



醫院管理局
HOSPITAL
AUTHORITY

醫院管理局年報
HOSPITAL AUTHORITY ANNUAL REPORT
2021 - 2022



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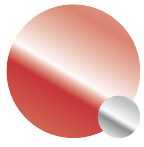
Roles 任務

The Hospital Authority (HA) is a statutory 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 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，向醫務衛生局局長建議恰當的政策
- Establishing public hospitals
設立公立醫院
- Promoting, assisting and taking part in the education and training of persons involved in hospital or related services
促進、協助及參與培育提供醫院或有關服務的人士



Vision, Mission and Values

願景、使命及核心價值

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

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



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





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 2021-2022 :

醫管局採納 2021-2022 年度工作計劃書所載的五項策略目標，達至前述的機構願景、使命及核心價值：



The Authority formulated corresponding programme targets under the above strategic goals with 17 strategies for 2021-2022. Implementation progress of the Annual Plan was reported quarterly to the Board and available for public access on the Authority's website. Overall, most of the programme targets in 2021-2022 were achieved on schedule or partially achieved, while some programme deferral due to the COVID-19 pandemic was noted. Major achievements made during the year are set out in The Head Office and Cluster Reports in Chapter 6.

醫管局根據上述策略目標共 17 個策略重點制訂 2021-2022 年度工作計劃。推行工作計劃的進展會每季向醫管局大會匯報，並上載至醫管局網站供公眾閱覽。整體而言，2021-2022 年度大部分工作計劃已如期完成或部分完成，另有部分工作計劃在 2019 冠狀病毒病疫情影響下延期。醫管局年內達成的主要成績載於第六章總辦事處及醫院聯網工作匯報。



Membership of the Hospital Authority

醫院管理局成員



**Mr Henry FAN
Hung-ling, SBS, JP**
范鴻齡先生

- Appointed as Chairman of the Authority on 1 December 2019
- Managing director of a property investment company
- 於 2019 年 12 月 1 日獲委任為醫院管理局主席
- 物業投資公司的董事總經理



**Mr Thomas CHAN
Chung-ching, JP**
陳松青先生

*Permanent Secretary for Health
(Formerly known as Permanent Secretary for
Food and Health (Health))*
醫務衛生局常任秘書長
(前稱食物及衛生局常任秘書長 (衛生))

- Appointed on 5 June 2020
- Board Member in capacity as Permanent Secretary for Health (Formerly known as Permanent Secretary for Food and Health (Health)) of HKSAR Government
- 於 2020 年 6 月 5 日獲委任
- 以香港特別行政區政府醫務衛生局常任秘書長 (前稱食物及衛生局常任秘書長 (衛生)) 身份出任醫院管理局成員



**Dr Constance CHAN
Hon-ye, SBS, JP**
陳漢儀醫生

*Director of Health
(up to 20.9.2021)*
衛生署署長

(任期至 2021 年 9 月 20 日)

- 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



Prof CHAN Wai-ye
陳偉儀教授

- Appointed on 1 April 2019
- Pro-Vice-Chancellor of the Chinese University of Hong Kong
- 於 2019 年 4 月 1 日獲委任
- 香港中文大學副校長



Mr CHAN Wing-kai
陳永佳先生

- Appointed on 1 August 2021
- Registered social worker
- 於 2021 年 8 月 1 日獲委任
- 註冊社工



**Ms Margaret CHENG
Wai-ching, JP**
鄭惠貞女士

- Appointed on 1 April 2020
- Human resources director of MTR Corporation Limited
- 於 2020 年 4 月 1 日獲委任
- 香港鐵路有限公司
人力資源總監



The Hon Duncan CHIU
邱達根先生

- Appointed on 1 December 2019
- Co-founder of a venture capital fund and Member of the Legislative Council (Technology and Innovation Functional Constituency)
- 於 2019 年 12 月 1 日獲委任
- 創投基金的聯合創辦人及立法會議員 (科技創新界)



**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 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



**Ms Maisy HO
Chiu-ha, BBS
何超羣女士**

- Appointed on 1 December 2021
- Executive director of a listed company
- 於 2021 年 12 月 1 日獲委任
- 上市公司執行董事



**Ms Mary HUEN
Wai-yi, JP
禰惠儀女士**

- Appointed on 1 April 2020
- Executive director and chief executive officer of a listed bank
- 於 2020 年 4 月 1 日獲委任
- 上市銀行執行董事兼香港行政總裁



**Dr Tony KO
Pat-sing, JP
高拔陞醫生**

*Chief Executive, HA
醫院管理局行政總裁*

- Appointed on 1 August 2019
- Board Member in capacity as Chief Executive of the Hospital Authority
- 於 2019 年 8 月 1 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



**Mrs Ann KUNG YEUNG
Yun-chi, BBS, JP
龔楊思慈女士**

- Appointed on 1 December 2016
- Advisor of a listed bank
- 於 2016 年 12 月 1 日獲委任
- 上市銀行顧問



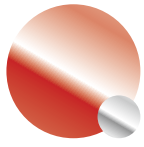
**Mr Daniel LAM Chun,
SBS, JP
林澹先生**

- 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 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



Membership of the Hospital Authority

醫院管理局成員



**Dr Ronald LAM
Man-kin, JP**
林文健醫生

Director of Health
衛生署署長

- Appointed on 21 September 2021
- Board Member in capacity as Director of Health of HKSAR Government
- 於 2021 年 9 月 21 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 LAU Chak-sing,
BBS, JP**
劉澤星教授

- Appointed on 1 December 2018
- Dean of Li Ka Shing Faculty of Medicine of the University of Hong Kong, and its Chair and Daniel C K Yu Professor in Rheumatology and Clinical Immunology
- 於 2018 年 12 月 1 日獲委任
- 香港大學李嘉誠醫學院院長及臨床醫學學院內科學系風濕及臨床免疫學講座教授暨於崇光基金（風濕及臨床免疫學）教授



**Mr Raistlin
LAU Chun, JP**
劉震先生

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

- Appointed on 12 July 2019
- Representing Secretary for Financial Services and the Treasury of HKSAR Government
- 於 2019 年 7 月 12 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



**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



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

- Appointed on 1 August 2013
- Former 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前任院長



**Dr LEUNG
Wing-cheong**
梁永昌醫生

- Appointed on 1 April 2021
- Consultant of the Department of Obstetrics and Gynaecology of Kwong Wah Hospital
- 於 2021 年 4 月 1 日獲委任
- 廣華醫院婦產科顧問醫生



**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, JP**
施榮恆先生

(up to 30.11.2021)
(任期至 2021 年 11 月 30 日)

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

(up to 30.11.2021)
(任期至 2021 年 11 月 30 日)

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



**Mr Philip TSAI
Wing-chung, BBS, JP**
蔡永忠先生

- Appointed on 1 April 2019
- Certified public accountant
- 於 2019 年 4 月 1 日獲委任
- 註冊會計師



**Ir Billy WONG
Wing-hoo, BBS, JP**
黃永灝先生

- Appointed on 1 December 2019
- Registered professional engineer and director of a real estate development company
- 於 2019 年 12 月 1 日獲委任
- 註冊專業工程師及地產發展公司董事



**Dr Thomas TSANG
Ho-fai**
曾浩輝醫生

- Appointed on 1 December 2020
- Former controller of the Centre for Health Protection
- 於 2020 年 12 月 1 日獲委任
- 衛生防護中心前總監



**Mr Jason YEUNG
Chi-wai**
楊志威先生

(up to 30.11.2021)
(任期至 2021 年 11 月 30 日)

- 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 WAN Man-ye,
BBS, JP
溫文儀先生

- Appointed on 1 December 2021
- Registered professional surveyor
- 於 2021 年 12 月 1 日獲委任
- 註冊專業測量師



**Mr Charlie YIP
Wing-tong**
葉永堂先生

(up to 31.7.2021)
(任期至 2021 年 7 月 31 日)

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

CHAPTER 1 // 第 一 章

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 Health (formerly the Secretary for Food and Health).

醫院管理局（醫管局）為法定團體，根據《醫院管理局條例》第 113 章於 1990 年 12 月成立，負責管理香港的公立醫院，並透過醫務衛生局（前稱食物及衛生局）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. The HA Board membership is not remunerated. As of 31 March 2022, the Board consisted of 27 members, comprising the Chairman who is not a public officer, three public officers, one principal officer who is the HA Chief Executive, and 22 non-public officers. Details of the membership are listed in Appendix 1.

The HA Board meets formally about 12 times a year and any other times as required. In 2021-22, the Board conducted 16 meetings and considered over 120 agenda items. They covered an array of important matters in leading and managing HA, including management of the COVID-19 epidemic; formulation of policies and strategies; steering and monitoring of the planning, development and operation of hospital services and supporting facilities; resource management; risk management; internal control; contingency preparedness; governance, etc. In addition, five Board papers / items on urgent matters or regular reports were circulated between meetings. In light of the local COVID-19 epidemic, meetings were conducted via web-conferencing or in hybrid mode, with due regard to necessary infection control measures to safeguard the health of attendees.

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，並且不獲酬金。於 2022 年 3 月 31 日，大會共有 27 名成員，包括主席（不屬公務員）、三名公務員、一名主要行政人員（醫管局行政總裁）及另外 22 名非公務員，詳情載於附錄 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 2021-22 年度，大會共召開 16 次會議，審議超過 120 個項目，涵蓋領導及管理醫管局的重要事宜，包括應對 2019 冠狀病毒病疫情的工作、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、內部監控、應變準備及管治等；另在會期之間以傳閱方式處理五份有關緊急事宜的文件 / 事項或定期報告。因應本地疫情，大會採取適切的感染控制措施，並以視像或混合形式進行會議，保障與會者的健康。





The Board in the past year continued to enhance corporate governance practices to reinforce stewardship and effective management of HA and its services. An updated version of The Code of Corporate Governance Practices of the HA Board was issued to guide Members of the HA Board and its committees in performing their roles and responsibilities. Apart from revisiting HA's Environmental Policy Statement, the Board also reviewed the framework of HA's Environmental, Social and Governance (ESG) initiatives, and actions are being taken to enhance the ESG disclosures.

The Task Group on Sustainability formed under the HA Board in December 2019 continued to examine various major challenges facing HA amid the constantly changing environment, and monitor the implementation of the endorsed strategies to drive for the sustainable development of HA and the public healthcare system. In 2021-22, the Task Group, together with its subgroups, examined strategic issues on a wide array of subject matters crucial to HA's sustainability, including waiting time management and patient experience at specialist outpatient clinics, staff retention strategies and human resources initiatives, Smart Hospital development, as well as initiatives to reduce service demand through changes in healthcare delivery models.

On risk management, the Board steered and monitored organisation-wide risk management in HA across different functional areas and management structures, covering both clinical and non-clinical risk management in the Authority. The continuing COVID-19 epidemic had caused substantial and prolonged impacts to the public healthcare system. To manage the COVID-19 epidemic and risks, the Emergency Executive Committee of the Board met five times in 2021-22 to provide strategic guidance to HA in managing emergency issues.

醫管局大會在過去一年繼續致力提升機構管治措施，加強對醫管局及其服務的監察和有效管理。我們已編製《醫管局大會機構管治守則》修訂本，為大會及各委員會成員履行其角色和職責提供指引。大會除重新審視醫管局的環保政策宣言外，亦檢視了環境、社會及管治的項目框架，並正著手加強這方面的披露。

醫管局大會在 2019 年 12 月成立「持續發展專責小組」，小組繼續探討醫管局在持續轉變環境中所面對的主要挑戰，並監察已批核策略的實施，以促進醫管局及公營醫療系統的可持續發展。在 2021-22 年度，專責小組及其各個分組審視了一系列對醫管局可持續發展具重要性的策略事宜，包括專科門診輪候時間管理及病人體驗、挽留員工策略及人力資源措施、智慧醫院發展，以及改變醫療服務模式以減低服務需求的措施。

在風險管理方面，大會督導和監察醫管局機構層面的風險管理，涵蓋不同職能範疇和管理架構，包括臨床及非臨床的風險管理。年內 2019 冠狀病毒病疫情未歇，對公營醫療系統造成巨大和持久影響。為應對本地疫情及相關風險，大會轄下的緊急應變策導委員會在 2021-22 年度共召開五次會議，就各項緊急事宜，向醫管局提供策略指導。



Board Committees

For optimal performance of its roles and exercise of powers, the HA Board has established 11 functional committees: Audit and Risk Committee, Executive Committee, Emergency Executive Committee, Finance Committee, Human Resources Committee, Information Technology Services Committee, Main Tender Board, Medical Services Development Committee, Public Complaints Committee, Staff Appeals Committee and Supporting Services Development Committee. Membership of the committees and their terms of reference and focus of work in 2021-22 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 2021-22, a total of 123 meetings were conducted by the 33 HGCs, with some businesses transacted via circulation due to infection control considerations as a result of the COVID-19 epidemic. HGCs 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 resource and procurement functions, as well as hospital and community partnership activities.

HGCs operate in accordance with policies and practices set out in The Code of Corporate Governance Practices of 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 and two-way communication, such as regular briefings by Cluster Chief Executives at HGC meetings, and following-up and reporting of views and recommendations of HGCs 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其職能及行使職權，大會成立了 11 個專責委員會，包括審計及風險管理委員會、行政委員會、緊急應變策導委員會、財務委員會、人力資源委員會、資訊科技服務委員會、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 2021-22 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 2021-22 年度，33 個醫院管治委員會共召開 123 次會議。由於 2019 冠狀病毒病疫情，因應感染控制考慮，部分審議事宜改以傳閱方式處理。各醫院管治委員會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。

醫院管治委員會根據《醫管局大會機構管治守則》載列的政策及安排運作。醫管局大會與醫院管治委員會的連繫和互動，對醫管局制訂機構政策和策略尤為重要。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及促進雙向溝通，包括由聯網總監於管治委員會會議上作定期簡報，以及跟進委員會的觀點和意見並向醫管局大會匯報。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.

In 2021-22, each of the RACs met four times and received reports on a number of corporate matters, including implementation of HA's Smart Hospital Strategy, winter surge preparation under COVID-19, measures to enhance waiting time for new case booking for specialist outpatient services, as well as 2019 Patient Experience Survey on Inpatient Service and Annual Report on Public Appreciation, Feedback and Complaints Management 2020-21. Each RAC was also briefed on the annual plan progress and targets of the respective clusters, and services and programmes of individual clusters. The latter included the "Pre-hospital 12-lead Electrocardiogram Project" for patients with suspected heart attack, applications of exoskeleton technology, Mental Health Direct hotline service, Positron Emission Tomography-Computed Tomography (PET-CT) service and year-round stroke rehabilitation service.

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。

在 2021-22 年度，三個區域諮詢委員會各自召開四次會議，收閱醫管局多方面事項的報告，包括醫管局推行智慧醫院策略、疫情下醫管局冬季服務高峰期應對計劃、改善專科門診新症輪候時間的措施、2019 年住院病人經驗調查及《公眾讚揚、意見及投訴管理年報 2020-21》。各委員會亦聽取了所屬區域聯網的年度工作計劃進度 and 目標，以及個別聯網的服務和項目，包括懷疑心臟病發病人抵院前 12 導程心電圖計劃、外骨骼機械人服務、精神健康專線服務、正電子電腦斷層掃描服務以及全年無間的中風康復服務。





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 2021-22 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 HA 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。為確保管理層可快捷有效地履行其職責，大會已清楚列出授予權力、政策及操守準則。大會每年批核由行政人員根據大會所立方針制訂的工作計劃，行政人員亦定期向大會提交進度報告，包括議定的表現指標及工作目標的進度。

根據《醫院管理局條例》賦予的權力，醫管局可釐定轄下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。

In 2021-22, the COVID-19 pandemic continued to wreak havoc across the world. In Hong Kong, the society and public healthcare system were hard hit by the fifth wave of COVID-19. Despite the daunting challenges, all members of the Hospital Authority (HA) braved their way to tackle the epidemic collectively. I am much indebted to their incredible resilience and professional spirit. It is my privilege and honour to be able to continue joint endeavour with this outstanding professional team safeguarding the health of people.

在 2021-22 年度，全球的新冠疫情仍未止息。本港的第五波疫情嚴重衝擊公營醫療體系，帶來抗疫兩年以來最嚴峻的危機。儘管面對艱巨的挑戰，醫院管理局（醫管局）上下同心同德、發揮無比的堅毅決心和專業精神，在疫境中奮進，我衷心感激各同事堅守崗位，醫治病人。我能繼續與如此優秀的團隊一同守護市民健康，深感榮幸。

CHAPTER 2 // 第二章

Chairman's Review

主席匯報



In fighting this protracted battle, the HA Board continued to steer and monitor the strategies and directions against COVID-19 through the Emergency Executive Committee, with a view to reducing mortality, critical cases and infections via Stratification of Care Strategy. Meanwhile, the capability of public hospitals in receiving and treating COVID-19 patients is uplifted by centralising resources, expertise, patient management and admission. That said, the turbulent fifth wave of epidemic brought unprecedented pressure on public hospitals. At this critical juncture, the Central People's Government sent the Mainland Medical Support Team to Hong Kong to support the operation of the Treatment Centre for COVID-19 (AsiaWorld-Expo), as well as Mainland Chinese medicine experts to provide professional assistance, which alleviated the pressure on local medical staff as a timely relief. My heartfelt gratitude to the immense and timely support from the Central People's Government and the HKSAR Government.

面對這場抗疫持久戰，醫管局大會繼續透過緊急應變策導委員會，督導及監察抗疫策略及方向，為新冠患者訂定分層分流治療策略，以達致「減死亡、減重症及減感染」；醫管局並集中資源及專家，統籌接收及治理病人，竭力提升公立醫院收治病人的能力。然而第五波疫情的巨浪是前所未見，公立醫院承受著巨大壓力。尤幸得到中央人民政府派出內地援港醫療團隊來港支援新冠治療中心（亞博館）的運作，以及內地中醫藥專家提供專業協助，緩解了本地醫護人手的壓力，我由衷感謝中央人民政府適時的強大支援及特區政府的全力支持，為抗疫注入力量。



Video of Chairman's Report
主席匯報影片



As a strong public healthcare safety net for all people of Hong Kong, it is of crucial importance for HA to balance service demand and supply, under the pressure of ageing population, rising prevalence of chronic diseases among different generations. The Task Group on Sustainability (“Task Group”) established under HA Board continued to lead and drive the formulation of strategic initiatives and directions for developing a sustainable future for HA. The Task Group had looked into the major sustainability issues facing HA, including management of waiting time of specialist outpatient clinics, manpower attraction and retention, development of smart hospitals, and re-orientating service models. Policies and initiatives formulated along the strategic directions endorsed by the Task Group are being implemented. Dovetailed with the key strategic directions put forward by the Task Group, the Hospital Authority Strategic Plan 2022-2027 published in the year sets out the corporate-wide directions and strategies for HA to pursue in the next five years towards fulfilling its vision and mission in a sustainable approach.

To keep up with the rising service volume and changes in service models, HA has to enhance its hospital hardware and facilities. Capital projects under the First Ten-year Hospital Development Plan (HDP) of HA are being implemented in full swing, among which the new hospital block under the expansion of Haven of Hope Hospital was completed and in operation in January 2022. We are planning the Second Ten-year HDP, which is expected to provide over 9 000 additional hospital beds to meet long-term service demand. Thanks to the unwavering support of the HKSAR Government and the community for HA to constantly upgrade its hardware and facilities of public hospitals, the HKSAR Government has started the second triennium progressive funding arrangement in 2021-22 and allocated to HA a total of \$80.7 billion of recurrent funding. I am truly grateful for its support and commitment to the sustainable development of public healthcare.

醫管局作為全港市民的公共醫療安全網，在人口老化、慢性疾病普遍及年輕化等多重壓力下，維持醫療服務的供求平衡至為關鍵。在醫管局大會下成立的「持續發展專責小組」繼續帶領醫管局制訂策略措施及方向，建設可持續發展的未來。專責小組檢視了多個與公營醫療可持續發展有關的重點範疇，當中包括改善專科門診輪候時間、吸引及挽留人手、發展智慧醫院，以及重整服務模式等，而根據專責小組訂定的策略方向而所制訂的相關政策和措施正落實推行。於年內推出的醫管局《2022至2027年策略計劃》正依循「持續發展專責小組」提出的策略方向，訂定醫管局未來五年的機構方向及策略，以可持續方式實現醫管局的願景和使命。

為配合未來服務容量和護理模式的發展，醫管局正積極增加硬件配套。當中第一個十年醫院發展計劃下的靈實醫院擴建新醫院大樓計劃已經竣工，並於2022年1月逐步投入服務，其他項目亦如火如荼地進行。我們亦正籌劃第二個十年醫院發展計劃，預計額外提供逾9 000張病床，以應付長遠的服務需求。醫管局能不斷提升公共醫療設施配套，實有賴特區政府及社會各界的堅實支持。特區政府於2021-22年度開始第二個以三年為一周期的遞增撥款安排，向醫管局撥款807億元經常撥款，充分表達其對公共醫療持續發展的承擔，對此我深表感激。





I am thankful to all members of the HA Board, Regional Advisory Committees and Hospital Governing Committees, as well as co-opted members of Functional Committees for their valuable advice and continued support to HA as always. We welcome Dr Leung Wing-cheong, Mr Chan Wing-kai, Dr Ronald Lam Man-kin, Ms Maisy Ho Chiu-ha and Mr Wan Man-ye for joining the Board last year. Their extensive experience in their professions shall bring new impetus to HA. We also thank the outgoing members Mr Charlie Yip Wing-tong, Mr Ivan Sze Wing-hang, Ms Priscilla Wong Pui-sze, Mr Jason Yeung Chi-wai and Dr Constance Chan Hon-ye, who contributed wise counsel that benefited HA. In addition, my appreciation goes to all members of the Legislative Council and District Councils, patient organisations, volunteers and other stakeholders for their unfailing support. Recognition and support from the community during the epidemic has also brought us great encouragement.

The COVID-19 shall not be the last challenge to HA. With the resilience of the healthcare system, we shall be able to ride out each and every storm. In face of the formidable challenges ahead, all dedicated HA colleagues and I will hold dear the "people-first" mission and contribute relentlessly to bring lasting benefit to the people of Hong Kong, and that the public healthcare system will go from strength to strength.

Henry Fan Hung-ling
Chairman

我由衷感謝醫管局大會、區域諮詢委員會、醫院管治委員會所有成員，以及專責委員會的增選成員，一如既往惠贈寶貴意見，鼎力支持醫管局的工作。我謹歡迎於本年度加入醫管局大會的梁永昌醫生、陳永佳先生、林文健醫生、何超羸女士及溫文儀先生，他們在其專業領域的豐富經驗，定為醫管局的發展帶來創見。我亦懇切感謝去年卸任的大會成員，包括葉永堂先生、施榮恆先生、王沛詩女士、楊志威先生及陳漢儀醫生，他們的遠見卓識，令醫管局受益匪淺。此外，我亦多謝各方包括立法會和區議會成員、病人組織、義工，以及其他持份者的全力支持，熱心市民在疫情期間對醫管局工作的肯定和支持，亦為我們帶來莫大鼓舞。

新冠疫情不會是醫管局的最後一個挑戰，但我相信憑藉醫療制度的韌性，我們會一一克服。面臨前面不同考驗，我與醫管局全體同事定必繼續竭誠付出、以民為先，悉力以赴造福市民，合力推動公共醫療發展邁向新里程。



主席
范鴻齡

CHAPTER 3 // 第 三 章

Chief Executive's Report

行政總裁匯報

In 2021-22, the world has still been in the grip of the COVID-19 pandemic. Hong Kong is not spared, and has faced the toughest test by far. The continuous mutations of the virus have made the anti-epidemic efforts of Hospital Authority (HA) even more arduous. Guarding at the forefront of the battle, the HA team has never let down its guard, striving to safeguard the lives of our citizens with remarkable efforts and endurance. I thank every member of HA from the bottom of my heart.

新冠疫情繼續肆虐全球，香港在 2022 年初亦經歷了前所未見的嚴峻局面。新冠病毒不斷變異下，醫院管理局（醫管局）的抗疫工作更形艱巨。守在抗疫防線的醫管局同事時刻嚴陣以待，不遺餘力守護市民生命，為此我致以最摯誠的謝意。



Given the volatility of the epidemic, HA had made early preparations since the fourth quarter of 2021 for the next wave of the outbreak and had alerted the community about the imminent risk of a potential severe Omicron outbreak given the situation overseas. HA monitored the fast evolving situations in the epidemic, revisited and adjusted the contingency plans to cater for outbreaks, and supported various anti-epidemic work of the Government. Despite HA's dedicated efforts in preparing for the fifth wave, HA's service capacity was limited. Many external factors, in addition to the exponential growth of COVID-19 cases, impacted on HA's operations. Under the steering of the Board's Emergency Executive Committee, HA Central Command Committee swiftly adjusted the anti-COVID-19 strategies so as to maintain the healthcare system to combat the disease and the healthcare needs of non-COVID-19 patients.

疫情反覆不斷，醫管局自 2021 年第四季已及早籌謀防範下一波疫情，並因應海外疫情提醒社會各界注意，本港受 Omicron 變異病毒株引發新一波大型爆發的危機迫在眉睫。醫管局密切監察急遽變化的疫情，適時檢視及調整應變計劃以應對疫情，並支援政府的各項抗疫工作。儘管醫管局已傾盡全力籌謀應對第五波疫情，然而服務量實在有限。除了因新冠個案以幾何級數倍增外，多種外圍因素亦影響醫管局運作。在緊急應變策導委員會的督導下，醫管局中央指揮委員會迅速應對，以維持醫療系統運作，對抗疫情並同時照顧非新冠病人的醫療需要。

Video of Chief Executive's Report
行政總裁匯報影片





Non-emergency and non-essential services of public hospitals had been significantly adjusted to centralise the resources to cope with the patients with urgent medical needs. In order to enhance our capacity to treat patients in critical and serious condition, about half of the general beds in public hospitals had been converted to receive COVID-19 patients during the peak of the fifth wave. At the same time, a number of public hospitals were designated to admit COVID-19 patients only, substantially raising the number of dedicated hospital beds for COVID-19 patients to around 11 500. Meanwhile, patients who were relatively stable were admitted to the North Lantau Hospital Hong Kong Infection Control Centre and the Treatment Centre for COVID-19 (AsiaWorld-Expo). HA also kept abreast of the development of COVID-19 drug treatments and applied different treatment protocol for different categories of COVID-19 patients with different levels of severity and prescribed the two new oral antiviral drugs to COVID-19 patients. At the community level, 23 new Designated Clinics were operated to provide consultation to COVID-19 patients with mild symptoms. The nursing team from the Patient Support Call Centre as well as telephone hotlines were set up to provide support to patients with different levels of medical needs. HA's Community Geriatric Assessment Teams continued to support Residential Care Homes for the Elderly (RCHEs).

In support of the Government's COVID-19 Vaccination Programme, HA operated seven Community Vaccination Centres, provided outreach vaccination services to RCHEs and schools, as well as set up Children Community Vaccination Centres at Hong Kong Children's Hospital and Yuen Chau Kok Sports Centre in Sha Tin in February 2022. Vaccination service was also offered in a number of general outpatient clinics (GOPCs), with additional assessment sessions available in all GOPCs to assist follow-up patients in making decision on vaccination.

我們大幅調整醫院的非緊急及非必要服務，以集中資源照顧危重和緊急的病人。為提高救治重症病人的能力，醫管局在第五波高峰時把公立醫院內大約一半的普通病床，改為接收新冠病人；又將多所公立醫院轉為新冠定點救治醫院，收治新冠病人的病床數目大幅增加至約 11 500 張。北大嶼山醫院香港感染控制中心及新冠治療中心（亞博館）則接收病情較穩定的病人。醫管局亦緊貼治療 2019 冠狀病毒藥物之最新發展，因應不同組別患者的需要及病情提供適合的治療方案，並為合適的新冠病人處方兩款新引入的口服抗病毒藥物。在社區層面，我們營運 23 間指定診所診治輕症病人、另透過「護訊鈴」護士團隊及醫療查詢支援熱線為不同醫療需要的患者提供適切服務，而醫管局轄下社區老人評估小組則繼續為安老院舍提供支援。

年內醫管局繼續全力支援政府的「2019 冠狀病毒疫苗接種計劃」，除了營運七個社區疫苗接種中心，亦為安老院舍和學校提供外展疫苗接種服務，又於 2022 年 2 月在香港兒童醫院及沙田圓洲角體育館設立兒童社區疫苗接種中心。普通科門診診所亦增加額外評估時段，解答覆診病人對接種疫苗的疑慮，並在部分診所同時提供疫苗接種服務。



While in the battle against the virus, we are committed to bolstering the physical capacity and capability of our hardware in realising the blueprint of a sustainable public healthcare. A series of hospital development and improvement projects are underway according to the First Ten-year Hospital Development Plan, among which the Trinity Block of Haven of Hope Hospital came into operation in January 2022. Projects commenced in 2021-22 included main works for New Acute Hospital at Kai Tak Development Area, site formation and foundation works for expansion of North District Hospital and expansion of Lai King Building in Princess Margaret Hospital.

To optimise supply and demand for medical care, we have explored diversified healthcare options. While actively expanding our Public-Private Partnership (PPP) programmes, some new PPP programmes developed during the COVID-19 epidemic had been continued. In the year, over 200 and 150 eligible patients were arranged to receive operation at private hospitals under the Trauma Operative Service Collaboration Programme and the Breast Cancer Operative Service Collaboration Programme respectively. Furthermore, a new Co-care Service Model was launched, where stable specialist outpatient cases had been referred to general practitioners in the community for follow-up. The model was rolled out to the specialties of Internal Medicine and Orthopaedics & Traumatology in all clusters by March 2022, thereby relieving the service pressure on public hospitals.

雖然疫情持續，我們仍積極拓展服務空間，提升基建實力，以實現可持續發展的藍圖。我們全力推進首個十年醫院發展計劃，其中靈實醫院新大樓「信望愛樓」已於 2022 年 1 月正式啟用。於 2021-22 年度展開的工程項目包括在啟德發展區興建新急症醫院的主要工程，以及北區醫院擴建計劃和瑪嘉烈醫院荔景大樓擴建計劃的工地平整及地基工程。

為開拓更多元服務模式，醫管局進一步發展公私營協作計劃，並繼續推行一些在疫情期間推出的計劃，包括「創傷手術服務公私營協作計劃」及「乳癌手術服務公私營協作計劃」，兩者分別有超過 200 名及 150 名合資格病人透過計劃獲安排轉往私營界別接受手術。此外，透過「共同醫治模式」，病情穩定的專科病人可由私家醫生跟進。直至 2022 年 3 月，有關模式已推展至所有聯網的內科及骨科，有助紓緩公立醫院的服務壓力。





Moreover, HA continued its endeavour to develop the Integrated Model of Specialist Outpatient Service through Nurse Clinics, where preliminary medical checkup and assessment were arranged before doctor's appointment. The service was further extended to cover total joint replacement, pain management, neurosurgery, gastroenterology (inflammatory bowel disease) and endocrinology (osteoporosis). Meanwhile, HA has devoted ongoing efforts in promoting ambulatory care to reduce reliance on hospital care, and published the Strategic Service Framework for Ambulatory Care Services in February 2022 which serves as an overarching framework on HA's ambulatory care services.

Leveraging technology to enhance sustainability by changing service models towards the provision of "Smart Care" with the support and commitment of a "Smart Workforce", and with "Smart Hospitals" as a key enabler is a key direction of HA endorsed by the Board. Robotics and smart medical equipment had been introduced in various hospitals to support the clinical workflow and frontline operation. HA also grasped the opportunity to develop telehealth services during the epidemic. Various hospitals piloted tele-consultation service via the HA mobile app "HA Go". COVID-19 patients in need were also referred to doctor to receive tele-consultation service via enquiry hotline services. On top of that, functions of "HA Go" were continuously strengthened including new modules namely "MyHealth" and "Book DC" to empower the public for self-care and use of HA services. Apart from hardware and software in hospitals, we also leveraged on artificial intelligence and big data to improve health outcomes by adopting data-driven care to predict or stratify health risks of patients so that targeted treatment and personalised care could be provided.

醫管局亦發展更多綜合模式專科門診護士診所，讓病人會見醫生前，先進行初步檢查和評估，盡快了解病人需要。有關服務已進一步擴展至骨科（全關節置換手術）、麻醉科（痛症治療）、神經外科、內科（炎症性腸病）及內分泌科（骨質疏鬆症）。此外，醫管局繼續加強日間醫療服務，減少非必要的住院，並於 2022 年 2 月出版「日間醫療服務策略」，作為服務規劃的綱領。

同時，我們透過融入科技改變服務模式，並藉著「智慧團隊」的支持，發展「智慧醫院」，為市民提供「智慧醫療」，推動醫療服務進一步持續發展，以落實醫管局大會訂定的重要策略方向。其中多間醫院先後引入機械人和智慧醫療儀器，支援臨床流程和前線運作。疫情期間，醫管局亦把握契機發展遙距醫療服務，多間醫院透過醫管局手機應用程式「HA Go」推行視像診症服務先導計劃；我們亦透過醫療查詢支援熱線，為有需要的新冠病人轉介醫生提供視像診症服務。同時，「HA Go」的功能繼續強化，包括新增「我的健康」及「預約指定診所」等功能，方便市民管理個人健康及使用醫管局服務。除了醫院軟硬件，我們亦借助人工智能和大數據，採用數據主導的護理模式，對病人的健康風險進行預測評估，從而提供針對性的治療及個人化護理，以改善醫療成效。



Manpower has been a long-standing concern for HA. In 2021-22, we recruited more than 550 doctors, 2 550 nurses and 730 allied health professionals. With support from the HA Board, multi-faceted approach was adopted to retain staff. That included extending the employment of retired staff to retain experienced staff; increasing the posts of Consultant and Nurse Consultant and creating a new rank of Associate Nurse Consultant to enhance colleagues' career pathway, as well as establishing the Hospital Authority Academy to strengthen professional training and development. Meanwhile, recruitment of non-locally trained doctors continued so as to strengthen the workforce. Part-time healthcare professionals were recruited through Locum Office, in particular during the fifth wave of epidemic for urgent deployment in anti-epidemic work in various facilities.

Senior appointments in HA hospitals in 2021-22 included, in chronology, Dr Sin Ngai-chuen was appointed as Hospital Chief Executive (HCE) of Alice Ho Miu Ling Nethersole Hospital and Tai Po Hospital; Dr So Wing-ye as HCE of Bradbury Hospice, Cheshire Home, Shatin and Shatin Hospital; Dr Beatrice Cheng as Cluster Chief Executive (CCE) of New Territories East Cluster and HCE of Prince of Wales Hospital; Dr Ching Wai-kuen as HCE of Ruttonjee & Tang Shiu Kin Hospitals, Tung Wah Eastern Hospital, and Cheshire Home, Chung Hom Kok; Dr Ian Cheung as HCE of Yan Chai Hospital; Dr Loletta So Kit-ying as CCE of Hong Kong East Cluster and HCE of Pamela Youde Nethersole Eastern Hospital, St. John Hospital and Wong Chuk Hang Hospital; Dr Chan Kam-hoi as HCE of the Duchess of Kent Children's Hospital at Sandy Bay, Tung Wah Group of Hospitals Fung Yiu King Hospital and MacLehose Medical Rehabilitation Centre, and Dr Eric Cheung Fuk-chi as CCE of Kowloon Central Cluster and HCE of Queen Elizabeth Hospital. Mr Jeremiah Ng took up the post as Chief Internal Auditor of Group Internal Audit at HA Head Office.

In face of whatever adversities, including the current unprecedented COVID-19 challenge, all members of HA have epitomised HA's core values through superb professionalism and profound dedication. With the indispensable support of the HKSAR Government, as well as the trust different sectors of the community place in HA, we shall remain steadfast and united with exemplary professionalism to excel in the provision of sustainable and quality healthcare services.

Tony Ko Pat-sing
Chief Executive

醫管局一直關注公立醫院的人手情況。在 2021-22 年，我們招聘逾 550 名醫生、2 550 名護士及 730 名專職醫療人員。在醫管局大會支持下，我們推行了一系列挽留人才措施，包括退休後延任政策，以挽留具經驗的員工；增加顧問醫生、顧問護師職位及開設副顧問護師職位，改善員工的晉升階梯；並成立醫院管理局學院，促進員工專業培訓及發展。我們亦繼續招聘更多非本地培訓醫生，以及透過自選兼職招聘計劃增加人手，包括在第五波疫情下聘請了兼職醫生作緊急調配，以支援不同設施的抗疫工作。

年內的高層人員聘任按時序包括：冼藝泉醫生出任雅麗氏何妙齡那打素醫院及大埔醫院行政總監，蘇詠儀醫生出任白普理寧養中心、沙田慈氏護養院及沙田醫院行政總監，鄭信恩醫生出任新界東醫院聯網總監及威爾斯親王醫院行政總監，程偉權醫生出任律敦治及鄧肇堅醫院、東華東院及春磡角慈氏護養院行政總監，張子峯醫生出任仁濟醫院行政總監，蘇潔瑩醫生出任港島東醫院聯網總監及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，陳金海醫生出任大口環根德公爵夫人兒童醫院、東華三院馮堯敬醫院及麥理浩復康院醫院行政總監，以及張復熾醫生出任九龍中醫院聯網總監及伊利沙伯醫院行政總監；伍希文先生則出任總辦事處內部審計部總內部審計師。

不論過去遇上任何挑戰，以至當前史無前例的新冠疫情，醫管局上下都表現卓越的專業服務和奉獻精神，彰顯出醫管局的核心理價值。在香港特區政府的不懈支持和社會各界的信任下，醫管局團隊將繼續秉持專業，齊心推動公營醫療持續發展，服務更臻完善。



行政總裁
高拔陞

Number of hospital beds¹ (as at 31 Mar 2022)
醫院病床數目¹ (截至 2022 年 3 月 31 日)

30,169

43 Number of Hospitals and
Institutions under the
Hospital Authority
(as at 31 Mar 2022)
醫院管理局轄下醫院 /
機構數目
(截至 2022 年 3 月 31 日)



Total Specialist Outpatient
(Clinical) attendances¹
專科門診 (臨床) 就診總人次¹

7,964,833

49 Number of Specialist
Outpatient Clinics
(as at 31 Mar 2022)
專科門診診所數目
(截至 2022 年 3 月 31 日)

General Outpatient
attendances¹
普通科門診就診人次¹

73 Number of General
Outpatient Clinics
(as at 31 Mar 2022)
普通科門診診所數目
(截至 2022 年 3 月 31 日)

5,762,282



Total Inpatient and Day Inpatient
discharges and deaths¹
住院及日間住院病人出院人次
及死亡人數¹

1,757,070



Total Accident and
Emergency attendances¹
急症室就診總人次¹

1,840,029

HOSPITAL AUTHORITY AT A GLANCE 2021-22

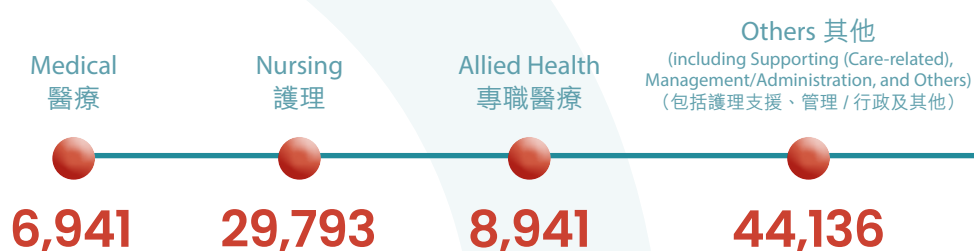
醫院管理局 2021-22 年度概覽

89,812



Total Manpower of Hospital Authority²
No. of Full-time Equivalent Staff (as at 31 Mar 2022)

醫院管理局人手總計²
等同全職人員數目 (2022年3月31日數字)



Family Medicine Specialist
Clinic attendances¹
家庭醫學專科門診就診人次¹

321,790

Total Allied Health
(Outpatient) attendances¹
專職醫療 (門診) 就診總人次¹

2,927,419

Remarks :

- For detailed statistics of the services of Hospital Authority (HA), please refer to Appendix 9 of this report.
- Manpower on full-time equivalent basis includes all full-time and 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.

備註 :

- 有關醫院管理局 (醫管局) 詳細服務統計數字, 請參閱本年報附錄 9。
- 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。

CHAPTER 4 // 第四章

Milestones of the Year

大 事 回 顧



04 2021

Starting from 1 April, eligible persons will no longer be charged for the intraocular lens when receiving cataract procedures in public hospitals.

由 4 月 1 日起，符合資格人士在公立醫院接受白內障手術時，毋須額外支付人工晶體的費用。



04 2021

The Hospital Authority (HA) began to arrange outreach medical teams to visit Residential Care Homes for the Elderly and deliver the BioNTech vaccination.

醫院管理局（醫管局）派出外展醫護團隊，陸續到安老院舍為長者接種復必泰疫苗。



05 2021

To strengthen protection for staff and patients, HA extended regular COVID-19 nucleic acid test arrangement to cover all frontline staff who have direct patient contact. Later on, rapid antigen test (RAT) was adopted instead, with the arrangement gradually rolled out to cover all staff for performing daily RAT before duty.

為加強對員工和病人的保護，醫管局將定期新冠病毒核酸檢測安排，擴展至所有需定期接觸病人的前線員工；其後以快速抗原測試代替，並逐步擴展有關安排讓全體員工每天上班前進行快速抗原測試。



05 2021

The phase one redevelopment of Grantham Hospital marked a historic milestone, with the demolition of three buildings including Senior Staff Quarters and Nurse Quarters Blocks 1 and 2 completed. The site formation and foundation works commenced immediately.

葛量洪醫院第一期重建工程踏入新里程，三座大樓的拆卸工程順利完成，包括高級職員宿舍和護士宿舍第一及二座，土地平整及地基工程隨即展開。



05 2021

To encourage and facilitate colleagues to get vaccinated, HA introduced a number of measures which included setting up vaccination depots in hospitals and staff clinics and virtual help desks, as well as organising various promotion activities such as lucky draw and giving out souvenirs, etc. Starting from June, HA staff who have received vaccination were offered authorised leave for vaccination.

醫管局推出多項措施鼓勵和便利同事接種疫苗，包括在醫院及職員診所設員工注射站、設立職員查詢專線，以及舉辦推廣活動如抽獎、贈送紀念品等；另外於 6 月起為已接種疫苗的員工提供特許休假。



06 2021

All general outpatient clinics (GOPCs) of HA offered additional assessment sessions to patients who are regularly followed-up at GOPCs and intend to receive vaccination to aid them in making a decision on vaccination.

醫管局轄下普通科門診診所為有意接種新冠疫苗的定期覆診病人，提供額外評估服務，協助病人就疫苗接種作出決定。





06 2021

The mobile app namely “18 CM Clinics” was launched to facilitate the public to make appointments for subsidised Chinese Medicine service of Chinese Medicine Clinic cum Training and Research Centres.

「18 區中醫診所」手機應用程式正式推出，方便市民預約中醫診所暨教研中心的政府資助中醫門診服務。



06 2021

With \$14.7 million donation from Fung Ying Seen Koon, North District Hospital set up Fung Ying Seen Koon Urological Investigation Unit which provides one-stop service from urological health check-up, diagnosis to care, thereby shortening the waiting time of patients of specialist outpatient clinics.

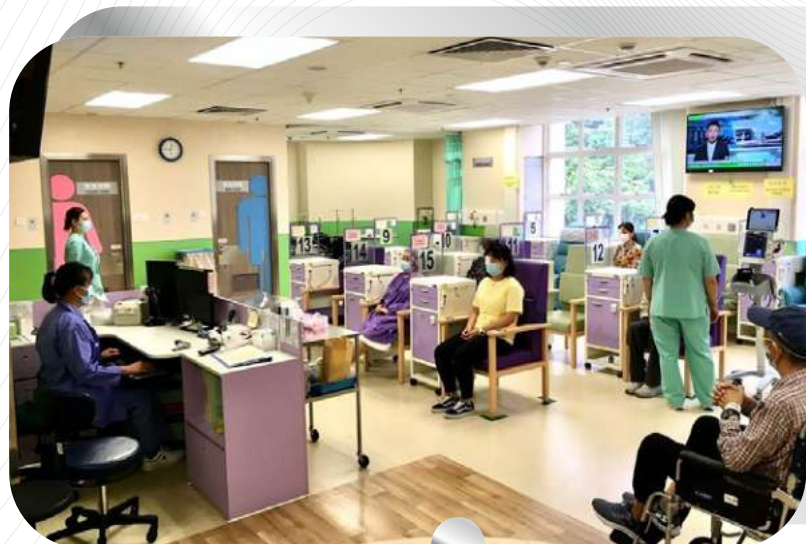
北區醫院新建「蓬瀛仙館泌尿外科檢測中心」，提供一站式泌尿系統檢查、診斷及護理。項目獲蓬瀛仙館捐贈 1,470 萬元，有助縮短專科門診病人的輪候時間。



07 2021

The first phase of re-organisation of ophthalmic services at Tung Wah Eastern Hospital was successfully completed, with the focus on providing day surgery and outpatient services.

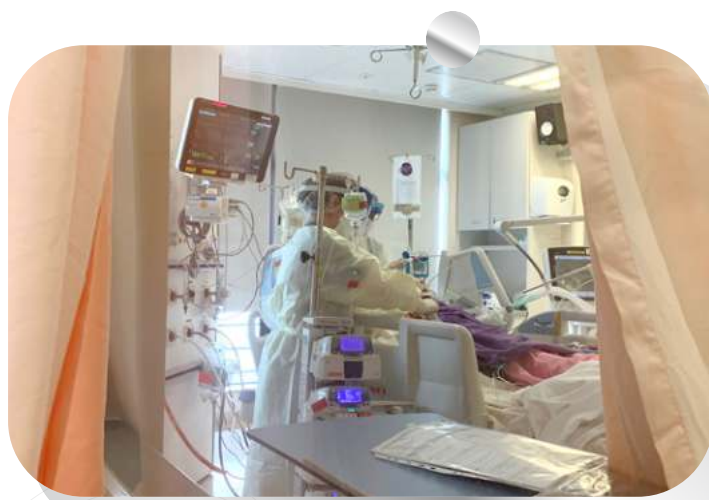
東華東院完成首階段眼科服務重整，集中提供日間手術及門診服務。



07 2021

The HKSAR Government announced the 2021 Honours List. A total of 13 members of the HA Board and its Committees as well as 26 colleagues were awarded in the Honours List or appointed as JPs for their commitment to serving the society and outstanding contributions in the area of medical and public health, as well as in the combat against COVID-19.

特區政府公布「2021年授勳及委任太平紳士名單」，一共有13位醫管局大會及轄下委員會成員，以及26位同事獲頒授勳銜及作出嘉獎，或獲委任為太平紳士。他們在醫療及公共衛生領域的卓越表現，以及為應對新冠疫情所付出的貢獻獲得表揚。



08 2021

The HA successfully completed the first paired kidney transplant operations in Hong Kong, which has laid a milestone for organ transplantation in the territory.

醫管局成功完成本港首宗腎臟配對捐贈手術，為香港器官移植開創新里程。



08 2021

The Hong Kong Red Cross Blood Transfusion Service received a brand-new blood donation vehicle from Bank of China (Hong Kong) Limited, which proactively visited school campuses to recruit new blood donors.

香港紅十字會輸血服務中心獲中國銀行（香港）有限公司捐贈全新流動捐血車，積極走訪校園招募捐血者。



08 2021

Special visiting arrangement was resumed in phases and extended to all acute hospitals in late August in view of the stable epidemic situation. Later on, the arrangement was suspended in all public hospitals when the situation deteriorated in early 2022. Special visiting arrangement was later resumed gradually when the epidemic situation subsided.

隨著本地疫情持續穩定，醫管局分階段恢復特別探訪安排，至 8 月底擴展至所有急症醫院。惟至 2022 年初疫情急劇變化，所有公立醫院暫停有關安排。及後隨疫情緩和，特別探訪安排亦逐步恢復。



09 2021

The HA, in collaboration with the Caritas Institute of Higher Education, has launched a Nursing Professional Education Programme. Graduates of the three nursing schools will be awarded a Professional Diploma in Nursing after completion of the four-year programme and a top-up Bachelor of Health Sciences with Honours Degree (nursing stream) upon completion of the fifth year of the collaborative programme.

醫管局與明愛專上學院推出護理學專業課程協作計劃，三間護士學校學生完成四年課程後，可獲護理學專業文憑；完成第五年課程則可獲健康科學榮譽學士（護理學專業）學位。



10 2021

The mobile app of HA "HA Go" rolled out a new feature namely "MyHealth", which enables patients to manage their own health better by recording their own health figures, reading health documents and receiving health information prescribed by healthcare professionals.

醫管局手機應用程式「HA Go」新增「我的健康」功能，病人可記錄個人健康數據、查閱醫療紀錄，亦可接受醫護人員發放的健康資訊，更妥善管理自身健康。



10 2021

The Medical Ambulatory Care Centre at Alice Ho Miu Ling Nethersole Hospital (AHNH) opened, providing 15 day beds and a range of ambulatory services including minor surgeries, examinations, regular blood transfusion, pre-operative preparations, etc., which help to alleviate the pressure of hospital beds.

雅麗氏何妙齡那打素醫院啟用內科日間中心，內設 15 張日間病床，提供小手術、檢查、定期輸血及術前準備等日間服務，有助舒緩病床壓力。



11 2021

Kwong Wah Hospital and Pamela Youde Nethersole Eastern Hospital were accredited as "Baby-Friendly Hospital" in November. Tuen Mun Hospital later announced the completion of accreditation in December.

廣華醫院及東區尤德夫人那打素醫院於 11 月獲認證「愛嬰醫院」，隨後屯門醫院亦於 12 月公布獲得認證。



12 2021

The HA was given an award by Hong Kong Ta Kung Wen Wei Media Group, recognising the healthcare professionals' outstanding contribution in combatting the epidemic.

醫管局獲香港大公文匯傳媒集團頒發「2021 感動香江特別致敬」榮譽，肯定醫護人員為抗疫作出的貢獻。





01 2022

The new Trinity Block of Haven of Hope Hospital (HHH) commenced service with the opening of an orthopaedic rehabilitation ward.

靈實醫院新大樓「信望愛樓」正式投入運作，並啟用首個骨科復康病房。



01 2022

To cope with the service demand in the community, Yan Chai Hospital renovated the Cardiac Intervention Centre cum Coronary Care Unit to provide Primary Percutaneous Coronary Intervention to patients suffering from acute myocardial infarction.

仁濟醫院心臟介入治療中心暨心臟加護病房完成裝修工程，為急性心肌梗塞患者提供冠狀動脈介入治療，以應付社區的服務需求。



02 2022

To cope with the influx of patients under the fifth wave of the COVID-19 epidemic, HA activated Designated Clinics for confirmed cases of COVID-19. The number of Designated Clinics reached 23 in mid-March. In addition, telephone hotlines were set up to provide support to confirmed cases in community.

為應付第五波新冠疫情下的大量確診病人，醫管局啟動指定診所，至三月中逐步增至 23 間。另設立電話熱線提供支援服務予社區確診患者。



02 2022

A number of public hospitals were converted into designated hospitals for COVID-19 patients, with an aim to concentrate manpower and resources to manage COVID-19 patients. They included Tin Shui Wai Hospital, North Lantau Hospital, Queen Elizabeth Hospital, Tung Wah Group of Hospitals Fung Yiu King Hospital, Ruttonjee Hospital, HHH and AHNH.

為集中人手及資源照顧新冠病人，醫管局先後將多間公立醫院設為新冠定點救治醫院，當中包括天水圍醫院、北大嶼山醫院、伊利沙伯醫院、東華三院馮堯敬醫院、律敦治醫院、靈實醫院和雅麗氏何妙齡那打素醫院。



02 2022

The HA provided various Chinese Medicine (CM) services to COVID-19 patients, which included continuing to provide rehabilitation treatment to discharged COVID-19 patients from HA hospitals, as well as offer CM treatment to inpatients at the Community Treatment Facility at AsiaWorld-Expo (later named as Treatment Centre for COVID-19 (AsiaWorld-Expo)) and North Lantau Hospital Hong Kong Infection Control Centre. In February 2022, new CM Tele-advice Hotline was set up and the CM Programme for Residential Care Homes for the Elderly was launched with joint efforts by various stakeholders.

醫管局為新冠病人提供多種中醫服務，包括繼續為公立醫院出院的新冠病人提供復康診療，以及為位於亞洲國際博覽館的社區隔離設施（其後稱為新冠治療中心（亞博館））及北大嶼山醫院香港感染控制中心的住院病人提供中醫診療服務；並於2022年2月設立中醫諮詢服務熱線，以及聯同社會各界開展「安老院舍中醫診療服務」。



02 2022

HA implemented the Vaccine Pass arrangement with a view to ensuring the protection for patients and staff. All HA full-time and part-time staff were required to have received at least one dose of COVID-19 vaccine prior to their entry to their places of work. Subsequently, to align with the implementation of different stages of Vaccine Pass by the Government, adjustments to the vaccination requirements were made by HA.

醫管局實施「疫苗通行證」安排，所有醫管局全職及兼職員工必須接種至少一劑 2019 冠狀病毒病疫苗，方可進入其工作場所，藉此加強對病人及員工的保障。其後，隨著政府實施不同階段的「疫苗通行證」安排，醫管局相應地調整疫苗接種要求。



03 2022

The Community Treatment Facility at AsiaWorld-Expo was repurposed as the Treatment Centre for COVID-19 (AsiaWorld-Expo). Meanwhile, the Central People's Government arranged the Medical Support Team of around 400 healthcare professionals to come to Hong Kong to offer assistance, thereby enhancing the capacity of patient treatment.

位於亞洲國際博覽館的社區隔離設施，轉型為新冠治療中心（亞博館），同時得到中央人民政府派出約 400 名內地援港醫療隊成員加入支援，大大提升照顧病人的能力。



03 2022

The HA introduced two kinds of antiviral oral pills for treating COVID-19 patients. These drugs were prescribed to both public hospital inpatients and outpatients of Designated Clinics as well as Accident and Emergency Departments, and patients staying at Residential Care Homes for the Elderly according to clinical guidelines and patients' condition, so as to reduce the risks of hospitalisation and death.

醫管局引入兩款新冠口服抗病毒藥物，並按臨床指引及病人情況處方予公立醫院住院新冠病人，和指定診所、急症室及安老院舍合適的確診病人，以減低住院和死亡風險。

CHAPTER 5 // 第五章

Engagement and Teamwork

凝聚力量
群策群力

The Hospital Authority (HA) endeavours to engage and unite its staff, with a view to building a concerted team which shares a common goal to better serving the people in Hong Kong. To promote effective communication between the management and frontline staff, various platforms have been established to facilitate the exchange among staff members. The Head Office of HA convened regular meetings with staff representatives of all six Staff Group Consultative Committees and Central Consultative Committee, allowing staff to express their views on prevailing policies and new initiatives.

醫院管理局（醫管局）致力加強員工的凝聚力及團隊精神，藉此建立共同目標，齊心協力服務市民。為促進管理層與前線員工之間的溝通和聯繫，醫管局設有多個平台與同事進行交流。其中，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的定期會議，讓員工代表就現行政策及新措施表達意見。

In addition to attending the said committees' meetings, the HA Chief Executive met with staff at hospital visits, and communicated with them through means such as emails and blogs. Besides, staff newsletter HASLink and various HA social media platforms were used to disseminate latest corporate news. The online staff letter box also provided convenient means for staff to raise their concerns and suggestions. At the local level, Cluster Chief Executives (CCE) and Hospital Chief Executives (HCE) engaged staff through regular staff forums, meetings and newsletters.

Amid the COVID-19 epidemic, we continued to issue the staff publication COVID-19 Bulletin and update the designated COVID-19 webpages, keeping HA staff abreast of the epidemic development and the relevant corporate policies and measures. In addition, a designated staff hotline was set up to address colleagues' COVID-19 related enquiries and concerns, with over 7 000 calls handled in the past two years.

Moreover, ongoing efforts were made in 2021-22 to enhance the functions of the myHR App, which included new sub-modules "Supporting Staff Training" and "Health IT training" under the "myLearning" module, and a new module "myOasis" to support staff's psychological needs and mental wellbeing. HA Chatbot, the Artificial Intelligence tool in the myHR App, was equipped with new functions that facilitate staff members to report results of COVID-19 rapid antigen test and nucleic acid test, and being classified as a close contact case, so that necessary support can be offered to staff in need. As of 31 March 2022, the myHR App was used by 98% of all HA staff members.

