




**HOSPITAL AUTHORITY ANNUAL REPORT 醫院管理局年報 2019-2020**



醫院管理局  
HOSPITAL  
AUTHORITY

# CONTENT

## 目錄



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

# ROLES

## 任務

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

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

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

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

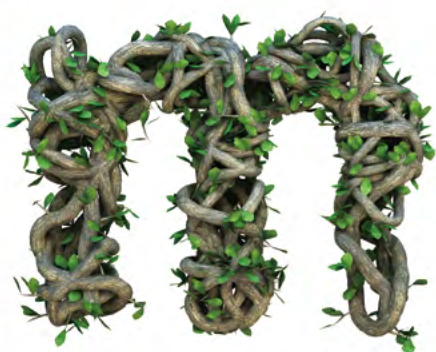
# VISION, MISSION AND VALUES

## 願景、使命及核心價值



### VISION 願景

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



### MISSION 使命

- **Helping People Stay Healthy**  
與民攜手 保健安康



### VALUES 核心價值

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

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

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

# CORPORATE STRATEGIES

## 機構策略

The Hospital Authority aims to achieve its corporate VMV by adopting five strategic goals as outlined in the HA Annual Plan 2019-2020:

醫管局採納2019-2020年度工作計劃書所載的五項策略目標，達至上述的機構願景、使命及核心價值：



Under the above strategic goals and 21 strategies, the Authority formulated around 137 corresponding programme targets for 2019-2020, which were all achieved in the year, save for 27 experienced a delay. Most of them were deferred due to service adjustments under the pandemic of Coronavirus Disease 2019. The Head Office and Cluster Reports in Chapter 6 describe major achievements in these areas.

根據上述的策略目標及21個策略，醫管局就2019-2020年度制訂了約137個相應的工作項目和指標，除了27項出現延誤，全部於年內完成。大部分計劃延誤是因在2019冠狀病毒病疫情下調整服務所致。第六章總辦事處及醫院聯網工作匯報刊載各方面的主要成績。

# MEMBERSHIP OF THE HOSPITAL AUTHORITY

## 醫院管理局成員

**Prof John LEONG**  
**Chi-yan, GBS, JP**  
梁智仁教授

(up to 30.11.2019)  
(任期至2019年11月30日)

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



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

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



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

*Director of Health*  
衛生署署長

- Appointed on 13 June 2012
- Board Member in capacity as Director of Health of HKSAR Government
- 於2012年6月13日獲委任
- 以香港特別行政區政府衛生署署長身份出任醫院管理局成員



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

- Appointed on 1 April 2013
- Dean of the Faculty of Medicine of the Chinese University of Hong Kong
- 於2013年4月1日獲委任
- 香港中文大學醫學院院長



**Prof CHAN Wai-ye**  
**陳偉儀教授**

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



**Ms Anita CHENG**  
**Wai-ching**  
鄭瑋青女士

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



**Mr Duncan CHIU**  
邱達根先生

- Appointed on 1 December 2019
- Co-founder and managing director of a venture capital fund
- 於2019年12月1日獲委任
- 創投基金的聯合創辦人及董事總經理



**Mr David FONG**  
**Man-hung, BBS, JP**  
方文雄先生

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

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

*(up to 30.11.2019)*  
(任期至2019年11月30日)

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



**Mr Ambrose HO, SBS, JP**  
何沛謙先生

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



**Dr Tony KO Pat-sing**  
高拔陞醫生

*Chief Executive, HA*  
醫院管理局行政總裁

- Appointed on 1 August 2019
- Board Member in capacity as Chief Executive of the Hospital Authority
- 於2019年8月1日獲委任
- 以醫院管理局行政總裁身份出任醫院管理局成員



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

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



**Mr Daniel LAM Chun,**  
**SBS, JP**  
林濬先生

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



**Mr Quinton LAM Chun-ki**  
林進其先生

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



**Mr Franklin LAM**  
**Fan-keung, BBS**  
林奮強先生

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



**Prof LAU Chak-sing, JP**  
劉澤星教授

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

# MEMBERSHIP OF THE HOSPITAL AUTHORITY

## 醫院管理局成員

**Mr Raistlin LAU Chun, JP**  
劉震先生

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

- Appointed on 12 July 2019
- Representing Secretary for Financial Services and the Treasury of HKSAR Government
- 於2019年7月12日獲委任
- 代表香港特別行政區政府財經事務及庫務局局長

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

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

**Mr Stephen LEE Hoi-yin**  
李開賢先生

*(up to 30.11.2019)*  
(任期至2019年11月30日)

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

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

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



**Dr LEUNG Pak-yin, SBS, JP**  
梁栢賢醫生

*Chief Executive, HA*  
(up to 31.7.2019)  
醫院管理局行政總裁  
(任期至2019年7月31日)

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

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

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

**Prof David SHUM Ho-keung**  
岑浩強教授

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

**Mr Ivan SZE Wing-hang, BBS, JP**  
施榮恆先生

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

**Prof Agnes TIWARI**  
**Fung-yee**  
羅鳳儀教授

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



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

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



**Ms Elizabeth TSE**  
**Man-yee, GBS, JP**  
謝曼怡女士

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



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

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



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

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



**Mr Jason YEUNG Chi-wai**  
楊志威先生

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



**Mr Charlie YIP Wing-tong**  
葉永堂先生

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



**Ms Carol YUEN Siu-wai, JP**  
袁小惠女士

- Deputy Secretary for Financial Services and the Treasury (up to 11.7.2019)*  
財經事務及庫務局副秘書長(任期至2019年7月11日)
- Appointed on 7 October 2016
  - Representing Secretary for Financial Services and the Treasury of HKSAR Government
  - 於2016年10月7日獲委任
  - 代表香港特別行政區政府財經事務及庫務局局長

## CHAPTER 1 • 第一章

# CORPORATE GOVERNANCE

## 機構管治

The Hospital Authority (HA) is a statutory body established under the Hospital Authority Ordinance (Cap. 113) (the HA Ordinance) in December 1990, responsible for managing all public hospitals in Hong Kong. HA is accountable to the Hong Kong Special Administrative Region (HKSAR) Government through the Secretary for Food and Health.

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

## Principles

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

## Hospital Authority Board

Under the HA Ordinance, the Chief Executive of the HKSAR appoints members to the HA Board. Membership of the Authority comprises 24 non-public officers, three public officers and one principal officer (the Hospital Authority Chief Executive). The Board membership is not remunerated. The 2019-20 Board consisted of 28 members, including the Chairman, with details listed in Appendix 1.

The HA Board meets formally about 12 times a year and any other times as required. In 2019-20, the Board conducted 14 meetings and considered over 120 agenda items. They covered an array of important matters in leading and managing HA, including management of the Coronavirus Disease 2019 (COVID-19) outbreak; formulation of policies and strategies; steering and monitoring of the planning, development and operation of hospital services and supporting facilities; resource management; risk management; internal control; contingency preparedness; governance, etc. In addition, 13 Board papers on urgent matters or regular reports were circulated between meetings. With the COVID-19 outbreak, the Board in January 2020 activated its Emergency Executive Committee to act for the Board to exercise powers and advise in the emergency situation, including approval and endorsement of strategies and policies for supporting HA in managing the outbreak and monitoring progress.

## 原則

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

## 醫院管理局大會

根據《醫院管理局條例》，醫管局大會成員由香港特別行政區行政長官任命。大會成員包括24名非公務員、三名公務員及一名主要行政人員（醫管局行政總裁）。大會成員不獲酬金。2019-20年度，大會有28名成員（包括主席），詳情載於附件1。

大會每年召開約12次正式會議，如有需要會召開特別會議。在2019-20年度，大會共召開14次會議，審議超過120個項目，涵蓋領導及管理醫管局的重要事宜，包括應對2019冠狀病毒病疫情的工作、制訂政策和策略、督導及監管醫院服務與支援設施的規劃、發展和運作、資源管理、風險管理、內部監控、應變準備、管治等。另外，在會期之間以傳閱方式通過13份有關緊急事宜的文件或定期報告。因應2019冠狀病毒病疫情，醫管局大會於2020年1月啟動緊急應變策導委員會，代表醫管局大會在緊急情況下行使權力並給予意見，包括批准和通過支援醫管局應對疫情的各項策略和政策，並監察相關進度。





The Board continued to enhance corporate governance practices to reinforce stewardship and effective management of HA and its services. A special task group was set up by the Board in March 2019 to review and streamline administrative efficiency. The review was completed in November 2019 and recommendations were implemented, including at the Board level where processes were streamlined. Ongoing efforts on annual agenda forecasts by the Board and its functional committees continued, with further emphasis made on proactive agenda planning on various strategic and functional dimensions of the respective Terms of Reference (TOR). Action was in hand to renew the Code of Corporate Governance Practices of the HA Board in light of prevailing needs. The Board also steered and monitored organisation-wide risk management in HA across different functional areas and management structures, covering both clinical and non-clinical risk in the Authority.

Against the background of ever-increasing demand due to ageing population and chronic disease prevalence, the Board in December 2019 set up a task group to look into major sustainability challenges facing HA for formulating strategic directions for HA. The task group and the respective subgroups are looking into a number of strategic issues such as smart hospital initiatives, longer term hardware and software planning, waiting time, staff retention and human resources initiatives and Public-Private-Partnership programmes.

醫管局大會繼續致力提升機構管治措施，加強對醫管局及其服務的監察和有效管理。大會於2019年3月設立特別工作小組，檢討及理順行政效率。檢討於2019年11月完成，有關建議措施亦已落實，當中包括理順醫管局大會層面的流程。大會及其專責委員會致力制訂年度預設議程，並更著重確保議程規劃切合其職權範圍所訂的策略及運作範疇。此外，因應當前需要，我們現正更新《醫管局大會機構管治守則》。大會亦督導和監察醫管局的機構風險管理，涵蓋不同職能範疇和管理架構，包括臨床及非臨床的風險。

鑒於人口老化和慢性病普遍導致服務需求與日俱增，醫管局大會於2019年12月成立專責小組，探視醫管局在可持續發展方面面對的主要挑戰，以制訂機構策略方向。專責小組及轄下的小組委員會現正審視多個策略範疇，例如智能醫院計劃、長遠的軟硬件規劃、服務輪候時間、挽留人手及人力資源措施，以及公私營協作計劃等。

## Board Committees

For optimal performance of roles and exercise of powers, the HA Board has established 11 functional committees: Audit and Risk Committee, Executive Committee, Emergency Executive Committee, Finance Committee, Human Resources Committee, Information Technology Services Governing Committee, Main Tender Board, Medical Services Development Committee, Public Complaints Committee, Staff Appeals Committee and Supporting Services Development Committee. Membership of the committees and their terms of reference and focus of work in 2019-20 are outlined in Appendix 3.

## Hospital Governing Committees

To enhance community participation and governance of public hospitals, Hospital Governing Committees (HGCs) were established in the hospitals and institutions in accordance with the HA Ordinance. These committees are listed in Appendix 4. In 2019-20, a total of 108 meetings were conducted by the 33 HGCs. Some of their businesses scheduled for early 2020 were transacted via circulation in place of meetings due to the COVID-19 outbreak. HGCs received regular management reports from Hospital Chief Executives, monitored operational and financial performance of the hospitals, reviewed risk management issues, provided policy guidance on hospital management, and participated in HR and procurement functions, as well as hospital and community partnership activities.

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

## 大會轄下的委員會

為協助醫管局大會有效發揮職能及行使職權，大會成立了11個專責委員會，包括審計及風險管理委員會、行政委員會、緊急應變策導委員會、財務委員會、人力資源委員會、資訊科技服務管治委員會、中央投標委員會、醫療服務發展委員會、公眾投訴委員會、職員上訴委員會及支援服務發展委員會。各委員會2019-20年度的成員名單、職權範圍及工作概況載於附錄3。

## 醫院管治委員會

為促進社區參與及加強公立醫院管治，醫管局按《醫院管理局條例》就轄下醫院／機構成立醫院管治委員會。附錄4載有各醫院管治委員會一覽。在2019-20年度，33個醫院管治委員會共召開108次會議。因應2019冠狀病毒病疫情，部分委員會原訂於2020年初審議的事宜改以傳閱方式處理。各醫院管治委員會審閱醫院行政總監的定期管理報告、監察醫院在運作和財務方面的表現、審視風險管理事宜、指導醫院管理政策，以及參與人力資源及採購工作和醫院及社區的夥伴協作活動。

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



## Regional Advisory Committees

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

In 2019-20, each of the RACs met three times, with the usual fourth round of meetings in February 2020 replaced by circulation of papers due to COVID-19 outbreak. The Committees discussed a number of corporate matters, including HA patient mobile app platform “HA Go”, staff retention measures, update on Integrated Chinese-Western Medicine Pilot Programme, glaucoma PPP programme and winter surge preparation. The Committees were also briefed on the Annual Report on Public Appreciation, Feedback and Complaints Management 2018-19.

## 區域諮詢委員會

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

在2019-20年度，三個區域諮詢委員會各自召開三次會議，而原訂於2020年2月舉行的第四次會議因應2019冠狀病毒病疫情而改以傳閱文件方式進行。三個委員會討論了醫管局多方面事項，包括醫管局的病人流動應用程式「HA Go」、醫管局吸引及挽留人手措施、中西醫協作先導計劃進展匯報、青光眼治療協作計劃，以及冬季服務高峰期的準備工作。此外，委員會亦聽取了《公眾讚揚、意見及投訴管理年報2018-19》。

## Executive Management

The executive management team of HA is outlined in Appendix 2(b). The executives are charged by the HA Board with the responsibility to manage and administer day-to-day business and operations of the Authority. To ensure that the management can discharge duties in an effective and efficient manner, the HA Board has set out clear delegated authority, policies and codes of conduct. The Board approved the 2019-20 annual plan prepared by the executives in accordance with the Board's direction. Regular executive reports on the progress of agreed performance indicators and targets were presented to the Board.

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

## 行政管理

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

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




## CHAPTER 2 • 第二章

# CHAIRMAN'S REVIEW 主席匯報

2019-20 was a challenging year for Hong Kong on all fronts. On the medical sector, the ever-escalating service demand, coupled with the global outburst of Coronavirus Disease 2019 (COVID-19), have put the public healthcare system under tremendous pressure. Being the major provider of public healthcare services in Hong Kong, Hospital Authority (HA) stays at the forefront to safeguard the health of citizens, upholding the highest standard of professionalism. Notwithstanding various daunting challenges, we have been progressing forward in the year.

2019-20 年度，香港社會各界備受嚴峻考驗。就醫療服務而言，與日俱增的醫療服務需求，加上肆虐全球的2019冠狀病毒病，為醫療體系帶來巨大壓力。醫院管理局（醫管局）作為香港主要的公營醫療服務提供者，一直恪守專業，站在守護民康的最前線。這一年縱然挑戰重重，我們也在艱苦中成長。



Since the COVID-19 outbreak in early 2020, the HA Board, in accordance with HA's Emergency Contingency Plan, swiftly convened Emergency Executive Committee meetings to steer strategies and actions in combating the disease and monitor the latest situation. Being united behind the same goal to protect the people of Hong Kong, the entire HA has demonstrated strenuous efforts in fighting the disease with profound endurance, professionalism and commitment. I take pride in this.

The HKSAR Government's unfaltering support is no doubt our reliable backup so that we can rise above all challenges and emerge even stronger. Regardless of the economic downturn pressure, the commitment of the Government continues to sustain the development of public healthcare, with 8% increase in recurrent financial provision to a total of \$68.8 billion in 2019-20 to HA under the triennial progressive recurrent funding arrangement. In particular, the Government has provided additional funding allocation of \$4.7 billion from the Anti-epidemic Fund to HA, enabling us to strengthen frontline manpower resources, equip additional personal protective equipment, and enhance laboratory support, etc., in order to build up the capability to respond to the COVID-19 outbreak.

2019冠狀病毒病於2020年初來襲，醫管局大會迅速肩負領導及監察的角色，根據醫管局緊急應變計劃召開緊急應變策導委員會會議，督導抗疫策略及工作。醫管局全體員工以市民福祉為先，眾志成城、不辭勞苦參與各項抗疫工作，盡力遏止病毒在社區擴散，保障全港市民健康，對此我深以為傲。

醫管局面對著各項挑戰，有賴香港特區政府在政策及財政上長期不懈作出支持。即使在經濟下行壓力下，政府亦按照承諾，繼續按三年為一周期的遞增撥款安排，在2019-20年度增加對醫管局的經常撥款8%至688億元，充份表達對公營醫療發展的承擔。在疫情期間，政府更從防疫抗疫基金額外撥款47億元予醫管局對抗2019冠狀病毒病疫情。我們善用資源於增加前線醫護人員的相關開支、增購個人保護裝備及加強化驗室支援等方面，以提升公立醫院應對疫情的能力。



Amid combating the pandemic, HA always keeps in mind the healthcare needs of the general public. The implementation of the two 10-year Hospital Development Plans to enhance hardware of public hospitals and augment service capacity is in progress. These visionary plans involve a total of 35 projects, including building of new hospitals, and expansion and redevelopment of existing hospitals to deliver some 14 000 additional beds.

The aging population and ever-growing demand for services have posed massive pressure on the healthcare system. To ensure the sustainable development of public healthcare services, the HA Board has established a Task Group on Sustainability to look into major sustainability issues of the HA, including manpower retention, management of waiting time of specialist out-patient clinics and development of smart hospitals, for medium and long-term strategy planning. This is on top of the special task group established by the Board, through which administrative efficiency aspects were reviewed, with streamlining of resource bidding and arrangements for strategy and policy meetings recommended and subsequently approved by the Board in November 2019 for implementation.

I have the privilege and honour to be the Chairman of the HA Board, working closely with our teams of outstanding healthcare professionals and dedicated staff to contribute to the advancement of this internationally respected healthcare system. I express my heartfelt appreciation to the outgoing Chairman Prof John Leong Chi-yan for leading HA in tackling different challenges and establishing a robust framework for delivering service excellence with his admirable expertise and leadership over the past six years.

除了抗疫工作，我們不忘整體市民的醫療需要。醫管局繼續推展兩個十年醫院發展計劃，以提升公立醫院的硬件設施及服務量。整個發展宏圖涉及共35個項目，既有興建新醫院，亦有擴建及重建現有的醫院，預計提供逾14 000張新病床。

持續的人口老化和服務量增長，令醫療系統飽受壓力。為確保公營醫療體系可持續發展下去，醫管局大會成立了「持續發展專責小組」，審視目前的重大挑戰，包括人手挽留、縮短專科門診輪候時間，以及發展智慧型醫院等，以制定可持續的中、長期策略方向和具體措施。醫管局大會亦成立專責小組，檢視機構行政效率。有關理順資源申請及政策商議的會議安排的建議，已於2019年11月獲醫管局大會通過並落實執行。

我十分榮幸成為醫管局主席，與優秀和專業的團隊攜手並肩合作，繼續發展這個備受國際推崇的醫療系統。我衷心感謝梁智仁教授以其專業才幹及卓越領導，過去六年帶領醫管局應對各種挑戰，為公營醫療體系的發展奠下堅實的基礎。





My sincere gratitude also goes to all members of the HA Board, Regional Advisory Committees and Hospital Governing Committees, as well as co-opted members of Functional Committees for their counsel and support to HA over the years. We welcome Prof Chan Wai-yee, Mr Duncan Chiu, Mr Raistlin Lau Chun, Mr Philip Tsai Wing-chung and Mr Billy Wong Wing-hoo for joining the Board last year. Their diverse range of expertise and experience has brought new impetus to HA. At the same time, we thank the outgoing members Ms Anita Cheng Wai-ching, Mr Andrew Fung Hau-chung, Mr Stephen Lee Hoi-yin and Ms Carol Yuen Siu-wai, for their invaluable contribution. I also wish to take this opportunity to thank members of Legislative Council, District Councils, patient groups, and volunteers for their unfailing support.

Over the years, we have experienced ups and downs. I am confident that with the concerted effort of our dedicated staff, we shall consolidate our fundamental strengths, overcome the difficulties ahead and materialise the vision of delivering world-class medical services to the people of Hong Kong.

Henry Fan Hung-ling  
Chairman

我亦由衷感謝醫管局大會、區域諮詢委員會、醫院管治委員會所有成員，以及專責委員會的增選成員，多年來向醫管局惠予寶貴意見和支持。我在此歡迎陳偉儀教授、邱達根先生、劉震先生、蔡永忠先生和黃永灝先生，於本年度加入醫管局大會，以他們所屬界別的豐富經驗，為醫管局注入新思維。同時，我亦向已卸任的鄭瑋青女士、馮孝忠先生、李開賢先生和袁小惠女士致以衷心謝意。他們的遠見卓識，令醫管局獲益良多。另外，我要多謝立法會和區議會成員、病人組織和各位義工的付出和支持，推動醫管局穩步發展。

過去，我們曾經歷許多風浪，憑著各同事上下一心，每次都能一一跨過。儘管高山低谷在前，我深信一眾高度專業、熱誠盡職的醫護人員和支援團隊，將繼續勇往直前，攜手實現我們的堅定抱負，為香港市民提供優質的醫療服務。




主席  
范鴻齡

## CHAPTER 3 • 第三章

# CHIEF EXECUTIVE'S REPORT 行政總裁匯報

In 2019-20, Hospital Authority (HA) experienced multiple challenges including social unrest and threats posed by communicable diseases like Measles and global pandemic Coronavirus Disease 2019 (COVID-19), which tested the strength of the public healthcare system on various fronts. During such times of adversity, the staunch support from our teams of professional and reliable healthcare and supporting staff, as well as the HKSAR Government and various stakeholders, are the keys to bolster our efforts together.

