

Hospital Authority  
ANNUAL REPORT  
醫院管理局年報  
2017-2018



醫院管理局  
HOSPITAL  
AUTHORITY

# CONTENT

## 目錄

Roles 任務	1	
	2	Vision, Mission and Values 願景、使命及核心價值
Corporate Strategies 機構策略	3	
	4	Membership of the Hospital Authority 醫院管理局成員
Chapter 1 Corporate Governance 第一章 機構管治	8	
	14	Chapter 2 Chairman's Review 第二章 主席匯報
Chapter 3 Chief Executive's Report 第三章 行政總裁匯報	18	
	24	Chapter 4 Milestones of the Year 第四章 大事回顧
Chapter 5 Engagement and Teamwork 第五章 凝聚力量 群策群力	32	
	36	Chapter 6 Head Office and Cluster Reports 第六章 總辦事處及醫院聯網工作匯報
Independent Auditor's Report and Audited Financial Statements 獨立核數師報告及經審查的財務報表	51	
	115	Appendices 附錄

# ROLES

## 任務

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

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

The Hospital Authority is responsible for:

醫院管理局的職能：

Managing and controlling public hospitals

管理及掌管公立醫院

Advising the Government of the needs of the public for hospital services and of the resources required to meet those needs

就公眾對公立醫院服務的需求及應付該等需求所需的資源，向政府提供意見

Managing and developing the public hospital system

管理及發展公立醫院系統

Recommending to the Secretary for Food and Health appropriate policies on fees for the use of hospital services by the public

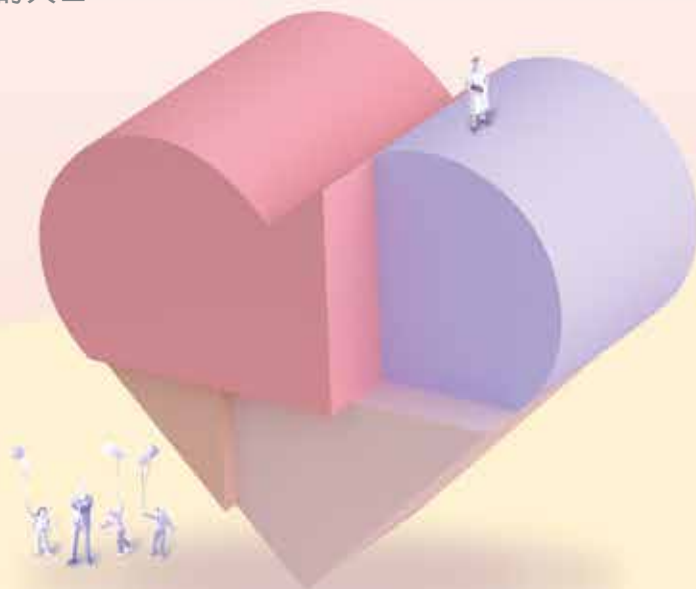
就公眾使用醫院服務須付的費用，向食物及衛生局局長建議恰當的政策

Establishing public hospitals

設立公立醫院

Promoting, assisting and taking part in the education and training of persons involved in hospital or related services

促進、協助及參與培育提供醫院或有關服務的人士



# VISION, MISSION AND VALUES

## 願景、使命及核心價值

### Vision 願景

Healthy People  
市民健康

Happy Staff  
員工開心

Trusted by the Community  
大眾信賴

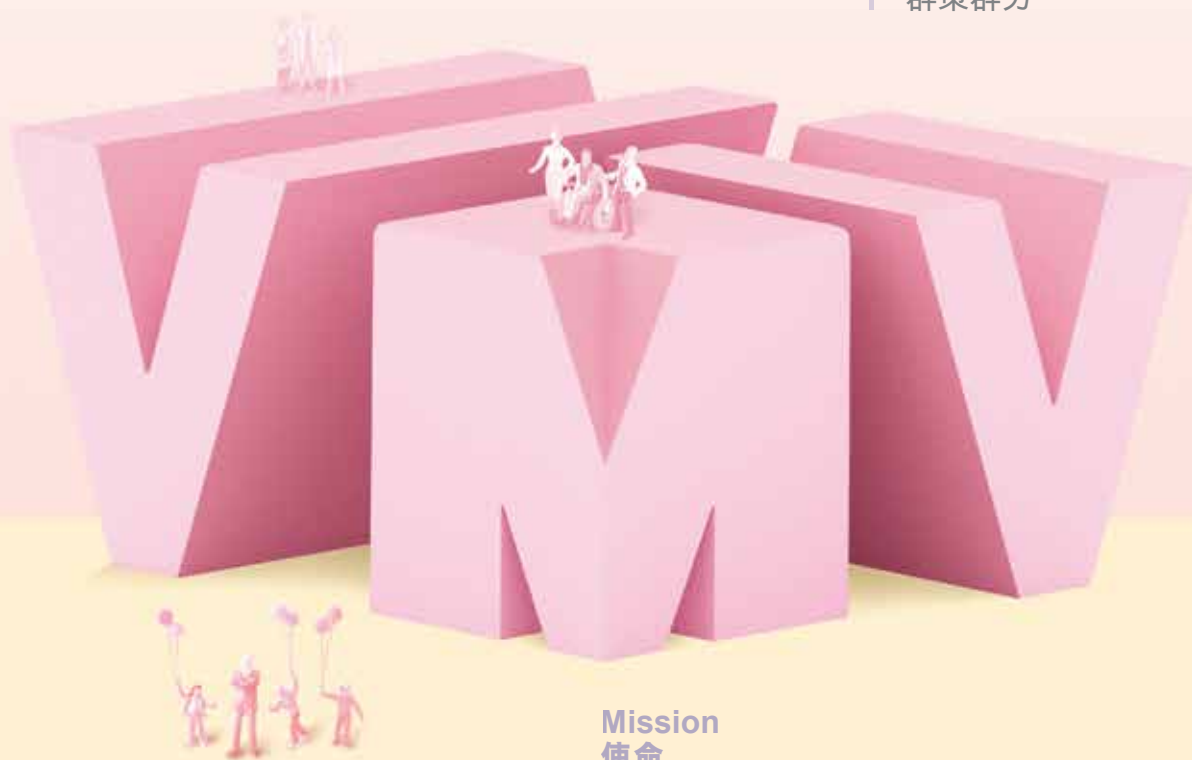
### Values 核心價值

People-centred Care  
以人為先

Professional Service  
專業為本

Committed Staff  
敬業樂業

Teamwork  
群策群力



### Mission 使命

Helping People Stay Healthy  
與民攜手 保健安康

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

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



# CORPORATE STRATEGIES

## 機構策略

**The Hospital Authority aims to achieve its corporate VMV by adopting five strategic goals as outlined in the HA Annual Plan 2017-2018:**

醫管局採納 2017-2018 年度工作計劃書所載的五項策略目標，達至上述的機構願景、使命及核心價值：

Improve service quality

改善服務質素

Optimise demand management

優化需求管理

Attract and retain staff

吸引及挽留人才

Enhance staff training and development

加強員工培訓與發展

Drive accountable and efficient use of financial resources

推動負責任和有效地使用財政資源



Under the above strategic goals and 20 strategies, the Authority formulated around 130 corresponding programme targets for 2017-2018, which were all achieved in the year, save for seven slightly deferred. The Head Office and Cluster Reports in Chapter 6 describe major achievements in these areas.

根據上述的策略目標及 20 個策略，醫管局就 2017-2018 年度制訂了約 130 項工作目標，除了七項稍為推遲外，全部於年內完成。第六章總辦事處及醫院聯網工作匯報刊載各方面的主要成績。

# MEMBERSHIP OF THE HOSPITAL AUTHORITY

## 醫院管理局成員

**Prof John LEONG**  
**Chi-yan, SBS, JP**

梁智仁教授

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

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

陳富強先生

- Appointed on 1 December 2012
- Former human resources director of a listed public transportation group
- 於2012年12月1日獲委任
- 上市公共運輸機構前人力資源總監

**Dr Constance CHAN**  
**Hon-ye, JP**

陳漢儀醫生

- Director of Health*  
衛生署署長
- Appointed on 13 June 2012
- Board Member in capacity as Director of Health of 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, 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



**Mr Howard CHAN**  
**Wai-kee, JP**

陳偉基先生

- Acting Permanent Secretary for Food and Health (Health)*  
(up to 23.7.2017)  
署理食物及衛生局常任秘書長(衛生)  
(任期至2017年7月23日)
- Appointed on 1 July 2017
- Board Member in capacity as Acting Permanent Secretary for Food and Health (Health) of HKSAR Government
- 於2017年7月1日獲委任
- 以香港特別行政區政府署理食物及衛生局常任秘書長(衛生)身份出任醫院管理局成員

**Ms Anita CHENG**  
**Wai-ching**

鄭瑋青女士

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

**Mr David FONG**  
**Man-hung, BBS, JP**

方文雄先生

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

**Mr Andrew FUNG**  
**Hau-chung, BBS, JP**

馮孝忠先生

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

**Mr HO Wing-yin**  
**何永賢先生**

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



**Mr Lester Garson HUANG, SBS, JP**  
**黃嘉純先生**

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



**Dr KAM Pok-man, BBS**  
**甘博文博士**

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



**Mrs Ann KUNG YEUNG Yun-chi**  
**龔楊恩慈女士**

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



**Mr Daniel LAM Chun, SBS, JP**  
**林澹先生**

- 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

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

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

**Mr Stephen LEE Hoi-yin**  
**李開賢先生**

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

# MEMBERSHIP OF THE HOSPITAL AUTHORITY

## 醫院管理局成員

**Prof Diana LEE**  
**Tze-fan, JP**

**李子芬教授**

- Appointed on 1 December 2012
- Professor of Nursing of the Nethersole School of Nursing of the Chinese University of Hong Kong
- 於2012年12月1日獲委任
- 香港中文大學那打素護理學院講座教授

**Prof Gabriel Matthew LEUNG, GBS, JP**

**梁卓偉教授**

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

**Dr LEUNG Pak-yin, JP**  
**梁栢賢醫生**

*Chief Executive, HA*  
*醫院管理局行政總裁*

- Appointed on 8 November 2010
- Board Member in capacity as Chief Executive of the Hospital Authority
- 於2010年11月8日獲委任
- 以醫院管理局行政總裁身份出任醫院管理局成員

**Prof Raymond LIANG**  
**Hin-suen, SBS, JP**

**梁憲孫教授**

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



**Ir Dr Hon LO**  
**Wai-kiwok, SBS, MH, JP**

**盧偉國博士**

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

**Mr Patrick NIP**  
**Tak-kuen, JP**

**聶德權先生**

*Permanent Secretary for Food and Health (Health) (up to 30.6.2017)*

*食物及衛生局常任秘書長(衛生)*  
*(任期至2017年6月30日)*

- Appointed on 6 July 2016
- Board Member in capacity as Permanent Secretary for Food and Health (Health) of HKSAR Government
- 於2016年7月6日獲委任
- 以香港特別行政區政府食物及衛生局常任秘書長(衛生)身份出任醫院管理局成員

**Mr Ivan SZE**  
**Wing-hang, BBS**

**施榮恆先生**

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



**Ms Elizabeth TSE  
Man-ye, JP**

**謝曼怡女士**

*Permanent Secretary for  
Food and Health (Health)*  
食物及衛生局常任秘書長(衛生)

- Appointed on 24 July 2017
- Board Member in capacity as Permanent Secretary for Food and Health (Health) of HKSAR Government
- 於2017年7月24日獲委任
- 以香港特別行政區政府食物及衛生局常任秘書長(衛生)身份出任醫院管理局成員



**Mr WONG Kwai-huen,  
BBS, JP**

**王桂壠先生**

- Appointed on 1 December 2012
- Solicitor and a law firm consultant
- 於2012年12月1日獲委任
- 律師及律師事務所顧問



**Ms Priscilla WONG  
Pui-sze, BBS, JP**

**王沛詩女士**

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



**Prof Maurice YAP  
Keng-hung, JP**

**葉健雄教授**

- Appointed on 1 April 2011
- Immediate past Dean of the Faculty of Health and Social Sciences of the Hong Kong Polytechnic University
- 於2011年4月1日獲委任
- 香港理工大學醫療及社會科學院前任院長

**Mr Jason YEUNG  
Chi-wai**

**楊志威先生**

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

**Mr Charlie YIP  
Wing-tong**

**葉永堂先生**

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

**Ms Carol YUEN  
Siu-wai, JP**

**袁小惠女士**

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



## CHAPTER 1 第一章



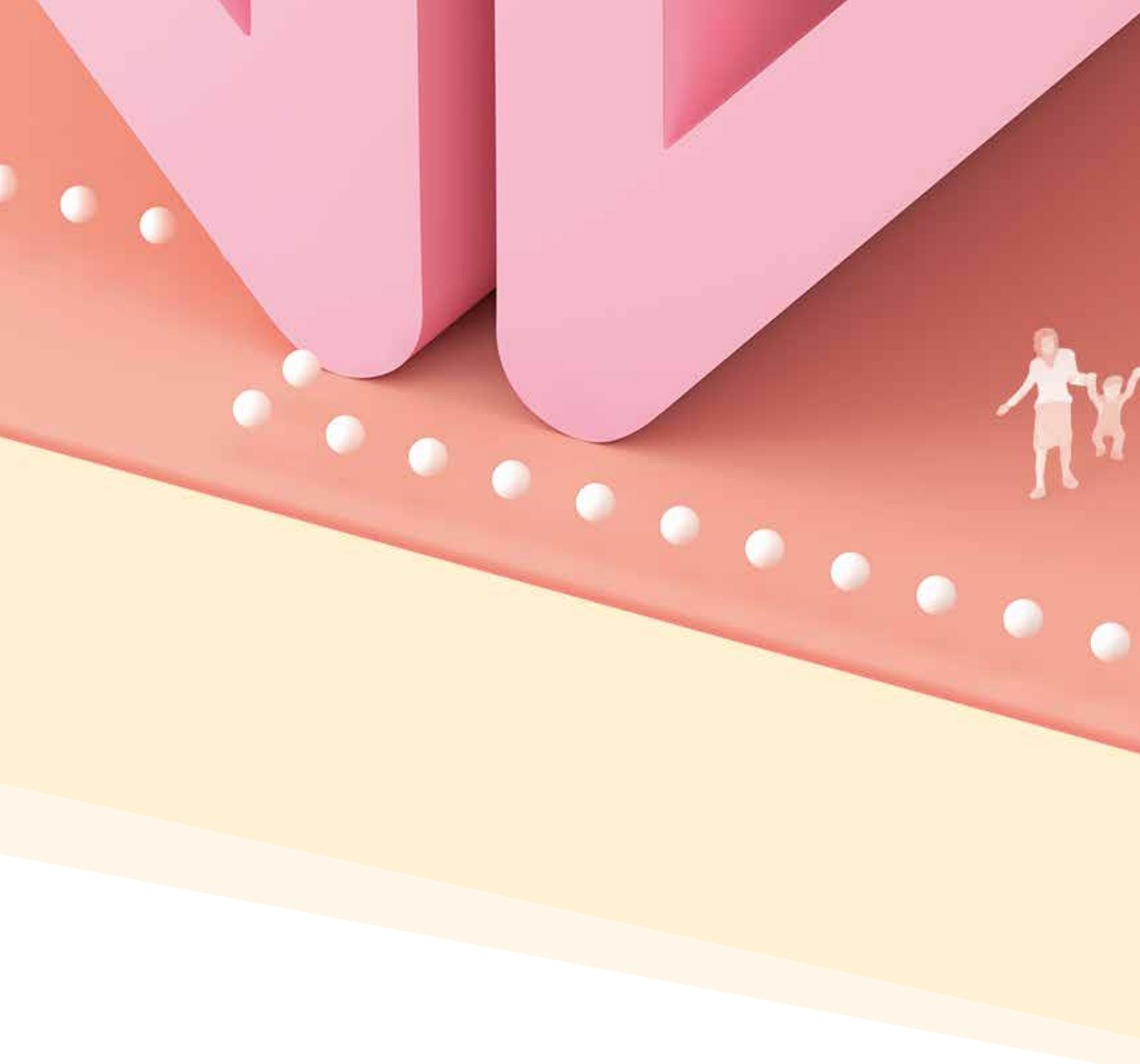
# CORPORATE GOVERNANCE

## 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 Food and Health.**

醫院管理局(醫管局)為法定團體，根據《醫院管理局條例》第113章於1990年12月成立，負責管理香港的公立醫院，並透過食物及衛生局局長向香港特別行政區政府負責。





## Principles

The Board acknowledges its responsibility for and commitment to corporate governance principles and recognises that the Authority's stakeholders expect the highest standards of performance, accountability and conduct.

## Hospital Authority Board

Under the HA Ordinance, the Chief Executive of the HKSAR appoints members to the HA Board. Membership of the Authority comprises 24 non-public officers, three public officers and one principal officer (the Hospital Authority Chief Executive). Board Members are not separately remunerated. The 2017-18 Board consisted of 28 members, including the Chairman, with details listed in Appendix 1.

The HA Board meets formally about 12 times a year and any other times as required. In 2017-18, the Board conducted 15 meetings to consider over 120 agenda items. They covered an array of important matters in leading and managing HA, including formulation of policies and strategies, steering and monitoring of the planning, development and operation of hospital services and supporting facilities, resources management, risk management and internal control, contingency preparedness, governance, etc. In addition, 10 Board papers on urgent matters were circulated between meetings.

The Board in 2017-18 continued to perform its leading and managing role in HA. In overseeing and steering the implementation of various enhancements in response to the recommendations of the Steering Committee on Review of HA, the HA Board and its functional committees received regular progress reports from the management and provided strategic directions for relevant policy matters.

## 原則

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

## 醫院管理局大會

根據《醫院管理局條例》，醫管局大會成員由香港特別行政區行政長官任命。大會成員包括24名非公務員、三名公務員及一名主要行政人員（醫管局行政總裁）。大會成員不獲額外酬金。2017-18年度，大會共有28名成員（包括主席），詳情載於附錄1。

大會每年召開約12次正式會議，如有需要會召開特別會議。在2017-18年度，大會共召開15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，包括制訂政策和策略、督導及監管醫院服務與支援設施的規劃、發展和運作、資源管理、風險管理與內部監控、應變準備、管治等。另外在會期之間以傳閱方式通過10份文件，處理緊急事宜。

在2017-18年度，醫管局大會繼續根據醫管局檢討督導委員會的建議，擔當領導和管理醫管局的角色。大會及其專責委員會透過審閱管理人員提交的定期工作進度報告，及為相關政策提供策略性指導，以監察及督導醫管局實施行動計劃內的各項改善措施。





During the year, the Board made sustained efforts to reinforce corporate governance and enhance practices to ensure accountability and stewardship of HA's resources and effective management of services. The Board and its functional committees conducted annual agenda forecast along different strategic and functional dimensions for guiding their operations throughout the year. Extra steps were taken to proactively and specifically align agenda planning with their respective Terms of Reference (TOR) for further ensuring that they could sufficiently address important issues under the TOR. Arrangements were made to enhance Members' understanding of HA's policies and operations, including briefings on selected topics, direct discussions on areas of strategic importance, visits and talks, etc. To drive for continuous improvement, self-assessment by the Board and functional committees continued on annual basis, with the survey questionnaires further refined and streamlined. Implementation of the HA organisation-wide risk management framework continued to make good progress, with the processes consolidated and aligned across different functional areas and management structures in the Authority overseen by the Board and its committees, thereby strengthening the overall coordination of clinical and non-clinical risk management.

## Board Committees

For optimal performance of roles and exercise of powers, the HA Board has established 11 functional committees: Audit and Risk Committee, Emergency Executive Committee, Executive Committee, Finance Committee, Human Resources Committee, Information Technology Services Governing Committee, Main Tender Board, Medical Services Development Committee, Public Complaints Committee, Staff Appeals Committee and Supporting Services Development Committee. Membership of the committees, terms of reference and focus of work in 2017-18 are outlined in Appendix 3.

年內，醫管局大會不斷致力加強機構管治及優化措施確保醫管局的資源運用及服務管理具問責性及得到妥善管理。大會及其專責委員會就不同的策略及運作範疇擬訂年度議程展望，以策導全年的運作。本年的議程展望，更是根據各項職權範圍而策劃，以確保其有效處理職權範圍所訂的重要事宜。為使成員更明白醫管局的政策和運作，我們為成員安排多項活動，包括特定課題的簡介會、重要策略事宜的直接討論以及參觀探訪和講座等。為不斷求進，醫管局大會及其專責委員會繼續每年進行自我評核，所採用的問卷已進一步修訂和改進。今年在推進機構風險管理架構方面繼續取得良好進展，整合和統一醫管局大會及其委員會監督下不同職能範疇和管理架構的程序，加強了臨床及非臨床風險管理的整體協調。

## 大會轄下的委員會

為協助醫管局大會有效發揮職能及行使職權，大會成立了11個專責委員會，包括審計及風險管理委員會、緊急應變策導委員會、行政委員會、財務委員會、人力資源委員會、資訊科技服務管治委員會、中央投標委員會、醫療服務發展委員會、公眾投訴委員會、職員上訴委員會及支援服務發展委員會。各委員會2017-18年度的成員名單、職權範圍及工作概況載於附錄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 2017-18, a total of 131 meetings were conducted by 32 HGCs. They received regular management reports from Hospital Chief Executives, monitored operational and financial performance of the hospitals, reviewed risk management issues, provided policy guidance on hospital management, and participated in human resources and procurement functions, as well as hospital and community partnership activities.

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

## Regional Advisory Committees

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

In 2017-18, the RACs were briefed on the progress of the annual plans and targets of individual clusters, as well as other major developments such as the Hong Kong Children's Hospital, Tuen Mun Hospital Operating Theatre Block extension project and "E-Fill" Drug Refill Services Pilot Programme. The Committees also discussed a number of HA matters, including advancements and developments on information technology and health informatics of HA, Pilot Scheme on Dementia Community Support Services for the Elderly, enhancement of medical fee waiver mechanism, *Annual Report on Public Appreciation, Feedback and Complaints Management 2016-17*, 2016 Patient Experience and Satisfaction Survey on Accident and Emergency Service, winter surge preparation and progress update on the development of Integrated Chinese-Western Medicine Pilot Programme, etc.

## 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2017-18年度，32個醫院管治委員會共召開131次會議，審閱醫院行政總監的定期管理報告、監察醫院在運作和財務方面的表現、審視風險管理事宜、指導醫院管理政策，以及參與人力資源及採購工作和醫院及社區的夥伴協作活動。

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

## 區域諮詢委員會

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

在2017-18年度，三個區域諮詢委員會獲悉個別聯網的年度工作計劃進展和目標，以及香港兒童醫院、屯門醫院手術室大樓擴建計劃及「覆配易」覆配藥物服務先導計劃等其他計劃的資料。委員會亦討論了醫管局多方面事項，包括醫管局的資訊科技與醫療信息新發展、「智友醫社同行」先導計劃、醫療費用減免機制的優化措施、《公眾讚揚、意見及投訴管理年報2016-17》、2016年急症室病人經驗及服務滿意度調查，以及冬季服務高峰期的準備工作和中西醫協作先導計劃進展匯報等。



## Executive Management

The executive management team of HA is outlined in Appendix 2(b). The executives are charged by the HA Board with the responsibility to manage and administer day-to-day business and operations of 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 2017-18 annual plan prepared by the executives in accordance with the Board's direction. Regular executive reports on the progress of agreed performance indicators and targets were presented to the Board.

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

## 行政管理

附錄2(b)載有行政管理團隊的名單。各行政人員獲醫管局大會授權管理及執行醫管局的日常事務及運作。為確管理層可快捷有效地履行其職責，大會已清楚列出授予權力、政策及操守準則。大會已批核由行政人員根據大會所立方針制訂的2017-18年度工作計劃，行政人員亦定期向大會提交進度報告，包括議定的表現指標及工作目標的進度。

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



**Since its establishment, Hospital Authority (HA) has developed into one of the most efficient public healthcare systems in the world, with our public hospitals being cornerstones of the system and serving about 90% of inpatient needs in Hong Kong. I am deeply honoured to be reappointed as Chairman of HA to continue joint endeavour with our outstanding professional team contributing to the advancement of this internationally respected healthcare system.**

醫院管理局(醫管局)成立至今，已成為全球最具效率的公共醫療體系之一。公立醫院承擔全港近九成的住院醫療服務，是整個系統賴以成功的基石。我十分榮幸能獲續任醫管局主席，繼續與優秀和專業的團隊攜手合作，為發展這個備受國際推崇的醫療系統獻一分力。





## CHAPTER 2 第二章

# CHAIRMAN'S REVIEW

## 主席匯報

HA provides a strong public healthcare safety net for all people of Hong Kong, especially those with limited financial means. Notwithstanding formidable challenges, our 76 000 staff members remain steadfast in providing comprehensive and high-quality medical care for the benefit of the community. The Hong Kong Special Administrative Region (HKSAR) Government undertakes to increase the recurrent funding for HA progressively on a triennium basis, having regard to population growth and demographic changes. This enables HA to formulate proactive plans and sustain improvement initiatives through medium term strategies, and augment the capacity of public hospital services and manpower to address the challenges of growing demand and ageing population. We are deeply grateful to the HKSAR Government for this forward-looking commitment to bolster HA's works through both funding and policy support.

醫管局是全港市民的公共醫療安全網，更是經濟能力有限市民的後盾。面對重重困難，醫管局76 000位同事仍緊守崗位，為市民提供完善和高質素的醫療服務。香港特別行政區政府承諾以每三年為一個周期，按照人口增長比例及人口結構的變動，逐步遞增醫管局的經常撥款。這項安排有助醫管局以中期策略規劃，積極制定服務計劃，同時實踐持續改善措施，加強公立醫院的服務量和人手，應對與日俱增的需求和人口高齡化挑戰。我們由衷感謝特區政府具前瞻性的財政及政策承擔，支持醫管局的工作。

The first 10-Year Hospital Development Plan has been in good progress to optimise capacity and to modernise our public hospitals. Following the service commencement of Tin Shui Wai Hospital in 2017 with 12-hour Accident and Emergency service since March 2018, the Hong Kong Children's Hospital will start service in phases in the fourth quarter of 2018 to serve as a tertiary referral centre for complex and rare paediatric cases. More gratifying is the staunch support of the HKSAR Government in pledging another \$300 billion, in which a major proportion is dedicated to hospital development, and HA will proactively commence planning for the second 10-year public hospital development to further enhance the public medical infrastructure.

Implementation of the HA Action Plan in response to the recommendations of the Steering Committee on Review of HA is in full swing. With unstinting devotion of colleagues, the majority of the action items have been completed, and there are other on-going and continuous initiatives. We envisage that the overall Action Plan would be timely completed within the three-year timeframe by late 2018. Strategies and key actions laid out in the *HA Strategic Plan 2017-2022* are also dovetailed with the HA Review Action Plan, for synergy in addressing key challenges and healthcare needs.

第一個十年醫院發展計劃取得良好進展，項目將全面提升公立醫院的服務能力和設施。隨著2017年投入服務，天水圍醫院已於2018年3月開展12小時急症室服務，香港兒童醫院則於2018年第四季起分階段投入運作，作為第三層兒科轉介中心，集中處理複雜及罕見的兒科病症。我們尤其欣喜特區政府已承諾額外預留3,000億元，當中大部分給醫管局作醫院發展。我們會積極開展第二個公立醫院十年發展規劃工作，以提升公共醫療設施配套。

有賴同事悉力以赴，我們已根據檢討醫管局建議制定的行動計劃，全面落實多項措施。大部分項目經已完成，亦有一些需要持續推展的措施。展望未來，我們將如期在三年內，即於2018年底前完成整個行動計劃。《2017至2022年策略計劃》載列的多項策略和主要行動，與醫管局行動計劃相銜接，有助醫管局以連貫一致的方針，回應主要的挑戰和醫療需要。





I am indebted to all members of the HA Board, Regional Advisory Committees and Hospital Governing Committees, as well as co-opted members of the functional committees for their guidance and advice along the years. We welcome Mr David Fong Man-hung, Mr Franklin Lam Fan-keung and Ms Elizabeth Tse for joining the Board last year. Their expertise and experience would bring fresh insights to HA. Meanwhile, we thank the outgoing members, Ms Chiang Lai-yuen, Mr Patrick Nip Tak-kuen and Dr Pang Yiu-kai, for their wise counsel and invaluable contribution to HA.

My sincere gratitude also goes to members of Legislative Council, District Councils, patient groups, and volunteers, whose support enabled us to move forward with our vision. I must also extend my appreciation to every member of the HA family for their full dedication and professionalism in providing quality healthcare services to people of Hong Kong. With united support of all, I have every confidence that the development and services of public healthcare system will go from strength to strength.

John Leong Chi-yan  
Chairman

我衷心感謝醫管局大會、區域諮詢委員會及醫院管治委員會的所有成員，以及各專責委員會的增選成員，多年來為醫管局提供悉心指導和寶貴意見。我謹在此歡迎方文雄先生、林奮強先生和謝曼怡女士在本年度加入醫管局大會。他們的專長和經驗，定必為醫管局注入創見。我亦感謝去年卸任的多位成員，包括蔣麗婉女士、聶德權先生和彭耀佳博士。他們向醫管局惠予真知灼見，貢獻良多。

我謹此致謝各方包括立法會議員、區議會議員、病人組織和義工一直以來的支持，協助醫管局朝著目標向前邁進。我亦懇切感謝醫管局全體同事，以無限熱忱和專業精神，向市民提供優質的醫療服務。我深信只要我們繼續上下一心，香港公營醫療系統將持續發展，服務更臻完善。



主席  
梁智仁



## CHAPTER 3 第三章



# CHIEF EXECUTIVE'S REPORT

## 行政總裁匯報

Healthcare providers worldwide are facing great challenges; and Hong Kong is no exception. Ageing population, increasing prevalence of chronic and progressively complex diseases, technological advancement and rising public expectations etc., all are causing mounting pressure on the public healthcare services in Hong Kong. Hospital Authority (HA) is fortunate to have the unwavering support of a large pool of healthcare professionals and other staff dedicated to patient-centred care and safeguarding the wellbeing of the public.

世界各地的醫療機構都面對嚴峻挑戰，醫院管理局(醫管局)亦難以獨善其身。人口老化、慢性和複雜疾病日趨普遍、科技發展及公眾期望日增等，均對香港公共醫療服務構成壓力。猶幸醫管局龐大而優秀的專業團隊協力同心，一直貫徹以病人為本的服務精神，守護民康。





To cope with the challenges, HA has been exploring new frontiers to transform services to meet changing healthcare needs of the community, while putting in place numerous capacity enhancement measures. In fostering medical-social collaborations to reduce reliance on inpatient care, we engaged District Elderly Community Centres to provide nursing support to patients with mild to moderate dementia. We closely collaborate with non-governmental organisations (NGOs) for supporting discharged elderly patients in the community, where HA provides needs assessment, discharge planning and post-discharge rehabilitation to complement home support services provided by NGOs.

面對當前挑戰，醫管局多管齊下擴充服務能力之餘，亦力求在服務上推陳出新，以回應社區不斷轉變的醫療需要。我們推行醫社協作的護理模式，減少依賴住院服務，其中包括與長者地區中心合作，為患有輕度至中度認知障礙症的長者提供護理支援。此外，我們與非政府組織緊密合作，為出院後的年長病人評估醫療需要、規劃出院安排及康復服務，並由參與協作的組織提供家居支援服務。



We also continued to leverage various Public-Private Partnership (PPP) programmes to provide options for patients, including the General Outpatient Clinic PPP Programme which was already extended to 16 districts as at March 2018, and the Infirmary Service PPP Pilot Programme which was implemented at Wong Chuk Hang Hospital through a NGO commissioned for the operation. Fees and charges of public healthcare services were revised in June 2017. Through the revisions, we aim to encourage appropriate use of public hospital services, while in parallel we have also enhanced the medical fee waiver mechanism to benefit people in need, mainly the chronically ill, the elders and low-income groups, including by streamlining the application procedures and extension of the waiver period.

Technological advancement undoubtedly offers tremendous potential in creating new possibilities in healthcare services. HA has commenced the “Smart Hospital” Project to enhance patients’ experience in hospital services with added convenience, and recent initiatives included Queue Management System and smart payment kiosks. We have also developed mobile apps to aid staff performing clinical functions at wards, and disease and service-based apps for empowering patients, on top of other information technology-based solutions, such as the Inpatient Medication Order Entry system and the Filmless Project, for improving service quality and patient safety.

藉著各項公私營協作計劃，我們為病人提供更多選擇。當中包括普通科門診公私營協作計劃，至2018年3月計劃已推展至16區；又於黃竹坑醫院內由受委托非政府組織推行公私營療養服務協作計劃。另外，公立醫院於2017年6月調整收費，鼓勵公眾更恰當地使用公立醫院服務。我們同時優化醫療費用減免機制，包括簡化申請程式、放寬資產限額等，令更多有需要的病人受惠。

先進的科技為醫療服務開創嶄新發展空間。醫管局已開展「智能醫院」計劃，透過科技應用優化病人的醫院服務體驗，最新的項目包括輪候管理系統及智能付款服務站。我們亦開發臨床應用的流動應用程式，方便員工在病房的工作；同時研發以病人為對象的應用程式，提供疾病護理和服務資訊。其他資訊科技醫療方案如住院病人藥物處方系統，以及數碼圖像計劃，均有助提高服務質素和病人安全。



A series of hospital development projects are underway as stipulated in the 10-Year Hospital Development Plan to augment HA capacities in order to meet rising service demand. Redevelopment projects of Kwong Wah Hospital, Prince of Wales Hospital and Queen Mary Hospital; expansion of Haven of Hope Hospital and United Christian Hospital; extension of Tuen Mun Hospital Operating Theatre Block, and phase one development of the new acute hospital in Kai Tak Development Area are in smooth progress. Construction works for the new Hong Kong Children's Hospital were completed in 2017, and the hospital is actively preparing to commence service by phases from the fourth quarter of 2018. These projects will not only give a facelift to obsolete facilities, but also facilitate the delivery of modern healthcare services.

With the strong professionalism and dedication of our staff, we jointly surmounted the pressing demands in the summer surge and winter surge in the past year. We were particularly grateful to the Hong Kong Special Administrative Region (HKSAR) Government for the additional one-off injection of \$500 million in February 2018, which enabled additional measures for meeting the demand and relieving manpower shortage to cope with the winter service surge. I would like to take this opportunity to express again our sincerest gratitude to the HKSAR Government for its unwavering support to HA on resources, including the commitment of triennium progressive funding arrangement and the pledge of funding reserved for a second 10-year hospital plan. With these proactive certainty of resources and direction, HA will spare no time or effort to strengthen our services and manpower in the principle of prudent financial management.

為滿足日增的服務需求，醫管局正按照十年醫院發展計劃，推行一系列的醫院工程項目。重建廣華醫院、威爾斯親王醫院和瑪麗醫院、擴建靈實醫院、基督教聯合醫院和屯門醫院手術室大樓，以及啟德發展區新急症醫院的第一期工程均順利推展。另外，香港兒童醫院的建造工程已於2017年竣工，現正積極籌備於2018年第四季分階段投入服務。各項工程不但為老化的設施帶來新貌，亦有助醫管局提供現代化的醫療服務。

有賴全體同事本著專業精神，緊守崗位，我們成功應對夏季和冬季高峰期的服務壓力。我們由衷感激香港特別行政區政府於2018年2月提供一次性額外五億元撥款，讓我們實施多項針對性措施，紓緩冬季服務高峰期的壓力及人手短缺情況。特區政府一直以來在資源上鼎力支持醫管局，年內更承諾給予以三年為一周期的遞增撥款安排，以及額外預留撥款作第二個十年醫院發展計劃，我謹此再三致謝。我們定繼續恪守審慎理財原則，竭力加強醫療服務及增加醫護人手。



People are the centre of healthcare. Effective staff management is indispensable, particularly for the public healthcare sector in which healthcare professionals are the backbone of quality patient care. In the last year, we continued to increase manpower across all grades and strived hard to retain talents through practicable means, including enhancing advancement opportunities and training and development. Various training initiatives were launched, including simulation training for doctors and nurses in major specialties, scholarships and training subsidies for healthcare professionals, as well as training programmes for non-clinical staff. All these aim to strengthen staff competence and ensure that our workforce possesses the right skills to improve patient outcomes.

Senior appointments in HA hospitals during the year included, in chronology, Dr Ching Wai-kuen as Hospital Chief Executive (HCE) of Yan Chai Hospital; Dr Eric Cheung Fuk-chi as HCE of Kwong Wah Hospital; Dr Doris Tse Man-wah as Cluster Chief Executive (Kowloon West) and HCE of Princess Margaret Hospital and North Lantau Hospital; Dr Nelson Wat Ming-sun as HCE of Caritas Medical Centre; Dr Lau Ip-tim as HCE of Tseung Kwan O Hospital and Haven of Hope Hospital; Dr Pang Fei-chau as HCE of Tung Wah Hospital in addition to his role as HCE of Grantham Hospital; Dr Tom Kam-tim as Cluster Chief Executive (Kowloon East) and HCE of United Christian Hospital; Dr Jenny Lam Mei-yee as HCE of Kowloon Hospital

醫護工作以人為本，公共醫療服務全賴醫護團隊的投入以維持高質素護理水平，因此有效的人事管理不可或缺。去年，我們除了繼續增聘各職級人員，亦竭力透過可行的方案包括增加晉升及培訓機會挽留人才。多項培訓計劃，包括為各主要專科的醫生和護士提供模擬訓練，為醫護人員提供獎學金和進修津貼，以及為非臨床人員推出各類課程，旨在促進同事的專業發展，並確保醫護團隊具備合適專業技能，提升醫療成效。

年內的高層人員聘任按時序包括程偉權醫生出任仁濟醫院行政總監，張復熾醫生出任廣華醫院行政總監，謝文華醫生出任九龍西醫院聯網總監以及瑪嘉烈醫院及北大嶼山醫院行政總監，屈銘伸醫生出任明愛醫院行政總監，劉業添醫生出任將軍澳醫院及靈實醫院行政總監，葛量洪醫院行政總監彭飛舟醫生兼任東華醫院行政總監，譚錦添醫生出任九龍東醫院聯網總監和基督教聯合醫院行政總監，林美怡醫生出任九龍醫院及香港眼科醫院行政總監，



and Hong Kong Eye Hospital; Dr Lam Ming as HCE of Castle Peak Hospital and Siu Lam Hospital; as well as Dr Tang Kam-shing as HCE of Duchess of Kent Children's Hospital, Tung Wah Group of Hospitals Fung Yiu King Hospital and MacLehose Medical Rehabilitation Centre. At the Head Office, Ms Anita Chan Shuk-yu was appointed Director (Finance) and Dr Chung Kin-lai Director (Quality and Safety).

My heartfelt appreciation goes to our diligent staff who have gone beyond the call of duty to serve the community. By further leveraging the support of our stakeholders, HA will brave our way to bring lasting benefit in public healthcare to the people of Hong Kong.



PY Leung  
Chief Executive

林明醫生出任青山醫院及小欖醫院行政總監，及鄧錦成醫生出任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。總辦事處則有陳淑瑜女士出任財務總監及鍾健禮醫生出任質素及安全總監。

在此，我衷心感激每一位同事，不辭勞苦、竭誠盡職地服務市民。端賴社會各界的支持，醫管局全體同事將迎難而上，守護民康，造福市民。



行政總裁  
梁栢賢

## CHAPTER 4 第四章

# MILESTONES OF THE YEAR

## 大事回顧



Re-delineation of cluster boundary between Kowloon Central Cluster and Kowloon West Cluster was implemented in phases, with complete cut-over for non-clinical support services effected on 1 April.

九龍中及九龍西醫院聯網界線分階段重組，相關的行政支援服務於4月1日完成移交。





Hospital Authority (HA) launched two new mobile apps, namely *i-Easy* providing users with reminders on scheduled procedures and operations at Kowloon West Cluster Ophthalmic Centre at Caritas Medical Centre, and *Stoma Care* offering practical information on stoma care.

醫院管理局(醫管局)推出流動應用程式「i-Easy 依時」及「造口護理通」。「i-Easy 依時」為在明愛醫院的九龍西聯網眼科中心接受眼治療和手術的病人提供治療和手術提示。「造口護理通」則提供造口護理的實用資訊。



4/2017



4/2017

Extended to 16 districts, the General Outpatient Clinic Public-Private Partnership Programme offered choice and convenience for more patients seeking primary healthcare services.

醫管局普通科門診公私營協作計劃推展至16區，為更多病人提供更多選擇及更方便的基層醫療服務。

The Organ Donation Promotion Campaign “Thank the Volunteer” event was conducted to extend appreciation to volunteers who rendered enthusiastic support to the organ donation promotion.

醫管局舉辦「『嘟一下•愛廣傳』支持器官捐贈感謝義工」活動，表揚義工熱心參與宣傳器官捐贈。



5/2017

With over \$23 million donation from the Hong Kong Jockey Club Charities Trust, United Christian Hospital established the Jockey Club Adolescent Mental Health Centre to provide comprehensive mental health services and rehabilitation support for children and adolescents in the Kowloon East region through medical-social collaboration.

基督教聯合醫院獲香港賽馬會慈善信託基金捐款逾2,300萬元，成立「賽馬會耀晴成長中心」，透過醫社合作模式，為九龍東的兒童及青少年提供一站式精神健康服務及康復支援。



5/2017

The new fees and charges of public hospital services took effect on 18 June. In parallel, HA enhanced the medical fee waiver mechanism to benefit people in need, including the chronically ill, the elders and low-income groups.

公立醫院於6月18日實施新收費，醫管局並同時優化醫療費用減免機制，令更多有需要的長期病患者、長者及低收入人士受惠。



6/2017





6/2017

Alice Ho Miu Ling Nethersole Hospital celebrated 130<sup>th</sup> Anniversary with a series of events to strengthen rapport with staff and the community.

雅麗氏何妙齡那打素醫院 130 周年誌慶，透過連串活動與員工和社區加強連繫。

The funding of the main works of the Tuen Mun Hospital Operating Theatre Block Extension Project was approved by the Legislative Council Finance Committee. Main works of the project commenced.

立法會財務委員會通過屯門醫院手術室大樓擴建計劃的主要工程撥款，建築工程隨即展開。



7/2017

The refurbishment of Sai Ying Pun Jockey Club General Outpatient Clinic was completed with improved consultation facilities, providing better healthcare services to the community.

西營盤賽馬會普通科門診診所完成翻新工程，各項診症設施得以提升，為區內市民提供更佳醫療服務。



8/2017

HA corporate website upgraded with a facelift and accessibility design features, enhancing accessibility of HA's information for the disabled.

醫管局官方網站換上新裝，並加入無障礙網頁設計元素，方便殘疾人士瀏覽醫管局資訊。



9/2017



9/2017

HA, in collaboration with the Food and Health Bureau (FHB), the Education Bureau and the Social Welfare Department, launched the "Student Mental Health Support Scheme" by phases, to support students with mental health needs.

醫管局與食物及衛生局(食衛局)、教育局及社會福利署協作，分階段推行「醫教社同心協作先導計劃」，為有精神健康需要的學生提供支援服務。

Celebrating its 80<sup>th</sup> Anniversary, Queen Mary Hospital (QMH) organised the "Healing with Big Hearts – QMH 80 Photo Exhibition" to display past development of the hospital, and pay tribute to healthcare professionals for their dedicated services.

瑪麗醫院慶祝 80 周年誌慶，舉行「大愛仁心 — 瑪麗八十圖片展」回顧醫院的發展，並向堅守崗位的醫護人員致敬。



9/2017





10/2017

HA and University of Hong Kong – Shenzhen Hospital renewed a collaboration agreement to strengthen exchange on expertise, professional training and development.

醫管局與香港大學深圳醫院續簽合作協議，促進雙方在交流研討，以及人才培訓和發展的合作。

New Territories East Cluster launched mobile app *DM Care* for diabetes patients to record and monitor their blood glucose levels. It also provides useful information and videos on Diabetes Mellitus to help patients and their carers to manage the disease.

新界東聯網推出手機應用程式「糖訊通」，協助糖尿病人記錄及監察血糖水平。程式亦提供糖尿病實用資訊及影片，幫助病人和他們的照顧者管理疾病。



10/2017



11/2017

HA and the Health and Family Planning Commission of Guangdong Province renewed strategic Memorandum of Understanding to enhance collaboration on exchanges, training, research and service development.

醫管局與廣東省衛生和計劃生育委員會續簽策略性合作備忘錄，促進雙方在交流研討、人才培訓、科研及服務發展的合作。

Hospital Authority Building was awarded Excellent grade in the Energy Use aspect under BEAM Plus Existing Buildings Selective Scheme in recognition of HA's energy conservation performance in the Building.

醫管局大樓於「綠建環評既有建築自選評估計劃」中獲得「能源使用」範疇卓越評級，肯定醫管局在大樓實施節約能源的表現。



12/2017

HA launched the pilot programme on Drug Refill Services, “E-Fill”, in Prince of Wales Hospital and Tuen Mun Hospital to enhance patient’s medication safety. Under the programme, patients will collect drugs in phases with a view to reducing the risks of storing excess drugs at home.

醫管局於威爾斯親王醫院及屯門醫院推行覆配藥物服務先導計劃「覆配易」，透過分期配發藥物，避免病人積存過量藥物，以加強病人用藥安全。



1/2018

The Hong Kong Children’s Hospital complex was officially handed over to HA by the Architectural Services Department. The Hospital is scheduled to commence service by phases in late 2018.

醫管局正式從建築署接收香港兒童醫院大樓，並於2018年底起分階段提供服務。



2/2018





2/2018

The Electronic Health Record Sharing System, developed and operated by FHB and HA, won the Innovative eHealth Solutions Award of the World Information Technology and Services Alliance Global Information and Communications Technology (ICT) Excellence Awards 2018, in recognition of the remarkable efforts in utilising ICT to promote healthcare services.

由食衛局和醫管局開發並營運的電子健康紀錄互通系統榮獲「世界資訊通訊與服務業聯盟 2018 年環球資訊及通訊科技卓越成就獎」的創意數碼健康大獎，表揚食衛局及醫管局成功利用資訊及通訊科技促進醫護服務。

Accident and Emergency service of Tin Shui Wai Hospital was extended to 12 hours daily, further enhancing emergency medical service support to cater for community needs.

天水圍醫院急症室延長服務時間至每日 12 小時，加強緊急醫療服務支援，以切合區內居民的需要。



3/2018



3/2018

The modernised Sterilisation Service Department in Pamela Youde Nethersole Eastern Hospital commenced service, ensuring sterilisation process and products meeting international standards. The centralised service not only enables capacity building to meeting the growing demand but also integrates and optimises the sterilising service in hospitals and clinics under Hong Kong East Cluster.

東區醫院全新的中央消毒服務部正式投入服務，不但提升服務水平及安全以符合國際標準，而且整合及優化港島東聯網轄下醫院及診所的消毒服務，以應付日增的服務需求。

## ENGAGEMENT AND TEAMWORK

凝聚力量 群策群力



The Hospital Authority (HA) Head Office and representatives of different staff groups maintained constant communication through Six Staff Group Consultative Committees and a Central Consultative Committee. Staff newsletter *HASLink* and various HA social media platforms also facilitated effective dissemination of latest news of the organisation.

醫院管理局(醫管局)總辦事處透過六個職員協商委員會及中央協商委員會，與員工代表保持恆常溝通和連繫。另員工通訊《協力》及多個醫管局社交平台及頻道亦有效地向員工發放機構的最新資訊。



At cluster and hospital levels, Cluster Chief Executives (CCE) and Hospital Chief Executives (HCE) exchanged views with staff through regular meetings, newsletters, blog, online letterbox and staff hotline. Members of the HA Board and the HA Chief Executive visited hospitals regularly for face-to-face communication with hospital frontline staff.

After the *HR App* was rolled out to all HA staff by end of March 2017, it has recorded 48 000 downloads as at 31 March 2018, providing staff with instant access to a wide range of information, including staff benefits, leave application, payroll check, e-learning and internal job opportunities. Three new functions were added during the year, namely information on provident funds and MPF “myP-fund/MPF”, staff directory “myColleagues” and editor’s picks on feature stories “myNews”. In addition, the *HR App* is linked to mobile Staff Health Record App (*mSHR*) which makes booking at staff clinics easy.

聯網總監及醫院行政總監透過定期會面，出版刊物、網誌、網上信箱及職員熱線等，與員工交流意見。醫管局大會成員及行政總裁亦定期探訪醫院，與醫院前線員工會面溝通。

人力資源應用程式於2017年3月底全面推展至所有員工，方便員工隨時瀏覽多項人力資源資訊，當中包括員工福利、假期申請、薪金資料、網上學習及內部職位空缺申請等。截至2018年3月31日，此應用程式已有逾48 000名員工下載。在2017-18年度，應用程式進一步增設三項功能，包括「公積金/強積金」、「通訊錄」及「編輯精選」。程式亦連繫至流動版員工健康紀錄，方便員工預約職員診所。



HA has continuously enhanced measures in occupational safety and health (OSH) to ensure staff safety. A consultancy study was conducted to review the overall OSH management in HA and identify areas of improvement, including strengthening governance, enhancing management structure, building staff competence and fostering safety culture. The consultancy's recommendations will be implemented by phases.

HA organised various recreational and sports activities throughout the year to promote a balanced and healthy lifestyle. Family members of staff were welcome to participate in selected activities, such as HA Family Day, HA Family Night, HA New Year Run, Dragon Boat Competition cum Fun Day and Sports Meet. The 2018 HA New Year Run continued to be one of the most popular events which recorded an enrollment of over 4 500 participants and raised over \$1.5 million for HA Charitable Foundation to benefit patient services.

In response to the results of HA Staff Survey, actions were taken to enhance staff recognition. One of the initiatives was introduction of Young Achiever Award under the Outstanding Staff and Teams Award 2018. All staff members aged 40 or below are eligible to be nominated. Over 30 nominations were received, from which nine Young Achievers and five Young Achievers (Merit Award) were selected. Apart from that, five staff and seven teams won the Outstanding Staff and Teams Awards, while another three staff and three teams were granted Merit Awards.