醫管局行政總裁除了參與上述委員會會議外，亦不時探訪醫院與員工會面，並透過電郵及網誌等途徑與同事保持溝通。此外，我們亦透過員工刊物《協力》和多個醫管局社交平台及頻道，發放有關機構的最新資訊；又設立網上職員信箱，方便同事提出建議。在醫院層面，聯網總監及醫院行政總監則透過定期員工座談會、會面、出版刊物等，與員工保持連繫。

疫情下，我們持續透過員工通訊《防疫快訊》及專題網頁等渠道，向員工發布疫情資訊以及醫管局的最新政策和措施；同時，亦特別設立了員工支援熱線，回應同事的查詢和關注事項。在過去兩年，該熱線共回應了超過 7 000 個查詢。

我們亦在 2021-22 年度進一步提升「我的人力資源應用程式」（「myHR App」）的功能，包括於「學習天地」單元內加入全新「支援員工培訓」及「醫療資訊科技培訓」子單元，並新增「我的心靈綠洲」單元關顧同事心靈需要及情緒健康。程式內的「人工智能小助手」亦引進新功能，方便同事呈報新冠快速抗原測試及核酸檢測結果、及申報被列為密切接觸者，以便向有需要同事提供支援。截至 2022 年 3 月 31 日，已有 98% 醫管局員工使用程式。





HA is continuously working towards fostering a safe and secure working environment to ensure the occupational safety and health (OSH) for staff. To further enhance staff safety awareness and cultivate a safety culture, behavioral-based safety observation programme on sharps injury prevention and various hazard communication programmes were implemented. Risk-based trainings on OSH topics such as handling of workplace violence, advanced chemical management and ventilation were also provided to different levels and target groups of staff. Besides, OSH information were regularly released via the “myOSH” module in the myHR App to further enhance staff awareness and engagement in OSH and ultimately foster the safety culture across HA.

Furthermore, to promote staff communication, the strategy of conducting staff survey has been reviewed and refined that HA would conduct Focused Staff Surveys on four human resources foci, namely Staff Attraction and Retention, Training and Development, Staff Wellbeing, and Working Environment, in order to collect colleagues’ views on new initiatives and measure their effectiveness. The preparation work for the next Focused Staff Survey on the topic of staff retention targeted at junior nursing and allied health staff has been commenced in 2021-22.

As a people-oriented organisation, HA encourages a balanced and healthy lifestyle for employees through organising a wide variety of recreational, sports and family activities. Due to the epidemic, to minimise risks of infection and comply with social distancing measures, instead of face-to-face activities, online staff activities were explored and piloted, such as the HA eSports Championship, which received overwhelming responses from staff.

To commend staff with outstanding performance, HA organises the Outstanding Staff and Teams and Young Achievers Award annually. In 2022, a total of 77 nominations were received for the Award programme, from which 13 Young Achievers were selected, nine staff and seven teams won the Outstanding Staff and Teams Awards respectively. Another three staff and five teams received Merit Staff and Teams Awards, and another five staff received Young Achievers (Merit Award).

醫管局一直致力建立安全可靠的工作環境，以保障員工的職業安全和健康（職安健）。為進一步加強員工的安全意識及培養安全文化，我們繼續推行預防被利器刺傷的工作安全行為觀察計劃，亦透過不同計劃向員工解說各種工作間危害，並為不同級別和指定組別的員工提供有關工作間暴力事件處理、化學品管理和通風等主題的風險為本培訓。我們亦在「myHR App」內「職安健」單元定期發布職安健信息，以提升員工對職安健的關注和參與，從而推動醫管局整體的安全文化。

此外，為加強與員工溝通，醫管局審視並優化職員意見調查策略。我們會就四個人力資源核心範疇，即人力計劃及挽留、培訓和發展、員工康健及工作環境，進行定期聚焦意見調查，與同事集思廣益，收集員工對新推行措施之意見，以及評估成效。年內，我們已就下一期焦點職員意見調查開展準備工作，該調查將探討人才挽留事宜，對象為初級護理及專職醫療職系員工。

作為以人為本的機構，醫管局透過舉辦各式各樣康樂、體育及合家歡活動，推廣平衡及健康生活模式。在新冠疫情下，為減低感染風險及遵守社交距離措施，醫管局試行推出不同的網上員工活動，例如醫管局電競盃，以代替面對面的實體活動，獲同事熱烈支持。

為表揚工作表現卓越的同事，醫管局每年均舉辦傑出員工及團隊獎及優秀青年獎。2022 年度共收到 77 份提名參與各個獎項，13 位員工獲頒「優秀青年獎」，九名員工及七個團隊獲得傑出獎；另有三名員工及五個團隊獲得優異獎，五名員工獲得「優秀青年優異獎」。



Outstanding Teams :

HKEC Urology Team
Hong Kong East Cluster

HKWC COVID-19 Vaccination Team for CVC
Hong Kong West Cluster

**Community Rehabilitation Service Support Centre (CRSSC),
Hospital Authority**
Queen Elizabeth Hospital (Kowloon Central Cluster)

Hospital Authority Infectious Disease Centre
Princess Margaret Hospital (Kowloon West Cluster)

NTWC Smart Hospital Team
New Territories West Cluster

The Pandemic Warriors
North Lantau Hospital (Kowloon West Cluster)

**United Christian Hospital Paediatric &
Adolescent Medicine Dermatology Health Care Team**
United Christian Hospital (Kowloon East Cluster)

Merit Teams :

AI Genie
Hospital Authority Head Office

COVID-19 Flexible and Innovative Patient-Care Team
Tuen Mun Hospital / Pok Oi Hospital /
Tin Shui Wai Hospital (New Territories West Cluster)

Hong Kong Children's Hospital Diabetes Team
Hong Kong Children's Hospital (Kowloon Central Cluster)

KEC Vaccination Taskforce
Kowloon East Cluster

**New Territories East Cluster Community
Outreach Services Team**
New Territories East Cluster

傑出團隊獎 :

港島東醫院聯網泌尿外科團隊
港島東醫院聯網

港島西醫院聯網新冠疫苗社區接種防疫團隊
港島西醫院聯網

醫院管理局社區復康中心
伊利沙伯醫院 (九龍中醫院聯網)

醫院管理局傳染病中心
瑪嘉烈醫院 (九龍西醫院聯網)

新界西智慧醫院團隊
新界西醫院聯網

疫境先鋒
北大嶼山醫院 (九龍西醫院聯網)

基督教聯合醫院兒童及青少年皮膚科醫護團隊
基督教聯合醫院 (九龍東醫院聯網)

優異團隊獎 :

智能應援團
醫院管理局總辦事處

COVID-19 靈活創新病人護理團隊
屯門醫院 / 博愛醫院 /
天水圍醫院 (新界西醫院聯網)

香港兒童醫院糖尿團隊
香港兒童醫院 (九龍中醫院聯網)

九龍東醫院聯網疫苗專責小組
九龍東醫院聯網

新界東醫院聯網社區外展服務團隊
新界東醫院聯網



Full list of awardees
完整得獎名單



Video of HA Outstanding Staff and Teams and
Young Achievers Award 2022 -
Virtual Award Presentation Ceremony
2022 年度醫管局傑出員工及團隊及
優秀青年獎 — 網上頒獎禮短片

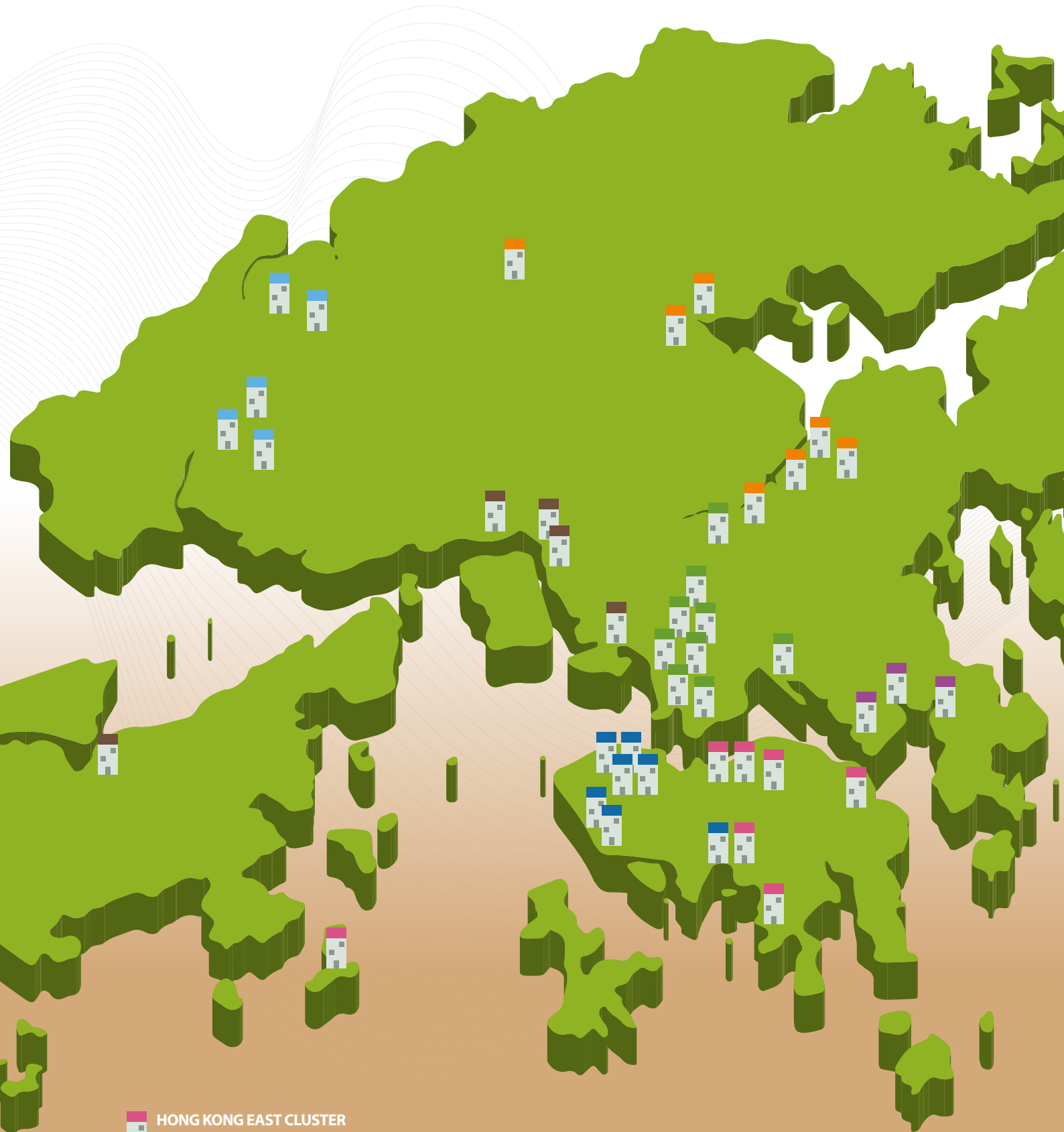
The Hospital Authority (HA) provides public healthcare services to the people of Hong Kong through its Head Office and seven hospital clusters. The Head Office and Cluster Reports present an overview of the performance of HA Head Office (HAHO) and the clusters under five corporate strategic goals, while the performance and initiatives of Environmental, Social and Governance are demonstrated in Environmental, Social and Governance Report in Chapter 7.

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，而有關「環境、社會和管治」方面的表現及措施則會於第七章環境、社會和管治報告詳述。

CHAPTER 6 // 第六章

Head Office and Cluster Reports

總辦事處及醫院聯網
工作匯報



 **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

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. In 2021-22, HAHO initiated corresponding programme targets 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 2021-22 年度，總辦事處根據醫管局工作計劃所訂五大策略目標，推行相應的工作項目。

Strategic goal: Improve service quality

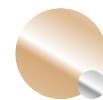
In 2021-22, HA has strived to drive service improvement through service streamlining as well as efficient allocation of resources amid the volatile COVID-19 epidemic. On promoting day services, the ambulatory care model was implemented in the Accident and Emergency (A&E) Departments of Prince of Wales Hospital (PWH) and North District Hospital (NDH) to manage patients in stable conditions in ambulatory and community settings, on top of additional day beds provided at Tseung Kwan O Hospital, Alice Ho Miu Ling Nethersole Hospital and Tin Shui Wai Hospital to reduce the reliance on inpatient care. Also, additional child and adolescent psychiatric day hospital places were provided at Pamela Youde Nethersole Eastern Hospital (PYNEH) and Kowloon Hospital, and an ambulatory centre for ophthalmology service was set up at Tung Wah Eastern Hospital.

Cluster-based services were further enhanced in the year through coordination and integration of resources and manpower in order to facilitate service efficiency. Cluster-based infectious disease networks were established in all clusters subsequent to the expansion of service coverage. Also, a cluster-based patient relations office structure was established in Kowloon West Cluster (KWC) and New Territories West Cluster (NTWC), so as to enhance the HA's complaints management system and strengthen collaboration between HAHO and clusters. Besides, cross-cluster collaboration was promoted, allowing more cross-cluster Robotic Assisted Surgeries conducted in the year.

策略目標： 改善服務質素

在 2021-22 年度，新冠疫情雖反覆不定，但醫管局仍致力理順服務及善用資源，以提升服務質素。在推動日間服務方面，我們在威爾斯親王醫院和北區醫院的急症室推行日間護理模式，為病情穩定的病人提供社區支援和非住院服務；又在將軍澳醫院、雅麗氏何妙齡那打素醫院及天水圍醫院增設日間病床，以減輕住院服務的壓力。我們另於東區尤德夫人那打素醫院及九龍醫院增加兒童及青少年精神科日間醫院名額，及在東華東院設立日間中心提供眼科服務。

我們亦進一步加強聯網為本服務，協調整合現有資源和人手，令服務更有效率。我們擴大服務範圍，已在所有聯網設立以聯網為基礎的傳染病服務網絡；並於九龍西和新界西聯網分別建立以聯網為基礎的病人關係處服務架構，以加強投訴管理機制並強化總辦事處與聯網之間的協作。此外，我們亦促進跨聯網協作，年內為更多病人進行跨聯網機械臂輔助手術。



On rehabilitation services, additional physiotherapy and occupational therapy attendances during weekends and public holidays were provided to patients with lower limb fracture or arthroplasties in acute setting and stroke patients. Also, additional physiotherapy services with stratified care management for patients with low back pain were offered in various hospitals across clusters. The structured, non-surgical treatment programme was extended to provide additional physiotherapy services to patients waiting for total joint replacement surgery at PWH and Pok Oi Hospital under case management approach, so as to optimise their physical function.

Meanwhile, HA has endeavoured to develop and deliver more diversified healthcare options and treatments, in order to better fit the individual needs of different patients. In 2021-22, the Integrated Model of Specialist Outpatient (SOP) Service through Nurse Clinics was further extended to total joint replacement, pain management, neurosurgery, gastroenterology (inflammatory bowel disease) and endocrinology (osteoporosis). In addition, the Integrated Chinese-Western Medicine Programme was developed in eight designated hospitals across all clusters, through the provision of three disease-based (i.e. stroke care, cancer palliative care and musculoskeletal pain management) programmes.

Moreover, the scope of the HA Drug Formulary was widened to cover more drugs with accumulated scientific evidence on clinical efficacy. Three self-financed drugs were repositioned as special drugs for managing multiple sclerosis, cardiovascular diseases and tuberous sclerosis complex, while the therapeutic application of four special drugs was expanded for treating cancers, diabetes mellitus, renal diseases and genito-urinary diseases.

康復服務方面，我們為下肢骨折或接受關節成型手術的急症病人和中風病人，在周末和公眾假期提供額外的物理治療及職業治療服務；另為患腰背痛的病人提供分流管理服務，在多間醫院加開物理治療服務人次。我們又以個案管理模式，在威爾斯親王醫院及博愛醫院推展有系統的非介入治療計劃，為正在輪候全關節置換手術的病人提供額外的物理治療服務，助他們改善身體機能。

此外，我們積極發展及提供更多元化的護理及治療選擇，以配合不同病人的需要。綜合專科門診服務模式護士診所於 2021-22 年度已進一步擴展至骨科（全關節置換手術）、麻醉科（痛症治療）、神經外科、內科（炎症性腸病）及內分泌科（骨質疏鬆症）。我們另在八間指定醫院，就三個選定病種即中風治療、癌症紓緩治療及肌肉骨骼痛症治療推行中西醫協作計劃。

醫管局亦繼續擴大《醫管局藥物名冊》以涵蓋更多具實證療效的藥物。三種自費藥物改列為專用藥物，用以治療多發性硬化症、心血管疾病及結節性硬化症；並擴闊四種專用藥物的臨床應用範圍，用以治療癌症、糖尿病、腎病及生殖泌尿系統疾病。





As for obstetric care services, while additional maternal special care beds were set up in labour wards of various hospitals, high-risk pregnancy care trainings were offered to nursing staff. Whole Exome Sequencing or Whole Genome Sequencing services were provided to special prenatal cases in order to enhance the prenatal diagnosis. The newborn screening programme for Severe Combined Immunodeficiency has been piloted in all HA birthing hospitals with screening tests provided at Hong Kong Children's Hospital (HKCH). And by extending the second tier testing at HKCH, the recall rate of the newborn screening programme for Inborn Errors of Metabolism has been reduced.

Furthermore, HA continued to enhance community-based healthcare services to provide patients with on-going care and support. In collaboration with the Health Bureau (formerly known as the Food and Health Bureau), Education Bureau and Social Welfare Department, the "Student Mental Health Support Scheme" was expanded to 60 additional schools to support more students with mental health needs. Additional case managers were recruited in various clusters to strengthen the community psychiatric services too. To strengthen support for discharged elderly patients and chronic disease patients in the community, the service of HA Patient Support Call Centre was enhanced by providing additional calls.

HA has been leveraging modernised technologies in proactive ways to keep up with contemporary standards of medical care. In the area of genetic and genomic services, while additional tests for minimal residual disease assays and next-generation sequencing panels were provided to adult patients with myeloid blood cancers at Queen Mary Hospital, Queen Elizabeth Hospital (QEH) and PWH, additional pharmacogenetic tests were offered across clusters. Tumor Treating Field therapy was provided to patients with Glioblastoma Multiforme as a modernised treatment means too. Besides, the use of medical grade 3D printing technology was further extended to Hong Kong West Cluster (HKWC), Kowloon Central Cluster (KCC), New Territories East Cluster (NTEC) and NTWC in order to optimise surgical planning. Last but not least, with the funding support from the Government under the Capital Block Vote, we upgraded our medical facilities with over 900 equipment items installed as additions or replacements in public hospitals in the year.

至於產科護理服務方面，醫管局繼續於多間醫院的產房增設產婦特別護理病床，並為護理人員提供高危妊娠護理服務的訓練；又為特殊產前個案提供全外顯子組測序或全基因組測序服務，以加強產前診斷。初生嬰兒嚴重聯合免疫缺陷症先導篩查計劃亦已在醫管局轄下設有產科的醫院試行，並由香港兒童醫院提供篩查測試。同時，我們在香港兒童醫院擴展初生嬰兒先天性代謝缺陷二線檢測，以減低回診比率。

我們也致力提升以社區為本的健康服務，為病人提供持續護理及支援。我們與醫務衛生局（前稱食物及衛生局）、教育局及社會福利署繼續合作，進一步擴展「醫教社同心協作計劃」至額外 60 所學校，支援更多有精神健康需要的學生；並於多個聯網增聘個案經理，以加強精神科社康服務。而為加強對出院長者病人及慢性疾病患者的支援，醫管局的「護訊鈴」提供額外的電話諮詢服務人次。

醫管局一直積極引入新技術，確保醫療護理水平與時並進。在遺傳及基因組醫學服務方面，我們在瑪麗醫院、伊利沙伯醫院及威爾斯親王醫院為骨髓性血癌成年病人提供額外微量殘存病分析和次世代定序測試；並於各聯網提供更多藥理基因組學測試。我們另在各聯網為多形性膠質母細胞瘤病人，提供更現代化的腫瘤電場治療服務。我們又進一步在港島西、九龍中、新界東和新界西聯網採用醫療級別 3D 打印技術，優化手術規劃。與此同時，醫管局持續提升醫療設備，藉著政府的非經常性整筆撥款及醫管局指定基金撥款，年內添置或更換了逾 900 項醫療設備。



Strategic goal: Optimise demand management

HA has adopted a multi-pronged approach to increase capacity of our services, so as to better manage the mounting demand for public healthcare services. Among all, specialist outpatient clinic service capacity was augmented by providing over 3 300 additional new case attendances across all clusters, on top of additional general outpatient clinic quotas provided in various clusters. Service capacity of the A&E services at QEH and Princess Margaret Hospital was enhanced in response to the escalating service demand. For surgical services, we continued to provide additional day-time operating theatre sessions at Yan Chai Hospital (YCH) for geriatric patients with acute fragility fracture, and acute geriatric fragility fracture nursing coordination services were set up at YCH and NDH to improve peri-operative management for concerned patients.

In addition, a series of measures were launched to improve the time-critical care services for patients with life-threatening conditions. While extended Intra-arterial Mechanical Thrombectomy service during weekdays were provided at KCC, Kowloon East Cluster (KEC) and KWC, 24-hour service was provided at Hong Kong East Cluster (HKEC) and NTWC to improve the quality and provision of stroke service. With the above service in place, acute ischaemic stroke patients were managed promptly by cross-specialty team of neuro-interventionists and nurses for early treatment and reducing the extent of disability.

On the other hand, we continued to strengthen pharmacy services in support of clinical services by implementing clinical pharmacy services on discharge medication management for patients admitted to acute medical wards at PYNEH, QEH, PWH and Tuen Mun Hospital. Drug refill services were launched in selected hospitals in HKWC, KEC and KWC for better patient convenience.

策略目標： 優化需求管理

醫管局採取多管齊下的方法，致力擴大服務量，以回應與日俱增的公共醫療服務需求。我們積極增加專科門診服務，年內各聯網合共額外提供約 3 300 個新症就診人次；並增加了多個聯網的普通科門診診症名額。我們加強支援伊利沙伯醫院及瑪嘉烈醫院急症室，提升服務量以應付急增的服務需求。手術服務方面，我們繼續在仁濟醫院為急性脆弱性骨折年長病人額外提供日間創傷手術室節數，並於仁濟醫院和北區醫院提供護理協調服務，以改善相關病人的圍手術期管理。

我們亦推行一系列措施加強對危疾重症病人的及時護理。在加強中風服務方面，我們於九龍中、九龍東及九龍西聯網延長平日的動脈取栓術服務時間；港島東及新界西聯網亦已 24 小時提供相關服務。透過上述服務，急性缺血性中風病人可迅速獲神經介入治療的跨專業醫護團隊診視，及早接受治療，減低殘障程度。

同時，我們持續加強藥劑服務支援臨床護理，於東區尤德夫人那打素醫院、伊利沙伯醫院、威爾斯親王醫院及屯門醫院，為入住急症內科病房的病人提供出院藥物管理服務；並於港島東、九龍東及九龍西聯網的指定醫院提供覆配藥物服務，為病人帶來更多便利。



To strengthen the management of viral hepatitis, HA has set up more hepatitis nurse clinics in a number of clusters, and enhanced the laboratory capacity for hepatitis diagnosis, assessment and monitoring by conducting additional 5 500 related tests in the year. Meanwhile, we have strived to augment the service capacity of other HA laboratory testing services by providing services for additional neuronal antibody tests, prostate health index tests and interferon gamma releasing assay tests, thereby supporting timely diagnosis and treatment. Furthermore, we have performed additional Visual Field tests and Optical Coherence Tomography scans across clusters for early detection and intervention of glaucoma progression.

To enhance the quality of cancer service by providing coordinated patient-centred care, the Cancer Case Manager Programme was extended to serve over 500 additional patients with haematological cancer, gynaecological cancer or musculoskeletal tumour across clusters. Moreover, the multidisciplinary team support for patients with breast cancer at HKEC, HKWC and KEC has been enhanced, and one-stop diagnostic services and multidisciplinary team clinic provided integrated care for patients suspected of lung cancer in KWC. As for improvement in renal services, hospital haemodialysis (HD) service was expanded by providing over 40 additional HD places across clusters, and a new generation home HD model was piloted in KEC and NTEC allowing suitable patients to receive dialysis at home.

HA has actively fostered collaborations with community partners to help enhance service capacity and provide additional patient choices. Apart from extending the scope of various current Public-Private-Partnership (PPP) programmes in the year, a new Co-care Service Model has been implemented under the specialties of Internal Medicine and Orthopaedics and Traumatology in all clusters, enabling stable SOP cases to be followed-up at general practitioners in the community. Some new PPP programmes developed during the COVID-19 epidemic have been continued to divert eligible patients to receive operations at private hospitals, which included the Trauma Operative Service Collaboration Programme and the Breast Cancer Operative Service Collaboration Programme. Also, the "HKSAR Government Special Support Scheme for Hospital Authority Chronic Disease Patients Living in the Guangdong Province to Sustain Their Medical Consultation under Coronavirus Disease-2019" was further extended to address the medical need of HA chronic disease patients residing in Guangdong Province, who were unable to return to HA for follow-up consultations due to the persisting COVID-19 situation.

為加強管理病毒性肝炎，醫管局在多個聯網增設內科（肝炎）護士診所，並提升實驗室診斷、評估和監察的能力，年內額外提供 5 500 個肝炎相關測試。我們亦加強醫管局化驗室的其他檢測能力，額外提供神經元抗體相關測試、前列腺健康指數測試，以及丙型肝炎病毒釋放檢驗，以便進行適時的診斷和治理。而為及早偵測青光眼及加強護理服務，我們於各聯網加強視野測試和光學相干斷層掃描服務。

另外，為提升癌症服務質素，我們擴展癌症個案經理計劃，額外為各聯網逾 500 名血癌、婦科癌症及肌肉骨骼腫瘤的病人提供以病人為本的協調護理及服務。我們又於港島東、港島西及九龍東聯網為乳癌病人加強跨專業團隊支援；並於九龍西聯網設立跨專業團隊診所，為懷疑肺癌病人提供一站式診斷及綜合護理服務。腎科服務方面，我們擴展血液透析服務，在各聯網額外提供逾 40 個醫院血液透析名額；另於九龍東及新界東聯網為腎科服務引入新一代家居血液透析儀器，方便合適的病人留家接受治療。

醫管局致力發展社區夥伴協作藉以提升服務能力，及為病人提供更多元化醫療選擇。除了擴展多項現有的公私營協作計劃，我們在所有聯網的內科及骨科推行新的「共同醫治模式」，病情穩定的專科病人可由私家醫生跟進。我們亦繼續推行一些在疫情期間新推出的公私營協作計劃，包括「創傷手術服務公私營協作計劃」及「乳癌手術服務公私營協作計劃」，安排符合資格的病人轉往私家醫院接受手術。同時，由於疫情持續，「特區政府對居粵之醫管局長期覆診港人特別支援計劃」獲再度延續，以照顧因居於廣東省而無法回港覆診的醫管局長期病患者的醫療需要。



Furthermore, in response to the fifth wave of COVID-19 outbreak, some new PPP initiatives were swiftly launched to help address the immense pressure on HA's inpatient beds and manpower. These included the establishment of the Tele-health Hub operated by a pool of locum doctors from the private sector to support confirmed patients pending admission to hospitals or isolation facilities; purchase of medical support to Community Isolation Facilities from the private sector; collaboration with private hospitals under the existing Low-charge Bed mechanism; and some new contingency PPP initiatives in referring selected groups of HA patients to private hospitals for treatment.

因應第五波疫情爆發，我們在短時間內推出多項新的公私營協作項目，以助紓緩住院病床及人手方面的沉重壓力。這包括設立由兼職私家醫生提供服務的遠程醫療支援服務站，支援等候入院或入住隔離設施的確診病人；另外聘私營醫療機構為社區隔離設施提供醫療支援；與私家醫院按現行的低收費病床機制進行協作，以及推出新的公私營協作應急措施，將醫管局選定類別的病人轉往私家醫院接受住院治療。

Strategic goal: Attract and retain staff

Staff retention is of utmost importance to sustain the provision of effective healthcare services. A series of measures were implemented to attract, motivate and retain staff. In addition to recruiting over 550 doctors, 2 550 nurses and 730 allied health professionals in the year, over 50 additional medical laboratory technologists were employed to cope with the demand for COVID-19 testing. Meanwhile, 40 non-locally trained doctors were recruited under the Limited Registration in HA, whilst the scope of locum recruitment was extended to supporting staff.

策略目標： 吸引及挽留人才

挽留人才對維持高效的醫療服務至為重要。醫管局繼續推行多項措施，以吸引、激勵和挽留優秀人才。年內，除聘請逾 550 名醫生、2 550 名護士及 730 名專職醫療人員外，我們亦增聘了逾 50 名醫務化驗師以應付 2019 冠狀病毒病檢測的服務需求。此外，40 名非本地受訓醫生以有限度註冊形式在醫管局服務，而自選兼職招聘計劃則擴展至支援服務員工。

To relieve frontline manpower pressure, the new Policy of Extending Employment Beyond Retirement was rolled out to retain experienced staff, on top of the "Special Retired and Rehire Scheme" which was continued to re-employ suitable staff. Moreover, additional promotion opportunities were provided to meritorious doctors through the centrally coordinated additional Associate Consultant (AC) promotion mechanism. Also, HA has upgraded 100 AC posts to Consultant posts in 2020-21 and 2021- 22. The HA Board further approved to scale up the scheme, by significantly upgrading 300 instead of 100 AC posts by phases over coming three years from 2022-23 to 2024-25.

為緩解前線人手壓力，我們推出退休後延任新政策，挽留有經驗的同事；並繼續推行「特別退休後重聘計劃」，重新聘用合適的退休員工。我們亦繼續透過由中央統籌的副顧問醫生額外晉升機制，提供更多晉升職位。此外，醫管局已於 2020-21 及 2021-22 年度將 100 個副顧問醫生職位提升為顧問醫生，醫管局大會再通過擴大計劃，於 2022-23 至 2024-25 年度內分階段將計劃提升的副顧問醫生職位由 100 個大幅增至 300 個。

On the manpower of nursing staff, additional number of Nurse Consultant posts as well as the enhancement of manpower in various areas were arranged, so as to improve clinical supervision, specialty training and promotion prospect. In addition, a new Associate Nurse Consultant rank was created in 2021-22 to provide an alternative promotion pathway for nurses aspired in developing a career in specialty nursing. To retain staff to support clinical services, the annual progression exercise for Patient Care Assistant (PCA) IIIA of inpatient services on 24-hour shift, Operation Assistant IIIB in inpatient services, and Executive Assistant IIIA (Ward) continued in the reporting year.

HA has always attached great importance to the emotional health and wellbeing of staff, especially during the ongoing epidemic situation. Therefore, the HAHO Corporate Clinical Psychology Service and its Critical Incident Psychological Services Centres in the hospital clusters offered diversified services such as tele-care (individual and group services), helpline and crisis intervention services to provide colleagues with psychological assistance and recommendations. Furthermore, HA has augmented the provision of psychological services by offering more than 2 100 additional service attendances for staff. The HA mental health app "myOasis" was also enhanced with the addition of more screening assessments and psychoeducational materials.

Strategic goal: Enhance staff training and development

HA is committed to providing staff with training and development opportunities to develop their professional competence so as to address the challenges in healthcare services. Territory-wide simulation training programmes, including Crew Resource Management training, were conducted for doctors and nurses in various specialties with adherence to infection control guidance. Various specialty training and competence enhancement programmes were organised for nurses and allied health professionals (including pharmacy staff) to cater to service needs and enhance staff's professional development. Advanced Practice Nurses were recruited as part-time preceptors to enhance the competency of junior nurses. Simulation Training Programmes were conducted for over 1 300 newly qualified Registered Nurses undergoing Preceptorship Programme. Also, the three-year Higher Diploma in Nursing Programme was upgraded to a four-year Professional Diploma in Nursing Programme with 300 students enrolled.

在護士人手方面，我們增加顧問護師數目及加強不同範疇的護士人手，藉此加強臨床督導、專科訓練和晉升前景。此外，醫管局在 2021-22 年度新設副顧問護師職級，為有志專科護理發展的護士，提供臨床管理工作以外的晉升途徑。而為挽留人手支援臨床工作，我們繼續為提供 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，及三 A 級行政助理（病房）推行晉升計劃。

醫管局向來重視員工的情緒健康，尤其因疫情持續而增加的壓力。為此，總辦事處臨床心理服務「心靈綠洲」及各醫院聯網的「職員緊急事故心理服務中心」提供多元化的服務，包括遙距心理服務（個人及小組治療）、員工心理支援專線、緊急事故心理服務等，為員工提供心理支援及建議。我們亦加強職員心理服務，年內額外提供逾 2 100 服務人次；以及繼續發展心理健康流動應用程式「我的心靈綠洲」，提供更多心理評估及教育資源。

策略目標： 加強員工培訓與發展

醫管局致力為員工提供培訓和發展機會，提升其專業能力，以應對醫療服務上的挑戰。我們遵照感染控制指引，為不同專科的醫生和護士提供模擬訓練，包括醫療團隊管理培訓；又為護士和專職醫療人員（包括藥劑人員）提供專科培訓及才能提升課程，以切合服務需要，並促進員工的專業發展。而為提升初級護士的技能，我們聘請了資深護師擔任兼職啟導導師，並為逾 1 300 名參加啟導計劃的新畢業註冊護士提供模擬訓練課程。同時，醫管局的三年護理學高級文憑課程已提升為四年護理學專業文憑課程，年內共有 300 名學員報讀課程。



With the recurrent \$183.5 million Government designated training fund in place, a wide range of training programmes were rolled out in 2021-22 for both clinical and non-clinical staff. Nevertheless, due to the ongoing COVID-19 pandemic, all overseas training activities were suspended while local trainings were continued via online or face-to-face mode as far as practicable. While generic competencies training for professional staff of different levels continued through virtual mode, a series of webinars for senior executives and clinical leaders were organised by inviting distinguished speakers from various professions to share on leadership and management topics. In addition, suitable colleagues from clusters were recruited as Executive Partners to second to the HAHO Major Incident Control Centre or Infection, Emergency and Contingency Department through the Executive Partnership Programme. This was to strengthen colleagues' knowledge and experience on emergency response so as to sustain HA's corporate emergency and response capability.

With the establishment of HA Institute of Vocational Training in September 2021, a number of new learning and development services for supporting staff were launched. These included a designated website loaded with training information; a series of new training programmes for foremen, work supervisors and executive assistants; the enhanced phlebotomy training for PCAs, as well as a 5 HOWS mobile learning series for staff working in back office and ward settings and more. Furthermore, to better manage staff training with streamlined administrative procedures, a new digital platform was set up to automate the application and approval of overseas training and corporate scholarship, whilst attendance taking via QR Code on mobile phone was introduced for all in-house trainings.

藉著政府提供的 1.835 億元恆常指定培訓基金，我們年內為臨床及非臨床人員推出各類課程。由於全球疫情仍然嚴峻，所有海外培訓暫停，而本地課程則在可行情況下以網上或面授模式進行。我們繼續以網上模式為不同職級的專業人員推行通用能力培訓系列；另為高級行政人員及臨床管理人員開設網上管理講座系列，邀請了不同專業領域的翹楚，分享其領導心得及管理經驗。此外，我們推行「行政夥伴計劃」從各聯網招募適合同事，以「行政夥伴」身分調派到總辦事處重大事故控制中心或感染及應急事務部工作，以增強他們的緊急應變知識及經驗，從而維持醫管局整體的緊急應變能力。

隨著醫管局職業訓練學院於 2021 年 9 月成立，我們推行了一連串專為支援人員而設的培訓服務，包括一個專屬網頁，方便同事獲取培訓資訊；一系列專為醫院管工 / 主管及行政助理而設的全新培訓課程；同時，我們亦改進了病人服務助理的抽血課程，及為後勤及病房支援人員推出名為「5 HOWS」的網上學習系列。為加強員工培訓的管理及理順行政程序，我們建設了一個全新的網上系統，用以處理員工海外培訓及獎學金的申請及批核程序；而員工在參加內部培訓時，只需掃描二維碼即可確認出席紀錄。



Strategic goal: Drive accountable and efficient use of financial resources

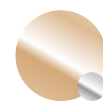
COVID-19 has plagued the world since early 2020, and brought unprecedented challenges to economic activities and people's way of life. While the epidemic situation in Hong Kong had remained relatively stable in the first three quarters of 2021-22, the emergence of a virus variant in January 2022 had resulted in a rapid upsurge in confirmed cases under this fifth wave of COVID-19. To combat against the epidemic, HA has been implementing various anti-epidemic measures primarily under the support of the Government's COVID-19 funding allocated to HA since 2020.

In addition, the Government continued to provide HA with unwavering financial support for sustaining the development of public healthcare. Following the triennium funding arrangement as announced in 2017, the Government continued to progressively increase its subvention to HA on a triennium basis, having regard to population growth and demographic changes. During the financial year ended 31 March 2022, HA's total income was \$88.3 billion, representing an increase of 3.6% from \$85.2 billion in 2020-21. Similar to previous years, HA, through annual planning exercise, adopted prudent financial measures to ensure the proper and efficient use of resources. Prioritisation was guided by HA's strategic priorities and service directions, the operational readiness of different proposed initiatives, and the Government's healthcare priorities, while taking into account prevailing constraints in manpower and hospital facility situations for capacity growth.

策略目標： 推動負責任和有效地使用 財政資源

2019 冠狀病毒病疫情自 2020 年初肆虐全球，對經濟活動和市民生活帶來前所未有的挑戰。本港疫情在 2021-22 年首三季較為平穩，及至 2022 年 1 月變種病毒來襲使確診個案在第五波疫情下飆升。為應對 2019 冠狀病毒病疫情，醫管局在年內繼續推行各項抗疫措施，此等措施主要是由政府自 2020 年開始派發之指定撥款作為支持。

除此以外，政府在財政上大力支持醫管局的公共醫療持續發展。政府繼續按照在 2017 年商定的三年期撥款安排，按人口增長比例和人口結構變動，遞增給醫管局的經常撥款。醫管局年內總收入為 883 億元，較 2020-21 年度（852 億元）上升 3.6%。一如以往，醫管局審慎理財，透過周年工作規劃確保資源用得其所及符合成本效益。當中除了優先考慮醫管局的服務優次和方針、建議措施是否準備就緒，以及政府的醫療政策，亦同時考慮人手和醫院設施狀況等限制服務量增長的因素。



In 2021-22, HA's total expenditure was \$87.8 billion, representing an increase of 3.7% when compared to \$84.7 billion in 2020-21. Out of the total expenditure, \$4.3 billion was incurred for combating COVID-19, which was mainly supported by the Government's COVID-19 funding. With the persistent manpower supply constraint being further exacerbated by the escalating staff attrition and the slow-down of normal operational spending under the impact of the fifth wave, HA continued to record an underspending for the year. Given such an underspending position, the Government has agreed for HA to set-aside part of this underspending as designated funding to meet anticipated future needs, including support for the continual combat against COVID-19 upon exhaustion of Government's COVID-19 funding. As a result, HA recorded an underspending of \$0.5 billion for the year. These unused resources have been transferred to the HA's Revenue Reserve, increasing it to \$7.8 billion as at 31 March 2022, which could support HA for around one month of its normal cashflow requirement. Such reserve will serve as an important safeguard to help maintain financial stability of HA and to meet the expected increase in resource need in the foreseeable future.

With the Government's staunch support to public health services, HA will exercise extra prudence and make the best use of the financial resources available in a sustained manner.

醫管局在 2021-22 年度的總營運開支達 878 億元，較 2020-21 年度（847 億元）上升 3.7%，當中包括主要由政府指定撥款資助以應對 2019 冠狀病毒病的 43 億元的支出。鑑於員工流失率持續攀升，加劇了人手短缺的問題，而第五波疫情亦減慢了本局年內之恆常營運支出，醫管局在本年度繼續錄得餘款。在此情況下，政府同意醫管局將部分餘款撥作指定撥款，以應付未來預期的需要，包括在政府就應對 2019 冠狀病毒病的指定撥款用罄後將此款項用於持續對抗疫情。因此，醫管局在本年度錄得 5 億元餘款，並已撥入醫管局的收入儲備。截至 2022 年 3 月 31 日，儲備總額增至 78 億元，相當於醫管局約一個月的流動現金需求。累積的儲備能確保醫管局保持財政穩定，並應付未來預期會增加的財務需要。

政府全力支持公營醫療服務，醫管局會繼續加倍審慎運用資源，確保財政資源用得其所。



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

As one of the districts with highest projected growth in the elderly population across Hong Kong, HKEC has been enhancing service capacity and quality to address the surging demand for healthcare services. That included adding an Intensive Care Unit bed in PYNEH, as well as providing additional Cardiac Care Unit beds in Ruttonjee Hospital (RH). In order to avoid unnecessary hospitalisation, HKEC strengthened its ambulatory services through commencing ambulatory chemotherapy service at home for patients at PYNEH, providing integrated ambulatory service for rehabilitation and palliative care at Tang Shiu Kin Hospital, and re-organising TWEH's ophthalmic services with focus on the provision of ambulatory care. Furthermore, a cluster-based infectious disease network was established for enhancing service coordination.



Despite the daunting challenges brought by the fifth wave of COVID-19, HKEC staff remained vigilant and responded swiftly. A range of measures were immediately adopted, which included converting RH into a designated hospital, as well as setting up designated floors at PYNEH and TWEH for COVID-19 patients within a short period of time. Meanwhile, HKEC flexibly deployed manpower and resources to cope with the surge of COVID-19 patients, while taking stringent measures to reduce the risk of nosocomial infection.

Staff of HKEC were widely recognised for their outstanding performance in the past year with the 2021 HA Outstanding Staff Award and Young Achiever Award, while the COVID-19 Patient Management and Support Team of PYNEH, Minimal Access Surgery Training Centre of PYNEH, as well as the team of the Implementation of Drug Refill Services in HA formed by HKEC, HAHO and three other clusters received the Outstanding Team Award.

HKEC reached several significant milestones in the year. After five years of preparation and effort, PYNEH was successfully accredited as a Baby-Friendly Hospital in November 2021. Meanwhile, HKEC and CCH celebrated their 20th and 60th anniversary respectively through a series of engagement activities to strengthen connections with staff, patients and community partners.

In pursuing the blueprint set out in the HKEC Clinical Services Plan, HKEC has strived to provide safe, efficient and quality services to patients, riding on the momentum of innovatively embracing new technology, training and service models. With the concerted and commendable effort of staff members, HKEC will proudly march into a new era of the healthcare.

作為本港長者人口預計增長最多的地區之一，港島東聯網竭力提升服務能力及質素，以應對區內持續增加的醫療服務需求，包括在東區醫院增設深切治療病床，並在律敦治醫院增設心臟加護病床。日間服務方面，東區醫院提供在家日間治療服務；鄧肇堅醫院提供綜合日間康復及舒緩治療服務；東華東院則重整眼科服務，專注為病人提供日間醫療護理，務求減少病人不必要的住院。聯網又設立以聯網為基礎的傳染病服務網絡，藉此加強協調能力。

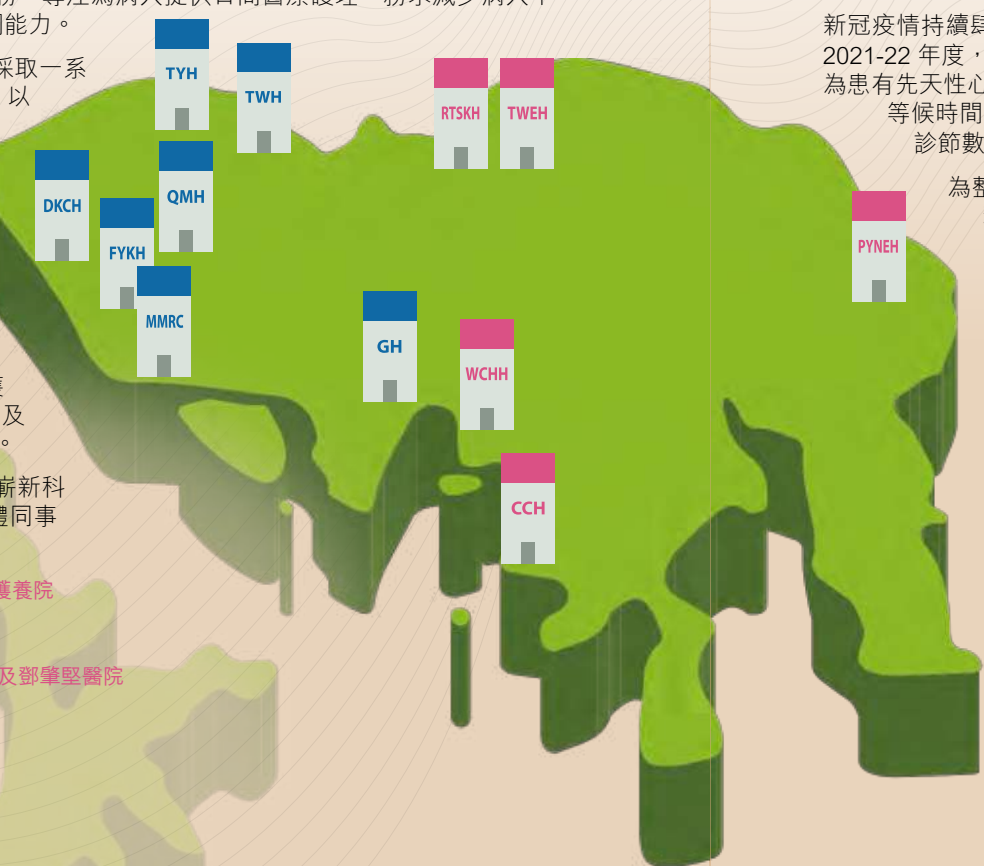
縱然第五波疫情為聯網帶來嚴峻考驗，但全體同事依然保持警覺，迅速採取一系列措施應對疫情，包括於短時間內將律敦治醫院轉為新冠定點救治醫院，以及於東區醫院及東華東院的指定樓層集中接收新冠病人。同時，聯網靈活調配人手及資源處理大量確診個案，並採取嚴謹措施減低醫院感染風險。

同事過去一年所付出的努力備受肯定，其卓越表現分別獲頒 2021 年度醫院管理局傑出員工及優秀青年獎項，而傑出團隊獎則由東區醫院的新冠肺炎病人治理醫療團隊、微创外科訓練中心，以及由港島東聯網聯同另外三個聯網與醫管局總辦事處組成的 E-fill 覆配易團隊獲得。

年內聯網寫下多個重要里程碑。東區醫院經過五年努力，於 2021 年 11 月獲得「愛嬰醫院」認證。港島東聯網及春鳴角慈氏護養院亦分別踏入 20 及 60 周年誌慶，透過一系列活動，增強與員工、病人及社區合作夥伴的聯繫。

聯網按照「臨床服務計劃」訂下的發展藍圖，繼續發揮創新精神，採納嶄新科技、培訓及服務模式，致力為病人提供安全、高效、優質的服務。在全體同事的努力下，港島東聯網將邁進醫療服務的新紀元。

- CCH** – Cheshire Home, Chung Hom Kok 春鳴角慈氏護養院
- PYNEH** – Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院 (東區醫院)
- RTSKH** – Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院
- SJH** – St. John Hospital 長洲醫院
- TWEH** – Tung Wah Eastern Hospital 東華東院
- WCHH** – Wong Chuk Hang Hospital 黃竹坑醫院



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

The COVID-19 continued to rage in the territory and posed numerous challenges to the healthcare system on top of the ever-escalating service demand. In response to the situation, HKWC continued its endeavour to provide diversified medical services. In 2021-22, many of the annual plan programme targets were achieved. For example, High Dependency Units beds were reopened in the Intensive Care Unit in QMH. Additional non-invasive and invasive cardiac procedures were provided to enhance transition care for adolescent patients for Adult Congenital Heart Disease services. Further, additional resources were provided to shorten the waiting time of Orthopaedics and Urogynaecology specialist outpatient (SOP) services. The dermatology service at QMH was also expanded to provide cluster-based inpatient consultation service to all HKWC hospitals with the provision of increased inpatient tele-consultation services, while additional SOP attendances were provided at the same time.

In order to offer comprehensive patient care through better service integration and coordination among different specialties, a cluster-based infectious disease network and a satellite Diabetes and Endocrine team were set up in HKWC. Besides, a multidisciplinary systematic rehabilitation programme was established for cardiac patients and breast cancer patients to enhance the efficiency for quality treatment.

HKWC also introduced a number of advanced technologies to enhance patient care. QMH medical team had pioneered Chimeric Antigen Receptor - T Cell Therapy for patients with relapsed or refractory leukemia or lymphoma who would otherwise succumb to the deadly disease. There was also an innovative pilot programme involving the use of Stereo Electroencephalography for Functional (Epilepsy) Neurosurgical services that facilitates pre-operative assessment. Other clinical teams including those from Orthopaedics, Head and Neck, Plastic surgery and Cardiovascular have adopted the use of medical grade 3D printing to optimise surgical planning.

The COVID-19 epidemic brought unprecedented service surge and challenges to hospital administration. Colleagues stayed on guard and responded swiftly to expand the capacity of isolation facilities in the cluster, where FYKH was converted into a designated hospital in March 2022 to provide around 260 beds for COVID-19 patients. In support of the Government's anti-epidemic measures, HKWC also took the lead in the establishment of the Community Vaccination Centre at Sun Yat Sen Memorial Park Sports Centre and kept running it till the end of 2021.



新冠疫情影响肆虐，已為本港醫療系統帶來不少挑戰；加上日益增加的服務需求，港島西聯網竭力提供多元化醫療服務。在 2021-22 年度，多項周年計劃項目均達標，包括於瑪麗醫院深切治療部重開加護病床；以及增加非介入性及介入性的心臟手術，為患有先天性心臟病的青少年患者加強過渡至成人心臟科的護理服務。聯網亦額外增加資源，縮短骨科及泌尿婦科專科門診的等候時間。瑪麗醫院皮膚科亦擴展住院診症服務至聯網內所有醫院，增加住院視像診症的服務量；同時，相關的專科門診節數亦有增加。

為整合及加強協調不同專科服務，讓病人得到更全面的護理，港島西聯網成立以聯網為基礎的傳染病服務網絡和糖尿病及內分泌項目小組；又為心臟病患者及乳癌病人設立跨專業康復計劃，提升服務效率，改善整體護理質素。

聯網又引入多項先進技術加強病人治理，其中瑪麗醫院內科團隊率先發展嵌合抗原受體 T 細胞治療，為血癌或淋巴瘤復發或治療無效的病人提供治療。聯網亦試行提供立體定位腦電圖，為癲癇症病人進行更全面的手術前評估。至於骨科、頭頸及整形修復外科、心血管科等醫療團隊，亦相繼採用醫療級別 3D 打印技術，改善手術規劃。

新冠疫情影响除了令臨床服務需求急增外，亦為醫院行政帶來考驗，但聯網同事未有鬆懈，更在短時間內大幅增加隔離設施，其中，東華三院馮堯敬醫院自 2022 年 3 月起轉為新冠定點救治醫院，將全院約 260 張病床集中接收新冠病人。聯網亦積極支持政府防疫措施，率先籌備和負責營運位於中山紀念公園體育館內的社區疫苗接種中心至 2021 年底。

- 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 大口環瓊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)

It is projected that the population in the catchment area of NTWC will increase from 1.15 million in 2019 to 1.30 million in 2028, with a significant increase of 58% in the elderly population particularly. To cope with the challenges of ageing population and soaring service demand, NTWC has been spending ceaseless efforts in implementing the key clinical strategies and service directions as set out in the Clinical Services Plan for NTWC. Given the increasing need in acute services, extended care and community care services were enhanced to offer quality and sufficient rehabilitation service. Apart from that, maintaining service quality was accorded priority at NTWC and thus more resources were dedicated for manpower management and training.



With an aim to meet the immense demand of inpatient services in the district, NTWC continued to open hospital beds. TSWH opened extended care beds and day beds; TMH opened High Dependency Unit (HDU) beds, Intensive Care Unit beds and acute inpatient beds; while POH opened HDU beds and Cardiac Care Unit beds. To strengthen psychiatry inpatient services, designated beds for child and adolescent were provided at CPH. Moreover, additional general outpatient clinic quotas, operating theatre sessions as well as endoscopic procedures sessions were arranged to uplift the service capacity. To meet the service demand, over 3 000 additional nurse clinic attendances were offered.

TMH has become the sixth Baby-Friendly Hospital among Hong Kong public hospitals in December 2021. With the concerted inter-departmental efforts, the breastfeeding rates were increased to over 80%. The extension of TMH Operating Theatre Block has approached the final stage and will be opened by phases as scheduled, thereby bolstering the service capacity in the cluster.

In view of the severity of the fifth wave of the epidemic, TSWH was converted into a designated hospital in February 2022, utilising 300 beds to receive COVID-19 patients. This measure aimed to centralise the manpower and resources to treat the confirmed patients. NTWC will continue to disseminate the most up-to-date epidemic information to the community through various channels, with a view to protecting the health of patients and every single citizen.

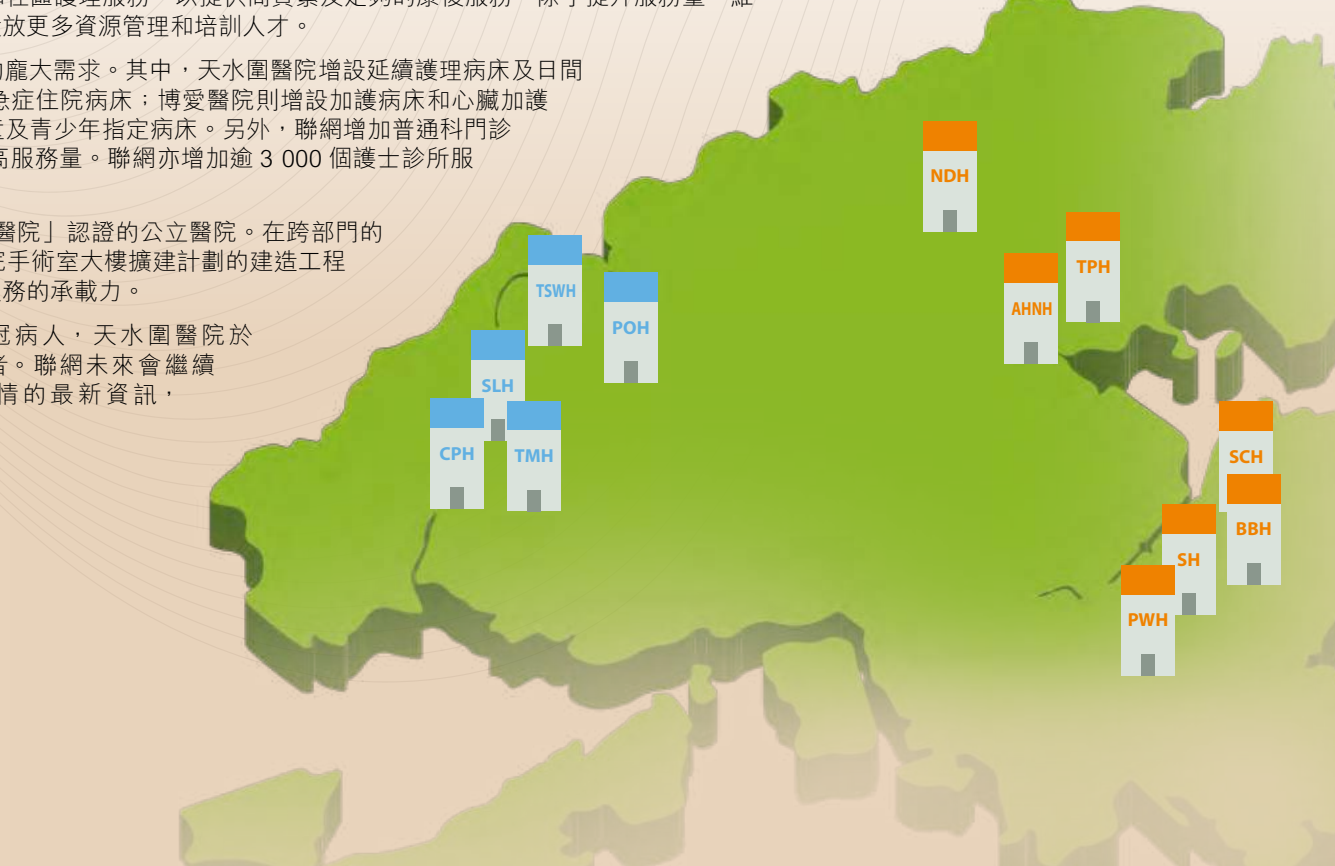
根據推算，新界西聯網的服務地區人口將由 2019 年的 115 萬上升至 2028 年的 130 萬，當中長者人口增長率達 58%。面對人口老化及醫療服務需求增加等挑戰，新界西聯網致力按照《新界西聯網臨床服務計劃》推動各主要臨床策略和服務方向。因應急症服務需求增加，聯網加強延續護理和社區護理服務，以提供高質素及足夠的康復服務。除了提升服務量，維持服務質素亦是重點工作之一，因此，聯網積極投放更多資源管理和培訓人才。

聯網繼續增加病床，以應對區內居民對住院服務的龐大需求。其中，天水圍醫院增設延續護理病床及日間病床；屯門醫院增加加護病床、深切治療病床及急症住院病床；博愛醫院則增設加護病床和心臟加護病床。為加強精神科住院服務，青山醫院設置兒童及青少年指定病床。另外，聯網增加普通科門診診症名額、手術室節數及內窺鏡服務節數，以提高服務量。聯網亦增加逾 3 000 個護士診所服務名額以應付需求。

屯門醫院於 2021 年 12 月成為第六間獲得「愛嬰醫院」認證的公立醫院。在跨部門的合作下，醫院的母乳餵哺率增至八成多。屯門醫院手術室大樓擴建計劃的建造工程已大致完成，將按計劃分階段啟用，以提高聯網服務的承載力。

第五波疫情嚴峻，為集中人手及資源救治新冠病人，天水圍醫院於 2022 年 2 月將全院 300 張病床改作接收確診患者。聯網未來會繼續透過不同途徑，適時為社區人士提供關於疫情的最新資訊，致力保障病人及社區居民健康。

- CPH** – Castle Peak Hospital 青山醫院
- POH** – Pok Oi Hospital 博愛醫院
- SLH** – Siu Lam Hospital 小樓醫院
- 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)

In response to the ever-increasing service demand arising from a growing and rapidly ageing population, NTEC put forward various measures to optimise demand management and improve service quality. They included the opening of additional inpatient beds and operating theatre sessions for cardiothoracic and endocrine surgeries, increase in endoscopy sessions, as well as expansion of outpatient service attendances and other ancillary services.