2019-20 是充滿挑戰的一年，社會事件以至大型傳染病包括麻疹和席捲全球的2019冠狀病毒病先後爆發，一一考驗醫院管理局（醫管局）的應變能力。香港的公營醫療體系得以應對各種試煉，全賴專業可靠的醫護團隊，以及香港特區政府和社會各界的不懈支持，與我們共同跨越重重難關。



In face of the global threat of COVID-19 pandemic, HA has remained vigilant and shouldered a great responsibility of protecting people from the disease. The HA Central Command Committee formulated measures in combating the virus under the evolving situation, steered on enhancements on capacity in hardware and software, closely monitored the stockpile of personal protective equipment in public hospitals, and strengthened infection control measures to protect our staff and patients. Clinical services were also suitably adjusted. During the peak of the outbreak, non-emergency services and non-essential services were reduced significantly, and suitable patients were diverted from public hospitals for treatment in private hospitals through various Public-private Partnership Programmes so that we could focus our attention on handling COVID-19 cases. The infrastructure capacity was enhanced by transforming general wards into second tier isolation wards with negative pressure, and by setting up the community facilities in handling COVID-19 patients. Meanwhile, we expanded the Enhanced Laboratory Surveillance Scheme for several times to mitigate the risk of an outbreak in the community. Our healthcare workers have demonstrated exceptional professionalism and devotion, going above and beyond their call of duty as we fought the pandemic. I am deeply moved by the diligent efforts of our staff and the understanding and support of the public.

面對蔓延全球的2019冠狀病毒病，醫管局一直嚴陣以待，守護全港市民的健康。醫管局中央指揮委員會因應疫情發展，迅速調整應對政策，指導提升軟件及硬件配套，並緊密監察公立醫院的個人防護裝備存量和嚴格執行感染控制措施，以保障同事及病人安全。隨著疫情變化，醫院服務和人手安排亦相應靈活調節，例如在疫情嚴峻期間，大幅減少非緊急及非必要服務；並透過公私營協作分流病人到私家醫院，以騰空人手集中應對疫情。在硬件配套方面，改裝普通病房成具負壓功能的第二線隔離病房，以及籌劃社區設施，以增加容量接收病人等。與此同時，我們多次擴闊「加強化驗室監測」計劃，盡早識別受感染病人，以減低社區傳播風險。我對於員工秉持專業精神，克盡己責，致以最深切的謝意，亦感激市民體諒和配合。





Despite the heavy anti-pandemic workload, we have been exploring new frontiers to expand HA's service capacity in adapting to the modified service model under the new normal. A series of hospital development projects are underway as stipulated in the two 10-Year Hospital Development Plans to augment HA capacities with improved infrastructure and facilities. Projects commenced in 2019-20 included superstructure and associated works for phase 1 redevelopment of Kwong Wah Hospital; phases 2 and 3 for redevelopment of Kwai Chung Hospital; demolition and foundation works for phase 2 (stage 1) redevelopment of Prince of Wales Hospital, as well as preparatory works for expansion of North District Hospital and expansion of Lai King Building in Princess Margaret Hospital.

Technology provides innovative and sustainable solutions to challenges arising from escalating service demand. During the COVID-19 outbreak, when patients have limited access to public hospital services, tele-rehab and tele-care services are adopted for suitable patients to ensure the continuity of care. On the service operational front, the "Smart Hospital Project" are being implemented in phases, which includes the Queue Management System to streamline the arrangement of

抗疫工作雖繁重，但我們亦不忘多管齊下提升實力，迎接新常態下的服務模式。醫管局繼續按照兩個十年醫院發展計劃，加強公立醫院的基建和設施，提升服務量。於2019-20年度展開的工程項目包括重建廣華醫院第一期的上層結構建築及相關工程、葵涌醫院重建工程第二及第三期、威爾斯親王醫院重建計劃第二期（第一階段）的拆卸及地基工程，以及北區醫院擴建計劃和瑪嘉烈醫院荔景大樓擴建計劃的籌備工作。

面對急增的醫療服務需求，科技應用有助開拓更多創新及可持續的解難方法。在2019冠狀病毒病疫情期間，智能科技正好發揮其作用；例如利用遙距視像為合適的病人提供復康療程(tele-rehab)和視像診症(tele-care)，減少病人到醫院覆診。而在日常運作上，「智能醫院」計劃正逐步開展，項目包括



outpatient consultation in clinics and hospitals, and One-stop Electronic Service (Electronic Kiosks) to bring greater convenience to patients in registration and payment. The patient mobile app “HA Go” was launched in December 2019 to empower patients to manage their appointments in HA at fingertips. We will continue to develop “HA Go” by adding new features, so as to improve patients’ experience when using public hospital services.

Our staff are at the very heart of our activities. Hence, we strive to attract and retain staff and promote staff well-being. During 2019-20, we continued to strengthen the workforce by recruiting 580 doctors, 2 530 nurses and 700 allied health professionals. Meanwhile, recruitment of non-locally trained doctors with limited registration as well as part-time healthcare professionals via Locum Office continued to intake additional hands to relieve frontline stress in our hospitals. We are thankful to the HKSAR Government for allocating \$720 million in the recurrent financial provision to HA specifically for various staff retention measures, which included enhancing the Fixed Rated Honorarium for doctors and the salary of supporting staff.

完善診所和醫院門診候診安排的輪候管理系統，以及方便病人自助登記和付費的「一站式電子服務」(電子服務站)。專為病人而設的流動應用程式「HA Go」亦已於2019年12月正式推出，市民可透過智能電話查閱和管理在醫管局的就診安排。我們會持續於程式內加入新功能，提升市民使用公立醫院服務的體驗。

員工是醫管局服務的核心所在。我們致力吸納和挽留人才，並加強員工福祉。在2019-20年，我們招聘逾580名醫生、2 530名護士及700名專職醫療人員。另一方面，我們繼續以有限度執業註冊形式聘請非本地培訓醫生，以及透過自選兼職辦公室招聘更多兼職醫護人員，以紓緩前線同事的工作壓力。同時亦感謝香港特區政府在經常撥款中提供7億2千萬元，協助醫管局實施多項挽留人才的措施，包括調高醫生候召補償定額酬金，以及調高支援服務員工的薪酬等。

I am most thankful to the outgoing Chairman Prof John Leong Chi-yan who has led HA to develop into an internationally respected and efficient healthcare system with his wisdom and steer. My appreciation also goes to Dr Leung Pak-yin, who served HA for 12 years with exemplary leadership and commitment for the betterment of the community. I am truly honoured to succeed him as Chief Executive of HA, working with the team with splendid efforts and dedication to serve the people of Hong Kong. I also wish to extend my warmest welcome to Mr Henry Fan Hung-ling as the Chairman of the HA Board. Without doubt, HA will benefit greatly with Mr Fan's remarkable management and corporate governance experience.

Senior appointments in HA hospitals in 2019-20 included, in chronology, Dr Chong Yee-hung as Hospital Chief Executive (HCE) of Pok Oi Hospital and Tin Shui Wai Hospital; Dr Sin Ngai-chuen as HCE of Bradbury Hospice, Cheshire Home, Shatin and Shatin Hospital; as well as Dr Lau Sze-ting as HCE of Hong Kong Buddhist Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital. At the Head Office, Dr Deacons Yeung took up the post as Director (Cluster Services).

我由衷感謝已卸任的大會主席梁智仁教授，梁教授通達睿智、領導有方，帶領醫管局發展成享譽國際及高效率的公營醫療系統。同時，梁栢賢醫生以傑出的領導才能及承擔，服務醫管局12年，為市民健康謀福祉，我深表感激。我能夠接任醫管局行政總裁一職，帶領這支熱誠投入的專業團隊繼續為全港市民服務，實在與有榮焉。我謹在此歡迎范鴻齡先生擔任醫管局大會主席，范先生擁有卓越管理及機構管治經驗，其專業知識定必令醫管局有所裨益。

年內的高層人員聘任按時序包括莊義雄醫生出任博愛醫院及天水圍醫院行政總監，冼藝泉醫生出任白普理寧養中心、沙田慈氏護養院及沙田醫院行政總監，及劉思廷醫生出任香港佛教醫院、聖母醫院及東華三院黃大仙醫院行政總監。總辦事處則有楊諦岡醫生出任醫管局聯網服務總監。



People are the centre of healthcare services, and for all time, the unwavering support and trust of the public are our motivations to materialise our vision. Over the past year, the commendable contributions of our healthcare workers have earned appreciation and recognition from the community. The HA family, as one, will continue to sail through every challenge with strength and resilience, safeguarding the health of our community.



Tony Ko Pat-sing  
Chief Executive

醫療服務以人為本，而市民的信任和支持，是支持醫管局上下員工實踐使命的推動力。同事過去一年的辛勤付出，已獲得不少市民的認同和感謝。醫管局全體同事將繼續懷著堅毅不屈的精神，攜手向前，迎難而上，保障市民健康。



行政總裁  
高拔陞

CHAPTER 4 • 第四章

MILESTONES OF THE YEAR

大事回顧



## 4/2019

The Hong Kong Red Cross Blood Transfusion Service launched its brand new Lions Blood Donation Vehicle. With a built-in generator, the vehicle is able to reach out to the community for blood collection flexibly, while enhancing donors' experience with cozy facilities.

香港紅十字會輸血服務中心全新流動捐血車——獅子會流動捐血車正式投入服務。車上設備完善，提供更舒適的捐血體驗；加上內置發電機，可更靈活走訪各區招募捐血者。



## 5/2019

With \$20.27 million donation from the Hong Kong Jockey Club Charities Trust to the Hospital Authority (HA), the Jockey Club Specialist Out-patient Clinic was set up at MacLehose Medical Rehabilitation Centre (MMRC). The clinic, managed by a multidisciplinary team from Queen Mary Hospital and MMRC, provides one-stop services, thereby smoothing the medical consultation process and benefiting elderly and disabled patients.

醫院管理局（醫管局）獲香港賽馬會慈善信託基金捐款港幣2,027萬元，於麥理浩復康院設立專科門診診所，由瑪麗醫院及麥理浩復康院的跨專科醫療團隊管理及提供一站式服務，改善應診流程，方便長者及行動不便者覆診。

麥理浩復康院賽馬會專科門診診所開幕典禮



## 6/2019

The Hong Kong Children's Hospital celebrated its official opening. Over 300 guests from different sectors witnessed the important milestone of public paediatric service development in Hong Kong.

香港兒童醫院舉行開幕典禮，逾三百名來賓一同見證香港公營兒科服務邁向新里程。

## 6/2019

HA launched the Glaucoma Public-Private Partnership Programme for HA specialist outpatients who can choose to receive private specialist services in the community.

醫管局推出青光眼治療協作計劃，為需要長期在專科門診覆診的病人提供選擇，讓病人可接受社區內的私營專科醫療服務。



## 6/2019

For enhancing the efficiency of laboratory service, Tuen Mun Hospital optimised its Core Laboratory by introducing the new generation of automated system to handle specimens.

為了進一步提升化驗服務的效率，屯門醫院病理學部引入新一代自動化系統處理樣本，優化綜合化驗室設備。

## 7/2019

In view of the outbreak of Ebola Virus disease in Democratic Republic of the Congo, HA implemented contingency measures for early detection, isolation and diagnosis of possible cases to mitigate the risk of spread of virus in Hong Kong.

因應剛果民主共和國爆發埃博拉(伊波拉)疫情，醫管局執行應變措施，以便及早發現、早隔離、早確診可能出現的感染個案，減低病毒在本港傳播的風險。





## 7/2019

Prince of Wales Hospital was accredited by the Baby Friendly Hospital Initiative Hong Kong Association under the Hong Kong Committee for UNICEF as a Baby-Friendly Hospital, and has become the third baby-friendly hospital in Hong Kong.

威爾斯親王醫院獲聯合國兒童基金香港委員會轄下愛嬰醫院香港協會認證，成為全港第三間愛嬰醫院。

## 7/2019

HA introduced new one-stop electronic kiosks in public hospitals progressively for enhancing electronic payment services. Patients or their carers can use either the appointment slip or the patient's Hong Kong Identity Card to register for consultation and settle attendance fee and drug charges, bringing added convenience to patients.

醫管局在公立醫院逐步增設新型號一站式電子服務站，以優化電子繳費服務，病人或其照顧者可憑預約便條或病人身份證，登記應診和繳交專科門診及藥物費用，方便快捷。



## 8/2019

United Christian Hospital developed the first "dementia friendly ward" in Hong Kong by renovating a geriatric ward. The ward adopts environmental and functional design to cater for the special needs of dementia patients.

基督教聯合醫院老人科病房進行翻新工程，引入一系列認知障礙症友善設施，成為全港首間「認知友善病房」。

## 9/2019

Driving the development of “Smart Hospital”, Kowloon East Cluster organised various activities including forum and conference, to facilitate exchange of knowledge and ideas about smart hospital initiatives between colleagues.

為促進「智慧醫院」的發展，九龍東聯網透過不同的平台，包括舉辦論壇及會議等，讓同事交流智慧醫院項目的建議及資訊。



## 10/2019

The phase 1 redevelopment of Queen Mary Hospital marked a historic milestone with the demolition of three buildings to make way for the future New Block. The area had been cleared for site formation and subsequent works. The New Block is scheduled to complete in 2024.

瑪麗醫院第一期的重建工程踏入新的里程，繼拆卸三座大樓後，相關地段已經開始進行土地平整及相關工程，作為興建新大樓之用。新大樓預計於2024年竣工。

## 10/2019

In coping with the demand of healthcare services in the community, North Lantau Hospital has commenced gynaecology outpatient service, and enhanced paediatric outpatient clinic service.

北大嶼山醫院開展婦科專科門診服務，並加強兒童專科門診服務，以配合區內居民對醫療服務的需求。





## 11/2019

St. John Hospital kicked off a series of activities to celebrate its 85<sup>th</sup> Anniversary to strengthen rapport with staff and the community.

長洲醫院為85周年誌慶揭開序幕，透過一系列活動與員工和社區加強連繫。

## 12/2019

HA launched the one-stop mobile application "HA Go" to facilitate patients to manage their appointments and health at their fingertips. With "HA Go", one can check appointments made in HA hospitals or clinics, pay hospital bills, book appointment for new case of specialist outpatient services, view medication and perform rehabilitation exercise following prescriptions.

醫管局推出專為病人而設的一站式流動應用程式「HA Go」，設有多項功能，方便病人管理就醫安排及護理健康。透過「HA Go」，病人可查閱個人預約紀錄，支付醫院賬單，預約專科新症，查閱藥物資料或按照處方進行復康練習。



## 12/2019

HA established a Task Group on Sustainability to examine the major sustainability challenges of HA, with a view to formulating the future corporate strategic directions.

醫管局成立「持續發展專責小組」，檢視醫管局正面對的重大持續發展挑戰，以制訂機構未來的策略方向。

## 1/2020

In response to Government's action towards the development of Coronavirus Disease 2019 (COVID-19), Serious Response Level and Emergency Response Level were activated on 4 January and 25 January respectively in public hospitals. A series of special measures were implemented to enhance infection control, and to consolidate resources to cope with the disease.

政府因應2019冠狀病毒病疫情發展，先後提升本港應變級別，公立醫院相應於2020年1月4日及1月25日分別啟動「嚴重應變級別」及「緊急應變級別」，並實施一系列特別措施，加強感染控制，並且集中資源應對疫情。



## 2/2020

HA adjusted public hospital non-emergency services and non-essential services to focus manpower and resources on the challenges of the COVID-19 outbreak.

醫管局逐步調整非緊急及非必要服務，以集中人手和資源應對2019冠狀病毒病疫情。

## 2/2020

HA has started Enhanced Laboratory Surveillance Programme to detect suspected / confirmed cases of COVID-19 among inpatients. In February 2020, HA further extended the surveillance to outpatients attending Accident and Emergency Department (AED) or General Outpatient Clinic (GOPC), with a view to further advancing the identification of cases of infection and minimising the risk of community transmission.

醫管局開展「加強化驗室監察計劃」，以及早於住院病人中識別2019冠狀病毒病懷疑或確診個案。隨後醫管局進一步擴闊計劃的涵蓋範圍至普通科門診及急症室的非住院病人，以再早一步識別社區內的患者，減低病毒在社區傳播的風險。





## 2/2020

In February and March 2020, medical team of HA joined three government delegations to bring Hong Kong residents stranded in Tokyo and Wuhan home. Separately, a team comprised of nurses and phlebotomists was formed to take blood samples and nasopharyngeal swab for the returned residents in the quarantine centre in Chun Yeung Estate in Fo Tan to timely identify COVID-19 cases.

醫管局的醫療隊伍在2020年2月及3月三度隨港府隊伍到東京和武漢接送香港居民返港；另安排護士和抽血員組成隊伍，在火炭駿洋邨檢疫中心為相關返港市民抽取血液和鼻咽樣本化驗，以盡早識別2019冠狀病毒病個案。

## 2/2020

In support of staff working in high risk areas, HA offered Special Rental Allowance to staff in need, and introduced Special Emergency Response Allowance in recognition of their effort and contribution in fighting against the pandemic.

為支援在高風險區工作的員工，醫管局向有需要的醫護提供「特別租賃津貼」，並發放「緊急應變特別津貼」，以肯定他們在抗疫期間的付出和貢獻。



## 3/2020

The World Health Organisation declared COVID-19 a pandemic. HA closely monitored the development of the situation and responded swiftly with appropriate measures, which included converting general wards into second tier isolation wards to offer additional 400 negative pressure beds, thereby retaining more first tier isolation beds to accommodate the newly confirmed cases.

世界衛生組織宣布2019冠狀病毒病疫情為「全球大流行」。醫管局密切跟進疫情的發展，迅速調整應對政策，包括改裝普通病房為第二線隔離病房，增加約400張負壓病床，以騰出更多第一線隔離病床予新確診病人使用。

## 3/2020

HA set up temporary test centres at AsiaWorld-Expo and North Lantau Hospital, providing tests for people with symptoms upon their arrival. COVID-19 triage and test stations were also set up in AEDs in various public hospitals to offer tests to suspected patients.

醫管局在亞洲國際博覽館和北大嶼山醫院設立臨時檢測中心，為抵港不適人士進行檢測。多間公立醫院急症室亦陸續設立分流檢測站，為懷疑感染的病人進行病毒測試。



## CHAPTER 5 • 第五章

# ENGAGEMENT AND TEAMWORK 凝聚力量 群策群力

Good communication is essential for building a strong and united team. The Hospital Authority (HA) has established multiple platforms for staff to express their opinions. The Head Office convenes regular meetings with staff representatives of all six Staff Group Consultative Committees (SGCC) and Central Consultative Committee to gauge views on prevailing policies and new initiatives, in maintaining constant and direct communications between the management and frontline staff.

良好的溝通是建立強大而團結隊伍的重要基礎。醫院管理局（醫管局）提供多個渠道讓員工表達意見。其中醫管局總辦事處透過六個職員協商委員會及中央協商委員會，讓員工代表參與現行政策及新措施的討論，促進管理層與前線員工保持恒常溝通。

Apart from attending the said committees' meetings, the HA Chief Executive met frontline staff at face-to-face forums conducted during hospital visits, and communicated with all staff through different channels such as emails, blogs and letters to all staff. At the local level, Cluster Chief Executives (CCE) and Hospital Chief Executives (HCE) engaged staff through regular meetings, newsletters and staff letterbox. The online staff letter box also enables staff to voice their concerns and suggestions. Staff newsletter HASLink and various HA social media platforms provided effective channels to keep staff abreast of the latest corporate news. During the Coronavirus Disease 2019 (COVID-19) outbreak, special efforts were made to publish the COVID-19 Bulletin frequently, which offered up-to-date information about the disease and address staff's concerns, on top of setting up staff support hotline to answer colleagues' queries about their anti-pandemic works.

As a handy platform for staff related information, the "HR App" has recorded around 76 000 downloads (representing 87% of staff members) as of 31 March 2020 since its launch in 2016. In 2019-20, the app was upgraded with new module of "myAllowance", revamped module of "Provident Fund / Mandatory Provident Fund", as well as the pilot e-voting function for election of staff representatives of SGCCs. In addition, HA retirees can now have access to their health records with the "HR App", and make appointment at staff clinics via the mobile Staff Health Record (mSHR) module. Besides, an internal designated webpage of COVID-19 was incorporated into the "HR App" for staff's quick access to the latest news about the disease, including infection control measures, HR new measures, press releases and clarifications.

