



醫院管理局

HOSPITAL
AUTHORITY



HOSPITAL AUTHORITY
ANNUAL REPORT
醫院管理局年報
2018-2019

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Roles

任務

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

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

The Hospital Authority is responsible for:

醫院管理局的職能：

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



Vision, Mission and Values

願景、使命及核心價值

VISION

願景

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

MISSION

使命

Helping People Stay Healthy
與民攜手 保健安康

VALUES

核心價值

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



The 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 five strategic goals as outlined in the HA Annual Plan 2018-2019:

醫管局採納 2018-2019 年度工作計劃書所載的五項策略目標，達至上述的機構願景、使命及核心價值：



- Improve service quality
改善服務質素
- Enhance staff training and development
加強員工培訓與發展
- Optimise demand management
優化需求管理
- Drive accountable and efficient use of financial resources
推動負責任和有效地使用財政資源
- Attract and retain staff
吸引及挽留人才

Under the above strategic goals and 24 strategies, the Authority formulated around 160 corresponding programme targets for 2018-2019, which were all achieved in the year, save for nine slightly deferred. The Head Office and Cluster Reports in Chapter 6 describe major achievements in these areas.

根據上述的策略目標及 24 個策略，醫管局就 2018-2019 年度制訂了約 160 項工作目標，除了九項稍為推遲外，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, GBS, 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

- (up to 30.11.2018)
(任期至2018年11月30日)
- 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 HKSAR Government
- 於2012年6月13日獲委任
- 以香港特別行政區政府衛生署署長身份出任醫院管理局成員



Prof Francis CHAN
Ka-leung, SBS, 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



Mr Henry FAN
Hung-ling, SBS, JP
范鴻齡先生

- Appointed on 1 December 2018
- Managing director of a property investment company
- 於2018年12月1日獲委任
- 物業投資公司的董事總經理



Mr David FONG
Man-hung, BBS, JP
方文雄先生

- Appointed on 1 April 2017
- Managing director of a development company
- 於2017年4月1日獲委任
- 發展公司董事總經理



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 Ambrose HO,
SBS, JP

何沛謙先生

- Appointed on 1 December 2018
- Senior Counsel
- 於2018年12月1日獲委任
- 資深大律師



Mr Lester Garson
HUANG, SBS, JP

黃嘉純先生

(up to 30.11.2018)

(任期至2018年11月30日)

- 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



Mr Quinton LAM Chun-ki
林進其先生

- Appointed on 1 April 2018
- Advanced Practice Nurse of the Department of Surgery of Pamela Youde Nethersole Eastern Hospital
- 於2018年4月1日獲委任
- 東區尤德夫人那打素醫院外科部資深護師



Mr Franklin LAM
Fan-keung, BBS
林奮強先生

- Appointed on 1 April 2017
- Founder of an independent non-profit public policy research organisation
- 於2017年4月1日獲委任
- 獨立非牟利公共政策研究組織創辦人



Prof LAU Chak-sing, JP
劉澤星教授

- Appointed on 1 December 2018
- President of the Hong Kong Academy of Medicine
- 於2018年12月1日獲委任
- 香港醫學專科學院主席

Membership of the Hospital Authority

醫院管理局成員



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



Prof Diana LEE
Tze-fan, JP
李子芬教授

- (up to 30.11.2018)
(任期至 2018 年 11 月 30 日)
- 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



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)



Prof David SHUM
Ho-keung
岑浩強教授

- Appointed on 1 November 2018
- Dean of the Faculty of Health and Social Sciences of the Hong Kong Polytechnic University
- 於 2018 年 11 月 1 日獲委任
- 香港理工大學醫療及社會科學院院長





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



Prof Agnes
TIWARI Fung-yee
羅鳳儀教授

- Appointed on 1 December 2018
- Chairman of the Nursing Council of Hong Kong
- 於 2018 年 12 月 1 日獲委任
- 香港護士管理局主席



Ms Elizabeth TSE
Man-ye, JP
謝曼怡女士

Permanent Secretary for Food and Health (Health)

食物及衛生局常任秘書長(衛生)

- Appointed on 24 July 2017
- Board Member in capacity as Permanent Secretary for Food and Health (Health) of HKSAR Government
- 於 2017 年 7 月 24 日獲委任
- 以香港特別行政區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



Mr WONG Kwai-huen,
BBS, JP
王桂壠先生

(up to 30.11.2018)

(任期至 2018 年 11 月 30 日)

- 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

(up to 31.10.2018)

(任期至 2018 年 10 月 31 日)

- Appointed on 1 April 2011
- Immediate past 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前任院長



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 HKSAR Government
- 於 2016 年 10 月 7 日獲委任
- 代表香港特別行政區政府財經事務及庫務局局長

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 月成立的，負責管理香港的公立醫院，並透過食物及衛生局局長向香港特別行政區政府負責。



Principles

The Board acknowledges its responsibility for and commitment to corporate governance principles and recognises that the Authority's stakeholders expect the highest standards of performance, accountability and 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 2018-19 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 2018-19, the Board conducted 15 meetings to consider over 110 agenda items. They covered 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, resources management, risk management and internal control, contingency preparedness, governance, etc. In addition, 19 Board papers on urgent matters were circulated between meetings.

原則

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

醫院管理局大會

根據《醫院管理局條例》，醫管局大會成員由香港特別行政區行政長官任命。大會成員包括 24 名非公務員、三名公務員及一名主要行政人員（醫管局行政總裁）。大會成員不獲額外酬金。2018-19 年度，大會有 28 名成員（包括主席），詳情載於附件 1。

大會每年召開約 12 次正式會議，如有需要會召開特別會議。在 2018-19 年度，大會共召開 15 次會議，審議超過 110 個項目，涵蓋領導及管理醫管局的重要事宜，包括制訂政策和策略、督導及監管醫院服務與支援設施的規劃、發展和運作、資源管理、風險管理與內部監控、應變準備、管治等。另外在會期之間以傳閱方式通過 19 份文件，處理緊急事宜。





The Board in 2018-19 continued to steer and oversee the implementation of various enhancements in response to the recommendations of the Steering Committee on Review of HA, receiving regular progress reports and advising on strategic directions for relevant policy matters. In October 2018, the Board formally endorsed the Final Report on Implementation of HA Review Action Plan, which concluded the completion of the three-year action plan for the implementation of over 100 action items for enhancements.

The Board during the year also made sustained efforts to reinforce corporate governance and enhance practices to ensure accountability and stewardship of HA's resources and effective management of services. The Board and its functional committees conducted annual agenda forecast along different strategic and functional dimensions, and took extra steps to proactively align the agenda planning with their respective Terms of Reference (TOR). Annual self-assessment by the Board and functional committees continued, with a view to driving for continuous improvement. Arrangements were made to enhance Members' understanding of HA's policies and operations, including briefings on selected topics, direct discussions on areas of strategic importance, visits and talks, etc. Overseen by the Board and its committees, implementation of the HA organisation-wide risk management framework continued to make good progress, with the processes consolidated and aligned across different functional areas and management structures in the Authority, thereby strengthening the clinical and non-clinical risk management in HA.

醫管局大會在年內繼續督導和監察就醫管局檢討督導委員會所建議而推行的改善措施，審閱定期的工作進度報告，以及就相關政策給予策略性意見。大會在2018年10月正式通過該行動計劃的最後報告，完成為期三年推動多項改善措施的行動計劃。

年內，醫管局大會亦不斷致力加強機構管治及優化措施，確保醫管局的資源運用及服務管理體現問責及妥善管理。大會及其專責委員會就不同的策略及運作範疇，擬訂年度預設議程，並確保議程規劃切合其有關職權範圍。為不斷求進，醫管局大會及其專責委員會每年進行自我評核。此外，我們為成員安排不同活動，包括特定課題的簡介會、重要策略事宜的專題討論、參觀探訪和講座等，讓各成員更了解醫管局的政策和運作。在大會及其委員會監督下，醫管局在推進機構風險管理架構方面繼續取得良好進展，整固和統一機構於不同職能範疇和管理架構的風險管理程序，加強了臨床及非臨床的風險管理。

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 2018-19 are outlined in Appendix 3.

Hospital Governing Committees

To enhance community participation and governance of public hospitals, Hospital Governing Committees (HGCs) were established in the hospitals and institutions in accordance with the HA Ordinance. These committees are listed in Appendix 4. In 2018-19, a total of 136 meetings were conducted by 33 HGCs. They received regular management reports from Hospital Chief Executives, monitored operational and financial performance of the hospitals, reviewed risk management issues, provided policy guidance on hospital management, and participated in human resources and procurement functions, as well as hospital and community partnership activities.

HGCs operate in accordance with corporate governance policies and practices as reflected in the Manual on the Operation of Hospital Governing Committees approved by the HA Board. The linkage and interactions between the Board and HGCs are of particular significance to the development of HA's corporate policies and strategies. During the year, continuous efforts were made to actively engage HGCs in corporate-wide issues, such as regular briefings by Cluster Chief Executives at HGC meetings; and enhanced governance in two-way communication of views raised by HGCs and monitoring of actions taken and reporting to the HA Board. In line with the practice adopted by the HA Board and its functional committees, HGCs also conducted annual self-assessment to drive for continuous improvement.

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 2018-19 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》就轄下醫院 / 機構成立醫院管治委員會。附錄 4 載有各醫院管治委員會一覽。在 2018-19 年度，33 個醫院管治委員會共召開 136 次會議，審閱醫院行政總監的定期管理報告、監察醫院在運作和財務方面的表現、審視風險管理事宜、指導醫院管理政策，以及參與人力資源及採購工作和醫院及社區的夥伴協作活動。

經醫管局大會通過的《醫院管治委員會運作手冊》載列醫院管治委員會相關的機構管治政策及安排。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尤為重要。年內，我們持續推動醫院管治委員會參與醫管局的機構事務，包括由聯網總監定期於管治委員會會議介紹醫管局的機構政策 / 事宜；加強匯報委員會意見及監察跟進行動的管治工作，並向醫管局大會呈報，以加強雙方溝通。按照醫管局大會及其專責委員會的做法，各醫院管治委員會亦每年進行自我評核，不斷求進。

Regional Advisory Committees

To provide HA with advice on the healthcare needs for specific regions of Hong Kong and assist the Authority with better performance of its functions in relation to the regions, HA 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.

區域諮詢委員會

為聽取地區對醫療服務需要的意見及協助其更有效地執行職能，醫管局成立三個區域諮詢委員會。附錄 5 載有這三個委員會及其成員名單。各區域諮詢委員會每年召開四次會議。



In 2018-19, the RACs were briefed on the progress of the annual plans and targets of individual clusters. The Committees also discussed a number of corporate matters, including the Filmless Operating Theatres Project, Paired/ Pooled Organ Donation Scheme and Paired Kidney Donation Programme, Integrated Model of Specialist Outpatient Service through Nurse Clinics, progress update on the 10-year Hospital Development Plan, winter surge preparation, and training and development for healthcare professionals. In addition, the Committees received briefings on the Annual Report on Public Appreciation, Feedback and Complaints Management 2017-18 and 2017 Patient Experience and Satisfaction Survey on Inpatient Service.

在 2018-19 年度，三個區域諮詢委員會獲悉個別聯網的年度工作計劃進展和目標。三個委員會亦討論了醫管局多方面事項，包括手術室數碼圖像計劃、配對或匯集捐贈器官計劃及腎臟配對捐贈先導計劃、綜合模式專科門診服務（護士診所）先導計劃、十年醫院發展計劃進展報告、冬季服務高峰期的準備工作以及醫療專業人員的培訓及發展等。此外，委員會亦聽取了《公眾讚揚、意見及投訴管理年報 2017-18》及 2017 年住院病人經驗及服務滿意度調查報告。



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 the Authority. 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 approved the 2018-19 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 were presented to the Board.

Under the powers stipulated in the HA Ordinance, the Authority determines the remuneration and terms and conditions of employment for all employees. Remuneration packages of executive directors and other senior managers are devised to attract, motivate and retain high calibre individuals in a competitive talent market. Remuneration packages of all senior executives are considered and approved by the HA Board or its 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。為確管理層可快捷有效地履行其職責，大會已清楚列出授予權力、政策及操守準則。大會每年批核由行政人員根據大會所立方針制訂的工作計劃，行政人員亦定期向大會提交進度報告，包括議定的表現指標及工作目標的進度。

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

Chairman's Review

主席匯報

Being the major provider of public healthcare services in Hong Kong, the Hospital Authority (HA) strives to assure all patients of equitable access to optimal care in the public healthcare system, making significant contributions to Hong Kong's dual-track healthcare system which encompasses the public and private sectors.

醫院管理局（醫管局）是香港主要的公營醫療服務提供者，竭力確保病人在公營醫療系統下，得到公平及適切的治療，為本地公私營並行的雙軌醫療制度作出重要貢獻。



Hong Kong's healthcare system is facing formidable challenges due to growing and aging population. The latest demographic projection reveals that Hong Kong's population will increase from 7.4 million in mid-2018 to 8.22 million in 2043, in which the proportion of people aged 65 and above will double from 17% to around 34%. We are well aware that there is a pressing need to further augment and enhance our services in order to meet the escalating demand.

Modernised infrastructure will facilitate delivery of quality patient services. We are deeply grateful to the Hong Kong Special Administrative Region (HKSAR) Government for the unwavering support to HA in this regard. The HKSAR Government has earmarked around \$470 billion for two 10-year Hospital Development Plans, involving a total of 35 projects to deliver some 14 000 additional beds and other hospital facilities that will meet projected service demand up to 2036. Focusing on the past year, the phased service commencement of Hong Kong Children's Hospital in December 2018 marked a milestone in paediatric services in the territory, serving as the tertiary referral centre for complex, serious and uncommon paediatric cases requiring multidisciplinary management, and providing diagnosis, treatment and rehabilitation services for sick children in need.

香港醫療系統正面對因人口增長及高齡化所帶來的挑戰。根據最新統計，本港人口將由 2018 年中的 740 萬增長至 2043 年的 822 萬，而同期 65 歲或以上人口所佔的百分率更將由 17% 倍增至約 34%。面對醫療需求增長，我們深明擴展和提升服務實在刻不容緩。

現代化的醫療配套設施，有助我們提供更優質的病人服務。我們衷心感謝香港特別行政區政府向醫管局投放資源，推動公營醫療服務。特區政府先後撥出共 4,700 億元推行兩個十年醫院發展計劃，涉及共 35 個項目，預計共提供約 14 000 張新增病床及其他醫院設施，大致可滿足直至 2036 年的服務需求。在 2018-19 年度，作為第三層專科轉介中心的香港兒童醫院於 2018 年 12 月開始分階段投入運作，集中處理複雜、嚴重、不常見，及需要跨專科治理的兒科病症，為病童提供診斷、治療及復康服務，標誌香港兒科服務邁向新里程。



Long-term planning is instrumental in sustaining quality healthcare services. Notable increase in recurrent financial provision to HA in 2018-19 and the triennial progressive recurrent funding arrangement have enabled us to proactively plan for the medium term in augmenting capacity of public hospital services and manpower. Furthermore, a public health stabilisation fund of \$10 billion earmarked by the HKSAR Government ensures stable funding for public healthcare services in face of unexpected circumstances. The HKSAR Government's unfaltering support is no doubt our solid backup. We will make strides in implementing service enhancement measures with prudent use of funding.

Effective corporate governance is exemplified by the HA Board, which plays a key role in enhancing service quality and efficiency through stewardship in ensuring optimal use of resources. With colleagues' relentless efforts over the past three years, over 100 action items have been implemented in response to recommendations of the Steering Committee on Review of the HA to drive for improvements in HA's management and organisation structure; resource management; staff management; cost effectiveness and service management; and overall management and control to meet future challenges. The implementation was completed with a final report submitted to the Secretary for Food and Health in October 2018.

長遠規劃對維持醫療服務水平十分重要。特區政府在 2018-19 年度大幅增加對醫管局的經常性撥款，另以三年為一周期的遞增撥款安排，讓我們能透過中期策略規劃，制定更具前瞻性的服務計劃。此外，特區政府額外預留 100 億元成立公營醫療撥款穩定基金，確保醫管局有穩定資源應付不時之需。特區政府對醫療服務的承擔，是我們的堅實後盾。我們定會審慎運用撥款，竭盡所能實施優化措施加強服務。

醫管局大會在維持高水平的機構管治方面扮演重要角色，確保資源用得其所，服務更有效率。有賴同事在過去三年的不懈努力，我們根據檢討醫管局督導委員會的建議，就五大檢討範疇包括管理及組織架構、資源管理、人事管理、成本效益和服務管理，以及整體管理和監管，推行逾百項改善措施，以應付未來的挑戰。行動計劃經已落實，總結報告已於 2018 年 10 月呈交食物及衛生局局長。





I am grateful to all members of the HA Board, Regional Advisory Committees and Hospital Governing Committees, as well as co-opted members of the functional committees for their staunch support and guidance along the years. We welcome Mr Henry Fan Hung-ling, Mr Ambrose Ho, Mr Quinton Lam Chun-ki, Prof Lau Chak-sing, Prof David Shum Ho-keung and Prof Agnes Tiwari Fung-ye. Their wisdom and experience would bring fresh impetus to HA in mapping future plans. Meanwhile, we thank the outgoing members Mr William Chan Fu-keung, Mr Ho Wing-yin, Mr Lester Garson Huang, Dr Kam Pok-man, Prof Diana Lee Tze-fan, Prof Raymond Liang Hin-suen, Mr Wong Kwai-huen and Prof Maurice Yap Keng-hung, who rendered invaluable contribution to HA with vision and foresight not only for the benefit of HA but also for the entire society.

I also wish to express my sincere gratitude to various stakeholders, including members of the Legislative Council, District Councils, patient groups, and volunteers for their wholehearted support. High quality medical services could not be achieved without diligent efforts of our healthcare professionals and supporting teams. In this respect, I thank every member of HA from the bottom of my heart for their professionalism and unfailing commitment in serving the community. I am confident that HA will, with concerted efforts, continue to excel in the provision of patient-centered care and safeguard the wellbeing of our community.

John Leong Chi-yan
Chairman

我由衷感激醫管局大會、區域諮詢委員會及醫院管治委員會的所有成員，以及各專責委員會的增選成員，多年來向醫管局惠賜寶貴意見和鼎力支持。我謹在此歡迎范鴻齡先生、何沛謙先生、林進其先生、劉澤星教授、岑浩強教授和羅鳳儀教授在本年度加入醫管局大會，他們的睿智和經驗，定必為醫管局注入創見，指導未來發展路向。我亦感謝去年卸任的多位成員，包括陳富強先生、何永賢先生、黃嘉純先生、甘博文博士、李子芬教授、梁憲孫教授、王桂壠先生和葉健雄教授。他們的悉心指導和遠見卓識，裨益醫管局以至整個社會。

最後，對社會各方包括立法會議員、區議會議員、病友組織和義工的全力支持，我衷心致謝。優質的醫療服務有賴醫管局的醫護人員和支援團隊竭盡職責，以專業精神努力耕耘，為此我致以最摯誠的謝意。醫管局上下必繼續協力同心，令本港公營醫療服務更臻完善，保障市民健康。

主席
梁智仁

Chief Executive's Report

行政總裁匯報

Hospital Authority (HA) has been making continuous effort, since its inception, in providing reliable and affordable healthcare services to the people of Hong Kong. The way ahead is a long and arduous one, coupled with formidable challenges of escalating service demand due to aging population, prevalence of chronic diseases, and potential threat posed by communicable diseases. Intense pressure on limited public healthcare resources and manpower continues to build up, yet our determination in safeguarding health of the community remains robust as ever.

醫院管理局（醫管局）自成立以來，一直致力提供大眾信賴及市民能負擔的醫療服務。守護民康的使命任重而道遠，面對人口急速高齡化引致與日俱增的醫療需求、慢性疾病趨升、傳染病爆發的威脅等，對有限的公共醫療資源造成沉重負擔，也突顯了醫護人手短缺的問題。然而，我們堅守使命的決心不變。



Manpower shortage is always our prime concern. Despite increasing workload, our frontline colleagues have remained steadfast and committed to delivering quality patient care. My heartfelt thanks go to each and every HA colleague. We have stepped up efforts on various fronts to attract and retain staff, so as to gradually relieve stress of the frontline in public hospitals. It is encouraging that the number of local medical graduates has increased to 420 in 2018, with steady numbers anticipated in the coming years. Meanwhile, recruitment of non-locally trained doctors with limited registration will continue to recruit additional hands. We are also very pleased to note that the number of nurse graduates recruited by HA is on the rise, particularly in the past two years. To strengthen coordinated efforts in enhancing the workforce capacity, HA has set up a Locum Office since December 2018 to enhance flexibility and efficiency in attracting and recruiting more part-time doctors and nurses. Additional recurrent funding of \$700 million from the Hong Kong Special Administrative Region (HKSAR) Government further strengthens healthcare manpower training and retention, which in turn boosts staff morale.

醫管局一直十分關注人手情況。儘管醫護人員面對繁重工作，仍然堅守崗位、竭盡所能，我致以由衷的謝意。我們已多管齊下挽留和吸引人才，逐步紓緩前線醫護的工作壓力。2018 年本地醫科畢業生數目已增至 420 名，並預期在未來數年人數穩定，情況令人鼓舞。我們亦持續以有限度註冊形式招聘非本地培訓醫生，增加人手。同時，醫管局招聘的護理系畢業生數目亦穩步上升，過去兩年的增幅尤為顯著。為加強人手，我們在 2018 年 12 月成立自選兼職辦公室，以具彈性及效率的方式招聘更多兼職醫護人員。年內，香港特別行政區政府向醫管局增撥七億元經常性資助，用作推出改善措施挽留人才，從而提升士氣。





Hardware upgrade is pivotal to meeting escalating service demand, and improved infrastructure and facilities will contribute to augmenting service capacity. The first 10-year Hospital Development Plan is in full swing, and construction or foundation works have commenced in 2018-19 for the new acute hospital in Kai Tak Development Area; Phase 1 redevelopment of Queen Mary Hospital; and decanting building for Phase 2 Stage 1 redevelopment of Prince of Wales Hospital; as well as preparatory works for Phase 1 redevelopment of Grantham Hospital and Our Lady of Maryknoll Hospital. Also, construction works for Phase one redevelopment of Kwai Chung Hospital were completed; Tin Shui Wai Hospital commenced 24-hour Accident & Emergency (A&E) and inpatient services in November 2018; and Hong Kong Children's Hospital started phased operation in specialist outpatient, radiology, pharmacy and pathology services in December 2018 followed by inpatient service by phases in March 2019.

We are sincerely thankful to the HKSAR Government's commitment of \$270 billion in supporting the second 10-year Hospital Development Plan, which will involve a total

為滿足與日俱增的服務需求，我們必須同時加強公立醫院的基建和設施，提升服務量。醫管局正全力推展首個十年醫院發展計劃，於 2018-19 年度展開建築或地基工程的項目，包括有啟德發展區興建新急症醫院、瑪麗醫院第一期重建計劃、威爾斯親王醫院重建計劃第二期（第一階段）調遷大樓，以及葛量洪醫院第一期重建計劃和聖母醫院重建計劃的籌備工作；而葵涌醫院第一期重建工程亦已完成。此外，天水圍醫院於 2018 年 11 月開展 24 小時急症室及住院服務。香港兒童醫院亦於 2018 年 12 月開始分階段投入運作，提供專科門診、放射科、藥劑及病理科等服務，並於 2019 年 3 月起分階段開展住院服務。

承特區政府早前承諾預留 2,700 億元推行第二個十年公營醫院發展計劃，我們正積極籌劃相關工作。計劃涵蓋共 19 個項目，

of 19 projects to deliver some 9 000 additional hospital beds and other medical facilities. Planning and preparatory work is underway.

Well-developed primary care is the pillar of a sustainable healthcare system, through which more focus on disease prevention and management of one's own health could reduce demand for specialist services and unnecessary hospitalisation. HA is proactively working along the HKSAR Government's direction to promote primary care services. In 2018-19, HA provided 55 000 additional General Outpatient Clinic quotas to alleviate pressure on A&E services, and also extended the General Outpatient Clinic Public-Private Partnership Programme to all 18 districts in the territory to benefit more patients.

Information technology has become indispensable in almost all aspects of everyday life. HA is leveraging on various IT innovations in modernising delivery of public healthcare services and will continue to improve patient experience with various enhanced IT solutions and innovations. We are launching "Smart Hospital" initiatives in phases. They include Queue Management System to enhance the arrangement of out-patient consultation in clinics and hospitals; and smart

可額外提供逾 9 000 張病床及其他新增醫療設施。我們衷心感激特區政府不遺餘力的支持。

基層醫療以預防疾病及管理個人健康為重點，目標為減少可避免的專科診症及住院，是推動醫療系統持續發展的重要一環。醫管局會繼續配合特區政府的政策方向，推動基層醫療服務。我們在 2018-19 年度新增約 55 000 個普通科門診診症名額，減輕急症室的壓力；而普通科門診公私營協作計劃已推展至全港 18 區，讓更多病人受惠。

現今日常生活幾乎每一個環節都離不開資訊科技。我們善用科技龐大的潛力，提供現代化的醫療服務，並持續改進資訊科技方案和技術，提升病人體驗。「智能醫院」計劃已分階段推行，項目包括完善診所和醫院門診候診安排的輪候管理系統，以及方便病人自助掛號和



payment kiosks to bring greater convenience to patients in registration and payment. We are also actively preparing the "HA Go" for user trial in mid-2019, which is a new one-stop mobile app to be launched in phases for empowering patients to manage their appointments in public hospitals and healthcare at fingertips.

Echoing the HKSAR Government's strategy in the Hong Kong Smart City Blueprint, HA will consolidate and enhance its data analytics systems to standardise data collection work. The HA Data Sharing Portal launched in March 2019 provides public access to HA's major statistics. The HA Data Collaboration Lab was also set up to facilitate collaboration with external parties and contribute to clinical research projects and healthcare innovation on a secured platform.

Senior appointments in HA hospitals during the year included, in chronology, Dr Simon Tang Yiu-hang as Cluster Chief Executive (CCE) (New Territories West) and Hospital Chief Executive (HCE) of Tuen Mun Hospital; Dr David Sun Tin-fung as HCE of North District Hospital; Dr Theresa Li as CCE (Hong Kong West) and HCE of Queen Mary Hospital and Tsan Yuk Hospital; Dr Luk Che-chung as CCE (Hong Kong East) and HCE of Pamela Youde Nethersole Eastern Hospital, St John Hospital and Wong Chuk Hang Hospital; Dr Chong Yee-hung as HCE of Our Lady of Maryknoll Hospital in addition to his role as HCE of Hong Kong Buddhist Hospital and Tung Wah Group of Hospitals Wong Tai

收費的智能服務站。我們正積極籌備以病人為對象的一站式流動應用程式「HA Go」，程式將於2019年中試行，分階段讓病人可透過智能電話管理他們在公立醫院的應診安排及健康護理。

此外，醫管局積極配合特區政府發展智慧城市的策略，整合和提升數據分析系統，以便統一數據收集工作。2019年3月成立的數據共享平台，讓公眾瀏覽醫管局的主要統計資料。我們亦設立了「醫管局數據實驗室」，透過安全的協作平台與不同機構合作進行大數據分析，支援更多臨床研究項目及促進醫療創新。

年內的高層人員聘任按時序包括鄧耀鏗醫生出任新界西醫院聯網總監及屯門醫院行政總監，孫天峯醫生出任北區醫院行政總監，李德麗醫生出任港島西醫院聯網總監、瑪麗醫院及贊育醫院行政總監，陸志聰醫生出任港島東醫院聯網總監和東區尤德夫人那打素醫院、長洲醫院及黃竹坑醫院行政總監，香港佛教醫院及東華三院黃大仙醫院行政總監莊義雄醫生兼任聖母醫院行政總監，繆潔芝醫生出任葛量洪醫院及東華醫院行政總監，以及阮家興醫生出



Sin Hospital; Dr Christina Maw as HCE of Grantham Hospital and Tung Wah Hospital; as well as Dr Desmond Nguyen as HCE of Kwai Chung Hospital. At the Head Office, Dr Tony Ko Pat-sing served as Director (Cluster Services) in April 2018 and Dr Pang Fei-chau Head of Human Resources in October 2018.

Over the past 12 years in serving in HA, it has been my great privilege to work together with the most professional and dedicated team of healthcare professionals and supporting staff of HA. With unreserved support from the community as a whole, I am confident that the HA family will rise above any challenges with persistent commitment and determination.



PY Leung
Chief Executive

任葵涌醫院行政總監。總辦事處則有高拔陞醫生於 2018 年 4 月出任聯網服務總監及彭飛舟醫生於 2018 年 10 月出任人力資源主管。

過去十二年，我很幸運能與一眾高度專業、熱誠盡職的醫護人員和支援團隊在醫管局共事。憑藉社會各界的全力支持，我深信醫管局全體同事日後定必不負眾望，堅定不移地克服種種艱鉅挑戰。



行政總裁
梁栢賢

Milestones of the Year

大事回顧



4/2018

The General Outpatient Clinic Public-Private Partnership Programme was rolled out to cover all 18 districts in the territory, offering convenience for patients seeking primary healthcare services.

醫院管理局（醫管局）普通科門診公私營協作計劃已涵蓋全港 18 區，為病人提供更方便的基層醫療服務選擇。



4/2018



Pamela Youde Nethersole Eastern Hospital (PYNEH) kicked off a series of activities to celebrate its 25th Anniversary to build rapport with staff and the community.

東區尤德夫人那打素醫院為 25 周年慶祝活動揭開序幕，藉此加強與員工及社區的聯繫。

5/2018

The Hospital Authority (HA) published a pictorial book, which is a collection of heart-warming stories written by HA staff. These real stories enable the public to understand more on patient-staff rapports at public hospital frontline.

醫管局推出新書《冬日太陽 — 醫患相交真情紀事》，收錄由同事撰寫的真實動人故事，讓公眾更了解公立醫院前線員工和病人相知相交的實況。



6/2018



Kowloon Hospital launched a new mobile app *Kowloon Hospital Guide* to provide location guide of hospital premises and facilities as well as service information to visitors.

九龍醫院推出流動應用程式「九龍醫院一鍵通」，方便訪客尋找九龍醫院各座大樓及設施的位置及服務資訊。

7/2018

HA and Macao Health Bureau renewed a five-year collaboration agreement to strengthen exchange and collaboration in various aspects of healthcare. In January 2019, both parties renewed a Memorandum of Agreement on opening up the Hong Kong Bone Marrow Donor Registry to Macao citizens, benefiting patients of both Hong Kong and Macao.

醫管局與澳門衛生局續簽五年合作協議，促進雙方在醫療衛生領域的交流和合作。其後於 2019 年 1 月，雙方續簽《允許澳門市民加入香港骨髓捐贈者資料庫協議備忘錄》，令兩地更多病人受惠。



7/2018



HA launched a Patient Experience Survey at 26 Specialist Outpatient Clinics to gauge patients' feedback on specialist outpatient services for continuous quality improvement.

為持續提升服務質素，醫管局在 26 間專科門診診所進行病人經驗調查，了解病人使用專科門診服務的意見。

8/2018



Hong Kong Eye Hospital set up an Eye Tissue Donor Memorial Garden to recognise and honour the selflessness of eye donors and their families, as well as to raise public awareness about organ donation.

香港眼科醫院成立「眼組織捐贈者紀念園」，表揚眼組織捐贈者及其家屬無私的奉獻，並提高大眾對器官捐贈的意識。

The first Hyperbaric Oxygen Therapy Centre in HA commenced service at PYNEH, providing treatment for emergency cases like carbon monoxide poisoning and decompression illness, as well as elective cases like diabetes and delayed radiation injuries.

醫管局首間高壓氧治療中心於東區尤德夫人那打素醫院投入服務，治療急性病如一氧化碳中毒和減壓症，以及慢性病如糖尿病和放射性治療後發創傷。



9/2018

9/2018



The opening ceremony of Queen Elizabeth Hospital Jockey Club Cancer Research Laboratory was held to mark the completion of the redevelopment project supported by HK\$54.7 million donation from the Hong Kong Jockey Club Charities Trust. Equipped with a large Cancer Biobank and specialised cancer research equipment with advanced technologies, the redeveloped laboratory improves cancer diagnosis and treatment outcomes.

伊利沙伯醫院賽馬會癌症研究實驗室完成重建工程，並舉行揭幕儀式。項目獲香港賽馬會慈善信託基金捐款港幣 5,470 萬元，重建後的實驗室設有大型癌症生物儲存庫，加上先進的癌症研究專門設備，能改善癌症診斷及治療。

9/2018

Supported by HK\$4.1 million donated by The Walt Disney Company, the Hong Kong Children's Hospital (HKCH) launched "Dress Well" project for the design and production of custom-designed patient clothing, aiming to improve experience of sick kids during their hospital stay.

香港兒童醫院獲華特迪士尼公司捐贈港幣 410 萬元支持「童康服」項目，為病童設計及製作特色住院服裝，提升他們的住院體驗。



10/2018



North Lantau Hospital strengthened services with the commencement of Specialist Outpatient services in Urology as well as Paediatrics and Adolescent Medicine.

北大嶼山醫院加強服務，開設泌尿外科和兒童及青少年科專科門診服務。

10/2018

Phase I of the redevelopment project of Queen Mary Hospital commenced. The site of three blocks, including Clinical Pathology Building, University Pathology Building and Housemen Quarters, was formally handed over to the contractors for demolition and reconstruction of a new block.

瑪麗醫院展開第一期重建工程，三座大樓包括臨床病理大樓、香港大學病理大樓及醫生宿舍，正式移交予工程承辦商拆卸，以興建一座新大樓提供主要的臨床服務。



11/2018

HA established Locum Recruitment Office to enhance flexibility and efficiency in recruiting doctors and nurses to provide part-time services in public hospitals in order to strengthen healthcare manpower.

醫管局設立自選兼職招聘辦公室，以更具彈性及效率的方式招聘醫生和護士到公立醫院兼職，加強醫護人手。



11/2018



Tin Shui Wai Hospital commenced 24-hour Accident & Emergency service and inpatient services to cater for service demand of the community.

天水圍醫院開展 24 小時急症及住院服務，切合區內居民對醫療服務的需求。

11/2018

Celebrating its 45th Anniversary, United Christian Hospital organised a series of activities to appreciate the unwavering support of staff and various stakeholders over the years.

基督教聯合醫院 45 周年誌慶，舉辦一系列慶祝活動，感謝員工及社會各界多年來的鼎力支持。



12/2018



New Territories East Cluster launched a new mobile app *Hip Fracture*, providing information on hip fracture care, as well as reminder and record of exercises. The app facilitates physiotherapists in monitoring status of training of patients.

新界東聯網推出手機應用程式「髖健通」，提供髖關節骨折護理資訊，並設有訓練提示和運動記錄，方便物理治療師了解病人的復康訓練情況。

The pilot programme on Drug Refill Services, "E-Fill", rolled out to PYNEH to enhance medication safety. Patients can collect drugs in phases to avoid overstocking.

「覆配易」覆配藥物服務先導計劃擴展至東區尤德夫人那打素醫院，透過分期配發藥物，避免病人儲存過多藥物，以加強病人用藥安全。

12/2018



1/2019



In response to upsurge in service demand during winter surge, HA put forward various measures to alleviate the pressure of frontline staff. They included the implementation of one-off adjustment of the rate of Special Honorarium Scheme allowance by 10% increase during 28 January 2019 to 31 May 2019 to encourage staff participation and augment the manpower resources.

因應冬季服務高峰期急增的服務需求，醫管局推行多項措施紓緩前線的工作壓力，其中於 2019 年 1 月 28 日至 2019 年 5 月 31 日期間，局方一次性上調特別酬金計劃的津貼金額 10%，以鼓勵更多員工參與，提供額外人手。

2/2019



Means test mechanism of Samaritan Fund and Community Care Fund Medical Assistance Programme implemented enhancement measures to alleviate financial burden of patients on medical expenses. The measures include modifying the calculation of Annual Disposable Financial Resources for drug subsidy applications, and refining the definition of “household” adopted in financial assessment.

撒瑪利亞基金及關愛基金醫療援助項目經濟審查機制實施優化措施，減輕病人在醫療開支的財政負擔。優化措施包括修訂藥物資助申請中每年可動用財務資源的計算方法，以及修訂經濟評估時所採用的「家庭」定義。

Subsequent to the provision of specialist outpatient service, pathology, radiology and pharmacy services since December 2018, HKCH commenced inpatient services by phases since March 2019, beginning with paediatric haematology and oncology ward, paediatric intensive care unit and operating theatres.

香港兒童醫院繼於 2018 年 12 月開始提供專科門診、放射科、藥劑及病理科等服務後，其於 2019 年 3 月起分階段開展住院服務，首階段包括血液及腫瘤科病房、兒童深切治療部及手術室。

3/2019



Engagement and Teamwork

凝聚力量 群策群力

The Hospital Authority (HA) Head Office convenes regular meetings with staff representatives of all six Staff Group Consultative Committees and a Central Consultative Committee to collect views on prevailing policies as well as new initiatives, facilitating two-way communication between the management and frontline staff.

醫院管理局（醫管局）總辦事處透過六個職員協商委員會及中央協商委員會，定期與員工代表溝通，聽取前線員工對現行政策和新措施的意見，促進管理層與前線的雙向溝通。



Multi-pronged approach has been adopted for the frontline to express their opinions. Other than regular face-to-face forums conducted during hospital visits of the HA Chief Executive and HA Board Members, frontline staff could raise concerns and suggestions through various means, such as online staff letter box. At cluster and hospital levels, Cluster Chief Executives and Hospital Chief Executives exchanged views with frontline staff through regular meetings, newsletters, blog, online staff letterbox and staff hotline.

Besides the HA staff newsletter *HASLink*, the *HR App* provides timely information to all staff in the organisation. The *HR App* has recorded over 64 000 downloads as at 31 March 2019 after its launch in 2016. During the year, the app was upgraded with new modules of "electronic staff welfare card" and enhanced function of "Provident Fund / Mandatory Provident Fund". The enhanced module of mobile Staff Health Record (*mSHR*) comes with a built-in reminder, which helps reduce default rate and thus enables staff clinics to better manage the quotas.

醫管局提供多種渠道讓員工表達意見，除行政總裁及大會成員定期探訪醫院，與醫院員工會面外，我們亦設有職員網上信箱，讓員工提出各方面的意見及建議。聯網總監及醫院行政總監會透過定期會面、出版刊物、網誌、網上信箱及職員熱線等，與前線員工交流意見。

除了醫管局員工通訊《協力》外，局方亦透過人力資源應用程式，為員工提供局內最新資訊。自2016年推出至2019年3月31日，逾64 000名員工已下載人力資源應用程式。在2018-19年度，應用程式進一步推出全新優化功能，包括新增「電子職員優惠證」和更新「公積金／強積金」單元。另外，流動版職員健康紀錄增設預約提示功能，讓職員診所能更妥善管理配額。



Safeguarding occupational safety and health (OSH) always remains high on HA's priority. The HA OSH Committee, chaired by Head of Human Resources and comprises all chairmen of Cluster OSH Committees, steers the direction and policies of OSH adopted in HA. Measures have been taken to strengthen overall management of OSH in accordance with the consultancy review of OSH, including the recruitment of an occupational hygiene specialist with professional qualification at the Head Office level to formulate overall strategy and provide expertise supervision on OSH matters.

In line with the corporate strategy of staff survey, we commenced preparatory work during the year for launching the Focused Staff Survey (FSS). Targeted at registered nurses and enrolled nurses, the FSS was rolled out in May 2019 to gauge in-depth views on concerns expressed by colleagues in the corporate-wide staff survey conducted in 2016.

HA organised a wide variety of recreational and sports activities throughout the year to promote a balanced and healthy lifestyle. Staff and their family members were welcome to participate in HA Family Day and HA Family Night, as well as some of the sports activities like HA New Year Run and Sports Meet. Over the years, the HA New Year Run continued to be one of the most popular events. In March 2019, the run recorded an enrollment of over 4 700 participants and raised over \$1.5 million for HA Charitable Foundation to benefit patient services.

The Young Achiever Award introduced since 2018 recognises outstanding performance of the younger generation in HA. In the 2019 Outstanding Staff and Teams Award and Young Achievers Award, a total of 70 nominations were received, from which 14 young achievers were selected, five staff and five teams won the Outstanding Staff and Teams Awards. Another five staff and six teams received Merit Awards.