醫管局持續優化職安健管理，保障員工安全。我們就整體職安健管理進行顧問檢討，識別可予改善的範疇，如加強管治、優化管理架構、發展員工才能及推廣安全文化，有關顧問建議將分階段落實。

年內，醫管局舉辦各式各樣康體活動，提倡平衡、健康生活模式。員工家屬亦可與眾同樂，參加「醫管局天倫之日與夜」及運動比賽包括新春長跑、龍舟競賽暨同樂日及陸運會。醫管局新春長跑仍然是最受歡迎的活動之一，2018 年共有超過 4 500 名員工和家屬參加，為醫管局慈善基金籌得超過 150 萬元善款，惠及病人。

醫管局積極回應職員意見調查「『醫』家我有 Say」的調查結果，加強肯定員工的表現，當中包括於 2018 年傑出員工及團隊獎增設「優秀青年獎」，凡 40 歲或以下的員工均合資格獲提名。在超過 30 項提名中，共九人獲選為優秀青年及另外五人獲頒優秀青年（優異獎）；在「傑出員工及團隊獎」中，五名員工及七個團隊獲得傑出獎，三名員工及三個團隊獲得優異獎。







### Outstanding Teams:

- **Hong Kong West Community Geriatric Assessment Team End-of-life Team**  
Tung Wah Group of Hospitals Fung Yiu King Hospital  
(Hong Kong West Cluster)
- **HR App and mSHR Team**  
Hospital Authority Head Office
- **Multi-disciplinary Simulation and Skills Centre**  
Kowloon Central Cluster
- **New Territories East Cluster Replantation Team**  
New Territories East Cluster
- **Shatin End-of-life Care Programme**  
Prince of Wales Hospital and Shatin Hospital  
(New Territories East Cluster)
- **Surgical Outcomes Monitoring and Improvement Programme Team**  
Hospital Authority Head Office
- **Tseung Kwan O Hospital Enhanced Recovery After Surgery and Patient Blood Management Team**  
Tseung Kwan O Hospital (Kowloon East Cluster)

### Merit Teams:

- **Cluster Procurement and Materials Management Department**  
Hong Kong East Cluster
- **Conjoint Haematology Team**  
Tuen Mun Hospital (New Territories West Cluster)
- **PayPro Team**  
Kowloon West Cluster

### 傑出團隊獎：

- **港島西老人評估小組**  
**安老院舍長者晚期醫護服務計劃團隊**  
東華三院馮堯敬醫院  
(港島西醫院聯網)
- **人力資源應用程式及流動版員工健康紀錄團隊**  
醫院管理局總辦事處
- **綜合模擬及技能培訓中心**  
九龍中醫院聯網
- **新界東醫院聯網斷肢再續團隊**  
新界東醫院聯網
- **沙田區安老院舍晚期醫護服務**  
威爾斯親王醫院及沙田醫院  
(新界東醫院聯網)
- **手術成效監察計劃**  
醫院管理局總辦事處
- **將軍澳醫院促進術後康復綜合方案及病人用血管理團隊**  
將軍澳醫院 (九龍東醫院聯網)

### 優異團隊獎：

- **聯網採購及物資管理部**  
港島東醫院聯網
- **血液及血液腫瘤科**  
屯門醫院 (新界西醫院聯網)
- **支付達人**  
九龍西醫院聯網

## CHAPTER 6 第六章



# HEAD OFFICE AND CLUSTER REPORTS

## 總辦事處及 醫院聯網工作匯報



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

Head Office and Cluster Reports present an overview of the performance of HA Head Office and Clusters under five corporate strategic goals, as well as achievements in contributing to a friendly environment.

醫院管理局(醫管局)透過總辦事處及轄下七個醫院聯網，為全港市民提供公共醫療服務。

以下是總辦事處及各醫院聯網在醫管局五大策略目標的工作匯報，以及醫管局在促進環保方面的成果。



Hong Kong East Cluster  
港島東聯網



Hong Kong West Cluster  
港島西聯網



Kowloon Central Cluster  
九龍中聯網



Kowloon East Cluster  
九龍東聯網



Kowloon West Cluster  
九龍西聯網



New Territories East Cluster  
新界東聯網



New Territories West Cluster  
新界西聯網

**HA Head Office (HAHO) aligns corporate values and directions. It plays a strategic role in leading corporate development and supporting hospital clusters through interactive collaboration of seven divisions, namely Cluster Services, Corporate Services, Finance, Human Resources, Information Technology and Health Informatics, Quality & Safety, and Strategy & Planning. HAHO initiated around 130 programme targets in 2017-18 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方向，並擔當策略角色，透過各部門的互動合作，推動機構發展，並為醫院聯網提供支援。在2017-18年度，總辦事處根據醫管局工作計劃所訂五大策略目標，推行約130項工作項目。

### **Strategic goal: Improve service quality**

HA strives to provide optimal patient care by strengthening service collaboration through the development of cluster-based services. We coordinated cross-cluster collaboration on Robotic Assisted Surgery for better utilisation of facilities in delivering more efficient service. Rehabilitation services were strengthened with extended service coverage to weekends and public holidays for patients with lower limb fracture and arthroplasty in seven clusters, as well as for stroke patients in Shatin Hospital to assist patient recovery.

Accessibility of various services was enhanced by developing more options for patient care. With an aim to better manage caseloads in specialist outpatient clinics and facilitate timely access to care, services of Family Medicine Specialist Clinic were strengthened under a collaborative model in Kowloon East Cluster, Kowloon West Cluster and New Territories East Cluster. The access of audiology service was enhanced with additional supporting staff to perform routine duties, thereby shortening patients' waiting time. In offering alternatives of care, tripartite Chinese Medicine Centres for Training and Research continued to provide disease-based Integrated Chinese-Western Medicine Pilot Programme (Phase II) for eligible HA inpatients in designated hospitals.

HA fosters collaboration with community partners, including patient groups, self-help groups, private sector and non-governmental organisations to develop community-based services. District Elderly Community Centres were engaged to provide nursing support to patients with mild to moderate dementia. In collaboration with the Food and Health Bureau,

### **策略目標： 改善服務質素**

醫管局致力以聯網為本，加強服務協作，以提供理想的病人護理服務。我們提供跨聯網機械臂輔助手術，藉著優化設施，以提升服務效率。康復服務擴展至周末及公眾假期，以加快病人康復進度，受惠的包括七個聯網下肢骨折及接受關節成形手術的病人，以及沙田醫院的中風病人。

我們積極發展更多病人護理選擇，提高不同服務的便捷度。透過協作模式加強九龍東、九龍西及新界東聯網家庭醫學專科診所服務，從而管理專科門診處理的個案，以便病人適時獲得服務。我們亦額外聘請病人服務助理，支援聽力學服務的日常工作，以縮短病人的輪候時間。由三方協作的中醫教研中心繼續推行第二階段中西醫協作先導計劃，在指定醫院就選定病種為合資格的醫管局住院病人提供服務，向病人提供更多護理選擇。

醫管局致力加強與病人組織、自助小組、私營界別及非政府機構等社區夥伴的協作，發展社區為本的服務。我們與長者地區中心合作，以醫社合作模式為患有輕度至中度認知障礙症的長者提供護理支援。我們亦與食物及衛生局與教育局及





Education Bureau and Social Welfare Department, the Student Mental Health Support Pilot Scheme was launched to support students with mental health needs through a multi-disciplinary platform. Individuals recovered from mental illness were recruited to provide peer support for patients with mental illness in the community in clusters.

HA adopts robust risk management to maintain high clinical standards and safety. In 2017-18, Inpatient Medication Order Entry system was rolled out to three acute hospitals, namely Queen Elizabeth Hospital, Queen Mary Hospital and Tuen Mun Hospital, to support clinical workflow, thereby enhancing medication safety. Laboratory services were further strengthened with 24-hour urgent microbiology laboratory services in Princess Margaret Hospital, as well as extended service hours of microbiology laboratories in Kwong Wah Hospital, Pamela Youde Nethersole Eastern Hospital, Queen Elizabeth Hospital and United Christian Hospital. Besides, through Government funding support to the Capital Block Vote and Designated Funds of HA, medical equipment items were installed as additions or replacements in public hospitals at a total cost of approximately \$756 million in order to keep up with contemporary standards of medical care.

社會福利署攜手推行「醫教社同心協作先導計劃」，透過跨專業平台為有精神健康需要的學生提供支援服務。此外，我們安排聯網聘請精神病康復者擔任朋輩支援員，為社區的精神病患者提供同路人支援。

醫管局實行嚴謹的臨床風險管理，以維持高水準和安全的臨床服務。在2017-18年度，三間急症醫院包括伊利沙伯醫院、瑪麗醫院及屯門醫院推行住院病人藥物處方系統，支援臨床工作流程，加強藥物安全。化驗室服務進一步加強，包括於瑪嘉烈醫院提供24小時緊急微生物化驗服務，以及於廣華醫院、東區尤德夫人那打素醫院、伊利沙伯醫院及基督教聯合醫院延長微生物化驗室的服務時間。此外，我們藉着政府的非經常性整筆撥款及醫管局指定基金撥款，動用約7億5,600萬元，為轄下醫院添置或更換醫療設備，以確保護理水平與時並進。

We are committed to promoting more precise diagnosis and effective treatment with technologies benchmarking against international standard. A centralised Next Generation Sequencing service model was developed with gene panel tests provided in Kowloon Central Cluster to modernise the genetic testing service. Inborn Errors of Metabolism screening tests were provided to newborns in HA hospitals through collaboration between Prince of Wales Hospital, Queen Elizabeth Hospital and Queen Mary Hospital for conducting the tests, and Princess Margaret Hospital for laboratory support. Laboratory testing for diagnosis of Tuberculosis (TB) was also enhanced by providing TB culture and multidrug-resistant TB detection for smear positive new cases. Service capacity of In-vitro Fertilisation was built up by setting up nurse infertility clinics in Queen Mary Hospital, Kwong Wah Hospital and Prince of Wales Hospital.

As on-going effort, the scope of HA Drug Formulary was widened to cover more drugs with accumulated scientific evidence on clinical efficacy. A self-financed drug with safety net coverage was repositioned as special drug in the HA Drug Formulary for treatment of Chronic Myeloid Leukaemia/ Acute Lymphoblastic Leukaemia, while the therapeutic applications of two special drug classes were expanded for management of chronic Hepatitis C and Attention Deficit Hyperactive Disorder.

HA continued to harnesses technology in the delivery of efficient and quality healthcare services. Clinical Management System (CMS) III Phase 2 continued, while planning for 4<sup>th</sup> generation of CMS was completed in the year, with implementation expected to commence in 2018-19. To support clinical works, the deployment of advanced digital imaging technology in around 230 operating theatres was completed, and a number of clinical mobile apps were developed and enhanced. Public mobile apps including *HA Touch*, *BookHA* and *TouchMed* were also optimised with new features to facilitate the public in using public hospital services and accessing health information. Development of the “Smart Hospital Project” has commenced, including the Queue Management System and smart payment kiosks, to enhance the experience of patients and staff in hospital services through mobile devices and new technology.

As a technical agency in the development of the Electronic Health Record Sharing System (eHRSS), HA continued to support the implementation and on-going operation of the first stage of eHRSS. Development work for second stage has commenced in July 2017. Technical services were also provided to support various initiatives of the Department of Health including the Elderly Healthcare Voucher Scheme, Vaccination Subsidy Schemes, Primary Care Directory System, Communicable Disease Information System, Laboratory Information System and Colorectal Cancer Screening Programme System, and all systems have been operating smoothly.

為提供更準確的診斷和更有效的治療，醫管局採納緊貼國際標準的技術。我們將基因測試服務現代化，以中央模式發展次世代基因定序服務，並在九龍中聯網提供基因組合測試。我們又為轄下醫院的初生嬰兒提供篩檢測試，以診斷先天性代謝缺陷。此篩檢測試在威爾斯親王醫院、伊利沙伯醫院及瑪麗醫院進行，由瑪嘉烈醫院提供化驗室支援。此外，我們改善肺結核診斷的化驗檢測，為痰液抹片呈陽性的新個案進行結核菌培養和多重抗藥性結核菌檢測。為增加體外人工受孕服務，我們於瑪麗醫院、廣華醫院及威爾斯親王醫院設立由護士主理的不育診所。

醫管局繼續擴大《醫管局藥物名冊》以涵蓋更多具實證療效的藥物。一種獲安全網資助的自費藥物改列為專用藥物，用以治療慢性骨髓性白血病/急性淋巴細胞白血病，並擴闊兩種專用藥物的臨床應用範圍，用以治療慢性丙型肝炎及專注力失調過度活躍症。

善用科技有助提升醫療服務效率和質素。醫管局繼續推行第三代臨床醫療管理系統第二期計劃，第四代臨床醫療管理系統的規劃亦已於年內完成，並將於2018-19年度展開。為支援臨床工作，我們在約230個手術室完成配置先進的數碼圖像設備，並推出和加強多個臨床流動應用程式。我們亦提升多個流動應用程式包括「醫管局與你」、「預約通」和「e藥通」的功能，方便市民使用公立醫院服務和獲取實用健康資訊。此外，「智能醫院」計劃經已開展，措施包括輪候管理系統及智能繳費站，藉著流動裝置及新科技元素，優化病人及員工的醫院服務體驗。

醫管局作為電子健康紀錄互通系統的技術代理，繼續支援系統第一階段的持續運作，並已於2017年7月展開第二階段的發展工作。我們亦繼續為衛生署多個計劃提供資訊科技支援，包括長者醫療券計劃、疫苗資助計劃、基層醫療指南系統、傳染病資訊系統、化驗室資訊系統及大腸癌篩查計劃系統，各系統一直運作暢順。



Patients are encouraged to participate throughout the process of care delivery as our key partners. Through the Patient Empowerment Programme organised in collaboration with non-governmental organisations, patients with chronic disease received disease-specific knowledge and self-care skills. The 5<sup>th</sup> batch of Patient Partnership in Action training programme was conducted to train up patient leaders, with the first theme-based training programme launched for participants serving on HA committees. Patient Resource Centres (PRCs) play an important role in patient empowerment. A training framework was therefore developed with training programmes introduced to staff of PRCs in order to enhance volunteer service and patient group management. Patient Experience Survey on Inpatient Service was conducted in public hospitals to gauge patients' feedback on HA services and to identify areas for focused improvements.

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

醫管局鼓勵病人以主要夥伴的身份參與自己的醫療護理。我們與非政府機構合作推行病人賦能計劃，向長期病患者提供疾病資訊和自理知識。第五屆「耆智力量計劃」病人領袖培訓課程展開，更以在醫管局不同委員會服務的病人領袖為目標，開辦首個主題訓練課程。病人資源中心在病人賦能的工作上擔當重要角色，因此，我們為中心員工制定培訓方案及推行培訓計劃，以加強他們對義工服務及病友組織的管理。醫管局在轄下醫院進行住院病人經驗調查，收集病人的意見，有助識別需重點改善的服務範疇。

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



## Strategic goal: Optimise demand management

In response to recommendations by the Steering Committee on the Review of HA, re-delineation of cluster boundary between Kowloon Central Cluster and Kowloon West Cluster was implemented with administrative arrangement completed on 1 December 2016 under a phased approach. Complete cut-over for non-clinical support services took place on 1 April 2017. Refining the cluster boundary will promote better balance in the service demand among the three clusters in Kowloon, namely Kowloon Central, Kowloon East and Kowloon West Cluster.

To cope with escalating service demand during the winter surge period, around 23 000 additional service quotas of general outpatient clinics were provided during the winter surge period in 2017-18, among which around 5 000 service quotas were added during Christmas, Chinese New Year and Easter holidays. Appeals were also made to the public for appropriate use of Accident and Emergency services.

We spared no effort to increase capacity of high demand services and reduce patients' waiting time. The Accident and Emergency Support Session Programme continued in 17 Accident and Emergency Departments of HA to handle Triage IV (semi-urgent) and Triage V (non-urgent) cases so as to alleviate the work pressure of Accident and Emergency Departments. Additional healthcare professionals were recruited in New Territories East Cluster to build up the multi-disciplinary team support for patients with common mental disorder in

## 策略目標： 優化需求管理

回應醫管局檢討督導委員會的建議，醫管局分階段實施九龍中及九龍西聯網界線重組。相關醫院和服務單位的內部行政職務重組安排已於2016年12月1日完成，行政支援服務則於2017年4月1日完成移交。藉着聯網界線重整，九龍區三個聯網的服務需求將有更佳平衡。

為應付冬季流感高峰期內急增的服務需求，醫管局在2017-18年度冬季流感高峰期期間，增加約23 000個普通科門診診所服務名額，當中約5 000個名額在聖誕、農曆新年及復活節假期增加。我們亦向公眾呼籲適當使用急症室服務。

我們竭力增加高需求服務的容量，以縮短病人的輪候時間。17間醫院繼續增加急症室支援診症節數，處理第四(次緊急)及第五(非緊急)類別分流個案，以減輕急症室的工作壓力。我們於新界東聯網增聘醫護人員，以加強專科門診對一般精神病患者的跨專業照顧。為提高糖尿病





specialist outpatient clinic. To enhance Diabetes Mellitus (DM) service in non-DM specialist outpatient clinic, risk assessment, treatment intensification and empowerment were provided by a multi-disciplinary team with nurses and allied health professionals to patients with DM in specialist outpatient clinics at New Territories West Cluster. Additional Optical Coherence Tomography scans and visual field tests for glaucoma patients were also performed.

Service enhancements for time-critical care are essential, and early detection, assessment and management of patients are critical to improve outcomes. 24-hour intravenous stroke thrombolysis service was provided in Hong Kong East Cluster and Kowloon East Cluster to enhance the quality of stroke service. Patients can receive early treatment and proper diagnosis, thus reducing disability. In the area of renal services, the provision of haemodialysis service was expanded in hospitals, while the Haemodialysis Public-Private Partnership Programme continued.

The management of cancer patients was improved by providing additional molecular tests for lung cancer, melanoma and gastrointestinal stromal tumour to tie in with clinical indication for targeted therapies under HA Drug Formulary. We also strengthened the clinical management of patients diagnosed with Human Immunodeficiency Virus (HIV) by providing multi-disciplinary care for additional HIV new cases and offering Highly Active Antiretroviral Therapy to eligible patients at Queen Elizabeth Hospital and Princess Margaret Hospital.

Underpinning the enhancement of priority clinical services, the capacity and accessibility of pharmacy service was strengthened, including the provision of round-the-clock pharmacy services in Pok Oi Hospital and Tseung Kwan O Hospital. A pilot programme on drug refill services namely "E-Fill" was launched in Prince of Wales Hospital and Tuen Mun Hospital in January 2018. Under the programme, patients will collect drugs in phases with a view to reducing the risks of storing excess drugs at home, thereby enhancing medication safety. Paediatric clinical pharmacy services commenced in hospitals of which the clinical specialties will be relocated to Hong Kong Children's Hospital to reinforce the quality and safety of medication use for paediatric patients. Ward-based multi-disciplinary care was enhanced for paediatric patients in public hospitals.

Public-Private Partnership (PPP) Programmes were expanded to better cope with rising service pressure, including the Colon Assessment PPP, extension of General Outpatient Clinic PPP to 16 districts of Hong Kong as of March 2018, as well as the Infirmary Services PPP Pilot Programme which was implemented at Wong Chuk Hang Hospital.

服務質素，新界西聯網專科門診的護士及專職醫療人員跨專業團隊為在非糖尿病專科門診覆診的糖尿病人提供風險評估、強化治療及自我管理知識。我們亦為青光眼病人提供額外光學相干斷層掃描及視野檢查。

及早檢測、評估和治理對改善危疾重症的治療效果尤為重要，因此我們著力加強對危疾重症的及時護理，包括於港島東及九龍東聯網提供 24 小時急性中風靜脈溶栓治療，提升中風服務質素，病人因此能及早接受適當診斷和治療，減低殘障程度。腎科服務方面，我們提供額外醫院血液透析名額，並繼續推行血液透析治療的公私營協作計劃。

醫管局加強分子檢測改善癌症治療，為肺癌、皮膚癌和胃腸道基質腫瘤提供額外分子檢測，以配合《醫管局藥物名冊》標靶藥物的臨床應用。我們又加強對愛滋病病毒感染個案的臨床管理，於伊利沙伯醫院及瑪嘉烈醫院為愛滋病新症提供跨專業護理，並為合適的病人提供高效能抗愛滋病病毒療法。

為配合優先範疇的服務提升，醫管局加強藥劑服務的能力，包括於博愛醫院及將軍澳醫院提供 24 小時藥房服務。威爾斯親王醫院及屯門醫院在 2018 年 1 月推行覆配藥物服務先導計劃「覆配易」，透過分期配發藥物，避免病人積存過量藥物，加強病人用藥安全。醫管局轄下的部分兒童專科服務日後會相繼遷往香港兒童醫院。為提升對住院病童的藥劑服務質素和用藥安全，相關專科已開展兒科臨床藥劑服務，為住院病童提供跨專業的兒科服務。

公私營協作計劃進一步擴展，以應付日增的服務壓力，當中包括腸道檢查公私營協作計劃、於 2018 年 3 月覆蓋 16 區的普通科門診公私營協作計劃，以及於黃竹坑醫院推行的療養服務先導計劃。



### Strategic goal: Attract and retain staff

A basket of measures were implemented to strengthen the medical workforce and retain well-qualified staff. More than 510 doctors, 2 210 nurses and 570 allied health professionals were recruited in the year. As at March 2018, there were 12 non-local doctors working as Service Residents in HA under Limited Registration.

Through the centrally coordinated additional Associate Consultant promotion mechanism, additional promotion opportunities were provided to retain meritorious specialist doctors. Annual progression exercise was continued to retain Patient Care Assistants of inpatient services on 24 hours shift in support of clinical services. Taking into account staff feedback, and the need to boost staff morale, the HA Board approved restoration of the annual increment mechanism for eligible serving employees joining HA on or after 15 June 2002 and new recruits with effect from 1 April 2018.

Mobile solution was adopted to modernise staff communication. Three new modules providing information on provident funds “myP-fund/MPF”, staff directory “myColleagues” and feature news “myNews” were introduced to the *HR App*, bringing convenience and improved operational efficiency for staff.

We are mindful of staff’s mental health. In 2017-18, suicide intervention training for frontline managers and supervisors was conducted to facilitate early identification and intervention for staff with suicidal risk. Training course on mindfulness was also provided to enhance psychological well-being of staff.

### 策略目標： 吸引及挽留人才

醫管局推出一籃子措施，務求增加醫護人手及挽留優秀人才。年內，我們聘請逾510名醫生、2 210名護士及570名專職醫療人員。截至2018年3月，共12名非本地醫生以有限度註冊形式擔任醫管局駐院醫生。

為挽留專才，醫管局透過由中央統籌的副顧問醫生特別晉升機制，增設額外晉升職位。我們亦繼續推行病人服務助理年度晉升計劃，挽留負責24小時住院病人服務的病人服務助理，以支援護理工作。考慮到員工的意見，並為提升士氣，醫管局大會通過對2002年6月15日或之後入職的合資格在職僱員及新入職僱員恢復每年增薪點機制，由2018年4月1日起生效。

我們善用先進科技，促進與員工的溝通。人力資源應用程式再增設三項功能包括「公積金/強積金」、「通訊錄」及「編輯精選」，不但能便利員工，亦能提升內部運作效率。

我們關注員工的心靈健康，在2017-18年度為前線管理人員和督導人員提供處理自殺危機的培訓課程，協助員工及早識別和支援有自殺風險的同工；並提供靜觀課程，提升員工的心理質素。



## Strategic goal: Enhance staff training and development

Training of healthcare professionals improves staff competence and enables continued development of healthcare services. Territory-wide simulation training programmes were developed for doctors and nurses in major specialties to enhance professional capabilities. Simulation training programmes were also conducted for newly qualified Registered Nurses undergoing Preceptorship Programme, of which Advanced Practice Nurses were recruited as part-time preceptors. There were overseas training scholarships for doctors, nurses and allied health staff, and training subsidies were offered to healthcare professionals. Besides, some Enrolled Nurses were fully sponsored to undertake the clinical practicum of the conversion programme to attain qualification of Registered Nurses.

Due to lack of local training for podiatrists and orthoptists, overseas training scholarship was offered to six students and one student to undertake a three-year degree course in podiatry and orthoptics in the United Kingdom respectively. Midwifery training programmes were provided to meet growing demand for maternity services in public hospitals.

With \$300 million Government designated training fund in place, various training programmes were rolled out in 2017-18 for both clinical and non-clinical staff to address service development, professional development and operational needs. New generic competencies training series in support of grade-specific training curriculums were offered to different levels of professional staff.

To equip HA leaders with essential business knowledge, online curriculum Healthcare Service Management Training, with all modules and e-book fully developed, was launched in March 2018. Separately, training programmes on people skills, team leadership and vocational skills were offered to supporting staff to enhance their generic and technical competencies.

## 策略目標： 加強員工培訓與發展

培訓醫護人才有助提升專業質素，推動醫療服務的持續發展。醫管局為各主要專科的醫生和護士提供模擬訓練，加強員工專業知識。我們亦為參加啟導計劃的新畢業註冊護士提供模擬訓練課程，並聘請資深護師擔任兼職啟導導師。我們繼續提供獎學金名額，資助醫生、護士及專職醫療人員到海外接受培訓，又為醫護人員提供進修津貼，並全數資助部分登記護士修讀註冊護士轉職課程的臨床實習培訓。

由於本地未有提供足病診療及視覺矯正課程，我們分別為六名足病診療學員及一名視覺矯正學員提供海外進修獎學金，讓他們前往英國修讀相關的三年學位課程。另外，我們舉辦了助產士培訓課程，以應付公立醫院產科服務需求的上升。

藉着政府提供的3億元指定培訓基金，我們在2017-18年度為臨床及非臨床人員推出各類課程，以配合服務發展、專業培訓及運作需要。我們亦提供以職系為本的培訓新單元，提升各級專業人員的通用能力。

為了讓醫管局管理人員掌握全面的管理知識，我們編訂了醫療服務管理培訓網上學習課程，所有單元及電子課本於2018年3月推出。此外，我們為支援人員舉辦了人際關係技巧、團隊領導及職業技能培訓，以加強其通才及專門技能。



## Strategic goal: Drive accountable and efficient use of financial resources

The HKSAR Government continued strong commitment to public healthcare services in Hong Kong to meet escalating service demand arising from rapidly ageing population. Government subvention remained the major source of funding of HA, financing about 90% of HA's total operating expenditure. In 2017-18, the recurrent funding to HA amounted to \$56 billion, representing an increase of \$2.9 billion over the preceding year. Apart from the Government subvention, HA also utilised the Revenue Reserve (which primarily comprised underspending from unfilled vacancies due to manpower shortage in past years) as planned to implement new initiatives and enhance existing services. With prudent financial management together with the income arising from the fees revision in June 2017, HA in 2017-18 utilised \$0.8 billion of its Revenue Reserve, which was lower than the amount of \$2.1 billion projected at the beginning of the financial year.

HA formulated the Annual Plan through annual planning exercise. Priority was given to initiatives which aimed to improve clinical effectiveness and aligned with the strategic directions outlined in HA Strategic Plan, and those which helped address pressure areas. In addition, HA took into account prevailing constraints of service capacity growth (including finance, manpower and hospital facilities situations) and the analysis conducted under the Refined Population-based Model. Resources were allocated to the clusters to support existing services, enhancement measures and new initiatives.

The Chief Executive's 2017 Policy Address announced a new funding arrangement for HA under which the recurrent subvention would be progressively increased on a triennium basis, with respect to population growth and demographic changes. This enables HA to address the service demands arising from growing and ageing population in a more effective and sustained manner. HA will continue to adopt a prudent approach in financial management and planning to ensure proper deployment of resources.

## 策略目標： 推動負責任和有效地 使用財政資源

香港特別行政區政府繼續大力支持香港的公營醫療服務，以應付因人口急速老化而日增的服務需求。政府補助仍然是醫管局的主要經費來源，佔總營運開支約90%。在2017-18年度，特區政府向醫管局提供約560億元經常性撥款，較去年增加了29億元。除了運用政府補助，醫管局亦按計劃動用收入儲備（主要來自過去數年因人手不足而未能填補空缺的餘款）以推行新措施和加強現有服務。醫管局恪守審慎理財的原則，並因應2017年6月調整醫療服務收費所得的收入，於2017-18年度動用了8億元的收入儲備，較年初預算的21億元為低。

醫管局透過周年規劃制定來年的工作計劃，當中優先考慮旨在提高臨床功效、配合醫管局策略計劃方針，及有助紓緩受壓力範疇的措施。與此同時，醫管局會考慮服務量增長的限制（包括財政、人手和醫院設施狀況），及以人口為基礎的優化模型的分析，將資源分配予各聯網，以支持和提升現有服務及推行新措施。

《行政長官2017年施政報告》提出引進新撥款安排，承諾以每三年為一周期，按照人口增長比例和人口結構的變動，逐步遞增醫管局的經常撥款，讓醫管局更有效地持續應對人口增長和高齡化衍生的服務需求。醫管局會貫徹嚴謹的財政管理及規劃，確保資源用得其所。





## Contributing to a green environment

HA has adopted green management practices over the years and contributed to environmental conservation and sustainability. Lighting retrofitting projects were launched in a number of hospitals and institutions with installation of LED luminaires and intelligent lighting controls. These energy efficient projects not only improved lighting quality, but also equipment durability. Efforts were continued to replace aged air-cooled air-conditioning chillers with high efficacy oil-free air-cooled chillers in its venues. Various energy conservation measures have resulted in significant reduction of carbon emission by HA.

In support of the HKSAR Government's appeal to combat climate change, a number of public hospitals and institutions joined the Energy Saving Charter 2017 and pledged to adopt energy saving measures in their premises. HA has also formulated energy saving plans, targets and timeline through concerted efforts of all clusters.

Participation of hospitals in various waste reduction and recycling programmes continued. HA also strived to minimise food waste disposal by promoting waste reduction at source, adoption of environmentally friendly food waste decomposers and low carbon menu.

## 締造綠色環境

醫管局多年來積極實踐環境管理，為環境保護及可持續發展作出貢獻。醫管局於多間醫院及機構開展了照明系統更新工程，採用 LED 燈具和智能控制系統。設備不但節能耐用，又能改善照明質素。此外，我們繼續更換各醫院和機構的舊風冷式空調製冷機組，以更高能源效益的無油風冷式製冷機組取代。各項節能措施令醫管局的碳排放量顯著減少。

為響應特區政府呼籲應對氣候變化，多間公立醫院和機構簽署了「節能約章2017」，承諾在轄下場所採取節能措施。在各聯網的共同努力下，醫管局制定整體節能計劃，目標和時間表。

各醫院繼續積極參與不同的減廢及回收活動，支持環境保護。醫管局亦透過推行源頭減廢、使用環保廚餘機分解廚餘及低碳菜單，推動減少廚餘。



# HONG KONG EAST CLUSTER (HKEC)

## 港島東醫院聯網(港島東聯網)

HKEC gives high priority to staff morale and retention especially during upsurge in service demand in summer and winter in 2017-18. To relieve workload of frontline staff, HKEC increased manpower through the HA Special Retired and Rehire Scheme, Special Honorarium Scheme and recruitment of part-time staff.

Strengthening services in pressure areas and life-threatening diseases continued to be an important focus of our work. RTSKH commenced 24-hour intra-venous thrombolysis service for acute ischaemic stroke patients in February 2018 through collaboration between departments of Accident & Emergency and Medicine. PYNEH opened additional acute Orthopaedics & Traumatology inpatient beds, and in March 2018 commenced centralised sterilisation service. Medication safety among staff in CCH was promoted through the "7 Dos" programme for drug administration.

HKEC embraces technology in optimising service quality. Introduced in TWEH for patients with neurological, spinal cord injury and Parkinson's Disease, the Robotic Assisted Gait Therapy won the Best Scientific-based Project Award in the Cluster Quality and Safety Seminar 2017. The new Da Vinci Xi Surgical System, a high definition Robotic Surgical System, was also introduced in PYNEH. Expected to commence service in September 2018, preparation work for HA's first Hyperbaric Oxygen Therapy Centre in PYNEH has been in active progress. PYNEH Laundry Department was awarded "HA Outstanding Team 2017" for its exemplary service and innovative ideas in delivering business support services.

Community engagement has always been emphasised in HKEC in providing support to patients and their carers. Patient Resource Centre in WCHH installed new facilities, and enhanced support for patients and carers along their infirmity journey through the programme "Alongside".



港島東聯網十分重視提升員工士氣及挽留人才，尤其在 2017-18 年度冬、夏季服務高峰期間，聯網透過醫管局特別退休後重聘計劃、特別酬金計劃及招聘兼職員工，減輕前線醫護壓力。

我們繼續改善壓力範疇和提升治療危疾方面的服務水平。自 2018 年 2 月起，律敦治及鄧肇堅醫院急症室與內科部推行協作服務，為急性缺血性中風病人提供 24 小時靜脈溶栓治療服務。東區醫院增設了急症骨科病床，而全新的中央消毒服務部亦於 2018 年 3 月投入服務。春磡角慈氏護養院推行「藥物安全七要訣」計劃，提升職員的藥物安全意識。

聯網積極善用科技提升服務質素。東華東院將機械輔助步行治療應用於腦神經、脊髓受傷及帕金森症患者，獲港島東聯網 2017 年「質素及安全研討會」評為最優秀科學計劃。東區醫院引入新一代機械臂輔助微創手術系統。醫管局轄下首間高壓氧治療中心的工程及籌備工作進入最後階段，期望 2018 年 9 月於東區醫院投入服務。東區醫院的洗衣房以傑出服務及於業務支援服務發揮創新思維，榮獲「2017 年醫管局傑出團隊獎」。

為加強對病人及照顧者的支援，聯網致力推行醫社共融協作計劃。黃竹坑醫院病人資源中心除改善中心設施外，亦藉著舉辦「伴你同行」計劃，為接受療養服務的病人及照顧者提供支援。



## HONG KONG WEST CLUSTER (HKWC)

### 港島西醫院聯網(港島西聯網)

Over the years, HKWC has been fostering close partnership with Li Ka Shing Faculty of Medicine of the University of Hong Kong (HKU) through the support of undergraduate and postgraduate medical and nursing education, training, research and development, as well as innovation in healthcare technology and services. The commencement of QMH redevelopment project marks one big step towards enhanced quality patient service and continual partnership with HKU. In 2017, Phase 1 Stage 1 of the project was in good progress, which involved renovation of the former Senior Staff Quarters (renamed as Block T) to accommodate departments and facilities currently housed at the Clinical Pathology Building, University Pathology Building and Housemen Quarters. In Stage 2 of the project, these three buildings will be demolished to give way to a new block to accommodate key clinical services.

Several initiatives were implemented for continuous improvement. The Rheumatology Day Centre was relocated from QMH to GH with more space as well as additional nursing and supporting staff. FYKH and MMRC provided geriatric support for elderly orthopaedic patients through an ortho-geriatric collaborative care model. A nurse infertility clinic was set up at QMH to enhance existing In-vitro Fertilisation service. The Inpatient Medication Order Entry system was rolled out at QMH to enhance medication safety. Shum Wan Laundry installed new and automated laundry equipment to improve infection control.



Pamela Youde Nethersole Eastern Hospital (PYNEH)  
東區尤德夫人那打素醫院(東區醫院)



Measures were carried out to optimise demand management. These included performing additional Ocular Coherence Tomography scans for glaucoma patients, providing additional day chemotherapy quotas at QMH for cancer patients, and providing additional molecular tests for lung cancer patients to tie in with the clinical indications for targeted therapies under HA Drug Formulary. More resources were given to GH and QMH lung transplant team to cater for additional transplant cases.

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

多年來，港島西聯網與香港大學李嘉誠醫學院維持緊密的夥伴關係，促進及支援醫科、護理科學生和研究生的教育、培訓、研究和發展，以及醫療科技及服務創新。隨著瑪麗醫院重建計劃展開，新設施將帶來更優質的醫療服務，與醫學院的協作亦將進一步加強。瑪麗醫院於年內進行第一期重建計劃的第一階段工程，翻新前高級職員宿舍(改名為T座)，將現處於臨床病理大樓、大學病理大樓和醫生宿舍內的各部門及設施遷往該處。隨後即展開第二階段工程，包括拆卸上述三幢建築物，興建一座新大樓提供主要的臨床服務。

聯網一直致力改善服務質素，包括將風濕科日間醫療中心由瑪麗醫院遷往葛量洪醫院內較大的空間，並增聘護士及支援人員在葛量洪醫院提供擴展後的服務。馮堯敬醫院及麥理浩復康院將透過骨科與老人科協作醫療模式，為年長骨科病人提供老人科支援。瑪麗醫院設立由護士主理的不育診所，加強體外人工受孕服務。瑪麗醫院亦推行「住院病人藥物處方系統」，提升藥物安全。另外，深灣洗衣場安裝全新自動化洗衣設備，以改善感染控制。

為優化需求管理，聯網為青光眼病人額外提供光學相干斷層掃描；於瑪麗醫院提供額外日間化療服務人次，加強癌症治療；為肺癌病人進行額外分子檢測，以配合《醫管局藥物名冊》標靶藥物的臨床應用；以及增加葛量洪醫院和瑪麗醫院肺部移植團隊的資源，支援額外肺部移植手術。

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

## KOWLOON WEST CLUSTER (KWC)

### 九龍西醫院聯網(九龍西聯網)

KWC made ongoing efforts to manage the acute demand for medical services. To ensure timely management on life-threatening diseases, additional oncology beds were opened in PMH, as well as additional molecular tests were provided for lung cancer to tie in with clinical indications for targeted therapies under the HA Drug Formulary. Cardiac care was enhanced with additional cardiac interventions performed in PMH, and additional nurse trained for echocardiographic service in YCH.

To shorten patients' waiting time, CMC opened five Operating Theatre (OT) sessions per week for elderly patients with acute fragility fracture. PMH opened three OTs and six additional OT sessions per week, and conducted cross-cluster robotic-assisted surgeries. The Family Medicine Specialist Clinic in KWC provided additional attendances to handle appropriate new cases. Additional Ocular Coherence Tomography scans and visual field tests were provided for early detection of glaucoma progression.

PMH provided laboratory support for performing screening tests for the diagnosis of Inborn Errors of Metabolism among newborns in PWH, QEH and QMH. Support to terminally ill patients was strengthened with additional Community Geriatric Assessment Team outreach attendances. Nursing support for students with mental health needs was provided by KCH, through a school-based pilot programme in collaboration with Education Bureau and Social Welfare Department.

To facilitate staff training and development, Advanced Practice Nurses were recruited as part-time preceptors to support junior nurses. Trainings were also provided for clinical and security staff to receive formal resuscitation and first aid training.

KWC has been developing its Clinical Services Plan (CSP). The CSP would deliberate the future cluster service models, possible redevelopment planning and role delineation with distinct features among cluster hospitals that meet the health care needs of local population in the short, medium and long run.



九龍西聯網竭力提高服務能力，以應付醫療需求。聯網加強對危疾重症的適時治理，包括在瑪嘉烈醫院增設腫瘤科病床；為肺癌病人額外提供分子檢測，以配合《醫管局藥物名冊》標靶藥物的臨床應用。聯網亦提升心臟科服務，瑪嘉烈醫院的心臟介入治療中心為額外個案提供冠狀動脈介入治療，並在仁濟醫院培訓護士提供心臟超聲波檢測。

為縮短病人的輪候時間，明愛醫院為急性脆弱性骨折年長病人開設每星期五節日間手術時段；瑪嘉烈醫院亦加開三個手術室及每星期六個額外手術時段，並完成跨聯網機械臂輔助手術。聯網家庭醫學專科診所額外提供服務人次，處理合適的專科門診新症。此外，聯網提供額外光學相干斷層掃描及視野測試，以盡早監測青光眼病人的病情發展。

瑪嘉烈醫院為威爾斯親王醫院、伊利沙伯醫院及瑪麗醫院的初生嬰兒篩檢提供化驗室支援，以助診斷先天性代謝缺陷。聯網亦增加社區老人評估小組的外展服務名額，加強對末期病人的照顧。葵涌醫院與教育局及社會福利署合作，推行以學校為本的先導計劃，為有精神健康需要的學生提供護理支援。

為加強員工培訓與發展，聯網增聘資深護師擔任兼職導師，支援初級護士；並為臨床及保安人員提供正規心肺復甦訓練及急救訓練。

九龍西聯網亦已開展聯網臨床服務計劃，為聯網轄下各醫院定位，並制定以聯網臨床服務為基礎的短、中、長期服務發展模式。

## KOWLOON CENTRAL CLUSTER (KCC)

### 九龍中醫院聯網(九龍中聯網)

A new KCC was set up with effect from 1 December 2016 after the re-delineation of cluster boundary between the old KCC and Kowloon West Cluster (KWC). KWH, OLMH and WTSH together with the service units were regrouped from KWC to KCC to support the new catchment areas of Wong Tai Sin and Mong Kok districts.

Increasing service capacity to relieve the access block situation, in particular during winter surge, is the priority of the new KCC. Service capacities of BH, KH and OLMH were enhanced to facilitate the transfer of patients from acute hospitals. In QEH, a new clinic for outpatient Parenteral Antimicrobial Therapy was set up to reduce the length of stay of inpatients. Cancer care was enhanced by providing additional chemotherapy day beds and additional specialist outpatient clinic attendances. Echocardiographic service and fragility fracture service were strengthened. Cross-cluster radiosynovectomy service was implemented for the management of haemophilia arthropathy.

KCC also enhanced laboratory service by implementing screening tests for newborns and developing a centralised DNA New Generation Sequencing service model. KWH set up a nurse infertility clinic to strengthen existing In-vitro Fertilisation service. To support inpatient psychiatric services, a new psychiatric ward in KH was under construction. Additional evening sessions were provided at the general outpatient clinic in OLMH.

To improve quality and safety, the aseptic dispensing facility in HKEH will be refurbished. BTS adopted an improved automated antibody screening tests on blood donation samples to ensure transfusion safety. Inpatient Medication Order Entry was rolled out in QEH to reinforce medication safety.

With the gradual completion of projects under KCC, including HKCH, HKBH refurbishment, expansion of BTS headquarters, redevelopment of KWH and the planning work of the new acute hospital in Kai Tak Development Area, KCC has been developing a master plan for service commissioning and development to meet the needs of medical services in the community in future.

一個全新的九龍中醫院聯網隨著 2016 年 12 月 1 日聯網界線重組而成立。廣華醫院、聖母醫院和東華三院黃大仙醫院，以及相關服務組別，由九龍西聯網納入新九龍中聯網，以支援新服務範圍覆蓋的黃大仙及旺角區。

新九龍中聯網的優先工作是提升服務量，尤其在冬季服務高峰期，以紓緩病人滯留等候入院的情況。聯網加強佛教醫院、九龍醫院及聖母醫院的服務能力，以接收來自急症醫院的病人。為縮短病人住院時間，伊院設立新的靜脈注射抗菌治療門診診所。伊院又提升癌症服務，加設日間治療病床及增加專科門診名額，同時加強心臟超聲波和脆弱性骨折服務，並且實施跨聯網放射性滑膜切除服務，治療友友關節炎。

另外，聯網加強初生嬰兒篩檢測試，並開發一套中央化的 DNA 次世代基因定序服務。廣華醫院設立由護士主理的不育診所，提供體外人工受孕服務。九龍醫院興建一間新的精神科病房以加強住院精神科服務。聖母醫院普通科門診診所則提供額外夜間門診節數。

為提升質素及安全，香港眼科醫院的無菌配藥設施將進行改善工程。香港紅十字會輸血服務中心採用新改良自動化抗體篩檢方法檢測輸血樣本，確保輸血服務安全。伊院推行「住院病人藥物處方系統」，加強藥物安全。

隨著各項工程陸續完成，包括香港兒童醫院、香港佛教醫院翻修工程、香港紅十字會輸血服務中心總部擴建工程、廣華醫院重建，以及啟德發展區新急症醫院的規劃，九龍中聯網正籌備相關開院工作及為未來醫療服務發展作整體規劃，以配合社區服務需要。



Hospitals 醫院	HKEC 港島東聯網	HKWC 港島西聯網	KWC# 九龍西聯網*	KCC# 九龍中聯網*
Number of general outpatient clinics 普通科門診診所數目	12	6	16	13
Throughput 服務量				
Number of hospital beds 醫院病床數目	3 132	3 142	4 707	5 575
Patient discharges* 出院病人數目*	189 327	217 170	297 075	355 283
Total A&E attendances 急症室總就診人次	216 960	125 506	483 885	320 782
Total specialist outpatient (clinical) attendances 專科門診(臨床)就診總人次	837 219	899 108	1 345 950	1 470 949
General outpatient attendances 普通科門診就診人次	609 434	394 334	1 076 600	1 184 411
Full-time equivalent staff 等同全職人員數目	8 249	8 165	11 871	15 260

# Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from Kowloon West Cluster (KWC) to Kowloon Central Cluster (KCC) with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017.

# 原屬於九龍西醫院聯網的廣華醫院、聖母醫院及東華三院黃大仙醫院以及相關地區的服務單位，已於2016年12月1日正式納入九龍中醫院聯網。2016-17 整個財政年度(即截至2017年3月31日止)的服務/人手統計數字及財務資料的匯報，會繼續按照原先的聯網界線(即相關服務單位屬九龍西醫院聯網)為依據。相關數字由2017年4月1日起會按照新的聯網界線匯報。

\* 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



## NEW TERRITORIES WEST CLUSTER (NTWC)

### 新界西醫院聯網(新界西聯網)

NTWC has been expanding its service capacity in recent years in order to cope with growing population in Tuen Mun and Yuen Long districts.

Being the newest hospital in the Cluster, TSWH has launched various services in phases since its service commencement in early 2017. Apart from allied health services, the Accident and Emergency (A&E) Department of the hospital has extended service to 12 hours daily since March 2018 to serve residents with urgent medical needs. The pressure on emergency service at TMH and POH was therefore substantially relieved.

Measures were put forward to strengthen clinical service capability and cater for the medical needs of the community in the year. Additional new case attendances were provided at POH and TSWH to better manage the waiting list of specialist outpatient services, while quotas were increased for general outpatient clinics in NTWC. The Inpatient Medication Order Entry system was implemented at TMH to enhance medication safety. POH rolled out 24-hour pharmacy service to improve pharmacy support for A&E service, and installed a Magnetic Resonance Imaging machine to strengthen the radiological imaging capacity and shorten the waiting time for patients. Additional molecular tests for lung cancer were provided to tie in with clinical indications for targeted therapies under the HA Drug Formulary.

新界西聯網近年積極增加服務量，以配合屯門和元朗區的人口增長。

聯網最年青的天水圍醫院於2017年初投入服務後，分階段開展不同服務，除了新增多項專職醫療服務外，天水圍醫院急症室亦已於2018年3月起，將服務時間延長至每日12小時，照顧有緊急需要的居民，並進一步舒緩屯門醫院和博愛醫院急症室的壓力。

年內，新界西聯網實施多項措施，提升聯網的臨床服務能力，以應付區內的醫療需求。博愛醫院和天水圍醫院分別提供額外專科門診新症名額，以優化管理專科門診的輪候名單。新界西聯網的普通科門診診症名額亦已增加。屯門醫院推行「住院病人藥物處方系統」，以提升藥物安全。博愛醫院推行24小時藥房服務，改善對急症室的藥劑支援服務。為提升放射診斷造影服務量及縮短病人的輪候時間，博愛醫院加裝一部磁力共振掃描造影機。聯網亦為肺癌病人提供額外的分子檢測，以配合《醫管局藥物名冊》標靶藥物的臨床應用。

立法會財務委員會於2017年7月通過屯門醫院手術室大樓擴建計劃的主要工程撥款，為該院發展揭開新一頁。新手術室大樓的主要建築工程已全面展開，預計於2021年完成，屆時將大大擴充屯門醫院的臨床空間，進一步提升醫療服務。



The main construction works of the TMH Operating Theatre Block Extension Project commenced with funding approval by the Legislative Council Finance Committee in July 2017, which marked a new page of development for the hospital. The extension block is targeted to be completed in 2021, providing more clinical space in TMH and better quality of medical services.



Hospitals 醫院	NTWC 新界西聯網	NTEC 新界東聯網	KEC 九龍東聯網
Number of general outpatient clinics 普通科門診診所數目	8	10	8
Throughput 服務量			
Number of hospital beds 醫院病床數目	4 427	4 771	2 601
Patient discharges* 出院病人數目*	242 163	316 819	201 785
Total A&E attendances 急症室總就診人次	373 958	371 923	296 026
Total specialist outpatient (clinical) attendances 專科門診(臨床)就診總人次	1 054 617	1 226 218	882 609
General outpatient attendances 普通科門診就診人次	859 190	983 997	973 772
Full-time equivalent staff 等同全職人員數目	10 831	12 227	8 095

\* 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

## NEW TERRITORIES EAST CLUSTER (NTEC)

### 新界東醫院聯網(新界東聯網)

Facing ever increasing service demand due to growing and ageing population, NTEC has been putting tremendous efforts over the years in optimising demand management and improving service quality.

To improve service accessibility, a “FLU programme” was implemented at PWH to provide alternative treatment pathway to suitable patients in Accident & Emergency Department (AED) with influenza symptoms to reduce admissions. NTEC also continued the bed management enhancement programme, and PWH was awarded a Certificate of Recognition - Spirit in Nursing (Team Award) at the Healthcare Spirit Awards 2017 which recognised its efforts in early bed arrangement.

During the period of service surge, a multitude of response measures were implemented to alleviate the admission problem, such as continuation of the pilot programme “Geriatrics support at AED” and extended coverage of discharge lounge to surgical wards. These measures successfully reduced the percentage of patients with access block of 12 hours or over to zero.