行政總裁除了直接參與以上委員會會議外，亦不時探訪醫院，與前線員工會面，並且透過電郵、網誌和向員工發信等途徑與同事溝通。在醫院層面，聯網總監及醫院行政總監則透過定期會面、出版刊物及職員信箱等，與員工保持連繫。我們亦設立網上職員信箱，方便同事提出各方面的意見。此外，員工通訊《協力》和多個醫管局社交平台及頻道亦有效地向員工發放機構的最新資訊。在2019冠狀病毒病疫情期間，我們特別推出《防疫快訊》，經常向員工發放疫情的最新資訊，回應同事關注的事宜；我們更設立支援熱線，直接解答同事有關抗疫工作的查詢。

「人力資源應用程式」(「HR App」) 於2016年推出，直至2020年3月31日，近76 000名員工(即87%)已下載程式。在2019-20年度，我們進一步提升其功能，包括新增「津貼易」單元、更新「公積金/強積金」單元、另亦利用程式試行以電子投票選舉職員組別協商委員會職員代表。現時，醫管局退休員工亦可透過程式查閱健康紀錄，並使用程式連接的流動版職員健康紀錄(mSHR)預約職員診所服務。疫情期間，我們在「HR App」內特設「2019冠狀病毒病新資訊」員工專用網頁，一站式提供感染控制資訊、人力資源新措施、新聞公報及澄清等內容，幫助同事緊貼疫情的最新消息。



Staff safety is always of our prime concern. Following the HA Occupational Safety and Health (OSH) management review, HA has strengthened its overall OSH management and expertise supervision by recruiting a specialist with professional qualification in occupational safety and hygiene at the Head Office. The HA OSH Committee, chaired by Head of Human Resources and comprises all chairmen of Cluster OSH Committees, steered the direction of OSH adopted in HA. Furthermore, other than the newly formed grade of Occupational Safety Hygienist, a grade specific and structured training curriculum has also been formulated in response, for nurturing OSH professionals to manage the complicated occupational safety issues in HA.

A Focused Staff Survey targeted at Registered Nurses and Enrolled Nurses was conducted in May and June 2019 to understand their concerns identified by the Corporate-wide Staff Survey in 2016. The result provided clear insights about appropriate communication channels with staff, and hence we followed up with enhancements on the "HR App". In addition, the survey revealed motivating factors for staying in HA. In this light, we are following up on ideas on staff engagement and retention.

HA organised a wide variety of recreational, sports and family activities throughout the year to promote a balanced and healthy lifestyle. Family members of staff were also welcome to join selected activities such as HA Family Day and HA Family Night, and the HA Run. Nearly 4 000 staff and their family members enrolled in the HA Run 2020. Despite cancellation of the event due to the COVID-19 outbreak, some \$1.4 million was raised for HA Charitable Foundation to benefit patient services.

Last but not least, in recognising colleagues' extraordinary performance, the 2020 Outstanding Staff and Teams Award and Young Achievers Award received a total of 64 nominations, from which 11 young achievers were selected, seven staff and six teams won the Outstanding Staff and Teams Awards respectively. Another four staff and three teams received Merit Awards.

醫管局一向重視員工安全。我們跟進醫管局職業安全與健康(職安健)管理顧問檢討的建議，聘請具職業安全及環境衛生資歷的專家加入總辦事處，以強化機構的職安健管理及專業領導。同時，由醫管局人力資源主管擔任主席的醫管局職安健委員會，成員包括各聯網職安健委員會主席，負責制訂醫管局的職安健政策方針。我們又開設「職業安全環境衛生師」職系，並制訂以此職系及專業為本的系統化培訓課程，以培育專才，處理局內複雜的職業安全事宜。

醫管局在2019年5月至6月進行了「『護』有話說」焦點職員意見調查，邀請註冊護士和登記護士參與，以了解他們在2016年「機構職員意見調查」中所關注的事項。我們從調查結果中了解到與員工溝通最合適的渠道，並就此優化「HR App」以方便同事。另外，我們亦透過意見調查掌握他們留職醫管局的原因，從而跟進加強員工的參與度和挽留人才。

醫管局提倡平衡及健康生活模式，年內舉辦各式各樣康樂、體育及合家歡活動。部分活動如「醫管局天倫之日與夜」和「醫管局長跑」等，員工及其家屬亦可一同參與。「2020醫管局長跑」共有接近4 000名員工和家屬報名，活動雖因2019冠狀病毒病疫情而取消，但仍為醫管局慈善基金籌得約140萬元善款，惠及病人服務。

為表揚工作表現卓越的同事，2020年度醫管局傑出員工及團隊獎及優秀青年獎共收到64份提名，11位員工獲頒「優秀青年獎」，七名員工及六個團隊獲得傑出獎，另有四名員工及三個團隊獲得優異獎。





### Outstanding Teams:

- **Accident & Emergency Training Centre**  
Ruttonjee and Tang Shiu Kin Hospitals  
(Hong Kong East Cluster)
- **Fetal Medicine Team, Department of Obstetrics and Gynaecology**  
Prince of Wales Hospital (New Territories East Cluster)
- **Hospital Authority Convention Logistics Team**  
Hospital Authority Head Office
- **KCC 24-hour Primary-PCI Team**  
Queen Elizabeth Hospital and Kwong Wah Hospital  
(Kowloon Central Cluster)
- **PWH Service Accessibility Improvement Team (The Block-buster Team)**  
Prince of Wales Hospital (New Territories East Cluster)
- **Spinal Cord Injury Rehabilitation Team**  
MacLehose Medical Rehabilitation Centre  
(Hong Kong West Cluster)

### Merit Teams:

- **Integrated Day Recovery Service (IDRS)**  
Kwai Chung Hospital (Kowloon West Cluster)
- **Multidisciplinary Oral-Maxillofacial Surgery Team, UCH**  
United Christian Hospital (Kowloon East Cluster)
- **NTWC Crew Resource Management Team**  
New Territories West Cluster

### 傑出團隊獎：

- 急症科訓練中心  
律敦治及鄧肇堅醫院 (港島東醫院聯網)
- 婦產科胎兒醫學組  
威爾斯親王醫院 (新界東醫院聯網)
- 醫院管理局研討大會支援團隊  
醫院管理局總辦事處
- 九龍中二十四小時心血管介入治療團隊  
伊利沙伯醫院及廣華醫院  
(九龍中醫院聯網)
- 急症病人捷運隊  
威爾斯親王醫院 (新界東醫院聯網)
- 脊髓損傷復康團隊  
麥理浩復康院 (港島西醫院聯網)

### 優異團隊獎：

- 綜合日間復元服務  
葵涌醫院 (九龍西醫院聯網)
- 基督教聯合醫院跨部門口腔頷面外科團隊  
基督教聯合醫院 (九龍東醫院聯網)
- 新界西醫院聯網優化醫療管理團隊  
新界西醫院聯網

## CHAPTER 6 • 第六章

# HEAD OFFICE AND CLUSTER REPORTS

## 總辦事處及醫院聯網工作匯報

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

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

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

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



HONG KONG EAST CLUSTER  
港島東醫院聯網



HONG KONG WEST CLUSTER  
港島西醫院聯網



KOWLOON CENTRAL CLUSTER  
九龍中醫院聯網



KOWLOON EAST CLUSTER  
九龍東醫院聯網



KOWLOON WEST CLUSTER  
九龍西醫院聯網



NEW TERRITORIES EAST CLUSTER  
新界東醫院聯網



NEW TERRITORIES WEST CLUSTER  
新界西醫院聯網



**HA Head Office (HAHO) aligns corporate values and directions. It plays a strategic role in leading corporate development and supporting hospital clusters through interactive collaboration of seven divisions, namely Cluster Services, Corporate Services, Finance, Human Resources, Information Technology and Health Informatics, Quality & Safety, and Strategy & Planning. In 2019-20, HAHO initiated around 137 programme targets under the five strategic goals outlined in the HA Annual Plan.**

醫管局總辦事處(總辦事處)設有七個部門，包括聯網服務部、機構事務部、財務部、人力資源部、資訊科技及醫療信息部、質素及安全部和策略發展部。總辦事處負責協調機構價值和帶領發展方向，透過各部門的互動合作，推動機構發展，並為醫院聯網提供支援。在2019-20年度，總辦事處根據醫管局工作計劃所訂五大策略目標，推行約137項工作項目。

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

HA is committed to re-orientating the service delivery model, so as to provide appropriate level of care to patients while maximising service efficiency. We enhanced day services by adding new beds in Caritas Medical Centre, Queen Mary Hospital, Ruttonjee Hospital and Tseung Kwan O Hospital, as well as providing additional Operating Theatre sessions in Caritas Medical Centre and Tseung Kwan O Hospital to bolster day surgery services. These measures can relieve the demand on inpatient care, thereby alleviating the pressure of hospital beds.

We accorded priority to strengthen service coverage and accessibility through enhanced service integration and coordination in different specialties. Rehabilitation services in public hospitals were extended to weekends and public holidays for patients with lower limb fracture and arthroplasty, as well as for stroke patients in various hospitals to assist their recovery. In addition, to further support tele-care and better patient empowerment via mobile devices for patients suffering from stroke and lower limb fracture, a patient rehabilitation mobile app with different training modules had been developed and launched.

A proactive approach was adopted to explore more options for care. In strengthening the roles of nurses in patient care, the Integrated Model of Specialist Outpatient Service through Nurse Clinic, in collaboration with multidisciplinary healthcare teams, was introduced to deliver appropriate care to patients in a timely manner. As of March 2020, a total of 36 nurse clinics in eight specialties and sub-specialties were developed, covering Clinical Oncology, Peri-operative care, Rheumatology, Urology, Respiratory Medicine (Chronic Obstructive Pulmonary Disease), Paediatrics (Neonatal Jaundice), Medicine (Human Immunodeficiency Virus) and Child & Adolescent Psychiatry. Furthermore, new models of care were delivered by community

### **策略目標： 改善服務質素**

醫管局致力重整服務模式，冀能配合病人的護理需要，又能提高服務效率。我們推動日間服務，在多間醫院包括明愛醫院、瑪麗醫院、律敦治醫院及將軍澳醫院，增設日間病床；並安排明愛醫院和將軍澳醫院增加手術室節數，提升日間手術服務。這些措施有助減少依賴住院護理，紓緩醫院病床的壓力。

同時，我們加強不同專科服務的整合和協調，藉以提高服務的覆蓋面和便捷度。其中公立醫院康復服務擴展至周末及公眾假期，以加快病人康復進度，多間醫院的下肢骨折及接受關節成形手術的病人，及中風病人均可受惠。我們更開發設有不同訓練單元的病人復康流動應用程式，為中風及下肢骨折病人提供遠程復康醫療照顧，加強病人賦能。

我們積極推陳出新，發展更多病人護理選擇。為加強護士在病人護理中的角色，醫管局設立綜合模式專科門診護士診所，通過跨專業團隊合作，為病人提供適時適切的護理。截至2020年3月，八個專科及附屬專科共設36間護士診所，涵蓋臨床腫瘤科、圍手術護理、風濕科、泌尿外科、呼吸系統科(慢性阻塞性肺病)、兒科(新生嬰兒黃疸護理)、內科(人類免疫缺乏病毒科)和兒童及青少年精神科。此外，我們亦強化社康護士職能，透過社康護理服務中心及虛擬病房



nurses with expanded roles and responsibilities to manage patients suffering from chronic diseases and co-morbidities via Community Nursing Centres and virtual wards. From episodic care to case management, patients were empowered to identify and manage their health problems earlier.

Community-based services enable ongoing care and support for patients. HA enhanced the multidisciplinary support for patients living in Residential Care Homes for the Elderly with the provision of additional psychogeriatric outreach attendances. We continued the Student Mental Health Support Pilot Scheme, in collaboration with the Food and Health Bureau, Education Bureau and Social Welfare Department, with extended coverage to more schools to support students with mental health needs. Support to multidisciplinary child and adolescent psychiatric teams in various clusters was also strengthened.

To improve obstetric care, HA provided maternal special care beds in the labour wards at a number of hospitals, and offered training in high-risk pregnancy care to nursing staff. Meanwhile, in support of HA's policy of promoting breastfeeding for newborn babies in HA hospitals, the breastfeeding support teams in Hong Kong East Cluster, Hong Kong West Cluster, Kowloon Central Cluster and New Territories West Cluster were strengthened.

The scope of the HA Drug Formulary was widened to cover more drugs with accumulated scientific evidence on clinical efficacy. Eight self-financed drugs with safety net coverage were repositioned as special drugs in the HA Drug Formulary, while the therapeutic application of eleven special drugs classes were expanded for management of diabetes mellitus, cancers, multiple sclerosis, osteoporosis, hepatitis, tuberous sclerosis complex, psychiatric, cardiovascular, pulmonary and renal diseases.

等新護理模式，為慢性病及多種疾病患者提供高質素的社康護理服務。由偶發性疾病護理到個案管理，新護理模式均有助提升病人的自我照顧能力，及早識別和處理健康問題。

以社區為本的服務能夠為病人提供持續的護理。醫管局在港島西聯網提供額外的老人精神科外展服務人次，進一步加強對居於安老院舍的長者的跨專業支援。我們繼續與食物及衛生局、教育局及社會福利署合作推行「醫教社同心協作計劃」，更多學校參與為有精神健康需要的學生提供支援服務。同時，我們在多個聯網加強支援兒童及青少年精神科的跨專業醫療團隊。

為改善產科護理，醫管局在多間醫院待產病房提供產婦特別護理病床，並為護理人員提供照顧高危妊娠的訓練。同時，我們在港島東、港島西、九龍中及新界西聯網強化母乳餵哺支援團隊，以配合在公立醫院推廣初生嬰兒母乳餵哺的政策。

醫管局繼續擴大《醫管局藥物名冊》以涵蓋更多具實證療效的藥物。八種獲安全網資助的自費藥物改列為專用藥物，並擴闊 11 種專用藥物的臨床應用範圍，用以治療糖尿病、癌症、多發性硬化症、骨質疏鬆症、肝炎、結節性硬化症、精神病、心血管病、肺病和腎病。

We endeavored to promote more precise diagnosis and effective treatment with technologies benchmarking against international standard. Initiatives included the extended provision of screening test for Inborn Errors of Metabolism for newborns in public hospitals to Kwong Wah Hospital, as well as expanded service capacity in genetic tests including tests for more patients with brain tumor, and provision of additional chromosome microarray tests for prenatal diagnosis. In addition, HA optimised the use of surgical implants and bone substitute / cement augmentation for patients with fragility fracture in Orthopaedics & Traumatology department of all acute hospitals, so as to facilitate recovery and reduce complication.

In order to keep up with the standards of quality medical care, we continued to optimise medical equipment in public hospitals. That included the installation of new Intensive Care Unit electrically-operated beds (e-beds), adult e-beds and child e-cots, in a way to improve service operation and enhance safety and health of ward staff and patients. Moreover, through Government funding support to the Capital Block Vote and Designated Funds of HA, medical equipment items were added or replaced in public hospitals at the total cost of around \$830 million to ensure safety standard and deliver modernised patient care.

In harnessing technological advancement in the delivery of quality healthcare services, HA has made ongoing efforts in developing information technology-based solutions to support clinical works, which included the implementation of the 4<sup>th</sup> generation of Clinical Management System, as well as the extension of the Inpatient Medication Order Entry system to more hospitals. Besides, the "Smart Hospital Project" is progressing in phases, with initiatives including the Queue Management System, One-stop Electronic Service (Electronic Kiosks), Electronic Bed Panel, together with the piloted vital signs tracking and trial of hospital navigation app. "HA Go", a new one-stop mobile app for patients was launched in December 2019, providing functions of specialist outpatient clinics (SOPCs) new appointment booking, appointment enquiry, payment, medication enquiry and rehabilitation in the first phase, to facilitate patients in using hospital services.

為提供更準確的診斷和更有效的治療，醫管局採納緊貼國際標準的技術。措施包括擴展公立醫院初生嬰兒代謝病篩查計劃至廣華醫院；加強基因測試服務量，為更多患腦腫瘤的病人提供測試；並為產前診斷增加染色體微陣列測試。此外，醫管局為所有急症醫院的矯型及創傷科脆弱性骨折病人提供改良的外科植入物及代替物料，以提升病人的復原能力和減少併發症。

我們繼續優化醫療設備，確保醫療護理水平與時並進。其中包括增加深切治療電動病床、成人電動病床及兒童電動病床，進一步改善運作效率及提升病人及病房職員的安全。我們又藉着政府的非經常性整筆撥款及醫管局指定基金撥款，動用約8億3000萬元添置或更換醫療設備，從而確保設備的安全標準，並提供現代化的病人護理。

先進的科技為醫療服務開創嶄新發展空間，因此醫管局繼續開發支援臨床工作的資訊科技方案，包括推行第四代臨床醫療管理系統，以及繼續在更多醫院推行「住院病人藥物處方系統」。「智能醫院」計劃繼續分階段開展，項目包括輪候管理系統、「一站式電子服務」(電子服務站)、電子病床版面，並試行智能生命表徵監察及醫院導航應用程式。以病人為對象的一站式流動應用程式「HA Go」已於2019年12月推出，首階段提供專科門診新症預約、預約查詢、付費、藥物查詢及復康資訊等功能，便利病人使用公立醫院服務。



With increasing leverages on information technology to improve service quality, it is of paramount importance for HA to ensure system integrity and information security. Standardised quality assurance processes and automation tools were adopted to ensure IT systems up-to-date for smooth operations. A cybersecurity strategy was developed to enhance our resilience in response to ever growing cyberattacks. Meanwhile, training programmes were made available to staff to heighten their awareness in patient privacy protection.

HA attaches great importance in patients' experience in using public hospital services. To this end, we developed and rolled out standardised Patient Discharge Information Summary in Medicine and Geriatrics departments in phases to facilitate patients' self-care after discharge. For continuous quality improvement, a Patient Experience Survey was launched at 27 public hospitals with an aim to better understand patients' experiences and feedbacks in receiving inpatient services. To foster close partnership with patients and the community, we implemented training programmes for Patient Resource Centre staff to better engage patient groups, as well as conducted training programmes on specific topics for volunteers to equip them with knowledge and skills for enhanced patient support services.

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

醫管局日益倚重應用資訊科技改善醫療服務的質素，因此確保系統完善及保障資訊至為重要。我們採納標準化質素保證程序及自動化工具，確保系統與時並進和運作暢順；並制訂網絡安全策略偵測及應對日益頻密的網絡攻擊。同時，我們提供員工培訓，以提高他們保障病人私隱的意識。

醫管局十分重視病人使用公立醫院服務的體驗。因此，我們制定標準化的病人出院資訊摘要，並於內科及老人科分階段推行，以促進病人出院後的自我照顧能力。為持續提升服務質素，我們在27間公立醫院進行病人經驗調查，了解住院病人接受治療的經歷，以及對服務的意見。為了與病人和社區建立更緊密的夥伴關係，我們為病人資源中心的員工推行培訓課程，讓他們更有效地推動病人組織的參與；另外亦為義工舉辦專題培訓，教授他們相關知識及技能以改善病人支援服務。

為加強與公眾的互動，醫管局善用網絡及社交媒體包括醫管局 Facebook 專頁及 YouTube 頻道，發放訊息。另外，繼續積極加強與傳媒及社區持份者聯繫和溝通，透過記者會及傳媒活動、發放新聞稿、在不同傳媒平台發布專欄文章、發表網誌、回應傳媒和社區人士查詢、與立法會議員、區議員和社區人士會面及舉辦相關連繫活動，介紹政策和服務的最新發展。



## Strategic goal: Optimise demand management

HA spared no effort to better manage growing service demand by putting in place capacity enhancement measures. In 2019-20, capacity of priority services was augmented, such as provision of around 44 000 additional service quotas of general outpatient clinics (GOPCs), and around 3 600 new case attendances of SOPCs. In order to alleviate the work pressure of Accident and Emergency (A&E) Departments in public hospitals, the A&E Support Session Programme was implemented to handle Triage IV (semi-urgent) and Triage V (non-urgent) cases.

Tremendous efforts were put in to modernise the existing service delivery models. For instance, additional Family Medicine Specialist Clinic (FMSC) attendances were provided in Kowloon East Cluster and New Territories East Cluster under the collaborative model between Family Medicine and Orthopaedics & Traumatology department. The model was further introduced to Surgery department in New Territories West Cluster by providing additional FMSC attendances, so as to utilise FMSC to relieve the workload of other SOPCs. Efforts were also made in building up service capacity for outpatient services in response to demand from the community. In enhancing the multidisciplinary team support for patients with common mental disorder (CMD) in SOPCs, HA provided additional new case attendances for patients with CMD in Hong Kong East Cluster. More case managers were also recruited to reinforce the support for patients with mental illness.

To enhance Diabetes Mellitus (DM) service, Targeted Active Intervention programme was rolled out to young patients with poor DM control in SOPCs at Hong Kong East Cluster, Hong Kong West Cluster and Kowloon Central Cluster, with the provision of risk assessment, treatment intensification and empowerment by a multidisciplinary team. Continuous Glucose Monitoring (CGM) service was also piloted in Kowloon East Cluster and New Territories West Cluster by providing CGM sensors to selected patients to improve DM care with technological advancement.

Measures were carried out to enhance time-critical care for patients with life-threatening conditions, which included extended 24-hour intravenous stroke thrombolysis service to Kowloon West Cluster. With the service in place, patients can receive early treatment and proper diagnosis, thus reducing disability. To reinforce cancer care to meet service demand, service hour of radiotherapy was extended at New Territories West Cluster. For better clinical management of patients diagnosed with HIV, Highly Active Antiretroviral Therapy was offered to eligible patients at Queen Elizabeth Hospital and Princess Margaret Hospital, together with multidisciplinary care for additional HIV new cases.