醫管局一向重視員工職業安全與健康，由醫管局人力資源主管擔任主席的職安健委員會，成員包括各聯網職安健委員會主席，委員會負責制定醫管局的職安健政策方針。為進一步強化整體的職安健管理，除跟進職安健管理的顧問檢討，我們已聘請擁有職業衛生專業資格的專家加入總辦事處，制訂總體策略及提供專業督導。

為配合職員意見調查策略，我們在 2018-19 年度開展「『護』有話說」焦點職員意見調查的籌備工作，調查已於 2019 年 5 月展開，以註冊護士和登記護士為對象，跟進了解他們在 2016 年機構職員意見普查中所表達的關注。

醫管局年內舉辦各種康體活動，提倡平衡、健康生活模式。員工及其家屬可參加「醫管局天倫之日與夜」，以及運動比賽如新春長跑和陸運會，與眾同樂。多年來醫管局新春長跑仍然是最受歡迎的活動之一，2019 年 3 月共有超過 4 700 名員工和家屬參加，為醫管局慈善基金籌得超過 150 萬元善款，惠及病人。

傑出員工及團隊獎自 2018 年起增設「優秀青年獎」，表揚年輕員工的傑出表現。2019 年度傑出員工及團隊獎及優秀青年獎共收到 70 份提名，14 位員工獲得「優秀青年獎」，五名員工及五個團隊獲得傑出獎，五名員工及六個團隊獲得優異獎。





Outstanding Teams:

- **Cardiology Team (Cardiac Catheterisation Laboratory)**
Queen Mary Hospital (Hong Kong West Cluster)
- **HKEC Environmental Management Team**
Hong Kong East Cluster
- **Paediatric Palliative Care Team**
Tuen Mun Hospital (New Territories West Cluster)
- **Palliative Care Non-Cancer (PCNC) Service for Advanced Pulmonary Diseases**
Haven of Hope Hospital (Kowloon East Cluster)
- **Stroke Team**
Prince of Wales Hospital (New Territories East Cluster)

Merit Teams:

- **Baby Friendly Hospital Initiative Team**
Queen Mary Hospital (Hong Kong West Cluster)
- **KEC Pain Management Centre**
United Christian Hospital (Kowloon East Cluster)
- **NTEC Restraint Free Troops**
New Territories East Cluster
- **NTEC Urology Team**
Prince of Wales Hospital/ Alice Ho Miu Ling Nethersole Hospital/ North District Hospital
(New Territories East Cluster)
- **Princess Margaret Hospital Green Team**
Princess Margaret Hospital (Kowloon West Cluster)
- **Stroke Early Supported Discharge Home Rehabilitation Team**
Queen Elizabeth Hospital (Kowloon Central Cluster)

傑出團隊獎：

- 心臟科團隊（心導管室）
瑪麗醫院（港島西醫院聯網）
- 港島東醫院聯網環境管理團隊
港島東醫院聯網
- 兒童紓緩治療團隊
屯門醫院（新界西醫院聯網）
- 晚期呼吸系統疾病紓緩治療服務
靈實醫院（九龍東醫院聯網）
- 中風守護者
威爾斯親王醫院（新界東醫院聯網）

優異團隊獎：

- 愛嬰醫院行動團隊
瑪麗醫院（港島西醫院聯網）
- 九龍東醫院聯網疼痛治療中心
基督教聯合醫院（九龍東醫院聯網）
- 新界東醫院聯網「減綁」兵團
新界東醫院聯網
- 新界東外科泌尿組
威爾斯親王醫院 /
雅麗氏何妙齡那打素醫院 / 北區醫院
（新界東醫院聯網）
- 瑪嘉烈醫院 - 綠色團隊
瑪嘉烈醫院（九龍西醫院聯網）
- 支援中風早期出院家居復康團隊
伊利沙伯醫院（九龍中醫院聯網）

Head Office and Cluster Reports

總辦事處及 醫院聯網工作匯報

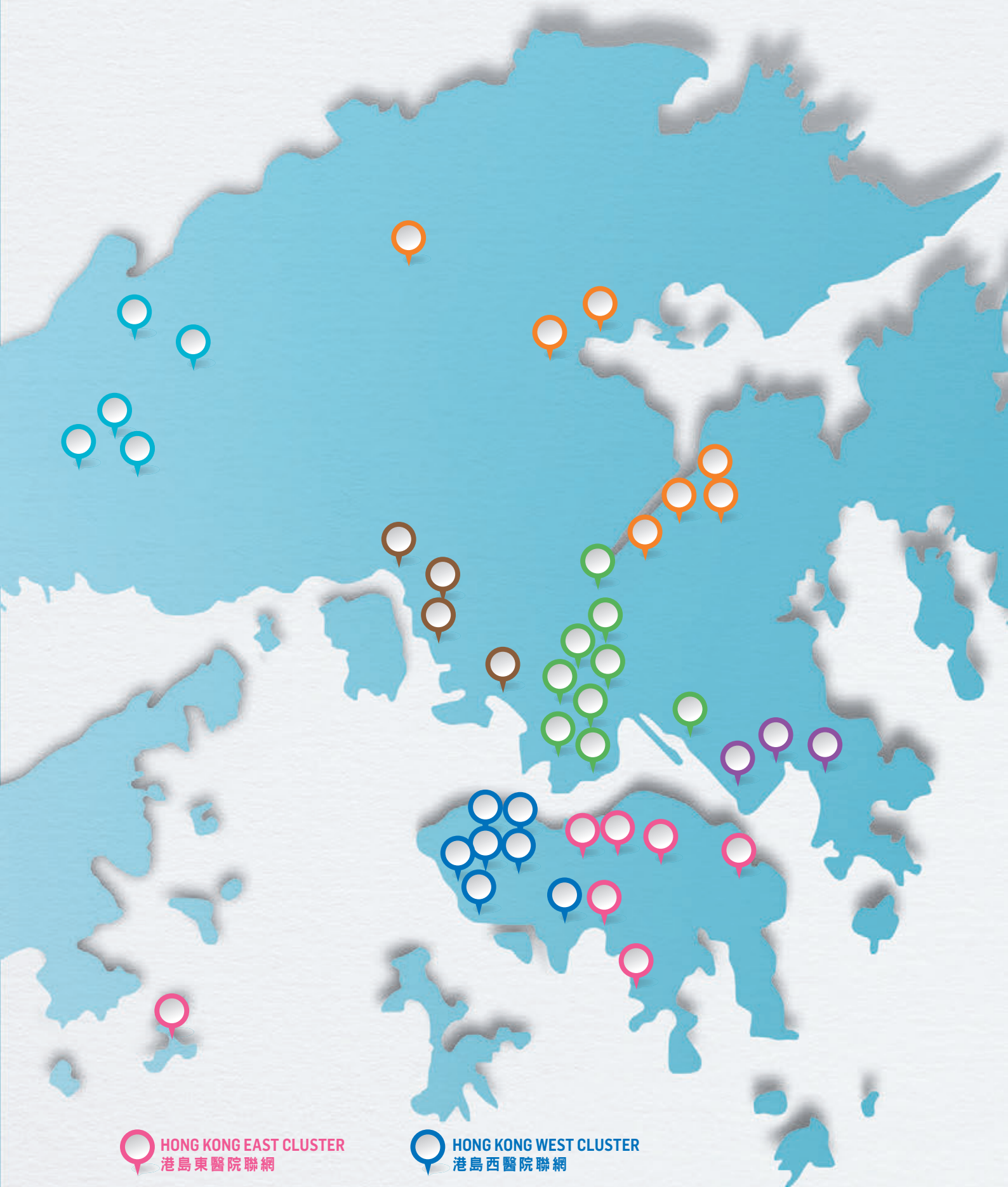
The Hospital Authority (HA) provides public healthcare services to the people of Hong Kong through its Head Office and seven hospital clusters.

Head Office and Cluster Reports present an overview of the performance of HA Head Office and Clusters under five corporate strategic goals, as well as 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五大策略目標的工作匯報，以及醫管局在促進環保方面的成果。





 **HONG KONG EAST CLUSTER**
港島東醫院聯網

 **HONG KONG WEST CLUSTER**
港島西醫院聯網

 **KOWLOON CENTRAL CLUSTER**
九龍中醫院聯網

 **KOWLOON EAST CLUSTER**
九龍東醫院聯網

 **KOWLOON WEST CLUSTER**
九龍西醫院聯網

 **NEW TERRITORIES EAST CLUSTER**
新界東醫院聯網

 **NEW TERRITORIES WEST CLUSTER**
新界西醫院聯網

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 160 programme targets in 2018-19 under the five strategic goals 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帶領發展方向，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 2018-19 年度，總辦事處根據醫管局工作計劃所訂五大策略目標，推行約 160 項工作項目。



Strategic goal: Improve service quality

With tremendous efforts in the past year, HA optimised medical service planning in promoting more integrated and seamless care through cluster-based or network-based approaches. The measures included cross-cluster collaboration on Robotic Assisted Surgery, as well as enhanced vascular surgery service through setting up of a centre-based vascular surgery network in the New Territories to support emergency vascular surgery. Moreover, in collaboration with Department of Health, HA set up a Clinical Working Group to formulate strategies for effective control of viral hepatitis and coordinated disease prevention measures.

We also leveraged on cluster-based approach to integrate medical systems and facilities, with a view to reinforcing clinical supporting services. The first phase development of HA Trauma Database was commenced, which facilitated

策略目標： 改善服務質素

醫管局在去年竭力優化醫療護理的規劃，透過以聯網或網絡為本，加強整合和協調服務。措施包括提供跨聯網機械臂輔助手術，以及在新界成立一個以服務中心為基礎的血管手術網絡，為緊急血管手術提供支援。此外，醫管局成立臨床工作小組，與衛生署合作制定有效控制病毒性肝炎的策略，和協調防護工作。

我們亦透過聯網為本方式，連接醫療系統和設施，以強化臨床支援服務能力。創傷數據庫的第一期工作開展，與現時醫管局系統的數據銜接，便利編制用以

data interface with existing HA systems and the generation of standardised reports for better service monitoring. Besides, with the installation of an electronic platform in Hong Kong West Cluster and image viewers in the consultation rooms at Grantham Hospital, ophthalmic images can be uploaded to the Electronic Patient Record (ePR) system, facilitating image sharing between HA hospitals and private healthcare providers.

More options for patient care enhanced service accessibility and efficiency. The tripartite Chinese Medicine Centres for Training and Research continued to provide disease-based Integrated Chinese-Western Medicine Pilot Programme for eligible HA inpatients in designated hospitals. Phase 3 of the Pilot Programme commenced in April 2018, with extended coverage to an additional disease area, i.e. Shoulder and Neck Pain, under the Orthopaedics & Traumatology Department of Pamela Youde Nethersole Eastern Hospital, benefitting more patients. To improve obstetric care, we piloted the provision of maternal special care beds in the labour ward, and training in high-risk pregnancy care to nursing staff.

HA strives to provide patients with ongoing care and support in the community with closer collaborations with community partners. We continued to strengthen the Community Geriatric Assessment Team support for terminally ill patients living in Residential Care Homes for the Elderly. The pilot programme of Dementia Community Support Scheme has been extended to 41 District Elderly Community Centres by phases starting from February 2019 to support patients with mild to moderate dementia. On mental health services, on-going efforts were made in clusters to recruit persons recovered from mental illness to provide peer support for patients with mental illness in the community. We also continued the Student Mental Health Support Pilot Scheme, in collaboration with the Food and Health Bureau, Education Bureau and Social Welfare Department, to support students with mental health needs.

Robust clinical risk management is crucial to safeguarding patient safety. To bolster infection control, HA implemented phase-in measures to combat antimicrobial resistance, which included enhancing laboratory support to facilitate the Antibiotic Stewardship Programme and infection control surveillance, introducing electronic platform to reinforce monitoring of infection control programmes, and strengthening environmental hygiene.

The scope of HA Drug Formulary was widened to cover more drugs with accumulated scientific evidence on clinical efficacy. Two self-financed drugs with safety net coverage were repositioned as special drugs in the HA Drug Formulary, while the therapeutic applications of six special drug classes were expanded for management of chronic obstructive pulmonary disease, diabetes mellitus as well as inflammatory, oncological, cardiovascular and infectious diseases.

監察服務的標準化報告。我們又於港島西聯網設立電子平台，並在葛量洪醫院診症室裝設影像檢視器，上載眼科影像至電子健康紀錄系統，以便醫管局及私營醫療服務提供者分享病人的影像資料。

發展更多病人醫療護理選擇，以提高服務便捷度和效率。由三方協作的中醫教研中心繼續推行中西醫協作先導計劃，在指定醫院就選定病種為合資格的醫管局住院病人提供服務。第三階段計劃已於2018年4月開展，更新增東區醫院矯形及創傷外科（骨科）提供的「肩頸痛治療」，讓更多病人受惠。為改善產科護理，我們於待產病房試行提供產婦特別護理病床，並為護理人員提供照顧高危妊娠的訓練。

醫管局與社區夥伴更緊密協作，為病人提供持續的社區護理及支援。我們繼續加強社區老人評估小組服務，支援老人院舍的末期病人。「智友醫社同行」先導計劃由2019年2月起分階段推展至41間長者地區中心，支援患有輕度至中度認知障礙症的病人。在精神科服務方面，醫管局繼續安排聯網聘請精神康復者擔任朋輩支援員，為社區的精神病患者提供同路人支援。我們又繼續與食物及衛生局、教育局及社會福利署合作推行「醫教社同心協作計劃」，為有精神健康需要的學生提供支援服務。

嚴謹的臨床風險管理對保障病人安全至為重要。為加強感染控制，醫管局推行分段措施應對抗生素耐藥性，包括增加化驗室的支援以推動「抗生素導向計劃」及感染控制的監測、推出電子平台以加強監察感染控制計劃，以及強化環境衛生。

醫管局繼續擴大《醫管局藥物名冊》以涵蓋更多具實證療效的藥物。兩種獲安全網資助的自費藥物改列為專用藥物，並擴闊六種專用藥物的臨床應用範圍，用以治療慢性阻塞性肺病、糖尿病、炎症、癌症、心血管疾病和傳染病。

Modernised technology was timely adopted in public hospitals in order to keep up with contemporary standards of medical care. HA continued to modernise its genetic testing service by adopting Sensitive Analysis of Foetal DNA for Trisomy 21 testing as the second tier screening test for Down syndrome and developing other centralised DNA tests using Next Generation Sequencing, while screening test for Inborn Errors of Metabolism for newborns in public hospitals was extended to Tuen Mun Hospital. HA also standardised the workflow of radiology image acquisition by connecting the planning workstations of its six oncology centres to central radiology image infrastructure. Through Government funding support to the Capital Block Vote and Designated Funds of HA, medical equipment items were added or replaced in public hospitals at the total cost of approximately \$808 million to ensure safety standard.

Other information technology-based solutions in support of clinical works included the development of the 4th generation of Clinical Management System and clinical mobile apps, as well as the extension of the Inpatient Medication Order Entry system to more hospitals. Electronic bed panel is being piloted, while the development of vital signs tracking and hospital navigation app is underway. Besides, the "Smart Hospital Project" has commenced in phases, including the Queue Management System and smart payment kiosks as quick wins, with an aim to bring greater convenience to patients through mobile devices and new technology. HA Go, a new one-stop mobile app for empowering patients to manage their appointments in public hospitals and healthcare at fingertips, is under development for trial run in mid-2019.

Being the technical agency of the Electronic Health Record Sharing System (eHRSS), HA continued to support the on-going operation of eHRSS, as well as the second phase development of new features. Technical services were also provided to support various initiatives of the Department of Health including the Elderly Healthcare Voucher Scheme, Vaccination Subsidy Schemes, Primary Care Directory System, Communicable Disease Information System, Laboratory Information System, Colorectal Cancer Screening Programme System, Pilot Public-Private Partnership Programme on Smoking Cessation, as well as the development and implementation of electronic platform for Regulation of Private Healthcare Facilities.

HA treasures partnership with patients and their views on public hospital services. We conducted a sharing forum with representatives from the Patient Advisory Committee, patient groups and patient resource centres (PRCs) to exchange views on the service model of PRCs. The 6th batch of Patient Partnership in Action training programme was also conducted to engage and empower patient representatives.

醫管局又適時引入新技術，確保醫療護理水平與時並進。醫管局繼續將基因測試服務現代化，採用無創傷性胎兒染色體三體症產前檢測技術，作為第二層唐氏綜合症篩查，並發展其他次世代基因定序測試。另外，公立醫院初生嬰兒代謝病篩查計劃已擴展至屯門醫院。我們亦已安排轄下六間腫瘤中心的進階圖像處理系統連接至放射科中央儲存庫，以統一檢索數碼圖像的流程及支援相關醫療程序。此外，我們藉着政府的非經常性整筆撥款及醫管局指定基金撥款，動用約 8 億 800 萬元，添置或更換醫療設備以符合安全標準。

其他支援臨床工作的資訊科技方案包括發展第四代臨床醫療管理系統、開發臨床流動應用程式，以及繼續在更多醫院推行「住院病人藥物處方系統」。我們亦開始試用電子病床版面，並研發生命表徵監察及醫院導航應用程式。「智能醫院」計劃已分階段開展，率先推出的措施包括輪候管理系統及智能服務站，便利病人使用公立醫院服務。醫管局正籌備以病人為對象的一站式流動應用程式「HA Go」，於 2019 年中試行，讓病人透過智能電話管理他們在公立醫院的應診安排及健康護理。

醫管局作為電子健康紀錄互通系統的技術代理，繼續支援系統運作，並開發第二階段的新功能。此外，我們繼續為衛生署多個計劃提供資訊科技支援，包括長者醫療券計劃、疫苗注射資助計劃、基層醫療指南系統、傳染病資訊系統、化驗資訊系統、大腸癌篩檢計劃系統、戒煙服務公私營協作先導計劃，以及研發及實施電子平台規管私營醫療機構。

醫管局十分重視與病人的夥伴關係，和他們對公立醫院服務的意見。我們舉辦了座談會，與病人諮詢委員會、病人組織及病人資源中心的代表交流有關病人資源中心服務模式的意見。第六期「耆智力量計劃」基礎課程展開，加強病人代表的參與及鞏固他們對醫療服務的認識。

With an aim to strengthen interaction with the public, web-based platforms and social media including HA Facebook page and YouTube Channel were adopted for information dissemination to the public. HA continued to adopt a proactive approach to maintain rapport and communicate with the media and community stakeholders to keep them abreast of latest developments in HA policies and services by means of media activities; press releases; articles to various media platforms; responses to media and community enquiries; meetings with Legislative Councillors, community stakeholders, and District Council as well as related engagement activities.

Strategic goal: Optimise demand management

HA adopted a multi-faceted approach to optimise demand management. In 2018-19, capacity of priority services was increased, such as provision of around 55 000 additional service quotas of general outpatient clinics (GOPCs). In order to further alleviate the work pressure of Accident and Emergency (A&E) Departments, support sessions were provided in all 18 A&E Departments to handle Triage IV (semi-urgent) and Triage V (non-urgent) cases.

Efforts were made in building up service capacity for outpatient services in response to demand from the community. Additional SOPC consultation sessions with enhanced multi-disciplinary team support for patients with common mental disorder were added. To enhance Diabetes Mellitus (DM) service in non-DM specialist outpatient clinic (SOPC), Targeted Active Intervention programme was implemented in SOPCs at Kowloon East Cluster, Kowloon West Cluster and New Territories East Cluster to provide risk assessment, treatment intensification and empowerment to patients with DM by a multi-disciplinary team comprised nurses and allied health professionals.

為加強與公眾的互動，醫管局透過網絡及社交媒體包括醫管局 Facebook 專頁和 YouTube 頻道提供訊息。我們繼續積極加強與傳媒及社區持份者聯繫和溝通，透過記者會及傳媒活動、發放新聞稿、在不同傳媒平台發布專欄文章、回應傳媒和社區人士查詢、與立法會議員，社區人士和區議會會面及相關連繫活動，介紹政策和服務的最新發展。

策略目標： 優化需求管理

醫管局採取多管齊下的策略，以優化需求管理。在 2018-19 年度，我們加強重點範疇的服務能力，包括增加約 55 000 個普通科門診診症名額。為進一步減輕急症室的工作壓力，18 間公立醫院提供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。

門診服務亦繼續加強，以配合社區的醫療需求。我們為一般精神病患者增加專科門診診症節數，加強對病人的跨專業支援。此外，醫管局在九龍東、九龍西及新界東聯網的專科門診實施針對性的積極治療，由護士及專職醫療人員組成的跨專業團隊，為在非糖尿病專科門診覆診的糖尿病人提供風險評估、強化治療及自我管理知識。



In strengthening the provision of surgical services, HA established another joint replacement centre at Tseung Kwan O Hospital to raise the capacity for joint replacement surgery. We also enhanced surgical services for acute geriatric fragility fracture patients by adding a total of ten Operating Theatre sessions per week of day-time trauma list at Tseung Kwan O Hospital, Prince of Wales Hospital and North District Hospital. On diagnostic imaging services, breast imaging service was improved with increased service capacity of mammogram. Additional Optical Coherence Tomography scans and Visual Field tests for glaucoma patients were also performed.

The capacity of pharmacy service was also augmented, including the provision of 24-hour pharmacy services at Ruttonjee Hospital. The pilot programme on drug refill services - "E-Fill" - was further rolled out to Pamela Youde Nethersole Eastern Hospital, with a view to reducing risks of excess drug storage and enhancing medication safety. Oncology clinical pharmacy services were strengthened by providing 100% clinical screening of chemotherapy prescriptions at designated hospitals, thereby promoting the quality and safety of medication use for oncology patients.

We launched measures to enhance time-critical care for patients with life-threatening conditions. 24-hour intravenous stroke thrombolysis service was extended to New Territories East Cluster and New Territories West Cluster. Patients can receive early treatment and proper diagnosis, thus reducing disability. In the area of renal services, the provision of haemodialysis service was expanded in hospitals, while the Haemodialysis Public-Private Partnership Programme (PPP) continued.

The capacity of PPP Programmes were expanded to better cope with rising service pressure, including the Colon Assessment PPP, as well as the Infirmary Services PPP Pilot Programme which was piloted at Wong Chuk Hang Hospital. The GOPC PPP was rolled out to all 18 districts in the territory, offering convenience for patients seeking primary healthcare services.

與此同時，我們著力加強手術服務，於將軍澳醫院設立新的關節置換中心，增加關節置換手術的服務量。我們亦安排在將軍澳醫院、威爾斯親王醫院和北區醫院，開設每星期合共十節日間創傷手術時段，為急性脆弱性骨折年長病人加強手術服務。在放射診斷服務方面，我們增加乳腺 X 光造影的服務量；並為青光眼病人提供額外光學相干斷層掃描及視野檢查。

醫管局亦加強藥劑服務，包括於律敦治醫院提供 24 小時藥房服務；另覆配藥物服務先導計劃「覆配易」已推展至東區尤德夫人那打素醫院，旨在避免病人積存過量藥物，加強病人用藥安全。我們亦加強腫瘤科臨床藥劑服務，在指定醫院對所有化療藥物處方進行臨床覆核，以提升癌症病人的用藥質素和安全。

我們推行服務改善措施，加強對危疾重症病人的及時護理，包括將 24 小時急性中風靜脈溶栓治療服務擴展至新界東及新界西聯網，病人因此能及早接受適當診斷和治療，減低殘障程度。腎科服務方面，我們提供額外醫院血液透析名額，並繼續推行血液透析治療的公私營協作計劃。

公私營協作計劃持續擴展，以應付日增的服務壓力，當中包括腸道檢查公私營協作計劃，以及於黃竹坑醫院試行的療養服務協作計劃。普通科門診公私營協作計劃已於 2018-19 年度推展至全港 18 區，為病人提供更方便的基層醫療服務選擇。





Strategic goal: Attract and retain staff

A series of measures were unveiled to attract, motivate and retain well-qualified staff. More than 570 doctors, 2 420 nurses and 620 allied health professionals were recruited in the year. As at March 2019, there were nine non-local doctors working under Limited Registration (LR) in public hospitals. With the passing of the Medical Registration (Amendment) Bill at the Legislative Council in 2018, the period of LR was extended from not exceeding one year to not exceeding three years. Taking the opportunity, arrangements of the LR scheme had been reviewed and strengthened, with a view to recruiting more medical workforce.

More flexible employment arrangement can help build up workforce and alleviate the workload pressure of frontline staff. HA set up a Locum Office to coordinate the recruitment of part-time doctors and nurses to provide services in public hospitals. Through the continuation of the Special Retired and Rehire Scheme, suitable retired healthcare workers were re-employed to serve at public hospitals and help transfer knowledge to staff.

In order to boost staff morale and retain meritorious doctors, additional promotion opportunities were provided through the centrally coordinated additional Associate Consultant promotion mechanism. We also enhanced retention of care-related supporting staff in support of clinical services, which included Patient Care Assistant IIIA of inpatient services on 24 hours shift, Operation Assistant IIIB in inpatient services, and Executive Assistant IIIA (Ward), by improving their career progression and remuneration.

策略目標： 吸引及挽留人才

醫管局推行一系列措施，吸引、激勵和挽留優秀人才。年內，我們聘請逾 570 名醫生、2 420 名護士及 620 名專職醫療人員。截至 2019 年 3 月，共九名非本地醫生以有限度註冊形式在公立醫院服務。立法會於 2018 年通過《醫生註冊（修訂）條例草案》，有限度註冊的期限由不超過一年，延長至不超過三年。我們亦適時檢討和優化有限度註冊計劃的安排，冀能增加醫生人手。

發展更具彈性的聘任安排有助增加人手，紓緩前線醫護的工作壓力。醫管局成立自選兼職辦公室，集中統籌招聘兼職醫生和護士在公立醫院服務。我們又繼續透過特別退休後重聘計劃，重聘合適的退休醫護人員重返公立醫院服務及協助知識傳承。

為提升士氣和挽留專才，醫管局透過由中央統籌的副顧問醫生特別晉升機制，增設額外晉升職位。另外，負責 24 小時住院病人服務的三 A 級病人服務助理、支援住院病房服務運作的三 B 級運作助理，以及三 A 級行政助理（病房）的晉升機會及待遇獲改善，以挽留人手支援臨床服務。



HA is committed to safeguarding the safety and health of staff, through fostering a safe and secure working environment. Adequate Level C Personal Protective Equipment and Emergency Medical Team uniform were provided to reinforce emergency preparedness of staff in A&E Departments.

With effect from December 2018, HA has introduced a Disciplinary Protection Insurance policy to cover eligible clinical and non-clinical professionals in HA. It aims to provide legal support to staff involved in disciplinary inquiry made or commenced in Hong Kong and conducted by professional bodies empowered to regulate their respective professions, arising from or in connection with the performance of duties assigned by HA or the performance of the business of HA. Insurance coverage for HA staff providing overseas emergency assistance under the HKSAR Government's contingency plan of Emergency Response Operations Outside the Hong Kong SAR was also enhanced.

We are mindful of staff's mental well-being. Stress and burnout symptoms of staff could be identified earlier with the help of mobile psychological wellness screening services under the electronic psychological services pilot programme. To strengthen psychological support to staff involved in Sentinel Event or Serious Untoward Events, a psycho-therapeutic kit was developed to promote self-care, and training for supervisors was conducted.

醫管局致力保障員工的安全與健康，建立安全可靠的工作環境。我們為急症室提供充足的第C級個人防護裝備及緊急醫療隊制服配件，以加強急症室人員處理重大事故的應急準備。

醫管局由2018年12月起為轄下專業人員購買「專業紀律研訊個人保險」，受保障對象為醫管局合資格臨床及非臨床專業人員，目的是為有關人員提供法律支援，助其應付因執行醫管局指派的職務或工作而引起或與此有關，而導致被專業監管團體於香港進行或展開的專業紀律研訊。我們又為參與「香港境外緊急應變行動計劃」以協助特區政府提供海外緊急援助的員工加強保險保障。

我們關注員工的心靈健康，透過電子心理服務先導計劃提升員工的心理質素，包括提供手機版心理健康檢測服務，及早識別員工的壓力和倦怠情況。為加強對涉及醫療事故員工的心理支援，我們編制臨床事故心理健康自助資訊，及向督導人員提供訓練。

Strategic goal: Enhance staff training and development

Training of healthcare professionals is of paramount importance to sustaining the development of Hong Kong healthcare system. Territory-wide simulation training programmes, including Crew Resource Management training, were developed for doctors and nurses in major specialties to enhance career development opportunities and professional capabilities. Simulation training programmes were also conducted for newly qualified Registered Nurses undergoing Preceptorship Programme, of which Advanced Practice Nurses were recruited as part-time preceptors. There were overseas training scholarships for doctors, nurses and allied health staff, and training subsidies were offered to healthcare professionals who participated in recognised service-related programmes. Besides, some Enrolled Nurses were fully sponsored to undertake the clinical practicum of the conversion programme to attain qualification of Registered Nurses.

In view of the lack of local training for podiatrists and orthoptists, overseas training scholarship was offered to six selected podiatry students and three selected orthoptics students in the past year to undertake a three-year degree course in the related disciplines in the United Kingdom. Midwifery training programmes were also provided to meet growing demand for maternity services in public hospitals.

With the recurrent \$183.5 million Government designated training fund in place, various training programmes were rolled out in 2018-19 for both clinical and non-clinical staff to address service development, professional development and operational needs. Generic competencies training series in support of grade-specific training curriculums were continued to strengthen management capabilities of professional staff at different levels.

The online curriculum Healthcare Services Management Training was cascaded to all professional staff to enable acquisition of knowledge of HA and healthcare management. Applied mediation skills training was provided to enhance staff's competency in conflict resolution and complaint management. The Executive Partnership Programme targeted middle managers was continued to strengthen their skills in handling major incidents and emergency response.

策略目標： 加強員工培訓與發展

培訓醫護專業人員對維持香港醫療系統的持續發展極為重要。醫管局為各主要專科的醫生和護士提供模擬訓練，內容涵蓋優化醫療團隊管理培訓，提升員工專業發展機會和能力。我們為參加啟導計劃的新畢業註冊護士提供模擬訓練課程，並聘請資深護師擔任兼職啟導導師。我們繼續為醫生、護士及專職醫療人員提供海外培訓獎學金名額，又為醫護人員提供進修津貼修讀與服務相關認可課程，並全數資助登記護士修讀註冊護士轉職課程。

由於本地未有提供足病診療及視覺矯正課程，我們在去年分別為六名足病診療學員及三名視覺矯正學員提供海外進修獎學金，讓他們前往英國修讀相關學科的三年學位課程。另外，因應公立醫院產科服務需求急增，我們舉行了助產士培訓課程。

藉着政府提供的 1.835 億元恆常指定培訓基金，我們在 2018-19 年度為臨床及非臨床人員推出各類課程，以配合服務發展、專業培訓及運作需要。我們繼續提供以職系為本的培訓課程，加強不同職級專業人員的管理能力。

醫療服務管理培訓網上學習課程已於年內推展到所有專業人員，讓他們掌握機構及醫療管理知識以提升管理的才能。我們又為員工提供實用調解技巧訓練，提升他們化解衝突及處理投訴的能力；並繼續舉辦行政伙伴計劃，加強培訓中層管理人員處理重大事故及緊急應變的技巧。



Strategic goal: Drive accountable and efficient use of financial resources

The HKSAR Government continued strong support for HA to maintain its role as the cornerstone of Hong Kong's healthcare system and safety net for all. In 2018-19, the recurrent funding to HA amounted to \$64.3 billion, which was allocated according to the triennium funding arrangement as announced in Chief Executive's 2017 Policy Address, and represented an increase of \$8.3 billion as compared to preceding year. Under the new funding arrangement, recurrent subvention to HA would be progressively increased on a triennium basis with respect to population growth and demographic changes, which enables HA to address the service demands arising from growing and ageing population in a more effective and sustainable manner.

Resources of HA were properly deployed to support existing services, as well as enhancement measures and initiatives stipulated in the HA Annual Plan, which was formulated by gathering inputs from frontline colleagues, patient advisory groups and hospital management. Priority was given to initiatives which aimed to improve clinical effectiveness and aligned with the strategic directions outlined in HA Strategic Plan, and those which helped address pressure areas, while taking into account prevailing constraints in manpower and hospital facility situations for capacity growth.

In 2018-19, HA's expenditure amounted to \$69.7 billion, representing an 8.6% increase over last year. While an underspending of \$1.4 billion was recorded in the same year, it was mainly attributable to unfilled vacancies due to manpower shortage. Such underspending has been transferred to the Revenue Reserve for longer term financial planning. The Revenue Reserve will be utilised for meeting the financial requirement when manpower supply improves in the future.

In addressing the financial challenge arising from the escalating service demand owing to ageing population, it was also mentioned in the 2019-20 Budget that the HKSAR Government will further substantiate its support by setting aside \$10 billion to set up a public healthcare stabilisation fund to provide contingency resource backup for HA. We will continue to adopt prudent measures to ensure public resources are properly used.

策略目標： 推動負責任和有效地使用財政資源

香港特別行政區政府繼續大力支持醫管局提供公營醫療服務，擔當本港醫療系統的基石和全民安全網。在 2018-19 年度，特區政府根據《行政長官 2017 年施政報告》提出以三年為一周期的撥款安排，向醫管局提供約 643 億元經常性撥款，較去年增加了 83 億元。在這安排下，政府給予醫管局的經常撥款會按人口增長比例和人口結構變動而逐步遞增，讓醫管局更有效地持續應對人口增長和高齡化衍生的服務需求。

醫管局善用資源支持現有服務，以及周年工作計劃所載的工作項目及服務提升措施。醫管局透過收集前線同事、病人諮詢組織和醫院管理層的意見，制定來年的工作計劃，當中優先考慮旨在提高臨床功效、配合醫管局策略計劃方針，及有助紓緩壓力範疇的措施。與此同時，醫管局需考慮包括人手和醫院設施狀況等限制服務量增長的因素。

在 2018-19 年度，醫管局的開支約 697 億元，較去年增加了 8.6%。同年，醫管局錄得 14 億元的餘款，主要來自因人手不足而未能填補的空缺，該款項已撥入收入儲備，用作長遠財政規劃。當醫護人手供應逐步改善，收入儲備將用於應付未來的財務需要。

為應對人口增長和高齡化衍生的醫療需求，特區政府加強對本港公營醫療的支持，在 2019-20 年度財政預算案宣布額外預留 100 億元設立公營醫療撥款穩定基金，以便醫管局應付突發情況。醫管局會貫徹審慎理財原則，確保資源用得其所。





Contributing to a green environment

HA is committed to foster environmental sustainability through various energy saving and waste reduction initiatives in daily operation.

In 2018-19, HA commenced the second phase of improvement project to gradually replace aged air-cooled air-conditioning chillers with high efficacy variable-speed-drive air-cooled chillers in various hospitals and institutions. HA also launched the second phase of lighting retrofitting projects with installation of intelligent LED luminaires, which provided real-time data for the monitoring of energy performance. Besides, a wide range of energy efficient features and renewable energy technologies were applied in new hospital construction projects. By joining the Feed-in Tariff Scheme, hospitals equipped with the solar photovoltaic systems enjoyed a greener source of energy and electricity bill rebate.

With the concerted efforts of all hospital clusters, HA has joined the "4Ts Charter" initiated by the HKSAR Government to formulate energy saving plans with targets and timeline. A number of public hospitals and institutions have also joined the Energy Saving Charter for three consecutive years in support of the HKSAR Government's appeal to combat climate change.

Participation of hospitals in various waste reduction and recycling programmes continued in support of environmental protection. HA also strived to minimise food waste disposal by promoting waste reduction at source, and adoption of environmentally friendly food waste decomposers. Collected food waste was also delivered to the organic resources recovery centre for turning it into energy.

締造綠色環境

醫管局致力在日常運作實施各種節能減廢措施，締造可持續的生活環境。

在 2018-19 年度，醫管局開展第二階段的空調製冷機組更換計劃，逐步更換轄下醫院及機構已折舊的風冷式空調製冷機組，以更高能源效益的變頻式製冷機組取代。第二階段照明系統更新項目亦已展開，新系統採用智能 LED 燈具，可提供實時數據作能源監察之用。此外，我們在新醫院發展項目應用節能及可再生能源技術，而已鋪設太陽能光伏系統的醫院亦參與上網電價計劃，節能之餘可享電費優惠。

醫管局參與了特區政府的「4Ts」約章，在醫院聯網的共同努力下，制定節能目標及時間表。多間公立醫院和機構連續三年簽署了節能約章，響應特區政府呼籲應對氣候變化問題。

各醫院繼續參與不同的減廢及回收活動，支持環境保護。醫管局亦透過推行源頭減廢及使用環保廚餘機減少廚餘，並把收集到的廚餘運往有機資源回收中心轉化為能。

HONG KONG EAST CLUSTER (HKEC)

港島東醫院聯網 (港島東聯網)

Fast growing and higher than average ageing population, coupled with manpower shortage, poses mounting demand on healthcare service and become stringent challenges to HKEC.

In 2018-19, HKEC actively strengthened service capacity. Major initiatives included the implementation of 24-hour pharmacy services at Ruttonjee Hospital, installation of a second Magnetic Resonance Imaging machine and addition of acute beds at PYNEH. HKEC also introduced new technology to optimise service quality. The first Hyperbaric Oxygen Therapy Centre in HA commenced service at PYNEH in September 2018, providing novel treatment modality for patients in life-threatening or emergency conditions to facilitate their recovery with the support of multidisciplinary clinical teams.

Staff of HKEC were recognised for outstanding performance in the past year, including the 2018 HA Outstanding Staff Award, Young Achiever Award and Merit Team Award. The Accident and Emergency Training Centre at RTSKH continued to receive external recognition for its exemplary training services.

PYNEH celebrated the 25th anniversary with various staff and the community through engagement activities, including staff and family fun day, art exhibition, community health promotion, PYNEH Day and charity dinner. The series of events have fostered a strong sense of belonging amongst staff as well as connection with community partners.

HKEC embarked on formulating its Clinical Services Plan in January 2019, to map out the blueprint of service development for the cluster in the next 10 to 15 years, as well as role delineation among cluster hospitals to enhance collaboration. The Ambulatory Care Block at PYNEH project has been included in HA's second 10-year Hospital Development Plan, and will be carried out at the current Chai Wan Laundry site upon its relocation to the proposed new HA Supporting Services Centre in North Lantau. HKEC is committed to listening to stakeholders' views and formulating a long-term service development plan, so as to cater for the needs of the community.

社區人口急速老化，港島東的長者比例高於香港平均數。龐大的醫療需求加上人手短缺，令港島東聯網服務承受沉重的壓力。

在 2018-19 年度，聯網竭力提升服務量，包括在律敦治醫院推行 24 小時藥劑服務，以及在東區醫院安裝第二部磁力共振掃描造影機和加設急症病床。聯網亦積極引入新技術，提升服務質素。醫管局首間高壓氧治療中心於 2018 年 9 月在東區醫院投入服務，透過跨專業團隊的合作，為危重及緊急病人提供嶄新的治療方式，促進病人復原。

聯網員工過去一年努力不懈，憑著優秀的表現獲頒 2018 年醫管局傑出員工、團隊獎及優秀青年獎。律敦治及鄧肇堅醫院的急症科訓練中心亦再次憑著卓越的培訓服務獲得外界的讚譽。

東區醫院舉行一系列活動慶祝 25 周年誌慶，包括「員工家庭同樂日」、「員工藝術作品展覽」、「凝聚醫社・健康系列活動」、「東區醫院日」步行籌款、及「慈善籌款晚宴」等，藉此加強員工的歸屬感和與社區合作夥伴的連繫。



港島東聯網於 2019 年 1 月開展制訂「臨床服務計劃」的工作，勾畫聯網未來 10 至 15 年的發展藍圖，並為聯網各醫院定位，以加強醫院之間的合作和協調。東區醫院日間醫療服務大樓工程已納入醫管局第二個十年醫院發展計劃，待柴灣洗衣房遷往擬建於北大嶼山的新醫管局支援服務中心後，將在該洗衣房現址騰出的土地上進行大樓的興建工程。聯網會致力聆聽各持份者的意見，進行長遠的服務規劃，以滿足區內居民的服務需求。

HONG KONG WEST CLUSTER (HKWC)

港島西醫院聯網（港島西聯網）

HKWC has strived to maintain quality service. Redevelopment projects of QMH and GH not only improve hospital facilities and services, but also mark a significant step towards enhanced partnership with Li Ka Shing Faculty of Medicine of the University of Hong Kong. Phase 1 Stage 1 of QMH redevelopment project was completed, which involved renovation of the former Senior Staff Quarters (renamed as Block T), for the accommodation of departments and facilities originally housed at the Clinical Pathology Building, University Pathology Building and Housemen Quarters. With these three buildings handed over to contractors, Stage 2 of the works on the construction of the New Block commenced in October 2018 to accommodate key clinical services. Phase 1 of GH redevelopment project is now under advance planning.

Several initiatives were implemented by HKWC to improve service quality. Post-acute day rehabilitation service for discharged neurosurgical patients of QMH and MMRC was enhanced. With generous donation from Chow Tai Fook Charity Foundation, an advanced model of Da Vinci Robotic Surgical System was installed in QMH, which facilitated more precise surgical maneuver and maximised surgical outcomes. QMH also conducted cross-cluster Robotic Assisted Surgery.

Additional visual field tests for glaucoma patients were performed to meet increasing demand, and service was provided to more patients under the General Outpatient Clinic Public-Private Partnership Programme. Besides, QMH opened additional acute beds in a female orthopaedic ward, and set up a hospital dermatology unit to enhance specialty service support for inpatients.