Another strategy adopted by NTEC to address escalating demand was to enhance service capacity, including opening inpatient and day beds, establishing a new Endoscopy Centre to provide additional fluoroscopic sessions, and increasing general outpatient clinics quotas in Shatin and North Districts. PWH kicked off the preparatory works for Phase 2 Redevelopment Project in July 2017 for future expansion. Two gazetted psychiatric wards were opened in TPH to alleviate congestion.

NTEC won two awards in Asian Hospital Management Awards 2017, namely the Excellence Award in Patient Safety Project in recognition of PWH's initiatives in enhancing care for cancer patients after chemotherapy and developing clinical guidelines to prioritise cancer patients at high risk for timely treatment, and the Excellence Award in Nursing Excellence commending the Central Nursing Division of NDH for its efforts in reinforcing “Tracing Back” practice in handling patients’ tubings to raise staff awareness for enhanced patient safety.



面對人口增長及老化引致的龐大服務需求，新界東聯網多年來致力優化需求管理和改善服務質素。

為了提升服務的便捷度，威爾斯親王醫院實施「流感先導計劃」，為到急症室求診而合適的流感病人提供另一個治療流程，減少入院需求。此外，聯網繼續推行病床管理計劃，威爾斯親王醫院更於護理精神大獎2017獲頒「護士(團隊)精神獎」優異獎，以表揚其有效的病床管理。

在服務高峰期間，聯網透過多個措施舒緩病人滯留等候入院的問題，包括繼續推行「老人科駐急症支援服務」試驗計劃，及將出院等候室服務推展至外科病房。以上措施成功將病人在急症室等候12小時或以上的百分比減至零。

聯網另一重點策略是增加服務量，包括增設住院病床及日間病床；設立新內窺鏡中心，提供額外透視鏡檢查節數，並在沙田區及北區增加普通科門診診症名額。為應付日後的服務擴展，威爾斯親王醫院於2017年7月展開第二期重建工程的籌備工作。聯網在大埔醫院精神科開設兩間刊憲病房，以改善病房擠迫情況。

聯網在「亞洲醫院管理大獎2017」中奪得兩項殊榮，包括「病人安全項目傑出獎」，表揚威爾斯親王醫院致力改善癌症病人化療後的臨床護理，訂立須獲優先處理的高危病人群組臨床指引；以及「卓越護理項目傑出獎」，表揚北區醫院中央護理部透過「源頭追溯」方式，提高同事接駁喉管的警覺性，提升病人安全。



## KOWLOON EAST CLUSTER (KEC)

### 九龍東醫院聯網(九龍東聯網)

Space constraint has always been the primary concern of KEC in coping with escalating service demand. The HHH and UCH expansion projects will elevate the overall service capacity of KEC. Every effort is made in the interim for synergising service throughputs and efficiency. In 2017-18, KEC implemented an array of initiatives through intra-cluster collaboration to optimise demand management, including addition of acute and rehabilitation beds, commencement of 24-hour pharmacy service in TKOH and provision of round-the-clock intra-venous thrombolysis service for acute ischaemic stroke patients through cluster-based network. The Cluster also provided additional molecular tests for lung cancer and performed additional visual field tests for glaucoma patients.



In buttressing service quality and patient safety, KEC concentrated the provision of sleep diagnostic service at two locations through service reorganisation and established a breastfeeding support team. UCH recruited a nurse coordinator for fragility fracture service. Additional Family Medicine Specialist Clinic attendances and allied health outpatient attendances were provided under a collaborative Orthopaedics & Traumatology and Family Medicine service model. On infection control, KEC provided pre-surgery chlorhexidine bathing for patients who were at risk of hospital-acquired multi-drug resistant organism infections in the medical, surgical and orthopaedic wards. Additional Mycobacteria Growth Indicator Tube machines were installed to enhance laboratory testing for diagnosis of Tuberculosis.

Quality of community-based services was also improved in various aspects. KEC launched a pilot programme on medical-social collaboration with non-governmental organisations to support discharged elderly patients. Support for terminally ill patients living in Residential Care Homes for the Elderly was also strengthened by adding Community Geriatric Assessment Team outreach attendances.

KEC attaches importance to staff training and development by recruiting additional Advanced Practice Nurses as part-time preceptors and rendering formal resuscitation training for staff.

In pursuit of service excellence, the Cluster will maintain close partnership and collaboration with patients and community partners.



面對與日俱增的醫療服務需求，臨床空間不足是九龍東聯網首要應對的問題。靈實醫院和基督教聯合醫院的擴建工程，將大大提高聯網的整體服務能力。為應付目前巨大的服務需求，聯網協力增加服務量和提升效率。

聯網於年內加強醫院的服務協作和整合，推行了一系列措施優化需求管理，包括增加急症及康復病房；於將軍澳醫院推行24小時藥房服務；透過以聯網為基礎的網絡，為急性缺血性中風病人提供24小時靜脈溶栓治療服務。聯網亦為肺癌病人額外提供分子檢測，及為青光眼病人額外提供視野測試。

為提升服務質素和病人安全，聯網重整睡眠診斷服務，集中於兩個地點提供服務，並設立母乳餵哺支援團隊。基督教聯合醫院更聘請了護理協調員提供脆弱性骨折服務。此外，聯網透過骨科與家庭醫學協作模式，增加家庭醫學專科診所及專職醫療門診服務人次。在感染控制方面，聯網於內科、外科及骨科病房以氯己定為有機會感染多重耐藥性細菌的病人洗澡；並新增了分支桿菌生長標管儀器，以改善肺結核診斷的化驗測試。

聯網亦從多方面加強以社區為本的服務，包括與非政府組織合作，試行醫社協作計劃，為年長病人提供出院後的支援；也增加社區老人評估小組的外展服務名額，支援居於老人院舍的末期病人。

聯網重視員工培訓和發展，已增聘資深護師擔任兼職導師，並為員工提供正規心肺復甦訓練。

聯網將繼續與病人和社區夥伴緊密合作，確保服務精益求精。



# INDEPENDENT AUDITOR'S REPORT AND AUDITED FINANCIAL STATEMENTS

## 獨立核數師報告及經審查的財務報表

Independent Auditor's Report .....	52-55
獨立核數師報告	
Financial Statements	
財務報表	
Consolidated balance sheet .....	56
綜合資產負債表	
Balance sheet .....	57
資產負債表	
Consolidated statement of income and expenditure .....	58
綜合收支結算表	
Consolidated statement of comprehensive income .....	59
綜合全面收益表	
Consolidated statement of cash flows .....	60
綜合現金流動報表	
Consolidated statement of changes in net assets .....	61
綜合淨資產變動報表	
Notes to the financial statements .....	62-114
財務報表附註	





羅兵咸永道

## 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") set out on pages 56 to 114, which comprise:

- the consolidated and HA balance sheets as at 31 March 2018;
- the consolidated statement of income and expenditure for the year then ended;
- the consolidated statement of comprehensive income for the year then ended;
- the consolidated statement of cash flows for the year then ended;
- the consolidated statement of changes in net assets for the year then ended; and
- the notes to the consolidated financial statements, which include a summary of principal accounting policies.

##### *Our opinion*

In our opinion, the consolidated financial statements give a true and fair view of the financial position of HA and the consolidated financial position of the Group as at 31 March 2018, 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 ("HKSAs") issued by the HKICPA. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Consolidated Financial Statements section of our report.

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

##### *Independence*

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

## 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 56 至 114 頁的綜合財務報表，包括：

- 於二零一八年三月三十一日的綜合及醫管局資產負債表；
- 截至該日止年度的綜合收支結算表；
- 截至該日止年度的綜合全面收益表；
- 截至該日止年度的綜合現金流動報表；
- 截至該日止年度的綜合淨資產變動報表；及
- 綜合財務報表附註，包括主要會計政策概要。

##### *我們的意見*

我們認為，該等綜合財務報表已根據香港會計師公會頒布的《香港財務報告準則》真實而中肯地反映了於二零一八年三月三十一日醫管局的財務狀況及貴集團的綜合財政狀況，以及貴集團截至該日止年度的綜合財務表現及綜合現金流量。

#### 意見的基礎

我們已根據香港會計師公會頒布的《香港審計準則》進行審計。我們在該等準則下承擔的責任已在本報告「核數師就審計綜合財務報表承擔的責任」部分中作進一步闡述。

我們相信，我們所獲得的審計憑證能充足及適當地為我們的審計意見提供基礎。

##### *獨立性*

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

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羅兵咸永道

## INDEPENDENT AUDITOR'S REPORT

To The Members of the Hospital Authority  
(Continued)

### Other Information

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

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

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

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

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

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

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

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

## 獨立核數師報告

致醫院管理局成員 (續)

### 其他信息

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

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

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

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

### 醫管局及管治層就綜合財務報表須承擔的責任

醫管局須負責根據香港會計師公會頒布的《香港財務報告準則》擬備真實而中肯的綜合財務報表，並對其認為為使綜合財務報表的擬備不存在由於欺詐或錯誤而導致的重大錯誤陳述所需的內部控制負責。

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

管治層須負責監督貴集團的財務報告過程。

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羅兵咸永道

## INDEPENDENT AUDITOR'S REPORT

### To The Members of the Hospital Authority

(Continued)

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

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 HKSAs 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 HKSAs, 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.

## 獨立核數師報告

### 致醫院管理局成員（續）

#### 核數師就審計綜合財務報表承擔的責任

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

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

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





羅兵咸永道

## INDEPENDENT AUDITOR'S REPORT

To The Members of the Hospital Authority

(Continued)

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

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

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

PricewaterhouseCoopers  
Certified Public Accountants

Hong Kong, 20 September 2018

## 獨立核數師報告

致醫院管理局成員 (續)

### 核數師就審計綜合財務報表承擔的責任 (續)

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

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

羅兵咸永道會計師事務所  
執業會計師

香港，二零一八年九月二十日

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

# CONSOLIDATED BALANCE SHEET

## 綜合資產負債表

	Note 附註	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元	At 31 March 2017 HK\$'000 2017年3月31日 港幣千元
<b>Non-Current Assets 非流動資產</b>			
Property, plant and equipment 物業、機器及設備	5	5,829,736	5,565,993
Intangible assets 無形資產	6	278,952	250,587
Loans receivable 應收債款	7	1,012	1,836
Placements with the Exchange Fund 外匯基金存款	8	23,300,000	23,300,000
Fixed income instruments 固定入息工具	9	-	250,000
		<b>29,409,700</b>	<b>29,368,416</b>
<b>Current Assets 流動資產</b>			
Inventories 存貨	10	1,343,215	1,296,482
Loans receivable 應收債款	7	715	827
Accounts receivable 應收賬款	11	279,622	326,238
Other receivables 其他應收賬款	12	354,992	522,281
Deposits and prepayments 按金及預付款項	13	294,153	323,605
Placements with the Exchange Fund 外匯基金存款	8	3,202,332	2,367,339
Fixed income instruments 固定入息工具	9	849,655	1,890,000
Cash and bank balances 現金及銀行結餘	14	16,750,479	17,326,021
		<b>23,075,163</b>	<b>24,052,793</b>
<b>Current Liabilities 流動負債</b>			
Balance with Samaritan Fund 撒瑪利亞基金結餘	15	1,456,207	1,221,289
Creditors and accrued charges 債權人及應付費用	16	10,859,391	10,715,778
Deposits received 已收按金	17	345,233	295,457
		<b>12,660,831</b>	<b>12,232,524</b>
<b>Net Current Assets 流動資產淨值</b>		<b>10,414,332</b>	<b>11,820,269</b>
<b>Total Assets Less Current Liabilities 總資產減流動負債</b>		<b>39,824,032</b>	<b>41,188,685</b>
<b>Non-Current Liabilities 非流動負債</b>			
Balance with Samaritan Fund 撒瑪利亞基金結餘	15	6,000,000	6,000,000
Death and disability liabilities 死亡及傷殘福利責任	18	257,976	253,418
Deferred income 遞延收益	19	10,941,620	11,782,280
Public-Private Partnership Endowment Fund 公私營協作留本基金	20	10,000,000	10,000,000
		<b>27,199,596</b>	<b>28,035,698</b>
<b>Net Assets 資產淨值</b>		<b>12,624,436</b>	<b>13,152,987</b>
<b>Capital subventions and capital donations 資本補助及資本捐贈</b>	21	<b>6,108,687</b>	<b>5,816,580</b>
<b>Designated fund 指定基金</b>	22	<b>5,077,369</b>	<b>5,077,369</b>
<b>Revenue reserve 收入儲備</b>		<b>1,438,380</b>	<b>2,259,038</b>
<b>Total Funds 基金總額</b>		<b>12,624,436</b>	<b>13,152,987</b>



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



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

The notes on pages 62 to 114 are an integral part of these consolidated financial statements.

第 62 至 114 頁的附註是本綜合財務報表的一部分。

# BALANCE SHEET

## 資產負債表

	Note 附註	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元	At 31 March 2017 HK\$'000 2017年3月31日 港幣千元
<b>Non-Current Assets 非流動資產</b>			
Property, plant and equipment 物業、機器及設備	5	5,829,736	5,565,993
Intangible assets 無形資產	6	278,952	250,587
Loans receivable 應收債款	7	1,012	1,836
Placements with the Exchange Fund 外匯基金存款	8	23,300,000	23,300,000
Fixed income instruments 固定入息工具	9	-	250,000
		29,409,700	29,368,416
<b>Current Assets 流動資產</b>			
Inventories 存貨	10	1,343,215	1,296,482
Loans receivable 應收債款	7	715	827
Accounts receivable 應收賬款	11	279,622	326,238
Other receivables 其他應收賬款	12	354,992	522,281
Deposits and prepayments 按金及預付款項	13	294,041	323,522
Placements with the Exchange Fund 外匯基金存款	8	3,202,332	2,367,339
Fixed income instruments 固定入息工具	9	849,655	1,890,000
Cash and bank balances 現金及銀行結餘	14	16,750,479	17,326,021
		23,075,051	24,052,710
<b>Current Liabilities 流動負債</b>			
Balance with Samaritan Fund 撒瑪利亞基金結餘	15	1,456,207	1,221,289
Creditors and accrued charges 債權人及應付費用	16	10,859,285	10,715,701
Deposits received 已收按金	17	345,233	295,457
		12,660,725	12,232,447
<b>Net Current Assets 流動資產淨值</b>			
		10,414,326	11,820,263
<b>Total Assets Less Current Liabilities 總資產減流動負債</b>			
		39,824,026	41,188,679
<b>Non-Current Liabilities 非流動負債</b>			
Balance with Samaritan Fund 撒瑪利亞基金結餘	15	6,000,000	6,000,000
Death and disability liabilities 死亡及傷殘福利責任	18	257,976	253,418
Deferred income 遞延收益	19	10,941,620	11,782,280
Public-Private Partnership Endowment Fund 公私營協作留本基金	20	10,000,000	10,000,000
		27,199,596	28,035,698
<b>Net Assets 資產淨值</b>			
		12,624,430	13,152,981
<b>Capital subventions and capital donations 資本補助及資本捐贈</b>			
	21	6,108,687	5,816,580
<b>Designated fund 指定基金</b>			
	22	5,077,369	5,077,369
<b>Revenue reserve 收入儲備</b>			
		1,438,374	2,259,032
<b>Total Funds 基金總額</b>			
		12,624,430	13,152,981



**Dr Kam Pok Man, BBS 甘博文博士**  
Chairman  
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# CONSOLIDATED STATEMENT OF INCOME AND EXPENDITURE

## 綜合收支結算表

		For the year ended 31 March 2018 HK\$'000 截至2018年 3月31日止年度 港幣千元	For the year ended 31 March 2017 HK\$'000 截至2017年 3月31日止年度 港幣千元
	Note 附註		
<b>Income 收入</b>			
Recurrent Government subvention 經常性政府補助		55,441,085	52,368,730
Hospital/clinic fees and charges 醫院 / 診療所收費	23	4,287,196	3,817,718
Donations 捐贈		11	40
Transfers from 轉調自:			
Designated donation fund 指定捐贈基金	19	92,618	171,110
Minor Works Projects Fund 小型工程項目基金	19	1,202,525	1,103,964
Public-Private Partnership Fund 公私營協作基金	19	228,780	181,712
Capital subventions 資本補助	21	930,094	814,305
Capital donations 資本捐贈	21	138,338	161,806
Investment income 投資收益		243,980	208,867
Other income 其他收益		773,821	726,912
		<b>63,338,448</b>	<b>59,555,164</b>
<b>Expenditure 支出</b>			
Staff costs 員工成本	24	(45,112,678)	(43,083,902)
Drugs 藥物		(6,663,619)	(6,156,112)
Medical supplies and equipment 醫療物品及設備		(2,970,164)	(2,761,889)
Utilities charges 公用開支		(1,183,468)	(1,180,882)
Repairs and maintenance 維修及保養		(2,209,755)	(1,989,457)
Minor works projects funded by the Government 由政府撥款的小型工程項目		(1,202,525)	(1,103,964)
Operating lease expenses 營運租賃開支		(100,941)	(86,194)
Depreciation and amortisation 折舊及攤銷	5 & 6	(1,042,858)	(964,804)
Other operating expenses 其他營運開支	25	(3,693,465)	(3,746,519)
		<b>(64,179,473)</b>	<b>(61,073,723)</b>
<b>Deficit for the year 年內虧損</b>		<b>(841,025)</b>	<b>(1,518,559)</b>

The notes on pages 62 to 114 are an integral part of these consolidated financial statements.

第 62 至 114 頁的附註是本綜合財務報表的一部分。

# CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME

## 綜合全面收益表

		For the year ended 31 March 2018 HK\$'000 截至 2018 年 3 月 31 日止年度 港幣千元	For the year ended 31 March 2017 HK\$'000 截至 2017 年 3 月 31 日止年度 港幣千元
	Note 附註		
<b>Deficit for the year</b> 年內虧損		<b>(841,025)</b>	<b>(1,518,559)</b>
<b>Other comprehensive income</b> 其他全面收益			
Items that may be reclassified subsequently to income or expenditure: 其後可能會重新分類為收入或支出的項目：			
- Additions to capital subventions and capital donations 資本補助及資本捐贈增加	21	<b>1,358,718</b>	1,453,623
- Transfers from Minor Works Projects Fund 轉調自小型工程項目基金	21	<b>1,821</b>	22,158
- Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	21	<b>(1,068,432)</b>	(976,111)
Item that may not be reclassified to income or expenditure: 未必會重新分類為收入或支出的項目：			
- Remeasurement of death liability 死亡福利責任重新計量	18	<b>20,367</b>	20,192
<b>Total comprehensive income for the year</b> 年內全面收益總額		<b>(528,551)</b>	<b>(998,697)</b>

The notes on pages 62 to 114 are an integral part of these consolidated financial statements.

第 62 至 114 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 2018 HK\$'000 截至2018年 3月31日止年度 港幣千元	For the year ended 31 March 2017 HK\$'000 截至2017年 3月31日止年度 港幣千元
Net cash used in operating activities 營運活動所用現金淨額	28	(2,159,299)	(2,659,321)
Investing activities 投資活動			
Investment income received 已收投資收益		255,328	205,151
Purchases of property, plant and equipment 購置物業、機器及設備	5	(1,209,868)	(1,349,462)
Purchases of intangible assets 購置無形資產	6	(150,672)	(126,319)
Net decrease in bank deposits with original maturity over three months 原來到期日超過三個月的銀行存款的淨額減少		4,779,328	2,551,052
Decrease / (increase) in fixed income instruments 固定入息工具減少 / (增加)		1,290,345	(50,000)
Net cash generated from investing activities 投資活動所得現金淨額		4,964,461	1,230,422
Net cash inflow / (outflow) before financing activities 融資前之現金淨額流入 / (流出)		2,805,162	(1,428,899)
Financing activities 融資活動			
Interest earned for Minor Works Projects Fund 小型工程項目基金所獲利息		36,576	56,159
Interest earned for Public-Private Partnership Fund 公私營協作基金所獲利息		3,330	14,493
Capital subventions 資本補助	21	1,213,430	1,265,842
Capital donations 資本捐贈	21	145,288	187,781
Net cash generated from financing activities 融資活動所得之現金淨額		1,398,624	1,524,275
Increase in cash and cash equivalents 現金及現金等值之增加		4,203,786	95,376
Cash and cash equivalents at the beginning of the year 年初之現金及現金等值		2,053,701	1,958,325
Cash and cash equivalents at the end of the year 年終之現金及現金等值	14	6,257,487	2,053,701

**Note:**

The interest on the placements with the Exchange Fund on behalf of the Samaritan Fund was netted off with the outstanding balance with the Samaritan Fund and the detailed arrangement is disclosed in note 15.

**註：**

代撒瑪利亞基金存於外匯基金的存款之利息已經扣除於撒瑪利亞基金的結餘，詳細安排於附註 15 披露。

The notes on pages 62 to 114 are an integral part of these consolidated financial statements.

第 62 至 114 頁的附註是本綜合財務報表的一部分。



# CONSOLIDATED STATEMENT OF CHANGES IN NET ASSETS

## 綜合淨資產變動報表

	Capital subventions and capital donations [Note 21] HK\$'000 資本補助 及資本捐贈 [附註21] 港幣千元	Designated Fund HK\$'000 指定基金 港幣千元	Revenue Reserve HK\$'000 收入儲備 港幣千元	Total HK\$'000 總計 港幣千元
At 1 April 2016 於二零一六年四月一日	5,316,910	5,077,369	3,757,405	14,151,684
Total comprehensive income for the year 年內全面收益總額	499,670	-	(1,498,367)	(998,697)
At 31 March 2017 於二零一七年三月三十一日	5,816,580	5,077,369	2,259,038	13,152,987
Total comprehensive income for the year 年內全面收益總額	292,107	-	(820,658)	(528,551)
At 31 March 2018 於二零一八年三月三十一日	6,108,687	5,077,369	1,438,380	12,624,436

The notes on pages 62 to 114 are an integral part of these consolidated financial statements.

第 62 至 114 頁的附註是本綜合財務報表的一部分。

# NOTES TO THE FINANCIAL STATEMENTS

## 1. The Hospital Authority

### (a) Background

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

- advising the Government of the Hong Kong Special Administrative Region (the “Government”) of the needs of the public for hospital services and of the resources required to meet those needs;
- managing and developing the public hospital system;
- recommending to the Secretary for Food and Health appropriate policies on fees for the use of hospital services by the public;
- establishing public hospitals; and
- promoting, assisting and taking part in education and training of persons involved or to be involved in hospital services or other services relevant to the health of the public, and research relating to hospital services.

Pursuant to Section 5(a) of the Hospital Authority Ordinance, an agreement was entered into between the Government and HA on 3 June 2011 (“Agreement”), under which the Government and HA agreed that HA shall be responsible for managing and controlling the government lands (including all new properties built on government lands) and the hospitals, clinics, facilities, buildings and premises established thereon (as set out in Annex A of the Agreement and referred to as “Properties”), as well as the facilities and amenities (as set out in Annex B of the Agreement) that may be provided on the Properties. The ownership of the Properties continues to be held by the Government.

HA has also entered into agreements with the individual governing bodies of the ex-subservient hospitals which allowed HA to assume ownership of some operating assets as at 1 December 1991 and to manage and control other assets, the ownership of which remains with the individual governing bodies.

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

## 財務報表附註

## 1. 醫院管理局

### (a) 背景

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

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

根據醫院管理局條例第5(a)條，政府與醫管局在二零一一年六月三日達成協議（「協議」），雙方同意由醫管局管理及掌管有關的政府土地（包括所有在政府土地上落成的新物業）及建於其上的醫院、診療所、設施、建築物及樓宇（按協議附件A所載統稱「物業」），以及物業內的設施和設備（按協議附件B所載），物業的擁有權仍歸政府所有。

醫管局亦與個別前補助醫院的管治機構達成協議，容許醫管局於一九九一年十二月一日接收一些營運資產的擁有權，以及管理和掌管其他擁有權仍屬於個別管治機構的資產。

因此，醫管局由一九九一年十二月一日起全面承擔所有醫院運作的管理。此外，除由政府基本工程儲備基金撥款的基本工程計劃外，對於一九九一年十二月一日仍未完成的所有營運及資本承擔，亦由醫管局負責。

# NOTES TO THE FINANCIAL STATEMENTS

## 1. The Hospital Authority (Continued)

### (a) Background (Continued)

The Government announced in the 2016 Policy Address that HK\$200 billion would be used to implement a ten-year Hospital Development Plan (HDP). Given the significant number and scale of Schedule 1 hospital projects in the HDP, the Government has entrusted HA to carry out and complete a number of Schedule 1 hospital works projects which are funded by the Government. Similarly, HA is undertaking the hospital works projects for Schedule 2 hospitals which are funded by the Government and the governing bodies of the ex-subservient hospitals. As at 31 March 2018, there were nine hospital works projects in progress (of which eight projects were managed by HA), and the total funding approved by the Government was HK\$12,528,900,000.

As part of the Government's healthcare reform plan, HA has taken over the management and operation of all general outpatient clinics ("GOPCs") from the Department of Health by July 2003. Under the arrangement, the title and ownership in respect of the related operating assets of the GOPCs were retrospectively transferred to HA in July 2003 after receiving formal approval from the Government in June 2006. These assets were transferred at nil value.

In order to promote the development and research of Chinese medicine in Hong Kong, HA's subsidiary, HACM Limited entered into agreements with 10 non-governmental organisations ("NGOs") in collaboration with certain universities in Hong Kong to operate 18 Chinese Medicine Centres for Training and Research ("CMCTRs"). Under the agreements with the NGOs, HACM Limited has provided an annual subvention to the NGOs for operating CMCTRs in Hong Kong. These NGO clinics have provided Chinese medicine outpatient services including the prescription of Chinese herbal medicine and related services. HACM Limited has also provided funding to six tripartite CMCTRs for provision of Chinese medicine services to HA patients under the Integrated Chinese-Western Medicine ("ICWM") Pilot Programme which have been implemented at seven hospitals for three disease areas.

In order to support the Government-led electronic health record ("eHR") programme, which is an essential part of the healthcare reform, HA has been engaged to serve as the technical agency to the Government, leveraging its experience and know-how in the Clinical Management System ("CMS"). With this role, HA undertakes multiple streams of eHR related projects, which are funded by the recurrent subvention and other designated funding from the Government. During the financial year ended 31 March 2018, HA recognised HK\$292,464,000 (2017: HK\$279,790,000) as other income to match with the expenditure incurred in relation to the eHR related projects.

On 19 October 2011, HA set up a subsidiary, eHR HK Limited, to act as a custodian to hold, maintain and license the intellectual property rights and assets related to the eHR programme.

# 財務報表附註

## 1. 醫院管理局 (續)

### (a) 背景 (續)

政府在2016年施政報告中宣布預留港幣二千億元推行十年醫院發展計劃。由於計劃涉及的附表1醫院工程項目為數多、規模大，政府委托了醫管局執行及完成多個由政府撥款的附表1醫院工程項目。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醫院工程項目。截至二零一八年三月三十一日，九個醫院工程項目在進行中（其中八個由醫管局管理），政府批出的總撥款額為港幣12,528,900,000元。

作為政府的醫療改革計劃的一部分，醫管局由二零零三年七月起接管衛生署所有普通科門診診所。根據安排，這些普通科門診診所相關營運資產之業權及擁有權由二零零三年七月起轉讓予醫管局，政府的正式批准於二零零六年六月發出，有關資產以無價值轉讓。

為促進香港中醫藥發展及科研，醫管局及其附屬機構「醫院管理局中醫藥發展有限公司」與十間志願團體簽訂協議，與香港一些大學合作開辦十八間中醫臨床教研中心。根據與志願團體的協議，醫院管理局中醫藥發展有限公司每年提供一筆資助予這些志願團體在香港開辦及營運中醫臨床教研中心。這些診所會提供中醫門診服務，包括處方中藥及相關服務。七間公立醫院就三類病種推行中西醫協作項目先導計劃，醫院管理局中醫藥發展有限公司向六間中醫臨床教研中心提供資助，為參加先導計劃的醫管局病人提供中醫藥服務。

政府推行的電子健康記錄互通系統計劃，是醫療改革一個重要部分。醫管局獲政府委託作為技術代理機構，運用發展臨床管理系統的經驗和專業知識，協助政府推行計劃。作為政府的技術代理機構，醫管局須進行不同範疇的電子健康記錄互通系統相關的計劃，這些計劃由政府的經常性補助及其他指定撥款提供經費。截至二零一八年三月三十一日止之財政年度，醫管局確認港幣292,464,000元（二零一七年：港幣279,790,000元）的款項作為其他收入，以支付電子健康記錄互通系統相關計劃的開支。

於二零一一年十月十九日，醫管局成立eHR HK Limited作為其附屬機構，此機構作為保管人，持有、保管及特許有關電子健康記錄互通系統計劃的知識產權及資產。



# NOTES TO THE FINANCIAL STATEMENTS

## 1. The Hospital Authority (Continued)

### (b) Hospitals and other institutions

At 31 March 2018, 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

在二零一八年三月三十一日，由醫管局管理及掌管的醫院、慈善信託基金及機構如下：

#### 醫院：

雅麗氏何妙齡那打素醫院  
白普理寧養中心  
明愛醫院  
青山醫院  
春磡角慈氏護養院  
沙田慈氏護養院  
大口環根德公爵夫人兒童醫院  
葛量洪醫院  
靈實醫院  
香港佛教醫院  
香港兒童醫院  
香港眼科醫院  
九龍醫院  
葵涌醫院  
廣華醫院  
麥理浩復康院  
北區醫院  
北大嶼山醫院  
聖母醫院  
東區尤德夫人那打素醫院  
博愛醫院  
威爾斯親王醫院  
瑪嘉烈醫院  
伊利沙伯醫院  
瑪麗醫院  
律敦治醫院  
沙田醫院  
小欖醫院  
長洲醫院  
大埔醫院  
鄧肇堅醫院  
天水圍醫院  
贊育醫院  
將軍澳醫院  
屯門醫院  
東華東院  
東華三院馮堯敬醫院  
東華三院黃大仙醫院  
東華醫院  
基督教聯合醫院  
黃竹坑醫院  
仁濟醫院

# NOTES TO THE FINANCIAL STATEMENTS

## 1. The Hospital Authority (Continued)

### (b) Hospitals and other institutions (Continued)

#### Charitable Trusts:

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

#### Other Institutions:

eHR HK Limited  
HACM Limited  
Hong Kong Red Cross Blood Transfusion Service  
Specialist outpatient clinics  
General outpatient clinics  
Other clinics and associated units

### (c) Principal Office

The address of the principal office of HA is Hospital Authority Building, 147B Argyle Street, Kowloon, Hong Kong.

## 2. Principal accounting policies

The principal accounting policies applied in the preparation of the consolidated financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

### (a) Basis of preparation

The financial statements have been prepared in accordance with Hong Kong Financial Reporting Standards ("HKFRSs") issued by the Hong Kong Institute of Certified Public Accountants ("HKICPA") as appropriate to Government subvented and not-for-profit organisations. They have been prepared under the historical cost convention, as modified by the revaluation of certain financial assets which are stated at fair value.

The financial statements have been prepared on a going concern basis as HA's ability to continue as a going concern relies primarily on Government funding.

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

# 財務報表附註

## 1. 醫院管理局 (續)

### (b) 醫院及其他機構 (續)

#### 慈善信託基金：

北區醫院慈善信託基金  
威爾斯親王醫院慈善信託基金  
醫院管理局慈善基金  
善心醫療基金  
  
東區尤德夫人那打素醫院慈善信託基金  
瑪嘉烈醫院慈善基金  
伊利沙伯醫院慈善信託基金

#### 其他機構：

eHR HK Limited  
醫院管理局中醫藥發展有限公司  
香港紅十字會輸血服務中心  
專科門診診所  
普通科門診診所  
其他診療所及相關科組

### (c) 主要辦事處

醫管局的主要辦事處設於香港九龍亞皆老街147號B醫院管理局大樓。

## 2. 主要會計政策

編製綜合財務報表所用的主要會計政策列述如下，除非另作說明，這些政策一貫用於呈列所有年度的數字。

### (a) 編製之基準

本財務報表是按照香港會計師公會所發出適用於政府補助及非牟利機構的《香港財務報告準則》，以及根據慣用的原值成本法編製，而某些以公允價值列出的財務資產會經過重新估值而作調整。

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

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

# NOTES TO THE FINANCIAL STATEMENTS

## 2. Principal accounting policies (Continued)

### (b) Basis of consolidation

The financial statements of the Group include the income and expenditure of the Head Office, subsidiaries, all Hospitals, Charitable Trusts, Specialist Outpatient Clinics, General Outpatient Clinics and other institutions under its management and control made up to 31 March 2018.

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

### (c) Subsidiaries

Subsidiaries are all entities over which the Group has control. The Group controls an entity when the Group is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power to direct the activities of the entity. Subsidiaries are fully consolidated from the date that control is transferred to the Group. They are de-consolidated from the date that control ceases.

Intra-group transactions, balances and unrealised gains on transactions within the Group have been eliminated on consolidation. Unrealised losses are also eliminated unless the transaction provides evidence of an impairment of the assets transferred. The accounting policies of the subsidiaries are consistent with the accounting policies adopted by the Group.

At 31 March 2018, the principal subsidiaries of HA comprise:

# 財務報表附註

## 2. 主要會計政策 (續)

### (b) 綜合呈列之基準

集團的財務報表包括截至二零一八年三月三十一日之財政年度內由其管理及掌管的總辦事處、附屬機構、所有醫院、慈善信託基金、專科診所、普通科門診診所及其他機構的收入和支出。

本財務報表反映集團所擁有之資產及所承擔之負債的有紀錄賬面值。

### (c) 附屬機構

附屬機構是指集團有管控權的所有實體。當集團能透過其參與實體運作而承擔或享有實體可變回報的風險或權利，並能夠運用其權力指令實體的事務而影響該等回報，即代表集團擁有管控權。在集團接管附屬機構之日，附屬機構與集團的財務資料會作綜合呈列，當集團對附屬機構的管控權終止，便不會作綜合呈列。

集團內機構之間的交易、結餘及未實現之交易收益，在綜合呈列後已減除，未實現之虧損亦已減除，除非交易能提供證明所轉移的資產有耗損。附屬機構的會計政策與集團採用的會計政策一致。

在二零一八年三月三十一日，醫管局的主要附屬機構有：

Name 名稱	Principal activities 主要業務	Place of incorporation/ operation 註冊成立 / 營運地點	Effective percentage directly held by the Group 集團直接持有的有效 份額
HACM Limited (limited by guarantee) 醫院管理局中醫藥發展有限公司 (擔保有限公司)	To steer the development and delivery of Chinese medicine services 規劃中醫藥服務的發展與供應	Hong Kong 香港	100
eHR HK Limited (limited by guarantee) (擔保有限公司)	To act as a custodian to hold, maintain and license the intellectual property rights and assets related to eHR programme 作為保管人，持有、保管及特許有關 電子健康記錄互通系統計劃的知識產 權及資產	Hong Kong 香港	100



# NOTES TO THE FINANCIAL STATEMENTS

## 2. Principal accounting policies (Continued)

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

The HKICPA has issued a number of new/revised HKFRSs, including interpretations, amendments or improvements to the existing standards, which become effective in the current period. The following amendments to standards which are effective for the Group's financial year beginning 1 April 2017 are relevant to the Group:

#### Amendments to HKAS 7, Disclosure Initiative

The adoption of these amendments has 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 2018. The Group has not early adopted these new/revised HKFRSs in the financial statements for the financial year ended 31 March 2018. The following assessment have been carried out.

#### HKFRS 9, Financial instruments

HKFRS 9 replaces HKAS 39 'Financial Instruments: Recognition and Measurement', and addresses the classification, measurement and derecognition of financial assets and liabilities using a new expected credit loss model that replaces the incurred loss impairment model used under HKAS 39. A substantially reformed approach to hedge accounting is introduced.

Management has preliminarily assessed its impact to the Group's consolidated financial statements and considers the adoption of HKFRS 9 will not have a significant impact on the Group's consolidated financial statements.

#### HKFRS 15, Revenue from Contracts with Customers

HKFRS 15 establishes a comprehensive framework for the recognition of revenue. It replaces HKAS 11 which covers construction contracts and HKAS 18 which covers contracts for goods and services for revenue recognition. The core principle in the framework is that revenue is recognised over time if the performance obligation is satisfied over time. That is, the customer simultaneously receives and consumes the benefits provided. HKFRS 15 also introduces new disclosure requirements on revenue, provides guidance for transactions that were not previously addressed comprehensively and improves guidance for multiple-element arrangements.

# 財務報表附註

## 2. 主要會計政策 (續)

### (d) 採用新訂 / 經修訂的《香港財務報告準則》

香港會計師公會頒布了多項在此期間生效的新訂 / 經修訂的《香港財務報告準則》，包括對現有準則的詮釋、修訂或改良。以下的修訂準則在集團二零一七年四月一日開始之財政年度生效，並適用於集團：

#### 《香港會計準則》第7號修訂「披露倡議」

採用這些修訂對集團營運結果及財務狀況並無影響。

香港會計師公會亦頒布了多項在二零一八年四月一日或之後開始的會計期生效之新訂 / 經修訂的《香港財務報告準則》。集團在截至二零一八年三月三十一日止的財務報表並沒有提早採用這些新訂 / 經修訂之《香港財務報告準則》，並已進行以下評估。

#### 《香港財務報告準則》第9號「金融工具」

《香港財務報告準則》第9號取代《香港會計準則》第39號「金融工具：確認及計量」。前者就金融資產和金融負債的分類、計量和終止確認，使用新的「預期信貸虧損模型」，取代後者所用的「已發生虧損減值模型」，由此就對沖會計引入大幅改革的方法。

管理層初步評估了修訂對集團綜合財務報表的影響，認為採納《香港財務報告準則》第9號對集團的綜合財務報表不會有顯著影響。

#### 《香港財務報告準則》第15號「來自與客戶合約的收益」

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

# NOTES TO THE FINANCIAL STATEMENTS

## 2. Principal accounting policies (Continued)

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

Management has preliminarily assessed its impact to the Group's consolidated financial statements and considers the adoption of HKFRS 15 will not have a significant impact on the Group's consolidated financial statements.

#### HKFRS 16, Leases

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

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

### (e) Recognition of income

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

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

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

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

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

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》(續)

管理層初步評估了修訂對集團綜合財務報表的影響，認為採納《香港財務報告準則》第15號對集團的綜合財務報表不會有顯著影響。

#### 《香港財務報告準則》第16號「租賃」

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

管理層已根據新準則評估所有租賃合約，以及不符合租賃定義的合約。根據新準則，除了二零一九年四月一日起於十二個月或少於十二個月內期滿的營運租賃，在附註32(b)披露的營運租賃承擔，會有一項資產及一項未來支付負債被確認。管理層現正評估這些租賃合約對集團營運結果及現金流量分類的影響。

### (e) 收入之確認

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

醫院 / 診療所收費於提供服務時確認。

指定用途捐贈基金及資本捐贈之轉調按附註2(f)的方式確認。

資本補助、小型工程項目基金及公私營協作基金之轉調按附註2(q)的方式確認。

來自固定入息工具的投資收益按附註2(j)的方式確認。

來自銀行存款之投資收益採用實際利息法按時間比例入賬。

# NOTES TO THE FINANCIAL STATEMENTS

## 2. Principal accounting policies (Continued)

### (f) Donations

#### (i) Donated assets

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 recognised in other comprehensive income and accumulated in total funds under capital donations. Each year, an amount equal to the depreciation or amortisation charge for these assets and the net book value of assets disposed of is transferred from capital donations to the statement of income and expenditure. 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 recognised in other comprehensive income and accumulated in total funds under capital donations, and the corresponding amounts are capitalised as property, plant and equipment or intangible assets respectively. Each year, an amount equal to the depreciation or amortisation charge for these assets and the net book value of assets disposed of is transferred from capital donations to the statement of income and expenditure.

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

# 財務報表附註

## 2. 主要會計政策 (續)

### (f) 捐贈

#### (i) 捐贈資產

捐贈予集團的家具、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，於收取時最初以公允價值資本化。捐贈資產金額於其他全面收益確認，並在基金總額項下的資本捐贈累積。每年，一筆相等於該等資產折舊或攤銷的金額及出售資產的賬面淨值會由資本捐贈轉調往收支結算表。其他不符合資本化規定的捐贈資產，於收取時在該年度之收支賬目內記賬。

#### (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賬目內。當現金捐贈的開支是用於附註 2(g)(ii) 的物業、機器及設備或附註 2(h) 的無形資產，會於其他全面收益確認，並在基金總額之下的資本捐贈累積，而相同款額亦會資本化為物業、機器及設備或無形資產。每年，一筆相等於這些資產折舊或攤銷的金額及出售資產的賬面淨值由資本捐贈轉調往收支結算表。

作為一般營運之用的非指定用途捐贈，於收款時列入該年度之收支結算表內。



# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

## 2. Principal accounting policies (Continued)

## 2. 主要會計政策 (續)

### (g) Property, plant and equipment

### (g) 物業、機器及設備

- (i) Completed building projects transferred from Government and the individual governing bodies of ex-subsidised 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 under capital subventions and capital donations for capital expenditure funded by the Government and donations respectively.
- (iii) Property, plant and equipment other than completed building projects are stated at cost less any accumulated depreciation and impairment. Additions represent new or replacement of specific components of an asset. An asset's carrying value is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.
- (iv) The cost of assets acquired and the fair value of donated assets received by the Group are depreciated using the straight-line method over the expected useful lives of the assets as follows:

- (i) 由政府及個別前補助醫院管治機構轉調的已完成建築工程以名義價值入賬，列為物業、機器及設備。
- (ii) 除已完成建築工程外，可帶來經濟效益的物業、機器及設備應資本化，並會視乎是政府撥款或捐贈撥款而將相應款額分別在資本補助及資本捐贈確認。
- (iii) 除已完成建築工程外，物業、機器及設備乃按成本值減任何累積折舊及減值入賬。年內增加代表某項資產新加或更換的組件。若資產的賬面價值高於估計可收回價值，其賬面價值會即時減至為可收回價值。
- (iv) 集團所取得的資產的成本或捐贈資產的公允價值，是按資產的預計可使用年期以直線法計算折舊如下：

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.

- (v) 如有需要，資產的剩餘價值及可使用年期會在報告日作檢討及修訂。
- (vi) 資產出售或不再使用所產生之盈虧以其出售價及資產之賬面價值之差額計入收支結算表內。
- (vii) 未完成的資本開支在資產啟用前不提折舊。

# NOTES TO THE FINANCIAL STATEMENTS

## 2. Principal accounting policies (Continued)

### (h) Intangible assets

Computer software and systems including related development costs, which give rise to economic benefits are capitalised as intangible assets. Intangible assets are stated at cost less any accumulated amortisation and impairment and are amortised on a straight line basis over the estimated useful lives of one to three years.

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

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

### (j) Fixed income instruments

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

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

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

# 財務報表附註

## 2. 主要會計政策 (續)

### (h) 無形資產

可帶來經濟效益的電腦軟件及系統連開發費用，已資本化列為無形資產。無形資產乃按成本值減累積攤銷列出，以及按資產一至三年的預計可使用年期以直線法計算攤銷。

### (i) 按公允價值列賬及在損益處理之財務資產

醫管局指定外匯基金存款為「按公允價值列賬及在損益處理之財務資產」。醫管局在最初確認其財務資產時決定其分類，而有關分類視乎獲取該財務資產的目的。按公允價值列賬及在損益處理之財務資產最初以公允價值確認，而交易成本會記入收支結算表。當收取現金流量的權利已到期或已轉讓，並且醫管局已實質上將所有風險和報酬的擁有權轉讓時，便會終止確認該財務資產。按公允價值列賬及在損益處理之財務資產其後按公允價值列賬。

### (j) 固定入息工具

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

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

集團於報告日評估有否客觀證據顯示固定入息工具會減值，虧損額是固定入息工具的賬面價值及估計未來現金流量按原來實際息率貼現值的差額。當固定入息工具的賬面價值作出減值，虧損額會在收支結算表確認。

# NOTES TO THE FINANCIAL STATEMENTS

## 2. Principal accounting policies (Continued)

### (k) Inventories

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

### (l) Accounts receivable

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

### (m) Cash and cash equivalents

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

# 財務報表附註

## 2. 主要會計政策 (續)

### (k) 存貨

存貨包括藥物、其他醫療及一般消耗品，按成本及可變現淨值兩者之較低者入賬。計算成本時使用加權平均方式，有需要時會對過時及消耗緩慢的存貨作撇賬準備。在資產負債表中所列的存貨，是已減去撇賬準備後的款項。可變現淨值乃參考替換成本釐定。

### (l) 應收賬款

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

### (m) 現金及現金等值

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



# NOTES TO THE FINANCIAL STATEMENTS

## 2. Principal accounting policies (Continued)

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

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

### (o) Provisions and contingent liabilities

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

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

# 財務報表附註

## 2. 主要會計政策 (續)

### (n) 非財務資產減值

需作折舊及攤銷的資產當出現有機會不能收回賬面價值的情況時，便須檢討減值狀況。若資產賬面價值超出可收回價值的數額，會確認為減值虧損。資產的可收回款額，是按資產的公允價值減去出售成本與使用價值的較高者釐定。

### (o) 撥備及或然負債

當集團因過往事件而致目前負有法律或推定之責任，在履行這項責任時有可能導致資源流出，而涉及金額亦能可靠地作出估量，撥備便會予以確認。

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

# NOTES TO THE FINANCIAL STATEMENTS

## 2. Principal accounting policies (Continued)

### (p) Employee benefits

#### (i) Retirement benefits costs

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

#### (ii) Termination benefits costs

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

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

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

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

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

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

#### (iv) Other employee benefits costs

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

# 財務報表附註

## 2. 主要會計政策 (續)

### (p) 僱員福利

#### (i) 退休福利開支

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

#### (ii) 離職福利開支

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

#### (iii) 死亡及傷殘福利開支

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

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

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

有關死亡及傷殘福利責任的詳情見附註 18。

#### (iv) 其他僱員福利開支

其他僱員福利如年假及約滿酬金於應付時入賬。

# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

### 2. Principal accounting policies (Continued)

### 2. 主要會計政策 (續)

#### (q) Government subvention

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-subvented hospitals, are received by HA for undertaking the capital works on their behalf. Accordingly, the amount incurred on building projects and the funding received are reflected as changes in current assets/current liabilities. Any outstanding reimbursement of project costs incurred by HA is recognised as current assets, while advance funding received by HA for meeting the project costs in future periods are recognised as current liabilities. Further details are set out in notes 12 and 16.

Previously, Government funding for building projects and related costs were presented in the statement of income and expenditure as income and expenditure. To better reflect HA's agency role for undertaking the building works projects on behalf of the Government, the comparative figures in the statement of income and expenditure have been reclassified by reducing both income and expenditure by HK\$1,259,367,000.

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

#### (q) 政府補助

除下列外，本年度經核准的政府補助金列為經常性補助金。

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

過往政府就建築工程的撥款及相關費用，在收支結算表列作收入及支出。為更清晰反映醫管局代政府執行建築工程的角色，收支結算表中的比較數字已重新分類，收入及支出均減去港幣 1,259,367,000 元。

- (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其他全面收益表。遞延收益—小型工程項目基金的詳情載於附註 19(a)。
- (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其他全面收益表。有關公私營協作基金的詳情載於附註 19(b)。



# NOTES TO THE FINANCIAL STATEMENTS

## 2. Principal accounting policies (Continued)

### (q) Government subvention (Continued)

(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 recognised in other comprehensive income and accumulated in total funds under capital subventions, and the corresponding amounts are capitalised as property, plant and equipment or intangible assets respectively. Each year, an amount equal to the depreciation or amortisation charge for these assets and net book value of assets disposed of is transferred from capital subventions to the statement of income and expenditure.

### (r) Operating leases

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

### (s) Translation of foreign currencies

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

Foreign currency transactions are translated into the functional currency using the exchange rates prevailing at the transaction dates. Monetary assets and liabilities denominated in foreign currencies are translated at the rates of exchange ruling at the reporting date. Exchange gains and losses are dealt with in the statement of income and expenditure except for Minor Works Projects Fund, which are recognised as deferred income.

### (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)

### (q) 政府補助 (續)

(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，在其他全面收益確認，並在基金總額項下的資本補助累積。相同金額會資本化，分別列為物業、機器及設備或無形資產。每年，一筆相等於該等資產折舊或攤銷的金額及出售資產的賬面淨值會由資本補助轉調往收支結算表。

### (r) 營運租賃

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

### (s) 外幣換算

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

外幣交易是根據交易日的匯率將外幣轉換為功能貨幣。以外幣為單位的貨幣資產及負債，於資產負債表的日期按匯率轉換，透過轉換所得的盈餘及虧損記入收支結算表，惟小型工程項目基金則除外，會確認為遞延收益。

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

With regard to investments, in accordance with the Group's policies and guidelines, the primary objectives are to meet liquidity requirements, to protect capital and to provide a reasonable return. The investment portfolio ("Portfolio") as at 31 March 2018 consisted of bank deposits, fixed income instruments and placements with the Exchange Fund. Based on the risk control measures as summarised below, the risk of default by the counterparties is considered minimal and the Portfolio has no significant concentration of credit risk. Besides, the Group has no significant currency risk because substantially all assets and liabilities are denominated in Hong Kong dollar, the Group's functional and presentation currency. The Group manages its cash flow requirements and risk as disclosed in note 3(c).

#### (i) Credit risk

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

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

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

## 財務報表附註

## 3. 財務風險管理

### (a) 財務風險因素

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

就投資方面，根據集團有關政策及指引，其主要目標是符合流動資金的需要、保障資金及提供合理回報。截至二零一八年三月三十一日的投資組合（「組合」），包括銀行存款、固定入息工具及外匯基金存款。根據下文所列的風險控制措施，有關銀行的拖欠風險應可減至最低，而組合亦沒有重大的信貸集中風險。此外，由於組合的資產及負債大體上都以港元為單位，即集團的功能及呈列貨幣，故無重大的貨幣風險。集團對流動現金需要及風險的管理，於附註3(c)披露。

#### (i) 信貸風險

集團的信貸風險是交易對手可能拖欠其銀行存款、固定入息工具及外匯基金存款。

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

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

# NOTES TO THE FINANCIAL STATEMENTS

## 3. Financial risk management (Continued)

### (a) Financial risk factors (Continued)

#### (i) Credit risk (Continued)

The placements with the Exchange Fund are entered into between HA and the Hong Kong Monetary Authority ("HKMA") and it is expected that the HKMA can fulfill its contractual obligations to HA in respect of the placements.

