4	Member of EEC, FC, HRC, MSDC and SSDC (all up to 5.7.2016) 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(全截至2016年7月5日)

* Note

Board Members are not separately remunerated. 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 - Hong Kong Regional Advisory Committee
- HRC - Human Resources Committee
- ITGC - Information Technology Services Governing Committee
- KRAC - Kowloon Regional Advisory Committee
- MSDC - Medical Services Development Committee
- MTB - Main Tender Board
- NRAC - New Territories Regional Advisory Committee
- PCC - Public Complaints Committee
- SAC - Staff Appeals Committee
- SSDC - Supporting Services Development Committee

*註：

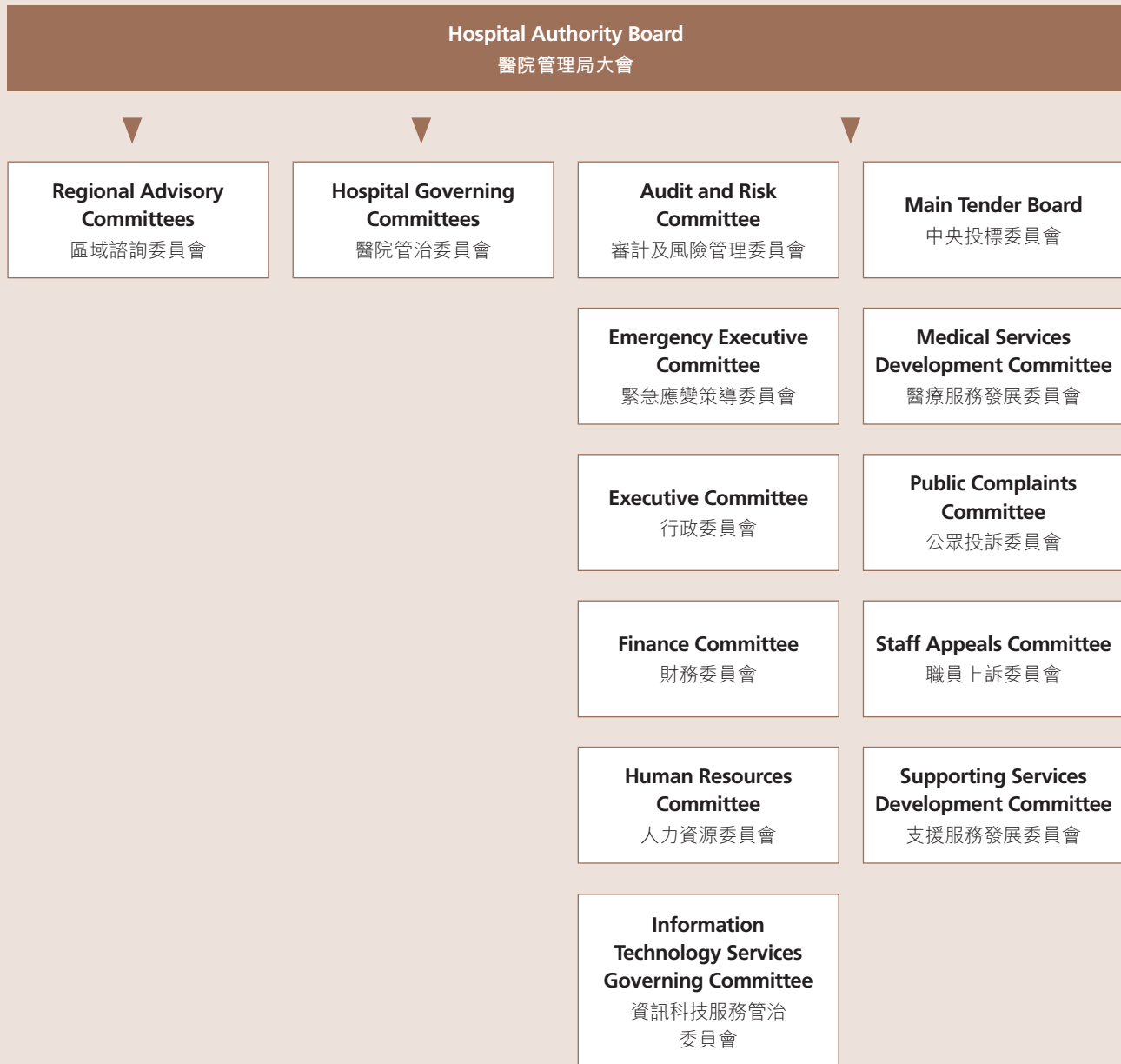
大會成員不獲額外酬金。大會成員透過在全體會議上制訂政策/路向、監察管理層的工作成效，以及指導醫管局專責委員會的工作，一同參與醫管局的管治。

Appendix 2(a)

附錄 2(a)

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

Dr LEUNG Pak-yin, JP *Chief Executive*

梁栢賢醫生 行政總裁

Clusters 聯網

Hong Kong East Cluster

港島東醫院聯網

Dr LAU Chor-chiu, MH, JP

Cluster Chief Executive

劉楚釗醫生 聯網總監

Hong Kong West Cluster

港島西醫院聯網

Dr LUK Che-chung *Cluster Chief Executive*

陸志聰醫生 聯網總監

Kowloon Central Cluster

九龍中醫院聯網

Dr Albert LO Chi-yuen *Cluster Chief Executive*

盧志遠醫生 聯網總監

Kowloon East Cluster

九龍東醫院聯網

Dr CHUI Tak-yi *Cluster Chief Executive*

徐德義醫生 聯網總監

Kowloon West Cluster

九龍西醫院聯網

Dr Nancy TUNG Sau-ying, MH

Cluster Chief Executive

董秀英醫生 聯網總監

Dr HUNG Chi-tim, JP *Cluster Chief Executive*

(Up to 31.10.2016)

熊志添醫生 聯網總監

(截至2016年10月31日)

New Territories East Cluster

新界東醫院聯網

Dr LO Su-vui *Cluster Chief Executive*

(From 1.11.2016)

羅思偉醫生 聯網總監

(由2016年11月1日起)

New Territories West Cluster

新界西醫院聯網

Dr Tony KO Pat-sing *Cluster Chief Executive*

高拔陸醫生 聯網總監

Head Office 總辦事處

Dr CHEUNG Wai-lun, JP *Director (Cluster Services)*

張偉麟醫生 聯網服務總監

Dr Derrick AU Kit-sing *Director (Quality & Safety)*

*(Up to 30.11.2016) **

區結成醫生 質素及安全總監

*(截至2016年11月30日) **

Dr LIU Shao-haei *Deputising Director (Quality and Safety)*

(From 1.12.2016)

劉少懷醫生 代理質素及安全總監

(由2016年12月1日起)

Dr LO Su-vui *Director (Strategy & Planning)*

(Up to 31.10.2016)

羅思偉醫生 策略發展總監

(截至2016年10月31日)

Dr LEE Ha-yun *Director (Strategy & Planning)*

(From 1.11.2016)

李夏茵醫生 策略發展總監

(由2016年11月1日起)

Ms Clara CHIN Sheung-chi *Director (Finance)*

錢湘芷女士 財務總監

Ms Margaret CHEUNG Sau-ling

Head of Corporate Services

張秀玲女士 機構事務主管

Dr Theresa LI Tak-lai *Head of Human Resources*

李德麗醫生 人力資源主管

Dr CHEUNG Ngai-tseung

Head of Information Technology and Health Informatics

張毅翔醫生 資訊科技及醫療信息主管

* Note: Dr Derrick AU Kit-sing's last day of duty was 30.11.2016. His last day of service was 31.12.2016.

* 註：區結成醫生的最後工作日是2016年11月30日，其任期於2016年12月31日完結。

Appendix 3

附錄 3

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 李開賢先生
Members 成員	Mr Ricky FUNG Choi-cheung, SBS, JP (<i>up to 30.11.2016</i>) 馮載祥先生 (截至2016年11月30日)
	Dr KAM Pok-man, BBS 甘博文博士
	Mr Daniel LAM Chun, SBS, JP (<i>from 19.12.2016</i>) 林濬先生 (由2016年12月19日起)
	Mr Ivan SZE Wing-hang, BBS 施榮恆先生
	Ms Priscilla WONG Pui-sze, BBS, JP 王沛詩女士
	Prof Maurice YAP Keng-hung, JP 葉健雄教授
	Mr Jason YEUNG Chi-wai 楊志威先生
	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	Dr LEUNG Pak-yin, JP, <i>Chief Executive</i> 梁栢賢醫生 行政總裁
	Mr Richard YUEN Ming-fai, GBS, JP (<i>up to 5.7.2016</i>) <i>Permanent Secretary for Food and Health (Health)</i> 袁銘輝先生 (截至2016年7月5日) 食物及衛生局常任秘書長 (衛生)
	Mr Patrick NIP Tak-kuen, JP (<i>from 6.7.2016</i>) <i>Permanent Secretary for Food and Health (Health)</i> 聶德權先生 (由2016年7月6日起) 食物及衛生局常任秘書長 (衛生)



Appendix 3

附錄 3

Terms of Reference

1. Exercise an active oversight of the internal audit function to ensure that its:
 - (a) mandate, resources and organisational status are appropriate;
 - (b) plans and activities are adequate to provide systematic coverage of the internal control and risk management systems put in place by the Management; and
 - (c) findings are actioned appropriately and timely;
2. Recommend the appointment of the external auditor and the audit fee to the Board, endorse any non-audit services to be provided by the external auditor, and consider any questions of resignation or dismissal;
3. Consult with the External Auditor on all relevant matters including the:
 - (a) nature and scope of the audit;
 - (b) audited financial statements and the audit opinion;
 - (c) management letter and management's response; and
 - (d) matters of which the External Auditor may wish to draw attention;
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 to :
 - (a) monitor the implementation and effectiveness of Hospital Authority's Organisation-wide Risk Management (ORM) policy and strategy;
 - (b) review and approve changes to the components of the ORM framework;
 - (c) review reports on the organisation-wide risk profile and significant risk issues reported to it by the Chief Executive; and
 - (d) monitor 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: Although the functions of the Audit and Risk Committee cover a wide area, matters that are of a pure clinical nature (such as medical ethics) are not within its purview.

Focus of Work in 2016-17

In 2016-17, the Committee met eight times to exercise active oversight of 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.

職權範圍

1. 積極監察醫院管理局(醫管局)的內部審計職能，以確保：
 - (a) 其職責範圍、資源及組織狀況適切恰當；
 - (b) 其計劃及活動足以有系統地涵蓋局方所訂立的內部規管及風險管理制度；及
 - (c) 能就審計所得結果採取適當時的行動；
2. 就外聘核數師的委任及審計費用，向醫管局大會作出建議；批准由外聘核數師提供任何非審計服務；並審議任何有關請辭或解聘事宜；
3. 就所有有關事項諮詢外聘核數師，包括：
 - (a) 審計評核的性質和範圍；
 - (b) 經審計的每年財務報表及審計意見；
 - (c) 核數師致管理層的函件及管理層的回應；及
 - (d) 外聘核數師提出的任何事項；
4. (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) 監察醫管局機構風險管理政策及策略的執行和成效；
 - (b) 檢討機構風險管理框架的各個環節並審批其變動；
 - (c) 審視機構風險概況報告及行政總裁匯報的重大風險事宜；及
 - (d) 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事宜所訂立的程序：
 - (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)。

2016-17 年度工作概況

在2016-17年度，委員會共召開八次會議，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。

Appendix 3

附錄 3

In monitoring the effectiveness of HA's internal audit function, the Committee received from Chief Internal Auditor quarterly progress reports on audit results on HA's operational areas. The discussions focused on audit conclusions, major audit observations and relevant follow-up actions planned by the management. Key internal audits considered by the Committee included "Management of Li Ka Shing Foundation Hospice Centres", "Special Honorarium Scheme", "Management of Total Joint Replacement Programme" and "Electricity Consumption Management". The Committee also received updates on the development of audit analytics of clinical systems and deliberated on key observations identified. To plan ahead for 2017-18, the Committee took part in prioritising areas for internal audits and endorsed the Internal Audit Plan.

On the audit of financial statements, the Committee reviewed and endorsed HA's draft audited financial statements for 2015-16 in a joint meeting with the Finance Committee. The Committee also considered reports from the external auditor on the 2015-16 internal control matters, the 2016-17 financial statement audit work plan and the results of preliminary audit risk assessment. In addition, the Committee considered and endorsed the appointment of HA's external auditor.

With regard to risk management, the Committee examined the implementation of organisation-wide risk management and whistleblowing arrangements in HA. To assess key risks facing HA in 2017 and related planned mitigation measures, the Committee considered reports on compliance with HA related ordinances and key organisation-wide risks. Deliberations were also made on risk management reports pertaining to HA's macro-financial risk, information technology (IT) risks – breach of confidentiality / privacy, major capital works risks, service capacity risks and the Electronic Health Record Programme undertaken by HA. The Terms of Reference of the Committee was refined to reflect its role in HA's organisation-wide risk management. The Committee also considered the development of a risk management framework for Clinical Public-Private Partnership (PPP) Programmes via a consultancy study report, and reviewed the findings of a gap analysis between Independent Commission Against Corruption (ICAC)'s Corruption Prevention Guide on Administration of PPP Programmes for Healthcare Services and HA's relevant policies, guidelines, and standard procedures.

To maintain good governance and high level of probity, the Committee considered recommendations from the Corruption Prevention Department of the ICAC via assignment reports on procurement of IT equipment and services, letting and administration of planned maintenance contracts, and procurement of specialist medical equipment and consumables. Besides, as authorised by the Board, the Committee held two joint meetings with the Executive Committee to handle HA's responses to the Director of Audit's report on HA Drug Management. The Committee also deliberated on the agenda forecast for 2017-18.

As a good corporate governance practice, the Committee conducted self-assessment exercise to review its activities in the past year, having regard to its Terms of Reference, for continuous improvement.

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「李嘉誠基金會寧養中心管理」、「特別酬金計劃」、「全關節置換計劃管理」及「用電管理」。此外，委員會收閱臨床系統審計分析的發展報告及討論審計師的主要意見。為就2017-18年度進行前瞻性規劃，委員會參與訂定內部審計的優先範疇，並通過內部審計計劃。

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2015-16年度經審核的財務報表擬本。委員會亦審閱外聘核數師就2015-16年度內部規管事宜、2016-17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。此外，委員會審議及通過醫管局外聘核數師的聘任。

有關風險管理，委員會審視醫管局組織風險管理及舉報機制的實施情況。此外，委員會評估醫管局在2017年所面對的主要風險及擬訂的風險緩減措施，其中審閱了醫管局相關條例合規性及主要機構風險的報告。委員會亦審議多份風險管理報告，包括有關醫管局的宏觀財務風險、資訊科技風險 - 違反保密 / 私隱原則、大型基本工程風險、服務承載量風險及醫管局開發的電子健康紀錄系統。委員會的職權範圍已予修訂，以反映在醫管局組織風險管理方面的角色。委員會亦審閱一份有關公私營協作計劃的顧問研究報告，考慮就臨床公私營協作計劃訂立風險管理框架，另亦審議廉政公署《公私營醫療協作計劃防貪指引》與醫管局有關政策、指引及標準程序的差異分析報告。

為維持良好管治及高度廉潔，委員會審議廉政公署防止貪污處審查報告所作的建議，包括有關採購資訊科技設備及服務、批出和管理擬訂保養合約，以及採購專門醫療設備及耗材。此外，就着審計署署長有關醫管局藥物管理的衡量量值審計，委員會獲大會授權，聯同行政委員會舉行兩次會議，擬備醫管局的回應。委員會亦討論了2017-18年度預設議程。

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，不斷求進。



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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
陳富強先生

Mr Ricky FUNG Choi-cheung, SBS, JP (up to 30.11.2016)
馮載祥先生(截至2016年11月30日)

Mr Lester Garson HUANG, JP
黃嘉純先生

Dr KAM Pok-man, BBS
甘博文博士

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

Ms Winnie NG, JP (up to 30.11.2016)
伍穎梅女士(截至2016年11月30日)

Mr Ivan SZE Wing-hang, BBS (from 1.12.2016)
施榮恆先生(由2016年12月1日起)

Mr WONG Kwai-huen, BBS, JP (from 1.12.2016)
王桂壠先生(由2016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 Hospital Authority Chairman, Functional Committee Chairmen and the Hospital Authority Chief Executive to consider major matters relating to the leadership and oversight of the Hospital Authority;
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 Hospital Authority Head Office and its 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；

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6. Exercise powers delegated by the Board on the following staff matters:
 - (a) advise the Board on the appointment, remuneration changes, contract variation of the Chief Executive;
 - (b) advise the Board on the appointment of Cluster Chief Executives and Directors of Divisions;
 - (c) approve contract renewal, remuneration changes and contract variation as well as lateral transfer / job rotation of Cluster Chief Executives and Directors of Divisions;
 - (d) approve the appointment, contract renewal, remuneration changes and contract variation as well as lateral transfer / job rotation of Hospital Chief Executives and Heads of Divisions; and
 - (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 Hospital Authority's Emergency Contingency Plan (supplemented by a senior Food & Health Bureau official when meeting as EEC).
6. 就以下的職員事宜，行使醫管局大會授予的權力：
 - (a) 就行政總裁的聘任、薪酬及合約變動事宜，向大會提供意見；
 - (b) 就聯網總監及部門總監的聘任，向大會提供意見；
 - (c) 審批聯網總監及部門總監的續約、薪酬與合約變動及同級調職 / 職位輪調事宜；
 - (d) 審批醫院行政總監及部門主管的聘任、續約、薪酬與合約變動及同級調職 / 職位輪調事宜；及
 - (e) 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 2016-17

In 2016-17, the Committee met 11 times to discuss and consider key matters and overall policies and directions of HA. Pursuant to the HA Board's leading and managing role on HA, the Committee continued to play a key role in steering the implementation of the various enhancements in the HA Review Action Plan, and overseeing and monitoring its progress. The Committee discussed and provided guidance and support to the finalisation of the HA Strategic Plan 2017-2022 to set out the strategies and directions HA would pursue in the coming five years. It also reviewed the progress of implementation of key enablers to support the enhancements, drive changes and facilitate transformation in models of care and practices. The Committee also examined the final progress review on the implementation of HA Strategic Plan 2012-2017, and other ongoing key service issues requiring further efforts to address, especially against the backdrop of rising service demand. Other strategic matters considered by the Committee included the formulation of HA Budget and Annual Plan for 2017-18, implementation of the Ten-year Hospital Development Plan, upgrading of HA Higher Diploma in Nursing Programme and the proposed framework for implementation, preparatory work for the proposed Chinese Medicine Hospital by the Government, donation management plan of Hong Kong Children's Hospital, etc.

On financial strategies, the Committee had reviewed the financial resource requirement of HA in medium term financial projection from 2017-18 to 2020-21. The Committee was consulted on the findings of the review conducted by HA on the level of fees and charges for public hospital services in HA prior to submission to the Board and the Government. It also discussed the proposed financial arrangement and governance structure for the \$10 billion endowment fund allocated to HA for PPP initiatives.