HKWC values staff training and development. Under the Preceptorship Scheme for junior nurses, additional Advanced Practice Nurses were recruited as part-time preceptors. Extra places were added for clinical staff and security staff on formal resuscitation training and first aid training respectively.

港島西聯網一直致力維持高水平服務。藉著瑪麗醫院及葛量洪醫院展開重建工程，不單改善硬件設施、優化醫療服務，更進一步加強聯網與香港大學李嘉誠醫學院的協作。瑪麗醫院第一期重建計劃的第一階段工程已順利完成，原處於臨床病理大樓、香港大學病理大樓和醫生宿舍內的各部門及設施，已遷往翻新後的前高級職員宿舍（現稱為 T 座）。第二階段的工程隨即於 2018 年 10 月展開，將前述的三座大樓交予工程承辦商，興建一座新大樓以提供主要的臨床服務。另外，葛量洪醫院第一期重建項目則正進行前期規劃。

聯網竭力提升服務質素，為瑪麗醫院及麥理浩復康院的腦外科出院病人，提供更全面的日間復康服務。瑪麗醫院獲周大福慈善基金慷慨捐助，添置了一部新型號的機械臂輔助微創手術系統，有助提升手術的精確度及成效。瑪麗醫院亦為其他聯網醫院，提供跨聯網的機械臂輔助手術。

為切合不斷上升的需求，聯網為青光眼病人增加視野測試名額，又透過普通科門診公私營協作計劃為更多病人提供服務。此外，瑪麗醫院在一個骨科女病房增設急症病床，並設立醫院皮膚科單位，以加強住院病人的專科服務。

聯網一直關注員工培訓與發展，特別增聘資深護士擔任兼職導師，支援為初級護士而設的啟導計劃。另增加培訓名額，讓臨床醫護人員接受正規心肺復甦訓練，及讓保安人員接受正規急救訓練。



PYKH

- GH — Grantham Hospital 葛量洪醫院
- MMRC — MacLehose Medical Rehabilitation Centre 麥理浩復康院
- QMH — Queen Mary Hospital 瑪麗醫院
- DKCH — The Duchess of Kent Children's Hospital at Sandy Bay 大口環德公爵夫人兒童醫院
- TYH — Tsan Yuk Hospital 贊育醫院
- FYKH — Tung Wah Group of Hospitals Fung Yiu King Hospital 東華三院馮堯敬醫院
- TWH — Tung Wah Hospital 東華醫院

NEW TERRITORIES WEST CLUSTER (NTWC)

新界西醫院聯網（新界西聯網）

To cope with increasing service demand in various specialties due to growing population in Tuen Mun and Yuen Long districts, NTWC has strived to expand service capacity, and enhance staff training to ensure quality medical services.

In response to the demand for emergency and inpatient services of Tin Shui Wai residents, TSWH has since November 2018 provided 24-hour Accident and Emergency (A&E) services and commenced inpatient service, offering convenience to the community, and effectively alleviating the service demand pressure of A&Es and inpatient wards of TMH and POH.

The expansion of acute services resulted in greater demand for other medical services. To shorten waiting time for patients, additional quotas were provided for various services, which included increased General Outpatient Clinic services quotas, as well as additional hospital haemodialysis places for patients with end-stage renal disease. Additional new case Specialist Outpatient Clinic attendances for adult patients with common mental disorder, and additional optical coherence tomography scans and visual field tests for glaucoma patients were also provided. Rehabilitation care was improved with extended service coverage to weekends and public holidays for patients with lower limb fracture and arthroplasty at POH. The continuous enhancement of MRI service at POH not only benefited residents of Yuen Long area, but also improved the overall quality of MRI service in NTWC.

Expected to be completed by 2021, the main construction works of the TMH Operating Theatre Block Extension Project is underway, and will provide more clinical space to cope with service demand upon its completion.

屯門及元朗區的人口上升導致不同專科服務的需求急增。新界西聯網除了致力提升服務量，亦為同事加強培訓，以維持服務質素。

為照顧天水圍區居民對急症及住院服務的需求，天水圍醫院於 2018 年 11 月起，將急症室服務時間延長至全日 24 小時，並同時開展住院服務，不但方便居民，亦有效紓緩屯門醫院和博愛醫院急症及住院服務的壓力。

隨著急症服務提升，其他醫療服務需求亦相應增加。聯網為多項服務增加名額，以改善病人的輪候時間，包括增加普通科門診診症名額，並為末期腎病患者增加醫院血液透析服務名額。聯網為一般精神病人患者



TSWH
POH
SLH
CPH
TMH

增加專科門診診症節數，亦為青光眼病人增加光學相干斷層掃描和視野測試名額。聯網加強專職醫療服務，為博愛醫院下肢骨折及接受關節成形手術的病人，擴展周末及公眾假期的康復服務。博愛醫院持續加強磁力共振掃描造影服務，不但令元朗區居民受惠，也有助提升聯網磁力共振服務的整體質素。

屯門醫院手術室大樓擴建計劃正進行主要建築工程，項目預計於 2021 年落成，將進一步擴展臨床空間以應付需求。

- CPH — Castle Peak Hospital 青山醫院
- POH — Pok Oi Hospital 博愛醫院
- SLH — Siu Lam Hospital 小欖醫院
- TSWH — Tin Shui Wai Hospital 天水圍醫院
- TMH — Tuen Mun Hospital 屯門醫院

NEW TERRITORIES EAST CLUSTER (NTEC)

新界東醫院聯網（新界東聯網）

To address rising service demand arising from growing and ageing population, access block issues and prolonged waiting time, NTEC has put in tremendous efforts in alleviating the demand pressure with additional hospital beds in different wards, as well as increased service capacity of operating theatre, outpatient attendance and other ancillary services.

Proactive efforts in developing more efficient service models and strengthening community services were made by NTEC to tackle the challenges. Round-the-clock intra-venous thrombolysis service for acute ischaemic stroke patients was provided through a cluster-based network. Besides, oncology clinical pharmacy services at PWH were enhanced by providing 100% screening of chemotherapy prescriptions. To strengthen community services, additional hospice home visits for patients with advanced progressive diseases, and additional Community Geriatric Assessment Team outreach attendances for terminally ill patients living in Residential Care Homes for the Elderly were in place. On community psychiatric services, an additional peer support worker was recruited to support patients with severe mental illness.

NTEC has strived for excellence in upholding patient safety and providing quality services. Sterile Supplies Unit of PWH was awarded "Central Sterile Supply Department Center of Excellence Programme Award" by the Asia Pacific Society of Infection Control, in recognition of its quality disinfection and sterilisation services, being the first hospital in Hong Kong receiving this award. The internet websites of AHNH, NDH, PWH and TPH were awarded the "Triple Gold Award" under "Web Accessibility Recognition Scheme 2018-19" organised by the Hong Kong Internet Registration Corporation Limited, and co-organised by the Office of Government Chief Information Officer. The mobile app *PWH easyGO* launched by PWH also won the "Triple Gold Award" under Mobile App Stream for its initiative to cater for the needs of different groups in the society.

因應人口增長及老化、病人滯留急症室等候入院，以及輪候時間過長等問題，新界東聯網在不同病房增設多張病床，並增加手術室、門診及其他支援服務，竭力增加服務量以應付龐大的醫療需求。

聯網積極採用更有效率的服務模式，及加強社區外展服務以應對挑戰。我們透過以聯網為基礎的網絡，為急性缺血性中風病人提供 24 小時靜脈溶栓治療服務。威爾斯親王醫院（威院）提供 100% 化療處方篩檢，以提升腫瘤科臨床藥劑服務。為加強社區服務，聯網為晚期病人提供額外善終服務家居探訪；並為居住於老人院舍的末期病人提供額外社區老人評估小組外展服務。同時，聯網增聘朋輩工作員支援嚴重精神病人，以加強社區精神科服務。

聯網亦致力保障病人安全及提供優質的服務。威院的手術室及無菌物品供應部的消毒滅菌工作表現優秀，成為香港首間獲得「亞太感染管制學會中央無菌物品供應部卓越獎」的醫院。另外，雅麗氏何妙齡那打素醫院、北區醫院、威院及大埔醫院的互聯網及流動版網站分別獲得由香港互聯網註冊管理有限公司主辦、政府資訊科技總監辦公室合辦的「無障礙網頁嘉許計劃 2018-19」的三連金獎；而威院的手機應用程式「威院一路通 PWH easyGo」亦獲得流動應用程式組別三連金獎，表揚醫院兼顧不同社群的需要。



- AHNH — Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院
- BBH — Bradbury Hospice 白普理寧養中心
- SCH — Cheshire Home, Shatin 沙田慈氏護養院
- NDH — North District Hospital 北區醫院
- PWH — Prince of Wales Hospital 威爾斯親王醫院
- SH — Shatin Hospital 沙田醫院
- TPH — Tai Po Hospital 大埔醫院

* Total inpatient and day inpatient discharges and deaths 住院及日間住院病人出院人次及死亡人數

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

KWC has been serving the biggest population among all clusters in HA. Facing ever escalating service pressure caused by growing and ageing population, KWC implemented a number of initiatives to optimise its service capacity. Additional hospital beds were opened in various hospitals of KWC, which included emergency medicine and extended care beds in NLTH; day beds, acute beds and Cardiac Care Unit beds in CMC; as well as acute beds in PMH.

Public access to outpatient services of KWC was enhanced with the addition of General Outpatient Clinic quotas. Besides, urology specialist outpatient services were established at YCH and NLTH, while paediatric specialist outpatient service was commenced in NLTH.

KWC has allocated resources to improve and expand various clinical services. Capacity of Cardiac Catheterisation Laboratory for percutaneous coronary intervention in PMH and CMC was increased, while day surgery service in CMC was strengthened with relocation of the pre-operative assessment clinic to the Day Surgery Centre, and also additional pre-operative assessment sessions. Besides, sessions were opened for colonoscopy and Oesophago-gastro-duodenoscopy procedures at NLTH. Palliative care service was also enhanced by setting up a multi-disciplinary palliative care consultative team. Rehabilitation service was extended to cover weekends and public holidays for patients with lower limb fracture and arthroplasty at CMC with the provision of additional physiotherapy attendances.

Staff training and development is one of the key focus areas of KWC. We continued to recruit additional Advanced Practice Nurses as part-time clinical preceptors to support junior nurses. Additional training places of formal resuscitation for clinical staff were provided.

The KWC Clinical Services Plan was published in the first quarter of 2019, providing an overarching strategy to guide the future development of clinical services in KWC.



九龍西聯網的服務人口是醫管局各聯網之冠，因應區內人口增長及老化、對醫療服務的壓力亦持續增加。聯網致力推行多項措施以提升服務量，包括於北大嶼山醫院急症科病房及延續護理病房增設病床；明愛醫院增設日間病床、急症病床及心臟加護病床；以及於瑪嘉烈醫院增設急症病床。

門診服務方面，聯網已增加普通科門診診症名額，方便市民求診；並於仁濟醫院和北大嶼山醫院設立泌尿專科門診服務。此外，北大嶼山醫院亦已開展兒童及青少年專科門診服務。

聯網繼續投放資源，擴展各類型的臨床服務。瑪嘉烈醫院及明愛醫院心導管室持續增加冠狀動脈介入治療個案。明愛醫院的手術前評估診所已遷至日間手術中心，並增加手術前評估服務節數，以提升日間手術服務。北大嶼山醫院亦已開設結腸鏡及上腔內視鏡節數。此外，聯網已成立跨專業舒緩治療會診團隊，為舒緩治療病人提供服務。復康服務亦已全面提升；明愛醫院為下肢骨折及接受關節成形手術的病人，擴展周末及公眾假期的物理治療服務。

員工培訓與發展是聯網關注的另一重點項目，我們持續增聘資深護師作兼職臨床導師以支援初級護士；又增加培訓名額，讓臨床人員接受正規心肺復甦訓練。

九龍西聯網臨床服務計劃書已於 2019 年第一季出版，為聯網未來的臨床服務發展提供策略性指導。

CMC — Caritas Medical Centre 明愛醫院
KCH — Kwai Chung Hospital 葵涌醫院
NLTH — North Lantau Hospital 北大嶼山醫院
PMH — Princess Margaret Hospital 瑪嘉烈醫院
YCH — Yan Chai Hospital 仁濟醫院

HKBH — Hong Kong Buddhist Hospital 香港佛教醫院
HKCH — Hong Kong Children's Hospital 香港兒童醫院
HKEH — Hong Kong Eye Hospital 香港眼科醫院
BTS — Hong Kong Red Cross Blood Transfusion Service 香港紅十字會輸血服務中心
KH — Kowloon Hospital 九龍醫院
KWH — Kwong Wah Hospital 廣華醫院
OLMH — Our Lady of Maryknoll Hospital 聖母醫院
QEH — Queen Elizabeth Hospital 伊利沙伯醫院（伊院）
WTSH — Tung Wah Group of Hospitals Wong Tai Sin Hospital 東華三院黃大仙醫院

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

The respective roles of hospitals in KCC have been redefined since re-delineation of cluster boundary on 1 December 2016. HKCH has become a new member of the cluster since December 2018 in assuming a unique role in coordinating paediatric services in public hospitals in Hong Kong.

To relieve access block and overcrowded wards during winter surge, KCC adopted new service delivery models through improving collaboration among cluster hospitals and enhanced service capacity. The Accident & Emergency Department of QEH established a Rapid Assessment and Treatment Team to shorten waiting time for Category III patients, and activated early discharge planning and geriatric assessment for elderly patients.

New beds were added to hospitals in the cluster to strengthen service capacity, including gazetted psychiatric beds at KH, medical day beds and neurosurgery High Dependency Unit beds at QEH. Apart from new cardiac care beds, QEH set up a team with KWH to jointly provide 24-hour Primary Percutaneous Coronary Intervention for eligible patients with ST-Elevation Myocardial Infarction. Cancer care delivered by QEH was strengthened with increased quotas of oncology specialist outpatient clinic and enhanced oncology clinical pharmacy service.

Various diagnostic services in the cluster are enhanced to meet service needs, including new colonoscopy sessions and oesophago-gastro-duodenoscopy sessions for KWH and OLMH respectively. A third MRI machine was installed in QEH to raise capacity of radiology service while bone densitometry service was enhanced to handle cross-cluster referrals.

Capital projects in KCC are gradually completed. HKBH started services of a refurbished Block D and an expanded operating theatre Sterile Supply Unit. The new annex building at BTS Headquarters will commence service with increased capacity for autologous haematopoietic stem cell transplant, as well as Zika virus screening for blood donors to enhance blood quality and safety territory-wide.

The redevelopment of KWH and the planning of new acute hospital in Kai Tak Development area are actively underway. Looking ahead, KCC will continue to reorganise services, rejuvenate hospital facilities and develop modern service delivery models to meet future challenges.



隨著 2016 年 12 月 1 日聯網界線重組，九龍中聯網內多間醫院亦重新定位。香港兒童醫院於 2018 年 12 月投入服務，協調全港公立醫院兒科服務，成為聯網最新一員。

為紓緩冬季服務高峰期間病人滯留急症室等候入院，及病房擠迫的情況，九龍中聯網加強聯網內醫院合作，以新服務模式適時應變。伊院急症室成立快速評估及治療小組，加快處理第三類別的分流個案，並為年長病人安排預早出院規劃及老人評估服務。

聯網內多間醫院增設病床，提升服務量。九龍醫院增設「刊憲」精神科病床；伊院增設內科日間病床及神經外科加護病床；伊院增設心臟加護病床，並與廣華醫院合作成立團隊，為合適的心肌梗塞病人提供 24 小時緊急冠狀動脈介入治療服務。伊院亦同時增加臨床腫瘤科專科門診就診人次，及加強腫瘤科臨床藥劑服務。

此外，聯網提升各種診斷測試服務量，切合需求。廣華醫院及聖母醫院分別增加結腸鏡和上腔內視鏡節數；伊院增設了第三部磁力共振掃描造影機；並加強骨質密度的測試服務，處理跨聯網轉介個案。

聯網各項基建項目陸續完成，香港佛教醫院已翻新 D 座大樓及擴展手術室消毒物品供應中心。香港紅十字會輸血服務中心總部新翼大樓將投入服務，增加自體造血幹細胞移植的服務量，及對捐血樣本進行寨卡病毒測試，加強本港輸血服務的質量及安全。

廣華醫院重建工程及啟德發展區新急症醫院的規劃正進行得如火如荼。展望未來，九龍中聯網將繼續重組服務、更新設施及發展新服務模式，應付日後的挑戰。

HHH — Haven of Hope Hospital 靈實醫院
TKOH — Tseung Kwan O Hospital 將軍澳醫院
UCH — United Christian Hospital 基督教聯合醫院（聯合醫院）

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

KEC has been facing with escalating demand and great pressure on healthcare services due to expanding population of Kwun Tong district as a result of Anderson Road development project, coupled with space constraint and ageing facilities. The cluster has therefore strived to bolster its capacity through rationalisation and prioritisation of services.

On capacity building, KEC added acute beds and operating theatre sessions, as well as set up a cluster-based joint replacement centre in TKOH. Remarkable improvement of inpatient services included 24-hour phlebotomist service for UCH inpatient, and roll-out of Inpatient Medication Order Entry (IPMOE) system to HHH, making KEC the first cluster in HA with full implementation of IPMOE system. KEC pioneered a pilot programme to improve discharge of patients by setting up a discharge lounge for patients requiring Non-Emergency Ambulance Transfer Service. Primary care services were uplifted with additional General Outpatient Clinic (GOPC) quotas and enhanced GOPC Public-Private Partnership Programme. UCH improved pathology services with human papillomavirus testing and genotyping service for patients in need.

Staff training and development has always been the primary concern of KEC. To cope with expanding services upon the completion of UCH and HHH expansion projects, the KEC Training Committee has been set up to oversee and formulate cluster training and development strategies and plans. Additional Advanced Practice Nurses were recruited as clinical preceptors to support junior nurses, and formal resuscitation training for clinical staff was provided.

The capital projects of UCH and HHH are in good progress as scheduled. KEC will closely monitor the work progress to ensure impact on patient services is well-contained. Guided by the KEC Clinical Services Plan, the cluster will continue its endeavor to deliver quality patient care.



九龍東聯網正面對與日俱增的醫療服務需求，安達臣道的發展計劃令觀塘區人口增加，服務需求進一步上升，臨床空間不足及醫院設備老化為聯網帶來極大挑戰。有見及此，聯網致力理順服務及制定服務優次，提升服務質量。

為提高服務能力，聯網增加急症病床及手術時段，於將軍澳醫院設立關節置換中心，服務整個聯網。住院病人方面有多項改善措施，包括在聯合醫院為住院病人提供 24 小時抽血服務；靈實醫院推行「住院病人藥物處方系統」，為首個醫院聯網全面實施該系統。聯網又推行先導計劃，為需要非緊急救護車運送服務的病人設立「出院病人等候室」，改善病人出院安排。改善基層醫療方面，增加普通科門診診症名額，並藉普通科門診公私營協作計劃加強服務。聯合醫院加強病理服務，為有需要的病人測試人類乳頭瘤病毒和提供基因分型服務。

九龍東聯網非常重視員工培訓和專業發展。隨著聯網培訓委員會正式成立，監督和制定聯網的培訓發展策略及計劃，為聯合醫院和靈實醫院擴建後的服務擴展作好準備。其他培訓項目包括增聘資深護師為臨床導師，支援初級護士；為臨床員工提供正規心肺復甦訓練等。

聯合醫院和靈實醫院基建項目正按計劃進行，聯網正密切監察有關工程的進度，減低對病人服務的影響。聯網會繼續以臨床服務計劃為綱領，提供優質的病人護理。

Hospitals 醫院	KWC 九龍西聯網	KCC 九龍中聯網	KEC 九龍東聯網
Number of general outpatient clinics 普通科門診診所數目	16	13	8
Throughput 服務量			
Number of hospital beds 醫院病床數目	4 807	5 664	2 727
Patient discharges* 出院病人數目*	298 607	361 065	201 336
Total A&E attendances 急症室就診總人次	474 082	312 561	282 684
Total specialist outpatient (clinical) attendances 專科門診（臨床）就診總人次	1 374 373	1 503 222	895 726
General outpatient attendances 普通科門診就診人次	1 038 954	1 153 366	985 363
Full-time equivalent staff 等同全職人員數目	12 252	16 293	8 480

* Total inpatient and day inpatient discharges and deaths 住院及日間住院病人出院人次及死亡人數

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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 56 to 115, which comprise:

- the consolidated and HA balance sheets as at 31 March 2019;
- 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 total funds for the year then ended; and
- the notes to the consolidated financial statements, which include a summary of principal 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 2019, 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 56 至 115 頁的綜合財務報表，包括：

- 於二零一九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基金總額變動報表；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二零一九年三月三十一日醫管局的財務狀況及貴集團的綜合財務狀況，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。

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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10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。

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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 (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.

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。

PricewaterhouseCoopers
Certified Public Accountants

Hong Kong, 26 September 2019

羅兵咸永道會計師事務所
執業會計師

香港，二零一九年九月二十六日

羅兵咸永道會計師事務所，香港中環太子大廈廿二樓
總機：+852 2289 8888，傳真：+852 2810 9888，www.pwchk.com

CONSOLIDATED BALANCE SHEET

綜合資產負債表

		At 31 March 2018 HK\$'000 (Restated) 2018年3月31日 港幣千元 (重述)
	Note 附註	At 31 March 2019 HK\$'000 2019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	6,268,081
Intangible assets 無形資產	6	239,308
Loans receivable 應收債款	7	359
Placements with the Exchange Fund 外匯基金存款	8	23,300,000
Fixed income instruments 固定入息工具	9	799,552
		<u>30,607,300</u>
Current Assets 流動資產		
Inventories 存貨	10	1,377,317
Loans receivable 應收債款	7	568
Accounts receivable 應收賬款	11	296,251
Other receivables 其他應收賬款	12	268,545
Deposits and prepayments 按金及預付款項	13	297,576
Placements with the Exchange Fund 外匯基金存款	8	2,290,326
Fixed income instruments 固定入息工具	9	-
Cash and bank balances 現金及銀行結餘	14	19,271,625
		<u>23,802,208</u>
Total Assets 總資產		<u>54,409,508</u>
Funds 基金		
Designated fund 指定基金	22	5,077,369
Revenue reserve 收入儲備		2,905,927
Total Funds 基金總額		<u>7,983,296</u>
Current Liabilities 流動負債		
Balance with Samaritan Fund 撒瑪利亞基金結餘	15	84,029
Creditors and accrued charges 債權人及應付費用	16	12,820,362
Deposits received 已收按金	17	391,523
		<u>13,295,914</u>
Non-Current Liabilities 非流動負債		
Balance with Samaritan Fund 撒瑪利亞基金結餘	15	6,000,000
Death and disability liabilities 死亡及傷殘福利責任	18	273,483
Deferred income 遞延收益	19	10,349,426
Deferred income - capital subventions and capital donations 遞延收益 — 資本補助及資本捐贈	21	6,507,389
Public-Private Partnership Endowment Fund 公私營協作留本基金	20	10,000,000
		<u>33,130,298</u>
Total Liabilities 總負債		<u>46,426,212</u>
Total Funds And Total Liabilities 基金及負債總額		<u>54,409,508</u>



Mr Fung Hau Chung, BBS, JP 馮孝忠先生
Chairman
Finance Committee
財務委員會主席



Dr Ko Pat Sing, Tony 高拔陸醫生
Chief Executive
行政總裁

The notes on pages 62 to 115 are an integral part of these consolidated financial statements.

第 62 至 115 頁的附註是本綜合財務報表的一部分。

BALANCE SHEET

資產負債表

		At 31 March 2018 HK\$'000 (Restated) 2018年3月31日 港幣千元 (重述)
	Note 附註	At 31 March 2019 HK\$'000 2019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	6,268,081
Intangible assets 無形資產	6	239,308
Loans receivable 應收債款	7	359
Placements with the Exchange Fund 外匯基金存款	8	23,300,000
Fixed income instruments 固定入息工具	9	799,552
		30,607,300
Current Assets 流動資產		
Inventories 存貨	10	1,377,317
Loans receivable 應收債款	7	568
Accounts receivable 應收賬款	11	296,251
Other receivables 其他應收賬款	12	268,545
Deposits and prepayments 按金及預付款項	13	297,464
Placements with the Exchange Fund 外匯基金存款	8	2,290,326
Fixed income instruments 固定入息工具	9	-
Cash and bank balances 現金及銀行結餘	14	19,271,625
		23,802,096
Total Assets 總資產		54,409,396
Funds 基金		
Designated fund 指定基金	22	5,077,369
Revenue reserve 收入儲備		2,905,921
Total Funds 基金總額		7,983,290
Current Liabilities 流動負債		
Balance with Samaritan Fund 撒瑪利亞基金結餘	15	84,029
Creditors and accrued charges 債權人及應付費用	16	12,820,256
Deposits received 已收按金	17	391,523
		13,295,808
Non-Current Liabilities 非流動負債		
Balance with Samaritan Fund 撒瑪利亞基金結餘	15	6,000,000
Death and disability liabilities 死亡及傷殘福利責任	18	273,483
Deferred income 遞延收益	19	10,349,426
Deferred income - capital subventions and capital donations 遞延收益 — 資本補助及資本捐贈	21	6,507,389
Public-Private Partnership Endowment Fund 公私營協作留本基金	20	10,000,000
		33,130,298
Total Liabilities 總負債		46,426,106
Total Funds And Total Liabilities 基金及負債總額		54,409,396



Mr Fung Hau Chung, BBS, JP 馮孝忠先生
Chairman
Finance Committee
財務委員會主席



Dr Ko Pat Sing, Tony 高拔陞醫生
Chief Executive
行政總裁

The notes on pages 56 to 115 are an integral part of these financial statements.

第 56 至 115 頁的附註是本財務報表的一部分。

CONSOLIDATED STATEMENT OF INCOME AND EXPENDITURE

綜合收支結算表

		For the year ended 31 March 2019 HK\$'000 截至 2019 年 3 月 31 日止年度 港幣千元	For the year ended 31 March 2018 HK\$'000 截至 2018 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		62,302,049	55,441,085
Hospital/clinic fees and charges 醫院 / 診療所收費	23	4,713,346	4,287,196
Donations 捐贈		58	11
Transfers from 轉調自 :			
Designated donation fund 指定捐贈基金	19	194,326	92,618
Minor Works Projects Fund 小型工程項目基金	19	1,230,703	1,202,525
Public-Private Partnership Fund 公私營協作基金	19	261,154	228,780
Capital subventions 資本補助	21	1,083,013	930,094
Capital donations 資本捐贈	21	143,947	138,338
Investment income 投資收益		427,082	243,980
Other income 其他收益		791,165	773,821
		71,146,843	63,338,448
Expenditure 支出			
Staff costs 員工成本	24	(48,703,440)	(45,112,678)
Drugs 藥物		(7,304,601)	(6,663,619)
Medical supplies and equipment 醫療物品及設備		(3,312,317)	(2,970,164)
Utilities charges 公用開支		(1,321,033)	(1,183,468)
Repairs and maintenance 維修及保養		(2,407,415)	(2,209,755)
Minor works projects funded by the Government 由政府撥款的小型工程項目		(1,230,703)	(1,202,525)
Operating lease expenses 營運租賃開支		(103,851)	(100,941)
Depreciation and amortisation 折舊及攤銷	5 & 6	(1,216,305)	(1,042,858)
Other operating expenses 其他營運開支	25	(4,101,655)	(3,693,465)
		(69,701,320)	(64,179,473)
Surplus/(deficit) for the year 年內盈餘 / (虧損)		1,445,523	(841,025)

The notes on pages 56 to 115 are an integral part of these consolidated financial statements.

第 56 至 115 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

		For the year ended 31 March 2019 HK\$'000 截至 2019 年 3 月 31 日止年度 港幣千元 (重述)	For the year ended 31 March 2018 HK\$'000 (Restated) 截至 2018 年 3 月 31 日止年度 港幣千元 (重述)
	Note 附註		
Surplus/(deficit) for the year 年內盈餘 / (虧損)		1,445,523	(841,025)
Other comprehensive income 其他綜合收益			
Item that may not be reclassified to income or expenditure: 未必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	22,024	20,367
Total comprehensive income for the year 年內總綜合收益		1,467,547	(820,658)

The notes on pages 56 to 115 are an integral part of these consolidated financial statements.

第 56 至 115 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

		For the year ended 31 March 2019 HK\$'000 截至 2019 年 3 月 31 日止年度 港幣千元 (重述)	For the year ended 31 March 2018 HK\$'000 (Restated) 截至 2018 年 3 月 31 日止年度 港幣千元 (重述)
Note 附註			
	28	3,701,154	(760,675)
Net cash generated from/(used in) operating activities 營運活動所得 / (所用) 現金淨額			
Investing activities 投資活動			
Investment income received 已收投資收益		395,551	255,328
Purchases of property, plant and equipment 購置物業、機器及設備	5	(1,456,364)	(1,209,868)
Purchases of intangible assets 購置無形資產	6	(169,298)	(150,672)
Net (increase)/decrease in bank deposits with original maturity over three months 原來到期日超過三個月的銀行存款的淨額 (增加) / 減少		(4,604,214)	4,779,328
Decrease in fixed income instruments 固定入息工具減少		50,103	1,290,345
Net cash (used in)/generated from investing activities 投資活動 (所用) / 所得現金淨額		(5,784,222)	4,964,461
(Decrease)/increase in cash and cash equivalents 現金及現金等值之 (減少) / 增加		(2,083,068)	4,203,786
Cash and cash equivalents at the beginning of the year 年初之現金及現金等值		6,257,487	2,053,701
Cash and cash equivalents at the end of the year 年終之現金及現金等值	14	4,174,419	6,257,487

Note:

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.

註：

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。

The notes on pages 56 to 115 are an integral part of these consolidated financial statements.

第 56 至 115 頁的附註是本綜合財務報表的一部分。

CONSOLIDATED STATEMENT OF CHANGES IN TOTAL FUNDS

綜合基金總額變動報表

	Capital subventions and capital donations HK\$'000 資本補助 及資本捐贈 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 2017, as previously reported 於二零一七年四月一日，如以往呈列	5,816,580	5,077,369	2,259,038	13,152,987
Adjustments arising from change in accounting policy 會計政策變動引致的調整	(5,816,580)	-	-	(5,816,580)
At 1 April 2017, as restated 於二零一七年四月一日，如重述	-	5,077,369	2,259,038	7,336,407
Total comprehensive income for the year, as restated 年內總綜合收益，如重述	-	-	(820,658)	(820,658)
At 31 March 2018, as restated 於二零一八年三月三十一日，如重述	-	5,077,369	1,438,380	6,515,749
Total comprehensive income for the year 年內總綜合收益	-	-	1,467,547	1,467,547
At 31 March 2019 於二零一九年三月三十一日	-	5,077,369	2,905,927	7,983,296

The notes on pages 56 to 115 are an integral part of these consolidated financial statements.

第 56 至 115 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 (including all new properties built on 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 also entered into agreements with individual governing bodies of the ex-subservient hospitals which allowed HA to assume ownership of some operating assets as at 1 December 1991 and to manage and control other assets, the ownership of which remains with the individual governing bodies.

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

財務報表附註

1. 醫院管理局

(a) 背景

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

- 就公眾對醫院服務之需求及所需之資源，向香港特別行政區政府（「政府」）提供意見；
- 管理及發展公立醫院系統；
- 就公眾使用醫院服務須繳付的費用，向食物及衛生局局長建議恰當的政策；
- 設立公立醫院；及
- 促進、協助及參與為從事或將會從事醫院服務或其他與公共衛生相關服務之人士的教育及培訓，以及有關醫院服務的科研。

根據《醫院管理局條例》第5(a)條，政府與醫管局在二零一一年六月三日達成協議（「協議」），雙方同意由醫管局管理及掌管有關的政府土地（包括所有在政府土地上落成的新物業）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)

The Government announced in the 2016 Policy Address that HK\$200 billion would be used to implement a ten-year Hospital Development Plan (HDP). Given the significant number and scale of Schedule 1 hospital projects in the HDP, the Government has entrusted HA to carry out and complete a number of capital works projects for Schedule 1 hospitals which are funded by the Government. Similarly, HA is undertaking the capital works projects for Schedule 2 hospitals which are funded by the Government and the governing bodies of the ex-subsidised hospitals. As at 31 March 2019, there were 11 capital works projects in progress (of which 10 projects were managed by HA), and the total funding approved by the Government was HK\$41,359,700,000.

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 funding 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 four 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 2019, HA recognised HK\$340,023,000 (2018: HK\$292,464,000) as other income to match with the expenditure incurred in relation to the eHR related projects.

財務報表附註

1. 醫院管理局 (續)

(a) 背景 (續)

政府在 2016 年施政報告中宣布預留港幣二千億元推行十年醫院發展計劃。由於計劃涉及的附表 1 醫院工程項目為數多、規模大，政府委托了醫管局執行及完成多個由政府撥款的附表 1 醫院基本工程項目。同樣，醫管局亦負責執行由政府及前補助醫院管治機構提供經費的附表 2 醫院基本工程項目。截至二零一九年三月三十一日，共十一個基本工程項目在進行中（其中十個由醫管局管理），政府批出的總撥款額為港幣 41,359,700,000 元。

作為政府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在政府於二零零六年六月正式批准後，追溯自二零零三年七月起轉讓予醫管局，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撥款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。七間公立醫院就四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，是醫療改革的一個重要部分。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。截至二零一九年三月三十一日止之財政年度，醫管局確認港幣 340,023,000 元（二零一八年：港幣 292,464,000 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。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

1. The Hospital Authority (Continued)

(b) Hospitals and other institutions

At 31 March 2019, 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 Children's 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

1. 醫院管理局（續）

(b) 醫院及其他機構

在二零一九年三月三十一日，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
香港兒童醫院
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 on a going concern basis and under the historical cost convention, as modified by the revaluation of certain financial assets which are stated at fair value.

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

財務報表附註

1. 醫院管理局（續）

(b) 醫院及其他機構（續）

慈善信託基金：

北區醫院慈善信託基金
威爾斯親王醫院慈善信託基金
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》，以及按持續經營之基礎及根據慣用的原值成本法編製，而某些以公允價值列出的金融資產會經過重新估值而作調整。

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

NOTES TO THE FINANCIAL STATEMENTS

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 2019.

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二零一九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 2019, 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的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。另外，除非交易能提供證明所轉移的資產有耗損，否則未實現之虧損亦已減除。附屬機構的會計政策與集團採用一致的會計政策。

在二零一九年三月三十一日，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 new standards which are effective for the Group's financial year beginning 1 April 2018 are relevant to the Group:

HKFRS 9, Financial Instruments

HKFRS 9 replaces HKAS 39 "Financial Instruments: Recognition and Measurement", and addresses the classification, measurement and derecognition of financial assets and liabilities, introduces a new expected credit loss model that replaces the incurred loss impairment model used under HKAS 39. A substantially reformed approach to hedge accounting is introduced. Changes that are relevant to the Group include classification and impairment of financial assets as highlighted below. The Group has adopted HKFRS 9 retrospectively without restating comparative information.

Classification of financial assets

Accounts receivable and fixed income instruments which were previously classified as "loans and receivables" and "held to maturity investments" respectively under HKAS 39 are reclassified as "debt instruments" and are measured at amortised cost. Meanwhile, HA continues to measure the placements with the Exchange Fund at fair value through profit and loss.

Impairment of financial assets

From 1 April 2018, financial assets are subject to the new expected credit loss model prescribed by HKFRS 9. The Group is required to revise its impairment methodology under HKFRS 9 for each class of assets carried at amortised cost.

The adoption of HKFRS 9 does not have a material impact on the carrying amount of the Group's financial assets. Further details of the accounting policies for the placements with the Exchange Fund, fixed income instruments and accounts receivable are set out in notes 2(i), 2(j) and 2(l) respectively.

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。以下的新準則在集團二零一八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》第 9 號「金融工具」

《香港財務報告準則》第 9 號取代《香港會計準則》第 39 號「金融工具：確認及計量」。前者就金融資產和金融負債的分類、計量和終止確認，引入新的「預期信貸虧損模型」，取代後者所用的「已發生虧損減值模型」，由此就對沖會計引入大幅改革的方法。適用於集團的變動包括下列的金融資產分類及減值。集團追溯應用《香港財務報告準則》第 9 號，並無重述比較資料。

金融資產的分類

應收賬款及固定入息工具以往根據《香港會計準則》第 39 號分別歸類為「貸款及應收賬款」及「持至到期日的投資」，現重新分類為「債務工具」，按攤餘成本值確認。醫管局會繼續將外匯基金存款按公允價值列賬及在損益計算。

金融資產的減值

由二零一八年四月一日起，金融資產須應用《香港財務報告準則》第 9 號新訂的「預期信貸虧損模型」計算。集團須根據此準則就各個按攤餘成本值列賬的資產類別修訂其減值方法。

採納《香港財務報告準則》第 9 號對集團金融資產的賬面價值不會有重大影響。有關外匯基金存款、固定入息工具及應收賬款的會計政策，詳情載於附註 2(i), 2(j) 及 2(l)。

NOTES TO THE FINANCIAL STATEMENTS

2. Principal accounting policies (Continued)

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

HKFRS 15, Revenue from Contracts with Customers

HKFRS 15 establishes a comprehensive framework for the recognition of revenue. It replaces HKAS 11 "Construction Contracts" which covers construction contracts and HKAS 18 "Revenue" which covers contracts for goods and services for revenue recognition. The core principle in the framework is that revenue is recognised if the performance obligation is satisfied. That is, the customer simultaneously receives and consumes the benefits provided. HKFRS 15 also introduces new disclosure requirements on revenue, provides guidance for transactions that were not previously addressed comprehensively and improves guidance for multiple-element arrangements. The adoption of HKFRS 15 has no material impact to the results of the Group.

The Group has also reassessed the accounting policies and presentation of the various revenue-related financial statement line items and has revised its presentation of capital subventions and capital donations in the consolidated balance sheet. In order to better align with industry practice, the Group has reclassified such capital subventions and capital donations as deferred income - capital subventions and capital donations in the consolidated balance sheet. Previously, Government subventions and cash donations that were spent on property, plant and equipment or intangible assets were recognised in other comprehensive income and accumulated in total funds under capital subventions and capital donations. The comparative figures have been restated accordingly as shown below. The related accounting policies are set out in notes 2(q)(iv) and 2(f) respectively.

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》（續）

《香港財務報告準則》第 15 號「來自與客戶合約的收益」

《香港財務報告準則》第 15 號訂定全面的收入確認框架，取代了《香港會計準則》第 11 號「建造合約」（涵蓋建造合約）及第 18 號「收入」（涵蓋商品及服務合約）的收入確認指引。框架的主要原則是當履約責任完成，收入便予確認，即是當客戶已同時獲得並享受了獲提供的惠益。《香港財務報告準則》第 15 號亦引入新的收入披露規定，並就以往未全面涵蓋的交易提供指引，亦優化了對多元素組合安排的指引。採用《香港財務報告準則》第 15 號對集團營運結果並無重大影響。

集團亦重新評估財務報表內各個收入相關細列項目的會計政策及呈列方式，並修訂了綜合資產負債表中資本補助及資本捐贈的呈列方式。為更對應行業慣例，集團將綜合資產負債表中的資本補助及資本捐贈重新分類，列作遞延收益 — 資本補助及資本捐贈。以往用於物業、機器及設備或無形資產的政府補助及現金捐贈確認在其他綜合收益，並在基金總額下的資本補助及資本捐贈累積。有關比較數字已重述如下，相關會計政策分別載於附註 2(q)(iv) 及 2(f)。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

2. Principal accounting policies (Continued)

2. 主要會計政策（續）

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

(d) 採用新訂 / 經修訂的《香港財務報告準則》（續）

Effect on consolidated balance sheet (extract):

對綜合資產負債表的影响（摘錄）：

The Group 集團			
	At 31 March 2017 HK\$'000 (As previously reported) 2017年3月31日 港幣千元 (如以往呈列)	Change in accounting policy HK\$'000 會計政策變動 港幣千元	At 1 April 2017 HK\$'000 (As restated) 2017年4月1日 港幣千元 (如重述)
Funds 基金			
Capital subventions and capital donations 資本補助及資本捐贈	5,816,580	(5,816,580)	-
Total Funds* 基金總額 *	13,152,987	(5,816,580)	7,336,407
Non-Current Liabilities 非流動負債			
Deferred income – capital subventions and capital donations 遞延收益 — 資本補助及資本捐贈	-	5,816,580	5,816,580
Total Non-Current Liabilities* 非流動負債總額 *	28,035,698	5,816,580	33,852,278
Total Liabilities* 負債總額 *	40,268,222	5,816,580	46,084,802
Total Funds And Total Liabilities* 基金及負債總額 *	53,421,209	-	53,421,209

The Group 集團			
	At 31 March 2018 HK\$'000 (As previously reported) 2018年3月31日 港幣千元 (如以往呈列)	Change in accounting policy HK\$'000 會計政策變動 港幣千元	At 1 April 2018 HK\$'000 (As restated) 2018年4月1日 港幣千元 (如重述)
Funds 基金			
Capital subventions and capital donations 資本補助及資本捐贈	6,108,687	(6,108,687)	-
Total Funds* 基金總額 *	12,624,436	(6,108,687)	6,515,749
Non-Current Liabilities 非流動負債			
Deferred income – capital subventions and capital donations 遞延收益 — 資本補助及資本捐贈	-	6,108,687	6,108,687
Total Non-Current Liabilities* 非流動負債總額 *	27,199,596	6,108,687	33,308,283
Total Liabilities* 負債總額 *	39,860,427	6,108,687	45,969,114
Total Funds And Total Liabilities* 基金及負債總額 *	52,484,863	-	52,484,863

*The tables show the adjustments recognised for each individual line item. Line items that were not affected by the changes have not been included. As a result, the sub-totals and totals disclosed cannot be recalculated from the numbers provided.

