醫院管理局
HOSPITAL AUTHORITY

ANNUAL PLAN 2026-27

HOSPITAL AUTHORITY ANNUAL PLAN 2026-2027

ABOUT THIS DOCUMENT

The annual plan is the action plan of the Hospital Authority (HA) for a specific financial year. It sets out the major goals, work plans and programme targets of the Head Office and seven Clusters.

Our service targets and activity throughput are delineated in the plan to facilitate the public in monitoring HA's performance. Also included is an overview of manpower estimates and budget, illustrating the resources required for carrying out our work plan.

Vision

- Healthy People
- Happy Staff
- Trusted by the Community

Mission

- Helping People Stay Healthy

Values

- People-centred Care
- Professional Service
- Committed Staff
- Teamwork

CONTENT

INTRODUCTION FROM CHIEF EXECUTIVE

The Annual Plan 2026-27 marks the concluding year of the Hospital Authority (HA) Strategic Plan 2022-27. With the Government's strong and sustained support over the past years, we have significantly expanded our service capacity and implemented multi-pronged measures to strengthen the long-term sustainability of Hong Kong's public healthcare system. Amid the persistent challenges posed by the ageing population, rising clinical complexity, and workforce constraints, I am confident that, with the unwavering dedication of our staff, the HA remains firmly committed to delivering high-quality, compassionate and patient-centred care for all.

In 2026-27, HA will continue to enhance service capacity and quality to address growing demand driven by demographic changes and increasing prevalence of chronic diseases. Cancer services are among the key priorities, with planned enhancements including the introduction of genetic and genomic services to support screening and pharmacotherapy, enhancement of fast-track diagnostic pathways for suspected lung cancer, expansion of the cancer case manager programme, and additional capacity for chemotherapy, radiotherapy and cancer surgery. Palliative care will be strengthened through enhancement of consultative services in non-palliative settings, while end-of-life care will be facilitated to enable patients to remain in their preferred care environments. Elderly services will be enhanced through additional Community Geriatric Assessment Team attendances for Residential Care Homes for the Elderly. Family Medicine Outpatient healthcare services, including the capacity during extended hours and preventive screening and care services, will also be reinforced through service commencement or expansion of Family Medicine Clinics or Family Medicine Integrated Centres across seven clusters.

To ensure enduring service delivery, approximately 200 additional hospital beds will be added across clusters. Major hospital development projects, including the New Acute Hospital in Kai Tak Development Area, the redevelopment of the Queen Mary Hospital and the expansion of the United Christian Hospital, will commence services. Ambulatory care services will be bolstered through new care models for inflammatory bowel disease and transition care for heart failure patients. Dedicated stroke centres with green channel for acute stroke management will be established at Tuen Mun Hospital and Prince of Wales Hospital in accordance with the national accreditation standards. To support couples seeking parenthood, the service quota for in-vitro fertilisation treatment will be further increased. Collaboration with the Hong Kong Genome Institute will also be enhanced to accelerate the development of genomic medicine in the HA.

Innovation remains key to a sustainable healthcare future. We will implement digital pathology to streamline diagnostic workflows and improve efficiency in the long run. The newly established Office for Introducing Innovative Drugs and Medical Devices will facilitate the timely introduction and strategic sourcing of suitable innovative drugs and medical equipment. We will press ahead with short-, medium- and long-term information technology initiatives, embracing artificial intelligence, digital platforms and strengthening cybersecurity resilience.

Sustaining a happy and committed workforce is critical to delivering high-quality services. A series of initiatives on manpower planning, staff recruitment and career development will also be continued in the coming year.

As the third triennial funding cycle concludes in 2026-27, HA remains dedicated to the strategic and prudent allocation of resources to prioritise and maximise service enhancements for the public. HA will continue to enhance public healthcare services through efficiency enhancement and quality improvement. As we embark on the next Strategic Plan, we will uphold our mission of "Helping People Stay Healthy", while fostering a vibrant, warm and supportive environment for our staff.

Libby Lee
Chief Executive

PLANNING CONTEXT

This Annual Plan outlines the specific actions for the fifth year implementation of HA Strategic Plan 2022-2027.

Strategic Plan 2022-2027

The Strategic Plan 2022-2027 sets out the strategies and directions for addressing our key challenges over the five-year period. It is the overarching document for service and development planning throughout HA. This five-year plan is translated to action through five Annual Plans developed annually over that period.

The Annual Plan 2026-27 is the fifth action plan derived from the HA Strategic Plan 2022-2027. The planning process for this Annual Plan began in April 2025. The priorities of this Annual Plan are guided by the strategic directions outlined in the HA Strategic Plan and are aligned with the key directions set out by the HA Task Group on Sustainability, HA Strategic Service Frameworks and Clusters' Clinical Services Plans. Resources will be allocated to specific programmes through the process.

PLANNING PROCESS

Annual planning refers to the service and budget planning process where proposals undergo prioritisation, resource bidding and allocation.

Programmes or initiatives delineated in Annual Plan 2026-27 are the syntheses of detailed service and budget planning conducted throughout the HA. The annual planning process involves a broadly participative approach. Clusters and Head Office Divisions converge and plan prospectively for HA's service provision for the coming financial year.

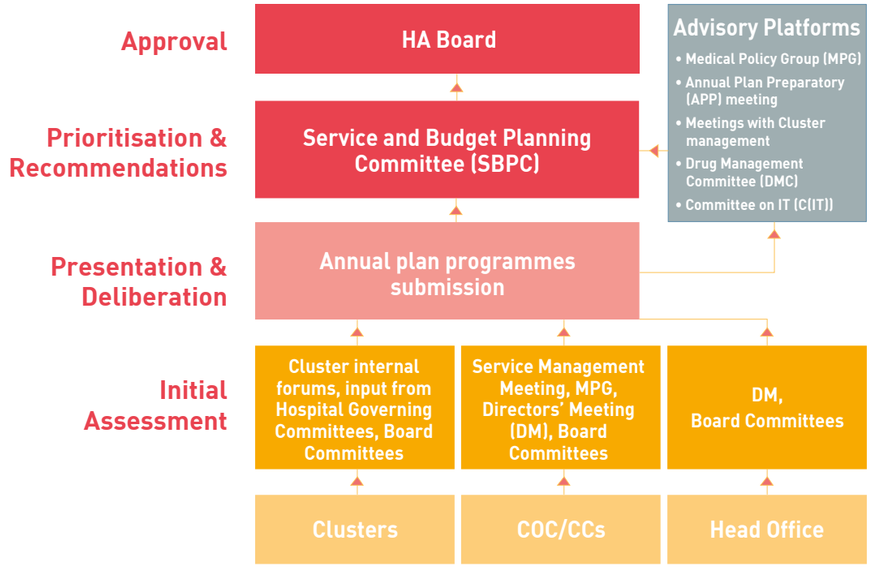
Taking reference to the priorities set out in the Strategic Plan, HA Task Group on Sustainability, recommendations in the Review Committee on Medical Equipment and Facility Maintenance, Coordinating Committees and Central Committees (COC/CCs) of the different clinical specialties, Clusters' management and Head Office executives identified service gaps and pressure areas. From this, service enhancement programmes were formulated and endorsement was sought at their respective platforms, including the Service Management Meeting, Medical Policy Group, Directors' Meeting, Hospital Governing Committee, and Clusters' internal forum.

All proposals were then submitted to the Service and Budget Planning Committee (SBPC) for prioritisation and budget consideration. The SBPC was chaired by the Chief Executive with all the Directors, Heads and Cluster Chief Executives acting as members. Prioritisation was guided by HA's strategic priorities and service directions, the operational readiness of the proposals, and the Government's healthcare priorities. Advice was also sought from the following advisory platforms as input to the prioritisation:

- **Medical Policy Group (MPG)** advised on the clinical merits of the clinical proposals, in terms of evidence as well as clinical needs and impact. The MPG comprised the chairmen of all the COCs.
- **Annual Plan Preparatory (APP) meeting and meetings with Clusters' management** advised on the proposals' feasibility and readiness for implementation. Participants of the meeting were subject officers of the COC/CCs, Head Office Chief Managers and executives, as well as Clusters' management.
- **Drug Management Committee (DMC)** advised on the drug components in those proposals that involved the repositioning of drugs or widening use of drugs in the HA Drug Formulary.
- **Committee on IT (C(IT))** advised on proposals that required IT support.

After thorough deliberation and prioritisation by the SBPC, the approved new programmes were incorporated in the Annual Plan along with programme targets established for 2026-27. Following endorsement by the HA Board, the Annual Plan was approved, published and disseminated. Programme targets will be monitored by the Board on a quarterly basis between April 2026 and March 2027.

The overall process and governance structure of the annual planning exercise are illustrated in the diagram below.



Policy directions and consensus for the Annual Plan were also obtained from the HA Board Functional Committees. They provided inputs in various forms to the development of the programmes. Examples included:

- The clinical programmes were formulated according to the developmental priorities recommended by the **Medical Services Development Committee**.
- Business support programmes that included equipment and capital works projects were advised by the **Supporting Services Development Committee**.
- Programmes related to IT development were endorsed by the **Information Technology Services Governing Committee**.
- Staff-related initiatives were deliberated by the **Human Resources Committee**.
- Clusters' programmes were developed under the guidance of the various **Hospital Governing Committees**.

Views of patient groups were collected from representatives of HA and various non-governmental organisations through the Patient Advisory Committee (PAC). The PAC provided written comments on the Annual Plan for consideration.

ANNUAL PLAN FRAMEWORK

The framework of Annual Plan 2026-27 comprises strategic goals, strategic directions, strategies and programme targets.

The strategic goals, strategic directions and strategies are as delineated in Strategic Plan 2022-2027. Strategic goals set out objective goals of the HA. Strategic directions outline the broad directions for achieving the intended goals. Strategies map out what plan of action to achieve the goals. Specific programme outlines the actions for carrying out the strategies. Targets represent the measurable outcomes for programme monitoring and accountability reporting.

There are four strategic goals in the **Annual Plan 2026-27**:

- **Provide smart care**
- **Develop smart hospitals**
- **Nurture smart workforce**
- **Enhance service supply**

Framework of Annual Plan 2026-27

Strategic Goals (What we want to achieve)	Strategic Directions (Where we are going)	Strategies (How we get there)
Provide Smart Care	Leverage on big data and advanced technology	Develop personalised care
		Build up telemedicine and telecare
	Re-orientate service models	Promote ambulatory care
		Enhance community-based care
		Empower patients for self-care
	Explore care options for high demand services	Implement alternative options for specialist outpatient service
		Enhance and develop different Public-Private Partnership (PPP) options
Develop Smart Hospitals	Enable smart care provision	Develop smart ward, smart clinic and smart pharmacy
		Roll out “Mobile Patient” initiatives
	Enable smart hospital support and management	Automate services via IT tools / solutions and robotics
		Establish IT platforms to facilitate operational efficiency
Nurture Smart Workforce	Attract and retain staff	Conduct long-term manpower planning of healthcare staff
		Enhance staff recruitment and employment options
		Foster staff’s career prospects
		Strengthen staff relations, management and recognition
		Drive Digital Workplace
	Enhance training and development	Reinforce staff training programmes
		Facilitate staff to attend training
Enhance Service Supply	Increase healthcare capacity	Implement Hospital Development Plans
		Bolster the capability of healthcare facilities in meeting demand
	Ensure financial sustainability	Work out a viable funding arrangement with the Government

STRATEGIC GOALS AND PROGRAMME TARGETS

In Annual Plan 2026-27, we map out four Strategic Goals and 21 Strategies with the corresponding Programme Targets that reflect the work we do to implement the five-year Strategic Plan.

This chapter delineates part of our programme targets. Other programme targets, specific to individual Cluster or Head Office division, are presented in the sections under Cluster Plans and Head Office Plan, respectively. Some of the programmes listed here are new initiatives, while others are ongoing programmes or a continuation of previous years' initiatives. New initiatives are highlighted with the symbol 🪁 for easy reference.

Provide Smart Care

Our strategies for 2026-27

- Develop personalised care
- Build up telemedicine and telecare
- Promote ambulatory care
- Enhance community-based care
- Empower patients for self-care
- Implement alternative options for specialist outpatient service
- Enhance and develop different Public-Private Partnership (PPP) options

Develop personalised care

Action	Target for 2026-27
Enhance newborn screening (NBS) services.	Expand the scope of NBS tests for Aromatic L-amino Acid Decarboxylase Deficiency and Ornithine Transcarbamylase Deficiency at HKCH by 1Q27; expand the second and third tier testing for Inborn Errors of Metabolism to reduce false negative rate in Citrullinaemia Type II and Classic Congenital Adrenal Hyperplasia due to 21-Hydroxylase Deficiency at HKCH by 1Q27.
Enhance assisted reproductive services.	Build capacity for providing 100 additional in-vitro fertilisation cycles at QMH by 1Q27.
Enhance genetic and genomic services.	Build laboratory capacity for providing an additional total of 10 000 genetic tests in prescribing allopurinol at QMH and PWH by 1Q27; collaborate with Hong Kong Genome Institute to provide whole genome sequencing testing services, professional advisory and consultancy services and training to staff by 1Q27.
Enhance cancer genetic and genomic testing services.	Build laboratory capacity for providing an additional total of approximately 14 000 cancer-diagnosis-related tests (including BRAF V600E, mismatch repair or microsatellite instability and PD-L1 tests at all clusters; homologous recombination deficiency test at HKEC, HKWC, KCC and NTEC; and next generation sequencing panels at HKWC, KCC and NTEC) and a total of around 350 minimal residual disease assays for monitoring the conditions of adult myeloid blood cancer patients at HKWC, KCC and NTEC by 1Q27.
Enhance medical device management.	Provide additional medical devices used in interventional procedures under specific clinical indications by 2Q26.
Continue support for south-bound cross-boundary ambulance transfers and expansion to north-bound arrangements in the Greater Bay Area (GBA).	In addition to continuing to support cross-boundary south-bound ambulance transfer arrangements for assessed and suitable patients referred by designated hospitals in the GBA, the service will be expanded to include north-bound cross-boundary ambulance transfers by 2Q26.

Build up telemedicine and telecare

Action	Target for 2026-27
Enhance patient experience by using telehealth consultation.	Set up an oncology telehealth clinic and provide 210 additional specialist outpatient clinic (SOPC) new case attendances at HKEC by 1Q27.

Promote ambulatory care

Action	Target for 2026-27
Provide additional day beds to relieve the reliance on inpatient care.	Provide 82 additional day beds, including 14 at PYNEH by 3Q26, 12 at QEH by 3Q26, ten at TKOH with five by 3Q26 and five by 4Q26, six at YCH by 4Q26, 15 at AHNH by 3Q26, 25 at TMH with five by 3Q26 and 20 by 1Q27.
Enhance ambulatory care for cardiac services.	Set up a multidisciplinary heart failure team at TMH to provide 495 additional echocardiogram procedures, 150 additional transitional ambulatory care clinic patient capacities, and 20 intravenous infusion and ultrafiltration procedures by 1Q27.
Enhance cardiac day rehabilitation services.	Enhance cardiac day rehabilitation services at KEC by providing 115 additional patient capacities and 1 415 additional rehabilitation day attendances by 1Q27.
Enhance ambulatory care for urology services.	Set up an ambulatory urology centre at YCH and provide two additional cystoscopy sessions at YCH by 1Q27.
Enhance ambulatory care for surgical and cardiology services.	Provide 475 additional echocardiogram procedures and 20 procedures for cardiology services, and provide 55 additional SOPC new case attendances for surgical services at AHNH by 1Q27.

Enhance community-based care

Action	Target for 2026-27
Continue to enhance the Community Geriatric Assessment Team support for patients in Residential Care Homes for the Elderly.	Provide an additional total of 5 810 geriatric outreach attendances at KWC and NTEC by 1Q27.
Enhance ambulatory care for geriatric services to cater for increasing elderly service demand.	Provide 20 additional geriatric day places and 3 135 geriatric day attendances at TMH by 1Q27.
Facilitate Implementation of the Community Drug Formulary (CDF).	Build a team to support central drug procurement, related logistics and provide expertise for the supply of CDF drugs by 3Q26.

Empower patients for self-care

Action	Target for 2026-27
Enhance nursing support in medical gastrointestinal services.	Strengthen nursing manpower to prepare comprehensive training materials to patients and carers for home percutaneous endoscopic gastrostomy care, and provide 175 additional colitis cases with biologic treatment and 150 additional fibroscans at KWC by 1Q27.

Implement alternative options for specialist outpatient service

Action	Target for 2026-27
Enhance nurse clinic and pharmacist clinic services for systemic anti-cancer therapy (SACT) and breast cancer survivorship care.	Enhance SACT by providing 2 475 additional nurse clinic attendances, 3 150 additional pharmacist clinic attendances and 4 565 clinic attendances for dispensing service in SOPC at UCH, PMH and PWH; enhance breast cancer survivorship care by providing 1 400 additional nurse clinic attendances in SOPC at PYNEH by 1Q27.
Enhance nurse clinic services in psychiatry and ophthalmology to alleviate workload of doctors by adopting the integrated model of specialist outpatient (SOP) service.	Enhance child and adolescent psychiatric nurse clinic and ophthalmology pre-assessment clinic services by providing an additional total of 2 950 nurse clinic attendances in SOPC at KCC, KWC and NTWC by 1Q27.
Enhance podiatry services to improve patient care.	Provide 110 additional allied health inpatient attendances at PWH, and 1 305 attendances for risk assessment and management (RAMP) and family medicine related programmes at NDH by 1Q27.

Enhance and develop different PPP options

Action	Target for 2026-27
Provide additional patient choices and service capacities through selected PPP programmes. These programmes are: • Cataract Surgeries Programme (CSP), • Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector (Radi Collaboration), • Haemodialysis (HD) PPP Programme, • General Outpatient Clinic (GOPC) PPP Programme, • Colon Assessment PPP Programme, • Glaucoma PPP Programme, • Radiation Therapy Service PPP Programme (RT PPP), • Trauma Operative Service Collaboration Programme, • Breast Cancer Operative Service Collaboration Programme, and • Laboratory Services Collaboration.	Provide service quota for PPP programmes including 5 000 CSP surgeries, 60 000 Radi Collaboration scans, 520 HD places, 51 000 Family Medicine Clinic (FMC) patient capacities, 2 200 colonoscopies, 1 525 glaucoma patient capacities, 100 radiation therapy cases, 500 case capacities for trauma operative service, 270 case capacities for breast cancer operative service and 35 000 case capacities for Lab Collaboration by 1Q27.