#### (ii) Interest rate risk

The Portfolio's interest rate risk arises from interest bearing cash at bank, bank deposits and fixed income instruments. Cash at bank, which earns interest at variable rates, gives rise to cash flow interest rate risk. Fixed rate bank deposits and fixed income instruments expose the Portfolio to fair value interest rate risk. Sensitivity analyses have been performed by the Group with regard to interest rate risk as at 31 March 2018. If interest rates had been increased or decreased by 50 basis points, which represent management's assessment of a reasonably possible change in those rates, and all other variables were held constant, the effect on the Group's deficit and net assets is insignificant.

#### (iii) Price risk

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

#### (iv) Currency risk

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

# 財務報表附註

## 3. 財務風險管理 (續)

### (a) 財務風險因素 (續)

#### (i) 信貸風險 (續)

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

#### (ii) 利率風險

組合的利率風險來自所獲利息的銀行現金、銀行存款及固定入息工具。銀行現金賺取不同利率，會有流動現金利率風險；而賺取固定息率的銀行存款及固定入息工具，則有公允價值利率風險。集團在二零一八年三月三十一日就利率風險進行敏感度分析。當利率升降50點子(即管理層認為的合理可能之利率變動)，而所有其他變動因素維持不變，這對集團的虧損及資產淨值不會有重大影響。

#### (iii) 價格風險

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

#### (iv) 貨幣風險

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



# NOTES TO THE FINANCIAL STATEMENTS

## 3. Financial risk management (Continued)

### (b) Fair values estimation

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

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

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

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

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

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

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

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

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

#### (i) 按公允價值列賬的財務資產

集團以公允價值計量的金融工具按以下公允價值的計量架構進行分類：

第一層 – 相同資產或負債於活躍市場之報價（未經調整）。

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

第三層 – 資產或負債並不是根據可觀察市場數據的輸入（即不可觀察輸入）。

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

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

如一項或多項重大輸入並非根據可觀察市場數據，這些工具屬於第三層。

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) 按公允價值列賬的財務資產 (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 2018 and 31 March 2017:

外匯基金存款屬於第三層。下表呈列截至二零一八年三月三十一日止及二零一七年三月三十一日止年度第三層工具的變動：

	For the year ended 31 March 2018 HK\$'000 截至2018年 3月31日止年度 港幣千元	For the year ended 31 March 2017 HK\$'000 截至2017年 3月31日止年度 港幣千元
At the beginning of the year 於年初	25,667,339	14,967,266
Addition [note 20] 增加 [附註 20]	-	10,000,000
Interest 利息	834,993	700,073
At the end of the year [note 8] 於年終 [附註 8]	26,502,332	25,667,339

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

#### (ii) 非以公允價值呈列的財務資產

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

固定入息工具 (即存款證) 在報告日的公允價值由核准保管人提供，現概列如下：

#### The Group and HA 集團及醫管局

	Carrying Value 賬面價值		Fair Value 公允價值	
	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元	At 31 March 2017 HK\$'000 2017年3月31日 港幣千元	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元	At 31 March 2017 HK\$'000 2017年3月31日 港幣千元
Fixed income instruments 固定入息工具	849,655	2,140,000	849,049	2,145,364

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

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

# NOTES TO THE FINANCIAL STATEMENTS

## 3. Financial risk management (Continued)

### (c) Capital management

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

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

In this regard, the capital of the Group comprises revenue reserve, designated fund, capital subventions, capital donations and deferred income as shown in the consolidated balance sheet. At 31 March 2018, the capital of the Group was HK\$23,566,056,000 (2017: HK\$24,935,267,000).

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

# 財務報表附註

## 3. 財務風險管理 (續)

### (c) 資本管理

根據《醫院管理局條例》，集團的資源包括：

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

故此，集團的資本包括綜合資產負債表所載的收入儲備、指定基金、資本補助、資本捐贈及遞延收益。截至二零一八年三月三十一日，集團的資本為港幣23,566,056,000元（二零一七年：港幣24,935,267,000元）。

集團資本管理的目標是保障集團的能力，繼續在持續經營的基礎上確保公立醫療體制的可持續能力。集團一直奉行審慎的財務管理原則，以確保公共資源獲適當及有效運用。透過年度工作規劃過程，醫管局得悉個別醫院聯網的資源需要，並就集團所獲撥款總額作出考慮，以應付公立醫院服務日益增加的需求，並聘請新畢業生培育香港未來的醫護人手。集團亦不斷致力提升資源運用的效率。為能提供合乎經濟效益的服務，集團定期監察一套測定醫療服務、人力資源管理及財務管理績效的表現指標。



## NOTES TO THE FINANCIAL STATEMENTS

### 4. Critical accounting estimates and judgments

In preparing the financial statements, management is required to exercise significant judgments in the selection and application of accounting policies, including making estimates and assumptions. The following is a review of the more significant accounting policies that are impacted by judgments and uncertainties and for which different amounts may be reported under a different set of conditions or using different assumptions.

#### (a) Provision for medical malpractice claims

The Group co-insures and retains a designated sum for each medical malpractice claim. For those professional liability claims in excess of the retained sum, the claims will be borne by the insurer. In view of the complex nature and long development period of the claims, a Claims Review Panel consisting of the participating medical malpractice insurers, the external panel law firms appointed by the insurers and HA's in-house experts review the status of potential and active claims semi-annually and assess the provision required on each significant case. An independent qualified actuary also assists the Group on the assessment of the exposure of other reported cases based on historical development trend of the claims settlement. With reference to the assessments and the analysis by the Claims Review Panel and the external actuarial consultant respectively, management reviews the claims exposure and determines the provision required to cover the Group's exposure at each reporting date. Such provision is included in accrued charges and other payables in note 16.

#### (b) Death and disability liabilities

The Group engages an independent qualified actuary to assess the present value of obligations for its death and disability scheme at each year end date. Major actuarial assumptions include the discount rate and salary inflation rate which are set out in note 18. The present value of the Group's obligations is discounted with reference to market yields on Hong Kong Government Bonds, which have terms to maturity approximating the terms of the related obligations. The long-term salary inflation is generally based on the market's long-term expectation of price inflation.

## 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運用重大判斷，包括作出估計及假設。以下所列是一些需要運用重大判斷及受不確定因素影響的較重要會計政策，如情況不同，或採用不同的假設，可能會得出不同的呈報數額。

#### (a) 醫療失誤申索撥備

集團就醫療失誤申索採用共同保險制，並為每項醫療失誤申索預留指定款額。超出預留款額的專業責任申索，會由保險公司承擔。鑑於此等申索的複雜性質及漫長進展，一個由承保醫療失誤責任的保險公司、保險公司所委任的外界律師行小組及醫管局的專家組成的申索檢討委員會，會每半年檢討潛在及現有申索個案的情況，並評估每宗重要個案所需的撥備。合資格獨立精算師亦會根據過往申索補償的發展趨勢，協助集團評估其他呈報個案的申索風險。管理層會參考申索檢討委員會及外界精算顧問分別所作的評估和分析，檢討申索的風險，並於報告日釐定用以應付集團風險的所需撥備，此項撥備列入附註 16 的「應付費用及其他賬款」。

#### (b) 死亡及傷殘福利責任

集團委託了合資格的獨立精算師於報告日評估死亡及傷殘計劃福利責任的現值，所採用的主要精算假設包括附註 18 所述的貼現率及薪金通脹率。集團用以支付此等責任的現值，是根據與有關責任年期相若的香港政府債券的市場回報按貼現率計算，而長遠的薪金通脹率一般是以市場預期的長遠價格通脹率為依據。

# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

### 5. Property, plant and equipment

### 5. 物業、機器及設備

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

#### The Group 集團

	Building and improvements HK\$'000 建築物及裝修 港幣千元	Furniture, fixtures and equipment HK\$'000 家具、固定裝置及設備 港幣千元	Motor vehicles HK\$'000 汽車 港幣千元	Computer equipment HK\$'000 電腦設備 港幣千元	Total HK\$'000 總計 港幣千元
<b>Cost 成本</b>					
At 1 April 2016 於 2016 年 4 月 1 日	1,081,681	10,479,844	253,878	675,911	12,491,314
Reclassifications 重新分類	-	300	-	(338)	(38)
Additions 增加	25,397	1,224,834	32,643	66,588	1,349,462
Disposals 出售	(15,353)	(741,160)	(14,454)	(224,143)	(995,110)
At 31 March 2017 於 2017 年 3 月 31 日	1,091,725	10,963,818	272,067	518,018	12,845,628
<b>Accumulated depreciation 累積折舊</b>					
At 1 April 2016 於 2016 年 4 月 1 日	411,331	6,315,148	197,688	484,039	7,408,206
Reclassifications 重新分類	-	50	-	(88)	(38)
Charge for the year 本年度之折舊	26,336	732,262	27,940	68,732	855,270
Disposals 出售	(13,926)	(735,417)	(14,454)	(220,006)	(983,803)
At 31 March 2017 於 2017 年 3 月 31 日	423,741	6,312,043	211,174	332,677	7,279,635
<b>Net book value 賬面淨值</b>					
At 31 March 2017 於 2017 年 3 月 31 日	667,984	4,651,775	60,893	185,341	5,565,993

# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

### 5. Property, plant and equipment (Continued)

### 5. 物業、機器及設備 (續)

HA 醫管局

	Building and improvements HK\$'000 建築物 及裝修 港幣千元	Furniture, fixtures and equipment HK\$'000 家具、 固定裝置 及設備 港幣千元	Motor vehicles HK\$'000 汽車 港幣千元	Computer equipment HK\$'000 電腦設備 港幣千元	Total HK\$'000 總計 港幣千元
<b>Cost 成本</b>					
At 1 April 2016 於 2016 年 4 月 1 日	1,081,681	10,479,844	253,878	673,274	12,488,677
Reclassifications 重新分類	-	300	-	(338)	(38)
Additions 增加	25,397	1,224,834	32,643	66,588	1,349,462
Disposals 出售	(15,353)	(741,160)	(14,454)	(221,506)	(992,473)
At 31 March 2017 於 2017 年 3 月 31 日	1,091,725	10,963,818	272,067	518,018	12,845,628
<b>Accumulated depreciation 累積折舊</b>					
At 1 April 2016 於 2016 年 4 月 1 日	411,331	6,315,148	197,688	481,402	7,405,569
Reclassifications 重新分類	-	50	-	(88)	(38)
Charge for the year 本年度之折舊	26,336	732,262	27,940	68,732	855,270
Disposals 出售	(13,926)	(735,417)	(14,454)	(217,369)	(981,166)
At 31 March 2017 於 2017 年 3 月 31 日	423,741	6,312,043	211,174	332,677	7,279,635
<b>Net book value 賬面淨值</b>					
At 31 March 2017 於 2017 年 3 月 31 日	667,984	4,651,775	60,893	185,341	5,565,993

# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

## 6. Intangible assets

## 6. 無形資產

The Group 集團		
	For the year ended 31 March 2018 HK\$'000 截至 2018 年 3 月 31 日止年度 港幣千元	For the year ended 31 March 2017 HK\$'000 截至 2017 年 3 月 31 日止年度 港幣千元
<b>Cost 成本</b>		
At the beginning of the year 於年初	1,263,436	1,268,860
Reclassifications 重新分類	-	38
Additions 增加	150,672	126,319
Disposals 出售	(845)	(131,781)
At the end of the year 於年終	1,413,263	1,263,436
<b>Accumulated amortisation 累積攤銷</b>		
At the beginning of the year 於年初	1,012,849	1,035,058
Reclassifications 重新分類	-	38
Charge for the year 本年度之攤銷	122,307	109,534
Disposals 出售	(845)	(131,781)
At the end of the year 於年終	1,134,311	1,012,849
<b>Net book value 賬面淨值</b>		
At the end of the year 於年終	278,952	250,587

HA 醫管局		
	For the year ended 31 March 2018 HK\$'000 截至 2018 年 3 月 31 日止年度 港幣千元	For the year ended 31 March 2017 HK\$'000 截至 2017 年 3 月 31 日止年度 港幣千元
<b>Cost 成本</b>		
At the beginning of the year 於年初	1,257,513	1,258,876
Reclassifications 重新分類	-	38
Additions 增加	150,672	126,319
Disposals 出售	(845)	(127,720)
At the end of the year 於年終	1,407,340	1,257,513
<b>Accumulated amortisation 累積攤銷</b>		
At the beginning of the year 於年初	1,006,926	1,025,074
Reclassifications 重新分類	-	38
Charge for the year 本年度之攤銷	122,307	109,534
Disposals 出售	(845)	(127,720)
At the end of the year 於年終	1,128,388	1,006,926
<b>Net book value 賬面淨值</b>		
At the end of the year 於年終	278,952	250,587



# NOTES TO THE FINANCIAL STATEMENTS

## 7. Loans receivable

Certain eligible employees under the Home Loan Interest Subsidy Scheme were offered downpayment loans for the purchase of their residential properties ("Downpayment Loan Scheme"). The repayment period of the loans is the shorter of the mortgage life and 20 years. Interest charged on the downpayment loans is determined by the Group from time to time and is set at 1.132% as at 31 March 2018 (2017:1.282%). Downpayment Loan Scheme has been suspended since April 2002.

At 31 March 2018, 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 2018 HK\$'000 2018 年 3 月 31 日 港幣千元	At 31 March 2017 HK\$'000 2017 年 3 月 31 日 港幣千元
Repayable within one year 一年內償還	715	827
Repayable beyond one year 超過一年償還	1,012	1,836
	<b>1,727</b>	<b>2,663</b>

The loans receivable is neither past due nor impaired. The maximum exposure to credit risk at the reporting date is the carrying value of the receivable mentioned above. According to the terms and conditions of the scheme, the monthly principal repayment and payment of interest in respect of the downpayment loans are deducted from the employees' wages and that any benefits to which an employee will be entitled to receive under the HA Provident Fund Scheme shall stand charged with repayment of downpayment loan and interest thereon if such debt has not been paid by the employee upon resignation or on an agreed date. On this basis, the receivable balance is considered to be fully recoverable.

## 8. Placements with the Exchange Fund

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

# 財務報表附註

## 7. 應收債款

在醫管局推行的購屋貸款利息津貼計劃下，一些合資格僱員可獲得首期貸款以購置居所（「首期貸款計劃」）。首期貸款的還款期為物業按揭年數或 20 年，以較短者為準。首期貸款的息率由醫管局不時訂定，於二零一八年三月三十一日時為 1.132%（二零一七年：1.282%）。首期貸款計劃自二零零二年四月起已暫停。

在二零一八年三月三十一日，已發放給合資格僱員的首期貸款並有物業作十足抵押如下：

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

## 8. 外匯基金存款

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

# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

### 8. Placements with the Exchange Fund (Continued) 8. 外匯基金存款(續)

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 2.8% and 4.6% per annum for January to December 2017 and January to December 2018, respectively. HA did not withdraw the interest earned up to 31 December 2017 which would continue to accrue interest at the same rate payable for the principal amount.

Based on an agreement with HKMA, HA will renew the placement with the Exchange Fund for the Samaritan Fund for another six years upon its maturity on 8 November 2018.

The placements with the Exchange Fund are analysed as follows:

這筆存款的息率固定，在每年一月釐定，並於每年十二月三十一日支付。現時，回報率是按外匯基金投資組合過往六年的平均投資回報率，或三年期政府債券過去一年的平均年度收益率計算（最低為0%），以較高者為準。二零一七年一月至十二月及二零一八年一月至十二月的每年回報率分別為2.8%及4.6%。醫管局沒有支取截至二零一七年十二月三十一日賺取的利息，這些款項會按本金可享息率繼續積存利息。

根據醫管局與金管局的協議，撒瑪利亞基金的款項於二零一八年十一月八日到期後會續存於外匯基金，為期六年。

外匯基金存款分析如下：

The Group and HA 集團及醫管局								
	Custodian for Samaritan Fund [Note 15] 作為撒瑪利亞基金的保管人 [附註 15]		Minor Works Projects Fund [Note 19(a)] 小型工程項目基金 [附註 19(a)]		PPP Fund and PPP Endowment Fund [Notes 19(b) and 20] 公私營協作基金及公私營協作留本基金 [附註 19(b) 及 20]		Total 總計	
	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元	At 31 March 2017 HK\$'000 2017年3月31日 港幣千元	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元	At 31 March 2017 HK\$'000 2017年3月31日 港幣千元	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元	At 31 March 2017 HK\$'000 2017年3月31日 港幣千元	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元	At 31 March 2017 HK\$'000 2017年3月31日 港幣千元
Principal amount 本金	6,000,000	6,000,000	7,300,000	7,300,000	10,000,000	10,000,000	23,300,000	23,300,000
Interest earned but not withdrawn at the reporting date 報告日所獲但沒有提取的利息收入	1,372,584	1,171,774	1,092,167	863,586	440,351	155,984	2,905,102	2,191,344
Accrued interest 應計利息	83,623	49,515	95,188	56,362	118,419	70,118	297,230	175,995
	7,456,207	7,221,289	8,487,355	8,219,948	10,558,770	10,226,102	26,502,332	25,667,339
Less: non-current portion 減：非流動部分	(6,000,000)	(6,000,000)	(7,300,000)	(7,300,000)	(10,000,000)	(10,000,000)	(23,300,000)	(23,300,000)
Current portion 流動部分	1,456,207	1,221,289	1,187,355	919,948	558,770	226,102	3,202,332	2,367,339

# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

## 9. Fixed income instruments

The fixed income instruments represent Hong Kong dollar certificates of deposits with maturity periods within five years from the date of purchase. The investment yield for the year ended 31 March 2018 is between 1.88% and 2.03%.

At 31 March 2018, 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 2018 HK\$'000 2018年3月31日 港幣千元	At 31 March 2017 HK\$'000 2017年3月31日 港幣千元
Maturing within one year 一年內到期	849,655	1,890,000
Maturing between one and five years 一至五年內到期	-	250,000
	<b>849,655</b>	<b>2,140,000</b>

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

固定入息工具是指由購買日期起計五年內到期的港元存款證，二零一八年三月三十一日止年度的投資收益在 1.88% 至 2.03% 之間。

於二零一八年三月三十一日，集團及醫管局持有的固定入息工具如下：

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

## 10. Inventories

## 10. 存貨

The Group and HA 集團及醫管局		
	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元	At 31 March 2017 HK\$'000 2017年3月31日 港幣千元
Drugs 藥物	1,128,752	1,073,311
Medical consumables 醫療消耗品	191,557	195,139
General consumables 一般消耗品	22,906	28,032
	<b>1,343,215</b>	<b>1,296,482</b>

# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

### 11. Accounts receivable

### 11. 應收賬款

The Group and HA 集團及醫管局		
	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元	At 31 March 2017 HK\$'000 2017年3月31日 港幣千元
Bills receivable [note 11(a)] 應收賬單 [附註 11(a)]	312,263	361,952
Accrued income 應計收入	39,146	28,235
	351,409	390,187
Less: Provision for impairment [note 11(b)] 減：減值撥備 [附註 11(b)]	(71,787)	(63,949)
	279,622	326,238

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

(a) 應收賬單的賬齡分析如下：

The Group and HA 集團及醫管局		
	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元	At 31 March 2017 HK\$'000 2017年3月31日 港幣千元
Below 30 days 30日以下	187,223	155,765
Between 31 and 60 days 31至60日	47,626	75,277
Between 61 and 90 days 61至90日	24,597	78,645
Over 90 days 超過90日	52,817	52,265
	312,263	361,952

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

集團有關病人賬單的政策如下：

- (i) Patients attending outpatient and accident and emergency services are required to pay fees before services are performed.
- (ii) Private patients and non-eligible persons are required to pay deposit on admission to hospital.
- (iii) Interim bills are sent to patients during hospitalisation. Final bills are sent if the outstanding amounts have not been settled on discharge.

- (i) 病人到門診診所及急症室求診須於接受診治前繳付費用。
- (ii) 私家病人及非符合資格人士入院時須繳付訂金。
- (iii) 醫院會向住院病人發出中期賬單。假如病人在出院時未繳付尚欠的費用，醫院會發出最後賬單通知。



# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

## 11. Accounts receivable (Continued)

- (iv) Administrative charge is imposed on late payments of medical fees and charges for medical services provided on or after 1 July 2007. The administrative charge is imposed at 5% of the outstanding fees past due for 60 days from issuance of the bills, subject to a maximum charge of HK\$1,000 for each bill. An additional 10% of the outstanding fees are imposed if the bills remain outstanding 90 days from issuance of the bills, subject to a maximum additional charge of HK\$10,000 for each bill.
- (v) Legal action will be instituted for outstanding bills where appropriate. Patients who have financial difficulties may be considered for waiver of fees charged.

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

### The Group and HA 集團及醫管局

	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元	At 31 March 2017 HK\$'000 2017年3月31日 港幣千元
Past due by 過期：		
Below 30 days 30日以下	144,680	123,297
Between 31 and 60 days 31至60日	32,656	59,933
Between 61 and 90 days 61至90日	14,528	67,247
Over 90 days 超過90日	1,736	7,036
	<b>193,600</b>	<b>257,513</b>

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

## 11. 應收賬款 (續)

- (iv) 就二零零七年七月一日或之後所提供的醫療服務，若過期支付費用須另繳行政費。如在賬單發出後 60 日仍未清繳費用，會另外徵收欠款 5% 作為行政費，每項賬單上限為港幣 1,000 元；如在賬單發出後 90 日仍未清繳費用，則會另外徵收欠款 10% 作為行政費，每項賬單上限為港幣 10,000 元。
- (v) 集團會就拖欠的賬款按個別情況採取法律行動。有經濟困難的病人，集團會考慮予以費用減免。

過期但沒有減值的應收賬單的賬齡分析如下：

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

# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

### 11. Accounts receivable (Continued)

- (b) At 31 March 2018, bills receivable of HK\$118,663,000 (2017: HK\$104,439,000) were impaired by HK\$71,787,000 (2017: HK\$63,949,000) of which HK\$45,815,000 (2017: HK\$39,309,000) related to receivables individually determined to be impaired. These mainly related to non-eligible persons, the recoverability of which are considered to be low after taking all possible debt recovery actions. Remaining allowance for impairment of HK\$25,972,000 (2017: HK\$24,640,000) was made by reference to historical past due recovery patterns. It was assessed that a portion of the receivables is expected to be recovered. The aging analysis of these receivables is as follows:

### 11. 應收賬款(續)

- (b) 於二零一八年三月三十一日，港幣118,663,000元(二零一七年：港幣104,439,000元)的應收賬單減值港幣71,787,000元(二零一七年：港幣63,949,000元)，其中港幣45,815,000元(二零一七年：港幣39,309,000元)與個別決定減值的應收賬單有關，主要涉及非符合資格人士，雖然已採取所有可能行動向他們追收欠款，但成功收回機會不大。在參考以往的過期欠款追收情況後，繼而作出了港幣25,972,000元(二零一七年：港幣24,640,000元)餘額減值備抵，估計部分賬款應可收回。這些應收賬單的賬齡分析如下：

The Group and HA 集團及醫管局		
	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元	At 31 March 2017 HK\$'000 2017年3月31日 港幣千元
Below 30 days 30日以下	42,543	32,468
Between 31 and 60 days 31至60日	14,970	15,344
Between 61 and 90 days 61至90日	10,069	11,398
Over 90 days 超過90日	51,081	45,229
	<b>118,663</b>	<b>104,439</b>

Movements in the provision for impairment of accounts receivable are as follows:

應收賬款減值撥備的變動如下：

The Group and HA 集團及醫管局		
	For the year ended 31 March 2018 HK\$'000 截至2018年 3月31日止年度 港幣千元	For the year ended 31 March 2017 HK\$'000 截至2017年 3月31日止年度 港幣千元
At the beginning of the year 於年初	63,949	58,159
Additional provision 撥備增加	62,955	60,976
Uncollectible amounts written off 註銷的未收回款額	(55,117)	(55,186)
At the end of the year 於年終	<b>71,787</b>	<b>63,949</b>

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

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

# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

### 12. Other receivables

### 12. 其他應收賬款

The Group and HA 集團及醫管局		
	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元	At 31 March 2017 HK\$'000 2017年3月31日 港幣千元
Donations receivable 應收捐款	55,120	127,509
Interest receivable 應收利息	53,926	71,737
Receivable from the Government for reimbursement or refund of expenditure incurred on capital projects [note 12(a)] 政府付還或退還基本工程項目所涉開支的應收款項 [附註 12(a)]	161,877	281,674
Others 其他	84,069	41,361
	<b>354,992</b>	<b>522,281</b>

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

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

- (a) Movements in the receivable from the Government for reimbursement or refund of expenditure incurred on capital projects are as follows:

- (a) 政府付還或退還基本工程項目所涉開支的應收款項變動如下：

The Group and HA 集團及醫管局		
	For the year ended 31 March 2018 HK\$'000 截至2018年 3月31日止年度 港幣千元	For the year ended 31 March 2017 HK\$'000 截至2017年 3月31日止年度 港幣千元
At the beginning of the year 於年初	281,674	281,921
Government funding received on capital projects 就基本工程項目收到的政府撥款	(1,747,055)	(1,259,614)
Amount incurred on capital projects 基本工程項目所涉款項	1,627,258	1,259,367
At the end of the year 於年終	<b>161,877</b>	<b>281,674</b>

# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

### 13. Deposits and prepayments

### 13. 按金及預付款項

The Group 集團		
	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元	At 31 March 2017 HK\$'000 2017年3月31日 港幣千元
Utility and other deposits 公用事業及其他按金	26,608	23,145
Prepayments to Government departments 向政府部門預付的款項	91,874	124,969
Maintenance contracts and other prepayments 保養合約及其他預付款項	175,671	175,491
	<b>294,153</b>	<b>323,605</b>

HA 醫管局		
	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元	At 31 March 2017 HK\$'000 2017年3月31日 港幣千元
Utility and other deposits 公用事業及其他按金	26,496	23,062
Prepayments to Government departments 向政府部門預付的款項	91,874	124,969
Maintenance contracts and other prepayments 保養合約及其他預付款項	175,671	175,491
	<b>294,041</b>	<b>323,522</b>



# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

## 14. Cash and bank balances

## 14. 現金及銀行結餘

The Group and HA 集團及醫管局	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元	At 31 March 2017 HK\$'000 2017年3月31日 港幣千元
Cash at bank and in hand 銀行存款及手持現金	787,213	388,222
Bank deposits with original maturity within three months 原來到期日不超過三個月的銀行存款	5,470,274	1,665,479
Cash and cash equivalents 現金及現金等值	6,257,487	2,053,701
Bank deposits with original maturity over three months 原來到期日超過三個月的銀行存款	10,492,992	15,272,320
	16,750,479	17,326,021

The cash and bank balances included bank deposits designated for Minor Works Projects Fund and PPP Fund of HK\$1,389,049,000 (2017: HK\$1,639,280,000) and HK\$73,161,000 (2017: HK\$299,063,000) respectively. The effective interest rate on short term bank deposits is between 0.01% and 1.68% (2017: 0.01% and 1.27%). These deposits have an average maturity of 63 days (2017: 53 days).

現金及銀行結餘包括小型工程項目基金及公私營協作基金的指定銀行存款，分別為港幣 1,389,049,000 元（二零一七年：港幣 1,639,280,000 元）及港幣 73,161,000 元（二零一七年：港幣 299,063,000 元）。短期銀行存款的實際利率為 0.01% 至 1.68% 之間（二零一七年：0.01% 至 1.27% 之間），這些存款的平均到期日為 63 天（二零一七年：53 天）。

At 31 March 2018, the Group and HA had undrawn banking facilities of HK\$1,350,000,000 (2017: HK\$1,350,000,000).

於二零一八年三月三十一日，集團及醫管局未動用的銀行信貸為港幣 1,350,000,000 元（二零一七年：港幣 1,350,000,000 元）。

## 15. Balance with Samaritan Fund

## 15. 撒瑪利亞基金結餘

During the financial year ended 31 March 2013, the Government injected HK\$10,000,000,000 to support the operation of the Samaritan Fund, which was established in 1950 by resolution of the Legislative Council for the purpose of providing financial assistance to needy patients. As instructed by the Government, HK\$4,000,000,000 was vested immediately in the Samaritan Fund. The balance of HK\$6,000,000,000 not immediately required by the Samaritan Fund was placed with the Exchange Fund since 8 November 2012 by way of a credit facility entered into between HA and HKMA for a fixed period of six years during which time HA would not be able to withdraw the principal amount.

在截至二零一三年三月三十一日止之財政年度，政府向撒瑪利亞基金注資港幣 10,000,000,000 元，以支持基金的運作。撒瑪利亞基金於一九五零年經立法局決議成立，目的是向有需要的病人提供資助。根據政府指示，為數港幣 4,000,000,000 元的款項即時投入基金，而餘下未即時需要的港幣 6,000,000,000 元，根據醫管局與金管局所訂的信貸安排，由二零一二年十一月八日起存入外匯基金，年期固定為六年。在此段期間，醫管局不能支取這筆本金。

As HA is acting as a custodian for the Samaritan Fund, the cumulative investment return up to 31 March 2018 was recorded together with the principal amount as balance with Samaritan Fund, which is unsecured, interest free and denominated in Hong Kong dollar.

由於醫管局是作為撒瑪利亞基金的保管人，基金截至二零一八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。

# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

### 15. Balance with Samaritan Fund (Continued)

Based on an agreement with HKMA, HA will renew the placement with the Exchange Fund for the Samaritan Fund for another six years upon its maturity on 8 November 2018.

The balance with Samaritan Fund is analysed as follows:

### 15. 撒瑪利亞基金結餘 (續)

根據醫管局與金管局的協議，撒瑪利亞基金的款項於二零一八年十一月八日到期後會續存於外匯基金，為期六年。

撒瑪利亞基金結餘分析如下：

The Group and HA 集團及醫管局		
	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元	At 31 March 2017 HK\$'000 2017年3月31日 港幣千元
Principal amount 本金	6,000,000	6,000,000
Interest earned but not withdrawn at the reporting date 報告日所獲但沒有提取的利息收入	1,372,584	1,171,774
Accrued interest 應計利息	83,623	49,515
	7,456,207	7,221,289
Less: non-current portion 減：非流動部分	(6,000,000)	(6,000,000)
Current portion 流動部分	1,456,207	1,221,289

### 16. Creditors and accrued charges

### 16. 債權人及應付費用

The Group 集團		
	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元	At 31 March 2017 HK\$'000 2017年3月31日 港幣千元
Trade payables [note 16(a)] 應付貿易賬款 [附註 16(a)]	631,624	604,133
Accrued charges and other payables [note 16(b)] 應付費用及其他賬款 [附註 16(b)]	5,904,597	5,648,647
Contributions from the governing bodies of ex-subvented hospitals for capital projects [note 16(c)] 前補助醫院管治機構就基本工程項目承擔款項 [附註 16(c)]	447	193
Current account with the Government [note 16(d)] 與政府之間的來往賬目 [附註 16(d)]	4,322,723	4,462,805
	10,859,391	10,715,778

# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

## 16. Creditors and accrued charges (Continued)

## 16. 債權人及應付費用 (續)

HA 醫管局	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元	At 31 March 2017 HK\$'000 2017年3月31日 港幣千元
Trade payables [note 16(a)] 應付貿易賬款 [附註 16(a)]	631,624	604,133
Accrued charges and other payables [note 16(b)] 應付費用及其他賬款 [附註 16(b)]	5,897,081	5,644,477
Contributions from the governing bodies of ex-subvented hospitals for capital projects [note 16(c)] 前補助醫院管治機構就基本工程項目承擔款項 [附註 16(c)]	447	193
Current account with the Government [note 16(d)] 與政府之間的來往賬目 [附註 16(d)]	4,322,723	4,462,805
Current account with a subsidiary 與附屬機構之間的來往賬目	7,410	4,093
	<b>10,859,285</b>	<b>10,715,701</b>

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

(a) 應付貿易賬款的賬齡分析如下：

The Group and HA 集團及醫管局	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元	At 31 March 2017 HK\$'000 2017年3月31日 港幣千元
Below 30 days 30日以下	603,890	579,574
Between 31 and 60 days 31至60日	22,382	20,128
Between 61 and 90 days 61至90日	3,029	3,357
Over 90 days 超過90日	2,323	1,074
	<b>631,624</b>	<b>604,133</b>

All trade payables as at 31 March 2018 are expected to be settled within one year. The Group has maintained adequate cash flows and banking facilities for settlement of trade payables.

二零一八年三月三十一日的應付貿易賬款應於一年內繳付。集團備有足夠流動現金及銀行融資繳付應付貿易賬款。

(b) Accrued charges and other payables of the Group and HA included accrual for annual leave of HK\$2,022,356,000 (2017: HK\$1,968,565,000) and contract gratuity accrual of HK\$1,652,222,000 (2017: HK\$1,497,136,000).

(b) 集團及醫管局的應付費用及其他賬款包括未放年假撥備港幣 2,022,356,000 元 (二零一七年：港幣 1,968,565,000 元)，以及應計合約酬金港幣 1,652,222,000 元 (二零一七年：港幣 1,497,136,000 元)。

# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

## 16. Creditors and accrued charges (Continued)

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

The Group and HA 集團及醫管局		
	For the year ended 31 March 2018 HK\$'000 截至 2018 年 3 月 31 日止年度 港幣千元	For the year ended 31 March 2017 HK\$'000 截至 2017 年 3 月 31 日止年度 港幣千元
At the beginning of the year 於年初	193	338
Contributions received from the governing bodies of ex-subservient 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	16,992	16,304
Amount incurred on capital projects 基本工程項目所涉款項	(16,738)	(16,449)
At the end of the year 於年終	447	193

- (d) The balance mainly included Government funding for designated programmes or specific items that were already received and will be recognised as income over the periods in which the related expenditure is incurred and charged to the statement of income and expenditure.

## 16. 債權人及應付費用 (續)

- (c) 前補助醫院管治機構就基本工程項目承擔款項變動如下：

- (d) 結餘主要包括從政府收到對指定計劃或特定項目的撥款，這些撥款待有關開支發生及已記入收支結算表時確認作收入。

## 17. Deposits received

The Group and HA 集團及醫管局		
	At 31 March 2018 HK\$'000 2018 年 3 月 31 日 港幣千元	At 31 March 2017 HK\$'000 2017 年 3 月 31 日 港幣千元
Patient deposits 病人按金	42,632	41,810
Other deposits 其他按金	302,601	253,647
	345,233	295,457

## 17. 已收按金



# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

### 18. Death and disability liabilities

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

The amounts recognised in the balance sheet are as follows:

The Group and HA 集團及醫管局		
	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元	At 31 March 2017 HK\$'000 2017年3月31日 港幣千元
Present value of funded obligations 注資責任的現值	261,591	263,757
Fair value of plan assets 計劃資產的公允價值	(3,615)	(10,339)
	<b>257,976</b>	<b>253,418</b>

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 2018 HK\$'000 截至2018年 3月31日止年度 港幣千元	For the year ended 31 March 2017 HK\$'000 截至2017年 3月31日止年度 港幣千元
At the beginning of the year 於年初	263,757	254,068
Current service cost 現行服務開支	40,334	37,623
Interest cost 利息開支	4,375	3,974
Benefits paid 已付福利	(6,405)	(8,890)
Remeasurement of disability liability 傷殘福利責任重新計量	(11,356)	(33)
Remeasurement of death liability 死亡福利責任重新計量	(29,114)	(22,985)
At the end of the year 於年終	<b>261,591</b>	<b>263,757</b>

# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

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

### 18. 死亡及傷殘福利責任 (續)

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

計劃資產的公允價值變動如下：

The Group and HA 集團及醫管局		
	For the year ended 31 March 2018 HK\$'000 截至 2018 年 3 月 31 日止年度 港幣千元	For the year ended 31 March 2017 HK\$'000 截至 2017 年 3 月 31 日止年度 港幣千元
At the beginning of the year 於年初	10,339	15,286
Adjustment on plan assets (excluding interest income) 計劃資產的調整 (不包括利息收入)	(8,747)	(2,793)
Employer contributions 僱主供款	8,428	6,736
Benefits paid 已付福利	(6,405)	(8,890)
At the end of the year 於年終	3,615	10,339

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

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

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

下列是在綜合收支結算表及綜合全面收益表予以確認的款額，是根據精算估值得出：

The Group and HA 集團及醫管局		
	For the year ended 31 March 2018 HK\$'000 截至 2018 年 3 月 31 日止年度 港幣千元	For the year ended 31 March 2017 HK\$'000 截至 2017 年 3 月 31 日止年度 港幣千元
Current service cost 現行服務開支	40,334	37,623
Interest cost 利息開支	4,375	3,974
Remeasurement of disability liability 傷殘福利責任重新計量	(11,356)	(33)
Total, included in staff costs [note 24] 總計 (包括在員工成本內) [附註 24]	33,353	41,564
Remeasurement of death liability 死亡福利責任重新計量	(29,114)	(22,985)
Adjustment on plan assets (excluding interest income) 計劃資產的調整 (不包括利息收入)	8,747	2,793
Total, included in other comprehensive income 總計 (包括在其他全面收益內)	(20,367)	(20,192)

# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

### 18. 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 2018 截至 2018 年 3 月 31 日止年度 %	For the year ended 31 March 2017 截至 2017 年 3 月 31 日止年度 %
Discount rate 貼現率	2.10	1.70
Assumed rate of future salary increases 假設未來薪金增幅	4.00	3.60

The analysis below shows how the present value of the funded obligations as at 31 March 2018 would have increased/(decreased) as a result of the following changes in the principal actuarial assumptions:

### 18. 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，得出二零一八年三月三十一日注資責任現值的增加／（減少）：

	Increase in 50 basis points HK\$'000 利率升 50 點子 港幣千元	Decrease in 50 basis points HK\$'000 利率降 50 點子 港幣千元
Discount rate 貼現率	(13,970)	15,272
Assumed rate of future salary increases 假設未來薪金增幅	14,865	(13,698)

# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

## 19. Deferred income

## 19. 遞延收益

The Group and HA 集團及醫管局				
	Designated donation fund [Note 2(f)] HK\$'000 指定捐贈 基金 [ 附註 2 (f) ] 港幣千元	Minor Works Projects Fund [Note 19(a)] HK\$'000 小型 工程項目 基金 [ 附註 19 (a) ] 港幣千元	PPP Fund [Note 19(b)] HK\$'000 公私營 協作基金 [ 附註 19 (b) ] 港幣千元	Total HK\$'000 總計 港幣千元
At 1 April 2016 於 2016 年 4 月 1 日	555,437	11,505,964	441,966	12,503,367
Additions during the year 年內增加	215,347	-	1,757	217,104
Interest earned 所獲利息	-	299,400	241,975	541,375
Exchange loss 匯兌損失	-	(622)	-	(622)
Transfers to consolidated statement of comprehensive income 轉調往綜合全面收益表	-	(22,158)	-	(22,158)
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(171,110)	(1,103,964)	(181,712)	(1,456,786)
At 31 March 2017 於 2017 年 3 月 31 日	599,674	10,678,620	503,986	11,782,280
Additions during the year 年內增加	47,990	-	3,575	51,565
Interest earned 所獲利息	-	298,854	334,665	633,519
Transfers to consolidated statement of comprehensive income 轉調往綜合全面收益表	-	(1,821)	-	(1,821)
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(92,618)	(1,202,525)	(228,780)	(1,523,923)
At 31 March 2018 於 2018 年 3 月 31 日	555,046	9,773,128	613,446	10,941,620

### (a) Minor Works Projects Fund

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

### (a) 小型工程項目基金

於截至二零一四年三月三十一日止的財政年度內，政府預支港幣 13,000,000,000 元（分目 8083MM 項下）予醫管局，以供進行小型工程項目，改善公立醫院及診所的現時設施。這筆一次性撥款已代替每年透過基本工程儲備基金－改善工程的整體撥款（分目 8100MX），並按五個擬定計劃進行每項上限為港幣 7,500 萬元的小型改善工程。五個計劃包括設施修復計劃、服務量提升計劃、安全機電計劃、加強人人暢道通行計劃，以及定期維修／小型工程及主要工程計劃的預備工作。



# NOTES TO THE FINANCIAL STATEMENTS

## 19. Deferred income (Continued)

### (a) Minor Works Projects Fund (Continued)

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

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

### (b) PPP Fund

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

During the financial year ended 31 March 2018, the Government provided recurrent subvention of HK\$3,575,000 (2017: HK\$1,757,000) to HA for annual pay adjustment of staff deployed on PPP initiatives. The subvention was transferred to the PPP Fund and was recognised in the deferred income – PPP Fund when the subvention was received.

## 20. 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.

# 財務報表附註

## 19. 遞延收益 (續)

### (a) 小型工程項目基金 (續)

醫管局獲政府批准，於二零一四年四月十一日將港幣 7,300,000,000 元存入外匯基金，為期六年，餘款由內部管理，並根據醫管局現行的投資規定進行投資。獲批撥款連同有關利息收入，將用以支付由二零一四年四月起未來約十年的小型工程項目開支。對於基金的使用，醫管局會沿用過往使用分目 8100MX 項下基金的做法，就獲一次過撥款資助的每個開支項目事先獲取政府批准。

小型工程項目基金結餘主要包括非流動項目。

### (b) 公私營協作基金

於二零一六年三月三十一日，政府向醫管局撥款港幣 10,000,000,000 元設立留本基金（附註 20），利用所得投資回報以恒常營運和優化持續推行的臨床公私營協作計劃，以及在日後推行新的計劃。醫管局可利用投資回報，連同政府之前給予的一次性指定撥款的結餘，持續營運由二零一六年四月起推行的公私營協作計劃。

於截至二零一八年三月三十一日止的財政年度，政府向醫管局提供港幣 3,575,000 元（二零一七年：港幣 1,757,000 元）經常性補助，用作公私營協作計劃職員的年度薪酬調整。有關補助於收到時轉調往公私營協作基金，並確認為遞延收益—公私營協作基金。

## 20. 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。

# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

## 21. Capital subventions and capital donations

## 21. 資本補助及資本捐贈

The Group and HA  
集團及醫管局

	Capital subventions [Note 2(q)] HK\$'000 資本補助 [附註 2 (q)] 港幣千元	Capital donations [Note 2(f)] HK\$'000 資本捐贈 [附註 2 (f)] 港幣千元	Total HK\$'000 總計 港幣千元
At 1 April 2016 於 2016 年 4 月 1 日	4,067,568	1,249,342	5,316,910
Additions during the year 年內增加	1,265,842	187,781	1,453,623
Transfers from Minor Works Projects Fund 轉調自小型工程項目基金	22,158	-	22,158
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(814,305)	(161,806)	(976,111)
At 31 March 2017 於 2017 年 3 月 31 日	4,541,263	1,275,317	5,816,580
Additions during the year 年內增加	1,213,430	145,288	1,358,718
Transfers from Minor Works Projects Fund 轉調自小型工程項目基金	1,821	-	1,821
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(930,094)	(138,338)	(1,068,432)
At 31 March 2018 於 2018 年 3 月 31 日	4,826,420	1,282,267	6,108,687

## 22. Designated fund – Home Loan Interest Subsidy Scheme

## 22. 指定基金－購屋貸款利息津貼計劃

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

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。

The scheme is funded by HA through the recurrent subvention from the Government. A designated fund has been set aside for the scheme and is maintained in designated bank and investment accounts which are included under cash and bank and fixed income instruments balances respectively.

該計劃由醫管局透過政府的經常性補助予以資助。計劃預留一筆指定基金，用以支付購屋貸款利息津貼福利的有關開支，並存於指定銀行投資戶口，分別列入現金及銀行及固定入息工具結餘內。

# NOTES TO THE FINANCIAL STATEMENTS

## 23. Hospital/clinic fees and charges

The charges for hospital services provided by the Group are levied in accordance with those stipulated in the Gazette. Since the Government has established a set of policies and procedures on granting fee waivers to the needy patients, the hospital/clinic fees and charges recognised as income in the consolidated statement of income and expenditure are stated net of such waivers. The amount of hospital/clinics fees and charges waived for the financial year ended 31 March 2018 amounted to HK\$874,210,000 (2017: HK\$572,515,000).

## 24. Staff costs

### The Group 集團

	For the year ended 31 March 2018 HK\$'000 截至 2018 年 3 月 31 日止年度 港幣千元	For the year ended 31 March 2017 HK\$'000 截至 2017 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	41,778,137	39,888,829
Post-employment benefits 離職後福利:		
- Contribution to HA Provident Fund Scheme [note 24(a)] 醫院管理局公積金計劃供款 [附註 24 (a)]	2,603,983	2,508,057
- Contribution to Mandatory Provident Fund Scheme [note 24(b)] 強積金計劃供款 [附註 24 (b)]	697,205	645,452
Death and disability benefits [note 18] 死亡及傷殘福利 [附註 18]	33,353	41,564
	<b>45,112,678</b>	<b>43,083,902</b>

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

The HAPFS is a defined contribution scheme. The current scheme was established on 1 April 2003 and governed by its Trust Deed and Rules dated 29 January 2003, and registered under section 18 of the Hong Kong Occupational Retirement Schemes Ordinance ("ORSO").

Most employees who have opted for HA terms of employment are eligible to join the HAPFS on a non-contributory basis. The HAPFS is a defined contribution scheme as all benefits are defined in relation to contributions except that a minimum death benefit equating to twelve months' salary applies on the death of a member. However, when the member's account balance is less than his twelve months' scheme salary, the difference will be contributed by the Death and Disability Scheme of the Group.

# 財務報表附註

## 23. 醫院 / 診療所收費

集團所提供的醫療服務，是根據憲報所刊載的收費表而收取費用。由於政府已制訂一套給予經濟有困難病人費用減免的政策及程序，故在綜合收支結算表中確認為收入的醫院 / 診療所收費，已扣除了這些減免數額。在截至二零一八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874,210,000元（二零一七年：港幣572,515,000元）。

## 24. 員工成本

	For the year ended 31 March 2018 HK\$'000 截至 2018 年 3 月 31 日止年度 港幣千元	For the year ended 31 March 2017 HK\$'000 截至 2017 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	41,778,137	39,888,829
Post-employment benefits 離職後福利:		
- Contribution to HA Provident Fund Scheme [note 24(a)] 醫院管理局公積金計劃供款 [附註 24 (a)]	2,603,983	2,508,057
- Contribution to Mandatory Provident Fund Scheme [note 24(b)] 強積金計劃供款 [附註 24 (b)]	697,205	645,452
Death and disability benefits [note 18] 死亡及傷殘福利 [附註 18]	33,353	41,564
	<b>45,112,678</b>	<b>43,083,902</b>

### (a) 醫院管理局公積金計劃

「醫院管理局公積金計劃」是一項界定供款計劃。現行計劃是根據二零零三年一月二十九日的信託契約與規則，於二零零三年四月一日成立及受其監管，並根據《香港職業退休計劃條例》第十八條註冊。

大部分已選擇醫管局僱用條件的僱員，均有資格參加無需供款的「醫院管理局公積金計劃」。「醫院管理局公積金計劃」是一個界定供款計劃，因為除了於成員去世時發放相等於十二個月薪金的最低死亡福利外，所有利益都視乎供款界定。不過，當成員的賬目結餘較其於該計劃下之十二個月計劃薪金為低，該差額則會由集團的死亡及傷殘基金補足。

# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

### 24. Staff costs (Continued)

### 24. 員工成本 (續)

#### (a) HA Provident Fund Scheme (“HAPFS”) (Continued)

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 2018, the total membership was 29,073 (2017: 29,462). The scheme's net asset value as at 31 March 2018 was HK\$67,642,644,000 (2017: HK\$61,131,801,000).

#### (a) 醫院管理局公積金計劃 (續)

集團的每月正常供款現為僱員底薪的 15%。僱員在辭職或退休時可獲的利益比率隨服務年資增加。

於二零一八年三月三十一日，計劃共有 29,073 名成員（二零一七年：29,462 名），計劃的資產淨值為港幣 67,642,644,000 元（二零一七年：港幣 61,131,801,000 元）。

#### (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 2018, the total membership was 55,741 (2017: 51,307). During the financial year ended 31 March 2018, total members' contributions were HK\$588,864,000 (2017: HK\$549,122,000). The net asset value as at 31 March 2018, including assets transferred from members' previous employment, was HK\$9,096,115,000 (2017: HK\$7,130,385,000).

#### (b) 強制性公積金計劃

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

集團對「強制性公積金計劃」的供款，根據每名成員的僱用條件而定。成員的強制性供款固定為月薪 5%，以每月港幣 1,500 元為上限。

於二零一八年三月三十一日，計劃共有 55,741 名成員（二零一七年：51,307 名）。在截至二零一八年三月三十一日止之財政年度內，成員的供款總額為港幣 588,864,000 元（二零一七年：港幣 549,122,000 元）。於二零一八年三月三十一日，計劃的資產淨值，包括成員先前職位轉調的資產，為港幣 9,096,115,000 元（二零一七年：港幣 7,130,385,000 元）。

### 25. Other operating expenses

### 25. 其他營運開支

Other operating expenses comprise office supplies, hospital supplies, non-capitalised project expenditure and other administrative expenses. For the financial year ended 31 March 2018, other operating expenses included an accrual for auditor's remuneration of HK\$1,950,000 (2017: HK\$1,950,000).