* 表內呈列了就每個報表項目的調整，並無列入未受變動影響的細列項目，因此從提供的數字不能推算回所披露的小計及總計款額。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

2. Principal accounting policies (Continued)

2. 主要會計政策（續）

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

(d) 採用新訂 / 經修訂的《香港財務報告準則》（續）

Effect on balance sheet (extract):

對資產負債表的影響（摘錄）：

HA 醫管局	At 31 March 2017 HK\$'000 (As previously reported) 2017年3月31日 港幣千元 (如以往呈列)	Change in accounting policy HK\$'000 會計政策變動 港幣千元	At 1 April 2017 HK\$'000 (As restated) 2017年4月1日 港幣千元 (如重述)
Funds 基金			
Capital subventions and capital donations 資本補助及資本捐贈	5,816,580	(5,816,580)	-
Total Funds* 基金總額 *	13,152,981	(5,816,580)	7,336,401
Non-Current Liabilities 非流動負債			
Deferred income – capital subventions and capital donations 遞延收益 — 資本補助及資本捐贈	-	5,816,580	5,816,580
Total Non-Current Liabilities* 非流動負債總額 *	28,035,698	5,816,580	33,852,278
Total Liabilities* 負債總額 *	40,268,145	5,816,580	46,084,725
Total Funds And Total Liabilities* 基金及負債總額 *	53,421,126	-	53,421,126

HA 醫管局	At 31 March 2018 HK\$'000 (As previously reported) 2018年3月31日 港幣千元 (如以往呈列)	Change in accounting policy HK\$'000 會計政策變動 港幣千元	At 1 April 2018 HK\$'000 (As restated) 2018年4月1日 港幣千元 (如重述)
Funds 基金			
Capital subventions and capital donations 資本補助及資本捐贈	6,108,687	(6,108,687)	-
Total Funds* 基金總額 *	12,624,430	(6,108,687)	6,515,743
Non-Current Liabilities 非流動負債			
Deferred income – capital subventions and capital donations 遞延收益 — 資本補助及資本捐贈	-	6,108,687	6,108,687
Total Non-Current Liabilities* 非流動負債總額 *	27,199,596	6,108,687	33,308,283
Total Liabilities* 負債總額 *	39,860,321	6,108,687	45,969,008
Total Funds And Total Liabilities* 基金及負債總額 *	52,484,751	-	52,484,751

*The tables show the adjustments recognised for each individual line item. Line items that were not affected by the changes have not been included. As a result, the sub-totals and totals disclosed cannot be recalculated from the numbers provided.

*表內呈列了就每個報表項目的調整，並無列入未受變動影響的細列項目，因此從提供的數字不能推算回所披露的小計及總計款額。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

2. Principal accounting policies (Continued)

2. 主要會計政策（續）

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

(d) 採用新訂 / 經修訂的《香港財務報告準則》（續）

Effect on consolidated statement of comprehensive income (extract):

對綜合全面收益表的影響（摘錄）：

	For the year ended 31 March 2018 HK\$'000 (As previously reported) 截至 2018 年 3 月 31 日止年度 港幣千元 (如以往呈列)	Change in accounting policy HK\$'000 會計政策變動 港幣千元	For the year ended 31 March 2018 HK\$'000 (As restated) 截至 2018 年 3 月 31 日止年度 港幣千元 (如重述)
Other comprehensive income 其他綜合收益			
Items that may be reclassified subsequently to income or expenditure: 其後可能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	1,358,718	(1,358,718)	-
- Transfers from Minor Works Projects Fund - 轉調自小型工程項目基金	1,821	(1,821)	-
- Transfers to consolidated statement of income and expenditure - 轉調往綜合收支結算表	(1,068,432)	1,068,432	-
Total comprehensive income for the year* 年內總綜合收益*	(528,551)	(292,107)	(820,658)

*The tables show the adjustments recognised for each individual line item. Line items that were not affected by the changes have not been included. As a result, the sub-totals and totals disclosed cannot be recalculated from the numbers provided.

*表內呈列了就每個報表項目的調整，並無列入未受變動影響的細列項目，因此從提供的數字不能推算回所披露的小計及總計款額。

The HKICPA has also issued a number of new/revised HKFRSs which are effective for accounting period beginning on or after 1 April 2019. The Group has not early adopted these new/revised HKFRSs in the financial statements for the financial year ended 31 March 2019. The following assessment has been carried out.

香港會計師公會亦頒布了多項在二零一九年四月一日起或之後會計期間生效的新訂 / 經修訂的《香港財務報告準則》。集團在截至二零一九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》，並已進行以下評估。

HKFRS 16, Leases

《香港財務報告準則》第 16 號「租賃」

HKFRS 16 will affect primarily the accounting for the Group's operating leases. Under HKFRS 16, an asset (the right to use the leased item) and a financial liability to pay rentals are recognised in the balance sheet.

《香港財務報告準則》第 16 號主要影響集團營運租賃的會計處理。根據此準則，資產（租賃項目的使用權）與支付租金的金融負債於資產負債表確認。

Management has assessed all lease contracts as well as contracts which do not satisfy the lease definition under the new standard. Except for operating leases that will expire within 12 months or less from 1 April 2019, the operating lease commitments as disclosed in note 32(b) will result in the recognition of an asset and a liability for future payments according to the new standard.

管理層已根據新準則評估所有租賃合約，以及不符合租賃定義的合約。根據新準則，除了二零一九年四月一日起於十二個月或少於十二個月內期滿的營運租賃，在附註 32(b) 披露的營運租賃承擔會根據新準則來確認資產和支付租金的負債。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

2. Principal accounting policies (Continued)

2. 主要會計政策（續）

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

As a lessee, the Group will apply the standard using the modified retrospective approach. Under the modified retrospective approach, (i) comparative information for prior periods is not restated; (ii) the date of the initial application of HKFRS 16 is the first day of the annual reporting period in which the Group first applies the requirement of HKFRS 16, i.e. 1 April 2019; and (iii) all right-of-use assets will be measured at the amount of the lease liability on adoption (adjusted for any prepaid or accrued lease payments).

(d) 採用新訂 / 經修訂的《香港財務報告準則》（續）

作為承租人，集團會應用經修訂的追溯方式來採納此準則。根據此方式，(i) 過往期間的比較資料不予重述；(ii) 集團首次應用《香港財務報告準則》第 16 號之日期，是集團首次應用此準則的規定之年度報告期間之首日，即二零一九年四月一日；及 (iii) 所有使用權資產會自租賃期開始日的租賃負債計量（包括對任何預付或應計租賃開支作出調整）。

(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(q).

(e) 收入之確認

除非是按附註 2(q) 指定計劃或資本項目的補助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。

Inpatient hospital fees and charges, such as inpatient admission and maintenance fees, itemised charges for private inpatients, are recognised over time during hospitalisation. Other hospital/clinic fees and charges such as outpatient attendance fees and drug charges, sales of self-financed drugs and medical reports and records, are recognised when services are provided.

住院收費如入院及住院費用、逐項收費的私家住院服務，按病人住院期間一段時間內確認。其他醫院 / 診所收費，如門診費用及藥物費用、自費藥物及醫療報告和紀錄收費，按提供服務時確認。

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

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。

Transfers from the capital subventions, Minor Works Projects Fund and Public-Private Partnership ("PPP") Fund are recognised as set out in note 2(q).

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(q) 的方式確認。

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

來自固定入息工具的投資收益按附註 2(j) 的方式確認。

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

來自銀行存款之投資收益採用實際利息法按時間比例入賬。

(f) Donations

(f) 捐贈

(i) Donated assets

Furniture, fixtures, equipment, motor vehicles and intangible assets donated to the Group are capitalised initially at fair value on receipt of assets according to the policy set out in notes 2(g)(ii) and 2(h) respectively. The amount of the donated assets is accumulated in deferred income 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 deferred income to the statement of income and expenditure. Other donated assets not fulfilling the capitalisation policy are recorded as expenditure and income in the year of receipt of the assets.

(i) 捐贈資產

捐贈予集團的家具、固定裝置、設備、汽車及無形資產，按附註 2(g)(ii) 及 2(h) 所列的政策，於最初收取時以公允價值資本化。捐贈資產金額於遞延收益之下的資本捐贈累積。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遞延收益轉調往收支結算表。其他不符合資本化規定的捐贈資產，於收取時在該年度之收支賬目內記賬。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

2. Principal accounting policies (Continued)

2. 主要會計政策（續）

(f) Donations (Continued)

(f) 捐贈（續）

(ii) Cash donations

(ii) 現金捐贈

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)(ii) or note 2(h), 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 notes 2(g)(ii) and 2(h) respectively are accumulated in deferred income 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 deferred income to the statement of income and expenditure.

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)(ii) 或附註 2(h) 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)(ii) 的物業、機器及設備或附註 2(h) 的無形資產，會於遞延收益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遞延收益轉調往收支結算表。

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

作為一般營運之用的非指定用途捐贈，於收款時列入該年度之收支結算表內。

(g) Property, plant and equipment

(g) 物業、機器及設備

- (i) Completed building projects transferred from the Government and individual governing bodies of ex-subservient hospitals are recorded at nominal value and included in property, plant and equipment.
- (ii) Property, plant and equipment other than completed building projects which give rise to economic benefits are capitalised and the corresponding amounts are recognised as deferred income - capital subventions and capital donations for capital expenditure funded by the Government and donations respectively.
- (iii) Property, plant and equipment other than completed building projects 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.
- (iv) The cost of assets acquired and the fair value of donated assets received by the Group are depreciated using the straight-line method over the expected useful lives of the assets as follows:

- (i) 由政府及個別前補助醫院管治機構轉調的已完成建築工程以名義價值入賬，列為物業、機器及設備。
- (ii) 除已完成建築工程外，可帶來經濟效益的物業、機器及設備應資本化，並會視乎是政府撥款或捐贈撥款而將相應款額分別在遞延收益－資本補助及資本捐贈確認。
- (iii) 除已完成建築工程外，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。
- (iv) 集團所取得的資產的成本或捐贈資產的公允價值的折舊，是按資產的預計可使用年期以直線法如下計算：

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

NOTES TO THE FINANCIAL STATEMENTS

2. Principal accounting policies (Continued)

(g) Property, plant and equipment (Continued)

- (v) The residual values and useful lives of assets are reviewed and adjusted, if appropriate, at each reporting date.
- (vi) 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.
- (vii) Capital expenditure in progress is not depreciated until the asset is placed into commission.

(h) Intangible assets

Computer software and systems including related development costs, which give rise to economic benefits are capitalised as intangible assets and the corresponding amounts are recognised as deferred income – capital subventions and capital donations for capital expenditure funded by the Government and donations respectively. 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.

(i) Financial assets at fair value through profit or loss

The placements with the Exchange Fund are measured 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 HA's business model for managing the financial assets and the contractual terms of the cash flows. 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.

(j) Fixed income instruments

Fixed income instruments are measured at amortised cost based on HA's business model for managing the financial assets and the contractual terms of the cash flows.

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.

財務報表附註

2. 主要會計政策（續）

(g) 物業、機器及設備（續）

- (v) 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。
- (vi) 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。
- (vii) 未完成的資本開支在資產啟用前不提折舊。

(h) 無形資產

可帶來經濟效益的電腦軟件及系統與相關開發費用，已資本化列為無形資產，並視乎是政府撥款或捐贈而將相應款額在遞延收益－資本補助及資本捐贈確認。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。

(i) 按公允價值列賬及在損益處理之金融資產

外匯基金存款是以「按公允價值列賬及在損益處理之金融資產」計算。醫管局在最初確認其金融資產時決定其分類，而有關分類是根據醫管局金融資產管理的業務模式及現金流之合約條款。按公允價值列賬及在損益處理之金融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，便會終止確認該金融資產。按公允價值列賬及在損益處理之金融資產其後按公允價值列賬。

(j) 固定入息工具

固定入息工具根據醫管局金融資產管理的業務模式及現金流之合約條款，按攤餘成本值確認。

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所產生的折扣或溢價，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。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

2. Principal accounting policies (Continued)

2. 主要會計政策（續）

(j) Fixed income instruments (Continued)

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.

(j) 固定入息工具（續）

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。

(k) 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.

(k) 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。

(l) Accounts receivable

Accounts receivable are recognised initially at fair value and subsequently measured at amortised cost using the effective interest method, less allowance for expected credit losses. HA applies the simplified approach permitted by HKFRS 9, which requires lifetime expected credit losses to be recognised from initial recognition of the receivables. The carrying amount of the accounts receivable is reduced through the use of an allowance for expected credit loss account, and the amount of the expected credit losses is recognised as an expense in the statement of income and expenditure. Decrease in the previously recognised expected credit losses shall be reversed by adjusting the allowance for expected credit loss account.

(l) 應收賬款

應收賬款先以公允價值確認，其後以實際利息法，按攤餘成本值減去預期信用損失撥備後確認。醫管局採用《香港財務報告準則》第9號允許的簡化方法，即在最初確認應收款項時確認整個存續期的預期信用損失。應收賬款的賬面價值會利用預期信用損失撥備賬戶減值，預期信用損失額會在收支結算表確認為開支。先前確認的預期信用損失額如減少，會在預期信用損失撥備賬戶作出調整。

To measure the expected credit losses, accounts receivable have been grouped based on shared credit risk characteristics and the days past due. The expected credit loss rates are determined based on the debtors' profiles of accounts receivable over a period of 36 months rolling historical credit loss experienced. The historical credit loss rates are adjusted for forward looking estimates that may affect the ability of debtors to settle the receivables.

為計量預期信用損失，應收賬款已按照相同的信用風險特徵和逾期天數分組。應收賬款預期信用損失率根據過往三十六個月信用損失經驗的債務人狀況釐定，而過往信用損失率按可能影響債務人付款能力的前瞻性資料估計作出調整。

When an accounts receivable is uncollectible and eventually written off, the respective uncollectible amount is offset against the allowance for expected credit loss 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. Accounts receivable are written off after all possible debt recovery actions have been taken by HA and taking into account prevailing economic conditions.

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信用損失撥備賬戶抵銷，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。在醫管局採取了所有可能行動追收欠款後，並考慮到當前經濟環境，該應收賬款會被註銷。

NOTES TO THE FINANCIAL STATEMENTS

2. Principal accounting policies (Continued)

(m) 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.

(n) 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) Provisions and contingent liabilities

Provisions are recognised when the Group has a present legal or constructive obligation as a result of past events, it is probable that an outflow of resources will be required to settle the obligation, and a reliable estimate of the amount can be made.

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

(p) 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.

財務報表附註

2. 主要會計政策（續）

(m) 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。

(n) 非金融資產減值

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。

(o) 撥備及或然負債

當集團因過往事件而引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外流，而涉及金額亦能可靠地作出估量，撥備便會予以確認。

倘經濟效益外流的可能性較低，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，資源外流的可能性極低則除外。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。

(p) 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。

NOTES TO THE FINANCIAL STATEMENTS

2. Principal accounting policies (Continued)

(p) Employee benefits (Continued)

(iii) Death and disability benefits costs

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

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

The disability benefits are accounted for as other long-term employee benefits. Remeasurement of disability liability arising from experience adjustments and changes in actuarial assumptions are recognised immediately in the statement of income and expenditure.

Further details of the death and disability liabilities are set out in note 18.

(iv) Other employee benefits costs

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

(q) Government subvention

Subvention grants approved for the year other than the following are classified as recurrent subvention income.

(i) Government funding for building projects, together with contributions from the individual governing bodies of ex-subservent hospitals, are received by HA for undertaking the capital works on their behalf. Accordingly, the amount incurred on building projects and the funding received are reflected as changes in current assets / current liabilities. Any outstanding reimbursement of project costs incurred by HA is recognised as current assets, while advance funding received by HA for meeting the project costs in future periods are recognised as current liabilities. Further details are set out in notes 12 and 16.

(ii) 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 deferred income – capital subventions as appropriate. Further details of the deferred income – Minor Works Projects Fund are set out in note 19(a).

財務報表附註

2. 主要會計政策（續）

(p) 僱員福利（續）

(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，即時在其他綜合收益確認。

傷殘福利列為其他長遠職員福利。根據經驗調整及精算假設改變而重新計量的傷殘福利責任，即時在收支結算表確認。

有關死亡及傷殘福利責任的詳情見附註 18。

(iv) 其他僱員福利開支

其他僱員福利如年假及約滿酬金於應付時入賬。

(q) 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。

(i) 政府就建築工程的撥款，以及個別前補助醫院管治機構承擔的款項，由醫管局收取代為執行基本工程項目。就建築工程所涉費用及所得撥款，相應反映於流動資產 / 流動負債的變動中。任何醫管局所支付而未獲付還的工程費用列為流動資產，而醫管局收取用以支付日後工程費用的預先撥款列為流動負債。詳情載於附註 12 及 16。

(ii) 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遞延收益—資本補助。遞延收益—小型工程項目基金的詳情載於附註 19(a)。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

2. Principal accounting policies (Continued)

2. 主要會計政策（續）

(q) Government subvention (Continued)

(iii) The Government allocated HK\$10,000,000,000 to HA to establish an endowment fund for PPP programmes. 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 deferred income – capital subventions as appropriate. Further details of the PPP Fund are set out in note 19(b).

(iv) Government subventions that are spent on property, plant and equipment or intangible assets as set out in notes 2(g)(ii) and 2(h) respectively are accumulated in deferred income under capital subventions, 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 net book value of assets disposed of is transferred from deferred income to the statement of income and expenditure.

(r) 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.

(s) 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.

(q) 政府補助（續）

(iii) 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遞延收益——資本補助。有關公私營協作基金的詳情載於附註 19(b)。

(iv) 用於附註 2(g)(ii) 物業、機器及設備或附註 2(h) 無形資產支出的政府補助，在遞延收益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。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遞延收益轉調往收支結算表。

(r) 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。

(s) 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。

NOTES TO THE FINANCIAL STATEMENTS

2. Principal accounting policies (Continued)

(t) Related parties

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

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

3. Financial risk management

(a) Financial risk factors

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

With regard to investments, in accordance with the Group's policies and guidelines, the primary objectives are to meet liquidity requirements, to protect capital and to provide a reasonable return. The investment portfolio ("Portfolio") as at 31 March 2019 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).

財務報表附註

2. 主要會計政策（續）

(t) 關聯人士

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

就本財務報表之編訂，集團與政府部門、機構或政府控制實體之間的交易，除政府與集團的正常交易外，均視作關聯人士交易。

3. 財務風險管理

(a) 財務風險因素

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

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。截至二零一九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，有關交易對方的拖欠風險應可減至最低，而組合亦沒有重大的信貸集中風險。此外，由於組合的資產及負債大體上都以港元為單位，即集團的功能及呈列貨幣，故無重大的貨幣風險。集團對流動現金需要及風險的管理，於附註 3(c) 披露。

NOTES TO THE FINANCIAL STATEMENTS

3. Financial risk management (Continued)

(a) Financial risk factors (Continued)

(i) Credit risk

The Group's credit risk is the risk that counterparties may default on its bank deposits, fixed income instruments and 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. The impairment requirements of HKFRS 9 do not have a material impact on the bank deposits. Credit risk arising from the bank deposits is not significant to the Group.

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 and bonds) are with issuers of credit rating not lower than Moody's A3 or equivalent at the time of investment. Where the maturity is over three years, the credit rating is not lower than Moody's Aa3 or equivalent.

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.

(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 2019. If interest rates had been increased or decreased by 20 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 operating results and total funds is insignificant.

(iii) Price risk

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

財務報表附註

3. 財務風險管理（續）

(a) 財務風險因素（續）

(i) 信貸風險

集團的信貸風險是交易對方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所認可的銀行，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。《香港財務報告準則》第 9 號的減值規定對銀行存款沒有重大影響，銀行存款涉及的信貸風險對集團的影響並不大。

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（即存款證及債券），有關發行商的最低信貸評級在投資時須不低於穆迪 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須不低於穆迪 Aa3 或同等級別。

外匯基金存款是醫管局與香港金融管理局（「金管局」）訂定的安排，預計金管局就這筆存款可履行對醫管局的合約責任。

(ii) 利率風險

組合的利率風險來自所獲利息的銀行現金、銀行存款及固定入息工具。銀行現金賺取不同利率，會有流動現金利率風險；而賺取固定息率的銀行存款及固定入息工具，則有公允價值利率風險。集團在二零一九年三月三十一日就利率風險進行敏感度分析。當利率升降 20 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，這對集團營運結果及基金總額不會有重大影響。

(iii) 價格風險

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

NOTES TO THE FINANCIAL STATEMENTS

3. Financial risk management (Continued)

(a) Financial risk factors (Continued)

(iv) Currency risk

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

(b) Fair values estimation

(i) Financial assets carried at fair values

The Group's financial instruments that are measured at fair value are categorised by level of the following fair value measurement hierarchy:

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

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

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

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

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

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

財務報表附註

3. 財務風險管理（續）

(a) 財務風險因素（續）

(iv) 貨幣風險

集團金融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) 按公允價值列賬的金融資產

集團以公允價值計量的金融工具按以下公允價值的計量架構進行分類：

第一層 - 相同資產或負債於活躍市場之報價（未經調整）。

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

第三層 - 資產或負債並不是根據可觀察市場數據的輸入（即不可觀察輸入）。

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

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

如一項或多項重大輸入並非根據可觀察市場數據，這些工具屬於第三層。

NOTES TO THE FINANCIAL STATEMENTS

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)

Specific valuation techniques used to value financial instruments include:

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

The 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 2019 and 31 March 2018:

The Group and HA 集團及醫管局		
	For the year ended 31 March 2019 HK\$'000 截至 2019 年 3 月 31 日止年度 港幣千元	For the year ended 31 March 2018 HK\$'000 截至 2018 年 3 月 31 日止年度 港幣千元
At the beginning of the year 於年初	26,502,332	25,667,339
Interest earned/accrued interest 所獲利息 / 應計利息	1,069,543	834,993
Interest withdrawn 提取利息	(1,981,549)	-
At the end of the year [note 8] 於年終 [附註 8]	25,590,326	26,502,332

(ii) Financial assets not reported at fair values

The fair values of fixed income instruments (i.e. certificates of deposits and bonds) at the reporting date are provided by the approved custodian. These instruments are summarised below:

(i) 按公允價值列賬的金融資產（續）

用以估值金融工具的特定估值技術包括：

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

外匯基金存款屬於第三層。下表呈列截至二零一九年三月三十一日止及二零一八年三月三十一日止年度第三層工具的變動：

(ii) 非以公允價值呈列的金融資產

固定入息工具（即存款證及債券）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 [Note 9] 賬面價值 [附註 9]		Fair Value 公允價值	
	At 31 March 2019 HK\$'000 2019 年 3 月 31 日 港幣千元	At 31 March 2018 HK\$'000 2018 年 3 月 31 日 港幣千元	At 31 March 2019 HK\$'000 2019 年 3 月 31 日 港幣千元	At 31 March 2018 HK\$'000 2018 年 3 月 31 日 港幣千元
Fixed income instruments 固定入息工具	799,552	849,655	809,627	849,049

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

3. Financial risk management (Continued)

(b) Fair values estimation (Continued)

- (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.

(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 and deferred income as shown in the consolidated balance sheet. At 31 March 2019, the capital of the Group was HK\$24,840,111,000 (2018: HK\$23,566,056,000).

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.

3. 財務風險管理（續）

(b) 公允價值估計（續）

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

(c) 資本管理

根據《醫院管理局條例》，集團的資源包括：

- (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、指定基金及遞延收益。截至二零一九年三月三十一日，集團的資本為港幣 24,840,111,000 元（二零一八年：港幣 23,566,056,000 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 reporting 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作出重大判斷，包括作出估計及假設。以下所列是一些需要作出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發展，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 and HA 集團及醫管局					
	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 2018 於 2018 年 4 月 1 日	1,093,728	11,522,158	294,879	562,300	13,473,065
Additions 增加	800	1,349,203	34,859	71,502	1,456,364
Disposals 出售	(1,033)	(461,909)	(15,292)	(17,073)	(495,307)
At 31 March 2019 於 2019 年 3 月 31 日	1,093,495	12,409,452	314,446	616,729	14,434,122
Accumulated depreciation 累積折舊					
At 1 April 2018 於 2018 年 4 月 1 日	450,936	6,576,173	231,582	384,638	7,643,329
Charge for the year 本年度之折舊	28,125	889,474	20,582	69,182	1,007,363
Disposals 出售	(1,033)	(451,423)	(15,292)	(16,903)	(484,651)
At 31 March 2019 於 2019 年 3 月 31 日	478,028	7,014,224	236,872	436,917	8,166,041
Net book value 賬面淨值					
At 31 March 2019 於 2019 年 3 月 31 日	615,467	5,395,228	77,574	179,812	6,268,081

The Group and HA 集團及醫管局					
	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 2017 於 2017 年 4 月 1 日	1,091,725	10,963,818	272,067	518,018	12,845,628
Additions 增加	2,003	1,115,984	31,154	60,727	1,209,868
Disposals 出售	-	(557,644)	(8,342)	(16,445)	(582,431)
At 31 March 2018 於 2018 年 3 月 31 日	1,093,728	11,522,158	294,879	562,300	13,473,065
Accumulated depreciation 累積折舊					
At 1 April 2017 於 2017 年 4 月 1 日	423,741	6,312,043	211,174	332,677	7,279,635
Charge for the year 本年度之折舊	27,195	796,201	28,750	68,405	920,551
Disposals 出售	-	(532,071)	(8,342)	(16,444)	(556,857)
At 31 March 2018 於 2018 年 3 月 31 日	450,936	6,576,173	231,582	384,638	7,643,329
Net book value 賬面淨值					
At 31 March 2018 於 2018 年 3 月 31 日	642,792	4,945,985	63,297	177,662	5,829,736

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 2019 HK\$'000 截至 2019 年 3 月 31 日止年度 港幣千元	For the year ended 31 March 2018 HK\$'000 截至 2018 年 3 月 31 日止年度 港幣千元
Cost 成本		
At the beginning of the year 於年初	1,413,263	1,263,436
Additions 增加	169,298	150,672
Disposals 出售	(1,024)	(845)
At the end of the year 於年終	1,581,537	1,413,263
Accumulated amortisation 累積攤銷		
At the beginning of the year 於年初	1,134,311	1,012,849
Charge for the year 本年度之攤銷	208,942	122,307
Disposals 出售	(1,024)	(845)
At the end of the year 於年終	1,342,229	1,134,311
Net book value 賬面淨值		
At the end of the year 於年終	239,308	278,952
HA 醫管局		
	For the year ended 31 March 2019 HK\$'000 截至 2019 年 3 月 31 日止年度 港幣千元	For the year ended 31 March 2018 HK\$'000 截至 2018 年 3 月 31 日止年度 港幣千元
Cost 成本		
At the beginning of the year 於年初	1,407,340	1,257,513
Additions 增加	169,298	150,672
Disposals 出售	(1,024)	(845)
At the end of the year 於年終	1,575,614	1,407,340
Accumulated amortisation 累積攤銷		
At the beginning of the year 於年初	1,128,388	1,006,926
Charge for the year 本年度之攤銷	208,942	122,307
Disposals 出售	(1,024)	(845)
At the end of the year 於年終	1,336,306	1,128,388
Net book value 賬面淨值		
At the end of the year 於年終	239,308	278,952

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 1.257% as at 31 March 2019 (2018: 1.132%). Downpayment Loan Scheme has been suspended since April 2002.

At 31 March 2019, 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 2019 HK\$'000 2019年3月31日 港幣千元	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元
Repayable within one year 一年內償還	568	715
Repayable beyond one year 超過一年償還	359	1,012
	927	1,727

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

The placements with the Exchange Fund are measured 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，於二零一九年三月三十一日時為1.257%（二零一八年：1.132%）。首期貸款計劃自二零零二年四月起已暫停。

在二零一九年三月三十一日，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：

8. 外匯基金存款

外匯基金存款是以「按公允價值列賬及在損益處理之金融資產」計算，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。

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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 4.6% and 2.9% per annum for January to December 2018 and January to December 2019, respectively. The interest earned but not yet withdrawn by HA would continue to accrue interest at the same rate payable for the principal amount.

As agreed with HKMA, HA renewed the placement with the Exchange Fund for the Samaritan Fund at HK\$6,000,000,000 for another six years at its maturity on 8 November 2018. All the interest earned up to 7 November 2018 of HK\$1,661,549,000 was withdrawn and transferred to the Samaritan Fund.

During the year ended 31 March 2019, HA also withdrew HK\$320,000,000, being part of the interest earned up to 31 December 2017, to support the operation of the PPP programmes.

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。二零一八年一月至十二月及二零一九年一月至十二月的每年回報率分別為 4.6% 及 2.9%。醫管局所獲但未有提取的利息會按本金可享息率繼續積存利息。

根據醫管局與金管局的協議，撒瑪利亞基金為數港幣 6,000,000,000 元的款項於二零一八年十一月八日到期後續存於外匯基金，為期六年。醫管局已全數提取截至二零一八年十一月七日所獲的港幣 1,661,549,000 元利息，並轉調往撒瑪利亞基金。

在截至二零一九年三月三十一日止的年度，醫管局亦提取截至二零一七年十二月三十一日所獲的部分利息，為數港幣 320,000,000 元，作為公私營協作計劃營運之用。

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(a)] 小型工程項目基金 [附註 19(a)]		PPP Fund and PPP Endowment Fund [Notes 19(b) and 20] 公私營協作基金及公私營協作留本基金 [附註 19(b) 及 20]		Total 總計	
	At 31 March 2019 HK\$'000 2019 年 3 月 31 日 港幣千元	At 31 March 2018 HK\$'000 2018 年 3 月 31 日 港幣千元	At 31 March 2019 HK\$'000 2019 年 3 月 31 日 港幣千元	At 31 March 2018 HK\$'000 2018 年 3 月 31 日 港幣千元	At 31 March 2019 HK\$'000 2019 年 3 月 31 日 港幣千元	At 31 March 2018 HK\$'000 2018 年 3 月 31 日 港幣千元	At 31 March 2019 HK\$'000 2019 年 3 月 31 日 港幣千元	At 31 March 2018 HK\$'000 2018 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	10,000,000	23,300,000	23,300,000
Interest earned but not withdrawn at the reporting date 報告日所獲但沒有提取的利息收入	40,833	1,372,584	1,478,206	1,092,167	589,598	440,351	2,108,637	2,905,102
Accrued interest 應計利息	43,196	83,623	62,771	95,188	75,722	118,419	181,689	297,230
	6,084,029	7,456,207	8,840,977	8,487,355	10,665,320	10,558,770	25,590,326	26,502,332
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)	(10,000,000)	(23,300,000)	(23,300,000)
Current portion 流動部分	84,029	1,456,207	1,540,977	1,187,355	665,320	558,770	2,290,326	3,202,332

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9. Fixed income instruments

The fixed income instruments represent Hong Kong dollar certificates of deposits and bonds with maturity periods within five years from the date of purchase. The investment yields at the reporting date were between 3.05% and 3.18% (2018: between 1.88% and 2.03%).

At 31 March 2019, the fixed income instruments held by the Group and HA are as follows:

The Group and HA 集團及醫管局		
	At 31 March 2019 HK\$'000 2019年3月31日 港幣千元	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元
Maturing within one year 一年內到期	-	849,655
Maturing between one and five years 一至五年內到期	799,552	-
	799,552	849,655

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.

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及債券，在報告日的投資收益介乎3.05%至3.18%之間。(二零一八年：在1.88%至2.03%之間)。

於二零一九年三月三十一日，集團及醫管局持有的固定入息工具如下：

上述金融資產並沒有逾期或減值，這些資產的信貨質素披露於附註3(a)。在報告日，最大的信貨風險是附註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 2019 HK\$'000 2019年3月31日 港幣千元	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元
Drugs 藥物	1,157,659	1,128,752
Medical consumables 醫療消耗品	199,554	191,557
General consumables 一般消耗品	20,104	22,906
	1,377,317	1,343,215

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11. Accounts receivable

11. 應收賬款

The Group and HA 集團及醫管局		
	At 31 March 2019 HK\$'000 2019年3月31日 港幣千元	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元
Bills receivable [note 11(a)] 應收賬單 [附註 11(a)]	341,778	312,263
Accrued income [note 11(b)] 應計收入 [附註 11(b)]	34,562	39,146
	376,340	351,409
Less: Allowance for expected credit losses [notes 11(c) and 11(d)] 減：預期信用損失撥備 [附註 11(c) 及 11(d)]	(80,089)	(71,787)
	296,251	279,622

(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 2019 HK\$'000 2019年3月31日 港幣千元	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元
Within 30 days 30 日內	215,138	187,223
Between 31 and 60 days 31 至 60 日	49,141	47,626
Between 61 and 90 days 61 至 90 日	12,583	24,597
Over 90 days 超過 90 日	64,916	52,817
	341,778	312,263

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.
- (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) Private patients and non-eligible persons are required to pay deposit on admission to hospital.
- (ii) 私家病人及非符合資格人士入院時須繳付訂金。
- (iii) Interim bills are sent to patients during hospitalisation. Final bills are sent if the outstanding amounts have not been settled on discharge.
- (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) 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.
- (iv) 就二零零七年七月一日或之後所提供的醫療服務，若逾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) Legal action will be instituted for outstanding bills where appropriate. Patients who have financial difficulties may be considered for waiver of fees charged.
- (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)

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

The Group and HA 集團及醫管局		
	At 31 March 2019 HK\$'000 2019年3月31日 港幣千元	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元
Past due by 逾期：		
Within 30 days 30 日內	174,352	144,680
Between 31 and 60 days 31 至 60 日	33,002	32,656
Between 61 and 90 days 61 至 90 日	2,033	14,528
Over 90 days 超過 90 日	6,771	1,736
	216,158	193,600

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.

逾期但沒有減值的應收賬單的賬齡分析如下：

逾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) Accrued income for hospital fees and charges represent contract assets, which are recognised when the Group has provided services before the debtors pay consideration or before payment is due.

- (b) 醫院收費的應計收入屬合約資產，當集團在債務人支付代價或費用到期前提供服務便予確認。

- (c) At 31 March 2019, bills receivable of HK\$125,620,000 (2018: HK\$118,663,000) were impaired by HK\$80,089,000 (2018: HK\$71,787,000). The aging analysis of these receivables is as follows:

- (c) 於二零一九年三月三十一日，港幣 125,620,000 元（二零一八年：港幣 118,663,000 元）的應收賬單減值港幣 80,089,000 元（二零一八年：港幣 71,787,000 元）。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 2019 HK\$'000 2019年3月31日 港幣千元	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元
Within 30 days 30 日內	40,786	42,543
Between 31 and 60 days 31 至 60 日	16,139	14,970
Between 61 and 90 days 61 至 90 日	10,550	10,069
Over 90 days 超過 90 日	58,145	51,081
	125,620	118,663

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

11. Accounts receivable (Continued)

Movements in the allowance for expected credit loss of accounts receivable are as follows:

The Group and HA 集團及醫管局		
	For the year ended 31 March 2019 HK\$'000 截至 2019 年 3 月 31 日止年度 港幣千元	For the year ended 31 March 2018 HK\$'000 截至 2018 年 3 月 31 日止年度 港幣千元
At the beginning of the year 於年初	71,787	63,949
Additional provision 撥備增加	57,535	62,955
Uncollectible amounts written off 註銷的未收回款額	(49,233)	(55,117)
At the end of the year 於年終	80,089	71,787

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.

應收賬款預期信用損失撥備的變動如下：

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。

- (d) The Group applies the simplified approach to provide expected credit losses as prescribed by HKFRS 9, which requires lifetime expected credit losses to be recognised from initial recognition of the receivables. To measure the expected credit losses, accounts receivable have been grouped based on shared credit risk characteristics and the days past due. The gross and net carrying amounts of the accounts receivable and the lifetime expected credit losses analysis are as follows:

- (d) 集團應用《香港財務報告準則》第 9 號規定的呈列預期信用損失簡化方法，在最初確認應收款項時確認整個存續期的預期損失。為計量預期信用損失，應收賬款已按照相同的信用風險特徵和逾期天數分組。應收賬款的賬面總值和賬面淨值及整個存續期的預期信用損失分析如下：

The Group and HA 集團及醫管局				
	Gross Carrying Amount HK\$'000 賬面總值 港幣千元	Lifetime Expected Credit Loss HK\$'000 整個存續 期的預期 信用損失 港幣千元	Net Carrying Amount HK\$'000 賬面淨值 港幣千元	Weighted Average Lifetime Expected Credit Loss Rate 加權平均 預期信用 損失率
At 31 March 2019 於 2019 年 3 月 31 日				
Within 6 months 6 個月內	335,326	(43,809)	291,517	13%
Between 6 and 12 months 6 至 12 個月	14,451	(9,767)	4,684	68%
Over 12 months 超過 12 個月	26,563	(26,513)	50	100%
	376,340	(80,089)	296,251	

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財務報表附註

11. Accounts receivable (Continued)

11. 應收賬款 (續)

The Group and HA 集團及醫管局				
	Gross Carrying Amount HK\$'000 賬面總值 港幣千元	Lifetime Expected Credit Loss HK\$'000 整個存續期的預期信用損失 港幣千元	Net Carrying Amount HK\$'000 賬面淨值 港幣千元	Weighted Average Expected Lifetime Loss Rate 加權平均預期信用損失率
At 31 March 2018 於 2018 年 3 月 31 日				
Within 6 months 6 個月內	322,087	(44,526)	277,561	14%
Between 6 and 12 months 6 至 12 個月	13,081	(11,134)	1,947	85%
Over 12 months 超過 12 個月	16,241	(16,127)	114	99%
	<u>351,409</u>	<u>(71,787)</u>	<u>279,622</u>	

The lifetime expected credit loss balances disclosed above include HK\$54,181,000 (2018: HK\$45,815,000) which were 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.

上述披露的整個存續期的預期信用損失的結餘包括港幣 54,181,000 元 (二零一八年: 港幣 45,815,000 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。

12. Other receivables

12. 其他應收賬款

The Group and HA 集團及醫管局		
	At 31 March 2019 HK\$'000 2019 年 3 月 31 日 港幣千元	At 31 March 2018 HK\$'000 2018 年 3 月 31 日 港幣千元
Donations receivable 應收捐款	96,178	55,120
Interest receivable 應收利息	82,959	53,926
Receivable from the Government for reimbursement or refund of expenditure incurred on capital projects [note 12(a)] 政府付還或退還基本工程項目所涉開支的應收款項 [附註 12(a)]	-	161,877
Others 其他	89,408	84,069
	<u>268,545</u>	<u>354,992</u>

Other receivables do not contain impaired assets. The balances mainly represent 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 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.

其他應收賬款並無減值資產, 結餘主要包括政府部門、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, 在報告日的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。

- (a) As at 31 March 2019, advance funding received from the Government for meeting the capital project costs in future periods was HK\$263,219,000 and was recognised as current liabilities in note 16. Movements in the balance with the Government for funding the expenditure incurred on capital projects are set out in note 16(e).

- (a) 於二零一九年三月三十一日, 醫管局從政府收到用以支付日後基本工程項目費用的預先撥款為港幣 263,219,000 元, 於附註 16 列為流動負債。政府就基本工程項目所涉開支的撥款結餘變動列於附註 16(e)。

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13. Deposits and prepayments

13. 按金及預付款項

The Group 集團		
	At 31 March 2019 HK\$'000 2019年3月31日 港幣千元	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元
Utility and other deposits 公用事業及其他按金	26,870	26,608
Prepayments to Government departments 向政府部門預付的款項	96,487	91,874
Maintenance contracts and other prepayments 保養合約及其他預付款項	174,219	175,671
	297,576	294,153
HA 醫管局		
	At 31 March 2019 HK\$'000 2019年3月31日 港幣千元	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元
Utility and other deposits 公用事業及其他按金	26,758	26,496
Prepayments to Government departments 向政府部門預付的款項	96,487	91,874
Maintenance contracts and other prepayments 保養合約及其他預付款項	174,219	175,671
	297,464	294,041

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 2019 HK\$'000 2019年3月31日 港幣千元	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元
Cash at bank and in hand 銀行存款及手持現金	715,476	787,213
Bank deposits with original maturity within three months 原來到期日不超過三個月的銀行存款	3,458,943	5,470,274
Cash and cash equivalents 現金及現金等值	4,174,419	6,257,487
Bank deposits with original maturity over three months 原來到期日超過三個月的銀行存款	15,097,206	10,492,992
	19,271,625	16,750,479

The cash and bank balances included bank deposits designated for Minor Works Projects Fund and PPP Fund of HK\$138,055,000 (2018: HK\$1,389,049,000) and HK\$151,622,000 (2018: HK\$73,161,000) respectively. The effective interest rate on short term bank deposits is between 0.001% and 3.00% (2018: 0.01% and 1.68%). These deposits have an average maturity of 50 days (2018: 63 days).