## 策略目標： 優化需求管理

醫管局竭盡所能擴充服務能力，以更有效管理與日俱增的服務需求。在2019-20年度，我們加強重點範疇的服務能力，包括增加約44 000個普通科門診診症名額，及約3 600個專科門診新症就診人次。為減輕急症室的工作壓力，公立醫院推行急症室支援時段計劃，處理第四(次緊急)及第五(非緊急)類別分流個案。

我們竭力優化現有的服務模式，例如推行骨科與家庭醫學協作，於九龍東和新界東聯網增加家庭醫學專科門診就診人次；並將此協作模式推展至外科，於新界西聯網增加家庭醫學專科門診就診人次，藉此利用家庭醫學專科門診紓緩其他專科門診的壓力。門診服務亦進一步加強，以配合社區的醫療需求。醫管局加強在專科門診對一般精神病患者的跨專業團隊支援，於港島東聯網為一般精神病患者提供額外新症名額，另增聘個案經理，以提升對精神病患者的支援。

為加強糖尿病服務，針對性的積極治療已擴展至港島東、港島西及九龍中聯網的專科門診，並由跨專業團隊為血糖控制差的年輕病人提供風險評估、強化治療及自我管理知識。醫管局亦在九龍東及新界西聯網試行連續式血糖監測服務，為選定病人提供連續式血糖監測儀，運用科技協助糖尿病人加強護理。

我們著力推行服務改善措施，加強對危疾重症病人的及時護理，包括將24小時急性中風靜脈溶栓治療服務擴展至九龍西聯網，病人因此能及早接受適當診斷和治療，減低殘障程度。而為應付日增的癌症服務需求，醫管局於新界西聯網延長放射治療服務時間。為加強對愛滋病病毒感染個案的臨床管理，我們於伊利沙伯醫院及瑪嘉烈醫院為合適的病人提供高效能抗愛滋病毒療法，並為更多愛滋病新症個案提供跨專業護理服務。



Underpinning the enhancement of priority clinical services, the capacity and accessibility of various supporting services was elevated. Oncology clinical pharmacy services were strengthened by providing 100% clinical screening of chemotherapy prescriptions in Hong Kong East Cluster and Kowloon West Cluster, thereby promoting the quality and safety of medication use for oncology patients. Furthermore, pharmacist clinics on anti-coagulant therapy management were also implemented in Kwong Wah Hospital, United Christian Hospital, Prince of Wales Hospital and Tuen Mun Hospital. On diagnostic imaging services, breast imaging service was strengthened with about 3 500 additional attendances for mammogram. Laboratory capacity was also built up with about 73 000 additional various hepatitis B virus (HBV) related tests.

Various Public-Private Partnership (PPP) Programmes were expanded to better cope with rising service pressure, including the General Outpatient Clinic PPP Programme, the Radi Collaboration Project, as well as the Colon Assessment PPP. The Glaucoma PPP Programme had been launched since June 2019 and over 700 patients with glaucoma received ophthalmology services from the private sector.

### **Strategic goal: Attract and retain staff**

In order to attract and retain well-qualified staff, a series of measures were implemented to enhance the working environment and motivate staff morale. More than 580 doctors, 2 530 nurses and 700 allied health professionals were recruited in the year. To improve the manpower shortage, we have also recruited more non-locally trained doctors to supplement HA's medical workforce. As at March 2020, there were 24 non-local doctors working under the Limited Registration in HA.

醫管局亦加強各項支援服務的能力，包括加強腫瘤科臨床藥劑服務，在港島東及九龍西聯網對所有化療藥物處方進行全面臨床覆核，以提升癌症病人的用藥質素和安全。另外，在廣華醫院、基督教聯合醫院、威爾斯親王醫院及屯門醫院為服用抗凝血劑的病人提供藥劑師門診服務。在放射診斷服務方面，我們額外提供逾3 500個乳腺X光造影服務人次；同時提升實驗室服務量，額外進行約73 000個與乙型肝炎病毒相關的測試。

多個公私營協作計劃持續擴展，以應付上升的服務壓力，當中包括普通科門診公私營協作計劃、公私營協作放射診斷造影計劃，以及腸道檢查公私營協作計劃。「青光眼治療協作計劃」自2019年6月推行以來，逾700名白內障病人接受私營眼科專科服務。

### **策略目標： 吸引及挽留人才**

為吸引和挽留優秀人才，醫管局推行了一系列措施優化工作環境，提升員工士氣。在2019-20年度，我們聘請逾580名醫生、2 530名護士及700名專職醫療人員。我們亦透過增聘非本地培訓醫生，增加醫療人手。在2020年3月，共24名非本地醫生以有限度註冊形式在醫管局服務。

We strived to relieve manpower pressure by building up workforce through more flexible employment arrangement. The locum recruitment was extended to allied health professionals, covering Diagnostic Radiographer, Physiotherapist, Optometrist, Medical Laboratory Technologist, Occupational Therapist, Radiation Therapist and Speech Therapist at the first stage. Also, suitable retired healthcare workers and supporting/other grades staff were re-employed to serve at public hospitals through the Special Retired and Rehire Scheme.

Furthermore, additional promotion opportunities were provided to meritorious doctors through the centrally coordinated additional Associate Consultant promotion mechanism for enhanced career progression. Meanwhile, to retain staff to support clinical services, the annual progression exercise for Patient Care Assistant IIIA of inpatient services on 24-hour shift, Operation Assistant IIIB in inpatient services, and Executive Assistant IIIA (Ward) was carried out.

We are keen to promote the mental and emotional health of staff. A wide range of services have been introduced to enhance staff's psychological quality. Throughout the year, HA augmented the provision of psychological services to enhance staff psychological resilience, by offering over 900 additional service attendances. In light of the Coronavirus Disease 2019 (COVID-19) outbreak, Oasis – Center for Personal Growth and Crisis Intervention, cluster Critical Incident Psychological Services Centers and Critical Incident Support Teams have launched multiple psychological support services to provide staff in need with assistance and recommendations.

我們竭力透過具彈性的聘任安排，紓緩醫護人手短缺的情況。醫管局「自選兼職招聘計劃」推展至專職醫療服務，首階段的兼職專職醫療人員招聘涵蓋放射師、物理治療師、視光師、醫務化驗師、職業治療師、放射治療師及言語治療師。我們又透過特別退休後重聘計劃，重聘合適的退休醫護及支援/其他職系人員重返公立醫院服務。

同時，醫管局透過由中央統籌的副顧問醫生特別晉升機制，提供額外晉升職位，以推動前線醫生的職業發展。另外，我們亦為提供24小時住院病人服務的三A級病人服務助理、支援住院病房服務運作的三B級運作助理，及三A級行政助理(病房)推行晉升計劃，藉以挽留人手支援臨床服務。

醫管局重視推廣員工的心理及情緒健康，一直透過不同服務計劃提升他們的心理質素。我們在年內加強職員心理服務，額外提供逾900個服務人次，以提升他們的心理抗逆力。因應2019冠狀病毒病疫情，醫管局「心靈綠洲——個人成長及危機處理中心」與聯網「職員緊急事故心理服務中心」及「員工緊急事故支援組」推出了多項心理支援服務，為有需要的員工提供協助。



## Strategic goal: Enhance staff training and development

Training for healthcare professionals is instrumental in uplifting the standard of medical services. A rich array of training strategies and initiatives were implemented, which covered territory-wide simulation training programmes, including Crew Resource Management training, for doctors and nurses in major specialties, as well as specialty training and competence enhancement programmes organised for nurses and allied health professionals (including pharmacy staff) to facilitate service advancement and enhance staff's professional development. Furthermore, Simulation Training Programmes were conducted for newly qualified Registered Nurses undergoing Preceptorship Programme, of which Advanced Practice Nurses were recruited as part-time preceptors. We also provided overseas training scholarships for doctors, nurses, and allied health staff, as well as training subsidies for nurses and allied health professionals to participate in recognised service-related programmes. Additionally, 150 Enrolled Nurses were fully sponsored to undertake the clinical practicum of the conversion programme to attain qualification of Registered Nurses.

In view of the lack of local training for Podiatrists and Orthoptists, overseas training scholarship was offered to seven selected Podiatry students and eight selected Orthoptics students to undertake the three-year degree course in related disciplines in the United Kingdom. Besides, midwifery training programmes were provided to cope with the surge in demand for maternity services in public hospitals. In addition, multidisciplinary programme for mental health was offered to develop the competency of case managers with different professional backgrounds, enabling them to better support clients with severe mental illness in the community. With the implementation of the Staff Development Rotation Programme, Patient Relations Officers and Complaint Managers were able to rotate between Head Office and Clusters, providing them with more exposure and improved complaint management skills.

With the recurrent \$183.5 million Government designated training fund in place, a wide range of training programmes were rolled out in 2019-20 for both clinical and non-clinical staff to address service development, professional development and operational needs. In support of the grade-specific training curriculums, we continued to offer the generic competencies training series to different levels of professional staff. Moreover, vocational and generic competencies training programmes were offered to supporting staff.

Last but not least, the Corporate Scholarship for Non-clinical Training supported various programmes for professional staff to attend overseas training, attachment or study visit to keep abreast of latest knowledge and market practice for professional growth. In line with the corporate direction of digital workplace, the Training Management Information System was further enhanced to generate useful data to facilitate the planning and management of staff training programmes.

## 策略目標： 加強員工培訓與發展

加強醫護人員的培訓對提升醫療服務水平至為重要。醫管局實行多項培訓策略和措施，包括為各主要專科的醫生和護士提供模擬訓練，內容涵蓋醫療團隊管理培訓；又為護士及專職醫療人員（包括藥劑人員）舉辦多種專科培訓課程及才能提升課程，以促進服務及員工的專業發展。我們亦聘請了資深護師擔任兼職啟導師，為逾千名參加啟導計劃的新畢業註冊護士提供模擬訓練課程。此外，我們為醫生、護士、專職醫療人員提供海外培訓獎學金，又向護士及專職醫療人員提供進修津貼修讀與服務相關認可課程，並全數資助150名登記護士修讀註冊護士轉職課程的臨床實習培訓。

另一方面，由於本地未有提供足病診療及視覺矯正課程，我們為七名足病診療學員及八名視覺矯正學員提供海外進修獎學金，讓他們前往英國修讀相關學科的三年學位課程。我們亦繼續舉辦助產士培訓課程，以滿足公立醫院產科服務需求的增長。此外，局方舉辦了精神健康跨專業培訓課程，為不同專業背景的個案經理提供才能培訓，以支援社區的嚴重精神病患者。我們另透過崗位輪換計劃，調派病人聯絡主任或投訴經理到醫管局總辦事處或聯網工作，以擴闊他們的視野及提升投訴管理能力。

藉着政府提供的1.835億元恆常指定培訓基金，醫管局在2019-20年度為臨床及非臨床人員推出各類課程，以配合服務發展、專業培訓及運作需要。我們繼續舉辦以職系為本的培訓課程，為不同職級的專業人員推行通用能力培訓系列，亦為支援人員提供職業及通用才能培訓課程。

我們為專業人員提供多個非臨床培訓獎學金課程，通過海外培訓、實習或考察，掌握最新知識及市場情況，促進個人專業發展。為配合機構發展數碼化工作間，我們進一步提升培訓資訊管理系統的功能，以提供有用的數據，便利員工培訓的規劃和管理。

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

As with many other services in Hong Kong, HA has experienced an exceptional year in 2019-20. Besides the challenges of persistent healthcare manpower shortage and increasing service demand due to growing and ageing population, HA has been facing a sudden and rapid emergence of the COVID-19 pandemic since early 2020.

In 2019-20, the HKSAR Government continued its strong commitment to public healthcare through providing subvention to HA on a triennium basis, having regard to population growth and demographic changes. Similar to previous years, HA, through annual planning exercise, adopted prudent financial measures to ensure the proper and efficient use of resources. Priority was given to initiatives which aimed to improve clinical effectiveness and aligned with the strategic directions outlined in HA Strategic Plan, and those which helped address pressure areas, while taking into account prevailing constraints in manpower and hospital facility situations for capacity growth.

During the financial year ended 31 March 2020, HA's total income was \$80.7 billion (an increase of 13.5% from \$71.1 billion in 2018-19) against total expenditure of \$76.9 billion (an increase of 10.3% from \$69.7 billion in 2018-19). An underspending of \$3.8 billion was recorded for the year, which was mainly due to ongoing recruitment difficulties faced by HA as a result of persistent manpower shortage, coupled with the lowered public hospital activities for non-emergency and non-essential services and reduced scale of winter surge during COVID-19 pandemic. These unused resources were transferred to the Revenue Reserve, increasing it to \$6.7 billion as at 31 March 2020, which could support HA for around one month of its normal cashflow requirement. Such reserve is vital in maintaining HA's liquidity in case of emergencies amidst the uncertainties brought by the ongoing COVID-19 pandemic and the impending economic downturn. It also serves to safeguard HA's financial sustainability as its workforce and infrastructure capacities continue to grow with the gradual stabilisation of manpower supply and progressive commissioning of new and redeveloped hospitals in the years to come. On the other hand, with the development of the COVID-19 pandemic in Hong Kong, the HKSAR Government allocated \$4.7 billion to HA from the Anti-epidemic Fund in February 2020 to provide additional resources for HA in tackling the disease, in particular for ensuring sufficient support and protection for frontline healthcare staff.

Having regard to the importance of maintaining HA's financial stability, the HKSAR Government, as mentioned in its 2019-20 Budget, would earmark \$10 billion to set up a public healthcare stabilisation fund so as to prepare HA in meeting any additional funding requirement in case of unexpected circumstances. Thanks to the continual staunch financial support of the HKSAR Government, HA will stay vigilant in optimising its available resources to weather through the anticipated challenges ahead.

## 策略目標： 推動負責任和有效地使用財政資源

與香港許多其他服務一樣，醫管局在2019-20年經歷了不平凡的一年。除應對醫護人手持續不足，及因人口增長和老化而日益殷切的服務需求外，醫管局自2020年初起更要面對2019冠狀病毒病疫情的爆發。

在2019-20年度，香港特別行政區政府繼續承諾大力支持香港的公營醫療服務，按人口增長比例和人口結構變動，以三年為一周期向醫管局撥款。一如以往，醫管局審慎理財，透過周年工作規劃確保資源用得其所及符合成本效益。當中除了優先考慮旨在提高臨床功效、配合醫管局策略計劃方針，及有助紓緩壓力範疇的措施，亦同時考慮包括人手和醫院設施狀況等限制服務量增長的因素。

醫管局在2019-20財政年度的總收入為807億，較去年度（711億元）上升13.5%，而總營運開支則達769億，較去年度（697億元）上升10.3%。醫管局在本年度錄得的38億餘款，除了由於人手供應持續不足而未能填補職位空缺，令員工薪酬開支較預算為低外，最主要因素為大部分非緊急及非必要服務因2019冠狀病毒病疫情爆發而大幅縮減，而此疫情亦導致2019年的冬季流感高峰期較往年為短，令年內的整體營運開支減少。此年度錄得之餘款已撥入醫管局的收入儲備。截至2020年3月31日，醫管局的儲備總額增至67億，大約為醫管局一個月的流動現金需求。累積的儲備能確保醫管局有能力應付來年持續不明朗之疫情發展，以及經濟下行所帶來的挑戰。展望將來，當醫護人手供應逐步改善，以及多項醫院增建與重建項目陸續落成和啟用，醫管局未來的財務需要將與日俱增，這些儲備就可確保醫管局財政的可持續性。除此之外，因應本地疫情發展，政府於2020年2月從抗疫基金中撥款47億元予醫管局，以提供額外資源予醫管局應付是次疫情，特別是確保前線醫護人員得到足夠的支援和保障。

為確保醫管局有充足的財政儲備，政府更在2019-20年度財政預算案宣布預留100億元作公營醫療撥款穩定基金，以便醫管局應付不時之需。感謝特區政府大力的財政支持，醫管局會慎用現有資源，渡過今後的重重挑戰。



## Contributing to a green environment

HA is in full support of environmental protection and has made sustained efforts in implementing various environmental friendly measures and practices to create a greener and healthier environment for everyone.

In 2019-20, HA continued to replace air-conditioning chillers and install intelligent LED luminaires in various hospitals. Apart from that, a pilot project on Retro-commissioning (RCx) was launched in Caritas Medical Centre and North Lantau Hospital. With RCx, it enables a cost-effective and systematic process for checking the energy performance of a building which helps identify operational improvements that can save energy and money on bills.

In addition, HA is developing an Energy Management Database System to enhance the monitoring and to enable more in-depth analysis of energy consumption in various hospitals, thereby further improving energy efficiency in a targeted and structured manner. In order to improve roadside air quality and protect public health, priority is given to vehicles that can achieve higher environmental friendly emission standards, including diesel vehicles with Euro V or above emission standards and liquefied petroleum gas vehicles in HA's vehicle procurements.

Participation of hospitals in various waste reduction and recycling programmes were continued in support of environmental protection. HA also strived to minimise food waste disposal by promoting waste reduction at source, and delivering food waste to the Organic Resources Recovery Centre Phase 1 (O • PARK1) for turning it into energy.

## 締造綠色環境

醫管局一向支持環保，多年來實施了不少措施以締造更綠色健康的環境。

在2019-20年度，醫管局除了繼續為各醫院更換空調製冷機組及安裝智能 LED 燈具外，更於明愛醫院及北大嶼山醫院開展了「重新校驗」的先導計劃，透過有系統且具成本效益的檢測，分析建築物的能源使用狀況，找出運作上可改進之處，進一步減少能源消耗及相關開支。

此外，我們正在發展一套能源管理數據系統，加強監察及分析醫院的能源使用量，從而更有系統地採取針對性的節能措施。為改善路邊空氣質素及保障公眾健康，我們在購買車輛時，會優先考慮排放標準較環保的車輛，包括符合歐盟五期或以上排放標準的柴油車輛及環保石油氣車。

各醫院繼續支持環保，積極參與不同的減廢及回收活動。醫管局亦透過推行源頭減廢減少廚餘，並把收集到的廚餘運往有機資源回收中心第一期(O • PARK1)協助轉廢為能。

# HONG KONG EAST CLUSTER (HKEC)

## 港島東醫院聯網(港島東聯網)

The average aging population of the Eastern District is higher than the rest of Hong Kong all along. Against this backdrop, HKEC has strived to expand capacity to meet the mounting service demand. To this end, PYNEH and RH provided around 70 additional acute beds in 2019-20. Besides, an additional gamma-camera system was installed to increase the capacity of radiological examination.

When the COVID-19 pandemic struck Hong Kong, HKEC hospitals were the first to receive an influx of clusters of confirmed cases. With the hard work, dedication and cohesiveness of all staff members in the cluster, HKEC was able to stand the storm. The swift response at HKEC for expanding isolation facilities, ensuring stable supply of personal protective equipment, implementing various human resources and supporting service measures, and timely communication and engagement with staff and stakeholders had earned trust and applause from the community.



Several hospitals of HKEC reached significant milestones in their histories in 2019-20. RH and TSKH celebrated their 70<sup>th</sup> and 50<sup>th</sup> anniversaries respectively, while SJH and TWEH also celebrated their 85<sup>th</sup> and 90<sup>th</sup> anniversaries. A series of engagement activities were organised to foster collaboration with staff and community partners. Staff of HKEC were recognised for their excellent performance in the past year, including the 2019 HA Outstanding Staff Award and Young Achiever Award, while HKEC Environmental Management Team received the Outstanding Team Award. Meanwhile, the Accident and Emergency Training Centre at RTSKH received global recognition for its exemplary training for the fourth consecutive year.

The formulation of HKEC Clinical Services Plan is underway to develop overarching strategies in service provision, so as to address long-term medical needs of the community. A seminar was held in November 2019 where proposals on clinical services and hospital role delineation were discussed, in a way to map out the blueprint for future development of HKEC.

港島東的長者比例一直高於全港的平均數，為了應付因此而來的龐大服務需求，聯網持續提高服務量。在2019-20年度，東區醫院與律敦治醫院增設約70張急症病床。另外，聯網再增設一套伽瑪攝像系統，以增加影像素描檢查服務的名額。

2019冠狀病毒病疫情爆發，港島東聯網首當其衝，接連處理多個感染群組個案。聯網得以快速應對，全賴員工上下團結協作，竭盡所能、盡忠職守。聯網迅速推行各項應變計劃應對疫情，包括增設隔離設施、確保足夠個人防護裝備供應、提供人事及支援服務，以及適時與職員和相關持份者溝通，均獲社會各界予以肯定和讚賞。

聯網各醫院在年內迎來重要的時刻。律敦治醫院、鄧肇堅醫院、長洲醫院及東華東院分別踏入其70、50、85和90周年誌慶，透過一系列活動，促進與員工的關係，並推動與社區夥伴的合作。此外，聯網員工熱誠和卓越的工作表現再獲肯定，分別榮獲2019年度醫管局傑出員工及優秀青年獎，而港島東醫院聯網環境管理團隊亦獲得傑出團隊獎。律敦治及鄧肇堅醫院的急症科訓練中心則連續四年憑著卓越的培訓服務，獲得全球性獎項。

聯網繼續制訂「臨床服務計劃」，竭力重整服務模式、提升服務質素，以滿足未來的服務需求。工作小組於2019年11月舉辦研討會，討論及建議聯網醫院的定位及臨床服務，以勾畫聯網日後的發展藍圖。



**CCH** – Cheshire Home, Chung Hom Kok 春磡角慈氏護養院

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

**RTSKH** – Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院

**SJH** – St. John Hospital 長洲醫院

**TWEH** – Tung Wah Eastern Hospital 東華東院

**WCHH** – Wong Chuk Hang Hospital 黃竹坑醫院

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

HKWC has put in tremendous efforts in enhancing its service capacity on all fronts in order to tackle various challenges. In 2019-20, HKWC opened additional acute beds and day beds at QMH for haemopoietic stem cells transplant services, and set up a team in Hong Kong Island to provide 24-hour Primary Percutaneous Coronary Intervention for patients with ST-Elevation Myocardial Infarction. For obstetrics services, one maternal special care bed was designated in the labour ward of QMH, and additional chromosome microarray tests were provided for prenatal diagnosis. The capacity of orthopaedic services was expanded with comprehensive care programme, as well as provision of additional specialist outpatient clinic new case attendances in MMRC. Besides, coverage of psychogeriatric outreach services was extended to Residential Care Homes for the Elderly with more service attendances. Nusinersen treatment and multidisciplinary care programme were offered to patients with Spinal Muscular Atrophy.