其他營運開支包括辦公室用品、醫院物資、非資本化項目開支及其他行政開支。截至二零一八年三月三十一日止之財政年度，其他營運開支包括應計核數師酬金港幣 1,950,000 元（二零一七年：港幣 1,950,000 元）。



# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

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

- (a) No Board members are remunerated for the services provided in the capacity as Board members.
- (b) The remuneration of the five highest paid executives, which comprises basic salaries and other short term employee benefits and post-employment benefits, and is included in the staff costs for the year, is as follows:

### 26. 大會成員及五名最高薪行政人員的酬金

- (a) 所有出任大會成員的人士均沒有因以成員身份提供服務而領取酬金。
- (b) 年內的員工成本已包括支付予以下五名最高薪行政人員的酬金，當中已計入基本薪金及其他短期僱員福利及離職後福利：

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

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

註：所有行政人員並不獲取與表現掛鈎的不定額薪酬。

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

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

註：所有行政人員並不獲取與表現掛鈎的不定額薪酬。

# NOTES TO THE FINANCIAL STATEMENTS

## 27. 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 2018 amounted to HK\$1,533,192,000 (2017: HK\$1,524,899,000).
- (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 2018, revenue foregone in respect of medical services provided to these persons amounted to HK\$424,620,000 (2017: HK\$364,405,000). The cost of such services has been taken into account in the Government's subvention to the Group.
- (c) Remuneration of key management personnel

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

Total remuneration of the key management personnel is shown below:

	For the year ended 31 March 2018 HK\$'000 截至2018年 3月31日止年度 港幣千元	For the year ended 31 March 2017 HK\$'000 截至2017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	66,610	64,506
Post-employment benefits 離職後福利	6,393	6,338
	<b>73,003</b>	<b>70,844</b>

- (d) Other significant related party transactions with the Government include annual recurrent grants, capital subventions (note 21) and designated funds (notes 19 and 22). Details of transactions relating to the Group's retirement schemes are included in note 24.
- (e) Outstanding balances with the Government as at 31 March 2017 and 2018 are disclosed in notes 8, 12, 13, 15, 16 and 20. The current account with a subsidiary, HACM Limited, is disclosed in note 16.

# 財務報表附註

## 27. 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，由該署向集團提供醫學及一般電子工程服務、電力、機械、空調、樓宇服務及其他服務（如基本工程及改善工程）。截至二零一八年三月三十一日止之財政年度內有關服務涉及的款額為港幣 1,533,192,000 元（二零一七年：港幣 1,524,899,000 元）。
- (b) 醫管局與政府訂立了協議，為現職及退休公務員、其合資格的家屬及其他符合資格人士以免費或按公務員條例所訂收費提供公立醫院及診療所的服務及設施。截至二零一八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 424,620,000 元（二零一七年：港幣 364,405,000 元），這些服務的費用已包括在政府給集團的補助內。
- (c) 主要管理人員薪酬

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

主要管理人員的薪酬總額如下：

- (d) 與政府關聯人士進行的其他重大交易包括每年經常性補助、資本補助（附註 21）及指定基金（附註 19 及 22），有關集團退休計劃的交易詳情載於附註 24。
- (e) 截至二零一七年及二零一八年三月三十一日與政府之間的未清賬款於附註 8,12,13,15,16 及 20 披露，與附屬機構「醫院管理局中醫藥發展有限公司」之間的來往賬目於附註 16 披露。

# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

## 28. Net cash used in operating activities

## 28. 營運活動所用現金淨額

The Group 集團	For the year ended 31 March 2018 HK\$'000 截至2018年 3月31日止年度 港幣千元	For the year ended 31 March 2017 HK\$'000 截至2017年 3月31日止年度 港幣千元
Deficit for the year 年內虧損	(841,025)	(1,518,559)
Investment income 投資收益	(243,980)	(208,867)
Income transferred from Minor Works Projects Fund 轉調自小型工程項目基金之收入	(1,202,525)	(1,103,964)
Income transferred from PPP Fund 轉調自公私營協作基金之收入	(228,780)	(181,712)
Income transferred from capital subventions and capital donations 轉調自資本補助及資本捐贈之收入	(1,068,432)	(976,111)
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	25,574	11,307
Depreciation and amortisation 折舊及攤銷	1,042,858	964,804
Increase in death and disability liabilities 死亡及傷殘福利責任增加	24,925	34,828
(Decrease)/increase in deferred income 遞延收益(減少)/增加	(41,053)	45,994
Increase in inventories 存貨增加	(46,733)	(29,122)
Decrease in loans receivable 應收債款減少	936	1,304
Decrease/(increase) in accounts receivable 應收賬款減少/(增加)	46,616	(9,832)
Decrease/(increase) in other receivables 其他應收賬款減少/(增加)	149,479	(68,573)
Decrease/(increase) in deposits and prepayments 按金及預付款項減少/(增加)	29,452	(1,633)
Increase in creditors and accrued charges 債權人及應付費用增加	143,613	326,373
Increase in deposits received 已收按金增加	49,776	54,442
Net cash used in operating activities 營運活動所用現金淨額	(2,159,299)	(2,659,321)

## 29. Funds held in trust

## 29. 信託基金

At 31 March 2018, Health Care and Promotion Scheme of HK\$18,637,000 (2017: HK\$25,137,000) was held in trust for the Government but not included in the financial statements.

於二零一八年三月三十一日，集團以信託基金形式為政府管理港幣18,637,000元（二零一七年：港幣25,137,000元）的健康護理及促進計劃，這筆款額未列入財務報表內。

# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

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

During the financial year ended 31 March 2018, the Hong Kong Jockey Club Charities Trust made donations totalling HK\$94,042,000 (2017: HK\$100,777,000) 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)	32,429
Queen Elizabeth Hospital 伊利沙伯醫院	24,421
Tai Po Hospital 大埔醫院	15,297
Enhanced Home Renal Replacement Therapy Programme (Various hospitals) 家居透析計劃(不同醫院)	7,254
Replacement of Vehicles for Non-emergency Ambulance Transfer Service (Various hospitals) 更換非緊急救護運送服務車輛(不同醫院)	5,036
United Christian Hospital 基督教聯合醫院	3,962
Princess Margaret Hospital 瑪嘉烈醫院	3,160
Kowloon Hospital 九龍醫院	2,145
Wong Tai Sin Hospital 黃大仙醫院	338
	<u>94,042</u>

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

### 30. 來自香港賽馬會慈善信託基金的捐贈

截至二零一八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 94,042,000 元(二零一七年：港幣 100,777,000 元)：

根據附註 2(f)(ii) 所載的會計政策，捐贈列入指定捐贈基金內。



# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

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

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:

### 31. 獲社會福利署發給公開籌款許可證進行籌款活動所得淨收入

獲政府社會福利署發給公開籌款許可證在指定期間進行籌款活動所得淨收入如下：

Institution 機構	PSP No. 公開籌款 許可證編號	Purpose 目的	Period Covered 涵蓋期間	Net Proceeds HK\$'000 淨收入 港幣千元
Caritas Medical Centre 明愛醫院	2016/117/1	To raise funds for patient services 為病人服務籌款	1/5/2016 - 30/4/2017	53
Tuen Mun Hospital 屯門醫院	2016/144/1	To raise funds for 為以下籌款： (I) Patient benefits/services uses; 病人福祉 / 服務用途； (II) Health and diseases education; 健康及疾病教育； (III) Community Services Centre; 社康服務中心； (IV) Medical research and development projects for the betterment of the community 對社會有裨益的醫學研究及發展項目	1/6/2016 - 31/5/2017	9
Cheshire Home, Shatin 沙田慈氏護養院	2016/165/1	To raise funds for healthcare services of Cheshire Home Shatin 為沙田慈氏護養院醫療服務籌款	1/7/2016 - 30/6/2017	23
Prince of Wales Hospital Charitable Foundation 威爾斯親王醫院 慈善信託基金	2016/195/1	To raise funds for healthcare services of the Prince of Wales Hospital 為威爾斯親王醫院醫療服務籌款	1/9/2016 - 31/8/2017	161
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	2016/198/1	For enhancing the services of Pamela Youde Nethersole Eastern Hospital or any other non-profit making hospitals/medical facilities in Hong Kong 改善東區尤德夫人那打素醫院或本港其他非牟利 醫院 / 醫療設施的服務	1/9/2016 - 31/8/2017	157
Bradbury Hospice 白普理寧養中心	2016/218/1	To raise funds for patient care of Bradbury Hospice 為白普理寧養中心病人護理服務籌款	16/9/2016 - 15/9/2017	15
Tseung Kwan O Hospital 將軍澳醫院	2016/227/1	To raise funds for patient's benefit and enhancement of hospital services 為病人福祉及改善醫院服務籌款	25/9/2016 - 24/9/2017	5
The Princess Margaret Hospital Charitable Trust 瑪嘉烈醫院慈善基金	2016/298/1	To raise funds for Princess Margaret Hospital for enhancement of patient services quality 為改善瑪嘉烈醫院病人服務質素籌款	26/11/2016 - 25/11/2017	34

# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

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

### 31. 獲社會福利署發給公開籌款許可證進行籌款活動所得淨收入(續)

Institution 機構	PSP No. 公開籌款 許可證編號	Purpose 目的	Period Covered 涵蓋期間	Net Proceeds HK\$'000 淨收入 港幣千元
North District Hospital Charitable Foundation 北區醫院慈善信託基金	2016/310/1	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 支持北區醫院改善社區健康及精神健康，並推廣健康教育、醫學教育及研究	1/12/2016 - 30/11/2017	55
Shatin Hospital 沙田醫院	2016/312/1	To raise funds for developing patient care of Shatin Hospital 為發展沙田醫院病人護理服務籌款	1/12/2016 - 30/11/2017	5
The Queen Elizabeth Hospital Charitable Trust 伊利沙伯醫院慈善信託 基金	2016/330/1	Improvement and development of medicine at Queen Elizabeth Hospital 改善及發展伊利沙伯醫院醫療服務	1/1/2017 - 31/12/2017	71
Yan Chai Hospital 仁濟醫院	2017/014/1	To raise funds for hospital services and facilities of Yan Chai Hospital 為仁濟醫院服務及設施籌款	1/2/2017 - 31/1/2018	510
Hong Kong Buddhist Hospital 香港佛教醫院	2017/023/1	Improvement of patient service of the Hong Kong Buddhist Hospital 改善香港佛教醫院病人服務	1/2/2017 - 31/1/2018	174
Grantham Hospital 葛量洪醫院	2017/028/1	To raise funds for improving patient services of Grantham Hospital 為改善葛量洪醫院病人服務籌款	1/2/2017 - 31/1/2018	13
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	2017/075/1	Improvement of the quality of patient care services of Alice Ho Miu Ling Nethersole Hospital 改善雅麗氏何妙齡那打素醫院病人護理服務質素	1/4/2017 - 31/3/2018	54
United Christian Hospital 基督教聯合醫院	2017/076/1	To raise funds for service improvement of United Christian Hospital 為改善基督教聯合醫院服務籌款	1/4/2017 - 31/3/2018	62
The Hospital Authority Charitable Foundation 醫院管理局慈善基金	2017/077/1	To raise funds for the Hospital Authority Charitable Foundation in supporting its work to provide direct fee assistance to needy patients, improve public healthcare services, support activities of patient groups, promote health education and develop volunteer services in Hong Kong 為醫院管理局慈善基金籌款，支持基金的工作，為本地清貧病人提供直接費用資助、改善公共醫療服務、支援病人組織活動、推廣健康教育及發展義工服務	1/4/2017 - 31/3/2018	339

# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

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

### 31. 獲社會福利署發給公開籌款許可證進行籌款活動所得淨收入 (續)

Institution 機構	PSP No. 公開籌款 許可證編號	Purpose 目的	Period Covered 涵蓋期間	Net Proceeds HK\$'000 淨收入 港幣千元
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	2017/079/1	To raise funds for volunteer services, patient related activities and improvement of the Ruttonjee and Tang Shiu Kin Hospitals 為律敦治及鄧肇堅醫院義工服務、病人相關活動及服務改善籌款	1/4/2017 - 31/3/2018	60
Castle Peak Hospital 青山醫院	2017/081/1	To raise funds for mental health education activities 為精神健康教育活動籌款	1/4/2017 - 31/3/2018	9
Haven of Hope Hospital 靈實醫院	2017/082/1	Improvement of patient services and facilities of the Haven of Hope Hospital 改善靈實醫院病人服務及設施	1/4/2017 - 31/3/2018	29
Our Lady of Maryknoll Hospital 聖母醫院	2017/083/1	Improvement of patient service of the Our Lady of Maryknoll Hospital 改善聖母醫院病人服務	1/4/2017 - 31/3/2018	43
Tai Po Hospital 大埔醫院	2017/087/1	Improvement of the quality of patient care services of Tai Po Hospital 改善大埔醫院病人護理服務質素	1/4/2017 - 31/3/2018	13
Queen Mary Hospital 瑪麗醫院	2017/088/1	To raise funds for hospital service enhancement 為改善醫院服務籌款	1/4/2017 - 31/3/2018	43

The net proceeds received from fund raising activities under PSP were accounted for in the designated donation fund in accordance with the accounting policy set out in note 2(f)(ii).

根據附註 2(f)(ii) 所載會計政策，獲發公開籌款許可證進行籌款活動所得的淨收入列入指定捐贈基金內。

# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

## 32. Commitments

## 32. 承擔

At 31 March 2018, the Group and HA had the following commitments:

於二零一八年三月三十一日，集團及醫管局有以下之承擔：

### (a) Capital commitments

### (a) 資本承擔

The Group 集團		
	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元	At 31 March 2017 HK\$'000 2017年3月31日 港幣千元
Authorised but not contracted for 已獲授權但未訂契約	6,233,590	6,086,787
Contracted for but not provided 已訂契約但未撥備	8,801,278	5,937,837
	<b>15,034,868</b>	<b>12,024,624</b>
HA 醫管局		
	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元	At 31 March 2017 HK\$'000 2017年3月31日 港幣千元
Authorised but not contracted for 已獲授權但未訂契約	6,233,590	6,086,724
Contracted for but not provided 已訂契約但未撥備	8,801,278	5,937,813
	<b>15,034,868</b>	<b>12,024,537</b>

The capital commitments disclosed above include both costs to be capitalised under property, plant and equipment or intangible assets and also costs which are to be charged to the statement of income and expenditure in accordance with the accounting policy set out in note 2(g).

根據附註2(g)所述的會計政策，上述所列的資本承擔包括將會資本化的物業、機器及設備或無形資產費用，以及行將記入收支結算表的開支。



# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

### 32. Commitments (Continued)

#### (b) Operating lease commitments

At 31 March 2018, the Group and HA had commitments for future minimum payments under non-cancellable operating leases which fall due as follows:

The Group and HA 集團及醫管局		
	At 31 March 2018 HK\$'000 2018年3月31日 港幣千元	At 31 March 2017 HK\$'000 2017年3月31日 港幣千元
Buildings 樓宇		
Within one year 一年內期滿	54,980	48,967
Between one and five years 一至五年內期滿	87,767	116,334
Beyond five years 超過五年期滿	-	4,600
	142,747	169,901
Equipment 設備		
Within one year 一年內期滿	10,388	10,388

### 32. 承擔 (續)

#### (b) 營運租賃承擔

於二零一八年三月三十一日，集團及醫管局有各項於下列時間到期的不可撤銷營運租賃之未來最低付款承擔：

### 33. Taxation

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

### 33. 稅項

醫管局按《醫院管理局條例》獲豁免繳稅，故並無作出稅項準備。

### 34. Contingent liabilities

Adequate provisions have been made in the financial statements after reviewing the status of outstanding claims and taking into account legal advice received.

### 34. 或然負債

經評估尚未解決申索個案的狀況，並根據所得法律意見，此財務報表已作出足夠的撥備。

### 35. Comparative figures

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

### 35. 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。

### 36. Approval of financial statements

The financial statements were approved by members of HA on 20 September 2018.

### 36. 財務報表的通過

本財務報表已於二零一八年九月二十日獲醫管局成員通過。

# APPENDICES

## 附錄

<b>Appendix 1</b> 附錄 1	Membership of the Hospital Authority ..... 116 醫院管理局成員
<b>Appendix 2</b> 附錄 2	(a) Hospital Authority Committee Structure ..... 120 (a) 醫院管理局委員會架構 (b) Hospital Authority Executive Structure ..... 121 (b) 醫院管理局行政架構
<b>Appendix 3</b> 附錄 3	Membership and Terms of Reference of Functional Committees ..... 122 專責委員會成員及職權範圍
<b>Appendix 4</b> 附錄 4	Membership of Hospital Governing Committees ..... 153 醫院管治委員會成員
<b>Appendix 5</b> 附錄 5	Membership of Regional Advisory Committees ..... 185 區域諮詢委員會成員
<b>Appendix 6</b> 附錄 6	Membership of the Board of Trustees of the Hospital Authority Provident Fund Scheme 2017-18 ..... 188 2017-18 年度醫院管理局公積金計劃信託委員會成員
<b>Appendix 7</b> 附錄 7	Public Feedback Statistics ..... 189 公眾意見統計
<b>Appendix 8</b> 附錄 8	Statistics of the Controlling Officer's Report ..... 190 管制人員報告統計數字
<b>Appendix 9</b> 附錄 9	Statistics on Number of Beds, Inpatient, Accident & Emergency and Outpatient Services in 2017-18 ..... 194 2017-18 年度病床數目、住院服務、急症室服務及門診服務統計數字
<b>Appendix 10</b> 附錄 10	Statistics on Community and Rehabilitation Services in 2017-18 ..... 197 2017-18 年度社康及康復服務統計數字
<b>Appendix 11</b> 附錄 11	(a) Manpower Position – by Cluster and Institution ..... 200 (a) 人手狀況—按聯網及機構分類 (b) Manpower Position – by Staff Group ..... 202 (b) 人手狀況—按職員組別分類
<b>Appendix 12</b> 附錄 12	(a) Operating Expenditure in 2017-18 ..... 205 (a) 2017-18 年度營運開支 (b) Training and Development Expenditure in 2017-18 ..... 206 (b) 2017-18 年度職員培訓及發展開支
<b>Appendix 13</b> 附錄 13	Five-year Financial Highlights ..... 207 過去五年的財政摘要

## 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 2017-18 2017-18 年度 出席全體大會次數	Committee participation in 2017-18* 2017-18 年度參與的委員會*
Prof John LEONG Chi-yan, SBS, JP <i>Chairman, HA</i> 梁智仁教授 醫院管理局主席	12/15	Chairman of plenary meetings, EC and EEC 全體大會、行政委員會及緊急應變策導委員會主席
Mr William CHAN Fu-keung, BBS 陳富強先生	13/15	Chairman of HRC; Member of EC, EEC and MSDC; HGC Chairman of Tuen Mun Hospital 人力資源委員會主席；行政委員會、緊急應變策導委員會 及醫療服務發展委員會成員；屯門醫院管治委員會主席
Dr Constance CHAN Hon-ye, JP <i>Director of Health</i> 陳漢儀醫生 衛生署署長	15/15	Member of MSDC 醫療服務發展委員會成員
Prof Francis CHAN Ka-leung, JP 陳家亮教授	9/15	Member of HRC, MSDC and MTB; HGC Member of Prince of Wales Hospital 人力資源委員會、醫療服務發展委員會及中央投標委員 會成員；威爾斯親王醫院管治委員會成員
Mr Howard CHAN Wai-kee, JP <i>Acting Permanent Secretary for Food and Health (Health)</i> <i>(from 1.7.2017 to 23.7.2017)</i> 陳偉基先生 署理食物及衛生局常任秘書長(衛生) (由 2017 年 7 月 1 日至 7 月 23 日)	N/A# 不適用#	Member of ARC, MSDC (both from 1.7.2017 to 23.7.2017), EEC, and FC 審計及風險管理委員會、醫療服務發展委員會(均由 2017 年 7 月 1 日至 7 月 23 日)、緊急應變策導委員會及 財務委員會成員
Ms Anita CHENG Wai-ching 鄭瑋青女士	13/15	Member of ITGC and MTB; Chairman of HRAC; HGC Member of Shatin Hospital 資訊科技服務管治委員會及中央投標委員會成員；港島 區域諮詢委員會主席；沙田醫院管治委員會成員
Mr David FONG Man-hung, BBS, JP 方文雄先生	10/15	Member of ITGC and MTB (both from 2.5.2017) 資訊科技服務管治委員會及中央投標委員會成員(均由 2017 年 5 月 2 日起)
Mr Andrew FUNG Hau-chung, BBS, JP 馮孝忠先生	12/15	Vice-Chairman of FC; Member of MTB; HGC Chairman of Pamela Youde Nethersole Eastern Hospital 財務委員會副主席；中央投標委員會成員；東區尤德夫 人那打素醫院管治委員會主席
Mr HO Wing-yin 何永賢先生	15/15	Member of HRC, MSDC and MTB; HGC Member of North District Hospital 人力資源委員會、醫療服務發展委員會及中央投標委員 會成員；北區醫院管治委員會成員

# There was no plenary meeting held between 1.7.2017 and 23.7.2017

# 2017 年 7 月 1 日至 7 月 23 日並無召開全體大會。

## Appendix 1

### 附錄 1

Name 姓名	No. of plenary meetings attended in 2017-18 2017-18 年度 出席全體大會次數	Committee participation in 2017-18* 2017-18 年度參與的委員會*
Mr Lester Garson HUANG, SBS, JP 黃嘉純先生	13/15	Chairman of ARC; Member of EC, EEC and SSDC; HGC Chairman of Our Lady of Maryknoll Hospital 審計及風險管理委員會主席；行政委員會、緊急應變策導委員會及支援服務發展委員會成員；聖母醫院管治委員會主席
Dr KAM Pok-man, BBS 甘博文博士	15/15	Chairman of FC; Member of ARC, EC, EEC, MSDC and SSDC; HGC Chairman of Queen Elizabeth Hospital 財務委員會主席；審計及風險管理委員會、行政委員會、緊急應變策導委員會、醫療服務發展委員會及支援服務發展委員會成員；伊利沙伯醫院管治委員會主席
Mrs Ann KUNG YEUNG Yun-chi 龔楊恩慈女士	8/15	Member of HRC and MTB 人力資源委員會及中央投標委員會成員
Mr Daniel LAM Chun, SBS, JP 林濬先生	15/15	Vice-Chairman of SSDC ( <i>from 1.12.2017</i> ); Member of ARC, MTB, and SSDC ( <i>up to 30.11.2017</i> ); HGC Member of Shatin Hospital 支援服務發展委員會副主席(由 2017 年 12 月 1 日起)；審計及風險管理委員會、中央投標委員會及支援服務發展委員會成員(截至 2017 年 11 月 30 日)；沙田醫院管治委員會成員
Mr Franklin LAM Fan-keung, BBS 林奮強先生	14/15	Member of HRC, FC, MTB, MSDC and SSDC ( <i>all from 23.4.2017</i> ) 人力資源委員會、財務委員會、中央投標委員會、醫療服務發展委員會及支援服務發展委員會成員(全由 2017 年 4 月 23 日起)
Ms Lisa LAU Man-man, BBS, MH, JP 劉文文女士	11/15	Member of MTB, PCC and SSDC; HGC Member of Tseung Kwan O Hospital 中央投標委員會、公眾投訴委員會及支援服務發展委員會成員；將軍澳醫院管治委員會成員
Mr Stephen LEE Hoi-yin 李開賢先生	15/15	Vice-Chairman of ARC; Member of FC, ITGC and MTB; HGC Member of Castle Peak Hospital and Siu Lam Hospital 審計及風險管理委員會副主席；財務委員會、資訊科技服務管治委員會及中央投標委員會成員；青山醫院及小欖醫院管治委員會成員
Prof Diana LEE Tze-fan, JP 李子芬教授	15/15	Vice-Chairman of MSDC; Member of HRC and MTB; Chairman of KRAC; HGC Member of Tseung Kwan O Hospital 醫療服務發展委員會副主席；人力資源委員會及中央投標委員會成員；九龍區域諮詢委員會主席；將軍澳醫院管治委員會成員
Prof Gabriel Matthew LEUNG, GBS, JP 梁卓偉教授	14/15	Member of MSDC and MTB; HGC Member of Queen Mary Hospital and Tsan Yuk Hospital 醫療服務發展委員會及中央投標委員會成員；瑪麗醫院及贊育醫院管治委員會成員



## Appendix 1

### 附錄 1

Name 姓名	No. of plenary meetings attended in 2017-18 2017-18 年度 出席全體大會次數	Committee participation in 2017-18* 2017-18 年度參與的委員會*
Dr LEUNG Pak-yin, JP <i>Chief Executive, HA</i> 梁栢賢醫生 醫院管理局行政總裁	15/15	Chairman of ITGC; Member of EC, EEC, FC, HRC, MSDC, MTB, SSDC, all RACs and HGCs 資訊科技服務管治委員會主席；行政委員會、緊急應變策導委員會、財務委員會、人力資源委員會、醫療服務發展委員會、中央投標委員會、支援服務發展委員會、各區域諮詢委員會及各醫院管治委員會成員
Prof Raymond LIANG Hin-suen, SBS, JP 梁憲孫教授	9/15	Vice-Chairman of PCC; Member of MSDC and MTB; HGC Member of North Lantau Hospital 公眾投訴委員會副主席；醫療服務發展委員會及中央投標委員會成員；北大嶼山醫院管治委員會成員
Ir Dr Hon LO Wai-kwok, SBS, MH, JP 盧偉國博士	3/15	Member of MTB and SSDC; HGC Member of Alice Ho Miu Ling Nethersole Hospital 中央投標委員會及支援服務發展委員會成員；雅麗氏何妙齡那打素醫院管治委員會成員
Mr Patrick NIP Tak-kuen, JP <i>Permanent Secretary for Food and Health (Health)</i> <i>(up to 30.6.2017)</i> 聶德權先生 食物及衛生局常任秘書長(衛生) (截至 2017 年 6 月 30 日)	4/4	Member of EEC, FC, HRC, MSDC and SSDC ( <i>all up to 30.6.2017</i> ) 緊急應變策導委員會、財務委員會、人力資源委員會、醫療服務發展委員會及支援服務發展委員會成員(全截至 2017 年 6 月 30 日)
Mr Ivan SZE Wing-hang, BBS 施榮恆先生	9/15	Chairman of PCC; Vice-Chairman of MTB; Member of ARC ( <i>up to 21.12.2017</i> ), EC, EEC, FC and HRC; HGC Member of Tung Wah Group of Hospitals 公眾投訴委員會主席；中央投標委員會副主席；審計及風險管理委員會(截至 2017 年 12 月 21 日)、行政委員會、緊急應變策導委員會、財務委員會及人力資源委員會成員；東華三院各醫院管治委員會成員
Ms Elizabeth TSE Man-ye, JP <i>Permanent Secretary for Food and Health (Health)</i> <i>(from 24.7.2017)</i> 謝曼怡女士 食物及衛生局常任秘書長(衛生) (由 2017 年 7 月 24 日起)	11/11	Member of EEC, FC, HRC, MSDC and SSDC ( <i>all from 24.7.2017</i> ) 緊急應變策導委員會、財務委員會、人力資源委員會、醫療服務發展委員會及支援服務發展委員會成員(全由 2017 年 7 月 24 日起)
Mr WONG Kwai-huen, BBS, JP 王桂壠先生	8/15	Chairman of SSDC; Member of EC, EEC and FC; Member of NRAC; HGC Chairman of Tin Shui Wai Hospital; HGC Member of Tseung Kwan O Hospital 支援服務發展委員會主席；行政委員會、緊急應變策導委員會及財務委員會成員；新界區域諮詢委員會成員；天水圍醫院管治委員會主席；將軍澳醫院管治委員會成員
Ms Priscilla WONG Pui-sze, BBS, JP 王沛詩女士	11/15	Member of ARC, FC, HRC and MTB; HGC Member of Hong Kong Eye Hospital and Kowloon Hospital 審計及風險管理委員會、財務委員會、人力資源委員會及中央投標委員會成員；香港眼科醫院及九龍醫院管治委員會成員

Name 姓名	No. of plenary meetings attended in 2017-18 2017-18 年度 出席全體大會次數	Committee participation in 2017-18* 2017-18 年度參與的委員會*
Prof Maurice YAP Keng-hung, JP 葉健雄教授	15/15	Chairman of MSDC and MTB; Member of ARC, EC, EEC and HRC; HGC Chairman of Shatin Hospital 醫療服務發展委員會及中央投標委員會主席；審計及風險管理委員會、行政委員會、緊急應變策導委員會及人力資源委員會成員；沙田醫院管治委員會主席
Mr Jason YEUNG Chi-wai 楊志威先生	11/15	Member of ARC and FC; HGC Member of Kwai Chung Hospital and Princess Margaret Hospital 審計及風險管理委員會及財務委員會成員；葵涌醫院及瑪嘉烈醫院管治委員會成員
Mr Charlie YIP Wing-tong 葉永堂先生	11/15	Member of HRC, ITGC, MSDC, MTB, PCC, SAC and SSDC; Chairman of NRAC; HGC Member of North District Hospital and Tuen Mun Hospital 人力資源委員會、資訊科技服務管治委員會、醫療服務發展委員會、中央投標委員會、公眾投訴委員會、職員上訴委員會及支援服務發展委員會成員；新界區域諮詢委員會主席；北區醫院及屯門醫院管治委員會成員
Ms Carol YUEN Siu-wai, JP <i>Deputy Secretary for Financial Services and the Treasury</i> 袁小惠女士 財經事務及庫務局副秘書長	13/15	Member of FC and MSDC 財務委員會及醫療服務發展委員會成員

**\*Note**

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

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

**\* 註：**

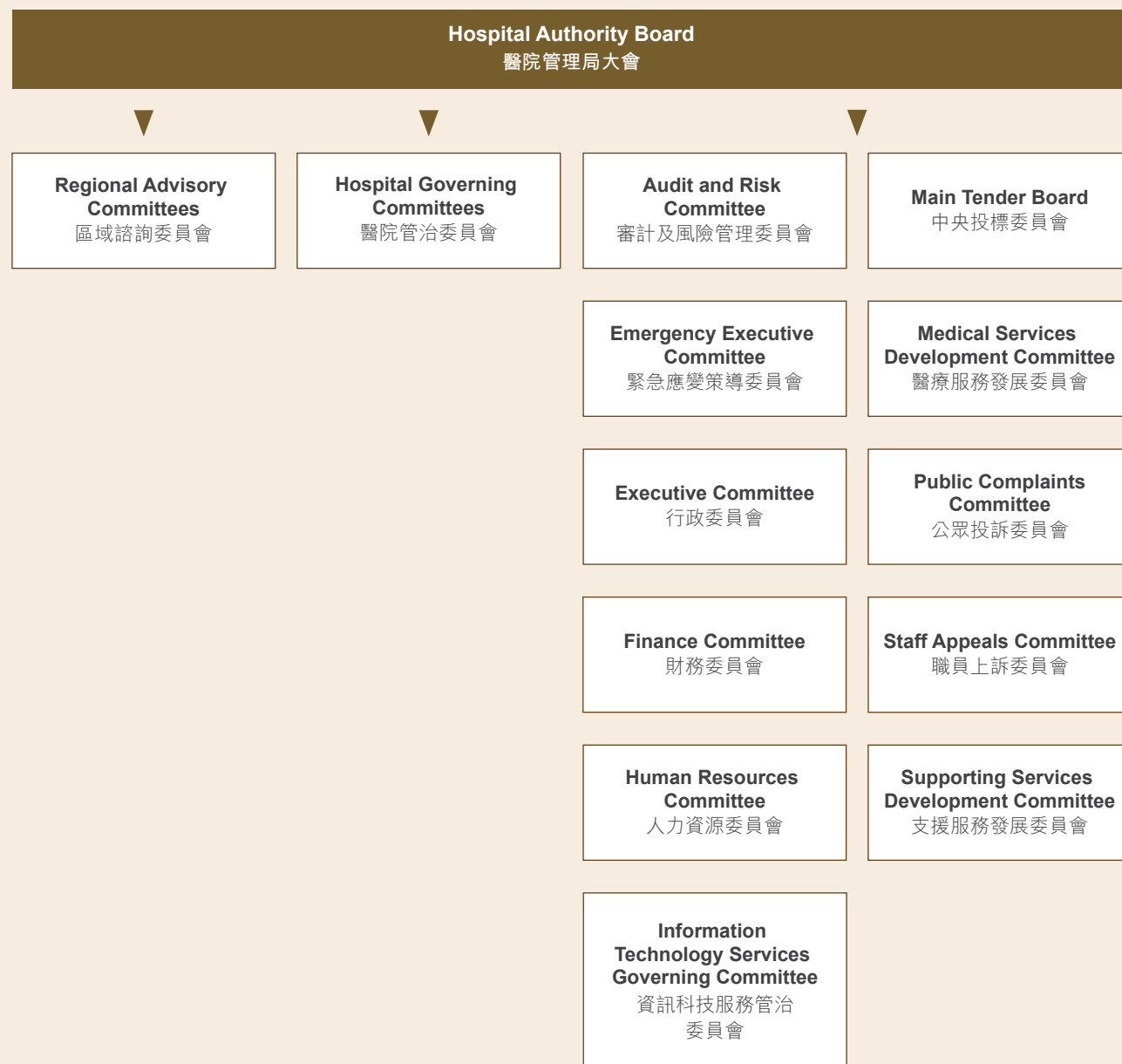
大會成員不獲額外酬金。大會成員透過在全體會議上制訂政策／路向、監察管理層的工作成效，以及指導醫管局專責委員會的工作，一同參與醫管局的管治。

## Appendix 2(a)

附錄 2 (a)

### Hospital Authority Committee Structure

醫院管理局委員會架構



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

註：各委員會成員名單載於附錄 3、4 及 5。

# Hospital Authority Executive Structure

## 醫院管理局行政架構

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

### Clusters 聯網

**Hong Kong East Cluster**  
港島東醫院聯網

**Dr LAU Chor-chiu, MH, JP**  
*Cluster Chief Executive*  
劉楚釗醫生 聯網總監

**Hong Kong West Cluster**  
港島西醫院聯網

**Dr LUK Che-chung** *Cluster Chief Executive*  
陸志聰醫生 聯網總監

**Kowloon Central Cluster**  
九龍中醫院聯網

**Dr Albert LO Chi-yuen** *Cluster Chief Executive*  
盧志遠醫生 聯網總監

**Kowloon East Cluster**  
九龍東醫院聯網

**Dr CHUI Tak-yi, JP**  
*Cluster Chief Executive (up to 6.8.2017)*  
徐德義醫生  
聯網總監 (截至 2017 年 8 月 6 日)

**Dr TOM Kam-tim**  
*Cluster Chief Executive (from 7.8.2017)*  
譚錦添醫生  
聯網總監 (由 2017 年 8 月 7 日起)

**Kowloon West Cluster**  
九龍西醫院聯網

**Dr Nancy TUNG Sau-ying, MH**  
*Cluster Chief Executive (up to 21.4.2017)<sup>2</sup>*  
董秀英醫生  
聯網總監 (截至 2017 年 4 月 21 日)<sup>2</sup>

**Dr Doris TSE Man-wah**  
*Deputising Cluster Chief Executive (from 22.4.2017 to 31.7.2017)*  
*Cluster Chief Executive (from 1.8.2017)*  
謝文華醫生  
代理聯網總監 (由 2017 年 4 月 22 日至 7 月 31 日)  
聯網總監 (由 2017 年 8 月 1 日起)

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

**Dr LO Su-vui** *Cluster Chief Executive*  
羅思偉醫生 聯網總監

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

**Dr Tony KO Pat-sing**  
*Cluster Chief Executive (up to 1.1.2018)*  
高拔陞醫生  
聯網總監 (截至 2018 年 1 月 1 日)

**Dr Simon TANG Yiu-hang**  
*Deputising Cluster Chief Executive (from 2.1.2018)*  
鄧耀鏗醫生  
代理聯網總監 (由 2018 年 1 月 2 日起)

### Head Office 總辦事處

**Dr CHEUNG Wai-lun, JP**  
*Director (Cluster Services) (up to 29.12.2017)<sup>1</sup>*  
張偉麟醫生  
聯網服務總監 (截至 2017 年 12 月 29 日)<sup>1</sup>

**Dr Tony KO Pat-sing**  
*Deputising Director (Cluster Services) (from 2.1.2018)*  
高拔陞醫生  
代理聯網服務總監 (由 2018 年 1 月 2 日起)

**Dr LIU Shao-haei**  
*Deputising Director (Quality & Safety) (up to 30.6.2017)*  
劉少懷醫生  
代理質素及安全總監 (截至 2017 年 6 月 30 日)

**Dr Simon TANG Yiu-hang**  
*Deputising Director (Quality & Safety) (from 1.7.2017 to 1.1.2018)*  
鄧耀鏗醫生  
代理質素及安全總監 (由 2017 年 7 月 1 日至 2018 年 1 月 1 日)

**Dr Rebecca LAM Kit-yi**  
*Deputising Director (Quality & Safety) (from 2.1.2018 to 25.2.2018)*  
林潔宜醫生  
代理質素及安全總監 (由 2018 年 1 月 2 日至 2018 年 2 月 25 日)

**Dr CHUNG Kin-lai**  
*Director (Quality & Safety) (from 26.2.2018)*  
鍾健禮醫生  
質素及安全總監 (由 2018 年 2 月 26 日起)

**Dr Libby LEE Ha-yun** *Director (Strategy & Planning)*  
李夏茵醫生 策略發展總監

**Ms Clara CHIN Sheung-chi**  
*Director (Finance) (up to 31.8.2017)*  
錢湘芷女士  
財務總監 (截至 2017 年 8 月 31 日)

**Ms Anita CHAN Shuk-yu**  
*Director (Finance) (from 1.9.2017)*  
陳淑瑜女士  
財務總監 (由 2017 年 9 月 1 日起)

**Ms Margaret CHEUNG Sau-ling**  
*Head of Corporate Services*  
張秀玲女士 機構事務主管

**Dr Theresa LI Tak-lai** *Head of Human Resources*  
李德麗醫生 人力資源主管

**Dr CHEUNG Ngai-tseung**  
*Head of Information Technology and Health Informatics*  
張毅翔醫生 資訊科技及醫療信息主管

Note:

1. Dr CHEUNG Wai-lun's last day of duty was 29.12.2017. His last day of service was 31.3.2018.
2. Dr TUNG Sau-ying's last day of duty was 21.4.2017. Her last day of service was 31.7.2017.

註:

1. 張偉麟醫生的最後工作日是 2017 年 12 月 29 日，其任期於 2018 年 3 月 31 日完結。
2. 董秀英醫生的最後工作日是 2017 年 4 月 21 日，其任期於 2017 年 7 月 31 日完結。



## Appendix 3

### 附錄 3

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

### Audit and Risk Committee

#### 審計及風險管理委員會

##### Membership List

##### 成員名單

##### Chairman

##### 主席

Mr Lester Garson HUANG, SBS, JP

黃嘉純先生

##### Vice-Chairman

##### 副主席

Mr Stephen LEE Hoi-yin

李開賢先生

##### Members

##### 成員

Dr KAM Pok-man, BBS

甘博文博士

Mr Daniel LAM Chun, SBS, JP

林濬先生

Mr Ivan SZE Wing-hang, BBS (*up to 21.12.2017*)

施榮恆先生 (截至 2017 年 12 月 21 日)

Ms Priscilla WONG Pui-sze, BBS, JP

王沛詩女士

Prof Maurice YAP Keng-hung, JP

葉健雄教授

Mr Jason YEUNG Chi-wai

楊志威先生

Mr Paul YU Shiu-tin, BBS, JP (*up to 30.11.2017*)

余嘯天先生 (截至 2017 年 11 月 30 日)

Ms Wendy YUNG Wen-yee

容韻儀女士

##### In attendance

##### 列席

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

梁栢賢醫生 行政總裁

Mr Patrick NIP Tak-kuen, JP (*up to 30.6.2017*)

*Permanent Secretary for Food and Health (Health)*

聶德權先生 (截至 2017 年 6 月 30 日)

食物及衛生局常任秘書長 (衛生)

Mr Howard CHAN Wai-kee, JP (*from 1.7.2017 to 23.7.2017*)

*Acting Permanent Secretary for Food and Health (Health)*

陳偉基先生 (由 2017 年 7 月 1 日至 7 月 23 日)

署理食物及衛生局常任秘書長 (衛生)

Ms Elizabeth TSE Man-yee, JP (*from 24.7.2017*)

*Permanent Secretary for Food and Health (Health)*

謝曼怡女士 (由 2017 年 7 月 24 日起)

食物及衛生局常任秘書長 (衛生)

## Terms of Reference

1. Exercise an active oversight of the internal audit function to ensure that its:
  - (a) mandate, resources and organisational status are appropriate;
  - (b) plans and activities are adequate to provide systematic coverage of the internal control and risk management systems put in place by the Management; and
  - (c) findings are actioned appropriately and timely;
2. Recommend the appointment of the external auditor and the audit fee to the Board, endorse any non-audit services to be provided by the external auditor, and consider any questions of resignation or dismissal;
3. Consult with the External Auditor on all relevant matters including the:
  - (a) nature and scope of the audit;
  - (b) audited financial statements and the audit opinion;
  - (c) management letter and management's response; and
  - (d) matters of which the External Auditor may wish to draw attention;
4. Gain reasonable assurance on the completeness, accuracy, and fairness of audited financial statements, including appropriateness of accounting policies and standards, adequacy of disclosures and significant audit adjustments (in collaboration with the Finance Committee);
5. Oversee the effectiveness of systems for risk management and internal control, including to:
  - (a) monitor the implementation and effectiveness of Hospital Authority's Organisation-wide Risk Management (ORM) policy and strategy;
  - (b) review and approve changes to the components of the ORM framework;
  - (c) review reports on the organisation-wide risk profile and significant risk issues reported to it by the Chief Executive; and
  - (d) monitor Hospital Authority's financial and administrative control processes, including those designed to ensure the safeguarding of resources and operational efficiency, through the results of internal and external audit;
6. Oversee the processes implemented by the Management for monitoring:
  - (a) compliance with pertinent statutes and regulations;
  - (b) compliance with Hospital Authority's Code of Conduct;
  - (c) effectiveness of controls against conflicts of interest and fraud; and
  - (d) effectiveness of Hospital Authority's whistleblowing mechanism.

Note : Although the functions of the Audit and Risk Committee cover a wide area, matters that are of a pure clinical nature (such as medical ethics) are not within its purview.

## 職權範圍

1. 積極監察醫管局的內部審計職能，以確保：
  - (a) 其職責範圍、資源及組織狀況適切恰當；
  - (b) 其計劃及活動足以有系統地涵蓋局方所訂立的內部規管及風險管理制度；及
  - (c) 能就審計所得結果採取適當及時的行動；
2. 就外聘核數師的委任及審計費用，向醫管局大會作出建議；批准由外聘核數師提供任何非審計服務；並審議任何有關請辭或解聘事宜；
3. 就所有有關事項諮詢外聘核數師，包括：
  - (a) 審計評核的性質和範圍；
  - (b) 經審計的每年財務報表及審計意見；
  - (c) 核數師致管理層的函件及管理層的回應；及
  - (d) 外聘核數師提出的任何事項；
4. (聯同財務委員會)就經審計的每年財務報表，包括其會計政策及準則的適切性、披露資料的充分程度，以及重大審計調整等方面取得合理憑證，確保完整、準確及公平；
5. 監察風險管理及內部規管機制的成效，包括：
  - (a) 監察醫管局機構風險管理政策及策略的執行和成效；
  - (b) 檢討機構風險管理框架的各個環節並審批其變動；
  - (c) 審視機構風險概況報告及行政總裁匯報的重大風險事宜；及
  - (d) 透過內部及外界的審計評核結果，監察醫管局的財務及行政規管程序，包括確保資源及運作效率的有關程序；
6. 監察醫管局用以管控以下事宜所訂立的程序：
  - (a) 對有關法例及規例的遵循；
  - (b) 對醫管局行為守則的遵循；
  - (c) 對利益衝突及欺詐行為的規管成效；及
  - (d) 醫管局舉報機制的成效。

註：雖然審計及風險管理委員會的職能涵蓋廣泛，惟其權限並不包括純屬醫療性質之事宜(例如醫療倫理)。

## Appendix 3

### 附錄 3

#### Focus of Work in 2017-18

In 2017-18, the Committee met eight times to exercise active oversight of internal audit function of HA, considered matters related to the audit of HA's financial statements, and oversaw the effectiveness of risk management and internal controls at HA in accordance with the Terms of Reference of the Committee.

In monitoring the effectiveness of HA's internal audit function, the Committee received from Chief Internal Auditor quarterly progress reports on audit results on HA's operational areas. The discussions focused on audit conclusions, major audit observations and corresponding follow-up action plans of the management. Key internal audits considered by the Committee included "Management of Waiting Time for Cancer Services", "Management of On-loan Equipment from Vendors and Suppliers", "Management of Community Health Call Centre" and "Management of Waiting Time for Diagnostic Radiology Services". The Committee also received updates on the development and implementation of audit analytics of clinical and non-clinical systems, and deliberated on the key observations identified. To plan ahead for 2018-19, the Committee took part in prioritising areas for internal audits and endorsed the Internal Audit Plan.

On the audit of financial statements, the Committee reviewed and endorsed HA's draft audited financial statements for 2016-17 in a joint meeting with the Finance Committee. The Committee also considered reports from the external auditor on the 2016-17 internal control matters, the 2017-18 financial statement audit work plan and the results of preliminary audit risk assessment.

In respect of risk management, the Committee oversaw the effectiveness of HA's organisation-wide risk management systems implemented across HA. Specifically, the Committee reviewed HA's corporate overall risk profile and mitigation action plans consolidated from individual functional risk reports each reviewed by the relevant functional committee. During the year, the Committee also deliberated on risk management reports on specific areas, including HA's macro-financial risk, cybersecurity risks, medication risks, winter surge risks, major capital works risks, manpower shortage risks and production capacity of laundry and patient catering services. The Committee also received a consultancy study report on risk management of clinical public-private partnership programmes, and annual reports on compliance with HA related ordinances and the handling of whistleblowing cases.

As authorised by the Board, the Committee held two joint meetings with the Executive Committee to handle HA's responses to the Director of Audit's report on Management of Public Hospital Projects. During the year, the Committee received a progress report on the implementation of the recommendations of the Director of Audit's report on HA's Drug Management.

#### 2017-18 年度工作概況

在 2017-18 年度，委員會共召開八次會議，根據其職權範圍積極監察醫管局的內部審計職能、審議有關醫管局財務報表審計的事宜，以及監察醫管局風險管理及內部管控的成效。

在監察醫管局內部審計職能的成效方面，委員會收閱總內部審計師提交的季度報告，載列醫管局不同運作範疇的審計結果。委員會集中討論審計結論、審計師的主要意見及管理層的相應跟進計劃。年內審閱的主要內部審計項目包括「癌症服務輪候時間管理」、「承辦商及供應商借用器具管理」、「社區健康電話支援服務中心管理」及「放射診斷服務輪候時間管理」。此外，委員會收閱臨床及非臨床系統審計分析的發展及實施報告，並討論當中提出的主要意見。為就 2018-19 年度進行規劃，委員會參與訂定內部審計的優先範疇，並通過內部審計計劃。

財務報表審計方面，委員會在聯同財務委員會的會議上，審閱及通過醫管局 2016-17 年度經審核的財務報表擬本。委員會亦審閱外聘核數師就 2016-17 年度內部規管事宜、2017-18 年度財務報表審計工作計劃及審計風險初步評估結果的報告。

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的成效，特別是審視醫管局整體機構風險情況及相應的緩減計劃，當中整合了經各專責委員會審閱的個別職能風險報告。年內，委員會亦審議多份特定範疇的風險管理報告，包括有關醫管局的宏觀財務風險、網絡安全風險、藥物風險、冬季流感服務高峰期風險、大型基本工程風險、人手短缺風險以及洗衣及病人膳食服務供應承載量的風險。委員會亦收閱有關臨床公私營協作計劃風險管理的顧問研究報告、醫管局遵例合規年度報告以及處理告發行為的年度報告。

委員會在醫管局大會授權下，與行政委員會舉行兩次聯合會議，擬備醫管局就審計署署長有關「醫院管理局對公營醫院工程項目的管理」審計報告的回應。年內，委員會收閱有關審計署署長就「醫管局藥物管理」審計結果所作建議的實施進度報告。

## Executive Committee 行政委員會

### Membership List

#### 成員名單

<b>Chairman</b> 主席	Prof John LEONG Chi-yan, SBS, JP 梁智仁教授
<b>Member</b> 成員	Mr William CHAN Fu-keung, BBS 陳富強先生
	Mr Lester Garson HUANG, SBS, JP 黃嘉純先生
	Dr KAM Pok-man, BBS 甘博文博士
	Dr LEUNG Pak-yin, JP, <i>Chief Executive</i> 梁栢賢醫生 行政總裁
	Mr Ivan SZE Wing-hang, BBS 施榮恆先生
	Mr WONG Kwai-huen, BBS, JP 王桂壠先生
	Prof Maurice YAP Keng-hung, JP 葉健雄教授

### Terms of Reference

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

### 職權範圍

1. 審議有關長遠策略規劃、風險管理、機構管治、績效管理及繼任規劃的重要事宜及整體政策方針，並協助醫院管理局（醫管局）大會履行這方面的職責；
2. 就管理人員建議的醫管局大會會議議程提供意見，包括每年的預設議程及專責委員會主席提出的重要事宜；
3. 討論有關領導及監察醫管局工作的重大事宜；
4. 就大會及專責委員會的架構及程序（包括職權範圍）的變動提供意見、監察其自我評核，以及就專責委員會主席、副主席及增選成員的委任向大會提供意見；
5. 就醫管局總辦事處及其部門的組織架構及職能，向大會提供意見；



## Appendix 3

### 附錄 3

6. Exercise powers delegated by the Board on the following staff matters:
    - (a) advise the Board on the appointment, remuneration changes, contract variation of the Chief Executive;
    - (b) advise the Board on the appointment of Cluster Chief Executives and Directors of Divisions;
    - (c) approve contract renewal, remuneration changes and contract variation as well as lateral transfer / job rotation of Cluster Chief Executives and Directors of Divisions;
    - (d) approve the appointment, contract renewal, remuneration changes and contract variation as well as lateral transfer / job rotation of Hospital Chief Executives and Heads of Divisions; and
    - (e) review the performance of Chief Executive, Directors, Heads of Division and Cluster Chief Executives;
  7. Convene as the Emergency Executive Committee (EEC) in accordance with Hospital Authority's Emergency Contingency Plan (supplemented by a senior Food & Health Bureau official when meeting as EEC).
6. 就以下的職員事宜，行使醫管局大會授予的權力：
    - (a) 就行政總裁的聘任、薪酬及合約變動事宜，向大會提供意見；
    - (b) 就聯網總監及部門總監的聘任，向大會提供意見；
    - (c) 審批聯網總監及部門總監的續約、薪酬與合約變動及同級調職 / 職位輪調事宜；
    - (d) 審批醫院行政總監及部門主管的聘任、續約、薪酬與合約變動及同級調職 / 職位輪調事宜；及
    - (e) 檢討行政總裁、總監、部門主管及聯網總監的工作表現；
  7. 根據醫管局緊急應變計劃召開「緊急應變策導委員會」。(如召開「緊急應變策導委員會」，則需增補一名食物及衛生局的高級官員。)

#### Focus of Work in 2017-18

In 2017-18, the Committee met nine times to discuss and consider key matters and corporate policies and directions of HA. Pursuant to the Board's leading and managing role on HA, the Committee continued to play a key role in overseeing and monitoring the implementation of the Hospital Authority Review Action Plan, including the development of a refined population-based model to inform resource allocation. Other strategic matters considered by the Committee included the formulation of HA Budget and Annual Plan for 2018-19, preparatory work for the proposed Chinese Medicine Hospital by the Government, and the Report of the Independent Panel on Review of Sentinel Event/Serious Untoward Event Policy.