To further develop ambulatory care, NTEC launched ambulatory care model in the Accident and Emergency (A&E) Departments of PWH and NDH with the aim of managing patients in stable conditions in ambulatory and community settings. A Medical Ambulatory Care Centre was also set up in AHNH with the provision of day beds. In addition, Enhanced Recovery After Surgery Programme was implemented for thoracic, urology and orthopaedic patients to facilitate their rehabilitation in the community after surgery, thereby reducing reliance on inpatient service. Moreover, NTEC established a cluster-based infectious disease network and hired an additional Consultant and an additional Medical Technologist to beef up service coverage and improve coordination and management in infection control.

Facing the challenge of the prolonged COVID-19 epidemic, NTEC actively supported the vaccination programme by setting up a Community Vaccination Centre at Lung Sum Avenue Sports Centre and a Children Community Vaccination Centre at Yuen Chau Kok Sports Centre as well as providing vaccination service at three general outpatient clinics. To strengthen the protection for vulnerable patients, vaccination service was provided to targeted patients by the community outreach teams and to inpatients at all the cluster hospitals. Further efforts were also made to open a vaccine allergy assessment clinic to offer vaccination advice.

At the peak of the fifth wave, A&E Departments in the cluster hospitals faced enormous pressure with the upsurge in COVID-19 cases. Medical and Paediatric Departments and allied health service promptly pooled manpower to provide timely support. To augment hospital capacity, the facility management team converted general wards into isolation facilities within days while AHNH swiftly took up the role of a designated hospital. In addition, stable cases were diverted to community isolation facilities with support from NEATS under a Stratification of Care Strategy. Three Designated Clinics were activated to take care of patients with mild symptoms. Community outreach teams not only visited Residential Care Homes for the Elderly and Residential Care Homes for Persons with Disabilities but also provided them with round-the-clock telecare support.



面對區內人口持續增長和急速老齡化，醫療服務需求日增，聯網採取多項措施優化需求管理和改善服務質素，包括增設住院病床、增加心胸外科及內分泌科手術節數、提供更多內窺鏡服務節數，以及增加門診診症名額及其他輔助服務。

同時，聯網進一步發展日間醫療服務，包括於威爾斯親王醫院及北區醫院急症室推展日間護理模式，為病情較穩定的病人提供社區支援和非住院服務，並於雅麗氏何妙齡那打素醫院設立內科日間中心，提供日間病床。聯網亦為胸肺科、泌尿科及骨科病人安排「促進術後康復計劃」，協助病人在社區康復，藉此減低住院需求。此外，聯網建立以聯網為基礎的傳染病服務網絡，並增聘了顧問醫生及醫學化驗師，以加強服務覆蓋範圍，和提升聯網的感染控制管理和協調能力。

面對持續的新冠疫情影响，聯網積極配合疫苗接種計劃，包括設立龍琛路體育館社區疫苗接種中心和圓洲角體育館兒童社區疫苗接種中心，並在三間普通科門診診所提供疫苗接種服務；為加強對體弱病人的保護，聯網安排社區外展隊上門為指定病人接種疫苗，並於聯網醫院為住院病人接種疫苗。此外，聯網亦開設「疫苗過敏安全評估服務」，向病人提供接種建議。

第五波疫情高峰期間，聯網各急症室接收大量新冠病人，面對龐大壓力。內科、兒科及專職醫療團隊即時調配人手為急症室提供支援。為提升住院容量，醫院設施管理部門迅速將普通病房轉為隔離病房，雅麗氏何妙齡那打素醫院亦同時轉為新冠定點救治醫院。此外，為配合分層分流治療策略，非緊急救護連送服務車隊將病情穩定的確診個案由聯網轉送到社區治療設施；聯網亦啟動了三間指定診所，將醫療狀況輕微的確診病人。聯網社區外展隊除了探訪安老院舍及殘疾人士院舍，亦為院舍提供 24 小時遙距支援。

- AHNH** – Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院
- BBH** – Bradbury Hospice 白管理寧養中心
- 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

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

The COVID-19 epidemic continued and brought escalating demand to the isolation facilities at the height of the fifth wave. KWC thus defined the roles for its different isolation facilities and adopted a Stratification of Care Strategy for treatment and isolation, in order to offer appropriate care for COVID-19 patients. With more than 800 isolation beds, the North Lantau Hospital Hong Kong Infection Control Centre admitted patients in mild to moderate clinical conditions. The HA Infectious Disease Centre at PMH mainly received patients in severe condition and paediatric patients and formulated treatment plans, while Lai King Building at PMH provided end-of-life care to patients. KWC responded swiftly to the latest epidemic development. NLTH was converted into a designated hospital in March 2022, utilising about 160 beds to receive COVID-19 patients. The clinical teams were restructured, manpower and resources were concentrated to cope with the surge of patients. Besides, KWC set up five Designated Clinics for COVID-19 confirmed cases to enhance support for patients in the community.

While coping with the COVID-19 epidemic, KWC also assisted the Government in promoting COVID-19 Vaccination Programme. In the early stage of the programme, KWC worked with different Government departments to set up Community Vaccination Centre within a short period of time and deployed manpower to support the operation of the Centre. Vaccination depots were also set up in hospitals to facilitate staff and patients receiving vaccination.

Apart from keeping up efforts against the epidemic, KWC has committed to developing a sustainable patient care service model with the application of smart elements in different clinical services, so as to provide modern care and enhance patient experience. At the same time, more spaces have been created to cope with the growing demand for services with the support of the Government's Minor Works Projects Funds. That included, for example, the relocation and renovation of the Cardiology ward and Intensive Care Unit at PMH, as well as the establishment of the Cardiac Intervention Centre at YCH to better support the 24-hour Percutaneous Coronary Intervention services in the cluster.

Meanwhile, various capital projects in the cluster are progressing, including the Phase 2 of redevelopment of KCH, and the site formation and foundation works for the Phase 2 of expansion of Lai King Building at PMH. More spaces will be available to accommodate service expansion upon completion of the projects.



2019 冠狀病毒病疫情持續，在第五波疫情肆虐期間，隔離設施需求急增，九龍西聯網遂為各項隔離設施定位，並採取分層分流的治療及隔離策略，為病人提供適切照顧。其中，北大嶼山醫院香港感染控制中心提供 800 多張隔離病床，接收臨床情況屬輕度至中度的確診病人；位於瑪嘉烈醫院的醫管局傳染病中心主力接收重症及兒科確診病人，並制訂治療方案；至於瑪嘉烈醫院荔景大樓則主要為確診病人提供晚期照顧。隨著疫情發展，聯網亦採取應變措施，於 2022 年 3 月將北大嶼山醫院轉為新冠定點救治醫院，院內約 160 張病床集中接收確診病人，並重組臨床服務團隊，以集中人手及資源應對疫情。聯網亦先後啟動五間 2019 冠狀病毒病確診個案指定診所，以加強支援社區的確診病人。

聯網在積極對抗疫情的同時，亦配合政府推動疫苗接種計劃，於計劃初期與不同政府部門合作，在短時間內籌辦社區疫苗接種中心，並調配人手支援中心運作。聯網各醫院亦設立疫苗接種站，方便醫護人員及病人接種疫苗。

除了應對疫情，聯網致力發展可持續的病人護理服務模式，將智慧元素應用於不同的臨床服務，推行現代化護理，提升病人體驗。同時，聯網利用特區政府的小型工程基金，創造更多空間以應對區內不斷增長的服務需求，例如瑪嘉烈醫院調遷及翻新心臟病房及深切治療病房，以及於仁濟醫院興建心臟介入治療中心，以更有效支援聯網的 24 小時冠狀動脈介入治療服務。

與此同時，聯網各項基建工程繼續推進，包括葵涌醫院重建計劃第二期，以及瑪嘉烈醫院荔景大樓擴建計劃第二階段的工地平整及地基工程，工程完成後將增加空間提升服務承載力。

- 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
- HKHEH – 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

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

KCC has strived to expand its service capacity to cope with the growing service demand and ageing population. Service capacity of Accident and Emergency (A&E) Department at QEH was enhanced, and additional focused geriatric assessments were provided for patients attending A&E to enhance geriatric support and alleviate admission block. Service capacity in QEH was also strengthened by optimising day surgery, medical day and endoscopy services. Integrated diabetes mellitus services were reinforced in Wong Tai Sin District to benefit more patients.

For cancer services, cluster integrated oncology service and musculoskeletal tumour service were scaled up. Tumour Treating Field therapy was introduced for neurosurgery patients. KCC laboratory services were also enhanced for lung cancer, myeloid blood cancer and haematology services, while radiotherapy, medical physicist and nuclear medicine services were also improved to provide multidisciplinary care to oncology patients.

KH commenced child and adolescent psychiatric day service with increased capacity for day hospital, specialist outpatient and allied health services. A new Neuro Day Rehabilitation Centre for stroke patients was also established in KH. In addition, HKCH continued to expand its services by increasing the number of operating theatre sessions, pathology and imaging service and developing genetic and genomic services. Besides, specialist outpatient services were enhanced in KCC to address waiting time issues. Psychogeriatric outreach service to Residential Care Homes for the Elderly of the cluster was enhanced at the same time. Smart initiatives and medical grade 3D printing were developed to improve patient safety, clinical efficiency and effectiveness.

Capital projects of KCC including the KWH Phase one and the new acute hospital at the Kai Tak Development Area are actively underway. Upon completion of these projects, additional space for expanded services and upgraded facilities will be in place to cater for the needs of the community in the long run. With support from other hospitals in KCC, the decanting process of OLMH in preparation for its redevelopment has been completed.

At the height of the fifth wave of the COVID-19 epidemic, KCC faced exponential growth of COVID-19 cases and severe access block at the A&Es of hospitals. QEH was then converted into a designated hospital for COVID-19 patients in March 2022 by converting over 1 000 general beds into extra isolation facilities. The KCC Command Centre was activated to oversee the conversion process. Apart from that, a large number of beds in all other KCC hospitals were also converted into medical surveillance beds to take care of COVID-19 patients. KCC colleagues have demonstrated concerted effort and strong commitment against the epidemic during the fifth wave.

九龍中聯網致力提升服務量，以應對服務需求日增和人口老化的挑戰，包括在伊院急症室增加服務量，並額外提供老人科重點評估服務人次，加強對急症室長者病人的老人科支援服務，以舒緩病人因等候入院而滯留急症室的情況。同時，伊院加強了日間手術、內科日間和內窺鏡服務；聯網亦提升了對黃大仙區病人的綜合糖尿病服務，惠及更多病人。

在癌症服務方面，聯網加強了綜合腫瘤服務和肌肉骨骼腫瘤服務，又為神經外科病人引入腫瘤電場治療。聯網亦為肺癌、骨髓性血癌及血液學服務加強實驗室服務，並改善了放射治療、醫學物理及核子醫學服務，為病人提供跨專業護理。

九龍醫院開設兒童及青少年精神科日間服務，並增加日間醫院、專科門診和專職醫療服務；又為中風病人設立腦神經日間康復中心。香港兒童醫院則繼續擴展服務，增加手術室節數，加強病理及造影服務，並發展遺傳及基因組醫學服務。此外，聯網加強了專科門診服務，以縮短等候時間；同時加強安老院舍的老人精神科外展服務。聯網亦藉著研發多項智能措施和醫療級別 3D 打印技術，提升病人安全、治療效率和成果。

廣華醫院第一期及啟德發展區新急症醫院工程現正如火如荼地進行，工程完成後將可提供更多空間擴展服務及提升設施，以應付社區長遠的需要。在聯網其他醫院的支援下，聖母醫院重建項目的調遷工作亦已順利完成。

在第五波新冠疫情高峰期間，聯網面對幾何級飆升的個案，大量病人滯留急症室等候入院。伊院於 2022 年 3 月轉作新冠定點救治醫院，逾 1 000 張普通科病床轉為額外的隔離設施，並啟動九龍中聯網指揮中心密切監察調動過程；另聯網內其他醫院亦將大量病床轉作內科監察病床，用以照顧新冠病人。九龍中聯網同事在第五波疫情中眾志成城，合力展現出對抗疫情的承擔。



- 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 East Cluster (KEC) 九龍東醫院聯網（九龍東聯網）

The COVID-19 epidemic has encroached on our daily life for over two years. Amid the relatively easing local situation in 2021, KEC gradually resumed its services to normal. However, when the highly transmissible Omicron variant landed Hong Kong in late 2021, the epidemic situation deteriorated rapidly and peaked in March 2022. To cope with the unprecedented demand surge, HHH was converted into one of the designated hospitals to receive COVID-19 patients centrally. With the staunch support from both the Government and Hospital Authority, staff members of KEC implemented timely anti-epidemic measures and weathered the storm with full dedication to protect the health of our patients.

While facing the daunting challenges of COVID-19, KEC continued to improve service capacity and quality on various fronts. Extra inpatient beds, operating theatre sessions, as well as endoscopic sessions were added in KEC. To leap forward for developing the flagship oncology services of KEC, the breast cancer service with one-stop multidisciplinary support was extended to TKOH, and cluster chemotherapy services were further bolstered. Besides, to enhance ambulatory care, KEC expanded the capacity of both day beds and outpatient services as well as the outreach services for terminally ill patients in Residential Care Homes for the Elderly. While in HHH, the additional extended care beds not only buttressed the rehabilitation services, but also helped streamlining the patient journey and alleviating pressure on inpatient capacity in acute hospitals.

KEC has been pursuing smart hospital development with the adoption of innovative technologies to achieve sustainable healthcare and effective operation management. This year, remarkable achievements included the establishment of robotic surgery suite in KEC to enable greater precision in surgical procedures and better clinical outcome. In addition, UCH became the first pilot hospital in HA to automate specimen transportation, in which blood specimen were delivered from Accident and Emergency Department to Pathology Department in a speedy and labour-free pipeline system.

While the first ward of the new Trinity Block of HHH was opened in January 2022, the construction of the new buildings in UCH is in full swing. KEC is looking forward to a new chapter of the development of healthcare services upon the accomplishment of these two major hospital expansion projects.

2019 冠狀病毒病疫情已持續超過兩年，在 2021 年本地疫情稍為緩和時，九龍東聯網的服務逐步回復正常；然而傳染力極強的 Omicron 變異病毒株自 2021 年底洶湧而至，本港疫情轉趨嚴重，及至 2022 年 3 月達至高峰。為應對前所未有的龐大服務需求，靈實醫院成為其中一所新冠定點救治醫院，集中接收新冠病人。在政府和醫管局的全力支持下，九龍東聯網同事們不畏艱辛，實施各項應變計劃，竭力守護病人健康。

面對疫情挑戰的同時，聯網繼續在多方面提升服務量和服務質素，包括加開額外的住院病床、手術室及內窺鏡節數。此外，九龍東聯網為乳癌病人提供一站式跨專業團隊支援，並將服務擴展至將軍澳醫院；同時加強聯網的化療服務，進一步發展腫瘤科成為聯網的重點服務。在日間醫療服務方面，聯網擴大了日間病床和門診服務量，並讓更多居於安老院舍的末期病人接受外展服務。靈實醫院則增設延緩護理病床，不單加強聯網的復康服務，同時理順病人診治及康復過程，並舒緩急症醫院住院需求的壓力。

九龍東聯網繼續朝著發展智慧醫院的道路前行，結合創新科技以實踐可持續的醫療服務及促進管理成效。聯網於本年度增設機械手術室，以提升手術的精準度及病人治療成效。此外，聯合醫院成為首間醫院試行智能化自動運送系統，將急症室的病人血液樣本透過系統管道送往病理化驗室，既能提升血液樣本運輸效率又能減省人手。

靈實醫院新大樓「信望愛樓」的首個病房已於 2022 年 1 月正式啟用，同時聯合醫院擴建大樓的工程已全力動工，展望兩項擴建工程完成後將為九龍東聯網的醫療服務發展揭開新一頁。



- 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）

	HKEC 港島東聯網	HKWC 港島西聯網	KCC 九龍中聯網	KEC 九龍東聯網	KWC 九龍西聯網	NTEC 新界東聯網	NTWC 新界西聯網
Throughput 服務量							
Patient discharges* 出院病人數目*	176 774	207 818	344 011	193 169	297 803	301 493	236 002
Total A&E attendances 急症室 就診總人次	172 464	107 820	267 616	244 186	409 666	306 008	332 269
Total specialist outpatient (clinical) attendances 專科門診 (臨床) 就診總人次	848 040	893 426	1 476 389	900 108	1 400 673	1 333 028	1 113 169
General outpatient attendances 普通科門診 就診人次	550 797	367 366	1 057 321	873 688	1 026 052	977 308	909 750
Number of hospital beds 醫院病床數目	3 307	3 076	6 005	2 922	4 953	5 144	4 762
Number of general outpatient clinics 普通科門診 診所數目	12	6	13	8	16	10	8
Full-time equivalent staff 等同全職人員數目	9 216	8 554	18 461	9 908	14 226	14 044	12 523

* 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

CHAPTER 7 // 第七章

Environmental, Social and Governance Report

環境、社會
及管治報告



Good corporate governance, anti-corruption, compliance with regulations and risk management form the bedrock of a sustainable business and underlie long-term success of the Hospital Authority (HA). In this respect, HA strives to embed good corporate governance practices in its day-to-day operations, and in pursuing its vision and practising its values to provide quality, professional and reliable public healthcare services to the people of Hong Kong. HA also has the vision and determination to stand shoulder to shoulder with our fellow citizens in achieving a better future through integrating social responsible practices into our daily operations, striving to bring long-term and positive impact on the sustainable development of the environment and the wider community. Our people is the key factor in the delivery of our services. On-going effort is made to enhance the health, the safety and the welfare of our staff at work. Our work in the aspects of Environmental, Social and Governance (ESG) in the year of 2021-22 are highlighted below.

醫院管理局（醫管局）得以持續發展，並達致長遠成功，實有賴良好的機構管治、落實反貪防腐、守法循規及推行妥善的風險管理。因此，醫管局於各項日常運作中建立良好機構管治守則，並根據所訂立的機構願景及核心價值，致力為香港市民提供優質、專業、可靠的公營醫療服務。醫管局亦本著與社會同行望遠的心，在日常運作中實踐社會責任，竭力為環境和社區的可持續發展帶來長遠及正面的影響。醫管局員工在推行各項服務及運作中擔當關鍵角色，因此同事的健康、安全和福祉至為重要，我們著力在這方面不斷提升。這一章節將展示醫管局在 2021-22 年度於環境、社會和管治方面的工作。





Environmental 環境

HA has made sustained and proactive efforts in implementing various environmental initiatives in line with its Environmental Policy Statement to enhance energy efficiency, promote good housekeeping measures, as well as conserve resources. In support of the Government's "Hong Kong's Climate Action Plan 2050", Carbon Neutrality has been incorporated as the target into the "Energy Management" principle of HA's Environmental Policy Statement in the year and respective roadmap has been formulated, targeting to reduce 30% to 40% electricity consumption by 2050. Below are the key environmental initiatives implemented and performance achieved by HA in 2021-22.

醫管局一直根據《環保政策宣言》積極推行各項環保措施，以提高能源效益，並落實良好的內部管理措施以及善用資源。為響應特區政府的《香港氣候行動藍圖 2050》，醫管局於年內把邁向碳中和的目標納入其《環保政策宣言》內的「管理能源應用」原則，並制定了相應路線圖，目標在 2050 年或之前減少三至四成用電量。以下是醫管局在 2021-22 年度推行的主要環保措施和表現。



Energy saving 節約能源



- HA has been replacing aged air-conditioning chillers since 2018, of which 52 chillers have been replaced as of March 2022, accumulated saving of electricity consumption per annum was in the region of:

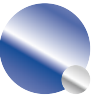
醫管局自 2018 年起為轄下醫院及大樓更換舊式空調冷水機組，截至 2022 年 3 月已完成 52 台冷水機組的更換工程，累計每年可節省用電量：

24 000 000
kilowatt - hours (kWh) 千瓦時

=



About 約 **87 272**
typical three-member household's
average monthly electricity consumption
三人家庭單月平均用電量



- **Commencing a new Retro-Commissioning (RCx) Energy Saving studies** in 10 hospitals / buildings. Six of the studies have been completed in the year with actual implementation already commenced. By March 2022, the RCx works completed so far have provided accumulated saving of electricity consumption per annum around:

在 10 間醫院 / 大樓開展「重新校驗」計劃，其中六個研究已在年內完成，並已開展相關工程。截至 2022 年 3 月，已完成的「重新校驗」工程累計每年節省用電量約：

980 000
kilowatt - hours (kWh) 千瓦時

=



About 約 **3 563**
typical three-member household's average
monthly electricity consumption
三人家庭單月平均用電量

- 10 projects of **intelligent LED luminaires** have gradually been commenced, saving not only energy but also replacement and maintenance cost

已陸續開展了 10 個安裝**智能 LED 燈具**項目，以節省能源、更換及維修成本



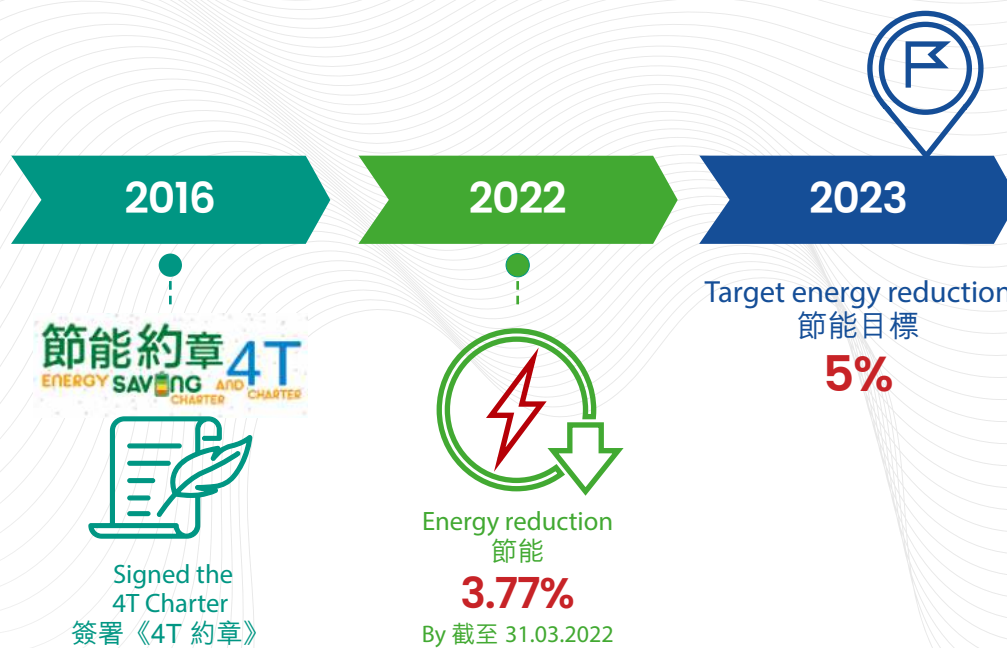
- **Initiating a series of environmentally friendly measures to the vendors of external data centre hosting services** including installation of cold aisle containment, and adoption of motion sensor lighting to save energy

要求數據中心的服務供應商遵守一系列環保措施，包括採用冷通道氣流遏制設備以提升冷卻效能，以及配置自動感應燈以節省能源



- HA signed the Government's 4T Charter in 2016, and set a target of 5% of energy reduction by 2023 (baseline against 2015). With a wide range of energy saving projects in place, HA has already achieved around **3.77%** energy reduction by 31 March 2022

醫管局於 2016 年簽署了政府的《4T 約章》，訂立目標在 2023 年前節能 5%（以 2015 年為基準）。截至 2022 年 3 月 31 日，醫管局透過實施多項節能措施，節省了 **3.77%** 的能源消耗量



- 43 public hospitals and the HA Building joined the Government's Energy Saving Charter 2021 to promote energy efficiency and energy saving

43 間公立醫院及醫管局大樓加入了政府的《2021 年節能約章》，推動能源效益及節約能源

Waste reduction and recycling

減廢及回收

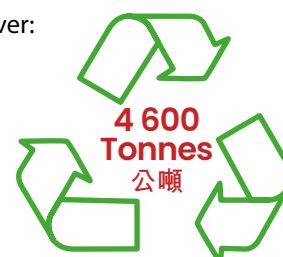


- 28 HA hospitals delivered food waste to Organic Resources Recovery Centre Phase 1 (O · PARK1) for further processing into energy, while the remaining hospitals continued using decomposers to convert food waste into liquid fertilizer

28 間醫院將廚餘運到有機資源回收中心第一期（O · PARK1）轉廢為能；其他醫院則使用廚餘機將廚餘轉化為液體肥料

- Recycling waste papers, plastics, metals, glass and food waste in the year over:

年內回收廢紙、塑膠、金屬、玻璃及廚餘超過：





Going paperless 邁向無紙化



In pursuit of Smart Hospital strategy, HA adopted information technology not only to enhance patients' experience, but also promote paperless practices:

醫管局推行智慧醫院策略，善用智能科技提升病人體驗，同時推動無紙化作業：

Clinical and patient services 臨床及病人服務



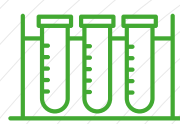
- “Result Screening” mobile app allows doctors to view laboratory and radiology results on mobile devices, improving the review processes. Since its introduction at selected hospitals in March 2020, over 1.7 million of sheets of paper have been saved

「檢驗結果篩查」應用程式讓醫生在流動裝置上查看化驗及放射報告，改善化驗及放射結果的覆檢程序。自 2020 年 3 月起在選定醫院應用，至今已節省逾 170 萬張紙



- “eConsent” mobile app was launched in early 2021, and has saved around 460 000 sheets of paper so far

「病人電子同意書」應用程式自 2021 年初應用，至今已節省約 46 萬張紙



- “GCRS-PLUS” system allows healthcare staff to arrange blood tests and laboratory tests on mobile devices, enhancing the efficiency and accuracy of the processes and has saved over 140 000 sheets of paper so far

「GCRS-PLUS」系統讓醫護人員可以在流動裝置上安排抽血及化驗項目，提升相關流程的效率及準確度，至今已節省逾 14 萬張紙

Administrative operation 行政運作



- A cloud drive service namely “HA Drive” enables staff to securely store and access files

「HA Drive」雲端硬碟方便員工安全地儲存檔案和檢索文件



- Implementation of the electronic signature solution “HA Sign” to enable paperless workflow in procurement, recruitment, payment claims and more, and has saved over 21 000 sheets of paper so far since its pilot period

使用「HA Sign」電子簽署系統，促進採購、招聘及支付等流程無紙化，試行期至今已節省逾 21 000 張紙

Saved about
拯救約
278 trees
棵樹



Saved papers over
節省紙張逾
2 320 000
sheets 張

(1 Tree 棵樹 =
8 333 Papers 張紙)*

* Reference 參考資料：《Data, Statistics, and Useful Numbers for Environmental Sustainability》

Green transportation 環保交通措施



- In response to the initiatives of green transport under the “Hong Kong’s Climate Action Plan 2050”, actions taken by HA included:

為響應《香港氣候行動藍圖 2050》中的綠色交通倡議，醫管局持續：

- **Purchasing vehicles of environmentally friendly emission standards**
購買排放標準較環保的車輛
- **Installation of not less than 30% of indoor parking spaces with electric vehicle charging facilities in new hospitals projects, e.g. the Redevelopment of Kwong Wah Hospital and Expansion of United Christian Hospital**

在新醫院項目中，如廣華醫院重建計劃及基督教聯合醫院擴建計劃等，設置不少於 30% 備有電動車充電基礎設施的室內停車位



Green investment 綠色投資



- In light of the Government’s promotion of the development of green and sustainable finance and the enhancement of Hong Kong’s position as a green and sustainable finance hub in the region, in supporting the Government’s green initiatives, HA has enhanced its investment strategy by **factoring environmental issue in the process of building its investment portfolio, of which investment in a green bond** whereby the proceeds of the bond are for funding projects in the renewable energy and green buildings sectors has been made. HA will continue exploring investment opportunities in green bond issues with a view to delivering both positive environmental impact and investment return.

有鑑於特區政府推動綠色和可持續金融的發展，及提升香港作為區內綠色和可持續金融的樞紐的地位，為支持政府的綠色倡議，醫管局優化投資策略，把環境議題列入揀選投資組合的考慮因素，並已投資綠色債券，而債券所募集的資金將用於可再生能源及綠色建築項目。醫管局會繼續探索綠色債券的投資機會，期望達至正面的環境效益和投資回報。





Achievements and awards 成就及獎項



- A number of HA hospitals and institutions (including HA Head Office) were given the below Green Certificates issued by the Hong Kong Green Organisation Certification, recognising our environmental efforts and performances:

多間醫管局醫院及機構（包括醫管局總辦事處）獲得「香港綠色機構認證」的證書認證，以肯定醫管局在環保方面的努力及表現：



34 units 單位



33 units 單位



Social 社會

HA adopts a “people-first” approach and endeavours to advance its healthcare services to keep up with the needs of various stakeholders. In the past year, a host of initiatives have also been made in response to the development of the COVID-19 epidemic, thereby safeguarding the public’s health and connecting all sectors to combat the disease.

醫管局「以人為先」，時刻力求服務與時並進，照顧不同持份者的需要。過去一年，我們亦因應新冠疫情發展採取了多項舉措，藉此保障大眾健康，並連繫社會各界同心抗疫。



Caring for patients 關懷病人

Reinforcing cyber resilience and data protection 保障網絡及資料安全



- Cyber resilience is an important factor for HA to continue with its sustainable development. In this respect, HA continued to:

良好的網絡防禦能力是醫管局得以持續發展的重要因素。在這方面，我們不斷：



- **Employing security measures** including strengthened internal security controls, advanced security detection and response for information technology infrastructure, revamped security management processes as well as intelligence-led detection **to cope with the ever increasing cyberattacks**

採取不同保安措施，包括加強內部安全控制、為資訊科技基礎設施配置先進保安監測和應對設備，改進安全管理流程，以及加強情報主導的偵測，以應對日益頻密的網絡攻擊



- **Organising training programmes** to heighten staff awareness in cybersecurity and protection of patient privacy

舉辦培訓課程，以提高員工在網絡安全和保護病人私隱方面的意識



Leveraging technologies for better patient experience 善用科技改善病人體驗



- In developing Smart Care, HA strives to empower patients and facilitate patient care within the community through innovative use of telehealth, mobile apps, etc.

我們積極發展智慧醫療，透過創新應用遠程醫療、流動應用程式等，促進病人自強及以社區為本的醫療服務。



- Providing comprehensive information on disease management and caring tips via **HA Smart Patient website** to empower patients and their carers

透過醫管局的「智友站」網頁，為病人及其照顧者提供全面的疾病管理資訊和護理提示，以加強自我照顧



- Various **pilot runs on the protocol-driven allied health tele-care service** have been conducted in disciplines of Clinical Psychology, Dietetics, Speech Therapy and others with phased implementation since September 2021. Also, the **“Patient Rehabilitation Mobile App”** has been further enhanced with additional cognitive training paradigm in task switching and tele-info module for delivery of education materials to support protocol-driven tele-care service

推行專職醫療遙距服務先導計劃，涵蓋臨床心理學、營養服務及言語治療等服務，相關服務亦於 2021 年 9 月逐步落實推行。此外，「病人復康流動應用程式」亦添加了認知訓練程式及遙距健康資訊功能，以提供教學資訊支援專職醫療遙距服務



- The functions of the HA mobile app “HA Go” were continuously enhanced:
不斷提升醫管局流動應用程式「HA Go」的功能：



Adding a new module “MyHealth”, which enables patients to measure and manage their own health figures, receive prescribed health information and view health documents

新增「我的健康」程式，讓病人可記錄和管理自己的健康數據，接收醫護人員發放的健康資訊和查看相關文件



Rolling out the booking function for Designated Clinics for COVID-19 Confirmed Cases (Designated Clinics) to facilitate COVID-19 patients in the community to seek medical consultation in Designated Clinics

提供預約 2019 冠狀病毒病確診個案指定診所（指定診所）功能，方便有需要的社區新冠確診病人預約到指定診所求診



As of March 2022, more than 1.38 million downloads of “HA Go” were recorded with over 1 million accounts registered

截至 2022 年 3 月，「HA Go」已錄得超過 138 萬次下載次數，註冊用戶超過 100 萬個

Financial assistance to needy patients 為有需要的病人提供經濟援助



- To ensure that no one will be denied adequate medical treatment due to lack of means, **financial assistance is provided to needy HA patients via the medical fee waiver mechanism, the Samaritan Fund (SF), and the Community Care Fund Medical Assistance programmes (CCF)**. HA has also continuously strengthened its support to needy patients through enhancing the above safety nets.

為確保市民不會因經濟原因而無法得到適當的醫療照顧，醫管局通過醫療費用減免機制、撒瑪利亞基金、關愛基金醫療援助項目向有需要的病人提供經濟援助，並不斷優化上述安全網以加強支援有需要的病人。



- Since 2017, Old Age Living Allowance (OALA) recipients aged 75 or above with more financial needs have been waived for public hospital / clinic fees and charges. The medical fee waiver mechanism was further enhanced in June 2021 to cover recipients of the "Guangdong Scheme" and "Fujian Scheme". Meanwhile, patients with financial difficulties who could not afford medical expense at the public sector, including OALA recipients aged below 75, can apply for a medical fee waiver at the Medical Social Services Units of public hospitals and clinics or the Integrated Family Service Centres of the Social Welfare Department.



繼於 2017 年豁免 75 歲或以上較有經濟需要的「長者生活津貼」受惠人在公立診所或醫院的醫療費用後，醫管局於 2021 年 6 月將有關豁免安排進一步擴展至「廣東計劃」及「福建計劃」的受惠人士。同時，所有到公立醫院和診所求診的人士，包括 75 歲以下的長者生活津貼受惠人，如因經濟困難未能負擔醫療服務收費，仍可向各公立醫院和診所的醫務社會服務部或社會福利署綜合家庭服務中心申請醫療費用減免。

- In early 2019, the Government and HA enhanced the means test mechanism for the SF and CCF. With the implementation of the new measures and the introduction of new drugs / items under the SF and CCF, the **overall approved applications have increased by over 30%** (comparison between 16 February 2019 to 15 February 2020 and same period in 2018-19). In April 2021, the Government and HA has further refined the concerned mechanism to ease the financial burden of patients especially for those requiring long-term medication.



2019 年初，政府及醫管局優化撒瑪利亞基金及關愛基金醫療援助項目的經濟審查機制。上述措施生效後連同新增資助藥物 / 項目，**整體獲批資助個案增加逾 30%**（2019 年 2 月 16 日至 2020 年 2 月 15 日期間與 2018-19 年度同期的比較）。2021 年 4 月，政府及醫管局進一步改進相關機制，以紓緩病人（特別是需要長期用藥的病人）所面對的財政壓力。



Engagement of patients and patient groups 凝聚病人及病友組織



- HA is committed to engaging all stakeholders in various aspects of policy formulation, service development and implementation, as well as internally on organisational development matters. Understanding the needs and concerns of our stakeholders is pivotal from crafting strategic directions to mapping out implementation plans so as to actualise the vision of the organisation and gain trust from the community. During the year, HA continued to:

醫管局致力廣納不同持份者參與政策制定、服務發展和推行的工作，以及機構內部發展事宜。為實現醫管局的願景並爭取社會各界的信任，在制定機構策略方向及實施計劃時，充分了解各持份者的需要及關注至為重要。為此，醫管局在年內持續：

- **Conducting virtual meetings with patient groups** which were joined by representatives of some 20 groups, to exchange views about various issues including the HA Drug Formulary, the adoption of innovative technologies and the development of smart hospitals

與病友組織舉行線上會議，約 20 多個病友組織的代表出席，就醫管局藥物名冊、應用創新科技與發展智慧醫院等議題交流意見

- **Launching the “Patient Experience Survey on Specialist Outpatient Service 2021”** in August 2021 to collect patients’ feedback on healthcare services

於 2021 年 8 月開展「2021 年專科門診病人經驗調查」，了解病人對服務的意見





Caring for our staff 關心員工

Promoting staff engagement and wellbeing to enhance the sense of belonging among staff, and care and health of staff to enhance their occupational safety are key strategies for HA to pursue with under the portfolio of caring for our staff.

促進員工的參與和福祉以加強他們的歸屬感，以及關注員工健康以提升職業安全，是醫管局在關顧員工範疇的重要策略。

Special support for staff amid the COVID-19 epidemic included the following: 在 2019 冠狀病毒病疫情期間為員工提供的特別支援，包括：



Providing **free masks**, and arranging **regular COVID-19 nucleic acid or rapid antigen testing** to all HA staff

向所有醫管局員工免費提供口罩使用，及安排定期新冠病毒核酸檢測或快速抗原測試



Offering “**caring packs**” (which contained mobile data card, personal hygiene products and snacks etc.) to infected and hospitalised staff

向受感染及住院員工提供「愛心包」（內有手機數據卡、個人衛生用品及零食等）



Encouraging and facilitating staff to get COVID-19 vaccination by setting up **Staff Vaccination Depots** in hospitals and staff clinics, offering **authorised leave for vaccination** to vaccinated eligible staff, and organising promotional activities

在醫院及職員診所設立「**新冠疫苗員工注射站**」；另為已接種疫苗的合資格員工提供「**特許休假**」，及舉辦推廣活動，以鼓勵和便利員工接種疫苗



Offering **Special Allowance for Designated Settings** to eligible staff who are urgently deployed to work in designated settings and **specials subsidy to property cleansing and security workers**

發放「**特定工作津貼**」予緊急調配到指定工作地點執行職務的合資格員工，並向執行前線清潔及保安工作的員工提供特別補助



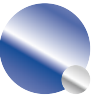
Implementation of **work-from-home arrangement** for suitable non-clinical staff during time of severe outbreaks

在疫情嚴峻期間為合適並從事非臨床工作的員工實施**在家工作安排**



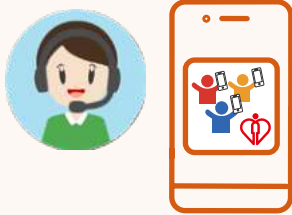
Offering **COVID-19 related psychological services** through the provision of professional and confidential counselling and related support to address the needs of staff

為員工提供**防疫心理服務**，透過專業和保密的諮詢和相關服務支援同事的需要



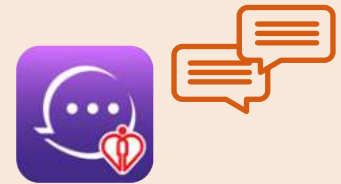
Using digital tools to facilitate staff communications during the epidemic:

善用數碼 / 網上工具及平台，便利員工在疫情期間的溝通：



The Artificial Intelligence tool “HA Chatbot” in the “myHR App” has been further enhanced, allowing staff to arrange and keep records of COVID-19 vaccinations and regular testing results. Infected colleagues or those who are classified as close contacts of confirmed cases could also make reports via the “HA Chatbot”

強化「我的人力資源應用程式」(myHR App) 內的人工智能小助手「HA Chatbot」的功能，方便同事安排和記錄疫苗接種、定期檢測，以至一旦不幸確診或成為密切接觸者而作出申報



The Instant Messaging app “HA Chat” was used to broadcast over 100 issues of COVID-19 Bulletin in the reporting year

利用即時通訊軟件「HA Chat」於年內發布逾百期《防疫快訊》



Staff retention measures 挽留人才



- Introducing new staff retention initiatives including the **Policy of Extending Employment Beyond Retirement**, increasing the number of **Consultants and Nurse Consultants**, and the **creation of a new rank of Associate Nurse Consultant** to enhance the career structure of healthcare staff

推出退休後延任政策、增加顧問醫生、顧問護師數目及新設副顧問護師職級，加強醫護的晉升階梯，以挽留人才



- **Enhancing staff wellbeing** through various initiatives and programmes, including but not limited to setting up the HA Staff Welfare Fund, offering staff a wide range of selected merchandise and services at a preferential price, and implementing the Staff Radiology Programme to allow staff to opt for radiological services at private sector at a lower cost, etc.



為員工提供完善福利，如成立醫管局員工福利基金，以支持員工福利及康樂活動；在醫管局職員合作社以優惠價格為員工提供一系列商品和服務；推行員工造影計劃讓員工以優惠價錢選用由私營服務機構提供的放射檢查服務等



Building a better and safe workplace 建構更安全工作間



- Ensuring the compliance of Occupational Safety and Health (OSH) legislative requirements across HA through **adoption of OSH Management Monitoring System** including the Electronic Risk Assessment System (e.g. Risk Assessment for Manual Handling Operations and Display Screen Equipment), Sharps Injury and Mucosal Exposure Surveillance System and Electronic Chemical Inventory System

透過使用職業安全與健康（職安健）管理監察系統，包括電子化風險評估系統（例如體力處理操作和顯示屏幕設備風險評估）、利器刺傷和黏膜接觸監察系統及電子化化學品管理系統等，確保醫管局遵守職安健法例的規定

- Enhancing ventilation systems at HA workplaces** for optimising staff safety and health

改善工作場所的通風系統，以保障員工的安全和健康

- Implementation of Smoke-free Workplace** and promoting the benefits of tobacco-free lifestyle among staff

實施無煙工作間，並向員工推廣無煙生活方式的好處

你懂得「閱讀空氣」嗎？ Check the Airflow Pattern

空氣的流程：從潔淨區域流向較為不潔的區域
Airflow Pattern: From clean area to less clean area

潔淨區域 Clean Area
PHARMACY 藥劑部

較為不潔的區域 Less Clean Area
室外 Outdoor

藥劑部室壓顯示板 Room Pressure Monitor Panel
區域顯示燈 沒有亮起 表示正常

門框感應器 Door Line
門框感應器 沒有亮起 表示正常

氣壓計 Air Pressure Meter
顯示正常

負壓指示燈 Negative Pressure Indicator
負壓 負壓指示燈 及警鐘

Sharps Injury Prevention Tips 預防刺傷小提示

1 Assess patient's condition
評估並留意病人狀況

2 Prepare well to ensure safe work
e.g. sharps box & safety devices
妥善預備工具及利器盒、安全裝置

3 Use Neutral Zone
善用 Neutral Zone

4 Do not cross hands
不要交叉手工作

5 Dispose sharps into sharps bin at the point of care
完成工作後，應將利器置於利器盒內

6 Keep needle pointing downwards when disposing sharps
棄置時，針頭必須向下

**No Matter who you are
Beware of Sharps
無論你是誰
小心利器保安全**

STAY AWARE OF SHARPS

工欲善其事
必先「警覺」其「利器」！

A Assess the environment & patient condition
評估環境及病人狀況

W Watch out for the sharps being handled
留意所用的利器

A Avoid recapping needle
避免重覆封針

R Remember mutual communication
醫配與護士保持溝通

E Ensure proper sharps disposal
確保利器妥善棄置



Serving the community 服務社區

Reaching out to the community and fight COVID-19 together with citizens 深入社區 共同抗疫



Caring for confirmed patients in the community 照顧社區確診患者



- Activating up to **23 Designated Clinics** by phases to provide appropriate treatment and care to COVID-19 patients in the community
分階段啟動最多 **23 間指定診所**，為社區的確診病人提供適切的治療和護理

- **Nursing team of HA Patient Support Call Centre (PSCC)** proactively contacted confirmed patients, including elderly patients and patients of other high risk groups, to conduct health assessment and provide relevant information and support. Subject to clinical condition of the confirmed cases, PSCC also referred patients to Designated Clinics or Tele-health Hub (tele-consultation) for medical consultation if indicated

「護訊鈴」護士團隊主動接觸確診患者，其中包括長者及高風險病人，為他們進行健康評估，提供相關資訊及支援，並按需要轉介患者到指定診所或遠程醫療支援服務站就醫

- Commencing the **“COVID-19 hotline 1836 115”** from February 2022 to handle enquiries and provide infection control advice for confirmed patients

由 2022 年 2 月起開通熱線 1836 115，解答確診病人的查詢及提供感染控制建議

- Launching the **“Chinese Medicine (CM) Programme for Residential Care Homes for the Elderly (RCHEs)”** to provide tele-consultation, outreach and rehabilitation services to the infected elderly residing in RCHEs

開展「2019 冠狀病毒病 - 安老院舍中醫診療服務」，為院舍確診人士提供遙距診症、外展及復康診療

- Introducing the **“Special CM Outpatient Programme for COVID-19 infected persons”** to provide rehabilitation services to recovered patients who have been discharged or have completed isolation

推出「中醫門診特別診療服務」為已出院或完成隔離的新冠康復患者提供中醫復康治療

- Setting up the **“CM Tele-advice Hotline 1834 511”** in February 2022 to answer CM-related enquiries, such as usage of Chinese medicines

於 2022 年 2 月設立「中醫諮詢熱線 1834 511」，解答市民有關中醫藥相關問題如中藥的使用等



Supporting COVID-19 vaccination 支持疫苗接種



- Providing vaccination services at multiple general outpatient clinics (GOPCs), running seven Community Vaccination Centres and setting up Children Community Vaccination Centres at Hong Kong Children's Hospital and Yuen Chau Kok Sports Centre to facilitate people to get vaccinated

在多間普通科門診診所提供疫苗接種服務，並營運其中七個社區疫苗接種中心，以及於香港兒童醫院和圓洲角體育館設立兒童社區疫苗接種中心，方便市民接種疫苗

- Offering outreach service for COVID-19 vaccination at schools and RCHes 為安老院舍和學校提供外展疫苗接種服務

As of 31 March 2022:
截至 2022 年 3 月 31 日：



PSCC Nursing Team
「護訊鈴」護士團隊
Over 逾
46 500
phone calls 次電話通話

COVID-19 hotline
1836 115 熱線
About 約
60 600
enquiries 查詢

CM Tele-advice Hotline
中醫諮詢熱線
About 約
6 400
enquiries 查詢



Special CM Outpatient Programme
for COVID-19 infected persons
中醫門診特別診療服務
About 約
22 000
attendances 就診人次

Support services for the ethnic minorities (EM) and persons with disabilities 支援少數族裔及殘疾人士



- Using a **dedicated website for EM groups** to provide the essential information including information about the Accident and Emergency and GOPCs service in eight languages
透過少數族裔人士專用網頁，將醫管局主要服務資訊如急症室及普通科門診診所資料等，翻譯成八種語言
- Providing **interpretation service for 17 languages** (Arabic, Bahasa (Indonesian), Bengali, etc.) in public hospitals and clinics
在公立醫院及診所提供 17 種語言（阿拉伯語、印尼語、孟加拉語等）的傳譯服務
- In 2021-22, HA started to provide **sign language interpretation service** in its Open Board Meeting press briefing, which is broadcast live on social media, to promote inclusive communication
由 2021-22 年度起，在醫管局大會會議新聞發布會上引入**手語傳譯服務**，並在社交媒體上直播，以促進共融溝通



Dedicated website for EM groups
少數族裔人士專用網頁





Multi-pronged communications 多管齊下 加強與公眾溝通



- **Using multiple online platforms and social media** including HA Facebook page, YouTube channel and Instagram page for public information dissemination

醫管局善用不同網絡及社交媒體包括醫管局 Facebook 專頁、YouTube 頻道及 Instagram 專頁發放訊息，加強與公眾溝通

- **Addressing enquiries by the media and community members and communicating updates on the latest service arrangements, healthcare information and important news through various means including media activities, press releases, contributed articles in various media platforms, and HA blogs**

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、發表網誌，回應傳媒和社區人士查詢，同時讓市民掌握有關醫管局服務、健康資訊及最新消息

- **Holding the press briefings on updates of COVID-19 cases with the Department of Health to keep the public abreast of the latest development of the epidemic**

與衛生署合辦 2019 冠狀病毒病個案的最新情況簡報會，讓公眾掌握疫情發展

- **Maintaining close communication with members of the Legislative Council, district councilors and community members, to provide them with timely updates on latest developments in HA policies and services**

與立法會議員、區議員和社區人士保持聯繫，適時介紹醫管局政策和服務的最新發展



Enhancing patient services with donation 善用捐款 提升病人服務



- The generous support from the community empowers HA to optimise donation resources in pursuit of our common goal for quality healthcare services and a healthier Hong Kong

社區的慷慨支持讓醫管局能更有效運用資源，以實現推動本港醫療服務邁步向前的共同目標

- **Leveraging the generous donations received from the public**, HA is committed to **creating positive impact to our patient services** through a variety of projects, such as introduction of pilot and innovative projects, acquisition of equipment and renovation works of HA hospitals, as well as providing financial assistance to needy patients in using public healthcare services

憑藉社會各界的慷慨捐助，醫管局致力透過多樣化的項目為病人服務帶來積極影響，例如引進先鋒和創新項目；購置設備及醫院裝修工程；以及資助有需要的病人使用公共醫療服務

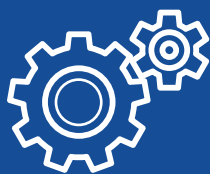


In 2021-22, HA (including its hospitals, the Hospital Authority Charitable Foundation and seven charitable trusts) received cash donations totalling around

2021-22 年度，醫管局（包括其醫院、醫院管理局慈善基金及七個慈善信託基金）
獲社會各界慷慨捐贈善款共約

\$227,300,000





Governance 管治

Good governance is at the heart of HA. The HA Board has developed a formal schedule of matters reserved for its decision in order to ensure that the direction and control of HA is specifically and demonstrably in the hands of the Board. A Task Group on Sustainability was set up under the HA Board to examine various major challenges facing HA amid the constantly changing environment to drive for the sustainable development of HA and the public healthcare system. The HA Board also ensures institutional sustainability by working with the management to set HA's strategies and Annual Plan. On-going efforts are made to deliver service plans and programmes under the Annual Plan, and to ensure that there are effective systems of control and risk management. Sustainability is well integrated into HA's business strategy and the HA Board has overall responsibility for HA's ESG reporting and sustainability. Sustainability governance has been embedded in the corporate governance structure throughout the Corporate – from Board-level committees to management-level functional and cluster / hospital units. Membership of the HA Board is appointed by the Chief Executive of the HKSAR under the Hospital Authority Ordinance (Cap.113). As of 31 March 2022, the Board consisted of 27 members, comprising the Chairman who is not a public officer, three public officers, one principal officer who is the HA Chief Executive, and 22 non-public officers.