2016-17 年度工作概況

在2016-17年度，委員會共召開11次會議，討論和考慮醫管局的重要事項和整體政策及方向。因應醫管局大會在醫管局擔任的領導和管理角色，行政委員會繼續領導管方推行醫管局檢討行動計劃的各項改進措施，以及監督和監察其執行進度。委員會就擬備醫管局2017至2022年策略計劃進行討論，並就最終擬稿提供指導，擬定醫管局未來五年的策略和方向。委員會檢討了支援醫療護理的改善措施及服務重整和轉型措施的執行進度。此外，委員會亦審視醫管局2012至2017年策略計劃的最終進度報告以及其他重大的服務相關事宜，特別是因服務需求上升而須著重處理的問題。委員會所考慮的其他策略事宜包括醫管局2017-18年度財政預算及工作計劃、落實十年醫院發展計劃、提升護理學高級文憑課程及其建議執行框架、政府建議發展中醫院的準備工作、香港兒童醫院的捐款管理計劃等。

在財務策略方面，委員會審閱醫管局2017-18至2020-21年度中期財務預測所載的財務資源需要，並就醫管局公立醫院費用及收費檢討結果提供意見，以便呈交醫管局大會及政府審議。此外，委員會亦曾討論撥予醫管局的100億元公私營協作計劃種子基金的擬議財務安排和管治架構。



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The Committee 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, career posting and succession of senior executives and reports on staff complaints against senior executives.

The Committee continued to keep a close eye on succession in the Board's Committees, and other membership matters relating to Hospital Governing Committees (HGCs) and Regional Advisory Committees. It received annual summary report on activities and feedbacks of HGCs. EC also discussed the governance issues and improvement measures relating to the HA Provident Fund Scheme.

Other major items discussed by the Committee during the year included secretariat arrangements for the Board and its committees, enhanced mechanism on recovery of legal costs incurred by HA, HA's emergency preparedness and response programmes, pilot proposal for setting up a school-based education-medical-social collaboration platform to support students with mental health needs, etc. As authorised by the Board, the Committee also held two joint meetings with the Audit and Risk Committee to examine the proposed HA's response to the Director of Audit's report on HA Drug Management.

The Committee regularly advised on agendas of Board meeting as proposed by the management. It also deliberated on the agenda forecast for 2017-18.

As a good corporate governance practice, the Committee conducted self-assessment exercise to review its activities in the past year, having regard to its Terms of Reference, for continuous improvement.

委員會討論和議決了多項有關醫管局人才管理的事宜，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、高級行政人員調任安排及繼任規劃，以及職員投訴高級行政人員的相關報告等。

委員會繼續密切關注醫管局大會轄下委員會繼任以及醫院管治委員會和區域諮詢委員會等其他成員委任的相關事宜，並收閱醫院管治委員會活動及意見的年度簡報。委員會亦審議醫管局公積金計劃的管治事宜和改善措施。

行政委員會年內審議的其他主要事項包括醫管局大會及委員會會務安排、加強醫管局追討法律費用的機制、醫管局的緊急應變準備及行動計劃、因應學生的精神健康需要設立學校為本的醫教社協作平台等。委員會亦在醫管局大會授權下，與審計及風險管理委員會舉行兩次聯合會議，審議醫管局就審計署署長所擬有關醫管局藥物管理報告書的建議回應。

委員會就管理層對醫管局大會議程建議的討論事項提供意見，並討論了2017-18年度預設議程。

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，不斷求進。

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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
陳富強先生

Mr Howard CHAN Wai-kee, JP *(from 11.4.2016)*
(representing the Permanent Secretary for Food and Health (Health))
陳偉基先生 (由2016年4月11日起)
(代表食物及衛生局常任秘書長(衛生))

Mr Ricky FUNG Choi-cheung, SBS, JP *(up to 30.11.2016)*
馮載祥先生 (截至2016年11月30日)

Mr Lester Garson HUANG, JP
黃嘉純先生

Dr KAM Pok-man, BBS
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)

Ms Winnie NG, JP *(up to 30.11.2016)*
伍穎梅女士 (截至2016年11月30日)

Mr Ivan SZE Wing-hang, BBS *(from 1.12.2016)*
施榮恆先生 (由2016年12月1日起)

Miss Janice TSE Siu-wa, JP *(up to 10.4.2016)*
(representing the Permanent Secretary for Food and Health (Health))
謝小華女士 (截至2016年4月10日)
(代表食物及衛生局常任秘書長(衛生))

Mr WONG Kwai-huen, BBS, JP *(from 1.12.2016)*
王桂壘先生 (由2016年12月1日起)

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日由醫院管理局(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。



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Terms of Reference

1. To act for the Hospital Authority Board and exercise its powers and functions, including:
 - (a) altering, amending or overriding existing Hospital Authority policies, standards, guidelines and procedures; and
 - (b) establishment of sub-committees or task forces to tackle particular matters at hand.
2. To identify the objectives and assess the risks facing Hospital Authority in emergency situation;
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.

Focus of Work in 2016-17

No meeting was convened in 2016-17.

職權範圍

1. 代表醫管局大會運作，並行使其權力及職能，包括：
 - (a) 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
 - (b) 設立小組委員會或專責小組處理具體事項。
2. 為醫管局面對的緊急情況，鑑辨目標及評估風險；
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。

2016-17 年度工作概況

在2016-17年度，委員會並無召開會議。

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Finance Committee

財務委員會

Membership List

成員名單

Chairman 主席	Dr KAM Pok-man, BBS 甘博文博士
Vice-Chairman 副主席	Mr Andrew FUNG Hau-chung, BBS, JP 馮孝忠先生
Members 成員	Mr Howard CHAN Wai-kee, JP (<i>from 11.4.2016</i>) (<i>representing the Permanent Secretary for Food and Health (Health)</i>) 陳偉基先生 (由2016年4月11日起) (代表食物及衛生局常任秘書長(衛生))
	Mr Stephen LEE Hoi-yin 李開賢先生
	Dr LEUNG Pak-yin, JP, <i>Chief Executive</i> 梁栢賢醫生 行政總裁
	Dr PANG Yiu-kai, GBS, JP 彭耀佳博士
	Mr Ivan SZE Wing-hang, BBS 施榮恆先生
	Miss Janice TSE Siu-wa, JP (<i>up to 10.4.2016</i>) (<i>representing the Permanent Secretary for Food and Health (Health)</i>) 謝小華女士 (截至2016年4月10日) (代表食物及衛生局常任秘書長(衛生))
	Mr WONG Kwai-huen, BBS, JP 王桂壘先生
	Ms Priscilla WONG Pui-sze, BBS, JP 王沛詩女士
	Mr Jason YEUNG Chi-wai 楊志威先生
	Ms Esther LEUNG Yuet-yin, JP (<i>up to 22.9.2016</i>) / Ms Carol YUEN Siu-wai, JP (<i>from 7.10.2016</i>) / Miss Bella MUI Bun-ngar (<i>representing the Secretary for Financial Services and the Treasury</i>) 梁悅賢女士 (截至2016年9月22日) / 袁小惠女士 (由2016年10月7日起) / 梅品雅女士 (代表財經事務及庫務局局長)

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. 就醫院管理局(醫管局)整體發展計劃及周年工作計劃的財務方面, 提供意見及作出建議;
2. 就醫管局的財政規劃、規管、表現、監察及匯報等方面, 提供意見及作出建議;
3. 就所有財務事宜, 包括投資、業務及保險的政策指引, 提供意見;
4. 就資源分配政策提供意見及作出建議;



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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 on financial and control related matters and make recommendations to the Hospital Authority where appropriate;
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 the Hospital Authority.

Focus of Work in 2016-17

In 2016-17, the Committee met six times 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.

In support of the corporate strategy and policy development of HA, the Committee deliberated on the development of a refined population-based resource allocation model and related communication plan as per the HA Review Action Plan endorsed by the Board. The Committee also examined HA's medium term financial projection for 2017-18 to 2020-21 taking account of the service demand growth and medical advancement under the population-based model and the projection of operating expenditure requirements with due consideration to constraints faced by HA in terms of manpower and facilities, etc. that could limit HA's ability to expand its services. These facilitated liaison with the Government on HA's funding need. Besides, the Committee reviewed the 2016 HA Fees and Charges Review results together with the proposed recommendation for consideration by the HA Board before onward submission to the Government.

Dovetailing with HA's annual service and resource planning process, the Committee examined the proposed 2017-18 HA budget and resource allocation, and considered the financial arrangement for the \$10 billion endowment fund for Public-Private Partnership initiatives. In addition to endorsing HA's insurance procurement approach and direction for 2017-18, the Committee, with the assistance of its Treasury Panel, also advised on HA's investment strategies as well as treasury management and operations. The Committee also examined the consultancy review results and the corresponding proposed measures to enhance the governance and operation arrangement between HA and the HA Provident Fund Scheme (HAPFS). The Terms of Reference of the Committee was refined to reflect its role in HAPFS governance. On financial risk management, the Committee reviewed the risk mitigation measures taken in 2016 and considered the planned actions to address the key financial risks facing HA in 2017. It also reviewed the framework and methodology of service costing and advised on related development strategy.

5. 就醫管局的財務報表(經審核及未經審核), 向醫管局提供意見及作出建議;
6. 就財務及規管相關事宜與醫管局公積金計劃的信託人保持聯繫, 並在適當時候向醫管局作出建議;
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。

2016-17 年度工作概況

在2016-17年度, 委員會共召開六次會議, 協助醫管局大會確保妥善管理和有效運用公帑, 並就醫管局的多項財務相關事宜, 向大會作出建議。

為支援醫管局制訂整體策略及政策, 委員會根據醫管局大會通過有關醫管局檢討的行動計劃, 就制訂優化的以人口為基礎資源分配模型及相關的傳訊計劃, 進行討論。委員會亦審視醫管局2017-18至2020-21年的中期財政預測, 當中考慮了以人口為基礎資源分配模型的服務需求增長及醫療技術發展, 以及醫管局在面對的人手及設施等限制下的服務擴展能力及營運開支需求預測。這些均有助與政府磋商醫管局的經費需求。此外, 委員會審視醫管局2016年服務收費檢討報告, 有關建議上呈醫管局大會審議, 然後提交政府考慮。

委員會配合醫管局的服務及資源規劃進程, 審議醫管局2017-18年度預算及資源分配建議, 以及100億元醫管局公私營協作基金的財政安排。委員會亦通過醫管局2017-18年度保險採購模式及方針, 並在庫務小組協助下, 就醫管局的投資策略及庫務管理和運作提供意見。委員會亦審議優化醫管局與醫管局公積金計劃之間管治及運作安排的顧問檢討報告及相關建議措施。委員會的職權範圍已予修訂, 以反映其於醫管局公積金計劃管治上的角色。就財務風險管理方面, 委員會審閱2016年採取的風險緩減措施, 並審議應對醫管局2017年主要財務風險的擬訂計劃。委員會亦審議服務成本計算框架及所用方法, 並就相關發展策略提供意見。

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On accountability reporting and monitoring of HA's financial position, the Committee reviewed and endorsed HA's draft audited financial statements for 2015-16 in a joint meeting with the Audit and Risk Committee. In addition, it considered the 2015-16 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 2016. The Committee also considered matters relating to key financial performance indicators, waivers of hospital fees and charges, and debt management.

The Committee reviewed the progress of the Finance Organisation Review (Phase 1), Annual Work Plan of the Finance Division and the proposed key strategic areas for 2017-18.

In addition, the Committee assessed the financial risks in 2017 in conjunction with planned mitigation actions, and deliberated on the agenda forecast for 2017-18.

As a good corporate governance practice, the Committee conducted self-assessment exercise to review its activities in the past year, having regard to its Terms of Reference, for continuous improvement.

就醫管局財務狀況的問責報告及監察方面，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2015-16年度經審核的財務報表擬本。此外，委員會亦審議由醫管局推行的若干指定計劃於2015-16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、醫管局慈善基金，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2016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。委員會亦討論有關醫管局主要財務表現指標，豁免醫院收費及債務管理等事宜。

委員會亦審議財務組織檢討(第一階段)的進展報告，以及財務部2017-18年度工作計劃及建議的主要策略範疇。

此外，委員會評估了2017年涉及財務方面的風險及有關緩減計劃，並討論了委員會2017-18年度預設議程。

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，不斷求進。



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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 陳富強先生
Vice-Chairman 副主席	Ms Quince CHONG Wai-yan, JP (<i>up to 30.11.2016</i>) 莊偉茵女士 (截至2016年11月30日)
Members 成員	Prof Francis CHAN Ka-leung, JP 陳家亮教授
	Mr HO Wing-yin 何永賢先生
	Mrs Ann KUNG YEUNG Yun-chi (<i>from 15.12.2016</i>) 龔楊恩慈女士 (由2016年12月15日起)
	Prof Diana LEE Tze-fan, JP 李子芬教授
	Miss Linda LEUNG (<i>representing the Permanent Secretary for Food and Health (Health)</i>) 梁嘉盈女士 (代表食物及衛生局常任秘書長(衛生))
	Dr LEUNG Pak-yin, JP, <i>Chief Executive</i> 梁栢賢醫生 行政總裁
	Mr Ivan SZE Wing-hang, BBS 施榮恆先生
	Ms Priscilla WONG Pui-sze, BBS, JP 王沛詩女士
	Prof Maurice YAP Keng-hung, JP 葉健雄教授
	Mr Charlie YIP Wing-tong 葉永堂先生

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;
7. Consider periodically matters relating to risk, risk management and risk mitigation relevant to human resources management;

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. 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；

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8. Monitor the performance of the Hospital Authority Mandatory Provident Fund Schemes and make recommendations to the Hospital Authority as and when necessary; and
9. Liaise with the Trustees of the Hospital Authority Provident Fund Scheme on member and communication related matters and make recommendations to the Hospital Authority where appropriate.

Focus of Work in 2016-17

In 2016-17, the Committee met six times to discuss and consider various human resources (HR) matters of the Authority.

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. Key matters considered included continuation of the Special Retired and Rehire Scheme which aimed to rehire suitable serving doctors, nurses, allied health staff and supporting grades staff upon their retirement or completion of contract in 2017-18; initiative to attract and retain Operation Assistants IIIB; enhanced contract part-time employment arrangement; consultancy study on full-time employment packages of permanent and contract employees; contract duration for doctors under limited registration; alignment of practices in granting exemption of pregnant staff from night duties and relaxation of the Continuous Night Shift Scheme. It also considered the implication of 2015 Civil Service Starting Salaries Survey to HA, endorsed the job evaluation results for Head Office Finance Division Chief Manager positions according to the progress report on the Finance Organisation Review (Phase 1), and granted endorsement-in-principle for the proposed 2016-17 annual pay adjustment for HA employees. In addition, the Committee was updated on HA's response to public consultation on working hours policy directions.

In response to the recommendations of HA Review, the Committee considered the enhanced central mechanism for creation and deletion of senior positions, discussed the job rotation arrangement for management staff, commented on Cluster Chief Executives' participation in HA overall management, endorsed the regrouping of hospitals and proposed refinement of Managerial Responsibility Allowance arrangement as well as enhancement on central staff deployment mechanism in emergency situations.

With regard to staff welfare and communication / engagement, the Committee noted the results of HA Staff Survey. It also noted the report on proposed implementation plan for the governance and operation arrangement between the HA and the HA Provident Fund Scheme (HAPFS) (in particular the proposed revisions to the HAPFS Trust Board composition and improved governance of Staff Representatives Committee for enhancements in staff communication on matters related to the HAPFS, and endorsed the corresponding revisions to the Terms of Reference of the Committee). It also endorsed the proposed amendment to the Terms and Conditions of Home Loan Interest Subsidy Scheme, and monitored the HA Mandatory Provident Fund Scheme and HAPFS through regular updates.

8. 監察醫管局強積金計劃的表現，並按需要向醫管局提出建議；以及
9. 就有關醫管局公積金計劃成員及溝通方面事宜與信託人保持聯繫，並在適當時向醫管局作出建議。

2016-17 年度工作概況

在 2016-17 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。其中已考慮的主要事項包括延續特別退休後重聘計劃，在 2017-18 年度退休或約滿的醫生、護士、專職醫療人員及支援職系員工當中重新聘請合適人選；吸引及挽留三 B 級運作助理的措施；優化合約兼職聘任安排；常額及合約全職僱員待遇顧問研究；有限度註冊醫生的合約期；統一批准豁免懷孕員工夜更當值的安排及放寬連續夜更當值計劃。此外，委員會亦考慮了 2015 年公務員入職薪酬調查對醫管局的影響、因應財務部架構檢討（第一階段）的進度報告通過總辦事處財務部總行政經理職務評估結果，以及原則上同意 2016-17 年度醫管局僱員的年度薪酬調整。此外，委員會亦收閱醫管局就工時政策方向諮詢所作回應的最新資料。

因應醫管局檢討所提出的建議，委員會考慮了有關中央開設及刪除主管級職位的改良機制，審議管理人員的職務輪換安排，就醫院聯網總監參與醫管局中央管理的工作提出意見，通過醫院重組及優化管理責任津貼的行政安排建議，以及改良在緊急情況下的中央調配員工機制。

在員工安康及溝通 / 凝聚方面，委員會審閱了「醫家我有 Say」醫管局職員意見調查結果，並備悉建議落實的醫管局與醫管局公積金計劃的管治及運作安排（特別是醫管局公積金計劃信託委員會成員組成的修訂建議以及提升職員代表委員會的管治以加強就醫管局公積金計劃事宜與職員的溝通，以及通過委員會職權範圍的相應修訂）、通過購屋貸款利息津貼計劃條款及條件修訂建議，和審閱了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，以監察計劃運作。



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For staff safety, training and development matters, the Committee noted the specialty-based centrally-coordinated Resident Trainee recruitment, and progress of occupational safety and health consultancy study and discussed the management of workplace violence in HA. The Committee also reviewed regular progress report from the Central Training and Development Committee which was established under the Committee to strengthen the governance on staff training and enhance HA's role in central planning and provision of training.

The Committee also gave comments on the clinical placement for allied health students of Tung Wah College in 2016-17, and provided feedback on the quarterly Key Performance Indicator reports. In addition, the Committee assessed the HR risks in 2017 in conjunction with planned mitigation actions, and discussed the enhanced arrangements for the handling of whistleblowing cases. It also deliberated on the agenda forecast for 2017-18.

As a good corporate governance practice, the Committee conducted self-assessment exercise to review its activities in the past year, having regard to its Terms of Reference, for continuous improvement.

在員工安全、培訓及發展方面，委員會備悉中央統籌專科駐院醫生招聘安排和職業安全與健康顧問研究進度，並曾商議醫管局的工作間暴力事宜的處理。此外，委員會又收閱了轄下中央培訓及發展委員會的定期報告，該委員會的成立宗旨是加強員工培訓的管治和提升醫管局在中央規劃和提供培訓之職責。

委員會亦就東華學院2016-17年度專職醫療學生的實習安排和主要表現指標季度報告提出意見。此外，委員會評估了2017年涉及人力資源方面的風險及有關緩減計劃，商議了舉報個案處理的改進安排，並討論了2017-18年度的預設議程。

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，不斷求進。

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

Membership List

成員名單

Chairman 主席	Dr LEUNG Pak-yin, JP, <i>Chief Executive</i> 梁栢賢醫生 行政總裁
Members 成員	Mr Sidney CHAN Shuen-yiu, JP (<i>up to 19.3.2017</i>) <i>Head of Electronic Health Record Office</i> 陳選堯先生 (截至2017年3月19日) 電子健康紀錄統籌處處長
	Ms Anita CHENG Wai-ching 鄭瑋青女士
	Mr Daniel LAI, BBS, JP 賴錫璋先生
	Mr Stephen LAU Ka-men, JP 劉嘉敏先生
	Ms Ida LEE Bik-sai (<i>from 20.3.2017</i>) <i>Head of Electronic Health Record Office</i> 李碧茜女士 (由2017年3月20日起) 電子健康紀錄統籌處處長
	Mr Stephen LEE Hoi-yin 李開賢先生
	Hon Charles Peter MOK, JP 莫乃光議員
	Ms Winnie NG, JP 伍穎梅女士
	Ir Allen YEUNG Tak-bun, JP <i>Government Chief Information Officer</i> 楊德斌先生 政府資訊科技總監
	Mr Charlie YIP Wing-tong 葉永堂先生

Terms of Reference

1. Approve corporate policies and standards for Information Technology / Information Systems;
2. Approve and monitor the overall progress of the implementation of the Information Technology / Information Systems Strategic Plan;
3. Approve and monitor the execution of the Information Technology / Information Systems Annual Business Plan;
4. Receive recommendations on the priorities for Information Technology systems development and implementation;
5. Receive advice from the Information Technology Technical Advisory Subcommittee;
6. Receive performance and status reports;
7. Provide periodic progress report to the Hospital Authority Board; and

職權範圍

1. 通過醫院管理局(醫管局)的資訊科技/資訊系統政策及標準;
2. 通過資訊科技/資訊系統策略計劃,並監察整體實施進度;
3. 通過資訊科技/資訊系統的每年工作計劃書,並監察實施情況;
4. 收閱有關資訊科技系統發展及實施的建議重點項目;
5. 收閱信息技術諮詢小組委員會的意見;
6. 收閱表現及狀況報告;
7. 向醫管局大會定期提交工作報告;及



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8. Consider matters relating to risk, risk management and risk mitigation relevant to Information Technology across Hospital Authority.