Develop Smart Hospitals

Our strategies for 2026-27

- Develop smart ward, smart clinic and smart pharmacy
- Roll out “Mobile Patient” initiatives
- Automate services via IT tools / solutions and robotics
- Establish IT platforms to facilitate operational efficiency

Develop smart ward, smart clinic and smart pharmacy

Action	Target for 2026-27
Develop smart hospital initiatives.	Continue the development and implementation of initiatives under HA Smart Hospital Strategy by 1Q27.
Continue to enhance pharmacy inventory management.	Enhance mobile application to support pharmacy working store replenishment, and inventory management modules to support supplier vendor solution by 1Q27.

Roll out “Mobile Patient” initiatives

Action	Target for 2026-27
Develop functions in Medical Fee Assistance App in HA Go to enhance user experience in Medical Fee Waiver applications.	Develop new modules in Medical Fee Assistance App in HA Go to support applicants to submit Medical Fee Waiver applications (self-service), similar to that for Samaritan Fund applicants, and to support applicants in booking Medical Social Services for waiver applications through the App by 2Q26.

Automate services via IT tools / solutions and robotics

Action	Target for 2026-27
Improve safety and effectiveness for surgery by implementing robotic-arm-assisted system.	Provide 100 robotic-assisted joint replacement surgeries at KWC by 1Q27.

Establish IT platforms to facilitate operational efficiency

Action	Target for 2026-27
Implement digital pathology in HA.	Implement digital pathology and scan 10 930 cases for primary diagnosis in anatomical pathology at PMH/NLTH, AHNH/NDH and TMH/POH/TSWH by 1Q27.
Continue development of the centralised Anaesthesia Clinical Information System (ACIS) and centralised Intensive Care Unit (ICU) Clinical Information System (CIS).	Implement the ACIS at PYNEH and PWH, and strengthen IT support for existing hospitals with ICU CIS by 1Q27.
Implement the Blood Supply Management System.	Strengthen manpower for supporting the implementation of new Blood Supply Management System for blood transfusion service by 1Q27.
Develop an IT system for the Second Phase of Breast Cancer Screening Pilot Programme.	Develop and implement an IT system to facilitate various workflows on participants enrolment, consultations, referral and examination services by 1Q27.

Action	Target for 2026-27
Continue to develop the Clinical Management System (CMS) to improve the efficiency of clinical services.	Further develop the HA clinical system capabilities for the fourth generation of CMS, including new functions on paperless, protocol-enabled, closed-loop, personalised and patient-centred clinical services by 1Q27.
Continue development and implementation of eHealth initiatives.	Provide ongoing support services and expansion for eHealth promulgation by 1Q27.
Continue development and implementation of eHealth Plus to enhance the functionality.	Implement eHealth Plus and develop a central data repository for all Government-subsidised health programmes and an IT system to support eMedication and health campaign by 1Q27.

Nurture Smart Workforce

Our strategies for 2026-27

- Conduct long-term manpower planning of healthcare staff
- Enhance staff recruitment and employment options
- Foster staff's career prospects
- Strengthen staff relations, management and recognition
- Drive Digital Workplace
- Reinforce staff training programmes
- Facilitate staff to attend training

Conduct long-term manpower planning of healthcare staff

Action	Target for 2026-27
Continue to enhance promotion opportunities for pharmacists.	Strengthen career structure for pharmacists at KCC by 1Q27.

Enhance staff recruitment and employment options

Action	Target for 2026-27
Recruit qualified non-locally trained healthcare professionals (NLTPs), including medical, nursing and allied health staff.	Continuously recruit qualified NLTPs to join HA by 1Q27.
Enable suitable retired staff to take up further employment after retirement.	Suitable retirees to continue working in HA beyond retirement age under the Policy of Extending Employment Beyond Retirement by 1Q27.
Foster talent exchange for various healthcare professionals.	Continue the collaboration with Chinese Mainland and global healthcare partners on talent exchange programmes, focusing on fostering the exchange in terms of depth and breadth by 1Q27.

Foster staff's career prospects

Action	Target for 2026-27
Continue to enhance career progression and promotion opportunities for doctors.	Provide additional promotion opportunities for associate consultants and residents by 1Q27.
Increase training capacity of HA Nursing School, conduct 18-month midwifery programmes and encourage Enrolled Nurses (ENs) to upgrade their skills and competency to Registered Nurses (RNs) level by offering training sponsorship to the clinical practicum part of their enrolled RN Conversion Programmes.	Provide pre-registration training by enrolling 300 RN students for the HA Professional Diploma in Nursing and offer pre-enrolment training places for 100 EN students; offer midwifery programmes to around 80 trainees; and offer training sponsorship to support around 100 ENs to enroll the voluntary RN Conversion Programme by 1Q27.

Strengthen staff relations, management and recognition

Action	Target for 2026-27
Strengthen staff well-being with the introduction of new mental health programmes.	Develop new mental health programme(s) for staff (e.g. mental health promotion campaign, training and/or treatment groups) by 1Q27.

Drive Digital Workplace

Action	Target for 2026-27
Enhance operational efficiency through automation and digitalisation.	Continue to enhance training administration automation and management reporting; and continue to develop and implement digital workplace initiatives through self-service automation on human resources systems by 1Q27.

Reinforce staff training programmes

Action	Target for 2026-27
Continue to reinforce the internship training in HA for local medical graduates and non-locally trained medical graduates who passed the Licensing Examination of the Medical Council of Hong Kong.	Provide internship training to all local medical graduates and non-locally trained medical graduates who passed the Licensing Examination of the Medical Council of Hong Kong and organise mandatory intern training programmes for all intakes of interns by 1Q27.
Provide training in Hospital Dental Service module of Dental Internship Programme for local dental graduates / Period of Assessment non-locally trained dentists who have passed the Licensing Examination of the Dental Council of Hong Kong in HA.	Provide hospital-based training to all local dental graduates under Dental Internship Programme and non-locally trained dentists who have passed the Licensing Examination of the Dental Council of Hong Kong under Period of Assessment, and to facilitate the organisation of mandatory training programme for all intakes of dental house officers by 1Q27.
Strengthen clinical training for pharmaceutical staff.	Provide three core clinical training programmes for pharmaceutical staff by 1Q27.
Provide Infectious Disease and Infection Control (IDIC) training programmes in Mainland and other Asian or overseas countries.	Provide training opportunities for IDIC healthcare professionals including six quotas for the attachment programmes and 30 quotas for international conferences or short courses by 1Q27.
Enhance training and development of professional and work competency for non-clinical staff.	Provide opportunities for legal and finance professional staff to attend continuing professional development courses by 1Q27.
Enhance training and development of management staff and Health Services Management Elite Development Programme (HSEP) elites.	Provide local and overseas training and development opportunities for the management staff and HSEP elites by 1Q27.

Action	Target for 2026-27
Continue to enhance proficiency and competency of junior nurses.	Recruit additional Advanced Practice Nurses as clinical preceptors for junior nurses by 1Q27.

Facilitate staff to attend training

Action	Target for 2026-27
Continue to provide additional training opportunities through the extension of Advanced Specialty Programme (ASP) to the entry rank of diagnostic radiographers, occupational therapists and physiotherapists.	Provide three additional ASPs for eligible diagnostic radiographers, occupational therapists and physiotherapists by 1Q27.
Continue to sponsor corporate non-clinical training for healthcare professional staff in HA.	Offer funding support to professional staff to keep abreast of the latest knowledge and market practice for service development and growth by 1Q27.
Continue to sponsor training outside Hong Kong to doctors, nurses, pharmacists and allied health staff.	Offer training scholarships for training outside Hong Kong to doctors, nurses, pharmacists and allied health staff by 1Q27.
Continue to provide more training opportunities for doctors, nurses, pharmacists and allied health professionals so as to facilitate service advancement and professional development.	Sponsor simulation training, including Crew Resource Management training for clinical staff; provide 65 specialty training/ enhancement programmes for pharmacists and allied health professionals; provide 27 specialty training programmes and around 50 enhancement programmes for nurses by 1Q27.
Provide training subsidy to allied health staff who participate in recognised service-related postgraduate programmes.	Offer training subsidy to around 150 allied health staff by 1Q27.

Enhance Service Supply

Our strategies for 2026-27

- Implement Hospital Development Plans
- Bolster the capability of healthcare facilities in meeting demand
- Work out a viable funding arrangement with the Government

Implement Hospital Development Plans

Action	Target for 2026-27
Continue the phased operation of redevelopment of QMH, Phase 1.	Provide 24-hour helipad services at QMH by 3Q26; strengthen non-clinical manpower support for service commencement of redevelopment of QMH by 1Q27; enhance radiology services by providing 260 additional attendances for angiography examinations by 1Q27; and provide ten additional operating theatre (OT) sessions per week by 1Q27.
Prepare for the service commencement of redevelopment of GH.	Strengthen manpower support for administrative services, facility and equipment management, and supporting services for redevelopment of GH by 1Q27.
Continue the phased operation of redevelopment of KWH.	Strengthen manpower to support facility management service at KWH by 2Q26; provide two additional ICU beds by 3Q26 and continue 12 whole-day sessions of robotic surgery for selected urology patients at KWH by 1Q27.

Action	Target for 2026-27
Commence the phased operation of NAH at Kai Tak Development Area.	Strengthen both non-clinical and clinical manpower to support service commencement of NAH by 4Q26, including SOPC pharmacy services, aseptic dispensing unit, radiology services, integrated rehabilitation and allied health centre, central phlebotomist services, central endoscopes reprocessing area and infection control unit, etc.; provide ten additional day beds by 4Q26, enhance Cardiothoracic Surgery (CTS), perioperative clinics and clinical oncology services by 1Q27; establish teams to prepare for the commencement of haematopoietic stem cell transplantation, intra-op radiology equipment, hyperbaric oxygen therapy, core laboratory blood bank, and enhance cyclotron and radiopharmacy services by 1Q27; establish a multidisciplinary team to support gamma knife services and provide 140 machine attendances by 1Q27; commence operation for an additional lung function test machine for 10 lung function sessions by 3Q26.
Prepare for the commissioning of redevelopment of OLMH.	Strengthen manpower support for the preparation of the commissioning of redevelopment of OLMH by 3Q26.
Continue the phased operation of new Ambulatory Block of UCH.	Enhance oncology services by providing 20 additional acute beds at UCH by 3Q26; provide five additional day beds by 2Q26, 940 additional radiotherapy treatment attendances (in terms of low-complexity radiotherapy treatment attendances) and 60 additional brachytherapy attendances at KEC Oncology Centre by 1Q27; commence services at Urology Centre at UCH by providing ten additional day beds by 4Q26, and one additional flex cystoscopy session per week by 1Q27.
Continue the phased operation of expansion of Lai King Building (LKB) for PMH.	Strengthen manpower to support the service commissioning of LKB for PMH by 4Q26.

Action	Target for 2026-27
Prepare for the phased operation of PWH new In-patient Extension Block.	Provide 28 additional acute beds and two additional day beds to enhance surgical, urological, medical and neurosurgical services by 3Q26; Provide five additional general anaesthesia (GA) OT sessions per week for urological cancer surgery, colorectal cancer surgery and cardiothoracic surgery services by 1Q27; enhance cardiac day rehabilitation services by providing an additional total of 235 rehabilitation day patient capacities and 2 835 rehabilitation day attendances by 1Q27; build laboratory capacity to provide an additional total of 4 500 fungal serology tests, fungal polymerase chain reaction tests and fungal susceptibility tests, 1 000 tests in anatomical pathology, 1 500 immunohistochemical staining and 100 molecular tests by 1Q27; and extend the service hours of rapid assessment team at accident & emergency (A&E) to provide early assessment and treatment for triage category III patients by 1Q27.
Prepare for the commissioning of expansion of NDH.	Strengthen manpower support for planning and service commissioning of expansion of NDH by 1Q27; provide ten additional acute beds at NDH by 3Q26.

Action	Target for 2026-27
Continue to enhance the operation of TMH OT Extension Block.	Provide one additional ICU bed by 3Q26; provide ten additional OT sessions per week for ear, nose & throat (ENT), gynaecology, surgery, gynaecological oncology and cancer surgery; provide one additional peri-operative medical clinic session and four additional pre-anaesthetic assessment clinic (PAAC) sessions per week at TMH by 1Q27.
Strengthen manpower support for the hospital development projects.	Strengthen manpower support for the planning and commissioning for ongoing hospital development projects at HKWC, KCC, NTEC and NTWC by 2Q26.

Bolster the capability of healthcare facilities in meeting demand

Action	Target for 2026-27
Enhance capacity of inpatient services at HKEC.	Provide one additional ICU and one additional high dependency unit (HDU) bed at PYNEH by 3Q26.
Enhance capacity of inpatient services at KCC.	Provide 12 additional psychiatry beds at KH by 4Q26.
Enhance capacity of inpatient services at HKWC.	Provide four additional HDU beds at QMH by 4Q26.
Enhance capacity of inpatient services at KEC.	Provide one additional ICU bed at TKOH by 3Q26, and provide three additional coronary care unit (CCU) beds at UCH by 4Q26.

Action	Target for 2026-27
Enhance capacity of inpatient services at KWC.	Provide two additional CCU beds and one additional HDU bed at PMH, and ten additional acute beds at YCH by 3Q26.
Enhance capacity of hyperbaric oxygen therapy (HBOT) services.	Provide one additional elective multiplace HBOT chamber session on every Saturday morning at PYNEH by 1Q27.
Continue to enhance the service capacity of FMCs to improve access for major service users.	Provide an additional total of 128 935 FMC attendances (including the nurse-led preventive screening and care services for underprivileged groups at selected FMSC / Family Medicine Integrated Centres (FMICs)), 14 000 family medicine specialist clinic attendances and 12 000 attendances for RAMP on diabetic retinopathy assessment at FMC in Siu Sai Wan Health Integrated Building, FMCs in Southern District, Tseung Kwan O South FMC, Nam Cheong FMC, North Kwai Chung FMC, North District FMIC, and FMICs in NAH and Tuen Mun Area 29 West by 1Q27.
Enhance SOPC service capacity in various Clusters.	Provide services for additional SOPC new case attendances to enhance services of various specialties by 1Q27.
Enhance capacity of OT services.	Provide 21 additional OT sessions per week, including four at PYNEH by 4Q26, two at HKCH, five at UCH, three at TKOH, two at PMH, two at AHNH and three at TMH by 1Q27.

Action	Target for 2026-27
Enhance capacity of anaesthesia services and perioperative care.	Enhance PAAC services by providing 725 additional anaesthetic doctor attendances and 465 allied health inpatient / day patient attendances at PYNEH; enhance the extended post-anaesthesia care unit by providing 175 additional patient capacities, 0.5 additional pain intervention session, and two additional cardiopulmonary exercise test sessions and 0.5 additional pain clinic session per week at PWH by 1Q27.
Enhance capacity of the cardiac services.	Provide ten additional sessions per week for atrial fibrillation and interventional structural heart disease services and strengthen perioperative care for 75 procedures at QMH; enhance percutaneous coronary intervention (PCI) services by providing an additional total of 17 cardiac catheterisation laboratory (CCL) sessions per week, 250 additional PCI cases and 315 additional cardiac procedures at UCH, TKOH and YCH; enhance accelerated diagnosis and management for acute coronary syndrome (ACS) and ST-elevation myocardial infarction (STEMI) at PMH by providing 495 additional inpatient echocardiogram services, 110 additional ACS patient capacities with early PCI and shorten the average STEMI primary percutaneous coronary intervention (PPCI) door-to-balloon time to below 90 minutes; enhance PPCI services at KEC by shortening the median door-to-balloon time to below 90 minutes, and providing on-site 24/7/365 PPCI services with no cross-cluster patient transfer by 1Q27.

Action	Target for 2026-27
Enhance capacity for acute stroke services.	Set up stroke centre at PWH in accordance with national accreditation standards with green channel by 3Q26, provide 485 intracranial vascular work-up and 485 bedside ultrasound carotid duplex for ischaemic stroke patients by 1Q27; enhance services at TMH stroke centre in accordance with national accreditation standards by 1Q27, provide 340 intracranial vascular work-up and 340 bedside ultrasound carotid duplex for ischaemic stroke patients by 1Q27.
Enhance capacity of psychiatry services.	Provide an additional total of 2 325 psychiatric consultation liaison attendances by doctors at NTEC and NTWC and 720 SOPC new case attendances at KWC and NTEC by 1Q27.
Enhance capacity of child and adolescent psychiatry services.	Provide an additional total of 570 SOPC new case attendances at KWC and NTEC by 1Q27.
Enhance capacity for cancer treatment services.	Set up fast-track diagnostic service for patients with suspected lung cancer and provide 485 additional patient capacities at HKEC, KEC and NTWC; implement cancer case manager programme for lung cancer patients with 270 additional new cases managed by cancer case managers at HKWC and NTEC; enhance chemotherapy services by providing 210 additional SOPC new case attendances and extend service hours of day chemotherapy centre at KWC by 1Q27.

Action	Target for 2026-27
Enhance radiotherapy services for cancer treatment.	Provide 4 675 additional radiotherapy treatment attendances (in terms of low-complexity radiotherapy treatment attendances) at KWC and NTWC by 1Q27.
Enhance diagnostic radiology services.	Install a new computed tomography (CT) scanner at HKEC and provide 3 830 additional CT patient attendances at HKEC and KEC, 350 additional magnetic resonance imaging patient attendances at KEC, 145 additional patient attendances for angiography examinations at KWC, 1 030 additional positron emission tomography-computed tomography attendances at KEC and NTWC by 1Q27.
Enhance capacity of ophthalmology services.	Provide an additional total of 660 doctor-delivered intravitreal injections (IVT) and 75 local anaesthesia cataract surgeries at KWC and NTEC; provide 3 750 nurse-delivered IVT injections at HKWC and KEC by 1Q27.
Enhance capacity for ENT services.	Establish a multidisciplinary ENT clinic at HKCH, and provide 470 additional SOPC new case attendances by 1Q27.
Enhance capacity for renal services.	Provide 21 additional patient capacities for in-unit haemodialysis by 1Q27.