良好的機構管治乃醫管局的核心所在。醫管局大會訂定各項須由大會決議的事項，確保醫管局的服務方向和監督均由大會策導。大會成立了「持續發展專責小組」，探討醫管局在持續轉變的環境中所面對的主要挑戰，以促進醫管局及公營醫療系統的可持續發展。大會成員亦與管理層一同制定醫管局的策略及周年工作計劃，確保機構可持續發展。醫管局不斷努力落實周年工作計劃內提出的服務計劃及項目，並確保監控制度及風險管理行之有效。同時，可持續發展方向已融入醫管局的業務策略之中，而大會則全面負責醫管局的環境、社會及管治匯報及其可持續發展。可持續發展管治已被納入醫管局的企業管治架構之中，涵蓋大會轄下各委員會，以至管理層及聯網 / 醫院等各個層面。根據《醫院管理局條例》第 113 章，醫管局大會成員由香港特別行政區行政長官委任。於 2022 年 3 月 31 日，大會有 27 名成員，包括主席（不屬公務員）、三名公務員、一名主要行政人員（醫管局行政總裁）及 22 名非公務員。

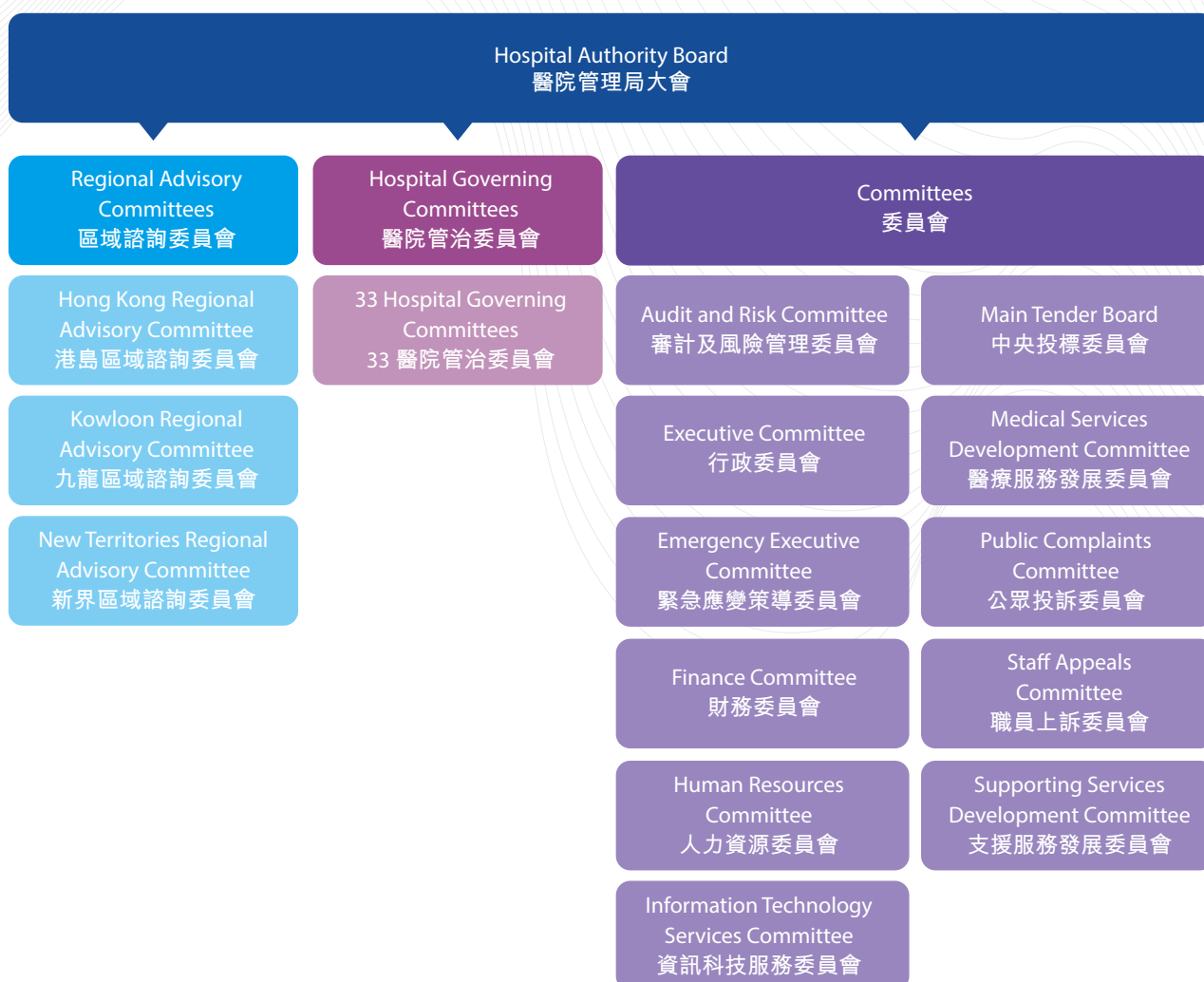


Robust and effective governance structure 高效完善的管治架構



- HA adheres to robust corporate governance, ensuring that we operate ethically and transparently to safeguard the interests of the general public and our stakeholders. For optimal performance of its roles and exercise of powers, the HA Board has established 11 functional committees, 33 Hospital Governing Committees and three Regional Advisory Committees, striving to enhance the effectiveness of governance on different levels

醫管局致力維持嚴謹的企業管治架構，確保我們以合乎道德、具透明度的方式運作，以保障市民和持份者的利益。為更有效地執行其職能和行使權力，醫管局大會下設有 11 個專責委員會、33 個醫院管治委員會、及三個區域諮詢委員會，在不同層面提高管治效能



- Details of HA's corporate governance structure as well as membership, terms of reference and focus of work of respective Committees are outlined in Chapter 1 Corporate Governance and Appendix 1 to 6 of this Annual Report

有關醫管局的管治架構，以及各委員會的成員名單、職權範圍和工作重點，均載於本年報第一章「機構管治」及附錄 1 至 6



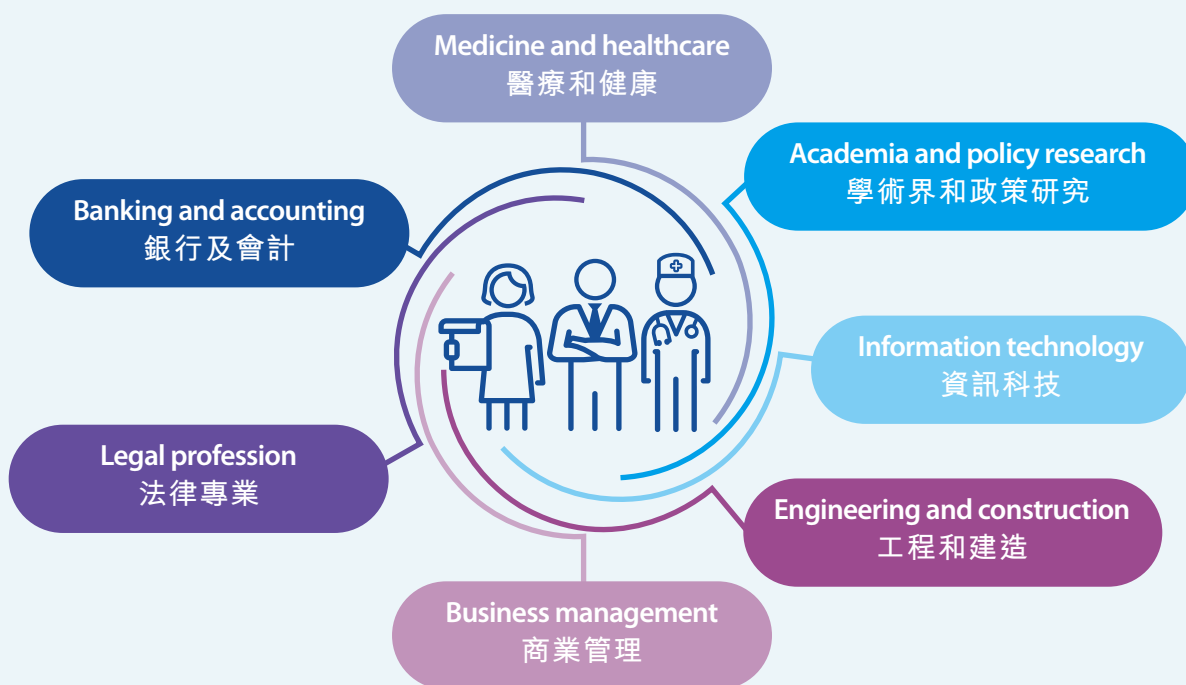
Board diversity

多元化成員組合



- To meet the functional needs of the Board, HA Board members belong to different professions and possess diverse expertise, skills, perspectives and experience, covering various industries as below. There are also members related to interests and voices of patients and staff respectively

醫管局大會成員來自不同專業界別，掌握多元化的專業知識、技能、視野及經驗，涵蓋下列多個範疇，以滿足醫管局大會的職能需要。醫管局成員中亦有病人及員工代表，反映不同持份者的意見及利益



- Among all 27 members of the HA Board in 2021-22, if taking aside seven position-tied memberships*, there were six female members, achieving 30% in gender diversity

於 2022 年 3 月 31 日，醫管局大會 27 名成員中，若不計及七名因職位身分而出任成員者*，有六名為女性成員，性別多元達 30%



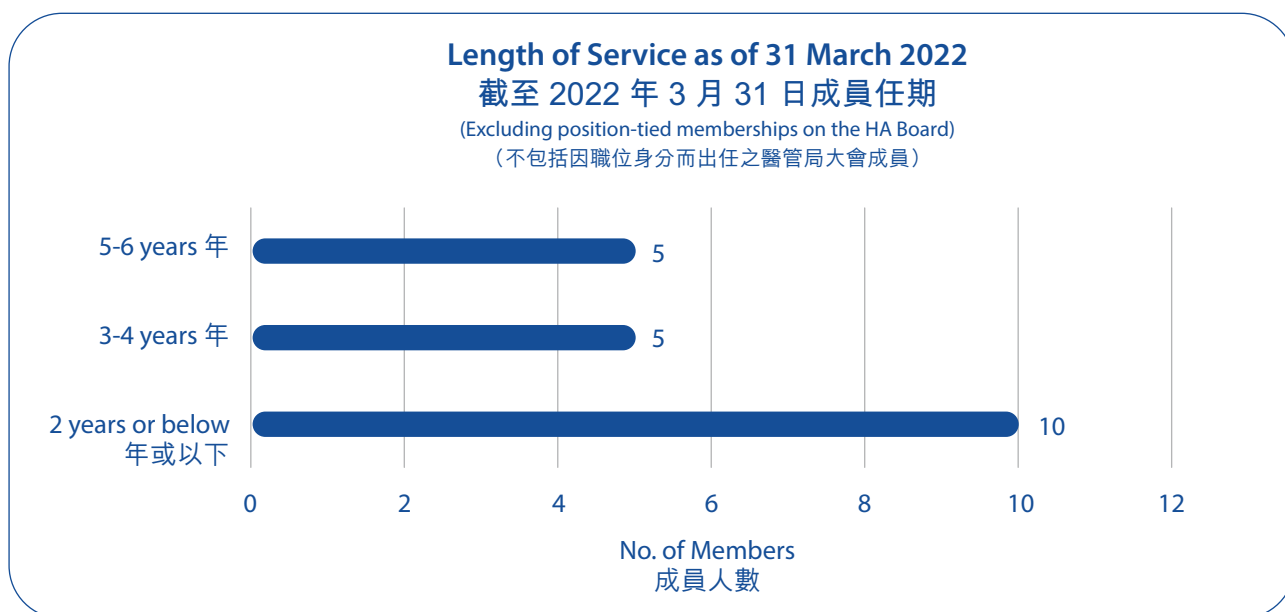
30%
Gender Diversity
性別多元

* Note: Including public officers, HA principal officer, and Deans of Faculty of Medicine / Faculty of Health and Social Sciences of universities

註：包括公務員成員、醫管局主要行政人員、及大學醫學院 / 醫療及社會科學院院長

- The HA Board also **embraces the Government’s “six-year rule”** in appointment of members so as to ensure a healthy turnover. In the past year, 15 members had no more than four years of service in the Board

醫管局大會亦遵循政府「六年任期」指引（即成員任期以六年為上限），以維持健康的人事更替。過去一年，共有 15 名醫管局成員在位年期不多於四年



Financial transparency 財政透明度



- Under Section 10 of the Hospital Authority Ordinance, annual financial statements of the HA are prepared in accordance with Hong Kong Financial Reporting Standards issued by the Hong Kong Institute of Certified Public Accountants. To ensure transparency and accountability on the proper use of public funds, these audited financial statements, together with the independent auditor’s report, are submitted to the HA Board for approval, and incorporated into the Annual Report for tabling at the Legislative Council via the Secretary for Health (formerly the Secretary for Food and Health) and posted onto the HA’s website to be made publicly available

根據《醫院管理局條例》第 10 條，醫管局的年度財務報表是按照香港會計師公會頒布的《香港財務報告準則》擬備。為確保透明度及符合公帑運用得宜的責任，經審核的財務報表及獨立核數師報告會呈交醫管局大會審批，並載入醫管局年報，經由醫務衛生局（前稱食物及衛生局）局長提交立法會省覽，及上載醫管局網頁予公眾瀏覽

- Independent Auditor’s Report and Audited Financial Statements for this year are set out on pages 82 to 149

本年度的獨立核數師報告及經審核的財務報表載於本年報第 82 頁至 149 頁

INDEPENDENT AUDITOR'S REPORT AND AUDITED FINANCIAL STATEMENTS

獨立核數師報告及經審核的財務報表

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INDEPENDENT AUDITOR'S REPORT

To The Members of the Hospital Authority

Opinion

What we have audited

The consolidated financial statements of the Hospital Authority ("HA") and its subsidiaries (together, the "Group"), which are set out on pages 86 to 149, comprise:

- the consolidated and HA balance sheets as at 31 March 2022;
- 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 principal accounting policies and other explanatory information.

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 2022, 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.

獨立核數師報告

致醫院管理局成員

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86至149頁的綜合財務報表，包括：

- 於二零二二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，包括主要會計政策及其他附註解釋資料。

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二零二二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。

INDEPENDENT AUDITOR'S REPORT

To The Members of the Hospital Authority (Continued)

Basis for Opinion (Continued)

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.

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)

意見的基礎(續)

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。

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。

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責或承擔任何責任。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。

INDEPENDENT AUDITOR'S REPORT

To The Members of the Hospital Authority (Continued)

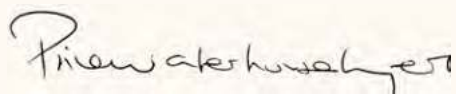
獨立核數師報告

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.



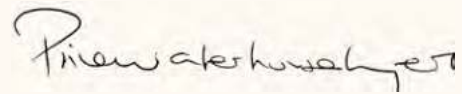
PricewaterhouseCoopers
Certified Public Accountants

Hong Kong, 22 September 2022

核數師就審計綜合財務報表承擔的責任(續)

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

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



羅兵咸永道會計師事務所
執業會計師

香港，二零二二年九月二十二日

CONSOLIDATED BALANCE SHEET

綜合資產負債表

	Note	At 31 March 2022	At 31 March 2021
	附註	HK\$'000	HK\$'000
		2022年3月31日	2021年3月31日
		港幣千元	港幣千元
Non-Current Assets 非流動資產			
Property, plant and equipment 物業、機器及設備	5	7,759,787	7,323,375
Intangible assets 無形資產	6	472,296	346,363
Right-of-use assets 使用權資產	7	493,339	270,113
Loans receivable 應收債款	8	-	18
Placements with the Exchange Fund 外匯基金存款	9	18,000,000	21,000,000
Fixed income instruments 固定入息工具	10	895,783	250,000
		27,621,205	29,189,869
Current Assets 流動資產			
Inventories 存貨	11	4,472,111	2,541,995
Loans receivable 應收債款	8	11	104
Accounts receivable 應收帳款	12	446,450	358,062
Other receivables 其他應收帳款	13	261,286	522,360
Deposits and prepayments 按金及預付款項	14	737,589	613,257
Placements with the Exchange Fund 外匯基金存款	9	5,329,251	1,570,258
Fixed income instruments 固定入息工具	10	246,420	148,000
Cash and bank balances 現金及銀行結餘	15	35,104,673	32,408,696
		46,597,791	38,162,732
Total Assets 總資產		74,218,996	67,352,601
Funds 基金			
Designated fund 指定基金	16	5,077,369	5,077,369
Revenue reserve 收入儲備		7,812,333	7,242,174
Total Funds 基金總額		12,889,702	12,319,543
Current Liabilities 流動負債			
Balance with Samaritan Fund 撒瑪利亞基金結餘	17	3,842,163	520,713
Creditors and accrued charges 債權人及應付費用	18	28,558,937	21,765,650
Deposits received 已收按金	19	545,724	460,636
Lease liabilities 租賃負債	7	285,868	154,999
		33,232,692	22,901,998
Non-Current Liabilities 非流動負債			
Balance with Samaritan Fund 撒瑪利亞基金結餘	17	3,000,000	6,000,000
Death and disability liabilities 死亡及傷殘福利責任	20	246,589	290,110
Deferred income 遞延收益	21	6,394,401	8,031,944
Deferred income – capital subventions and capital donations 遞延收益—資本補助及資本捐贈	22	8,232,083	7,669,738
Lease liabilities 租賃負債	7	223,529	139,268
Public-Private Partnership Endowment Fund 公私營協作留本基金	23	10,000,000	10,000,000
		28,096,602	32,131,060
Total Liabilities 總負債		61,329,294	55,033,058
Total Funds and Total Liabilities 基金及負債總額		74,218,996	67,352,601



Mr Philip TSAI Wing-chung, BBS, JP 蔡永忠先生
Chairman, Finance Committee
財務委員會主席



Dr Tony KO Pat-sing, JP 高拔陞醫生
Chief Executive
行政總裁

The notes on pages 92 to 149 are an integral part of these consolidated financial statements.

第92至149頁的附註是本綜合財務報表的一部分。

BALANCE SHEET

資產負債表

	Note	At 31 March 2022 HK\$'000 2022年3月31日 港幣千元	At 31 March 2021 HK\$'000 2021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	7,759,787	7,323,375
Intangible assets 無形資產	6	460,979	339,243
Right-of-use assets 使用權資產	7	493,339	270,113
Loans receivable 應收債款	8	-	18
Placements with the Exchange Fund 外匯基金存款	9	18,000,000	21,000,000
Fixed income instruments 固定入息工具	10	895,783	250,000
		27,609,888	29,182,749
Current Assets 流動資產			
Inventories 存貨	11	4,472,111	2,541,995
Loans receivable 應收債款	8	11	104
Accounts receivable 應收帳款	12	446,450	358,062
Other receivables 其他應收帳款	13	261,286	522,360
Deposits and prepayments 按金及預付款項	14	737,465	613,128
Placements with the Exchange Fund 外匯基金存款	9	5,329,251	1,570,258
Fixed income instruments 固定入息工具	10	246,420	148,000
Cash and bank balances 現金及銀行結餘	15	35,104,673	32,408,696
		46,597,667	38,162,603
Total Assets 總資產		74,207,555	67,345,352
Funds 基金			
Designated fund 指定基金	16	5,077,369	5,077,369
Revenue reserve 收入儲備		7,812,327	7,242,168
Total Funds 基金總額		12,889,696	12,319,537
Current Liabilities 流動負債			
Balance with Samaritan Fund 撒瑪利亞基金結餘	17	3,842,163	520,713
Creditors and accrued charges 債權人及應付費用	18	28,558,819	21,765,527
Deposits received 已收按金	19	545,724	460,636
Lease liabilities 租賃負債	7	285,868	154,999
		33,232,574	22,901,875
Non-Current Liabilities 非流動負債			
Balance with Samaritan Fund 撒瑪利亞基金結餘	17	3,000,000	6,000,000
Death and disability liabilities 死亡及傷殘福利責任	20	246,589	290,110
Deferred income 遞延收益	21	6,394,401	8,031,944
Deferred income – capital subventions and capital donations 遞延收益—資本補助及資本捐贈	22	8,220,766	7,662,618
Lease liabilities 租賃負債	7	223,529	139,268
Public-Private Partnership Endowment Fund 公私營協作留本基金	23	10,000,000	10,000,000
		28,085,285	32,123,940
Total Liabilities 總負債		61,317,859	55,025,815
Total Funds and Total Liabilities 基金及負債總額		74,207,555	67,345,352



Mr Philip TSAI Wing-chung, BBS, JP 蔡永忠先生
Chairman, Finance Committee
財務委員會主席



Dr Tony KO Pat-sing, JP 高拔陸醫生
Chief Executive
行政總裁

The notes on pages 92 to 149 are an integral part of these consolidated financial statements.

第92至149頁的附註是本綜合財務報表的一部分。

CONSOLIDATED STATEMENT OF INCOME AND EXPENDITURE

綜合收支結算表

	Note 附註	For the year ended 31 March 2022 HK\$'000 截至2022年 3月31日止年度 港幣千元	For the year ended 31 March 2021 HK\$'000 截至2021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		78,092,836	75,432,473
Hospital / clinic fees and charges 醫院 / 診療所收費	24	5,250,516	4,837,090
Donations 捐贈		9	13
Transfers from 轉調自：			
Designated donation fund 指定捐贈基金	21	158,907	360,809
Minor Works Projects Fund 小型工程項目基金	21	1,849,687	1,495,069
Public-Private Partnership Fund 公私營協作基金	21	361,525	403,312
Capital subventions 資本補助	22	1,280,639	1,266,063
Capital donations 資本捐贈	22	154,779	166,021
Investment income 投資收益		186,844	342,107
Other income 其他收益		975,552	921,604
		88,311,294	85,224,561
Expenditure 支出			
Staff costs 員工成本	25	(58,118,009)	(57,664,922)
Drugs 藥物		(9,641,861)	(8,685,468)
Medical supplies and equipment 醫療物品及設備		(5,968,834)	(4,955,761)
Utilities charges 公用開支		(1,512,032)	(1,360,944)
Repairs and maintenance 維修及保養		(2,892,915)	(2,766,131)
Minor works projects funded by the Government 由政府撥款的小型工程項目		(1,849,687)	(1,495,069)
Depreciation and amortisation 折舊及攤銷	5-7	(1,613,559)	(1,555,674)
Finance costs 財務費用	7	(3,684)	(2,621)
Other operating expenses 其他營運開支	26	(6,219,742)	(6,202,493)
		(87,820,323)	(84,689,083)
Surplus for the year 年內盈餘		490,971	535,478

The notes on pages 92 to 149 are an integral part of these consolidated financial statements.

第92至149頁的附註是本綜合財務報表的一部分。

CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME

綜合全面收益表

	Note 附註	For the year ended 31 March 2022 HK\$'000 截至2022年 3月31日止年度 港幣千元	For the year ended 31 March 2021 HK\$'000 截至2021年 3月31日止年度 港幣千元
Surplus for the year 年內盈餘		490,971	535,478
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	20	79,188	35,200
Total comprehensive income for the year 年內總綜合收益		570,159	570,678

The notes on pages 92 to 149 are an integral part of these consolidated financial statements.

第92至149頁的附註是本綜合財務報表的一部分。

CONSOLIDATED STATEMENT OF CASH FLOWS

綜合現金流動報表

	Note 附註	For the year ended 31 March 2022 HK\$'000 截至2022年 3月31日止年度 港幣千元	For the year ended 31 March 2021 HK\$'000 截至2021年 3月31日止年度 港幣千元
Net cash generated from operating activities 營運活動所得現金淨額	29(a)	5,437,887	5,356,311
Investing activities 投資活動			
Investment income received 已收投資收益		173,905	332,777
Purchases of property, plant and equipment 購置物業、機器及設備	5	(1,755,102)	(1,961,159)
Purchases of intangible assets 購置無形資產	6	(242,661)	(233,824)
Net decrease / (increase) in bank deposits with original maturity over three months 原來到期日超過三個月的銀行存款的淨額減少 / (增加)		4,160,128	(21,752,092)
(Increase) / decrease in fixed income instruments 固定入息工具(增加) / 減少		(737,238)	1,499,957
Decrease in placements with the Exchange Fund 外匯基金存款減少	3	-	7,300,000
Net cash generated from / (used in) investing activities 投資活動所得 / (所用)現金淨額		1,599,032	(14,814,341)
Financing activities 融資活動			
Payment of principal portion of lease liabilities 支付租賃負債本金部分	29(b)	(195,769)	(119,609)
Finance costs paid 已付財務費用		(3,684)	(2,621)
Net cash used in financing activities 融資活動所用現金淨額		(199,453)	(122,230)
Increase / (decrease) in cash and cash equivalents 現金及現金等值之增加 / (減少)		6,837,466	(9,580,260)
Cash and cash equivalents at the beginning of the year 年初之現金及現金等值		2,525,746	12,106,006
Effect of foreign exchange rate changes on cash and cash equivalents 外幣匯率變動對現金及現金等值的影響		11,006	-
Cash and cash equivalents at the end of the year 年終之現金及現金等值	15	9,374,218	2,525,746

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 17.

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17披露。

The notes on pages 92 to 149 are an integral part of these consolidated financial statements.

第92至149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

	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 31 March 2020 於2020年3月31日	5,077,369	6,671,496	11,748,865
Total comprehensive income for the year 年內總綜合收益	-	570,678	570,678
At 31 March 2021 於2021年3月31日	5,077,369	7,242,174	12,319,543
Total comprehensive income for the year 年內總綜合收益	-	570,159	570,159
At 31 March 2022 於2022年3月31日	5,077,369	7,812,333	12,889,702

The notes on pages 92 to 149 are an integral part of these consolidated financial statements.

第92至149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 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.

HA formally took over the management and control of all public hospitals in December 1991 including the ex-Government hospitals and ex-subservanted hospitals as set out in Schedule 1 and Schedule 2 of the Hospital Authority Ordinance respectively.

For Schedule 1 hospitals, pursuant to Section 5(a) of the Hospital Authority Ordinance, an agreement was subsequently 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.

For Schedule 2 hospitals, HA entered into agreements with individual governing bodies of the ex-subservanted 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，向醫務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。

醫管局於一九九一年十二月正式接手管理及掌管本港所有公立醫院，包括前政府醫院及前補助醫院，詳細醫院名單分別載於《醫院管理局條例》附表1及2。

就附表1的醫院，根據《醫院管理局條例》第5(a)條，政府與醫管局其後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。

就附表2的醫院，醫管局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公立醫院運作的管理。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-subsvented hospitals. As at 31 March 2022, there were 14 major capital works projects in progress (of which 10 projects were managed by HA), and the total funding approved by the Government was HK\$107,420,500,000.

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 from 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.

Through HA's subsidiary, HACM Limited, funding has been provided to the non-governmental organisations ("NGOs") operators to enhance the operation of 18 Chinese Medicine Clinics cum Training and Research Centres ("CMCTRs") in Hong Kong for the provision of designated Chinese Medicine (CM) initiatives including Government subsidised CM services at district level and Chinese medicine practitioner trainee programme. HACM Limited has also provided funding to participating CMCTRs for the provision of CM services to HA patients under the Integrated Chinese-Western Medicine Programme which has been implemented at designated HA hospitals for designated disease areas. The funding provided by HACM Limited to NGOs operators is based on each CMCTR's individual service components and actual deliverables.

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 2022, HA recognised HK\$402,333,000 (2021: HK\$435,809,000) as other income to match with the expenditure incurred in relation to the eHR related projects.

In order to support Department of Health ("DH") to enhance its information technology ("IT") system so as to better provide healthcare service to the public, HA was appointed as the technical agency to deliver the IT systems required for 19 Clinical Services Improvement projects ("CIMS2") under Initiative 1 of the First Stage of the Strategic Plan to Re-engineer and Transform Public Services of DH ("SPRINT-1") as well as to undertake Maintenance Service for CIMS2, which are funded by the designated funding from the Government. During the financial year ended 31 March 2022, HA recognised HK\$201,336,000 (2021: HK\$132,680,000) as other income to match with the expenditure incurred in relation to the project.

財務報表附註

1 醫院管理局(續)

(a) 背景(續)

政府在二零一六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，政府委託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。截至二零二二年三月三十一日，共十四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107,420,500,000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所。根據安排，這些普通科門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。

醫管局透過附屬機構「醫院管理局中醫藥發展有限公司」向非政府機構營運者提供撥款，以加強香港十八間中醫診所暨教研中心(「中醫診所」)的運作去配合政策提供指定的中醫服務，包括於地區層面提供政府資助中醫門診服務及進修中醫師培訓計劃。醫院管理局中醫藥發展有限公司亦向參與中西醫協作項目計劃的中醫診所提供資助，於指定公立醫院為選定疾病範疇的醫管局病人提供中醫服務。醫院管理局中醫藥發展有限公司是根據每間中醫診所提供的服務項目及實際服務人次向非政府機構營運者提供資助。

政府推行的電子健康紀錄互通系統計劃，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紀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。截至二零二二年三月三十一日止之財政年度，醫管局確認港幣402,333,000元(二零二一年：港幣435,809,000元)的款項作為其他收入，以支付電子健康紀錄互通系統相關計劃的開支。

衛生署致力提升其資訊科技系統，以便更好地為公眾提供醫療服務。醫管局獲委任為技術代理機構，就衛生署第一期的「重整及改革公共服務策略計劃」措施一—改善臨床服務中的十九個項目(第二階段的臨床訊息管理系統項目)提供開發資訊科技系統方面的協助，以及為第二階段的臨床訊息管理系統提供維護與支援服務，並由政府的指定撥款提供經費。截至二零二二年三月三十一日止之財政年度，醫管局確認港幣201,336,000元(二零二一年：港幣132,680,000元)的款項作為其他收入，以支付相關項目的開支。

NOTES TO THE FINANCIAL STATEMENTS

1 The Hospital Authority (Continued)

(b) Hospitals and other institutions

At 31 March 2022, 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

財務報表附註

1 醫院管理局(續)

(b) 醫院及其他機構

在二零二二年三月三十一日，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 Hong Kong Children's 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.

(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 2022.

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

財務報表附註

1 醫院管理局(續)

(b) 醫院及其他機構(續)

慈善信託基金：

北區醫院慈善信託基金
威爾斯親王醫院慈善信託基金
香港兒童醫院慈善基金
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。

(b) 綜合呈列之基準

集團的財務報表包括截至二零二二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帳面值。

NOTES TO THE FINANCIAL STATEMENTS

2 Principal accounting policies (Continued)

(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 2022, the principal subsidiaries of HA comprise:

財務報表附註

2 主要會計政策(續)

(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的會計政策一致。

在二零二二年三月三十一日，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) eHR HK Limited (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紀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. These new / revised HKFRSs are not relevant to the Group and have no impact on the results and financial position of the Group.

The HKICPA has also issued a number of new / revised HKFRSs which are effective for accounting period beginning on or after 1 April 2022. The Group has not early adopted these new / revised HKFRSs in the financial statements for the financial year ended 31 March 2022. The Group is in the process of making an assessment but is not yet in a position to conclude the impact of these new / revised HKFRSs on its results of operations and financial position.

(e) Recognition of income

Subventions for recurrent expenditure are recognised on an accruals basis, except for those subventions for designated programmes or specific items that are recorded in the current account with the Government and recognised as income when the related expenditure is incurred.

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.

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

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

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

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

財務報表附註

2 主要會計政策(續)

(d) 採用新訂 / 經修訂的《香港財務報告準則》

香港會計師公會頒布了多項在此期間生效的新訂 / 經修訂的《香港財務報告準則》，包括對現有準則的詮釋、修訂或改良。這些新訂 / 經修訂的準則對集團並不適用，及對集團的營運結果及財務狀況沒有影響。

香港會計師公會亦頒布了多項在二零二二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》。集團在截至二零二二年三月三十一日止的財務報表並沒有提早採用這些新訂 / 經修訂之《香港財務報告準則》。集團現正進行評估，但未能確定有關準則對集團營運結果及財務狀況的影響。

(e) 收入之確認

除了列入與政府之間的來往帳目之指定計劃或特定項目的補助會在有關開支發生時確認為收入外，其他經常性開支之補助會以權責發生制原則確認。

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 / 診療所收費，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。

指定用途捐贈基金及資本捐贈之轉調按附註2(f)的方式確認。

資本補助、小型工程項目基金及公私營協作基金之轉調按附註2(r)的方式確認。

來自固定入息工具的投資收益按附註2(k)的方式確認。

來自銀行存款之投資收益採用實際利息法按時間比例入帳。

NOTES TO THE FINANCIAL STATEMENTS

2 Principal accounting policies (Continued)

(f) Donations

(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.

(ii) Cash donations

Cash donations for specific use as prescribed by the donor are accounted for in the designated donation fund. When the fund is utilised and spent for expenditure not meeting the capitalisation policy as set out in note 2(g)(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.

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

(g) Property, plant and equipment

- (i) Completed building projects transferred from the Government and individual governing bodies of ex-subservent 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.

財務報表附註

2 主要會計政策(續)

(f) 捐贈

(i) 捐贈資產

捐贈予集團的家具、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帳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帳目內記帳。

(ii) 現金捐贈

由捐贈人指定用途的現金捐贈會列入一個指定捐贈基金。當資金的運用及支出不符合附註2(g)(ii)或附註2(h)的資本化規定，會列入該指定基金的開支帳目內。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帳面淨值由遞延收益轉調往收支結算表。

作為一般營運之用的非指定用途捐贈，於收款時列入該年度之收支結算表內。

(g) 物業、機器及設備

- (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帳，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而將相應款額分別在遞延收益—資本補助及資本捐贈確認。

NOTES TO THE FINANCIAL STATEMENTS

2 Principal accounting policies (Continued)

(g) Property, plant and equipment (Continued)

- (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:

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

- (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.

財務報表附註

2 主要會計政策(續)

(g) 物業、機器及設備(續)

- (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帳。年內增加代表某項資產新加或更換的組件。若資產的帳面價值高於估計可收回價值，其帳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：

- (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帳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啓用前不提折舊。

(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。

NOTES TO THE FINANCIAL STATEMENTS

2 Principal accounting policies (Continued)

(i) Leases

A contract is, or contains, a lease if it conveys the right to control the use of an identified asset for a period of time in exchange for consideration. A contract conveys the right to control the use of an identified asset if the customer has both the right to obtain substantially all of the economic benefits from using the identified asset and the right to direct the use of the identified asset.

As a lessee, the Group recognises a right-of-use asset and a lease liability at the lease commencement date, except for leases with a lease term of 12 months or less which are recognised as expenses on a straight-line basis over the lease term.

(i) Right-of-use assets

At inception, the right-of-use asset comprises the initial lease liability, initial direct costs and the obligation to restore the asset, less any incentive granted by the lessor. The right-of-use asset is depreciated over the lease term of the underlying asset. The right-of-use asset is subject to impairment review whenever events or changes in circumstances indicate that the carrying amount may not be recoverable.

(ii) Lease liabilities

A lease liability is initially measured at the present value of future lease payments with reference to an expected lease term, which includes optional lease periods when the lessee is reasonably certain to exercise the option to extend or not to terminate the lease. Future lease payments are discounted using the interest rate implicit in the lease, if this cannot be readily determined, an incremental borrowing rate that the lessee would have to pay to borrow the funds necessary to obtain an asset. The lease liability is subsequently measured by increasing its carrying amount to reflect interest on the lease liability (using the effective interest rate method) and by reducing its carrying amount to reflect the lease payments made. The lease liability is remeasured (with a corresponding adjustment made to the related right-of-use asset) when there is a change in future lease payments in case of renegotiation, changes of an index or rate or in case of reassessment of options.

財務報表附註

2 主要會計政策(續)

(i) 租賃

倘合約附有以代價作為交換在某段時期內使用已識別資產之控制權，該合約屬於租賃或包含租賃。合約賦予控制權當客戶有權從使用已識別資產獲得絕大部分經濟利益以及有權指示使用已識別資產。

作為承租人，除租賃年期為十二個月或以下並以直線法確認為支出的租賃外，集團於租賃開始日即確認其餘租賃的使用權資產及租賃負債。

(i) 使用權資產

在租賃期開始日，使用權資產租賃的初始成本包括初始租賃負債、初始直接成本和恢復資產的成本責任，減去出租人給予的任何租賃優惠。使用權資產根據相關資產的租賃期折舊。倘若發生任何事件或情況改變，顯示使用權資產的帳面價值未必可以收回，則須進行減值檢討。

(ii) 租賃負債

租賃負債初步按預計租賃期內未來租賃開支的現值計量。當承租人合理地確定會行使選擇權以延長或終止租賃，預計租賃期便會包括選擇性租賃期。未來租賃開支採用租賃隱含的利率貼現，如利率未可容易確定，則採用承租人為獲取資產所借入資金而需支付的遞增借款利率。租賃負債其後透過增加帳面價值以反映租賃負債的利息(採用實際利息法)及透過減少帳面值以反映所作的租賃開支進行計量。倘經重新磋商、指數或利率有變或重新評估選擇權以至未來租賃開支有變動，則會重新計量租賃負債，並對相關使用權資產作出相應調整。

NOTES TO THE FINANCIAL STATEMENTS

2 Principal accounting policies (Continued)

(j) 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.

(k) 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.

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

(l) Inventories

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

財務報表附註

2 主要會計政策(續)

(j) 按公允價值列帳及在損益處理之金融資產

外匯基金存款是以「按公允價值列帳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。按公允價值列帳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。按公允價值列帳及在損益處理之金融資產其後按公允價值列帳。

(k) 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。

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帳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。當固定入息工具的帳面價值作出減值，虧損額會記入收支結算表。

(l) 存貨

存貨包括藥物、其他醫療及一般消耗品，按成本及可變現淨值兩者之較低者入帳。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帳準備。在資產負債表中所列的存貨，是已減去撇帳準備後的款項。可變現淨值乃參考替換成本釐定。

NOTES TO THE FINANCIAL STATEMENTS

2 Principal accounting policies (Continued)

(m) Accounts receivable

Accounts receivable are recognised initially at fair value and subsequently measured at amortised cost using the effective interest method, less allowance for expected credit losses. HA applies the simplified approach permitted by HKFRS 9 – Financial Instruments, 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.

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.

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.

(n) Cash and cash equivalents

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

(o) Impairment of non-financial assets

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

財務報表附註

2 主要會計政策(續)

(m) 應收帳款

應收帳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列帳。醫管局採用《香港財務報告準則》第9號—「金融工具」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。應收帳款的帳面價值會利用預期信用損失撥備帳戶減值，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帳戶作出調整。

為計量預期信用損失，應收帳款已按照相同的信用風險特徵和逾期天數分組。應收帳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。

當應收帳款不能收回並最終註銷，不能收回的款額會在應收帳款的信用損失撥備帳戶抵銷。已銷的款額收回後，會抵銷收支結算表本年度的開支。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，該應收帳款會被註銷。

(n) 現金及現金等值

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

(o) 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帳面價值的情況時，便須檢討減值狀況。若資產帳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。

NOTES TO THE FINANCIAL STATEMENTS

2 Principal accounting policies (Continued)

(p) Provisions and contingent liabilities

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

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

(q) Employee benefits

(i) Retirement benefits costs

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

(ii) Termination benefits costs

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

(iii) Death and disability benefits costs

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

財務報表附註

2 主要會計政策(續)

(p) 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。

(q) 僱員福利

(i) 退休福利開支

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

(ii) 離職福利開支

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

(iii) 死亡及傷殘福利開支

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

NOTES TO THE FINANCIAL STATEMENTS

2 Principal accounting policies (Continued)

(q) Employee benefits (Continued)

(iii) Death and disability benefits costs (Continued)

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 20.

(iv) Other employee benefits costs

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

(r) Government subvention

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

- (i) Government funding for building projects, together with contributions from the individual governing bodies of ex-subsented 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 13 and 18.
- (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 21(a).

財務報表附註

2 主要會計政策(續)

(q) 僱員福利(續)

(iii) 死亡及傷殘福利開支(續)

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20。

(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帳。

(r) 政府補助

除下列外，本年度經核准的政府補助金列為經常性補助金。

- (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13及18。
- (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21(a)。

NOTES TO THE FINANCIAL STATEMENTS

2 Principal accounting policies (Continued)

(r) 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 21(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.

(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.

(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.

財務報表附註

2 主要會計政策(續)

(r) 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21(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帳面淨值會由遞延收益轉調往收支結算表。

(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，按報告日的匯率轉換。透過轉換所得的盈餘及虧損記入收支結算表。

(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。

NOTES TO THE FINANCIAL STATEMENTS

3 Financial risk management

(a) Financial risk factors

The Group's activities of providing healthcare services to patients, the administration of drugs, the employment of a sizeable 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, protect capital and provide a reasonable investment return. The investment portfolio ("Portfolio") as at 31 March 2022 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 since its financial assets and liabilities are substantially denominated in Hong Kong dollar, which is the Group's functional and presentation currency. The Group manages its cash flow requirements and risks as disclosed in note 3(c).

(i) Credit risk

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

Bank deposits are placed with the Group's approved banks which are of investment grade as determined by Moody's or Standard and Poor's. For bank deposits, banks must meet the minimum credit rating not lower than Moody's Baa3 or equivalent. 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 trading agent as well as 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 HKMA can fulfill its contractual obligations to HA in respect of the placements.

財務報表附註

3 財務風險管理

(a) 財務風險因素

集團所進行的事務如為病人提供醫療服務、管理藥物、僱用具規模的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投資回報。截至二零二二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，故無重大的貨幣風險。集團對流動現金需要及風險的管理，於附註3(c)披露。

(i) 信貸風險

集團的信貸風險是交易對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及交易代理人結算/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。

NOTES TO THE FINANCIAL STATEMENTS

3 Financial risk management (Continued)

(a) Financial risk factors (Continued)

(ii) Interest rate risk

The Portfolio's interest rate risk arises from interest bearing cash at bank, bank deposits and fixed income instruments. Cash at bank, which earns interest at variable rates, gives rise to cash flow interest rate risk. Fixed rate bank deposits and fixed income instruments expose the Portfolio to fair value interest rate risk. Sensitivity analyses have been performed by the Group with regard to interest rate risk as at 31 March 2022. If interest rates had been increased or decreased by 25 basis points 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 notes 3(a)(i) and 3(a)(ii) respectively.

(iv) Currency risk

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

(b) Fair values estimation

(i) Financial assets carried at fair values

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

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

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

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

財務報表附註

3 財務風險管理(續)

(a) 財務風險因素(續)

(ii) 利率風險

組合的利率風險來自所獲利息的銀行現金、銀行存款及固定入息工具。銀行現金賺取不同利率，會有流動現金利率風險；而賺取固定息率的銀行存款及固定入息工具，則有公允價值利率風險。集團在二零二二年三月三十一日就利率風險進行敏感度分析。當利率升降25點子，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。

(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) 按公允價值列帳的金融資產

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)。

NOTES TO THE FINANCIAL STATEMENTS

3 Financial risk management (Continued)

(b) Fair values estimation (Continued)

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

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

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

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

Specific valuation techniques used to value financial instruments include:

- Quoted market prices or dealer quotes for similar instruments.
- The fair value of forward foreign exchange contracts is determined using forward exchange rates at the reporting date, with the resulting value discounted back to present value.

Other techniques, such as discounted cash flow analysis, are used to determine fair value for the remaining financial instruments.

財務報表附註

3 財務風險管理(續)

(b) 公允價值估計(續)

(i) 按公允價值列帳的金融資產(續)

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

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

如一項或多項重大輸入並非根據可觀察市場數據，這些工具屬於第三層。

用以估值金融工具的特定估值技術包括：

- 同類型工具的市場報價或交易商報價；
- 遠期外匯合約的公允價值使用報告日的遠期匯率釐定，而所得價值折算至現值。

其他技術，例如折算現金流分析，用以釐定其餘金融工具的公允價值。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

3 Financial risk management (Continued)

3 財務風險管理(續)

(b) Fair values estimation (Continued)

(b) 公允價值估計(續)

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

(i) 按公允價值列帳的金融資產(續)

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 2022 and 31 March 2021:

外匯基金存款屬於第三層。下表呈列截至二零二二年三月三十一日止及二零二一年三月三十一日止年度第三層工具的變動：

The Group and HA 集團及醫管局		
	For the year ended 31 March 2022 HK\$'000 截至2022年 3月31日止年度 港幣千元	For the year ended 31 March 2021 HK\$'000 截至2021年 3月31日止年度 港幣千元
At the beginning of the year 於年初	22,570,258	29,904,039
Withdrawal 提取	-	(7,300,000)
Interest earned / accrued interest 所獲利息 / 應計利息	1,100,993	873,590
Interest withdrawn 提取利息	(342,000)	(907,371)
At the end of the year [note 9] 於年終[附註9]	23,329,251	22,570,258

(ii) Financial assets not reported at fair values

(ii) 非以公允價值呈列的金融資產

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:

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 10] 帳面價值[附註10]		Fair Value 公允價值	
	At 31 March 2022 HK\$'000 2022年3月31日 港幣千元	At 31 March 2021 HK\$'000 2021年3月31日 港幣千元	At 31 March 2022 HK\$'000 2022年3月31日 港幣千元	At 31 March 2021 HK\$'000 2021年3月31日 港幣千元
Fixed income instruments 固定入息工具	1,142,203	398,000	1,124,900	401,286

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

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

NOTES TO THE FINANCIAL STATEMENTS

3 Financial risk management (Continued)

(c) Capital management

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

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

In this regard, the capital of the Group comprises revenue reserve, designated fund and deferred income as shown in the consolidated balance sheet. At 31 March 2022, the capital of the Group was HK\$27,516,186,000 (2021: HK\$28,021,225,000).

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 requirement of individual clusters is identified and considered against the total amount of resources available to the Group, targeting at maintaining existing levels of services and providing pragmatic service growth in meeting the pressing demand for public hospital services. Priority is given to initiatives which aim to improve clinical effectiveness and align with the strategic directions outlined in HA Strategic Plan, and those which help address pressure areas, while taking into account prevailing constraints in manpower and hospital facility situations for capacity growth. To facilitate the delivery of value-for-money services, the Group regularly monitors a set of performance indicators covering performance in clinical service, human resources management and financial management.

財務報表附註

3 財務風險管理(續)

(c) 資本管理

根據《醫院管理局條例》，集團的資源包括：

- (i) 由政府付予醫管局及經立法會通過有關撥款用途的所有款項，以及由政府以其他方式撥給醫管局的款項；及
- (ii) 醫管局收到的所有其他款項及財產，包括饋贈、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。截至二零二二年三月三十一日，集團的資本為港幣27,516,186,000元(二零二一年：港幣28,021,225,000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，並就集團所獲資源總額作出考慮，以維持現有服務量，並務實地增加服務，切合市民對公立醫院服務的殷切需求。集團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。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

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 18.

(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 20. The present value of the Group's obligations is discounted with reference to market yields on Hong Kong Government Bonds, which have terms to maturity approximating the terms of the related obligations. The long-term salary inflation is generally based on the market's long-term expectation of price inflation.

財務報表附註

4 關鍵會計估計及判斷

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18的「應付費用及其他帳款」。

(b) 死亡及傷殘福利責任

集團委託了合資格獨立精算師評估死亡及傷殘福利計劃責任於報告日的現值，所採用的主要精算假設包括附註20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 2021 於2021年4月1日	1,106,932	14,512,128	376,910	757,780	16,753,750
Additions 增加	1,316	1,617,101	55,854	80,831	1,755,102
Reclassifications 重新分類	-	498	-	(498)	-
Disposals 出售	(1,000)	(741,355)	(18,803)	(17,594)	(778,752)
At 31 March 2022 於2022年3月31日	1,107,248	15,388,372	413,961	820,519	17,730,100
Accumulated depreciation 累積折舊					
At 1 April 2021 於2021年4月1日	533,141	8,072,465	272,330	552,439	9,430,375
Charge for the year 本年度之折舊	28,734	1,156,376	41,306	76,276	1,302,692
Reclassifications 重新分類	-	10	-	(10)	-
Disposals 出售	(1,000)	(725,358)	(18,803)	(17,593)	(762,754)
At 31 March 2022 於2022年3月31日	560,875	8,503,493	294,833	611,112	9,970,313
Net book value 帳面淨值					
At 31 March 2022 於2022年3月31日	546,373	6,884,879	119,128	209,407	7,759,787

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 2020 於2020年4月1日	1,106,450	13,239,779	338,634	692,698	15,377,561
Additions 增加	482	1,829,929	49,024	81,724	1,961,159
Reclassifications 重新分類	-	(345)	-	345	-
Disposals 出售	-	(557,235)	(10,748)	(16,987)	(584,970)
At 31 March 2021 於2021年3月31日	1,106,932	14,512,128	376,910	757,780	16,753,750
Accumulated depreciation 累積折舊					
At 1 April 2020 於2020年4月1日	501,657	7,536,274	247,040	492,397	8,777,368
Charge for the year 本年度之折舊	31,484	1,076,762	36,037	76,643	1,220,926
Reclassifications 重新分類	-	(46)	-	46	-
Disposals 出售	-	(540,525)	(10,747)	(16,647)	(567,919)
At 31 March 2021 於2021年3月31日	533,141	8,072,465	272,330	552,439	9,430,375
Net book value 帳面淨值					
At 31 March 2021 於2021年3月31日	573,791	6,439,663	104,580	205,341	7,323,375

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 2022 HK\$'000 截至2022年 3月31日止年度 港幣千元	For the year ended 31 March 2021 HK\$'000 截至2021年 3月31日止年度 港幣千元
Cost 成本		
At the beginning of the year 於年初	1,994,223	1,761,363
Additions 增加	242,661	233,824
Disposals 出售	(2,645)	(964)
At the end of the year 於年終	2,234,239	1,994,223
Accumulated amortisation 累積攤銷		
At the beginning of the year 於年初	1,647,860	1,454,717
Charge for the year 本年度之攤銷	116,726	194,107
Disposals 出售	(2,643)	(964)
At the end of the year 於年終	1,761,943	1,647,860
Net book value 帳面淨值		
At the end of the year 於年終	472,296	346,363
HA 醫管局		
	For the year ended 31 March 2022 HK\$'000 截至2022年 3月31日止年度 港幣千元	For the year ended 31 March 2021 HK\$'000 截至2021年 3月31日止年度 港幣千元
Cost 成本		
At the beginning of the year 於年初	1,975,431	1,749,596
Additions 增加	235,018	226,799
Disposals 出售	(2,645)	(964)
At the end of the year 於年終	2,207,804	1,975,431
Accumulated amortisation 累積攤銷		
At the beginning of the year 於年初	1,636,188	1,448,411
Charge for the year 本年度之攤銷	113,280	188,741
Disposals 出售	(2,643)	(964)
At the end of the year 於年終	1,746,825	1,636,188
Net book value 帳面淨值		
At the end of the year 於年終	460,979	339,243

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

7 Leases

The Group has leased buildings, mainly for offices, blood donation centres, clinics, data centres, storerooms and treatment centre for novel coronavirus ("COVID-19"), and leased land for North Lantau Hospital Hong Kong Infection Control Centre ("HKICC"). Lease terms are negotiated on an individual basis and contain a wide range of different terms and conditions. To maximise operational flexibility for the Group's operations, extension and termination options are provided for a number of leases and are only included in the lease term if the lease is reasonably certain to be extended (or not terminated). At 31 March 2022, the future cash outflows for lease not yet commenced but committed by the Group amounted to HK\$45,307,000 (2021: HK\$57,043,000).

7 租賃

集團租用的物業主要用作辦公室、捐血中心、診所、數據中心、倉庫及新型冠狀病毒病([2019冠狀病毒病])治療中心，而租用的土地主要用作設立北大嶼山醫院香港感染控制中心。租賃年期乃個別商議，當中包括多種不同條款及條件。為增加集團的營運彈性，多項租賃均包括延長或終止租賃的選擇權，並當可以合理地確定延長租賃(或不終止)時才計入租賃年期。於二零二二年三月三十一日，尚未開始但集團已承擔的租賃未來現金流出為港幣45,307,000元(二零二一年：港幣57,043,000元)。

(a) Amounts recognised in the consolidated balance sheet

(i) Right-of-use assets

The Group and HA 集團及醫管局		
	At 31 March 2022 HK\$'000 2022年3月31日 港幣千元	At 31 March 2021 HK\$'000 2021年3月31日 港幣千元
Buildings 物業	454,176	188,276
Land 土地	39,163	81,837
	493,339	270,113

Additions to the right-of-use assets for the financial year ended 31 March 2022 were HK\$417,367,000 (2021: HK\$215,363,000).

於截至二零二二年三月三十一日止之財政年度，使用權資產的增加為港幣417,367,000元(二零二一年：港幣215,363,000元)。

(ii) Lease liabilities

Contractual maturities of lease liabilities are as follows:

(ii) 租賃負債

租賃負債的合約到期情況如下：

The Group and HA 集團及醫管局						
	Within 1 year HK\$'000 1年內 港幣千元	Between 1 and 2 years HK\$'000 1-2年 港幣千元	Between 2 and 5 years HK\$'000 2-5年 港幣千元	Over 5 years HK\$'000 5年以上 港幣千元	Total contractual cash flows HK\$'000 合約現金 流量總額 港幣千元	Carrying amount HK\$'000 帳面價值 港幣千元
At 31 March 2022 於2022年3月31日	288,776	113,995	112,376	-	515,147	509,397
Less: non-current portion 減：非流動部分						(223,529)
Current portion 流動部分						285,868
At 31 March 2021 於2021年3月31日	156,375	112,155	27,703	-	296,233	294,267
Less: non-current portion 減：非流動部分						(139,268)
Current portion 流動部分						154,999

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

7 Leases (Continued)

(b) Amounts recognised in the consolidated statement of income and expenditure

The consolidated statement of income and expenditure shows the following amounts relating to leases:

The Group 集團	For the year ended 31 March 2022 HK\$'000 截至2022年 3月31日止年度 港幣千元	For the year ended 31 March 2021 HK\$'000 截至2021年 3月31日止年度 港幣千元
Depreciation 折舊	194,141	140,641
Expenses relating to short-term leases (included in other operating expenses) 短期租賃相關開支(包括在其他營運開支內)	287,117	549,417
Finance costs 財務費用	3,684	2,621

Total cash outflow for leases for the year ended 31 March 2022 was HK\$403,733,000 (2021: HK\$677,619,000).

綜合收支結算表呈列之租賃相關款額如下：

截至二零二二年三月三十一日止年度，租賃之現金流出總額為港幣403,733,000元（二零二一年：港幣677,619,000元）。

8 Loans receivable

Certain eligible employees under the Home Loan Interest Subsidy Scheme ("HLISS") 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 1.270% as at 31 March 2022 (2021: 1.106%). Downpayment Loan Scheme has been suspended since April 2002.

At 31 March 2022, 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 2022 HK\$'000 2022年3月31日 港幣千元	At 31 March 2021 HK\$'000 2021年3月31日 港幣千元
Repayable within one year 一年內償還	11	104
Repayable beyond one year 超過一年償還	-	18
	11	122

7 租賃(續)

(b) 在綜合收支結算表確認的款項

8 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，於二零二二年三月三十一日時為1.270%（二零二一年：1.106%）。首期貸款計劃自二零二二年四月起已暫停。

在二零二二年三月三十一日，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：

NOTES TO THE FINANCIAL STATEMENTS

8 Loans receivable (Continued)

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.

9 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.

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 4.7% and 5.6% per annum for January to December 2021 and January to December 2022, respectively. The interest earned but not yet withdrawn by HA would continue to accrue interest at the same rate payable for the principal amount.

財務報表附註

8 應收債款(續)

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

9 外匯基金存款

外匯基金存款是以「按公允價值列帳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。

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。二零二一年一月至十二月及二零二二年一月至十二月的每年回報率分別為4.7%及5.6%。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。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

9 Placements with the Exchange Fund (Continued)

The placements with the Exchange Fund are analysed as follows:

9 外匯基金存款(續)

外匯基金存款分析如下：

The Group and HA 集團及醫管局								
	Custodian for Samaritan Fund [Notes 9(a) and 17] 作為撒瑪利亞基金的保管人 [附註9(a)及17]		PPP Fund and PPP Endowment Fund [Notes 9(b), 21(b) and 23] 公私營協作基金及公私營協作留本基金 [附註9(b), 21(b)及23]		HLISS Fund [Notes 9(c) and 16] 購屋貸款利息津貼計劃基金 [附註9(c)及16]		Total 總計	
	At 31 March 2022 HK\$'000 2022年 3月31日 港幣千元	At 31 March 2021 HK\$'000 2021年 3月31日 港幣千元	At 31 March 2022 HK\$'000 2022年 3月31日 港幣千元	At 31 March 2021 HK\$'000 2021年 3月31日 港幣千元	At 31 March 2022 HK\$'000 2022年 3月31日 港幣千元	At 31 March 2021 HK\$'000 2021年 3月31日 港幣千元	At 31 March 2022 HK\$'000 2022年 3月31日 港幣千元	At 31 March 2021 HK\$'000 2021年 3月31日 港幣千元
Principal amount 本金	6,000,000	6,000,000	10,000,000	10,000,000	5,000,000	5,000,000	21,000,000	21,000,000
Interest earned but not withdrawn at the reporting date 報告日所獲但沒有提取的利息收入	748,972	446,010	775,608	625,063	486,923	240,614	2,011,503	1,311,687
Accrued interest 應計利息	93,191	74,703	148,792	123,134	75,765	60,734	317,748	258,571
	6,842,163	6,520,713	10,924,400	10,748,197	5,562,688	5,301,348	23,329,251	22,570,258
Less: non-current portion 減：非流動部分	(3,000,000)	(6,000,000)	(10,000,000)	(10,000,000)	(5,000,000)	(5,000,000)	(18,000,000)	(21,000,000)
Current portion 流動部分	3,842,163	520,713	924,400	748,197	562,688	301,348	5,329,251	1,570,258

NOTES TO THE FINANCIAL STATEMENTS

9 Placements with the Exchange Fund (Continued)

(a) Custodian for Samaritan Fund

HA renewed the principal amount of HK\$6,000,000,000 for the Samaritan Fund for another six years at its maturity on 8 November 2018, during which HA would be able to request one single withdrawal of an amount equal to or not more than HK\$3,000,000,000 for the period from 1 April 2022 to 31 March 2023. The management of the Samaritan Fund is considering partial withdrawal of principal together with the interest earned from the placement with the Exchange Fund in March 2023 for meeting the cash outflows of the Samaritan Fund in future years. Hence, the principal amount of HK\$3,000,000,000 and the interest earned / accrued of HK\$842,163,000 (2021: HK\$520,713,000) were classified as current asset.

(b) PPP Fund and PPP Endowment Fund

During the year ended 31 March 2022, HA withdrew the interest of HK\$342,000,000 (2021: HK\$422,000,000) from the placement with the Exchange Fund to support the operation of the PPP programmes. In addition, as agreed with HKMA, HA renewed the placement of HK\$10,000,000,000 with the Exchange Fund for another six years upon maturity on 12 July 2022. Subject to the approval from the appropriate authority, HA may exercise an option of up to two principal withdrawals during the periods from 1 April 2024 to 31 March 2025 and 1 April 2026 to 31 March 2027 (not exceeding HK\$2,000,000,000 in aggregate) to address the potential funding needs.

(c) HLISS Fund

HA has placed HK\$5,000,000,000 for the HLISS Fund with the Exchange Fund since 19 August 2019 for a period of six years, during which HA would be able to request one single withdrawal of an amount equal to or not more than HK\$2,000,000,000 during the period from 1 April 2023 to 31 March 2024.

財務報表附註

9 外匯基金存款(續)

(a) 作為撒瑪利亞基金的保管人

醫管局將撒瑪利亞基金為數港幣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，期間醫管局可在二零二二年四月一日至二零二三年三月三十一日要求一次過提取一筆相等於或不超過港幣3,000,000,000元的款項。撒瑪利亞基金管理層現正考慮在二零二三年三月從外匯基金存款中提取部分本金連同所獲利息，以應付撒瑪利亞基金在未來年度的現金支出。因此，為數港幣3,000,000,000元的本金連同所獲/應計的港幣842,163,000元利息(二零二一年：港幣520,713,000元)被列為流動資產。

(b) 公私營協作基金及公私營協作留本基金

於截至二零二二年三月三十一日止之年度，醫管局從外匯基金存款中提取利息港幣342,000,000元(二零二一年：港幣422,000,000元)，作為公私營協作計劃營運之用。此外，根據醫管局與金管局的協議，為數港幣10,000,000,000元的存款於二零二二年七月十二日到期後續存於外匯基金，為期六年。期間醫管局可在獲得有關當局批准下行使選擇權，在二零二四年四月一日至二零二五年三月三十一日及二零二六年四月一日至二零二七年三月三十一日提取最多兩次本金(總額不超過港幣2,000,000,000元)，以解決潛在的資金需求。

(c) 購屋貸款利息津貼計劃基金

醫管局從購屋貸款利息津貼計劃基金將港幣5,000,000,000元的款項由二零一九年八月十九日起存於外匯基金，為期六年，期間醫管局可在二零二三年四月一日至二零二四年三月三十一日要求一次過提取一筆相等於或不超過港幣2,000,000,000元的款項。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

10 Fixed income instruments

The fixed income instruments substantially 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 0.95% and 2.80% (2021: between 1.28% and 2.74%).