Focus of Work in 2016-17

In 2016-17, 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 progress update of HA's IT transformation as the basis for the future direction of IT organisational design in HA undertaken by the IT and Health Informatics Division (IT&HID), with an ultimate goal for organisational efficiency to bring in new service model and technology innovation to enhance patient journey. Thorough discussions were made on the multi-facet strategies comprising key components to transform people, process and technology, with a number of transformation initiatives to address the challenges of system reliability, resource constraints to build and transform, and an effective ability to manage future IT challenges. The Committee also received a report on the review findings of end user and desktop support services in HA and considered the way forward for end user computing support services. In the area of risk management, the Committee received a report on IT Operational Risk Assessment and discussed the key risks identified and the actionable mitigating measures particularly against the potential risks associated with cyberattacks.

The Committee deliberated and approved the portfolio-based and holistic approach of IT Strategy 2017-22 which demonstrated the linkage from HA's five-years strategic plan, devised to 20 IT strategies, then enabled by over a hundred of IT programmes in the next five years. It also supported the key mechanisms for executing the IT Strategy. Moreover, to meet the growing demand for IT systems to support the operation of the organisation, the Committee endorsed the IT Block Vote Submission for 2017-18 and the IT&HID Annual Work Plan 2017-18 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 2017-22.

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, Electronic Health Record (eHR) 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 eHR Sharing System and endorsed the draft audited financial statements related to eHR Programme undertaken by HA annually.

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。

2016-17 年度工作概況

在2016-17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，委員會討論資訊科技及醫療信息部負責的醫管局資訊科技轉型的進展報告，就機構資訊科技設計未來的方向，以提升機構效率，引進新服務模式及創新科技，優化病人的醫護歷程。委員會就多方面的策略進行詳細討論，包括人力資源、程序及科技轉型的主要元素，以及應對系統持續性、發展與轉型方面的資源限制，和有效應付未來資訊科技挑戰的各項措施。委員會亦收閱有關醫管局終端用戶及桌面支援服務的檢討報告，並審議終端用戶電腦應用支援服務的未來路向。在風險管理方面，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，特別是應對網絡攻擊的相關潛在風險。

委員會審議及通過2017至2022年資訊科技策略，策略以組合為本及通盤全面方式，體現與醫管局2017至2022年策略計劃的連繫，在未來五年透過20項資訊科技策略，推行逾百個資訊科技項目，並支援實施資訊科技策略的主要機制。此外，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，委員會通過2017-18年度資訊科技整體撥款申請，以及資訊科技及醫療信息部2017-18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，特別是落實醫管局檢討行動計劃和醫管局2017至2022年策略計劃所訂優次。

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，在各次會議上審閱不同資訊科技職能的表現及狀況報告，並將有關意見傳達部門相關組別，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。

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The Committee also reviewed regular progress report from the Information Technology Technical Advisory Subcommittee which was established under the Committee to advise HA and HA executives on major IT initiatives and IT technical matters proposed for use in HA.

In addition, the Committee assessed the IT risks in 2017 in conjunction with planned mitigation actions, and deliberated on the agenda forecast for 2017-18.

As a good corporate governance practice, the Committee conducted self-assessment exercise to review its activities in the past year, having regard to its Terms of Reference, for continuous improvement.

委員會亦定期收閱轄下信息技術諮詢小組委員會的進度報告，該小組委員會就建議於醫管局推行的重大資訊科技項目及有關技術事宜向醫管局及其行政人員提供意見。

此外，委員會評估了2017年涉及資訊科技方面的風險及有關緩減計劃，並討論了2017-18年度預設議程。

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，不斷求進。



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-Chairmen

副主席

Mr William CHAN Fu-keung, BBS (*up to 27.4.2016*)

陳富強先生 (截至2016年4月27日)

Mr Ivan SZE Wing-hang, BBS (*from 28.4.2016*)

施榮恆先生 (由2016年4月28日起)

Mr Lincoln TSO Lai

曹禮先生

Ex-officio members

當然成員

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：

Dr Andrew CHAN Ping-chiu, BBS (*from 28.4.2016*)

陳炳釗博士 (由2016年4月28日起)

Prof Edwin CHAN Hon-wan (*from 28.4.2016*)

陳漢雲教授 (由2016年4月28日起)

Prof Francis CHAN Ka-leung, JP

陳家亮教授

Mr CHAN How-chi, MH (*from 28.4.2016*)

陳孝慈先生 (由2016年4月28日起)

Ms Anita CHENG Wai-ching

鄭瑋青女士

Mr CHENG Yan-kee, BBS, JP (*from 28.4.2016*)

鄭恩基先生 (由2016年4月28日起)

Mr Stanley CHEUNG Tak-kwai (*from 28.4.2016*)

張德貴先生 (由2016年4月28日起)

Ms CHIANG Lai-yuen, JP

蔣麗婉女士

Ms Quince CHONG Wai-yan, JP (*up to 30.11.2016*)

莊偉茵女士 (截至2016年11月30日)

Mr Andrew FUNG Hau-chung, BBS, JP

馮孝忠先生

Mr HO Wing-yin

何永賢先生

Mrs Ann KUNG YEUNG Yun-chi (*from 15.12.2016*)

龔楊恩慈女士 (由2016年12月15日起)

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Prof Joseph KWAN Kai-cho (*from 28.4.2016*)
關繼祖教授 (由 2016 年 4 月 28 日起)

Mr Daniel LAM Chun, SBS, JP (*from 7.12.2016*)
林濬先生 (由 2016 年 12 月 7 日起)

Ms Lisa LAU Man-man, BBS, MH, JP (*from 15.12.2016*)
劉文文女士 (由 2016 年 12 月 15 日起)

Mr Stephen LEE Hoi-yin
李開賢先生

Mr Peter LEE Kwok-wah (*from 28.4.2016*)
李國華先生 (由 2016 年 4 月 28 日起)

Prof Diana LEE Tze-fan, JP
李子芬教授

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

Mr Gregory LEUNG Wing-lup, SBS (*from 28.4.2016*)
梁永立先生 (由 2016 年 4 月 28 日起)

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

Mr LO Chung-hing, SBS (*from 28.4.2016*)
盧重興先生 (由 2016 年 4 月 28 日起)

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

Mr Wilson MOK Yu-sang (*from 28.4.2016*)
莫裕生先生 (由 2016 年 4 月 28 日起)

Dr PANG Yiu-kai, GBS, JP
彭耀佳博士

Mr WONG Kwai-huen, BBS, JP (*up to 30.11.2016*)
王桂壘先生 (截至 2016 年 11 月 30 日)

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

Mr David YAU Po-wing (*from 28.4.2016*)
游寶榮先生 (由 2016 年 4 月 28 日起)

Mr Charlie YIP Wing-tong
葉永堂先生

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.

職權範圍

- (1) 根據醫院管理局(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。



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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 2016-17

The Main Tender Board (MTB) is organised into two Tender Boards each meeting once a month, with MTB(1) focusing on mainly tenders for pharmaceutical products and medical consumables; and MTB(2) on tenders of other subjects (e.g. major equipment, contract services, consultancies etc.). In 2016-17, MTB considered some 600 papers on 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, and information technology systems and maintenance services. Capital works tenders were mainly concerned with hospital redevelopment projects and minor works improvements for maintenance of hospital premises.

In April 2016, the Board approved to co-opt the following two groups as additional Members to MTB to further strengthen the independence and transparency of its work:

- (a) a Cluster Tender Board Member from each cluster who is also a Member of Hospital Governing Committee ; and
- (b) existing co-opted Members of SSDC.

As a good corporate governance practice, the Committee conducted self-assessment exercise to review its activities in the past year, having regard to its Terms of Reference, for continuous improvement.

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。

2016-17年度工作概況

中央投標委員會分成兩個投標委員會，每月各自舉行一次會議。中央投標委員會(1)主要負責藥物和醫療消耗品招標；而中央投標委員會(2)則處理其他項目(例如大型設備、合約服務、顧問服務等)的招標。在2016-17年度，中央投標委員會審議超過600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；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。

在2016年4月，醫管局大會批准從以下兩個組別增選中央投標委員會的額外成員，進一步加強委員會工作的獨立性和透明度：

- (a) 聯網投標委員會成員，而該成員須同時為醫院管治委員會成員；和
- (b) 支援服務發展委員會現任成員。

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，不斷求進。

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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
李子芬教授

Members

成員

Dr Constance CHAN Hon-ye, JP
Director of Health

陳漢儀醫生
衛生署署長

Mr William CHAN Fu-keung, BBS
陳富強先生

Prof Francis CHAN Ka-leung, JP
陳家亮教授

Mr HO Wing-yin
何永賢先生

Dr KAM Pok-man, BBS
甘博文博士

Ms Esther LEUNG Yuet-yin, JP (*up to 22.9.2016*) / Ms Carol YUEN Siu-wai, JP (*from 7.10.2016*) /
Miss Bella MUI Bun-ngar
(*representing the Secretary for Financial Services and the Treasury*)
梁悅賢女士 (截至2016年9月22日) / 袁小惠女士 (由2016年10月7日起) / 梅品雅女士
(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, *Chief Executive*
梁栢賢醫生 行政總裁

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

Mr Patrick NIP Tak-kuen, JP (*from 6.7.2016*)
Permanent Secretary for Food and Health (Health)
聶德權先生 (由2016年7月6日起)
食物及衛生局常任秘書長 (衛生)

Dr PANG Yiu-kai, GBS, JP
彭耀佳博士

Mr Charlie YIP Wing-tong
葉永堂先生

Mr Richard YUEN Ming-fai, GBS, JP (*up to 5.7.2016*)
Permanent Secretary for Food and Health (Health)
袁銘輝先生 (截至2016年7月5日)
食物及衛生局常任秘書長 (衛生)



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Terms of Reference

1. Examine, review and make recommendations on the changing needs of the community in respect of clinical services provided by public hospitals and institutions;
2. Advise and make recommendations on the overall policies, directions and strategies relating to the provision, planning and development of the public hospitals and related services, having regard to the availability of technology, staff and other resources and the need to provide a patient-centred, outcome-focused quality healthcare service by a knowledge-based organisation;
3. Consider and make recommendations on the overall priorities for the planning and development of the public hospitals and related services in order to ensure an optimal utilisation of available resources;
4. Consider, review and make recommendations on any other matters related to the planning and development of the public hospitals and related services;
5. Consider periodically matters relating to risk, risk management and risk mitigation relevant to medical services development; and
6. Exercise powers delegated by the Board on the following matters:
 - (a) approve the scope of coverage of the Samaritan Fund, on the recommendation of the Management Committee of the Samaritan Fund,
 - (b) approve the scope of coverage of the Hospital Authority Public-Private Partnership Fund, on the recommendation of the Management Committee for the Hospital Authority Public-Private Partnership (PPP) Fund and Clinical PPP Programmes; and
 - (c) approve clinical service plans on specialty services and redevelopment projects, except those involving decisions on financial provisions.

Focus of Work in 2016-17

In 2016-17, the Committee met seven times to discuss issues relating to the planning, development and management of clinical services. In support of the corporate strategy and planned future service directions of HA, the Committee discussed and considered the respective clinical services plans for the Kowloon Central Cluster (KCC) and the New Territories West Cluster as well as the strategic framework for rehabilitation services and palliative care. It also considered the re-delineation of cluster boundary for KCC and Kowloon West Cluster and the capacity-demand gap analysis for various clusters. Further, the Committee discussed the development of the Integrated Chinese-Western Medicine pilot programme; mental health service development for adults; service enhancement for students with mental health need; community care for dementia patients; and the development on the refined population-based resources allocation model. The Committee was also briefed on the setting up of a mechanism for introduction of highly specialised services, primary percutaneous coronary intervention service development; planning of cardiac catheterization laboratory service; and the HA Colon Assessment PPP Programme. Besides, the Committee received briefings on progress report on the development of the Hong Kong Children's Hospital and HA's involvement in supporting a large-scale residential care home for elderly being developed in Lam Tei.

職權範圍

1. 審查及檢討市民對公立醫院和機構所提供的、不斷變化的醫療服務需求，並作出建議；
2. 根據現行可提供的科技、職員人手及其他資源，並顧及作為知識為本機構所需提供的「以病人及成效為中心」的優質醫護服務，就提供、規劃及發展公立醫院及相關服務的整體政策、方針和策略，提供意見及作出建議；
3. 審議規劃發展公立醫院及相關服務的整體優先次序，並作出建議，確保最有效地運用所獲資源；
4. 審議及檢討規劃發展公立醫院及相關服務的任何其他事宜，並作出建議；
5. 定期審議醫療服務發展範疇的相關風險、風險管理及風險緩減事宜；及
6. 就以下事宜行使醫院管理局（醫管局）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) 批核醫管局公私營協作基金及臨床公私營協作計劃管理委員會建議的基金涵蓋範圍；及
 - (c) 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。

2016-17年度工作概況

在2016-17年度，醫療服務發展委員會共召開七次會議，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及擬定的未來服務方向，委員會考慮及審議了九龍中及新界西醫院聯網各自的臨床服務計劃；復康服務及舒緩治療的策略框架；九龍中及九龍西聯網界線重組及多個聯網服務承載能力與服務需求差距分析；發展中西醫協作先導計劃；成年精神健康服務發展；加強對有需要學童的精神健康服務；認知障礙症患者的社區護理；以及發展優化的以人口為基礎的資源分配模型。委員會亦備悉高度專門服務引入機制的建議；心臟科冠狀動脈導管介入手術發展；心導管化驗所服務規劃；以及醫管局腸道檢查公私營協作計劃。此外，委員會亦收閱香港兒童醫院發展進度報告以及醫管局對現正興建的藍地大型安老院舍參與支援發展的進度報告。

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The Committee considered and advised on a wide range of clinical management issues. Enhancing clinical risk management and clinical governance as well as implementing continuous quality improvement systems were high on the agendas of the Committee. The Committee considered various matters relating to patient safety and risk management, including credentialing and defining scope of practice in HA; hospital accreditation; patient service and care risks and the proposed risk reduction plans; and enhancement on safety and quality services. In response to the recommendations of HA Review on service provision as well as quality and safety, the Committee considered proposals and regular reports on individual action items, including management of access block problem; waiting time of specialist out-patient clinic and accident and emergency service; and efficiency of operating theatre utilisation. The Committee also discussed on winter surge preparation; and clinical service key performance indicators development and monitoring. It was also briefed on the introduction of new drugs and indications to be covered by the Samaritan Fund from 2016-17; disability allowance review; and service plan on patient experience and satisfaction survey. It also noted the evaluation of Risk Assessment and Management Programme for diabetes mellitus and hypertension patients in general out-patient clinics.

The Committee received progress reports of various clinical programmes, including the Service Management Report of the Chinese Medicine Centres for Training and Research; HA Patient Experience and Satisfaction Survey on Inpatient Service; and the various clinical PPP programmes. The Committee also noted the governance structure for the HA PPP Fund.

In August 2016, the Committee revised its Terms of Reference (TOR) for including matters relating to the approval of the scope of coverage of HA PPP Fund into its scope.

In addition, the Committee assessed the risks relating to clinical services in 2017 in conjunction with planned mitigation actions, and deliberated on the agenda forecast for 2017-18.

As a good corporate governance practice, the Committee conducted self-assessment exercise to review its activities in the past year, having regard to its Terms of Reference, for continuous improvement.

委員會亦審議不同的醫療管理事宜並提供意見。加強臨床風險管理及臨床管治，以及推行持續質素改善制度是委員會的重點關注。委員會就病人安全及風險管理考慮多項相關事宜，包括醫管局資歷認證及確定臨床實務範圍、醫院認證、病人服務及治療風險與風險防範計劃建議，以及服務安全及質素改善措施。因應醫管局檢討報告有關提供服務和質素及安全方面的建議，委員會考慮多個建議的行動計劃及個別行動計劃的定期報告，包括管理滯留等候入院問題、專科門診診所及急症室輪候時間，以及手術室使用效率。委員會亦討論冬季流感服務高峰期的準備工作及臨床服務主要表現指標的制訂和監察，並聽取有關撒瑪利亞基金在2016-17年度起納入的新藥及適應症、傷殘津貼檢討，以及病人經驗及服務滿意度調查服務計劃的匯報。此外，委員會亦備悉為普通科門診糖尿病及高血壓病人而設的健康風險評估及跟進護理計劃的評估結果。

委員會收閱多項臨床服務計劃的進展報告，包括中醫教研中心的服務管理報告；醫管局住院病人經驗及服務滿意度調查；以及多項臨床公私營協作計劃。委員會亦備悉醫管局公私營協作基金的管治架構。

委員會於2016年8月修訂職權範圍，將批核醫管局公私營協作基金涵蓋範圍相關事宜的權力入其中。

此外，委員會評估了2017年涉及臨床服務方面的風險及有關緩減計劃，並討論了2017-18年度預設議程。

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，不斷求進。



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* (*up to 30.11.2016*)

馮載祥先生* (截至 2016 年 11 月 30 日)

Mr Ivan SZE Wing-hang, BBS (*from 1.12.2016*)

施榮恆先生 (由 2016 年 12 月 1 日起)

Vice-Chairman

副主席

Prof Raymond LIANG Hin-suen, SBS, JP*

梁憲孫教授*

Members

成員

Dr Jane CHAN Chun-kwong

陳真光醫生

Mr Raymond CHAN Kwan-tak (*from 1.12.2016*)

陳君德先生 (由 2016 年 12 月 1 日起)

Ms Christine Barbara CHAN So-han, BBS

陳素嫻女士

Mr CHAN Wing-kai

陳永佳先生

Dr Jinghan CHEN (*up to 30.11.2016*)

陳靜涵博士 (截至 2016 年 11 月 30 日)

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

蔡宗灝牧師

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

Ms Lisa LAU Man-man, BBS, MH, JP (*from 15.12.2016*)

劉文文女士 (由 2016 年 12 月 15 日起)

Dr Robert LAW Chi-lim*

羅致廉醫生*

Dr Agnes LAW Koon-chui, JP

羅觀翠博士

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Mr Peter LEE Shung-tak, BBS, JP
李崇德先生

Ms Maggie LEUNG Yee-mei
梁綺眉女士

Ms Manbo MAN Bo-lin, MH
文保蓮女士

Mr Simon MOK Sai-man, MH
莫世民先生

Mr TSE Man-shing, BBS, JP (from 1.12.2016)
謝萬誠先生 (由 2016 年 12 月 1 日起)

Prof WAN Chin-chin (up to 30.11.2016)
尹葉芊芊教授 (截至 2016 年 11 月 30 日)

Mr Paul WU Wai-keung
胡偉強先生

Ms Lina YAN Hau-yee, MH, JP*
殷巧兒女士*

Ms Agnes Garman YEH
葉嘉雯女士

Ms Lisa YIP Sau-wah, JP*
葉秀華女士*

Mr Charlie YIP Wing-tong
葉永堂先生

* 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。



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Annex

Guidelines on the handling of complaint cases in the Public Complaints Committee ("the PCC")

1. The PCC is an appeal body within the Hospital Authority ("the HA") to consider appeals made by the public relating to its services. Based on its Terms of Reference, the following are guidelines set by the PCC to facilitate the handling of complaints.
2. The PCC shall not normally handle a complaint:
 - (a) if the complaint relates to services provided by the HA more than 2 years before the date of the lodging of the complaint, unless the PCC is satisfied that in the particular circumstances it is proper to conduct an investigation into such complaint not made within that period;
 - (b) if the complaint is made anonymously and / or the complainant cannot be identified or traced;
 - (c) if the complainant has failed to obtain the proper consent of the patient, to whom the services were provided, in the lodging of the complaint (this restriction will not be applicable if the patient has died or is for any reason unable to act for himself or herself);
 - (d) if the subject matter of the complaint has been referred to or is being considered by the coroner;
 - (e) if the complaint relates to a matter for which a specific statutory complaint procedure exists;
 - (f) if the complainant or the patient concerned has instituted legal proceedings, or has indicated that he / she will institute legal proceedings, against the HA, the hospital or any persons who provided the services (in any event, the Committee shall not entertain any request for compensation);
 - (g) if the complaint relates to dispute over the established policies of HA, for example fees charging policy of the HA in respect of its services;
 - (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。

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4. In considering the merits of a complaint, the PCC may from time to time obtain expert opinion by medical professionals or other experts relating to the subject matter of the complaint. If the PCC considers appropriate, it may also invite the complainant, the patient, the medical staffs or any other relevant persons to attend an interview.