Action	Target for 2026-27
Enhance service capacity of the laboratory testing of HA.	Build laboratory capacity by providing 60 205 additional haematopathology tests and 275 additional haematology tests at HKEC; provide 505 additional special / cell function assays after centralisation at HKWC; provide 2 250 additional haematology tests, and commission tuberculosis services with 500 human papillomavirus typing tests and 6 000 vitamin B12 and folate tests at KWC; provide 1 500 additional haematology tests and 400 faecal elastase-1 tests at NTWC by 1Q27.
Enhance service capacity of infection control of HA.	Provide structured outpatient parenteral antibiotics programme with 150 additional SOPC new case attendances and 185 additional patient capacities of outpatient parenteral antibiotics and early oral antibiotic switch at HKWC; build laboratory capacity for providing 31 900 additional screening for multi-drug resistant organisms control at KEC by 1Q27.
Enhance capacity for palliative care (PC) service.	Provide one-stop ambulatory multidisciplinary integrated PC services with 2 205 PC day attendances at HKEC; further enhance PC consultative services at KEC, KWC, NTEC and NTWC, and provide 1 190 cancer and non-cancer patient capacities, 7 590 PC consultative visits and 2 200 PC home visits; and introduce enhanced PC home care service to support 60 patients for caring and dying in place and provide 910 PC home visits at KEC and KWC by 1Q27.

Action	Target for 2026-27
Set up an Office for Introducing Innovative Drugs and Medical Devices.	Strengthen manpower to enhance the proactive and strategic introduction of innovative drugs and medical devices by 3Q26.
Expand drug access in HA by improving the alignment of the HA Drug Formulary with current clinical evidence and international guidelines on the use of drugs.	Widen the indications of Special Drugs and re-positioning Self-financed Drugs as Special Drugs for managing metabolic, renal, cardiovascular, skeletal diseases and cancer by 2Q26.
Enhance capacity of haematology services.	Provide nine additional autologous haematopoietic stem cell transplant cases and clinical ward pharmacy service for haematology ward at PMH by 1Q27.
Continue to enhance the management of equipment maintenance services.	Continue to enhance the supervision and monitoring of outsourced maintenance services for medical equipment by 2Q26.
Enhance facility management services.	Strengthen facility management manpower to provide timely inspection and better arrangement of improvement works and preventive maintenance at NTWC by 2Q26.
Enhance non-emergency ambulance services.	Strengthen manpower to support non-emergency ambulance services at KWC by 1Q27.

Work out a viable funding arrangement with the Government

Action	Target for 2026-27
Advise the Government of HA's resource requirements in the next triennium funding cycle (2027-28 to 2029-30) through a population-based model.	Provide the Government with the resources required for public healthcare services provided by HA for the next triennium funding cycle (2027-28 to 2029-30) by 1Q27.

SERVICE AND RESOURCE ESTIMATES

HA planned to provide 31 166 hospital beds as at 31 March 2026 and managed about 9.71 million patient days in 2025-26.

HA delivers a comprehensive range of preventive, curative and rehabilitative medical services to ensure every citizen has access to affordable healthcare. As at 31 December 2025, we managed 43 public hospitals or institutions, 49 specialist outpatient clinics (SOPCs) and 75 family medicine clinics (FMCs). The facilities are organised into seven Clusters according to geographical locations.

Service Estimates

Service Estimates for 2026-27

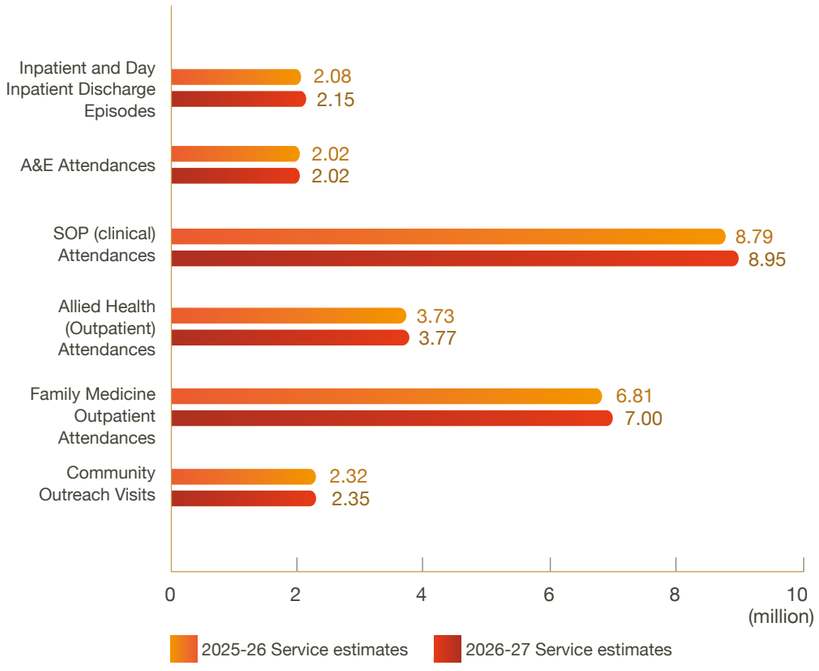
- 2.15 million inpatient and day inpatient discharge episodes*
- 2.02 million accident & emergency (A&E) attendances
- 8.95 million SOP (clinical) attendances
- 3.77 million allied health (outpatient) attendances
- 7.00 million family medicine outpatient attendances
- 2.35 million community outreach visits, which include outreach medical, nursing and allied health services to support our discharged patients, in particular geriatric and psychiatric patients for rehabilitation in the community

* Refers to discharges and deaths in the Controlling Officer's Report (COR). This applies to all "discharge episodes".

To meet escalating service demand arising from an ageing and growing population, HA plans to increase inpatient and day inpatient service throughput by around 3.4% in 2026-27, as compared to 2025-26. This translates into an additional of 71 800 inpatient and day inpatient discharge episodes. It is estimated that HA will increase the throughput for family medicine outpatient services by 2.8%, which is an increase of 192 000 attendances to enhance medical care and disease management for the elderly and patients with chronic diseases.

A comparison of HA's estimated service throughput for 2026-27 and 2025-26 is shown in Figure 1. These and other key service statistics are delineated in Appendix 1, while Appendix 2 provides a breakdown of the service estimates by Cluster.

Figure 1 Comparison of Service Estimates for 2026-27 and 2025-26



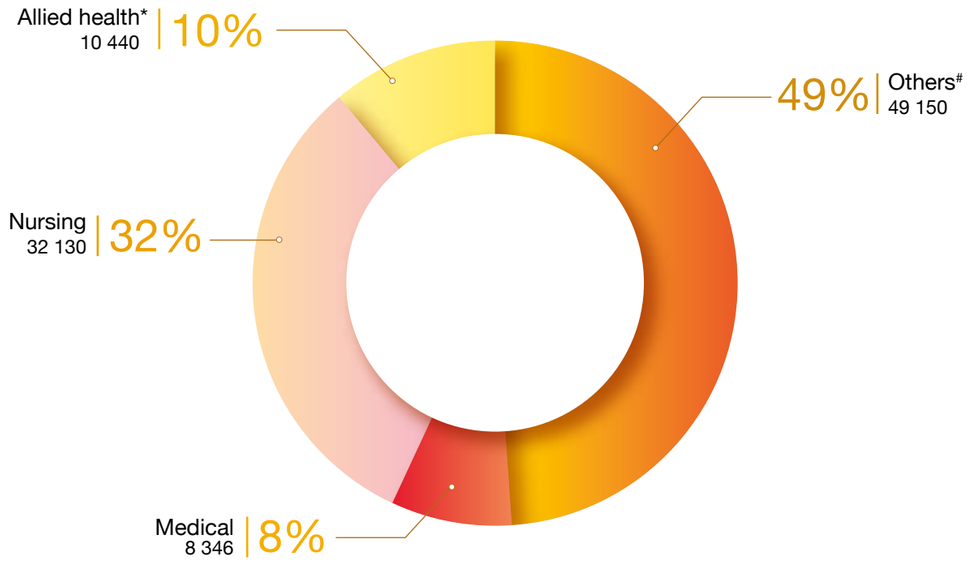
Manpower Estimates

HA's existing staff strength is more than 96 000 full-time equivalents. Around 70% of them are providing direct patient care, while others provide essential supporting services such as managing patient records and maintaining the proper functioning of patient amenities.

It is estimated that we need to increase our workforce by 2.8% in the coming year. The manpower increase, which is expected for all staff groups, is intended for delivering new service programmes, service enhancements and quality improvement measures. At the same time, new recruits are also needed to replace staff members who have resigned or retired.

The planned recruitment level for healthcare professionals in 2026-27 will be around 730 doctors, 3 190 nurses and 710 allied health and pharmacy professionals. Figure 2 provides a breakdown of estimated staff strength for the coming year. Details of the manpower estimates for 2025-26 and 2026-27 are provided in Appendix 1.

Figure 2 Estimated Staff Strength as at end of 2026-27



* Comprises allied health and pharmacy professionals

\# Comprises supporting staff and managerial / administrative staff

Note: The percentages may not add up to 100% due to rounding.

Budget

The Recurrent Government Subvention

The Government has been increasing the recurrent funding for HA progressively on a triennium basis from 2018-19 having regard to population growth and demographic changes. For 2026-27, the recurrent government subvention amounts to $101.8 billion, representing a 2.8% increase as compared to 2025-26, mainly comprising:

(a) **$4.9 billion** being the funding growth for 2026-27 under the third triennium funding arrangement; and

(b) partly offset by a reduction of **$1.8 billion** under the Government's Productivity Enhancement Programme (PEP) for 2026-27.

As confirmed by the government's 2026-27 Budget Speech in February 2026, the Government will continue the PEP in 2026-27 and 2027-28 with recurrent funding reduction of 2% in each year. HA, as a subvented organisation under the Health Bureau (HHB), is required to contribute a recurrent funding reduction of $1.8 billion in 2026-27 accordingly.

The graph below demonstrates the trend of Government subvention to HA in recent years:

Note: Included one-off provision of $7.5 billion for tackling the Coronavirus-Disease 2019 epidemic

The resources will be deployed to carry out a series of initiatives in 2026-27 to achieve the strategic goals and programme targets as delineated in preceding chapters.

Capital Subvention and Designated Funding

To support the delivery of HA's service development, capital subvention and designated funding will be utilised to cover the following financial requirements:

1. Procurement of equipment, development of information systems and technology refresh for modernising hospital services ($1.6 billion);

2. Minor works projects including facilities improvement works, regular maintenance, and preparatory works for major capital works projects ($2.0 billion); and

3. Major capital works for HA's future development, such as construction of new hospitals and re-development of existing hospitals ($26.9 billion).

Looking Ahead

With the third triennium funding cycle reaching its end in 2026-27, HA has initiated discussions with the Government regarding the funding arrangements for the subsequent fourth triennium in order to secure sustainable financial support to address the service requirements in the ensuing three years.

In 2026-27, HA will transition from the long-established mechanism of historical baseline budgeting to zero-based budgeting. HA will remain rigorous oversight of effectiveness and efficiency of its resource utilisation and remain committed to prudent financial management in a sustainable manner.

HEAD OFFICE PLAN

This section sets out the work plans of the HA Head Office for 2026-27.

This section covers the work plans of the Head Office with respect to three key enablers of HA services: Capital Works, Business Support Services, and Information Technology and Health Informatics Services. It also sets out HA's approach on corporate governance, which is coordinated by the Head Office.

Head Office Plan Components

- Corporate Governance
- Capital Works
- Business Support Services
- Information Technology and Health Informatics Services

Corporate Governance

Good governance is at the heart of HA and will continue to be of the highest importance as the Authority continues to develop. The HA Board has developed a formal schedule of matters specifically reserved for its decision in order to ensure that the direction and control of HA is specifically and demonstrably in the hands of the Board. It also ensures institutional sustainability by working with the Management to set HA's strategies and Annual Plan. Appropriate steps are taken to deliver service plans and programmes under the Annual Plan, and to ensure that there are effective systems of control and risk management.

Stewardship of the Board

Like many healthcare organisations around the world, HA is facing various challenges in the midst of escalating service demand from a growing and ageing population along with the rising prevalence of chronic diseases, while at the same time experiencing resource constraints in essential areas like manpower, physical space and funding which deeply affect the service supply. To cope with the sustainability challenges, HA Board has set up a dedicated Task Group on Sustainability (TG) to examine the major challenges facing HA with a view to devising strategic directions to achieve a sustainable public healthcare system amid the constantly changing environment and evolving service needs. Designated work groups were also formed to examine performance and efficiency of various functions of HA, ranging from service models, use of artificial intelligence to procurement, environmental initiatives, etc.

The Board and its Functional Committees conduct annual agenda forecast along different strategic and functional dimensions for guiding their operations throughout the year, and align the agenda planning with their respective Terms of Reference. The role and participation of the functional committees in setting key standards, driving best practices and monitoring performance will continue to be reinforced. The Board's Executive Committee keeps reviewing the committee structure of HA to dovetail with the latest changes and development needs of HA so as to assist the Board in performing the key task in managing and leading HA.

The Hospital Governing Committees (HGCs) appointed by the HA Board under the HA Ordinance are serving important functions in enhancing community participation in the governance of public hospitals. With the enhanced role of HGCs in hospital governance, they have actively contributed to the continuous improvement in hospital services across various areas over the years, such as development of patient-centric service, hospital facility management and development, introduction of smart initiatives, solicitation and management of donation, etc. Looking ahead, HGCs will continue to steer and drive new initiatives and enhancement measures at the hospital level, aiming to improve the experience and safety of patients, staff and visitors at the hospital level, ensure prudent use of resources, and foster greater motivation and recognition for staff. To ensure effectiveness and linkage between the corporate and hospital levels, dedicated efforts will be continued to enhance communication between HGCs and various stakeholders in HA including the HA Board, HA Head Office, Clusters and hospital management and frontline staff.

We will continue to build on the robust corporate governance framework to ensure proper management of the public hospitals for the provision of quality hospital services in Hong Kong.

Risk Management

The effective management of risk constitutes a fundamental component of the Hospital Authority's (HA) framework for sound corporate governance. The HA is fully committed to the systematic identification, assessment, and control of risks, and to the continual enhancement of risk management practices throughout the organisation.

To this end, the Organisation-wide Risk Management (ORM) Policy and Strategy has been developed, endorsed, and approved by the HA Board. This policy establishes a comprehensive, consistent, and integrated approach to risk management that encompasses both clinical and non-clinical risks across all levels of the HA. Within the ORM Framework, the HA will continue to strengthen the supporting structures, processes, and accountability mechanisms required for the successful implementation of the ORM Policy and Strategy, while actively promoting a culture of risk awareness among staff at all levels.

The HA has established a robust risk governance structure that clearly defines roles and responsibilities for risk management at hospital, Cluster, and Head Office levels, with oversight provided by the Audit and Risk Committee (ARC) and, ultimately, the HA Board. This structure ensures the systematic identification, evaluation, and reporting of risks. On an annual basis, the Head Office and each Cluster prepare comprehensive risk profiles that identify the principal risks affecting major functional areas, incorporating both clinical and non-clinical dimensions. These profiles inform the development and implementation of targeted risk mitigation measures by the responsible Head Office Divisions and Clusters. Where additional resources are required to support effective risk mitigation, these are pursued through the established annual planning and resource allocation process.

As an integral part of the HA's governance and reporting arrangements, the Cluster and hospital risk profiles are submitted annually to the respective Cluster Management Committees and Hospital Governing Committees while the Head Office risk profiles are presented to the Directors' Meeting and relevant Board Functional Committees. This reporting mechanism promotes transparent communication of risk information throughout the organisation. It enables the timely escalation of significant risks to senior management and the HA Board, while facilitating the coordinated execution, monitoring, and review of risk mitigation actions aimed at preventing or minimising the likelihood and impact of adverse events.

Capital Works

To address the challenges encountered by HA in developing and delivering the two Hospital Development Plans (HDPs), and to enable HA to better execute its organisational strategies and priorities now and going forward, the Development and Works Division (D&WD) was set up in HA Head Office in March 2024 and took over the management of the former Capital Planning Department. The coordination of other capital works in HA is also overseen by the D&WD. To manage the different aspects of capital works, the Division is organised into the following eight sections:

- Planning and Development
- Capital Projects
- Building Works
- Engineering
- Quality Management
- Contract Management
- Lands
- Administration and Operation

The Division is responsible for the planning, development and maintenance of quality healthcare facilities through multidisciplinary professional teamwork. Its functions are as follows:

- To plan and develop safe and efficient facilities, with designs that are flexible, environmentally friendly and conducive to optimal care delivery.
- To sustain quality resources and project management to ensure that capital works projects are completed on schedule and within budget.
- To manage and maintain quality facilities and infrastructure to facilitate the delivery of patient-centred, high quality healthcare services to the community.
- To ensure the provision of safe, reliable, practical, resource-effective, quality and modern healthcare engineering facilities and infrastructure in a timely manner.

Major Risks and Challenges

In the 2016 Policy Address, the Government announced that $200 billion would be set aside for HA to implement an HDP. This comprises the construction of a new acute hospital, the redevelopment or expansion of 11 hospitals, as well as the construction of three community health centres and a new supporting services centre. Upon progressive completion of this First HDP, there will be over 6 550 additional public hospital beds and 105 additional operating theatres. In parallel with the implementation of projects under the First HDP, as announced in the 2018-19 Budget Speech, the Government invited HA to commence planning for the Second HDP. In view of the latest territorial development planning and demographic changes, including the updated planning data issued by Planning Department at the end of 2024, the Health Bureau (HHB) and HA are proactively reviewing and formulating the Second HDP. These are mega projects that require meticulous planning and management to ensure they progress according to schedule and within budget.

As at November 2025, 16 major capital works projects under the First HDP, with a total project cost of $189 billion, have been initiated and are currently at various stages of planning and implementation. Of these, 15 projects with a budget of $187.3 billion have been approved by the Government.

Even prior to the First HDP, HA already has one of the largest and most complex building stocks in Hong Kong, comprising a total of around 3 170 000 m^2 floor space in over 300 buildings. It is a challenge for the Division in managing resources to renew, upgrade and maintain these facilities.

An annual budget of around $1.78 billion has been set aside for carrying out about 1 750 minor works projects for the improvement and maintenance of these existing buildings in 2026-27.