At 31 March 2022, 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 2022 HK\$'000 2022年3月31日 港幣千元	At 31 March 2021 HK\$'000 2021年3月31日 港幣千元
Maturing within one year 一年內到期	246,420	148,000
Maturing between one and five years 一至五年內到期	895,783	250,000
	1,142,203	398,000

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

10 固定入息工具

固定入息工具主要是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0.95%至2.80%之間(二零二一年：在1.28%至2.74%之間)。

於二零二二年三月三十一日，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。

11 Inventories

The Group and HA 集團及醫管局		
	At 31 March 2022 HK\$'000 2022年3月31日 港幣千元	At 31 March 2021 HK\$'000 2021年3月31日 港幣千元
Drugs 藥物	3,514,733	1,483,920
Medical consumables 醫療消耗品	914,812	1,010,265
General consumables 一般消耗品	42,566	47,810
	4,472,111	2,541,995

The carrying value of inventories has been adjusted to its net realisable value by HK\$80,767,000 (2021: HK\$134,564,000) during the year ended 31 March 2022. For enhanced infection control measures to protect staff and patients during the COVID-19 pandemic, the supply of Personal Protective Equipment of three to six months was maintained as at 31 March 2022.

11 存貨

於截至二零二二年三月三十一日止之年度，存貨的帳面價值調整港幣80,767,000元(二零二一年：港幣134,564,000元)至其可變現淨值。在2019冠狀病毒病疫情期間，為保護員工和病人的加強感染控制措施，於二零二二年三月三十一日，個人保護裝備維持三至六個月的供應量。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

12 Accounts receivable

12 應收帳款

The Group and HA 集團及醫管局		
	At 31 March 2022 HK\$'000 2022年3月31日 港幣千元	At 31 March 2021 HK\$'000 2021年3月31日 港幣千元
Bills receivable [note 12(a)] 應收帳單[附註12(a)]	482,401	380,710
Accrued income [note 12(b)] 應計收入[附註12(b)]	34,374	56,443
	516,775	437,153
Less: Allowance for expected credit losses [notes 12(c) and 12(d)] 減：預期信用損失撥備[附註12(c)及12(d)]	(70,325)	(79,091)
	446,450	358,062

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

(a) 應收帳單的帳齡分析如下：

The Group and HA 集團及醫管局		
	At 31 March 2022 HK\$'000 2022年3月31日 港幣千元	At 31 March 2021 HK\$'000 2021年3月31日 港幣千元
Within 30 days 30日內	228,727	223,796
Between 31 and 60 days 31至60日	119,618	63,598
Between 61 and 90 days 61至90日	42,935	16,988
Over 90 days 超過90日	91,121	76,328
	482,401	380,710

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

集團有關病人帳單的政策如下：

- | | |
|---|--|
| <p>(i) Patients attending outpatient and Accident and Emergency services are required to pay fees before services are performed.</p> <p>(ii) Private patients and non-eligible persons are required to pay deposit on admission to hospital.</p> <p>(iii) Interim bills are sent to patients during hospitalisation. Final bills are sent if the outstanding amounts have not been settled on discharge.</p> <p>(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.</p> | <p>(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。</p> <p>(ii) 私家病人及非符合資格人士入院時須繳付訂金。</p> <p>(iii) 醫院會向住院病人發出中期帳單。假如病人在出院時未繳付尚欠的費用，醫院會發出最後帳單通知。</p> <p>(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。如在帳單發出後60日仍未清繳費用，會另外徵收欠款5%作為行政費，每項帳單上限為港幣1,000元；如在帳單發出後90日仍未清繳費用，則會另外徵收欠款10%作為行政費，每項帳單上限為港幣10,000元。</p> |
|---|--|

NOTES TO THE FINANCIAL STATEMENTS

12 Accounts receivable (Continued)

- (v) Legal action will be instituted for outstanding bills where appropriate. Patients who have financial difficulties may be considered for waiver of fees charged.

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

The Group and HA 集團及醫管局	At 31 March 2022 HK\$'000 2022年3月31日 港幣千元	At 31 March 2021 HK\$'000 2021年3月31日 港幣千元
Past due by 逾期：		
Within 30 days 30日內	198,308	180,933
Between 31 and 60 days 31至60日	85,862	43,771
Between 61 and 90 days 61至90日	26,650	6,482
Over 90 days 超過90日	35,804	13,499
	346,624	244,685

Bills 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.

- (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.

財務報表附註

12 應收帳款(續)

- (v) 集團會就拖欠的帳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。

逾期但沒有減值的應收帳單的帳齡分析如下：

逾期但沒有減值的應收帳單包括政府部門、慈善團體或其他機構應償還的欠款，這些應收帳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) 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。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

12 Accounts receivable (Continued)

(c) At 31 March 2022, bills receivable of HK\$135,777,000 (2021: HK\$136,025,000) were impaired by HK\$70,325,000 (2021: HK\$79,091,000). The ageing analysis of these receivables is as follows:

The Group and HA 集團及醫管局		
	At 31 March 2022 HK\$'000 2022年3月31日 港幣千元	At 31 March 2021 HK\$'000 2021年3月31日 港幣千元
Within 30 days 30日內	30,419	42,863
Between 31 and 60 days 31至60日	33,756	19,827
Between 61 and 90 days 61至90日	16,285	10,506
Over 90 days 超過90日	55,317	62,829
	135,777	136,025

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

應收帳單預期信用損失撥備的變動如下：

The Group and HA 集團及醫管局		
	For the year ended 31 March 2022 HK\$'000 截至2022年 3月31日止年度 港幣千元	For the year ended 31 March 2021 HK\$'000 截至2021年 3月31日止年度 港幣千元
At the beginning of the year 於年初	79,091	68,700
Additional provision 撥備增加	32,481	56,489
Uncollectible amounts written off 註銷的未收回款額	(41,247)	(46,098)
At the end of the year 於年終	70,325	79,091

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

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

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

12 Accounts receivable (Continued)

(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:

12 應收帳款(續)

(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，應收帳款已按照相同的信用風險特徵和逾期天數分組。應收帳款的帳面總值和帳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 帳面總值 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 帳面淨值 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 2022 於2022年3月31日				
Within 6 months 6個月內	477,624	(44,553)	433,071	9%
Between 6 and 12 months 6至12個月	20,489	(8,063)	12,426	39%
Over 12 months 超過12個月	18,662	(17,709)	953	95%
	516,775	(70,325)	446,450	
At 31 March 2021 於2021年3月31日				
Within 6 months 6個月內	391,530	(44,186)	347,344	11%
Between 6 and 12 months 6至12個月	20,428	(9,791)	10,637	48%
Over 12 months 超過12個月	25,195	(25,114)	81	100%
	437,153	(79,091)	358,062	

The lifetime expected credit loss balances disclosed above include HK\$42,817,000 (2021: HK\$51,234,000) 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42,817,000元(二零二一年：港幣51,234,000元)與個別決定減值的應收帳單有關，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。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

13 Other receivables

13 其他應收帳款

The Group and HA 集團及醫管局	At 31 March 2022 HK\$'000 2022年3月31日 港幣千元	At 31 March 2021 HK\$'000 2021年3月31日 港幣千元
Donations receivable 應收捐款	44,068	52,691
Interest receivable 應收利息	59,300	89,480
Receivable from the Government for reimbursement or refund of expenditure incurred on capital projects [note 13(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13(a)]	-	297,849
Others 其他	157,918	82,340
	261,286	522,360

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.

其他應收帳款並無減值資產，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，這些應收帳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 2022, advance funding received from the Government for meeting the capital project costs in future periods was HK\$628,846,000 which was recognised as current liability in note 18. Movements in the balance with the Government for funding the expenditure incurred on capital projects are set out in note 18(d).

(a) 於二零二二年三月三十一日，醫管局收到用以支付日後基本工程項目費用的政府預先撥款為港幣628,846,000元，於附註18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載於附註18(d)。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

14 Deposits and prepayments

14 按金及預付款項

The Group 集團		
	At 31 March 2022 HK\$'000 2022年3月31日 港幣千元	At 31 March 2021 HK\$'000 2021年3月31日 港幣千元
Utility and other deposits 公用事業及其他按金	48,265	45,573
Prepayments to Government departments 向政府部門預付的款項	147,020	137,313
Maintenance contracts and other prepayments 保養合約及其他預付款項	542,304	430,371
	737,589	613,257
HA 醫管局		
	At 31 March 2022 HK\$'000 2022年3月31日 港幣千元	At 31 March 2021 HK\$'000 2021年3月31日 港幣千元
Utility and other deposits 公用事業及其他按金	48,141	45,449
Prepayments to Government departments 向政府部門預付的款項	147,020	137,313
Maintenance contracts and other prepayments 保養合約及其他預付款項	542,304	430,366
	737,465	613,128

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

15 Cash and bank balances

15 現金及銀行結餘

The Group and HA 集團及醫管局	At 31 March 2022 HK\$'000 2022年3月31日 港幣千元	At 31 March 2021 HK\$'000 2021年3月31日 港幣千元
Cash at bank and in hand 銀行存款及手持現金	783,368	834,916
Bank deposits with original maturity within three months 原來到期日不超過三個月的銀行存款	8,590,850	1,690,830
Cash and cash equivalents 現金及現金等值	9,374,218	2,525,746
Bank deposits with original maturity over three months 原來到期日超過三個月的銀行存款	25,730,455	29,882,950
	35,104,673	32,408,696

The cash and bank balances included bank deposits designated for Minor Works Projects Fund and PPP Fund of HK\$4,527,983,000 (2021: HK\$6,276,543,000) and HK\$188,258,000 (2021: HK\$186,443,000) respectively. The effective interest rate on short term bank deposits is between 0.26% and 2.58% (2021: 0.001% and 0.6%). These deposits have an average maturity of 58 days (2021: 64 days).

現金及銀行結餘包括小型工程項目基金及公私營協作基金的指定銀行存款，分別為港幣4,527,983,000元(二零二一年：港幣6,276,543,000元)及港幣188,258,000元(二零二一年：港幣186,443,000元)。短期銀行存款的實際利率為0.26%至2.58%之間(二零二一年：0.001%至0.6%之間)，這些存款的平均到期日為58天(二零二一年：64天)。

16 Designated fund – Home Loan Interest Subsidy Scheme

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

The scheme is funded by HA through the recurrent subvention from the Government. A designated fund has been set aside for the scheme. As agreed with HKMA, HK\$5,000,000,000 has been placed with the Exchange Fund since 19 August 2019 for a period of six years during which HA would be able to request one single withdrawal of an amount equal to or not more than HK\$2,000,000,000 during the period from 1 April 2023 to 31 March 2024. The remaining fund balance is maintained in designated bank accounts which was included under cash and bank balances.

The Group will enhance the scheme which aims to offer a loan chargeable at a preferential interest rate to staff for financing the cost of a property for self-occupancy. The existing designated fund balance, together with the annual recurrent contributions for HLISS (set out in note 18(c)(iii)) would meet the financial implication of the enhanced scheme.

16 指定基金 — 購屋貸款利息津貼計劃

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

該計劃由醫管局透過政府的經常性補助予以資助。計劃預留一筆指定基金，用以支付購屋貸款利息津貼福利的有關開支。根據醫管局與金管局的協議，醫管局由二零一九年八月十九日起將港幣5,000,000,000元的款項存於外匯基金，為期六年，期間醫管局可在二零二三年四月一日至二零二四年三月三十一日要求一次過提取一筆相等於或不超過港幣2,000,000,000元的款項。基金餘下結餘存於指定銀行戶口內，列入現金及銀行結餘。

集團將會優化計劃，向員工提供優惠利息的貸款以資助他們購置自住物業。現有的指定基金結餘連同計劃的每年經常性補助(按附註18(c)(iii)所列)，將用作應付優化計劃的財政負擔。

NOTES TO THE FINANCIAL STATEMENTS

17 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. 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, during which HA would be able to request one single withdrawal of an amount equal to or not more than HK\$3,000,000,000 for the period from 1 April 2022 to 31 March 2023.

As HA is acting as a custodian for the Samaritan Fund, the cumulative investment return up to 31 March 2022 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 2022 HK\$'000 2022年3月31日 港幣千元	At 31 March 2021 HK\$'000 2021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 在報告日所獲但沒有提取的利息收入	748,972	446,010
Accrued interest 應計利息	93,191	74,703
	6,842,163	6,520,713
Less: non-current portion 減：非流動部分	(3,000,000)	(6,000,000)
Current portion [note 17(a)] 流動部分 [附註17(a)]	3,842,163	520,713

(a) According to the renewed placement terms, the management of the Samaritan Fund is considering partial withdrawal of principal together with the interest earned from the placement with the Exchange Fund in March 2023 for meeting the cash outflows of the Samaritan Fund in future years. Hence, the principal amount of HK\$3,000,000,000 and the interest earned / accrued of HK\$842,163,000 (2021: HK\$520,713,000) were classified as current liability.

財務報表附註

17 撒瑪利亞基金結餘

於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，期間醫管局可在二零二二年四月一日至二零二三年三月三十一日要求一次過提取一筆相等於或不超過港幣3,000,000,000元的款項。

由於醫管局是作為撒瑪利亞基金的保管人，基金截至二零二二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：

(a) 根據續存條款，撒瑪利亞基金管理層現正考慮在二零二三年三月從外匯基金存款中提取部分本金連同所獲利息，以應付撒瑪利亞基金在未來年度的現金支出。因此，為數港幣3,000,000,000元的本金連同港幣842,163,000元所獲 / 應計利息（二零二一年：港幣520,713,000元）被列為流動負債。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

18 Creditors and accrued charges

18 債權人及應付費用

The Group 集團		
	At 31 March 2022 HK\$'000 2022年3月31日 港幣千元	At 31 March 2021 HK\$'000 2021年3月31日 港幣千元
Trade payables [note 18(a)] 應付貿易帳款[附註18(a)]	2,072,577	1,372,693
Accrued charges and other payables [note 18(b)] 應付費用及其他帳款[附註18(b)]	10,152,371	8,658,763
Current account with the Government [note 18(c)] 與政府之間的來往帳目[附註18(c)]	15,705,143	11,734,194
Advance funding received from the Government for meeting the expenditure incurred on capital projects [note 18(d)] 從政府收取用以支付基本工程項目費用的預先撥款 [附註18(d)]	628,846	-
	28,558,937	21,765,650
HA 醫管局		
	At 31 March 2022 HK\$'000 2022年3月31日 港幣千元	At 31 March 2021 HK\$'000 2021年3月31日 港幣千元
Trade payables [note 18(a)] 應付貿易帳款[附註18(a)]	2,072,577	1,372,693
Accrued charges and other payables [note 18(b)] 應付費用及其他帳款[附註18(b)]	10,116,704	8,626,538
Current account with the Government [note 18(c)] 與政府之間的來往帳目[附註18(c)]	15,705,143	11,734,194
Advance funding received from the Government for meeting the expenditure incurred on capital projects [note 18(d)] 從政府收取用以支付基本工程項目費用的預先撥款 [附註18(d)]	628,846	-
Current account with a subsidiary 與附屬機構之間的來往帳目	35,549	32,102
	28,558,819	21,765,527

In order to meet the Group's liquidity requirements, the Group has maintained adequate cash flows and banking facilities for settlement of trade payables and other liabilities. As at 31 March 2022, the Group had cash and bank balances of HK\$35,104,673,000 (2021: HK\$32,408,696,000) (note 15) and undrawn banking facilities of HK\$5,450,000,000 (2021: HK\$5,450,000,000).

為符合集團的流動資金需要，集團備有足夠流動現金及銀行授信額以支付應付貿易帳款及其他負債。於二零二二年三月三十一日，集團的現金及銀行結餘為港幣35,104,673,000元(二零二一年：港幣32,408,696,000元)(附註15)，以及未動用的銀行授信額為港幣5,450,000,000元(二零二一年：港幣5,450,000,000元)。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

18 Creditors and accrued charges (Continued)

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

The Group and HA 集團及醫管局	At 31 March 2022 HK\$'000 2022年3月31日 港幣千元	At 31 March 2021 HK\$'000 2021年3月31日 港幣千元
Within 30 days 30日內	2,004,473	1,300,215
Between 31 and 60 days 31至60日	40,375	29,916
Between 61 and 90 days 61至90日	16,174	29,267
Over 90 days 超過90日	11,555	13,295
	2,072,577	1,372,693

All trade payables as at 31 March 2022 are expected to be settled within one year.

(b) Accrued charges and other payables of the Group and HA included accrual for annual leave of HK\$2,933,343,000 (2021: HK\$2,834,102,000) and contract gratuity accrual of HK\$2,527,404,000 (2021: HK\$2,433,261,000).

(c) The balance mainly included Government funding that was already received and set aside for designated programmes or specific items for future spending such as the following:

(i) Up to the financial year ended 31 March 2022, the Government allocated additional funding of HK\$8,885,000,000 (including HK\$4,700,000,000 from the Anti-epidemic Fund and additional subvention of HK\$4,185,000,000) to the Group for combatting the COVID-19 pandemic. For the financial year ended 31 March 2022, HK\$4,330,000,000 was utilised and charged to the statement of income and expenditure (2021: HK\$4,114,000,000). The balance remained in current account with the Government as at 31 March 2022 amounted to HK\$18,000,000 (2021: HK\$2,282,000,000).

(ii) As agreed with the Government, the Group designated HK\$2,700,000,000 for meeting the funding requirements of sustaining anti-epidemic measures for the financial year ended 31 March 2022 (2021: HK\$1,000,000,000). The Group also set aside HK\$1,000,000,000 for medical and IT equipment maintenance and replacement (2021: HK\$280,000,000).

18 債權人及應付費用(續)

(a) 應付貿易帳款的帳齡分析如下：

二零二二年三月三十一日的應付貿易帳款應於一年內繳付。

(b) 集團及醫管局的應付費用及其他帳款包括未放年假撥備港幣2,933,343,000元(二零二一年：港幣2,834,102,000元)，以及應計合約酬金港幣2,527,404,000元(二零二一年：港幣2,433,261,000元)。

(c) 結餘主要包括已收到及預留作指定計劃或特定項目供未來使用的政府撥款，如：

(i) 截至二零二二年三月三十一日止之財政年度，政府累計向集團額外撥款港幣8,885,000,000元(包括防疫抗疫基金撥款港幣4,700,000,000元及額外撥款港幣4,185,000,000元)，用作對抗2019冠狀病毒病疫情。於截至二零二二年三月三十一日止之財政年度，集團已使用港幣4,330,000,000元及記入該年度之收支結算表內(二零二一年：港幣4,114,000,000元)。在二零二二年三月三十一日，與政府之間的來往帳目中，撥款的結餘為港幣18,000,000元(二零二一年：港幣2,282,000,000元)。

(ii) 根據與政府的協議，集團於截至二零二二年三月三十一日止之財政年度將港幣2,700,000,000元(二零二一年：港幣1,000,000,000元)指定用作應付持續抗疫措施的資金需要。集團亦預留港幣1,000,000,000元(二零二一年：港幣280,000,000元)，以作醫療及資訊科技設備保養和更換之用。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

18 Creditors and accrued charges (Continued)

- (c) (iii) The unutilised recurrent funding contributed for HLISS (after meeting the expenditure for existing HLISS) for the financial year ended 31 March 2021 onwards would be designated for the implementation of enhanced HLISS. As at 31 March 2022, total funding designated for enhanced HLISS included in the current account with the Government was HK\$3,032,000,000 (2021: HK\$1,493,000,000).
- (d) 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 2022 HK\$'000 截至2022年 3月31日止年度 港幣千元	For the year ended 31 March 2021 HK\$'000 截至2021年 3月31日止年度 港幣千元
At the beginning of the year 於年初	297,849	355,629
Government funding received on capital projects 就基本工程項目收到的政府撥款	(6,575,052)	(3,813,049)
Amount incurred on capital projects 基本工程項目所涉款項	5,648,357	3,755,269
At the end of the year 於年終	(628,846)	297,849

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

The Group and HA 集團及醫管局		
	For the year ended 31 March 2022 HK\$'000 截至2022年 3月31日止年度 港幣千元	For the year ended 31 March 2021 HK\$'000 截至2021年 3月31日止年度 港幣千元
At the beginning of the year 於年初	-	2
Contributions received from the governing bodies of ex-subservent 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	200,559	67,112
Amount incurred on capital projects 基本工程項目所涉款項	(200,559)	(67,114)
At the end of the year 於年終	-	-

18 債權人及應付費用(續)

- (c) (iii) 由截至二零二一年三月三十一日止之財政年度起，購屋貸款利息津貼計劃未用的經常性補助(在支付現有計劃的開支後)將指定用作推行購屋貸款利息津貼優化計劃。在二零二二年三月三十一日，與政府之間的來往帳目內指定用於優化計劃的總撥款額為港幣3,032,000,000元(二零二一年：港幣1,493,000,000元)。
- (d) 政府就基本工程項目所涉開支的撥款結餘變動如下：

- (e) 前補助醫院管治機構就基本工程項目承擔款項變動如下：

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

19 Deposits received

19 已收按金

The Group and HA 集團及醫管局	At 31 March 2022 HK\$'000 2022年3月31日 港幣千元	At 31 March 2021 HK\$'000 2021年3月31日 港幣千元
Patient deposits [note 19(a)] 病人按金[附註19(a)]	21,467	45,553
Other deposits [note 19(b)] 其他按金[附註19(b)]	524,257	415,083
	545,724	460,636

(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) 病人按金屬於合約負債，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。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

20 Death and disability liabilities

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

The amounts recognised in the balance sheet are as follows:

The Group and HA 集團及醫管局		
	At 31 March 2022 HK\$'000 2022年3月31日 港幣千元	At 31 March 2021 HK\$'000 2021年3月31日 港幣千元
Present value of funded obligations 注資責任的現值	273,022	294,818
Fair value of plan assets 計劃資產的公允價值	(26,433)	(4,708)
	246,589	290,110

20 死亡及傷殘福利責任

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

資產負債表予以確認的款額如下：

The 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 2022 HK\$'000 截至2022年 3月31日止年度 港幣千元	For the year ended 31 March 2021 HK\$'000 截至2021年 3月31日止年度 港幣千元
At the beginning of the year 於年初	294,818	321,885
Current service cost 現行服務開支	50,439	50,490
Interest cost 利息開支	4,855	2,509
Benefits paid 已付福利	(10,823)	(5,060)
Remeasurement of disability liability 傷殘福利責任重新計量	(8,740)	(24,911)
Remeasurement of death liability 死亡福利責任重新計量	(57,527)	(50,095)
At the end of the year 於年終	273,022	294,818

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

20 Death and disability liabilities (Continued)

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

The Group and HA 集團及醫管局	For the year ended 31 March 2022 HK\$'000 截至2022年 3月31日止年度 港幣千元	For the year ended 31 March 2021 HK\$'000 截至2021年 3月31日止年度 港幣千元
At the beginning of the year 於年初	4,708	14,465
Adjustment on plan assets (excluding interest income) 計劃資產的調整(不包括利息收入)	21,661	(14,895)
Employer contributions 僱主供款	10,887	10,198
Benefits paid 已付福利	(10,823)	(5,060)
At the end of the year 於年終	26,433	4,708

The death benefits are insured by a group life insurance policy and the current insurance policy covers the period up to 31 July 2024. 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.

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 2022 HK\$'000 截至2022年 3月31日止年度 港幣千元	For the year ended 31 March 2021 HK\$'000 截至2021年 3月31日止年度 港幣千元
Current service cost 現行服務開支	50,439	50,490
Interest cost 利息開支	4,855	2,509
Remeasurement of disability liability 傷殘福利責任重新計量	(8,740)	(24,911)
Total, included in staff costs [note 25] 總計(包括在員工成本內) [附註25]	46,554	28,088
Remeasurement of death liability 死亡福利責任重新計量	(57,527)	(50,095)
Adjustment on plan assets (excluding interest income) 計劃資產的調整(不包括利息收入)	(21,661)	14,895
Total, included in other comprehensive income 總計(包括在其他綜合收益內)	(79,188)	(35,200)

20 死亡及傷殘福利責任(續)

計劃資產的公允價值變動如下：

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二零二四年七月三十一日。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。

下列是根據精算估值得出並在綜合收支結算表及綜合全面收益表予以確認的款額：

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

20 Death and disability liabilities (Continued)

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

The Group and HA 集團及醫管局		
	For the year ended 31 March 2022 截至2022年 3月31日止年度 %	For the year ended 31 March 2021 截至2021年 3月31日止年度 %
Discount rate 貼現率	2.20	1.70
Assumed rate of future salary increases 假設未來薪金增幅	3.00	2.90

The analysis below shows how the present value of the funded obligations as at 31 March 2022 would have increased / (decreased) as a result of the following changes in the principal actuarial assumptions:

20 死亡及傷殘福利責任(續)

精算估值採用的主要精算假設如下：

下列分析是根據以下主要精算假設的改變，得出二零二二年三月三十一日注資責任現值的增加/(減少)：

The Group and HA 集團及醫管局		
	Increase in 50 basis points HK\$'000 利率升50點子 港幣千元	Decrease in 50 basis points HK\$'000 利率降50點子 港幣千元
Discount rate 貼現率	(14,729)	16,217
Assumed rate of future salary increases 假設未來薪金增幅	15,664	(14,096)

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

21 Deferred income

21 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 21(a)] HK\$'000 小型工程 項目基金 [附註21(a)] 港幣千元	PPP Fund [Note 21(b)] HK\$'000 公私營 協作基金 [附註21(b)] 港幣千元	Total HK\$'000 總計 港幣千元
At 1 April 2020 於2020年4月1日	740,137	7,852,155	843,841	9,436,133
Additions during the year 年內增加	313,445	-	9,595	323,040
Interest earned 所獲利息	-	117,308	416,482	533,790
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	-	(1,829)	-	(1,829)
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(360,809)	(1,495,069)	(403,312)	(2,259,190)
At 31 March 2021 於2021年3月31日	692,773	6,472,565	866,606	8,031,944
Additions during the year 年內增加	179,576	-	9,595	189,171
Interest earned 所獲利息	-	35,163	518,861	554,024
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	-	(10,619)	-	(10,619)
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(158,907)	(1,849,687)	(361,525)	(2,370,119)
At 31 March 2022 於2022年3月31日	713,442	4,647,422	1,033,537	6,394,401

NOTES TO THE FINANCIAL STATEMENTS

21 Deferred income (Continued)

(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.

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. Upon the maturity of placement with the Exchange Fund on 14 April 2020, HA withdrew the principal together with the remaining interest of HK\$485,371,000 and internally managed these funds to meet the costs of the minor works projects in future years. 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.

(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 23) 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 in April 2016.

During the financial year ended 31 March 2022, the Government provided recurrent subvention of HK\$9,595,000 (2021: HK\$9,595,000) 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.

財務報表附註

21 遞延收益(續)

(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。

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。存放於外匯基金的存款在二零二零年四月十四日到期，醫管局提取了本金連同餘下的港幣485,371,000元利息，並由內部管理，用以支付未來年度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。

(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23)，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，持續營運於二零一六年四月推行的公私營協作計劃。

於截至二零二二年三月三十一日止的財政年度，政府向醫管局提供港幣9,595,000元(二零二一年：港幣9,595,000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。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

22 Deferred income – capital subventions and capital donations

22 遞延收益 — 資本補助及資本捐贈

The Group 集團			
	Capital subventions <i>[Note 2(r)]</i> HK\$'000 資本補助 <i>[附註2(r)]</i> 港幣千元	Capital donations <i>[Note 2(f)]</i> HK\$'000 資本捐贈 <i>[附註2(f)]</i> 港幣千元	Total HK\$'000 總計 港幣千元
At 1 April 2020 於2020年4月1日	5,691,370	1,215,469	6,906,839
Additions during the year 年內增加	2,072,805	120,349	2,193,154
Transfers from Minor Works Projects Fund 轉調自小型工程項目基金	1,829	-	1,829
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(1,266,063)	(166,021)	(1,432,084)
At 31 March 2021 於2021年3月31日	6,499,941	1,169,797	7,669,738
Additions during the year 年內增加	1,874,860	112,284	1,987,144
Transfers from Minor Works Projects Fund 轉調自小型工程項目基金	10,619	-	10,619
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(1,280,639)	(154,779)	(1,435,418)
At 31 March 2022 於2022年3月31日	7,104,781	1,127,302	8,232,083
HA 醫管局			
	Capital subventions <i>[Note 2(r)]</i> HK\$'000 資本補助 <i>[附註2(r)]</i> 港幣千元	Capital donations <i>[Note 2(f)]</i> HK\$'000 資本捐贈 <i>[附註2(f)]</i> 港幣千元	Total HK\$'000 總計 港幣千元
At 1 April 2020 於2020年4月1日	5,685,909	1,215,469	6,901,378
Additions during the year 年內增加	2,065,780	120,349	2,186,129
Transfers from Minor Works Projects Fund 轉調自小型工程項目基金	1,829	-	1,829
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(1,260,697)	(166,021)	(1,426,718)
At 31 March 2021 於2021年3月31日	6,492,821	1,169,797	7,662,618
Additions during the year 年內增加	1,867,217	112,284	1,979,501
Transfers from Minor Works Projects Fund 轉調自小型工程項目基金	10,619	-	10,619
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(1,277,193)	(154,779)	(1,431,972)
At 31 March 2022 於2022年3月31日	7,093,464	1,127,302	8,220,766

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

23 Public-Private Partnership Endowment Fund

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. As agreed with HKMA, HA renewed the placement of HK\$10,000,000,000 for another six years upon maturity on 12 July 2022.

23 公私營協作留本基金

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。根據醫管局與金管局的協議，該筆港幣10,000,000,000元的存款於二零二二年七月十二日到期後續存於外匯基金，為期六年。

24 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 / clinic fees and charges waived for the financial year ended 31 March 2022 amounted to HK\$1,081,054,000 (2021: HK\$992,836,000).

24 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。在截至二零二二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1,081,054,000元(二零二一年：港幣992,836,000元)。

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

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 2022 截至2022年3月31日止年度			
Inpatient fees 住院收費	600,439	-	600,439
Outpatient fees 門診收費	-	1,278,409	1,278,409
Itemised charges 分項收費	65,259	3,198,371	3,263,630
Other medical fees 其他醫療收費	1,363	106,675	108,038
	667,061	4,583,455	5,250,516
For the year ended 31 March 2021 截至2021年3月31日止年度			
Inpatient fees 住院收費	618,628	-	618,628
Outpatient fees 門診收費	-	1,180,883	1,180,883
Itemised charges 分項收費	56,132	2,879,842	2,935,974
Other medical fees 其他醫療收費	1,524	100,081	101,605
	676,284	4,160,806	4,837,090

25 Staff costs

25 員工成本

The Group 集團	For the year ended 31 March 2022 HK\$'000 截至2022年 3月31日止年度 港幣千元	For the year ended 31 March 2021 HK\$'000 截至2021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	54,231,810	53,801,163
Post-employment benefits: 離職後福利:		
– Contribution to HA Provident Fund Scheme [note 25(a)] 醫院管理局公積金計劃供款[附註25(a)]	2,833,816	2,883,187
– Contribution to Mandatory Provident Fund Scheme [note 25(b)] 強積金計劃供款[附註25(b)]	1,005,829	952,484
Death and disability benefits [note 20] 死亡及傷殘福利[附註20]	46,554	28,088
	58,118,009	57,664,922

(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 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 2022, the total membership was 27,293 (2021: 28,202). The scheme’s net asset value as at 31 March 2022 was HK\$75,352,345,000 (2021: HK\$79,407,982,000).

(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《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，當成員的帳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。

於二零二二年三月三十一日，計劃共有27,293名成員(二零二一年：28,202名)，計劃的資產淨值為港幣75,352,345,000元(二零二一年：港幣79,407,982,000元)。

NOTES TO THE FINANCIAL STATEMENTS

25 Staff costs (Continued)

(b) Mandatory Provident Fund Scheme (“MPFS”)

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

The Group's contributions to MPFS are determined according to each member's terms of employment. Members' mandatory contributions are fixed at 5% of monthly salary up to a maximum of HK\$1,500 per month.

At 31 March 2022, the total membership was 73,290 (2021: 71,897). During the financial year ended 31 March 2022, total members' contributions were HK\$871,526,000 (2021: HK\$821,004,000). The net asset value as at 31 March 2022, including assets transferred from members' previous employment, was HK\$12,237,177,000 (2021: HK\$13,198,118,000).

26 Other operating expenses

Other operating expenses comprise office supplies, hospital supplies, non-capitalised project expenditure and other administrative expenses. For the financial year ended 31 March 2022, other operating expenses included an accrual for auditor's remuneration of HK\$1,050,000 (2021: HK\$2,114,000).

財務報表附註

25 員工成本(續)

(b) 強制性公積金計劃

根據《強制性公積金計劃條例》，集團加入集成信託計劃，為僱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。

於二零二二年三月三十一日，計劃共有73,290名成員(二零二一年：71,897名)。在截至二零二二年三月三十一日止之財政年度內，成員的供款總額為港幣871,526,000元(二零二一年：港幣821,004,000元)。於二零二二年三月三十一日，計劃的資產淨值，包括成員先前職位轉調的資產，為港幣12,237,177,000元(二零二一年：港幣13,198,118,000元)。

26 其他營運開支

其他營運開支包括辦公室用品、醫院物資、非資本化項目開支及其他行政開支。截至二零二二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1,050,000元(二零二一年：港幣2,114,000元)。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

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

- (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 (including the Chief Executive, Cluster Chief Executives, Directors and other division heads of the Head Office, and Hospital Chief Executives), which comprised basic salaries and other short term employee benefits and post-employment benefits, and is included in the staff costs for the year, is as follows:

Name of Executives / Position 行政人員姓名 / 職位	HK\$'000 港幣千元	For the year ended 31 March 2022 HK\$'000 截至2022年 3月31日止年度 港幣千元
Dr Tony KO Pat-sing 高拔陞醫生 Chief Executive 行政總裁		6,166
Dr TOM Kam-tim 譚錦添醫生 Cluster Chief Executive (Kowloon East) 九龍東聯網總監		5,619
Dr Beatrice CHENG 鄭信恩醫生 Deputising Cluster Chief Executive (New Territories East)* 代理新界東聯網總監*	438	
Cluster Chief Executive (New Territories East) 新界東聯網總監	4,981	5,419
Dr Albert LO Chi-yuen 盧志遠醫生 Cluster Chief Executive (Kowloon Central) 九龍中聯網總監		5,340
Dr Nelson WAT Ming-sun 屈銘伸醫生 Hospital Chief Executive (Caritas Medical Centre) 明愛醫院行政總監		5,256
		27,800

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。

* Served as Deputising Cluster Chief Executive from 1 April 2021 to 30 April 2021.

* 二零二一年四月一日至四月三十日擔任代理聯網總監。

Name of Executives / Position 行政人員姓名 / 職位		For the year ended 31 March 2021 HK\$'000 截至2021年 3月31日止年度 港幣千元
Dr Tony KO Pat-sing 高拔陞醫生 Chief Executive 行政總裁		6,165
Dr Albert LO Chi-yuen 盧志遠醫生 Cluster Chief Executive (Kowloon Central) 九龍中聯網總監		5,816
Dr LUK Che-chung 陸志聰醫生 Cluster Chief Executive (Hong Kong East) 港島東聯網總監		5,816
Dr LO Su-vui 羅思偉醫生 Cluster Chief Executive (New Territories East) 新界東聯網總監		5,546
Dr TOM Kam-tim 譚錦添醫生 Cluster Chief Executive (Kowloon East) 九龍東聯網總監		5,497
		28,840

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

註：所有行政人員並不獲取與表現掛鈎的不定額薪酬。

NOTES TO THE FINANCIAL STATEMENTS

28 Related party transactions

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

- (a) HA has 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 2022 amounted to HK\$2,151,587,000 (2021: HK\$2,033,771,000).
- (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 2022, revenue foregone in respect of medical services provided to these persons amounted to HK\$343,864,000 (2021: HK\$301,227,000). The cost of such services has been taken into account in the Government’s subvention to the Group.
- (c) HA has entered into short-term (within 12 months) licence agreements with the AsiaWorld-Expo (“AWE”) Management Limited, which is wholly owned by the Airport Authority Hong Kong, to permit HA on using certain areas in AWE for establishing and operating the treatment centre to admit the COVID-19 confirmed patients. Total licence fees and related charges recognised in the statement of income and expenditure for the financial year ended 31 March 2022 amounted to HK\$257,373,000 (2021: HK\$504,657,000).
- (d) Another licence agreement was entered with AWE Management Limited to permit HA on using licenced area for the construction and operation of HKICC. Since the licence period is over 12 months, there were additions to right-of-use assets of HK\$107,876,000 for the financial year ended 31 March 2021. As at 31 March 2022, lease liabilities of HK\$44,986,000 (2021: HK\$107,928,000) was recognised in the balance sheet. Depreciation charge of right-of-use assets and finance cost of lease liabilities and related charges recognised in the statement of income and expenditure during the financial year ended 31 March 2022 amounted to HK\$66,334,000 (2021: HK\$26,091,000).

財務報表附註

28 與關聯人士的交易

集團與關聯人士所作的重大交易計有：

- (a) 醫管局與政府機電工程署訂立了數份合約，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)。截至二零二二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2,151,587,000元(二零二一年：港幣2,033,771,000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。截至二零二二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343,864,000元(二零二一年：港幣301,227,000元)，這些服務的費用已包括在政府給集團的補助內。
- (c) 醫管局與亞洲國際博覽館(「亞博館」)管理有限公司(由香港機場管理局全資擁有)簽訂短期(不超過十二個月)租用協議，容許醫管局使用亞博館某些場地，以設立及營運治療中心，用作接收2019冠狀病毒病確診病人。於截至二零二二年三月三十一日止之財政年度，租用場地費用及相關開支總額為港幣257,373,000元(二零二一年：港幣504,657,000元)，並在該年度之收支結算表內確認。
- (d) 醫管局與亞博館管理有限公司另簽訂一份租用協議，容許醫管局在租用的地方上設立及營運北大嶼山醫院香港感染控制中心。由於租用期超過十二個月，於截至二零二一年三月三十一日止之財政年度，使用權資產增加涉及港幣107,876,000元。於二零二二年三月三十一日，港幣44,986,000元(二零二一年：港幣107,928,000元)的租賃負債在資產負債表中確認。在截至二零二二年三月三十一日止之財政年度，使用權資產的折舊金額與租賃負債的財務費用及相關開支涉及款額為港幣66,334,000元(二零二一年：港幣26,091,000元)，並在收支結算表內確認。

NOTES TO THE FINANCIAL STATEMENTS

28 Related party transactions (Continued)

(e) Remuneration of key management personnel

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

Total remuneration of the key management personnel is shown below:

	For the year ended 31 March 2022 HK\$'000 截至2022年 3月31日止年度 港幣千元	For the year ended 31 March 2021 HK\$'000 截至2021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	72,064	71,048
Post-employment benefits 離職後福利	6,778	6,756
	78,842	77,804

- (f) Other significant related party transactions with the Government include annual recurrent grants, capital subventions (note 22) and designated funds (notes 16 and 21). Details of transactions relating to the Group's retirement schemes are included in note 25.
- (g) Outstanding balances with the Government as at 31 March 2021 and 2022 are disclosed in notes 9, 13, 14, 17, 18 and 23. The current account with a subsidiary, HACM Limited, is disclosed in note 18.

財務報表附註

28 與關聯人士的交易(續)

(e) 主要管理人員薪酬

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

主要管理人員的薪酬總額如下：

- (f) 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22)及指定基金(附註16及21)，有關集團退休計劃的交易詳情載於附註25。
- (g) 截至二零二一年及二零二二年三月三十一日與政府之間的未清帳款於附註9, 13, 14, 17, 18及23披露，與附屬機構「醫院管理局中醫藥發展有限公司」之間的來往帳目於附註18披露。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

29 Notes to the consolidated statement of cash flows

29 綜合現金流動報表附註

(a) Net cash generated from operating activities

(a) 營運活動所得現金淨額

The Group 集團	For the year ended 31 March 2022 HK\$'000 截至2022年 3月31日止年度 港幣千元	For the year ended 31 March 2021 HK\$'000 截至2021年 3月31日止年度 港幣千元
Surplus for the year 年內盈餘	490,971	535,478
Investment income 投資收益	(186,844)	(342,107)
Interest for Minor Works Projects Fund 小型工程項目基金利息	51,440	567,287
Income transferred from Minor Works Projects Fund 轉調自小型工程項目基金之收入	(1,849,687)	(1,495,069)
Interest for PPP Fund 公私營協作基金利息	342,626	423,970
Income transferred from PPP Fund 轉調自公私營協作基金之收入	(361,525)	(403,312)
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	1,874,860	2,074,634
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	112,284	120,349
Income transferred from capital subventions and capital donations 轉調自資本補助及資本捐贈之收入	(1,435,418)	(1,432,084)
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	16,000	17,051
Adjustment of inventories to net realisable value 存貨調整至可變現淨值	(53,797)	131,744
Depreciation and amortisation 折舊及攤銷	1,613,559	1,555,674
Finance costs 財務費用	3,684	2,621
Increase in death and disability liabilities 死亡及傷殘福利責任增加	35,667	17,890
Increase / (decrease) in deferred income 遞延收益增加 / (減少)	30,264	(39,598)
Increase in inventories 存貨增加	(1,876,319)	(958,997)
Decrease in loans receivable 應收債款減少	111	237
Increase in accounts receivable 應收帳款增加	(88,388)	(13,346)
Decrease in other receivables 其他應收帳款減少	230,894	147,012
Increase in deposits and prepayments 按金及預付款項增加	(130,800)	(286,703)
Increase in creditors and accrued charges 債權人及應付費用增加	6,533,217	4,666,660
Increase in deposits received 已收按金增加	85,088	66,920
Net cash generated from operating activities 營運活動所得現金淨額	5,437,887	5,356,311

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

29 Notes to the consolidated statement of cash flows (Continued)

29 綜合現金流動報表附註(續)

(b) Reconciliation of liabilities arising from financing activities

(b) 融資活動產生的負債對帳

The Group 集團		Lease liabilities HK\$'000 租賃負債 港幣千元
At 1 April 2020 於2020年4月1日		199,104
Cash flow changes 現金流量變動		
Payment of principal portion of lease liabilities 支付租賃負債本金部分		(119,609)
Non-cash changes 非現金項目變動		
Additions of leases 租賃增加		214,772
At 31 March 2021 於2021年3月31日		294,267
Cash flow changes 現金流量變動		
Payment of principal portion of lease liabilities 支付租賃負債本金部分		(195,769)
Non-cash changes 非現金項目變動		
Additions of leases 租賃增加		410,899
At 31 March 2022 於2022年3月31日		509,397

30 Funds held in trust

At 31 March 2022, Health Care and Promotion Scheme of HK\$1,933,000 (2021: HK\$2,910,000) was held in trust for the Government but not included in the financial statements.

30 信託基金

於二零二二年三月三十一日，集團以信託基金形式為政府管理港幣1,933,000元(二零二一年：港幣2,910,000元)的健康護理及促進計劃，這筆款額未列入財務報表內。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

31 Donations from the Hong Kong Jockey Club Charities Trust

During the financial year ended 31 March 2022, the Hong Kong Jockey Club Charities Trust made donations totalling HK\$12,462,000 (2021: HK\$30,073,000) to the following institutions:

	HK\$'000 港幣千元
Jockey Club Inpatient Facilities Modernisation Scheme (Various hospitals) 賽馬會安寢輕移計劃(不同醫院)	7,728
Kowloon Hospital 九龍醫院	2,784
Enhanced Home Renal Replacement Therapy Programme (Various hospitals) 家居透析計劃(不同醫院)	1,950
	12,462

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

31 來自香港賽馬會慈善信託基金的捐贈

截至二零二二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12,462,000元(二零二一年：港幣30,073,000元)：

	HK\$'000 港幣千元
Jockey Club Inpatient Facilities Modernisation Scheme (Various hospitals) 賽馬會安寢輕移計劃(不同醫院)	7,728
Kowloon Hospital 九龍醫院	2,784
Enhanced Home Renal Replacement Therapy Programme (Various hospitals) 家居透析計劃(不同醫院)	1,950
	12,462

根據附註2(f)(ii)所載的會計政策，捐贈列入指定捐贈基金內。

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

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:

32 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

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	Gross Income Raised HK\$'000 收入總額 港幣千元	Gross Expenditure Incurred HK\$'000 開支總額 港幣千元	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	2021/034/1	To raise funds for improvement of the quality of patient care services 籌款用作改善病人服務質素	1/4/2021– 31/3/2022	33	0	33
Bradbury Hospice 白普理寧養中心	2020/109/1	To raise funds for patient care 籌款用作病人福利	1/11/2020– 31/10/2021	2	0	2
Caritas Medical Centre 明愛醫院	2020/049/1	To raise funds for patient services of Caritas Medical Centre 籌款用作明愛醫院病人服務	1/5/2020– 30/4/2021	35	3	32
Cheshire Home, Shatin 沙田慈氏護養院	2020/065/1	To raise funds for developing patient related services 籌款用作發展與病人相關的服務	1/7/2020– 30/6/2021	19	0	19
Grantham Hospital 葛量洪醫院	2021/010/1	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	1/2/2021– 31/1/2022	13	0	13
Haven of Hope Hospital 靈實醫院	2021/027/1	To raise funds for services of Haven of Hope Hospital 籌款用作靈實醫院的服務	1/4/2021– 31/3/2022	18	2	16

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

32 Net proceeds from fund raising activities under Public Subscription Permits (“PSP”) granted by the Social Welfare Department (Continued)

32 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	Gross Income Raised HK\$'000 收入總額 港幣千元	Gross Expenditure Incurred HK\$'000 開支總額 港幣千元	Net Proceeds HK\$'000 淨收入 港幣千元
Hong Kong Buddhist Hospital 香港佛教醫院	2021/009/1	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	1/2/2021– 31/1/2022	84	9	75
North District Hospital Charitable Foundation 北區醫院慈善信託基金	2021/003/1	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	14/1/2021– 31/12/2021	53	0	53
	FD/R068/ 2021	To raise funds for procurement of medical equipment and enhancement of hospital service 籌款用作購置醫療器材及提升院內醫療服務	26/3/2022	278	0	278
Our Lady of Maryknoll Hospital 聖母醫院	2021/038/1	To raise funds for improvement of patient services 籌款用作改善對病人的服務	1/4/2021– 31/3/2022	49	4	45
Prince of Wales Hospital Charitable Foundation 威爾斯親王醫院慈善信託 基金	2020/087/1	To raise funds for supporting the services of the Prince of Wales Hospital, improving the physical and mental health in the community and promote medical education & research 籌款用作支援威爾斯親王醫院服務，改善區內公眾的身心健康以及推動醫學教育和研究	1/9/2020– 31/8/2021	1,868	7	1,861
	2021/022/1	To raise funds for supporting the services of the Prince of Wales Hospital, improving the physical and mental health in the community and promote medical education & research 籌款用作支援威爾斯親王醫院服務，改善區內公眾的身心健康以及推動醫學教育和研究	18/3/2021– 31/8/2021	48	14	34
Queen Mary Hospital 瑪麗醫院	2021/029/1	To raise funds for hospital service enhancement 籌款用作提升醫院服務	1/4/2021– 31/3/2022	48	0	48
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	2021/028/1	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	1/4/2021– 31/3/2022	66	4	62
Shatin Hospital 沙田醫院	2020/123/1	To raise funds for developing patient service 籌款用作發展病人服務	1/12/2020– 30/11/2021	5	0	5
Tai Po Hospital 大埔醫院	2021/031/1	To raise funds for improvement of the quality of patient care services 籌款用作改善病人服務質素	1/4/2021– 31/3/2022	8	0	8
The Hospital Authority Charitable Foundation 醫院管理局慈善基金	2021/037/1	To raise funds for the Hospital Authority Charitable Foundation to promote healthy living, subsidise medical expenses of needy patients, support activities of patient groups, promote health education and develop volunteer services in Hong Kong 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	1/4/2021– 31/3/2022	586	0	586

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

32 Net proceeds from fund raising activities under Public Subscription Permits (“PSP”) granted by the Social Welfare Department (Continued)

32 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	Gross Income Raised HK\$'000 收入總額 港幣千元	Gross Expenditure Incurred HK\$'000 開支總額 港幣千元	Net Proceeds HK\$'000 淨收入 港幣千元
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	2020/082/1 2021/017/1 2021/108/1	To raise funds 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	1/9/2020–31/8/2021 22/2/2021–31/8/2021 12/11/2021	280 9 68	3 14 2	277 (5) 66
The Princess Margaret Hospital Charitable Trust 瑪嘉烈醫院慈善基金	2020/122/1	To raise funds for Princess Margaret Hospital for enhancement of patient services quality 籌款用作瑪嘉烈醫院改善病人服務質素	26/11/2020–25/11/2021	17	1	16
The Queen Elizabeth Hospital Charitable Trust 伊利沙伯醫院慈善信託基金	2021/026/1	To raise funds for supporting research in 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	1/4/2021–31/3/2022	138	0	138
Tseung Kwan O Hospital 將軍澳醫院	2020/094/1	To raise funds for patients benefit and enhancement of hospital services 籌款用作病人福利及提升醫療服務	25/9/2020–24/9/2021	7	0	7
Tuen Mun Hospital 屯門醫院	2020/056/1	To raise funds for: (i) Patient benefits / services uses; (ii) Health and diseases education; (iii) Patient Resources 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) 病人資源中心 (iv) 醫療研究及發展計劃以改善社區	1/6/2020–31/5/2021	42	0	42
United Christian Hospital 基督教聯合醫院	2021/030/1	To raise funds for patient's benefit and enhancement of hospital services of United Christian Hospital 籌款用作病人福利及提升基督教聯合醫院的醫療服務	1/4/2021–31/3/2022	140	4	136
Yan Chai Hospital 仁濟醫院	2021/008/1	To raise funds for hospital services and hospital facilities 籌款用作醫院服務及醫院設施	1/2/2021–31/1/2022	616	3	613

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

33 Capital commitments

At 31 March 2022, the Group and HA had the following capital commitments:

The Group and HA 集團及醫管局	At 31 March 2022 HK\$'000 2022年3月31日 港幣千元	At 31 March 2021 HK\$'000 2021年3月31日 港幣千元
Authorised but not contracted for 已獲授權但未訂契約	45,895,477	23,177,363
Contracted for but not provided 已訂契約但未撥備	27,879,933	22,715,138
	73,775,410	45,892,501

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-subsidised hospitals as set out in the accounting policy note 2(r)(i).

34 Taxation

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

35 Contingent liabilities

As adequate provisions have been made in the financial statements after reviewing the status of outstanding claims and taking into account legal advice received, the Group has no material contingent liability as at 31 March 2022 (2021: Nil).

36 Comparative figures

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

37 Approval of financial statements

The financial statements were approved by members of HA on 22 September 2022.