At 31 March 2019, the Group and HA had undrawn banking facilities of HK\$1,350,000,000 (2018: HK\$1,350,000,000).

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 138,055,000 元（二零一八年：港幣 1,389,049,000 元）及港幣 151,622,000 元（二零一八年：港幣 73,161,000 元）。短期銀行存款的實際利率為 0.001% 至 3.00% 之間（二零一八年：0.01% 至 1.68% 之間），這些存款的平均到期日為 50 天（二零一八年：63 天）。

於二零一九年三月三十一日，集團及醫管局未動用的銀行授信額為港幣 1,350,000,000 元（二零一八年：港幣 1,350,000,000 元）。

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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 HKMA for a fixed period of six years during which time HA would not be able to withdraw the principal amount. As agreed with HKMA, HA renewed the principal amount of HK\$6,000,000,000 for another six years at its maturity on 8 November 2018. All the interest earned up to 7 November 2018 of HK\$1,661,549,000 was withdrawn and transferred to the Samaritan Fund.

As HA is acting as a custodian for the Samaritan Fund, the cumulative investment return up to 31 March 2019 was recorded together with the principal amount as balance with Samaritan Fund, which is unsecured, interest free and denominated in Hong Kong dollar.

The balance with Samaritan Fund is analysed as follows:

The Group and HA 集團及醫管局	At 31 March 2019 HK\$'000 2019年3月31日 港幣千元	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元
Principal amount 本金	6,000,000	6,000,000
Interest earned but not withdrawn at the reporting date 報告日所獲但沒有提取的利息收入	40,833	1,372,584
Accrued interest 應計利息	43,196	83,623
	6,084,029	7,456,207
Less: non-current portion 減：非流動部分	(6,000,000)	(6,000,000)
Current portion 流動部分	84,029	1,456,207

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，根據醫管局與金管局所訂的信貸安排，由二零一二年十一月八日起存入外匯基金，年期固定為六年。在此段期間，醫管局不能提取這筆本金。根據醫管局與金管局的協議，該筆港幣 6,000,000,000 元的本金於二零一八年十一月八日到期後續存於外匯基金，為期六年。醫管局已全數提取截至二零一八年十一月七日所獲的港幣 1,661,549,000 元利息，並轉調往撒瑪利亞基金。

由於醫管局是作為撒瑪利亞基金的保管人，基金截至二零一九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。

撒瑪利亞基金結餘分析如下：

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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 2019 HK\$'000 2019年3月31日 港幣千元	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元
Trade payables [note 16(a)] 應付貿易賬款 [附註 16(a)]	710,287	631,624
Accrued charges and other payables [note 16(b)] 應付費用及其他賬款 [附註 16(b)]	6,513,419	5,904,597
Contributions from the governing bodies of ex-subsvented hospitals for capital projects [note 16(c)] 前補助醫院管治機構就基本工程項目承擔款項 [附註 16(c)]	-	447
Current account with the Government [note 16(d)] 與政府之間的來往賬目 [附註 16(d)]	5,333,437	4,322,723
Advance funding received from the Government for meeting the expenditure incurred on capital projects [note 16(e)] 所收到政府就基本工程項目所涉開支的預先撥款 [附註 16(e)]	263,219	-
	12,820,362	10,859,391

HA 醫管局	At 31 March 2019 HK\$'000 2019年3月31日 港幣千元	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元
Trade payables [note 16(a)] 應付貿易賬款 [附註 16(a)]	710,287	631,624
Accrued charges and other payables [note 16(b)] 應付費用及其他賬款 [附註 16(b)]	6,504,854	5,897,081
Contributions from the governing bodies of ex-subsvented hospitals for capital projects [note 16(c)] 前補助醫院管治機構就基本工程項目承擔款項 [附註 16(c)]	-	447
Current account with the Government [note 16(d)] 與政府之間的來往賬目 [附註 16(d)]	5,333,437	4,322,723
Advance funding received from the Government for meeting the expenditure incurred on capital projects [note 16(e)] 所收到政府就基本工程項目所涉開支的預先撥款 [附註 16(e)]	263,219	-
Current account with a subsidiary 與附屬機構之間的來往賬目	8,459	7,410
	12,820,256	10,859,285

(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 2019 HK\$'000 2019年3月31日 港幣千元	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元
Within 30 days 30 日內	656,986	603,890
Between 31 and 60 days 31 至 60 日	18,726	22,382
Between 61 and 90 days 61 至 90 日	18,762	3,029
Over 90 days 超過 90 日	15,813	2,323
	710,287	631,624

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

16. Creditors and accrued charges (Continued)

All trade payables as at 31 March 2019 are expected to be settled within one year. The Group has maintained adequate cash flows and banking facilities for settlement of trade payables.

- (b) Accrued charges and other payables of the Group and HA included accrual for annual leave of HK\$2,150,106,000 (2018: HK\$2,022,356,000) and contract gratuity accrual of HK\$1,781,162,000 (2018: HK\$1,652,222,000).

- (c) Movements in the contributions from the governing bodies of ex-subvented hospitals for capital projects are as follows:

The Group and HA 集團及醫管局	For the year ended 31 March 2019 HK\$'000 截至 2019 年 3 月 31 日止年度 港幣千元	For the year ended 31 March 2018 HK\$'000 截至 2018 年 3 月 31 日止年度 港幣千元
At the beginning of the year 於年初	447	193
Contributions received from the governing bodies of ex-subvented hospitals on capital projects 所收到前補助醫院管治機構就基本工程項目承擔款項	19,430	16,992
Amount incurred on capital projects 基本工程項目所涉款項	(19,877)	(16,738)
At the end of the year 於年終	-	447

- (d) 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.

- (e) Movements in the balance with the Government for funding the expenditure incurred on capital projects are as follows:

The Group and HA 集團及醫管局	For the year ended 31 March 2019 HK\$'000 截至 2019 年 3 月 31 日止年度 港幣千元	For the year ended 31 March 2018 HK\$'000 截至 2018 年 3 月 31 日止年度 港幣千元
At the beginning of the year 於年初	161,877	281,674
Government funding received on capital projects 就基本工程項目收到的政府撥款	(2,804,109)	(1,747,055)
Amount incurred on capital projects 基本工程項目所涉款項	2,379,013	1,627,258
At the end of the year 於年終	(263,219)	161,877

16. 債權人及應付費用（續）

二零一九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授信額繳付應付貿易賬款。

- (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 2,150,106,000 元（二零一八年：港幣 2,022,356,000 元），以及應計合約酬金港幣 1,781,162,000 元（二零一八年：港幣 1,652,222,000 元）。

- (c) 前補助醫院管治機構就基本工程項目承擔款項變動如下：

- (d) 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。

- (e) 政府就基本工程項目所涉開支的撥款結餘變動如下：

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

17. Deposits received

17. 已收按金

The Group and HA 集團及醫管局		
	At 31 March 2019 HK\$'000 2019年3月31日 港幣千元	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元
Patient deposits [note 17(a)] 病人按金 [附註 17(a)]	49,478	42,632
Other deposits [note 17(b)] 其他按金 [附註 17(b)]	342,045	302,601
	391,523	345,233

- (a) Patient deposits represent contract liabilities and mainly consist of deposits received from private patients and non-eligible persons on admission to hospital services. The amounts are recognised before the Group provides services. Except for the amounts overpaid which will be refunded to patients and deposits for privately purchased medical items, the full balance is recognised as income in the statement of income and expenditure in the next financial year according to the accounting policy set out in note 2(e).
- (b) Other deposits mainly consist of deposits from contractors which are held as securities for due performance of the contractors' warranties, undertaking and obligations under contracts.

- (a) 病人按金屬合約負債，主要包括使用私家服務病人及非符合資格人士入院時所支付的按金，有關款項在集團提供服務前確認。除了多付的款項會退還給病人，以及自費醫療項目的按金，全數結餘會根據附註 2(e) 的會計政策於下一個財政年度在收支結算表中確認為收入。
- (b) 其他按金主要包括承辦商按金，作為承辦商適切履行合約所訂保證、承諾及責任的抵押。

18. Death and disability liabilities

18. 死亡及傷殘福利責任

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.

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。

The amounts recognised in the balance sheet are as follows:

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 2019 HK\$'000 2019年3月31日 港幣千元	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元
Present value of funded obligations 注資責任的現值	294,747	261,591
Fair value of plan assets 計劃資產的公允價值	(21,264)	(3,615)
	273,483	257,976

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 2019 HK\$'000 截至 2019 年 3 月 31 日止年度 港幣千元	For the year ended 31 March 2018 HK\$'000 截至 2018 年 3 月 31 日止年度 港幣千元
At the beginning of the year 於年初	261,591	263,757
Current service cost 現行服務開支	38,235	40,334
Interest cost 利息開支	5,330	4,375
Benefits paid 已付福利	(9,394)	(6,405)
Remeasurement of disability liability 傷殘福利責任重新計量	2,771	(11,356)
Remeasurement of death liability 死亡福利責任重新計量	(3,786)	(29,114)
At the end of the year 於年終	294,747	261,591

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 2019 HK\$'000 截至 2019 年 3 月 31 日止年度 港幣千元	For the year ended 31 March 2018 HK\$'000 截至 2018 年 3 月 31 日止年度 港幣千元
At the beginning of the year 於年初	3,615	10,339
Adjustment on plan assets (excluding interest income) 計劃資產的調整（不包括利息收入）	18,238	(8,747)
Employer contributions 僱主供款	8,805	8,428
Benefits paid 已付福利	(9,394)	(6,405)
At the end of the year 於年終	21,264	3,615

The death benefits are insured by a group life insurance policy and the current insurance policy covers the period up to 31 July 2021. 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二零二一年七月三十一日。計劃資產的公允價值為保險計劃估計死亡福利責任的現值。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

18. Death and disability liabilities (Continued)

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

The Group and HA 集團及醫管局		
	For the year ended 31 March 2019 HK\$'000 截至 2019 年 3 月 31 日止年度 港幣千元	For the year ended 31 March 2018 HK\$'000 截至 2018 年 3 月 31 日止年度 港幣千元
Current service cost 現行服務開支	38,235	40,334
Interest cost 利息開支	5,330	4,375
Remeasurement of disability liability 傷殘福利責任重新計量	2,771	(11,356)
Total, included in staff costs [note 24] 總計 (包括在員工成本內) [附註 24]	46,336	33,353
Remeasurement of death liability 死亡福利責任重新計量	(3,786)	(29,114)
Adjustment on plan assets (excluding interest income) 計劃資產的調整 (不包括利息收入)	(18,238)	8,747
Total, included in other comprehensive income 總計 (包括在其他綜合收益內)	(22,024)	(20,367)

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 2019 截至 2019 年 3 月 31 日止年度 %	For the year ended 31 March 2018 截至 2018 年 3 月 31 日止年度 %
Discount rate 貼現率	1.70	2.10
Assumed rate of future salary increases 假設未來薪金增幅	4.00	4.00

The analysis below shows how the present value of the funded obligations as at 31 March 2019 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，得出二零一九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	(16,595)	18,219
Assumed rate of future salary increases 假設未來薪金增幅	17,551	(16,106)

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	Minor Works Projects Fund [Note 19(a)] HK\$'000 小型工程 項目基金 [附註 19(a)] 港幣千元	PPP Fund [Note 19(b)] HK\$'000 公私營協作基金 [附註 19(b)] 港幣千元	Total HK\$'000 總計 港幣千元
At 1 April 2017 於 2017 年 4 月 1 日	599,674	10,678,620	503,986	11,782,280
Additions during the year 年內增加	47,990	-	3,575	51,565
Interest earned 所獲利息	-	298,854	334,665	633,519
Transfers to deferred income - capital subventions and capital donations 轉調往遞延收益－資本補助及資本捐贈	-	(1,821)	-	(1,821)
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算	(92,618)	(1,202,525)	(228,780)	(1,523,923)
At 31 March 2018 於 2018 年 3 月 31 日	555,046	9,773,128	613,446	10,941,620
Additions during the year 年內增加	291,091	-	6,254	297,345
Interest earned 所獲利息	-	370,120	431,860	801,980
Transfers to deferred income - capital subventions and capital donations 轉調往遞延收益－資本補助及資本捐贈	-	(5,336)	-	(5,336)
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(194,326)	(1,230,703)	(261,154)	(1,686,183)
At 31 March 2019 於 2019 年 3 月 31 日	651,811	8,907,209	790,406	10,349,426

(a) 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.

(a) 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。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

19. Deferred income (Continued)

19. 遞延收益（續）

(a) Minor Works Projects Fund (Continued)

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.

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

(a) 小型工程項目基金（續）

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。

小型工程項目基金結餘主要包括非流動項目。

(b) 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 programmes 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 2019, the Government provided recurrent subvention of HK\$6,254,000 (2018: HK\$3,575,000) to HA for pay adjustment of staff deployed on PPP programmes. The subvention was transferred to the PPP Fund and was recognised in the deferred income – PPP Fund when the subvention was received.

(b) 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。

於截至二零一九年三月三十一日止的財政年度，政府向醫管局提供港幣 6,254,000 元（二零一八年：港幣 3,575,000 元）經常性補助，用作公私營協作計劃職員的薪酬調整。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。

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。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

21. Deferred income - capital subventions and capital donations

21. 遞延收益 — 資本補助及資本捐贈

The Group and HA 集團及醫管局			
	Capital subventions [Note 2(q)] HK\$'000 資本補助 [附註 2(q)] 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 2017 於 2017 年 4 月 1 日	4,541,263	1,275,317	5,816,580
Additions during the year 年內增加	1,213,430	145,288	1,358,718
Transfers from Minor Works Projects Fund 轉調自小型工程項目基金	1,821	-	1,821
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(930,094)	(138,338)	(1,068,432)
At 31 March 2018 於 2018 年 3 月 31 日	4,826,420	1,282,267	6,108,687
Additions during the year 年內增加	1,514,621	105,705	1,620,326
Transfers from Minor Works Projects Fund 轉調自小型工程項目基金	5,336	-	5,336
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(1,083,013)	(143,947)	(1,226,960)
At 31 March 2019 於 2019 年 3 月 31 日	5,263,364	1,244,025	6,507,389

22. Designated fund - Home Loan Interest Subsidy Scheme

22. 指定基金 — 購屋貸款利息津貼計劃

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. At 31 March 2019, the designated bank and investment accounts were included under cash and bank balances whereas they were included under both cash and bank and fixed income instruments balances at 31 March 2018.

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。於二零一九年三月三十一日，指定銀行投資戶口列入現金及銀行結餘內，而於二零一八年三月三十一日則列入現金及銀行及固定入息工具結餘內。

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財務報表附註

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 2019 amounted to HK\$1,030,496,000 (2018: HK\$874,210,000).

Hospital/clinics fees and charges (net of waivers) are derived over time and at a point in time in the following categories:

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。在截至二零一九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 1,030,496,000 元（二零一八年：港幣 874,210,000 元）。

下列各類醫院 / 診療所收費（已扣除減免數額）在一段時間內或在某一時點獲得：

The Group 集團			
	Over time HK\$'000 在一段時間內 港幣千元	At a point in time HK\$'000 在某一時點 港幣千元	Total HK\$'000 總計 港幣千元
For the year ended 31 March 2019 截至 2019 年 3 月 31 日止年度			
Inpatient fees 住院收費	780,127	-	780,127
Outpatient fees 門診收費	-	1,345,706	1,345,706
Itemised charges 分項收費	114,443	2,376,139	2,490,582
Other medical fees 其他醫療收費	1,259	95,672	96,931
	895,829	3,817,517	4,713,346
For the year ended 31 March 2018 截至 2018 年 3 月 31 日止年度			
Inpatient fees 住院收費	806,995	-	806,995
Outpatient fees 門診收費	-	1,305,333	1,305,333
Itemised charges 分項收費	115,058	1,969,471	2,084,529
Other medical fees 其他醫療收費	1,493	88,846	90,339
	923,546	3,363,650	4,287,196

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

24. Staff costs

24. 員工成本

The Group 集團	For the year ended 31 March 2019 HK\$'000 截至 2019 年 3 月 31 日止年度 港幣千元	For the year ended 31 March 2018 HK\$'000 截至 2018 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	45,170,241	41,778,137
Post-employment benefits 離職後福利：		
- Contribution to HA Provident Fund Scheme [note 24(a)] - 醫院管理局公積金計劃供款 [附註 24(a)]	2,733,115	2,603,983
- Contribution to Mandatory Provident Fund Scheme [note 24(b)] - 強積金計劃供款 [附註 24(b)]	753,748	697,205
Death and disability benefits [note 18] 死亡及傷殘福利 [附註 18]	46,336	33,353
	48,703,440	45,112,678

(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 2019, the total membership was 28,669 (2018: 29,073). The scheme's net asset value as at 31 March 2019 was HK\$68,393,082,000 (2018: HK\$67,642,644,000).

(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 18 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。

於二零一九年三月三十一日，計劃共有 28,669 名成員（二零一八年：29,073 名），計劃的資產淨值為港幣 68,393,082,000 元（二零一八年：港幣 67,642,644,000 元）。

NOTES TO THE FINANCIAL STATEMENTS

24. 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 2019, the total membership was 59,435 (2018: 55,741). During the financial year ended 31 March 2019, total members' contributions were HK\$640,035,000 (2018: HK\$588,864,000). The net asset value as at 31 March 2019, including assets transferred from members' previous employment, was HK\$9,676,861,000 (2018: HK\$9,096,115,000).

25. 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 2019, other operating expenses included an accrual for auditor's remuneration of HK\$1,950,000 (2018: HK\$1,950,000).

財務報表附註

24. 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」。除非獲得豁免，合約及臨時僱員須參加「強制性公積金計劃」。

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。

於二零一九年三月三十一日，計劃共有 59,435 名成員（二零一八年：55,741 名）。在截至二零一九年三月三十一日止之財政年度內，成員的供款總額為港幣 640,035,000 元（二零一八年：港幣 588,864,000 元）。於二零一九年三月三十一日，計劃的資產淨值，包括成員先前職位轉調的資產，為港幣 9,676,861,000 元（二零一八年：港幣 9,096,115,000 元）。

25. 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。截至二零一九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（二零一八年：港幣 1,950,000 元）。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

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

- (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:

	For the year ended 31 March 2019 HK\$'000 截至 2019 年 3 月 31 日止年度 港幣千元
Current Position/Name of Executives 現時職位 / 行政人員姓名	
Chief Executive 行政總裁 Dr Pak Yin LEUNG 梁栢賢醫生	6,261
Cluster Chief Executive (Hong Kong East)* 港島東聯網總監 * Dr Che Chung LUK 陸志聰醫生	5,550
Cluster Chief Executive (Kowloon Central) 九龍中聯網總監 Dr Chi Yuen LO 盧志遠醫生	5,550
Cluster Chief Executive (New Territories East) 新界東聯網總監 Dr Su Vui LO 羅思偉醫生	5,127
Cluster Chief Executive (Kowloon East) 九龍東聯網總監 Dr Kam Tim TOM 譚錦添醫生	5,076
	27,564

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

*Dr LUK transferred from Cluster Chief Executive (Hong Kong West) to Cluster Chief Executive (Hong Kong East) with effective from 1 October 2018.

註：所有行政人員並不獲取與表現掛鈎的不定額薪酬。

* 陸志聰醫生原任職港島西聯網總監，於二零一八年十月一日起轉任港島東聯網總監。

	For the year ended 31 March 2018 HK\$'000 截至 2018 年 3 月 31 日止年度 港幣千元
Current Position/Name of Executives 現時職位 / 行政人員姓名	
Chief Executive 行政總裁 Dr Pak Yin LEUNG 梁栢賢醫生	6,018
Director (Cluster Services) 聯網服務總監 Dr Wai Lun CHEUNG 張偉麟醫生	5,618
Cluster Chief Executive (Hong Kong West) 港島西聯網總監 Dr Che Chung LUK 陸志聰醫生	5,335
Cluster Chief Executive (Kowloon Central) 九龍中聯網總監 Dr Chi Yuen LO 盧志遠醫生	5,334
Cluster Chief Executive (Hong Kong East) 港島東聯網總監 Dr Chor Chiu LAU 劉楚釗醫生	5,318
	27,623

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

27. Related party transactions

27. 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 a number of contracts with the Electrical and Mechanical Services Department ("EMSD") of the Government for providing biomedical and general electronics engineering services, electrical, mechanical, air-conditioning, building services and other services (e.g. capital and improvement works) to the Group. The amounts incurred for these services for the financial year ended 31 March 2019 amounted to HK\$1,783,379,000 (2018: HK\$1,533,192,000).
- (b) HA has entered into an agreement with the Government to provide serving and retired civil servants, their eligible dependants and other eligible persons with the services and facilities at all public hospitals and clinics free of charge or at the prevailing rates as prescribed in the Civil Service Regulations. For the financial year ended 31 March 2019, revenue foregone in respect of medical services provided to these persons amounted to HK\$463,476,000 (2018: HK\$424,620,000). The cost of such services has been taken into account in the Government's subvention to the Group.
- (c) Remuneration of key management personnel

- (a) 醫管局與政府機電工程署訂立了數份合約，由該署向集團提供生物醫學及一般電子工程服務、電力、機械、空調、樓宇服務及其他服務（如基本工程及改善工程）。截至二零一九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 1,783,379,000 元（二零一八年：港幣 1,533,192,000 元）。
- (b) 醫管局與政府訂立了協議，為現職及退休公務員、其合資格的家屬及其他符合資格人士以免費或按公務員條例所訂收費提供公立醫院及診療所的服務及設施。截至二零一九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 463,476,000 元（二零一八年：港幣 424,620,000 元），這些服務的費用已包括在政府給集團的補助內。
- (c) 主要管理人員薪酬

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 2019 HK\$'000 截至 2019 年 3 月 31 日止年度 港幣千元	For the year ended 31 March 2018 HK\$'000 截至 2018 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	67,070	66,610
Post-employment benefits 離職後福利	6,643	6,393
	73,713	73,003

- (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 24.
- (e) Outstanding balances with the Government as at 31 March 2018 and 2019 are disclosed in notes 8, 12, 13, 15, 16 and 20. The current account with a subsidiary, HACM Limited, is disclosed in note 16.

- (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 24。
- (e) 截至二零一八年及二零一九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 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。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

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

28. 營運活動所得 / (所用) 現金淨額

The Group 集團		
	For the year ended 31 March 2019 HK\$'000 截至 2019 年 3 月 31 日止年度 港幣千元	For the year ended 31 March 2018 HK\$'000 (Restated) 截至 2018 年 3 月 31 日止年度 港幣千元 (重述)
Surplus/(deficit) for the year 年內盈餘 / (虧損)	1,445,523	(841,025)
Investment income 投資收益	(427,082)	(243,980)
Interest for Minor Works Projects Fund 小型工程項目基金利息	19,233	36,576
Income transferred from Minor Works Projects Fund 轉調自小型工程項目基金之收入	(1,230,703)	(1,202,525)
Interest for PPP Fund 公私營協作基金利息	325,073	3,330
Income transferred from PPP Fund 轉調自公私營協作基金之收入	(261,154)	(228,780)
Capital subventions for property, plant and equipment and intangible assets 物業、機器及設備及無形資產之資本補助	1,519,957	1,215,251
Capital donations for property, plant and equipment and intangible assets 物業、機器及設備及無形資產之資本捐贈	105,705	145,288
Income transferred from capital subventions and capital donations 轉調自資本補助及資本捐贈之收入	(1,226,960)	(1,068,432)
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	10,656	25,574
Depreciation and amortisation 折舊及攤銷	1,216,305	1,042,858
Increase in death and disability liabilities 死亡及傷殘福利責任增加	37,531	24,925
Increase/(decrease) in deferred income 遞延收益增加 / (減少)	97,683	(42,874)
Increase in inventories 存貨增加	(34,102)	(46,733)
Decrease in loans receivable 應收債款減少	800	936
(Increase)/decrease in accounts receivable 應收賬款 (增加) / 減少	(16,629)	46,616
Decrease in other receivables 其他應收賬款減少	115,480	149,479
(Increase)/decrease in deposits and prepayments 按金及預付款項 (增加) / 減少	(3,423)	29,452
Increase in creditors and accrued charges 債權人及應付費用增加	1,960,971	143,613
Increase in deposits received 已收按金增加	46,290	49,776
Net cash generated from/(used in) operating activities 營運活動所得 / (所用) 現金淨額	3,701,154	(760,675)

29. Funds held in trust

29. 信託基金

At 31 March 2019, Health Care and Promotion Scheme of HK\$10,910,000 (2018: HK\$18,637,000) was held in trust for the Government but not included in the financial statements.

於二零一九年三月三十一日，集團以信託基金形式為政府管理港幣 10,910,000 元 (二零一八年：港幣 18,637,000 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

30. Donations from the Hong Kong Jockey Club Charities Trust

During the financial year ended 31 March 2019, the Hong Kong Jockey Club Charities Trust made donations totalling HK\$36,601,000 (2018: HK\$94,042,000) to the following institutions:

	HK\$'000 港幣千元
Queen Elizabeth Hospital 伊利沙伯醫院	17,480
Tai Po Hospital 大埔醫院	11,329
Enhanced Home Renal Replacement Therapy Programme (Various hospitals) 家居透析計劃（不同醫院）	2,250
Jockey Club Inpatient Facilities Modernisation Scheme (Various hospitals) 賽馬會安寢輕移計劃（不同醫院）	1,444
Wong Tai Sin Hospital 黃大仙醫院	1,158
United Christian Hospital 基督教聯合醫院	955
Kowloon Hospital 九龍醫院	897
MacLehose Medical Rehabilitation Centre 麥理浩復康院	880
Princess Margaret Hospital 瑪嘉烈醫院	208
	36,601

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

30. 來自香港賽馬會慈善信託基金的捐贈

截至二零一九年三月三十一日止的財政年度內，香港賽馬會慈善信託基金共向下列機構捐出港幣 36,601,000 元（二零一八年：港幣 94,042,000 元）：

根據附註 2(f)(ii) 所載的會計政策，捐贈列入指定捐贈基金內。

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財務報表附註

31. Net proceeds from fund raising activities under Public Subscription Permits ("PSP") granted by the Social Welfare Department

31. 獲社會福利署發給公開籌款許可證進行籌款活動所得淨收入

The net proceeds from fund raising activities under PSP granted by the Social Welfare Department of the Government during the stated period are set out below:

獲政府社會福利署發給公開籌款許可證在指定期間進行籌款活動所得淨收入如下：

Institution 機構	PSP No. 公開籌款 許可證編號	Purpose 目的	Period Covered 涵蓋期間	Net Proceeds HK\$'000 淨收入 港幣千元
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	2018/075/1	To raise funds for improvement of the quality of patient care services 籌款用作改善病人服務質素	1/4/2018 - 31/3/2019	140
Bradbury Hospice 白普理寧養中心	2017/212/1	To raise funds for patient care 籌款用作病人福利	16/9/2017 - 15/9/2018	15
Caritas Medical Centre 明愛醫院	2017/105/1	To raise funds for patient services 籌款用作病人服務	1/5/2017 - 30/4/2018	32
Castle Peak Hospital 青山醫院	2018/082/1	To raise funds for mental health education activities 籌款用作精神健康教育活動	1/4/2018 - 31/3/2019	20
Cheshire Home, Shatin 沙田慈氏護養院	2017/149/1	To raise funds for healthcare services 籌款用作醫療服務	1/7/2017 - 30/6/2018	82
Grantham Hospital 葛量洪醫院	2018/026/1 2018/150/1	To raise funds for improving patient services of Grantham Hospital 籌款用作改善葛量洪醫院病友服務	1/2/2018 - 31/1/2019 1/7/2018 - 31/1/2019	19 2
Haven of Hope Hospital 靈實醫院	2018/076/1	To raise funds for services by the Haven of Hope Hospital 籌款用作靈實醫院的服務	1/4/2018 - 31/3/2019	30
Hong Kong Buddhist Hospital 香港佛教醫院	2018/017/1	To raise funds for the purchase of medical instruments/ equipment and office equipment, improvement of hospital premises and supporting patient related activities 購買醫療儀器及辦公室設備，改善醫院環境及病人活動經費	1/2/2018 - 31/1/2019	113
North District Hospital Charitable Foundation 北區醫院慈善信託基金	2017/302/1	To raise funds for North District Hospital Charitable Foundation so as to support North District Hospital in improving the physical and mental health of the public in the community and to promote health education, medical education and research 籌款用作「北區醫院慈善信託基金」以支持北區醫院改善社區內公眾人士的身體和精神健康，並促進健康教育、醫學教育和研究	1/12/2017 - 30/11/2018	68

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

31. Net proceeds from fund raising activities under Public Subscription Permits ("PSP") granted by the Social Welfare Department (Continued)

31. 獲社會福利署發給公開籌款許可證進行籌款活動所得淨收入（續）

Institution 機構	PSP No. 公開籌款 許可證編號	Purpose 目的	Period Covered 涵蓋期間	Net Proceeds HK\$'000 淨收入 港幣千元
Our Lady of Maryknoll Hospital 聖母醫院	2018/066/1	To raise funds for improvement of patient service 籌款用作改善對病人的服務	1/4/2018 - 31/3/2019	50
Prince of Wales Hospital Charitable Foundation 威爾斯親王醫院慈善信託基金	2017/194/1	To raise funds for healthcare services of the Prince of Wales Hospital 籌款用作威爾斯親王醫院醫療服務	1/9/2017 - 31/8/2018	142
Queen Mary Hospital 瑪麗醫院	2018/079/1 2018/156/1	To raise funds for hospital service enhancement 籌款用作提升醫院服務	1/4/2018 - 31/3/2019 1/7/2018 - 31/3/2019	46 23
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	2018/064/1	To raise funds for volunteer services, patient related activities and improvement of hospital service 籌款用作義工服務、病人活動及改善醫院服務	1/4/2018 - 31/3/2019	70
Shatin Hospital 沙田醫院	2017/295/1	To raise funds for developing patient service 籌款用作發展病人服務	1/12/2017 - 30/11/2018	1
Tai Po Hospital 大埔醫院	2018/065/1	To raise funds for Improvement of the quality of patient care services 籌款用作改善病人服務質素	1/4/2018 - 31/3/2019	28
The Hospital Authority Charitable Foundation 醫院管理局慈善基金	2018/080/1 2018/123/1 2018/228/1	To raise funds for The Hospital Authority Charitable Foundation in supporting its work to promote healthy living, subsidise the medical expenses of the needy patients, support activities of patient groups, promote health education and develop volunteer services 籌款用作支持醫院管理局慈善基金的工作，包括推廣健康生活、幫助危困病人支付醫療費用、資助病人組織的活動、推廣健康教育以及發展義工服務	1/4/2018 - 31/3/2019 14/5/2018 - 31/3/2019 1/10/2018 - 31/3/2019	349 117 -
The Pamela Youde Nethersole Eastern Hospital Charitable Trust 東區尤德夫人那打素醫院慈善信託基金	2017/206/1 2018/274/1	To raise fund for enhancing the services of Pamela Youde Nethersole Eastern Hospital or any other non-profit making hospitals/ medical facilities in Hong Kong 籌款用作提升東區尤德夫人那打素醫院或香港其他非牟利醫院／醫療機構的服務質素	1/9/2017 - 31/8/2018 8/11/2018 - 17/11/2018	313 1,523
The Princess Margaret Hospital Charitable Trust 瑪嘉烈醫院慈善基金	2017/296/1	To raise funds for Princess Margaret Hospital for enhancement of patient services quality 籌款用作提升瑪嘉烈醫院病人服務質素	26/11/2017 - 25/11/2018	12

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

31. Net proceeds from fund raising activities under Public Subscription Permits ("PSP") granted by the Social Welfare Department (Continued)

31. 獲社會福利署發給公開籌款許可證進行籌款活動所得淨收入（續）

Institution 機構	PSP No. 公開籌款 許可證編號	Purpose 目的	Period Covered 涵蓋期間	Net Proceeds HK\$'000 淨收入 港幣千元
The Queen Elizabeth Hospital Charitable Trust 伊利沙伯醫院慈善信託基金	2017/331/1	To raise funds for supporting research into the improvement and development of medicine at Queen Elizabeth Hospital 籌款用作改善及發展伊利沙伯醫院的醫藥研究工作	1/1/2018 - 31/3/2019	140
Tseung Kwan O Hospital 將軍澳醫院	2017/226/1	To raise funds for patient's benefit and enhancement of hospital services 籌款用作病人福利及提升醫療服務	25/9/2017 - 24/9/2018	7
Tuen Mun Hospital 屯門醫院	2017/132/1	To raise funds for : (I) Patient benefits / services uses; (II) Health and diseases education; (III) Community Services Centre; (IV) Medical research and development projects for the betterment of the community 籌款用作： (I) 病人福利 / 服務； (II) 健康及疾病教育； (III) 社區服務中心； (IV) 醫療研究及發展計劃以改善社區	1/6/2017 - 31/5/2018	19
United Christian Hospital 基督教聯合醫院	2018/083/1	To raise funds for service improvement of United Christian Hospital 籌款用作改善基督教聯合醫院的服務	1/4/2018 - 31/3/2019	69
Yan Chai Hospital 仁濟醫院	2018/020/1	To raise funds for the services and facilities of Yan Chai Hospital 籌款用作仁濟醫院的服務及設施	1/2/2018 - 31/1/2019	451

The net proceeds received from fund raising activities under PSP 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) 所載會計政策，獲發公開籌款許可證進行籌款活動所得的淨收入列入指定捐贈基金內。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

32. Commitments

32. 承擔

At 31 March 2019, the Group and HA had the following commitments:

於二零一九年三月三十一日，集團及醫管局有以下之承擔：

(a) Capital commitments

(a) 資本承擔

The Group and HA 集團及醫管局	At 31 March 2019 HK\$'000 2019年3月31日 港幣千元	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元
Authorised but not contracted for 已獲授權但未訂契約	11,266,070	6,233,590
Contracted for but not provided 已訂契約但未撥備	19,647,679	8,801,278
	30,913,749	15,034,868

The capital commitments disclosed above include (i) costs to be capitalised under property, plant and equipment or intangible assets; (ii) expenditure not meeting the capitalisation policy and are to be charged to the statement of income and expenditure; and (iii) amounts to be incurred by HA for undertaking the building works projects on behalf of the Government and governing bodies of ex-subservient hospitals as set out in the accounting policy note 2(q)(i).

上述所列的資本承擔包括 (i) 將會資本化的物業、機器及設備或無形資產費用，(ii) 不符合資本化規定及將記入收支結算表的開支；及 (iii) 根據附註 2(q)(i) 所述的會計政策，醫管局代政府及前補助醫院管治機構執行建築工程項目所涉的費用。

(b) Operating lease commitments

(b) 營運租賃承擔

At 31 March 2019, the Group and HA had commitments for future minimum payments under non-cancellable operating leases which fall due as follows:

於二零一九年三月三十一日，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 2019 HK\$'000 2019年3月31日 港幣千元	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元
Buildings and equipment 樓宇及設備		
Within one year 一年內期滿	63,027	65,368
Between one and five years 一至五年內期滿	52,453	87,767
	115,480	153,135

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33. Taxation

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

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. 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.

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. Comparative figures

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

35. 比較數字

若干比較數字已重述，以符合本年度之呈列方式。

36. Approval of financial statements

The financial statements were approved by members of HA on 26 September 2019.