The ongoing redevelopment project of QMH aims at advancing the hospital facilities. The area nearby QMH was a target of air raids during World War II. In this connection, QMH, together with the HA Head Office, Architectural Services Department, the contractor and the Explosive Ordinance Disposal Bureau of Hong Kong Police Force, conducted a joint risk inspection and assessment of the concerned construction site prior to the formation work of the New Block construction project. Contingency plans were developed in collaboration with relevant departments of HKWC, and public announcement was made via a press conference held in August 2019. We were thankful that nothing abnormal was discovered at the site, and that the exercise had successfully boosted up the morale and team spirit in the Cluster.

The good team spirit in HKWC was also exemplified during the works in fighting against the COVID-19 pandemic. Thanks to the super-commitment of a cross-disciplinary team of colleagues from all hospitals in HKWC, as well as the efficient laboratory support, we have successfully managed a high volume of confirmed cases in QMH. Colleagues including but not limited to Chief of Service, Consultants and nurses volunteered to serve in high risk areas and helped hand in hand with our medical colleagues in treating COVID-19 patients.

港島西醫院聯網一直竭力作好準備，從多方面加強服務，以迎接不同的挑戰。在2019-20年度，瑪麗醫院增設急症住院病床及日間病床，以加強造血幹細胞移植服務。聯網成立港島區團隊，為患有心肌梗塞的病人提供24小時緊急冠狀動脈介入治療服務。在產科服務方面，瑪麗醫院在產房設定一張產婦特別護理病床，以及提供額外的染色體微陣列測試作產前診斷之用。麥理浩復康院推行全面的護理服務計劃，並增加專科門診新症就診人次，以提高骨科的服務量。同時，聯網擴展老人精神科外展服務範圍，為居於老人院舍的病人提供額外服務人次；並為患有脊髓肌肉萎縮症的病人提供全面治療計劃及跨專業護理服務。

瑪麗醫院重建工程繼續進行，以改善硬件設施。由於瑪麗醫院附近為二戰時期的空襲區，院方在相關地段進行土地平整工程以興建新大樓前，聯同醫管局總辦事處、建築署、承建商及香港警務處爆炸品處理課進行實地視察及評估。院方亦聯同相關部門檢視及制定突發事故應變計劃，於2019年8月的新聞發布會公布。慶幸最終在工地沒有發現異物，是次演練更凝聚了聯網同事的士氣。



聯網的團隊精神在對抗2019冠狀病毒病疫情期間進一步發揮。來自聯網各醫院的同事，包括部門主管、顧問醫生、護士等，組成跨專科團隊，與內科部門的同事同心協力，自薦到高風險區服務；加上優秀的實驗室化驗支援，大大提升瑪麗醫院的服務能力，接收及治療相當數量的確診病人。

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

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

NTWC has been facing soaring service demand for a wide range of medical specialties, acute services and rehabilitation services due to the rapid population growth in the catchment area of the cluster. NTWC has therefore continued its endeavors to elevate service capacity and allocate more resources in staff training, so as to cope with the enormous challenges ahead with enhanced service quality.

To better manage the increasing demand for acute and inpatient services in the districts, NTWC added 70 beds in TSWH in the year, which covered 50 acute and 20 extended care beds. Rehabilitation service was strengthened with extended service coverage to weekends and public holidays for stroke patients at TMH with the provision of additional physiotherapy and occupational therapy attendances.

The capacity of radiotherapy service has also been expanded. Apart from additional mammogram and radiotherapy attendances provided for cancer patients, preparation works for the installation of Positron Emission Tomography-Computed Tomography scanner has been carried out in TMH. In providing more clinical space to cope with service demand, the main works of TMH Operating Theatre Block are underway and the project is expected to be completed by 2021.

The COVID-19 pandemic has posed significant pressure to healthcare services. NTWC colleagues weathered the storm by standing together during the tough times. In response to the disease, manpower, software and hardware deployment in NTWC were made in a timely manner. While TMH mainly provided treatment for COVID-19 confirmed patients, POH, on top of sharing this important task, has also provided full support to testing, bed arrangement and manpower in collaboration with TSWH. In addition to the 24-hour laboratory test, patient treatment and follow-up was arranged as early as possible. Besides, we are committed to maintaining close communication with patients and stakeholders, so as to enhance mutual trust and fight the pandemic together.

新界西地區的人口急速增長，對各專科服務的需求，以至急症和康復服務亦持續增加。新界西聯網積極提升服務量，更不斷投放資源為同事進行培訓，以提高醫療服務質素應付未來的挑戰。

為更有效管理新界西居民對急症及住院服務的需求，聯網持續增加病床，其中天水圍醫院在年內開設約70張病床，包括50張急症病床及20張延續護理病床。在康復服務方面，屯門醫院為中風病人擴展服務至周末及公眾假期，增加物理治療及職業治療服務人次。

聯網亦提升放射檢查服務的承載力，屯門醫院除了額外提供乳腺X光造影服務人次，及為癌症病人加強放射治療服務外，也為安裝一部正電子電腦斷層掃描器進行前期預備工程。為進一步擴展臨床空間提升服務能力，屯門醫院手術室大樓擴建計劃正進行主要建造工程，項目預計於2021年落成。

2019冠狀病毒病疫情對醫療服務造成極大壓力。在「疫境」下，新界西聯網同事上下一心，通力合作，渡過了一個又一個難關。為了應付新冠疫情，聯網迅速調配所需的人手及軟硬件配套，屯門醫院主力治療確診病人，而博愛醫院除了分擔部分治療重任外，亦聯同天水圍醫院在檢測、病床調配及人手方面全力支援，加上化驗室24小時無間斷地進行化驗，迅速安排病人接受所需治療及跟進。我們也致力與病人及社會人士保持密切溝通，增加互信，同心抗疫。



Table with 5 columns: Hospitals 醫院, HKEC 港島東聯網, HKWC 港島西聯網, NTWC 新界西聯網, NTEC 新界東聯網. Rows include general outpatient clinics, throughput services, hospital beds, patient discharges, A&E attendances, specialist outpatient attendances, general outpatient attendances, and full-time equivalent staff.

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

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

Being the largest cluster in terms of geographical coverage, NTEC has been facing daunting challenge of escalating service demand arising from population growth and ageing population.

In 2019-20, NTEC proactively expanded its service capacity by opening new hospital beds, adding operating theatre and endoscopy sessions, as well as augmenting outpatient attendances and other ancillary services. NTEC has all along taken initiatives to develop service models with greater efficiency and introduced collaboration programmes to address the long waiting time issue. A collaborative Orthopaedics & Traumatology and Family Medicine service model was extended to NDH and a specialist-led team in the Accident & Emergency Department of PWH was formed to alleviate the long waiting time for Triage Category III (urgent cases) patients.

During the year, our staff made strenuous efforts to uplift the quality of patient care. Implementation of the nurse-led “Restraint Free Troops Programme” successfully reduced the use of physical restraint and the patient fall rate of the cluster. The “Bowel Preparation Quality Improvement Programme” in NDH facilitated better preparation by patients and improved the outcome of colonoscopy, receiving positive feedbacks from patients. Both programmes were granted the Excellence Award by the 18<sup>th</sup> Hospital Management Asia Conference in the Nursing Excellence Category and Clinical Service Project Category respectively.

The outbreak of COVID-19 in Hong Kong in early 2020 brought tremendous challenges to the cluster. In NTEC, we gave the highest priority to protect staff members by ensuring the judicious use of appropriate personal protective equipment under different settings, and communicating with them through regular staff forums, e-mail / e-poster updates and site visits. Thanks to the dedication and professionalism of our staff at all levels, we were able to cope with the highly demanding and volatile situation throughout the COVID-19 outbreak and continued to provide all emergency and a majority of elective services to patients.

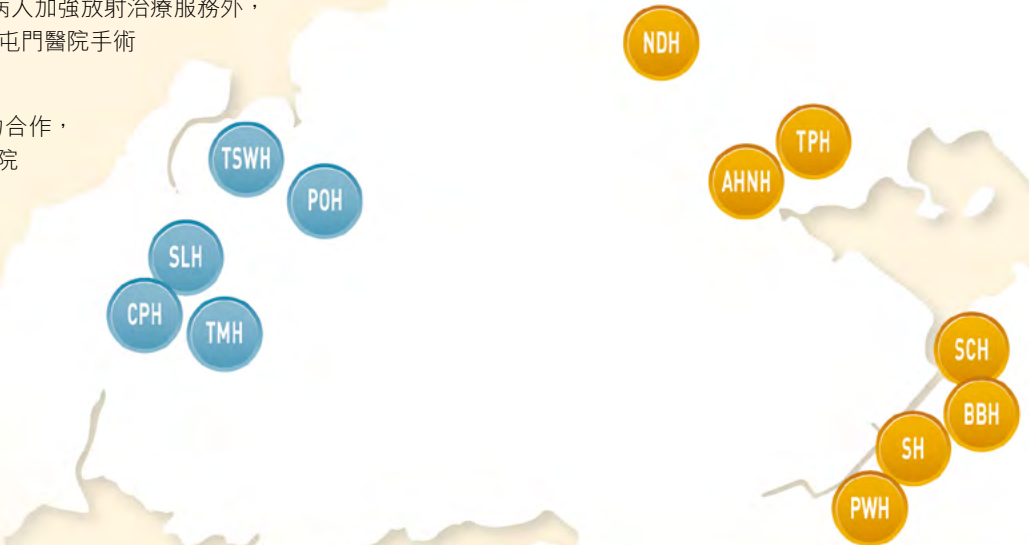


新界東聯網是地理上覆蓋面積最廣的聯網。區內人口快速增長及老化，對醫療服務需求與日俱增，令聯網面對極大挑戰。

在2019-20年度，聯網積極提升服務量，包括增設病床、加開手術及內窺鏡節數，以及增加門診及其他支援服務。為提升服務質素，聯網一直積極發展更有效率的服務模式，以及推行各項協作計劃以改善病人輪候時間過長的問題，例如擴展骨科及家庭醫學協作服務模式至北區醫院；於威爾斯親王醫院成立急症專科團隊以改善第三類分流（緊急）病人輪候時間過長的問題。

聯網致力提升病人護理質素。由聯網中央護理部同事推行的「減綁奇兵計劃」，不但減少約束衣的使用，聯網醫院的病人跌倒比率亦大大下降。此外，北區醫院推行的「大腸鏡檢查腸道準備改善計劃」，成功幫助病人在接受大腸鏡檢查前做好準備，並獲病人正面評價。兩項計劃於第18屆亞洲醫院管理大會上，分別獲頒卓越護理項目組別及臨床醫療服務項目的卓越大獎。

於2020年初爆發的2019冠狀病毒病疫情，為聯網帶來巨大的挑戰。面對疫情，聯網非常重視保護員工免受感染，我們盡力確保同事因應場合審慎地使用適當的保護裝備，又透過定期的員工論壇、電郵／電子海報，以及實地探訪，加強與員工溝通，齊心抗疫。感謝全體同事堅守崗位，展現無私的奉獻及專業精神，讓我們能夠克服重重困難，有效地應對疫情並繼續為病人提供緊急及非緊急服務。



- AHNH – Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院
- BBH – Bradbury Hospice 白普理寧養中心
- SCH – Cheshire Home, Shatin 沙田慈氏護養院
- NDH – North District Hospital 北區醫院
- PWH – Prince of Wales Hospital 威爾斯親王醫院
- SH – Shatin Hospital 沙田醫院
- TPH – Tai Po Hospital 大埔醫院
- CPH – Castle Peak Hospital 青山醫院
- POH – Pok Oi Hospital 博愛醫院
- SLH – Siu Lam Hospital 小樓醫院
- TSWH – Tin Shui Wai Hospital 天水圍醫院
- TMH – Tuen Mun Hospital 屯門醫院

# KOWLOON WEST CLUSTER (KWC)

## 九龍西醫院聯網(九龍西聯網)

KWC has been serving the largest population among all clusters of HA. To meet the ever-growing healthcare demand, new beds were added to hospitals in the cluster to optimise its service capacity.

The capacity of clinical services in KWC was strengthened with the launch of a cluster-based 24-hour network on intravenous thrombolytic service for acute stroke. Neurologists from PMH, CMC and YCH were pooled to form a cluster neurology call roster during non-office hours, supported by specialised nursing team at the site of the acute hospitals with common treatment protocol. Additional operating theatre sessions were opened for emergency, elective and ambulatory surgeries, and extra endoscopy sessions were added in PMH, CMC and NLTH.



Public access to outpatient services of KWC was further improved with extra general outpatient clinic quotas provided. Specialist outpatient services in NLTH were strengthened with the opening of gynaecology outpatient service and enhanced paediatric outpatient clinic service. Day services were expanded with additional day chemotherapy attendances in CMC. The clinical psychology service was commenced in YCH. Besides, additional case managers to support mental health services in KCH were recruited.

Rehabilitation service was extended to cover weekends and public holidays for patients with lower limb fracture or arthroplasty at PMH with the provision of additional physiotherapy and occupational therapy attendances. CMC also enhanced its orthopaedic rehabilitation service by increasing allied health outpatient attendances.

The HA Infectious Disease Centre (HAIDC) at PMH received the first case of COVID-19 on 22 January 2020. Armed with experience accumulated from handling SARS and other infectious disease, years of planning and state of the art facilities, HAIDC team played a pivotal role in the combat of COVID-19. In accordance with the response plan of the Central Committee for Infectious Diseases and Emergency Response, HAIDC admitted the first batch of COVID-19 patients. The clinical experience gained was shared among infectious disease experts in the territory, which has played a significant role in the formulation of treatment protocols. To handle the influx of travelers suspected to be infected with COVID-19 in the second wave of the pandemic, NLTH set up a temporary test center to provide virus tests for symptomatic travelers.

九龍西聯網的服務人口是醫管局各聯網之冠。面對日增的服務壓力，聯網內多間醫院增設病床，提升服務量。

年內開展了以聯網為基礎的24小時急性中風溶栓治療服務，集合瑪嘉烈醫院、明愛醫院及仁濟醫院的神經外科醫生組成非辦公時間的統一候召團隊，由每間急症醫院的專科護士團隊提供支援，並採納通用的治療規程。聯網亦已於瑪嘉烈醫院、仁濟醫院及北大嶼山醫院增加每周的緊急、非緊急及日間手術的手術室節數，以及增加內窺鏡節數。

為方便市民求診，聯網增加普通科門診診症名額，以及在北大嶼山醫院加強兒童專科門診服務，並開展婦科專科門診。日間服務方面，明愛醫院增加日間化療中心的名額，而聯網臨床心理健康科已於仁濟醫院正式開展；葵涌醫院亦增聘個案經理，加強精神健康服務。

聯網同時加強其復康服務，瑪嘉烈醫院增加物理治療及職業治療的服務人次，為下肢骨折及關節置換病人擴展康復服務至周末及公眾假期；又加強明愛醫院的骨科康復服務，增加專職醫療門診服務人次。

位於瑪嘉烈醫院的醫管局傳染病中心於2020年1月22日接收本港首位確診2019冠狀病毒病人。憑藉處理沙士及其他傳染病的經驗，配合多年的籌備及完善的設施，傳染病中心團隊在應對疫情中發揮關鍵作用。配合醫管局傳染病及緊急應變中央委員會的應變方案，傳染病中心肩負重任接收全港首批確診病人，並與本港的傳染病專家分享所累積的臨床經驗，對制定治療方案起重要作用。而為處理第二波疫情中大量懷疑受感染的入境人士，北大嶼山醫院曾設立臨時檢測中心，為有徵狀入境人士安排檢測。

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

HKBH – Hong Kong Buddhist Hospital 香港佛教醫院  
HKCH – Hong Kong Children's Hospital 香港兒童醫院  
HKEH – Hong Kong Eye Hospital 香港眼科醫院  
BTS – Hong Kong Red Cross Blood Transfusion Service 香港紅十字會輸血服務中心

# KOWLOON CENTRAL CLUSTER (KCC)

## 九龍中醫院聯網(九龍中聯網)

Facing the increasing service demand arising from growing and ageing population, KCC put forward a wide range of initiatives to augment its service capacity. To relieve access block during the refurbishment period of KWH, a Fast Track Clinic in the ambulatory centre was established to provide rapid assessment and treatment to reduce admission.

New beds were added in QEH and HKBH, on top of increased operating theatre sessions in HKBH and KWH to address demand for inpatient services and operations. HKCH has commenced inpatient services for paediatric nephrology, surgery and neonatal intensive care unit, as well as the formation of critical care transport team. Haematology services in the cluster were strengthened by providing clinical pharmacy service at QEH, and on-site consultation services at KWH. KWH at the same time implemented pharmacist clinic on anticoagulant therapy management.

In addition, general outpatient clinic services quotas were increased and additional hospital haemodialysis places were provided. Various diagnostic services were strengthened to meet service needs, which included the commencement of operation of the third MRI scanner in QEH. In KWH, additional attendances for CT scans were provided, and screening tests for the diagnosis of Inborn Error of Metabolism among newborns were introduced.

During the outbreak of COVID-19, QEH and KWH which are equipped with isolation wards shouldered the life-saving mission in receiving considerable number of confirmed and suspected cases. Especially during the third wave of outbreak, colleagues of KCC faced daunting challenges. To expedite turnover of isolation beds in acute hospitals, WTSH and KH provided recovered patients with rehabilitation services. Thanks to the concerted efforts and contribution of frontline colleagues, patients were treated with timely and appropriate care.

Capital projects in KCC are progressing. The foundation works of the new acute hospital in Kai Tak Development Area have commenced. OLMH is under decanting stage, and service commissioning for KWH phase one is actively underway. Looking ahead, KCC will continue to dovetail with the 10-year Hospital Development Plan to optimise its service capacity, as well as the hospital facilities to cater for the needs of the community in the long run.



面對人口增長及老化帶來的服務需求壓力，九龍中聯網推行了一系列措施提升服務量。為舒緩在廣華醫院翻新工程期間，病人滯留急症室等候入院的情況，醫院的日間醫療中心成立速治服務，提供快速醫療評估及治療，以減少不必要的入院。

年內，伊院和佛教醫院增設病床；佛教醫院和廣華醫院亦增加手術室節數，以應付住院及手術的需求。香港兒童醫院已開展住院兒童腎科、外科和新生嬰兒深切治療部服務，並成立重症治療運送團隊。聯網亦完善血液專科服務，包括在伊院加強臨床藥劑服務，及在廣華醫院提供診症服務。廣華醫院同時為正在服用抗凝血劑的病人提供藥劑師門診服務。

此外，聯網增加了普通科門診診症及醫院血液透析名額。多項放射及診斷服務亦得以加強，其中伊院的第三部磁力共振掃描造影機已投入服務；廣華醫院則提高了電腦斷層掃描造影的服務量，並為初生嬰兒提供篩檢測試，以診斷先天性代謝缺陷。

在2019冠狀病毒病疫情期間，尤其當第三波疫情爆發時，設有隔離病房的伊院及廣華醫院，接收了不少確診及懷疑個案，聯網同事面對很大挑戰。東華三院黃大仙醫院及九龍醫院期間亦協助處理康復者，提供復康治療，以加快急症醫院隔離病房的流轉。全賴前線同事群策群力，無私奉獻，令確診病人獲得適切治療。

聯網各項工程相繼進行，啟德發展區新急症醫院的地基工程已經展開；聖母醫院已進入遷移階段；而廣華醫院正積極就重建計劃第一期投入服務進行籌備工作。展望將來，九龍中聯網將繼續配合十年醫院發展計劃，擴展服務量及優化醫院設施，以應付長遠的社區需要。

KH – Kowloon Hospital 九龍醫院  
KWH – Kwong Wah Hospital 廣華醫院  
OLMH – Our Lady of Maryknoll Hospital 聖母醫院  
QEH – Queen Elizabeth Hospital 伊利沙伯醫院 (伊院)  
WTSH – Tung Wah Group of Hospitals Wong Tai Sin Hospital 東華三院黃大仙醫院

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

# KOWLOON EAST CLUSTER (KEC)

## 九龍東醫院聯網(九龍東聯網)

KEC is conscientiously heading towards the strategic roadmap according to the Clinical Services Plan. This year, oncology service was extended to TKOH. Additional surgical day beds, specialist outpatient clinic attendances and general outpatient clinic quota were provided in the cluster. Rehabilitation service was strengthened with extended coverage to weekends and public holidays for stroke patients, and the establishment of the Medical Rehabilitation Centre in TKOH to augment service capability. A team for providing 24-hour Primary Percutaneous Coronary Intervention for eligible ST-Elevation Myocardial Infarction patients was also set up in KEC.