The Committee discussed and determined a wide range of matters concerning HA's talent management, which included the appointment and remuneration matters of senior executives at HA Head Office and clusters, career posting and succession of senior executives, and reports on staff complaints against senior executives.

The Committee regularly reviewed the succession planning in the Board's committees, and other membership matters relating to Hospital Governing Committees (HGCs) and Regional Advisory Committees. It received an annual summary report on activities and feedbacks of HGCs. The Committee also discussed the governance issues and improvement measures relating to the HA Provident Fund Scheme.

As authorised by the Board, the Committee also held two joint meetings with the Audit and Risk Committee to handle HA's response to the Director of Audit's report on HA's Management of Public Hospital Projects.

The Committee regularly advised on agendas of Board meetings proposed by the management. During the year, the Committee also considered and endorsed the revised form for self-assessment of the Board and its committees for continuous improvement.

#### 2017-18 年度工作概況

在 2017-18 年度，委員會共召開九次會議，討論和考慮醫管局的重要事項和整體政策及方向。因應大會在醫管局擔任的領導和管理角色，行政委員會繼續積極督導和監察執行醫管局檢討行動計劃的各項改進措施，包括發展一個優化的以人口為基礎的資源分配模式。委員會考慮的其他策略事宜包括：醫管局 2018-19 年度財政預算及工作計劃、政府就擬建中醫院的準備工作，以及醫療風險警示事件及重大風險事件政策獨立檢討小組報告等。

委員會討論和議決了多項有關醫管局人才管理的事宜，包括醫管局總辦事處及聯網高級行政人員的聘任及薪酬事宜、高級行政人員調任安排及繼任規劃，以及職員投訴高級行政人員的相關報告等。

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

委員會亦在醫管局大會授權下，與審計及風險管理委員會舉行兩次聯合會議，擬備醫管局就審計署署長有關「醫院管理局對公營醫院工程項目的管理」審計報告的回應。

委員會就管理層對醫管局大會議程建議的討論事項提供意見，亦審閱及通過了大會及轄下委員會經修訂的自我評核表格，力求改進。

## Emergency Executive Committee 緊急應變策導委員會

### Membership List

#### 成員名單

#### Chairman

#### 主席

Prof John LEONG Chi-yan, SBS, JP

*(In his absence, the Emergency Executive Committee chairmanship should be elected among its standing members)*

梁智仁教授

(主席不在時，緊急應變策導委員會的主席應自常任成員中選出)

#### Member

#### 成員

Mr William CHAN Fu-keung, BBS

陳富強先生

Mr Howard CHAN Wai-kee, JP

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

*Acting Permanent Secretary for Food and Health (Health) (from 1.7.2017 to 23.7.2017)*

陳偉基先生

[代表食物及衛生局常任秘書長(衛生)];

[署理食物及衛生局常任秘書長(衛生)(由 2017 年 7 月 1 日至 7 月 23 日)]

Mr Lester Garson HUANG, SBS, JP

黃嘉純先生

Dr KAM Pok-man, BBS

甘博文博士

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

*(In his absence, the Deputising CE)*

梁栢賢醫生 行政總裁

(行政總裁不在時，由代理行政總裁出任)

Mr Ivan SZE Wing-hang, BBS

施榮恆先生

Mr WONG Kwai-huen, BBS, JP

王桂壠先生

Prof Maurice YAP Keng-hung, JP

葉健雄教授

Note: The Emergency Executive Committee (EEC) will automatically be called into action when the HA activates the Tier-three Strategic Response to a major incident, which is defined as an incident with prolonged and territory-wide implications, such as the Serious Level (S2) or Emergency Level Response to influenza pandemic.

註：當發生重大事故，即對全香港有持續及大範圍影響的事故，例如對流感爆發的嚴重級別(S2)或緊急級別應變，醫管局須啟動第三層策略應變，緊急應變策導委員會即展開運作。

## 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 2017-18

No meeting was convened in 2017-18.

#### 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。

#### 2017-18 年度工作概況

在 2017-18 年度，委員會並無召開會議。

## Finance Committee 財務委員會

### Membership List

#### 成員名單

<b>Chairman</b> 主席	Dr KAM Pok-man, BBS 甘博文博士
<b>Vice-Chairman</b> 副主席	Mr Andrew FUNG Hau-chung, BBS, JP 馮孝忠先生
<b>Member</b> 成員	Mr Howard CHAN Wai-kee, JP (representing the Permanent Secretary for Food and Health (Health)) Acting Permanent Secretary for Food and Health (Health) (from 1.7.2017 to 23.7.2017) 陳偉基先生 [代表食物及衛生局常任秘書長(衛生)]; [署理食物及衛生局常任秘書長(衛生)(由2017年7月1日至7月23日)] Mr Franklin LAM Fan-keung, BBS (from 23.4.2017) 林奮強先生(由2017年4月23日起) Mr Stephen LEE Hoi-yin 李開賢先生 Dr LEUNG Pak-yin, JP, Chief Executive 梁栢賢醫生 行政總裁 Mr Ivan SZE Wing-hang, BBS 施榮恆先生 Mr WONG Kwai-huen, BBS, JP 王桂壢先生 Ms Priscilla WONG Pui-sze, BBS, JP 王沛詩女士 Mr Jason YEUNG Chi-wai 楊志威先生 Ms Carol YUEN Siu-wai, JP / Miss Bella MUI Bun-ngar (up to 3.9.2017) / Ms Candy NIP Kai-yan (from 4.9.2017) (representing the Secretary for Financial Services and the Treasury) 袁小惠女士 / 梅品雅女士(截至2017年9月3日) / 聶繼恩女士(由2017年9月4日起) [代表財經事務及庫務局局長]

### Terms of Reference

### 職權範圍

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. Advise and make recommendations on the financial aspects of the Hospital Authority Corporate Plan and Annual Plan;</li> <li>2. Advise and make recommendations on the financial planning, control, performance, monitoring and reporting aspect of the Hospital Authority;</li> <li>3. Advise on policy guidelines for all financial matters, including investment, business and insurance;</li> <li>4. Advise and make recommendations on the resource allocation policies;</li> <li>5. Advise and recommend to the Hospital Authority on the financial statements (audited and unaudited) of the Hospital Authority;</li> </ol> | <ol style="list-style-type: none"> <li>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；</li> <li>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；</li> <li>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；</li> <li>4. 就資源分配政策提供意見及作出建議；</li> <li>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；</li> </ol> |
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## Appendix 3

### 附錄 3

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 2017-18

In 2017-18, the Committee met seven times to assist the Board in ensuring proper stewardship and effective use of public funds through making recommendations to the Board on various finance related matters for the Authority.

In support of the corporate strategy and policy development of HA, the Committee deliberated on the prototype and potential application of the refined population-based model to inform resource allocation. The model was developed through an external consultancy as per the HA Review Action Plan, and the consultant's final report was subsequently approved by the HA Board in September 2017. The Committee also examined HA's medium-term financial projection for 2018-19 to 2022-23 under a two-pronged approach, namely (a) a population-based approach (demand-driven) to assess the change in public's need for hospital services and the corresponding change in HA's recurrent funding requirement to support daily operation; and (b) a capacity-based approach (supply-driven) to project HA's operating expenditure. This medium-term financial projection facilitated liaison with the Government on recurrent subvention to HA.

Dovetailed with HA's annual service and resource planning process, the Committee examined the proposed 2018-19 HA budget and resource allocation. For HA's insurance programme, the Committee endorsed the procurement approach and direction for 2018-19. With the assistance of its Treasury Panel (TP), a subcommittee formed under the Committee to advise on HA's treasury planning, management and operations, the Committee considered matters relating to HA's investment and treasury functions. On accountability reporting and monitoring of HA's financial position, the Committee reviewed and endorsed HA's draft audited financial statements for 2016-17 in a joint meeting with the Audit and Risk Committee. The Committee also considered the 2016-17 audited financial statements / accounts for a number of designated programmes undertaken by HA, including the Electronic Health Record Programme Development, the Samaritan Fund, the Community Care Fund Medical Assistance Programmes, the HA Charitable Foundation, the minor works under the Capital Works Reserve Fund Head 708 Subhead 8083 MM and the HA Public-Private Partnership Fund. The 2016-17 Operation Report of the HA Provident Fund Scheme was received by the Committee in a joint meeting with the Human Resources Committee.

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。

#### 2017-18 年度工作概況

在 2017-18 年度，委員會共召開七次會議，就醫管局的多項財務相關事宜向醫管局大會作出建議，協助大會確保妥善管理和有效運用公帑。

為支援醫管局制訂整體策略及政策，委員會審議優化的以人口為基礎的資源分配模式藍本及可應用範圍。此資源分配模式是根據因應醫管局檢討報告所制訂的行動計劃，通過外界顧問研究而訂定，顧問的最終報告於 2017 年 9 月在醫管局大會上獲批。委員會亦審視醫管局 2018-19 至 2022-23 年的中期財政預測，有關預測是根據兩個準則：(a) 以人口為基礎（需求導向），評估公眾對醫療服務的需求及相應的經常性撥款調整以維持醫管局的日常運作；及 (b) 以承载力為基礎（供應導向）預測醫管局的營運開支。中期財政預測有助醫管局與政府磋商其經費需求。

委員會配合醫管局的服務及資源規劃進程，審議醫管局 2018-19 年度預算及資源分配建議。委員會通過醫管局 2018-19 年度的保險計劃採購模式及方針。此外，委員會在庫務小組協助下審議了醫管局的投資及庫務工作。該小組是委員會轄下的小組委員會，負責就醫管局的庫務規劃、管理及運作提供意見。有關醫管局財務狀況的問責報告及監察方面，委員會在聯同審計及風險管理委員會的會議上，審閱及通過醫管局 2016-17 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 2016-17 年度經審核財務報表／帳目，包括電子健康紀錄系統開發計劃、撒瑪利亞基金、關愛基金醫療援助計劃、醫管局慈善基金、基本工程儲備基金總目 708 分目 8083MM 項下的小型工程，以及醫管局公私營協作基金。委員會亦在與人力資源委員會的聯合會議上收閱醫管局公積金計劃 2016-17 年度運作報告。

On HA's financial performance, the Committee received monthly financial reports and considered a mid-year financial review together with the unaudited financial statements for the six months ended 30 September 2017. The Committee also considered matters relating to key financial performance indicators, waivers and write-offs of hospital fees and charges, and debt management. The Committee reviewed the results of the Finance Organisation Review (Phase 2), Annual Work Plan of the Finance Division and the proposed key strategic areas for 2018-19. In accordance with the HA organisation-wide risk management framework, the Committee reviewed the effectiveness of risk mitigation actions taken in the past year on finance aspects, and proactively assessed key financial risks anticipated for 2018 and considered corresponding action plans.

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

在醫管局的財務表現方面，委員會收閱醫管局每月財務報告，並審議截至 2017 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。委員會亦審閱了財務組織檢討（第二階段）的結果、財務部 2018-19 年度工作計劃及建議的主要策略範疇。因應醫管局機構風險管理架構，委員會審視了過去一年財務風險緩減措施的成效，並主動評估 2018 年的預計主要財務風險及相應的緩減計劃。

此外，委員會收閱轄下庫務小組的定期報告，並批核小組的成員委任事宜。

## Appendix 3

### 附錄 3

## Human Resources Committee

### 人力資源委員會

#### Membership List

##### 成員名單

##### Chairman

Mr William CHAN Fu-keung, BBS

##### 主席

陳富強先生

##### Member

Prof Francis CHAN Ka-leung, JP

##### 成員

陳家亮教授

Mr HO Wing-yin

何永賢先生

Mrs Ann KUNG YEUNG Yun-chi

龔楊恩慈女士

Mr Franklin LAM Fan-keung, BBS (from 23.4.2017)

林奮強先生 (由 2017 年 4 月 23 日起)

Prof Diana LEE Tze-fan, JP

李子芬教授

Miss Linda LEUNG

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

梁嘉盈女士

[代表食物及衛生局常任秘書長(衛生)]

Dr LEUNG Pak-yin, JP, Chief Executive

梁栢賢醫生 行政總裁

Mr Ivan SZE Wing-hang, BBS

施榮恆先生

Ms Priscilla WONG Pui-sze, BBS, JP

王沛詩女士

Prof Maurice YAP Keng-hung, JP

葉健雄教授

Mr Charlie YIP Wing-tong

葉永堂先生

#### Terms of Reference

1. Advise on manpower planning;
2. Advise on staff training and development matters;
3. Advise, review and make recommendations on human resources policies and related issues;
4. Advise, review and make recommendations to the Hospital Authority on the terms and conditions of employment for staff;
5. Advise, review and make recommendations to the Hospital Authority on staff pay awards and overall staffing structure;
6. Advise, review and make recommendations to the Hospital Authority on any other staff related matters;
7. Consider periodically matters relating to risk, risk management and risk mitigation relevant to human resources management;
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。

### Focus of Work in 2017-18

In 2017-18, the Committee met six times to discuss and consider various human resources (HR) matters of HA.

In line with HA's strategic goal to attract and retain staff, the Committee considered and advised on a wide range of HR management issues. The Committee endorsed measures to restore the annual increment mechanism for addressing the increment issue on promotion to another post for employees joining HA on or after 15 June 2002. It also endorsed changes to the administration of HA's sick leave and no pay leave benefits, having regard to the external consultant's findings and recommendations on Validation of Administration of Benefits in HA. The Committee also updated the provision of subsistence payment to staff on overseas business travel and overseas training in view of changed external environment and requirements. Enhancements for progression of Patient Care Assistant IIIA (In-patient Services) and Operation Assistant IIIB to help alleviate supporting grades manpower issues, and initiatives for improving retention of the Executive Assistant Grade staff were endorsed by the Committee. It approved the overseas recruitment of specialist doctors at the rank of Associate Consultant under Limited Registration for the specialty of Cardiothoracic Surgery. It also noted the progress update on continuation of the additional promotion opportunities for frontline doctors, as well as the Special Retired and Rehire Scheme which aimed to rehire suitable serving doctors, nurses, allied health staff and supporting grades staff upon their retirement or completion of contract to meet HA's manpower needs.

On the implementation of recommendations of the HA Review, the Committee received an update on HA's staff communication enhancements and the follow up actions in response to the HA Staff Survey; commented on the Human Resources Quality Assurance framework established in HA; and endorsed the proposed framework for enriching HA Head Office representation in cluster selection boards.

Staff training and development is one of the key HR strategies. The Committee gave comments on the talent development strategy of the Information Technology and Health Informatics Division, and was updated on the progress of training programmes under the \$300 million Designated Training Fund allocated by the Government in response to the recommendation of the HA Review. Regarding staffing structure matters, the Committee noted the management structure of Allied Health teams in clusters, the progress of the Optometrist Grade Reform, and commented on the results of Finance Organisation Review (Phase 2), including the recommended cluster Finance organisation structure and the related manpower planning. Alignment in appointment practices for Chiefs of Service/Deputy Hospital Chief Executives and related succession planning was discussed. The Committee also received regular reports from the Central Training & Development Committee (CTDC), a subcommittee formed under the Committee to oversee and advise on the priorities of resource allocation related to staff training, in response to the recommendation of the HA Review and approved appointments of CTDC membership.

### 2017-18 年度工作概況

在 2017-18 年度，委員會共召開六次會議，討論及審議醫管局各項人力資源事宜。

委員會因應醫管局吸引和挽留人手的策略方向，審議了多項人力資源管理事宜，並提供意見。委員會通過恢復每年增薪點機制以改善 2002 年 6 月 15 日或之後入職僱員晉升其他職位時的增薪處理。此外，委員會也聽取獨立顧問就醫管局福利的研究報告結果及建議，並通過處理醫管局病假及無薪假福利的措施修訂。委員會亦因應外部環境及要求轉變而修訂職員前往海外公幹或培訓的膳宿費。委員會通過優化三 A 級病人服務助理（住院病人服務）和三 B 級運作助理（住院病房服務）的晉升安排，以紓緩支援職系人手短缺，亦通過推行挽留行政助理職系人手的措施，並批准透過有限度註冊形式招聘海外專科醫生擔任心胸外科副顧問醫生。委員會亦備悉繼續為前線醫生提供額外晉升機會的措施進度，以及在退休或約滿的醫生、護士、專職醫療人員及支援職系員工當中重新聘請合適人員以滿足人手需求的特別退休後重聘計劃。

為推行醫管局檢討所提出的建議，委員會聽取醫管局改善職員溝通的措施以及「醫」家我有 Say」醫管局職員意見調查跟進措施的最新進展，並就設立「醫管局人力資源質素保證架構」提供意見，亦通過加強醫管局總辦事處參與聯網甄選委員會的建議安排。

員工培訓及發展是關鍵的人力資源策略之一。委員會就資訊科技及醫療信息部的人才發展策略提供意見，並聽取政府因應醫管局檢討所提建議而撥出三億元指定培訓基金的相關培訓課程發展情況。在人手架構事宜方面，委員會備悉聯網的專職醫療團隊管理架構、視光師職系改革推行進度，並就財務部架構檢討（第二階段），包括聯網財務組織架構及相關人力資源建議方案的結果提供意見，又討論了統一部門主管／副醫院行政總監的委任程序和相關繼任規劃。此外，因應醫管局檢討所提建議，人力資源委員會其下成立了「中央培訓及發展委員會」（小組委員會）負責監察員工培訓方面的資源投放優次及提供意見。委員會收閱轄下小組委員會的定期報告和批核其成員委任事宜。



## Appendix 3

### 附錄 3

For staff welfare and communication / engagement, the Committee endorsed in principle the provision of legal support to HA's professional staff, noted the progress in enhancement of staff access to radiological services, and considered the Annual Report on Staff Complaints. The Committee supported the 2017-18 annual pay adjustment for HA employees for approval by the HA Board. It also considered and discussed the key findings and recommendations of the consultancy study on occupational safety and health (OSH) management review, and received the Annual Report on OSH and Workplace Violence 2016-17.

During the year, the Committee was briefed on the Annual Report on HA Mandatory Provident Fund Scheme. It also received the 2016-17 Operation Report of the HA Provident Fund Scheme in a joint meeting with the Finance Committee, and reviewed quarterly reports on HR Key Performance Indicators.

In accordance with the HA organisation-wide risk management framework, the Committee reviewed the effectiveness of risk mitigation actions taken on HR front in the past year, and proactively assessed HR risks anticipated for 2018 and considered corresponding action plans. The Committee also considered the Independent Commission Against Corruption's study on management of overtime work of nursing, allied health and supporting staff.

在員工福利及溝通／凝聚方面，委員會原則上通過為醫管局專業人員提供法律支援的措施、備悉改善員工使用放射服務的進展，並審閱職員投訴年度報告。委員會支持提呈 2017-18 年度醫管局僱員年度薪酬調整供醫管局大會審批，並審議和討論職業安全與健康（職安健）管理檢討的顧問研究結果及建議，亦收閱了 2016-17 年度職安健及工作間暴力年報。

年內，委員會備悉醫管局強制性公積金計劃年度報告，並在聯同財務委員會的會議上，收閱醫管局公積金計劃 2016-17 年度運作報告，亦檢閱了人力資源主要表現指標季度報告。

因應醫管局機構風險管理架構，委員會審視過去一年人力資源風險緩減措施的成效，並主動評估 2018 年涉及人力資源方面的預計風險及有關緩減計劃。委員會亦審議了廉政公署就護士、專職醫療人員及支援職系員工超時工作管理的研究。

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

### Membership List

#### 成員名單

#### Chairman

#### 主席

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

梁栢賢醫生 行政總裁

#### Members

#### 成員

Ms Anita CHENG Wai-ching

鄭瑋青女士

Mr David FONG Man-hung, BBS, JP (*from 2.5.2017*)

方文雄先生 (由 2017 年 5 月 2 日起)

Mr Daniel LAI, BBS, JP

賴錫璋先生

Mr Stephen LAU Ka-men, JP (*up to 30.11.2017*)

劉嘉敏先生 (截至 2017 年 11 月 30 日)

Ms Ida LEE Bik-sai (*up to 19.3.2018*)

*Head of Electronic Health Record Office*

李碧茜女士 (截至 2018 年 3 月 19 日)

電子健康紀錄統籌處處長

Mr Stephen LEE Hoi-yin

李開賢先生

Hon Charles Peter MOK, JP

莫乃光議員

Ms Winnie NG, JP (*up to 30.11.2017*)

伍穎梅女士 (截至 2017 年 11 月 30 日)

Ir Allen YEUNG Tak-bun, JP

*Government Chief Information Officer*

楊德斌先生

政府資訊科技總監

Mr Charlie YIP Wing-tong

葉永堂先生

### Terms of Reference

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

### 職權範圍

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

## Appendix 3

### 附錄 3

#### Focus of Work in 2017-18

In 2017-18, the Committee met four times to discuss various issues relating to the strategic development of IT/information systems in HA. During this period, the Committee discussed various strategies and initiatives, in support of the five-year IT Strategy 2017-2022 (IT Strategy), which laid out key directions for the IT and Health Informatics Division (IT&HID) to support the transformation of HA's service provision and uplifting its service capability. These included the Desktop Strategy; the Talent Development Strategy; the plan of modernising HA's IT delivery process for improving the agility and quality of IT deliverables; and the initiative of building HA Cloud for enhancing the IT services. The Committee also discussed HA's IT Technology Refresh Strategy for managing the technology cycle of different IT systems / equipment with a cost-effective plan to mitigate the risk of impact on HA operations.

The Committee received reports on the key progress of IT transformation in the aspects of people, process, technology and culture made in 2017-18 and the plan for IT transformation focus for 2018-19. The Committee also deliberated on HA's strategy for desktop operation system (OS) and client devices.

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 2018-19 and the IT&HID Annual Work Plan 2018-19 for responding to challenges in continuing existing service delivery and delivering the major strategic IT-enabled projects and IT&HID's transformational initiatives. The Committee also deliberated and endorsed the plan for HA to provide IT service to develop the Clinical Information Management System II Project for the Department of Health as technical agent. The Committee endorsed the setup of HA Data Collaboration Lab to provide a secured collaboration platform between HA and external parties for conducting data innovation projects. The Committee also discussed the preliminary planning for setting up the HA Data Analytics Platform to identify useful information that would support the formulation of healthcare policies, facilitate biotechnological research and improve clinical and healthcare services in response to the Policy Address announced in October 2017.

To fulfil its overseeing functions, the Committee monitored the implementation of the work stipulated in the IT&HID Annual Plan by considering, amongst others, the performance and status reports of respective IT functions. The Committee also monitored the ongoing efforts of IT&HID in the development and implementation of the Government's eHR Programme for which HA was the technical agent and participated as a major user of eHR Sharing System and endorsed the draft audited financial statements related to eHR Programme undertaken by HA annually. For enhancing performance monitoring process, the Committee deliberated and supported the plan to review the current set of IT key performance indicators to better reflect the new IT delivery model and performance objectives resulted from the implementation of IT Operation Strategy under the five-year IT Strategy. In addition, the Committee reviewed the effectiveness of risk mitigation actions taken in the past year, and assessed IT risks anticipated for 2018 and considered corresponding action plans.

#### 2017-18 年度工作概況

在 2017-18 年度，委員會共召開四次會議，討論醫管局資訊科技／資訊系統策略發展的各方面事宜。年內，委員會討論了多項策略和措施，以支持落實 2017 至 2022 年資訊科技策略（資訊科技策略），當中載列資訊科技及醫療信息部就支持醫管局服務轉型及提升服務能力而制訂的主要方向。這些策略和措施包括桌面策略；人才培訓策略；資訊科技發展現代化的計劃，以提升科技項目的功能和運作效率；以及建構醫管局雲端系統，以加強資訊科技服務。委員會亦討論了醫管局資訊科技的汰舊換新策略，在符合成本效益的前提下管理各項資訊科技系統／設備的更替，以緩減對醫管局運作的風險。

委員會收閱了有關資訊科技轉型計劃的報告，包括在 2017-18 年度於人力資源、程序、科技及文化等不同方面的重大進展，以及 2018-19 年的重點目標計劃。此外，委員會亦討論了有關醫管局桌面操作系統及用戶端設備的策略。

為應付資訊科技系統不斷增長的需求，以配合機構運作需要，委員會通過 2018-19 年度資訊科技整體撥款申請以及資訊科技及醫療信息部 2018-19 年度工作計劃，以回應挑戰，維持現行服務及推行各項倚重資訊科技的主要策略項目和部門的轉型計劃。委員會經審議後亦通過由醫管局擔任技術代理向衛生署提供資訊科技服務，為其開發第二期臨床訊息管理系統。另外，委員會通過設立醫管局數據實驗室，建設醫管局與外界機構的安全協作平台，以推行數據創新項目。委員會亦討論了因應 2017 年 10 月發表的施政報告而設立醫管局數據分析平台的初步計劃，用作鑑辨有助制訂醫療政策、促進生物科技研究及改善臨床醫療服務的資料。

為履行其監督職能，委員會監察資訊科技及醫療信息部年度工作計劃的實施，審閱相關資訊科技職能的表現及狀況報告。委員會亦監察部門為政府開發及推行電子健康紀錄互通系統的持續進度（醫管局擔任技術代理，並為該系統的主要使用者），以及每年通過相關的經審核財務報表擬稿。為加強部門的表現監察，委員會討論並支持檢討現行的資訊科技主要表現指標，以更適切反映根據五年資訊科技策略所推行的運作策略下新的資訊科技服務模式及表現目標。此外，委員會審視過去一年風險緩減措施的成效，並評估 2018 年涉及資訊科技方面的預計風險及有關緩減計劃。

## Appendix 3

### 附錄 3

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

委員會亦定期收閱轄下信息技術諮詢小組委員會的進度報告，該小組委員會負責審議醫管局就資訊科技方面建議推行的主要措施及技術事宜。委員會亦批核小組委員會的成員委任事宜。



## Appendix 3

### 附錄 3

## Main Tender Board

### 中央投標委員會

#### Membership List

##### 成員名單

##### Chairman

##### 主席

Prof Maurice YAP Keng-hung, JP

葉健雄教授

##### Vice-Chairmen

##### 副主席

Mr Ivan SZE Wing-hang, BBS

施榮恆先生

Mr Lincoln TSO Lai

曹禮先生

##### Ex-officio members

##### 當然成員

Dr LEUNG Pak-yin, JP, *Chief Executive (or his nominated representative)*

梁栢賢醫生 行政總裁(行政總裁或其委任代表)

Ms Anita CHAN Shuk-yu, *Director (Finance) (from 1.9.2017) (or her nominated representative)*

陳淑瑜女士 財務總監(財務總監或其委任代表)(由 2017 年 9 月 1 日起)

Ms Clara CHIN Sheung-chi, *Director (Finance) (up to 31.8.2017) (or her nominated representative)*

錢湘芷女士 財務總監(財務總監或其委任代表)(截至 2017 年 8 月 31 日)

##### Members

##### 成員

##### Two of the following rotating members:

以下其中兩位輪值成員：

Prof Edwin CHAN Hon-wan

陳漢雲教授

Mr CHAN How-chi, MH

陳孝慈先生

Prof Francis CHAN Ka-leung, JP

陳家亮教授

Dr Andrew CHAN Ping-chiu, BBS

陳炳釗博士

Ms Anita CHENG Wai-ching

鄭瑋青女士

Mr CHENG Yan-kee, BBS, JP (*up to 30.11.2017*)

鄭恩基先生(截至 2017 年 11 月 30 日)

Mr Stanley CHEUNG Tak-kwai

張德貴先生

Prof Joanne CHUNG Wai-yee (*from 1.12.2017*)

鍾慧儀教授(由 2017 年 12 月 1 日起)

Mr David FONG Man-hung, BBS, JP (*from 2.5.2017*)

方文雄先生(由 2017 年 5 月 2 日起)

Mr Andrew FUNG Hau-chung, BBS, JP

馮孝忠先生

Mr HO Wing-yin

何永賢先生

Mrs Ann KUNG YEUNG Yun-chi

龔楊恩慈女士

Prof Joseph KWAN Kai-cho

關繼祖教授

Mr Daniel LAM Chun, SBS, JP

林濬先生

Mr Franklin LAM Fan-keung, BBS (*from 23.4.2017*)

林奮強先生(由 2017 年 4 月 23 日起)

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

劉文文女士

Mr Stephen LEE Hoi-yin

李開賢先生

Mr Peter LEE Kwok-wah

李國華先生

Prof Diana LEE Tze-fan, JP

李子芬教授

Prof Gabriel Matthew LEUNG, GBS, JP

梁卓偉教授

Mr Gregory LEUNG Wing-lup, SBS

梁永立先生

Prof Raymond LIANG Hin-suen, SBS, JP

梁憲孫教授

Mr LO Chung-hing, SBS

盧重興先生

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

盧偉國博士

Mr Wilson MOK Yu-sang

莫裕生先生

Ms Priscilla WONG Pui-sze, BBS, JP

王沛詩女士

Mr David YAU Po-wing (*up to 30.11.2017*)

游寶榮先生(截至 2017 年 11 月 30 日)

Ms Catherine YEN Kai-shun (*from 1.12.2017*)

嚴嘉洵女士(由 2017 年 12 月 1 日起)

Mr Charlie YIP Wing-tong

葉永堂先生

## Terms of Reference

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

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.

## 職權範圍

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

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

## Appendix 3

### 附錄 3

#### Focus of Work in 2017-18

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 2017-18, MTB considered some 700 papers on procurement of various supplies and services with value of over \$1.5 million for HA Head Office, and above \$4.5 million for clusters and hospitals. Tenders for procurement of supplies mainly covered purchases of pharmaceutical products, medical and laboratory equipment and their consumables, whereas service tenders were mainly related to hospital supporting services, maintenance of medical and laboratory equipment, and information technology systems. Capital works tenders were mainly concerned with hospital redevelopment projects and minor works improvements for maintenance of hospital premises.

As a new enhancement initiative, a briefing session was held to facilitate Members' understanding of the procurement policies and strategies of HA and related matters. Prior to the briefing, an "Annual Summary on the Work of MTB 2016-17" was circulated for Members' information. It formed the framework of the briefing session in which topics including prevailing Delegation of Authority, different procurement channels, risk mitigation measures, and drugs expenditures and pricing trend, etc. were covered. The briefing which served as an orientation for new Members and annual meet up for Members to share their views and comments on the work of MTB would be held on an annual basis in future.

#### 2017-18 年度工作概況

中央投標委員會分成兩個投標委員會，每月各自舉行一次會議。中央投標委員會(1)主要負責藥物和醫療消耗品的招標；而中央投標委員會(2)則處理其他項目(例如醫療設備、合約服務、顧問服務等)的招標。在2017-18年度，中央投標委員會審議約700份採購物資和服務的投標文件，當中醫管局總辦事處每宗合約所涉價值為150萬元以上，而聯網及醫院每宗合約所涉價值則為450萬元以上。有關物資採購的投標主要涉及購買藥物、醫療及化驗設備與消耗品；服務採購的投標主要涉及醫院支援服務、醫療及化驗設備以及資訊科技系統的保養；而基本工程的投標主要涉及醫院重建項目及醫院建築物保養小型改善工程。

作為優化措施，委員會本年度舉行了一次簡介會，加強成員對醫管局的採購政策、策略及相關事宜的了解，並於簡介會前向成員發出「2016-17年度中央投標委員會工作摘要」，以供參閱。作為簡介會的大綱，這份摘要內容包括簡介現行的採購授權制度、各類採購渠道、風險緩減措施、以及藥物開支及價格趨勢等。簡介會日後將每年舉行，作為迎新活動，及讓成員分享有關委員會工作的意見。

## Medical Services Development Committee 醫療服務發展委員會

### Membership List

#### 成員名單

#### Chairman

#### 主席

Prof Maurice YAP Keng-hung, JP

葉健雄教授

#### Vice-Chairman

#### 副主席

Prof Diana LEE Tze-fan, JP

李子芬教授

#### Members

#### 成員

Dr Constance CHAN Hon-yee, JP

*Director of Health*

陳漢儀醫生

衛生署署長

Mr William CHAN Fu-keung, BBS

陳富強先生

Prof Francis CHAN Ka-leung, JP

陳家亮教授

Mr Howard CHAN Wai-kee, JP (*from 1.7.2017 to 23.7.2017*)

*Acting Permanent Secretary of Health for Food and Health (Health)*

陳偉基先生 (由 2017 年 7 月 1 日至 7 月 23 日)

署理食物及衛生局常任秘書長 (衛生)

Mr HO Wing-yin

何永賢先生

Dr KAM Pok-man, BBS

甘博文博士

Mr Franklin LAM Fan-keung, BBS (*from 23.4.2017*)

林奮強先生 (由 2017 年 4 月 23 日起)

Prof Gabriel Matthew LEUNG, GBS, JP

梁卓偉教授

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

梁栢賢醫生 行政總裁

Prof Raymond LIANG Hin-suen, SBS, JP

梁憲孫教授

Mr Patrick NIP Tak-kuen, JP (*up to 30.6.2017*)

*Permanent Secretary for Food and Health (Health)*

聶德權先生 (截至 2017 年 6 月 30 日)

食物及衛生局常任秘書長 (衛生)

Ms Elizabeth TSE Man-yee, JP (*from 24.7.2017*)

*Permanent Secretary for Food and Health (Health)*

謝曼怡女士 (由 2017 年 7 月 24 日起)

食物及衛生局常任秘書長 (衛生)

Mr Charlie YIP Wing-tong

葉永堂先生

Ms Carol YUEN Siu-wai, JP /

Miss Bella MUI Bun-ngar (*up to 3.9.2017*) /

Ms Candy NIP Kai-yan (*from 4.9.2017*)

(*representing the Secretary for Financial Services and the Treasury*)

袁小惠女士 /

梅品雅女士 (截至 2017 年 9 月 3 日) /

聶繼恩女士 (由 2017 年 9 月 4 日起)

[代表財經事務及庫務局局長]



## Appendix 3

### 附錄 3

#### Terms of Reference

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

#### Focus of Work in 2017-18

In 2017-18, the Committee met six times to discuss issues relating to the planning, development and management of clinical services. Along the corporate strategy and planned future service directions of HA, the Committee discussed and approved the Clinical Services Plan (CSP) for the New Territories West Cluster and the Strategic Framework for Palliative Care. It also considered the high level plan for clinical service reorganisation of Kowloon Central Cluster and Kowloon West Cluster (KWC) after re-delineation of cluster boundary and received a briefing on the preparatory work for the formulation of the CSP for KWC. Further, the Committee discussed the development of the Integrated Chinese-Western Medicine pilot programme; service provision of 24 - hour intravenous stroke thrombolysis; mental health service plan for adults; community psychiatric service; collaboration between Family Medicine and specialties for service improvement; Community Geriatric Assessment Team end-of-life care

#### 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。

#### 2017-18 年度工作概況

在 2017-18 年度，醫療服務發展委員會共召開六次會議，討論臨床服務的規劃、發展及管理事宜。根據醫管局的整體策略及擬定的未來服務方向，委員會討論及批核了新界西醫院聯網的臨床服務計劃，以及紓緩治療的策略框架，亦考慮了九龍中及九龍西醫院聯網界線重組後的臨床服務重組綱領，以及收閱有關制訂九龍西醫院聯網臨床服務計劃的籌備工作簡介。此外，委員會討論了中西醫協作先導計劃的發展；24 小時急性中風靜脈溶栓治療；成年人精神健康服務計劃；社區精神科服務；家庭醫學與專科協作以加強服務；社區老人評估小組對安老院長者的晚期醫護服務；透過護士診所提供的綜合模式專科門診服務；以及醫管局社區康復中心遷往九龍醫院後的服務。委員會亦備悉

in residential care homes for the elderly; integrated model of specialist outpatient (SOP) service through nurse clinics; and services of HA Community Rehabilitation Service Support Centre after relocation to Kowloon Hospital site. The Committee was also briefed on the development of a refined population-based model to inform resource allocation; the framework and implementation of a pilot programme on drug refill services; and a pilot project on patient discharge information summary. Besides, the Committee received briefings on the progress report on the development of the Hong Kong Children's Hospital and the proposal of establishing two new centres of The University of Hong Kong in Grantham Hospital redevelopment project.

The Committee considered and gave comments on a wide range of clinical management issues, and approved the proposed new drugs / indications and medical items to be covered by the Samaritan Fund from 2017-18. The management also updated the Committee on the extension of medical fee waiving to older old age living allowance recipients with more financial needs. In terms of the HA organisation-wide risk management framework, the Committee monitored clinical risk management through considering the report on patient service and care which assessed the effectiveness of mitigation actions taken in the past year as well as the risks anticipated for 2018 and the planned actions. Other matters considered by the Committee on clinical governance and quality improvement during the year included system enhancements on management of service capacity risks; recommendations of the review report of sentinel events and serious untoward events policy; mechanism for safe introduction of new procedure / technology; review of hospital accreditation; and actions for combating antimicrobial resistance. In response to the recommendations of the HA Review on service provision as well as quality and safety, the Committee considered proposals and regular reports on individual action items, including management of access block problem and waiting time of SOP clinic and Accident and Emergency (A&E) service. The Committee also discussed winter surge preparation and clinical service key performance indicators development and monitoring. It also noted the update on proposed revision of blood donor deferral policy for donors with history of men who had sex with men; implication of Private Health Facilities Bill to medical service managed or controlled by non-HA institutions in HA premises; and data governance on external requests for HA data for academic research.

The Committee received progress reports of various clinical programmes, including the Service Management Report of the Chinese Medicine Centre for Training and Research; filmless operating theatres project; HA Patient Experience and Satisfaction Survey on A&E service; and various clinical Public-Private Partnership Programmes.

發展優化的以人口為基礎的資源分配模式；覆配藥物先導計劃的框架和實施；以及病人出院資料摘要先導計劃。此外，委員會亦收閱香港兒童醫院發展進度報告，以及葛量洪醫院重建項目設立兩所由香港大學營運的研究中心的建議。

委員會審議不同的醫療管理事宜並提供意見，亦批核了撒瑪利亞基金在 2017-18 年度起建議納入的新藥 / 適應症及醫療項目。管理人員亦向委員會匯報醫療費用減免機制擴展至較年老和較有經濟需要的長者生活津貼受惠人。就醫管局機構風險管理架構方面，委員會審閱病人服務報告以監察臨床風險管理情況，並檢討過去一年風險緩減措施的成效和評估 2018 年的預計風險及有關緩減計劃。委員會年內亦審議了其他臨床管治及質素改善方面事宜，包括加強服務能力風險管理；嚴重醫療事件及重大風險事件政策檢討報告的建議；醫管局新技術 / 程序安全引入機制；醫院認證評審；以及應對抗生素抗藥性的措施。因應醫管局檢討報告有關提供服務和質素及安全方面的建議，委員會考慮了多個建議的行動計劃及個別行動計劃的定期報告，包括管理滯留等候入院問題、專科門診診所及急症室輪候時間。委員會亦討論了冬季流感服務高峰期的準備工作，以及臨床服務主要表現指標的制訂和監察。此外，委員會備悉有關男男性接觸者捐血暫緩政策的建議修訂、《私營醫療機構條例草案》對醫管局設施內由非醫管局機構營運或管控的醫療服務的影響，以及外界就學術研究目的索取醫管局數據的相關管治。

委員會收閱多項臨床服務計劃的進展報告，包括中醫教研中心的服務管理報告、手術室數碼圖像計劃、醫管局急症室病人經驗及服務滿意度調查，以及多項臨床公私營協作計劃。

## Appendix 3

### 附錄 3

## Public Complaints Committee

### 公眾投訴委員會

#### Membership List

##### 成員名單

##### Chairman

##### 主席

Mr Ivan SZE Wing-hang, BBS

施榮恆先生

##### Vice-Chairman

##### 副主席

Prof Raymond LIANG Hin-suen, SBS, JP\*

梁憲孫教授\*

##### Members

##### 成員

Dr Jane CHAN Chun-kwong

陳真光醫生

Mr Raymond CHAN Kwan-tak

陳君德先生

Ms Christine Barbara CHAN So-han, BBS

陳素嫻女士

Mr CHAN Wing-kai

陳永佳先生

Ms Peggy CHING Pui-ki

程佩琪女士

Mr CHOI Chi-sum (*up to 30.11.2017*)

蔡志森先生 (截至 2017 年 11 月 30 日)

Rev Dr Andrew CHOI Chung-ho

蔡宗灝牧師

Dr CHUNG Chin-hung\* (*from 1.12.2017*)

鍾展鴻醫生\* (由 2017 年 12 月 1 日起)

Mr HO Sau-him

何守謙先生

Mr Herman HUI Chung-shing, SBS, MH, JP

許宗盛先生

Mr Samuel HUI Kwok-ting

許國定先生

Mr Joe KWOK Jing-keung, SBS, FSDSM

郭晶強先生

Mr KWOK Leung-ming, SBS, CSDSM

郭亮明先生

Mr Alex LAM Chi-yau

林志韜先生

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

劉文文女士

Dr Robert LAW Chi-lim\*

羅致廉醫生\*

Dr Agnes LAW Koon-chui, JP

羅觀翠博士

Mr Peter LEE Shung-tak, BBS, JP

李崇德先生

Ms Maggie LEUNG Yee-mei

梁綺眉女士

Ms Manbo MAN Bo-lin, MH  
文保蓮女士

Mr Simon MOK Sai-man, MH  
莫世民先生

Mr TSE Man-shing, BBS, JP  
謝萬誠先生

Dr WONG Chun-por, JP\* (from 1.12.2017)  
王春波醫生\* (由 2017 年 12 月 1 日起)

Mr Paul WU Wai-keung  
胡偉強先生

Ms Lina YAN Hau-yee, MH, JP\*  
殷巧兒女士\*

Ms Agnes Garman YEH  
葉嘉雯女士

Ms Lisa YIP Sau-wah, JP\*  
葉秀華女士\*

Mr Charlie YIP Wing-tong  
葉永堂先生

\* Panel Chairman  
小組主席

#### Terms of Reference

1. The Public Complaints Committee (PCC) is the final complaint redress and appeal body of the Hospital Authority ("HA").
2. The PCC shall independently:
  - (a) consider and decide upon complaints from members of the public who are dissatisfied with the response of the HA/hospital to which they have initially directed their complaints;
  - (b) monitor HA's handling of complaints.
3. Pursuant to Para 2 above, the PCC shall independently advise and monitor the HA on the PCC's recommendations and their implementation.
4. In handling complaint cases, the PCC shall follow the PCC Complaint Handling Guidelines (Annex) which may be amended from time to time.
5. The PCC shall from time to time and at least once a year, make reports to the HA Board and public, including statistics or raising important issues where applicable.

#### 職權範圍

1. 公眾投訴委員會(委員會)是醫院管理局(醫管局)內最終的投訴處理及上訴機制;
2. 委員會須獨立地:
  - (a) 審議及裁決公眾人士的投訴, 這些投訴最初向醫管局/醫院提出, 但投訴人對有關回覆不滿意; 以及
  - (b) 監察醫管局對投訴的處理;
3. 為執行上述第2段所述職能, 委員會會獨立地向醫管局提出建議, 並監察建議的推行;
4. 委員會在處理投訴個案時, 須依循委員會不時修訂的投訴處理指引(附件); 及
5. 委員會須定期並至少每年一次向醫管局大會及公眾人士匯報工作, 包括提交有關的統計數字或重要議題。

## Appendix 3

### 附錄 3

#### Annex

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

1. The PCC is an appeal body within the Hospital Authority ("the HA") to consider appeals made by the public relating to its services. Based on its Terms of Reference, the following are guidelines set by the PCC to facilitate the handling of complaints.
2. The PCC shall not normally handle a complaint:
  - (a) if the complaint relates to services provided by the HA more than 2 years before the date of the lodging of the complaint, unless the PCC is satisfied that in the particular circumstances it is proper to conduct an investigation into such complaint not made within that period;
  - (b) if the complaint is made anonymously and / or the complainant cannot be identified or traced;
  - (c) if the complainant has failed to obtain the proper consent of the patient, to whom the services were provided, in the lodging of the complaint (this restriction will not be applicable if the patient has died or is for any reason unable to act for himself or herself);
  - (d) if the subject matter of the complaint has been referred to or is being considered by the coroner;
  - (e) if the complaint relates to a matter for which a specific statutory complaint procedure exists;
  - (f) if the complainant or the patient concerned has instituted legal proceedings, or has indicated that he / she will institute legal proceedings, against the HA, the hospital or any persons who provided the services (in any event, the Committee shall not entertain any request for compensation);
  - (g) if the complaint relates to dispute over the established policies of HA, for example fees charging policy of the HA in respect of its services;
  - (h) if the complaint relates to an assessment made by a medical staff pursuant to any statutory scheme whereas such scheme provides for a channel of appeal, for example, the granting of sick leave under the provisions of the Employees' Compensation Ordinance, Cap. 282;
  - (i) if the complaint relates to personnel matters or contractual matters and commercial matters;
  - (j) if the PCC considers that the complaint is frivolous or vexatious or is not made in good faith; or
  - (k) if the complaint, or a complaint of a substantially similar nature, has previously been the subject matter of a complaint which had been decided upon by the PCC.
3. Taking into account the following:
  - (a) the disclosure of legal privileged documents in an open hearing;
  - (b) the disclosure of personal data in an open hearing;
  - (c) the PCC is not a judicial or quasi-judicial body;
  - (d) an aggrieved party has other channels to seek redress; and
  - (e) the PCC should not duplicate the functions of other institutions such as the courts or the Medical Council;the PCC considers that its meetings shall not be open to the public.

#### 附件

公眾投訴委員會(委員會)處理投訴個案指引

1. 委員會是醫院管理局(醫管局)內的上訴機構，負責考慮公眾人士對醫管局服務的上訴。委員會按其職權範圍，制訂了以下投訴處理指引。
2. 如有以下情形，委員會通常不會受理有關投訴：
  - (a) 在醫管局提供服務後超過兩年，投訴人方才就該項服務提出投訴。但如委員會信納在某一個案的特別情況下，對該逾期提出的投訴進行調查是恰當者，則屬例外；
  - (b) 匿名投訴及 / 或投訴人無從識別或下落不明；
  - (c) 投訴人於提出投訴時，未有取得病人(有關服務對象)同意(但假如病人已逝世或因任何理由未能自己作主，則本限制並不適用)；
  - (d) 投訴的主要內容已轉交或正由死因裁判官考慮或審裁；
  - (e) 投訴涉及事宜已有既定法定申訴程序處理；
  - (f) 投訴人或有關病人已採取法律行動，或已表示將向醫管局、有關醫院或提供有關服務的任何人士採取法律行動(無論如何，委員會都不會受理任何索償的要求)；
  - (g) 投訴涉及醫管局既定政策的爭議，例如醫管局服務的收費政策；
  - (h) 投訴關乎醫護人員根據任何法定計劃所作的醫療評估，而該等計劃本身已有既定上訴渠道，例如根據香港法例第 282 章《僱員補償條例》規定簽發病假；
  - (i) 關於人事問題、合約或商業事宜的投訴；
  - (j) 瑣屑無聊、無理取鬧，或並非出於真誠的投訴；或
  - (k) 投訴或性質極為相近的投訴，屬委員會早前已裁決個案的主要內容。
3. 委員會經考慮下列因素後，認為其會議不應向公眾公開：
  - (a) 公開會議會披露法律保密的文件；
  - (b) 公開會議會披露有關人士的個人資料；
  - (c) 委員會並非司法或類似司法機構；
  - (d) 感到不平的一方尚有其他申訴渠道；及
  - (e) 委員會功能不應和其他機構(如法庭或醫務委員會)重疊。



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 2017-18

In 2017-18, the Public Complaints Committee held 17 meetings and handled a total of 257 cases relating to medical services, administrative procedure, staff attitude, etc. In addition to the handling of appeal cases, the Committee also advised on complaint handling policies to improve the efficiency and effectiveness of the Authority's complaints system, and make recommendations for system change and improvement of healthcare services. Regular internal and external communication programmes were conducted to enhance the transparency and credibility of the Authority's complaints system and the Committee as the final appeal body. Through its Secretariat, the Committee also shared important lessons learned for risk management and enhanced the complaint handling skills of frontline staff through regular specialist complaint management training including applied mediation skills training.