36. 財務報表的通過

本財務報表已於二零一九年九月二十六日獲醫管局成員通過。

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Appendix 1

附錄 1

Membership of the Hospital Authority

醫院管理局成員

Name 姓名	No. of plenary meetings attended in 2018-19 2018-2019 年度 出席全體大會次數	Committee participation in 2018-19* 2018-2019 年度參與的委員會 *
Prof John LEONG Chi-yan, GBS, JP <i>Chairman, HA</i> 梁智仁教授 醫院管理局主席	13/15	Chairman of plenary meetings, EC and EEC 全體大會、行政委員會及緊急應變策導委員會主席
Mr William CHAN Fu-keung, BBS <i>(up to 30.11.2018)</i> 陳富強先生 (截至 2018 年 11 月 30 日)	8/9	Chairman of HRC, Member of EC, EEC and MSDC <i>(all up to 30.11.2018)</i> ; HGC Chairman of Tuen Mun Hospital 人力資源委員會主席，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 (全截至 2018 年 11 月 30 日)；屯門醫院管治委員會主席
Dr Constance CHAN Hon-ye, JP <i>Director of Health</i> 陳漢儀醫生 衛生署署長	14/15	Member of MSDC 醫療服務發展委員會成員
Prof Francis CHAN Ka-leung, SBS, JP 陳家亮教授	5/15	Member of HRC, MSDC and MTB; HGC Member of Prince of Wales Hospital 人力資源委員會、醫療服務發展委員會及中央投標委員會成員；威爾斯親王醫院管治委員會成員
Ms Anita CHENG Wai-ching 鄭瑋青女士	9/15	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
Mr Henry FAN Hung-ling, SBS, JP <i>(from 1.12.2018)</i> 范鴻齡先生 (由 2018 年 12 月 1 日起)	6/6	Member of FC, HRC, MSDC and MTB <i>(all from 1.12.2018)</i> 財務委員會、人力資源委員會、醫療服務發展委員會及中央投標委員會成員 (全由 2018 年 12 月 1 日起)
Mr David FONG Man-hung, BBS, JP 方文雄先生	10/15	Vice-Chairman of SSDC <i>(from 1.12.2018)</i> ; Member of ITGC and MTB; Chairman of KRAC <i>(from 1.12.2018)</i> ; HGC Member of North District Hospital 支援服務發展委員會副主席 (由 2018 年 12 月 1 日起)；資訊科技服務管治委員會及中央投標委員會成員；九龍區域諮詢委員會主席 (由 2018 年 12 月 1 日起)；北區醫院管治委員會成員
Mr Andrew FUNG Hau-chung, BBS, JP 馮孝忠先生	11/15	Vice-Chairman of FC; Member of MTB; HGC Chairman 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主席
Mr Ambrose HO, SBS, JP <i>(from 1.12.2018)</i> 何沛謙先生 (由 2018 年 12 月 1 日起)	5/6	Member of ARC, MTB and SAC <i>(all from 20.12.2018)</i> ; HGC Chairman of The Hong Kong Red Cross Blood Transfusion Service 審計及風險管理委員會、中央投標委員會及職員上訴委員會成員 (全由 2018 年 12 月 20 日起)；香港紅十字會輸血服務中心管治委員會主席
Mr Lester Garson HUANG, SBS, JP <i>(up to 30.11.2018)</i> 黃嘉純先生 (截至 2018 年 11 月 30 日)	8/9	Chairman of ARC, Member of EC, EEC and SSDC <i>(all up to 30.11.2018)</i> ; 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 (全截至 2018 年 11 月 30 日)；聖母醫院管治委員會主席

Appendix 1

附錄 1

Name 姓名	No. of plenary meetings attended in 2018-19 2018-2019 年度 出席全體大會次數	Committee participation in 2018-19* 2018-2019 年度參與的委員會 *
Dr KAM Pok-man, BBS 甘博文博士	14/15	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 龔楊恩慈女士	6/15	Chairman of HRC, Member of EC and EEC (<i>all from 1.12.2018</i>), HRC and MTB (<i>both up to 30.11.2018</i>); HGC Member of Hong Kong Children's Hospital 人力資源委員會主席，行政委員會、緊急應變策導委員會（全由 2018 年 12 月 1 日起）、人力資源委員會及中央投標委員會成員（均截至 2018 年 11 月 30 日）；香港兒童醫院管治委員會成員
Mr Daniel LAM Chun, SBS, JP 林濬先生	14/15	Chairman of SSDC (<i>from 1.12.2018</i>); Vice-Chairman of SSDC (<i>up to 30.11.2018</i>); Member of EC and EEC (<i>both from 1.12.2018</i>), MTB (<i>up to 30.11.2018</i>) and ARC; HGC Member of Shatin Hospital 支援服務發展委員會主席（由 2018 年 12 月 1 日起）；支援服務發展委員會副主席（截至 2018 年 11 月 30 日）；行政委員會、緊急應變策導委員會（均由 2018 年 12 月 1 日起）、中央投標委員會（截至 2018 年 11 月 30 日）及審計及風險管理委員會成員；沙田醫院管治委員會成員
Mr Quinton LAM Chun-ki 林進其先生	15/15	Member of HRC (<i>from 1.11.2018</i>), ITGC (<i>from 19.4.2018 to 6.9.2018</i>), MSDC and MTB (<i>both from 19.4.2018</i>) 人力資源委員會（由 2018 年 11 月 1 日起）、資訊科技服務管治委員會（由 2018 年 4 月 19 日至 2018 年 9 月 6 日）、醫療服務發展委員會及中央投標委員會成員（均由 2018 年 4 月 19 日起）
Mr Franklin LAM Fan-keung, BBS 林奮強先生	11/15	Member of HRC, FC, MSDC, MTB and SSDC; HGC Member of Pamela Youde Nethersole Eastern Hospital 人力資源委員會、財務委員會、醫療服務發展委員會、中央投標委員會及支援服務發展委員會成員；東區尤德夫人那打素醫院管治委員會成員
Prof LAU Chak-sing, JP (<i>from 1.12.2018</i>) 劉澤星教授 (由 2018 年 12 月 1 日起)	5/6	Member of HRC, MSDC, MTB (<i>all from 11.12.2018</i>) and ITGC (<i>from 17.12.2018</i>) 人力資源委員會、醫療服務發展委員會、中央投標委員會（全由 2018 年 12 月 11 日起）及資訊科技服務管治委員會成員（由 2018 年 12 月 17 日起）
Ms Lisa LAU Man-man, BBS, MH, JP 劉文文女士	11/15	Vice-Chairman of HRC (<i>from 1.12.2018</i>); Member of HRC (<i>from 5.7.2018 to 30.11.2018</i>), SSDC (<i>up to 5.7.2018</i>), MTB and PCC; HGC Member of Tseung Kwan O Hospital 人力資源委員會副主席（由 2018 年 12 月 1 日起）；人力資源委員會（由 2018 年 7 月 5 日至 2018 年 11 月 30 日）、支援服務發展委員會（截至 2018 年 7 月 5 日）、中央投標委員會及公眾投訴委員會成員；將軍澳醫院管治委員會成員
Mr Stephen LEE Hoi-yin 李開賢先生	13/15	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 (<i>up to 30.11.2018</i>) 李子芬教授 (截至 2018 年 11 月 30 日)	7/9	Vice-Chairman of MSDC, Member of HRC and MTB, Chairman of KRAC (<i>all up to 30.11.2018</i>); HGC Member of 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（全截至 2018 年 11 月 30 日）；將軍澳醫院管治委員會成員

Appendix 1

附錄 1

Name 姓名	No. of plenary meetings attended in 2018-19 2018-2019 年度 出席全體大會次數	Committee participation in 2018-19* 2018-2019 年度參與的委員會 *
Prof Gabriel Matthew LEUNG, GBS, JP 梁卓偉教授	5/15	Member of MSDC and MTB; HGC Member of Hong Kong Children's Hospital, 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；香港兒童醫院、瑪麗醫院及贊育醫院管治委員會成員
Dr LEUNG Pak-yin, JP Chief Executive, HA 梁栢賢醫生 醫院管理局行政總裁	15/15	Chairman of ITGC; Member of EC, EEC, FC, HRC, 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	5/15	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	9/15	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
Prof David SHUM Ho-keung (from 1.11.2018) 岑浩強教授 (由 2018 年 11 月 1 日起)	7/7	Member of ARC, HRC, MSDC and MTB (all from 20.11.2018) 審計及風險管理委員會、人力資源委員會、醫療服務發展委員會及中央投標委員會成員 (全由 2018 年 11 月 20 日起)
Mr Ivan SZE Wing-hang, BBS 施榮恆先生	8/15	Chairman of MTB (from 1.11.2018) and PCC; Vice-Chairman of MTB (up to 31.10.2018); Member of EC, EEC, FC and HRC; HGC Member of Tung Wah Group of Hospitals 中央投標委員會 (由 2018 年 11 月 1 日起) 及公眾投訴委員會主席；中央投標委員會副主席 (截至 2018 年 10 月 31 日)；行政委員會、緊急應變策導委員會、財務委員會及人力資源委員會成員；東華三院各醫院管治委員會成員
Prof Agnes TIWARI Fung-yee (from 1.12.2018) 羅鳳儀教授 (由 2018 年 12 月 1 日起)	4/6	Member of MSDC, MTB and SSDC (all from 11.12.2018) 醫療服務發展委員會、中央投標委員會及支援服務發展委員會成員 (全由 2018 年 12 月 11 日起)
Ms Elizabeth TSE Man-yee, JP Permanent Secretary for Food and Health (Health) 謝曼怡女士 食物及衛生局常任秘書長 (衛生)	15/15	Member of EEC, FC, HRC, MSDC and SSDC 緊急應變策導委員會、財務委員會、人力資源委員會、醫療服務發展委員會及支援服務發展委員會成員
Mr WONG Kwai-huen, BBS, JP (up to 30.11.2018) 王桂壩先生 (截至 2018 年 11 月 30 日)	7/9	Chairman of SSDC, Member of EC, EEC and FC (all up to 30.11.2018); Member of NRAC; HGC Chairman of Tin Shui Wai Hospital; HGC Member of Tseung Kwan O 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及財務委員會成員 (全截至 2018 年 11 月 30 日)；新界區域諮詢委員會成員；天水圍醫院管治委員會主席；將軍澳醫院管治委員會成員

Appendix 1

附錄 1

Name 姓名	No. of plenary meetings attended in 2018-19 2018-2019 年度 出席全體大會次數	Committee participation in 2018-19* 2018-2019 年度參與的委員會 *
Ms Priscilla WONG Pui-sze, BBS, JP 王沛詩女士	15/15	Chairman of MSDC (<i>from 1.11.2018</i>); Member of EC, EEC (<i>both from 1.11.2018</i>), MTB (<i>up to 31.10.2018</i>), MSDC (<i>from 27.7.2018 to 31.10.2018</i>), ARC, FC and HRC; HGC Member of Hong Kong Eye Hospital and Kowloon Hospital 醫療服務發展委員會主席 (由 2018 年 11 月 1 日起); 行政委員會、緊急應變策導委員會 (均由 2018 年 11 月 1 日起)、中央投標委員會 (截至 2018 年 10 月 31 日)、醫療服務發展委員會 (由 2018 年 7 月 27 日至 2018 年 10 月 31 日)、審計及風險管理委員會、財務委員會及人力資源委員會成員; 香港眼科醫院及九龍醫院管治委員會成員
Prof Maurice YAP Keng-hung, JP (<i>up to 31.10.2018</i>) 葉健雄教授 (截至 2018 年 10 月 31 日)	8/8	Chairman of MSDC and MTB, Member of ARC, EC, EEC and HRC (<i>all up to 31.10.2018</i>); HGC Chairman of Shatin Hospital; HGC Member of Hong Kong Children's 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 (全截至 2018 年 10 月 31 日); 沙田醫院管治委員會主席; 香港兒童醫院管治委員會成員
Mr Jason YEUNG Chi-wai 楊志威先生	7/15	Chairman of ARC (<i>from 1.12.2018</i>); Member of ARC (<i>up to 30.11.2018</i>), EC, EEC (<i>both from 1.12.2018</i>) and FC; HGC Member of Kwai Chung Hospital and Princess Margaret Hospital 審計及風險管理委員會主席 (由 2018 年 12 月 1 日起); 審計及風險管理委員會 (截至 2018 年 11 月 30 日)、行政委員會、緊急應變策導委員會 (均由 2018 年 12 月 1 日起) 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	13/15	Member of HRC, ITGC, MSDC, MTB, PCC, SAC 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 <i>Deputy Secretary for Financial Services and the Treasury</i> 袁小惠女士 財經事務及庫務局副秘書長	15/15	Member of FC and MSDC 財務委員會及醫療服務發展委員會成員

* Note

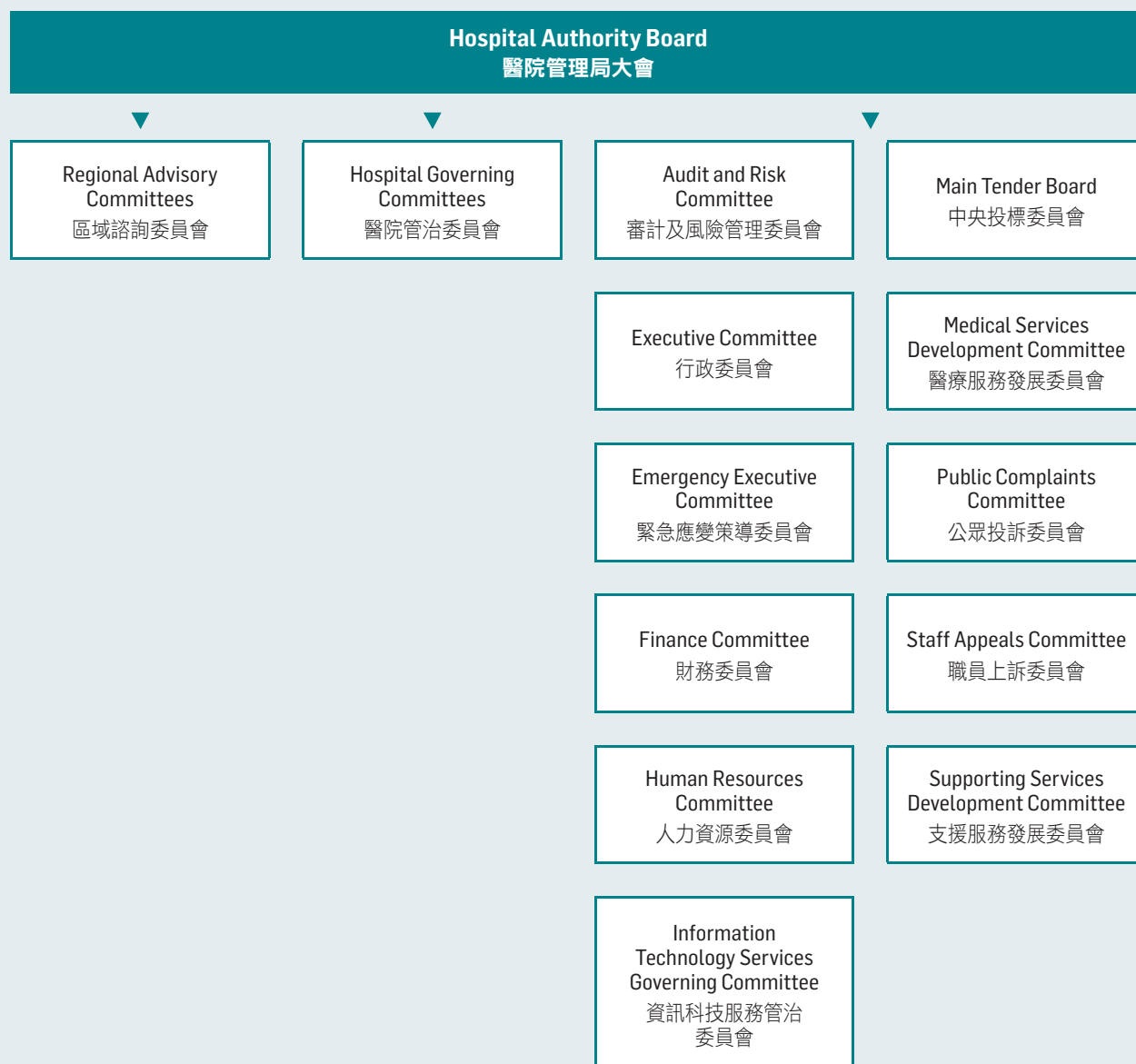
Board Members are not separately remunerated. They discharge the role of governance of the Authority through formulating policies and directions and overseeing executive performance at Board meetings, as well as taking part in steering the work of various committees of the Authority including:

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。

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 <i>Cluster Chief Executive (up to 30.9.2018)</i> ^{Note 1} 劉楚釗醫生 聯網總監 (截至2018年9月30日) ^{#1}
	Dr Beatrice CHENG <i>Deputising Cluster Chief Executive (from 1.7.2018 to 30.9.2018)</i> 鄭信恩醫生 代理聯網總監 (由2018年7月1日至9月30日)
	Dr LUK Che-chung, JP <i>Cluster Chief Executive (from 1.10.2018)</i> 陸志聰醫生 聯網總監 (由2018年10月1日起)
Hong Kong West Cluster 港島西醫院聯網	Dr LUK Che-chung, JP <i>Cluster Chief Executive (up to 30.9.2018)</i> 陸志聰醫生 聯網總監 (截至2018年9月30日)
	Dr Theresa LI Tak-lai <i>Cluster Chief Executive (from 1.10.2018)</i> 李德麗醫生 聯網總監 (由2018年10月1日起)
Kowloon Central Cluster 九龍中醫院聯網	Dr Albert LO Chi-yuen <i>Cluster Chief Executive</i> 盧志遠醫生 聯網總監
Kowloon East Cluster 九龍東醫院聯網	Dr TOM Kam-tim <i>Cluster Chief Executive</i> 譚錦添醫生 聯網總監
Kowloon West Cluster 九龍西醫院聯網	Dr Doris TSE Man-wah <i>Cluster Chief Executive</i> 謝文華醫生 聯網總監
New Territories East Cluster 新界東醫院聯網	Dr LO Su-vui <i>Cluster Chief Executive</i> 羅思偉醫生 聯網總監
New Territories West Cluster 新界西醫院聯網	Dr Simon TANG Yiu-hang <i>Cluster Chief Executive</i> 鄧耀鏗醫生 聯網總監

Head Office 總辦事處

Dr Tony KO Pat-sing <i>Director (Cluster Services)</i> 高拔陸醫生 聯網服務總監
Dr CHUNG Kin-lai <i>Director (Quality & Safety)</i> 鍾健禮醫生 質素及安全總監
Dr Libby LEE Ha-yun <i>Director (Strategy & Planning)</i> 李夏茵醫生 策略發展總監
Ms Anita CHAN Shuk-yu <i>Director (Finance)</i> 陳淑瑜女士 財務總監
Ms Margaret CHEUNG Sau-ling <i>Head of Corporate Services</i> 張秀玲女士 機構事務主管
Dr Theresa LI Tak-lai <i>Head of Human Resources (up to 30.9.2018)</i> 李德麗醫生 人力資源主管 (截至2018年9月30日)
Dr PANG Fei-chau <i>Head of Human Resources (from 1.10.2018)</i> 彭飛舟醫生 人力資源主管 (由2018年10月1日起)
Dr CHEUNG Ngai-tseung <i>Head of Information Technology and Health Informatics / Chief Medical Informatics Officer</i> 張毅翔醫生 資訊科技及醫療信息主管 / 醫療信息主管

Note 1: Dr LAU Chor-chiu's last day of duty was 29.6.2018. His last day of service was 30.9.2018.

註 1：劉楚釗醫生的最後工作日是2018年6月29日，其任期於2018年9月30日完結。

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, SBS, JP (*up to 30.11.2018*)
黃嘉純先生 (截至 2018 年 11 月 30 日)

Mr Jason YEUNG Chi-wai (*from 1.12.2018*)
楊志威先生 (由 2018 年起 12 月 1 日起)

Vice-Chairman

副主席

Mr Stephen LEE Hoi-yin
李開賢先生

Members

成員

Mr Ambrose HO, SBS, JP (*from 20.12.2018*)
何沛謙先生 (由 2018 年 12 月 20 日起)

Dr KAM Pok-man, BBS
甘博文博士

Mr Daniel LAM Chun, SBS, JP
林濬先生

Prof David SHUM Ho-keung (*from 20.11.2018*)
岑浩強教授 (由 2018 年 11 月 20 日起)

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

Prof Maurice YAP Keng-hung, JP (*up to 31.10.2018*)
葉健雄教授 (截至 2018 年 10 月 31 日)

Mr Jason YEUNG Chi-wai (*up to 30.11.2018*)
楊志威先生 (截至 2018 年 11 月 30 日)

Ms Wendy YUNG Wen-yee
容韻儀女士

In Attendance

列席

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

Ms Elizabeth TSE Man-yee, JP
Permanent Secretary for Food and Health (Health)
謝曼怡女士
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.

職權範圍

1. 積極監察醫管局的內部審計職能，以確保：
 - (a) 其職責範圍、資源及組織狀況適切恰當；
 - (b) 其計劃及活動足以有系統地涵蓋局方所訂立的內部規管及風險管理制度；及
 - (c) 能就審計所得結果採取適當及時的行動；
2. 就外聘核數師的委任及審計費用，向醫管局大會作出建議；批准由外聘核數師提供任何非審計服務；並審議任何有關請辭或解聘事宜；
3. 就所有有關事項諮詢外聘核數師，包括：
 - (a) 審計評核的性質和範圍；
 - (b) 經審計的每年財務報表及審計意見；
 - (c) 核數師致管理層的函件及管理層的回應；及
 - (d) 外聘核數師提出的任何事項；
4. (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）。

Appendix 3

附錄 3

Focus of Work in 2018-19

In 2018-19, the Committee met six 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.

In regard to 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 corresponding follow-up action plans. Key internal audits considered by the Committee included "Governance and Reporting of the Ten-year Hospital Development Plan", "Utilisation and Efficiency of Operating Theatre Services", "Governance and Control of Hospital Authority Provident Fund Scheme" and "Management of Supply of Blood Products to HA Hospitals". The Committee also deliberated on key observations identified by audit analytics on clinical systems. In planning ahead for 2019-20, the Committee took part in prioritising areas for internal audits and endorsed the Internal Audit Plan.

Through a joint meeting with the Finance Committee, the Committee reviewed and endorsed HA's draft audited financial statements for 2017-18. The Committee also considered reports from the external auditor on the 2017-18 internal control matters, the results of the external auditor's risk assessment of HA and the 2018-19 financial statement audit work plan.

For risk management, the Committee oversaw implementation of HA's organisation-wide risk management systems across HA. Specifically, the Committee discussed the Key Organisation-wide Risk Report 2019, focusing on the planned mitigation actions for the 10 key risks consolidated from functional risk reports reviewed by the concerned functional committees. During the year, the Committee also deliberated on risk management reports on specific areas, including interruption of information technology systems and cybersecurity, service capacity (inpatient, accident & emergency and outpatient capacity), infection and infection control, the Electronic Health Record Programme and the Clinical Public-Private Partnership Programmes. The Committee also received annual reports on compliance with HA related ordinances and the handling of whistleblowing cases.

To maintain good governance and high level of probity, the Committee considered recommendations from the Corruption Prevention Department of the Independent Commission Against Corruption (ICAC) via assignment reports on HA's Management of Overtime Work of Nursing, Allied Health and Supporting Staff, Control of Access to Medical Records and Other Patient Data, and Administration of the Samaritan Fund. The Committee also received progress updates on the Implementation of the recommendations of the Director of Audit's Reports on HA's Drug Management and Management of Public Hospital Projects.

2018-19 年度工作概況

在 2018-19 年度，委員會共召開六次會議，根據其職權範圍，積極監察醫管局的內部審計職能、審議有關醫管局財務報表審計的事宜，以及監察醫管局風險管理及內部管控的成效。

在醫管局內部審計職能方面，委員會收閱總內部審計師提交的季度報告，報告載列醫管局不同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相應的跟進計劃。年內審閱的主要內部審計項目包括「十年醫院發展計劃的管治和匯報」、「手術室服務使用情況和效率」、「醫院管理局公積金計劃的管治和規管」及「醫管局醫院血製品供應管理」。此外，委員會討論有關臨床系統審計分析所提出的主要意見。為就 2019-20 年度進行規劃，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。

委員會在聯同財務委員會的會議上，審閱及通過醫管局 2017-18 年度經審核的財務報表擬本。委員會亦審閱外聘核數師就 2017-18 年度內部規管事宜、醫管局風險評估結果及 2018-19 年度財務報表審計工作計劃的報告。

在風險管理方面，委員會監察醫管局全面推行的機構風險管理機制，特別是審閱 2019 年機構主要風險報告。報告按各專責委員會審訂的相關職能風險報告歸納十個主要風險，委員會集中討論相應的緩減計劃。年內，委員會亦審議多份特定範疇的風險管理報告，包括資訊科技系統中斷及網絡安全、服務承載量（住院、急症及門診服務能力）、感染及感染控制、電子健康紀錄計劃及臨床公私營協作計劃。委員會亦收閱有關醫管局遵例合規事宜及處理告發行為的年度報告。

為維持良好管治及高度廉潔文化，委員會討論廉政公署防止貪污處審查報告所作的建議，包括有關醫管局就護理、專職醫療及支援人員超時工作的管理、取覽醫療紀錄及其他病人資料的限制，以及撒瑪利亞基金的行政管理。委員會亦收閱有關審計署署長就「醫管局藥物管理」及「醫管局對公營醫院工程項目的管理」審計結果所作建議的實施進度報告。

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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, GBS, JP
梁智仁教授

Members

成員

Mr William CHAN Fu-keung, BBS (*up to 30.11.2018*)
陳富強先生 (截至 2018 年 11 月 30 日)

Mr Lester Garson HUANG, SBS, JP (*up to 30.11.2018*)
黃嘉純先生 (截至 2018 年 11 月 30 日)

Dr KAM Pok-man, BBS
甘博文博士

Mrs Ann KUNG YEUNG Yun-chi (*from 1.12.2018*)
龔楊恩慈女士 (由 2018 年 12 月 1 日起)

Mr Daniel LAM Chun, SBS, JP (*from 1.12.2018*)
林濬先生 (由 2018 年 12 月 1 日起)

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

Mr Ivan SZE Wing-hang, BBS
施榮恆先生

Mr WONG Kwai-huen, BBS, JP (*up to 30.11.2018*)
王桂壘先生 (截至 2018 年 11 月 30 日)

Ms Priscilla WONG Pui-sze, BBS, JP (*from 1.11.2018*)
王沛詩女士 (由 2018 年 11 月 1 日起)

Prof Maurice YAP Keng-hung, JP (*up to 31.10.2018*)
葉健雄教授 (截至 2018 年 10 月 31 日)

Mr Jason YEUNG Chi-wai (*from 1.12.2018*)
楊志威先生 (由 2018 年 12 月 1 日起)

Terms of Reference

1. Consider key matters and overall policies and directions on long-term strategy and planning, risk management, corporate governance, performance management and succession planning, and facilitate the Board in discharging its responsibilities in this regard;
2. Advise on Board meeting agenda items proposed by the Management including an annual forward looking agenda and key matters raised by Functional Committee Chairmen;
3. Serve as a forum for the HA Chairman, Functional Committee Chairmen and the HA Chief Executive to consider major matters relating to the leadership and oversight of the HA,

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；

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4. Advise on changes to Board and Functional Committee structure and processes including the respective terms of reference; oversee their annual self-assessments; and advise the Board on the appointment of chairmen, vice-chairmen and co-opted members of the Functional Committees;
 5. Advise the Board on the organisation structure and functions of the HA Head Office and its Divisions;
 6. Exercise powers delegated by the Board on the following staff matters:
 - (a) advise the Board on the appointment, remuneration changes, contract variation of the Chief Executive;
 - (b) advise the Board on the appointment of Cluster Chief Executives and Directors of Divisions;
 - (c) approve contract renewal, remuneration changes and contract variation as well as lateral transfer / job rotation of Cluster Chief Executives and Directors of Divisions;
 - (d) approve the appointment, contract renewal, remuneration changes and contract variation as well as lateral transfer / job rotation of Hospital Chief Executives and Heads of Divisions; and
 - (e) review the performance of Chief Executive, Directors, Heads of Division and Cluster Chief Executives;
 7. Convene as the Emergency Executive Committee (EEC) in accordance with HA's Emergency Contingency Plan (supplemented by a senior Food & Health Bureau official when meeting as EEC).
4. 就大會及專責委員會的架構及程序（包括職權範圍）的變動提供意見、監察其自我評核，以及就專責委員會主席、副主席及增選成員的委任向大會提供意見；
 5. 就醫管局總辦事處及其部門的組織架構及職能，向大會提供意見；
 6. 就以下的職員事宜，行使醫管局大會授予的權力：
 - (a) 就行政總裁的聘任、薪酬及合約變動事宜，向大會提供意見；
 - (b) 就聯網總監及部門總監的聘任，向大會提供意見；
 - (c) 審批聯網總監及部門總監的續約、薪酬與合約變動及同級調職 / 職位輪調事宜；
 - (d) 審批醫院行政總監及部門主管的聘任、續約、薪酬與合約變動及同級調職 / 職位輪調事宜；及
 - (e) 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 2018-19

In 2018-19, the Committee met nine times to discuss and consider various matters of strategic importance and overall policies and directions of HA. Pursuant to the HA Board's leading and managing role, the Committee continued to oversee and monitor implementation of the various enhancements in the HA Review Action Plan. Other strategic matters considered by the Committee included the formulation of HA Budget and Annual Plan for 2019-20, the review of doctor and nursing manpower situation; development of genetic and genomic services; implementation of the First Ten-year Hospital Development Plan (HDP); planning of the Second 10-year HDP; management of minor works projects in HA; as well as supporting to Government's Chinese Medicine initiatives.

The Committee also 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, reports on staff complaints against senior executives; alignment of contract full-time and permanent full-time employment packages in HA; management structure of Information Technology and Health Informatics Division, etc.

Internally for the Board, the Committee regularly reviewed the succession planning 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.

The Committee regularly advised on agendas of Board meetings as proposed by the management.

2018-19 年度工作概況

在 2018-19 年度，委員會共召開九次會議，討論和考慮醫管局的重要策略事項和整體政策及方向。因應大會擔任的領導和管理角色，行政委員會繼續督導和監察執行醫管局檢討行動計劃的各項改進措施。委員會審議的其他策略事宜，包括：醫管局 2019-20 年度財政預算及工作計劃、醫生和護士人手情況檢討、發展遺傳及基因組服務、落實首個十年醫院發展計劃報告、籌備第二個十年醫院發展計劃及小型工程項目管理，以及協助政府推動中醫藥發展。

委員會亦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、高級行政人員調任安排及繼任規劃、職員投訴高級行政人員的相關報告、統一醫管局合約及常額全職僱員的僱用條件，以及資訊科技及醫療信息部的管理架構等。

就醫管局大會內務方面，委員會定期審視醫管局大會轄下委員會繼任安排，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。

委員會定期審議管理層建議予醫管局大會的議程討論事項。

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附錄 3

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, GBS, 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 (*up to 30.11.2018*)
陳富強先生 (截至 2018 年 11 月 30 日)

Mr Howard CHAN Wai-kee, JP
(*representing the Permanent Secretary for Food and Health (Health)*)
陳偉基先生
[代表食物及衛生局常任秘書長 (衛生)]

Mr Lester Garson HUANG, SBS, JP (*up to 30.11.2018*)
黃嘉純先生 (截至 2018 年 11 月 30 日)

Dr KAM Pok-man, BBS
甘博文博士

Mrs Ann KUNG YEUNG Yun-chi (*from 1.12.2018*)
龔楊恩慈女士 (由 2018 年 12 月 1 日起)

Mr Daniel LAM Chun, SBS, JP (*from 1.12.2018*)
林濬先生 (由 2018 年 12 月 1 日起)

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

Mr Ivan SZE Wing-hang, BBS
施榮恆先生

Mr WONG Kwai-huen, BBS, JP (*up to 30.11.2018*)
王桂壩先生 (截至 2018 年 11 月 30 日)

Ms Priscilla WONG Pui-sze, BBS, JP (*from 1.11.2018*)
王沛詩女士 (由 2018 年 11 月 1 日起)

Prof Maurice YAP Keng-hung, JP (*up to 31.10.2018*)
葉健雄教授 (截至 2018 年 10 月 31 日)

Mr Jason YEUNG Chi-wai (*from 1.12.2018*)
楊志威先生 (由 2018 年 12 月 1 日起)

Note: The Emergency Executive Committee (EEC) 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：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，緊急應變策導委員會即展開運作。

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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 2018-19

No meeting was convened in 2018-19.

職權範圍

1. 代表醫院管理局（醫管局）大會運作，並行使其權力及職能，包括：
 - (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。

2018-19 年度工作概況

在 2018-19 年度，委員會並無召開會議。

Appendix 3

附錄 3

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
(representing the Permanent Secretary for Food and Health (Health))
陳偉基先生
[代表食物及衛生局常任秘書長(衛生)]

Mr Henry FAN Hung-ling, SBS, JP (from 11.12.2018)
范鴻齡先生(由 2018 年 12 月 11 日起)

Mr Franklin LAM Fan-keung, BBS
林奮強先生

Mr Stephen LEE Hoi-yin
李開賢先生

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

Mr Ivan SZE Wing-hang, BBS
施榮恆先生

Mr WONG Kwai-huen, BBS, JP (up to 30.11.2018)
王桂壘先生(截至 2018 年 11 月 30 日)

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

Mr Jason YEUNG Chi-wai
楊志威先生

Ms Carol YUEN Siu-wai, JP / Ms Candy NIP Kai-yan
(representing the Secretary for Financial Services and the Treasury)
袁小惠女士 / 聶繼恩女士
[代表財經事務及庫務局局長]

Terms of Reference

職權範圍

- | | |
|--|--|
| 1. Advise and make recommendations on the financial aspects of the Hospital Authority Corporate Plan and Annual Plan; | 1. 就醫院管理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. Advise and make recommendations on the financial planning, control, performance, monitoring and reporting aspect of the Hospital Authority; | 2. 就醫院管理局的財政規劃、規管、表現、監察及匯報等方面，提供意見及作出建議； |
| 3. Advise on policy guidelines for all financial matters, including investment, business and insurance; | 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. Advise and make recommendations on the resource allocation policies; | 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 2018-19

In 2018-19, the Committee met six times to assist the 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 new costing analytics tool named Total Patient Journey Costing for resource utilisation analysis, as well as more in-depth analysis on healthcare spending driven by ageing population and growing chronic diseases in Hong Kong. In examining the medium-term financial projection conducted for the period from 2019-20 to 2023-24 based on the latest service demand projection, the Committee gained assurance that the estimated recurrent subvention required for 2019-20 and 2020-21 was largely in line with that under the triennium funding arrangement with the Government. The Committee also reviewed and endorsed the proposed revisions of HA Financial and Accounting Regulations and Delegation of Authority on Finance Functions in relation to finance operations.

Dovetailed with HA's annual service and resource planning process, the Committee examined the proposed 2019-20 HA budget and resource allocation. For HA's insurance programme, the Committee endorsed the renewal approach and direction for 2019-20. With the assistance of its subcommittee, the Treasury Panel (TP), the Committee considered matters related to HA's treasury management and operations, as well as investment performance and yield enhancement initiatives. On accountability reporting and monitoring of HA's financial position, the Committee reviewed and endorsed HA's draft audited financial statements for 2017-18 in the joint meeting with the Audit and Risk Committee. The Committee also considered the 2017-18 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 Assistance Programmes, The HA Charitable Foundation, the minor works under the Capital Works Reserve Fund Head 708 Subhead 8083 MM and the HA Public-Private Partnership Fund. The 2017-18 Operation Report of the HA Provident Fund Scheme was received by the Committee at a joint meeting with the Human Resources Committee.

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

2018-19 年度工作概況

在 2018-19 年度，委員會共召開六次會議，就醫管局的多項財務相關事宜向醫管局大會作出建議，協助大會確保妥善管理和有效運用公帑。

為支援醫管局制訂整體策略及政策，委員會討論制訂新工具，透過「病人歷程成本分析」，解構資源運用，以及更深入分析香港人口老化及慢性疾病普及導致醫療開支增加。委員會審視以最新服務需求推算為基礎的醫管局 2019-20 至 2023-24 年中期財政預測，並就 2019-20 及 2020-21 年度的預計經費需求，確保與政府三年期撥款的預測大致相若。財務運作方面，委員會審閱及通過醫管局財務和會計規則及財務職能（財務運作）權力轉授的建議修訂。

委員會配合醫管局的服務及資源規劃進程，審議醫管局 2019-20 年度預算及資源分配建議。委員會通過醫管局保險計劃 2019-20 年度的續保方式和方針。此外，委員會在庫務小組協助下，審議有關醫管局庫務管理及運作，以及投資表現和增加回報等事宜。有關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 2017-18 年度經審核的財務報表擬本。委員會亦審議由醫管局推行的若干指定計劃的 2017-18 年度經審核財務報表 / 帳目，包括電子健康紀錄系統開發計劃、撒瑪利亞基金、關愛基金援助計劃、醫管局慈善基金、基本工程儲備基金總目 708 分目 8083MM 項下的小型工程，以及醫管局公私營協作基金。委員會亦在與人力資源委員會的聯合會議上，收閱醫管局公積金計劃 2017-18 年度運作報告。

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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 2018. The Committee also considered matters relating to key financial performance indicators, waivers and write-offs of hospital fees and charges, and debt management. In accordance with the HA organisation-wide risk management framework, the Committee reviewed the effectiveness of risk mitigation actions taken in the past year on finance aspects, and proactively assessed key financial risks anticipated for 2019 and considered corresponding action plans.

To facilitate HA in discharging its stewardship responsibility over the use of public funds, the Committee considered the Annual Work Plan of the Finance Division and reviewed the measures implemented and planned to build a competent and sustainable finance workforce in HA.

The Committee received regular progress reports from TP, and approved TP appointment and formalisation of TP membership arrangement.

在醫管局的財務表現方面，委員會收閱醫管局每月財務報告，並審議截至 2018 年 9 月 30 日止六個月未經審核的財務報表及年中財政檢討。委員會亦審議有關醫管局主要財務表現指標、豁免及註銷醫院收費以及債務管理等事宜。因應醫管局機構風險管理架構，委員會審視過去一年財務風險緩減措施的成效，並主動評估 2019 年的預計主要財務風險及相應的緩減計劃。

為協助醫管局就公帑運用履行其管理職責，委員會審閱財務部的周年工作計劃，並審視醫管局就建立稱職及可持續財務工作團隊而推行及擬訂的措施。

此外，委員會收閱轄下庫務小組的定期報告，並批核小組的成員委任及成員安排正規化事宜。

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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 (*up to 30.11.2018*)
陳富強先生 (截至 2018 年 11 月 30 日)

Mrs Ann KUNG YEUNG Yun-chi (*from 1.12.2018*)
龔楊恩慈女士 (由 2018 年 12 月 1 日起)

Vice-Chairman

副主席

Ms Lisa LAU Man-man, BBS, MH, JP (*from 1.12.2018*)
劉文文女士 (由 2018 年 12 月 1 日起)

Members

成員

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

Mr Henry FAN Hung-ling, SBS, JP (*from 11.12.2018*)
范鴻齡先生 (由 2018 年 12 月 11 日起)

Mrs Ann KUNG YEUNG Yun-chi (*up to 30.11.2018*)
龔楊恩慈女士 (截至 2018 年 11 月 30 日)

Mr Quinton LAM Chun-ki (*from 1.11.2018*)
林進其先生 (由 2018 年 11 月 1 日起)

Mr Franklin LAM Fan-keung, BBS
林奮強先生

Prof LAU Chak-sing, JP (*from 11.12.2018*)
劉澤星教授 (由 2018 年 12 月 11 日起)

Ms Lisa LAU Man-man, BBS, MH, JP (*from 5.7.2018 to 30.11.2018*)
劉文文女士 (由 2018 年 7 月 5 日至 11 月 30 日)

Prof Diana LEE Tze-fan, JP (*up to 30.11.2018*)
李子芬教授 (截至 2018 年 11 月 30 日)

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

Prof David SHUM Ho-keung (*from 20.11.2018*)
岑浩強教授 (由 2018 年 11 月 20 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 (*up to 31.10.2018*)
葉健雄教授 (截至 2018 年 10 月 31 日)

Mr Charlie YIP Wing-tong
葉永堂先生

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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;
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 2018-19

In 2018-19, the Committee met six times to discuss and consider various human resources (HR) matters of HA.

The Committee considered and advised on a wide range of HR management initiatives to boost staff morale and retain talents. These included further enhancing the recruitment of non-locally trained doctors under the Limited Registration Scheme, introducing a new Locum Package for short-term engagement of locum staff on need basis, enhancing the Fixed Rate Honorarium for doctors and the Continuous Night Shift Scheme Allowance for nurses; restoring annual increment mechanism for employees joining HA on or after 15 June 2002, enhancing the Retired and Rehire Scheme for doctors, nurses and supporting staff, pilot implementation of the fractional work arrangement for full-time medical staff working in designated departments, engaging an external Consultant to review and recommend strategies and initiatives to help address the manpower issues of supporting staff, and pay enhancement for supporting staff. Same as in the past years, the Committee also considered and supported the 2018-19 annual pay adjustment for HA employees for approval by the HA Board.

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；
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。

2018-19 年度工作概況

在 2018-19 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。

委員會審議了多項提升士氣和挽留人才的人力資源措施，包括透過「有限度執業註冊計劃」加強招聘非本地培訓醫生、新推出「自選兼職計劃」以彈性聘請兼職人員應付需求、提高醫生定額酬金和護士的連續夜更津貼，以及恢復 2002 年 6 月 15 日或之後入職僱員每年增薪點機制的措施，優化醫生、護士及支援人員的「特別退休後重聘計劃」的優化措施、指定部門全職醫生的全職彈性工時安排先導計劃，以及委聘顧問研究及建議策略和措施，以解決支援職系人手問題及調整其薪酬。一如往年，委員會經審議後支持醫管局僱員 2018-19 年度薪酬調整，再呈醫管局大會審議及批准。

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Staff training and development is one of the key HR strategies. The Committee received regular reports from the Central Training & Development Committee (CTDC), a subcommittee formed under the Committee to oversee and advise on the priorities of resource allocation related to staff training. The Human Resources Committee also discussed and supported in principle the proposed framework on honorary appointment in HA. Separately, the Committee considered and supported the selection of a collaboration partner for upgrading HA's Higher Diploma in Nursing Training Programme from Qualifications Framework Level 4 to Level 5.

For staff welfare and communication / engagement, the Committee endorsed extension of service scope of Staff Radiology Programme and revised provision of medical items / treatment to HA employees; and supported the implementation of Focused Staff Survey 2019. The Committee received an update on the provision of legal support to HA's professional staff for supporting them in disciplinary inquiry of their respective regulatory professional bodies, and noted the enhancement measures of staff clinic services.

In accordance with the HA organisation-wide risk management framework, the Committee considered the People Resources Risk Assessment for 2019 and reviewed the effectiveness of risk mitigation actions taken on HR front in the past year, proactively assessed HR risks anticipated for 2019 and considered the corresponding action plans. It also received the first report on whistleblowing cases received from November 2016 to 31 December 2017, i.e. after promulgation of the "Guideline on Arrangements for Handling Whistleblowing Disclosures in Hospital Authority" in November 2016.

During the year, the Committee reviewed quarterly reports on HR Key Performance Indicators, and was briefed on the Annual Report on HA Mandatory Provident Fund Scheme. It also received annual reports on a wide range of HR-related matters, including 2017-18 Operation Report of the HA Provident Fund Scheme in a joint meeting with the Finance Committee, Annual Report on Occupational Safety and Health and Workplace Violence 2017-18, Report on Staff Complaints Received in Year 2017, as well as Progress Report of Human Resources Projects in 2018-19.

員工培訓及發展是關鍵的人力資源策略之一。委員會收閱轄下中央培訓及發展委員會（小組委員會）的定期報告，及批核小組委員會的成員委任事宜。該小組委員會是為監察員工培訓方面的資源投放優次及提供意見而成立的。人力資源委員會亦討論並原則上支持醫管局作出榮譽委任安排的建議框架。另一方面，委員會亦審議並支持挑選合作夥伴為護理學高級文憑課程由資歷架構的第四級提升至第五級。

在員工福利及溝通／凝聚方面，委員會通過擴大「員工造影計劃」服務範圍，以及增加為僱員提供的醫療用品／治療，並支持進行2019年焦點職員意見調查。委員會亦收閱就醫管局為專業人員被專業監管團體召開專業紀律研訊提供法律支援的最新匯報，並備悉職員診所服務的優化措施。

因應醫管局機構風險管理架構，委員會檢視2019年人力資源風險評估，亦審視了過去一年人力資源風險緩減措施的成效，並主動評估2019年人力資源方面的預計風險及有關緩減計劃。繼醫管局於2016年11月發出「醫院管理局處理舉報個案披露安排指引」，委員會收閱有關2016年11月至2017年12月31日期間所接獲舉報個案的首份報告。

年內，委員會檢閱了人力資源主要表現指標季度報告，也備悉醫管局強制性公積金計劃年度報告。此外，委員會又收閱了其他多項與人力資源相關的年度報告，包括在聯同財務委員會會議中備悉的醫管局公積金計劃2017-18年度運作報告、2017-18年度職安健及工作間暴力年報、2017年職員投訴報告，以及2018-19年度人力資源項目進展報告。

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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, *Chief Executive*
梁栢賢醫生 行政總裁

Members

成員

Ms Anita CHENG Wai-ching
鄭瑋青女士

Mr David FONG Man-hung, BBS, JP
方文雄先生

Prof Daniel LAI, BBS, JP
賴錫璋教授

Mr Quinton LAM Chun-ki (*from 19.4.2018 to 6.9.2018*)
林進其先生 (由 2018 年 4 月 19 日至 9 月 6 日)

Mr Victor LAM, JP (*from 13.7.2018*)
Government Chief Information Officer
林偉喬先生 (由 2018 年 7 月 13 日起)
政府資訊科技總監

Prof LAU Chak-sing, JP (*from 17.12.2018*)
劉澤星教授 (由 2018 年 12 月 17 日起)

Mr Stephen LEE Hoi-yin
李開賢先生

Hon Charles Peter MOK, JP
莫乃光議員

Ir Allen YEUNG Tak-bun, JP (*up to 1.7.2018*)
Government Chief Information Officer
楊德斌先生 (截至 2018 年 7 月 1 日)
政府資訊科技總監

Mr Charlie YIP Wing-tong
葉永堂先生

Miss Amy YUEN Wai-yin, JP (*from 25.4.2018*)
*Deputy Secretary for Food & Health (Health)*²
阮慧賢女士 (由 2018 年 4 月 25 日起)
食物及衛生局副秘書長 (衛生)

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;

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;

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- | | |
|---|----------------------------------|
| 4. Receive recommendations on the priorities for Information Technology systems development and implementation; | 4. 收閱有關資訊科技系統發展及實施的建議重點項目； |
| 5. Receive advice from the Information Technology Technical Advisory Subcommittee; | 5. 收閱信息技術諮詢小組委員會的意見； |
| 6. Receive performance and status reports; | 6. 收閱表現及狀況報告； |
| 7. Provide periodic progress report to the Hospital Authority Board; and | 7. 向醫管局大會定期提交工作報告；及 |
| 8. Consider matters relating to risk, risk management and risk mitigation relevant to Information Technology across Hospital Authority. | 8. 審議醫管局資訊科技範疇的相關風險、風險管理及風險緩減事宜。 |

Focus of Work in 2018-19

In 2018-19, the Committee met four times to discuss various issues relating to strategic development of IT / information systems in HA. During this period, the Committee discussed various strategies and initiatives, in support of the five-year IT Strategy 2017-2022 (IT Strategy), which laid out key directions for the IT and Health Informatics Division (IT&HID) to support transformation of HA's service provision and uplifting its service capability. These included the Smart Sourcing Strategy for ensuring optimum use of IT resources and encouraging innovation; IT Operation Strategy for improving the operation and performance of HA's IT systems; "HA Go" as HA's territory-wide mobile patient application for enhancing patient experience and outcome; and the initiative of adopting IT tools for process automation being undertaken by IT&HID.