Facing the daunting challenge of escalating service demand, KEC continued to elevate service capacity by adding medical inpatient and extended care beds, and providing additional operating theatre and endoscopy sessions. Discharge management for patients requiring NEATS was also strengthened.

On quality and safety side, KEC commenced the Enhanced Recovery After Surgery programme and the Extracorporeal Membrane Oxygenation service. Night-supervision in wards was enhanced. Meanwhile, KEC implemented the pharmacist clinic on anti-coagulant therapy management and improved medication safety through the inpatient drug distribution model.

KEC values innovation and technology, and is the first cluster to pilot the “Smart Hospital” concept in HA. Since the inception of KEC Smart Hospital Committee in 2018, there have been over 70 smart initiatives put up by various disciplines of colleagues. The Smart Hospital website was developed in 2019 to facilitate sharing of knowledge and ideas. Riding on opportunities of the hospital expansion projects, KEC will continue to examine and expedite this spectrum through multidisciplinary collaborative efforts.

With the outbreak of COVID-19 in early 2020, followed by the activation of Emergency Response Level, KEC had stepped up its isolation facilities, enhanced infection control measures and assured conscientious deployment of staff and resources. Our professional team had exemplified commitment and professionalism in safeguarding the community against the pandemic on one hand, and sustaining our emergency and majority of elective services on the other through teamwork and smart care initiatives. Their dedication was reckoned with high regards by professional peers and the community.

九龍東聯網按照聯網臨床服務計劃，按步就班地落實訂下的服務策略方針。聯網在年內推展腫瘤科服務至將軍澳醫院、增設外科日間病床，並增加專科門診服務人次及普通科門診名額。聯網亦為中風病人擴展周末及公眾假期的康復服務，並於將軍澳醫院設立復康中心，以提升復康服務的承載量。此外，聯網成立專責團隊，為心肌梗塞的病人提供24小時緊急冠狀動脈介入治療服務。

為應對需求日增的挑戰，聯網繼續加開內科住院及療養病床、提供額外手術室及內窺鏡服務節數，並為需要非緊急病人運送服務的病人加強出院服務。

在質素及安全方面，聯網已推行「促進術後康復計劃」與人工心肺服務，並加強病房的夜間督導。聯網同時為正在服用抗凝血劑的病人提供藥劑師門診服務；以及採用住院藥物調配系統，提升藥物安全及管理。

九龍東聯網非常重視創意與科技的發展，亦是首個聯網引進「智慧醫院」的概念。自2018年「九龍東智慧醫院發展委員會」成立以來，已收到逾70個由不同職系同事提交的智慧項目建議；而智慧醫院網頁於2019年建立，方便同事交流資訊及創意。聯網藉著醫院擴建工程帶來的新機遇，與跨專業團隊進一步研究和落實「智慧醫院」的可行方案，為未來服務發展開拓新的里程。

踏入2020年初，2019冠狀病毒病肆虐社區。在「緊急應變級別」下，聯網增設隔離設施，加強感染控制措施，並審慎地調配人手和資源作出配合。同事亦發揮專業精神，竭盡所能聯手抗疫，並透過團隊合作及智慧醫院項目繼續為社區提供緊急及大部分非緊急服務。團隊的努力不懈深受同儕及社區的肯定和讚賞。

Hospitals 醫院	KWC 九龍西聯網	KCC 九龍中聯網	KEC 九龍東聯網
Number of general outpatient clinics 普通科門診診所數目	16	13	8
Throughput 服務量			
Number of hospital beds 醫院病床數目	4 835	5 852	2 800
Patient discharges* 出院病人數目*	297 820	353 947	200 145
Total A&E attendances 急症室就診總人次	453 578	285 204	266 486
Total specialist outpatient (clinical) attendances 專科門診 (臨床) 就診總人次	1 336 415	1 465 849	843 745
General outpatient attendances 普通科門診就診人次	1 011 451	1 100 013	920 994
Full-time equivalent staff 等同全職人員數目	13 139	17 515	9 140

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

# INDEPENDENT AUDITOR'S REPORT AND AUDITED FINANCIAL STATEMENTS

## 獨立核數師報告及經審核的財務報表

Independent Auditor's Report .....	52 - 55
獨立核數師報告	
Financial Statements	
財務報表	
Consolidated balance sheet .....	56
綜合資產負債表	
Balance sheet .....	57
資產負債表	
Consolidated statement of income and expenditure .....	58
綜合收支結算表	
Consolidated statement of comprehensive income .....	59
綜合全面收益表	
Consolidated statement of cash flows .....	60
綜合現金流動報表	
Consolidated statement of changes in total funds .....	61
綜合基金總額變動報表	
Notes to the financial statements .....	62 - 121
財務報表附註	



羅兵咸永道

## INDEPENDENT AUDITOR'S REPORT

### To The Members of the Hospital Authority

#### Opinion

##### *What we have audited*

The consolidated financial statements of the Hospital Authority ("HA") and its subsidiaries (together, the "Group") set out on pages 56 to 121, which comprise:

- the consolidated and HA balance sheets as at 31 March 2020;
- the consolidated statement of income and expenditure for the year then ended;
- the consolidated statement of comprehensive income for the year then ended;
- the consolidated statement of cash flows for the year then ended;
- the consolidated statement of changes in total funds for the year then ended; and
- the notes to the consolidated financial statements, which include a summary of principal accounting policies.

##### *Our opinion*

In our opinion, the consolidated financial statements give a true and fair view of the financial position of HA and the consolidated financial position of the Group as at 31 March 2020, and of the Group's consolidated financial performance and its consolidated cash flows for the year then ended in accordance with Hong Kong Financial Reporting Standards ("HKFRSs") issued by the Hong Kong Institute of Certified Public Accountants ("HKICPA").

#### Basis for Opinion

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

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

## 獨立核數師報告

### 致醫院管理局成員

#### 意見

##### *我們已審計的內容*

醫院管理局(「醫管局」)及其附屬機構(以下統稱「貴集團」)列載於第56至121頁的綜合財務報表，包括：

- 於二零二零年三月三十一日的綜合及醫管局資產負債表；
- 截至該日止年度的綜合收支結算表；
- 截至該日止年度的綜合全面收益表；
- 截至該日止年度的綜合現金流動報表；
- 截至該日止年度的綜合基金總額變動報表；及
- 綜合財務報表附註，包括主要會計政策概要。

##### *我們的意見*

我們認為，該等綜合財務報表已根據香港會計師公會頒布的《香港財務報告準則》真實而中肯地反映了於二零二零年三月三十一日醫管局的財務狀況及貴集團的綜合財務狀況，以及貴集團截至該日止年度的綜合財務表現及綜合現金流量。

#### 意見的基礎

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

我們相信，我們所獲得的審計憑證能充足及適當地為我們的審計意見提供基礎。

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羅兵咸永道

## INDEPENDENT AUDITOR'S REPORT

### To The Members of the Hospital Authority

(Continued)

#### Independence

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

#### Other Information

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

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

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

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

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

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

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

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

## 獨立核數師報告

### 致醫院管理局成員(續)

#### 獨立性

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

#### 其他信息

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

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

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

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

#### 醫管局及管治層就綜合財務報表須承擔的責任

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

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

管治層須負責監督貴集團的財務報告過程。

羅兵咸永道會計師事務所，香港中環太子大廈廿二樓  
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羅兵咸永道

## INDEPENDENT AUDITOR'S REPORT

### To The Members of the Hospital Authority

(Continued)

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

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. We report our opinion solely to you, as a body, in accordance with Section 10 of the Hospital Authority Ordinance and for no other purpose. We do not assume responsibility towards or accept liability to any other person for the contents of this report. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with HKSA's will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these consolidated financial statements.

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

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

## 獨立核數師報告

### 致醫院管理局成員(續)

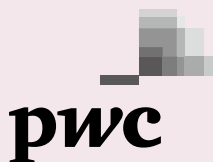
#### 核數師就審計綜合財務報表承擔的責任

我們的目標，是對綜合財務報表整體是否不存在由於欺詐或錯誤而導致的重大錯誤陳述取得合理保證，並出具包括我們意見的核數師報告。我們僅按照《醫院管理局條例》第10條向閣下(作為整體)報告我們的意見，除此之外本報告別無其他目的。我們不會就本報告的內容向任何其他人士負上或承擔任何責任。合理保證是高水平的保證，但不能保證按照《香港審計準則》進行的審計，在某一重大錯誤陳述存在時總能發現。錯誤陳述可以由欺詐或錯誤引起，如果合理預期它們單獨或滙總起來可能影響綜合財務報表使用者依賴綜合財務報表所作出的經濟決定，則有關的錯誤陳述可被視作重大。

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

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

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## INDEPENDENT AUDITOR'S REPORT

To The Members of the Hospital Authority

(Continued)

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

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

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

**PricewaterhouseCoopers**  
Certified Public Accountants

Hong Kong, 24 September 2020

## 獨立核數師報告

致醫院管理局成員(續)

### 核數師就審計綜合財務報表承擔的責任(續)

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

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

羅兵咸永道會計師事務所  
執業會計師

香港，二零二零年九月二十四日

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# CONSOLIDATED BALANCE SHEET

## 綜合資產負債表

	Note 附註	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元	At 31 March 2019 HK\$'000 2019年3月31日 港幣千元
<b>Non-Current Assets 非流動資產</b>			
Property, plant and equipment 物業、機器及設備	5	6,600,193	6,268,081
Intangible assets 無形資產	6	306,646	239,308
Right-of-use assets 使用權資產	7	195,391	-
Loans receivable 應收債款	8	122	359
Placements with the Exchange Fund 外匯基金存款	9	21,000,000	23,300,000
Fixed income instruments 固定入息工具	10	-	799,552
		<b>28,102,352</b>	30,607,300
<b>Current Assets 流動資產</b>			
Inventories 存貨	11	1,714,742	1,377,317
Loans receivable 應收債款	8	237	568
Accounts receivable 應收賬款	12	344,716	296,251
Other receivables 其他應收賬款	13	629,386	268,545
Deposits and prepayments 按金及預付款項	14	327,145	297,576
Placements with the Exchange Fund 外匯基金存款	9	8,904,039	2,290,326
Fixed income instruments 固定入息工具	10	1,899,257	-
Cash and bank balances 現金及銀行結餘	15	20,241,167	19,271,625
		<b>34,060,689</b>	23,802,208
<b>Total Assets 總資產</b>		<b>62,163,041</b>	54,409,508
<b>Funds 基金</b>			
Designated fund 指定基金	16	5,077,369	5,077,369
Revenue reserve 收入儲備		6,671,496	2,905,927
<b>Total Funds 基金總額</b>		<b>11,748,865</b>	7,983,296
<b>Current Liabilities 流動負債</b>			
Balance with Samaritan Fund 撒瑪利亞基金結餘	17	273,201	84,029
Creditors and accrued charges 債權人及應付費用	18	16,897,763	12,820,362
Deposits received 已收按金	19	393,716	391,523
Lease liabilities 租賃負債	7	98,286	-
		<b>17,662,966</b>	13,295,914
<b>Non-Current Liabilities 非流動負債</b>			
Balance with Samaritan Fund 撒瑪利亞基金結餘	17	6,000,000	6,000,000
Death and disability liabilities 死亡及傷殘福利責任	20	307,420	273,483
Deferred income 遞延收益	21	9,436,133	10,349,426
Deferred income – capital subventions and capital donations 遞延收益 — 資本補助及資本捐贈	22	6,906,839	6,507,389
Lease liabilities 租賃負債	7	100,818	-
Public-Private Partnership Endowment Fund 公私營協作留本基金	23	10,000,000	10,000,000
		<b>32,751,210</b>	33,130,298
<b>Total Liabilities 總負債</b>		<b>50,414,176</b>	46,426,212
<b>Total Funds and Total Liabilities 基金及負債總額</b>		<b>62,163,041</b>	54,409,508



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



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Chief Executive  
行政總裁

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第 62 至 121 頁的附註是本綜合財務報表的一部分。

# BALANCE SHEET

## 資產負債表

	Note 附註	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元	At 31 March 2019 HK\$'000 2019年3月31日 港幣千元
<b>Non-Current Assets 非流動資產</b>			
Property, plant and equipment 物業、機器及設備	5	6,600,193	6,268,081
Intangible assets 無形資產	6	301,185	239,308
Right-of-use assets 使用權資產	7	195,391	-
Loans receivable 應收債款	8	122	359
Placements with the Exchange Fund 外匯基金存款	9	21,000,000	23,300,000
Fixed income instruments 固定入息工具	10	-	799,552
		<b>28,096,891</b>	30,607,300
<b>Current Assets 流動資產</b>			
Inventories 存貨	11	1,714,742	1,377,317
Loans receivable 應收債款	8	237	568
Accounts receivable 應收賬款	12	344,716	296,251
Other receivables 其他應收賬款	13	629,386	268,545
Deposits and prepayments 按金及預付款項	14	327,033	297,464
Placements with the Exchange Fund 外匯基金存款	9	8,904,039	2,290,326
Fixed income instruments 固定入息工具	10	1,899,257	-
Cash and bank balances 現金及銀行結餘	15	20,241,167	19,271,625
		<b>34,060,577</b>	23,802,096
<b>Total Assets 總資產</b>		<b>62,157,468</b>	54,409,396
<b>Funds 基金</b>			
Designated fund 指定基金	16	5,077,369	5,077,369
Revenue reserve 收入儲備		6,671,490	2,905,921
<b>Total Funds 基金總額</b>		<b>11,748,859</b>	7,983,290
<b>Current Liabilities 流動負債</b>			
Balance with Samaritan Fund 撒瑪利亞基金結餘	17	273,201	84,029
Creditors and accrued charges 債權人及應付費用	18	16,897,657	12,820,256
Deposits received 已收按金	19	393,716	391,523
Lease liabilities 租賃負債	7	98,286	-
		<b>17,662,860</b>	13,295,808
<b>Non-Current Liabilities 非流動負債</b>			
Balance with Samaritan Fund 撒瑪利亞基金結餘	17	6,000,000	6,000,000
Death and disability liabilities 死亡及傷殘福利責任	20	307,420	273,483
Deferred income 遞延收益	21	9,436,133	10,349,426
Deferred income – capital subventions and capital donations 遞延收益 — 資本補助及資本捐贈	22	6,901,378	6,507,389
Lease liabilities 租賃負債	7	100,818	-
Public-Private Partnership Endowment Fund 公私營協作留本基金	23	10,000,000	10,000,000
		<b>32,745,749</b>	33,130,298
<b>Total Liabilities 總負債</b>		<b>50,408,609</b>	46,426,106
<b>Total Funds and Total Liabilities 基金及負債總額</b>		<b>62,157,468</b>	54,409,396



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# CONSOLIDATED STATEMENT OF INCOME AND EXPENDITURE

## 綜合收支結算表

	<b>Note</b> 附註	<b>For the year ended 31 March 2020 HK\$'000 截至2020年 3月31日止年度 港幣千元</b>	<b>For the year ended 31 March 2019 HK\$'000 截至2019年 3月31日止年度 港幣千元</b>
<b>Income 收入</b>			
Recurrent Government subvention 經常性政府補助		<b>71,301,559</b>	62,302,049
Hospital / clinic fees and charges 醫院 / 診療所收費	24	<b>4,827,138</b>	4,713,346
Donations 捐贈		<b>24</b>	58
Transfers from 轉調自：			
Designated donation fund 指定捐贈基金	21	<b>202,263</b>	194,326
Minor Works Projects Fund 小型工程項目基金	21	<b>1,288,539</b>	1,230,703
Public-Private Partnership Fund 公私營協作基金	21	<b>286,750</b>	261,154
Capital subventions 資本補助	22	<b>1,107,972</b>	1,083,013
Capital donations 資本捐贈	22	<b>159,394</b>	143,947
Investment income 投資收益		<b>612,865</b>	427,082
Other income 其他收益		<b>899,035</b>	791,165
		<b>80,685,539</b>	71,146,843
<b>Expenditure 支出</b>			
Staff costs 員工成本	25	<b>(53,700,090)</b>	(48,703,440)
Drugs 藥物		<b>(8,102,162)</b>	(7,304,601)
Medical supplies and equipment 醫療物品及設備		<b>(3,842,072)</b>	(3,312,317)
Utilities charges 公用開支		<b>(1,392,665)</b>	(1,321,033)
Repairs and maintenance 維修及保養		<b>(2,550,646)</b>	(2,407,415)
Minor works projects funded by the Government 由政府撥款的小型工程項目		<b>(1,288,539)</b>	(1,230,703)
Depreciation and amortisation 折舊及攤銷	5-7	<b>(1,353,449)</b>	(1,216,305)
Finance costs 財務費用	7	<b>(3,154)</b>	-
Other operating expenses 其他營運開支	26	<b>(4,688,247)</b>	(4,205,506)
		<b>(76,921,024)</b>	(69,701,320)
<b>Surplus for the year 年內盈餘</b>		<b>3,764,515</b>	1,445,523

The notes on pages 62 to 121 are an integral part of these consolidated financial statements.

第 62 至 121 頁的附註是本綜合財務報表的一部分。

# CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME

## 綜合全面收益表

	Note 附註	For the year ended 31 March 2020 HK\$'000 截至2020年 3月31日止年度 港幣千元	For the year ended 31 March 2019 HK\$'000 截至2019年 3月31日止年度 港幣千元
Surplus for the year 年內盈餘		3,764,515	1,445,523
Other comprehensive income 其他綜合收益			
Item that may not be reclassified to income or expenditure: 未必會重新分類為收入或支出的項目：			
- Remeasurement of death liability 死亡福利責任重新計量	20	1,054	22,024
Total comprehensive income for the year 年內總綜合收益		3,765,569	1,467,547

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# CONSOLIDATED STATEMENT OF CASH FLOWS

## 綜合現金流動報表

	Note 附註	For the year ended 31 March 2020 HK\$'000 截至2020年 3月31日止年度 港幣千元	For the year ended 31 March 2019 HK\$'000 截至2019年 3月31日止年度 港幣千元
Net cash generated from operating activities 營運活動所得現金淨額	29(a)	8,193,795	3,701,154
Investing activities 投資活動			
Investment income received 已收投資收益		646,370	395,551
Purchases of property, plant and equipment 購置物業、機器及設備	5	(1,482,712)	(1,456,364)
Purchases of intangible assets 購置無形資產	6	(184,104)	(169,298)
Net decrease / (increase) in bank deposits with original maturity over three months 原來到期日超過三個月的銀行存款的淨額減少 / (增加)		6,962,045	(4,604,214)
(Increase) / decrease in fixed income instruments 固定入息工具 (增加) / 減少		(1,099,705)	50,103
Increase in placements with the Exchange Fund 外匯基金存款增加	3	(5,000,000)	-
Net cash used in investing activities 投資活動所用現金淨額		(158,106)	(5,784,222)
Financing activities 融資活動			
Payment of principal portion of lease liabilities 支付租賃負債本金部分	29(b)	(100,948)	-
Finance costs paid 已付財務費用		(3,154)	-
Net cash used in financing activities 融資活動所用現金淨額		(104,102)	-
Increase / (decrease) in cash and cash equivalents 現金及現金等值之增加 / (減少)		7,931,587	(2,083,068)
Cash and cash equivalents at the beginning of the year 年初之現金及現金等值		4,174,419	6,257,487
Cash and cash equivalents at the end of the year 年終之現金及現金等值	15	12,106,006	4,174,419

### Note:

The interest on the placements with the Exchange Fund on behalf of the Samaritan Fund was netted off with the outstanding balance with the Samaritan Fund and the detailed arrangement is disclosed in note 17.

### 註：

代撒瑪利亞基金存於外匯基金的存款之利息已經扣除於撒瑪利亞基金的結餘，詳細安排於附註 17 披露。

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## CONSOLIDATED STATEMENT OF CHANGES IN TOTAL FUNDS

### 綜合基金總額變動報表

	Designated fund HK\$'000 指定基金 港幣千元	Revenue reserve HK\$'000 收入儲備 港幣千元	Total HK\$'000 總計 港幣千元
At 31 March 2018 於二零一八年三月三十一日	5,077,369	1,438,380	6,515,749
Total comprehensive income for the year 年內總綜合收益	-	1,467,547	1,467,547
At 31 March 2019 於二零一九年三月三十一日	5,077,369	2,905,927	7,983,296
Total comprehensive income for the year 年內總綜合收益	-	3,765,569	3,765,569
At 31 March 2020 於二零二零年三月三十一日	5,077,369	6,671,496	11,748,865

The notes on pages 62 to 121 are an integral part of these consolidated financial statements.