(The above Guidelines on the handling of complaint cases may be amended from time to time as appropriate.)

Focus of work in 2016-17:

In 2016-17, the Public Complaints Committee held 19 meetings and handled a total of 302 cases relating to medical services, administrative procedure, staff attitude, etc. 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.

As a good corporate governance practice, the Committee conducted self-assessment exercise to review its activities in the past year, having regard to its Terms of Reference, for continuous improvement.

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。)

2016-17 年度工作概況

在2016-17年度，公眾投訴委員會共召開19次會議及處理302宗涉及醫療服務、行政程序、員工態度等的個案。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。

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，不斷求進。



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Staff Appeals Committee

職員上訴委員會

Membership List

成員名單

Chairman 主席	Mr Lawrence LEE Kam-hung, BBS, JP 李金鴻先生
Members 成員	Ms Quince CHONG Wai-yan, JP (up to 31.10.2016) 莊偉茵女士 (截至2016年10月31日)
	Mr Charlie YIP Wing-tong (from 1.11.2016) 葉永堂先生 (由2016年11月1日起)
	Mr Paul YU Shiu-tin, BBS, JP 余嘯天先生

Terms of Reference

- 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.
- The Committee shall:
 - consider whether the appeal cases need further investigation by the management;
 - direct the appeal cases to be investigated;
 - have access to all the relevant information required from the management for making a decision;
 - ensure that appropriate action is taken; and
 - reply to the appellant.
- The Committee's decision shall represent the Hospital Authority's decision and shall be final.
- The Committee shall make annual reports to the Hospital Authority Board.

Focus of Work in 2016-17

The Committee is tasked 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 Committee's decision shall represent HA's decision and shall be final. The membership of the Committee comprises individuals who are not staff members of HA.

In 2016-17, the Committee received three staff appeal cases in total. One of the three cases was referred back to the respective cluster management to follow up as the complainant had not yet exhausted the normal staff complaint channels in HA. For the other two cases, the Committee found that the appellants had fully presented their cases, and the management had followed due process in the course of investigation.

職權範圍

- 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。
- 委員會須
 - 考慮上訴個案是否需由管理人員作進一步調查；
 - 指令對上訴個案進行調查；
 - 向管理人員取得所有有關資料，以便作出決定；
 - 確保已採取恰當的行動；及
 - 回覆上訴人。
- 委員會的決定即為醫院管理局(醫管局)的最終決定。
- 委員會須每年向醫管局大會提交報告。

2016-17年度工作概況

委員會的宗旨是就已透過醫管局既定的內部渠道提出申訴但不滿有關決定的職員上訴個案，進行審議及決定。委員會的決定即為醫管局的最終決定。委員會的成員全部均非醫管局的職員。

在2016-17年度，委員會共收到三宗職員上訴個案，其中一宗個案由於投訴人並未循醫管局既定的職員投訴渠道作出申訴，因此獲發還有關聯網管理層跟進。至於其餘兩宗個案，委員會認為各上訴人已完整闡述其個案，管理層亦已根據適當程序作出調查。

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In considering the appeal cases, the Committee had reviewed all the relevant information and, where appropriate, solicited additional information from the concerned management team on HA's prevailing policies and practices related to the appeal cases. The Committee considered the detailed information and came to the view that the conclusions reached earlier by the management were justified. In the process of the review, the Committee had also identified certain areas which might warrant further consideration by the management. Observations and recommendations of the Committee were conveyed to the management team for follow-up.

As a good corporate governance practice, the Committee conducted self-assessment exercise to review its activities in the past year, having regard to its Terms of Reference, for continuous improvement.

委員會在審議上訴個案時，除檢視所有相關資料外，亦會視乎情況向有關管理團隊索取與個案有關的醫管局現行政策及措施的補充資料。委員會經考慮有關詳細資料後，認為管理人員先前就個案所作的結論均合乎理據。委員會在審視個案的過程中亦留意到一些值得管理人員作進一步探討的事宜，並已向管理人員轉達其觀察所得和建議，以供跟進。

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，不斷求進。



Supporting Services Development Committee

支援服務發展委員會

Membership List

成員名單

Chairman

主席

Ms Winnie NG, JP (*up to 30.11.2016*)

伍穎梅女士 (截至2016年11月30日)

Mr WONG Kwai-huen, BBS JP (*from 1.12.2016*)

王桂壠先生 (由2016年12月1日起)

Vice-Chairman

副主席

Mr WONG Kwai-huen, BBS JP (*up to 30.11.2016*)

王桂壠先生 (截至2016年11月30日)

Members

成員

Dr Andrew CHAN Ping-chiu, BBS

陳炳釗博士

Prof Edwin CHAN Hon-wan

陳漢雲教授

Mr CHENG Yan-kee, BBS, JP

鄭恩基先生

Ms CHIANG Lai-yuen, JP

蔣麗婉女士

Mr Lester Garson HUANG, JP

黃嘉純先生

Dr KAM Pok-man, BBS

甘博文博士

Mr Daniel LAM Chun, SBS, JP (*from 7.12.2016*)

林濬先生 (由2016年12月7日起)

Ms Lisa LAU Man-man, BBS, MH, JP (*from 15.12.2016*)

劉文文女士 (由2016年12月15日起)

Mr Peter LEE Kwok-wah

李國華先生

Miss Linda LEUNG

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

梁嘉盈女士

(*代表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

Mr Gregory LEUNG Wing-lup, SBS

梁永立先生

Ir Dr LO Wai-kwok, SBS, MH, JP

盧偉國博士

Mr Charlie YIP Wing-tong

葉永堂先生

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Terms of Reference

1. Advise on the directions and policies related to the development of Business Support Services and Environmental Protection to best support clinical services delivery in the Hospital Authority;
2. Review and monitor the annual capital expenditure plan approved by the Hospital Authority Board;
3. Review and advise on the implementation and monitoring of Capital Works Projects in the Hospital Authority;
4. Review and advise on the new initiatives in Business Support Services such as improvements in supply chain management, equipment management, strategic outsourcing and public-private-partnership of non-core functions, and the development of supporting services for revenue generation;
5. Advise on the adoption of better practices and industry innovations related to the planning and delivery of Business Support Services and implementation of Capital Works Projects in the Hospital Authority; and
6. Consider periodically matters relating to risk, risk management and risk mitigation relevant to business support services and capital expenditure projects and other areas under the purview of the Committee.

Focus of Work in 2016-17

In 2016-17, the Committee met four times to advise on directions and policies related to the development of business support services and capital planning to support clinical service delivery in HA. It endorsed the revised procurement policy and contract management of drugs in HA to tie in with the Pharmaceutical Inspection Co-operation Scheme (PIC/S) Good Manufacturing Practice (GMP) requirements for products registration in Hong Kong. It examined the risks on HA's capacity in business supporting services and the proposed contingency plans as a result of the suspension of the construction of Tin Shui Wai Supporting Services Centre. It reviewed reports on hospital security services, the Non-emergency Ambulance Transfer Service (NEATS), the enhanced quality control in hospital laundry service and the progress of the enhancement of Central Coordinated Refill Services in clusters. The Committee received reports on the implementation of HA's Enterprise Asset Management system; and the contracts with price adjustment approved via Authorise and Direct granted by the Main Tender Board. It also discussed the provision of maintenance service for medical equipment; and followed through the replacement of equipment in 2016-17 and the plan for up to 2019-20. The Committee also revisited the key operational risks in relation to business support services, pharmaceutical supplies and capital planning.

職權範圍

1. 就發展業務支援服務及環境保護工作的方針和政策提供意見，務求最有效地支援醫院管理局(醫管局)的醫療服務；
2. 檢討及監察醫管局大會批核的周年資本開支計劃；
3. 檢討醫管局基本工程項目的推行和監察，並提供意見；
4. 檢討業務支援服務的新措施，例如改善供應鏈管理、設備管理、非核心服務的策略性外判及公私營協作，以及發展支援服務以增加收入，並提供意見；
5. 就醫管局規劃和推行業務支援服務及基本工程項目時，採納業內更佳做法和創新，提供意見；
6. 就業務發展及支援服務、資本開支項目及其他委員會職權範圍內的範疇，定期審議相關的風險、風險管理及風險緩減事宜。

2016-17 年度工作概況

在2016-17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，以支援醫管局的醫療服務。委員會通過更新醫管局的藥物採購政策及合約管理，以確保所採購之藥劑製品符合「國際醫藥品稽查協約組織」的生產質量管理規範的註冊要求。由於天水圍支援服務中心暫緩興建，委員會審視了醫管局就相關業務支援服務承載能力所作的風險評估及應急方案建議。委員會亦審閱醫院保安服務及非緊急救護運送服務的檢討報告、加強醫院洗衣服務品質監控的進度報告，以及改善聯網中央統籌補充服務的進度報告。委員會亦收閱推行醫管局企業資產管理系統的進度報告，以及有關經由中央投標委員會授權批核的合約價格調整管理匯報。委員會又討論醫療設備的保養服務，以及跟進2016-17年度更換醫療設備的進度及截至2019-20年度的有關規劃。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主要運作風險。

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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 noted the implementation progress of projects under the Ten-year Hospital Development Plan which involved the earmarked government funding of \$200 billion. The Committee examined the provision of hospital engineering services by the Electrical and Mechanical Services Trading Fund and commented on the approach of future tendering exercise. It reviewed reports on the electric vehicle charging facilities in HA, and the pilot study in reducing impacts of electricity supply voltage dip on hospital engineering equipment. The Committee considered and supported taking legal action against an illegal structure in Castle Peak Hospital boundary. It also reviewed the regular progress reports from the Capital Works Subcommittee which was established under the Committee to oversee and advise on capital works / project related items.

In addition, the Committee assessed the risks relating to business support services and capital planning in 2017 in conjunction with planned mitigation actions, and deliberated on the agenda forecast for 2017-18.

As a good corporate governance practice, the Committee conducted self-assessment exercise to review its activities in the past year, having regard to its Terms of Reference, for continuous improvement.

另一方面，委員會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度報告。委員會備悉政府所預留2,000億元推行醫院十年發展計劃的項目進度。委員會審視機電工程營運基金提供的醫院工程服務，並就未來的招標方式提供意見。委員會亦審閱有關醫管局就電動車提供充電設施，以及為減低電壓驟降對醫院工程設備的影響所作的先導計劃研究報告。委員會審議及支持局方對青山醫院範圍內的僭建物採取法律行動。委員會亦按時審閱轄下基本工程小組委員會的進度報告，該小組委員會負責審議基本工程及項目的相關事項。

此外，委員會評估了2017年涉及業務支援服務及基本工程規劃方面的風險及有關緩減計劃，並討論了2017-18年度預設議程。

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，不斷求進。

Appendix 4

附錄 4

Membership of Hospital Governing Committees 醫院管治委員會成員

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

Chairman 主席	Dr Pamela LEUNG Ming-kuen, JP 梁明娟醫生
Ex-officio members 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	Mr Derek CHAN Man-foon 陳文寬先生 Bishop Rev Ben CHANG Chun-wa 張振華監督 Mr CHEUNG Wing-fai, MH 張榮輝先生 Ms Michelle CHOW Yan-wai 周恩惠女士 Mr Richard FUNG Lap-chung 馮立中先生 Ms KO Sui-fun 高瑞芬女士 Prof Simon KWAN Shui-man 關瑞文教授 Mr Michael LAI Kam-cheung, BBS, MH, JP 賴錦璋先生 Mr Roger LEE Chee-wah 李志華先生 Mr John LI Kwok-heem, MH 李國謙先生 Dr Hon LO Wai-kwok, SBS, MH, JP 盧偉國博士 Mr Wilson MOK Yu-sang 莫裕生先生 Rev PO Kam-cheong 蒲錦昌牧師 Mr SIU Sau-ching 蕭壽澄先生 Rt Rev Dr Thomas SOO Yee-po, JP 蘇以葆主教 Mr Herman TSOI Hak-chiu 蔡克昭先生 Ms Peggy WONG Pik-kiu, BBS, MH, JP 黃碧嬌女士



Appendix 4

附錄 4

Bradbury Hospice

白普理寧養中心

Chairman

主席

Dr Joseph LEE Man-ho

李文豪醫生

Ex-officio members

當然成員

Hospital Authority Chief Executive or his representative

醫院管理局行政總裁或其代表

Hospital Chief Executive

醫院行政總監

Members

成員

Dr Hubert CHAN Chung-yee, JP

陳重義博士

Dr Amy CHOW Yin-man

周燕雯博士

Dr David KAN Kam-fai

簡錦輝醫生

Dr Joey TANG Chung-yee

鄧仲儀博士

Dr Vincent TSE Kin-chuen

謝建泉醫生

Prof Thomas WONG Kwok-shing, JP

汪國成教授

Mr Paul WU Wai-keung

胡偉強先生

Ms Nora YAU Ho-chun, MH, JP

邱可珍女士

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附錄 4

Caritas Medical Centre

明愛醫院

Chairman 主席	Prof David CHEUNG Lik-ching 張力正教授
Ex-officio members 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	Dr Wallace CHAN Chi-ho 陳智豪博士 Mr CHAN Wai-ming, MH, JP 陳偉明先生 Dr Denis CHANG Khen-lee, JP 張健利博士 Mr Augustine CHOI Chi-wa, BBS 蔡志華先生 Mr CHOW Yick-hay, BBS, JP 周奕希先生 Dr Daniel FANG Tak-sang 方德生醫生 Prof Frederick HO Wing-huen, SBS 何永煊教授 Dr Vincent LEUNG Tze-ching 梁子正醫生 Mr Anthony WONG Luen-kin, JP 黃鑾堅先生 Mr Charles YANG Chuen-liang, BBS, JP 楊傳亮先生 The Most Rev Michael YEUNG Ming-cheung 楊鳴章主教 Rev Joseph YIM Tak-lung 閻德龍神父



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Castle Peak Hospital & Siu Lam Hospital

青山醫院及小欖醫院

Chairman

主席

Mr CHAN Bing-woon, SBS, JP

陳炳煥先生

Ex-officio members

當然成員

Hospital Authority Chief Executive or his representative

醫院管理局行政總裁或其代表

Hospital Chief Executive

醫院行政總監

Members

成員

Mr CHAN How-chi, MH

陳孝慈先生

Mr Stephen LEE Hoi-yin

李開賢先生

Dr Raymond MA Siu-wing, MH

馬兆榮醫生

Mr Edward PONG Chong, BBS, JP

龐創先生

Prof SHAM Pak-chung, JP

沈伯松教授

Mr TSANG Hin-hong

曾憲康先生

Ms Deborah WAN Lai-yau, BBS, JP

溫麗友女士

Dr Jimmy WONG Chi-ho, SBS, JP

王賜豪醫生

Prof Thomas WONG Kwok-shing, JP

汪國成教授

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Cheshire Home, Chung Hom Kok

春磡角慈氏護養院

Chairman 主席	Dr Albert WONG Chi-chiu 王志釗醫生
Ex-officio members 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	Mr Raymond CHAN Kwan-tak 陳君德先生 Mrs Shelley M CHOW 周慧思女士 Ms Betty KO Lan-fun 高蘭芬女士 Dr Bernard KONG Ming-hei 江明熙醫生 Mr Peter LI Lan-yiu 李蘭耀先生 Dr Leonard LI Sheung-wai 李常威醫生 Ms Janice MORTON 莫珍妮女士 Dr Paul YOUNG Tze-kong, JP 楊子剛博士



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Cheshire Home, Shatin

沙田慈氏護養院

Chairman

主席

Mrs Linda WONG LEUNG Kit-wah

王梁潔華女士

Ex-officio members

當然成員

Hospital Authority Chief Executive or his representative

醫院管理局行政總裁或其代表

Hospital Chief Executive

醫院行政總監

Members

成員

Mrs Shelley M CHOW

周慧思女士

Ms Janet LAI Keng-chok

黎勁竹女士

Prof Diana LEE Tze-fan, JP

李子芬教授

Dr Edward LEUNG Man-fuk

梁萬福醫生

Dr Pamela LEUNG Ming-kuen, JP

梁明娟醫生

Mr Paul MAK Chun-nam

麥鎮南先生

Ms Janice MORTON

莫珍妮女士

Mr NG Hang-sau, MH

伍杏修先生

Mr Alfred POON Sun-biu

潘新標先生

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Grantham Hospital

葛量洪醫院

Chairman 主席	Mr Steve LAN Yee-fong 藍義方先生
Ex-officio members 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	Dr CHENG Chun-ho 鄭俊豪醫生 Mr Raymond CHOW Wai-kam, JP 周偉淦先生 Mr Edward HO Man-tat 何聞達先生 Prof Peggy LAM, GBS, JP 林貝聿嘉教授 Prof Karen LAM Siu-ling 林小玲教授 Dr Carl LEUNG Ka-kui 梁家駒醫生 Mr William LEUNG Shu-yin 梁樹賢先生 Dr Vitus LEUNG Wing-hang, JP 梁永鏗博士 Prof LO Chung-mau, BBS, JP 盧寵茂教授 Mr MA Ching-nam, JP 馬清楠先生 Mrs Purviz Rusy SHROFF Prof Sydney TANG Chi-wai 鄧智偉教授 Prof Maurice YAP Keng-hung, JP 葉健雄教授 Mr Rocco YIM Sen-kee, BBS, JP 嚴迅奇先生



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Haven of Hope Hospital

靈實醫院

Chairman 主席	Prof Joseph KWAN Kai-cho 關繼祖教授
Ex-officio members 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	Mr Jonathan CHAN Pok-chi 陳博智先生 Mr CHAU Kwok-woon 鄒國煥先生 Mr Francis CHAU Yin-ming, BBS, MH 周賢明先生 Mr Stuart CHEN Seng-tek 陳升揚先生 Mr Charles CHIU Chung-yee 趙宗義先生 Ms Clara CHONG Ming-wah 臧明華女士 Dr HO Wai-ip 何焯業醫生 Dr LAM Ching-choi, BBS, JP 林正財醫生 Dr Andrew LUK Leung 陸亮博士