The Committee also deliberated on the setting up of HA's Institute of Health IT to serve as the hub for exchange of health IT knowledge, experience and innovation opportunities between HA IT and the IT ecosystem. It also considered the IT innovation initiatives being undertaking by IT&HID, focusing on three technologies, i.e. mobility; Internet of Things and big data analytics. The Committee also discussed IT&HID's progress of work on cybersecurity risk mitigation for further strengthening the protection to HA IT applications and data.

On plans to meet the growing demand for IT systems to support the operation of the organisation, the Committee endorsed the IT Block Vote Submission for 2019-20 and the IT&HID Annual Work Plan 2019-20 for responding to challenges in continuing existing service delivery and delivering the major strategic IT-enabled projects and IT&HID's transformational initiatives. The Committee also deliberated and endorsed the plan for HA to provide its Laboratory Information System application software and the related service to two private hospitals for use in their pathology departments through a cost-recovery partnership project. Following its endorsement for the setup of HA Data Collaboration Lab in 2017-18, the Committee received the progress update of the Lab's setup and endorsed the Lab's proposed service provision in 2018-19, and received further updates on its pilot run implemented in the fourth quarter in 2018.

2018-19 年度工作概況

在 2018-19 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，委員會討論了多項策略和措施，以支持落實 2017 至 2022 年資訊科技策略（資訊科技策略），當中載列資訊科技及醫療信息部就支持醫管局服務轉型及提升服務能力而制訂的主要方向。這些策略和措施包括智能採購策略，以確保資訊科技資源得以善用及鼓勵創新；資訊科技運作策略，以提升醫管局資訊科技系統的運作和表現；提升病人體驗及治療成效的醫管局病人流動應用程式 HA Go；以及資訊科技及醫療信息部實施自動化程序而採納的資訊科技工具。

委員會亦審議有關醫管局醫療資訊科技學院的成立，以提供平台予醫管局資訊科技及醫療信息部與行業之間就健康資訊科技知識、經驗及創新機會進行交流。委員會亦審議了資訊科技及醫療信息部的發展創新方案，主要集中在三個科技範疇，即流動應用、物聯網及大數據分析。此外，委員會討論了資訊科技及醫療信息部為進一步加強保障醫管局的資訊科技系統和數據所進行的緩減網絡安全風險工作的進展報告。

為應付資訊科技系統不斷增長的需求，以配合機構運作需要，委員會通過 2019-20 年度資訊科技整體撥款申請，以及資訊科技及醫療信息部 2019-20 年度工作計劃，以回應挑戰，維持現行服務及推行各項倚重資訊科技的主要策略項目和部門的轉型計劃。委員會經審議後亦通過醫管局透過收回成本的協作計劃，向兩家私家醫院病理部提供化驗室資訊系統軟件及相關服務。繼 2017-18 年度通過設立醫管局數據實驗室後，委員會收閱設立實驗室的進展報告，並通過 2018-19 年度建議提供的服務，其後亦收閱有關實驗室於 2018 年第四季試行的報告。

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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. Progress update on various IT projects including Clinical Management System III and IV, business supporting IT systems and Electronic Health Record (eHR) projects were among the standing agenda items of the Committee's meetings. The Committee also monitored the ongoing efforts of IT&HID in the development and implementation of the Government's eHR Programme for which HA was the technical agent and participated as a major user of eHR Sharing System and endorsed the draft audited financial statements related to eHR Programme undertaken by HA annually. In addition, the Committee reviewed the effectiveness of risk mitigation actions taken in the past year, and assessed IT risks anticipated for 2019 and considered corresponding action plans.

The Committee reviewed regular progress reports from the Information Technology Technical Advisory Subcommittee (ITTASC), a subcommittee formed under the Committee to advise on major IT initiatives and IT technical matters proposed for implementation in HA, and approved appointments of ITTASC membership.

為履行其監督職能，委員會監察資訊科技及醫療信息部年度工作計劃的實施，其中包括審閱相關資訊科技職能的表現及狀況報告。委員會會議的常規議程項目包括各個資訊科技項目如第三及第四代臨床醫療管理系統、業務支援資訊科技系統及電子健康紀錄互通系統的進展報告。委員會亦監察資訊科技及醫療信息部為政府開發及推行電子健康紀錄互通系統的持續進度（醫管局擔任技術代理，並為該系統的主要使用者），以及每年通過相關的經審核財務報表擬稿。此外，委員會審視過去一年風險緩減措施的成效，並評估 2019 年資訊科技方面的預計風險及有關緩減計劃。

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，該小組委員會負責審議醫管局就資訊科技方面建議推行的主要措施及技術事宜。委員會亦批核小組委員會的成員委任事宜。

Appendix 3

附錄 3

Main Tender Board

中央投標委員會

Membership List

成員名單

Chairman

主席

Mr Ivan SZE Wing-hang, BBS (*from 1.11.2018*)
施榮恆先生 (由 2018 年 11 月 1 日起)

Prof Maurice YAP Keng-hung, JP (*up to 31.10.2018*)
葉健雄教授 (截至 2018 年 10 月 31 日)

Vice-Chairmen

副主席

Mr Gregory LEUNG Wing-lup, SBS (*from 1.11.2018*)
梁永立先生 (由 2018 年 11 月 1 日起)

Mr Ivan SZE Wing-hang, BBS (*up to 31.10.2018*)
施榮恆先生 (截至 2018 年 10 月 31 日)

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 Anita CHAN Shuk-yu, Director (*Finance*)
(*or her nominated representative*)
陳淑瑜女士 財務總監
(財務總監或其委任代表)

Members

成員

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

Prof Edwin CHAN Hon-wan
陳漢雲教授

Mr CHAN How-chi, MH
陳孝慈先生

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

Dr Andrew CHAN Ping-chiu, BBS
陳炳釗博士

Ms Anita CHENG Wai-ching
鄭瑋青女士

Mr Stanley CHEUNG Tak-kwai
張德貴先生

Prof Joanne CHUNG Wai-yee
鍾慧儀教授

Mr Henry FAN Hung-ling, SBS, JP (*from 11.12.2018*)
范鴻齡先生 (由 2018 年 12 月 11 日起)

Mr David FONG Man-hung, BBS, JP
方文雄先生

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

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Mr Ambrose HO, SBS, JP (*from 20.12.2018*)

何沛謙先生 (由 2018 年 12 月 20 日起)

Mrs Ann KUNG YEUNG Yun-chi (*up to 30.11.2018*)

龔楊恩慈女士 (截至 2018 年 11 月 30 日)

Prof Joseph KWAN Kai-cho

關繼祖教授

Mr Daniel LAM Chun, SBS, JP (*up to 30.11.2018*)

林濬先生 (截至 2018 年 11 月 30 日)

Mr Quinton LAM Chun-ki (*from 19.4.2018*)

林進其先生 (由 2018 年 4 月 19 日起)

Mr Franklin LAM Fan-keung, BBS

林奮強先生

Prof LAU Chak-sing, JP (*from 11.12.2018*)

劉澤星教授 (由 2018 年 12 月 11 日起)

Ms Lisa LAU Man-man, BBS, MH, JP

劉文文女士

Mr Stephen LEE Hoi-yin

李開賢先生

Dr Peter LEE Kwok-wah

李國華博士

Prof Diana LEE Tze-fan, JP (*up to 30.11.2018*)

李子芬教授 (截至 2018 年 11 月 30 日)

Prof Gabriel Matthew LEUNG, GBS, JP

梁卓偉教授

Mr Gregory LEUNG Wing-lup, SBS (*up to 31.10.2018*)

梁永立先生 (截至 2018 年 10 月 31 日)

Prof Raymond LIANG Hin-suen, SBS, JP

梁憲孫教授

Mr LO Chung-hing, SBS

盧重興先生

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

盧偉國博士

Mr Wilson MOK Yu-sang

莫裕生先生

Prof David SHUM Ho-keung (*from 20.11.2018*)

岑浩強教授 (由 2018 年 11 月 20 日起)

Prof Agnes TIWARI Fung-yee (*from 11.12.2018*)

羅鳳儀教授 (由 2018 年 12 月 11 日起)

Ms Priscilla WONG Pui-sze, BBS, JP (*up to 31.10.2018*)

王沛詩女士 (截至 2018 年 10 月 31 日)

Ms Catherine YEN Kai-shun

嚴嘉洵女士

Mr Charlie YIP Wing-tong

葉永堂先生

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Terms of Reference

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

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

Focus of Work in 2018-19

The Main Tender Board (MTB) is organised into two Tender Boards, each meeting once a month, with MTB(1) mainly focusing on tenders for pharmaceutical products and medical consumables; and MTB(2) on tenders of other subjects (e.g. medical equipment, contract services, consultancies etc.) In 2018-19, MTB considered some 700 papers on procurement of various 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 supporting services, maintenance of medical and laboratory equipment, and information technology systems. Capital works tenders were mainly concerned with hospital redevelopment projects and minor works improvements for maintenance of hospital premises.

An annual briefing was conducted to facilitate Members' understanding of the procurement policies and strategies of the HA and related matters. Prior to the briefing, an "Annual Summary on the Work of MTB 2017-18" was circulated for Members' information. It formed the framework of the briefing session in which topics including implementation of the key recommendations of the review of the Procurement and Materials Management Manual, different procurement channels, risk mitigation measures, and drugs expenditures and pricing trend, etc. were covered. The briefing also served as an orientation to new Members and annual meet up for Members to exchange views on the work of MTB. During the briefing, Members shared their views and comments on various matters, including the audit of procurement process, alignment of procurement practice across hospital clusters, quality assurance measures for drugs and automation of supply chain management, etc.

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。

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。

2018-19 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的招標；而中央投標委員會 (2) 則處理其他項目（例如醫療設備、合約服務、顧問服務等）的招標。在 2018-19 年度，中央投標委員會審議約 700 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。有關物資採購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支援服務、醫療及化驗設備以及資訊科技系統的保養；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。

委員會本年度舉行了一次簡介會，加強成員對醫管局的採購政策、策略及相關事宜的了解。簡介會每年舉行，既作為迎新活動，又讓成員分享有關委員會工作的意見。成員於簡介會前獲發「2017-18 年度中央投標委員會工作摘要」，以供參閱。簡介會上重點介紹包括《醫院管理局採購及物料管理手冊》主要檢討建議的執行情況、各類採購渠道、風險緩減措施，以及藥物開支及價格趨勢等。成員就多項事宜交流看法和意見，包括採購程序審核、統一不同醫院聯網的採購程序、藥物品質保證措施，以及供應鏈管理自動化等。

Appendix 3

附錄 3

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 (*up to 31.10.2018*)
葉健雄教授 (截至 2018 年 10 月 31 日)

Ms Priscilla WONG Pui-sze, BBS, JP (*from 1.11.2018*)
王沛詩女士 (由 2018 年 11 月 1 日起)

Vice-Chairman

副主席

Prof Diana LEE Tze-fan, JP (*up to 30.11.2018*)
李子芬教授 (截至 2018 年 11 月 30 日)

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 (*up to 30.11.2018*)
陳富強先生 (截至 2018 年 11 月 30 日)

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

Mr Henry FAN Hung-ling, SBS, JP (*from 11.12.2018*)
范鴻齡先生 (由 2018 年 12 月 11 日起)

Dr KAM Pok-man, BBS
甘博文博士

Mr Quinton LAM Chun-ki (*from 19.4.2018*)
林進其先生 (由 2018 年 4 月 19 日起)

Mr Franklin LAM Fan-keung, BBS
林奮強先生

Prof LAU CHAK-sing, JP (*from 11.12.2018*)
劉澤星教授 (由 2018 年 12 月 11 日起)

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

Prof David SHUM Ho-keung (*from 20.11.2018*)
岑浩強教授 (由 2018 年 11 月 20 日起)

Prof Agnes TIWARI Fung-ye, JP (*from 11.12.2018*)
羅鳳儀教授 (由 2018 年 12 月 11 日起)

Ms Elizabeth TSE Man-ye, JP
Permanent Secretary for Food and Health (Health)
謝曼怡女士
食物及衛生局常任秘書長 (衛生)

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Ms Priscilla WONG Pui-sze, BBS, JP (from 27.7.2018 to 31.10.2018)
王沛詩女士 (由 2018 年 7 月 27 日至 10 月 31 日)

Mr Charlie YIP Wing-tong
葉永堂先生

Ms Carol YUEN Siu-wai, JP / Ms Candy NIP Kai-yan
(representing the Secretary for Financial Services and the Treasury)
袁小惠女士 / 聶繼恩女士
[代表財經事務及庫務局局長]

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.

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。

Appendix 3

附錄 3

Focus of Work in 2018-19

In 2018-19, the Committee met six times to discuss and consider matters relating to the planning, development and management of clinical services.

Along the corporate strategy and planned future service directions of HA, the Committee discussed and approved the Clinical Services Plan (CSP) for the Kowloon West Cluster (KWC); supported the formulation of CSP for the Hong Kong East Cluster; and discussed the Strategic Service Framework for Cancer Services and for Genetic and Genomic Services. It also received the final report on re-delineation of cluster boundary of Kowloon Central Cluster and KWC. In support of demand management, the Committee deliberated on the service demand projection and facility planning; manpower requirements and strategies for doctors, nurses, allied health and pharmacy professionals; and the review on roles and responsibilities of nurse consultants. The Committee also considered and discussed various clinical Public-Private Partnership Programmes which aimed to share out demand and enhance patient choices. For clinical services development, the Committee discussed on new service models and on-going projects such as the paired / pooled organ donation scheme; paired kidney donation programme; primary percutaneous coronary intervention service; central provision of autologous serum eye drops by Hong Kong Red Cross Blood Transfusion Services; enhanced mechanism for introducing specific ultra-expensive drugs (including those for treating uncommon disorders); the Chinese Medicine Centre for Training and Research; and development of the Integrated Chinese-Western Medicine pilot programme. To promote partnership with patients, the Committee was briefed on the update on mental health direct and patient support call centre; development of Patient Resources Centres service; and pilot scheme on the dementia community support service for the elderly.

The Committee considered and commented on a wide range of clinical management issues, including the approval of the new drugs / indications and medical items to be covered by the Samaritan Fund in 2018-19, commissioning of medical services in completed hospitals projects as well as update on individual hospital projects (e.g. service commissioning and utilisation of space and medical equipment at the North Lantau Hospital and service development of the Hong Kong Children's Hospital and Tin Shui Wai Hospital). In regard to the HA organisation-wide risk management framework, the Committee monitored clinical risk management through considering the report on patient service and care, which assessed the effectiveness of mitigation actions taken in the past year as well as the risks anticipated for 2019 and the planned actions. Other matters considered by the Committee on clinical governance and quality improvement included corporate open disclosure for clinical incidents, hospital accreditation and 2017-18 HA Patient Experience Survey on inpatient service. The Committee also considered proposals / regular reports on other matters, including the Controlling Officer's Report in 2018-19, management of access block problem, winter surge preparation and development and monitoring of clinical service key performance indicators.

2018-19 年度工作概況

在 2018-19 年度，醫療服務發展委員會共召開六次會議，討論臨床服務的規劃、發展及管理事宜。

根據醫管局的整體策略及擬定的未來服務方向，委員會討論及批核了九龍西醫院聯網的臨床服務計劃、支持港島東醫院聯網制訂其臨床服務計劃，並討論了癌症服務和遺傳及基因組服務的策略框架，亦收閱了九龍中及九龍西醫院聯網界線重組的最後報告。為支援需求管理，委員會審議了服務需求預測及設施規劃；醫生／護士／專職醫療及藥劑專業人員的人力需求及策略；以及顧問護師角色及職責的檢討。此外，委員會考慮及討論多項以分擔服務需求及擴闊病人選擇為宗旨的臨床公私營協作計劃。在臨床服務發展方面，委員會討論新的服務模式及持續推行的項目，如器官配對／組合捐贈計劃；腎臟配對捐贈計劃；緊急冠狀動脈導管介入手術服務；由香港紅十字會輸血服務中心統一提供自體血清眼藥水；優化引入特定極昂貴藥物（包括治療罕有病症的藥物）機制；中醫教研中心；以及中西醫協作先導計劃的發展。於促進與病人協作方面，委員會亦獲悉精神健康專線及護訊鈴、病人資源中心服務發展，及以專為長者提供服務之「智友醫社同行」先導計劃的最新進度。

委員會審議不同的醫療管理事宜並提供意見，包括批核撒瑪利亞基金在 2018-19 年度起納入的新藥／適用病症及醫療項目、個別醫院服務項目的啟用及進度報告（如北大嶼山醫院啟用服務，其空間和醫療設備的運用，以及香港兒童醫院及天水圍醫院服務發展）。就醫管局機構風險管理架構方面，委員會透過審閱病人服務報告以監察臨床風險管理情況，並檢討過去一年風險緩減措施的成效，評估 2019 年的預計風險及有關緩減計劃。委員會亦審議了其他臨床管治及質素改善方面事宜，包括披露機構醫療事故之政策、醫院認證，以及 2017-18 年醫管局住院病人經驗調查。委員會考慮了其他建議／定期報告，包括 2018-19 年度管制人員報告；滯留等候入院問題之管理；冬季流感服務高峰期的應對準備；以及臨床服務主要表現指標的制訂和監察。

Appendix 3

附錄 3

Public Complaints Committee

公眾投訴委員會

Membership List

成員名單

Chairman

主席

Mr Ivan SZE Wing-hang, BBS
施榮恆先生

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
陳君德先生

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

Mr CHAN Wing-kai
陳永佳先生

Mr Vincent CHAN Wing-shing, MH (*from 1.12.2018*)
陳永誠先生 (由 2018 年 12 月 1 日起)

Ms Peggy CHING Pui-ki
程佩琪女士

Rev Dr Andrew CHOI Chung-ho
蔡宗灝牧師

Dr CHUNG Chin-hung*
鍾展鴻醫生 *

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
劉文文女士

Dr Robert LAW Chi-lim* (*up to 30.11.2018*)
羅致廉醫生 * (截至 2018 年 11 月 30 日)

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
謝萬誠先生

Dr WONG Chun-por, JP*
王春波醫生 *

Mr WONG Kwai-huen, BBS, JP* (*from 1.12.2018*)
王桂壘先生 * (由 2018 年 12 月 1 日起)

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* (*up to 30.11.2018*)
葉秀華女士 * (截至 2018 年 11 月 30 日)

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 2018-19

In 2018-19, the Public Complaints Committee held 17 meetings and handled a total of 235 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。)

2018-19 年度工作概況

在 2018-19 年度，公眾投訴委員會共召開 17 次會議及處理 235 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	Mr Ambrose HO, SBS, JP (<i>from 20.12.2018</i>) 何沛謙先生 (由 2018 年 12 月 20 日起)
	Mr Charlie YIP Wing-tong 葉永堂先生
	Mr Paul YU Shiu-tin, BBS, JP 余嘯天先生

Terms of Reference

1. To consider and decide upon appeals from staff members who have raised a grievance through the normal internal complaint channels and who wish to appeal against the decision made.
2. The Committee shall:
 - (a) consider whether the appeal cases need further investigation by the management;
 - (b) direct the appeal cases to be investigated;
 - (c) have access to all the relevant information required from the management for making a decision;
 - (d) ensure that appropriate action is taken; and
 - (e) reply to the appellant.
3. The Committee's decision shall represent the Hospital Authority's decision and shall be final.
4. The Committee shall make annual reports to the Hospital Authority Board.

Focus of Work in 2018-19

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 2018-19, the Committee concluded one staff appeal case carried forward from 2017-18 and received two new appeal cases. One of the new cases received was referred back to the respective cluster management to follow up as the complainant had not yet exhausted the normal internal complaint channels in HA. The other new case was received in March 2019 and consideration was still in progress as of the end of 2018-19.

職權範圍

1. 就曾透過正常內部渠道提出申訴而又不滿有關決定的職員上訴個案，進行審議及決定。
2. 委員會須：
 - (a) 考慮上訴個案是否需由管理人員作進一步調查；
 - (b) 指令對上訴個案進行調查；
 - (c) 向管理人員取得所有有關資料，以便作出決定；
 - (d) 確保已採取恰當的行動；及
 - (e) 回覆上訴人。
3. 委員會的決定即為醫院管理局的最終決定。
4. 委員會須每年向醫院管理局大會提交報告。

2018-19 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 2018-19 年度，委員會審結了一宗 2017-18 年度未完成處理的職員上訴個案，及收到兩宗新個案。其中一宗新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。另一宗於 2019 年 3 月收到的新個案，委員會於 2018-19 年度完結時仍在審議中。

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For the appeal case carried forward from 2017-18, the Committee found that the appellant had fully presented his case, and the management had followed due process in the course of investigation. In considering the case, the Committee had reviewed all the relevant information, including HA's prevailing policies and practices and other details related to the case. The Committee considered the detailed information and came to the view that the conclusion reached earlier by the management was justified.

就該宗延自 2017-18 年度的上訴個案，委員會認為上訴人已完整闡述其個案，而管理層亦已根據適當程序作出調查。委員會在審議該個案時，考慮所有相關資料，包括與個案有關的醫管局現行政策、措施及個案的其他相關細節，認為管理人員先前就個案所作的結論合乎理據。

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Supporting Services Development Committee

支援服務發展委員會

Membership List

成員名單

Chairman

主席

Mr Daniel LAM Chun, SBS, JP (*from 1.12.2018*)
林濬先生 (由 2018 年 12 月 1 日起)

Mr WONG Kwai-huen, BBS, JP (*up to 30.11.2018*)
王桂壠先生 (截至 2018 年 11 月 30 日)

Vice-Chairmen

副主席

Mr David FONG Man-hung, BBS, JP (*from 1.12.2018*)
方文雄先生 (由 2018 年 12 月 1 日起)

Mr Daniel LAM Chun, SBS, JP (*up to 30.11.2018*)
林濬先生 (截至 2018 年 11 月 30 日)

Members

成員

Prof Edwin CHAN Hon-wan
陳漢雲教授

Dr Andrew CHAN Ping-chiu, BBS
陳炳釗博士

Mr Lester Garson HUANG, SBS, JP (*up to 30.11.2018*)
黃嘉純先生 (截至 2018 年 11 月 30 日)

Dr KAM Pok-man, BBS
甘博文博士

Mr Franklin LAM Fan-keung, BBS
林奮強先生

Ms Lisa LAU Man-man, BBS, MH, JP (*up to 5.7.2018*)
劉文文女士 (截至 2018 年 7 月 5 日)

Dr Peter LEE Kwok-wah
李國華博士

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

Dr Hon LO Wai-kwok, SBS, MH, JP
盧偉國博士

Prof Agnes TIWARI Fung-yee (*from 11.12.2018*)
羅鳳儀教授 (由 2018 年 12 月 11 日起)

Mr Lincoln TSO Lai
曹禮先生

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 2018-19

In 2018-19, 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. On business support services, the Committee discussed HA's plan to form a Central Procurement Team to strengthen the support for procurement of forward procured furniture and equipment (F&E) for new hospitals and hospital development projects and its implementation of a standardised approach, with enhanced measures, for planning procurement of F&E items for commissioning of hospital projects. The Committee received updates on the latest development of the HA Supporting Services Centre and deliberated on the way forward in handling the latest service demand projection of supporting services in HA. It also received reports on the performance and progress of improvements of hospital security and fire safety, as well as on contracts with price adjustment approved by the respective HA management via "Authorise and Direct" as delegated by the Main Tender Board. The progress of procurement of new purchases of equipment in 2018-19 and the procurement plan for replacement of aged equipment up to 2021-22 were discussed. It also considered the review of the Procurement and Materials Management Manual (PMMM) of HA with proposed revisions to the PMMM.

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。

2018-19 年度工作概況

在 2018-19 年度，委員會共召開四次會議，就業務支援發展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。在業務支援發展方面，委員會審議醫管局成立中央採購組的計劃，以加強支援對新醫院及其他醫院發展項目提供預購設備及儀器的服務，並採用劃一方式，為籌備中的醫院工程項目支援相關醫院設備及儀器的採購。委員會收閱就醫管局支援服務中心最新發展的報告，並審議機構應對支援服務最新需求預測的方向。此外，亦收閱有關醫院保安及防火安全表現和改善的進度報告，以及有關經中央投標委員會授權醫管局相關管理人員批准調整合約價格的匯報。委員會討論了 2018-19 年度新設備採購進展及截至 2021-22 年度的舊有設備更替規劃。委員會亦審議了醫管局《採購及物料管理手冊》的檢討及其建議修訂。

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With respect to capital planning, the Committee noted the implementation progress of projects under the Ten-year Hospital Development Plan with the earmarked government funding of \$200 billion and the high level situation and expenditures on maintenance of newly completed / redeveloped hospitals. It reviewed the annual capital expenditure plan for both major capital works projects and the one-off grant for minor works projects for 2018-19 and endorsed that for 2019-20. It endorsed the proposed updates to the Schedule of Delegation of Authority for issue and acceptance of tenders for construction-related contracts by HA. The Committee also examined the regular facility condition assessment of HA hospitals; the review of hospital engineering related incidents and the related mitigation measures; the annual report on accident statistics of capital works projects in 2017; and the findings of the latest building safety inspections for HA hospitals. For minor works projects, the Committee noted the latest progress of the projects in 2017-18 and endorsed the audited accounts for the one-off grant for minor works projects. It also reviewed the findings on the review on management of minor works projects and the action plan for improvements; as well as the tools developed for monitoring progress of project implementation and accounts finalisation.

In accordance with the HA organisation-wide risk management framework, the Committee assessed the risks relating to business support services, pharmaceutical supplies and capital planning, including the effectiveness of risk mitigation measures taken in the past year, risks anticipated for 2019 and the planned actions.

During the year, the Committee received regular reports from the management on the implementation progress of major capital works and minor works. It also reviewed regular progress reports from the Capital Works Subcommittee (CWSC), a subcommittee formed under the Committee to advise on mainly the planning implementation as well as progress and financial monitoring of major Capital Works projects, and approved appointments of CWSC membership.

在基本工程規劃方面，委員會備悉政府預留 2,000 億元推行十年醫院發展計劃的項目進度，以及於新落成 / 重建醫院設施保養方面的進展及開支。委員會審議了 2018-19 年度有關大型基本工程項目的年度資本開支預算及小型工程項目整筆撥款，並通過 2019-20 年度的有關預算。委員會通過有關醫管局就建築相關合約招標及接受標書的《權力轉授安排》的建議修訂，及定期審議各醫院的設施之狀況評估；醫院工程事故檢討及相關緩減措施；2017 年基本工程項目意外數字年度報告；以及醫管局醫院建築物的最新安全巡查結果。在小型工程項目方面，委員會備悉 2017-18 年度的進展，並通過小型工程項目整筆撥款的經審核帳目，亦審視了小型工程項目管理的檢討結果及改善方案，以及為監察項目實施進度和核定帳目而製備的工具。

因應醫管局機構風險管理架構，委員會就醫管局在業務支援發展、藥物供應及基本工程規劃方面進行風險評估，範圍包括各項風險緩減措施在過去一年的成效、2019 年的預計風險及有關緩減計劃。

年內，委員會收閱管理人員提供的大型基本工程及小型工程進度定期報告，負責批核轄下基本工程小組委員會的委任事宜，並審閱其進展報告。該小組委員會負責審議大型基本工程項目的規劃、推行、進展及財務監察等事項。

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

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

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主席

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梁明娟醫生

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Hospital Chief Executive
醫院行政總監

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陳文寬先生
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張振華監督
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高瑞芬女士
Rev Canon Peter Douglas KOON Ho-ming, BBS
管浩鳴法政牧師
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關瑞文教授
Mr Roger LEE Chee-wah
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Mr Gregory LEUNG Wing-lup, SBS
梁永立先生
Mr John LI Kwok-heem, MH
李國謙先生
Ir Dr Hon LO Wai-kwok, SBS, MH, JP
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蔡克昭先生
Rev WONG Ka-fai
王家輝牧師
Ms Peggy WONG Pik-kiu, BBS, MH, JP
黃碧嬌女士

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Bradbury Hospice

白普理寧養中心

Chairman 主席

Dr Joseph LEE Man-ho
李文豪醫生

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Dr Vincent TSE Kin-chuen
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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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Caritas Medical Centre

明愛醫院

Chairman 主席

Prof David CHEUNG Lik-ching
張力正教授

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醫院行政總監

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張健利博士

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Mr Anthony WONG Luen-kin, JP
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楊傳亮先生

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
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Cheshire Home, Chung Hom Kok

春磡角慈氏護養院

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Dr Albert WONG Chi-chiu
王志釗醫生

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Hospital Chief Executive
醫院行政總監

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周慧思女士

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江明熙醫生

Mr Peter LI Lan-yiu
李蘭耀先生

Prof Leonard LI Sheung-wai (*up to 22.11.2018*)
李常威教授 (截至 2018 年 11 月 22 日)

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 (*up to 16.11.2018*)
王梁潔華女士 (截至 2018 年 11 月 16 日)

Prof Leonard LI Sheung-wai (*from 23.11.2018*)
李常威教授 (由 2018 年 11 月 23 日起)

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Ms Janet LAI Keng-chok
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彭耀宗教授

Mr Alfred POON Sun-biu
潘新標先生

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Grantham Hospital

葛量洪醫院

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藍義方先生

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Haven of Hope Hospital

靈實醫院

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Hong Kong Buddhist Hospital

香港佛教醫院

Chairman 主席

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釋果德法師

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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

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Hong Kong Children's Hospital

香港兒童醫院

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陳丹娜女士 (由 2018 年 10 月 1 日起)

Mr CHO Wui-hung, MH (*from 1.10.2018*)
左滙雄先生 (由 2018 年 10 月 1 日起)

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Hong Kong Eye Hospital & Kowloon Hospital

香港眼科醫院及九龍醫院

Chairman 主席

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盧重興先生

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Hong Kong Red Cross Blood Transfusion Service

香港紅十字會輸血服務中心

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Kwai Chung Hospital & Princess Margaret Hospital

葵涌醫院及瑪嘉烈醫院

Chairman 主席

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莊偉茵女士

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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

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Mr YU See-ho
余斯好先生

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袁國強先生

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MacLehose Medical Rehabilitation Centre

麥理浩復康院

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錢平醫生

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Mr Vincent CHENG Wing-ming
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黃冠文先生

Mr YU See-ho
余斯好先生

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North District Hospital

北區醫院

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Ms CHIANG Lai-yuen, JP
蔣麗婉女士

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醫院行政總監

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Mr David FONG Man-hung, BBS, JP
方文雄先生

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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, MH
洪少陵先生

Mr LI Kwok-yiu
李國耀先生

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-yeet, GBS, JP
李淑儀女士

Ex-officio members

當然成員

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Hospital Chief Executive
醫院行政總監

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陳孝慈先生

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Mr Tony CHOI Yuk-kwan, MH
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Ms Elizabeth LAW Kar-shui, MH
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Our Lady of Maryknoll Hospital

聖母醫院

Chairman 主席

Mr Lester Garson HUANG, SBS, JP
黃嘉純先生

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Dr Louis SHIH Tai-cho, JP
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黃楊寶和女士

Mr Stephen YUEN Kwok-keung, MH
袁國強先生

Sister Marya ZABOROWSKI
章慈雲修女

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Pamela Youde Nethersole Eastern Hospital

東區尤德夫人那打素醫院

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Pok Oi Hospital

博愛醫院

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Prince of Wales Hospital

威爾斯親王醫院

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Queen Elizabeth Hospital

伊利沙伯醫院

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Queen Mary Hospital & Tsan Yuk Hospital

瑪麗醫院及贊育醫院

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Ruttonjee & Tang Shiu Kin Hospitals

律敦治及鄧肇堅醫院

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Tai Po Hospital

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The Duchess of Kent Children's Hospital at Sandy Bay

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Tin Shui Wai Hospital

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Tseung Kwan O Hospital

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Tuen Mun Hospital

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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

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Yan Chai Hospital

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楊志威先生

Dr Joseph YEUNG Shing (*from 16.9.2018*)
楊誠醫生 (由 2018 年 9 月 16 日起)

Appendix 7

附錄 7

Public Feedback Statistics

公眾意見統計

Complaint / Appreciation Received (1.4.2018 – 31.3.2019)

投訴 / 讚揚數字 (2018 年 4 月 1 日 — 2019 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	178
Staff attitude 職員態度	25
Administrative procedure 行政程序	20
Others 其他	12
Total number of appeal cases handled 處理上訴個案總數	235

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	1 370	4 893	27 652
Staff attitude 職員態度	404	2 872	10 379
Administrative procedure 行政程序	296	3 177	1 032
Overall performance 整體表現	122	2 074	419
Others 其他	24	858	2 915
Total number of hospital complaint / feedback / appreciation 醫院投訴 / 意見 / 讚揚總數	2 216	13 874	42 397

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	78	341	3 158
Staff attitude 職員態度	36	340	1 258
Administrative procedure 行政程序	30	371	94
Overall performance 整體表現	8	100	86
Others 其他	1	27	171
Total number of complaint / feedback / appreciation received by GOPC 普通科門診診所投訴 / 意見 / 讚揚總數	153	1 179	4 767

* General outpatient clinics

Statistics of the Controlling Officer's Report 管制人員報告統計數字

The Hospital Authority generally achieved its performance targets in 2018-19. The volume of patient care activities across the full range of services in 2018-19 is comparable to the level in 2017-18.

醫院管理局大致上達到二零一八至一九年度的服務表現目標。二零一八至一九年度各類病人醫護服務的整體服務量與二零一七至一八年度的水平相若。

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：

	2017-2018	2018-2019
(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)	22 027	22 561
infirmary 療養科	2 041	2 041
mentally ill 精神科	3 607	3 647
mentally handicapped 智障科	680	680
overall 總計	28 355	28 929
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) (%)	76	77
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	490	504
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	139	134
no. of psychiatric day places 精神科日間醫院名額	889	889

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	2017-2018	2018-2019
(II) Delivery of services 所提供的服務		
<i>inpatient services 住院服務</i>		
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)	1 138 748	1 132 311
infirmary 療養科	3 400	3 081
mentally ill 精神科	17 432	17 915
mentally handicapped 智障科	629	577
overall 總計	1 160 209	1 153 884
no. of patient days 病人住院日次		
general (acute and convalescent) 普通科 (急症及康復)	6 662 514	6 722 220
infirmary 療養科	498 621	490 592
mentally ill 精神科	918 456	936 747
mentally handicapped 智障科	191 510	186 631
overall 總計	8 271 101	8 336 190
bed occupancy rate (%) 病床住用率 (%)		
general (acute and convalescent) 普通科 (急症及康復)	93	92
infirmary 療養科	89	89
mentally ill 精神科	70	71
mentally handicapped 智障科	77	75
overall 總計	89	89
average length of stay (days)* 平均住院時間 (日)*		
general (acute and convalescent) 普通科 (急症及康復)	5.9	5.9
infirmary 療養科	139	121
mentally ill 精神科	55	52
mentally handicapped 智障科	303	323
overall 總計	7.2	7.2
<i>ambulatory and outreach services 日間及外展服務</i>		
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	659 413	681 985
A&E services 急症室服務		
no. of attendances 就診人次	2 189 040	2 157 617
no. of attendances per 1 000 population 每千人口的就診人次	296	290
no. of first attendances for 首次就診人次分流		
triage I 第 I 類別	22 144	22 230
triage II 第 II 類別	52 111	52 016
triage III 第 III 類別	749 179	748 643
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	790 355	813 844
no. of specialist outpatient (clinical) follow-up attendances 專科門診 (臨床) 舊症覆診人次	6 926 315	7 088 005
total no. of specialist outpatient (clinical) attendances 專科門診 (臨床) 就診總人次	7 716 670	7 901 849
primary care services 基層醫療服務		
no. of general outpatient attendances 普通科門診就診人次	6 081 738	6 059 222
no. of family medicine specialist clinic attendances 家庭醫學專科門診就診人次	311 626	311 771
total no. of primary care attendances 基層醫療就診總人次	6 393 364	6 370 993

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	2017-2018	2018-2019
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	98 104	98 770
no. of home visits by community nurses 社康護士家訪次數	877 610	890 668
no. of allied health (community) attendances 專職醫療（社區）就診人次	36 426	36 003
no. of allied health (outpatient) attendances 專職醫療（門診）就診人次	2 745 545	2 865 372
geriatric services 老人科服務		
no. of outreach attendances 接受外展服務人次	685 469	679 871
no. of geriatric elderly persons assessed for infirmity care service 接受療養服務評核的長者人數	1 766	1 854
no. of geriatric day attendances 老人科日間醫院就診人次	148 258	146 059
no. of Visiting Medical Officer attendances 接受到診醫生治療人次	110 805	106 514
psychiatric services 精神科服務		
no. of psychiatric outreach attendances 接受精神科外展服務人次	292 121	306 327
no. of psychiatric day attendances 精神科日間醫院就診人次	222 303	225 663
no. of psychogeriatric outreach attendances 接受老人精神科外展服務人次	98 440	100 793
(III) Quality of services 服務質素		
no. of hospital deaths per 1 000 population ^A 每千人口中病人在醫院死亡人數 ^A	3.0	2.8
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	10.6
(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	54.2
ambulatory and outreach 日間及外展服務	45.6	45.8
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	4.5	4.8
ambulatory and outreach 日間及外展服務	3.8	4.0
cost of services for persons aged 65 or above 65 歲或以上人士的服務成本		
share of cost of services (%) 服務所佔總成本的百分率 (%)	48.5	48.9
cost of services per 1 000 population (HK\$Mn) 每千人口的服務成本（港幣百萬元）	24.5	25.4
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）	26,110	28,120
infirmity 療養科	239,970	268,570
mentally ill 精神科	147,780	151,370
mentally handicapped 智障科	513,660	584,790
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）	4,950	5,270
infirmity 療養科	1,640	1,690
mentally ill 精神科	2,810	2,900
mentally handicapped 智障科	1,690	1,810

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	2017-2018	2018-2019
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)	1,390	1,530
cost per specialist outpatient attendance (HK\$) 專科門診每次診症的成本 (港元)	1,230	1,280
cost per general outpatient attendance (HK\$) 普通科門診每次診症的成本 (港元)	470	495
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)	1,180	1,210
cost per outreach visit by community nurse (HK\$) 社康護士每次外展服務的成本 (港元)	575	625
cost per psychiatric outreach attendance (HK\$) 精神科外展服務每次的成本 (港元)	1,660	1,710
cost per geriatric day attendance (HK\$) 老人科日間醫院每次服務的成本 (港元)	2,240	2,330
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 (%)	17.5	16.4
percentage of non-CSSA fee waiver (%) [▲] 非綜援收費減免百分率 (%) [▲]	12.8	17.2

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.

[▲] With effect from 15 July 2017, the medical fee waiver for public healthcare services has been extended to cover Old Age Living Allowance (OALA) recipients meeting the eligibility criteria. In this regard, the percentage of non-CSSA fee waiver for 2017-18 and 2018-19 includes fee waiver for OALA recipients of 6.6 percent and 10.6 percent respectively.