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# NOTES TO THE FINANCIAL STATEMENTS

## 1. The Hospital Authority

### (a) Background

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

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

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

For Schedule 1 hospitals, pursuant to Section 5(a) of the Hospital Authority Ordinance, an agreement was subsequently entered into between the Government and HA on 3 June 2011 (“Agreement”), under which the Government and HA agreed that HA shall be responsible for managing and controlling the government lands (including all new properties built on government lands) and the hospitals, clinics, facilities, buildings and premises established thereon (as set out in Annex A of the Agreement and referred to as “Properties”), as well as the facilities and amenities (as set out in Annex B of the Agreement) that may be provided on the Properties. The ownership of the Properties continues to be held by the Government.

For Schedule 2 hospitals, HA entered into agreements with individual governing bodies of the ex-subsidised hospitals which allowed HA to assume ownership of some operating assets as at 1 December 1991 and to manage and control other assets, the ownership of which remains with the individual governing bodies.

## 財務報表附註

## 1. 醫院管理局

### (a) 背景

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

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

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

就附表1的醫院，根據《醫院管理局條例》第5(a)條，政府與醫管局其後在二零一一年六月三日達成協議（「協議」），雙方同意由醫管局管理及掌管有關的政府土地（包括所有在政府土地上落成的新物業）及建於其上的醫院、診療所、設施、建築物及樓宇（按協議附件A所載統稱「物業」），以及物業內的設施和設備（按協議附件B所載），物業的擁有權仍歸政府所有。

就附表2的醫院，醫管局與個別前補助醫院的管治機構達成協議，容許醫管局於一九九一年十二月一日接收一些營運資產的擁有權，以及管理和掌管其他擁有權仍屬於個別管治機構的資產。

# NOTES TO THE FINANCIAL STATEMENTS

## 1. The Hospital Authority (Continued)

### (a) Background (Continued)

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

The Government announced in the 2016 Policy Address that HK\$200 billion would be used to implement a ten-year Hospital Development Plan (HDP). Given the significant number and scale of Schedule 1 hospital projects in the HDP, the Government has entrusted HA to carry out and complete a number of capital works projects for Schedule 1 hospitals which are funded by the Government. Similarly, HA is undertaking the capital works projects for Schedule 2 hospitals which are funded by the Government and the governing bodies of the ex-subservient hospitals. As at 31 March 2020, there were 13 major capital works projects in progress (of which 11 projects were managed by HA), and the total funding approved by the Government was HK\$52,902,400,000.

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

Through HA's subsidiary, HACM Limited, funding has been provided to 10 non-governmental organisations ("NGOs") operating 18 Chinese Medicine ("CM") Clinics in Hong Kong. HACM Limited has also provided funding to six CM Clinics for the provision of CM services to HA patients under the Integrated Chinese-Western Medicine ("ICWM") Pilot Programme which have been implemented at seven hospitals for four disease areas. A new service contract with NGOs has been effective from 1 March 2020, under which funding provided by HACM Limited is based on each clinic's individual service components and actual deliverables. HACM Limited continues to provide funding to ICWM Pilot Programme as well as other designated CM initiatives including Chinese Medicine Practitioner Trainee Programme.

# 財務報表附註

## 1. 醫院管理局 (續)

### (a) 背景 (續)

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

政府在2016年施政報告中宣布預留港幣二千億元推行十年醫院發展計劃。由於計劃涉及的附表1醫院工程項目為數多、規模大，政府委托了醫管局執行及完成多個由政府撥款的附表1醫院基本工程項目。同樣，醫管局亦負責執行由政府及前補助醫院管治機構提供經費的附表2醫院基本工程項目。截至二零二零年三月三十一日，共十三個基本工程項目在進行中（其中十一個由醫管局管理），政府批出的總撥款額為港幣52,902,400,000元。

作為政府醫療改革計劃的一部分，醫管局由二零零三年七月起接管衛生署所有普通科門診診所。根據安排，這些普通科門診診所相關營運資產之業權及擁有權在政府於二零零六年六月正式批准後，追溯自二零零三年七月起轉讓予醫管局，有關資產以無價值轉讓。

醫管局透過附屬機構「醫院管理局中醫藥發展有限公司」向十間非政府機構提供撥款，在香港開設十八間中醫診所。醫院管理局中醫藥發展有限公司亦向其中六間中醫診所提供資助，推行中西醫協作項目先導計劃，於七間指定公立醫院為四個選定疾病範疇的醫管局病人提供中醫服務。由二零二零年三月一日起，醫院管理局中醫藥發展有限公司與非政府機構簽訂新的服務合約，當中會根據每間診所提供的服務項目及實際服務人次提供資助。醫院管理局中醫藥發展有限公司亦會繼續向中西醫協作項目先導計劃及其他指定的中醫計劃（包括進修中醫師培訓計劃）提供資助。

# NOTES TO THE FINANCIAL STATEMENTS

## 1. The Hospital Authority (Continued)

### (a) Background (Continued)

In order to support the Government-led electronic health record ("eHR") programme, which is an essential part of the healthcare reform, HA has been engaged to serve as the technical agency to the Government, leveraging its experience and know-how in the Clinical Management System ("CMS"). With this role, HA undertakes multiple streams of eHR related projects, which are funded by the recurrent subvention and other designated funding from the Government. During the financial year ended 31 March 2020, HA recognised HK\$390,443,000 (2019: HK\$340,023,000) as other income to match with the expenditure incurred in relation to the eHR related projects.

In order to support Department of Health ("DH") to enhance its information technology system so as to better provide healthcare service to the public, HA was appointed as the technical agency to deliver the information technology systems required for 19 Clinical Services Improvement projects under Initiative 1 of the First Stage of the Strategic Plan to Re-engineer and Transform Public Services of DH ("SPRINT-1"), which is funded by the designated funding from the Government. During the financial year ended 31 March 2020, HA recognised HK\$89,503,000 (2019: nil) as other income to match with the expenditure incurred in relation to the project.

### (b) Hospitals and other institutions

At 31 March 2020, HA had under its management and control the following hospitals, charitable trusts and institutions:

#### Hospitals:

Alice Ho Miu Ling Nethersole Hospital  
Bradbury Hospice  
Caritas Medical Centre  
Castle Peak Hospital  
Cheshire Home, Chung Hom Kok  
Cheshire Home, Shatin  
The Duchess of Kent Children's Hospital at Sandy Bay  
Grantham Hospital  
Haven of Hope Hospital  
Hong Kong Buddhist Hospital  
Hong Kong Children's Hospital  
Hong Kong Eye Hospital  
Kowloon Hospital  
Kwai Chung Hospital  
Kwong Wah Hospital  
MacLehose Medical Rehabilitation Centre  
North District Hospital  
North Lantau Hospital  
Our Lady of Maryknoll Hospital  
Pamela Youde Nethersole Eastern Hospital  
Pok Oi Hospital

# 財務報表附註

## 1. 醫院管理局 (續)

### (a) 背景 (續)

政府推行的電子健康記錄互通系統計劃，是醫療改革的一個重要部分。醫管局獲政府委託作為技術代理機構，運用發展臨床管理系統的經驗和專業知識，協助政府推行計劃。作為政府的技術代理機構，醫管局須進行不同範疇的電子健康記錄互通系統相關的計劃，這些計劃由政府的經常性補助及其他指定撥款提供經費。截至二零二零年三月三十一日止之財政年度，醫管局確認港幣390,443,000元（二零一九年：港幣340,023,000元）的款項作為其他收入，以支付電子健康記錄互通系統相關計劃的開支。

衛生署致力提升其資訊科技系統，以期更好地為公眾提供醫療服務。醫管局獲委任為技術代理機構，就衛生署第一期「重整及改革公共服務策略計劃」措施——改善臨床服務中的十九個項目提供開發資訊科技系統方面的協助，並由政府的指定撥款提供經費。截至二零二零年三月三十一日止之財政年度，醫管局確認港幣89,503,000元（二零一九年：無）的款項作為其他收入，以支付相關項目的開支。

### (b) 醫院及其他機構

在二零二零年三月三十一日，由醫管局管理及掌管的醫院、慈善信託基金及機構如下：

#### 醫院：

雅麗氏何妙齡那打素醫院  
白普理寧養中心  
明愛醫院  
青山醫院  
春磡角慈氏護養院  
沙田慈氏護養院  
大口環根德公爵夫人兒童醫院  
葛量洪醫院  
靈實醫院  
香港佛教醫院  
香港兒童醫院  
香港眼科醫院  
九龍醫院  
葵涌醫院  
廣華醫院  
麥理浩復康院  
北區醫院  
北大嶼山醫院  
聖母醫院  
東區尤德夫人那打素醫院  
博愛醫院

# NOTES TO THE FINANCIAL STATEMENTS

## 1. The Hospital Authority (Continued)

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

Prince of Wales Hospital  
Princess Margaret Hospital  
Queen Elizabeth Hospital  
Queen Mary Hospital  
Ruttonjee Hospital  
Shatin Hospital  
Siu Lam Hospital  
St. John Hospital  
Tai Po Hospital  
Tang Shiu Kin Hospital  
Tin Shui Wai Hospital  
Tsan Yuk Hospital  
Tseung Kwan O Hospital  
Tuen Mun Hospital  
Tung Wah Eastern Hospital  
Tung Wah Group of Hospitals Fung Yiu King Hospital  
Tung Wah Group of Hospitals Wong Tai Sin Hospital  
Tung Wah Hospital  
United Christian Hospital  
Wong Chuk Hang Hospital  
Yan Chai Hospital

#### Charitable Trusts:

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

#### Other Institutions:

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

### (c) Principal office

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

# 財務報表附註

## 1. 醫院管理局 (續)

### (b) 醫院及其他機構 (續)

威爾斯親王醫院  
瑪嘉烈醫院  
伊利沙伯醫院  
瑪麗醫院  
律敦治醫院  
沙田醫院  
小欖醫院  
長洲醫院  
大埔醫院  
鄧肇堅醫院  
天水圍醫院  
贊育醫院  
將軍澳醫院  
屯門醫院  
東華東院  
東華三院馮堯敬醫院  
東華三院黃大仙醫院  
東華醫院  
基督教聯合醫院  
黃竹坑醫院  
仁濟醫院

#### 慈善信託基金：

北區醫院慈善信託基金  
威爾斯親王醫院慈善信託基金  
香港兒童醫院慈善基金  
醫院管理局慈善基金  
善心醫療基金

東區尤德夫人那打素醫院慈善信託基金  
瑪嘉烈醫院慈善基金  
伊利沙伯醫院慈善信託基金

#### 其他機構：

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

### (c) 主要辦事處

醫管局的主要辦事處設於香港九龍亞皆老街147號B醫院管理局大樓。

# NOTES TO THE FINANCIAL STATEMENTS

## 2. Principal accounting policies

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

### (a) Basis of preparation

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

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

### (b) Basis of consolidation

The financial statements of the Group include the income and expenditure of the Head Office, subsidiaries, all Hospitals, Charitable Trusts, Specialist Outpatient Clinics, General Outpatient Clinics and other institutions under its management and control made up to 31 March 2020.

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

### (c) Subsidiaries

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

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

# 財務報表附註

## 2. 主要會計政策

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

### (a) 編製之基準

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

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

### (b) 綜合呈列之基準

集團的財務報表包括截至二零二零年三月三十一日之財政年度內由其管理及掌管的總辦事處、附屬機構、所有醫院、慈善信託基金、專科診所、普通科門診診所及其他機構的收入和支出。

本財務報表反映集團所擁有之資產及所承擔之負債的有紀錄賬面值。

### (c) 附屬機構

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

集團內機構之間的交易、結餘及未實現之交易收益，在綜合呈列後已減除。另外，除非交易能提供證明所轉移的資產有耗損，否則未實現之虧損亦已減除。附屬機構的會計政策與集團採用一致的會計政策。

# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

## 2. Principal accounting policies (Continued)

## 2. 主要會計政策 (續)

### (c) Subsidiaries (Continued)

### (c) 附屬機構 (續)

At 31 March 2020, the principal subsidiaries of HA comprise:

在二零二零年三月三十一日，醫管局的主要附屬機構有：

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

# NOTES TO THE FINANCIAL STATEMENTS

## 2. Principal accounting policies (Continued)

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

The HKICPA has issued a number of new / revised HKFRSs, including interpretations, amendments or improvements to the existing standards, which become effective in the current period. The following new standards which are effective for the Group's financial year beginning 1 April 2019 are relevant to the Group:

#### Amendments to HKAS 19 – Plan Amendment, Curtailment or Settlement

These amendments have no significant impact on the results and financial position of the Group.

#### HKFRS 16 – Leases

HKFRS 16 affects primarily the accounting for the Group's operating lease commitments on buildings. Under HKFRS 16, an asset (the right to use the leased item) and a financial liability to pay rentals are recognised on the balance sheet.

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

Management has assessed all lease contracts as well as contracts which do not satisfy the lease definition under the new standard. In applying HKFRS 16 for the first time, the Group has used the following practical expedients permitted by the standard on transition to HKFRS 16 for those leases which were previously classified as operating leases under HKAS 17 Leases:

- (i) The use of a single discount rate to a portfolio of leases with reasonably similar characteristics;
- (ii) The accounting for operating leases with a remaining lease term of less than 12 months as at 1 April 2019 as short-term leases;
- (iii) The exclusion of initial direct costs for the measurement of the right-of-use asset at the date of initial application; and
- (iv) The use of hindsight in determining the lease term where the contract contains options to extend or terminate the lease.

# 財務報表附註

## 2. 主要會計政策(續)

### (d) 採用新訂 / 經修訂的《香港財務報告準則》

香港會計師公會頒布了多項在此期間生效的新訂 / 經修訂的《香港財務報告準則》，包括對現有準則的詮釋、修訂或改良。以下的新準則在集團二零一九年四月一日開始之財政年度生效，並適用於集團：

#### 《香港會計準則》第19號「計劃修訂、縮減或清償」的修訂

有關修訂對集團營運結果及財務狀況並無重大影響。

#### 《香港財務報告準則》第16號「租賃」

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

作為承租人，集團由二零一九年四月一日起已應用經修訂的追溯方式來採納此準則。根據此方式，(i) 過往期間的比較資料不予重述；(ii) 集團首次應用《香港財務報告準則》第16號之日期，是集團首次應用此準則的規定之年度報告期間之首日，即二零一九年四月一日；及(iii) 所有使用權資產自租賃期開始日的租賃負債計量(包括對任何預付或應計租賃開支作出調整)。

管理層已根據新準則評估所有租賃合約，以及不符合租賃定義的合約。於首次應用《香港財務報告準則》第16號時，集團以往根據《香港會計準則》第17號「租賃」歸類為營運租賃的項目，已應用以下該準則所允許過渡至《香港財務報告準則》第16號的實務方法：

- (i) 對具有合理相似特徵的租賃組合使用單一貼現率；
- (ii) 對於二零一九年四月一日剩餘租賃期少於十二個月的營運租賃的會計處理為短期租賃；
- (iii) 於首次計量使用權資產時不包括初始直接成本；及
- (iv) 倘合約包含延長或終止租賃的選擇權，在確定租賃期限時考慮當前情況。

# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

## 2. Principal accounting policies (Continued)

## 2. 主要會計政策(續)

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

### (d) 採用新訂 / 經修訂的《香港財務報告準則》(續)

The table below explains the difference between operating lease commitments disclosed at 31 March 2019 by applying HKAS 17 Leases and lease liabilities recognised at 1 April 2019 by applying HKFRS 16:

下表解釋了於二零一九年三月三十一日應用《香港會計準則》第17號「租賃」所披露的營運租賃承擔與於二零一九年四月一日應用《香港財務報告準則》第16號所確認的租賃負債之間的差異：

The Group and HA 集團及醫管局	
	HK\$'000 港幣千元
Operating lease commitments at 31 March 2019 二零一九年三月三十一日的營運租賃承擔	115,480
Add: Adjustments as a result of different treatments of lease term 加：對租賃期的不同處理所作之調整	107,542
Less: Short-term leases recognised on a straight-line basis as operating lease expense 減：以直線法確認為營運租賃開支的短期租賃	(4,693)
Less: Effect from discounting at incremental borrowing rate at 1 April 2019* 減：二零一九年四月一日遞增借款利率貼現之影響 *	(4,740)
Lease liabilities recognised at 1 April 2019 二零一九年四月一日確認的租賃負債	213,589
Less: non-current portion 減：非流動部分	(126,659)
Current portion 流動部分	86,930

\* The weighted average incremental borrowing rate was 1.58%.

\* 遞增借款利率的加權平均數為1.58%。

The HKICPA has also issued a number of new / revised HKFRSs which are effective for accounting period beginning on or after 1 April 2020. The Group has not early adopted these new / revised HKFRSs in the financial statements for the financial year ended 31 March 2020. The Group is in the process of making an assessment but is not yet in a position to conclude the impact of these new / revised HKFRSs on its results of operations and financial position.

香港會計師公會亦頒布了多項在二零二零年四月一日起或之後會計期間生效的新訂 / 經修訂的《香港財務報告準則》。集團在截至二零二零年三月三十一日止的財務報表並沒有提早採用這些新訂 / 經修訂之《香港財務報告準則》。集團現正進行評估，但未能確定有關準則對集團營運結果及財務狀況的影響。

# NOTES TO THE FINANCIAL STATEMENTS

## 2. Principal accounting policies (Continued)

### (e) Recognition of income

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

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

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

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

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

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

### (f) Donations

#### (i) Donated assets

Furniture, fixtures, equipment, motor vehicles and intangible assets donated to the Group are capitalised initially at fair value on receipt of assets according to the policy set out in notes 2(g)(iii) and 2(h) respectively. The amount of the donated assets is accumulated in deferred income under capital donations. Each year, an amount equal to the depreciation or amortisation charge for these assets and the net book value of assets disposed of is transferred from deferred income to the statement of income and expenditure. Other donated assets not fulfilling the capitalisation policy are recorded as expenditure and income in the year of receipt of the assets.

# 財務報表附註

## 2. 主要會計政策 (續)

### (e) 收入之確認

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

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

指定用途捐贈基金及資本捐贈之轉調按附註2(f)的方式確認。

資本補助、小型工程項目基金及公私營協作基金之轉調按附註2(r)的方式確認。

來自固定入息工具的投資收益按附註2(k)的方式確認。

來自銀行存款之投資收益採用實際利息法按時間比例入賬。

### (f) 捐贈

#### (i) 捐贈資產

捐贈予集團的家具、固定裝置、設備、汽車及無形資產，按附註2(g)(ii)及2(h)所列的政策，於最初收取時以公允價值資本化。捐贈資產金額於遞延收益之下的資本捐贈累積。每年，一筆相等於該等資產折舊或攤銷的金額及出售資產的賬面淨值會由遞延收益轉調往收支結算表。其他不符合資本化規定的捐贈資產，於收取時在該年度之收支賬目內記賬。

# NOTES TO THE FINANCIAL STATEMENTS

## 2. Principal accounting policies (Continued)

### (f) Donations (Continued)

#### (ii) Cash donations

Cash donations for specific use as prescribed by the donor are accounted for in the designated donation fund. When the fund is utilised and spent for expenditure not meeting the capitalisation policy as set out in note 2(g)(ii) or note 2(h), they are accounted for as expenditure of the designated donation fund. Cash donations that are spent on property, plant and equipment or intangible assets as set out in notes 2(g)(ii) and 2(h) respectively are accumulated in deferred income under capital donations, and the corresponding amounts are capitalised as property, plant and equipment or intangible assets respectively. Each year, an amount equal to the depreciation or amortisation charge for these assets and the net book value of assets disposed of is transferred from deferred income to the statement of income and expenditure.

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

### (g) Property, plant and equipment

- (i) Completed building projects transferred from the Government and individual governing bodies of ex-subservent hospitals are recorded at nominal value and included in property, plant and equipment.
- (ii) Property, plant and equipment other than completed building projects which give rise to economic benefits are capitalised and the corresponding amounts are recognised as deferred income – capital subventions and capital donations for capital expenditure funded by the Government and donations respectively.
- (iii) Property, plant and equipment other than completed building projects are stated at cost less any accumulated depreciation and impairment. Additions represent new or replacement of specific components of an asset. An asset's carrying value is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

# 財務報表附註

## 2. 主要會計政策(續)

### (f) 捐贈(續)

#### (ii) 現金捐贈

由捐贈人指定用途的現金捐贈會列入一個指定捐贈基金。當資金的運用及支出不符合附註2(g)(ii)或附註2(h)的資本化規定，會列入該指定基金的開支賬目內。當現金捐贈的開支是用於附註2(g)(ii)的物業、機器及設備或附註2(h)的無形資產，會於遞延收益之下的資本捐贈累積，而相同款額亦會資本化為物業、機器及設備或無形資產。每年，一筆相等於這些資產折舊或攤銷的金額及出售資產的賬面淨值由遞延收益轉調往收支結算表。

作為一般營運之用的非指定用途捐贈，於收款時列入該年度之收支結算表內。

### (g) 物業、機器及設備

- (i) 由政府及個別前補助醫院管治機構轉調的已完成建築工程以名義價值入賬，列為物業、機器及設備。
- (ii) 除已完成建築工程外，可帶來經濟效益的物業、機器及設備應資本化，並會視乎是政府撥款或捐贈撥款而將相應款額分別在遞延收益——資本補助及資本捐贈確認。
- (iii) 除已完成建築工程外，物業、機器及設備乃按成本值減任何累積折舊及減值入賬。年內增加代表某項資產新加或更換的組件。若資產的賬面價值高於估計可收回價值，其賬面價值會即時減至為可收回價值。

# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

## 2. Principal accounting policies (Continued)

## 2. 主要會計政策 (續)

### (g) Property, plant and equipment (Continued)

### (g) 物業、機器及設備 (續)

- (iv) The cost of assets acquired and the fair value of donated assets received by the Group are depreciated using the straight-line method over the expected useful lives of the assets as follows:

- (iv) 集團所取得的資產的成本或捐贈資產的公允價值的折舊，是按資產的預計可使用年期以直線法如下計算：

Leasehold improvements 租賃物業裝修	Over the life of the lease to which the improvement relates 根據租賃之年期
Buildings 建築物	20 - 50 years 年
Furniture, fixtures and equipment 家具、固定裝置及設備	3 - 10 years 年
Motor vehicles 汽車	5 - 7 years 年
Computer equipment 電腦設備	3 - 6 years 年

- (v) The residual values and useful lives of assets are reviewed and adjusted, if appropriate, at each reporting date.
- (vi) The gain or loss arising from disposal or retirement of an asset is determined as the difference between the proceeds and the carrying amount of the asset and is recognised in the statement of income and expenditure.
- (vii) Capital expenditure in progress is not depreciated until the asset is placed into commission.