Major Initiatives in 2026-27

Capital works is one of the key enablers of clinical services. In 2026-27, the Division will undertake the following major initiatives to ensure that HA's healthcare facilities are able to meet the demands of quality service provision:

- Facilitate capacity increase by completing the new blocks for NAH at Kai Tak Development Area (Site A), redevelopment of OLMH and GH (Phase 1), and expansion of UCH and LKB in PMH; carrying out the expansion of NDH, redevelopment of PWH (Phase 2, Stage 1) and KWH (Phase 2).

- Enhance safety performance of HA capital works projects by expanded use of Independent Safety Audit Scheme for all major capital works projects irrespective of the contract value; include Site Safety Cycle as standard contract requirements to promote site safety awareness; distribute safety alerts to HA managers, consultants, contractors and site supervisory staff; conduct consultancy study to review HA's current approach to health and safety system for works contracts at a strategic level; and conduct random site safety inspections with sharing on findings to minimise recurrence of similar non-conformances. Enhance supervision of site safety by implementing Smart Site Safety System (4S) in major capital works projects and also minor and maintenance works with suitable 4S packages depending on nature of works and specified risks involved.

- Ensure the quality of HA facilities by conducting curtailed checking on all major capital works projects once every six months.

- Improve and maintain existing buildings by carrying out about 1 750 minor works projects with the annual budget of around $1.78 billion.

The capital works targets for 2026-27 are outlined in the following section.

Capital Works Targets	
• Commence demolition works for redevelopment of KCH (Phase 3)	2Q26
• Complete façade works of the In-patient Extension Block for the redevelopment of PWH (Phase 2, Stage 1)	3Q26
• Complete new ambulatory block (Phase 2 Occupation Permit) and new annex block to existing Block S, and commence refurbishment works of expansion of UCH	3Q26
• Complete superstructure and façade works of all blocks for NAH at Kai Tak Development Area (Site A)	4Q26
• Complete the superstructure works of the new block for the redevelopment of OLMH	4Q26
• Complete superstructure works of the Clinical Block and University Block for the redevelopment of GH (Phase 1)	4Q26
• Complete superstructure works of the new block for the expansion of Lai King Building in PMH	4Q26
• Complete basement floors for the redevelopment of KWH (Phase 2)	1Q27
• Complete concreting works up to L18 (roof level) for the expansion of NDH	1Q27
• Complete consultancy services for the Development of Facility Design Guidelines and Study on Modern Methods of Construction for Healthcare Facilities in HA	1Q27

Business Support Services

Business Support Services Department (BSSD) is a corporate, multi-skilled team within the Cluster Services Division of the HA Head Office. Core functions of the BSSD encompass a wide portfolio of non-clinical support activities and operational systems integral to the smooth operation of hospitals and clinics. These functions include:

- Hospital support services – including patient food, patient transport, laundry, security, waste management, etc.
- Procurement and supply management
- Equipment management
- Biomedical engineering services

Major Risks and Challenges

Equipment Replacement

As at April 2025, the total asset of medical equipment items in HA is valued at approximately $21 billion. Of these, around 37% are major equipment items with unit costs of over $1 million, while 27% are minor equipment items with unit costs ranging from $0.2 million to $1 million.

With funding support from the Government, initiatives are underway to replace aging medical equipment and acquire new or additional medical equipment. The planning of upgrading and additional medical equipment is conducted in close collaboration with the Central Technology Office, incorporating the engagement of clinical specialties through Coordinating Committees and Central Committees, to ensure a comprehensive approach to the modernisation of medical technology.

Procurement Strategy for Medical Equipment & Medical Consumables

In order to achieve cost efficiency and drive for performance enhancement, HA takes proactive approach in market sourcing to introduce competition, enhancing central coordination in procurement, getting the right healthcare technology and value-for-money products to align with HA's strategic directions and to meet the needs of clinical operations. The strategies are extended to cover the procurement of selected medical consumables.

To support the Government's policy direction to enhance the protection of public health, HA will continue to implement the enhanced procurement strategies in the selection of medical devices listed under the Medical Device Administrative Control System of the Department of Health.

Hospital Authority Supporting Services Centre

The Hospital Authority Supporting Services Centre (HASSC) at North Lantau consists of a Central Laundry, a Central Food Production Unit (CPU), an Information Technology Corporate Data Centre (ITCDC), and Central Emergency Stores for critical personal protective equipment and key linen items. The construction work for HASSC had been completed and the building was handed over to HA on 27 September 2024. The ITCDC has commenced operation in January 2025, while the CPU and Central Laundry in HASSC have started operation in phases since March 2025. Besides, the Central Emergency Stores in HASSC has been in operation from January 2025 for storing critical PPE and key linen items. Upon full operation, HASSC will be able to support the projected additional demand for patient catering and laundry services from new / redeveloped hospitals under the First Hospital Development Plan (HDP).

Biomedical Engineering Services

To upkeep the quality and safety of medical equipment in HA, the quality assurance on outsourced maintenance services for medical equipment will be further enhanced with improved processes supported by digitalisation.

To support the Government's initiative to develop Hong Kong as an international hub for health and medical innovation, the Biomedical Engineering Services Section will assist the Office for Introducing Innovative Drugs and Medical Devices to identify cost-effective, cutting-edge medical technologies that meet service needs and, where appropriate, streamline their registration process in Hong Kong.

Major Initiatives in 2026-27

- Replace existing and provide additional equipment that are critical to clinical services, including radiological equipment, surgical equipment, endoscopic equipment, laboratory analyser or pathology equipment, and physiological equipment. The plan involves an estimated total of around 600 pieces of equipment at a total budget of around $600 million.
- Rationalise strategies for procurement of medical equipment and selected medical consumables and strengthen the centrally coordinated procurement of medical equipment and selected medical consumables in order to enhance the bargaining power and enhance cost effectiveness.
- Continue to implement the enhanced procurement strategies in granting preference to listed medical devices for quotations and tenders.
- Enhance supervision and monitoring of outsourced maintenance services for medical equipment with a new data platform.
- Set up a management framework to identify cost-effective, cutting-edge medical technologies to bring in innovative medical devices that are cost-effective and beneficial to HA.

The BSSD targets for 2026-27 are outlined in the following section.

BSSD Targets

• Complete the acquisition of around 600 pieces of equipment under Capital Block Vote and Designated Fund.	1Q27
• Rationalise strategies for procurement of medical equipment and strengthen the centrally coordinated procurement of medical equipment and selected medical consumables.	1Q27
• Continue to implement the enhanced procurement strategies in granting preference to listed medical devices.	1Q27
• Continue the enhanced supervision and monitoring of outsourced maintenance services for medical equipment with improved processes supported by digitalisation.	1Q27

Information Technology and Health Informatics Services

Information Technology and Health Informatics Division (IT&HID) is a strategic enabler and solution provider, with multiple roles to support daily hospital operations, service enhancement and ensure the long-term sustainability of HA's services:

- **Serve as a business enabler for providing quality patient care services** – maintaining 24-hour support for clinical and corporate IT systems to enable HA-wide critical hospital operational services and ensure the highest levels of cybersecurity and system reliability to protect patient data.
- **Act as a change agent for transforming service provision** – enabling HA to adopt an information-driven and patient-centred service model through innovative application of proven technology in IT services.
- **Sustain information technology services and infrastructure** – supporting end-to-end clinical and enterprise user IT requirements, maintaining a scalable infrastructure, and formulating IT policies, standards, governance and other control mechanisms.

Aligning with HA Strategic Plan 2022-2027, IT&HID maintains an IT Strategy Framework to support the realisation of HA's strategic directions over the five years, which comprises six core portfolios:

- **Digital hospital and community care** – to improve access, efficiency and risk management for clinical service through workflow streamlining, information sharing, cross-team coordination and intelligent automation.
- **Digital patient experience** – to facilitate patient-centred care within the community and patient empowerment, offering easy access to services, personal health information via mobile applications, telehealth options, and data analytics.
- **Digital workplace and smart hospital operation** – to support strategic human resources and financial management, empower staff with self-service and easy access digital workspace and optimise resource use, improve hospital efficiency enhance operational intelligence and staff satisfaction.
- **Data driven enterprise** – to integrate data analysis into the core of HA business process, and cultivate continuous improvement of business processes and services via technology advancement.
- **Future ready digital platform** – to transform IT infrastructure, processes and tools into a secure, scalable platform that ensures interoperability and uplift IT capability in supporting HA's digital transformation.
- **World class IT organisation** – Align with HA's clinical and business needs to optimise the IT professional workforce to product-centric and value-driven teams, including collaboration with external IT professional communities to increase capability and efficiency whilst maintaining a high level of productivity.

Leveraging these portfolios, IT&HID will continue to play a critical role in managing and coordinating the implementation of Smart Hospital, which is one of the key sustainability strategies for HA. Through working closely with the hospital teams by using a co-delivery methodology, IT&HID will launch pilot programmes in selected hospitals to implement smart wards and smart clinics, facilitate the introduction of smart hospital management and hospital support initiatives.

A robust governance structure is in place to ensure IT investments are prioritised and aligned with clinical and business needs. The services of IT&HID are governed by the HA Board through the Information Technology Services Committee (ITSC), and supported by the IT Technical Advisory Sub-Committee for advice on information technology and infrastructure directions.

In addition, programmes related to IT development are prioritised according to their business needs by the Committee on IT, and endorsed by the ITSC before implementation. Programme targets with key performance indicators for major development initiatives are reported for progress monitoring together with regular progress updates to the ITSC.

Major Risks and Challenges

Given the increasing reliance on information technology to improve service quality and patient outcomes, IT&HID must ensure system integrity and guard against patient data breaches and service interruptions (i.e. downtime) of IT systems. Overall, IT&HID faces a number of key challenges as follows:

- Enhancing cybersecurity resilience against increasingly sophisticated threats by strengthening threat detection, response capability, and staff security awareness.
- Strengthening the resilience and performance of HA's IT infrastructure to ensure high system availability and business continuity, meeting the growing demand for reliable 24/7 healthcare services.

- Safeguarding the confidentiality and privacy of HA's sensitive information assets, including patient data, through continuous enhancement of security controls.
- Maximising the use of advanced architectural design to upgrade legacy systems and reduce technology debts, enhancing interoperability, and ensure the long-term reliability of critical services.
- Maintaining the robust IT&HID organisational structure and optimizing the skill and competency mix to address local IT resource and skills shortfall.
- Ensuring sustainable project management capabilities to facilitate efficient and effective delivery of projects in accordance with stakeholder requirements.
- Developing adequate IT human resources with the latest skillsets through internal talent development and strategic external sourcing.
- Implementing a multi-vendor strategy to ensure a stable supply of IT products for critical services provision.
- Securing and aligning necessary funding with HA's digital transformation priorities to modernise ageing systems, while optimising product delivery to ensure the reliable operation of mission-critical systems.
- Further strengthening management of IT agency services to meet increased service demands, ensuring system stability and availability.

Major Initiatives in 2026-27

IT&HID has responsibility for a number of initiatives in 2026-27, including support for the service plans of both internal and external stakeholders. The majority of these are multi-year projects and the key initiatives are highlighted below:

Internal Service Provision

IT Product Delivery for Service Transformation and Provision

- Continue to build up HA clinical system capabilities for the fifth generation of Clinical Management System (CMS) to support HA priorities, clinical service operations, and to improve clinical service quality, patient experience and operations efficiency by enhancing CMS functionalities, data and protocol driven care, user experience and system integration with Artificial Intelligence (AI) adoption.
- Continue to develop and support the co-delivery of initiatives for Smart Hospital to enhance the experiences of both patients and staff by streamlining workflows, leveraging automation and innovative technologies for clinical care, hospital support and hospital management processes.
- Develop additional functions and features on the HA patient mobile app platform (HA Go) to further digitalise HA's services and patients' care processes through innovative approaches for enhanced accessibility and user experience on smart phones.
- Continue the enhancement of AI and data analytics platform and development of AI products to support data-driven care, improve service quality and for automation within hospitals, as well as AI telehealth and patient empowerment for self-care beyond hospitals; while leveraging generative AI to support HA services.
- Continue to develop Digital Health Platform (DHP) and modernise the platform for existing critical systems to enhance reliability, efficiency and enable development of new capabilities to support HA's digital transformation initiatives.
- Provide IT planning for the new hospital buildings in the First HDP. The IT planning will enable the Smart IT infrastructure for Smart Hospital development, for instance, Cluster Cloud computing platform and One-Network-for-All infrastructure supporting Edge Computing, AI and Internet of Things (IoT) initiatives. Set up of Smart IT infrastructure and implement corporate information systems for expansion of UCH and NDH, Lai King Building in PMH, development of Tseung Kwan O South Family Clinic, Tuen Mun Area 29W CHC, New Acute Hospital and NLTH Hospital Authority Supporting Services Centre, and redevelopment of KCH, GH, QMH, PWH, OLMH, KWH Phase II.

IT Service for Improving Service Standards

- Continue to provide 7x24 IT operation service and support to critical clinical systems and cross Hong Kong IT infrastructure for healthcare service sector by adopting the practice of using advanced technologies and processes to automate system management and application monitoring.
- Continue to enhance cybersecurity resilience, quality assurance and risk management controls for all IT services and systems through standardisation and automation of processes, monitoring of compliance and proactive risk mitigations.

- Continue to enhance and streamline IT quality assurance process by integrating advanced quality assurance software tools, automating repetitive tasks, embedding testing early in the development lifecycle, and strengthening collaborative practices, in order to improve efficiency and identify defects and enhancing the overall stability of systems.

- Replace ageing IT equipment and obsolete software to reduce operational risks in supporting hospital services.

IT Innovation for Healthcare Advancement

- Proactively identify and evaluate emerging technology solutions to support IT Innovation initiatives in key strategic areas such as cloud services, mobile platforms, telehealth and IoT, as well as generative AI and big data analytics to build foundational capabilities to support healthcare service transformation.

- Continue to develop and implement initiatives for Smart Hospital, including the Paperless ECG, e-Documentation, Radiology Appointment Kiosk, Patient-centric Queuing in SOPCs, Smart Pharmacy related initiatives, Command Centres, Smart Kiosks and other hospital support services, to improve the efficiency of patient services at public hospitals.

- Continue the development of mobile apps and devices for clinical staff to carry out clinical functions in patient care.

- Continue to develop and introduce innovative solutions such as mobile payment (e-payment) capabilities to support the transformation of service provision.

- Continue to enhance the kiosk application and extend kiosk capabilities such as wider choices of e-payment means, smaller/countertop kiosk to align the market standard and the operation need of hospitals/clinics.

IT Product Delivery for Community Partnerships

- Continue to develop IT systems to support convenient access of drug dispensing and professional pharmacist services by citizens under the territory-wide Community Pharmacy Programme.

- Provide ongoing IT support and enhancements to existing Public-Private Partnership (PPP) programmes, and perform related IT enhancements for the development of Integrated Management Framework for clinical PPP programmes.

- Continue to enhance clinical systems and provide IT service support to cater for the data needs of the territory-wide eHealth initiative.

IT Product Delivery for People and Resources Management

- Continue the enhancement of corporate IT systems to streamline administrative and business workflows, improve communication and access to information.

- Leverage digital tools such as automation platforms, paperless solutions, chatbots and mobile applications to enhance employee engagement and experience, improve effectiveness and efficiency in ward administration and clinical communication, foster collaboration, and achieve a paperless environment.

External Service Provision

eHealth and Information Systems for Department of Health

- Continue to serve in the Government-led eHealth programme as the technical agency for development and operation of the eHealth system, and take forward the eHealth+ development for transforming eHealth from a health record sharing system into a comprehensive healthcare information infrastructure; and also support other eHealth related initiatives including various PPP programmes, Chronic Disease Co-care Scheme, and District Health Centres led by the Government.

- Enhance citizen and private healthcare provider participation, and increase their data contributions to eHealth through initiatives such as the Data Sharing Pilot Scheme, cross-boundary healthcare services, and collaborations within the Guangdong-Hong Kong-Macao Greater Bay Area (GBA).

- Continue to provide system operation, support and maintenance services (Maintenance Services) for the Clinical Information Management System Stage II (CIMS2) for DH as technical agency.

- Continue to provide ongoing IT support for the Health Care Voucher, Vaccination, and Primary Care Directory schemes.

- Continue to provide ongoing IT support to DH for the Colorectal Cancer Screening Programme, Breast Cancer Screening Pilot Programme and the Electronic Platform for Regulation of Private Healthcare Facilities.

- Continue to provide ongoing IT support for the system interfaces with the DH's Communicable Disease Information System.

- Continue to provide ongoing IT support for the Laboratory Information System for the DH's Clinical Pathology Laboratory Centre.

The IT&HI targets for 2026-27 are outlined in the following section.