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

4. 於考慮投訴的是非曲直時，委員會可就投訴的主要內容，徵詢醫療專業或其他界別的專家意見。委員會如認為恰當，亦可約見投訴人、病人、醫療人員或其他有關人士。

(委員會可視乎情況不時修訂上述投訴處理指引。)

#### 2017-18 年度工作概況

在 2017-18 年度，公眾投訴委員會共召開 17 次會議及處理 257 宗涉及醫療服務、行政程序、員工態度等的個案。委員會除處理上訴個案外，亦就投訴處理政策提供意見，以提升醫管局投訴處理機制的效率及成效，並就改善醫療系統及服務提出建議。委員會定期進行對內及對外溝通，提高醫管局投訴處理機制的透明度和公信力，並讓公眾認識委員會乃醫管局內公眾投訴的最終上訴架構。委員會亦透過秘書處分享經驗，促進風險管理，同時定期舉辦投訴處理專門訓練課程，其中包括應用調解技巧訓練，增強前線人員處理投訴的技巧。

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

## Appendix 3

### 附錄 3

## Staff Appeals Committee

### 職員上訴委員會

#### Membership List

##### 成員名單

<b>Chairman</b>	Mr Lawrence LEE Kam-hung, BBS, JP
主席	李金鴻先生
<b>Members</b>	Mr Charlie YIP Wing-tong
成員	葉永堂先生
	Mr Paul YU Shiu-tin, BBS, JP
	余嘯天先生

#### Terms of Reference

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

#### Focus of Work in 2017-18

The Committee is tasked to consider and decide on appeals from staff members who have raised a grievance and appeal through the normal internal complaint channels established in HA and who wish to make further appeal against the decision made. The Committee's decision shall represent HA's decision and shall be final. The membership of the Committee comprises individuals who are not staff members of HA.

In 2017-18, the Committee received three staff appeal cases in total. The Committee found that the appellants in two of the three cases had fully presented their cases, and the management had followed due process in the course of investigation. The remaining case was received in February 2018 and consideration was still in progress as of the end of 2017-18.

#### 職權範圍

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

#### 2017-18 年度工作概況

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

在 2017-18 年度，委員會共收到三宗職員上訴個案。委員會認為當中兩宗個案的上訴人已完整闡述其個案，管理層亦已根據相關程序作出調查。餘下一宗在 2018 年 2 月收到的個案，委員會於 2017-18 年度完結時仍在審議中。

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

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

## 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

##### 主席

Mr WONG Kwai-huen, BBS JP

王桂壙先生

##### Vice-Chairman

##### 副主席

Mr Daniel LAM Chun, SBS, JP (*from 1.12.2017*)

林濬先生 (由 2017 年 12 月 1 日起)

##### Members

##### 成員

Dr Andrew CHAN Ping-chiu, BBS

陳炳釗博士

Prof Edwin CHAN Hon-wan

陳漢雲教授

Mr CHENG Yan-kee, BBS, JP (*up to 30.11.2017*)

鄭恩基先生 (截至 2017 年 11 月 30 日)

Mr Lester Garson HUANG, SBS, JP

黃嘉純先生

Dr KAM Pok-man, BBS

甘博文博士

Mr Daniel LAM Chun, SBS, JP (*up to 30.11.2017*)

林濬先生 (截至 2017 年 11 月 30 日)

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

劉文文女士

Mr Franklin LAM Fan-keung, BBS (*from 23.4.2017*)

林奮強先生 (由 2017 年 4 月 23 日起)

Mr Peter LEE Kwok-wah

李國華先生

Miss Linda LEUNG

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

梁嘉盈女士

[代表食物及衛生局常任秘書長(衛生)]

Dr LEUNG Pak-yin, JP *Chief Executive*

梁栢賢醫生 行政總裁

Mr Gregory LEUNG Wing-lup, SBS

梁永立先生

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

盧偉國博士

Mr Lincoln TSO Lai (*from 1.12.2017*)

曹禮先生 (由 2017 年 12 月 1 日起)

Mr Charlie YIP Wing-tong

葉永堂先生

#### Terms of Reference

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

#### Focus of Work in 2017-18

In 2017-18, the Committee met four times to advise on directions and policies related to the development of business support services and capital planning to support clinical service delivery in HA. It examined the business performance and the recommendations of a review on the advertising services in HA and agreed on the future service direction. It considered reports on hospital security services and was briefed on the progress of follow up actions after HA had followed the U.S. Food and Drug Administration ban on powdered surgeon gloves. The Committee reviewed reports on equipment maintenance service in Schedule 1 hospitals; the recycling of hospital food waste; the planned implementation of municipal solid waste charging scheme by the Government; and the contracts with price adjustment approved via Authorise and Direct granted by the Main Tender Board. It also discussed the new initiatives in HA's supporting services contracts, including the pilot programme of wage rate adjustment mechanism for domestic services contracts and the multi-source contract for domestic and laundry services. The Committee also noted the replacement of equipment in 2017-18 and the plan for up to 2020-21.

#### 職權範圍

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

#### 2017-18 年度工作概況

在 2017-18 年度，委員會共召開四次會議，就業務支援服務及基本工程規劃的發展方針及政策提供意見，以支援醫管局的醫療服務。委員會審視醫管局廣告服務的業務表現及相關之檢討建議，並落實未來的服務方針。委員會亦審閱醫院保安服務的檢討報告，以及醫管局跟隨美國食品及藥物管理局的禁令停用含粉外科手套的跟進行動報告。委員會收閱多份服務匯報，包括有關附表 1 醫院的設備保養服務、醫院廚餘回收、政府都市固體廢物收費計劃擬議實施安排，以及有關經由中央投標委員會授權批准調整合約價格的管理匯報。委員會亦討論醫管局支援服務合約的新措施，包括為醫院庶務合約試行工資調整機制及將個別醫院庶務及洗衣服務的合約以非單一承辦商的方式批出。委員會亦收閱 2017-18 年度更換設備的進度及截至 2020-21 年度的有關規劃。



## Appendix 3

### 附錄 3

The Committee reviewed the annual capital expenditure plan for both major capital works projects and the one-off grant for minor works projects for 2017-18 and endorsed that for 2018-19. It also considered regular reports on the progress of major capital works projects. The Committee noted the implementation progress of projects under the Ten-year Hospital Development Plan with the earmarked government funding of \$200 billion; and the redevelopment project of Grantham Hospital. The Committee examined the site supervision of major capital works projects and the review of the performance appraisal system for contractors and consultants for capital works projects. It reviewed reports on the pilot combined heat and power installation in Alice Ho Miu Ling Nethersole Hospital and the enhancement of the information technology system for works order processing of minor works projects; and considered the use of destination type of lift control system for future HA hospitals.

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 2018 and the planned actions.

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

另一方面，委員會審議 2017-18 年度有關小型工程項目整筆撥款及大型基本工程項目的年度資本開支預算，並通過 2018-19 年度的有關預算。委員會定期審議各項大型基本工程項目的進展報告，亦備悉政府所預留 2,000 億元推行醫院十年發展計劃及葛量洪醫院重建計劃的項目進度。委員會審視有關大型基本工程的監管建議，包括地盤監督以及項目承辦商及顧問的表現評審制度檢討。委員會又審閱多份項目檢討匯報，包括在雅麗氏何妙齡那打素醫院推行的熱電聯供先導計劃、處理小型工程訂單的電腦系統提升，以及研究日後在醫管局醫院使用智能選層升降機控制系統。

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服務、藥物供應及基本工程規劃方面進行風險評估，範圍包括各項相關風險緩減措施在過去一年的成效、2018 年的預計風險及有關緩減計劃。

委員會定期收閱管理人員提供的大型基本工程項目實施進度報告，並審閱轄下基本工程小組委員會的進展報告，該小組委員會負責審議大型基本工程項目的規劃、推行、進展及財務監察等事項。委員會並批核小組委員會的委任事宜。

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

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

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

## Appendix 4

### 附錄 4

## Bradbury Hospice

### 白普理寧養中心

#### Chairman

主席

Dr Joseph LEE Man-ho

李文豪醫生

#### Ex-officio members

當然成員

Hospital Authority Chief Executive or his representative

醫院管理局行政總裁或其代表

Hospital Chief Executive

醫院行政總監

#### Members

成員

Dr Hubert CHAN Chung-yee, JP

陳重義博士

Dr Amy CHOW Yin-man

周燕雯博士

Dr David KAN Kam-fai

簡錦輝醫生

Dr Joey TANG Chung-yee

鄧仲儀博士

Dr Vincent TSE Kin-chuen

謝建泉醫生

Prof Thomas WONG Kwok-shing, JP

汪國成教授

Mr Paul WU Wai-keung

胡偉強先生

Ms Nora YAU Ho-chun, MH, JP

邱可珍女士

## **Caritas Medical Centre** 明愛醫院

<b>Chairman</b> 主席	Prof David CHEUNG Lik-ching 張力正教授
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Dr Wallace CHAN Chi-ho 陳智豪博士  Mr CHAN Wai-ming, MH, JP 陳偉明先生  Dr Denis CHANG Khen-lee, JP 張健利博士  Mr CHOW Yick-hay, BBS, JP 周奕希先生  Dr Daniel FANG Tak-sang 方德生醫生  Prof Frederick HO Wing-huen, SBS 何永煊教授  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, JP 梁永鏗博士  Mr Anthony WONG Luen-kin, JP 黃鑾堅先生  Mr Charles YANG Chuen-liang, BBS, JP 楊傳亮先生  Rev Joseph YIM Tak-lung 閻德龍神父

## Appendix 4

### 附錄 4

## Castle Peak Hospital & Siu Lam Hospital

### 青山醫院及小欖醫院

<b>Chairman</b> 主席	Mr CHAN Bing-woon, SBS, JP 陳炳煥先生
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Mr CHAN How-chi, MH 陳孝慈先生  Mr Stephen LEE Hoi-yin 李開賢先生  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  Prof SHAM Pak-chung, JP 沈伯松教授  Mr TSANG Hin-hong 曾憲康先生  Ms Deborah WAN Lai-yau, BBS, JP 溫麗友女士  Dr Jimmy WONG Chi-ho, SBS, JP 王賜豪醫生  Prof Thomas WONG Kwok-shing, JP 汪國成教授



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

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

## Appendix 4

### 附錄 4

## Cheshire Home, Shatin

### 沙田慈氏護養院

<b>Chairman</b> 主席	Mrs Linda WONG LEUNG Kit-wah 王梁潔華女士
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Mrs Shelley M CHOW 周慧思女士  Ms Janet LAI Keng-chok 黎勁竹女士  Dr Edward LEUNG Man-fuk 梁萬福醫生  Dr Pamela LEUNG Ming-kuen, BBS, JP 梁明娟醫生  Mr Paul MAK Chun-nam 麥鎮南先生  Ms Janice MORTON 莫珍妮女士  Mr NG Hang-sau, MH 伍杏修先生  Prof Marco PANG Yiu-chung 彭耀宗教授  Mr Alfred POON Sun-biu 潘新標先生

## Grantham Hospital 葛量洪醫院

<b>Chairman</b> 主席	Mr Steve LAN Yee-fong 藍義方先生
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Dr CHENG Chun-ho 鄭俊豪醫生  Mr Raymond CHOW Wai-kam, JP 周偉淦先生  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 Karen LAM Siu-ling 林小玲教授  Dr Carl LEUNG Ka-kui 梁家駒醫生  Mr William LEUNG Shu-yin 梁樹賢先生  Dr Vitus LEUNG Wing-hang, JP 梁永鏗博士  Prof LO Chung-mau, BBS, JP 盧寵茂教授  Mr MA Ching-nam, JP 馬清楠先生  Mrs Purviz Rusy SHROFF, MH  Prof Sydney TANG Chi-wai 鄧智偉教授  Mr Rocco YIM Sen-kee, BBS, JP ( <i>resigned on 21.2.2018</i> ) 嚴迅奇先生 (於 2018 年 2 月 21 日辭任)

## Appendix 4

### 附錄 4

## Haven of Hope Hospital

### 靈實醫院

#### Chairman

主席

Prof Joseph KWAN Kai-cho

關繼祖教授

#### Ex-officio members

當然成員

Hospital Authority Chief Executive or his representative

醫院管理局行政總裁或其代表

Hospital Chief Executive

醫院行政總監

#### Members

成員

Mr Jonathan CHAN Pok-chi, JP

陳博智先生

Mr CHAU Kwok-woon

鄒國煥先生

Mr Francis CHAU Yin-ming, BBS, MH

周賢明先生

Mr Stuart CHEN Seng-tek

陳升惕先生

Mr Charles CHIU Chung-yee

趙宗義先生

Ms Clara CHONG Ming-wah

臧明華女士

Dr Hon LAM Ching-choi, BBS, JP

林正財醫生

Dr Ares LEUNG Kwok-ling

梁國齡醫生

Dr Andrew LUK Leung

陸亮博士

## Hong Kong Buddhist Hospital 香港佛教醫院

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



## Appendix 4

### 附錄 4

## Hong Kong Eye Hospital & Kowloon Hospital

### 香港眼科醫院及九龍醫院

<b>Chairman</b> 主席	Mr LO Chung-hing, SBS 盧重興先生
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Dr Connie CHAN CHENG Yuk-yee, MH 陳鄭玉而博士  Mrs Sheilah CHENG CHATJAVAL 陳鄭兆齡女士  Dr Charles CHEUNG Wai-bun, JP 張惠彬博士  Dr KWONG Po-yin 鄺葆賢醫生  Ms Mavis LEE Ming-pui 李明佩女士  Dr LEUNG Kin-ping 梁健平博士  Prof Julia TAO LAI Po-wah 陶黎寶華教授  Ms Priscilla WONG Pui-sze, BBS, JP 王沛詩女士  Dr WONG Yee-him 黃以謙醫生

## **Hong Kong Red Cross Blood Transfusion Service** 香港紅十字會輸血服務中心

<b>Chairman</b> 主席	Mr Ambrose HO, SBS, JP 何沛謙先生
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Mr Jeffrey CHUNG Chi-man 鍾志文先生  Dr HO Chung-ping, MH, JP 何仲平醫生  Prof LI Chi-kong, JP 李志光教授  Dr William LO Wing-yan, JP 盧永仁博士  Ms Clara SHEK Ka-lai 石嘉麗女士  Mr Donny SIU Koon-ming 蕭觀明先生  Ms Bonnie SO Yuen-han 蘇婉嫻女士  Mr Philip TSAI Wing-chung, BBS, JP 蔡永忠先生  Mr Jimmy YUEN Hon-wing 袁漢榮先生

## Appendix 4

### 附錄 4

## Kwai Chung Hospital & Princess Margaret Hospital

### 葵涌醫院及瑪嘉烈醫院

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

## **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**

<b>Chairman</b> 主席	Dr LEE Yuk-lun, BBS, JP 李銒麟博士
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	<p>Mrs Viola CHAN MAN Yee-wai, BBS 陳文綺慧女士</p> <p>Mr CHAN Siu-tong, MH, JP 陳少棠先生</p> <p>Dr Ina CHAN Un-chan, BBS 陳婉珍博士</p> <p>Dr CHU Chor-lup 朱初立醫生</p> <p>Ms Maisy HO, BBS 何超蓮女士</p> <p>Ms Imma LING Kit-sum 凌潔心女士</p> <p>Mrs Katherine MA, BBS 馬陳家歡女士</p> <p>Mr Philip MA Ching-yeung 馬清揚先生</p> <p>Ms Ginny MAN Wing-yee 文穎怡女士</p> <p>Mr Albert SU Yau-on 蘇祐安先生</p> <p>Mr Ivan SZE Wing-hang, BBS 施榮恆先生</p> <p>Mr Kazaf TAM Chun-kwok 譚鎮國先生</p> <p>Ms Wendy TSANG Wan-man 曾韻雯女士</p> <p>Dr Ken TSOI Wing-sing 蔡榮星博士</p> <p>Mr Vinci WONG 王賢誌先生</p> <p>Mr YU See-ho 余斯好先生</p> <p>Mr Stephen YUEN Kwok-keung, MH 袁國強先生</p>

## Appendix 4

### 附錄 4

## MacLehose Medical Rehabilitation Centre

### 麥理浩復康院

#### Chairman

主席

Dr Eric CHIEN Ping

錢平醫生

#### Ex-officio members

當然成員

Hospital Authority Chief Executive or his representative

醫院管理局行政總裁或其代表

Hospital Chief Executive

醫院行政總監

#### Members

成員

Prof Chetwyn CHAN Che-hin

陳智軒教授

Prof Cecilia CHAN Lai-wan, JP

陳麗雲教授

Mr Calvin CHAN Man-yin

陳文彥先生

Mr Vincent CHENG Wing-ming

鄭榮銘先生

Prof Kenneth CHEUNG Man-chee

張文智教授

Mr Benny CHEUNG Wai-leung, BBS

張偉良先生

Dr Edith MOK KWAN Ngan-hing, MH

莫關雁卿博士

Mr Sammy NG Wai-tong

吳偉堂先生

Mr Peter POON King-kong

潘經光先生

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

黃冠文先生

Mr YU See-ho

余斯好先生



## North District Hospital 北區醫院

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

## Appendix 4

### 附錄 4

## North Lantau Hospital

### 北大嶼山醫院

<b>Chairman</b> 主席	Ms Sandra LEE Suk-ye, GBS, JP 李淑儀女士
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Mr CHAN How-chi, MH 陳孝慈先生  Ms CHAU Chuen-heung, SBS, MH, JP 周轉香女士  Dr Robert LAW Chi-lim 羅致廉醫生  Ms Elizabeth LAW Kar-shui, MH 羅嘉穗小姐  Prof Raymond LIANG Hin-suen, SBS, JP 梁憲孫教授  Mr Randy YU Hon-kwan, MH, JP 余漢坤先生

## Our Lady of Maryknoll Hospital 聖母醫院

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

## Appendix 4

### 附錄 4

## Pamela Youde Nethersole Eastern Hospital

### 東區尤德夫人那打素醫院

<b>Chairman</b> 主席	Mr Andrew FUNG Hau-chung, BBS, JP 馮孝忠先生
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Mr David CHAU Shing-yim 周承炎先生  Dr Eric CHENG Kam-chung, BBS, MH, JP 鄭錦鐘博士  Mr Roland CHOW Kun-chee 周近智先生  Ms Michelle CHOW Yan-wai 周恩惠女士  Ms Ka-shi LAU, BBS 劉嘉時女士  Mr Peter LEE Kwok-wah 李國華先生  Mr John LI Kwok-heem, MH 李國謙先生  Dr Yvonne LUI Lai-kwan 呂麗君博士  Mr Wilson MOK Yu-sang 莫裕生先生  Rt Rev Dr Thomas SOO Yee-po, JP 蘇以葆主教  Mr Dominic WONG Chi-chung 王志鍾先生  Mr YEUNG Po-kwan, JP 楊寶坤先生

## **Pok Oi Hospital** 博愛醫院

<b>Chairman</b> 主席	Mr PANG Siu-hin, MH 彭少衍先生
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
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## Appendix 4

### 附錄 4

## Prince of Wales Hospital

### 威爾斯親王醫院

#### Chairman

主席

Ms Winnie NG, JP

伍穎梅女士

#### Ex-officio members

當然成員

Hospital Authority Chief Executive or his representative

醫院管理局行政總裁或其代表

Hospital Chief Executive

醫院行政總監

#### Members

成員

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陳家亮教授

Mr Larry KWOK Lam-kwong, SBS, JP

郭琳廣先生

Mr Peter LEE Kwok-wah

李國華先生

Ms Jacqueline LEUNG

梁慧女士

Mr Peter MOK Kwok-woo

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Ms Maggie NG Miu-man

伍妙敏女士

Mr SIU Hin-hong

蕭顯航先生

Dr WONG Kwai-lam

黃桂林博士

## Queen Elizabeth Hospital 伊利沙伯醫院

<b>Chairman</b> 主席	Dr KAM Pok-man, BBS 甘博文博士
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
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## Appendix 4

### 附錄 4

## Queen Mary Hospital & Tsan Yuk Hospital

### 瑪麗醫院及贊育醫院

<b>Chairman</b> 主席	Dr PANG Yiu-kai, GBS, JP 彭耀佳博士
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
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## **Ruttonjee & Tang Shiu Kin Hospitals** 律敦治及鄧肇堅醫院

<b>Chairman</b> 主席	Dr Vitus LEUNG Wing-hang, JP 梁永鏗博士
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
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## Appendix 4

### 附錄 4

## 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

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招仲濠先生

Mr CHIU Man-leong

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Dr Andy CHIU Tin-yan

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朱燦培先生

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鍾慧儀教授

Mr FONG Cheung-fat, JP

方長發先生

Mr Daniel LAM Chun, SBS, JP

林濬先生

Mr LAU Kim-hung

劉劍雄先生



## Tai Po Hospital 大埔醫院

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## Appendix 4

### 附錄 4

## The Duchess of Kent Children's Hospital at Sandy Bay

### 大口環根德公爵夫人兒童醫院

<b>Chairman</b> 主席	Mr CHEUNG Tat-tong, JP 張達棠先生
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**Tin Shui Wai Hospital**  
天水圍醫院

<b>Chairman</b> 主席	Mr WONG Kwai-huen, BBS, JP 王桂壘先生
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## Appendix 4

### 附錄 4

## Tseung Kwan O Hospital

### 將軍澳醫院

#### Chairman

主席

Dr Eliza C H CHAN, SBS, JP

陳清霞博士

#### Ex-officio members

當然成員

Hospital Authority Chief Executive or his representative

醫院管理局行政總裁或其代表

Hospital Chief Executive

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成員

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周家明先生

Mr KAN Shun-ming

簡迅鳴先生

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

劉文文女士

Prof Diana LEE Tze-fan, JP

李子芬教授

Mr Philip LI Ka-leung

李家良先生

Mr Stephen LIU Wing-ting, JP

廖榮定先生

Dr Hayles WAI Heung-wah

衛向華醫生

Mr Alan WONG Chi-kong, SBS

黃志光先生

Mr WONG Kwai-huen, BBS, JP

王桂壘先生

Dr WONG Kwing-keung

黃炯強博士

## **Tuen Mun Hospital** 屯門醫院

<b>Chairman</b> 主席	Mr William CHAN Fu-keung, BBS 陳富強先生
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
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## Appendix 4

### 附錄 4

## Tung Wah Hospital & Tung Wah Eastern Hospital & Tung Wah Group of Hospitals Fung Yiu King Hospital

### 東華醫院及東華東院及東華三院馮堯敬醫院

#### Chairman

主席

Dr LEE Yuk-lun, BBS, JP

李銑麟博士

#### 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

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陳文綺慧女士

Dr Ina CHAN Un-chan, BBS

陳婉珍博士

Mr Raymond CHOW Wai-kam, JP

周偉淦先生

Ms Maisy HO, BBS

何超蓮女士

Mr KWOK Leung-ming, SBS

郭亮明先生

Mr Henry LAI Hin-wing

賴顯榮先生

Mrs Katherine MA, BBS

馬陳家歡女士

Mr Philip MA Ching-yeung

馬清揚先生

Ms Ginny MAN Wing-yee

文穎怡女士

Ms Bonnie NG Hoi-yan (*from 22.2.2018*)

伍凱欣女士 (由 2018 年 2 月 22 日起)

Ms SIU Ka-yi (*resigned on 22.8.2017*)

蕭嘉怡女士 (於 2017 年 8 月 22 日辭任)

Mr Albert SU Yau-on

蘇祐安先生

Mr Ivan SZE Wing-hang, BBS

施榮恆先生

Mr Kazaf TAM Chun-kwok

譚鎮國先生

Mr TONG Chun-wan

唐振寰先生

Mr Lincoln TSO Lai

曹禮先生

Dr Ken TSOI Wing-sing

蔡榮星博士

Mr Vinci WONG

王賢誌先生

## United Christian Hospital 基督教聯合醫院

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

## Appendix 4

### 附錄 4

## Yan Chai Hospital

### 仁濟醫院

#### Chairman

主席

Mrs YIM TSUI Yuk-shan, MH

嚴徐玉珊女士

#### 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

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周松東先生

Mr CHENG Yan-kee, BBS, JP

鄭恩基先生

Mr Clement FUNG Cheuk-nang

馮卓能先生

Dr Paul IP Kung-ching

葉恭正博士

Mr Jason LEUNG Wai-kwong

梁偉光先生

Mr Peter LO Siu-kit, MH

羅少傑先生

Miss Erica TANG Sui-yan

鄧肇殷小姐

Miss Macy WONG

黃美斯小姐

Mr Vincent WONG Yin-shun

王賢訊先生

Mr YAU Kam-ping, BBS, MH

邱錦平先生

Dr Anthony YEUNG Chun-wai

楊俊偉博士

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

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<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表
	Director of Health or his / her representative 衛生署署長或其代表
<b>Members</b> 成員	Mr AU Lap-sing, MH 歐立成先生
	Mr Boris BONG Ding-yue 龐定宇先生
	Mr Stephen CHAN Chit-kwai, BBS, JP 陳捷貴先生
	Dr Peter CHEE Pay-yun 池丕恩醫生
	Dr Eric CHIEN Ping 錢平醫生
	Mr Alan CHOW Ping-kay 鄒秉基先生
	Ms Jacqueline CHUNG Ka-man 鍾嘉敏女士
	Mr JONG Koon-sang 莊冠生先生
	Mr Steve LAN Yee-fong 藍義方先生
	Dr LAU Chor-chiu, MH, JP 劉楚釗醫生
	Mr Peter LEE Kwok-wah 李國華先生
	Dr Vitus LEUNG Wing-hang, JP 梁永鏗博士
	Ms LI Chun-chau 李進秋女士
	Mr Lincoln TSO Lai 曹禮先生
	Dr Ken TSOI Wing-sing 蔡榮星博士
	Dr Paul YOUNG Tze-kong, JP 楊子剛博士
	Mr Paul YU Shiu-tin, BBS, JP 余嘯天先生
	Prof Richard YUEN Man-fung 袁孟峰教授
	Mr YUNG Chi-ming, BBS, MH 翁志明先生

## Appendix 5

### 附錄 5

## Kowloon Regional Advisory Committee

### 九龍區域諮詢委員會

#### Chairman

主席

Prof Diana LEE Tze-fan, JP

李子芬教授

#### Ex-officio members

當然成員

Hospital Authority Chief Executive or his representative

醫院管理局行政總裁或其代表

Director of Health or his / her representative

衛生署署長或其代表

#### Members

成員

Mr CHAU Kwok-woon

鄒國煥先生

Prof David CHEUNG Lik-ching

張力正教授

Dr Charles CHEUNG Wai-bun, JP

張惠彬博士

Ms Margot CHOW Yan-tse

周恩慈女士

Mr CHOY Chak-hung

蔡澤鴻先生

Ms Yvonne CHUA

蔡映媚女士

Mr Clement FUNG Cheuk-nang

馮卓能先生

Mr HO Tak-sum, MH

何德心居士

Ms LAM Nixie, Lam

林琳女士

Mrs Nina LAM LEE Yuen-bing, MH

林李婉冰女士

Mrs Marigold LAU, SBS

劉賴筱韞女士

Dr Robert LAW Chi-lim

羅致廉醫生

Mr LEE Wing-man

李詠民先生

Mr LO Chiu-kit

勞超傑先生

Mr PAU Ming-hong

鮑銘康先生

Mr Stanley TAM Lanny, MH

譚領律先生

Dr Hayles WAI Heung-wah

衛向華醫生

Mr Vinci WONG

王賢誌先生

Mr Benny YEUNG Tsz-hei, MH

楊子熙先生

Mr Jimmy YUEN Hon-wing

袁漢榮先生

Mr Stephen YUEN Kwok-keung, MH

袁國強先生



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

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<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Director of Health or his / her representative 衛生署署長或其代表
<b>Members</b> 成員	Mr Daniel CHAM Ka-hung, BBS, MH, JP 湛家雄先生  Mr CHAN Bing-woon, SBS, JP 陳炳煥先生  Dr Charles CHAN Kam-kwong 陳鑑光博士  Mr FONG Cheung-fat, JP 方長發先生  Dr LAU Chee-sing 劉志成博士  Mr MO Shing-fung 巫成鋒先生  Ir Peter MOK Kwok-woo 莫國和先生  Ms Jenny NG Ming-chun, MH 吳明珍女士  Prof Simon NG Siu-man 吳兆文教授  Mr PANG Siu-hin, MH 彭少衍先生  Mr Alfred POON Sun-biu 潘新標先生  Mr SIU Hin-hong 蕭顯航先生  Dr Joey TANG Chung-yee 鄧仲儀博士  Mr Patrick TANG Ming-tai 鄧銘泰先生  Mr WONG Kwai-huen, BBS, JP 王桂壠先生  Ms Peggy WONG Pik-kiu, BBS, MH, JP 黃碧嬌女士  Mr Thomas YIU Kei-chung 姚紀中先生  Mr YIU Ming 姚銘先生

## Appendix 6

### 附錄 6

## Membership of the Board of Trustees of the Hospital Authority Provident Fund Scheme 2017-18

### 2017-18 年度醫院管理局公積金計劃信託委員會成員

#### Chairman

##### 主席

Dr KAM Pok-man, BBS

甘博文博士

#### Trustees

##### 信託委員

Mr William CHAN Fu-keung, BBS

陳富強先生

Ms Anita CHAN Shuk-yu (*from 28.9.2017*)

陳淑瑜女士 (由 2017 年 9 月 28 日起)

Mr Howard CHAN Wai-kee, JP (*up to 12.6.2017*)

陳偉基先生 (截至 2017 年 6 月 12 日)

Ms Clara CHIN Sheung-chi (*up to 31.8.2017*)

錢湘芷女士 (截至 2017 年 8 月 31 日)

Mrs Ann KUNG YEUNG Yun-chi (*from 20.11.2017*)

龔楊恩慈女士 (由 2017 年 11 月 20 日起)

Mr William KWOK Chi-on (*up to 22.2.2018*)

郭子安先生 (截至 2018 年 2 月 22 日)

Mr LAI Wai-sang

黎慧生先生

Mr John LEE Luen-wai, BBS, JP (*up to 18.11.2017*)

李聯偉先生 (截至 2017 年 11 月 18 日)

Dr Theresa LI Tak-lai (*from 13.6.2017*)

李德麗醫生 (由 2017 年 6 月 13 日起)

Dr Stanley LO Hok-king

羅學敬醫生

Mr Dave NGAN Man-kit

顏文傑先生

Mr QUEK Yat-sum (*from 23.2.2018*)

郭逸森先生 (由 2018 年 2 月 23 日起)

Mr WONG Kwai-huen, BBS, JP

王桂壘先生

Mr WONG Yiu-lun

黃耀麟先生

Mr Jason YEUNG Chi-wai

楊志威先生

## Public Feedback Statistics 公眾意見統計

### Complaint / Appreciation Received (1.4.2017 – 31.3.2018)

投訴 / 讚揚數字 (2017 年 4 月 1 日 – 2018 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	207
Staff attitude 職員態度	18
Administrative procedure 行政程序	25
Others 其他	7
<b>Total number of appeal cases handled</b> 處理上訴個案總數	<b>257</b>

Hospital Complaint / Feedback / Appreciation Statistics 醫院投訴 / 意見 / 讚揚統計			
Nature of complaint / feedback / appreciation cases 投訴 / 意見 / 讚揚個案性質	Complaint received 投訴數字	Feedback received 意見數字	Appreciation received 讚揚數字
Medical services 醫療服務	1 737	4 676	24 317
Staff attitude 職員態度	591	2 830	11 063
Administrative procedure 行政程序	454	3 262	909
Overall performance 整體表現	165	2 067	258
Others 其他	33	747	2 954
<b>Total number of hospital complaint / feedback / appreciation</b> 醫院投訴 / 意見 / 讚揚總數	<b>2 980</b>	<b>13 582</b>	<b>39 501</b>

GOPC* Complaint / Feedback / Appreciation Statistics 普通科門診診所投訴 / 意見 / 讚揚統計			
Nature of complaint / feedback / appreciation cases 投訴 / 意見 / 讚揚個案性質	Complaint received 投訴數字	Feedback received 意見數字	Appreciation received 讚揚數字
Medical services 醫療服務	109	285	3 129
Staff attitude 職員態度	56	304	1 174
Administrative procedure 行政程序	52	449	161
Overall performance 整體表現	10	111	119
Others 其他	0	20	371
<b>Total number of complaint / feedback / appreciation received by GOPC</b> 普通科門診診所投訴 / 意見 / 讚揚總數	<b>227</b>	<b>1 169</b>	<b>4 954</b>

\*General outpatient clinics

## Appendix 8

### 附錄 8

# Statistics of the Controlling Officer's Report

## 管制人員報告統計數字

The Hospital Authority generally achieved its performance targets in 2017-18. The volume of patient care activities across the full range of services in 2017-18 is comparable to the level in 2016-17.

醫院管理局大致上達到二零一七至一八年度的服務表現目標。二零一七至一八年度各類病人醫護服務的整體服務量與二零一六至一七年度的水平相若。

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

有關醫院管理局服務的主要數據如下：

	2016-17	2017-18
<b>(I) Access to services 可取用的服務</b>		
<b><i>inpatient services</i> 住院服務</b>		
no. of hospital beds (as at 31 March) 醫院病床數目 (截至三月三十一日)		
general (acute and convalescent) 普通科 (急症及康復)	21 798	22 027
infirmary 療養科	2 041	2 041
mentally ill 精神科	3 607	3 607
mentally handicapped 智障科	680	680
overall 總計	28 126	28 355
<b><i>ambulatory and outreach services</i> 日間及外展服務</b>		
accident and emergency (A&E) services 急症室服務		
percentage of A&E patients within target waiting time 在目標輪候時間內獲處理的急症病人的百分率		
triage I (critical cases - 0 minute) (%) 第 I 類別 (危殆個案—0分鐘) (%)	100	100
triage II (emergency cases - 15 minutes) (%) 第 II 類別 (危急個案—15分鐘) (%)	97	97
triage III (urgent cases - 30 minutes) (%) 第 III 類別 (緊急個案—30分鐘) (%)	79	76
specialist outpatient services 專科門診服務		
median waiting time for first appointment at specialist clinics 專科診所新症輪候時間中位數		
first priority patients 第一優先就診病人	< 1 week 星期	< 1 week 星期
second priority patients 第二優先就診病人	5 weeks 星期	5 weeks 星期
rehabilitation and geriatric services (as at 31 March) 康復及老人科服務 (截至三月三十一日)		
no. of community nurses 社康護士數目	482	490
no. of geriatric day places 老人科日間醫院名額	659	659
psychiatric services (as at 31 March) 精神科服務 (截至三月三十一日)		
no. of community psychiatric nurses 精神科社康護士數目	137	139
no. of psychiatric day places 精神科日間醫院名額	889	889

	2016-17	2017-18
<b>(II) Delivery of services 所提供的服務</b>		
<b><i>inpatient services</i> 住院服務</b>		
no. of discharges and deaths 住院病人出院人次及死亡人數		
general (acute and convalescent) 普通科(急症及康復)	1 105 033	1 138 748
infirmary 療養科	3 687	3 400
mentally ill 精神科	17 640	17 432
mentally handicapped 智障科	552	629
overall 總計	1 126 912	1 160 209
no. of patient days 病人住院日次		
general (acute and convalescent) 普通科(急症及康復)	6 347 786	6 662 514
infirmary 療養科	516 661	498 621
mentally ill 精神科	940 323	918 456
mentally handicapped 智障科	194 336	191 510
overall 總計	7 999 106	8 271 101
bed occupancy rate (%) 病床住用率(%)		
general (acute and convalescent) 普通科(急症及康復)	90	93
infirmary 療養科	88	89
mentally ill 精神科	72	70
mentally handicapped 智障科	80	77
overall 總計	87	89
average length of stay (days)* 平均住院時間(日)*		
general (acute and convalescent) 普通科(急症及康復)	5.8	5.9
infirmary 療養科	131	139
mentally ill 精神科	49	55
mentally handicapped 智障科	391	303
overall 總計	7.1	7.2
<b><i>ambulatory and outreach services</i> 日間及外展服務</b>		
day inpatient services 日間住院病人服務		
no. of discharges and deaths 出院人次及死亡人數	633 508	659 413
A&E services 急症室服務		
no. of attendances 就診人次	2 231 951	2 189 040
no. of attendances per 1 000 population 每千人口的就診人次	304	296
no. of first attendances for 首次就診人次分流		
triage I 第 I 類別	20 210	22 144
triage II 第 II 類別	47 491	52 111
triage III 第 III 類別	722 731	749 179
specialist outpatient services 專科門診服務		
no. of specialist outpatient (clinical) new attendances 專科門診(臨床)新症就診人次	764 438	790 355
no. of specialist outpatient (clinical) follow-up attendances 專科門診(臨床)舊症覆診人次	6 836 705	6 926 315
total no. of specialist outpatient (clinical) attendances 專科門診(臨床)就診總人次	7 601 143	7 716 670



## Appendix 8

### 附錄 8

	2016-17	2017-18
<b>primary care services 基層醫療服務</b>		
no. of general outpatient attendances 普通科門診就診人次	6 120 999	6 081 738
no. of family medicine specialist clinic attendances 家庭醫學專科門診就診人次	302 497	311 626
total no. of primary care attendances 基層醫療就診總人次	6 423 496	6 393 364
<b>rehabilitation and palliative care services 康復及紓緩護理服務</b>		
no. of rehabilitation day and palliative care day attendances 康復及紓緩護理日間服務就診人次	92 642	98 104
no. of home visits by community nurses 社康護士家訪次數	867 226	877 610
no. of allied health (community) attendances 專職醫療(社區)就診人次	36 072	36 426
no. of allied health (outpatient) attendances 專職醫療(門診)就診人次	2 704 572	2 745 545
<b>geriatric services 老人科服務</b>		
no. of outreach attendances 接受外展服務人次	661 988	685 469
no. of geriatric elderly persons assessed for infirmity care service 接受療養服務評核的長者人數	1 754	1 766
no. of geriatric day attendances 老人科日間醫院就診人次	153 150	148 258
no. of Visiting Medical Officer attendances 接受到診醫生治療人次	109 906	110 805
<b>psychiatric services 精神科服務</b>		
no. of psychiatric outreach attendances 接受精神科外展服務人次	290 185	292 121
no. of psychiatric day attendances 精神科日間醫院就診人次	224 857	222 303
no. of psychogeriatric outreach attendances 接受老人精神科外展服務人次	99 674	98 440
<b>(III) Quality of services 服務質素</b>		
no. of hospital deaths per 1 000 population <sup>^</sup> 每千人口中病人在醫院死亡人數 <sup>^</sup>	3.0	3.0
unplanned readmission rate within 28 days for general inpatients (%) 普通科住院病人在出院後28天內未經預約再入院率(%)	10.5	10.6
<b>(IV) Cost of services 服務成本</b>		
<b>cost distribution 成本分布</b>		
cost distribution by service types (%) 按服務類別劃分的成本分布百分率(%)		
inpatient 住院服務	54.1	54.4
ambulatory and outreach 日間及外展服務	45.9	45.6
cost by service types per 1 000 population (HK\$Mn) 每千人口按服務類別劃分的服務成本(港幣百萬元)		
inpatient 住院服務	4.3	4.5
ambulatory and outreach 日間及外展服務	3.7	3.8
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(%)	47.1	48.5
cost of services per 1 000 population (HK\$Mn) 每千人口的服務成本(港幣百萬元)	23.7	24.5

	2016-17	2017-18
<b>unit costs 單位成本</b>		
<b><i>inpatient services 住院服務</i></b>		
cost per inpatient discharged (HK\$) 每名出院病人的成本 (港元)		
general (acute and convalescent) 普通科(急症及康復)	25,570	26,110
infirmary 療養科	225,420	239,970
mentally ill 精神科	141,710	147,780
mentally handicapped 智障科	588,060	513,660
cost per patient day (HK\$) 病人每日成本 (港元)		
general (acute and convalescent) 普通科(急症及康復)	4,950	4,950
infirmary 療養科	1,610	1,640
mentally ill 精神科	2,660	2,810
mentally handicapped 智障科	1,670	1,690
<b><i>ambulatory and outreach services 日間及外展服務</i></b>		
cost per A&E attendance (HK\$) 急症室每次診症的成本 (港元)	1,300	1,390
cost per specialist outpatient attendance (HK\$) 專科門診每次診症的成本 (港元)	1,210	1,230
cost per general outpatient attendance (HK\$) 普通科門診每次診症的成本 (港元)	450	470
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)	1,140	1,180
cost per outreach visit by community nurse (HK\$) 社康護士每次外展服務的成本 (港元)	570	575
cost per psychiatric outreach attendance (HK\$) 精神科外展服務每次的成本 (港元)	1,640	1,660
cost per geriatric day attendance (HK\$) 老人科日間醫院每次服務的成本 (港元)	2,070	2,240
<b>fee waivers ~ 收費減免 ~</b>		
percentage of Comprehensive Social Security Assistance (CSSA) fee waiver (%) 綜合社會保障援助(綜援)收費減免百分率 (%)	17.7	17.5
percentage of non-CSSA fee waiver (%) # 非綜援收費減免百分率 (%)#	7.2	12.8

Notes:

\* Derived by dividing the sum of length of stay of inpatients by the corresponding number of inpatients discharged and treated.

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

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

# With effect from 15 July 2017, the medical fee waiver for public healthcare services has been extended to cover Old Age Living Allowance (OALA) recipients aged 75 or above with assets not exceeding \$144,000 (elderly singletons) or \$218,000 (elderly couples). In this regard, the percentage of non-CSSA fee waiver for 2017-18 includes fee waiver for OALA recipients of 6.6 percent.

備註：

\* 按住院病人住院時間總數除以相對的住院病人出院及接受治療人數計算。

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

~ 指減免款額佔總收費的百分率。

# 自二零一七年七月十五日起，公營醫療服務費用減免安排已擴展至較年老和較有經濟需要的長者生活津貼受惠人，即 75 歲或以上而資產不多於 144,000 元的單身長者或資產不多於 218,000 元的長者夫婦。故此，在二零一七至一八年度非綜援收費減免百分率當中，已包含 6.6% 對此類受惠人士的收費減免。

## Appendix 9

### 附錄 9

## Statistics on Number of Beds, Inpatient, Accident & Emergency and Outpatient Services in 2017-18

### 2017-18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 <sup>1</sup> 機構 <sup>1</sup>	No. of hospital beds (as at 31 March 2018) <sup>2</sup> 醫院病床數目 (截至2018年3月31日) <sup>2</sup>	Total IP & DP discharges and deaths 住院及日間出院病人及死亡人數	Inpatient bed occupancy rate (%) 住院病人病床住用率 (%)	Inpatient average length of stay (days) 住院病人平均住院時間(日)	Total A&E attendances 急症室總就診人次	Total SOP (clinical) attendances <sup>3,4</sup> 專科門診(臨床)就診總人次 <sup>3,4</sup>	Family Medicine Specialist Clinic attendances <sup>3</sup> 家庭醫學專科門診就診人次 <sup>3</sup>	Total Allied Health (Outpatient) attendances <sup>3,5</sup> 專職醫療(門診)就診總人次 <sup>3,5</sup>	General Outpatient attendances <sup>3,6</sup> 普通科門診就診人次 <sup>3,6</sup>
<b>Hong Kong East Cluster 港島東醫院聯網</b>									
Cheshire Home, Chung Hom Kok 春磡角慈氏護養院	240	383	83.5	209.5	-	-	-	189	-
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	1 759	148 411	87.6	5.5	133 929	595 859	60 535	165 486	411 474
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	621	28 711	92.1	6.9	73 612	139 629	9 745	100 415	137 115
St John Hospital 長洲醫院	87	3 542	61.3	3.9	9 419	47	-	7 550	34 221
Tung Wah Eastern Hospital 東華東院	265	8 120	88.9	14.0	-	101 684	-	30 660	26 624
Wong Chuk Hang Hospital 黃竹坑醫院	160	160	93.9	204.5	-	-	-	-	-
<b>Sub-total 小計</b>	<b>3 132</b>	<b>189 327</b>	<b>88.5</b>	<b>7.1</b>	<b>216 960</b>	<b>837 219</b>	<b>70 280</b>	<b>304 300</b>	<b>609 434</b>
<b>Hong Kong West Cluster 港島西醫院聯網</b>									
The Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院	133	4 220	55.4	7.9	-	21 133	-	35 127	-
Tung Wah Group of Hospitals Fung Yiu King Hospital 東華三院馮堯敬醫院	272	3 274	73.1	19.6	-	673	-	531	-
Grantham Hospital 葛量洪醫院	389	16 618	80.7	12.8	-	123 238	-	22 058	-
MacLehose Medical Rehabilitation Centre 麥理浩復康院	110	1 216	63.0	19.4	-	275	-	2 587	-
Queen Mary Hospital 瑪麗醫院	1 705	164 876	81.1	4.5	125 506	679 156	21 471	146 642	362 548
Tung Wah Hospital 東華醫院	532	26 827	82.8	15.1	-	51 070	-	6 401	31 786
Tsan Yuk Hospital 贊育醫院	1	139	-	-	-	23 563	-	5 210	-
<b>Sub-total 小計</b>	<b>3 142</b>	<b>217 170</b>	<b>78.8</b>	<b>6.5</b>	<b>125 506</b>	<b>899 108</b>	<b>21 471</b>	<b>218 556</b>	<b>394 334</b>
<b>Kowloon Central Cluster<sup>7</sup> 九龍中醫院聯網<sup>7</sup></b>									
Hong Kong Buddhist Hospital 香港佛教醫院	324	8 612	98.3	16.2	-	12 426	-	16 202	43 653
Hong Kong Eye Hospital 香港眼科醫院	45	8 013	40.3	4.0	-	230 837	-	23 589	-
Kowloon Hospital 九龍醫院	1 321	17 739	83.7	23.4	-	85 831	-	130 451	-
Kwong Wah Hospital 廣華醫院	1 186	97 300	82.8	4.2	131 904	360 464	3 537	162 451	207 932
Our Lady of Maryknoll Hospital 聖母醫院	236	11 554	75.4	8.8	-	68 228	1 151	34 067	405 337
Queen Elizabeth Hospital 伊利沙伯醫院	1 932	202 191	96.1	5.3	188 878	713 163	9 506	263 952	527 489
Tung Wah Group of Hospitals Wong Tai Sin Hospital 東華三院黃大仙醫院	531	9 874	88.4	19.3	-	-	-	891	-
<b>Sub-total 小計</b>	<b>5 575</b>	<b>355 283</b>	<b>88.7</b>	<b>7.3</b>	<b>320 782</b>	<b>1 470 949</b>	<b>14 194</b>	<b>631 603</b>	<b>1 184 411</b>

## Appendix 9

### 附錄 9

Institution <sup>1</sup> 機構 <sup>1</sup>	No. of hospital beds (as at 31 March 2018) <sup>2</sup> 醫院病床數目 (截至2018年 3月31日) <sup>2</sup>	Total IP & DP discharges and deaths 住院及日間 住院病人 出院人次及 死亡人數	Inpatient bed occupancy rate (%) 住院病人 病床住用率 (%)	Inpatient average length of stay (days) 住院病人 平均住院 時間(日)	Total A&E attendances 急症室 總就診人次	Total SOP (clinical) attendances <sup>3,4</sup> 專科門診 (臨床)就診 總人次 <sup>3,4</sup>	Family Medicine Specialist Clinic attendances <sup>3</sup> 家庭醫學 專科門診 就診人次 <sup>3</sup>	Total Allied Health (Outpatient) attendances <sup>3,5</sup> 專職醫療 (門診)就診 總人次 <sup>3,5</sup>	General Outpatient attendances <sup>3,6</sup> 普通科門診 就診人次 <sup>3,6</sup>
<b>Kowloon East Cluster 九龍東醫院聯網</b>									
Haven of Hope Hospital 靈實醫院	481	7 643	93.3	21.8	-	9 167	-	5 497	-
Tseung Kwan O Hospital 將軍澳醫院	687	69 445	100.9	5.2	120 088	324 265	249	145 114	329 196
United Christian Hospital 基督教聯合醫院	1 433	124 697	96.1	5.1	175 938	549 177	61 534	227 810	644 576
<b>Sub-total 小計</b>	<b>2 601</b>	<b>201 785</b>	<b>96.8</b>	<b>6.1</b>	<b>296 026</b>	<b>882 609</b>	<b>61 783</b>	<b>378 421</b>	<b>973 772</b>
<b>Kowloon West Cluster 九龍西醫院聯網</b>									
Caritas Medical Centre 明愛醫院	1 193	69 226	86.3	6.5	134 358	406 712	3 423	94 732	307 404
Kwai Chung Hospital 葵涌醫院	920	4 494	71.1	63.0	-	233 353	-	37 494	-
North Lantau Hospital 北大嶼山醫院	40	4 311	94.3	5.0	91 082	13 829	793	35 577	94 997
Princess Margaret Hospital 瑪嘉烈醫院	1 741	156 556	96.4	5.3	130 054	461 948	17 763	118 601	380 538
Yan Chai Hospital 仁濟醫院	813	62 488	91.0	4.7	128 391	230 108	5 893	96 458	293 661
<b>Sub-total 小計</b>	<b>4 707</b>	<b>297 075</b>	<b>87.5</b>	<b>6.7</b>	<b>483 885</b>	<b>1 345 950</b>	<b>27 872</b>	<b>382 862</b>	<b>1 076 600</b>
<b>New Territories East Cluster 新界東醫院聯網</b>									
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	545	64 944	86.2	4.3	124 403	272 035	5 101	123 422	238 489
Bradbury Hospice 白普理寧養中心	26	638	93.2	13.9	-	25	-	1 763	-
Cheshire Home, Shatin 沙田慈氏護養院	304	227	72.6	462.6	-	-	-	88	-
North District Hospital 北區醫院	623	50 362	93.6	5.1	103 826	184 395	5 478	79 533	259 626
Prince of Wales Hospital 威爾斯親王醫院	1 708	180 574	93.1	5.3	143 694	768 590	48 993	215 183	485 882
Shatin Hospital 沙田醫院	571	9 520	88.7	19.4	-	637	-	1 650	-
Tai Po Hospital 大埔醫院	994	10 554	90.4	25.9	-	536	-	598	-
<b>Sub-total 小計</b>	<b>4 771</b>	<b>316 819</b>	<b>89.8</b>	<b>7.4</b>	<b>371 923</b>	<b>1 226 218</b>	<b>59 572</b>	<b>422 237</b>	<b>983 997</b>
<b>New Territories West Cluster 新界西醫院聯網</b>									
Castle Peak Hospital 青山醫院	1 156	2 765	62.9	105.5	-	143 234	-	25 053	-
Pok Oi Hospital 博愛醫院	757	59 898	103.3	6.2	116 052	134 445	20 135	86 024	-
Siu Lam Hospital 小欖醫院	520	622	89.1	317.2	-	-	-	-	-
Tuen Mun Hospital 屯門醫院	1 994	177 175	106.3	6.1	190 108	774 329	22 646	264 598	859 190
Tin Shui Wai Hospital <sup>8</sup> 天水圍醫院 <sup>8</sup>	-	1 703	-	-	67 798	2 609	13 673	31 891	-
<b>Sub-total 小計</b>	<b>4 427</b>	<b>242 163</b>	<b>91.6</b>	<b>9.1</b>	<b>373 958</b>	<b>1 054 617</b>	<b>56 454</b>	<b>407 566</b>	<b>859 190</b>
<b>GRAND TOTAL 總計</b>	<b>28 355</b>	<b>1 819 622</b>	<b>88.8</b>	<b>7.2</b>	<b>2 189 040</b>	<b>7 716 670</b>	<b>311 626</b>	<b>2 745 545</b>	<b>6 081 738</b>

## Appendix 9

### 附錄 9

#### Notes:

1. Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from the Kowloon West Cluster (KWC) to Kowloon Central Cluster (KCC) with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017.
2. Number of hospital beds as at 31 March 2018 is based on the Annual Survey on Hospital Beds in Public Hospitals 2017-18.
3. Outpatient attendances for different clinics are grouped under respective hospital management.
4. Specialist Outpatient (SOP) (clinical) attendances also include attendances from nurse clinics in SOP setting.
5. Total Allied Health (Outpatient) attendances exclude follow-up consultations provided by the Medical Social Services Units.
6. General Outpatient (GOP) attendances also include attendances from nurse clinics in GOP setting and attendances in related healthcare reform initiative programmes in primary care.
7. Hong Kong Children's Hospital is scheduled to commence service by phases in the fourth quarter of 2018.
8. Tin Shui Wai Hospital commenced service by phases in January 2017.