33 資本承擔

於二零二二年三月三十一日，集團及醫管局有以下的資本承擔：

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(r)(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。

34 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。

35 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，本財務報表已作出足夠的撥備，因此集團在二零二二年三月三十一日並無重大或然負債(二零二一年：沒有)。

36 比較數字

若干比較數字已重新分類，以符合本年度之呈列方式。

37 財務報表的通過

本財務報表已於二零二二年九月二十二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 2021-22 2021-22年度 出席全體大會次數	Committee participation in 2021-22* 2021-22年度參與的委員會*
Mr Henry FAN Hung-ling, SBS, JP <i>Chairman, HA</i> 范鴻齡先生 醫院管理局主席	16/16	Chairman of plenary meetings, EC and EEC 全體大會、行政委員會及緊急應變策導委員會主席
Mr Thomas CHAN Chung-ching, JP <i>Permanent Secretary for Health</i> <i>(Formerly known as Permanent Secretary for Food and Health (Health))</i> 陳松青先生 醫務衛生局常任秘書長 (前稱食物及衛生局常任秘書長 (衛生))	16/16	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
Dr Constance CHAN Hon-ye, SBS, JP <i>Director of Health</i> <i>(up to 20.9.2021)</i> 陳漢儀醫生 衛生署署長 (截至2021年9月20日)	6/6	Member of MSDC <i>(up to 20.9.2021)</i> 醫療服務發展委員會成員(截至2021年9月20日)
Prof Francis CHAN Ka-leung, SBS, JP 陳家亮教授	12/16	Member of HRC, MSDC and MTB; HGC Member of Prince of Wales Hospital 人力資源委員會、醫療服務發展委員會及中央投標委員會成員； 威爾斯親王醫院管治委員會成員
Prof CHAN Wai-ye 陳偉儀教授	15/16	Vice-Chairman of MSDC <i>(from 1.12.2021)</i> ; Member of HRC, MSDC <i>(up to 30.11.2021)</i> and MTB; HGC Chairman of North District Hospital 醫療服務發展委員會副主席(由2021年12月1日起)；人力資源委員會、 醫療服務發展委員會(截至2021年11月30日)及中央投標委員會成員； 北區醫院管治委員會主席
Mr CHAN Wing-kai <i>(from 1.8.2021)</i> 陳永佳先生 (由2021年8月1日起)	10/11	Member of ITSC, MSDC, MTB <i>(all from 26.8.2021)</i> and PCC; HGC Member of Our Lady of Maryknoll Hospital 資訊科技服務委員會、醫療服務發展委員會、中央投標委員會(全 由2021年8月26日起)及公眾投訴委員會成員；聖母醫院管治委員會 成員
Ms Margaret CHENG Wai-ching, JP 鄭惠貞女士	14/16	Member of HRC, MTB and SAC; HGC Member of United Christian Hospital 人力資源委員會、中央投標委員會及職員上訴委員會成員；基督 教聯合醫院管治委員會成員
The Hon Duncan CHIU 邱達根先生	16/16	Chairman of ITSC <i>(from 29.7.2021)</i> ; Member of EC, EEC <i>(both from 29.7.2021)</i> , ITSC, MTB <i>(both up to 28.7.2021)</i> and FC; HGC Member of Tin Shui Wai Hospital 資訊科技服務委員會主席(由2021年7月29日起)；行政委員會、緊 急應變策導委員會(均由2021年7月29日起)、資訊科技服務委員會、 中央投標委員會(均截至2021年7月28日)及財務委員會成員；天水 圍醫院管治委員會成員

APPENDIX 1

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Name 姓名	No. of plenary meetings attended in 2021-22 2021-22年度 出席全體大會次數	Committee participation in 2021-22* 2021-22年度參與的委員會*
Mr David FONG Man-hung, BBS, JP 方文雄先生	8/16	Vice-Chairman of SSDC; Member of ITSC and MTB; Chairman of KRAC 支援服務發展委員會副主席；資訊科技服務委員會及中央投標委員會成員；九龍區域諮詢委員會主席
Mr Ambrose HO, SBS, JP 何沛謙先生	15/16	Member of ARC, MTB and SAC; HGC Chairman of 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；香港紅十字會輸血服務中心管治委員會主席
Ms Maisy HO Chiu-ha, BBS (from 1.12.2021) 何超羣女士 (由2021年12月1日起)	6/6	Member of HRC, MSDC and MTB (all from 30.12.2021); HGC Member of Queen Elizabeth Hospital 人力資源委員會、醫療服務發展委員會及中央投標委員會成員(全由2021年12月30日起)；伊利沙伯醫院管治委員會成員
Ms Mary HUEN Wai-yi, JP 禰惠儀女士	13/16	Member of FC and MTB 財務委員會及中央投標委員會成員
Dr Tony KO Pat-sing, JP Chief Executive, HA 高拔陞醫生 醫院管理局行政總裁	16/16	Chairman of ITSC (up to 28.7.2021); Member of EC, EEC, FC, HRC, ITSC (from 29.7.2021), MSDC, MTB, SSDC, all RACs and HGCs 資訊科技服務委員會主席(截至2021年7月28日)；行政委員會、緊急應變策導委員會、財務委員會、人力資源委員會、資訊科技服務委員會(由2021年7月29日起)、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
Mrs Ann KUNG YEUNG Yun-chi, BBS, JP 龔楊恩慈女士	9/16	Chairman of HRC; Member of EC and EEC; HGC Member of Hong Kong Children's Hospital 人力資源委員會主席；行政委員會及緊急應變策導委員會成員；香港兒童醫院管治委員會成員
Mr Daniel LAM Chun, SBS, JP 林濬先生	15/16	Chairman of SSDC; Member of ARC, EC and EEC; HGC Chairman of Hong Kong Eye Hospital & Kowloon Hospital 支援服務發展委員會主席；審計及風險管理委員會、行政委員會及緊急應變策導委員會成員；香港眼科醫院及九龍醫院管治委員會主席
Mr Franklin LAM Fan-keung, BBS 林奮強先生	15/16	Chairman of ARC (from 1.12.2021); Vice-Chairman of ARC (from 10.6.2021 to 30.11.2021); Member of EC, EEC (both from 1.12.2021), FC, HRC, MSDC, MTB (up to 30.11.2021) and SSDC; HGC Member of Pamela Youde Nethersole Eastern Hospital 審計及風險管理委員會主席(由2021年12月1日起)；審計及風險管理委員會副主席(由2021年6月10日至2021年11月30日)；行政委員會、緊急應變策導委員會(均由2021年12月1日起)、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(截至2021年11月30日)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
Dr Ronald LAM Man-kin, JP Director of Health (from 21.9.2021) 林文健醫生 衛生署署長 (由2021年9月21日起)	10/10	Member of MSDC (from 21.9.2021) 醫療服務發展委員會成員(由2021年9月21日起)
Prof LAU Chak-sing, BBS, JP 劉澤星教授	14/16	Member of ITSC, MSDC and MTB; HGC Member of Grantham Hospital 資訊科技服務委員會、醫療服務發展委員會及中央投標委員會成員；葛量洪醫院管治委員會成員

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Name 姓名	No. of plenary meetings attended in 2021-22 2021-22年度 出席全體大會次數	Committee participation in 2021-22* 2021-22年度參與的委員會*
Mr Raistlin LAU Chun, JP <i>Deputy Secretary for Financial Services and the Treasury</i> 劉震先生 財經事務及庫務局副秘書長	16/16	Member of FC and MSDC 財務委員會及醫療服務發展委員會成員
Ms Lisa LAU Man-man, BBS, MH, JP 劉文文女士	15/16	Chairman of PCC (<i>from 1.12.2021</i>); Vice-Chairman of HRC; Member of EC, EEC (<i>both from 1.12.2021</i>), MTB and PCC (<i>both up to 30.11.2021</i>); HGC Chairman of Tseung Kwan O Hospital 公眾投訴委員會主席 (<i>由2021年12月1日起</i>) ; 人力資源委員會副主席 ; 行政委員會、緊急應變策導委員會 (<i>均由2021年12月1日起</i>)、中央投標委員會及公眾投訴委員會成員 (<i>均截至2021年11月30日</i>) ; 將軍澳醫院管治委員會主席
Prof Gabriel Matthew LEUNG, GBS, JP 梁卓偉教授	12/16	Member of MSDC and MTB; HGC Member of Hong Kong Children's Hospital, Our Lady of Maryknoll Hospital and Queen Mary Hospital & 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、聖母醫院、瑪麗醫院及贊育醫院管治委員會成員
Dr LEUNG Wing-cheong 梁永昌醫生	15/16	Member of HRC (<i>from 22.4.2021</i>), MSDC and MTB (<i>both from 13.4.2021</i>) 人力資源委員會 (<i>由2021年4月22日起</i>)、醫療服務發展委員會及中央投標委員會成員 (<i>均由2021年4月13日起</i>)
Prof David SHUM Ho-keung 岑浩強教授	15/16	Chairman of MTB (<i>from 1.12.2021</i>); Member of ARC (<i>up to 31.12.2021</i>), EC, EEC (<i>both from 1.12.2021</i>), MTB (<i>up to 30.11.2021</i>), HRC and MSDC; Chairman of HRAC; HGC Member of Hong Kong Eye Hospital & Kowloon Hospital 中央投標委員會主席 (<i>由2021年12月1日起</i>) ; 審計及風險管理委員會 (<i>截至2021年12月31日</i>)、行政委員會、緊急應變策導委員會 (<i>均由2021年12月1日起</i>)、中央投標委員會 (<i>截至2021年11月30日</i>)、人力資源委員會及醫療服務發展委員會成員 ; 港島區域諮詢委員會主席 ; 香港眼科醫院及九龍醫院管治委員會成員
Mr Ivan SZE Wing-hang, BBS, JP (<i>up to 30.11.2021</i>) 施榮恆先生 (<i>截至2021年11月30日</i>)	8/10	Chairman of MTB and PCC (<i>both up to 30.11.2021</i>); Vice-Chairman of MTB (<i>from 1.12.2021</i>); Member of EC, EEC, FC and HRC (<i>all up to 30.11.2021</i>); HGC Chairman of Tuen Mun Hospital 中央投標委員會及公眾投訴委員會主席 (<i>均截至2021年11月30日</i>) ; 中央投標委員會副主席 (<i>由2021年12月1日起</i>) ; 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 (<i>全截至2021年11月30日</i>) ; 屯門醫院管治委員會主席
Prof Agnes TIWARI Fung-yee 羅鳳儀教授	10/16	Member of MSDC, MTB and SSDC; Chairman of NRAC (<i>from 1.8.2021</i>); HGC Member of Hong Kong Red Cross Blood Transfusion Service 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 ; 新界區域諮詢委員會主席 (<i>由2021年8月1日起</i>) ; 香港紅十字會輸血服務中心管治委員會成員
Mr Philip TSAI Wing-chung, BBS, JP 蔡永忠先生	16/16	Chairman of FC; Member of ARC, EC, EEC and SSDC; HGC Chairman of Queen Mary Hospital & Tsan Yuk 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及支援服務發展委員會成員 ; 瑪麗醫院及贊育醫院管治委員會主席

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附錄 1

Name 姓名	No. of plenary meetings attended in 2021-22 2021-22年度出席全體大會次數	Committee participation in 2021-22* 2021-22年度參與的委員會*
Dr Thomas TSANG Ho-fai 曾浩輝醫生	13/16	Chairman of MSDC (from 1.12.2021); Vice-Chairman of MSDC (from 10.6.2021 to 30.11.2021); Member of ARC, EC, EEC (both from 1.12.2021), MSDC (up to 9.6.2021) and MTB (up to 30.11.2021); HGC Member of Queen Elizabeth Hospital 醫療服務發展委員會主席(由2021年12月1日起); 醫療服務發展委員會副主席(由2021年6月10日至2021年11月30日); 審計及風險管理委員會、行政委員會、緊急應變策導委員會(均由2021年12月1日起)、醫療服務發展委員會(截至2021年6月9日)及中央投標委員會成員(截至2021年11月30日); 伊利沙伯醫院管治委員會成員
Mr WAN Man-ye, BBS, JP (from 1.12.2021) 溫文儀先生 (由2021年12月1日起)	6/6	Member of ITSC, MSDC (both from 7.12.2021), MTB and SSDC (both from 10.6.2021) 資訊科技服務委員會、醫療服務發展委員會(均由2021年12月7日起)、中央投標委員會及支援服務發展委員會成員(均由2021年6月10日起)
Ms Priscilla WONG Pui-sze, SBS, JP (up to 30.11.2021) 王沛詩女士 (截至2021年11月30日)	8/10	Chairman of MSDC (up to 30.11.2021); Member of ARC, EC, EEC, FC and HRC (all up to 30.11.2021); HGC Chairman of Prince of Wales Hospital 醫療服務發展委員會主席(截至2021年11月30日); 審計及風險管理委員會、行政委員會、緊急應變策導委員會、財務委員會及人力資源委員會成員(全截至2021年11月30日); 威爾斯親王醫院管治委員會主席
Ir Billy WONG Wing-hoo, BBS, JP 黃永灝先生	15/16	Member of MTB and SSDC; HGC Member of Kwai Chung Hospital & Princess Margaret Hospital 中央投標委員會及支援服務發展委員會成員; 葵涌醫院及瑪嘉烈醫院管治委員會成員
Mr Jason YEUNG Chi-wai (up to 30.11.2021) 楊志威先生 (截至2021年11月30日)	9/10	Chairman of ARC (up to 30.11.2021); Member of EC, EEC and FC (all up to 30.11.2021); HGC Chairman of Kwai Chung Hospital & Princess Margaret Hospital 審計及風險管理委員會主席(截至2021年11月30日); 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2021年11月30日); 葵涌醫院及瑪嘉烈醫院管治委員會主席
Mr Charlie YIP Wing-tong (up to 31.7.2021) 葉永堂先生 (截至2021年7月31日)	5/5	Member of HRC, ITSC, MSDC, MTB, SAC, SSDC (all up to 31.7.2021) and PCC; Chairman of NRAC (up to 31.7.2021); HGC Member of Pok Oi Hospital 人力資源委員會、資訊科技服務委員會、醫療服務發展委員會、中央投標委員會、職員上訴委員會、支援服務發展委員會(全截至2021年7月31日)及公眾投訴委員會成員; 新界區域諮詢委員會主席(截至2021年7月31日); 博愛醫院管治委員會成員

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

* 註:

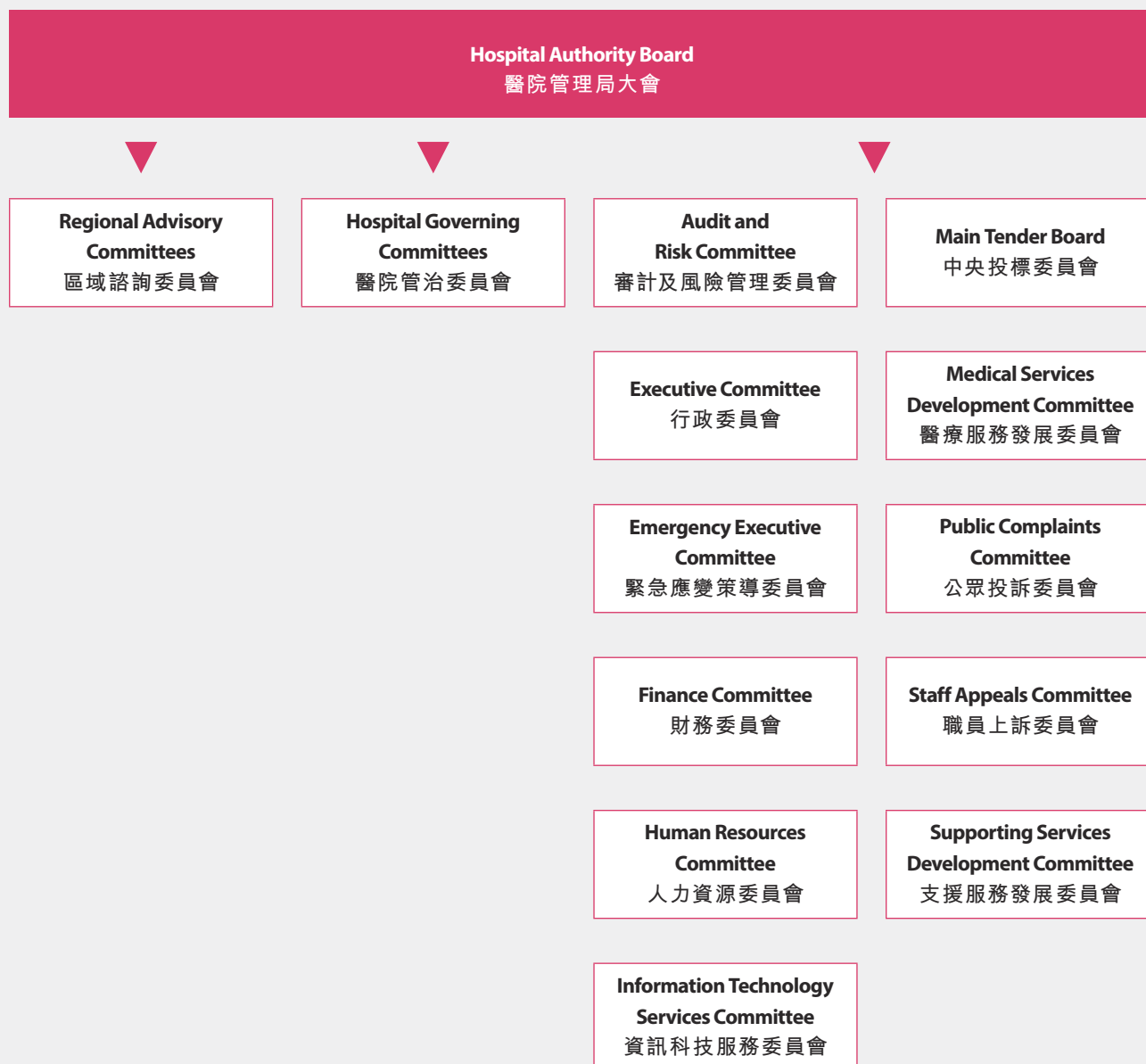
大會成員不獲額外酬金。大會成員透過在全體會議上制訂政策 / 路向、監察管理層的工作成效, 以及指導醫管局專責委員會的工作, 一同參與醫管局的管治。

APPENDIX 2(a)

附錄 2(a)

Hospital Authority Committee Structure

醫院管理局委員會架構



Note: Membership lists of various committees are listed in Appendices 3, 4 and 5.

註：各委員會成員名單載於附錄3、4及5。

APPENDIX 2(b)

附錄 2(b)

Hospital Authority Executive Structure

醫院管理局行政架構

Dr Tony KO Pat-sing, JP, Chief Executive
高拔陞醫生 行政總裁

Clusters 聯網	
Hong Kong East Cluster 港島東醫院聯網	Dr LUK Che-chung, JP Cluster Chief Executive (up to 31.10.2021) ^{Note 1&4} 陸志聰醫生 聯網總監 (截至2021年10月31日) ^{註1&4}
	Dr Loletta SO Kit-ying Cluster Chief Executive (from 3.1.2022) 蘇潔瑩醫生 聯網總監 (由2022年1月3日起)
Hong Kong West Cluster 港島西醫院聯網	Dr Theresa LI Tak-lai Cluster Chief Executive 李德麗醫生 聯網總監
Kowloon Central Cluster 九龍中醫院聯網	Dr Albert LO Chi-yuen Cluster Chief Executive (up to 28.2.2022) ^{Note 2} 盧志遠醫生 聯網總監 (截至2022年2月28日) ^{註2}
	Dr Eric CHEUNG Fuk-chi Deputising Cluster Chief Executive (from 16.12.2021 to 28.2.2022) Cluster Chief Executive (from 1.3.2022) 張復熾醫生 代理聯網總監 (由2021年12月16日至 2022年2月28日) 聯網總監 (由2022年3月1日起)
Kowloon East Cluster 九龍東醫院聯網	Dr TOM Kam-tim Cluster Chief Executive 譚錦添醫生 聯網總監
Kowloon West Cluster 九龍西醫院聯網	Dr Alexander LAW Chun-bon Cluster Chief Executive 羅振邦醫生 聯網總監
New Territories East Cluster 新界東醫院聯網	Dr LO Su-vui Cluster Chief Executive (up to 30.4.2021) ^{Note 3} 羅思偉醫生 聯網總監 (截至2021年4月30日) ^{註3}
	Dr Beatrice CHENG Deputising Cluster Chief Executive (from 1.4.2021 to 30.4.2021) Cluster Chief Executive (from 1.5.2021) 鄭信恩醫生 代理聯網總監 (由2021年4月1日至2021年4月30日) 聯網總監 (由2021年5月1日起)
New Territories West Cluster 新界西醫院聯網	Dr Simon TANG Yiu-hang Cluster Chief Executive 鄧耀鏗醫生 聯網總監

Head Office 總辦事處
Dr Deacons YEUNG Tai-kong Director (Cluster Services) 楊詒岡醫生 聯網服務總監
Dr CHUNG Kin-lai Director (Quality & Safety) 鍾健禮醫生 質素及安全總監
Dr Libby LEE Ha-yun Director (Strategy & Planning) ^{Note 4} 李夏茵醫生 策略發展總監 ^{註4}
Ms Anita CHAN Shuk-yu Director (Finance) 陳淑瑜女士 財務總監
Ms Margaret CHEUNG Sau-ling Head of Corporate Services 張秀玲女士 機構事務主管
Mr David MAK Chi-wai Head of Human Resources 麥志偉先生 人力資源主管
Dr CHEUNG Ngai-tseung Head of Information Technology and Health Informatics 張毅翔醫生 資訊科技及醫療信息主管

Note 1: Dr LUK Che-chung's last day of duty was 30.6.2021. His last day of service was 31.10.2021.

註1: 陸志聰醫生的最後工作日是2021年6月30日，其任期於2021年10月31日完結。

Note 2: Dr Albert LO Chi-yuen's last day of duty was 15.12.2021. His last day of service was 28.2.2022.

註2: 盧志遠醫生的最後工作日是2021年12月15日，其任期於2022年2月28日完結。

Note 3: Dr LO Su-vui's last day of duty was 28.2.2021. His last day of service was 30.4.2021.

註3: 羅思偉醫生的最後工作日是2021年2月28日，其任期2021年4月30日完結。

Note 4: Dr Libby LEE Ha-yun was seconded to deputise Cluster Chief Executive of Hong Kong East Cluster from 1.7.2021 to 2.1.2022. During the abovesaid period, Dr Tony HA King-hang was appointed to deputise Director (Strategy & Planning).

註4: 李夏茵醫生由2021年7月1日至2022年1月2日借調代理港島東醫院聯網總監，在此期間，由夏敬恒醫生擔任代理策略發展總監。

APPENDIX 3

附錄 3

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

Audit and Risk Committee

審計及風險管理委員會

Membership List

成員名單

Chairman:

主席：

Mr Jason YEUNG Chi-wai (*up to 30.11.2021*)

楊志威先生(截至2021年11月30日)

Mr Franklin LAM Fan-keung, BBS (*from 1.12.2021*)

林奮強先生(由2021年12月1日起)

Vice-Chairman:

副主席：

Mr Franklin LAM Fan-keung, BBS (*from 10.6.2021 to 30.11.2021*)

林奮強先生(由2021年6月10日至2021年11月30日)

Members:

成員：

Mr Ambrose HO, SBS, JP

何沛謙先生

Mr Daniel LAM Chun, SBS, JP

林濬先生

Prof David SHUM Ho-keung (*up to 31.12.2021*)

岑浩強教授(截至2021年12月31日)

Mr Philip TSAI Wing-chung, BBS, JP

蔡永忠先生

Dr Thomas TSANG Ho-fai

曾浩輝醫生

Ms Priscilla WONG Pui-sze, SBS, JP (*up to 30.11.2021*)

王沛詩女士(截至2021年11月30日)

Ms Wendy YUNG Wen-yee (*up to 30.11.2021*)

容韻儀女士(截至2021年11月30日)

In Attendance:

列席：

Dr Tony KO Pat-sing, JP, *Chief Executive*

高拔陸醫生 行政總裁

Mr Thomas CHAN Chung-ching, JP

Permanent Secretary for Health

(Formerly known as Permanent Secretary for Food and Health (Health))

陳松青先生

醫務衛生局常任秘書長

(前稱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 2021-22

In 2021-22, the Committee met six times to exercise active oversight of internal audit function of the Hospital Authority (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 regard to HA's internal audit function, the Committee received from Chief Internal Auditor (CIA) quarterly progress reports on audit results on HA's operational areas, as well as an annual report on audit analytics of clinical systems. The discussions focused on the audit conclusions, major audit observations and corresponding follow-up actions. Key internal audits considered by the Committee in 2021-22 covered different hospital operation and corporate management areas, including procurement and inventory management arrangement under COVID-19, Special Rental Allowance and Special Emergency Response Allowance for COVID-19, Electrical and Mechanical Services Trading Fund, Financial Control and Stewardship of Designated Funding to Combat COVID-19 and Tendering Process. In planning ahead for 2022-23, the Committee took part in prioritising areas for internal audits and approved the focus areas for internal audits in 2022-23.

Jointly with the Finance Committee, the Committee reviewed and endorsed HA's draft audited financial statements for 2020-21. The Committee considered reports from the external auditor on 2020-21 internal control matters, results of the external auditor's risk assessment of HA and 2021-22 financial statement audit work plan. Appointment of external auditor of HA for financial years 2021-22 to 2024-25 was endorsed by the Committee. The Committee also approved the appointment of CIA of HA.

For risk management, the Committee oversaw implementation of HA's organisation-wide risk management systems across HA. In February 2022, the Committee examined the annual Key Organisation-wide Risk Report 2022 and commented on the planned mitigation actions for the ten key risks, which were consolidated from functional risk reports as reviewed by the concerned functional committees during December 2021 to February 2022. During the year, the Committee deliberated on risk management reports on specific areas, including service capacity, manpower shortage, Chinese Medicine service, data privacy breach, cybersecurity, capital works, medication, infection and infection control, Clinical Public-Private Partnership Programme and the Electronic Health Record Programme, as well as an overview on the management of risks related to COVID-19 in September 2021. The Committee also received respective reports on compliance with HA related ordinances and handling of whistleblowing cases in HA.

On internal control, the Committee received an implementation progress update on the recommendations of the Corruption Prevention Department of the Independent Commission Against Corruption (ICAC) on HA's procurement of Chinese medicine products.

2021-22年度工作概況

在2021-22年度，委員會共召開六次會議，積極監察醫院管理局(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有關醫管局不同運作範疇審計結果的季度報告，以及臨床系統審計分析年度報告。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行動。年內審閱的主要內部審計項目涵蓋醫院運作及機構管理的不同範疇，包括疫情下的採購及庫存管理安排、特別租賃津貼及緊急應變特別津貼、機電工程營運基金，指定抗疫撥款的財政規管與管理，以及招標程序。就2022-23年度審計工作的規劃，委員會參與訂定內部審計的優先範疇，並批核2022-23年度內部審計的重點範疇。

委員會在聯同財務委員會的會議上，審閱及通過醫管局2020-21年度經審核的財務報表擬本。委員會亦審閱外聘核數師就2020-21年度內部規管事宜、醫管局風險評估結果、以及2021-22年度財務報表審計工作計劃的報告。委員會通過2021-22至2024-25財政年度外聘核數師的委任，亦批核醫管局總內部審計師的聘任。

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。2022年2月，委員會審閱2022年度機構主要風險報告，報告按各專責委員會於2021年12月至2022年2月審訂的相關職能風險報告歸納十個主要風險，委員會就相應的緩減計劃提供意見。年內，委員會審議多份特定範疇的風險管理報告，包括服務承載量、人手短缺、中醫服務、資料或私隱外洩、網絡安全、基本工程、藥物、傳染病及感染控制、臨床公私營協作計劃、電子健康紀錄計劃，以及在2021年9月審閱應對疫情相關風險的整體報告。委員會亦收閱有關醫管局遵例合規事宜及處理舉報個案的報告。

在內部管控方面，委員會收閱有關廉政公署防止貪污處就醫管局採購中藥產品所提出建議的實施進度報告。

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附錄 3

Executive Committee

行政委員會

Membership List

成員名單

Chairman:

主席：

Mr Henry FAN Hung-ling, SBS, JP

范鴻齡先生

Members:

成員：

The Hon Duncan CHIU (*from 29.7.2021*)

邱達根先生(*由2021年7月29日起*)

Dr Tony KO Pat-sing, JP, *Chief Executive*

高拔陞醫生 行政總裁

Mrs Ann KUNG YEUNG Yun-chi, BBS, JP

龔楊恩慈女士

Mr Daniel LAM Chun, SBS, JP

林濬先生

Mr Franklin LAM Fan-keung, BBS (*from 1.12.2021*)

林奮強先生(*由2021年12月1日起*)

Ms Lisa LAU Man-man, BBS, MH, JP (*from 1.12.2021*)

劉文文女士(*由2021年12月1日起*)

Prof David SHUM Ho-keung (*from 1.12.2021*)

岑浩強教授(*由2021年12月1日起*)

Mr Ivan SZE Wing-hang, BBS, JP (*up to 30.11.2021*)

施榮恆先生(*截至2021年11月30日*)

Mr Philip TSAI Wing-chung, BBS, JP

蔡永忠先生

Dr Thomas TSANG Ho-fai (*from 1.12.2021*)

曾浩輝醫生(*由2021年12月1日起*)

Ms Priscilla WONG Pui-sze, SBS, JP (*up to 30.11.2021*)

王沛詩女士(*截至2021年11月30日*)

Mr Jason YEUNG Chi-wai (*up to 30.11.2021*)

楊志威先生(*截至2021年11月30日*)

APPENDIX 3

附錄 3

Terms of Reference

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

職權範圍

1. 審議有關長遠策略規劃、風險管理、機構管治、績效管理及繼任規劃的重要事宜及整體政策方針，並協助醫院管理局(醫管局)大會履行這方面的職責。
2. 就管理人員建議的醫管局大會會議議程提供意見，包括每年的預設議程及專責委員會主席提出的重要事宜。
3. 討論有關領導及監察醫管局工作的重大事宜。
4. 就大會及專責委員會的架構及程序(包括職權範圍)的變動提供意見、監察其自我評核，以及就專責委員會主席、副主席及增選成員的委任向大會提供意見。
5. 就醫管局總辦事處及其部門的組織架構及職能，向大會提供意見。
6. 就以下的職員事宜，行使醫管局大會授予的權力：
 - (a) 就行政總裁的聘任、薪酬及合約變動事宜，向大會提供意見；
 - (b) 就聯網總監及部門總監的聘任，向大會提供意見；
 - (c) 審批聯網總監及部門總監的續約、薪酬與合約變動及同級調職/職位輪調事宜；
 - (d) 審批醫院行政總監及部門主管的聘任、續約、薪酬與合約變動及同級調職/職位輪調事宜；及
 - (e) 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」，則需增補一名醫務衛生局(前稱食物及衛生局)的高級官員。)

APPENDIX 3

附錄 3

Focus of Work in 2021-22

In 2021-22, the Committee met 11 times to discuss and consider various matters of strategic importance and policies and directions of the Hospital Authority (HA). The Committee continued to steer and monitor the implementation of the Action Plan formulated by the Task Group on Sustainability (the TG) to address HA sustainability issues. The TG was a dedicated group formed by the HA Board, with wide participation from Board Members, to set strategic directions and was continuing to brainstorm on major HA sustainability issues. The Executive Committee received regular progress updates on the TG's work and on the implementation of the Action Plan.

During the year, the Committee endorsed the HA Strategic Plan 2022-2027, entitled "Towards Sustainable Healthcare" which had elaborated on and expounded the TG's recommendations in an overarching framework of concrete strategies and priorities for the whole organisation to put into action in the coming five years. Along with increasing service supply, the strategic goals and corresponding strategies reflected the aspiration to enhance HA's sustainability by changing service models towards the provision of "Smart Care", which would be implemented with the support and commitment of a "Smart Workforce", and with "Smart Hospitals" as a key enabler.

Other strategic matters considered by the Committee included the formulation of HA Budget and Annual Plan for 2022-23; update on the two Ten-year Hospital Development Plans; development of genetic and genomic services in HA; hospital bed management strategy; development and plans in promoting health-related research and application of health technology in HA; collaborations with District Health Centres for suitable HA patients or their carers to meet patient needs, donation management, etc. The Committee also reviewed the key challenges and actions taken to address capital works risks and manpower shortage risks.

The Committee determined a wide range of matters concerning HA's talent management, including 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, etc.

Internally for the Board, the Committee regularly reviewed succession planning for the Board's Committees, and other membership matters relating to Hospital Governing Committees 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.

2021-22年度工作概況

在2021-22年度，委員會共召開11次會議，討論和考慮醫院管理局(醫管局)的重要策略事項和整體政策及方向。委員會根據「持續發展專責小組」(專責小組)的行動計劃，持續督導及監察相關執行方案的進展，引領可持續發展。專責小組由大會成立，獲大會成員廣泛參與，就醫管局主要的可持續發展事宜制訂策略方向，並不斷優化政策。委員會收閱有關專責小組工作及行動計劃實施的定期進展報告。

年內，委員會通過醫管局《2022至2027年策略計劃》。題為「行健致遠」，該總體綱領闡列機構未來五年的整體發展方向，延續「持續發展專責小組」勾畫的主要方向，並具體列明各項策略和優次。醫管局在持續增加服務數量之餘，將會重整服務模式，目標是發展「智慧醫院」和培育「智慧團隊」，從而透過「智慧醫療」令醫療服務可進一步持續發展。

委員會審議的其他策略事宜，包括醫管局2022-23年度財政預算及工作計劃、兩個十年醫院發展計劃報告、醫管局遺傳及基因組服務發展、醫院病床管理策略、促進醫管局醫療健康相關研究及健康科技應用的發展和計劃、與地區康健中心協作，為合適的醫管局病人或照顧者提供適切需要，以及捐贈事宜管理等。委員會亦審議醫管局基本工程及人手短缺方面風險的主要挑戰及所採取的行動。

委員會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等。

就醫管局大會內務方面，行政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：

Mr Henry FAN Hung-ling, SBS, JP
(In his absence, the Emergency Executive Committee chairmanship should be elected among its standing members)
范鴻齡先生
(主席不在時，緊急應變策導委員會的主席應自常任成員中選出)

Members:

成員：

Mr Thomas CHAN Chung-ching, JP
Permanent Secretary for Health
(Formerly known as Permanent Secretary for Food and Health (Health))
(or his nominated representative)

陳松青先生
醫務衛生局常任秘書長
(前稱食物及衛生局常任秘書長(衛生))
(或其委任代表)

The Hon Duncan CHIU *(from 29.7.2021)*
邱達根先生 *(由2021年7月29日起)*

Dr Tony KO Pat-sing, JP, *Chief Executive*
(In his absence, the Deputising Chief Executive)
高拔陸醫生 行政總裁
(行政總裁不在時，由代理行政總裁出任)

Mrs Ann KUNG YEUNG Yun-chi, BBS, JP
龔楊恩慈女士

Mr Daniel LAM Chun, SBS, JP
林濬先生

Mr Franklin LAM Fan-keung, BBS *(from 1.12.2021)*
林奮強先生 *(由2021年12月1日起)*

Ms Lisa LAU Man-man, BBS, MH, JP *(from 1.12.2021)*
劉文文女士 *(由2021年12月1日起)*

Prof David SHUM Ho-keung *(from 1.12.2021)*
岑浩強教授 *(由2021年12月1日起)*

Mr Ivan SZE Wing-hang, BBS, JP *(up to 30.11.2021)*
施榮恆先生 *(截至2021年11月30日)*

Mr Philip TSAI Wing-chung, BBS, JP
蔡永忠先生

Dr Thomas TSANG Ho-fai *(from 1.12.2021)*
曾浩輝醫生 *(由2021年12月1日起)*

Ms Priscilla WONG Pui-sze, SBS, JP *(up to 30.11.2021)*
王沛詩女士 *(截至2021年11月30日)*

Mr Jason YEUNG Chi-wai *(up to 30.11.2021)*
楊志威先生 *(截至2021年11月30日)*

Note:

The Emergency Executive Committee 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。

APPENDIX 3

附錄 3

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 2021-22

For responding to the COVID-19 epidemic, the Emergency Executive Committee (EEC) was activated on 6 January 2020 in accordance with the Hospital Authority (HA) Response Plan for Major Incident. Under its terms of reference, EEC acted for the HA Board and exercised its powers and functions including, inter alia, altering, amending and overriding existing HA policies, standards, guidelines and procedures in order to deal with emergencies. Given the rapid and continuous development of COVID-19 both globally and locally, the Committee remained in force in 2021-22 and met five times during April 2021 to March 2022.

Through the meetings, EEC received from the management regular situation updates on COVID-19, and offered views on corresponding measures, service adjustment plans and contingency plans in HA to dovetail with the epidemic developments. The Committee considered and endorsed / approved HA policies and actions, including human resources measures implemented to cope with COVID-19 as well as the stratification of care strategy for managing COVID-19 patients and related support measures. It also received regular updates from the management on a wide range of matters relating to HA's measures and preparedness for COVID-19, capacities, and related support etc. The Committee was also briefed on the Mainland Medical Support Team which supported Hong Kong's fight against the fifth wave of COVID-19, contingency planning and preparations for further upsurge and future waves of outbreaks, and the development of the Central Government-Aided Emergency Hospital in Lok Ma Chau Loop. EEC also supported HA's participation in the Government's territory-wide COVID-19 Vaccination Programme and other technical agency work to support the implementation of various information technology systems for COVID-19.

As at 31 March 2022, Emergency Response Level remained in force. The Committee will continue to provide the necessary steering and oversee the actions taken or to be taken by HA.

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。

2021-22年度工作概況

為應對2019冠狀病毒病疫情，醫管局根據重大事故應變計劃，在2020年1月6日啟動緊急應變策導委員會並展開運作。根據職權範圍，委員會代表醫管局大會運作，並行使其權力及職能，其中包括對現有醫管局政策、標準、指引及程序作出更改和修訂，並訂立凌駕性措施，以應對緊急情況。鑑於疫情在全球及本地迅速及持續發展，委員會於2021-22年度持續運作，在2021年4月至2022年3月期間共舉行了五次會議。

在會議上，委員會收閱管理層有關2019冠狀病毒病疫情的定期報告，並就醫管局因應疫情發展的相關措施、服務調整計劃及應急計劃提供意見。委員會審議及通過 / 批核醫管局的政策和行動，包括為應對疫情而推行的人力資源措施，以及治理新冠病人的分層分流策略及相關支援措施。委員會亦收閱管理層就醫管局防疫措施及應對準備、服務承載量及相關支援等多方面事宜的定期報告。委員會亦備悉有關內地援港醫療隊協助香港對抗第五波疫情、就疫情反彈及未來疫情爆發的應變規劃及準備，以及中央援建落馬洲河套區應急醫院的報告。委員會亦支持醫管局參與政府在全港推行的2019冠狀病毒病疫苗接種計劃，以及支援實施各項疫情相關資訊科技系統的其他技術代理工作。

在2022年3月31日，緊急應變級別仍然生效。委員會會繼續提供所需督導，並監察醫管局已經或將會採取的措施。

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附錄 3

Finance Committee

財務委員會

Membership List

成員名單

Chairman:

主席：

Mr Philip TSAI Wing-chung, BBS, JP

蔡永忠先生

Members:

成員：

The Hon Duncan CHIU

邱達根先生

Mr Kevin CHOI, JP

[representing the Permanent Secretary for Health

(Formerly known as Permanent Secretary for Food and Health (Health))]

蔡傑銘先生

[代表醫務衛生局常任秘書長

(前稱食物及衛生局常任秘書長(衛生))]

Ms Mary HUEN Wai-yi, JP

禰惠儀女士

Dr Tony KO Pat-sing, JP, *Chief Executive*

高拔陸醫生 行政總裁

Mr Franklin LAM Fan-keung, BBS

林奮強先生

Mr Raistlin LAU Chun, JP /

Ms Jessica LEE Wing-tung

[representing the Secretary for Financial Services and the Treasury]

劉震先生 /

李詠彤女士

[代表財經事務及庫務局局長]

Mr Ivan SZE Wing-hang, BBS, JP *(up to 30.11.2021)*

施榮恆先生(截至2021年11月30日)

Ms Priscilla WONG Pui-sze, SBS, JP *(up to 30.11.2021)*

王沛詩女士(截至2021年11月30日)

Mr Jason YEUNG Chi-wai *(up to 30.11.2021)*

楊志威先生(截至2021年11月30日)

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Terms of Reference

1. Advise and make recommendations on the financial aspects of the Hospital Authority Corporate Plan and Annual Plan;
2. Advise and make recommendations on the financial planning, control, performance, monitoring and reporting aspect of the Hospital Authority;
3. Advise on policy guidelines for all financial matters, including investment, business and insurance;
4. Advise and make recommendations on the resource allocation policies;
5. Advise and recommend to the Hospital Authority on the financial statements (audited and unaudited) of the Hospital Authority;
6. Liaise with the Trustees of the Hospital Authority Provident Fund Scheme 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 2021-22

In 2021-22, the Committee met six times to assist the Hospital Authority (HA) Board in ensuring proper stewardship and effective use of public funds through making recommendations to the Board on various finance related matters for the Authority.

In support of the corporate strategy and services development of HA, the Committee, jointly with the Human Resources Committee (HRC), deliberated on the high level proposal and action plan for enhancing the Home Loan Interest Subsidy Scheme of HA for staff retention purposes. In addition, the Committee reviewed and endorsed the draft 2021 fees and charges review and the related recommendations, and received an update on the development of Total Patient Journey Costing, a costing analytics tool supporting multidimensional analysis, and the relevant preliminary findings on resource utilisation. For HA's annual service and resource planning, the Committee examined the proposed 2022-23 HA budget, resource allocation and future financial arrangement, and noted the impact of COVID-19 on HA's operation and financial position. On service modernisation and mitigation of infection risks, the Committee noted the progress on various new / enhanced initiatives to facilitate settlement of hospital fees and drive the use of electronic payment means, including multi-function electronic kiosks, new functionalities and payment means in mobile payment application, etc.

職權範圍

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. 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. 就所有財務事宜，包括投資、業務及保險的政策指引，提供意見；
4. 就資源分配政策提供意見及作出建議；
5. 就醫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。

2021-22年度工作概況

在2021-22年度，委員會共召開六次會議，就醫院管理局(醫管局)的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。

為支援醫管局的整體策略及服務發展，委員會在與人力資源委員會的聯合會議上，討論優化醫管局購屋貸款利息津貼計劃的建議和方案，作為挽留人手措施。此外，委員會審視及通過2021年服務收費檢討報告擬本和相關建議，並收閱「病人歷程成本分析」的最新匯報，以支援多面性分析，以及相關資源使用的初步報告。在醫管局的年度服務及資源規劃方面，委員會審議醫管局2022-23年度預算、資源分配及未來財務安排建議，並備悉2019冠狀病毒病對醫管局運作及財務狀況的影響。在優化服務及減低感染風險方面，委員會備悉各項便利支付醫院費用及推廣電子支付方式的新增 / 優化措施的進展，包括多功能電子付款服務站、流動支付應用程式的新功能及支付方式等。

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On accountability reporting, the Committee, jointly with the Audit and Risk Committee, reviewed and endorsed HA's draft audited financial statements for 2020-21. The Committee also considered the 2020-21 audited financial statements / accounts for a number of designated programmes undertaken by HA, including the Samaritan Fund, the Community Care Fund Medical Assistance Programmes, the HA Charitable Foundation, the HA Public-Private Partnership Fund, the minor works funded under the Capital Works Reserve Fund, the development of Clinical Services Improvement Projects for the Department of Health and the territory-wide Electronic Health Record Programme. The 2020-21 Operation Report of the HA Provident Fund Scheme was received by the Committee at a joint meeting with HRC.

On monitoring of HA's financial position and financial performance, the Committee received regular financial reports and conducted a mid-year financial review of the unaudited financial statements for the six months ended 30 September 2021. The Committee also considered matters relating to key financial performance indicators, waivers and write-offs of hospital fees and charges, and debt management. With the assistance of its Treasury Panel (TP), the Committee considered matters related to HA's treasury management and operations, as well as investment performance and related initiatives via regular progress reports. Having reviewed relevant market analyses and as recommended by the TP, the Committee endorsed the investment approach for green bond for incorporating environmental, social and governance elements in HA's investment portfolio, as well as the strategy for sustaining payroll and collection services. For financial risk management, the Committee reviewed and endorsed the insurance renewal approach and direction for HA in 2022-23. In accordance with the HA organisation-wide risk management framework, the Committee reviewed the effectiveness of risk mitigation actions taken in 2021 on finance matters, and proactively assessed key financial risks anticipated for 2022 and considered corresponding action plans.

The Committee also reviewed the annual work plan of the Finance Division to guide the effective and efficient functioning of various finance related matters of HA.

在問責報告方面，委員會在與審計及風險管理委員會的聯合會議上，審閱及通過醫管局2020-21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2020-21年度經審核財務報表/帳目，包括撒瑪利亞基金、關愛基金醫療援助計劃、醫管局慈善基金、醫管局公私營協作基金、基本工程儲備基金所撥款的小型工程、為衛生署進行的臨床服務提升項目，以及全港性的電子健康紀錄系統計劃。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2020-21年度運作報告。

在監察醫管局的財務狀況及財務表現方面，委員會收閱定期財務報告，並審議截至2021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。委員會在其庫務小組協助下，並透過所提交的定期進度報告審議有關醫管局庫務管理及運作，以及投資表現和相關事宜。經審視相關市場分析，委員會按庫務小組所建議通過醫管局就綠色債券的投資方式，將環境、社會及機構管治元素納入其投資組合，以及維持發薪及收款服務的策略。在財務風險管理方面，委員會審議及通過2022-23年度醫管局保險計劃的續保方式和方針。根據醫管局的機構風險管理架構，委員會審視2021年財務風險緩減措施的成效，並主動評估2022年的預計主要財務風險及相應的緩減計劃。

委員會亦審閱財務部的周年工作計劃，讓醫管局各項財政相關事宜可快捷有效地運作。

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附錄 3

Human Resources Committee

人力資源委員會

Membership List

成員名單

Chairman: 主席：	Mrs Ann KUNG YEUNG Yun-chi, BBS, JP 龔楊恩慈女士
Vice-Chairman: 副主席：	Ms Lisa LAU Man-man, BBS, MH, JP 劉文文女士
Members: 成員：	Prof Francis CHAN Ka-leung, SBS, JP 陳家亮教授 Prof CHAN Wai-yee 陳偉儀教授 Ms Margaret CHENG Wai-ching, JP 鄭惠貞女士 Ms Maisy HO Chiu-ha, BBS (from 30.12.2021) 何超羈女士(由2021年12月30日起) Dr Tony KO Pat-sing, JP, Chief Executive 高拔陸醫生 行政總裁 Mr Franklin LAM Fan-keung, BBS 林奮強先生 Dr LEUNG Wing-cheong (from 22.4.2021) 梁永昌醫生(由2021年4月22日起) Miss Trista LIM Mei-yee (up to 14.6.2021) Miss Elaine MAK Tse-ling (from 15.6.2021) [representing the Permanent Secretary for Health (Formerly known as Permanent Secretary for Food and Health (Health))] 林美儀女士(截至2021年6月14日) 麥子濤女士(由2021年6月15日起) [代表醫務衛生局常任秘書長 (前稱食物及衛生局常任秘書長(衛生))] Prof David SHUM Ho-keung 岑浩強教授 Mr Ivan SZE Wing-hang, BBS, JP (up to 30.11.2021) 施榮恆先生(截至2021年11月30日) Ms Priscilla WONG Pui-sze, SBS, JP (up to 30.11.2021) 王沛詩女士(截至2021年11月30日) Mr Charlie YIP Wing-tong (up to 31.7.2021) 葉永堂先生(截至2021年7月31日)

APPENDIX 3

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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.

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。

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Focus of Work in 2021-22

In 2021-22, the Committee met eight times (including two joint meetings with the Finance Committee) to discuss and consider various human resources (HR) matters of the Hospital Authority (HA).

The Committee considered and advised on a wide range of HR initiatives for attracting and retaining talents and boosting staff morale in HA. They included proposals on extending employment beyond the retirement age of 60 up to 65, enhancement to Home Loan Interest Subsidy Scheme, mitigation strategies to address the critical manpower shortage of radiologists, creation of a new rank of Associate Nurse Consultant to enhance the promotion prospects and professional development of nursing staff, alignment on increment arrangement for directorate grade employees, locum recruitment and the Outstanding Staff and Teams and Young Achievers Award. To cope with the unprecedented challenges amid the COVID-19 pandemic, the Committee supported the introduction of a new special allowance for staff working in designated settings to facilitate urgent mobilisation of workforce, as well as a framework on leave encashment under the prevailing HR policy. In June 2021, the Committee endorsed that HA should follow the 2021-22 Civil Service Annual Pay Adjustment for HA employees i.e. to adopt pay freeze retrospectively from 1 April 2021 for 2021-22.

Staff training and development was one of the key HR strategies. The Committee received regular reports from its Central Training and Development Committee, and had adopted training key performance indicators (KPIs) for regular review starting from 2021-22, along with the quarterly review of other HR KPIs on manpower situation and staff wellness. On staff wellbeing, the Committee considered the key findings of the focus groups formed for validating the result of HA Focused Staff Survey targeted at Registered Nurses and Enrolled Nurses in May 2019.

The Committee received annual reports on a wide range of HR-related matters, including the Hospital Authority Provident Fund Scheme Operation Report 2020-21, Annual Report on Hospital Authority Mandatory Provident Scheme, Annual Report on Occupational Safety and Health and Workplace Violence for 2020, as well as Report on Staff Complaints Received in 2020. The Committee also received updates on the progress in taking forward the recommendations of the consultancy study on the HR Organisation Review for HA conducted in 2020, HA's Digital Workplace Strategy and progress of the application in Digital HR.

In accordance with the HA organisation-wide risk management framework, the Committee considered the People Resources Risk Assessment by reviewing the effectiveness of risk mitigation actions taken on HR front in 2021, and proactively assessed HR risks anticipated for 2022 and considered the corresponding action plans. It also received the 2020 Whistleblowing Report and noted the handling of five whistleblowing cases received by HA last year and the way forward. The Committee also offered comments on the operational details for the updated HA Code of Conduct approved by the Board for reinforcing compliance by staff.

2021-22年度工作概況

在2021-22年度，委員會共召開八次會議(包括兩次與財務委員會的聯合會議)，討論及審議醫管局各項人力資源事宜。

委員會審議了一系列吸引和挽留人才及提升士氣的人力資源措施，包括建議員工在60歲退休後延任至65歲的安排、優化購屋貸款利息津貼計劃、紓緩放射科醫生嚴重人手短缺的策略、開設副顧問護師的新職級以增加護士晉升機會及促進專業發展、劃一首席長級職系僱員的增薪安排、自選兼職招聘與傑出員工及團隊及優秀青年獎。為應對2019冠狀病毒病疫情前所未有的挑戰，委員會支持向在指定地點執行職務的員工發放「特定工作津貼」，便利緊急人手調配，以及根據現行人力資源政策將年假折算為現金的框架。在2021年6月，委員會通過醫管局僱員跟隨政府2021-22年度公務員薪酬調整，即2021-22年度的薪酬追溯自2021年4月1日起實行凍薪。

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的定期報告，以及人力資源主要表現指標季度報告。主要表現指標的定期報告包括人手及員工福祉外，由2021-22年度起亦釐訂培訓的表現指標及用作匯報。在員工福祉方面，就2019年5月進行以註冊護士及登記護士為對象的「護」有話說」焦點職員意見調查，委員會審議為驗證調查而成立的意見小組所得的主要結果。

委員會收閱多項與人力資源事宜相關的年度報告，包括醫管局公積金計劃2020-21年度運作報告、醫管局強制性公積金計劃年度報告、2020年度職安健及工作間暴力年報，以及2020年職員投訴報告。委員會亦收閱2020年進行的人力資源組織檢討顧問研究所作建議的實施進展報告、醫管局數碼工作間策略及數碼人力資源應用的進展。

根據醫管局機構風險管理架構，委員會檢視人力資源風險評估，審視2021年人力資源風險緩減措施的成效，並主動評估2022年人力資源方面的預計風險及有關緩減計劃。委員會亦收閱有關2020年所接獲舉報個案的報告，並備悉醫管局對去年所接獲的五宗舉報個案的處理及未來方向。委員會亦就大會所批核以加強員工遵則守規為目標的醫管局行為守則修訂本，提供有關操作細節方面的意見。

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Information Technology Services Committee

資訊科技服務委員會

Membership List

成員名單

Chairman:

主席：

Dr Tony KO Pat-sing, JP, *Chief Executive (up to 28.7.2021)*

高拔陸醫生 行政總裁(截至2021年7月28日)

The Hon Duncan CHIU (*from 29.7.2021*)

邱達根先生(由2021年7月29日起)

Members:

成員：

Mr CHAN Wing-kai (*from 26.8.2021*)

陳永佳先生(由2021年8月26日起)

Mr Raymond CHENG Siu-hong (*from 1.12.2021*)

鄭小康先生(由2021年12月1日起)

Prof Herbert CHIA Pun-kok, JP (*from 1.12.2021*)

車品覺教授(由2021年12月1日起)

The Hon Duncan CHIU (*up to 28.7.2021*)

邱達根先生(截至2021年7月28日)

Mr David FONG Man-hung, BBS, JP

方文雄先生

Dr Tony KO Pat-sing, JP, *Chief Executive (from 29.7.2021)*

高拔陸醫生 行政總裁(由2021年7月29日起)

Mr Daniel LAI, BBS, JP (*up to 30.11.2021*)

賴錫璋先生(截至2021年11月30日)

Mr Victor LAM, JP

Government Chief Information Officer

林偉喬先生

政府資訊科技總監

Prof LAU Chak-sing, BBS, JP

劉澤星教授

Mr Charles Peter MOK, JP (*up to 28.5.2021*)

莫乃光先生(截至2021年5月28日)

Mr WAN Man-yee, BBS, JP (*from 7.12.2021*)

溫文儀先生(由2021年12月7日起)

Mr Charlie YIP Wing-tong (*up to 31.7.2021*)

葉永堂先生(截至2021年7月31日)

Miss Amy YUEN Wai-yin, JP

Deputy Secretary for Health 2

(Formerly known as Deputy Secretary for Food and Health (Health)2)

阮慧賢女士

醫務衛生局副秘書長2

(前稱食物及衛生局副秘書長(衛生)2)

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Terms of Reference

1. Advise and make recommendations on IT strategy, IT planning and enterprise architecture;
2. Endorse, advise and make recommendations on Annual Work Plan of Hospital Authority Information Technology & Health Informatics Division, including IT Block Vote submission;
3. Receive performance and progress reports on IT service development and management, project management and system delivery, and technical operations;
4. Advise on finance and sourcing, and IT talent management or any other IT-related matters put forward by the management;
5. Consider matters relating to risk, risk management and risk mitigation relevant to IT across Hospital Authority; and
6. Receive reports from Information Technology Technical Advisory Subcommittee.

Focus of Work in 2021-22

As supported and approved by the Hospital Authority (HA) Board on 29 July 2021, the Committee strengthened its Terms of Reference, and correspondingly slightly revised its name from previously Information Technology Services Governing Committee to currently Information Technology Services Committee (ITSC). The purpose is to better reflect the Committee's role to advise and make recommendations on the wide range of information technology (IT) strategies and business enablement initiatives considered by the Committee.

In 2021-22, the Committee met four times to discuss the implementation and delivery issues relating to the final year conclusion of the five-year IT Strategy 2017-2022, which laid out key digital platforms to support digital transformation of HA's service provision and uplift service capability. The Committee received updates on the progress of various key IT strategies, including IT innovation initiatives; Cybersecurity Strategy including the one-year Catch Up Programme for 2020-21; Artificial Intelligence (AI) Strategy and the development of AI and data analytics platform; products and project under HA Smart Hospital Strategy and IT Infrastructure Strategy, including the risk management process for IT continuity, mobile 5G infrastructure and Internet of Things platform; and Digital Workplace Strategy. The Committee also received a briefing on the enhanced governance structure and process for managing HA's technical agency work commissioned by the Government.

職權範圍

1. 就資訊科技策略、資訊科技規劃及企業架構提供意見及建議；
2. 審議醫院管理局資訊科技及醫療信息部的年度工作計劃，包括資訊科技整體撥款申請，批准計劃並提供建議；
3. 收閱有關資訊科技服務發展及管理、項目管理及系統推展，以及技術運作方面的表現和進度報告；
4. 就管理層提出的財政及採購事宜、資訊科技人才管理及任何其他資訊科技相關事宜提供意見；
5. 審議醫院管理局資訊科技範疇的相關風險、風險管理及風險緩減事宜；及
6. 收閱信息技術諮詢小組委員會的報告。

2021-22年度工作概況

經醫院管理局(醫管局)大會於2021年7月29日批准，資訊科技服務管治委員會修訂其職權範圍及相應更名為資訊科技服務委員會，以適切反映委員會就其審議的眾多資訊科技策略和業務支持措施提供意見及建議的角色。

在2021-22年度，委員會共舉行四次會議，審議各項資訊科技發展策略在執行和交付方面的事宜，以支持2017至2022年資訊科技策略(資訊科技策略)最後一年的策略實施，當中載列就支持醫管局服務轉型及提升服務能力的主要數碼平台。委員會備悉多個主要資訊科技策略的進展情況，包括「資訊科技創新」措施；「網絡安全」策略及其下為期一年的2020-21年度「加強計劃」；「人工智能」策略與人工智能及數據分析平台的發展；醫管局「智慧醫院」和「資訊科技基建」策略之下的產品及項目，包括保障資訊科技服務持續無間的風險管理程序、5G流動網絡基礎設施以及物聯網平台；以及「數碼工作間」策略。委員會亦備悉政府委託醫管局負責技術代理的工作項目的相關加強管治措施。

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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 2022-23. The Committee also approved the Annual Work Plan 2022-23 of Information Technology and Health Informatics Division (IT&HID), which incorporated the main focus areas to sustain services, achieve key IT targets and the resultant budget and manpower requirements.

To fulfil its overseeing functions, the Committee monitored the implementation of the IT&HID Annual Work Plan by considering, amongst others, the performance and status reports of respective IT functions. Among the standing agenda items of the Committee's meetings were progress update on various IT projects, including the fourth generation of Clinical Management System (CMS IV), business supporting IT systems, HA Go mobile app related projects, the Government's Electronic Health Record (eHR) projects for which HA was the technical agent and participated as a major user of eHR Sharing System, as well as Clinical Information Management System Stage II (CIMS2) projects undertaken by HA as technical agent for the Department of Health (DH). The Committee also endorsed the draft audited accounts related to eHR Programme undertaken by HA and the draft audited accounts of the Clinical Services Improvement Projects for DH undertaken by HA as technical agent, i.e. the CIMS2 project. In addition, the Committee considered the key risks identified in the IT Operational Risk Assessment 2022 and the management actions taken during 2021 and planned for 2022 onwards. The Committee was also briefed on an IT incident happened in May 2021 relating to the CMS and related remedial and mitigation measures.

The Committee received 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.

為應付對資訊科技系統不斷增長的需求，以配合機構運作需要，委員會經審議後通過2022-23年度資訊科技整體撥款申請，並經審議後批核資訊科技及醫療信息部2022-23年度工作計劃，包括維持現行服務、推行資訊科技主要策略目標和相應的資金及人手預算。

為履行監督職能，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範疇的表現及狀況報告。委員會會議的常規議程項目包括多個資訊科技項目的進展報告，涵蓋第四代臨床醫療管理系統、業務支援資訊科技系統、HA Go流動應用程式相關項目、政府電子健康紀錄計劃(醫管局擔任技術代理，並為電子健康紀錄互通系統的主要使用者)及臨床訊息管理系統第二期計劃(醫管局擔任衛生署的技術代理)。委員會亦通過醫管局擔任技術代理的電子健康紀錄計劃及臨床服務提升項目(即臨床訊息管理系統第二期計劃)的經審核帳目擬稿。此外，委員會亦收閱2022年資訊科技運作風險評估，審議當中發現的主要風險情況以及2021年採取的管理行動和就2022年及其後擬訂的行動。委員會亦備悉2021年5月導致臨床醫療管理系統服務中斷的資訊科技事故、有關的即時補救行動以及擬定的改善措施。

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及批核其成員委任事宜。該小組委員會負責就資訊科技方面建議推行的主要措施及技術事宜對醫管局提供意見。

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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, JP (<i>up to 30.11.2021</i>) 施榮恆先生(截至2021年11月30日) Prof David SHUM Ho-keung (<i>from 1.12.2021</i>) 岑浩強教授(由2021年12月1日起)
Vice-Chairmen: 副主席：	Mr Gregory LEUNG Wing-lup, SBS 梁永立先生 Mr Lincoln TSO Lai (<i>up to 30.11.2021</i>) 曹禮先生(截至2021年11月30日) Mr Ivan SZE Wing-hang, BBS, JP (<i>from 1.12.2021</i>) 施榮恆先生(由2021年12月1日起)
Ex-officio members: 當然成員：	Dr Tony KO Pat-sing, JP, <i>Chief Executive</i> (<i>or his nominated representative</i>) 高拔陞醫生 行政總裁 (行政總裁或其委任代表) Ms Anita CHAN Shuk-yu, <i>Director (Finance)</i> (<i>or her nominated representative</i>) 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 members on rotation: 以下其中兩位輪值成員： Prof Edwin CHAN Hon-wan (<i>up to 30.11.2021</i>) 陳漢雲教授(截至2021年11月30日) Prof Francis CHAN Ka-leung, SBS, JP 陳家亮教授 Dr Andrew CHAN Ping-chiu, BBS (<i>up to 30.11.2021</i>) 陳炳釗博士(截至2021年11月30日) Prof CHAN Wai-ye 陳偉儀教授 Mr CHAN Wing-kai (<i>from 26.8.2021</i>) 陳永佳先生(由2021年8月26日起) Ms Margaret CHENG Wai-ching, JP 鄭惠貞女士 The Hon Duncan CHIU (<i>up to 28.7.2021</i>) 邱達根先生(截至2021年7月28日) Prof Joanne CHUNG Wai-ye 鍾慧儀教授 Mr David FONG Man-hung, BBS, JP 方文雄先生 Mr Ambrose HO, SBS, JP 何沛謙先生 Ms Maisy HO Chiu-ha, BBS (<i>from 30.12.2021</i>) 何超羣女士(由2021年12月30日起) Ms Mary HUEN Wai-yi, JP 禰惠儀女士 Dr KAM Pok-man, BBS 甘博文博士 Mr Franklin LAM Fan-keung, BBS (<i>up to 30.11.2021</i>) 林奮強先生(截至2021年11月30日)

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Prof LAU Chak-sing, BBS, JP

劉澤星教授

Dr LAU Chau-ming

劉秋銘博士

Dr James LAU Chi-wang, BBS, JP

劉志宏博士

Ms Lisa LAU Man-man, BBS, MH, JP (*up to 30.11.2021*)

劉文文女士 (*截至2021年11月30日*)

Dr Peter LEE Kwok-wah (*up to 30.11.2021*)

李國華博士 (*截至2021年11月30日*)

Prof Gabriel Matthew LEUNG, GBS, JP

梁卓偉教授

Mr William LEUNG Shu-yin

梁樹賢先生

Mr Jason LEUNG Wai-kwong

梁偉光先生

Dr LEUNG Wing-cheong (*from 13.4.2021*)

梁永昌醫生 (*由2021年4月13日起*)

Mr Wilson MOK Yu-sang

莫裕生先生

Prof David SHUM Ho-keung (*up to 30.11.2021*)

岑浩強教授 (*截至2021年11月30日*)

Prof Agnes TIWARI Fung-yee

羅鳳儀教授

Ir Vincent TONG Wing-shing, BBS

湯永成先生

Dr Thomas TSANG Ho-fai (*up to 30.11.2021*)

曾浩輝醫生 (*截至2021年11月30日*)

Mr WAN Man-yee, BBS, JP (*from 10.6.2021*)

溫文儀先生 (*由2021年6月10日起*)

Mr Alan WONG Chi-kong, SBS

黃志光先生

Ir Billy WONG Wing-hoo, BBS, JP

黃永灝先生

Mr Charlie YIP Wing-tong (*up to 31.7.2021*)

葉永堂先生 (*截至2021年7月31日*)

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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; and
 - (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 2021-22

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 2021-22, MTB altogether considered over 820 papers on procurement of various supplies and services that were individually at value of over \$1.5 million for the Hospital Authority (HA) Head Office, or 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 as well as information technology systems. Capital works tenders were mainly on hospital redevelopment projects and minor works improvements for maintenance of hospital premises. Under the COVID-19 epidemic, MTB also received 34 management reports on urgent direct purchases made in 2021-22 to meet urgent operational needs under the Emergency Response Level that exceeded the authority limits of the concerned personnel or the special delegation of procurement authority. They involved pharmaceutical products, equipment, personal protective equipment, laboratory reagents and consumables, and other medical items or clinical services in the private sector, hospital supporting services and tenancy contracts for temporary treatment facilities, etc.