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Hong Kong Buddhist Hospital

香港佛教醫院

Chairman 主席	Mr Keith LAM Hon-keung, JP 林漢強居士
Ex-officio members 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	Mr HO Tak-sum, MH 何德心居士 Mr LAI Sze-nuen, SBS, JP 黎時煖居士 Mr Anthony LAM Chi-tat 林志達居士 Mr Stephen LAM Wai-hung 林韋雄先生 Ms May LAU Mei-mui 劉美梅女士 Mr LEE Ka-cheung 李家祥居士 Dr POON Tak-lun, JP 潘德鄰醫生 Mr SHUM Man-to, SBS 沈文燾先生 Ven SIK Chi-wai, SBS 釋智慧法師 Ven SIK Hin-hung 釋衍空法師 Ven SIK Hong-ming 釋宏明法師 Ven SIK Ku-tay 釋果德法師 Ven SIK Kuan-yun 釋寬運法師 Ven SIK To-ping 釋道平法師 Ven SIK Yin-chi 釋演慈法師 Ms WAN Yee-ling 溫綺玲居士 Dr WONG Kam-chiu, MH 黃錦超博士



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Hong Kong Eye Hospital & Kowloon Hospital

香港眼科醫院及九龍醫院

Chairman 主席	Mr LO Chung-hing, SBS 盧重興先生
Ex-officio members 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	Dr Ina CHAN Un-chan, BBS 陳婉珍博士 Dr Connie CHAN CHENG Yuk-yee, MH 陳鄭玉而博士 Mrs Sheilah CHENG CHATJAVAL 陳鄭兆齡女士 Dr Charles CHEUNG Wai-bun, JP 張惠彬博士 Mr Ricky FUNG Choi-cheung, SBS, JP 馮載祥先生 Ms Mavis LEE Ming-pui 李明佩女士 Dr LEUNG Kin-ping 梁健平博士 Prof Julia TAO LAI Po-wah 陶黎寶華教授 Dr WONG Yee-him 黃以謙醫生

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HK Red Cross Blood Transfusion Service

香港紅十字會輸血服務中心

Chairman 主席	Mr Philip TSAI Wing-chung, BBS, JP 蔡永忠先生
Ex-officio members 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	Dr HO Chung-ping, MH, JP 何仲平醫生 Mr Ambrose HO Pui-him, SBS, JP 何沛謙先生 Ms Ada LAM Wai-ming 林慧明女士 Prof LI Chi-kong, JP 李志光教授 Mrs Patricia LING WOO Sau-ha, MH, JP 林胡秀霞女士 Ms Clara SHEK Ka-lai 石嘉麗女士 Ms Bonnie SO Yuen-han 蘇婉嫻女士 Mrs Irene YAU LEE Che-yun, JP 丘李賜恩女士 Mr Jimmy YUEN Hon-wing 袁漢榮先生



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

Chairman
主席Ms Quince CHONG Wai-yan, JP
莊偉茵女士**Ex-officio members**
當然成員Hospital Authority Chief Executive or his representative
醫院管理局行政總裁或其代表Hospital Chief Executive
醫院行政總監**Members**
成員Prof Chetwyn CHAN Che-hin
陳智軒教授Mr Stanley CHEUNG Tak-kwai
張德貴先生Ms Janet HUI Lai-wah
許麗華女士Prof Joseph KWAN Kai-cho
關繼祖教授Mrs Nina LAM LEE Yuen-bing, MH
林李婉冰女士Mr Stephen LIU Wing-ting, JP
廖榮定先生Dr Peter TSOI Ting-kwok, JP
蔡定國醫生Mr William WONG Kuen-wai, BBS, MH
黃權威先生Mr WONG Yiu-chung, MH
黃耀聰先生Mr Jason YEUNG Chi-wai
楊志威先生

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Kwong Wah Hospital & Tung Wah Group of Hospitals Wong Tai Sin Hospital 廣華醫院及東華三院黃大仙醫院

Chairman 主席	Mrs Katherine MA, BBS 馬陳家歡女士
Ex-officio members 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	Dr Ina CHAN Un-chan, BBS 陳婉珍博士 Mrs Viola CHAN MAN Yee-wai, BBS 陳文綺慧女士 Mr Charles CHANG Juo-hwa, BBS 張佐華先生 Mr CHOW Chun-fai, BBS, JP 仇振輝先生 Dr CHU Chor-lup 朱初立醫生 Ms Maisy HO, BBS 何超瀟女士 Dr LEE Yuk-lun, JP 李鏊麟博士 Ms Imma LING Kit-sum 凌潔心女士 Miss Ginny MAN Wing-yee 文穎怡小姐 Mr Albert SU Yau-on 蘇祐安先生 Mr Ivan SZE Wing-hang, BBS 施榮恆先生 Mr Sunny TAN 陳祖恒先生 Ms Wendy TSANG Wan-man 曾韻雯女士 Dr Ken TSOI Wing-sing 蔡榮星博士 Mr Vinci WONG 王賢誌先生 Mr Stephen YUEN Kwok-keung, MH 袁國強先生



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MacLehose Medical Rehabilitation Centre

麥理浩復康院

Chairman

主席

Dr Eric CHIEN Ping

錢平醫生

Ex-officio members

當然成員

Hospital Authority Chief Executive or his representative

醫院管理局行政總裁或其代表

Hospital Chief Executive

醫院行政總監

Members

成員

Prof Chetwyn CHAN Che-hin

陳智軒教授

Mr Calvin CHAN Man-yin

陳文彥先生

Mr Vincent CHENG Wing-ming

鄭榮銘先生

Prof Kenneth CHEUNG Man-chee

張文智教授

Mr Benny CHEUNG Wai-leung, BBS

張偉良先生

Dr Edith MOK KWAN Ngan-hing, MH

莫關雁卿博士

Mr Sammy NG Wai-tong

吳偉堂先生

Mr Peter POON King-kong

潘經光先生

Mr Adrian WONG Koon-man, BBS, MH, JP

黃冠文先生

Mr David YAU Po-wing

游寶榮先生

Mr YU See-ho

余斯好先生

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North District Hospital

北區醫院

Chairman 主席	Ms CHIANG Lai-yuen, JP 蔣麗婉女士
Ex-officio members 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	Mr DENG Kai-rong, MH, JP 鄧開榮先生 Ms Stella FUNG Siu-wan 馮少雲女士 Dr Raymond HO Shu-kwong 何樹光博士 Mr HO Wing-yin 何永賢先生 Mr HUNG Siu-ling 洪少陵先生 Mr LIU Sui-biu 廖瑞彪先生 Mr Charlie YIP Wing-tong 葉永堂先生 Mr Thomas YIU Kei-chung 姚紀中先生



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North Lantau Hospital

北大嶼山醫院

Chairman

主席

Ms Sandra LEE Suk-yee, GBS, JP

李淑儀女士

Ex-officio members

當然成員

Hospital Authority Chief Executive or his representative

醫院管理局行政總裁或其代表

Hospital Chief Executive

醫院行政總監

Members

成員

Mr CHAN How-chi, MH

陳孝慈先生

Ms CHAU Chuen-heung, SBS, MH, JP

周轉香女士

Dr Robert LAW Chi-lim

羅致廉醫生

Ms Elizabeth LAW Kar-shui, MH

羅嘉穗小姐

Prof Raymond LIANG Hin-suen, SBS, JP

梁憲孫教授

Appendix 4

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Our Lady of Maryknoll Hospital

聖母醫院

Chairman 主席	Mr Lester Garson HUANG, JP 黃嘉純先生
Ex-officio members 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	Mr CHAN Wing-kai 陳永佳先生 Dr Gabriel CHOI Kin 蔡堅醫生 Ms CHOW Lai-hing 周麗卿女士 Mr John J CLANCEY Dr Nancy FOK Lai-ling 霍麗玲醫生 Dr Lawrence LAI Fook-ming, BBS, JP 賴福明醫生 Mrs Marigold LAU, SBS, JP 劉賴筱韞女士 Sister Marilu LIMGENCO 林敏妮修女 Ms June LO Hing-yu 羅慶好女士 Ms Brenda LO Yin-cheung 羅燕翔女士 Mr Rex MOK Chung-fai, MH, JP 莫仲輝先生 Rev Edward PHILLIPS Dr Louis SHIH Tai-cho, JP 史泰祖醫生 Mrs Elizabeth WONG YEUNG Po-wo 黃楊寶和女士 Sister Marya ZABOROWSKI 章慈雲修女



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附錄 4

Pamela Youde Nethersole Eastern Hospital

東區尤德夫人那打素醫院

Chairman 主席	Mr Lawrence LEE Kam-hung, BBS, JP 李金鴻先生
Ex-officio members 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	Ms Ophelia CHAN Chiu-ling, BBS 陳肖齡女士 Mr Roland CHOW Kun-chee 周近智先生 Mr Andrew FUNG Hau-chung, BBS, JP 馮孝忠先生 Mr Alex KONG Chack-ho, MH 江澤濠先生 Ms Ka-shi LAU, BBS 劉嘉時女士 Mr Peter LEE Kwok-wah 李國華先生 Mr John LI Kwok-heem, MH 李國謙先生 Dr Yvonne LUI Lai-kwan 呂麗君博士 Mr Wilson MOK Yu-sang 莫裕生先生 Rt Rev Dr Thomas SOO Yee-po, JP 蘇以葆主教 Prof TAM Sheung-wai, GBS, JP 譚尚渭教授 Mr YEUNG Po-kwan, JP 楊寶坤先生 Dr Dominic YOUNG Ying-nam 楊應南醫生

Appendix 4

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Pok Oi Hospital

博愛醫院

Chairman 主席	Mrs CHAN LI Lei, MH 陳李妮女士
Ex-officio members 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	Mr Michael CHAN Kee-huen 陳記煊先生 Dr CHONG Man-yuk 莊文煜醫生 Mr LAM Kwok-hing, MH, JP 藍國慶先生 Mr LEE Yuk-fat 李添發先生 Mr NG Kam-ching 吳錦青先生 Mr PANG Siu-hin 彭少衍先生 Mrs Winnie TAM KEUNG May-chu, MH 譚姜美珠女士 Mr Alan WONG Wai-kai, MH 王惠琪先生 Ms WONG Wai-ling 黃煒鈴女士 Mr Chris YIP Yiu-shing, MH 葉曜丞先生 Mr YUEN Siu-lam 袁少林先生



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Prince of Wales Hospital

威爾斯親王醫院

Chairman

主席

Ms Winnie NG, JP

伍穎梅女士

Ex-officio members

當然成員

Hospital Authority Chief Executive or his representative

醫院管理局行政總裁或其代表

Hospital Chief Executive

醫院行政總監

Members

成員

Prof Francis CHAN Ka-leung, JP

陳家亮教授

Mr Larry KWOK Lam-kwong, SBS, JP

郭琳廣先生

Mr Peter LEE Kwok-wah

李國華先生

Ir Prof Peter MOK Kwok-woo

莫國和教授

Ms Maggie NG Miu-man

伍妙敏女士

Mr SIU Hin-hong

蕭顯航先生

Dr WONG Kwai-lam

黃桂林博士

Prof Richard YU Yue-hong, SBS

余宇康教授

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Queen Elizabeth Hospital

伊利沙伯醫院

Chairman 主席	Dr KAM Pok-man, BBS 甘博文博士
Ex-officio members 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	Prof Gladys CHEING Lai-ying 鄭荔英教授 Ms Yvonne CHUA 蔡映媚女士 Ms Maisy HO, BBS 何超蓮女士 Dr James HWANG Shu-tak, BBS 黃樹德醫生 Mr Chris IP Ngo-tung, JP 葉傲冬先生 Mr Emmanuel KAO Chu-chee 高主賜先生 Mr KU Moon-lun 古滿麟先生 Mr David MUI Ying-yuen, MH, JP 梅應源先生 Mr James YIP Shiu-kwong 葉兆光先生 Dr YU Yuk-ling 余毓靈醫生



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

Chairman 主席	Dr PANG Yiu-kai, GBS, JP 彭耀佳博士
Ex-officio members 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	Dr Steven J CANNON 康諾恩博士 Mr Stephen CHAN Chit-kwai, BBS, JP 陳捷貴先生 Mr Wilson KWONG Wing-tsun 鄭永銓先生 Prof John LEE Chi-kin, JP 李子建教授 Prof Gabriel Matthew LEUNG, GBS, JP 梁卓偉教授 Mr Joseph LO Kin-ching 勞健青先生 Ms Catherine YEN Kai-shun 嚴嘉洵女士 Mr Paul YU Shiu-tin, BBS, JP 余嘯天先生

Appendix 4

附錄 4

Rehabaid Centre

復康專科及資源中心

Chairman 主席	Ms Kelly CHAN Yuen-sau 陳遠秀女士
Ex-officio members 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	Dr Eddie CHOW Siu-lun 鄒兆麟醫生 Mr Ricky FUNG Choi-cheung, SBS, JP 馮載祥先生 Mrs Kimberley LAM KWONG Lan-heung 林鄺蘭香女士 Dr Leonard LI Sheung-wai 李常威醫生 Ms Imma LING Kit-sum 凌潔心女士

(The Committee was dissolved on 8 April 2016 upon cessation of HA's management and operation of Rehabaid Centre.)
(醫管局由2016年4月8日起，已終止管理及營運「復康專科及資源中心」，有關之醫院管治委員會亦隨之解散。)



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Ruttonjee & Tang Shiu Kin Hospitals

律敦治及鄧肇堅醫院

Chairman 主席	Dr Vitus LEUNG Wing-hang, JP 梁永鏗博士
Ex-officio members 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	Mr Anson LAM Wai-man 林偉文先生 Mr Steve LAN Yee-fong 藍義方先生 Prof Hon Joseph LEE Kok-long, SBS, JP 李國麟教授 Mr Edwin LEUNG Chung-ching 梁仲清先生 Dr Carl LEUNG Ka-kui 梁家駒醫生 Dr LIU Ka-ling 廖嘉齡醫生 Mr Norman LO Kam-wah, MH, JP 盧錦華先生 Mr Terry NG Sze-yuen (<i>from 13.10.2016</i>) 吳士元先生 (由2016年10月13日起) Mrs Gloria NG WONG Yee-man, BBS, JP 吳王依雯女士 Mr Burji S SHROFF Mr Neville S SHROFF, JP 尼維爾先生 Mr Noshir N SHROFF Mrs Purviz Rusy SHROFF Mr SHUM Choi-sang, SBS, JP (<i>passed away on 27.4.2016</i>) 岑才生先生 (於2016年4月27日辭世) Mr Richard TANG Yat-sun, SBS, JP 鄧日樂先生 Ms Alice WOO Wai-see 吳慧思女士

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Shatin Hospital

沙田醫院

Chairman

主席

Mrs Yvonne LAW SHING Mo-han, BBS, JP

羅盛慕嫻女士

Ex-officio members

當然成員

Hospital Authority Chief Executive or his representative

醫院管理局行政總裁或其代表

Hospital Chief Executive

醫院行政總監

Members

成員

Ms Anita CHENG Wai-ching

鄭瑋青女士

Mr Jeckle CHIU

招仲濠先生

Mr CHIU Man-leong

招文亮先生

Dr Andy CHIU Tin-yan

招天欣醫生

Mr Francis CHU Chan-pui, BBS

朱燦培先生

Prof Joanne CHUNG Wai-yee

鍾慧儀教授

Mr FONG Cheung-fat, JP

方長發先生

Prof LAM Tai-hing, BBS, JP

林大慶教授

Mr LAU Kim-hung

劉劍雄先生



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Tai Po Hospital

大埔醫院

Chairman

主席

Mr Patrick MA Ching-hang, BBS, JP

馬清鏗先生

Ex-officio members

當然成員

Hospital Authority Chief Executive or his representative

醫院管理局行政總裁或其代表

Hospital Chief Executive

醫院行政總監

Members

成員

Ms Nancy KIT Kwong-chi, JP

關港子女士

Dr Benny KWONG Kai-sing

鄭啟成博士

Mr Gregory LEUNG Wing-lup, SBS

梁永立先生

Mr LEUNG Wo-ping, JP

梁和平先生

Mr Arthur LI Ka-tat

李家達先生

Mr MAN Chen-fai, BBS, MH

文春輝先生

Ms Gigi PANG Che-kwan

彭芷君女士

Dr YIP Ka-chee

葉嘉池醫生

Appendix 4

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The Duchess of Kent Children's Hospital at Sandy Bay

大口環根德公爵夫人兒童醫院

Chairman 主席	Mr Vivian LEE Wai-man 李偉文先生
Ex-officio members 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	Prof Godfrey CHAN Chi-fung 陳志峰教授 Prof Kenneth CHEUNG Man-chee 張文智教授 Mr CHEUNG Tat-tong, JP 張達棠先生 Mr Renny LIE Ken-jie 李國良先生 Mr Gordon Gilbert LOCH Han-van 陸漢峰先生 Ms Helen LUI Wai-hing 雷慧卿女士 Dr POON Tak-lun, JP 潘德鄰醫生 Mr Douglas SO Cheung-tak 蘇彰德先生 Dr Barbara TAM Sau-man 譚秀雯醫生



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Tin Shui Wai Hospital

天水圍醫院

Chairman 主席	Mr WONG Kwai-huen, BBS, JP 王桂壠先生
Ex-officio members 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	Mr CHOW Wing-kan 周永勤先生 Dr HO Wing-tim, MH 何榮添博士 Dr LAU Chau-ming 劉秋銘博士 Mr Philip MA Ching-yeung 馬清揚先生 Mr Anthony TSANG Hin-fun 曾憲芬先生 Mr Thomas WAN Yiu-ming 尹耀銘先生

(The Committee was established on 10 June 2016.)
(天水圍醫院醫院管治委員會於2016年6月10日成立。)

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Tseung Kwan O Hospital

將軍澳醫院

Chairman 主席	Dr Eliza C H CHAN, SBS, JP 陳清霞博士
Ex-officio members 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	Mr Tony CHOW Kar-ming 周家明先生 Mr KAN Shun-ming 簡迅鳴先生 Prof Diana LEE Tze-fan, JP 李子芬教授 Mr Stephen LIU Wing-ting, JP 廖榮定先生 Dr Hayles WAI Heung-wah 衛向華醫生 Mr WAN Yuet-cheung, BBS, MH, JP 溫悅昌先生 Mr Alan WONG Chi-kong, SBS 黃志光先生 Mr WONG Kwai-huen, BBS, JP 王桂壘先生 Dr WONG Kwing-keung 黃焯強博士



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Tuen Mun Hospital

屯門醫院

Chairman

主席

Mr William CHAN Fu-keung, BBS

陳富強先生

Ex-officio members

當然成員

Hospital Authority Chief Executive or his representative

醫院管理局行政總裁或其代表

Hospital Chief Executive

醫院行政總監

Members

成員

Dr Charles CHAN Kam-kwong

陳鑑光博士

Dr Shirley IP Pui-seung

葉珮嫦醫生

Mr Lothar LEE Hung-sham, BBS, MH

李洪森先生

Dr Sam WONG Chun-sing, MH

王振聲博士

Ms Lina YAN Hau-yee, MH, JP

殷巧兒女士

Mr Boris YEUNG Sau-ming

楊秀明先生

Mr Charlie YIP Wing-tong

葉永堂先生

Prof Richard YUEN Man-fung

袁孟峰教授

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附錄 4

Tung Wah Hospital & Tung Wah Eastern Hospital & Tung Wah Group of Hospitals Fung Yiu King Hospital 東華醫院及東華東院及東華三院馮堯敬醫院