IT&HID Targets

Internal Service Provision

IT Product Delivery for Service Transformation and Provision • Continue to build up HA clinical system capabilities for the fifth generation of CMS to support HA priorities, clinical service operations, improve clinical service quality, patient experience and operations efficiency by enhancing CMS functionalities, data and protocol driven care, user experience and system integration with AI adoption. • Further develop and support the co-delivery of initiatives for Smart Hospital to enhance the experiences of both patients and staff by streamlining workflows, leveraging automation and innovative technologies for clinical care, hospital support and hospital management processes. • Further develop planned functions and features for the HA patient mobile app platform (HA Go) to further digitalise HA's services and patients' care processes through innovative approaches for enhanced accessibility and user experience on smart phones. • Further develop planned features for the AI and data analytics platform and AI products to enhance service quality and operational efficiency.	1Q27

IT&HID Targets

Internal Service Provision

• Continue the planning of IT services, including network infrastructure, hospital data centres and corporate information systems for the new hospital buildings in the First HDP. The IT planning will enable the Smart IT infrastructure for Smart Hospital development, for instance, Cluster Cloud computing platform and One-Network-for-All infrastructure supporting Edge Computing, AI and IoT initiatives. Set up Smart IT infrastructure and implement corporate information systems for the expansion of UCH and NDH, Lai King Building in PMH, development of Tseung Kwan O South Family Clinic, Tuen Mun Area 29W CHC, New Acute Hospital and NLTH Hospital Authority Supporting Services Centre, and redevelopment of KCH, GH, QMH, PWH, OLMH, KWH Phase II. • Continue the implementation of DHP including technical and infrastructure building blocks, database migration and cloud migration and pilot the implementation of dual cloud strategy, enhance private/public cloud integration, complete development of essential share services and frameworks sufficient to support revamp of clinical and non-clinical applications.	1Q27

IT&HID Targets

Internal Service Provision

IT Service for Improving Service Standards • Continue to adopt the practice of using advanced technologies and processes to automate system management and application monitoring. • Continue to enhance the quality assurance and risk management controls for all IT services and systems. • Continue to replace ageing IT network, servers, PC workstations, related equipment and obsolete software.	1Q27
IT Innovation for Technology Adoption • Explore, source and test potential technology solutions to support IT Innovation initiatives comprising cloud services, mobile, telehealth and IoT, as well as AI and big data prototyping. • Continue to develop and implement Paperless ECG, e-Documentation, Radiology Appointment Kiosk, Patient-centric Queuing in SOPCs, Smart Pharmacy related initiatives, Command Centres, Smart Kiosks and other smart hospital support services. • Continue to develop mobile apps and devices for clinical staff. • Continue to develop and introduce innovative solutions such as mobile payment (e-payment) capabilities. • Introduce smaller/countertop kiosk as an alternative of current Kiosk 2.0 for areas with limited space. To introduce popular e-payment means in the market in Kiosk to provide wider options for patients.	1Q27

IT&HID Targets

Internal Service Provision

IT Product Delivery for Community Partnerships • Continue to develop IT systems to support convenient access of drug dispensing and professional pharmacist services by citizens under the territory-wide Community Pharmacy Programme. • Provide ongoing IT support and enhancements to existing PPP programmes, and perform IT enhancements to provide integrated support for various clinical PPP programmes. • Continue to enhance HA's clinical systems and provide IT support to facilitate data sharing between public and private healthcare sectors under eHealth Programme. • Continue to expand the scope of data sharing including Chinese Medicine information, radiological images, observation and lifestyle records, dental records, medical certificate and cross boundary records under eHealth Programme.	1Q27
IT Product Delivery for People and Resources Management • Continue to drive digital workplace initiatives by developing and enhancing HA's digital capabilities, such as eAdmission, Smart Clinical Communication and AI Meeting, to enhance staff engagement and experience, improve effectiveness and efficiency in ward administration and clinical communication, foster collaboration and achieve a paperless environment.	1Q27

IT&HID Targets

External Service Provision

eHealth and Information Systems for DH • Continue to provide agency support for the development of eHealth+ development in accordance with four strategic directions, namely One Health Record, One Care Journey, One Digital Front-door and One Health Data Repository, supporting by an integrated service platform (Strategic Health Service Operation Platform (SHSOP)). • Continue to enhance and implement Data connectivity setup for Private Laboratory, Radiology centers. Support new data domains upload and display including Observation and lifestyle records, Medical certificate, Dental service data and cross boundary records. • Implement IT system under the SHSOP to support various primary care and subsidised service initiatives, including the woman health and elderly service, dental programme and other subsidised services. • Continue the development and implementation of core functions of the eHealth App, including eBooking, eIdentification, eHealth Manager, eHealth Tracker, and eHealth Life, and improvement of user experience and user interface. Enable access of one's own health records, including CM Medication and Dental records, to facilitate citizens' participation in chronic disease management subsidised programmes, and empower and engage citizens to manage their own health. • Continue to enhance the features and provide ongoing IT support for Data Analytics Platform.	1Q27

IT&HID Targets

External Service Provision

• Continue to enhance eHealth Cloud Foundation and supporting services to facilitate new eHealth product development, and establish a scalable infrastructure that supports the evolution to the eHealth+ business model. • Continue ongoing operation support of eHealth and other eHealth related initiatives including various PPP programmes, Chronic Disease Co-care Scheme, and District Health Centres led by the Government. • Continue to provide technical agency support for the DH to maintain CIMS2. • Continue to provide ongoing IT support for the Health Care Voucher, Vaccination, and Primary Care Directory schemes. • Continue to provide ongoing IT support for the Colorectal Cancer Screening Programme, Breast Cancer Screening Pilot Programme and the Electronic Platform for Regulation of Private Healthcare Facilities. • Continue to provide ongoing IT support for the system interfaces with the DH's Communicable Disease Information System. • Continue to provide ongoing IT support for the Laboratory Information System.	1Q27

CLUSTER PLAN

This section contains an overview of the work plans of the seven Clusters for 2026-27.

The front page of each Cluster Plan contains a map showing the distribution of hospitals, specialist outpatient clinics and family medicine clinics in the Cluster. Hospitals with accident & emergency (A&E) service are marked with the symbol ✚ for easy identification. Following the Cluster map are the summary of healthcare facilities available and a table showing the distribution of patients served in 2024-25 by district of residence in the Cluster. Major risks and challenges faced by the Cluster, as well as the key initiatives and targets in 2026-27 are also included in the respective Cluster Plan.

To rationalise administration and management, streamline administrative procedures, share resources for better cost-effectiveness, and enhance operational and management efficiency, the Hong Kong East Cluster (HKEC) and the Hong Kong West Cluster (HKWC) were integrated to establish the Hong Kong Island Cluster (HKIC) with effect from 1 April 2026.

As the Annual Plan 2026-27 was formulated through a broadly participative planning process involving clinical specialties, Clusters and Head Office Divisions to map out the HA's service priorities, major risks and challenges, and service targets in advance, the planning context and targets set out in this publication continue to present HKEC and HKWC separately. To dovetail with the clusters' service integration, the HA will continue to monitor and suitably review the planning process.

Sequence of the Plans

- Hong Kong East Cluster (HKEC)
- Hong Kong West Cluster (HKWC)
- Kowloon Central Cluster (KCC)
- Kowloon East Cluster (KEC)
- Kowloon West Cluster (KWC)
- New Territories East Cluster (NTEC)
- New Territories West Cluster (NTWC)

Hong Kong East Cluster

As at 31 March 2025		Hospital / Institution	Specialist Outpatient Clinic	Family Medicine Clinic
1	Cheshire Home, Chung Hom Kok	✓	✓	
2	Pamela Youde Nethersole Eastern Hospital ✚	✓	✓	
3	Ruttonjee Hospital ✚	✓	✓	
4	St. John Hospital ✚	✓	✓	✓
5	Tang Shiu Kin Hospital / Tang Shiu Kin Hospital Community Ambulatory Care Centre / Wan Chai Violet Peel Family Medicine Clinic	✓	✓	✓
6	Tung Wah Eastern Hospital	✓	✓	✓
7	Wong Chuk Hang Hospital	✓		
8	Sai Wan Ho Family Medicine Clinic		✓	✓
9	Chai Wan Family Medicine Clinic			✓
10	North Lamma Family Medicine Clinic			✓
11	North Point Anne Black Family Medicine Clinic			✓
12	Peng Chau Family Medicine Clinic			✓
13	Shau Kei Wan Jockey Club Family Medicine Clinic			✓
14	Sok Kwu Wan Family Medicine Clinic			✓
15	Stanley Family Medicine Clinic			✓
16	Wan Tsui Family Medicine Clinic			✓

✚ Hospital with A&E service

Healthcare Facilities

The Hong Kong East Cluster (HKEC) consists of seven hospitals or institutions, seven specialist outpatient clinics (SOPCs) and 12 family medicine clinics (FMCs). As at 31 March 2025, HKEC provided a total of 3 336 beds; of which 2 309 were for acute, convalescent and rehabilitation care; 627 for infirmary care and 400 for psychiatric care.

Actual Patients Served

In 2024-25, approximately 410 800 patients had utilised services in HKEC. Approximately 72% of them resided in the Eastern, Wan Chai and Islands Districts, whereas 6% were from the neighbouring Southern District.

Number and percentage distribution of patients ever utilised HKEC services in 2024-25 according to district of residence

District of residence	No. of patients^#	Distribution#
Eastern	225 300	55%
Wan Chai	48 900	12%
Southern	23 800	6%
Islands	20 700	5%
Others*	92 100	22%
HKEC Total	410 800	100%

* It also includes patients from places outside Hong Kong or with unknown addresses.
^ Figures are rounded to the nearest hundred.
# There may be a slight discrepancy between the sum of individual items and the total as shown in the table owing to rounding.

Major Risks and Challenges

HKEC is undergoing a critical transformation amidst demographic changes, a planned merger and evolving healthcare demands. While the overall catchment population is expected to decline, the growing proportion of elderly residents has created an increasing need for chronic care, geriatrics and emergency services. Ageing-driven caseloads are placing significant pressure on both acute and long-term care services, further challenging the cluster's ability to meet rising healthcare demands. Under the spatial limitations that restrict the addition of new hospital beds to accommodate the growing need for inpatient services and in alignment with the corporate direction, HKEC is prioritising strategies to strengthen its ambulatory services in 2026-27. These include adding more medical day beds and enhancing multidisciplinary support for ambulatory palliative care. Additionally, the cluster will expand service capacity across outpatient clinics, diagnostic units and operating theatres (OTs) to address rising demand and reduce patient waiting times. These efforts will be complemented by the expansion of telehealth services, improving both accessibility and the overall patient experience.

Recognising the importance of a safe and efficient healthcare environment, HKEC is committed to ensuring that hospital buildings and infrastructure consistently meet the highest standards of construction and operational safety. By adopting advanced technologies for inspection, real-time monitoring and facilities management, the cluster aims to enhance the safety, reliability and energy efficiency of its infrastructure. These initiatives reflect HKEC's forward-looking approach to healthcare sustainability and operational excellence.

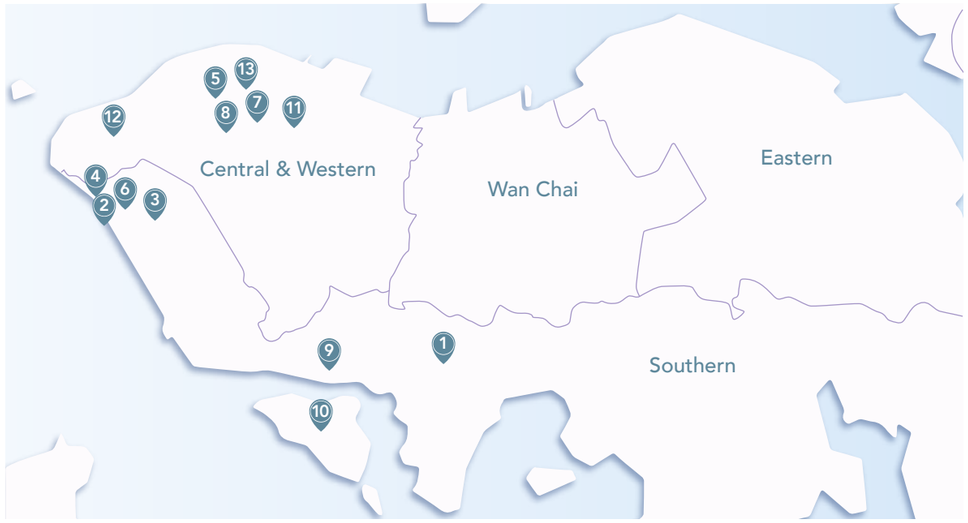
In this period of rising healthcare needs and constrained resources, HKEC's ability to innovate, adapt and collaborate is key to its progress. The upcoming merger presents an opportunity to improve service efficiency and optimise administrative processes. By strengthening medical-social collaboration and integrating community resources, HKEC seeks to build resilience and ensure convenient access to high-quality and sustainable healthcare services for its patients. Through these initiatives, HKEC continues to strive towards delivering quality care while addressing the evolving needs of the community.

HKEC Targets

Provide Smart Care	
Provide 12 additional medical day beds in the Integrated Medical Ambulatory Care Centre at PYNEH.	3Q26
Enhance cancer genetic and genomic testing services by providing approximately 1 500 additional cancer-diagnosis-related tests at HKEC.	1Q27
Set up an oncology telehealth clinic and provide 210 additional SOPC new case attendances at PYNEH.	1Q27
Enhance breast cancer survivorship care by providing 1 400 additional nurse clinic attendances in SOPC at PYNEH.	1Q27
Develop Smart Hospital	
Continue development and implementation of Smart Hospital initiatives.	2Q26
Implement the centralised Anaesthesia Clinical Information System at PYNEH.	1Q27
Enhance Service Supply	
Provide one additional intensive care unit bed and one additional high dependency unit bed at PYNEH.	3Q26
Provide one additional elective multiplace hyperbaric oxygen therapy chamber session on every Saturday morning at PYNEH.	1Q27
Provide four additional OT sessions per week for surgery, otorhinolaryngology, head and neck surgery and obstetrics and gynaecology services at PYNEH.	4Q26

Enhance Service Supply	
Strengthen pre-anaesthetic assessment clinic services and provide 725 additional anaesthetic doctor attendances and 465 allied health inpatient / day patient attendances at PYNEH.	1Q27
Enhance medical services by providing 185 additional SOPC new case attendances at PYNEH.	1Q27
Enhance cancer services by setting up fast-track diagnostic service for patients with suspected lung cancer, and provide 95 patient capacities at HKEC.	1Q27
Install a new computed tomography (CT) scanner and provide 745 additional CT patient attendances at PYNEH.	1Q27
Enhance renal services by providing three additional patient capacities for in-unit haemodialysis at HKEC.	1Q27
Build laboratory capacity by providing 60 205 additional haematopathology tests and 275 new haematology tests including next-generation sequencing assays and polymerase chain reaction at PYNEH.	1Q27
Provide an additional total of 27 375 FMC attendances, 2 000 family medicine specialist clinic attendances and 4 500 attendances for risk assessment and management programme on diabetic retinopathy assessment at FMC in Siu Sai Wan Health Integrated Building.	1Q27
Provide one-stop ambulatory comprehensive multidisciplinary integrated palliative care (PC) services at PYNEH by providing two additional oncology day beds, 2 205 PC day attendances and 4 740 allied health day attendances.	3Q26 / 1Q27

Hong Kong West Cluster



As at 31 March 2025		Hospital / Institution	Specialist Outpatient Clinic	Family Medicine Clinic
1	Grantham Hospital	✓	✓	
2	MacLehose Medical Rehabilitation Centre	✓	✓	
3	Queen Mary Hospital ✚	✓	✓	
4	The Duchess of Kent Children's Hospital at Sandy Bay	✓	✓	
5	Tsan Yuk Hospital	✓	✓	
6	Tung Wah Group of Hospitals Fung Yiu King Hospital	✓	✓	
7	Tung Wah Hospital	✓	✓	✓
8	David Trench Rehabilitation Centre		✓	
9	Aberdeen Jockey Club Family Medicine Clinic			✓
10	Ap Lei Chau Family Medicine Clinic			✓
11	Central District Family Medicine Clinic			✓
12	Kennedy Town Jockey Club Family Medicine Clinic			✓
13	Sai Ying Pun Jockey Club Family Medicine Clinic			✓

✚ Hospital with A&E service

Healthcare Facilities

The Hong Kong West Cluster (HKWC) consists of seven hospitals or institutions, eight specialist outpatient clinics (SOPCs) and six family medicine clinics (FMCs). As at 31 March 2025, HKWC provided a total of 3 079 beds; of which 2 797 were for acute, convalescent and rehabilitation care, 200 for infirmary care and 82 for psychiatric care.

Actual Patients Served

In 2024-25, approximately 351 100 patients had utilised services in HKWC. Approximately 54% of them resided in the Southern and Central & Western Districts, whereas 18% were from the neighbouring Eastern, Wan Chai and Islands Districts.

Number and percentage distribution of patients ever utilised HKWC services in 2024-25 according to district of residence

District of residence	No. of patients^#	Distribution#
Southern	111 300	32%
Central & Western	78 300	22%
Eastern	34 300	10%
Wan Chai	14 700	4%
Islands	14 600	4%
Others*	97 900	28%
HKWC Total	351 100	100%

* It also includes patients from places outside Hong Kong or with unknown addresses.
^ Figures are rounded to the nearest hundred.
# There may be a slight discrepancy between the sum of individual items and the total as shown in the table owing to rounding.

Major Risks and Challenges

In line with the Policy Address 2022, QMH will establish the first Integrated Cardiovascular Centre in Hong Kong. With QMH's successful experience in obtaining accreditation as a National Chest Pain Centre in 2025, further preparations are underway to establish National accredited centres for heart failure, heart valve, cardiac rehabilitation, atrial fibrillation, hypertension, and peripheral vascular diseases in hospitals in HKWC. By offering one-stop service from triage and assessment to diagnosis and treatment, these centres will facilitate a patient-centred quality enhancement of healthcare services through multidisciplinary collaboration, streamlined processes and innovative technology.

In parallel, with the achievement of the national accredited QMH National Stroke Centre in 2025, QMH will collaborate with the Li Ka Shing Faculty of Medicine of the University of Hong Kong (HKUMed) to establish the Clinical Neuroscience Consortium in 2026. The Consortium enables a collaborative platform for a coordinated and evidence-based approach towards integrative, transdisciplinary clinical services, clinical research and bench-to-bedside application as well as patient education on spectrums of care spanning from stroke, brain tumour, cognitive disorder and dementia, epilepsy, to neuromuscular disorder.