To strengthen MTB's governance on HA's performance in procurement related areas, an annual summary on the work of MTB was circulated to Members after completion of each financial year to provide information on the numbers and types of tenders / contracts approved in the concerned financial year, contract sum involved, and distribution of major vendors. Members were also informed of any major updates on procurement policies and practices of HA.

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；及
 - (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。

2021-22年度工作概況

中央投標委員會分為兩個投標委員會，每月各舉行一次會議。中央投標委員會(1)主要負責藥物和醫療消耗品的投標；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)的投標。在2021-22年度，中央投標委員會共審議超過820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項目主要涉及購買藥物、醫療及化驗設備與消耗品；服務採購的投標則主要涉及醫院支援服務，以及醫療、化驗設備和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的小型改善工程。為應對2019冠狀病毒病疫情，相關人員行使「緊急直接採購特別權力」處理超逾授權上限或獲特別授予採購權的緊急直接採購，所涉範圍包括藥物、設備、個人防護裝備、試劑及消耗品、其他醫療項目或私營醫療機構臨床服務、醫院支援服務及臨時治療設施租賃合約等。中央投標委員會在2021-22年度共收閱34份相關管理匯報。

為加強委員會對醫管局採購事宜的績效管治，在每個財政年度完結後成員均獲發中央投標委員會工作摘要，當中載列了在有關財政年度所批核投標 / 合約的數量和類別、所涉合約價值及主要供應商的分佈情況。成員亦獲悉醫管局採購政策及安排的主要更新。

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Medical Services Development Committee

醫療服務發展委員會

Membership list

成員名單

Chairman:

主席：

Ms Priscilla WONG Pui-sze, SBS, JP (*up to 30.11.2021*)

王沛詩女士(截至2021年11月30日)

Dr Thomas TSANG Ho-fai (*from 1.12.2021*)

曾浩輝醫生(由2021年12月1日起)

Vice-Chairman:

副主席：

Dr Thomas TSANG Ho-fai (*from 10.6.2021 to 30.11.2021*)

曾浩輝醫生(由2021年6月10日至2021年11月30日)

Prof CHAN Wai-ye (*from 1.12.2021*)

陳偉儀教授(由2021年12月1日起)

Members:

成員：

Mr Thomas CHAN Chung-ching, JP

Permanent Secretary for Health

(Formerly known as Permanent Secretary for Food and Health (Health))

陳松青先生

醫務衛生局常任秘書長

(前稱食物及衛生局常任秘書長(衛生))

Dr Constance CHAN Hon-ye, SBS, JP (*up to 20.9.2021*)

Dr Ronald LAM Man-kin, JP (*from 21.9.2021*)

Director of Health

陳漢儀醫生(截至2021年9月20日)

林文健醫生(由2021年9月21日起)

衛生署署長

Prof Francis CHAN Ka-leung, SBS, JP

陳家亮教授

Prof CHAN Wai-ye (*up to 30.11.2021*)

陳偉儀教授(截至2021年11月30日)

Mr CHAN Wing-kai (*from 26.8.2021*)

陳永佳先生(由2021年8月26日起)

Ms Maisy HO Chiu-ha, BBS (*from 30.12.2021*)

何超躉女士(由2021年12月30日起)

Dr Tony KO Pat-sing, JP, *Chief Executive*

高拔陸醫生 行政總裁

Mr Franklin LAM Fan-keung, BBS

林奮強先生

Prof LAU Chak-sing, BBS, JP

劉澤星教授

Mr Raistlin LAU Chun, JP /

Ms Jessica LEE Wing-tung

[representing the Secretary for Financial Services and the Treasury]

劉震先生 /

李詠彤女士

[代表財經事務及庫務局局長]

Prof Gabriel Matthew LEUNG, GBS, JP

梁卓偉教授

Dr LEUNG Wing-cheong (*from 13.4.2021*)

梁永昌醫生(由2021年4月13日起)

Prof David SHUM Ho-keung

岑浩強教授

Prof Agnes TIWARI Fung-ye

羅鳳儀教授

Dr Thomas TSANG Ho-fai (*up to 9.6.2021*)

曾浩輝醫生(截至2021年6月9日)

Mr WAN Man-ye, BBS, JP (*from 7.12.2021*)

溫文儀先生(由2021年12月7日起)

Mr Charlie YIP Wing-tong (*up to 31.7.2021*)

葉永堂先生(截至2021年7月31日)

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Terms of Reference

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

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Focus of Work in 2021-22

In 2021-22, 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 the Hospital Authority (HA), the Committee considered and approved the Strategic Service Framework for Ambulatory Care Services, which would be the blueprint to guide the development of HA's ambulatory care services in the next five to ten years. For clinical services development, the Committee discussed the development of stroke services and dermatology services in HA, enhancements of cancer services, adult inborn errors of metabolism centre in Princess Margaret Hospital, introduction of magnetic resonance-guided focused ultrasound surgery treatment services in HA, as well as managing demand of total joint replacement operation in HA. Relating to community services, the Committee was briefed on the development of medical-social collaboration in HA. The Committee deliberated on the nursing career structure enhancement and manpower crisis in Radiology, as well as the mitigation strategies. The Committee also considered various clinical Public-Private Partnership (PPP) Programmes, introduction of co-care service model for PPP Programmes and the service collaboration between HA and The Chinese University of Hong Kong Medical Centre.

The Committee considered and commented on a wide range of clinical management issues, including approval of new drugs / indications to be covered by the Samaritan Fund in 2021-22; specialist outpatient (SOP) clinic waiting time management; hyperbaric oxygen therapy services in HA; and revision of blood donor deferral policy for donors who have high risk behaviours. Under the HA organisation-wide risk management framework, the Committee monitored clinical risk management through considering the report on patient service and patient care, which assessed the effectiveness of mitigation actions taken in 2021, and focused on the risks anticipated for 2022 and the planned actions. On quality improvement, the Committee was also briefed on the enhancement of medical device management programme, update on Integrated Model of SOP Service through Nurse Clinics, as well as the progress and strategy towards phasing out the reprocessing and reuse of single-use devices. It was also briefed on the development of eConsent system in HA and the development of pilot predictive risk model for diabetes mellitus. Relating to contingencies, the Committee considered a report on winter surge preparation under COVID-19 and the newly developed PPP Programmes under COVID-19. The Committee also considered proposals / regular reports on other matters, including the Controlling Officer's Report in 2021-22 and development / monitoring / review of clinical service key performance indicators.

In December 2021, the Medical Services Development Committee set up a Subcommittee on Chinese Medicine (CM) to advise HA on the strategies and directions on CM. Co-option of external experts with extensive knowledge of CM, such as renowned leaders from the CM sector and universities with CM undergraduate studies, were arranged.

2021-22年度工作概況

在2021-22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。

根據醫院管理局(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日間醫療服務策略，作為醫管局日間醫療服務未來五至十年的發展藍圖。在臨床服務發展方面，委員會討論醫管局中風服務及皮膚科服務的發展、提升癌症服務、瑪嘉烈醫院成人先天性代謝病診治中心、醫管局引入磁共振引導聚焦超聲手術治療服務，以及醫管局全關節置換術需求管理。有關社區服務方面，委員會閱悉醫管局醫社合作的發展。委員會審議有關優化護士職業架構，以及放射科的嚴重人手短缺及相關紓緩策略。委員會亦審閱各項臨床公私營協作計劃、公私營協作計劃採用共同醫治服務模式，以及醫管局與香港中文大學醫院的服務協作。

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2021-22年度起納入的新藥/適用病症、專科門診輪候時間管理、醫管局高壓氧治療服務，以及修訂對有高風險行為的捐血人士的暫緩捐血政策。因應醫管局機構風險管理架構，委員會透過審閱病人服務報告以監察臨床風險管理情況，當中檢討2021年風險緩減措施的成效，並重點評估2022年的預計風險及有關緩減計劃。在質素改善方面，委員會閱悉加強醫療儀器管理計劃、在專科門診推行綜合模式護士診所的報告，以及逐步停止再處理及重用一次性醫療器材的進展和策略。委員會亦備悉醫管局電子同意書系統的發展，以及先導性糖尿病風險預測模型的發展。就應急事務方面，委員會審議疫情下冬季服務高峰期應對準備報告，以及疫情下新推出的公私營協作計劃。委員會亦考慮了其他建議/定期報告，包括2021-22年度管制人員報告，以及臨床服務主要表現指標的制訂、監察和檢討。

在2021年12月，委員會成立中醫藥小組委員會，就中醫藥發展的策略和方向提供意見，並邀請具豐富專業知識的外界專家出任增選成員，如來自中醫藥界、開辦中醫學位課程大學的知名人士。

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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, JP (<i>up to 30.11.2021</i>) 施榮恆先生(截至2021年11月30日) Ms Lisa LAU Man-man, BBS, MH, JP* (<i>from 1.12.2021</i>) 劉文文女士*(由2021年12月1日起)
Vice-Chairman: 副主席：	Mr WONG Kwai-huen, SBS, JP* 王桂壘先生*
Members: 成員：	Ms Rebecca CHAN Chui-mi 陳翠薇女士 Mr Raymond CHAN Kwan-tak 陳君德先生 Mr CHAN Wing-kai 陳永佳先生 Mr Vincent CHAN Wing-shing, MH 陳永誠先生 Rev Dr Andrew CHOI Chung-ho 蔡宗灝牧師 Dr CHUNG Chin-hung* 鍾展鴻醫生* Prof Sylvia FUNG Yuk-kuen, BBS 馮玉娟教授 Mr HO Sau-him (<i>up to 30.11.2021</i>) 何守謙先生(截至2021年11月30日) Mr Herman HUI Chung-shing, GBS, MH, JP 許宗盛先生 Mr Samuel HUI Kwok-ting (<i>up to 30.11.2021</i>) 許國定先生(截至2021年11月30日) 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 (<i>up to 30.11.2021</i>) 林志釉先生(截至2021年11月30日) Mr Daniel LAU Kim-hung (<i>from 1.12.2021</i>) 劉劍雄先生(由2021年12月1日起) Ms Lisa LAU Man-man, BBS, MH, JP* (<i>up to 30.11.2021</i>) 劉文文女士*(截至2021年11月30日) Dr Agnes LAW Koon-chui, JP (<i>up to 30.11.2021</i>) 羅觀翠博士(截至2021年11月30日) Mr Peter LEE Shung-tak, BBS, JP 李崇德先生 Prof LI Chi-kong, JP* 李志光教授*

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Mr LIU Sui-biu (from 1.12.2021)
廖瑞彪先生(由2021年12月1日起)

Ms Manbo MAN Bo-lin, MH
文保蓮女士

Mr Simon MOK Sai-man, MH
莫世民先生

Mr Raymond NG Kwok-ming, IDS (from 1.12.2021)
伍國明先生(由2021年12月1日起)

The Hon TANG Fei, MH (from 1.12.2021)
鄧飛先生(由2021年12月1日起)

Mr Frederick TONG Kin-sang
唐建生先生

Prof William TSANG Wai-nam (from 1.12.2021)
曾偉男教授(由2021年12月1日起)

Dr WONG Chun-por, JP*
王春波醫生*

Mr Paul WU Wai-keung
胡偉強先生

Ms Agnes Garman YEH
葉嘉雯女士

Mr Charlie YIP Wing-tong
葉永堂先生

* Panel Chairman 小組主席

Terms of Reference

1. The Public Complaints Committee (PCC) is the final complaint redress and appeal body of the Hospital Authority (HA);
2. The PCC shall independently:
 - (a) consider and decide upon complaints from members of the public who are dissatisfied with the response of the HA / hospital to which they have initially directed their complaints;
 - (b) monitor HA's handling of complaints;
3. Pursuant to Para 2 above, the PCC shall independently advise and monitor the HA on the PCC's recommendations and their implementation;
4. In handling complaint cases, the PCC shall follow the PCC Complaint Handling Guidelines (Annex) which may be amended from time to time; and
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 (PCC)

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

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) 投訴涉及法律程序，或投訴人或有關病人已表示將向醫管局、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) 投訴關乎醫療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。

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3. Taking into account the following:

- (a) the disclosure of legal privileged documents in an open hearing;
- (b) the disclosure of personal data in an open hearing;
- (c) the PCC is not a judicial or quasi-judicial body;
- (d) an aggrieved party has other channels to seek redress; and
- (e) the PCC should not duplicate the functions of other institutions such as the courts or the Medical Council;

the PCC considers that its meetings shall not be open to the public.

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

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

Focus of work in 2021-22

In 2021-22, the Public Complaints Committee (PCC) held 16 meetings and handled a total of 237 cases relating to medical services, staff attitude and administrative procedure 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 organised regular complaint management training for enhancing the skills of hospital's Patient Relations Officers (PROs) in conflict resolution. To strengthen collaboration between hospitals and the Committee, a partnership programme was launched to engage PROs and clinical leaders to attend PCC meetings.

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.

3. 委員會經考慮下列因素後，認為其會議不應向公眾公開：

- (a) 公開會議會披露法律保密的文件；
- (b) 公開會議會披露有關人士的個人資料；
- (c) 委員會並非司法或類似司法機構；
- (d) 感到不平的一方尚有其他申訴渠道；及
- (e) 委員會功能不應和其他機構(如法庭或醫務委員會)重疊。

4. 於考慮投訴的是非曲直時，委員會可就投訴的主要內容，徵詢醫療專業或其他界別的專家意見。委員會如認為恰當，亦可約見投訴人、病人、醫療人員或其他有關人士。

(委員會可視乎情況不時修訂上述投訴處理指引。)

2021-22年度工作概況

在2021-22年度，公眾投訴委員會共召開16次會議及處理237宗涉及醫療服務、員工態度、行政程序等的個案。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從個案所得經驗，促進風險管理，同時透過定期舉辦投訴處理培訓活動，提升醫院病人聯絡主任解決糾紛的能力。此外，委員會亦邀請醫院病人聯絡主任和臨床領袖參與其會議，以加強協作。

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

APPENDIX 3

附錄 3

Staff Appeals Committee

職員上訴委員會

Membership List

成員名單

Chairman: Mr Lawrence LEE Kam-hung, BBS, JP
主席： 李金鴻先生

Members: Ms Margaret CHENG Wai-ching, JP
成員： 鄭惠貞女士
Mr Ambrose HO, SBS, JP
何沛謙先生
Mr Charlie YIP Wing-tong (up to 31.7.2021)
葉永堂先生(截至2021年7月31日)
Mr Paul YU Shiu-tin, BBS, JP
余嘯天先生

Terms of Reference

1. To consider and decide upon appeals from staff members who have raised a grievance through the normal internal complaint channels and who wish to appeal against the decision made.
2. The Committee shall:
 - (a) consider whether the appeal cases need further investigation by the management;
 - (b) direct the appeal cases to be investigated;
 - (c) have access to all 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 2021-22

The Committee serves to consider and decide on appeals from staff members who have raised a grievance and appeal through the normal internal complaint channels established in the Hospital Authority (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.

In 2021-22, the Committee received one staff appeal case in March 2022. Consideration of the case was still in progress as of the end of 2021-22.

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。

2021-22年度工作概況

委員會的宗旨是就已透過醫院管理局(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。

在2021-22年度，委員會於2022年3月收到一宗職員上訴個案。直至本年度末，有關個案仍在審理中。

APPENDIX 3

附錄 3

Supporting Services Development Committee

支援服務發展委員會

Membership List

成員名單

Chairman: Mr Daniel LAM Chun, SBS, JP
主席： 林濬先生

Vice-Chairman: Mr David FONG Man-hung, BBS, JP
副主席： 方文雄先生

Members: Prof Edwin CHAN Hon-wan (*up to 30.11.2021*)
成員： 陳漢雲教授 (截至2021年11月30日)

Dr Andrew CHAN Ping-chiu, BBS (*up to 30.11.2021*)
陳炳釗博士 (截至2021年11月30日)

Dr Tony KO Pat-sing, JP, *Chief Executive*
高拔陸醫生 行政總裁

Mr Franklin LAM Fan-keung, BBS
林奮強先生

Dr James LAU Chi-wang, BBS, JP
劉志宏博士

Dr Peter LEE Kwok-wah (*up to 30.11.2021*)
李國華博士 (截至2021年11月30日)

Mr Gregory LEUNG Wing-lup, SBS
梁永立先生

Miss Trista LIM Mei-yee (*up to 14.6.2021*)
Ms Elaine MAK Tse-ling (*from 15.6.2021*)
[representing the Permanent Secretary for Health
(Formerly known as Permanent Secretary for Food and Health (Health))]
林美儀女士 (截至2021年6月14日)
麥子濤女士 (由2021年6月15日起)
[代表醫務衛生局常任秘書長
(前稱食物及衛生局常任秘書長(衛生))]

Prof Agnes TIWARI Fung-yee
羅鳳儀教授

Ir Vincent TONG Wing-shing, BBS
湯永成先生

Mr Philip TSAI Wing-chung, BBS, JP
蔡永忠先生

Mr Lincoln TSO Lai
曹禮先生

Mr WAN Man-yee, BBS, JP (*from 10.6.2021*)
溫文儀先生 (由2021年6月10日起)

Ir Billy WONG Wing-hoo, BBS, JP
黃永灝先生

Mr Charlie YIP Wing-tong (*up to 31.7.2021*)
葉永堂先生 (截至2021年7月31日)

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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 2021-22

In 2021-22, the Committee met four times to advise on the directions and policies related to the development of business support services and capital planning to support clinical service delivery in the Hospital Authority (HA). The Committee also held five discussion and workshop meetings to deliberate on the design planning and tender matters, and participated in two site visits to comprehend the progress of construction works.

On business support services, the Committee noted HA's preparedness on contingency supply and stockpile of personal protective equipment (PPE) under the COVID-19 pandemic and the longer-term strategies in PPE management, as well as the strategies to sustain HA's patient transport service to meet the growing demand. The Committee received updates on the implementation of the new HA Supporting Services Centre and the periodic review on HA's Procurement and Materials Management Manual to support the procurement operation of HA. The Committee also received the annual reports on both hospital security service and contracts with price adjustment approved by the relevant HA management under the "Authorise and Direct" arrangement as delegated by the Main Tender Board. Besides, the Committee noted the progress of replacing aged equipment and new purchases in 2021-22 and supported the high level forward procurement plan up to 2024-25.

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；及
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。

2021-22年度工作概況

在2021-22年度，委員會共召開四次會議，就業務支援服務及基本工程規劃的發展方針及政策提供意見，以支援醫管局的醫療服務。此外，委員會舉行了五次研討會及工作坊會議，討論設計規劃及採購投標事宜，並參與兩次建築工地視察，以了解工程的進展。

在業務支援服務方面，委員會備悉醫管局因應2019冠狀病毒病疫情在個人防護裝備的應急供應和庫存方面所作的準備工作以及相關長遠管理策略；亦備悉在需求日增的情況下維持病人載送服務的策略。委員會亦收閱新成立醫管局支援服務中心的進展和支援醫管局採購業務運作的《採購及物料管理手冊》的定期檢討報告；以及收閱醫院保安服務年度報告和醫管局相關管理人員在中央投標委員會授權下批准調整合約價格的年度報告。此外，委員會備悉於2021-22年度更換舊設備及採購新設備的進展，並通過截至2024-25年度的預購策略。

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On capital planning, the Committee was provided with an annual situation update on HA's capital works projects under the First Ten-year Hospital Development Plan, and noted the corporate energy management strategies and energy saving initiatives towards carbon neutrality, the procurement for provision of operation and maintenance services for electrical, mechanical, air-conditioning and building services (EMABS) systems in HA, as well as the implementation progress of the Smart Hospital Strategy in hospitals. The Committee examined the impacts of adopting modular integrated construction in Government-funded hospital projects, and provided its view to the Government for consideration. The Committee also received annual reports on review of hospital engineering related incidents and mitigation measures, as well as accident statistics of HA capital works projects in 2020. The Committee also reviewed the annual capital expenditure plan for 2021-22 and endorsed the plan for 2022-23. For minor works projects, the Committee received reports on the implementation progress of various projects and the financial position, and endorsed the annual audited accounts for one-off grant for minor works projects.

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 2022 and the planned actions.

For monitoring, the Committee received regular reports from the management on the implementation progress of major capital works and minor works. It kept a close watch on works-related incidents and related remedial measures, and received regular progress reports from the Capital Works Subcommittee, 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.

在基本工程規劃方面，委員會收閱醫管局首個十年醫院發展計劃中基本工程項目的年度報告，亦備悉邁向碳中和的機構能源應用管理策略及節能措施；醫管局機電、空調、屋宇設備裝置系統的運作及保養服務的採購事宜；以及醫院推行智慧醫院策略的進展。委員會就政府提供經費的醫院建造項目，評估採用組裝合成建築技術的影響，並提供相關意見供政府考慮。委員會亦收閱醫院工程事故檢討的年度報告及相關緩減措施，以及2020年醫管局基本工程項目意外的年度統計報告。委員會審議2021-22年度的基本工程開支，並通過2022-23年度的預算。在小型工程項目方面，委員會收閱各工程項目的實施進度及其財政狀況報告，並通過小型工程項目整筆撥款的經審核年度帳目。

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、2022年的預計風險及相關緩減計劃。

委員會收閱管理人員提交的大型基本工程及小型工程定期報告，以監察相關工程進度。委員會密切留意與工程相關的事故及補救措施，並收閱轄下基本工程小組委員會的定期進展報告。該小組委員會主要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宜。

APPENDIX 4

附錄 4

Membership of Hospital Governing Committees

醫院管治委員會成員

Alice Ho Miu Ling Nethersole Hospital

雅麗氏何妙齡那打素醫院

Chairman: 主席：	Mr John LI Kwok-heem, MH 李國謙先生
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Mr Derek CHAN Man-foon 陳文寬先生 Bishop Rev Ben CHANG Chun-wa 張振華監督 Ms Michelle CHOW Yan-wai 周恩惠女士 Mr CHU King-yuen, SBS, MH, JP 朱景玄先生 Dr Simon FUNG Siu-hung 馮少雄博士 Rev Canon the Hon Peter Douglas KOON Ho-ming, BBS, JP 管浩鳴法政牧師 Prof Simon KWAN Shui-man 關瑞文教授 Mr Roger LEE Chee-wah 李志華先生 Rev Augusta LEUNG Lai-ngor 梁麗娥牧師 Mr Gregory LEUNG Wing-lup, SBS 梁永立先生 Ms Yvette LI Yan-yi 李恩怡小姐 Ir Dr the Hon LO Wai-kwok, GBS, MH, JP 盧偉國博士 Mr MAN Chen-fai, BBS, MH 文春輝先生 Mr Wilson MOK Yu-sang 莫裕生先生 Mr Simon TAM Cheuk-keung 譚焯強先生 Mr Herman TSOI Hak-chiu 蔡克昭先生 Rev WONG Ka-fai 王家輝牧師

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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
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Mr CHAN Muk-kwong 陳木光先生 Prof Joanne CHUNG Wai-yee 鍾慧儀教授 Ms Rebecca HUNG Tzu-wei 熊子惠女士 Mr Paul MAK Chun-nam 麥鎮南先生 Dr Joey TANG Chung-yee 鄧仲儀博士 Prof Thomas WONG Kwok-shing, JP 汪國成教授 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 Joseph LUI Cho-ze 雷操奭教授
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Dr Denis CHANG Khen-lee, JP 張健利博士 Dr Louis CHOY Chung-wai 蔡忠偉醫生 Prof Frederick HO Wing-huen, SBS 何永煊教授 Mr Joseph LEE King-chi, BBS 李敬志先生 Dr Vincent LEUNG Tze-ching 梁子正醫生 Dr Vitus LEUNG Wing-hang, BBS, JP 梁永鏗博士 Dr Albert LIE Kwok-wai 李國維醫生 Mr Willie LUI Pok-shek, JP 呂博碩先生 Mr Henry WONG Ho-cheong 黃浩翔先生 Mr Anthony WONG Luen-kin, JP 黃鑾堅先生 Mr Ronald YAM Tak-fai 任德輝先生 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：	Dr Peter LEE Kwok-wah 李國華博士
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Mr Nicholas CHAN Hiu-fung, MH, JP 陳曉峰先生 Mr Michael CHAN Kee-huen 陳記煊先生 Mr Lothar LEE Hung-sham, BBS, MH 李洪森先生 Mr Jason Joseph LEE Kwong-yee 李曠怡先生 Dr Raymond MA Siu-wing, MH 馬兆榮醫生 Mr Edward PONG Chong, BBS, JP 龐創先生 Dr Jimmy WONG Chi-ho, SBS, JP 王賜豪醫生 Mr Paul WU Wai-keung 胡偉強先生 Mr Boris YEUNG Sau-ming 楊秀明先生

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Cheshire Home, Chung Hom Kok

春磡角慈氏護養院

Chairman: 主席：	Dr Albert WONG Chi-chiu 王志釗醫生
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Mr CHAN Bing-woon, SBS, JP 陳炳煥先生 Mr Raymond CHAN Kwan-tak 陳君德先生 Mrs Shelley M CHOW 周慧思女士 Ms Betty KO Lan-fun 高蘭芬女士 Ms Janice MORTON 莫珍妮女士 Dr TONG Hon-kuan, JP 唐漢軍醫生 Dr WONG Chun-por, JP 王春波醫生 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：	Prof Leonard LI Sheung-wai 李常威教授
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Mrs Shelley M CHOW 周慧思女士 Mr FONG Cheung-fat, JP 方長發先生 Ms Janet LAI Keng-chok 黎勁竹女士 Dr Edward LEUNG Man-fuk 梁萬福醫生 Dr Pamela LEUNG Ming-kuen, BBS, JP 梁明娟醫生 Ms Janice MORTON 莫珍妮女士 Mr NG Hang-sau, MH 伍杏修先生 Prof Marco PANG Yiu-chung 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

Chairman: 主席：	Mr Steve LAN Yee-fong, MH 藍義方先生
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Dr the Hon Eliza C H CHAN, GBS, JP 陳清霞博士 Mr William CHAN Fu-keung, BBS 陳富強先生 Prof Stephen CHENG Wing-keung 鄭永強教授 Mr Raymond CHOW Wai-kam, JP 周偉淦先生 Mr Ricky FUNG Choi-cheung, SBS, JP 馮載祥先生 Mr Edward HO Man-tat 何聞達先生 Prof Peggy LAM, GBS, JP 林貝聿嘉教授 Prof LAU Chak-sing, BBS, JP 劉澤星教授 Dr Carl LEUNG Ka-kui 梁家駒醫生 Mr William LEUNG Shu-yin 梁樹賢先生 Dr Vitus LEUNG Wing-hang, BBS, JP 梁永鏗博士 Mr MA Ching-nam, BBS, JP 馬清楠先生 Mrs Purviz Rusy SHROFF, MH Prof Sydney TANG Chi-wai 鄧智偉教授

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Haven of Hope Hospital

靈實醫院

Chairman: 主席：	Prof Joseph KWAN Kai-cho 關繼祖教授
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Mr Francis CHAU Yin-ming, BBS, MH 周賢明先生 Mr Stuart CHEN Seng-tek 陳升揚先生 Mr Charles CHIU Chung-yee 趙宗義先生 Dr the Hon LAM Ching-choi, SBS, JP 林正財醫生 Mr LAM Sze-chuen 林思尊先生 Prof Diana LEE Tze-fan, JP 李子芬教授 Dr Ares LEUNG Kwok-ling 梁國齡醫生 Mr Stephen LIU Wing-ting, JP 廖榮定先生 Mr Gregory LO Chun-hung, SBS 盧振雄先生

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Hong Kong Buddhist Hospital

香港佛教醫院

Chairman: 主席：	Mr HO Tak-sum, MH 何德心居士
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Dr Johnny HON Sei-hoe, MH 韓世灝博士 Mr Spencer KWAN Chor-chung 關佐仲先生 Mr Jonathan LAI Ping-wah 賴柄華先生 Mr LAI Sze-nuen, SBS, JP (<i>passed away in January 2022</i>) 黎時煖居士(於2022年1月辭世) Mr Anthony LAM Chi-tat 林志達居士 Ms May LAM Shih-yan 林詩欣居士 Mr Stephen LAM Wai-hung 林韋雄先生 Mr LEE Ka-cheung 李家祥居士 Dr POON Tak-lun, JP 潘德鄰醫生 Ven SIK Hin-hung 釋衍空法師 Ven SIK Hong-ming 釋宏明法師 Ven SIK Ku-tay 釋果德法師 Ven SIK Kuan-yun, MH 釋寬運法師 Ven SIK Miu-chi 釋妙慈法師 Ven SIK To-ping 釋道平法師 Ven SIK Yin-chi 釋演慈法師 Prof Julia TAO LAI Po-wah 陶黎寶華教授 Ms WAN Yee-ling 溫綺玲居士

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Hong Kong Children's Hospital

香港兒童醫院

Chairman: 主席：	Mr John LEE Luen-wai, BBS, JP 李聯偉先生
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Ms Dana CHAN Dan-nar 陳丹娜女士 Ms CHAU Hei-man (<i>up to 14.7.2021</i>) 周熙雯女士 (<i>截至2021年7月14日</i>) Prof FOK Tai-fai, SBS, JP 霍泰輝教授 Mrs Ann KUNG YEUNG Yun-chi, BBS, JP 龔楊恩慈女士 Mrs Nina LAM LEE Yuen-bing, MH 林李婉冰女士 Prof Gabriel Matthew LEUNG, GBS, JP 梁卓偉教授 Mr Patrick MA Ching-hang, BBS, JP 馬清鏗先生 Prof Grace TANG Wai-king, SBS, JP 鄧惠瓊教授 Prof Frances WONG Kam-yuet 黃金月教授 Mr Richard YUEN Ming-fai, GBS, JP 袁銘輝先生

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Hong Kong Eye Hospital & Kowloon Hospital

香港眼科醫院及九龍醫院

Chairman: 主席：	Mr Daniel LAM Chun, SBS, JP 林濬先生
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Prof CHAN Man-wai 陳文偉教授 Dr Connie CHAN CHENG Yuk-ye, MH 陳鄭玉而博士 Dr KWONG Po-yin (<i>up to 8.7.2021</i>) 鄭葆賢醫生(截至2021年7月8日) Dr Lawrence LAI Fook-ming, BBS, JP 賴福明醫生 Dr LEUNG Kin-ping 梁健平博士 Prof David SHUM Ho-keung 岑浩強教授 Mr Johnny WONG Chi-keung, MH 王志強先生 Dr WONG Yee-him 黃以謙醫生 Mr Harry YU Kwok-kuen 余國權先生

APPENDIX 4

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Hong Kong Red Cross Blood Transfusion Service

香港紅十字會輸血服務中心

Chairman: 主席：	Mr Ambrose HO, SBS, JP 何沛謙先生
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Mr Jeffrey CHUNG Chi-man 鍾志文先生 Dr LI Siu-hung 李兆紅博士 Dr William LO Wing-yan, JP 盧永仁博士 Ms Clara SHEK Ka-lai 石嘉麗女士 Mr Kyrus SIU King-wai 蕭景威先生 Mr Donny SIU Koon-ming 蕭觀明先生 Ms Bonnie SO Yuen-han 蘇婉嫻女士 Prof Agnes TIWARI Fung-yee 羅鳳儀教授 Prof Eric TSE Wai-choi 謝偉財教授

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Kwai Chung Hospital & Princess Margaret Hospital

葵涌醫院及瑪嘉烈醫院

Chairman: 主席：	Mr Jason YEUNG Chi-wai 楊志威先生
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Prof Chetwyn CHAN Che-hin 陳智軒教授 Mr Kenny CHAN Ngai-sang, BBS 陳毅生先生 Ms Shirley CHAN Suk-ling, BBS, JP 陳淑玲女士 Ms Janet HUI Lai-wah 許麗華女士 Prof Joseph KWAN Kai-cho 關繼祖教授 Mr Wilson LEE Hung-wai 李鴻威先生 Mr SIN Chung-kai (<i>up to 28.5.2021</i>) 單仲偕先生(截至2021年5月28日) Dr Peter TSOI Ting-kwok, JP 蔡定國醫生 Ir Billy WONG Wing-hoo, BBS, JP 黃永灝先生

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

Chairman: 主席：	Mr Kazaf TAM Chun-kwok, BBS 譚鎮國先生
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Ms Kathy CHEUNG Ka-yi (up to 10.7.2021) 張嘉宜女士(截至2021年7月10日) Dr CHU Chor-lup 朱初立醫生 Mr Orlando HO Yau-kai 何猷啟先生 Mr LAM Kin-man 林健文先生 Dr LEE Yuk-lun, BBS, JP 李添麟博士 Ms Imma LING Kit-sum 凌潔心女士 Mrs Katherine MA, BBS 馬陳家歡女士 Mr Philip MA Ching-yeung 馬清揚先生 Ms Ginny MAN, BBS 文穎怡女士 Mr Arthur MUI 梅慶堯先生 Mr Albert SU Yau-on, MH, JP 蘇祐安先生 Ms Mandy TANG Ming-wai 鄧明慧女士 Mr York TSENG Hing-yip 曾慶業先生 Dr Ken TSOI Wing-sing, BBS 蔡榮星博士 Mr Herman WAI Ho-man 韋浩文先生 Mr Vinci WONG, BBS 王賢誌先生 Mr YU See-ho 余斯好先生

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MacLehose Medical Rehabilitation Centre

麥理浩復康院

Chairman: 主席：	Prof Cecilia CHAN Lai-wan, JP 陳麗雲教授
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Prof Henry CHAN Hin-lee 陳衍里教授 Mr Jeffrey CHAU Sze-ngai 周思藝先生 Mr CHENG Yan-kee, BBS, JP 鄭恩基先生 Dr Eric CHIEN Ping 錢平醫生 Ms Josephine HO Yuen-ling 何婉玲女士 Mr Quinton LAM Chun-ki 林進其先生 Dr Pamela LEUNG Pui-yu 梁佩如博士 Mr Joseph LO Kin-ching 勞建青先生 Dr MAK Kin-cheung 麥建章醫生 Dr POON Tak-lun, JP 潘德鄰醫生 Dr Ricky SZETO Wing-fu 司徒永富博士 Mr Benjamin WONG Kam-ming 黃錦明先生

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North District Hospital

北區醫院

Chairman: 主席：	Prof CHAN Wai-yee 陳偉儀教授
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Mr CHAN Wai-tat (<i>up to 8.7.2021</i>) 陳惠達先生(截至2021年7月8日) Mr DENG Kai-rong, BBS, MH, JP 鄧開榮先生 Mr Clement FUNG Cheuk-nang, MH 馮卓能先生 Ms Stella FUNG Siu-wan 馮少雲女士 Mr HO Wing-yin 何永賢先生 Mr KO Yiu-cheung 高耀章先生 Mr Billy LAM Chek-yau, BBS, MH, JP 林亦有先生 Mr LI Kwok-yiu 李國耀先生 Mr LIU Hing-hung 廖興洪先生 Mr MA Siu-leung, BBS, MH 馬紹良先生

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North Lantau Hospital

北大嶼山醫院

Chairman: 主席：	Prof Raymond LIANG Hin-suen, SBS, JP 梁憲孫教授
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Mr CHAN How-chi, MH 陳孝慈先生 Ms CHAU Chuen-heung, SBS, MH, JP 周轉香女士 Mr Tony CHOI Yuk-kwan, MH 蔡玉坤先生 Mr Dennis CHOW Chi-in 周志賢先生 Mr CHOW Yick-hay, BBS, JP 周奕希先生 Dr Robert LAW Chi-lim 羅致廉醫生 Ms Elizabeth LAW Kar-shui, MH 羅嘉穗女士 Ms Deborah WAN Lai-yau, BBS, JP 溫麗友女士 Mr Randy YU Hon-kwan, MH, JP 余漢坤先生

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Our Lady of Maryknoll Hospital

聖母醫院

Chairman: 主席：	Ms June LO Hing-yu 羅慶好女士
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Mr CHAN Wing-kai 陳永佳先生 Ms Maria CHIANG Lai-ling 蔣麗苓女士 Dr Gabriel CHOI Kin 蔡堅醫生 Mr John J CLANCEY Dr Nancy FOK Lai-ling 霍麗玲醫生 Mr Joseph HUI Kong-yue 許江餘先生 Mrs Marigold LAU, SBS 劉賴筱韞女士 Prof Gabriel Matthew LEUNG, GBS, JP 梁卓偉教授 Sister Marilu LIMGENCO 林敏妮修女 Ms Brenda LO Yin-cheung 羅燕翔女士 Mr Stephen MA Chak-wa, MH 馬澤華先生 Mr Rex MOK Chung-fai, BBS, MH, JP 莫仲輝先生 Dr Emily NGAN Man-lai 顏文麗博士 Dr Louis SHIH Tai-cho, JP 史泰祖醫生 Mrs Elizabeth WONG YEUNG Po-wo 黃楊寶和女士

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Pamela Youde Nethersole Eastern Hospital

東區尤德夫人那打素醫院

Chairman: 主席：	Mr Andrew FUNG Hau-chung, BBS, JP 馮孝忠先生
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Mr Derek CHAN Man-foon 陳文寬先生 Mr David CHAU Shing-yim 周承炎先生 Dr Eric CHENG Kam-chung, BBS, MH, JP 鄭錦鐘博士 Ms Karen CHEUNG Tih-loh 張添珞女士 Mr Roland CHOW Kun-chee 周近智先生 Mr Mico CHOW Man-cheung 周萬長先生 Ms Michelle CHOW Yan-wai 周恩惠女士 Mr Franklin LAM Fan-keung, BBS 林奮強先生 Mr John LI Kwok-heem, MH 李國謙先生 Mr Wilson MOK Yu-sang 莫裕生先生 Rt Rev Dr Thomas SOO Yee-po, JP 蘇以葆主教 Mr YEUNG Po-kwan, JP (up to 25.1.2022) 楊寶坤先生(截至2022年1月25日)

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Pok Oi Hospital

博愛醫院

Chairman: 主席：	Dr Jim LEE, MH 李柏成博士
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Dr CHAN Kwok-chiu, BBS, MH, JP 陳國超博士 Dr CHAN Shou-ming 陳首銘博士 Mr Danny CHAU Chun-tat 周駿達先生 Mrs Josephine KAN CHAN Kit-har, MH 簡陳擷霞女士 Ms LAM Kwan 林群女士 Mr Stephen LEE Hoi-yin 李開賢先生 Dr Charles LO Dgok-sing 勞鐸聲醫生 Mr Henry TONG Sau-chai, MH, JP 湯修齊先生 Mr WONG Fan-foung, BBS, MH 黃帆風先生 Mr Charlie YIP Wing-tong 葉永堂先生

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Prince of Wales Hospital

威爾斯親王醫院

Chairman: 主席：	Ms Priscilla WONG Pui-sze, SBS, JP 王沛詩女士
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Mr Bernard AU YANG Pak-hong 歐陽伯康先生 Prof Francis CHAN Ka-leung, SBS, JP 陳家亮教授 Ms Wendy FUNG Ching-suet 馮靜雪女士 Mr HO Sai-king 何世景先生 Ms Vivian HO Wei-wun 何蔚雲女士 Ms Jacqueline LEUNG, JP 梁慧女士 Mr WONG Fai-fan 黃輝帆先生 Mr Michael YUNG Ming-chau (<i>up to 12.7.2021</i>) 容溟舟先生(截至2021年7月12日)

APPENDIX 4

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Queen Elizabeth Hospital

伊利沙伯醫院

Chairman: 主席：	Dr KAM Pok-man, BBS 甘博文博士
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Prof Gladys CHEING Lai-ying 鄭荔英教授 Ms Maisy HO Chiu-ha, BBS 何超躉女士 Mr KU Moon-lun 古滿麟先生 Dr Peter LEE Kwok-wah 李國華博士 Prof LI Chi-kong, JP 李志光教授 Dr David NG Ka-sing 吳家聲博士 Mr Alec TONG Chi-chiu 湯志超先生 Dr Thomas TSANG Ho-fai 曾浩輝醫生 Mr James YIP Shiu-kwong 葉兆光先生 Dr YU Yuk-ling 余毓靈醫生

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Queen Mary Hospital & Tsan Yuk Hospital

瑪麗醫院及贊育醫院

Chairman: 主席：	Mr Philip TSAI Wing-chung, BBS, JP 蔡永忠先生
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Mr Adam KWOK Kai-fai, SBS 郭基輝先生 Mr Wilson KWONG Wing-tsuen 鄭永銓先生 Prof John LEE Chi-kin, JP 李子建教授 Ms Sandra LEE Suk-yee, GBS, JP 李淑儀女士 Prof Gabriel Matthew LEUNG, GBS, JP 梁卓偉教授 Mr Steve LO Chit-ki 羅哲基先生 Mr Lincoln TSO Lai 曹禮先生 Mr Paul YU Shiu-tin, BBS, JP 余嘯天先生

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Ruttonjee & Tang Shiu Kin Hospitals

律敦治及鄧肇堅醫院

Chairman: 主席：	Dr Vitus LEUNG Wing-hang, BBS, JP 梁永鏗博士
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Dr Henry KONG Wing-ming 江永明醫生 Mr Steve LAN Yee-fong, MH 藍義方先生 Ms Susi LAW Wai-shan (up to 20.7.2021) 羅偉珊女士(截至2021年7月20日) Prof Joseph LEE Kok-long, SBS, JP 李國麟教授 Mr Edwin LEUNG Chung-ching 梁仲清先生 Dr Carl LEUNG Ka-kui 梁家駒醫生 Mr Terry NG Sze-yuen 吳士元先生 Mrs Gloria NG WONG Yee-man, BBS, JP 吳王依雯女士 Dr Jeffrey PONG Chiu-fai, MH 龐朝輝醫生 Mr Burji S SHROFF Mr Neville S SHROFF, JP 尼維爾先生 Mr Noshir N SHROFF Mrs Purviz Rusy SHROFF, MH Mr Robert SHUM Kai-kee 岑啟基先生 Mr Richard TANG Yat-sun, SBS, JP 鄧日樂先生

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Shatin Hospital

沙田醫院

Chairman: 主席：	Prof Maurice YAP Keng-hung, JP 葉健雄教授
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Ms Anita CHENG Wai-ching 鄭瑋青女士 Mr Jeckle CHIU 招仲濠先生 Mr Francis CHU Chan-pui, BBS 朱燦培先生 Dr David KAN Kam-fai 簡錦輝醫生 Ms Nancy KIT Kwong-chi, JP 闕港子女士 Mr Derek LEE Ho-yin 李浩然先生 Ir Peter MOK Kwok-woo 莫國和先生 Dr Vincent TSE Kin-chuen 謝建泉醫生 Ms WONG Kam-fung 黃金鳳女士 Mrs Linda WONG LEUNG Kit-wah 王梁潔華女士

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Tai Po Hospital

大埔醫院

Chairman: 主席：	Mr John LI Kwok-heem, MH 李國謙先生
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Mr Derek CHAN Man-foon 陳文寬先生 Mr Ali FUNG Wai-cheong 馮偉昌先生 Prof Simon KWAN Shui-man 關瑞文教授 Mr Roger LEE Chee-wah 李志華先生 Ms Jeanne LEE Sai-yin, BBS, JP 李細燕女士 Mr Wilson MOK Yu-sang 莫裕生先生

APPENDIX 4

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The Duchess of Kent Children's Hospital at Sandy Bay

大口環根德公爵夫人兒童醫院

Chairman: 主席：	Mr CHEUNG Tat-tong, BBS, JP 張達棠先生
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Mr Boris BONG Ding-yue 龐定宇先生 Prof Godfrey CHAN Chi-fung 陳志峰教授 Ms Ophelia CHAN Chiu-ling, BBS 陳肖齡女士 Prof Kenneth CHEUNG Man-chee 張文智教授 Dr CHOW Chun-bong, BBS, JP 周鎮邦醫生 Mr NG Wai-yan 吳惠恩先生 Ir Dr Derrick PANG Yat-bond, JP 彭一邦博士 Mr Douglas SO Cheung-tak, BBS, JP 蘇彰德先生 Dr Barbara TAM Sau-man 譚秀雯醫生 Mr John WAN Chung-on 溫頌安先生

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Tin Shui Wai Hospital

天水圍醫院

Chairman: 主席：	Mr WONG Kwai-huen, SBS, JP 王桂燦先生
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Mr CHAN How-chi, MH 陳孝慈先生 Ms CHAN Sze-nga (<i>up to 21.10.2021</i>) 陳詩雅女士 (<i>截至2021年10月21日</i>) The Hon Duncan CHIU 邱達根先生 Dr FOK Mei-ling 霍美玲博士 Dr HO Wing-tim, BBS, MH 何榮添博士 Mr Robert LUI Chi-wang 呂志宏先生 Mr Philip MA Ching-yeung 馬清揚先生 Mr Thomas WAN Yiu-ming 尹耀銘先生 Ms Lina YAN Hau-yee, MH, JP 殷巧兒女士 Dr YUEN Yin-fun 阮燕芬醫生

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Tseung Kwan O Hospital

將軍澳醫院

Chairman: 主席：	Ms Lisa LAU Man-man, BBS, MH, JP 劉文文女士
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Dr CHEUNG Moon-tong 張滿棠醫生 Mr Tony CHOW Kar-ming 周家明先生 Mr Paul FAN Chor-ho, SBS, JP 范佐浩先生 Mr KAN Shun-ming 簡迅鳴先生 Mr Marthy LI Chak-kwan 李澤昆先生 Mr Philip LI Ka-leung, MH 李家良先生 Dr Desmond NG Tai-wing 吳泰榮博士 Mr Alan WONG Chi-kong, SBS 黃志光先生 Dr WONG Kwing-keung 黃焯強博士 Dr Frederick YIP Yeung-fai 葉揚輝博士

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Tuen Mun Hospital

屯門醫院

Chairman: 主席：	Mr Ivan SZE Wing-hang, BBS, JP 施榮恆先生
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Mr Daniel CHAM Ka-hung, BBS, MH, JP 湛家雄先生 Dr Charles CHAN Kam-kwong 陳鑑光博士 Dr LAU Chau-ming 劉秋銘博士 Ms Yvette Therese MA 馬美域女士 Mr Anthony TSANG Hin-fun 曾憲芬先生 Dr WONG Kwing-keung 黃焯強博士 Prof Richard YUEN Man-fung 袁孟峰教授 Mr YUEN Siu-lam 袁少林先生

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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

Chairman: 主席：	Mr Kazaf TAM Chun-kwok, BBS 譚鎮國先生
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Mr Raymond CHOW Wai-kam, JP 周偉淦先生 Mr Orlando HO Yau-kai 何猷啟先生 Mr KWOK Leung-ming, SBS 郭亮明先生 Dr LEE Yuk-lun, BBS, JP 李鏊麟博士 Mrs Katherine MA, BBS 馬陳家歡女士 Mr Philip MA Ching-yeung 馬清揚先生 Ms Ginny MAN, BBS 文穎怡女士 Ms Bonnie NG Hoi-yan (up to 9.7.2021) 伍凱欣女士(截至2021年7月9日) Ms Winnie NG, JP 伍穎梅女士 Mr Albert SU Yau-on, MH, JP 蘇祐安先生 Ms Mandy TANG Ming-wai 鄧明慧女士 Mr York TSENG Hing-yip 曾慶業先生 Mr Lincoln TSO Lai 曹禮先生 Dr Ken TSOI Wing-sing, BBS 蔡榮星博士 Mr Herman WAI Ho-man 韋浩文先生 Mr Vinci WONG, BBS 王賢誌先生 Mr Bernard WU Tak-lung 吳德龍先生

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United Christian Hospital

基督教聯合醫院

Chairman: 主席：	Mr John LI Kwok-heem, MH 李國謙先生
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Mr Derek CHAN Man-foon 陳文寬先生 Ms Margaret CHENG Wai-ching, JP 鄭惠貞女士 Ms Margot CHOW Yan-tse 周恩慈女士 Ms Esther CHOW Yin-yung 周燕鏞女士 Ms Constance CHOY Hok-man 蔡學雯女士 Rev Paul KAN Kei-piu 簡祺標牧師 Rt Rev Dr Timothy KWOK Chi-pei 郭志丕主教 Mr LAU Chun-chuen 劉俊泉先生 Mr Michael LI Man-toa 李民滔先生 Dr Danny MA Ping-kwan 馬炳坤醫生 Mr Wilson OR Chong-shing, MH 柯創盛先生 Rev PO Kam-cheong 蒲錦昌牧師 Mr David SUN Tak-kei, GBS, JP 孫德基先生 Rev TEO Yun-sarm 張苑心牧師 Ms Nancy TSANG Lan-see, JP 曾蘭斯女士 Mr Herbert TSOI Hak-kong, BBS, JP 蔡克剛先生 Mr James TSUI Siu-lung, MH 徐小龍先生 Mr David WONG Tat-kee 黃達琪先生 Ms Grace WONG Yuen-ling 黃婉玲女士 Rev Jackson YEUNG Yau-chi 楊有志牧師 Rev YUNG Chuen-hung 翁傳鏗牧師

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Yan Chai Hospital

仁濟醫院

Chairman: 主席：	Ms WONG Chor-kei, MH 黃楚淇女士
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Dr Marcella CHEUNG Man-ka 張文嘉博士 Mr Stanley CHEUNG Tak-kwai 張德貴先生 Mr Anthony CHOI Po-kin 蔡寶健先生 Mr Gary CHU Tak-wing 朱德榮先生 Mr HO Wai-ming 何偉明先生 Dr Paul IP Kung-ching 葉恭正博士 Ms Wendy LAW Wing-yee 羅穎怡女士 Mr Jason LEUNG Wai-kwong 梁偉光先生 Mrs Mary SUEN CHOI To-may 孫蔡吐媚女士 Mr William WONG Kuen-wai, BBS, MH 黃權威先生 Mr Charles YANG Chuen-liang, BBS, JP 楊傳亮先生

APPENDIX 5

附錄 5

Membership of Regional Advisory Committees

區域諮詢委員會成員

Hong Kong Regional Advisory Committee

港島區域諮詢委員會

Chairman: 主席：	Prof David SHUM Ho-keung 岑浩強教授
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Director of Health or his / her representative 衛生署署長或其代表
Members: 成員：	Mr Boris BONG Ding-yue 龐定宇先生 Prof Cecilia CHAN Lai-wan, JP 陳麗雲教授 Ms CHAN Yuk-lam (<i>up to 9.7.2021</i>) 陳鈺琳女士 (截至2021年7月9日) Dr Peter CHEE Pay-yun 池丕恩醫生 Dr Eric CHENG Kam-chung, BBS, MH, JP 鄭錦鐘博士 Mr Steve LAN Yee-fong, MH 藍義方先生 Dr Libby LEE Ha-yun (<i>from 1.7.2021 to 2.1.2022</i>) 李夏茵醫生 (由2021年7月1日至2022年1月2日) Dr Vitus LEUNG Wing-hang, BBS, JP 梁永鏗博士 Dr C C LUK, JP (<i>up to 30.6.2021</i>) 陸志聰醫生 (截至2021年6月30日) Mr Derek NGAI Chi-ho (<i>from 27.5.2021 to 9.7.2021</i>) 魏志豪先生 (由2021年5月27日至2021年7月9日) Dr Loletta SO Kit-ying (<i>from 3.1.2022</i>) 蘇潔瑩醫生 (由2022年1月3日起) Prof Eric TSE Wai-choi 謝偉財教授 Mr Lincoln TSO Lai 曹禮先生 Mr TSUI Yuen-wa (<i>up to 9.7.2021</i>) 徐遠華先生 (截至2021年7月9日) Mr Herman WAI Ho-man 韋浩文先生 Ms WONG Chau-ping 黃秋萍女士 Dr Albert WONG Chi-chiu 王志釗醫生 Ms Camille YAM Ka-yi (<i>up to 12.7.2021</i>) 任嘉兒女士 (截至2021年7月12日) Mr Paul YU Shiu-tin, BBS, JP 余嘯天先生

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Kowloon Regional Advisory Committee

九龍區域諮詢委員會

Chairman: 主席：	Mr David FONG Man-hung, BBS, JP 方文雄先生
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Director of Health or his / her representative 衛生署署長或其代表
Members: 成員：	Mr CHAN Wai-lit (<i>up to 8.7.2021</i>) 陳緯烈先生(截至2021年7月8日) Ms Kathy CHEUNG Ka-yi (<i>up to 10.7.2021</i>) 張嘉宜女士(截至2021年7月10日) Mr Charles CHIU Chung-yee 趙宗義先生 Ms Margot CHOW Yan-tse 周恩慈女士 Mr HO Tak-sum, MH 何德心居士 Ms Janet HUI Lai-wah 許麗華女士 Dr Paul IP Kung-ching 葉恭正博士 Dr KWAN Ka-lun (<i>up to 4.8.2021</i>) 關家倫博士(截至2021年8月4日) Ms LAI Po-kwai 黎寶桂女士 Mr Jackson LAU (<i>up to 11.7.2021</i>) 劉肇軒先生(截至2021年7月11日) Mrs Marigold LAU, SBS 劉賴筱韞女士 Dr Robert LAW Chi-lim 羅致廉醫生 Mr LEUNG Chi-shing 梁志成先生 Dr LEUNG Kin-ping 梁健平博士 Rev Van LO Wai-chuen 盧惠銓牧師 Prof Joseph LUI Cho-ze 雷操爽教授 Mr Philip MA Ching-yeung 馬清揚先生 Mr Rex MOK Chung-fai, BBS, MH, JP 莫仲輝先生 Mr Donny SIU Koon-ming 蕭觀明先生 Ms Natalie TSUI Wai-fong (<i>up to 9.7.2021</i>) 朱慧芳女士(截至2021年7月9日) Dr WONG Kwing-keung 黃焯強博士 Mr James YIP Shiu-kwong 葉兆光先生 Mr Ramon YUEN Hoi-man 袁海文先生 Mr Richard YUEN Ming-fai, GBS, JP 袁銘輝先生

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New Territories Regional Advisory Committee

新界區域諮詢委員會

Chairman: 主席：	Mr Charlie YIP Wing-tong (<i>up to 31.7.2021</i>) 葉永堂先生(截至2021年7月31日) Prof Agnes TIWARI Fung-ye (<i>from 1.8.2021</i>) 羅鳳儀教授(由2021年8月1日起)
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Director of Health or his / her representative 衛生署署長或其代表
Members: 成員：	Dr Charles CHAN Kam-kwong 陳鑑光博士 Mrs CHAN Li-lei, MH 陳李妮女士 Mr CHAN Wai-tat (<i>up to 8.7.2021</i>) 陳惠達先生(截至2021年7月8日) Mr Francis CHU Chan-pui, BBS 朱燦培先生 Mr DENG Kai-rong, BBS, MH, JP 鄧開榮先生 Mr Ali FUNG Wai-cheong 馮偉昌先生 Dr Raymond HO Shu-kwong 何樹光博士 Mr HO Wai-pan (<i>up to 14.7.2021</i>) 何惠彬先生(截至2021年7月14日) Dr Jim LEE, MH 李柏成博士 Mr Gregory LEUNG Wing-lup, SBS 梁永立先生 Mr MA Kee (<i>up to 21.4.2021</i>) 馬旗先生(截至2021年4月21日) Dr Raymond MA Siu-wing, MH 馬兆榮醫生 Mr NG Hang-sau, MH 伍杏修先生 Mr Almon POON Chin-hung, JP 潘展鴻先生 Dr Joey TANG Chung-ye 鄧仲儀博士 Prof WING Yun-kwok 榮潤國教授 Mr WONG Fai-fan 黃輝帆先生 Mr WONG Kwai-huen, SBS, JP (<i>up to 31.3.2022</i>) 王桂壘先生(截至2022年3月31日) Mr YAM Kai-bong (<i>up to 9.7.2021</i>) 任啟邦先生(截至2021年7月9日) Mr Michael YUNG Ming-chau (<i>up to 9.7.2021</i>) 容溟舟先生(截至2021年7月9日)

APPENDIX 6

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Membership of the Board of Trustees of the Hospital Authority

Provident Fund Scheme 2021-22

2021-22年度醫院管理局公積金計劃信託委員會成員

Chairman: Mr Philip TSAI Wing-chung, BBS, JP
主席： 蔡永忠先生

Trustees: Mr CHAN Chor-wing
信託委員： 陳初榮先生

Ms Anita CHAN Shuk-yu
陳淑瑜女士

Mr Alex CHU Wing-yiu
朱永耀先生

Mrs Ann KUNG YEUNG Yun-chi, BBS, JP
龔楊恩慈女士

Ms Antonia LEE Yuen-chee
李苑詞女士

Mr David MAK Chi-wai
麥志偉先生

Mr Dave NGAN Man-kit
顏文傑先生

Mr QUEK Yat-sum
郭逸森先生

Mr WONG Kwai-huen, SBS, JP
王桂壠先生

Mr Jason YEUNG Chi-wai
楊志威先生

Dr Joseph YEUNG Shing
楊誠醫生

APPENDIX 7

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Public Feedback Statistics

公眾意見統計

Complaint / Feedback / Appreciation Received (1.4.2021 – 31.3.2022)

投訴 / 意見 / 讚揚數字 (2021年4月1日 – 2022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	180
Staff attitude 職員態度	20
Administrative procedure 行政程序	31
Others 其他	6
Total number of appeal cases handled 處理上訴個案總數	237

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	914	5 487	24 262
Staff attitude 職員態度	301	3 308	8 674
Administrative procedure 行政程序	209	4 862	505
Overall performance 整體表現	78	1 884	163
Others 其他	10	964	1 675
Total number of hospital complaint / feedback / appreciation 醫院投訴 / 意見 / 讚揚總數	1 512	16 505	35 279

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	54	531	1 195
Staff attitude 職員態度	41	647	1 128
Administrative procedure 行政程序	28	658	2
Overall performance 整體表現	2	149	9
Others 其他	0	70	126
Total number of complaint / feedback / appreciation received by GOPC 普通科門診診所投訴 / 意見 / 讚揚總數	125	2 055	2 460

*General outpatient clinics

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

In the past years, the Hospital Authority (HA) generally achieved its performance targets. Nevertheless, with the emergence of COVID-19 epidemic in Hong Kong since early 2020, the HA has been adjusting its services in response to the epidemic along with tightening up infection control measures. The HA will continue to closely monitor the epidemic situation, support the Government's overall infectious disease prevention strategy and suitably adjust the scale of service provision when necessary. Subject to the development of the COVID-19 epidemic, it is expected that a gradual pick-up would continue in 2022-23. With such impact of COVID-19 epidemic on unit cost (if any) incorporated in 2020-21 and 2021-22 costing information, costing information may not be directly comparable across years.