#### Abbreviations:

IP – Inpatient

DP – Day inpatient

A&E – Accident & Emergency

SOP – Specialist Outpatient

#### 註：

1. 原屬於九龍西醫院聯網的廣華醫院、聖母醫院及東華三院黃大仙醫院以及相關地區的服務單位，已於 2016 年 12 月 1 日正式納入九龍中醫院聯網。2016-17 整個財政年度（即截至 2017 年 3 月 31 日止）的服務／人手統計數字及財務資料的匯報，會繼續按照原先的聯網界線（即相關服務單位屬九龍西醫院聯網）為依據。相關數字由 2017 年 4 月 1 日起會按照新的聯網界線匯報。
2. 2018 年 3 月 31 日的醫院病床數目來自 2017-18 年度的公立醫院病床數目調查。
3. 各診所的門診就診人次均歸入所屬醫院之下。
4. 專科門診（臨床）就診總人次也包括專科護士診所的就診人次。
5. 專職醫療（門診）就診總人次不包括由醫務社會服務部提供的跟進個案。
6. 普通科門診就診人次也包括普通科護士診所的就診人次及醫療改革服務計劃內的基層醫療服務就診人次。
7. 香港兒童醫院預計於 2018 年第四季起分階段投入服務。
8. 天水圍醫院於 2017 年 1 月起分階段投入服務。



## Statistics on Community and Rehabilitation Services in 2017-18

### 2017-18 年度社康及康復服務統計數字

Institution <sup>1</sup> 機構 <sup>1</sup>	Home visits by community nurses 社康護士 家訪次數	Psychiatric outreach attendances <sup>2</sup> 接受精神科 外展服務 人次 <sup>2</sup>	Psycho- geriatric outreach attendances <sup>3</sup> 接受老人 精神科外展 服務人次 <sup>3</sup>	Community Geriatric Assessment Service <sup>4</sup> 社區老人 評估服務量 <sup>4</sup>	Visiting Medical Officer attendances <sup>5</sup> 接受到診醫生 治療人次 <sup>5</sup>	Allied Health (Community) attendances <sup>6</sup> 專職醫療 (社區) 就診人次 <sup>6</sup>	Rehabilitation day & palliative care day attendances 康復及舒緩 護理日間服務 就診人次	Geriatric day attendances <sup>7</sup> 老人科 日間醫院 就診人次 <sup>7</sup>	Psychiatric day attendances 精神科 日間醫院 就診人次
<b>Hong Kong East Cluster 港島東醫院聯網</b>									
Cheshire Home, Chung Hom Kok 春磡角慈氏護養院	-	-	-	-	-	17	-	-	-
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	92 065	23 367	11 119	-	-	820	261	15 715	27 874
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	-	-	-	105 042	22 535	2 312	6 422	18 553	-
St John Hospital 長洲醫院	4 903	-	-	-	-	4	-	-	-
Tung Wah Eastern Hospital 東華東院	-	-	-	-	-	86	34 178	-	-
Wong Chuk Hang Hospital 黃竹坑醫院	-	-	-	-	-	2	-	2 452	-
<b>Sub-total 小計</b>	<b>96 968</b>	<b>23 367</b>	<b>11 119</b>	<b>105 042</b>	<b>22 535</b>	<b>3 241</b>	<b>40 861</b>	<b>36 720</b>	<b>27 874</b>
<b>Hong Kong West Cluster 港島西醫院聯網</b>									
The Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院	-	-	-	-	-	5	-	-	-
Tung Wah Group of Hospitals Fung Yiu King Hospital 東華三院馮堯敬醫院	-	-	-	56 267	13 006	2 605	-	5 701	-
Grantham Hospital 葛量洪醫院	-	-	-	-	-	48	4 813	-	-
MacLehose Medical Rehabilitation Centre 麥理浩復康院	-	-	-	-	-	75	14 627	-	-
Queen Mary Hospital 瑪麗醫院	56 953	19 666	13 440	-	-	609	-	-	20 330
Tung Wah Hospital 東華醫院	-	-	-	-	-	185	7 477	6 223	-
<b>Sub-total 小計</b>	<b>56 953</b>	<b>19 666</b>	<b>13 440</b>	<b>56 267</b>	<b>13 006</b>	<b>3 527</b>	<b>26 917</b>	<b>11 924</b>	<b>20 330</b>
<b>Kowloon Central Cluster<sup>8</sup> 九龍中醫院聯網<sup>8</sup></b>									
Hong Kong Buddhist Hospital 香港佛教醫院	-	-	-	-	-	154	3 146	-	-
Kowloon Hospital 九龍醫院	82 261	20 110	9 124	36 895	5 119	1 726	959	2 621	10 305
Kwong Wah Hospital 廣華醫院	39 263	-	-	63 625	10 063	969	-	8 735	-
Our Lady of Maryknoll Hospital 聖母醫院	55 535	-	-	17 744	-	101	829	-	-
Queen Elizabeth Hospital 伊利沙伯醫院	-	-	-	35 598	7 664	2 161	-	11 157	-
Tung Wah Group of Hospitals Wong Tai Sin Hospital 東華三院黃大仙醫院	-	-	-	-	-	75	-	10 842	-
<b>Sub-total 小計</b>	<b>177 059</b>	<b>20 110</b>	<b>9 124</b>	<b>153 862</b>	<b>22 846</b>	<b>5 186</b>	<b>4 934</b>	<b>33 355</b>	<b>10 305</b>

## Appendix 10

### 附錄 10

Institution <sup>1</sup> 機構 <sup>1</sup>	Home visits by community nurses 社康護士 家訪次數	Psychiatric outreach attendances <sup>2</sup> 接受精神科 外展服務 人次 <sup>2</sup>	Psycho- geriatric outreach attendances <sup>3</sup> 接受老人 精神科外展 服務人次 <sup>3</sup>	Community Geriatric Assessment Service <sup>4</sup> 社區老人 評核服務量 <sup>4</sup>	Visiting Medical Officer attendances <sup>5</sup> 接受到診醫生 治療人次 <sup>5</sup>	Allied Health (Community) attendances <sup>6</sup> 專職醫療 (社區) 就診人次 <sup>6</sup>	Rehabilitation day & palliative care day attendances 康復及舒緩 護理日間服務 就診人次	Geriatric day attendances <sup>7</sup> 老人科 日間醫院 就診人次 <sup>7</sup>	Psychiatric day attendances 精神科 日間醫院 就診人次
<b>Kowloon East Cluster 九龍東醫院聯網</b>									
Haven of Hope Hospital 靈實醫院	31 338	-	-	6 986	440	261	2 440	5 906	-
Tseung Kwan O Hospital 將軍澳醫院	-	-	-	-	-	50	-	-	-
United Christian Hospital 基督教聯合醫院	140 321	31 450	10 103	39 658	8 287	1 315	2 395	15 453	32 731
<b>Sub-total 小計</b>	<b>171 659</b>	<b>31 450</b>	<b>10 103</b>	<b>46 644</b>	<b>8 727</b>	<b>1 626</b>	<b>4 835</b>	<b>21 359</b>	<b>32 731</b>
<b>Kowloon West Cluster 九龍西醫院聯網</b>									
Caritas Medical Centre 明愛醫院	62 426	-	-	44 366	4 401	138	1 394	13 472	-
Kwai Chung Hospital 葵涌醫院	-	88 962	27 073	-	-	2 691	-	-	66 607
North Lantau Hospital 北大嶼山醫院	7 605	2 895	-	4 145	-	173	6 253	-	-
Princess Margaret Hospital 瑪嘉烈醫院	51 877	-	-	41 281	5 052	1 204	2 341	14 339	-
Yan Chai Hospital 仁濟醫院	34 840	-	-	41 149	5 934	267	-	8 033	-
<b>Sub-total 小計</b>	<b>156 748</b>	<b>91 857</b>	<b>27 073</b>	<b>130 941</b>	<b>15 387</b>	<b>4 473</b>	<b>9 988</b>	<b>35 844</b>	<b>66 607</b>
<b>New Territories East Cluster 新界東醫院聯網</b>									
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	37 245	-	893	29 032	6 620	2 831	715	12 258	11 506
Bradbury Hospice 白普理寧養中心	-	-	-	-	-	98	298	-	-
Cheshire Home, Shatin 沙田慈氏護養院	-	-	-	-	-	-	-	-	-
North District Hospital 北區醫院	36 711	11 275	7 563	27 473	6 572	3 401	304	10 526	10 678
Prince of Wales Hospital 威爾斯親王醫院	52 153	-	-	22 427	6 932	4 413	-	-	-
Shatin Hospital 沙田醫院	-	22 518	5 676	-	-	500	6 173	13 877	15 050
Tai Po Hospital 大埔醫院	-	8 990	262	-	-	45	-	-	7 735
<b>Sub-total 小計</b>	<b>126 109</b>	<b>42 783</b>	<b>14 394</b>	<b>78 932</b>	<b>20 124</b>	<b>11 288</b>	<b>7 490</b>	<b>36 661</b>	<b>44 969</b>
<b>New Territories West Cluster 新界西醫院聯網</b>									
Castle Peak Hospital 青山醫院	-	62 888	13 187	-	-	2 702	-	-	13 507
Pok Oi Hospital 博愛醫院	27 890	-	-	55 913	1 745	519	-	6 313	-
Siu Lam Hospital 小欖醫院	-	-	-	-	-	1	-	-	-
Tuen Mun Hospital 屯門醫院	62 961	-	-	59 634	6 435	3 486	3 079	12 882	5 980
Tin Shui Wai Hospital <sup>9</sup> 天水圍醫院 <sup>9</sup>	1 263	-	-	-	-	377	-	-	-
<b>Sub-total 小計</b>	<b>92 114</b>	<b>62 888</b>	<b>13 187</b>	<b>115 547</b>	<b>8 180</b>	<b>7 085</b>	<b>3 079</b>	<b>19 195</b>	<b>19 487</b>
<b>GRAND TOTAL 總計</b>	<b>877 610</b>	<b>292 121</b>	<b>98 440</b>	<b>687 235</b>	<b>110 805</b>	<b>36 426</b>	<b>98 104</b>	<b>195 058</b>	<b>222 303</b>

Notes:

1. Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from the Kowloon West Cluster (KWC) to Kowloon Central Cluster (KCC) with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017.
2. Figures also include home visits and crisis intervention.
3. Figures also include home visits and consultation-liaison attendances.
4. For Community Geriatric Assessment Service, the activity refers to total number of outreach attendances and geriatric elderly persons assessed for infirmary care service.
5. Visiting Medical Officer attendances refer to the attendances receiving services provided to elderly persons living in Resident Care Homes for the Elderly under the Visiting Medical Officers Scheme introduced in 2003-04.
6. Allied Health (Community) attendances exclude follow-up consultations provided by the Medical Social Services Units.
7. Geriatric day attendances also include attendances in Integrated Discharge Support Programme (IDSP) for elderly patients.
8. Hong Kong Children's Hospital is scheduled to commence service by phases in the fourth quarter of 2018.
9. Tin Shui Wai Hospital commenced service by phases in January 2017.

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

註：

1. 原屬於九龍西醫院聯網的廣華醫院、聖母醫院及東華三院黃大仙醫院以及相關地區的服務單位，已於2016年12月1日正式納入九龍中醫院聯網。2016-17 整個財政年度（即截至2017年3月31日止）的服務／人手統計數字及財務資料的匯報，會繼續按照原先的聯網界線（即相關服務單位屬九龍西醫院聯網）為依據。相關數字由2017年4月1日起會按照新的聯網界線匯報。
2. 數字也包括家訪及危機處理服務。
3. 數字也包括家訪及諮詢會診。
4. 指接受相關外展服務的人次及接受療養服務評估的長者人數的總和。
5. 接受到診醫生治療人次指2003-04年度推出的「到診醫生計劃」中為安老院舍長者所提供的到診服務。
6. 專職醫療（社區）就診人次不包括由醫務社會服務部提供的跟進個案。
7. 老人科日間醫院就診人次也包括離院長者綜合支援計劃的就診人次。
8. 香港兒童醫院預計於2018年第四季起分階段投入服務。
9. 天水圍醫院於2017年1月起分階段投入服務。

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 <sup>1</sup> 機構 <sup>1</sup>	No. of Full-time Equivalent (FTE) Staff (as at 31.3.2018) <sup>2, 3, 4, 5</sup> 等同全職人員數目 (2018年3月31日數字) <sup>2, 3, 4, 5</sup>				
	Medical 醫療	Nursing 護理	Allied Health 專職醫療	Others 其他	Total 總計
<b>Hong Kong East Cluster 港島東醫院聯網</b>	<b>661</b>	<b>2 780</b>	<b>832</b>	<b>3 976</b>	<b>8 249</b>
Cheshire Home, Chung Hom Kok 春磡角慈氏護養院	3	61	10	111	185
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	518	1 871	558	2 559	5 507
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	91	578	175	755	1 599
St John Hospital 長洲醫院	7	35	8	80	130
Tung Wah Eastern Hospital 東華東院	39	187	77	336	638
Wong Chuk Hang Hospital 黃竹坑醫院	2	48	4	137	191
<b>Hong Kong West Cluster 港島西醫院聯網</b>	<b>711</b>	<b>2 862</b>	<b>972</b>	<b>3 620</b>	<b>8 165</b>
The Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院	15	85	54	143	296
Grantham Hospital 葛量洪醫院	34	262	66	323	685
MacLehose Medical Rehabilitation Centre 麥理浩復康院	1	36	33	87	157
Queen Mary Hospital <sup>6</sup> 瑪麗醫院 <sup>6</sup>	601	2 084	707	2 543	5 935
TWGHs Fung Yiu King Hospital 東華三院馮堯敬醫院	18	85	32	142	277
Tung Wah Hospital 東華醫院	42	310	80	382	814
<b>Kowloon Central Cluster 九龍中醫院聯網</b>	<b>1 255</b>	<b>5 257</b>	<b>1 569</b>	<b>7 179</b>	<b>15 260</b>
HK Red Cross Blood Transfusion Service 香港紅十字會輸血服務中心	6	96	75	284	461
Hong Kong Buddhist Hospital 香港佛教醫院	15	187	41	221	463
Hong Kong Children's Hospital 香港兒童醫院	12	52	21	104	189
Hong Kong Eye Hospital 香港眼科醫院	35	78	22	168	303
Kowloon Hospital 九龍醫院	64	779	196	986	2 025
Kwong Wah Hospital 廣華醫院	350	1 201	338	1 443	3 332
Our Lady of Maryknoll Hospital 聖母醫院	69	265	80	352	766
Queen Elizabeth Hospital <sup>7</sup> 伊利沙伯醫院 <sup>7</sup>	678	2 332	744	3 286	7 039
TWGHs Wong Tai Sin Hospital 東華三院黃大仙醫院	26	268	52	336	683
<b>Kowloon East Cluster 九龍東醫院聯網</b>	<b>740</b>	<b>2 921</b>	<b>804</b>	<b>3 631</b>	<b>8 095</b>
Haven of Hope Hospital 靈實醫院	23	298	72	434	826
Tseung Kwan O Hospital 將軍澳醫院	196	779	218	940	2 132
United Christian Hospital 基督教聯合醫院	521	1 845	514	2 257	5 137

# Appendix 11(a)

## 附錄 11(a)

Institution <sup>1</sup> 機構 <sup>1</sup>	No. of Full-time Equivalent (FTE) Staff (as at 31.3.2018) <sup>2, 3, 4, 5</sup> 等同全職人員數目 (2018年3月31日數字) <sup>2, 3, 4, 5</sup>				
	Medical 醫療	Nursing 護理	Allied Health 專職醫療	Others 其他	Total 總計
<b>Kowloon West Cluster 九龍西醫院聯網</b>	<b>1 063</b>	<b>4 260</b>	<b>1 264</b>	<b>5 285</b>	<b>11 871</b>
Caritas Medical Centre 明愛醫院	263	937	271	1 214	2 686
Kwai Chung Hospital 葵涌醫院	73	673	131	608	1 485
North Lantau Hospital 北大嶼山醫院	35	98	69	205	407
Princess Margaret Hospital 瑪嘉烈醫院	454	1 742	575	2 217	4 988
Yan Chai Hospital 仁濟醫院	238	810	217	1 040	2 305
<b>New Territories East Cluster 新界東醫院聯網</b>	<b>1 058</b>	<b>4 362</b>	<b>1 283</b>	<b>5 524</b>	<b>12 227</b>
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	178	693	252	1 008	2 131
Bradbury Hospice 白普理寧養中心	2	30	5	31	67
Cheshire Home, Shatin 沙田慈氏護養院	2	93	11	132	239
North District Hospital 北區醫院	191	738	213	901	2 042
Prince of Wales Hospital 威爾斯親王醫院	605	2 048	639	2 489	5 780
Shatin Hospital 沙田醫院	39	358	84	447	928
Tai Po Hospital 大埔醫院	41	402	80	516	1 039
<b>New Territories West Cluster 新界西醫院聯網</b>	<b>836</b>	<b>3 627</b>	<b>1 017</b>	<b>5 351</b>	<b>10 831</b>
Castle Peak Hospital 青山醫院	77	583	103	664	1 428
Pok Oi Hospital 博愛醫院	135	632	176	882	1 825
Siu Lam Hospital 小欖醫院	6	150	11	322	489
Tuen Mun Hospital 屯門醫院	600	2 191	667	3 241	6 699
Tin Shui Wai Hospital 天水圍醫院	18	71	60	242	391
<b>Total 總計</b>	<b>6 324</b>	<b>26 068</b>	<b>7 740</b>	<b>34 566</b>	<b>74 698</b>

### Notes:

1. Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from the Kowloon West Cluster (KWC) to Kowloon Central Cluster (KCC) with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017.
2. This figure excludes 2 228 staff in the Hospital Authority Head Office.
3. Manpower on full-time equivalent (FTE) basis includes all full-time & part-time staff in HA's workforce i.e. permanent, contract and temporary.
4. Individual figures may not add up to the total due to rounding.
5. Manpower figures of individual hospitals / institutions include management staff providing hospital and cluster-wide services.
6. Manpower providing services for Tsan Yuk Hospital is included in Queen Mary Hospital.
7. Manpower providing services for Rehabaid Centre is included in Queen Elizabeth Hospital.

### 註：

1. 原屬於九龍西醫院聯網的廣華醫院、聖母醫院及東華三院黃大仙醫院以及相關地區的服務單位，已於2016年12月1日正式納入九龍中醫院聯網。2016-17整個財政年度(即截至2017年3月31日止)的服務/人手統計數字及財務資料的匯報，會繼續按照原先的聯網界線(即相關服務單位屬九龍西醫院聯網)為依據。相關數字由2017年4月1日起會按照新的聯網界線匯報。
2. 這數字不包括醫管局總辦事處的2 228名職員。
3. 人手按「等同全職人員」計，包括醫管局所有全職及兼職的常額、合約及臨時職員。
4. 由於四捨五入的關係，各項數字相加後可能不等於總數。
5. 各醫院人手數目包括負責醫院及聯網整體事務的管理人員。
6. 贊育醫院的服務人手已歸入瑪麗醫院內。
7. 復康專科及資源中心的服務人手已歸入伊利沙伯醫院內。



## Appendix 11(b)

### 附錄 11(b)

## Manpower Position – by Staff Group

### 人手狀況 — 按職員組別分類

	No. of Full-time Equivalent (FTE) Staff 2013-14 - 2017-18 <sup>1</sup> 等同全職人員數目 <sup>1</sup>				
	2013/14	2014/15	2015/16	2016/17	2017/18
<b>Medical 醫療</b>					
Consultant 顧問醫生	761	799	840	885	889
Senior Medical Officer / Associate Consultant 高級醫生 / 副顧問醫生	1 733	1 785	1 872	1 922	1 935
Medical Officer / Resident (excluding Visiting Medical Officer) 醫生 / 駐院醫生 (不包括到訪醫生)	2 866	2 872	2 936	2 959	3 016
Visiting Medical Officer 到訪醫生	16	18	17	18	18
Intern 駐院實習醫生	311	401	368	373	470
Senior Dental Officer / Dental Officer 高級牙科醫生 / 牙科醫生	8	8	8	8	8
<b>Medical Total:</b> 醫療人員總計：	<b>5 695</b>	<b>5 884</b>	<b>6 040</b>	<b>6 164</b>	<b>6 336</b>
<b>Nursing 護理</b>					
Senior Nursing Officer and above 高級護士長或以上	174	181	193	196	206
Department Operations Manager 部門運作經理	181	182	184	191	191
<b>General 普通科 –</b>					
Ward Manager / Nurse Specialist / Nursing Officer / Advanced Practice Nurse 病房經理 / 專科護士 / 護士長 / 資深護師	3 978	4 114	4 286	4 428	4 563
Registered Nurse 註冊護士	13 258	13 848	14 474	14 697	15 424
Enrolled Nurse 登記護士	2 425	2 447	2 436	2 421	2 401
Midwife / Others 助產士 / 其他	9	4	3	3	3
Student Nurse / Pupil Nurse / Temporary Undergraduate Nursing student 註冊護士學生 / 登記護士學生 / 護理學學生	434	653	611	625	808
<b>Psychiatric 精神科 –</b>					
Ward Manager / Nurse Specialist / Nursing Officer / Advanced Practice Nurse 病房經理 / 專科護士 / 護士長 / 資深護師	532	545	552	571	584
Registered Nurse 註冊護士	1 153	1 205	1 272	1 298	1 374
Enrolled Nurse 登記護士	614	613	576	550	557
Student Nurse / Pupil Nurse 註冊護士學生 / 登記護士學生	0	0	0	0	0
<b>Nursing Total:</b> 護理人員總計：	<b>22 759</b>	<b>23 791</b>	<b>24 587</b>	<b>24 980</b>	<b>26 111</b>

## Appendix 11(b)

### 附錄 11(b)

	No. of Full-time Equivalent (FTE) Staff 2013-14 - 2017-18 <sup>1</sup> 等同全職人員數目 <sup>1</sup>				
	2013/14	2014/15	2015/16	2016/17	2017/18
<b>Allied Health 專職醫療</b>					
Audiology Technician 聽力學技術員	6	6	6	6	6
Clinical Psychologist 臨床心理學家	139	155	163	171	171
Dietitian 營養師	128	141	148	160	162
Dispenser 配藥員	1 129	1 186	1 249	1 289	1 316
Medical Technologist / Medical Laboratory Technician 醫務化驗師 / 醫務化驗員	1 310	1 347	1 406	1 457	1 500
Mould Technologist / Mould Laboratory Technician 製模實驗室技術師 / 製模實驗室技術員	26	26	26	26	23
Optometrist 視光師	67	67	67	70	68
Orthoptist 視覺矯正師	14	15	14	14	15
Occupational Therapist 職業治療師	698	731	772	815	849
Pharmacist 藥劑師	522	574	609	635	673
Physicist 物理學家	71	73	75	76	74
Physiotherapist 物理治療師	869	886	969	1 028	1 064
Podiatrist 足病診療師	35	39	41	47	50
Prosthetist-Orthotist 義肢矯形師	126	135	141	144	146
Diagnostic Radiographer / Radiation Therapist 放射師 / 放射治療師	1 002	1 017	1 054	1 102	1 144
Scientific Officer (Medical) 科學主任(醫務)	82	82	87	89	89
Speech Therapist 言語治療師	82	91	105	110	115
Medical Social Worker 醫務社工	301	315	333	330	346
Dental Technician 牙科技術員	3	3	3	3	3
<b>Allied Health Total:</b> 專職醫療人員總計：	<b>6 609</b>	<b>6 888</b>	<b>7 268</b>	<b>7 572</b>	<b>7 815</b>
<b>Care-related Support Staff 護理支援</b>					
Health Care Assistant 健康服務助理	2 395	2 179	1 932	1 676	1 459
Ward Attendant 病房服務員	295	247	222	191	155
Patient Care Assistant & Other Care-related Support Staff 病人服務助理及其他護理支援人員	9 447	11 290	12 116	12 831	13 325
<b>Care-related Support Staff Total:</b> 護理支援人員總計：	<b>12 137</b>	<b>13 716</b>	<b>14 270</b>	<b>14 698</b>	<b>14 939</b>
<b>Direct Patient Care Total:</b> 直接病人護理人手總計：	<b>47 200</b>	<b>50 278</b>	<b>52 165</b>	<b>53 415</b>	<b>55 202</b>

## Appendix 11 (b)

### 附錄 11 (b)

	No. of Full-time Equivalent (FTE) Staff 2013-14 - 2017-18 <sup>1</sup> 等同全職人員數目 <sup>1</sup>				
	2013/14	2014/15	2015/16	2016/17	2017/18
<b>Others 其他</b>					
Chief Executive / Director / Deputy Director / Head 行政總裁 / 總監 / 副總監 / 主管	7	7	7	7	7
Cluster Chief Executive / Hospital Chief Executive 醫院聯網總監 / 醫院行政總監	26	26	24	24	21
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	95	94	100	102	101
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	2 099	2 297	2 405	2 555	2 681
Other Supporting Staff - Clerical, Secretarial, Workman, Operation Assistant, Executive Assistant etc 其他支援人員－文員、秘書、工人、運作助理、行政助理等	18 180	17 591	18 184	18 771	18 914
<b>Non-direct Patient Care Total:</b> 非直接病人護理人手總計：	<b>20 407</b>	<b>20 015</b>	<b>20 720</b>	<b>21 459</b>	<b>21 725</b>
<b>HA Total:</b> 醫管局人手總計：	<b>67 607</b>	<b>70 293</b>	<b>72 885</b>	<b>74 874</b>	<b>76 926</b>

#### Note:

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

#### 註：

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

## Operating Expenditure<sup>1</sup> in 2017-18 2017-18 年度營運開支<sup>1</sup>

Cluster <sup>2</sup> 聯網 <sup>2</sup>	2017-18 (HK\$Mn) 2017-18 年度 (港幣百萬元)
Hong Kong East Cluster 港島東醫院聯網	6,223
Hong Kong West Cluster 港島西醫院聯網	6,645
Kowloon Central Cluster 九龍中醫院聯網	11,615
Kowloon East Cluster 九龍東醫院聯網	6,188
Kowloon West Cluster 九龍西醫院聯網	9,569
New Territories East Cluster 新界東醫院聯網	9,509
New Territories West Cluster 新界西醫院聯網	8,098
Hospital Authority Head Office, and Others <sup>3</sup> 醫院管理局總辦事處，及其他 <sup>3</sup>	2,445
<b>Total 總計</b>	<b>60,292</b>

### Notes:

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

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.

- Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from the Kowloon West Cluster (KWC) to Kowloon Central Cluster (KCC) with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017.
- Includes corporate-wide expenditures processed by Head Office (such as insurance premium, legal costs, claims paid and salary of medical interns) and on information technology, as well as resources for supporting the Government's electronic health initiatives.

### 註：

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

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。

- 原屬於九龍西醫院聯網的廣華醫院、聖母醫院及東華三院黃大仙醫院以及相關地區的服務單位，已於2016年12月1日正式納入九龍中醫院聯網。2016-17整個財政年度（即截至2017年3月31日止）的服務／人手統計數字及財務資料的匯報，會繼續按照原先的聯網界線（即相關服務單位屬九龍西醫院聯網）為依據。相關數字由2017年4月1日起會按照新的聯網界線匯報。
- 包括經總辦事處處理的企業開支（如保險費用、法律費用、索償支出、實習醫生薪酬等）和整個機構的資訊科技支出，以及支援政府推行電子健康紀錄的所用資源。

## Appendix 12(b)

### 附錄 12(b)

## Training and Development Expenditure in 2017-18

### 2017-18 年度職員培訓及發展開支

Cluster <sup>1</sup> 聯網 <sup>1</sup>	2017-18 (HK\$Mn) <sup>2</sup> 2017-18 年度(港幣百萬元) <sup>2</sup>
Hong Kong East Cluster 港島東醫院聯網	14.9
Hong Kong West Cluster 港島西醫院聯網	10.9
Kowloon Central Cluster 九龍中醫院聯網	17.8
Kowloon East Cluster 九龍東醫院聯網	5.1
Kowloon West Cluster 九龍西醫院聯網	7.5
New Territories East Cluster 新界東醫院聯網	13.3
New Territories West Cluster 新界西醫院聯網	8.2
Hospital Authority Head Office 醫院管理局總辦事處	75.0 <sup>3</sup>
<b>Total 總計</b>	<b>152.7</b>

#### Notes:

1. Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from the Kowloon West Cluster (KWC) to Kowloon Central Cluster (KCC) with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017.
2. Expenditure in providing training and development for HA workforce with items including course / conference fees, passages and travel, scholarships, subsistence allowances, teaching aids and devices, publications, trainer fees, refund of examination fee and other relevant charges.
3. Expenditure includes a number of corporate-wide training programmes and initiatives centrally coordinated by Hospital Authority Head Office.

#### 註：

1. 原屬於九龍西醫院聯網的廣華醫院、聖母醫院及東華三院黃大仙醫院以及相關地區的服務單位，已於2016年12月1日正式納入九龍中醫院聯網。2016-17整個財政年度(即截至2017年3月31日止)的服務/人手統計數字及財務資料的匯報，會繼續按照原先的聯網界線(即相關服務單位屬九龍西醫院聯網)為依據。相關數字由2017年4月1日起會按照新的聯網界線匯報。
2. 為醫管局職員提供培訓及發展的開支，包括學費/會議費用、旅費及交通費、獎學金、膳宿津貼、教材及器具、刊物、導師費用、退還考試費及其他相關開支。
3. 開支包括醫院管理局總辦事處中央統籌的培訓課程及活動。



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

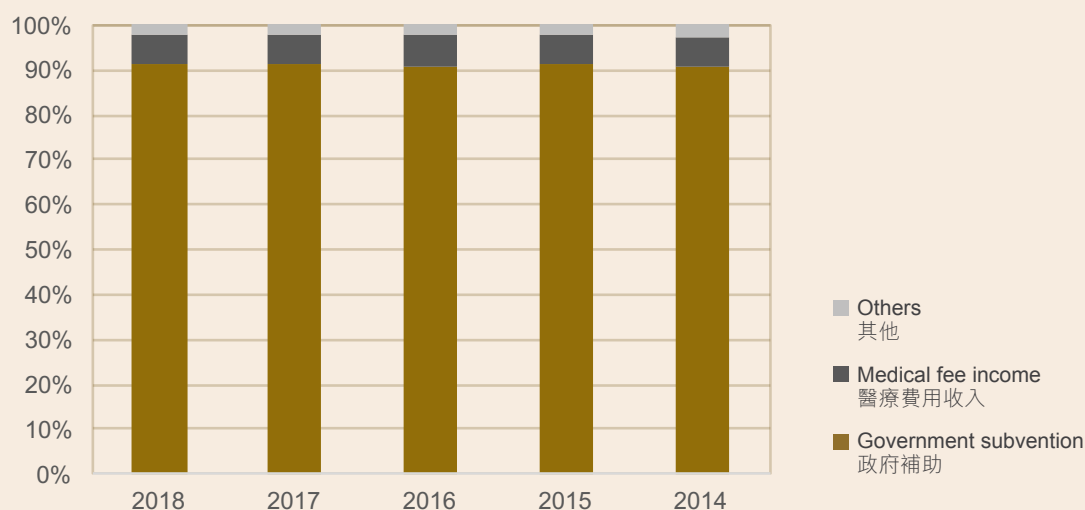
### Financial Results (for the Year ended 31 March) <sup>Note 1</sup>

財政情況（截至每年 3 月 31 日）<sup>註 1</sup>

	2018 HK\$Mn 港幣百萬元	2017 HK\$Mn 港幣百萬元	2016 HK\$Mn 港幣百萬元	2015 HK\$Mn 港幣百萬元	2014 HK\$Mn 港幣百萬元
<b>Income 收入</b>					
Government subvention (recurrent and capital) 政府補助（經常性及資本性）	57,802	54,469	52,629	49,722	44,713
Medical fee income (net of waivers) 醫療費用收入（扣除減免）	4,287	3,818	3,598	3,423	3,182
Non-medical fee income 非醫療費用收入	1,018	935	1,014	936	892
Designated donations 指定捐贈	93	171	146	230	183
Capital donations 資本捐贈	138	162	114	110	128
	<b>63,338</b>	<b>59,555</b>	<b>57,501</b>	<b>54,421</b>	<b>49,098</b>
<b>Expenditure 支出</b>					
Staff costs 員工成本	(45,113)	(43,084)	(40,299)	(37,235)	(34,459)
Drugs 藥物	(6,663)	(6,156)	(5,710)	(5,328)	(4,941)
Medical supplies and equipment 醫療物品及設備	(2,970)	(2,762)	(2,636)	(2,402)	(2,192)
Other operating expenses (include depreciation and amortisation) 其他營運開支（包括折舊及攤銷）	(9,433)	(9,072)	(8,706)	(8,079)	(6,841)
	<b>(64,179)</b>	<b>(61,074)</b>	<b>(57,351)</b>	<b>(53,044)</b>	<b>(48,433)</b>
<b>Results for the year 年度結果</b>	<b>(841)</b>	<b>(1,519)</b>	<b>150</b>	<b>1,377</b>	<b>665</b>

### 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

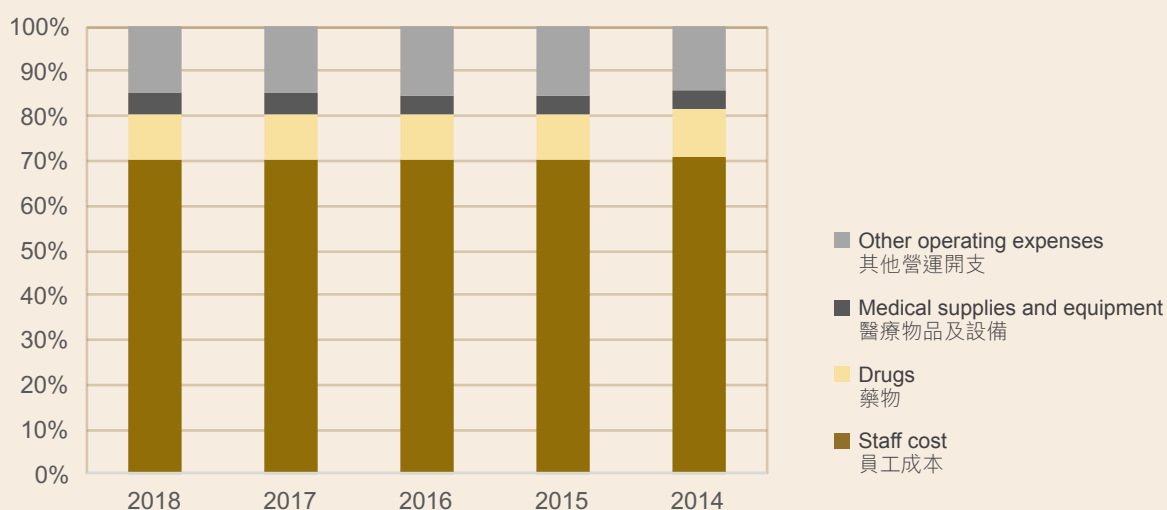
## Key Financial Indicators (for the Year ended 31 March) <sup>Note 1</sup>

### 主要財政指標（截至每年 3 月 31 日）<sup>註1</sup>

	2018 HK\$Mn 港幣百萬元	2017 HK\$Mn 港幣百萬元	2016 HK\$Mn 港幣百萬元	2015 HK\$Mn 港幣百萬元	2014 HK\$Mn 港幣百萬元
<b>Medical fee income (Note 2) 醫療費用收入（註 2）</b>					
Inpatient fees 住院收費	1,234	1,048	998	993	943
Outpatient fees 門診收費	1,740	1,354	1,312	1,285	1,258
Itemised charges 分項收費	2,085	1,890	1,742	1,595	1,420
Other medical fees 其他醫療收費	102	99	94	88	88
	<b>5,161</b>	<b>4,391</b>	<b>4,146</b>	<b>3,961</b>	<b>3,709</b>
<b>Less: Waivers (Note 3) 扣除：減免（註 3）</b>	<b>(874)</b>	<b>(573)</b>	<b>(548)</b>	<b>(538)</b>	<b>(527)</b>
<b>Medical fee income (net of waivers) 醫療費用收入（扣除減免）</b>	<b>4,287</b>	<b>3,818</b>	<b>3,598</b>	<b>3,423</b>	<b>3,182</b>
<b>Additional provision for doubtful debts charged to the Statement of Income and Expenditure (Note 4) 在收支結算表內增加的呆賬撥備（註 4）</b>	<b>63</b>	<b>61</b>	<b>58</b>	<b>52</b>	<b>45</b>

## Expenditure by Category (in % of Total Expenditure)

### 各類支出（佔總支出百分比）



Notes:

**1. Comparative figures**

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

**2. Medical fee income**

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

**3. Waivers**

Under the Government policy, recipients of Comprehensive Social Security Assistance (CSSA), older Old Age Living Allowance recipients with more financial needs (with effective from 15 July 2017) and Level 0 Voucher Holders of the Pilot Scheme on Residential Care Service Voucher for the Elderly (with effective from March 2017) can obtain free medical treatment at HA's hospitals and clinics. Other persons with financial difficulties in paying the medical fees and charges can apply for medical fee waivers. The granting of waivers is subject to meeting the criteria under the established waiving mechanism.

The waivers granted to EP and NEP for the year ended 31 March 2018 are HK\$760,000,000 and HK\$114,000,000 respectively (for the year ended 31 March 2017 are HK\$459,000,000 and HK\$114,000,000 respectively).

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

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

註：

**1. 比較數字**

若干比較數字已重新分類，以符合本年度的呈報方式。

**2. 醫療費用收入**

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

**3. 減免**

在政府的政策下，領取「綜合社會保障援助」(綜援)、較年老和較有經濟需要的長者生活津貼受惠人(於2017年7月15日起)及長者院舍住宿照顧服務券試驗計劃級別0院舍券持有人(於2017年3月起)可獲豁免公立醫療服務收費。其他人士若有經濟困難，可申請費用減免。有關費用減免之批准是會根據既定費用減免機制之準則作評估。

截至2018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760,000,000及港幣114,000,000(截至2017年3月31日為止之費用減免分別為港幣459,000,000及港幣114,000,000)。

**4. 在收支結算表內增加的呆賬撥備**

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

## Appendix 13

### 附錄 13

## Financial Position (at 31 March) <sup>Note 1</sup>

財政狀況 (於每年 3 月 31 日) <sup>註1</sup>

	2018 HK\$Mn 港幣百萬元	2017 HK\$Mn 港幣百萬元	2016 HK\$Mn 港幣百萬元	2015 HK\$Mn 港幣百萬元	2014 HK\$Mn 港幣百萬元
<b>Non-current assets 非流動資產</b>	<b>29,410</b>	<b>29,369</b>	<b>20,460</b>	<b>20,107</b>	<b>10,615</b>
Current assets 流動資產	23,075	24,053	34,064	23,981	30,521
Current liabilities 流動負債	(12,661)	(12,233)	(11,630)	(11,278)	(9,620)
<b>Net current assets 流動資產淨值</b>	<b>10,414</b>	<b>11,820</b>	<b>22,434</b>	<b>12,703</b>	<b>20,901</b>
<b>Non-current liabilities 非流動負債</b>	<b>(27,200)</b>	<b>(28,036)</b>	<b>(28,742)</b>	<b>(18,994)</b>	<b>(19,609)</b>
<b>Net assets 資產淨值</b>	<b>12,624</b>	<b>13,153</b>	<b>14,152</b>	<b>13,816</b>	<b>11,907</b>
Capital subventions and capital donations 資本補助及資本捐贈	6,109	5,817	5,317	5,153	4,610
Designated fund 指定基金	5,077	5,077	5,077	5,077	5,077
Revenue reserve 收入儲備	1,438	2,259	3,758	3,586	2,220
	<b>12,624</b>	<b>13,153</b>	<b>14,152</b>	<b>13,816</b>	<b>11,907</b>

Note:

#### 1. Comparative figures

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

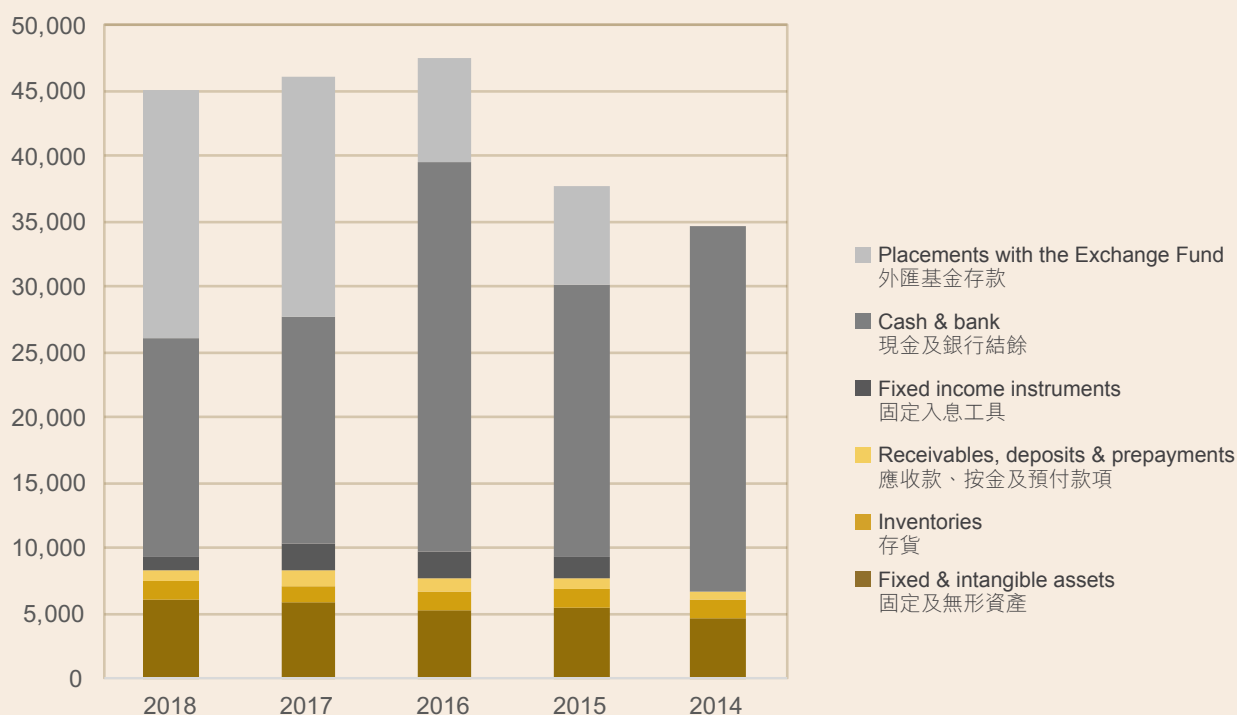
註：

#### 1. 比較數字

若干比較數字已重新分類，以符合本年度的呈報方式。

## Total Assets <sup>Note 2</sup> (in HK\$ millions)

總資產 <sup>註2</sup> (港幣百萬元)



Note: 2. Exclude the placement with the Exchange Fund of HK\$7,456,207,000 (2017: HK\$7,221,000,000) as HA is acting as a custodian for the Samaritan Fund.

註：2. 不包括醫管局作為撒瑪利亞基金外匯基金存款保管人存放於外匯基金港幣7,456,207,000元的款項 (2017: 港幣7,221,000,000元)

**Key Financial Indicators (at 31 March)**  
主要財政指標 (於每年 3 月 31 日)

	2018 HK\$Mn 港幣百萬元	2017 HK\$Mn 港幣百萬元	2016 HK\$Mn 港幣百萬元	2015 HK\$Mn 港幣百萬元	2014 HK\$Mn 港幣百萬元
<b>Inventories 存貨</b>					
Drugs 藥物	1,129	1,073	1,054	1,087	1,151
Other medical and general consumables 其他醫療及一般消耗品	214	223	213	227	218
	<b>1,343</b>	<b>1,296</b>	<b>1,267</b>	<b>1,314</b>	<b>1,369</b>
<b>Average stock holding period (weeks)</b> 平均存貨儲備時間 (星期)					
Drugs 藥物	8.8	9.0	9.6	10.5	12.0
Other medical and general consumables 其他醫療及一般消耗品	7.7	8.2	8.6	8.1	8.6





醫院管理局致力保護環境，此年報已上載本局網站 [www.ha.org.hk](http://www.ha.org.hk)

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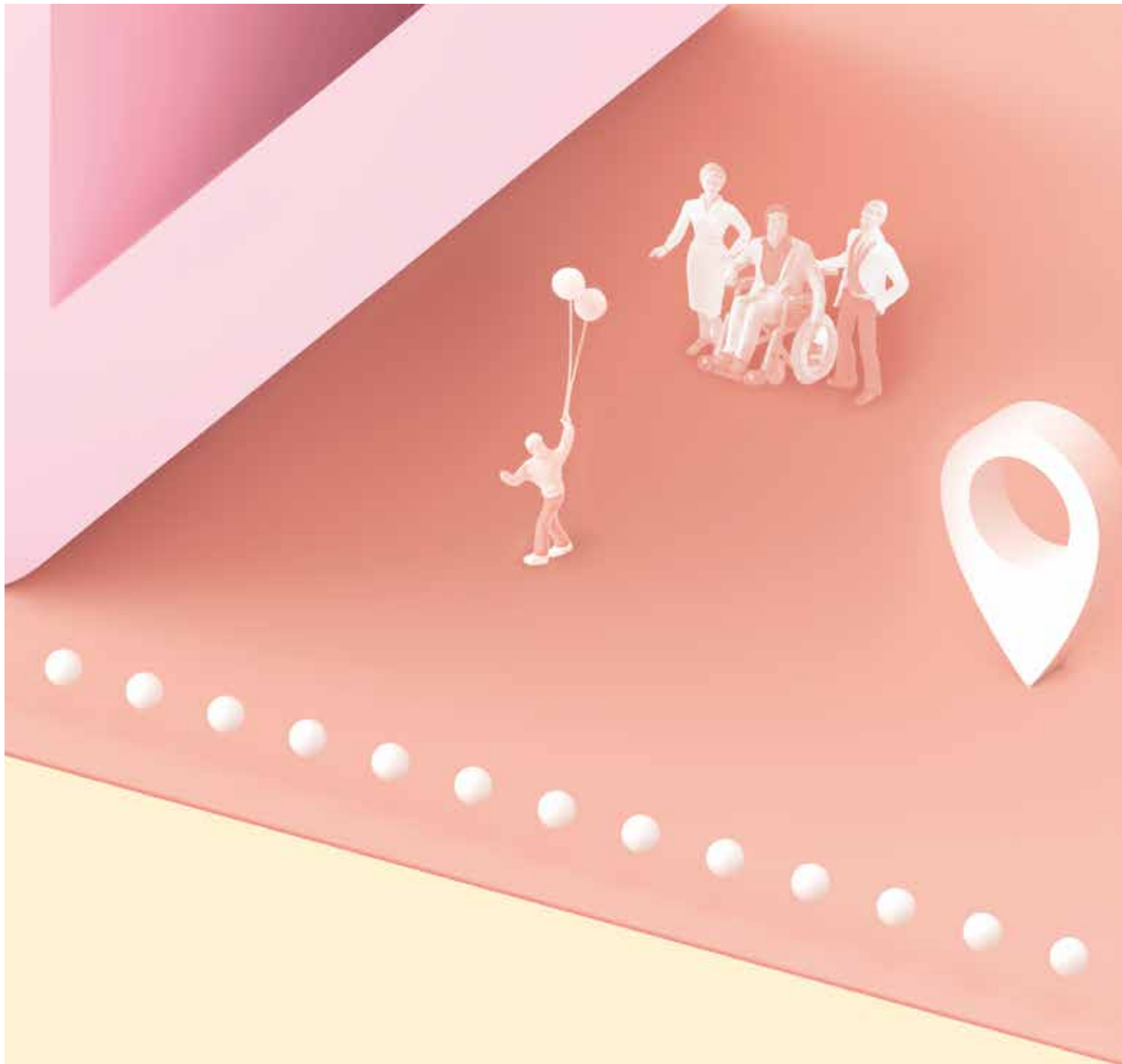
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