HKWC Targets

Provide Smart Care	
Enhance assisted reproductive services by providing 100 additional in-vitro fertilisation cycles at QMH.	1Q27
Enhance genetic and genomic services by providing 8 300 additional genetic tests for prescribing allopurinol at QMH.	1Q27
Enhance cancer genetic and genomic testing services by providing approximately 1 800 additional cancer-diagnosis-related tests and 50 minimal residual disease assays at HKWC.	1Q27

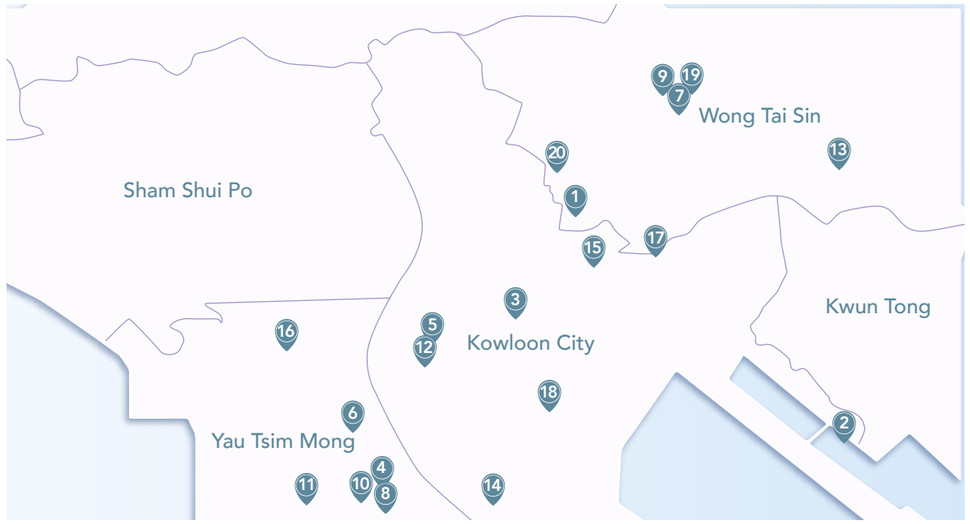
Develop Smart Hospitals	
Continue development and implementation of Smart Hospital initiatives.	2Q26

Nurture Smart Workforce	
Strengthen manpower to support service delivery in procurement and material management and facility management.	2Q26

Enhance Service Supply	
Provide four additional high dependency unit beds for adult haematopoietic stem cell transplantation services at QMH.	4Q26
Provide ten additional operating theatre sessions per week at QMH.	1Q27
Provide 24-hour helipad services at QMH.	3Q26
Enhance cardiac services by providing ten additional sessions per week for atrial fibrillation and interventional structural heart disease services and strengthen perioperative care for 75 procedures at QMH.	1Q27

Enhance Service Supply	
Implement cancer case manager programme for lung cancer patients with 135 additional new cases managed by cancer case managers at QMH.	1Q27
Enhance radiology services by providing 260 additional attendances for angiography examinations at QMH.	1Q27
Enhance ophthalmology services by providing 1 875 additional nurse-delivered intravitreal injections at HKWC.	1Q27
Enhance renal services by providing three additional patient capacities for in-unit haemodialysis at HKWC.	1Q27
Build laboratory capacity by providing 505 additional special / cell function assays after centralisation at QMH.	1Q27
Enhance infection control services by providing 150 additional SOPC new case attendances and 188 additional patient capacities of outpatient parenteral antibiotics and early oral antibiotic switch at QMH.	1Q27
Provide an additional total of 11 950 FMC attendances and 2 000 family medicine specialist clinic attendances at FMCs in the Southern District.	1Q27
Strengthen non-clinical manpower support for service commencement of QMH redevelopment.	1Q27
Strengthen manpower support for administrative services, facility management, equipment management, and supporting services for the GH redevelopment project.	1Q27

Kowloon Central Cluster



As at 31 March 2025		Hospital / Institution	Specialist Outpatient Clinic	Family Medicine Clinic
1	Hong Kong Buddhist Hospital	✓	✓	✓
2	Hong Kong Children's Hospital	✓	✓	
3	Hong Kong Eye Hospital	✓	✓	
4	Hong Kong Red Cross Blood Transfusion Service	✓		
5	Kowloon Hospital	✓	✓	
6	Kwong Wah Hospital ✚	✓	✓	✓
7	Our Lady of Maryknoll Hospital	✓	✓	✓
8	Queen Elizabeth Hospital ✚	✓	✓	
9	Tung Wah Group of Hospitals Wong Tai Sin Hospital	✓	✓	
10	Community Rehabilitation Service Support Centre, Hospital Authority		✓	
11	Yau Ma Tei Jockey Club Family Medicine Clinic		✓	✓
12	Central Kowloon Family Medicine Clinic			✓
13	East Kowloon Family Medicine Clinic			✓
14	Hung Hom Family Medicine Clinic			✓
15	Kowloon City Lee Kee Memorial Family Medicine Clinic			✓
16	Mong Kok Li Po Chun Family Medicine Clinic			✓
17	San Po Kong Robert Black Family Medicine Clinic			✓
18	To Kwa Wan Shun Tak Fraternal Association Leung Kau Kui Family Medicine Clinic			✓
19	Tsz Wan Shan Wu York Yu Family Medicine Clinic			✓
20	Wang Tau Hom Jockey Club Family Medicine Clinic			✓

✚ Hospital with A&E service

Healthcare Facilities

The Kowloon Central Cluster (KCC) consists of nine hospitals or institutions, 10 specialist outpatient clinics (SOPCs) and 13 family medicine clinics (FMCs). As at 31 March 2025, KCC provided a total of 6 093 beds; of which 5 378 were for acute, convalescent and rehabilitation care, 250 for infirmary care and 465 for psychiatric care.

Actual Patients Served

In 2024-25, approximately 830 700 patients had utilised services in KCC. Approximately 55% of them resided in the Wong Tai Sin, Kowloon City and Yau Tsim Mong Districts, whereas 19% were from the neighbouring Kwun Tong and Sham Shui Po Districts.

Number and percentage distribution of patients ever utilised KCC services in 2024-25 according to district of residence

District of residence	No. of patients^#	Distribution#
Wong Tai Sin	184 200	22%
Kowloon City	156 500	19%
Yau Tsim Mong	115 700	14%
Kwun Tong	89 600	11%
Sham Shui Po	67 900	8%
Others*	216 800	26%
KCC Total	830 700	100%

* It also includes patients from places outside Hong Kong or with unknown addresses.

^ Figures are rounded to the nearest hundred.

\# There may be a slight discrepancy between the sum of individual items and the total as shown in the table owing to rounding.

Major Risks and Challenges

Centrally located in the busy Kowloon district, KCC provides convenient, quality healthcare services for residents in the area. With an ageing population and more complex health needs, KCC is working to streamline services and improve efficiency across its hospitals so that patients receive timely and appropriate care.

On the smart care front, HKCH will expand newborn screening and testing for inborn errors of metabolism. KCC will also strengthen cancer genetic and genomic testing to support more precise diagnosis and treatment. KCC is also implementing various smart hospital initiatives, such as the Blood Supply Management System at the Blood Transfusion Services (BTS) to improve blood donation data management.

To meet growing inpatient demand, KCC will increase bed numbers and operating theatre (OT) sessions. KWH will open additional intensive care unit beds. KH will open additional psychiatric beds to cater for child psychiatric patients, and HKCH will increase OT sessions for paediatric ear, nose and throat (ENT) services. To enhance ambulatory care, new day beds will be introduced for medical and cardiothoracic patients at QEH, and for oncology patients at the NAH. SOPC capacity will be increased at KH, HKCH, NAH and QEH to support services in child and adolescent psychiatry, paediatric ENT, cardiothoracic services, clinical oncology, family medicine and allied health services. A multidisciplinary team will be formed to provide gamma knife services at NAH. To address the waiting time issue of ophthalmology service, KCC will contribute to the preparation of a territory-wide ambulatory cataract centre.

Manpower will be strengthened to support planning and commissioning work for major development projects at KWH, NAH and OLMH. In addition, training is underway to prepare for the commissioning of haematopoietic stem cell transplantation, intraoperative radiology services, hyperbaric oxygen therapy and the core laboratory blood bank.

KCC Targets

Provide Smart Care	
Provide 12 additional day beds for medical and cardiothoracic services at QEH.	3Q26
Enhance newborn screening (NBS) services by expanding the scope of NBS tests for Aromatic L-amino Acid Decarboxylase Deficiency and Ornithine Transcarbamylase Deficiency at HKCH; Expand the second and third tier testing for Inborn Errors of Metabolism to reduce false negative rate in Citrullinaemia Type II and Classic Congenital Adrenal Hyperplasia due to 21-Hydroxylase Deficiency at HKCH.	1Q27
Enhance cancer genetic and genomic testing services by providing approximately 2 800 additional cancer-diagnosis-related tests and 150 minimal residual disease assays at KCC.	1Q27
Enhance child and adolescent psychiatric nurse clinic services by providing 1 300 additional nurse clinic attendances in SOPC at KH.	1Q27
Develop Smart Hospitals	
Continue development and implementation of Smart Hospital initiatives.	1Q27
Strengthen manpower for supporting the implementation of new Blood Supply Management System for blood transfusion service.	1Q27
Nurture Smart Workforce	
Provide additional promotion opportunities for pharmacists.	3Q26
Enhance Service Supply	
Provide two additional intensive care unit beds and continue 12 whole-day sessions of robotic surgery for selected urology patients at KWH.	3Q26 / 1Q27

Enhance Service Supply	
Provide 12 additional psychiatry beds at KH.	4Q26
Provide ten additional oncology day beds; enhance cardiothoracic surgery (CTS), perioperative clinics and clinical oncology services; and commence operation for an additional lung function test machine for 10 lung function sessions at NAH.	3Q26 / 4Q26 / 1Q27
Establish a multidisciplinary ENT clinic, and provide two OT sessions per week at HKCH.	1Q27
Establish a multidisciplinary team to support gamma knife service at NAH and provide 140 additional machine attendances.	1Q27
Establish teams to prepare for commissioning of hematopoietic stem cell transplantation, intra-op radiology equipment, hyperbaric oxygen therapy, core laboratory blood bank, and enhance cyclotron and radio-pharmacy services at NAH.	4Q26
Set up a territory-wide ambulatory cataract centre.	1Q27
Strengthen manpower of Hong Kong Cancer Registry to support the increased case numbers and transformation from an incidence-based to a surveillance-based registry.	2Q26
Provide an additional total of 15 950 FMC attendances and 2 000 family medicine specialist clinic attendances at Family Medicine Integrated Centre in NAH.	1Q27
Strengthen manpower to support facility management service at KWH.	2Q26
Strengthen non-clinical manpower to support service commencement at NAH.	4Q26
Strengthen manpower support for the planning and commissioning for ongoing hospital development projects at KWH and NAH.	2Q26
Strengthen manpower support for the preparation of the commissioning of OLMH redevelopment.	3Q26

Kowloon East Cluster

As at 31 March 2025		Hospital / Institution	Specialist Outpatient Clinic	Family Medicine Clinic
1	Haven of Hope Hospital	✓	✓	
2	Tseung Kwan O Hospital ✚	✓	✓	
3	United Christian Hospital ✚	✓	✓	
4	Yung Fung Shee Memorial Centre		✓	
5	Kowloon Bay Family Medicine Clinic			✓
6	Kwun Tong Family Medicine Integrated Centre			✓
7	Lam Tin Family Medicine Clinic			✓
8	Ngau Tau Kok Jockey Club Family Medicine Clinic			✓
9	Sai Kung Mona Fong Family Medicine Clinic			✓
10	Shun Lee Family Medicine Clinic			✓
11	Tseung Kwan O (Po Ning Road) Family Medicine Clinic			✓
12	Tseung Kwan O Jockey Club Family Medicine Clinic			✓

✚ Hospital with A&E service

Healthcare Facilities

The Kowloon East Cluster (KEC) consists of three hospitals or institutions, four specialist outpatient clinics (SOPCs) and eight family medicine clinics (FMCs). As at 31 March 2025, KEC provided a total of 3 032 beds; of which 2 876 were for acute, convalescent and rehabilitation care, 76 for infirmary care and 80 for psychiatric care.

Actual Patients Served

In 2024-25, approximately 563 300 patients had utilised services in KEC. Approximately 83% of them resided in the Kwun Tong and Sai Kung Districts.

Number and percentage distribution of patients ever utilised KEC services in 2024-25 according to district of residence

District of residence	No. of patients^#	Distribution#
Kwun Tong	278 300	49%
Sai Kung	188 800	34%
Others*	96 200	17%
KEC Total	563 300	100%

* It also includes patients from places outside Hong Kong or with unknown addresses.
^ Figures are rounded to the nearest hundred.
# There may be a slight discrepancy between the sum of individual items and the total as shown in the table owing to rounding.

Major Risks and Challenges

In alignment with its strategic direction, the KEC continues to advance its service framework to address the escalating complexity and volume of healthcare needs in the community. Through targeted development in priority service areas, KEC is expanding multiple clinical service capabilities, refining patient care pathways, and empowering individuals within the care environment.

Central to this year's operational priorities is the substantive augmentation of specialized clinical services. A cornerstone of this effort is the progressive service development in oncology, encompassing the opening of additional patient beds, increased throughput for radiotherapy, and the integration of advanced molecular diagnostics including expanded genetic testing aligned with targeted cancer therapies to support personalised treatment protocols. Concurrently, systemic anti-cancer therapy services will be enhanced to provide patients with coordinated, multidisciplinary support from specialist nurses and pharmacists, focusing on medication management, side-effect monitoring, and patient education. Besides, cardiac services will be strengthened through the establishment of a second cardiac catheterisation laboratory (CCL) at UCH. The enhanced percutaneous coronary intervention (PCI) capacity enables the round-the-clock delivery of on-site Primary PCI for all eligible patients within the cluster, ensuring continuous and immediate life-saving intervention.

Complementing the uplift in service capacity, KEC remains steadfast in improving care coordination and the patient experience. This includes the implementation of structured clinical pathways such as fast-track diagnostics for suspected lung cancer and the deployment of a dedicated palliative care consultative team. These efforts aim to foster seamless, patient-centred transitions throughout the care journey.

Strengthening the foundation of proactive and sustainable care, KEC is also enhancing primary and ambulatory services. This will be achieved through scaling up of FMC capacity, expansion of chronic disease screening programmes such as diabetic retinopathy assessment, and the reinforcement of palliative home care to support patients in their preferred setting. Underpinning these clinical advancements is the continued development of enabling infrastructure and smart hospital initiatives, ensuring a resilient, efficient, and high-quality healthcare system for the Kowloon East population.

KEC Targets

Provide Smart Care	
Enhance cancer genetic and genomic testing services by providing approximately 1 400 additional cancer-diagnosis-related tests at KEC.	1Q27
Enhance cardiac day rehabilitation services by providing 115 additional patient capacities and 1 415 additional rehabilitation day attendances at UCH.	1Q27
Enhance systemic anti-cancer therapy by providing an additional total of 1 415 nurse clinic attendances in SOPC, 1 800 pharmacist clinic attendances and 3 215 clinic attendances for dispensing service at UCH.	1Q27
Develop Smart Hospital	
Continue development and implementation of Smart Hospital initiatives.	2Q26
Enhance Service Supply	
Provide 20 additional acute oncology beds at UCH.	3Q26
Enhance oncology services by providing an additional total of five day beds, 940 radiotherapy treatment attendances (in terms of low-complexity radiotherapy treatment attendances) and 60 brachytherapy attendances at KEC Oncology Centre.	2Q26 / 1Q27
Commence services at urology centre at UCH by providing ten additional surgical day beds and one additional flex cystoscopy session per week.	4Q26 / 1Q27
Set up the second CCL and provide three additional coronary care unit beds at UCH.	4Q26

Enhance Service Supply	
Enhance PCI services by providing ten additional CCL sessions and three additional CCL sessions per week at UCH and TKOH respectively, 100 additional PCI cases at UCH and 60 cardiac procedures at TKOH.	1Q27
Enhance primary percutaneous coronary intervention (PPCI) services by shortening the median door-to-balloon time to below 90 minutes, and providing on-site 24/7/365 PPCI services with no cross-cluster patient transfer.	1Q27
Provide one additional intensive care unit bed at TKOH.	3Q26
Provide five additional day beds and three additional operating theatre (OT) sessions at Day Surgery Centre of TKOH.	4Q26 / 1Q27
Provide five additional OT sessions per week for acute geriatric fragility fractures and establish an OT blood transfusion system at UCH.	1Q27
Enhance cancer services by setting up fast-track diagnostic service for patients with suspected lung cancer, and provide 195 additional patient capacities at KEC.	1Q27
Enhance diagnostic radiology services by providing an additional total of 515 positron emission tomography-computed tomography attendances at UCH, 350 magnetic resonance imaging patient attendances and 3 085 computed tomography patient attendances at TKOH.	1Q27
Enhance ophthalmology services by providing five additional day beds and 1 875 additional nurse-delivered intravitreal injections at TKOH Day Medical Centre.	3Q26 / 1Q27
Enhance renal services by providing nine additional patient capacities for in-unit haemodialysis at KEC.	1Q27

Enhance Service Supply	
Build laboratory capacity for providing 31 900 additional screening for multi-drug resistant organisms control at KEC.	1Q27
Provide an additional total of 19 065 FMC attendances, 2 000 family medicine specialist clinic attendances and 3 000 attendances for risk assessment and management programme on diabetic retinopathy assessment at Tseung Kwan O South FMC.	1Q27
Further enhance palliative care (PC) consultative services at KEC and provide 225 cancer and non-cancer patient capacities, 1 825 PC consultative visits and 550 PC home visits; introduce enhanced PC home care service to support 30 patient capacities for caring and dying in place and provide 455 PC home visits at KEC.	1Q27

Kowloon West Cluster

As at 31 March 2025		Hospital / Institution	Specialist Outpatient Clinic	Family Medicine Clinic
1	Caritas Medical Centre ✚	✓	✓	✓
2	Kwai Chung Hospital	✓	✓	
3	North Lantau Hospital ✚ / North Lantau Family Medicine Integrated Centre (North Lantau Hospital)	✓	✓	✓
4	Princess Margaret Hospital ✚	✓	✓	
5	Yan Chai Hospital ✚	✓	✓	✓
6	East Kowloon Psychiatric Centre		✓	
7	Kwai Chung - Psychogeriatric Out-patient Department cum Carers Support Centre / Ha Kwai Chung Family Medicine Clinic		✓	✓
8	Yaumatei Child and Adolescent Mental Health Service		✓	
9	Cheung Sha Wan Jockey Club Family Medicine Clinic			✓
10	Kwai Chung Mrs Wu York Yu Family Medicine Clinic			✓
11	Mui Wo Family Medicine Clinic			✓
12	Nam Cheong Family Medicine Clinic			✓
13	Nam Shan Family Medicine Clinic			✓
14	North Kwai Chung Family Medicine Clinic			✓
15	Shek Kip Mei Family Medicine Clinic			✓
16	South Kwai Chung Jockey Club Family Medicine Clinic			✓
17	Tai O Jockey Club Family Medicine Clinic			✓
18	Tsing Yi Cheung Hong Family Medicine Clinic			✓
19	Tsing Yi Town Family Medicine Clinic			✓
20	Tsuen Wan Lady Trench Family Medicine Clinic			✓
21	West Kowloon Family Medicine Clinic			✓

✚ Hospital with A&E service

Healthcare Facilities

The Kowloon West Cluster (KWC) consists of five hospitals or institutions, eight specialist outpatient clinics (SOPCs) and 17 family medicine clinics (FMCs). As at 31 March 2025, KWC provided a total of 5 090 beds; of which 3 784 were for acute, convalescent and rehabilitation care, 196 for infirmary care, 155 for mentally handicapped care and 955 for psychiatric care.