在過往年度，醫院管理局(醫管局)大致上達到所訂的服務表現目標。然而，由於2020年年初起香港出現2019冠狀病毒病疫情，因應疫情，醫管局一方面收緊感染控制措施，另一方面則調整所提供的服務。醫管局會繼續密切注視疫情發展，並配合政府的整體傳染病防控策略，在需要時適當地調整服務規模。視乎2019冠狀病毒病疫情發展，預計2022-23年度整體服務量將持續穩步回升。鑑於2020-21年度及2021-22年度的成本計算資料已顧及2019冠狀病毒病疫情對單位成本的影響(如有)，不同年度的成本計算資料或不可以直接比較。

The key activity data in respect of the HA are:

有關醫管局服務的主要數據如下：

	2020-21	2021-22
(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)	23 525	23 838
mentally ill 精神科	3 647	3 675
mentally handicapped 智障科	677	675
infirmary 療養科	2 001	1 981
overall 總計	29 850	30 169
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 patient attendances seen within target waiting time 在目標輪候時間內獲處理的急症病人求診人次百分率		
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)(%)	98	96
triage III (urgent cases - 30 minutes) (%) 第III類別(緊急個案 - 30分鐘)(%)	80	72
specialist outpatient services 專科門診服務		
median waiting time for first appointment at specialist outpatient clinics 專科門診新症輪候時間中位數		
priority 1 cases 第一優先類別個案	<1 week 星期	<1 week 星期
priority 2 cases 第二優先類別個案	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 geriatric day places 老人科日間醫院名額	703	703
psychiatric services (as at 31 March) 精神科服務(截至三月三十一日)		
no. of psychiatric day places 精神科日間醫院名額	889	899

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	2020-21	2021-22
(II) Delivery of services 所提供的服務		
<i>inpatient services</i> 住院服務		
overall 總計		
no. of patient days 病人住院日次	7 526 207	7 926 440
bed occupancy rate (%) 病床住用率(%)	79	82
no. of discharges and deaths 住院病人出院人次及死亡人數	961 912	1 024 571
general (acute and convalescent) 普通科(急症及康復)		
no. of patient days 病人住院日次	6 001 201	6 408 581
bed occupancy rate (%) 病床住用率(%)	81	85
no. of discharges and deaths 住院病人出院人次及死亡人數	942 092	1 004 190
average length of stay (days)* 平均住院時間(日)*	6.4	6.4
mentally ill 精神科		
no. of patient days 病人住院日次	896 713	885 786
bed occupancy rate (%) 病床住用率(%)	69	68
no. of discharges and deaths 住院病人出院人次及死亡人數	16 597	16 816
average length of stay (days)* 平均住院時間(日)*	57	51
mentally handicapped 智障科		
no. of patient days 病人住院日次	179 343	173 324
bed occupancy rate (%) 病床住用率(%)	72	70
infirmary 療養科		
no. of patient days 病人住院日次	448 950	458 749
bed occupancy rate (%) 病床住用率(%)	82	85
<i>ambulatory and outreach services</i> 日間及外展服務		
day inpatient services 日間住院病人服務		
no. of discharges and deaths 出院人次及死亡人數	675 649	732 499
A&E services 急症室服務		
no. of A&E attendances 急症室就診人次	1 640 453	1 840 029
no. of A&E first attendances 急症室首次就診人次		
triage I 第I類別	22 928	27 159
triage II 第II類別	48 726	52 253
triage III 第III類別	608 311	704 932
specialist outpatient services@ 專科門診服務@		
no. of specialist outpatient (clinical) first attendances 專科門診(臨床)首次就診人次	742 556	831 540
no. of specialist outpatient (clinical) follow-up attendances 專科門診(臨床)覆診人次	6 731 110	7 133 293
total no. of specialist outpatient (clinical) attendances 專科門診(臨床)就診總人次	7 473 666	7 964 833
primary care services 基層醫療服務		
no. of general outpatient attendances 普通科門診就診人次	5 568 280	5 762 282
no. of family medicine specialist clinic attendances 家庭醫學專科門診就診人次	313 065	321 790
total no. of primary care attendances 基層醫療就診總人次	5 881 345	6 084 072

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	2020-21	2021-22
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	33 429	45 327
no. of community nurse attendances 接受社康護士服務人次	900 059	882 713
no. of allied health (community) attendances 專職醫療(社區)就診人次	26 307	25 234
no. of allied health (outpatient) attendances 專職醫療(門診)就診人次	2 512 370	2 927 419
geriatric services 老人科服務		
no. of geriatric outreach attendances 接受老人科外展服務人次	732 985	814 619
no. of geriatric elderly persons assessed for infirmary care service 接受療養服務評核的長者人數	1 629	1 659
no. of geriatric day attendances 老人科日間醫院就診人次	37 525	79 481
psychiatric services 精神科服務		
no. of psychiatric outreach attendances 接受精神科外展服務人次	158 826	221 952
no. of psychiatric day attendances 精神科日間醫院就診人次	45 285	34 436
no. of psychogeriatric outreach attendances 接受老人精神科外展服務人次	67 983	86 432
(III) Quality of services 服務質素		
no. of hospital deaths per 1 000 population [^] 每千人口中病人在醫院死亡人數 [^]	2.7	3.0
unplanned readmission rate within 28 days for general inpatients (%) 普通科住院病人在出院後28天內未經預約再入院率(%)	11.0	10.8
(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	54.0	53.8
ambulatory and outreach 日間及外展服務	46.0	46.2
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(%)	50.2	51.8
cost of services per 1 000 population (HK\$Mn) 每千人口的服務成本(港幣百萬元)	29.2	29.4
unit costs 單位成本		
inpatient services 住院服務		
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)	7,240	7,010
mentally ill 精神科	3,560	3,630
mentally handicapped 智障科	2,140	2,220
infirmary 療養科	2,070	2,100

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	2020-21	2021-22
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)	2,590	2,270
cost per specialist outpatient attendance (HK\$) 專科門診每次診症的成本(港元)	1,660	1,600
cost per general outpatient attendance (HK\$) 普通科門診每次診症的成本(港元)	620	600
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)	1,370	1,380
cost per community nurse attendance (HK\$) 社康護士每次服務的成本(港元)	700	715
cost per psychiatric outreach attendance (HK\$) 精神科外展服務每次的成本(港元)	3,310	2,520
cost per geriatric day attendance (HK\$) 老人科日間醫院每次服務的成本(港元)	5,310	3,780
fee waivers 收費減免		
total amount of waived fees (HK\$Mn) 減免收費總額(港幣百萬元)	992.8	1,081.1
percentage of Comprehensive Social Security Assistance fee waiver (%)~ 綜合社會保障援助收費減免百分率(%)~	15.7	14.9
percentage of Higher Old Age Living Allowance fee waiver (%)~ 高額長者生活津貼收費減免百分率(%)~	12.1	12.4
percentage of other fee waiver (%)~ 其他收費減免百分率(%)~	7.7	9.0

Notes:

* Derived by dividing the sum of length of stay of inpatients by the corresponding number of inpatients discharged and treated.

@ The number of attendances includes consultations provided by honorary doctors, e.g. under the collaboration model between the HA and the CUHK Medical Centre commencing 2021-22.

^ Refers to the age-standardised hospital death rate covering inpatient and day inpatient deaths in HA hospitals in a particular year. The standardised rate, as a standard statistical technique to facilitate comparison over years, is calculated by applying the HA 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.

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。

@ 就診人次包括由名譽醫生提供的診症服務，例如由2021-22年度起醫管局與香港中文大學醫院的服務合作。

^ 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年齡標準化死亡率。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2001年年中的「標準」人口而計算出來的。這是一個標準的統計方法，有助比較不同年份的死亡率。

~ 指減免款額佔總收費的百分率。

APPENDIX 9

附錄 9

Statistics on Number of Beds, Inpatient, Accident & Emergency and Outpatient Services in 2021-22

2021-22 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 2022) ¹ 醫院病床 數目(截至 2022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 patient days 住院病人 住院日次	Inpatient average length of stay (days) – general (acute & convalescent) 住院病人平均 住院時間(日) – 普通科 (急症及 康復)	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 ⁴ 專職醫療 (門診)就診總 人次 ⁴	General Outpatient attendances ⁵ 普通科門診 就診人次 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	459	83.7	66 569	-	-	-	-	250	-
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	1 901	141 189	77.2	472 709	5.2	104 604	605 643	53 661	200 805	371 423
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	657	24 865	77.4	154 935	6.5	60 506	144 375	8 972	82 038	120 060
St. John Hospital 長洲醫院	87	2 494	41.8	2 290	3.7	7 354	-	-	6 935	32 882
Tung Wah Eastern Hospital 東華東院	262	7 606	89.7	74 950	18.2	-	98 022	-	32 023	26 432
Wong Chuk Hang Hospital 黃竹坑醫院	160	161	88.0	51 518	-	-	-	-	-	-
Sub-total 小計	3 307	176 774	79.2	822 971	6.2	172 464	848 040	62 633	322 051	550 797
Hong Kong West Cluster 港島西醫院聯網										
Grantham Hospital 葛量洪醫院	389	16 951	70.8	99 245	11.3	-	128 882	-	39 375	-
MacLhose Medical Rehabilitation Centre 麥理浩復康院	110	946	48.1	19 307	21.1	-	2 485	-	11 229	-
Queen Mary Hospital 瑪麗醫院	1 639	155 575	71.0	369 156	4.4	107 820	671 906	20 660	136 061	338 457
The Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院	133	2 862	43.4	14 644	6.5	-	20 107	-	43 804	-
Tsan Yuk Hospital 贊育醫院	1	140	-	-	-	-	18 643	-	4 584	-
Tung Wah Group of Hospitals Fung Yiu King Hospital 東華三院馮堯敬醫院	272	3 112	65.5	57 701	13.1	-	213	-	268	-
Tung Wah Hospital 東華醫院	532	28 232	66.2	75 584	9.8	-	51 190	-	5 889	28 909
Sub-total 小計	3 076	207 818	67.9	635 637	5.7	107 820	893 426	20 660	241 210	367 366

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Institution 機構	No. of hospital beds (as at 31 March 2022) ¹ 醫院病床 數目(截至 2022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 patient days 住院病人 住院日次	Inpatient average length of stay (days) – general (acute & convalescent) 住院病人平均 住院時間(日) – 普通科 (急性及 康復)	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	Total Allied	General
								Medicine Specialist Clinic attendances ² 家庭醫學 專科門診 就診人次 ²	Health (Outpatient) attendances ^{2,4} 專職醫療 (門診)就診總 人次 ^{2,4}	Outpatient attendances ^{2,5} 普通科門診 就診人次 ^{2,5}
Kowloon Central Cluster 九龍中醫院聯網										
Hong Kong Buddhist Hospital 香港佛教醫院	376	7 777	85.1	134 119	15.7	-	14 127	-	23 739	45 899
Hong Kong Children's Hospital 香港兒童醫院	274	17 718	54.9	41 878	7.2	-	42 433	-	11 632	-
Hong Kong Eye Hospital 香港眼科醫院	45	7 766	27.7	2 123	3.7	-	252 756	-	42 956	-
Kowloon Hospital 九龍醫院	1 361	16 985	85.5	418 378	19.6	-	95 250	-	97 375	-
Kwong Wah Hospital 廣華醫院	1 186	81 802	68.7	237 273	4.5	101 485	331 963	5 702	154 311	179 894
Our Lady of Maryknoll Hospital 聖母醫院	236	9 000	72.6	62 537	11.3	-	68 080	2 734	39 680	373 797
Queen Elizabeth Hospital 伊利沙伯醫院	1 996	193 874	88.3	566 745	5.6	166 131	671 551	8 724	234 146	457 731
Tung Wah Group of Hospitals Wong Tai Sin Hospital 東華三院黃大仙醫院	531	9 089	82.5	136 120	14.9	-	229	-	1 740	-
Sub-total 小計	6 005	344 011	81.2	1 599 173	7.2	267 616	1 476 389	17 160	605 579	1 057 321
Kowloon East Cluster 九龍東醫院聯網										
Haven of Hope Hospital 靈實醫院	561	7 825	93.6	181 527	19.7	-	9 430	-	4 821	-
Tseung Kwan O Hospital 將軍澳醫院	813	75 426	90.3	217 739	5.2	103 913	365 387	4 816	200 794	296 471
United Christian Hospital 基督教聯合醫院	1 548	109 918	87.3	410 492	6.0	140 273	525 291	64 001	247 000	577 217
Sub-total 小計	2 922	193 169	89.4	809 758	6.7	244 186	900 108	68 817	452 615	873 688
Kowloon West Cluster 九龍西醫院聯網										
Caritas Medical Centre 明愛醫院	1 267	70 230	85.2	328 275	6.2	108 148	426 167	4 985	111 501	283 445
Kwai Chung Hospital 葵涌醫院	920	4 537	78.3	238 794	-	-	247 559	-	35 122	-
North Lantau Hospital 北大嶼山醫院	180	18 080	199.9	116 121	7.6	79 889	23 563	2 100	38 590	94 703
Princess Margaret Hospital 瑪嘉烈醫院	1 781	150 512	88.4	499 512	5.3	109 389	464 094	20 254	119 725	367 561
Yan Chai Hospital 仁濟醫院	805	54 444	85.8	233 688	5.1	112 240	239 290	6 426	137 589	280 343
Sub-total 小計	4 953	297 803	89.3	1 416 390	5.6	409 666	1 400 673	33 765	442 527	1 026 052
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	620	58 441	73.7	138 131	4.6	86 503	298 748	4 795	128 626	243 125
Bradbury Hospice 白普理寧養中心	26	494	84.9	8 059	16.1	-	34	-	1 513	-
Cheshire Home, Shatin 沙田慈氏護養院	304	294	67.3	74 669	120.9	-	-	-	138	-
North District Hospital 北區醫院	697	46 562	84.5	191 452	5.9	76 342	213 210	8 739	106 521	276 598
Prince of Wales Hospital 威爾斯親王醫院	1 852	177 779	81.9	450 439	5.4	143 163	819 848	50 801	244 920	457 585
Shatin Hospital 沙田醫院	591	8 543	89.3	182 847	20.7	-	464	-	2 951	-
Tai Po Hospital 大埔醫院	1 054	9 380	82.5	265 481	18.9	-	724	-	830	-
Sub-total 小計	5 144	301 493	81.4	1 311 078	6.8	306 008	1 333 028	64 335	485 499	977 308

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Institution 機構	No. of hospital beds (as at 31 March 2022) ¹ 醫院病床 數目(截至 2022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 patient days 住院病人 住院日次	Inpatient average length of stay (days) – general (acute & convalescent) 住院病人平均 住院時間(日) - 普通科 (急症及 康復)	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 家庭醫學 專科門診 就診人次 ²	Total Allied Health (Outpatient) attendances ⁴ 專職醫療 (門診)就診總 人次 ⁴	General Outpatient attendances ⁵ 普通科門診 就診人次 ⁵
	New Territories West Cluster 新界西醫院聯網										
Castle Peak Hospital 青山醫院	1 156	2 574	60.7	253 515	-	-	149 840	-	-	18 780	-
Pok Oi Hospital 博愛醫院	782	53 453	94.4	222 211	5.8	82 447	174 889	15 116	84 150	-	-
Siu Lam Hospital 小欖醫院	520	509	80.6	152 887	-	-	-	-	-	-	-
Tin Shui Wai Hospital 天水圍醫院	255	21 793	85.9	65 111	5.9	107 037	22 212	15 637	41 980	-	-
Tuen Mun Hospital 屯門醫院	2 049	157 673	91.0	637 709	6.9	142 785	766 228	23 667	233 028	909 750	-
Sub-total 小計	4 762	236 002	82.2	1 331 433	6.6	332 269	1 113 169	54 420	377 938	909 750	-
GRAND TOTAL 總計	30 169	1 757 070	82.0	7 926 440	6.4	1 840 029	7 964 833	321 790	2 927 419	5 762 282	-

Notes:

In view of the emergence of the COVID-19 epidemic in Hong Kong since early 2020, Hospital Authority (HA) has adjusted its services in response to the epidemic along with tightening up infection control measures. This should be taken into account when comparing the throughput of services provided by HA across the years.

- Number of hospital beds as at 31 March 2022 is based on the Annual Survey on Hospital Beds in Public Hospitals 2021-22.
- Outpatient attendances for different clinics are grouped under respective hospital management.
- Specialist Outpatient (SOP) (clinical) attendances also include attendances from nurse clinics in SOP setting.
- Total Allied Health (Outpatient) attendances exclude follow-up consultations provided by the Medical Social Services Units.
- General Outpatient (GOP) attendances also include attendances from nurse clinics in GOP setting and attendances in related healthcare reform initiative programmes in primary care.

Abbreviations:

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

註:

鑑於2020年初香港出現2019冠狀病毒病疫情，醫院管理局(醫管局)已提升防感染控制措施並調節服務，以應對疫情。在比較往年醫管局服務的服務量時，亦應將以上情況納入考慮當中。

- 2022年3月31日的醫院病床數目來自2021-22年度的公立醫院病床數目調查。
- 各診所的門診就診人次均歸入所屬醫院之下。
- 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。
- 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。
- 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。

APPENDIX 10

附錄 10

Statistics on Community and Rehabilitation Services in 2021-22

2021-22 年度社康及康復服務統計數字

Institution 機構	Community nurse attendances 接受 社康護士 服務人次	Psychiatric outreach attendances ¹ 接受精神科 外展 服務人次 ¹	Psychogeriatric 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	Allied Health (Community) attendances ⁴ 專職醫療 (社區) 就診人次 ⁴	Rehabilitation day & palliative care day attendances 康復及紓緩 護理日間服 務就診人次	Geriatric day attendances ⁵ 老人科 日間醫院 就診人次 ⁵	Psychiatric day attendances 精神科 日間醫院 就診人次
Hong Kong East Cluster 港島東醫院聯網								
Cheshire Home, Chung Hom Kok 春勘角慈氏護養院	-	-	-	-	-	-	-	-
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	88 934	20 518	10 624	-	641	658	5 884	6 880
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	-	-	-	117 211	1 285	1 829	8 428	-
St. John Hospital 長洲醫院	5 096	-	-	-	7	-	-	-
Tung Wah Eastern Hospital 東華東院	-	-	-	-	76	11 371	-	-
Wong Chuk Hang Hospital 黃竹坑醫院	-	-	-	-	-	-	264	-
Sub-total 小計	94 030	20 518	10 624	117 211	2 009	13 858	14 576	6 880
Hong Kong West Cluster 港島西醫院聯網								
Grantham Hospital 葛量洪醫院	-	-	-	-	9	3 228	-	-
MacLhose Medical Rehabilitation Centre 麥理浩復康院	-	-	-	-	70	4 990	-	-
Queen Mary Hospital 瑪麗醫院	55 324	15 205	13 603	-	453	500	-	3 161
The Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院	-	-	-	-	-	-	-	-
Tsan Yuk Hospital 贊育醫院	-	-	-	-	-	-	-	214
Tung Wah Group of Hospitals Fung Yiu King Hospital 東華三院馮堯敬醫院	-	-	-	76 447	1 381	-	3 125	-
Tung Wah Hospital 東華醫院	-	-	-	-	17	5 231	2 939	-
Sub-total 小計	55 324	15 205	13 603	76 447	1 930	13 949	6 064	3 375

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Institution 機構	Community nurse attendances 接受 社康護士 服務人次	Psychiatric outreach attendances ¹ 接受精神科 外展 服務人次 ¹	Psychogeriatric 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	Allied Health (Community) attendances ⁴ 專職醫療 (社區) 就診人次 ⁴	Rehabilitation day & palliative care day attendances 康復及舒緩 護理日間服 務就診人次	Geriatric day attendances ⁵ 老人科 日間醫院 就診人次 ⁵	Psychiatric day attendances 精神科 日間醫院 就診人次
Kowloon Central Cluster 九龍中醫院聯網								
Hong Kong Buddhist Hospital 香港佛教醫院	-	-	-	-	166	1 062	-	-
Hong Kong Children's Hospital 香港兒童醫院	-	-	-	-	72	-	-	-
Kowloon Hospital 九龍醫院	84 710	11 895	7 263	43 823	436	385	2 088	691
Kwong Wah Hospital 廣華醫院	42 261	-	-	71 583	492	-	3 896	-
Our Lady of Maryknoll Hospital 聖母醫院	53 729	-	-	18 274	84	526	-	-
Queen Elizabeth Hospital 伊利沙伯醫院	-	-	-	41 144	1 957	173	4 181	-
Tung Wah Group of Hospitals Wong Tai Sin Hospital 東華三院黃大仙醫院	-	-	-	-	67	-	6 571	-
Sub-total 小計	180 700	11 895	7 263	174 824	3 274	2 146	16 736	691
Kowloon East Cluster 九龍東醫院聯網								
Haven of Hope Hospital 靈實醫院	33 968	-	-	7 747	104	34	3 815	-
Tseung Kwan O Hospital 將軍澳醫院	-	-	-	-	46	3 044	-	-
United Christian Hospital 基督教聯合醫院	137 215	26 328	10 733	49 528	862	593	9 284	4 113
Sub-total 小計	171 183	26 328	10 733	57 275	1 012	3 671	13 099	4 113
Kowloon West Cluster 九龍西醫院聯網								
Caritas Medical Centre 明愛醫院	61 194	-	-	47 998	337	148	6 545	-
Kwai Chung Hospital 葵涌醫院	-	69 859	22 489	-	517	-	-	10 793
North Lantau Hospital 北大嶼山醫院	9 899	2 103	-	3 704	378	2 652	-	-
Princess Margaret Hospital 瑪嘉烈醫院	49 294	-	-	47 407	992	1 035	5 821	-
Yan Chai Hospital 仁濟醫院	35 940	-	-	49 390	342	-	6 388	-
Sub-total 小計	156 327	71 962	22 489	148 499	2 566	3 835	18 754	10 793
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	38 365	-	598	48 362	2 636	631	-	1 389
Bradbury Hospice 白普理寧養中心	-	-	-	-	23	119	-	-
Cheshire Home, Shatin 沙田慈氏護養院	-	-	-	-	-	-	-	-
North District Hospital 北區醫院	37 809	11 129	7 534	43 415	3 201	1 353	6 436	1 171
Prince of Wales Hospital 威爾斯親王醫院	54 914	-	2 688	36 168	3 332	-	-	-
Shatin Hospital 沙田醫院	-	22 494	2 742	-	150	2 556	12 380	938
Tai Po Hospital 大埔醫院	-	10 065	-	-	12	-	8 596	1 756
Sub-total 小計	131 088	43 688	13 562	127 945	9 354	4 659	27 412	5 254

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Institution 機構	Community nurse attendances 接受 社康護士 服務人次	Psychiatric outreach attendances ¹ 接受精神科 外展 服務人次 ¹	Psychogeriatric 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	Allied Health (Community) attendances ⁴ 專職醫療 (社區) 就診人次 ⁴	Rehabilitation day & palliative care day attendances 康復及舒緩 護理日間服 務就診人次	Geriatric day attendances ⁵ 老人科 日間醫院 就診人次 ⁵	Psychiatric day attendances 精神科 日間醫院 就診人次
New Territories West Cluster 新界西醫院聯網								
Castle Peak Hospital 青山醫院	-	32 356	8 158	-	579	-	-	2 998
Pok Oi Hospital 博愛醫院	27 983	-	-	51 618	489	873	4 290	-
Siu Lam Hospital 小欖醫院	-	-	-	-	-	-	-	-
Tin Shui Wai Hospital 天水圍醫院	6 048	-	-	-	436	-	-	-
Tuen Mun Hospital 屯門醫院	60 030	-	-	62 459	3 585	2 336	6 996	332
Sub-total 小計	94 061	32 356	8 158	114 077	5 089	3 209	11 286	3 330
GRAND TOTAL 總計	882 713	221 952	86 432	816 278	25 234	45 327	107 927	34 436

Notes:

In view of the emergence of the COVID-19 epidemic in Hong Kong since early 2020, Hospital Authority (HA) has adjusted its services in response to the epidemic along with tightening up infection control measures. This should be taken into account when comparing the throughput of services provided by HA across the years.

- Figures also include home visits and crisis intervention.
- Figures also include home visits.
- For Community Geriatric Assessment Service, the activity refers to total number of geriatric outreach attendances and geriatric elderly persons assessed for infirmary care service. Starting from 2020-21, the overall service model for Community Geriatric Assessment Team and Visiting Medical Officer in the HA has been streamlined and the number of geriatric outreach attendances also includes attendances from Visiting Medical Officer. Therefore, the service activity is not directly comparable with figures published in the past editions of this report.
- Allied Health (Community) attendances exclude follow-up consultations provided by the Medical Social Services Units.
- Geriatric day attendances also include attendances under Integrated Discharge Support Programme for Elderly Patients (IDSP).

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

註:

鑑於2020年初香港出現2019冠狀病毒病疫情，醫院管理局(醫管局)已提升防感染控制措施並調節服務，以應對疫情。在比較往年醫管局服務的服務量時，亦應將以上情況納入考慮當中。

- 數字也包括家訪及危機處理服務。
- 數字也包括家訪。
- 指接受老人科外展服務的人次及接受療養服務評核的長者人數的總和。由2020-21年度起，醫管局優化了社區老人評估小組及到診醫生的整體服務模式，接受老人科外展服務的人次也包括接受到診醫生治療人次。因此，社區老人評核服務量不能與較早年報所載列的數字作直接比較。
- 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參與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 31.3.2022) ^{1,2,3,4} 等同全職人員數目(2022年3月31日數字) ^{1,2,3,4}				Total 總計
	Medical 醫療	Nursing 護理	Allied Health 專職醫療	Others 其他	
Hong Kong East Cluster 港島東醫院聯網	695	3 045	902	4 573	9 216
Cheshire Home, Chung Hom Kok 春磡角慈氏護養院	3	63	10	131	206
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	543	2 065	627	2 987	6 222
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	99	630	176	855	1 761
St. John Hospital 長洲醫院	6	36	8	79	130
Tung Wah Eastern Hospital 東華東院	41	199	78	371	689
Wong Chuk Hang Hospital 黃竹坑醫院	2	52	4	150	208
Hong Kong West Cluster 港島西醫院聯網	724	2 974	1 009	3 847	8 554
The Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院	20	93	55	170	338
Grantham Hospital 葛量洪醫院	38	282	71	367	758
MacLehose Medical Rehabilitation Centre 麥理浩復康院	2	46	42	98	188
Queen Mary Hospital 瑪麗醫院	606	2 161	726	2 633	6 126
TWGHs Fung Yiu King Hospital 東華三院馮堯敬醫院	15	80	33	150	278
Tung Wah Hospital 東華醫院	43	312	83	430	867
Kowloon Central Cluster 九龍中醫院聯網	1 438	6 228	1 898	8 897	18 461
HK Red Cross Blood Transfusion Service 香港紅十字會輸血服務中心	6	84	85	339	514
Hong Kong Buddhist Hospital 香港佛教醫院	21	244	57	319	641
Hong Kong Children's Hospital 香港兒童醫院	170	392	221	791	1 575
Hong Kong Eye Hospital 香港眼科醫院	37	80	27	186	329
Kowloon Hospital 九龍醫院	75	840	197	1 104	2 216
Kwong Wah Hospital 廣華醫院	352	1 327	355	1 550	3 585
Our Lady of Maryknoll Hospital 聖母醫院	66	326	85	375	852
Queen Elizabeth Hospital 伊利沙伯醫院	682	2 636	806	3 821	7 945
TWGHs Wong Tai Sin Hospital 東華三院黃大仙醫院	29	299	64	413	805
Kowloon East Cluster 九龍東醫院聯網	826	3 505	990	4 588	9 908
Haven of Hope Hospital 靈實醫院	34	391	100	595	1 120
Tseung Kwan O Hospital 將軍澳醫院	239	1 029	284	1 245	2 797
United Christian Hospital 基督教聯合醫院	553	2 085	606	2 747	5 992

APPENDIX 11(a)

附錄 11(a)

Institution 機構	No. of Full-time Equivalent (FTE) Staff (as at 31.3.2022) ^{1,2,3,4} 等同全職人員數目(2022年3月31日數字) ^{1,2,3,4}				
	Medical 醫療	Nursing 護理	Allied Health 專職醫療	Others 其他	Total 總計
Kowloon West Cluster 九龍西醫院聯網	1 174	5 044	1 446	6 561	14 226
Caritas Medical Centre 明愛醫院	269	1 097	301	1 477	3 144
Kwai Chung Hospital 葵涌醫院	71	780	153	664	1 668
North Lantau Hospital 北大嶼山醫院	65	228	106	359	759
Princess Margaret Hospital 瑪嘉烈醫院	493	1 988	639	2 749	5 870
Yan Chai Hospital 仁濟醫院	277	950	247	1 311	2 785
New Territories East Cluster 新界東醫院聯網	1 126	4 863	1 454	6 601	14 044
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	195	801	273	1 064	2 333
Bradbury Hospice 白普理寧養中心	2	34	5	30	72
Cheshire Home, Shatin 沙田慈氏護養院	1	92	11	147	251
North District Hospital 北區醫院	206	881	255	1 050	2 392
Prince of Wales Hospital 威爾斯親王醫院	629	2 218	726	3 077	6 650
Shatin Hospital 沙田醫院	45	384	91	634	1 153
Tai Po Hospital 大埔醫院	48	452	93	599	1 192
New Territories West Cluster 新界西醫院聯網	920	4 029	1 163	6 411	12 523
Castle Peak Hospital 青山醫院	71	622	107	715	1 514
Pok Oi Hospital 博愛醫院	166	655	205	1 017	2 043
Siu Lam Hospital 小欖醫院	6	149	10	327	492
Tuen Mun Hospital 屯門醫院	621	2 332	725	3 760	7 437
Tin Shui Wai Hospital 天水圍醫院	57	271	116	592	1 036
Total 總計	6 902	29 688	8 863	41 479	86 931

Notes:

1. This figure excludes 2 881 staff in the Hospital Authority (HA) Head Office.
2. Manpower on full-time equivalent (FTE) basis includes all full-time and 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.

註：

1. 這數字不包括醫院管理局(醫管局)總辦事處的2 881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。

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 2017-18 – 2021-22 ¹ 等同全職人員數目 ¹				
	2017/18	2018/19	2019/20	2020/21	2021/22
Medical 醫療					
Consultant 顧問醫生	889	927	961	1 057	1 123
Senior Medical Officer / Associate Consultant 高級醫生 / 副顧問醫生	1 935	1 982	2 071	2 076	2 015
Medical Officer / Resident (excluding Visiting Medical Officer) 醫生 / 駐院醫生 (不包括到訪醫生)	3 016	3 038	3 148	3 310	3 332
Visiting Medical Officer 到訪醫生	18	16	15	15	14
Intern 駐院實習醫生	470	469	475	436	445
Senior Dental Officer / Dental Officer 高級牙科醫生 / 牙科醫生	8	8	11	13	12
Medical Staff Total 醫療人員總計	6 336	6 440	6 681	6 906	6 941
Nursing 護理					
Senior Nursing Officer and above 高級護士長或以上	206	213	226	243	268
Department Operations Manager 部門運作經理	191	194	199	202	202
<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	4 563	4 707	5 279	5 510	5 848
Registered Nurse 註冊護士	15 424	16 044	16 521	17 127	16 807
Enrolled Nurse 登記護士	2 401	2 475	2 476	2 336	2 166
Midwife / Others 助產士 / 其他	3	2	0	0	0
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	808	1 032	1 554	1 548	1 686
<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	584	604	642	682	704
Registered Nurse 註冊護士	1 374	1 444	1 547	1 604	1 662
Enrolled Nurse 登記護士	557	537	513	486	448
Student Nurse / Pupil Nurse 註冊護士學生 / 登記護士學生	0	0	0	0	0
Nursing Staff Total 護理人員總計	26 111	27 252	28 957	29 736	29 793

APPENDIX 11(b)

附錄 11(b)

	No. of Full-time Equivalent (FTE) Staff 2017-18 – 2021-22 ¹ 等同全職人員數目 ¹				
	2017/18	2018/19	2019/20	2020/21	2021/22
Allied Health 專職醫療					
Audiology Technician 聽力學技術員	6	5	6	6	6
Clinical Psychologist 臨床心理學家	171	178	188	202	213
Dietitian 營養師	162	172	176	192	196
Dispenser 配藥員	1 316	1 367	1 409	1 482	1 487
Medical Technologist / Medical Laboratory Technician 醫務化驗師/醫務化驗員	1 500	1 551	1 642	1 732	1 797
Mould Technologist / Mould Laboratory Technician 製模實驗室技術師/製模實驗室技術員	23	21	20	20	16
Optometrist 視光師	68	68	70	75	74
Orthoptist 視覺矯正師	15	15	16	17	19
Occupational Therapist 職業治療師	849	872	903	975	982
Pharmacist 藥劑師	673	702	741	780	782
Physicist 物理學家	74	77	89	89	97
Physiotherapist 物理治療師	1 064	1 097	1 179	1 248	1 202
Podiatrist 足病診療師	50	51	52	53	53
Prosthetist-Orthotist 義肢矯形師	146	151	150	160	160
Diagnostic Radiographer / Radiation Therapist 放射師/放射治療師	1 144	1 154	1 174	1 216	1 186
Scientific Officer (Medical) 科學主任(醫務)	89	93	100	107	124
Speech Therapist 言語治療師	115	119	125	134	141
Medical Social Worker 醫務社工	346	360	376	393	402
Dental Technician 牙科技術員	3	3	4	4	4
Allied Health Staff Total 專職醫療人員總計	7 815	8 056	8 420	8 886	8 941
Supporting (Care-related) 護理支援					
Health Care Assistant 健康服務助理	1 459	1 231	1 005	726	491
Ward Attendant 病房服務員	155	121	93	73	60
Patient Care Assistant & Other Supporting (Care-related) Staff 病人服務助理及其他護理支援人員	13 325	13 999	15 180	16 434	17 342
Supporting (Care-related) Staff Total 護理支援人員總計	14 939	15 351	16 278	17 233	17 893
Direct Patient Care Manpower Total 直接病人護理人手總計	55 202	57 099	60 335	62 761	63 569

APPENDIX 11(b)

附錄 11(b)

	No. of Full-time Equivalent (FTE) Staff 2017-18 – 2021-22 ¹ 等同全職人員數目 ¹				
	2017/18	2018/19	2019/20	2020/21	2021/22
Others 其他					
Chief Executive / Director / Deputy Director / Head 行政總裁 / 總監 / 副總監 / 主管	7	7	7	8	8
Cluster Chief Executive / Hospital Chief Executive 醫院聯網總監 / 醫院行政總監	21	20	20	20	19
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	101	106	111	110	110
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	2 681	2 847	3 099	3 362	3 468
Other Supporting Staff – Clerks, Secretaries, Workmen, Operation Assistants, Executive Assistants etc 其他支援人員 — 文員、秘書、工人、運作助理、 行政助理等	18 914	19 579	20 928	22 428	22 638
Non-direct Patient Care Manpower Total 非直接病人護理人手總計	21 725	22 560	24 166	25 929	26 244
HA Manpower Total 醫管局人手總計	76 926	79 659	84 501	88 690	89 812

Notes:

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

註:

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

APPENDIX 12(a)

附錄 12(a)

Operating Expenditure¹ in 2021-22

2021-22 年度營運開支¹

Cluster 聯網	2021-22 (HK\$Mn) 2021-22 年度(港幣百萬元)
Hong Kong East Cluster 港島東醫院聯網	8,051
Hong Kong West Cluster 港島西醫院聯網	8,057
Kowloon Central Cluster 九龍中醫院聯網	15,940
Kowloon East Cluster 九龍東醫院聯網	8,524
Kowloon West Cluster 九龍西醫院聯網	13,071
New Territories East Cluster 新界東醫院聯網	12,338
New Territories West Cluster 新界西醫院聯網	10,994
Hospital Authority Head Office, and Others ² 醫院管理局總辦事處，及其他 ²	4,398
Total 總計	81,373

Notes:

1. Operating expenditure refers to the expenditure to run Hospital Authority (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 transactions of self-financed items paid by patients.

The operating expenditure has also included HK\$4,330 million incurred for combating the COVID-19 pandemic which was supported by designated funding from the Government.

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 (IT), as well as recurrent expenditure for supporting the Government's IT projects (such as Electronic Health Record Programme).

註：

1. 營運開支是指醫院管理局(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帳目。

營運開支亦包括由政府指定撥款資助以應對2019冠狀病毒病疫情的港幣43億3千萬元的支出。

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、索償支出及實習醫生薪酬等)和整個機構的資訊科技支出，以及支援政府推行資訊科技計劃的經常性開支(如電子健康紀錄計劃)。

APPENDIX 12(b)

附錄 12(b)

Training and Development Expenditure¹ in 2021-22

2021-22年度職員培訓及發展開支¹

Cluster 聯網	2021-22 (HK\$Mn) 2021-22 年度 (港幣百萬元)
Hong Kong East Cluster 港島東醫院聯網	31.8
Hong Kong West Cluster 港島西醫院聯網	36.0
Kowloon Central Cluster 九龍中醫院聯網	53.4
Kowloon East Cluster 九龍東醫院聯網	19.3
Kowloon West Cluster 九龍西醫院聯網	36.6
New Territories East Cluster 新界東醫院聯網	30.4
New Territories West Cluster 新界西醫院聯網	36.1
Hospital Authority Head Office ² 醫院管理局總辦事處 ²	128.9
Total 總計	372.5

Notes:

- Expenditure in providing training and development for HA workforce with items including payroll cost of personnel with primary duties in providing or supporting training activities in designated training units, course / conference fees, passages and travel, teaching aids and devices, venue, publications, trainer fees, examination fee and other relevant charges.
- Expenditure includes a number of corporate-wide training programmes and initiatives centrally coordinated by HA Head Office.

註:

- 為醫管局職員提供培訓及發展的開支，包括在指定培訓單位提供或支持培訓活動的職員之工資成本、學費/會議費用、旅費及交通費、教材及器具、場地、刊物、導師費用、考試費及其他相關開支。
- 開支包括醫管局總辦事處中央統籌的培訓課程及活動。

APPENDIX 13

附錄 13

Five-year Financial Highlights

過去五年的財政摘要

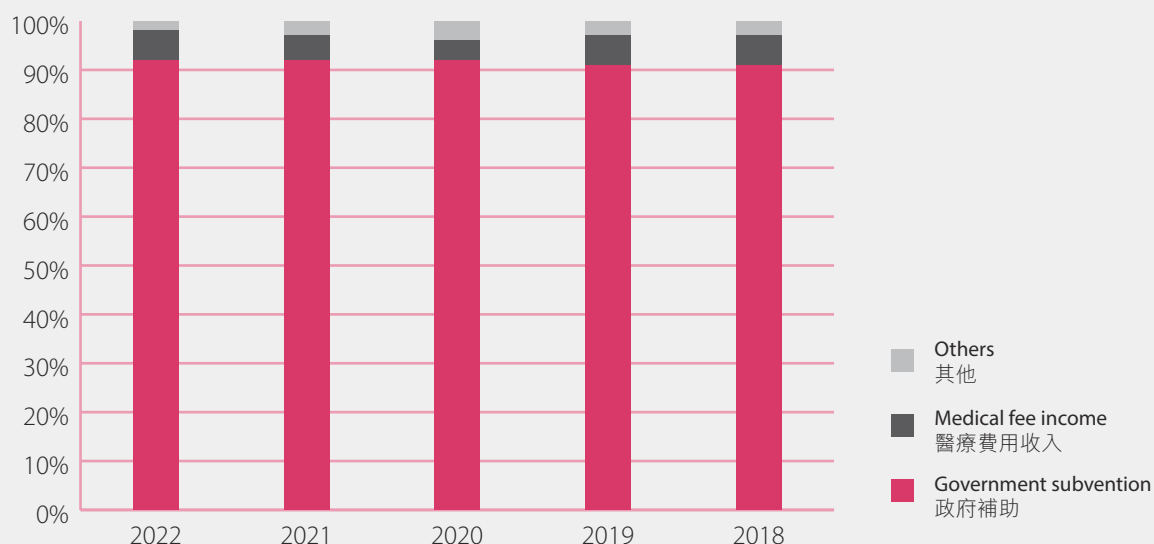
Financial Results (for the Year ended 31 March)

財政情況(截至每年3月31日)

	2022 HK\$Mn 港幣百萬元	2021 HK\$Mn 港幣百萬元	2020 HK\$Mn 港幣百萬元	2019 HK\$Mn 港幣百萬元	2018 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)	81,585	78,597	73,985	64,877	57,802
Medical fee income (net of waivers) 醫療費用收入(扣除減免)	5,251	4,837	4,827	4,713	4,287
Non-medical fee income 非醫療費用收入	1,162	1,263	1,513	1,219	1,018
Designated donations 指定捐贈	159	361	202	194	93
Capital donations 資本捐贈	154	166	159	144	138
	88,311	85,224	80,686	71,147	63,338
Expenditure 支出					
Staff costs 員工成本	(58,118)	(57,665)	(53,700)	(48,703)	(45,113)
Drugs 藥物	(9,642)	(8,685)	(8,102)	(7,305)	(6,663)
Medical supplies and equipment 醫療物品及設備	(5,969)	(4,956)	(3,842)	(3,312)	(2,970)
Other operating expenses (include depreciation and amortisation) 其他營運開支(包括折舊及攤銷)	(14,091)	(13,383)	(11,277)	(10,381)	(9,433)
	(87,820)	(84,689)	(76,921)	(69,701)	(64,179)
Results for the year 年度結果	491	535	3,765	1,446	(841)

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

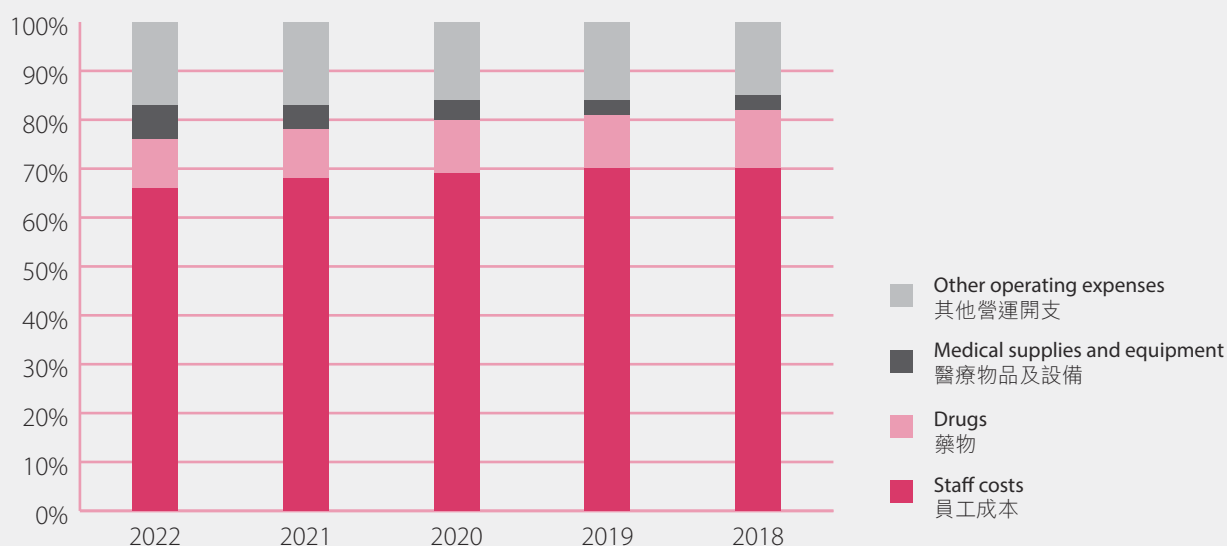
Key Financial Indicators (for the Year ended 31 March)

主要財政指標 (截至每年3月31日)

	2022 HK\$Mn 港幣百萬元	2021 HK\$Mn 港幣百萬元	2020 HK\$Mn 港幣百萬元	2019 HK\$Mn 港幣百萬元	2018 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	1,133	1,093	1,228	1,280	1,234
Outpatient fees 門診收費	1,814	1,688	1,802	1,865	1,740
Itemised charges 分項收費	3,264	2,936	2,720	2,490	2,085
Other medical fees 其他醫療收費	121	113	109	108	102
	6,332	5,830	5,859	5,743	5,161
Less: Waivers (Note 2) 扣除：減免(註2)	(1,081)	(993)	(1,032)	(1,030)	(874)
Medical fee income (net of waivers) 醫療費用收入(扣除減免)	5,251	4,837	4,827	4,713	4,287
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)	32	56	50	58	63

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 Hospital Authority (HA) Ordinance. There are three 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), Level 0 Voucher Holders of the Pilot Scheme on Residential Care Service Voucher for the Elderly and Higher Old Age Living Allowance recipients aged 75 or above 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 2022 are HK\$920,000,000 and HK\$161,000,000 respectively (for the year ended 31 March 2021 are HK\$879,000,000 and HK\$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(醫管局)的醫療服務收費受《醫院管理局條例》規管。醫療收費可分為下列三類：(i)符合資格人士的公眾收費；(ii)非符合資格人士的公眾收費；和(iii)私家收費。有關「符合資格人士」及「非符合資格人士」之定義，可瀏覽醫管局網頁。詳細收費可參閱憲報及醫管局網頁。

2. 減免

在政府的政策下，領取「綜合社會保障援助」(綜援)、長者院舍住宿照顧服務券試驗計劃級別0院舍券持有人及75歲或以上高齡長者生活津貼受惠人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2022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920,000,000元及港幣161,000,000元(截至2021年3月31日為止之費用減免分別為港幣879,000,000元及港幣114,000,000元)。

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用欠款(應收帳款)日後收回的可能性。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。

Financial Position (at 31 March)

財政狀況(於每年3月31日)

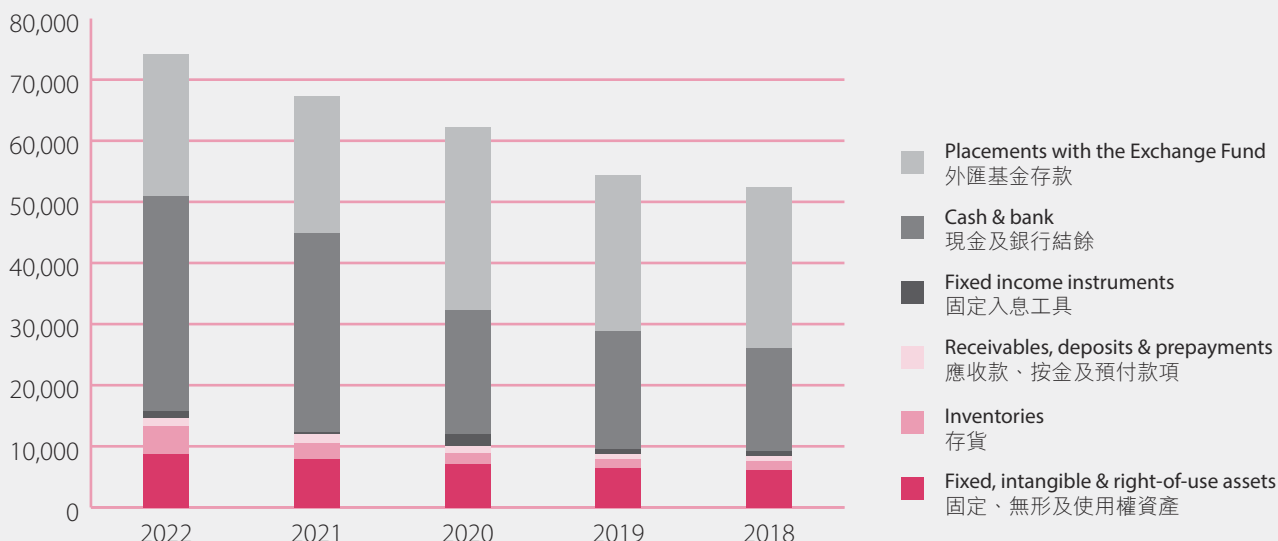
	2022	2021	2020	2019	2018
	HK\$m	HK\$m	HK\$m	HK\$m	HK\$m
	港幣百萬元	港幣百萬元	港幣百萬元	港幣百萬元	港幣百萬元
Non-current assets 非流動資產	27,621	29,190	28,102	30,608	29,410
Current assets 流動資產	46,598	38,163	34,061	23,802	23,075
Total assets 資產總額	74,219	67,353	62,163	54,410	52,485
Designated fund 指定基金	5,077	5,077	5,077	5,077	5,077
Revenue reserve 收入儲備	7,812	7,243	6,672	2,906	1,438
Total funds 基金總額	12,889	12,320	11,749	7,983	6,515
Current liabilities 流動負債	33,233	22,902	17,663	13,296	12,661
Non-current liabilities 非流動負債	28,097	32,131	32,751	33,131	33,309
Total liabilities 負債總額	61,330	55,033	50,414	46,427	45,970
Total funds and total liabilities 基金及負債總額	74,219	67,353	62,163	54,410	52,485

APPENDIX 13

附錄 13

Total Assets^{Note} (in HK\$ millions)

總資產^註 (港幣百萬元)



Note:

Placements with the Exchange Fund have included HK\$6,842,000,000 (2021: HK\$6,521,000,000) held by HA on behalf of the Samaritan Fund.

註：

外匯基金存款包括醫管局代撒瑪利亞基金持有的港幣6,842,000,000元(2021：港幣6,521,000,000元)。

Key Financial Indicators (at 31 March)

主要財政指標 (於每年3月31日)

	2022 HK\$Mn 港幣百萬元	2021 HK\$Mn 港幣百萬元	2020 HK\$Mn 港幣百萬元	2019 HK\$Mn 港幣百萬元	2018 HK\$Mn 港幣百萬元
Inventories 存貨					
Drugs (Note 1) 藥物(註1)	3,515	1,484	1,410	1,158	1,129
Other medical and general consumables (Note 2) 其他醫療及一般消耗品(註2)	957	1,058	305	219	214
	4,472	2,542	1,715	1,377	1,343

Notes:

- Inventories as at 31 March 2022 included drugs for treatment of patients infected with COVID-19.
- For enhanced infection control measures to protect staff and patients during the COVID-19 pandemic, a steady supply of Personal Protective Equipment (PPE) of six months in general has been maintained.

The average stock holding period for meeting daily operation use, other than PPE and COVID-19 oral drugs during the pandemic (see note 1 and note 2), is shown below:

註：

- 截至2022年3月31日的存貨包括用於治療感染2019冠狀病毒病患者的藥物。
- 在2019冠狀病毒病疫情期間，為保護員工及病人的加強感染控制措施，在一般情況下，將個人保護裝備維持六個月的供應量。

除疫情期間的個人保護裝備和新冠口服抗病毒藥物外(見註1和註2)，用於日常運作的平均存貨儲備如下：

	2022	2021	2020	2019	2018
Average stock holding period (weeks) for meeting daily operations					
用於日常運作的平均存貨儲備時間(星期)					
Drugs 藥物	8.4	8.5	8.7	7.9	8.8
Other medical and general consumables 其他醫療及一般消耗品	10.2	9.1	8.2	7.9	7.7

**The Hospital Authority is committed to environmental protection.
You may access this Report on our website www.ha.org.hk**

醫院管理局致力保護環境，此年報已上載本局網站 www.ha.org.hk

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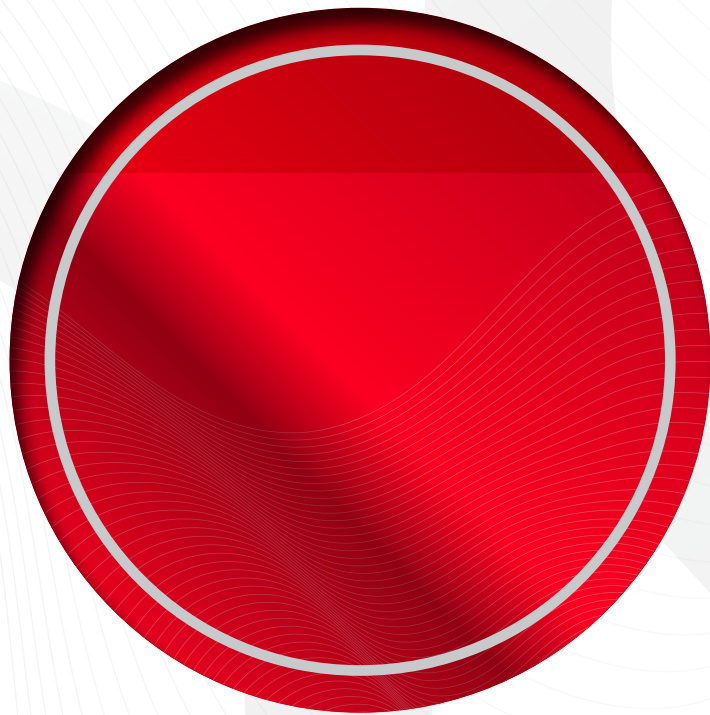
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