Chairman 主席	Mrs Katherine MA, BBS 馬陳家歡女士
Ex-officio members 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	Dr Ina CHAN Un-chan, BBS 陳婉珍博士 Mrs Viola CHAN MAN Yee-wai, BBS 陳文綺慧女士 Mr Charles CHANG Juo-hwa, BBS 張佐華先生 Mr Raymond CHOW Wai-kam, JP 周偉淦先生 Ms Maisy HO, BBS 何超蓮女士 Mr KWOK Leung-ming, SBS 郭亮明先生 Mr Henry LAI Hin-wing 賴顯榮先生 Dr LEE Yuk-lun, JP 李鏗麟博士 Miss Ginny MAN Wing-yee 文穎怡小姐 Ms SIU Ka-yi 蕭嘉怡女士 Mr Albert SU Yau-on 蘇祐安先生 Mr Ivan SZE Wing-hang, BBS 施榮恆先生 Mr Sunny TAN 陳祖恒先生 Mr TONG Chun-wan 唐振寰先生 Mr Lincoln TSO Lai 曹禮先生 Dr Ken TSOI Wing-sing 蔡榮星博士 Mr Vinci WONG 王賢誌先生



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附錄 4

United Christian Hospital

基督教聯合醫院

Chairman 主席	Mr John LI Kwok-heem, MH 李國謙先生
Ex-officio members 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	Mr Derek CHAN Man-foon 陳文寬先生 Ms Margot CHOW Yan-tse 周恩慈女士 Ms Constance CHOY Hok-man 蔡學雯女士 Mr Paul FAN Chor-ho, SBS, JP 范佐浩先生 Rev FONG Sing-fong 方承方牧師 Rev Paul KAN Kei-piu 簡祺標牧師 Rt Rev Dr Timothy KWOK Chi-pei 郭志丕主教 Dr LAM Kin-wah, BBS, MH 林建華博士 Mr LAU Chun-chuen 劉俊泉先生 Mr Marthy LI Chak-kwan 李澤昆先生 Mr Michael LI Man-toa 李民滔先生 Rev Prof LO Lung-kwong 盧龍光牧師 Dr Danny MA Ping-kwan 馬炳坤醫生 Hon Wilson OR Chong-shing, MH 柯創盛先生 Rev PO Kam-cheong 蒲錦昌牧師 Mr Thomas TSANG Fuk-chuen 曾福全先生 Ms Nancy TSANG Lan-see, JP 曾蘭斯女士 Mr Herbert TSOI Hak-kong, BBS, JP 蔡克剛先生 Mr David WONG Tat-kee 黃達琪先生 Ms Grace WONG Yuen-ling 黃婉玲女士 Rev YUNG Chuen-hung 翁傳鏗牧師

Appendix 4

附錄 4

Yan Chai Hospital

仁濟醫院

Chairman 主席	Dr Baldwin CHENG Shing-fung, MH 鄭承峰博士
Ex-officio members 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	Mr Sam CHAU Chung-tung 周松東先生 Mr CHENG Yan-kee, BBS, JP 鄭恩基先生 Mr Clement FUNG Cheuk-nang 馮卓能先生 Dr Paul IP Kung-ching 葉恭正博士 Mr Jason LEUNG Wai-kwong (<i>from 1.9.2016</i>) 梁偉光先生 (由2016年9月1日起) Mr Peter LO Siu-kit, MH 羅少傑先生 Miss Macy WONG 黃美斯小姐 Mr Alfred WONG Wai-kin (<i>resigned on 31.8.2016</i>) 黃偉健先生 (於2016年8月31日辭任) Mr Vincent WONG Yin-shun 王賢訊先生 Mr YAU Kam-ping, BBS, MH 邱錦平先生 Dr Anthony YEUNG Chun-wai 楊俊偉博士 Mrs YIM TSUI Yuk-shan 嚴徐玉珊女士



Membership of Regional Advisory Committees 區域諮詢委員會成員

Hong Kong Regional Advisory Committee 港島區域諮詢委員會

Chairman 主席	Ms Anita CHENG Wai-ching 鄭瑋青女士
Ex-officio members 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Director of Health or his / her representative 衛生署署長或其代表
Members 成員	Mr AU Lap-sing, MH 歐立成先生 Mr Stephen CHAN Chit-kwai, BBS, JP 陳捷貴先生 Dr Peter CHEE Pay-yun (from 23.2.2017) 池丕恩醫生 (由 2017 年 2 月 23 日起) Dr Eric CHIEN Ping 錢平醫生 Mr Alan CHOW Ping-kay 鄒秉基先生 Ms Jacqueline CHUNG Ka-man 鍾嘉敏女士 Mr JONG Koon-sang 莊冠生先生 Mr Steve LAN Yee-fong 藍義方先生 Dr LAU Chor-chiu, MH, JP 劉楚釗醫生 Mr Peter LEE Kwok-wah 李國華先生 Dr Vitus LEUNG Wing-hang, JP 梁永鏗博士 Ms LI Chun-chau 李進秋女士 Ms Helen LUI Wai-hing 雷慧卿女士 Mr Lincoln TSO Lai 曹禮先生 Mr Vinci WONG 王賢誌先生 Dr Paul YOUNG Tze-kong, JP 楊子剛博士 Mr Paul YU Shiu-tin, BBS, JP 余嘯天先生 Prof Richard YUEN Man-fung 袁孟峰教授 Mr YUNG Chi-ming, BBS, MH 翁志明先生

Appendix 5

附錄 5

Kowloon Regional Advisory Committee

九龍區域諮詢委員會

Chairman 主席	Prof Diana LEE Tze-fan, JP 李子芬教授
Ex-officio members 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Director of Health or his / her representative 衛生署署長或其代表
Members 成員	Mr CHAU Kwok-woon 鄒國煥先生 Prof David CHEUNG Lik-ching 張力正教授 Dr Charles CHEUNG Wai-bun, JP 張惠彬博士 Ms Margot CHOW Yan-tse 周恩慈女士 Mr CHOY Chak-hung 蔡澤鴻先生 Mr Clement FUNG Cheuk-nang 馮卓能先生 Mr HO Tak-sum, MH 何德心居士 Mr Chris IP Ngo-tung, JP 葉傲冬先生 Ms Nixie LAM Lam 林琳女士 Mrs Nina LAM LEE Yuen-bing, MH 林李婉冰女士 Dr Robert LAW Chi-lim 羅致廉醫生 Mr LEE Wing-man 李詠民先生 Dr LEE Yuk-lun, JP 李逵麟博士 Mr LO Chiu-kit 勞超傑先生 Mr Rex MOK Chung-fai, MH, JP 莫仲輝先生 Mr PAU Ming-hong 鮑銘康先生 Mr Stanley TAM Lanny, MH 譚領律先生 Dr Hayles WAI Heung-wah 衛向華醫生 Mr Benny YEUNG Tsz-hei, MH 楊子熙先生 Mr Jimmy YUEN Hon-wing 袁漢榮先生 Mr Stephen YUEN Kwok-keung, MH 袁國強先生



Appendix 5

附錄 5

New Territories Regional Advisory Committee

新界區域諮詢委員會

Chairman 主席	Mr Charlie YIP Wing-tong 葉永堂先生
Ex-officio members 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Director of Health or his / her representative 衛生署署長或其代表
Members 成員	Mr Daniel CHAM Ka-hung, BBS, MH, JP 湛家雄先生 Mr CHAN Bing-woon, SBS, JP 陳炳煥先生 Dr Charles CHAN Kam-kwong 陳鑑光博士 Mrs CHAN LI Lei, MH 陳李妮女士 Mr FONG Cheung-fat, JP 方長發先生 Dr LAU Chee-sing 劉志成博士 Mr LEUNG Wo-ping, JP 梁和平先生 Mr MO Shing-fung 巫成鋒先生 Ir Prof Peter MOK Kwok-woo 莫國和教授 Ms Jenny NG Ming-chun, MH 吳明珍女士 Prof Simon NG Siu-man 吳兆文教授 Mr Alfred POON Sun-biu 潘新標先生 Mr SIU Hin-hong 蕭顯航先生 Dr Joey TANG Chung-yee 鄧仲儀博士 Ms Peggy WONG Pik-kiu, BBS, MH, JP 黃碧嬌女士 Mr Thomas YIU Kei-chung 姚紀中先生 Mr YIU Ming 姚銘先生

Appendix 6

附錄 6

Membership of the Board of Trustees of the Hospital Authority Provident Fund Scheme 2016-2017 2016-17 年度醫院管理局公積金計劃信託委員會成員

Chairman 主席	Dr KAM Pok-man, BBS 甘博文博士
Trustees 信託委員	Mr William CHAN Fu-keung, BBS 陳富強先生
	Mr Howard CHAN Wai-kee, JP (<i>from 13.6.2016</i>) 陳偉基先生 (由 2016 年 6 月 13 日起)
	Ms Clara CHIN Sheung-chi 錢湘芷女士
	Mr William KWOK Chi-on 郭子安先生
	Mr LAI Wai-sang 黎慧生先生
	Mr John LEE Luen-wai, BBS, JP 李聯偉先生
	Mr Raymond LEE Wing-hung (<i>up to 6.4.2016</i>) 李永鴻先生 (截至 2016 年 4 月 6 日)
	Dr Stanley LO Hok-king (<i>from 16.9.2016</i>) 羅學敬醫生 (由 2016 年 9 月 16 日起)
	Dr Ernest MA Hon-ming (<i>up to 15.9.2016</i>) 馬漢明醫生 (截至 2016 年 9 月 15 日)
	Mr Barry NG Kwok-hing (<i>up to 15.9.2016</i>) 吳國慶先生 (截至 2016 年 9 月 15 日)
	Mr Dave NGAN Man-kit (<i>from 7.4.2016</i>) 顏文傑先生 (由 2016 年 4 月 7 日起)
	Mr WONG Kwai-huen, BBS, JP 王桂壠先生
	Mr WONG Yiu-lun (<i>from 16.9.2016</i>) 黃耀麟先生 (由 2016 年 9 月 16 日起)
	Mr Jason YEUNG Chi-wai 楊志威先生



Appendix 7

附錄 7

Public Feedback Statistics

公眾意見統計

Complaint / Appreciation Received (1.4.2016 – 31.3.2017)

投訴 / 讚揚數字 (2016年4月1日 – 2017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	205
Staff attitude 職員態度	39
Administrative procedure 行政程序	53
Others 其他	5
Total number of appeal cases handled 處理上訴個案總數	302

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	1,787	3,939	25,122
Staff attitude 職員態度	610	2,525	12,068
Administrative procedure 行政程序	482	2,711	1,442
Overall performance 整體表現	185	1,794	1,080
Others 其他	42	570	6,806
Total number of hospital complaint / feedback / appreciation 醫院投訴 / 意見 / 讚揚總數	3,106	11,539	46,518

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	85	304	2,453
Staff attitude 職員態度	49	248	1,558
Administrative procedure 行政程序	43	280	231
Overall performance 整體表現	9	82	284
Others 其他	1	6	512
Total number of complaint / feedback / appreciation received by GOPC 普通科門診診所投訴 / 意見 / 讚揚總數	187	920	5,038

*General outpatient clinics

Appendix 8

附錄 8

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 2016-17. The volume of patient care activities across the full range of services in 2016-17 is comparable to the level in 2015-16.

醫院管理局大致上達到二零一六至一七年度的服務表現目標。二零一六至一七年度各類病人醫護服務的整體服務量與二零一五至一六年度的水平相若。

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：

	2015-16	2016-17
(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)	21,587	21,798
infirmary 療養科	2,041	2,041
mentally ill 精神科	3,607	3,607
mentally handicapped 智障科	660	680
overall 總計	27,895	28,126
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) (%)	78	79
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	477	482
no. of geriatric day places 老人科日間醫院名額	659	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	130	137
no. of psychiatric day places 精神科日間醫院名額	889	889



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	2015-16	2016-17
(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)	1,055,887	1,105,033
infirmatory 療養科	3,511	3,687
mentally ill 精神科	17,440	17,640
mentally handicapped 智障科	487	552
overall 總計	1,077,325	1,126,912
no. of patient days 病人住院日次		
general (acute and convalescent) 普通科(急症及康復)	6,112,117	6,347,786
infirmatory 療養科	509,730	516,661
mentally ill 精神科	936,376	940,323
mentally handicapped 智障科	198,958	194,336
overall 總計	7,757,181	7,999,106
bed occupancy rate (%) 病床住用率(%)		
general (acute and convalescent) 普通科(急症及康復)	89	90
infirmatory 療養科	88	88
mentally ill 精神科	71	72
mentally handicapped 智障科	82	80
overall 總計	86	87
average length of stay (days)* 平均住院時間(日)*		
general (acute and convalescent) 普通科(急症及康復)	5.8	5.8
infirmatory 療養科	129	131
mentally ill 精神科	54	49
mentally handicapped 智障科	334	391
overall 總計	7.2	7.1
<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	589,623	633,508
A&E services 急症室服務		
no. of attendances 就診人次	2,236,456	2,231,951
no. of attendances per 1,000 population 每千人口的就診人次	306	304
no. of first attendances for 首次就診人次分流		
triage I 第 I 類別	19,830	20,210
triage II 第 II 類別	43,840	47,491
triage III 第 III 類別	694,114	722,731
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	724,585	764,438
no. of specialist outpatient (clinical) follow-up attendances 專科門診(臨床)舊症覆診人次	6,585,747	6,836,705
total no. of specialist outpatient (clinical) attendances 專科門診(臨床)就診總人次	7,310,332	7,601,143

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	2015-16	2016-17
primary care services 基層醫療服務		
no. of general outpatient attendances 普通科門診就診人次	5,984,576	6,120,999
no. of family medicine specialist clinic attendances 家庭醫學專科門診就診人次	289,124	302,497
total no. of primary care attendances 基層醫療就診總人次	6,273,700	6,423,496
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	91,189	92,642
no. of home visits by community nurses 社康護士家訪次數	855,449	867,226
no. of allied health (community) attendances 專職醫療(社區)就診人次	35,373	36,072
no. of allied health (outpatient) attendances 專職醫療(門診)就診人次	2,531,869	2,704,572
geriatric services 老人科服務		
no. of outreach attendances 接受外展服務人次	637,777	661,988
no. of geriatric elderly persons assessed for infirmary care service 接受療養服務評核的長者人數	1,560	1,754
no. of geriatric day attendances 老人科日間醫院就診人次	149,601	153,150
no. of Visiting Medical Officer attendances 接受到診醫生治療人次	109,544	109,906
psychiatric services 精神科服務		
no. of psychiatric outreach attendances 接受精神科外展服務人次	282,735	290,185
no. of psychiatric day attendances 精神科日間醫院就診人次	223,781	224,857
no. of psychogeriatric outreach attendances 接受老人精神科外展服務人次	97,503	99,674
(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	3.0
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(%)	10.6	10.5
(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	54.4	54.1
ambulatory and outreach 日間及外展服務	45.6	45.9
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	4.1	4.3
ambulatory and outreach 日間及外展服務	3.5	3.7
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(%)	46.9	47.1
cost of services per 1,000 population (HK\$Mn) 每千人口的服務成本(港幣百萬元)	23.3	23.7



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	2015-16	2016-17
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)	25,270	25,570
infirmary 療養科	223,210	225,420
mentally ill 精神科	138,840	141,710
mentally handicapped 智障科	622,120	588,060
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)	4,830	4,950
infirmary 療養科	1,540	1,610
mentally ill 精神科	2,590	2,660
mentally handicapped 智障科	1,520	1,670
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)	1,230	1,300
cost per specialist outpatient attendance (HK\$) 專科門診每次診症的成本 (港元)	1,190	1,210
cost per general outpatient attendance (HK\$) 普通科門診每次診症的成本 (港元)	445	450
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)	1,130	1,140
cost per outreach visit by community nurse (HK\$) 社康護士每次外展服務的成本 (港元)	535	570
cost per psychiatric outreach attendance (HK\$) 精神科外展服務每次的成本 (港元)	1,550	1,640
cost per geriatric day attendance (HK\$) 老人科日間醫院每次服務的成本 (港元)	1,960	2,070
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 (%)	18.5	17.7
percentage of non-CSSA fee waiver (%) 非綜援收費減免百分率 (%)	6.2	7.2

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。

Appendix 9

附錄 9

Statistics on Number of Beds, Inpatient, Accident & Emergency and Outpatient Services in 2016-17

2016-17 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 ¹ 機構 ¹	No. of hospital beds (as at 31 March 2017) ² 醫院病床數目 (截至2017年3月31日) ²	Total IP & DP discharges and deaths 住院及日間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	356	79.4	259.2	-	-	-	141	-
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	1,739	149,178	85.0	5.7	140,520	591,066	62,197	157,655	414,388
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	621	29,005	89.4	7.1	77,666	135,555	9,947	95,307	134,444
St John Hospital 長洲醫院	87	3,965	63.6	6.0	9,279	23	-	7,429	34,336
Tung Wah Eastern Hospital 東華東院	265	8,032	87.1	14.7	-	100,856	-	30,684	24,631
Wong Chuk Hang Hospital 黃竹坑醫院	160	165	92.4	351.2	-	-	-	-	-
Sub-total 小計	3,112	190,701	85.9	7.6	227,465	827,500	72,144	291,216	607,799
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	4,176	62.8	9.0	-	20,779	-	33,340	-
Tung Wah Group of Hospitals Fung Yiu King Hospital 東華三院馮堯敬醫院	272	3,025	68.2	20.9	-	571	-	548	-
Grantham Hospital 葛量洪醫院	388	16,432	70.3	11.2	-	120,229	-	19,595	-
MacLehose Medical Rehabilitation Centre 麥理浩復康院	110	980	56.5	23.4	-	272	-	2,478	-
Queen Mary Hospital 瑪麗醫院	1,706	160,656	81.0	4.5	129,674	674,787	21,134	146,294	363,248
Tung Wah Hospital 東華醫院	532	27,301	83.7	11.5	-	51,105	-	6,415	32,100
Tsan Yuk Hospital 贊育醫院	1	163	-	-	-	23,518	-	5,151	-
Sub-total 小計	3,142	212,733	77.0	6.2	129,674	891,261	21,134	213,821	395,348
Kowloon Central Cluster 九龍中醫院聯網									
Hong Kong Buddhist Hospital 香港佛教醫院	324	8,353	91.1	16.3	-	12,740	-	16,047	44,593
Hong Kong Eye Hospital 香港眼科醫院	45	8,052	35.3	3.5	-	229,444	-	21,833	-
Kowloon Hospital 九龍醫院	1,321	17,712	81.2	23.6	-	85,868	-	142,160	-
Queen Elizabeth Hospital 伊利沙伯醫院	1,906	190,551	92.9	5.1	194,648	707,456	9,196	262,562	535,052
Sub-total 小計	3,596	224,668	87.8	7.8	194,648	1,035,508	9,196	442,602	579,645