Actual Patients Served

In 2024-25, approximately 740 400 patients had utilised services in KWC. Approximately 79% of them resided in the Kwai Tsing, Sham Shui Po, Tsuen Wan and Islands Districts.

Number and percentage distribution of patients ever utilised KWC services in 2024-25 according to district of residence

District of residence	No. of patients^#	Distribution#
Kwai Tsing	237 800	32%
Sham Shui Po	160 800	22%
Tsuen Wan	118 800	16%
Islands	69 300	9%
Others*	153 700	21%
KWC Total	740 400	100%

* It also includes patients from places outside Hong Kong or with unknown addresses.
^ Figures are rounded to the nearest hundred.
# There may be a slight discrepancy between the sum of individual items and the total as shown in the table owing to rounding.

Major Risks and Challenges

With challenges arising from an ageing demographic and persistent staffing constraints, KWC requires comprehensive planning and agile strategies to deliver timely, people-centred care.

KWC's catchment area is experiencing a steady growth in elderly residents, many of whom present with co-morbidities and complex care needs. This shift not only escalates demand for hospital beds but also underscores the importance of robust ambulatory care models and community-based support. By leveraging multidisciplinary collaboration and medical-social partnerships, KWC aims to manage chronic illnesses more effectively, reduce avoidable admissions and promote healthy ageing in the community. KWC also harnesses the potential of IT to transform services. In addition, KWC is developing multiple clinical service plans to guide future service development, as well as to foster vertical (different specialty) and horizontal service integration (same specialty in the cluster) within the cluster to improve efficiency.

Facing the challenge of manpower constraints, KWC will continue to build capacity by providing training and support programmes to equip staff with the latest skills and foster a more adaptive workforce. To alleviate frontline workload and sustain operational efficiency, KWC is actively introducing digital innovations, including the adoption of artificial intelligence tools, to reduce administrative workloads, streamline workflows and enhance overall service responsiveness.

Several capital works projects coordinated by KWC are underway, including the Expansion of the Lai King Building at PMH and the Redevelopment of KCH. The new KCH will commence service soon, with strengthened psychiatric and rehabilitation services. Meticulous coordination is essential to minimise service disruption, facilitate phased relocation plans and ensure smooth integration of new facilities.

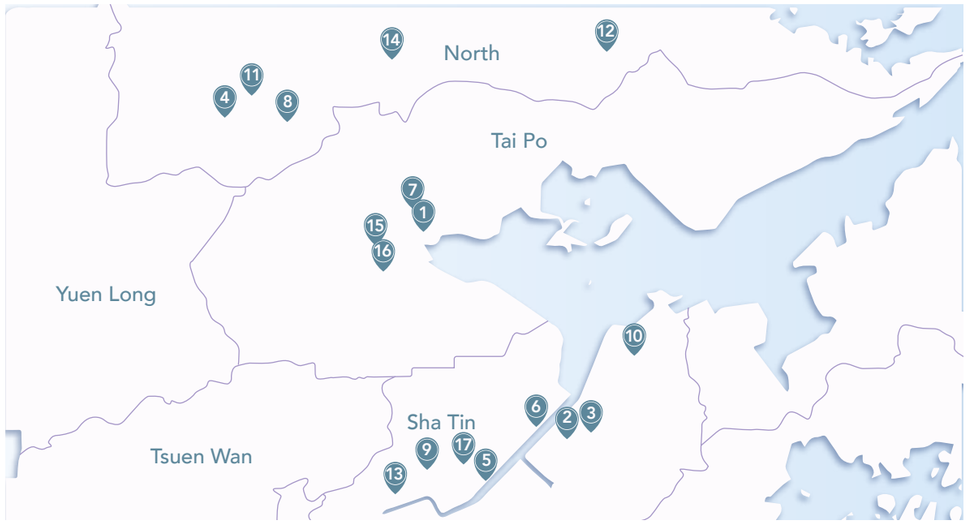
KWC Targets

Provide Smart Care	
Set up an ambulatory urology centre by providing an additional total of six surgical day beds, and two cystoscopy sessions per week at YCH.	4Q26 / 1Q27
Enhance cancer genetic and genomic testing services by providing approximately 2 200 additional cancer-diagnosis-related tests at KWC.	1Q27
Provide 350 additional geriatric outreach attendances at KWC.	1Q27
Enhance nursing support in medical gastrointestinal services to prepare comprehensive training materials to patients and carers for home percutaneous endoscopic gastrostomy care, and provide 175 additional colitis cases with biologic treatment and 150 additional fibroscans at KWC.	1Q27
Enhance systemic anti-cancer therapy by providing 1 350 additional pharmacist clinic attendances and 1 350 additional clinic attendances for dispensing service at PMH.	1Q27
Enhance ophthalmology pre-assessment clinic services by providing 825 additional pre-assessment attendances at CMC.	1Q27
Develop Smart Hospitals	
Provide 100 robotic-assisted joint replacement surgeries at KWC.	1Q27
Implement digital pathology and scan 1 560 additional cases for primary diagnosis in anatomical pathology at PMH/NLTH.	1Q27

Enhance Service Supply	
Provide two additional coronary care unit beds at PMH and ten additional acute medical beds at YCH.	3Q26
Enhance percutaneous coronary intervention (PCI) services at YCH by providing four additional cardiac catheterisation laboratory sessions per week, 150 additional PCI cases and 255 cardiac procedures at YCH; and enhance accelerated diagnosis and management for acute coronary syndrome (ACS) and ST-elevation myocardial infarction (STEMI) at PMH by providing 495 additional inpatient echocardiogram services, 110 additional ACS patient capacities with early PCI and shorten the average STEMI primary PCI door-to-balloon time to below 90 minutes.	1Q27
Enhance haematology services by providing one additional high dependency unit bed, nine additional autologous hematopoietic stem cell transplant cases and clinical ward pharmacy service for haematology ward at PMH.	3Q26 / 1Q27
Provide two additional local anaesthesia operating theatre sessions per week for vascular operation at PMH.	1Q27
Enhance medical and surgical services by providing 1 920 additional SOPC new case attendances.	1Q27
Enhance child and adolescent psychiatric services by providing 285 additional SOPC new case attendances at KCH.	1Q27
Enhance psychiatry services by providing 360 additional SOPC new case attendances at KCH.	1Q27
Enhance chemotherapy services by providing 210 additional SOPC new case attendances and extending service hours of day chemotherapy centre at KWC; and extend service hours of one linear accelerator with 3 800 additional radiotherapy treatment attendances (in terms of low-complexity radiotherapy treatment attendances).	1Q27

Enhance Service Supply	
Enhance diagnostic radiology services by providing 145 additional patient attendances for angiography examinations at YCH.	1Q27
Enhance ophthalmology services by providing 330 additional doctor-delivered intravitreal injections at CMC.	1Q27
Build laboratory capacity by providing 2 250 additional haematology tests and commission tuberculosis service with 500 human papillomavirus typing tests and 6 000 vitamin B12 and folate tests at KWC.	1Q27
Provide an additional total of 23 420 FMC attendances, 2 000 family medicine specialist clinic attendances and 3 000 attendances for risk assessment and management programme on diabetic retinopathy assessment at Nam Cheong FMC and North Kwai Chung FMC.	1Q27
Further enhance palliative care (PC) consultative services and provide 185 cancer and non-cancer patient capacities, 1 825 PC consultative visits and 550 PC home visits; and introduce enhanced PC home care service to support 30 patient capacities for caring and dying in place and provide 455 PC home visits at KWC.	1Q27
Strengthen manpower to support non-emergency ambulance services at KWC.	1Q27
Strengthen manpower to support the service commissioning of LKB for PMH.	1Q27

New Territories East Cluster



As at 31 March 2025		Hospital / Institution	Specialist Outpatient Clinic	Family Medicine Clinic
1	Alice Ho Miu Ling Nethersole Hospital ✚	✓	✓	
2	Bradbury Hospice	✓	✓	
3	Cheshire Home, Shatin	✓	✓	
4	North District Hospital ✚	✓	✓	
5	Prince of Wales Hospital ✚	✓	✓	
6	Shatin Hospital	✓	✓	
7	Tai Po Hospital	✓	✓	
8	Fanling Family Medicine Centre			✓
9	Lek Yuen Family Medicine Clinic			✓
10	Ma On Shan Family Medicine Clinic			✓
11	North District Family Medicine Integrated Centre			✓
12	Sha Tau Kok Family Medicine Clinic			✓
13	Shatin (Tai Wai) Family Medicine Clinic			✓
14	Ta Kwu Ling Family Medicine Clinic			✓
15	Tai Po Jockey Club Family Medicine Clinic			✓

As at 31 March 2025		Hospital / Institution	Specialist Outpatient Clinic	Family Medicine Clinic
16	Tai Po Wong Siu Ching Family Medicine Clinic			✓
17	Yuen Chau Kok Family Medicine Clinic			✓

✚ Hospital with A&E service

Healthcare Facilities

The New Territories East Cluster (NTEC) consists of seven hospitals or institutions, seven specialist outpatient clinics (SOPCs) and 10 family medicine clinics (FMCs). As at 31 March 2025, NTEC provided a total of 5 266 beds; of which 4 237 were for acute, convalescent and rehabilitation care, 477 for infirmary care and 552 for psychiatric care.

Actual Patients Served

In 2024-25, approximately 694 100 patients had utilised services in NTEC. Approximately 84% of them resided in the Sha Tin, North and Tai Po Districts.

Number and percentage distribution of patients ever utilised NTEC services in 2024-25 according to district of residence

District of residence	No. of patients^#	Distribution#
Sha Tin	292 800	42%
North	154 700	22%
Tai Po	136 700	20%
Others*	109 900	16%
NTEC Total	694 100	100%

* It also includes patients from places outside Hong Kong or with unknown addresses.
^ Figures are rounded to the nearest hundred.
# There may be a slight discrepancy between the sum of individual items and the total as shown in the table owing to rounding.

Major Risks and Challenges

Service demand across NTEC continues to rise as a result of sustained population growth and a rapidly ageing community, placing increasing pressure on both inpatient and outpatient capacities. As HA's largest cluster by geographical coverage, NTEC is responsible for delivering comprehensive, patient-centred care to more than 1.3 million residents in Shatin, Tai Po, and the North District. To meet evolving healthcare needs, the Cluster is pursuing a coordinated strategy to expand service capacity, introduce new service models and enhance operational efficiency.

During 2026–27, NTEC will increase its inpatient capacity through the commissioning of 38 additional acute inpatient beds. To further strengthen ambulatory care services, the Cluster will open 12 surgical day beds and 5 medical day beds, enabling more patients to be managed without hospital admission and improving overall patient flow. Surgical capacity will be enhanced through the provision of additional operating theatre (OT) sessions per week, including two general anaesthesia (GA) OT sessions for colorectal cancer surgery, two GA OT sessions for urological cancer surgery and one GA OT session for cardiothoracic surgery. In addition, two local anaesthesia (LA) OT sessions per week will be added for urology and endocrine surgeries to improve access and reduce waiting times.

Access to specialist outpatient services will be improved through the provision of additional attendances across multiple specialties, including surgery, oncology, psychiatry and ophthalmology, to address prolonged waiting times and rising service demand.

In preparation for future service growth, NTEC will undertake the planning for the commencement of services at the new Inpatient Extension Block under Prince of Wales Hospital Phase II (Stage 1) Redevelopment Project, as well as the commissioning of the North District Hospital Expansion Project. These developments will further enhance the Cluster's capacity to meet long-term healthcare needs and support sustainable service delivery for the population it serves.

NTEC Targets

Provide Smart Care	
Enhance surgical ambulatory care services by providing an additional total of ten surgical day beds and two LA OT sessions per week at AHNH.	3Q26 / 1Q27
Enhance cardiology ambulatory services by providing an additional total of five medical day beds, 20 procedures for cardiology services and 475 echocardiogram procedures at AHNH.	3Q26 / 1Q27
Build laboratory capacity for providing 1 700 additional genetic tests in prescribing allopurinol at PWH.	1Q27
Enhance cancer genetic and genomic testing services by providing approximately 2 600 additional cancer-diagnosis-related tests and 150 minimal residual disease assays at NTEC.	1Q27
Provide 5 460 additional geriatric outreach attendances at NTEC.	1Q27
Enhance systemic anti-cancer therapy by providing 1 060 additional nurse clinic attendances in specialist outpatient clinic (SOPC) at PWH.	1Q27
Provide 110 additional allied health inpatient attendances at PWH, and 1 305 attendances for risk assessment and management and family medicine related programmes at NDH.	1Q27
Develop Smart Hospitals	
Implement digital pathology and scan 4 685 additional cases for primary diagnosis in anatomical pathology at AHNH/NDH.	1Q27
Implement the centralised Anaesthesia Clinical Information System at PWH.	1Q27

Enhance Service Supply	
Provide ten additional acute medical beds at NDH.	3Q26
Provide 28 additional acute beds at PWH, including three surgical, ten neurosurgical and 15 medical beds.	3Q26
Provide two additional OT sessions per week for colorectal cancer surgery at PWH.	1Q27
Enhance urology services by providing two additional surgical day beds and two additional GA OT sessions per week for cancer surgery at PWH.	3Q26 / 1Q27
Set up stroke centre at PWH in accordance with national accreditation standards with green channel, and provide an additional total of 485 intracranial vascular work-up and 485 bedside ultrasound carotid duplex for ischaemic stroke patients.	1Q27
Enhance cardiothoracic services by providing one additional GA OT session per week; enhance cardiac day rehabilitation services by providing 235 additional patient capacities and 2 835 additional rehabilitation day attendances at PWH.	1Q27
Enhance the extended post-anaesthesia care unit by providing an additional total of 175 patient capacities, 0.5 pain intervention session, two cardiopulmonary exercise testing sessions and 0.5 pain clinic session per week at PWH.	1Q27
Extend the service hours of rapid assessment team at accident & emergency to provide early assessment and treatment for triage category III patients at PWH.	1Q27
Enhance child and adolescent psychiatric services by providing 285 additional SOPC new case attendances.	1Q27
Enhance psychiatry services by providing 360 additional SOPC new case attendances and 995 psychiatric consultation liaison attendances.	1Q27

Enhance Service Supply	
Implement cancer case manager programme for lung cancer patients with 135 additional new cases managed by cancer case managers at PWH.	1Q27
Enhance ophthalmology services by providing an additional total of 330 doctor-delivered intravitreal injections and 75 LA cataract surgeries at NTEC.	1Q27
Enhance renal services by providing three additional patient capacities for in-unit haemodialysis at NTEC.	1Q27
Build laboratory capacity to provide an additional total of 4 500 fungal serology tests, fungal polymerase chain reaction tests and fungal susceptibility tests, 1 000 tests in anatomical pathology, 1 500 immunohistochemical staining and 100 molecular tests at PWH.	1Q27
Provide an additional total of 21 520 FMC attendances, 2 000 family medicine specialist clinic attendances and 1 500 attendances for risk assessment and management programme on diabetic retinopathy assessment at North District Family Medicine Integrated Centre.	1Q27
Further enhance palliative care (PC) consultative services and provide 390 cancer and non-cancer patients capacity, 1 970 PC consultative visits and 550 PC home visits at PWH.	1Q27
Strengthen manpower support for the planning and commissioning for ongoing hospital development projects at NTEC.	1Q27

New Territories West Cluster

As at 31 March 2025		Hospital / Institution	Specialist Outpatient Clinic	Family Medicine Clinic
1	Castle Peak Hospital	✓	✓	
2	Pok Oi Hospital ✚	✓	✓	
3	Siu Lam Hospital	✓		
4	Tin Shui Wai Hospital ✚	✓	✓	
5	Tuen Mun Hospital ✚	✓	✓	
6	Tuen Mun Eye Centre		✓	
7	Kam Tin Family Medicine Clinic			✓
8	Tin Shui Wai (Tin Shui Road) Family Medicine Clinic			✓
9	Tin Shui Wai (Tin Yip Road) Family Medicine Integrated Centre			✓
10	Tuen Mun Family Medicine Clinic			✓
11	Tuen Mun Wu Hong Family Medicine Clinic			✓
12	Tuen Mun Yan Oi Family Medicine Clinic			✓
13	Yuen Long Jockey Club Family Medicine Clinic			✓
14	Yuen Long Madam Yung Fung Shee Family Medicine Clinic			✓

✚ Hospital with A&E service

Healthcare Facilities

The New Territories West Cluster (NTWC) consists of five hospitals or institutions, five specialist outpatient clinics (SOPCs) and eight family medicine clinics (FMCs). As at 31 March 2025, NTWC provided a total of 4 928 beds; of which 3 097 were for acute, convalescent and rehabilitation care, 135 for infirmary care, 520 for mentally handicapped care and 1 176 for psychiatric care.

Actual Patients Served

In 2024-25, approximately 595 600 patients had utilised services in NTWC. Approximately 91% of the patients resided in the Yuen Long and Tuen Mun Districts.

Number and percentage distribution of patients ever utilised NTWC services in 2024-25 according to district of residence

District of residence	No. of patients^#	Distribution#
Yuen Long	300 400	50%
Tuen Mun	240 200	40%
Others*	55 000	9%
NTWC Total	595 600	100%

* It also includes patients from places outside Hong Kong or with unknown addresses.
^ Figures are rounded to the nearest hundred.
# There may be a slight discrepancy between the sum of individual items and the total as shown in the table owing to rounding.

Major Risks and Challenges

NTWC continuously faces the challenge of coping with soaring service demand for a wide range of medical specialties. These are driven by the growing population in the catchment area, which is projected to increase from 1.17 million in 2022 to 1.35 million in 2031[note 1] with a particularly significant increase in the elderly population (increased by 40% to 0.45 million). In addition, the lack of private hospitals in the area has led to heavy reliance on public healthcare services. NTWC adopts a multi-pronged approach to cope with the rising service demand and the needs of an aging population.

To strengthen the emergency stroke service network and further optimise service workflows so as to improve patients' survival and functional recovery, the Fire Services Department and the HA have implemented the Primary Diversion Scheme in NTWC. In addition, TMH has been designated to establish a National Stroke Centre in accordance with national accreditation standards, thereby enhancing fast-track management of acute stroke cases through a green channel arrangement.

To enhance cancer services, NTWC continues to strengthen cancer testing and fast-track diagnostic services, while augmenting diagnostic radiology capacity through additional positron emission tomography-computed tomography (PET-CT) services. The commissioning of a fifth radiotherapy linear accelerator will expand radiotherapy services, enabling more precise and timely treatments. Furthermore, the establishment of a multidisciplinary palliative care consultative team will provide comprehensive support to cancer patients, integrating specialised care to improve holistic outcomes.