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。

[▲] 自二零一七年七月十五日起，公營醫療服務費用減免安排已擴展至合資格的長者生活津貼受惠人。故此，就非綜援收費而言，在二零一七至一八年度及二零一八至一九年度的減免包括合資格長者生活津貼受惠人在內，當中所佔的減免百分率分別為 6.6% 及 10.6%。

Appendix 9 附錄 9

Statistics on Number of Beds, Inpatient, Accident & Emergency and Outpatient Services in 2018-19 2018-19 年度病床數目、住院服務、急症室服務及門診服務統計數字

Institution 機構	No. of hospital beds (as at 31 March 2019) ¹ 醫院病床 數目 (截至 2019 年 3 月 31 日) ¹	Total IP & DP discharges and deaths 住院及日間 住院病人 出院人次及 死亡人數	Inpatient bed occupancy rate (%) 住院病人 病床住用率 (%)	Inpatient average length of stay (days) 住院病人 平均住院 時間 (日)	Total A&E attendances 急症室 就診總人次	Total SOP (clinical) attendances ^{2,3} 專科門診 (臨床) 就診 總人次 ^{2,3}	Family Medicine Specialist Clinic attendances ² 家庭醫學 專科門診 就診人次 ²	Total Allied Health (Outpatient) attendances ^{2,4} 專職醫療 (門診) 就診 總人次 ^{2,4}	General Outpatient attendances ^{2,5} 普通科門診 就診人次 ^{2,5}
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	412	81.6	132.5	-	-	-	217	-
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	1 829	150 234	86.6	5.6	133 149	609 571	56 792	176 106	392 506
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	623	28 196	91.9	7.5	72 601	139 844	9 882	105 671	136 756
St John Hospital 長洲醫院	87	3 478	50.0	3.2	8 978	-	-	7 706	34 871
Tung Wah Eastern Hospital 東華東院	265	7 502	88.8	14.8	-	97 722	-	34 374	28 227
Wong Chuk Hang Hospital 黃竹坑醫院	160	142	96.2	302.5	-	-	-	-	-
Sub-total 小計	3 204	189 964	87.8	7.2	214 728	847 137	66 674	324 074	592 360
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	4 509	62.0	8.4	-	21 587	-	36 478	-
Tung Wah Group of Hospitals Fung Yiu King Hospital 東華三院馮堯敬醫院	272	3 165	72.2	18.2	-	622	-	475	-
Grantham Hospital 葛量洪醫院	389	17 858	85.2	12.0	-	127 630	-	24 148	-
MacLehose Medical Rehabilitation Centre 麥理浩復康院	110	1 127	53.5	19.4	-	211	-	2 508	-
Queen Mary Hospital 瑪麗醫院	1 711	166 390	78.8	4.5	123 901	681 262	21 495	151 222	353 269
Tung Wah Hospital 東華醫院	532	25 222	81.4	14.6	-	49 912	-	6 264	31 822
Tsan Yuk Hospital 贊育醫院	1	153	-	-	-	23 525	-	5 165	-
Sub-total 小計	3 148	218 424	77.7	6.3	123 901	904 749	21 495	226 260	385 091
Kowloon Central Cluster 九龍中醫院聯網									
Hong Kong Buddhist Hospital 香港佛教醫院	324	8 020	98.7	16.5	-	13 059	-	16 823	44 786
Hong Kong Children's Hospital ⁶ 香港兒童醫院 ⁶	40	15	57.5	1.5	-	472	-	33	-
Hong Kong Eye Hospital 香港眼科醫院	45	8 154	41.1	4.4	-	245 518	-	26 357	-
Kowloon Hospital 九龍醫院	1 361	17 489	87.2	25.1	-	89 477	-	140 495	-
Kwong Wah Hospital 廣華醫院	1 186	95 367	82.3	4.3	127 046	362 349	3 711	165 429	201 021
Our Lady of Maryknoll Hospital 聖母醫院	236	11 098	76.7	8.9	-	65 528	1 528	35 098	396 332
Queen Elizabeth Hospital 伊利沙伯醫院	1 941	211 090	98.0	5.3	185 515	726 790	9 317	263 911	511 227
Tung Wah Group of Hospitals Wong Tai Sin Hospital 東華三院黃大仙醫院	531	9 832	88.4	19.1	-	29	-	1 019	-
Sub-total 小計	5 664	361 065	90.1	7.4	312 561	1 503 222	14 556	649 165	1 153 366

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Institution 機構	No. of hospital beds (as at 31 March 2019) ¹ 醫院病床 數目 (截至 2019 年 3 月 31 日) ¹	Total IP & DP discharges and deaths 住院及日間 住院病人 出院人次及 死亡人數	Inpatient bed occupancy rate (%) 住院病人 病床住用率 (%)	Inpatient average length of stay (days) 住院病人 平均住院 時間 (日)	Total A&E attendances 急症室 就診總人次	Total SOP (clinical) attendances ^{2,3} 專科門診 (臨床) 就診 總人次 ^{2,3}	Family Medicine Specialist Clinic attendances ² 家庭醫學 專科門診 就診人次 ²	Total Allied Health (Outpatient) attendances ^{2,4} 專職醫療 (門診) 就診 總人次 ^{2,4}	General Outpatient attendances ^{2,5} 普通科門診 就診人次 ^{2,5}
Kowloon East Cluster 九龍東醫院聯網									
Haven of Hope Hospital 靈實醫院	481	7 584	95.3	20.8	-	8 937	-	5 254	-
Tseung Kwan O Hospital 將軍澳醫院	747	71 765	101.5	5.1	116 275	335 405	270	161 101	329 394
United Christian Hospital 基督教聯合醫院	1 499	121 987	95.8	5.4	166 409	551 384	65 141	240 783	655 969
Sub-total 小計	2 727	201 336	97.3	6.1	282 684	895 726	65 411	407 138	985 363
Kowloon West Cluster 九龍西醫院聯網									
Caritas Medical Centre 明愛醫院	1 211	70 270	87.0	6.4	132 911	413 542	3 804	90 471	301 504
Kwai Chung Hospital 葵涌醫院	920	4 531	70.9	54.3	-	238 588	-	35 208	-
North Lantau Hospital 北大嶼山醫院	90	5 839	82.5	5.0	93 057	16 282	1 056	37 447	94 842
Princess Margaret Hospital 瑪嘉烈醫院	1 773	155 603	93.5	5.2	123 698	465 086	17 483	123 538	355 789
Yan Chai Hospital 仁濟醫院	813	62 364	88.9	4.9	124 416	240 875	5 616	108 555	286 819
Sub-total 小計	4 807	298 607	86.1	6.5	474 082	1 374 373	27 959	395 219	1 038 954
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	585	64 310	83.8	4.5	114 794	284 721	4 914	129 984	252 781
Bradbury Hospice 白普理寧養中心	26	650	87.1	12.9	-	28	-	2 458	-
Cheshire Home, Shatin 沙田慈氏護養院	304	156	69.0	480.1	-	-	-	99	-
North District Hospital 北區醫院	646	50 612	95.4	5.4	98 067	193 642	4 756	75 964	275 354
Prince of Wales Hospital 威爾斯親王醫院	1 734	182 996	90.6	5.2	143 598	801 737	52 069	228 225	505 358
Shatin Hospital 沙田醫院	571	9 502	90.7	19.7	-	701	-	1 739	-
Tai Po Hospital 大埔醫院	994	10 458	90.4	25.6	-	536	-	1 065	-
Sub-total 小計	4 860	318 684	88.9	7.3	356 459	1 281 365	61 739	439 534	1 033 493
New Territories West Cluster 新界西醫院聯網									
Castle Peak Hospital 青山醫院	1 156	2 786	64.1	97.5	-	146 538	-	26 388	-
Pok Oi Hospital 博愛醫院	795	61 409	104.9	6.6	110 093	148 149	17 822	86 323	-
Siu Lam Hospital 小欖醫院	520	566	87.8	332.6	-	-	-	-	-
Tuen Mun Hospital 屯門醫院	2 016	178 116	102.9	6.2	173 467	794 718	21 346	257 875	870 595
Tin Shui Wai Hospital 天水圍醫院	32	4 912	77.8	1.7	109 642	5 872	14 769	53 396	-
Sub-total 小計	4 519	247 789	90.6	9.0	393 202	1 095 277	53 937	423 982	870 595
GRAND TOTAL 總計	28 929	1 835 869	88.5	7.2	2 157 617	7 901 849	311 771	2 865 372	6 059 222

Appendix 9

附錄 9

Notes:

1. Number of hospital beds as at 31 March 2019 is based on the Annual Survey on Hospital Beds in Public Hospitals 2018-19.
2. Outpatient attendances for different clinics are grouped under respective hospital management.
3. Specialist Outpatient (SOP) (clinical) attendances also include attendances from nurse clinics in SOP setting.
4. Total Allied Health (Outpatient) attendances exclude follow-up consultations provided by the Medical Social Services Units.
5. General Outpatient (GOP) attendances also include attendances from nurse clinics in GOP setting and attendances in related healthcare reform initiative programmes in primary care.
6. Hong Kong Children's Hospital commenced service by phases in December 2018.

Abbreviations:

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

註：

1. 2019 年 3 月 31 日的醫院病床數目來自 2018-19 年度的公立醫院病床數目調查。
2. 各診所的門診就診人次均歸入所屬醫院之下。
3. 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。
4. 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。
5. 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。
6. 香港兒童醫院於 2018 年 12 月起分階段投入服務。

Appendix 10 附錄 10

Statistics on Community and Rehabilitation Services in 2018-19

2018-19 年度社康及康復服務統計數字

Institution 機構	Home visits by community nurses 社康護士 家訪次數	Psychiatric outreach attendances ¹ 接受精神科 外展服務 人次 ¹	Psycho- geriatric outreach attendances ² 接受老人 精神科外展 服務人次 ²	Community Geriatric Assessment Service ³ 社區老人 評核 服務量 ³	Visiting Medical Officer attendances ⁴ 接受到診 醫生治療 人次 ⁴	Allied Health (Community) attendances ⁵ 專職醫療 (社區) 就診人次 ⁵	Rehabilitation day & palliative care day attendances ⁶ 康復及 紓緩護理 日間服務 就診人次	Geriatric day attendances ⁶ 老人科 日間醫院 就診人次 ⁶	Psychiatric day attendances ⁶ 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	-	-	-	-	-	12	-	-	-
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	92 320	23 440	11 141	-	-	864	304	16 150	26 135
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	-	-	-	96 274	19 377	2 076	6 845	18 141	-
St John Hospital 長洲醫院	4 858	-	-	-	-	1	-	-	-
Tung Wah Eastern Hospital 東華東院	-	-	-	-	-	87	34 411	-	-
Wong Chuk Hang Hospital 黃竹坑醫院	-	-	-	-	-	1	-	2 367	-
Sub-total 小計	97 178	23 440	11 141	96 274	19 377	3 041	41 560	36 658	26 135
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	-	-	-	58 574	12 441	2 560	-	5 725	-
Grantham Hospital 葛量洪醫院	-	-	-	-	-	29	5 413	-	-
MacLehose Medical Rehabilitation Centre 麥理浩復康院	-	-	-	-	-	66	14 145	-	-
Queen Mary Hospital 瑪麗醫院	57 341	21 553	13 503	-	-	724	-	-	20 750
Tung Wah Hospital 東華醫院	-	-	-	-	-	212	7 813	6 152	-
Tsan Yuk Hospital 贊育醫院	-	-	-	-	-	-	-	-	1 023
Sub-total 小計	57 341	21 553	13 503	58 574	12 441	3 595	27 371	11 877	21 773
Kowloon Central Cluster 九龍中醫院聯網									
Hong Kong Buddhist Hospital 香港佛教醫院	-	-	-	-	-	123	2 790	-	-
Kowloon Hospital 九龍醫院	82 206	20 108	9 037	36 345	5 149	1 453	926	3 023	11 533
Kwong Wah Hospital 廣華醫院	42 838	-	-	61 832	9 753	907	-	8 884	-
Our Lady of Maryknoll Hospital 聖母醫院	55 915	-	-	17 681	-	92	775	-	-
Queen Elizabeth Hospital 伊利沙伯醫院	-	-	-	34 874	7 271	2 415	-	11 297	-
Tung Wah Group of Hospitals Wong Tai Sin Hospital 東華三院黃大仙醫院	-	-	-	-	-	80	-	10 863	-
Sub-total 小計	180 959	20 108	9 037	150 732	22 173	5 070	4 491	34 067	11 533
Kowloon East Cluster 九龍東醫院聯網									
Haven of Hope Hospital 靈實醫院	33 089	-	-	6 978	-	203	2 572	5 930	-
Tseung Kwan O Hospital 將軍澳醫院	-	-	-	-	-	52	-	-	-
United Christian Hospital 基督教聯合醫院	141 585	34 020	9 818	42 502	7 887	1 253	2 436	14 675	32 546
Sub-total 小計	174 674	34 020	9 818	49 480	7 887	1 508	5 008	20 605	32 546

Appendix 10

附錄 10

Institution 機構	Home visits by community nurses 社康護士 家訪次數	Psychiatric outreach attendances ¹ 接受精神科 外展服務 人次 ¹	Psycho- geriatric outreach attendances ² 接受老人 精神科外展 服務人次 ²	Community Geriatric Assessment Service ³ 社區老人 評核 服務量 ³	Visiting Medical Officer attendances ⁴ 接受到診 醫生治療 人次 ⁴	Allied Health (Community) attendances ⁵ 專職醫療 (社區) 就診人次 ⁵	Rehabilitation day & palliative care day attendances 康復及 紓緩護理 日間服務 就診人次	Geriatric day attendances ⁶ 老人科 日間醫院 就診人次 ⁶	Psychiatric day attendances 精神科 日間醫院 就診人次
Kowloon West Cluster 九龍西醫院聯網									
Caritas Medical Centre 明愛醫院	63 353	-	-	41 555	4 439	259	1 431	12 971	-
Kwai Chung Hospital 葵涌醫院	-	95 590	29 394	-	-	2 682	-	-	67 702
North Lantau Hospital 北大嶼山醫院	8 102	2 914	-	4 464	-	213	6 164	-	-
Princess Margaret Hospital 瑪嘉烈醫院	49 003	-	-	41 899	5 498	1 214	2 186	14 460	-
Yan Chai Hospital 仁濟醫院	36 377	-	-	42 742	6 088	309	-	7 944	-
Sub-total 小計	156 835	98 504	29 394	130 660	16 025	4 677	9 781	35 375	67 702
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	37 794	-	789	30 632	7 128	2 856	794	3 874	11 158
Bradbury Hospice 白普理寧養中心	-	-	-	-	-	65	280	-	-
Cheshire Home, Shatin 沙田慈氏護養院	-	-	-	-	-	-	-	-	-
North District Hospital 北區醫院	36 754	11 620	7 873	28 344	6 617	3 194	340	10 208	11 024
Prince of Wales Hospital 威爾斯親王醫院	52 439	-	-	23 345	7 283	4 210	-	-	-
Shatin Hospital 沙田醫院	-	23 851	5 830	-	-	548	6 014	13 383	16 208
Tai Po Hospital 大埔醫院	-	10 050	226	-	-	22	-	7 540	8 150
Sub-total 小計	126 987	45 521	14 718	82 321	21 028	10 895	7 428	35 005	46 540
New Territories West Cluster 新界西醫院聯網									
Castle Peak Hospital 青山醫院	-	63 181	13 182	-	-	2 688	-	-	13 211
Pok Oi Hospital 博愛醫院	27 864	-	-	54 724	3 775	482	-	5 969	-
Siu Lam Hospital 小欖醫院	-	-	-	-	-	6	-	-	-
Tuen Mun Hospital 屯門醫院	66 424	-	-	58 960	3 808	3 631	3 131	13 303	6 223
Tin Shui Wai Hospital 天水圍醫院	2 406	-	-	-	-	410	-	-	-
Sub-total 小計	96 694	63 181	13 182	113 684	7 583	7 217	3 131	19 272	19 434
GRAND TOTAL 總計	890 668	306 327	100 793	681 725	106 514	36 003	98 770	192 859	225 663

Notes:

- Figures also include home visits and crisis intervention.
- Figures also include home visits and consultation-liaison attendances.
- For Community Geriatric Assessment Service, the activity refers to total number of outreach attendances and geriatric elderly persons assessed for infirmary care service.
- 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.
- Allied Health (Community) attendances exclude follow-up consultations provided by the Medical Social Services Units.
- Geriatric day attendances also include attendances in Integrated Discharge Support Program (IDSP) for elderly patients.

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

註：

- 數字也包括家訪及危機處理服務。
- 數字也包括家訪及諮詢會診。
- 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。
- 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。
- 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。
- 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 機構	No. of Full-time Equivalent (FTE) Staff (as at 31.3.2019) ^{1,2,3,4} 等同全職人員數目 (2019 年 3 月 31 日數字) ^{1,2,3,4}				
	Medical 醫療	Nursing 護理	Allied Health 專職醫療	Others 其他	Total 總計
Hong Kong East Cluster 港島東醫院聯網	671	2 855	847	4 045	8 418
Cheshire Home, Chung Hom Kok 春磡角慈氏護養院	3	63	10	114	190
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	530	1 930	569	2 609	5 638
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	92	584	179	747	1 602
St John Hospital 長洲醫院	6	35	8	80	129
Tung Wah Eastern Hospital 東華東院	38	195	77	352	662
Wong Chuk Hang Hospital 黃竹坑醫院	2	49	4	144	199
Hong Kong West Cluster 港島西醫院聯網	697	2 891	971	3 569	8 128
The Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院	16	92	57	136	300
Grantham Hospital 葛量洪醫院	31	261	66	317	675
MacLehose Medical Rehabilitation Centre 麥理浩復康院	1	41	35	87	164
Queen Mary Hospital ⁵ 瑪麗醫院 ⁵	585	2 101	696	2 509	5 892
TWGHs Fung Yiu King Hospital 東華三院馮堯敬醫院	19	80	33	142	273
Tung Wah Hospital 東華醫院	44	316	85	378	824
Kowloon Central Cluster 九龍中醫院聯網	1 318	5 522	1 695	7 758	16 293
HK Red Cross Blood Transfusion Service 香港紅十字會輸血服務中心	6	97	76	301	480
Hong Kong Buddhist Hospital 香港佛教醫院	16	184	43	237	480
Hong Kong Children's Hospital 香港兒童醫院	86	185	131	492	895
Hong Kong Eye Hospital 香港眼科醫院	38	73	23	165	299
Kowloon Hospital 九龍醫院	67	812	206	1 014	2 099
Kwong Wah Hospital 廣華醫院	340	1 229	340	1 455	3 364
Our Lady of Maryknoll Hospital 聖母醫院	66	277	85	360	787
Queen Elizabeth Hospital ⁶ 伊利沙伯醫院 ⁶	674	2 393	742	3 393	7 202
TWGHs Wong Tai Sin Hospital 東華三院黃大仙醫院	26	270	50	341	687
Kowloon East Cluster 九龍東醫院聯網	754	3 120	847	3 758	8 480
Haven of Hope Hospital 靈實醫院	24	308	77	429	838
Tseung Kwan O Hospital 將軍澳醫院	206	873	240	1 002	2 321
United Christian Hospital 基督教聯合醫院	525	1 938	530	2 327	5 321
Kowloon West Cluster 九龍西醫院聯網	1 078	4 506	1 275	5 392	12 252
Caritas Medical Centre 明愛醫院	262	1 002	267	1 254	2 786
Kwai Chung Hospital 葵涌醫院	78	689	135	595	1 497
North Lantau Hospital 北大嶼山醫院	42	132	72	230	476
Princess Margaret Hospital 瑪嘉烈醫院	452	1 821	577	2 229	5 079
Yan Chai Hospital 仁濟醫院	245	862	223	1 085	2 415

Appendix 11(a)

附錄 11(a)

Institution 機構	No. of Full-time Equivalent (FTE) Staff (as at 31.3.2019) ^{1,2,3,4} 等同全職人員數目 (2019 年 3 月 31 日數字) ^{1,2,3,4}				
	Medical 醫療	Nursing 護理	Allied Health 專職醫療	Others 其他	Total 總計
New Territories East Cluster 新界東醫院聯網	1 057	4 565	1 310	5 678	12 610
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	180	754	254	944	2 132
Bradbury Hospice 白普理寧養中心	3	34	6	31	73
Cheshire Home, Shatin 沙田慈氏護養院	2	95	12	138	247
North District Hospital 北區醫院	189	788	214	912	2 103
Prince of Wales Hospital 威爾斯親王醫院	598	2 099	655	2 591	5 943
Shatin Hospital 沙田醫院	42	369	85	529	1 025
Tai Po Hospital 大埔醫院	43	426	85	533	1 087
New Territories West Cluster 新界西醫院聯網	852	3 756	1 037	5 508	11 154
Castle Peak Hospital 青山醫院	76	590	107	670	1 443
Pok Oi Hospital 博愛醫院	143	656	190	888	1 877
Siu Lam Hospital 小欖醫院	6	152	11	320	489
Tuen Mun Hospital 屯門醫院	600	2 225	663	3 280	6 768
Tin Shui Wai Hospital 天水圍醫院	27	134	66	351	578
Total 總計	6 429	27 214	7 982	35 709	77 334

Notes:

1. This figure excludes 2 326 staff in the Hospital Authority Head Office.
2. Manpower on full-time equivalent (FTE) basis includes all full-time & part-time staff in HA's workforce i.e. permanent, contract and temporary.
3. Individual figures may not add up to the total due to rounding.
4. Manpower figures of individual hospitals / institutions include management staff providing hospital and cluster-wide services.
5. Manpower providing services for Tsan Yuk Hospital is included in Queen Mary Hospital.
6. Manpower providing services for Rehabaid Centre is included in Queen Elizabeth Hospital.

註：

1. 這數字不包括醫管局總辦事處的 2 326 名職員。
2. 人手按「等同全職人員」計，包括醫管局所有全職及兼職的常額、合約及臨時職員。
3. 由於四捨五入的關係，各項數字相加後可能不等於總數。
4. 各醫院人手數目包括負責醫院及聯網整體事務的管理人員。
5. 贊育醫院的服務人手已歸入瑪麗醫院內。
6. 復康專科及資源中心的服務人手已歸入伊利沙伯醫院內。

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 2014-15 - 2018-19 ¹ 等同全職人員數目 ¹				
	2014/15	2015/16	2016/17	2017/18	2018/19
Medical 醫療					
Consultant 顧問醫生	799	840	885	889	927
Senior Medical Officer / Associate Consultant 高級醫生 / 副顧問醫生	1 785	1 872	1 922	1 935	1 982
Medical Officer / Resident (excluding Visiting Medical Officer) 醫生 / 駐院醫生 (不包括到訪醫生)	2 872	2 936	2 959	3 016	3 038
Visiting Medical Officer 到訪醫生	18	17	18	18	16
Intern 駐院實習醫生	401	368	373	470	469
Senior Dental Officer / Dental Officer 高級牙科醫生 / 牙科醫生	8	8	8	8	8
Medical Total: 醫療人員總計:	5 884	6 040	6 164	6 336	6 440
Nursing 護理					
Senior Nursing Officer and above 高級護士長或以上	181	193	196	206	213
Department Operations Manager 部門運作經理	182	184	191	191	194
<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	4 114	4 286	4 428	4 563	4 707
Registered Nurse 註冊護士	13 848	14 474	14 697	15 424	16 044
Enrolled Nurse 登記護士	2 447	2 436	2 421	2 401	2 475
Midwife / Others 助產士 / 其他	4	3	3	3	2
Student Nurse / Pupil Nurse / Temporary Undergraduate Nursing student 註冊護士學生 / 登記護士學生 / 護理學學生	653	611	625	808	1 032
<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	545	552	571	584	604
Registered Nurse 註冊護士	1 205	1 272	1 298	1 374	1 444
Enrolled Nurse 登記護士	613	576	550	557	537
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:	23 791	24 587	24 980	26 111	27 252

Appendix 11(b)

附錄 11(b)

	No. of Full-time Equivalent (FTE) Staff 2014-15 - 2018-19 ¹ 等同全職人員數目 ¹				
	2014/15	2015/16	2016/17	2017/18	2018/19
Allied Health 專職醫療					
Audiology Technician 聽力學技術員	6	6	6	6	5
Clinical Psychologist 臨床心理學家	155	163	171	171	178
Dietitian 營養師	141	148	160	162	172
Dispenser 配藥員	1 186	1 249	1 289	1 316	1 367
Medical Technologist / Medical Laboratory Technician 醫務化驗師 / 醫務化驗員	1 347	1 406	1 457	1 500	1 551
Mould Technologist / Mould Laboratory Technician 製模實驗室技術師 / 製模實驗室技術員	26	26	26	23	21
Optometrist 視光師	67	67	70	68	68
Orthoptist 視覺矯正師	15	14	14	15	15
Occupational Therapist 職業治療師	731	772	815	849	872
Pharmacist 藥劑師	574	609	635	673	702
Physicist 物理學家	73	75	76	74	77
Physiotherapist 物理治療師	886	969	1 028	1 064	1 097
Podiatrist 足病診療師	39	41	47	50	51
Prosthetist-Orthotist 義肢矯形師	135	141	144	146	151
Diagnostic Radiographer / Radiation Therapist 放射師 / 放射治療師	1 017	1 054	1 102	1 144	1 154
Scientific Officer (Medical) 科學主任 (醫務)	82	87	89	89	93
Speech Therapist 言語治療師	91	105	110	115	119
Medical Social Worker 醫務社工	315	333	330	346	360
Dental Technician 牙科技術員	3	3	3	3	3
Allied Health Total: 專職醫療人員總計：	6 888	7 268	7 572	7 815	8 056
Care-related Support Staff 護理支援					
Health Care Assistant 健康服務助理	2 179	1 932	1 676	1 459	1 231
Ward Attendant 病房服務員	247	222	191	155	121
Patient Care Assistant & Other Care-related Support Staff 病人服務助理及其他護理支援人員	11 290	12 116	12 831	13 325	13 999
Care-related Support Staff Total: 護理支援人員總計：	13 716	14 270	14 698	14 939	15 351
Direct Patient Care Total: 直接病人護理人手總計：	50 278	52 165	53 415	55 202	57 099

Appendix 11(b)

附錄 11(b)

	No. of Full-time Equivalent (FTE) Staff 2014-15 - 2018-19 ¹ 等同全職人員數目 ¹				
	2014/15	2015/16	2016/17	2017/18	2018/19
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	24	24	21	20
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	94	100	102	101	106
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	2 297	2 405	2 555	2 681	2 847
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	17 591	18 184	18 771	18 914	19 579
Non-direct Patient Care Total: 非直接病人護理人手總計：	20 015	20 720	21 459	21 725	22 560
HA Total: 醫管局人手總計：	70 293	72 885	74 874	76 926	79 659

Note:

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

註：

1. 人手按「等同全職人員」計，包括醫管局所有全職及兼職的常額、合約及臨時職員。由於四捨五入的關係，各項數字相加後可能不等於總數。

Operating Expenditure¹ in 2018-19 2018-19 年度營運開支¹

Cluster 聯網	2018-19 (HK\$Mn) 2018-19 年度 (港幣百萬元)
Hong Kong East Cluster 港島東醫院聯網	6,693
Hong Kong West Cluster 港島西醫院聯網	7,046
Kowloon Central Cluster 九龍中醫院聯網	12,733
Kowloon East Cluster 九龍東醫院聯網	6,736
Kowloon West Cluster 九龍西醫院聯網	10,279
New Territories East Cluster 新界東醫院聯網	10,221
New Territories West Cluster 新界西醫院聯網	8,865
Hospital Authority Head Office, and Others ² 醫院管理局總辦事處, 及其他 ²	2,579
Total 總計	65,152

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, major corporate-wide Information Technology development and transaction of self-financed items paid by patients.

The operating expenditure of a cluster depends not only on the size and demographics of the population residing within its catchment districts, but also on other factors such as service demand generated from cross-cluster movement of patients and the provision of designated services (such as liver transplantation). As such, the scope of hospital facilities and expertise available in different clusters also vary. Therefore, operating expenditure of individual clusters is not directly comparable.

2. 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 recurrent expenditure 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主要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。

各聯網的營運開支不但取決於服務地區的居住人口數目和結構，也視乎其他因素而定，例如病人跨聯網求診和醫院提供指定服務（例如肝臟移植）而產生的服務需求。因此，各聯網的醫院設施規模不盡相同，專長亦有分別。基於以上所述，個別聯網的營運開支不能直接比較。

2. 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經常性開支。

Appendix 12(b)

附錄 12(b)

Training and Development Expenditure¹ in 2018-19

2018-19 年度職員培訓及發展開支¹

Cluster 聯網	2018-19 (HK\$Mn) 2018-19 年度 (港幣百萬元)
Hong Kong East Cluster 港島東醫院聯網	14.2
Hong Kong West Cluster 港島西醫院聯網	10.3
Kowloon Central Cluster 九龍中醫院聯網	24.2
Kowloon East Cluster 九龍東醫院聯網	9.2
Kowloon West Cluster 九龍西醫院聯網	7.1
New Territories East Cluster 新界東醫院聯網	15.0
New Territories West Cluster 新界西醫院聯網	9.5
Hospital Authority Head Office ² 醫院管理局總辦事處 ²	72.9
Total 總計	162.4

Notes:

- Expenditure in providing training and development for HA workforce with items including course / conference fees, passages and travel, scholarships, subsistence allowances, teaching aids and devices, publications, trainer fees, refund of examination fee and other relevant charges.
- Expenditure includes a number of corporate-wide training programmes and initiatives centrally coordinated by Hospital Authority Head Office.

註：

- 為醫管局職員提供培訓及發展的開支，包括學費 / 會議費用、旅費及交通費、獎學金、膳宿津貼、教材及器具、刊物、導師費用、退還考試費及其他相關開支。
- 開支包括醫院管理局總辦事處中央統籌的培訓課程及活動。

Five-Year Financial Highlights 過去五年的財政摘要

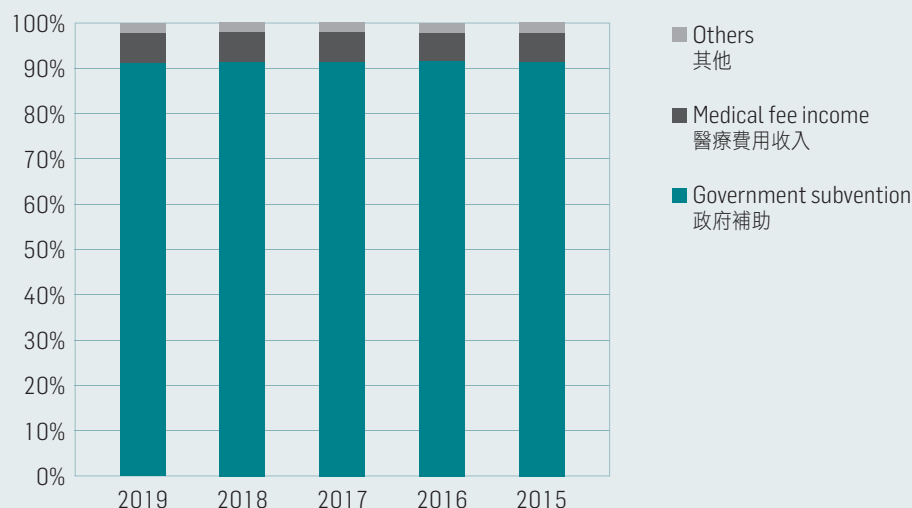
Financial Results (for the Year ended 31 March)

財政情況（截至每年 3 月 31 日）

	2019 HK\$Mn 港幣百萬元	2018 HK\$Mn 港幣百萬元	2017 HK\$Mn 港幣百萬元	2016 HK\$Mn 港幣百萬元	2015 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）	64,877	57,802	54,469	52,629	49,722
Medical fee income (net of waivers) 醫療費用收入（扣除減免）	4,713	4,287	3,818	3,598	3,423
Non-medical fee income 非醫療費用收入	1,219	1,018	935	1,014	936
Designated donations 指定捐贈	194	93	171	146	230
Capital donations 資本捐贈	144	138	162	114	110
	71,147	63,338	59,555	57,501	54,421
Expenditure 支出					
Staff costs 員工成本	(48,703)	(45,113)	(43,084)	(40,299)	(37,235)
Drugs 藥物	(7,305)	(6,663)	(6,156)	(5,710)	(5,328)
Medical supplies and equipment 醫療物品及設備	(3,312)	(2,970)	(2,762)	(2,636)	(2,402)
Other operating expenses (include depreciation and amortisation) 其他營運開支（包括折舊及攤銷）	(10,381)	(9,433)	(9,072)	(8,706)	(8,079)
	(69,701)	(64,179)	(61,074)	(57,351)	(53,044)
Results for the year 年度結果	1,446	(841)	(1,519)	150	1,377

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

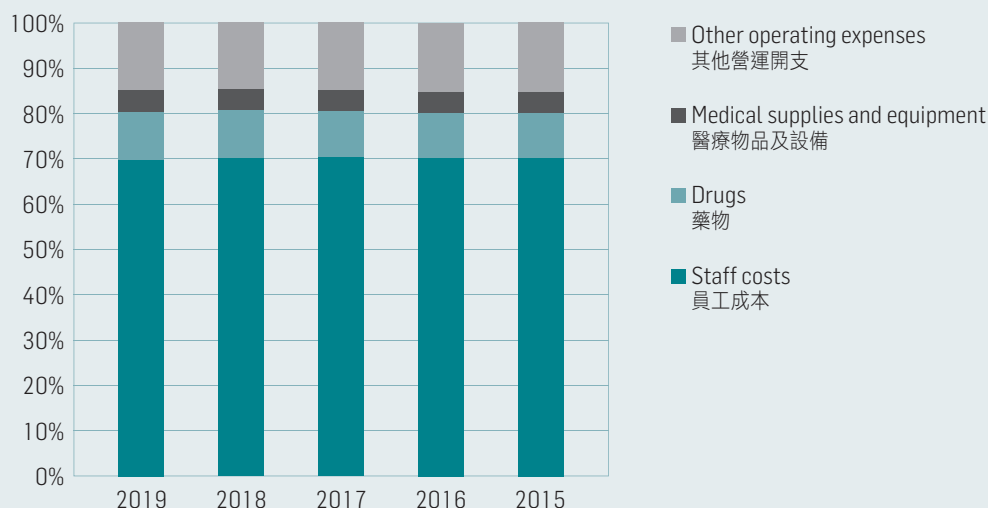
Key Financial Indicators (for the Year ended 31 March)

主要財政指標（截至每年 3 月 31 日）

	2019 HK\$Mn 港幣百萬元	2018 HK\$Mn 港幣百萬元	2017 HK\$Mn 港幣百萬元	2016 HK\$Mn 港幣百萬元	2015 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	1,280	1,234	1,048	998	993
Outpatient fees 門診收費	1,865	1,740	1,354	1,312	1,285
Itemised charges 分項收費	2,490	2,085	1,890	1,742	1,595
Other medical fees 其他醫療收費	108	102	99	94	88
	5,743	5,161	4,391	4,146	3,961
Less: Waivers (Note 2) 扣除：減免 (註 2)	(1,030)	(874)	(573)	(548)	(538)
Medical fee income (net of waivers) 醫療費用收入 (扣除減免)	4,713	4,287	3,818	3,598	3,423
Additional allowance for expected credit losses charged to the Statement of Income and Expenditure (Note 3) 在收支結算表內增加的預期信用虧損撥備 (註 3)	58	63	61	58	52

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), Old Age Living Allowance recipients meeting the eligibility criteria (with effective from 15 July 2017) and Level 0 Voucher Holders of the Pilot Scheme on Residential Care Service Voucher for the Elderly (with effective 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. The granting of waivers is subject to meeting the criteria under the established waiving mechanism.

The waivers granted to EP and NEP for the year ended 31 March 2019 are \$916,000,000 and \$114,000,000 respectively (for the year ended 31 March 2018 are \$760,000,000 and \$114,000,000 respectively).

3. Additional allowance for expected credit losses 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 allowance (or reversal of allowance) would be charged to the Statement of Income and Expenditure for the year.

註：

1. 醫療費用收入

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

2. 減免

在政府的政策下，領取「綜合社會保障援助」（綜援）、合資格的長者生活津貼受惠人（於 2017 年 7 月 15 日起）及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 2019 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減免分別為港幣 916,000,000 及 港 幣 114,000,000（截至 2018 年 3 月 31 日為止之費用減免分別為港幣 760,000,000 及港幣 114,000,000）。

3. 在收支結算表內增加的預期信用虧損撥備

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）的預期信用虧損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) ^{Note 1}

財政狀況（於每年 3 月 31 日）^{註 1}

	2019 HK\$Mn 港幣百萬元	2018 HK\$Mn 港幣百萬元	2017 HK\$Mn 港幣百萬元	2016 HK\$Mn 港幣百萬元	2015 HK\$Mn 港幣百萬元
Non-current assets 非流動資產	30,608	29,410	29,369	20,460	20,107
Current assets 流動資產	23,802	23,075	24,053	34,064	23,981
Total assets 資產總額	54,410	52,485	53,422	54,524	44,088
Designated fund 指定基金	5,077	5,077	5,077	5,077	5,077
Revenue reserve 收入儲備	2,906	1,438	2,259	3,758	3,586
Total Funds 基金總額	7,983	6,515	7,336	8,835	8,663
Current liabilities 流動負債	13,296	12,661	12,233	11,630	11,278
Non-current liabilities 非流動負債	33,131	33,309	33,853	34,059	24,147
Total liabilities 負債總額	46,427	45,970	46,086	45,689	35,425
Total funds and total liabilities 基金及負債總額	54,410	52,485	53,422	54,524	44,088

Note:

1. Comparative figures

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

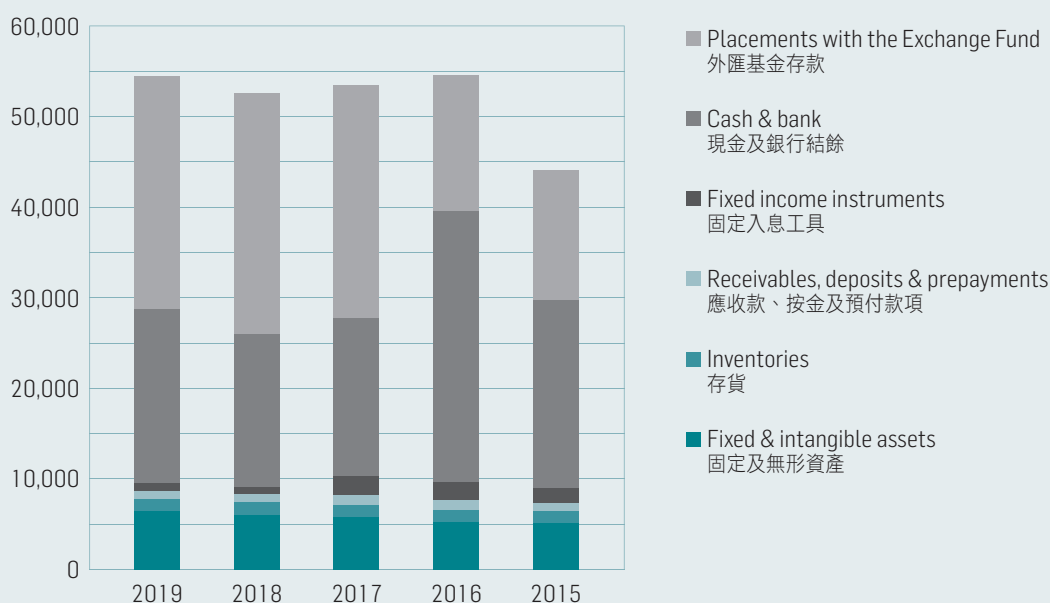
註：

1. 比較數字

若干比較數字已重新編列，以符合本年度的呈報方式。

Total Assets ^{Note 2} (in HK\$ millions)

總資產^{註 2}（港幣百萬元）



Note:

2. Placements with the Exchange Fund have included HK\$6,084,029,000 (2018: HK\$7,456,207,000) held by HA on behalf of the Samaritan Fund.

註：

2. 外匯基金存款包括醫管局代撒瑪利亞基金持有的港幣 6,084,029,000 元 (2018：港幣 7,456,207,000 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）

	2019 HK\$Mn 港幣百萬元	2018 HK\$Mn 港幣百萬元	2017 HK\$Mn 港幣百萬元	2016 HK\$Mn 港幣百萬元	2015 HK\$Mn 港幣百萬元
Inventories 存貨					
Drugs 藥物	1,158	1,129	1,073	1,054	1,087
Other medical and general consumables 其他醫療及一般消耗品	219	214	223	213	227
	1,377	1,343	1,296	1,267	1,314
Average stock holding period (weeks) 平均存貨儲備時間（星期）					
Drugs 藥物	7.9	8.8	9.0	9.6	10.5
Other medical and general consumables 其他醫療及一般消耗品	7.9	7.7	8.2	8.6	8.1

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