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Institution ¹ 機構 ¹	No. of hospital beds (as at 31 March 2017) ² 醫院病床數目 (截至2017年3月31日) ²	Total IP & DP discharges and deaths 住院及日間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}
Kowloon East Cluster 九龍東醫院聯網									
Haven of Hope Hospital 靈實醫院	461	7,210	91.9	24.7	-	8,943	-	5,933	-
Tseung Kwan O Hospital 將軍澳醫院	667	66,168	95.6	4.9	133,867	311,420	281	143,348	334,717
United Christian Hospital 基督教聯合醫院	1,415	123,709	92.7	4.9	182,962	549,347	59,873	230,453	663,016
Sub-total 小計	2,543	197,087	93.3	5.9	316,829	869,710	60,154	379,734	997,733
Kowloon West Cluster 九龍西醫院聯網									
Caritas Medical Centre 明愛醫院	1,206	63,409	84.7	6.2	135,290	397,043	1,385	92,073	306,561
Kwai Chung Hospital 葵涌醫院	920	4,575	76.1	56.3	-	235,507	-	38,613	-
Kwong Wah Hospital 廣華醫院	1,186	97,351	80.3	4.1	133,290	362,402	4,533	165,010	211,640
North Lantau Hospital 北大嶼山醫院	40	4,307	87.0	4.9	95,022	12,281	131	33,718	97,413
Our Lady of Maryknoll Hospital 聖母醫院	236	12,468	73.3	8.2	-	68,720	708	35,196	436,102
Princess Margaret Hospital 瑪嘉烈醫院	1,733	153,370	98.4	5.3	134,704	464,903	16,783	124,582	366,163
Tung Wah Group of Hospitals Wong Tai Sin Hospital 東華三院黃大仙醫院	531	9,028	88.5	23.4	-	-	-	873	-
Yan Chai Hospital 仁濟醫院	800	57,924	87.9	4.6	132,929	220,174	4,723	90,800	298,198
Sub-total 小計	6,652	402,432	86.3	6.5	631,235	1,761,030	28,263	580,865	1,716,077
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	533	62,308	85.0	4.4	134,477	263,136	5,482	121,966	238,107
Bradbury Hospice 白普理寧養中心	26	574	92.2	15.5	-	50	-	1,097	-
Cheshire Home, Shatin 沙田慈氏護養院	304	233	74.3	350.6	-	-	-	68	-
North District Hospital 北區醫院	603	47,102	92.7	5.0	106,606	178,095	5,731	74,415	258,758
Prince of Wales Hospital 威爾斯親王醫院	1,682	173,114	92.3	5.2	144,349	755,465	46,384	208,739	475,589
Shatin Hospital 沙田醫院	572	8,654	90.7	20.7	-	512	-	941	-
Tai Po Hospital 大埔醫院	993	10,442	89.3	24.4	-	583	-	424	-
Sub-total 小計	4,713	302,427	89.4	7.3	385,432	1,197,841	57,597	407,650	972,454
New Territories West Cluster 新界西醫院聯網									
Castle Peak Hospital 青山醫院	1,156	2,772	65.1	105.4	-	139,885	-	25,892	-
Pok Oi Hospital 博愛醫院	757	52,314	95.5	6.2	123,898	124,182	29,019	86,862	-
Siu Lam Hospital 小欖醫院	520	552	92.6	402.7	-	-	-	-	-
Tuen Mun Hospital 屯門醫院	1,935	174,586	102.2	5.8	219,838	753,887	22,826	275,624	851,943
Tin Shui Wai Hospital ⁷ 天水圍醫院 ⁷	-	148	-	-	2,932	339	2,164	306	-
Sub-total 小計	4,368	230,372	89.4	9.2	346,668	1,018,293	54,009	388,684	851,943
GRAND TOTAL 總計	28,126	1,760,420	87.1	7.1	2,231,951	7,601,143	302,497	2,704,572	6,120,999

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Notes:

1. Wong Tai Sin District and Mong Kok area have been re-delineated from Kowloon West Cluster (KWC) to Kowloon Central Cluster (KCC) since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information continued to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) start from 1 April 2017.
2. Number of hospital beds as at 31 March 2017 is based on the Annual Survey on Hospital Beds in Public Hospitals 2016-17.
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.
7. Tin Shui Wai Hospital commenced service by phases in January 2017.

Abbreviations:

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

註：

1. 原屬於九龍西醫院聯網的黃大仙及旺角區，已於2016年12月1日正式劃入九龍中醫院聯網。相關地區的服務單位亦已於同日起納入九龍中醫院聯網，以支援該聯網於界線重組後的服務覆蓋範圍。作為過渡性安排，有關服務 / 人手統計數字及財務資料的匯報會繼續按照原先的聯網界線（即相關服務單位仍屬九龍西醫院聯網）為依據，直至2017年3月31日為止。相關數字由2017年4月1日起按照新的聯網界線（即相關服務單位納入九龍中醫院聯網）匯報。
2. 2017年3月31日的醫院病床數目來自2016-17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。
7. 天水圍醫院於2017年1月起分階段投入服務。



Appendix 10

附錄 10

Statistics on Community and Rehabilitation Services in 2016-17

2016-17 年度社康及康復服務統計數字

Institution ¹ 機構 ¹	Home visits by community nurses 社康護士 家訪次數	Psychiatric outreach attendances ² 接受精神科 外展服務 人次 ²	Psycho- geriatric outreach attendances ³ 接受老人 精神科外展 服務人次 ³	Community Geriatric Assessment Service ⁴ 社區老人 評核服務量 ⁴	Visiting Medical Officer attendances ⁵ 接受到診醫生 治療人次 ⁵	Allied Health (Community) attendances ⁶ 專職醫療 (社區)就診 人次 ⁶	Rehabilitation day & palliative care day attendances 康復及舒緩 護理日間服務 就診人次	Geriatric day attendances ⁷ 老人科 日間醫院 就診人次 ⁷	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	-	-	-	-	-	56	-	-	-
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	94,479	23,248	10,947	-	-	837	281	16,362	29,058
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	-	-	-	108,377	22,707	2,315	6,134	18,254	-
St John Hospital 長洲醫院	4,864	-	-	-	-	2	-	-	-
Tung Wah Eastern Hospital 東華東院	-	-	-	-	-	84	32,485	-	-
Wong Chuk Hang Hospital 黃竹坑醫院	-	-	-	-	-	5	-	2,321	-
Sub-total 小計	99,343	23,248	10,947	108,377	22,707	3,299	38,900	36,937	29,058
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	-	-	-	-	-	4	-	-	-
Tung Wah Group of Hospitals Fung Yiu King Hospital 東華三院馮堯敬醫院	-	-	-	50,010	13,069	2,676	-	5,701	-
Grantham Hospital 葛量洪醫院	-	-	-	-	-	39	4,696	-	-
MacLehose Medical Rehabilitation Centre 麥理浩復康院	-	-	-	-	-	100	14,795	-	-
Queen Mary Hospital 瑪麗醫院	56,685	19,756	13,389	-	-	694	-	-	20,065
Tung Wah Hospital 東華醫院	-	-	-	-	-	223	7,883	6,282	-
Sub-total 小計	56,685	19,756	13,389	50,010	13,069	3,736	27,374	11,983	20,065
Kowloon Central Cluster 九龍中醫院聯網									
Hong Kong Buddhist Hospital 香港佛教醫院	-	-	-	-	-	142	2,785	-	-
Kowloon Hospital 九龍醫院	80,927	19,166	8,828	35,627	4,794	1,203	903	3,168	10,544
Queen Elizabeth Hospital 伊利沙伯醫院	-	-	-	34,353	6,947	2,706	-	10,947	-
Sub-total 小計	80,927	19,166	8,828	69,980	11,741	4,051	3,688	14,115	10,544

Appendix 10

附錄 10

Institution ¹ 機構 ¹	Home visits by community nurses 社康護士 家訪次數	Psychiatric outreach attendances ² 接受精神科 外展服務 人次 ²	Psycho- geriatric outreach attendances ³ 接受老人 精神科外展 服務人次 ³	Community Geriatric Service ⁴ 社區老人 評核服務量 ⁴	Visiting Medical Officer attendances ⁵ 接受到診醫生 治療人次 ⁵	Allied Health (Community) attendances ⁶ 專職醫療 (社區)就診 人次 ⁶	Rehabilitation day & palliative care day attendances 康復及舒緩 護理日間服務 就診人次	Geriatric day attendances ⁷ 老人科 日間醫院 就診人次 ⁷	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	30,916	-	-	6,724	1,040	629	1,895	5,059	-
Tseung Kwan O Hospital 將軍澳醫院	-	-	-	-	-	58	-	-	-
United Christian Hospital 基督教聯合醫院	137,669	31,749	10,352	38,214	7,841	1,242	2,052	18,754	32,347
Sub-total 小計	168,585	31,749	10,352	44,938	8,881	1,929	3,947	23,813	32,347
Kowloon West Cluster 九龍西醫院聯網									
Caritas Medical Centre 明愛醫院	66,415	-	-	42,960	4,553	172	1,465	13,454	-
Kwai Chung Hospital 葵涌醫院	-	85,236	28,408	-	-	2,455	-	-	67,004
Kwong Wah Hospital 廣華醫院	40,843	-	-	53,409	9,772	958	-	9,120	-
North Lantau Hospital 北大嶼山醫院	6,355	2,889	-	3,979	-	157	4,651	-	-
Our Lady of Maryknoll Hospital 聖母醫院	54,231	-	-	16,821	-	110	590	-	-
Princess Margaret Hospital 瑪嘉烈醫院	58,840	-	-	41,426	5,288	1,171	1,750	14,648	-
Tung Wah Group of Hospitals Wong Tai Sin Hospital 東華三院黃大仙醫院	-	-	-	-	-	68	-	11,040	-
Yan Chai Hospital 仁濟醫院	26,594	-	-	41,875	5,914	225	-	7,953	-
Sub-total 小計	253,278	88,125	28,408	200,470	25,527	5,316	8,456	56,215	67,004
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	37,079	-	952	27,452	6,462	2,779	389	11,764	10,791
Bradbury Hospice 白普理寧養中心	-	-	-	-	-	56	335	-	-
Cheshire Home, Shatin 沙田慈氏護養院	-	-	-	-	-	8	-	-	-
North District Hospital 北區醫院	37,642	11,905	7,509	30,006	6,542	3,287	308	10,218	11,456
Prince of Wales Hospital 威爾斯親王醫院	51,762	-	-	22,686	7,333	4,490	-	-	-
Shatin Hospital 沙田醫院	-	21,516	6,125	-	-	344	6,012	14,150	15,971
Tai Po Hospital 大埔醫院	-	10,597	234	-	-	21	-	-	8,072
Sub-total 小計	126,483	44,018	14,820	80,144	20,337	10,985	7,044	36,132	46,290
New Territories West Cluster 新界西醫院聯網									
Castle Peak Hospital 青山醫院	-	64,123	12,930	-	-	2,524	-	-	13,655
Pok Oi Hospital 博愛醫院	25,695	-	-	41,903	-	520	-	6,516	-
Siu Lam Hospital 小欖醫院	-	-	-	-	-	1	-	-	-
Tuen Mun Hospital 屯門醫院	56,230	-	-	67,920	7,644	3,711	3,233	14,239	5,894
Sub-total 小計	81,925	64,123	12,930	109,823	7,644	6,756	3,233	20,755	19,549
GRAND TOTAL 總計	867,226	290,185	99,674	663,742	109,906	36,072	92,642	199,950	224,857



Appendix 10

附錄 10

Notes:

1. Wong Tai Sin District and Mong Kok area have been re-delineated from Kowloon West Cluster (KWC) to Kowloon Central Cluster (KCC) since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information continued to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) start from 1 April 2017.
2. Figures also include home visits and crisis intervention.
3. Figures also include home visits and consultation-liaison attendances.
4. For Community Geriatric Assessment Service, the activity refers to total number of outreach attendances and geriatric elderly persons assessed for infirmary care service.
5. 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.
6. Allied Health (Community) attendances exclude follow-up consultations provided by the Medical Social Services Units.
7. Geriatric day attendances also include attendances in Integrated Discharge Support Programme (IDSP) for elderly patients.

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

註：

1. 原屬於九龍西醫院聯網的黃大仙及旺角區，已於2016年12月1日正式劃入九龍中醫院聯網。相關地區的服務單位亦已於同日起納入九龍中醫院聯網，以支援該聯網於界線重組後的服務覆蓋範圍。作為過渡性安排，有關服務 / 人手統計數字及財務資料的匯報會繼續按照原先的聯網界線（即相關服務單位仍屬九龍西醫院聯網）為依據，直至2017年3月31日為止。相關數字由2017年4月1日起按照新的聯網界線（即相關服務單位納入九龍中醫院聯網）匯報。
2. 數字也包括家訪及危機處理服務。
3. 數字也包括家訪及諮詢會診。
4. 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。
5. 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。
6. 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。
7. 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。

Appendix 11(a)

附錄 11(a)

Manpower Position – by Cluster and Institution

人手狀況 — 按聯網及機構分類

Institution ¹ 機構 ¹	No. of Full-time Equivalent (FTE) Staff (as at 31.3.2017) ^{2,3,4,5} 等同全職人員數目 (2017年3月31日數字) ^{2,3,4,5}				
	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	630	2,679	799	3,969	8,078
Cheshire Home, Chung Hom Kok 春磡角慈氏護養院	3	60	8	116	186
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	489	1,790	541	2,540	5,360
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	93	549	166	756	1,563
St John Hospital 長洲醫院	6	35	8	83	132
Tung Wah Eastern Hospital 東華東院	38	193	72	336	638
Wong Chuk Hang Hospital 黃竹坑醫院	2	53	4	140	198
Hong Kong West Cluster 港島西醫院聯網	705	2,821	960	3,652	8,137
The Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院	16	83	55	146	299
Grantham Hospital 葛量洪醫院	30	254	64	319	667
MacLehose Medical Rehabilitation Centre 麥理浩復康院	1	35	33	87	156
Queen Mary Hospital ⁶ 瑪麗醫院 ⁶	597	2,063	698	2,562	5,919
TWGHs Fung Yiu King Hospital 東華三院馮堯敬醫院	17	83	30	143	274
Tung Wah Hospital 東華醫院	43	304	79	395	821
Kowloon Central Cluster 九龍中醫院聯網	781	3,333	1,065	4,819	9,998
HK Red Cross Blood Transfusion Service 香港紅十字會輸血服務中心	5	96	72	273	446
Hong Kong Buddhist Hospital 香港佛教醫院	15	152	41	195	403
Hong Kong Eye Hospital 香港眼科醫院	37	77	22	167	302
Kowloon Hospital 九龍醫院	64	762	193	978	1,997
Queen Elizabeth Hospital ⁷ 伊利沙伯醫院 ⁷	660	2,246	738	3,206	6,850
Kowloon East Cluster 九龍東醫院聯網	727	2,750	782	3,577	7,835
Haven of Hope Hospital 靈實醫院	24	269	68	424	787
Tseung Kwan O Hospital 將軍澳醫院	191	737	207	925	2,060
United Christian Hospital 基督教聯合醫院	511	1,744	506	2,227	4,988
Kowloon West Cluster 九龍西醫院聯網	1,463	5,746	1,696	7,427	16,332
Caritas Medical Centre 明愛醫院	269	907	268	1,206	2,650
Kwai Chung Hospital 葵涌醫院	73	660	129	606	1,467
Kwong Wah Hospital 廣華醫院	338	1,175	342	1,490	3,345
North Lantau Hospital 北大嶼山醫院	34	103	69	205	411
Our Lady of Maryknoll Hospital 聖母醫院	89	300	91	414	894
Princess Margaret Hospital 瑪嘉烈醫院	450	1,644	546	2,223	4,863
TWGHs Wong Tai Sin Hospital 東華三院黃大仙醫院	27	257	51	330	665
Yan Chai Hospital 仁濟醫院	183	701	202	952	2,038



Appendix 11(a)

附錄 11(a)

Institution ¹ 機構 ¹	No. of Full-time Equivalent (FTE) Staff (as at 31.3.2017) ^{2, 3, 4, 5} 等同全職人員數目 (2017年3月31日數字) ^{2, 3, 4, 5}				
	Medical 醫療	Nursing 護理	Allied Health 專職醫療	Others 其他	Total 總計
New Territories East Cluster 新界東醫院聯網	1,022	4,090	1,231	5,479	11,822
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	173	656	247	1,005	2,081
Bradbury Hospice 白普理寧養中心	3	28	5	30	65
Cheshire Home, Shatin 沙田慈氏護養院	1	83	9	135	228
North District Hospital 北區醫院	178	705	202	878	1,962
Prince of Wales Hospital 威爾斯親王醫院	581	1,916	615	2,467	5,580
Shatin Hospital 沙田醫院	43	339	79	450	910
Tai Po Hospital 大埔醫院	43	363	75	513	995
New Territories West Cluster 新界西醫院聯網	824	3,514	964	5,178	10,480
Castle Peak Hospital 青山醫院	77	570	103	671	1,420
Pok Oi Hospital 博愛醫院	136	627	169	843	1,774
Siu Lam Hospital 小欖醫院	6	153	11	324	494
Tuen Mun Hospital 屯門醫院	591	2,108	636	3,153	6,487
Tin Shui Wai Hospital 天水圍醫院	14	57	45	187	303
Total 總計	6,151	24,933	7,497	34,100	72,682

Notes:

1. Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information continued to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) start from 1 April 2017.
2. This figure excludes 2,192 staff in the Hospital Authority Head Office.
3. Manpower on full-time equivalent (FTE) basis includes all full-time & part-time staff in HA's workforce i.e. permanent, contract and temporary.
4. Individual figures may not add up to the total due to rounding.
5. Manpower figures of individual hospitals / institutions include management staff providing hospital and cluster-wide services.
6. Manpower providing services for Tsan Yuk Hospital is included in Queen Mary Hospital.
7. Manpower providing services for Rehabaid Centre is included in Queen Elizabeth Hospital.