In alignment with the corporate strategy to strengthen ambulatory care and community-based care models, NTWC continues to enhance ambulatory care by providing additional day beds and to improve geriatric services by increasing the number of geriatric day places. Following the expected completion of Family Medicine Integrated Centre (FMIC) in Tuen Mun Area 29 West in 2026-27, FMC attendances will increase gradually. Along with collaboration with the District Health Centre, primary healthcare services provided to citizens in the catchment area will be continuously enhanced.

Note 1: Based on Projections of Population Distribution 2023-2031, published by Planning Department.

NTWC Targets

Provide Smart Care	
Provide 25 additional day beds at TMH, including 20 for medical and five for surgical.	3Q26 / 1Q27
Enhance cancer genetic and genomic testing services by providing approximately 1 900 additional cancer-diagnosis-related tests at NTWC.	1Q27
Set up a multidisciplinary heart failure team at TMH, and provide 150 transitional ambulatory care clinic patient capacities, 495 echocardiogram procedures, and 20 additional intravenous infusion and ultrafiltration procedures.	1Q27
Enhance ambulatory care for geriatric services by providing 20 additional geriatric day places and 3 135 additional geriatric day attendances at TMH.	1Q27
Enhance ophthalmology pre-assessment clinic services by providing 825 additional pre-assessment attendances at TMH.	1Q27
Develop Smart Hospitals	
Continue development and implementation of Smart Hospital initiatives.	1Q27
Implement digital pathology and scan 4 685 additional cases for primary diagnosis in anatomical pathology at TMH/POH/TSWH.	1Q27
Nurture Smart Workforce	
Strengthen manpower to enhance patient relations services at POH.	2Q26

Enhance Service Supply	
Provide one additional intensive care unit bed at TMH.	3Q26
Provide ten additional operating theatre (OT) sessions per week for ear, nose & throat, gynaecology, surgery, gynaecological oncology and cancer surgery services; provide one additional peri-operative medical clinic session and four additional pre-anaesthetic assessment clinic sessions per week at TMH.	1Q27
Enhance services at TMH stroke centre in accordance with national accreditation standards, provide 340 intracranial vascular work-up and 340 bedside ultrasound carotid duplex for ischaemic stroke patients.	1Q27
Enhance psychiatry services by providing 1 330 additional psychiatric consultation liaison cases by doctors at NTWC.	1Q27
Enhance cancer services by setting up fast-track diagnostic service for patients with suspected lung cancer, and provide 195 additional patient capacities at NTWC.	1Q27
Enhance radiotherapy services by providing 875 additional radiotherapy treatment attendances (in terms of low-complexity radiotherapy treatment attendances) at NTWC.	1Q27
Enhance diagnostic radiology services by providing 515 additional PET-CT attendances at NTWC.	1Q27
Enhance ophthalmology services by providing three additional local anaesthesia OT sessions per week at NTWC.	1Q27
Enhance renal services by providing three additional patient capacities for in-unit haemodialysis at NTWC.	1Q27
Build laboratory capacity by providing 1 500 additional haematology tests and 400 faecal elastase-1 tests at NTWC.	1Q27

Enhance Service Supply	
Strengthen facility management manpower to provide timely inspection and better arrangement of improvement works and preventive maintenance at NTWC.	2Q26
Strengthen manpower to support dispensing services at CPH.	2Q26
Further enhance palliative care (PC) consultative services at NTWC and provide 390 cancer patient capacity, 1 970 PC consultative visits and 550 PC home visits.	1Q27
Provide an additional total of 9 655 FMC attendances and 2 000 family medicine specialist clinic attendances at the Family Medicine Integrated Centre in Tuen Mun Area 29 West.	1Q27
Continue to support the planning and commissioning for the OT Extension Block at TMH.	2Q26

ABBREVIATIONS

A&E	Accident & Emergency
ACS	Acute Coronary Syndrome
ACIS	Anaesthesia Clinical Information System
AI	Artificial Intelligence
ASP	Advanced Specialty Programme
APP	Annual Plan Preparatory (APP) meeting
ARC	Audit and Risk Committee
CC	Central Committee
CCU	Coronary Care Unit
CCL	Cardiac Catheterisation Laboratory
CDF	Community Drug Formulary
CIT	Committee on Information Technology
CIS	Clinical Information System
CIMS	Clinical Information Management System
CMS	Clinical Management System
COC	Coordinating Committee
COR	Controlling Officer's Report
COS	Chief of Services
CPU	Central Food Production Unit
CT	Computed Tomography
CTS	Cardiothoracic Surgery
DH	Department of Health
DHP	Digital Health Platform
DM	Directors' Meeting
DMC	Drug Management Committee
eHR	Electronic Health Record
EN	Enrolled Nurse
ENT	Ear, Nose & Throat
GA	General Anaesthesia
GBA	Greater Bay Area
HA	Hospital Authority
HBOT	Hyperbaric Oxygen Therapy
HDP	Hospital Development Plan
HDU	High Dependency Unit
HGC	Hospital Governing Committee
HHB	Health Bureau
HSEP	Health Services Management Elite Development Programme
ICU	Intensive Care Unit
IDCTC	Infectious Disease and Infection Control
IoT	Internet of Things
IT	Information Technology
ITCDC	Information Technology Corporate Data Centre
ITSC	Information Technology Services Committee
IVT	Intravitreal Injections
LA	Local Anaesthesia
MPG	Medical Policy Group
NBS	Newborn Screening
NLTP	Non-locally Trained Healthcare Professional
ORM	Organisation-wide Risk Management
OT	Operating Theatre
PAAC	Pre-anaesthetic Assessment Clinic
PAC	Patient Advisory Committee
PC	Palliative Care
PCI	Percutaneous Coronary Intervention
PET-CT	Positron Emission Tomography–Computed Tomography
PPCI	Primary Percutaneous Coronary Intervention
PPP	Public-Private Partnership
RAMP	Risk Assessment and Management
RN	Registered Nurse
SACT	Systemic Anti-Cancer Therapy
SBPC	Service and Budget Planning Committee
SOPC	Specialist Outpatient Clinic
STEMI	ST-elevation Myocardial Infarction
SHSOP	Strategic Health Service Operation Platform

Clusters	
HKEC	Hong Kong East Cluster
HKWC	Hong Kong West Cluster
KCC	Kowloon Central Cluster
KEC	Kowloon East Cluster
KWC	Kowloon West Cluster
NTEC	New Territories East Cluster
NTWC	New Territories West Cluster

Hospitals and Institutions	
AHNH	Alice Ho Miu Ling Nethersole Hospital
CMC	Caritas Medical Centre
CPH	Castle Peak Hospital
FMC	Family Medicine Clinic
FMIC	Family Medicine Integrated Centre
GH	Grantham Hospital
HASSC	Hospital Authority Supporting Services Centre
HKCH	Hong Kong Children's Hospital
HKRCBTS	Hong Kong Red Cross Blood Transfusion Service
KCH	Kwai Chung Hospital
KH	Kowloon Hospital
KWH	Kwong Wah Hospital
NAH	New Acute Hospital
NDH	North District Hospital
NLTH	North Lantau Hospital
OLMH	Our Lady of Maryknoll Hospital
PMH	Princess Margaret Hospital
LKB of PMH	*Lai King Building of PMH*
POH	Pok Oi Hospital
PWH	Prince of Wales Hospital
PYNEH	Pamela Youde Nethersole Eastern Hospital
QEH	Queen Elizabeth Hospital
QMH	Queen Mary Hospital
RH	Ruttonjee Hospital
TKOH	Tseung Kwan O Hospital
TMH	Tuen Mun Hospital
TSWH	Tin Shui Wai Hospital
TWH	Tung Wah Hospital
TWEH	Tung Wah Eastern Hospital
UCH	United Christian Hospital
YCH	Yan Chai Hospital

APPENDIX 1 Key Service Statistics

Targets	As at 31 March 2025	As at 31 March 2026 (Estimate)	As at 31 March 2027 (Plan/Estimate)
I. Access to services			
Inpatient services			
no. of hospital beds			
general (acute and convalescent)	24 478	24 831	25 059
mentally ill	3 710	3 710	3 732
mentally handicapped	675	675	675
infirmary	1 961	1 950	1 905
overall	30 824	31 166	31 371
Ambulatory and outreach services			
accident and emergency (A&E) services			
percentage of A&E patient attendances seen within target waiting time			
triage I (critical cases – 0 minute) (%)	100	100	100
triage II (emergency cases – 15 minutes) (%)	97	95	95
triage III (urgent cases – 30 minutes) (%)	79	90	90
specialist outpatient services			
median waiting time for first appointment at specialist outpatient clinics			
priority 1 cases	< 1 week	2 weeks	2 weeks
priority 2 cases	5 weeks	8 weeks	8 weeks
rehabilitation and geriatric services			
no. of geriatric day places	787	824	844
psychiatric services			
no. of psychiatric day places	909	910	910

Indicators	Actual for 2024-25	Estimate for 2025-26	Estimate for 2026-27
II. Delivery of services			
Inpatient services			
overall			
no. of patient days	8 773 115	8 780 000	8 852 000
bed occupancy rate (%)	87	87	87
no. of discharge episodes [Note 1]	1 152 078	1 153 030	1 164 630
general (acute and convalescent)			
no. of patient days	7 149 251	7 155 000	7 228 000
bed occupancy rate (%)	90	90	90
no. of discharge episodes [Note 1]	1 128 072	1 129 000	1 140 600
average length of stay (days) [Note 2]	6.3	6.3	6.3
mentally ill			
no. of patient days	1 005 879	1 005 000	1 006 000
bed occupancy rate (%)	76	76	76
no. of discharge episodes [Note 1]	19 964	20 000	20 000
average length of stay (days) [Note 2]	54	54	54
mentally handicapped			
no. of patient days	165 421	165 000	165 000
bed occupancy rate (%)	68	68	68
infirmary			
no. of patient days	452 564	455 000	453 000
bed occupancy rate (%)	84	84	84
Ambulatory and outreach services			
day inpatient services			
no. of discharge episodes [Note 1]	863 855	929 900	990 100
A&E services			
no. of A&E attendances	2 024 269	2 024 000	2 024 000
no. of A&E first attendances			
triage I	26 311	26 300	26 300
triage II	56 287	56 200	56 200
triage III	798 811	798 800	798 800

Indicators	Actual for 2024-25	Estimate for 2025-26	Estimate for 2026-27
specialist outpatient services			
no. of specialist outpatient (clinical) first attendances	907 233	926 000	962 000
no. of specialist outpatient (clinical) follow-up attendances	7 781 520	7 867 000	7 990 000
total no. of specialist outpatient (clinical) attendances	8 688 753	8 793 000	8 952 000
family medicine outpatient services [Note 3]			
no. of family medicine clinic attendances [Note 3]	6 249 089	6 413 000	6 591 000
no. of family medicine specialist clinic attendances	375 437	392 000	406 000
total no. of family medicine outpatient attendances	6 624 526	6 805 000	6 997 000
rehabilitation and palliative care services			
no. of rehabilitation day and palliative care day attendances	110 418	126 400	135 600
no. of community nurse attendances [Note 4]	949 199	763 000	771 000
no. of allied health (community) attendances	37 255	37 500	37 500
no. of allied health (outpatient) attendances	3 611 278	3 729 000	3 771 000
geriatric services			
no. of geriatric outreach attendances [Note 4]	801 455	1 035 900	1 055 800
no. of geriatric elderly persons assessed for infirmary care service	1 630	1 630	1 630
no. of geriatric day attendances	181 978	186 600	194 200
psychiatric services			
no. of psychiatric outreach attendances	365 149	369 900	369 900
no. of psychiatric day attendances	234 197	242 600	242 600
no. of psychogeriatric outreach attendances	115 253	116 900	116 900
III. Quality of services			
no. of hospital deaths per 1 000 population [Note 5]	2.5	2.5	2.5
unplanned readmission rate within 28 days for general inpatients (%)	11.0	11.0	11.0

Indicators	Actual for 2024-25	Estimate for 2025-26	Estimate for 2026-27
IV. Cost of services			
Cost distribution			
cost distribution by service types (%)			
inpatient	52.3	51.5	50.8
ambulatory and outreach	47.7	48.5	49.2
cost of services for persons aged 65 or above			
share of cost of services (%)	55.0	55.5	55.5
cost of services per 1 000 population ($m)	30.3	30.4	30.6
Unit costs			
inpatient services			
cost per patient day ($)			
general (acute and convalescent)	7,060	7,290	7,460
mentally ill	3,670	3,830	3,930
mentally handicapped	2,530	2,600	2,650
infirmary	2,300	2,330	2,380
ambulatory and outreach services			
cost per A&E attendance ($)	2,150	2,200	2,260
cost per specialist outpatient attendance ($)	1,630	1,660	1,710
cost per family medicine clinic attendance ($) [Note 3]	670	675	705
cost per family medicine specialist clinic attendance ($)	1,420	1,430	1,510
cost per community nurse attendance ($) [Note 4]	775	795	810
cost per psychiatric outreach attendance ($)	1,980	2,020	2,060
cost per geriatric day attendance ($)	2,540	2,560	2,620
Fee waivers			
total amount of waived fees ($m)	1,185.7	1,264.6	1,311.1
percentage of Comprehensive Social Security Assistance fee waiver (%) [Note 6]	13.7	13.2	13.2
percentage of Old Age Living Allowance (OALA) fee waiver (%) [Note 6]	15.9	16.9	17.1
percentage of other fee waiver (%) [Note 6]	6.6	6.8	6.8

Indicators	Actual for 2024-25	Estimate for 2025-26	Estimate for 2026-27
V. Manpower (no. of full time equivalent staff as at 31 March)			
Medical			
doctor	7 177	7 450	7 700
specialist	3 598	3 750	3 840
non-specialist	3 579	3 700	3 860
intern	524	564	606
dentist	15	40	40
medical total	7 716	8 054	8 346
Nursing			
nurse	28 547	29 670	31 030
trainee	1 137	1 050	1 100
nursing total	29 684	30 720	32 130
Allied health	9 855	10 250	10 440
Others	47 141	48 350	49 150
total	94 396	97 374	100 066

Note 1 Refers to discharges and deaths in the Controlling Officer's Report (COR).

Note 2 Derived by dividing the sum of length of stay of inpatients by the corresponding number of inpatients discharged and treated.

Note 3 Family Medicine Clinic (formerly known as General Out-patient Clinic) and Family Medicine Specialist Clinic services have been unified under the name of "Family Medicine Outpatient Services" (these services were previously grouped under primary care services) with effect from 11 October 2025.

Note 4 Starting from 2025–26, one-home-one-nurse service model has been implemented for integration of Community Nursing Service and Community Geriatric Assessment Service to enhance service efficiency and continuity of care. The number of community nurse attendances, number of geriatric outreach attendances and cost per community nurse attendance figures before and after 2025-26 are not comparable.

Note 5 Refers to the age-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.

Note 6 Refers to the amount waived as percentage to total charge.

APPENDIX 2 Service Estimates by Cluster

Service Estimates for 2026-27	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
Inpatient services							
general (acute and convalescent)							
no. of patient days	650 200	629 800	1 565 800	890 700	1 176 500	1 302 600	1 012 400
no. of discharge episodes [Note 1]	110 240	109 610	235 390	131 360	199 370	196 050	158 580
mentally ill							
no. of patient days	94 000	23 300	141 100	22 900	283 000	176 100	265 600
no. of discharge episodes [Note 1]	2 180	710	3 240	610	5 210	4 660	3 390
mentally handicapped							
no. of patient days	-	-	-	-	19 300	-	145 700
infirmary							
no. of patient days	156 000	40 200	72 700	29 100	45 300	80 100	29 600
Ambulatory and outreach services							
day inpatient services							
no. of discharge episodes [Note 1]	101 110	128 840	185 130	111 070	155 980	185 970	122 000
accident and emergency services							
no. of A&E attendances	188 900	114 300	325 900	268 900	412 900	342 800	370 300
specialist outpatient services							
no. of specialist outpatient (clinical) attendances	951 900	970 900	1 642 300	1 044 100	1 560 000	1 513 700	1 269 100
family medicine outpatient services [Note 2]							
no. of family medicine outpatient attendances [Note 2]	697 340	436 820	1 267 890	1 131 840	1 199 140	1 195 390	1 068 580
rehabilitation and palliative care services							
no. of rehabilitation day and palliative care day attendances	49 890	32 440	12 520	14 610	6 880	12 890	6 370
no. of community nurse attendances	67 700	39 600	150 000	172 000	124 100	109 200	108 400
no. of allied health (community) attendances	1 780	1 700	5 350	1 090	6 430	13 020	8 130
no. of allied health (outpatient) attendances	434 900	303 700	782 700	582 200	558 400	612 500	496 600

Service Estimates for 2026-27	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
geriatric services							
no. of geriatric outreach attendances	152 620	94 020	227 180	91 970	211 690	150 790	127 530
no. of geriatric day attendances	32 990	8 670	38 250	21 200	31 830	35 620	25 640
psychiatric services							
no. of psychiatric outreach attendances	41 310	26 630	22 780	38 910	112 620	53 650	74 000
no. of psychiatric day attendances	30 360	22 750	13 380	34 630	69 960	50 240	21 280
no. of psychogeriatric outreach attendances	13 410	18 610	10 860	11 920	31 870	15 240	14 990
Quality of services							
unplanned readmission rate within 28 days for general inpatients (%)	10.3	9.5	10.3	11.7	12.5	10.4	11.7

Note 1 Refers to discharges and deaths in the Controlling Officer's Report (COR).

Note 2 Family Medicine Clinic (formerly known as General Out-patient Clinic) and Family Medicine Specialist Clinic services have been unified under the name of "Family Medicine Outpatient Services" (these services were previously grouped under primary care services) with effect from 11 October 2025.

Published by the Hospital Authority

We welcome your suggestions on the Hospital Authority Annual Plan.
Please forward your suggestions to:

Hospital Authority
Hospital Authority Building
147B Argyle Street
Kowloon, Hong Kong
Tel: (852) 2300 6555
Email: enquiry@ha.org.hk
Website: www.ha.org.hk
This Annual Plan can also be downloaded from the Hospital Authority website.

與民攜手 Helping People Stay Healthy
保健安康