註:

1. 原屬於九龍西醫院聯網的黃大仙及旺角區，已於2016年12月1日正式劃入九龍中醫院聯網。相關地區的服務單位亦已於同日起納入九龍中醫院聯網，以支援該聯網於界線重組後的服務覆蓋範圍。作為過渡性安排，有關服務 / 人手統計數字及財務資料的匯報會繼續按照原先的聯網界線（即相關服務單位仍屬九龍西醫院聯網）為依據，直至2017年3月31日為止。相關數字由2017年4月1日起按照新的聯網界線（即相關服務單位納入九龍中醫院聯網）匯報。
2. 這數字不包括醫管局總辦事處的2,192名職員。
3. 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。
4. 由於四捨五入的關係，各項數字相加後可能不等於總數。
5. 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。
6. 贊育醫院的服務人手已歸入瑪麗醫院內。
7. 復康專科及資源中心的服務人手已歸入伊利沙伯醫院內。

Appendix 11(b)

附錄 11(b)

Manpower Position – by Staff Group

人手狀況 — 按職員組別分類

	No. of Full-time Equivalent (FTE) Staff 2012-13 - 2016-17 ¹				
	等同全職人員數目 ¹				
	2012/13	2013/14	2014/15	2015/16	2016/17
Medical 醫療					
Consultant 顧問醫生	729	761	799	840	885
Senior Medical Officer / Associate Consultant 高級醫生 / 副顧問醫生	1,639	1,733	1,785	1,872	1,922
Medical Officer / Resident(excluding Visiting Medical Officer) 醫生 / 駐院醫生 (不包括到訪醫生)	2,875	2,866	2,872	2,936	2,959
Visiting Medical Officer 到訪醫生	16	16	18	17	18
Intern 駐院實習醫生	280	311	401	368	373
Senior Dental Officer / Dental Officer 高級牙科醫生 / 牙科醫生	6	8	8	8	8
Medical Total: 醫療人員總計 :	5,546	5,695	5,884	6,040	6,164
Nursing 護理					
Senior Nursing Officer and above 高級護士長或以上	156	174	181	193	196
Department Operations Manager 部門運作經理	176	181	182	184	191
<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	3,760	3,978	4,114	4,286	4,428
Registered Nurse 註冊護士	12,722	13,258	13,848	14,474	14,697
Enrolled Nurse 登記護士	2,373	2,425	2,447	2,436	2,421
Midwife/Others 助產士 / 其他	19	9	4	3	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	437	434	653	611	625
<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	510	532	545	552	571
Registered Nurse 註冊護士	1,085	1,153	1,205	1,272	1,298
Enrolled Nurse 登記護士	578	614	613	576	550
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 :	21,816	22,759	23,791	24,587	24,980



Appendix 11(b)

附錄 11 (b)

	No. of Full-time Equivalent (FTE) Staff 2012-13 - 2016-17 ¹				
	等同全職人員數目 ¹				
	2012/13	2013/14	2014/15	2015/16	2016/17
Allied Health 專職醫療					
Audiology Technician 聽力學技術員	7	6	6	6	6
Clinical Psychologist 臨床心理學家	134	139	155	163	171
Dietitian 營養師	118	128	141	148	160
Dispenser 配藥員	1,055	1,129	1,186	1,249	1,289
Medical Technologist / Medical Laboratory Technician 醫務化驗師 / 醫務化驗員	1,270	1,310	1,347	1,406	1,457
Mould Technologist / Mould Laboratory Technician 製模實驗室技術師 / 製模實驗室技術員	27	26	26	26	26
Optometrist 視光師	61	67	67	67	70
Orthoptist 視覺矯正師	14	14	15	14	14
Occupational Therapist 職業治療師	673	698	731	772	815
Pharmacist 藥劑師	488	522	574	609	635
Physicist 物理學家	68	71	73	75	76
Physiotherapist 物理治療師	846	869	886	969	1,028
Podiatrist 足病治療師	35	35	39	41	47
Prosthetist-Orthotist 義肢矯形師	123	126	135	141	144
Diagnostic Radiographer / Radiation Therapist 放射師 / 放射治療師	947	1,002	1,017	1,054	1,102
Scientific Officer (Medical) 科學主任 (醫務)	76	82	82	87	89
Speech Therapist 言語治療師	77	82	91	105	110
Medical Social Worker 醫務社工	282	301	315	333	330
Dental Technician 牙科技術員	2	3	3	3	3
Allied Health Total: 專職醫療人員總計：	6,302	6,609	6,888	7,268	7,572
Care-related Support Staff 護理支援					
Health Care Assistant 健康服務助理	2,630	2,395	2,179	1,932	1,676
Ward Attendant 病房服務員	342	295	247	222	191
Patient Care Assistant & Other Care-related Support Staff 病人服務助理及其他護理支援人員	8,076	9,447	11,290	12,116	12,831
Care-related Support Staff Total: 護理支援人員總計：	11,048	12,137	13,716	14,270	14,698
Direct Patient Care Total: 直接病人護理人手總計：	44,713	47,200	50,278	52,165	53,415

Appendix 11(b)

附錄 11(b)

	No. of Full-time Equivalent (FTE) Staff 2012-13 - 2016-17 ¹				
	2012/13	2013/14	2014/15	2015/16	2016/17
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	26	26	26	24	24
Chief Manager / Senior Manager / Cluster General Manager / General Manager 總行政經理 / 高級行政經理 / 聯網總經理 / 總經理	92	95	94	100	102
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	1,984	2,099	2,297	2,405	2,555
Other Supporting Staff – Clerical, Secretarial, Workman, Operation Assistant, Executive Assistant etc 其他支援人員 — 文員、秘書、工人、運作助理、行政助理等	17,392	18,180	17,591	18,184	18,771
Non-direct Patient Care Total: 非直接病人護理人手總計：	19,501	20,407	20,015	20,720	21,459
HA Total: 醫管局人手總計：	64,213	67,607	70,293	72,885	74,874

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。



Appendix 12(a)

附錄 12(a)

Operating Expenditure¹ in 2016-17

2016-17 年度營運開支¹

Cluster 聯網	2016-17 (HK\$Mn) 2016-17 年度 (港幣百萬元)
Hong Kong East Cluster 港島東醫院聯網	5,956
Hong Kong West Cluster 港島西醫院聯網	6,491
Kowloon Central Cluster ² 九龍中醫院聯網 ²	7,449
Kowloon East Cluster 九龍東醫院聯網	5,929
Kowloon West Cluster ² 九龍西醫院聯網 ²	12,587
New Territories East Cluster 新界東醫院聯網	9,114
New Territories West Cluster 新界西醫院聯網	7,544
Hospital Authority Head Office, and Others ³ 醫院管理局總辦事處，及其他 ³	2,544
Total 總計	57,614

Notes:

1. Operating expenditure refers to the expenditure to run HA's day-to-day services. It covers manpower, drug, consumables and daily maintenance of equipment and facilities, etc. but is separated from expenditure for capital works projects, major equipment acquisition, corporate-wide Information Technology development and transaction of self-financed items paid by patients.

HA's day-to-day services can be grouped under:

- (i) "core hospital services" that are generally available in all Clusters
- (ii) specialised services that are only available in designated hospitals to serve the entire population of Hong Kong, i.e. "designated services" (e.g. liver transplantation, allogeneic bone marrow transplantation, heart transplantation and lung transplantation services in Hong Kong West Cluster), where the scale of designated services varies across Clusters and its contribution to a Cluster's operating expenditure can range from a few percent to up to 10-20%
- (iii) to a lesser extent "private services" that are mostly confined to the two teaching hospitals

Data also shows that a Cluster's provision of core services is not restricted to population residing in its vicinity but may also serve patients residing in other localities who for various reasons choose to attend hospitals further from their residence. The impact of such "cross-cluster patient movement" varies considerably from Cluster to Cluster.

In view of the wide variation in the contribution of "designated services", "private services" and "cross-cluster patient movement" to a Cluster's operating expenditure, the overall Cluster operating expenditure cannot be used to compare Cluster resources without first delineating and dissecting out the impact of the above confounding factors.

2. Wong Tai Sin District and Mong Kok area have been re-delineated from Kowloon West Cluster (KWC) to Kowloon Central Cluster (KCC) since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information continued to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) start from 1 April 2017.
3. 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:

1. 營運開支是指醫管局為提供日常服務所需開支，當中包括人手、藥物、消耗品和日常醫療設備及設施的維修保養等，但基本工程計劃、購置大型醫療設備及企業資訊科技發展的開支除外，亦不包括病人自費醫療項目的交易賬目。

醫管局的日常服務可分為：

- (i) 所有聯網一般常設的「核心醫院服務」
- (ii) 個別醫院特設的「指定服務」(例如港島西醫院聯網向全港市民提供的肝臟移植、異體骨髓移植、心臟移植和肺移植服務)；而聯網的指定服務規模各有不同，佔其聯網營運開支的比例由數個百分點至一、兩成不等
- (iii) 主要由兩間教學醫院提供的小量「私家服務」

數據亦顯示，各聯網的核心服務使用不限於居住在鄰近地區的人口，居於其他地區的病人也可因種種考慮選擇到離居所較遠的醫院求診。此等「跨網求診」情況於不同聯網的差距甚大。

鑑於各聯網就「指定服務」、「私家服務」及「跨網求診」的開支佔其聯網營運開支比例有所不同，因此在未劃分及撇除以上所述的要素影響前，不應用聯網的總營運開支來比較聯網的資源狀況。

2. 原屬於九龍西醫院聯網的黃大仙及旺角區，已於2016年12月1日正式劃入九龍中醫院聯網。相關地區的服務單位亦已於同日起納入九龍中醫院聯網，以支援該聯網於界線重組後的服務覆蓋範圍。作為過渡性安排，有關服務 / 人手統計數字及財務資料的匯報會繼續按照原先的聯網界線(即相關服務單位仍屬九龍西醫院聯網)為依據，直至2017年3月31日為止。相關數字由2017年4月1日起按照新的聯網界線(即相關服務單位納入九龍中醫院聯網)匯報。
3. 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。

Appendix 12(b)

附錄 12(b)

Training and Development Expenditure¹ in 2016-17

2016-17 年度職員培訓及發展開支¹

Cluster 聯網	2016-17 (HK\$Mn) 2016-17 年度 (港幣百萬元)
Hong Kong East Cluster 港島東醫院聯網	13.4
Hong Kong West Cluster 港島西醫院聯網	7.1
Kowloon Central Cluster ² 九龍中醫院聯網 ²	13.1
Kowloon East Cluster 九龍東醫院聯網	5.1
Kowloon West Cluster ² 九龍西醫院聯網 ²	9.2
New Territories East Cluster 新界東醫院聯網	14.7
New Territories West Cluster 新界西醫院聯網	8.5
Hospital Authority Head Office ³ 醫院管理局總辦事處 ³	72.9
Total 總計	144.0

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.
- Wong Tai Sin District and Mong Kok area have been re-delineated from Kowloon West Cluster (KWC) to Kowloon Central Cluster (KCC) since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information continued to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) start from 1 April 2017.
- 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。
- 原屬於九龍西醫院聯網的黃大仙及旺角區，已於2016年12月1日正式劃入九龍中醫院聯網。相關地區的服務單位亦已於同日起納入九龍中醫院聯網，以支援該聯網於界線重組後的服務覆蓋範圍。作為過渡性安排，有關服務 / 人手統計數字及財務資料的匯報會繼續按照原先的聯網界線（即相關服務單位仍屬九龍西醫院聯網）為依據，直至2017年3月31日為止。相關數字由2017年4月1日起按照新的聯網界線（即相關服務單位納入九龍中醫院聯網）匯報。
- 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

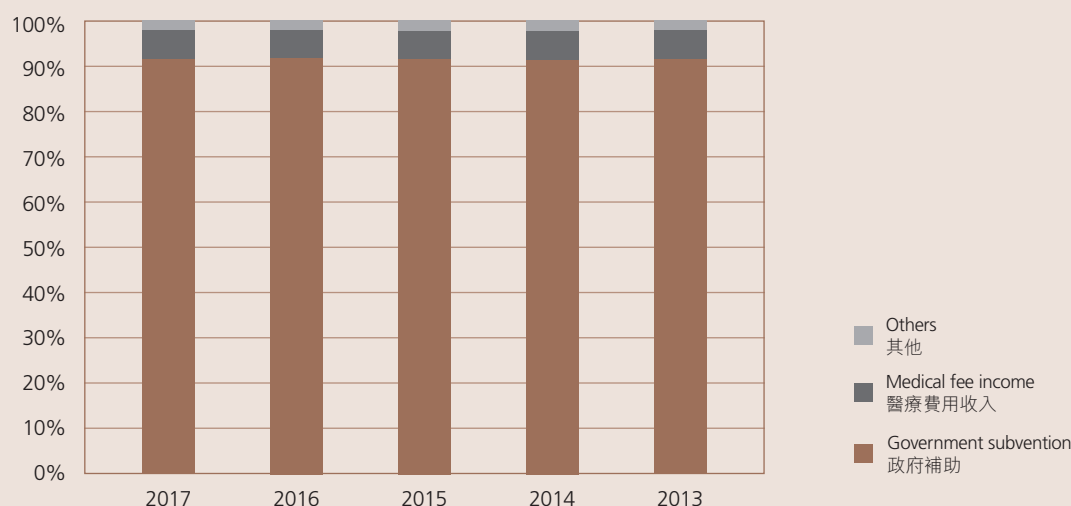
Financial Results (for the Year ended 31 March)

財政情況 (截至每年3月31日)

	2017 HK\$Mn 港幣百萬元	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
Income 收入					
Government subvention (recurrent and capital) 政府補助(經常性及資本性)	55,728	53,772	50,531	45,869	43,159
Medical fee income (net of waivers) 醫療費用收入(扣除豁免)	3,818	3,598	3,423	3,182	2,951
Non-medical fee income 非醫療費用收入	935	1,014	936	892	775
Designated donations 指定捐贈	171	146	230	183	149
Capital donations 資本捐贈	162	114	110	128	120
	60,814	58,644	55,230	50,254	47,154
Expenditure 支出					
Staff costs 員工成本	(43,084)	(40,299)	(37,235)	(34,459)	(32,290)
Drugs 藥物	(6,156)	(5,710)	(5,328)	(4,941)	(4,479)
Medical supplies and equipment 醫療物品及設備	(2,691)	(2,558)	(2,326)	(2,118)	(1,999)
Other operating expenses (include depreciation and amortisation) 其他營運開支(包括折舊及攤銷)	(10,402)	(9,927)	(8,964)	(8,071)	(7,288)
	(62,333)	(58,494)	(53,853)	(49,589)	(46,056)
(Deficit) / surplus for the year 年度(虧損) / 盈餘	(1,519)	150	1,377	665	1,098

Income by Source (in % of Total Income)

各類收入來源(佔總收入百分比)



Appendix 13

附錄 13

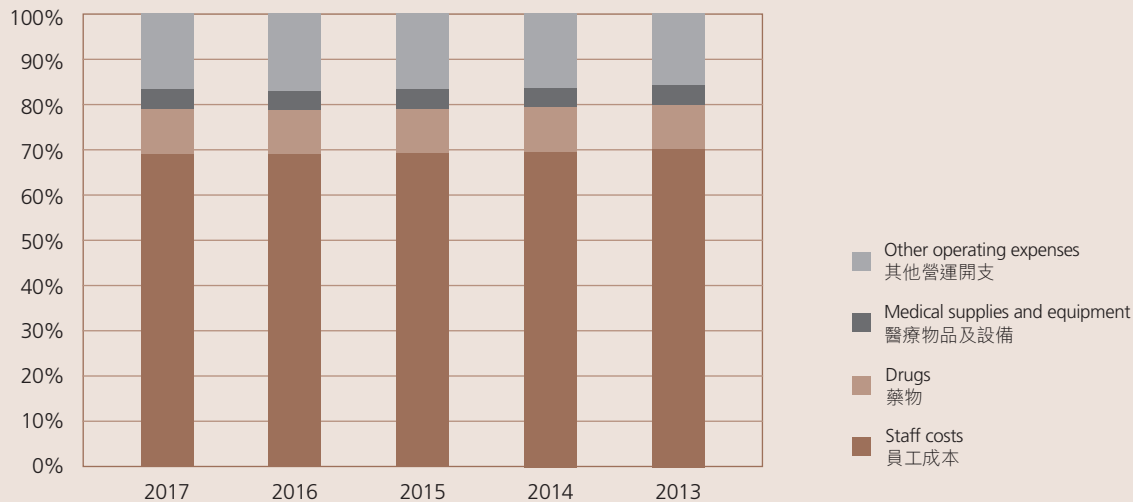
Key Financial Indicators (for the Year ended 31 March)

主要財政指標 (截至每年 3 月 31 日)

	2017 HK\$Mn 港幣百萬元	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
Medical fee income (Note 1) 醫療費用收入 (註 1)					
Inpatient fees 住院收費	1,048	998	993	943	939
Outpatient fees 門診收費	1,354	1,312	1,285	1,258	1,218
Itemised charges 分項收費	1,890	1,742	1,595	1,420	1,231
Other medical fees 其他醫療收費	99	94	88	88	81
	4,391	4,146	3,961	3,709	3,469
Less: Waivers (Note 2) 扣除：豁免 (註 2)	(573)	(548)	(538)	(527)	(518)
Medical fee income (net of waivers) 醫療費用收入 (扣除豁免)	3,818	3,598	3,423	3,182	2,951
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)	61	58	52	45	45

Expenditure by Category (in % of Total Expenditure)

各類支出 (佔總支出百分比)





Appendix 13

附錄 13

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) or Level 0 Voucher Holders of the Pilot Scheme on Residential Care Service Voucher for the Elderly (with effect from March 2017) 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 2017 are HK\$459,000,000 and HK\$114,000,000 respectively (for the year ended 31 March 2016 are HK\$458,000,000 and HK\$90,000,000 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

醫管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，可瀏覽醫管局網頁。詳細收費可參閱憲報及醫管局網頁。

2. 豁免

在政府的政策下，領取「綜合社會保障援助」(綜援)的人士或長者院舍住宿照顧服務券試驗計劃級別0院舍券持有人(於2017年3月起)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2017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459,000,000及港幣114,000,000(截至2016年3月31日為止之費用豁免分別為港幣458,000,000及港幣90,000,000)。

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。

Appendix 13

附錄 13

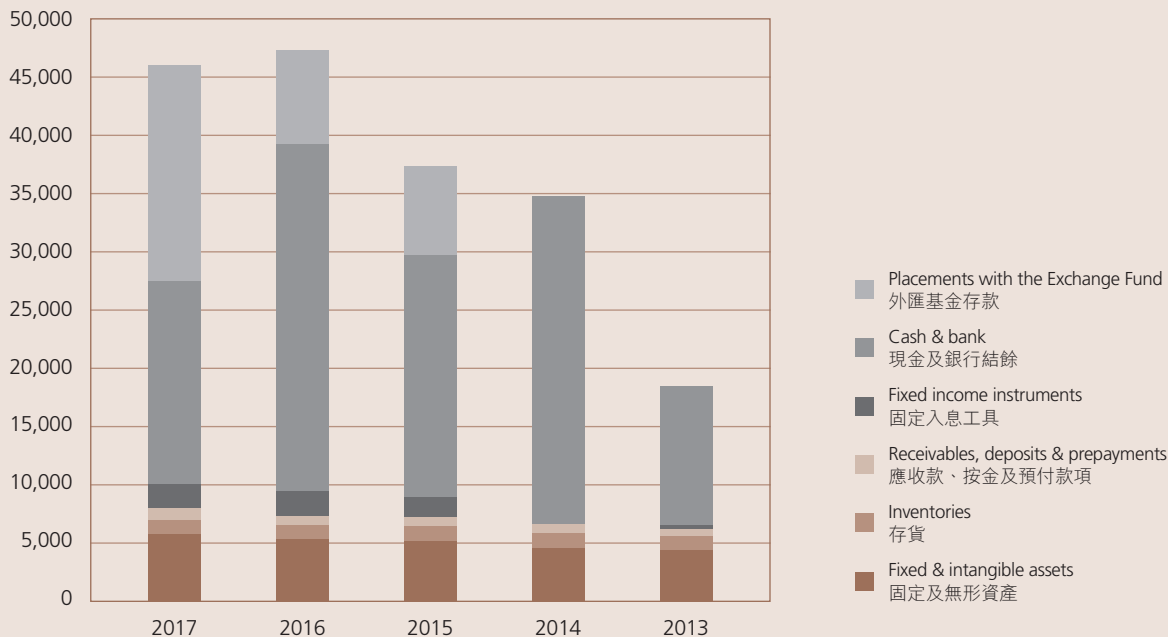
Financial Position (at 31 March)

財政狀況（於每年3月31日）

	2017 HK\$Mn 港幣百萬元	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
Non-current assets 非流動資產	29,369	20,460	20,107	10,615	10,391
Current assets 流動資產	23,828	33,783	23,930	30,508	14,206
Current liabilities 流動負債	(12,008)	(11,349)	(11,227)	(9,607)	(6,918)
Net current assets 流動資產淨值	11,820	22,434	12,703	20,901	7,288
Non-current liabilities 非流動負債	(28,036)	(28,742)	(18,994)	(19,609)	(6,686)
Net assets 資產淨值	13,153	14,152	13,816	11,907	10,993
Capital subventions and capital donations 資本補助及資本捐贈	5,817	5,317	5,153	4,610	4,383
Designated fund 指定基金	5,077	5,077	5,077	5,077	5,077
Revenue reserve 收入儲備	2,259	3,758	3,586	2,220	1,533
	13,153	14,152	13,816	11,907	10,993

Total Assets¹ (in HK\$ millions)

總資產¹ (港幣百萬元)



Note: 1. Exclude the placement with the Exchange Fund of HK\$7,221,000,000 (2016: HK\$7,000,000,000) 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7,221,000,000元的款項（2016：港幣7,000,000,000元）



Appendix 13

附錄 13

Key Financial Indicators (at 31 March)

主要財政指標 (於每年 3 月 31 日)

	2017 HK\$Mn 港幣百萬元	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
Inventories 存貨					
Drugs 藥物	1,073	1,054	1,087	1,151	1,043
Other medical and general consumables 其他醫療及一般消耗品	223	213	227	218	209
	1,296	1,267	1,314	1,369	1,252
Average stock holding period (weeks)					
平均存貨儲備時間 (星期)					
Drugs 藥物	9.0	9.6	10.5	12.0	12.0
Other medical and general consumables 其他醫療及一般消耗品	8.2	8.6	8.1	8.6	8.7

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