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

### (h) Intangible assets

### (h) 無形資產

Computer software and systems including related development costs, which give rise to economic benefits are capitalised as intangible assets and the corresponding amounts are recognised as deferred income – capital subventions and capital donations for capital expenditure funded by the Government and donations respectively. Intangible assets are stated at cost less any accumulated amortisation and impairment and are amortised on a straight line basis over the estimated useful lives of one to three years.

可帶來經濟效益的電腦軟件及系統與相關開發費用，已資本化列為無形資產，並視乎是政府撥款或捐贈而將相應款額在遞延收益 — 資本補助及資本捐贈確認。無形資產乃按成本值減累積攤銷列出，以及按資產一至三年的預計可使用年期以直線法計算攤銷。

# NOTES TO THE FINANCIAL STATEMENTS

## 2. Principal accounting policies (Continued)

### (i) Leases

Under the previous accounting standard HKAS 17 – Leases which was applied during the financial year ended 31 March 2019, leases in which a significant portion of the risks and rewards of ownership were retained by the lessor were classified as operating leases. Payments made under operating leases (net of any incentives received from the lessor) were recognised as expenses in the statement of income and expenditure on a straight-line basis over the period of the lease.

From 1 April 2019, the Group reassessed all lease contracts to ascertain whether such contracts meet the definition of a lease under HKFRS 16. A contract is, or contains, a lease if it conveys the right to control the use of an identified asset for a period of time in exchange for consideration. A contract conveys the right to control the use of an identified asset if the customer has both the right to obtain substantially all of the economic benefits from using the identified asset and the right to direct the use of the identified asset.

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

#### (i) Right-of-use assets

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

#### (ii) Lease liabilities

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

# 財務報表附註

## 2. 主要會計政策(續)

### (i) 租賃

根據在二零一九零年三月三十一日止之財政年度之前應用的《香港會計準則》第17號「租賃」，如有關租賃的大部分風險及擁有權歸出租人所有，均分類為營運租賃。根據營運租賃所支付的開支(減去出租人給予的任何優惠)按租賃年期以直線法於收支結算表確認為支出。

由二零一九年四月一日起，管理層重新評估所有租賃合約，以確定這些合約是否符合《香港財務報告準則》第16號的租賃定義。倘合約附有以代價作為交換在某段時期內使用已識別資產之控制權，則該合約屬於租賃或包含租賃。倘客戶有權從使用已識別資產獲得絕大部份經濟利益以及有權指示使用已識別資產，則合約賦予控制權。

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

#### (i) 使用權資產

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

#### (ii) 租賃負債

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

# NOTES TO THE FINANCIAL STATEMENTS

## 2. Principal accounting policies (Continued)

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

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

### (k) Fixed income instruments

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

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

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

### (l) Inventories

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

# 財務報表附註

## 2. 主要會計政策 (續)

### (j) 按公允價值列賬及在損益處理之金融資產

外匯基金存款是以「按公允價值列賬及在損益處理之金融資產」計算。醫管局在最初確認其金融資產時決定其分類，而有關分類是根據醫管局金融資產管理的業務模式及現金流之合約條款。按公允價值列賬及在損益處理之金融資產最初以公允價值確認，而交易成本會記入收支結算表。當收取現金流量的權利已到期或已轉讓，並且醫管局已實質上將所有風險和報酬的擁有權轉讓時，便會終止確認該金融資產。按公允價值列賬及在損益處理之金融資產其後按公允價值列賬。

### (k) 固定入息工具

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

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

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

### (l) 存貨

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

# NOTES TO THE FINANCIAL STATEMENTS

## 2. Principal accounting policies (Continued)

### (m) Accounts receivable

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

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

When an accounts receivable is uncollectible and eventually written off, the respective uncollectible amount is offset against the allowance for expected credit loss account for accounts receivable. Subsequent recoveries of amounts previously written off are credited against the current year's expenses in the statement of income and expenditure. Accounts receivable are written off after all possible debt recovery actions have been taken by HA and taking into account prevailing economic conditions.

### (n) Cash and cash equivalents

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

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

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

# 財務報表附註

## 2. 主要會計政策(續)

### (m) 應收賬款

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

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

當應收賬款不能收回並最終註銷，不能收回的款額會在應收賬款的信用損失撥備賬戶抵銷，已註銷的款額如日後收回，會記入收支結算表本年度開支的貸方。在醫管局採取了所有可能行動追收欠款後，並考慮到當前經濟環境，該應收賬款會被註銷。

### (n) 現金及現金等值

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

### (o) 非金融資產減值

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

# NOTES TO THE FINANCIAL STATEMENTS

## 2. Principal accounting policies (Continued)

### (p) Provisions and contingent liabilities

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

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

### (q) Employee benefits

#### (i) Retirement benefits costs

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

#### (ii) Termination benefits costs

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

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

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

# 財務報表附註

## 2. 主要會計政策(續)

### (p) 撥備及或然負債

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

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

### (q) 僱員福利

#### (i) 退休福利開支

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

#### (ii) 離職福利開支

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

#### (iii) 死亡及傷殘福利開支

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

# NOTES TO THE FINANCIAL STATEMENTS

## 2. Principal accounting policies (Continued)

### (q) Employee benefits (Continued)

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

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

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

Further details of the death and disability liabilities are set out in note 20.

#### (iv) Other employee benefits costs

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

### (r) Government subvention

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

- (i) Government funding for building projects, together with contributions from the individual governing bodies of ex-subvented hospitals, are received by HA for undertaking the capital works on their behalf. Accordingly, the amount incurred on building projects and the funding received are reflected as changes in current assets / current liabilities. Any outstanding reimbursement of project costs incurred by HA is recognised as current assets, while advance funding received by HA for meeting the project costs in future periods are recognised as current liabilities. Further details are set out in notes 13 and 18.
- (ii) The one-off grant received from the Government for minor works projects (under Subhead 8083MM) together with the related investment income are recognised as deferred income – Minor Works Projects Fund. Each year, the amount spent on the minor works projects is transferred from deferred income to the statement of income and expenditure or deferred income – capital subventions as appropriate. Further details of the deferred income – Minor Works Projects Fund are set out in note 21(a).

# 財務報表附註

## 2. 主要會計政策(續)

### (q) 僱員福利(續)

#### (iii) 死亡及傷殘福利開支(續)

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

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

有關死亡及傷殘福利責任的詳情見附註20。

#### (iv) 其他僱員福利開支

其他僱員福利如年假及約滿酬金於應付時入賬。

### (r) 政府補助

除下列外，本年度經核准的政府補助金列為經常性補助金。

- (i) 政府就建築工程的撥款，以及個別前補助醫院管治機構承擔的款項，由醫管局收取代為執行基本工程項目。就建築工程所涉費用及所得撥款，相應反映於流動資產/流動負債的變動中。任何醫管局所支付而未獲付還的工程費用列為流動資產，而醫管局收取用以支付日後工程費用的預先撥款列為流動負債。詳情載於附註13及18。
- (ii) 政府的小型工程一次性撥款(分目8083MM項下)及有關的投資收益確認為遞延收益——小型工程項目基金。每年，小型工程項目的支出款額，如適當，由遞延收益轉調往收支結算表或遞延收益——資本補助。遞延收益——小型工程項目基金的詳情載於附註21(a)。

# NOTES TO THE FINANCIAL STATEMENTS

## 2. Principal accounting policies (Continued)

### (r) Government subvention (Continued)

- (iii) The Government allocated HK\$10,000,000,000 to HA to establish an endowment fund for PPP programmes. The investment returns of the PPP Endowment Fund, together with the remaining balance of the one-off designated funding for HA's PPP programmes as at 31 March 2016 are recognised as deferred income – PPP Fund. Each year, the amount spent on the PPP programmes is transferred from deferred income to the statement of income and expenditure or deferred income – capital subventions as appropriate. Further details of the PPP Fund are set out in note 21(b).
- (iv) Government subventions that are spent on property, plant and equipment or intangible assets as set out in notes 2(g)(ii) and 2(h) respectively are accumulated in deferred income under capital subventions, and the corresponding amounts are capitalised as property, plant and equipment or intangible assets respectively. Each year, an amount equal to the depreciation or amortisation charge for these assets and net book value of assets disposed of is transferred from deferred income to the statement of income and expenditure.

### (s) Translation of foreign currencies

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

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

### (t) Related parties

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

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

# 財務報表附註

## 2. 主要會計政策 (續)

### (r) 政府補助 (續)

- (iii) 政府向醫管局撥款港幣10,000,000,000元設立留本基金，以推行公私營協作計劃。公私營協作留本基金的投資回報，連同政府給予醫管局公私營協作計劃的一次性指定撥款於二零一六年三月三十一日的結餘確認為遞延收益——公私營協作基金。每年，公私營協作計劃的支出款額，如適當，由遞延收益轉調往收支結算表或遞延收益——資本補助。有關公私營協作基金的詳情載於附註21(b)。
- (iv) 用於附註2(g)(ii)物業、機器及設備或附註2(h)無形資產支出的政府補助，在遞延收益項下的資本補助累積。相同金額會資本化，分別列為物業、機器及設備或無形資產。每年，一筆相等於該等資產折舊或攤銷的金額及出售資產的賬面淨值會由遞延收益轉調往收支結算表。

### (s) 外幣換算

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

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

### (t) 關聯人士

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

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

# NOTES TO THE FINANCIAL STATEMENTS

## 3. Financial risk management

### (a) Financial risk factors

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

With regard to investments, in accordance with the Group's policies and guidelines, the primary objectives are to meet liquidity requirements, to protect capital and to provide a reasonable return. The investment portfolio ("Portfolio") as at 31 March 2020 consisted of bank deposits, fixed income instruments and placements with the Exchange Fund. Based on the risk control measures as summarised below, the risk of default by the counterparties is considered minimal and the Portfolio has no significant concentration of credit risk. Besides, the Group has no significant currency risk because substantially all assets and liabilities are denominated in Hong Kong dollar, the Group's functional and presentation currency. The Group manages its cash flow requirements and risk as disclosed in note 3(c).

#### (i) Credit risk

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

Bank deposits are placed with the Group's approved banks which are of investment grade as determined by Moody's or Standard and Poor's. For bank deposits, banks must meet the minimum credit rating not lower than Moody's Baa3 or equivalent. The impairment requirements of HKFRS 9 do not have a material impact on the bank deposits. Credit risk arising from the bank deposits is not significant to the Group.

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

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

# 財務報表附註

## 3. 財務風險管理

### (a) 財務風險因素

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

就投資方面，根據集團有關政策及指引，其主要目標是符合流動資金的需要、保障資金及提供合理回報。截至二零二零年三月三十一日的投資組合（「組合」），包括銀行存款、固定入息工具及外匯基金存款。根據下文所列的風險控制措施，有關交易對方的拖欠風險應可減至最低，而組合亦沒有重大的信貸集中風險。此外，由於組合的資產及負債大體上都以港元為單位，即集團的功能及呈列貨幣，故無重大的貨幣風險。集團對流動現金需要及風險的管理，於附註3(c)披露。

#### (i) 信貸風險

集團的信貸風險是交易對方可能拖欠其銀行存款、固定入息工具及外匯基金存款。

銀行存款均存放於集團所認可的銀行，銀行乃根據穆迪或標準普爾釐定的投資評級。就銀行存款而言，銀行的最低信貸評級須不低於穆迪 Baa3 或同等級別。《香港財務報告準則》第9號的減值規定對銀行存款沒有重大影響，銀行存款涉及的信貸風險對集團的影響並不大。

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

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

# NOTES TO THE FINANCIAL STATEMENTS

## 3. Financial risk management (Continued)

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

#### (ii) Interest rate risk

The Portfolio's interest rate risk arises from interest bearing cash at bank, bank deposits and fixed income instruments. Cash at bank, which earns interest at variable rates, gives rise to cash flow interest rate risk. Fixed rate bank deposits and fixed income instruments expose the Portfolio to fair value interest rate risk. Sensitivity analyses have been performed by the Group with regard to interest rate risk as at 31 March 2020. If interest rates had been increased or decreased by 25 basis points, which represent management's assessment of a reasonably possible change in those rates, and all other variables were held constant, the effect on the Group's operating results and total funds is insignificant.

#### (iii) Price risk

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

#### (iv) Currency risk

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

### (b) Fair values estimation

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

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

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

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

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

# 財務報表附註

## 3. 財務風險管理 (續)

### (a) 財務風險因素 (續)

#### (ii) 利率風險

組合的利率風險來自所獲利息的銀行現金、銀行存款及固定入息工具。銀行現金賺取不同利率，會有流動現金利率風險；而賺取固定息率的銀行存款及固定入息工具，則有公允價值利率風險。集團在二零二零年三月三十一日就利率風險進行敏感度分析。當利率升降25點子（即管理層認為的合理可能之利率變動），而所有其他變動因素維持不變，這對集團營運結果及基金總額不會有重大影響。

#### (iii) 價格風險

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

#### (iv) 貨幣風險

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

### (b) 公允價值估計

#### (i) 按公允價值列賬的金融資產

集團以公允價值計量的金融工具按以下公允價值的計量架構進行分類：

第一層 – 相同資產或負債於活躍市場之報價（未經調整）。

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

第三層 – 資產或負債並不是根據可觀察市場數據的輸入（即不可觀察輸入）。

# NOTES TO THE FINANCIAL STATEMENTS

## 3. Financial risk management (Continued)

### (b) Fair values estimation (Continued)

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

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

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

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

Specific valuation techniques used to value financial instruments include:

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

# 財務報表附註

## 3. 財務風險管理 (續)

### (b) 公允價值估計 (續)

#### (i) 按公允價值列賬的金融資產 (續)

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

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

如一項或多項重大輸入並非根據可觀察市場數據，這些工具屬於第三層。

用以估值金融工具的特定估值技術包括：

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

# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

## 3. Financial risk management (Continued)

## 3. 財務風險管理 (續)

### (b) Fair values estimation (Continued)

### (b) 公允價值估計 (續)

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

#### (i) 按公允價值列賬的金融資產 (續)

The placements with the Exchange Fund are included in level 3. The following table presents the changes in level 3 instruments for the financial years ended 31 March 2020 and 31 March 2019:

外匯基金存款屬於第三層。下表呈列截至二零二零年三月三十一日止及二零一九年三月三十一日止年度第三層工具的變動：

The Group and HA 集團及醫管局		
	For the year ended 31 March 2020 HK\$'000 截至2020年 3月31日止年度 港幣千元	For the year ended 31 March 2019 HK\$'000 截至2019年 3月31日止年度 港幣千元
At the beginning of the year 於年初	25,590,326	26,502,332
Addition [note 16] 增加[附註16]	5,000,000	-
Interest earned / accrued interest 所獲利息 / 應計利息	849,713	1,069,543
Interest withdrawn 提取利息	(1,536,000)	(1,981,549)
At the end of the year [note 9] 於年終[附註9]	29,904,039	25,590,326

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

#### (ii) 非以公允價值呈列的金融資產

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

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

The Group and HA 集團及醫管局				
	Carrying Value [Note 10] 賬面價值 [附註10]		Fair Value 公允價值	
	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元	At 31 March 2019 HK\$'000 2019年3月31日 港幣千元	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元	At 31 March 2019 HK\$'000 2019年3月31日 港幣千元
Fixed income instruments 固定入息工具	1,899,257	799,552	1,905,966	809,627

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

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

# NOTES TO THE FINANCIAL STATEMENTS

## 3. Financial risk management (Continued)

### (c) Capital management

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

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

In this regard, the capital of the Group comprises revenue reserve, designated fund and deferred income as shown in the consolidated balance sheet. At 31 March 2020, the capital of the Group was HK\$28,091,837,000 (2019: HK\$24,840,111,000).

The Group's objective for managing capital is to safeguard the Group's ability to continue as a going concern to ensure sustainability of the public healthcare system. The Group has always been prudent in financial management so as to ensure proper and effective use of public resources. Through the annual planning exercise, resource requirement of individual clusters is identified and considered against the total amount of resources available to the Group, targeting at maintaining existing levels of services and providing pragmatic service growth in meeting the pressing demand for public hospital services. Priority is given to initiatives which aim to improve clinical effectiveness and align with the strategic directions outlined in HA Strategic Plan, and those which help address pressure areas, while taking into account prevailing constraints in manpower and hospital facility situations for capacity growth. To facilitate the delivery of value-for-money services, the Group regularly monitors a set of performance indicators covering performance in clinical service, human resources management and financial management.

# 財務報表附註

## 3. 財務風險管理(續)

### (c) 資本管理

根據《醫院管理局條例》，集團的資源包括：

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

故此，集團的資本包括綜合資產負債表所載的收入儲備、指定基金及遞延收益。截至二零二零年三月三十一日，集團的資本為港幣28,091,837,000元(二零一九年：港幣24,840,111,000元)。

集團資本管理的目標是保障集團的能力，繼續在持續經營的基礎上確保公立醫療體制的可持續能力。集團一直奉行審慎的財務管理原則，以確保公共資源獲適當及有效運用。透過年度工作規劃過程，醫管局得悉個別醫院聯網的資源需要，並就集團所獲資源總額作出考慮，以維持現有服務量，並務實地增加服務，切合市民對公立醫院服務的殷切需求。集團優先考慮旨在提高臨床功效、配合醫管局策略計劃方針，及有助紓緩壓力範疇的措施。與此同時，醫管局需考慮包括人手和醫院設施狀況等限制服務量增長的因素。為能提供合乎經濟效益的服務，集團定期監察一套測定醫療服務、人力資源管理及財務管理績效的表現指標。

# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

## 4. Critical accounting estimates and judgments

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

### (a) Provision for medical malpractice claims

The Group co-insures and retains a designated sum for each medical malpractice claim. For those professional liability claims in excess of the retained sum, the claims will be borne by the insurer. In view of the complex nature and long development period of the claims, a Claims Review Panel consisting of the participating medical malpractice insurers, the external panel law firms appointed by the insurers and HA's in-house experts review the status of potential and active claims semi-annually and assess the provision required on each significant case. An independent qualified actuary also assists the Group on the assessment of the exposure of other reported cases based on historical development trend of the claims settlement. With reference to the assessments and the analysis by the Claims Review Panel and the external actuarial consultant respectively, management reviews the claims exposure and determines the provision required to cover the Group's exposure at each reporting date. Such provision is included in accrued charges and other payables in note 18.

### (b) Death and disability liabilities

The Group engages an independent qualified actuary to assess the present value of obligations for its death and disability scheme at each reporting date. Major actuarial assumptions include the discount rate and salary inflation rate which are set out in note 20. The present value of the Group's obligations is discounted with reference to market yields on Hong Kong Government Bonds, which have terms to maturity approximating the terms of the related obligations. The long-term salary inflation is generally based on the market's long-term expectation of price inflation.

## 4. 關鍵會計估計及判斷

在制備財務報表時，管理層在會計政策的挑選及應用方面需要作出重大判斷，包括作出估計及假設。以下所列是一些需要作出重大判斷及受不確定因素影響的較重要會計政策，如情況不同，或採用不同的假設，可能會得出不同的呈報數額。

### (a) 醫療失誤申索撥備

集團就醫療失誤申索採用共同保險制，並為每項醫療失誤申索預留指定款額。超出預留款額的專業責任申索，會由保險公司承擔。鑑於此等申索的複雜性質及漫長發展，一個由承保醫療失誤責任的保險公司、保險公司所委任的外界律師行小組及醫管局的專家組成的申索檢討委員會，會每半年檢討潛在及現有申索個案的情況，並評估每宗重要個案所需的撥備。合資格獨立精算師亦會根據過往申索補償的發展趨勢，協助集團評估其他呈報個案的申索風險。管理層會參考申索檢討委員會及外界精算顧問分別所作的評估和分析，檢討申索的風險，並於報告日釐定用以應付集團風險的所需撥備，此項撥備列入附註18的「應付費用及其他賬款」。

### (b) 死亡及傷殘福利責任

集團委託了合資格獨立精算師於報告日評估死亡及傷殘計劃福利責任的現值，所採用的主要精算假設包括附註20所述的貼現率及薪金通脹率。集團用以支付此等責任的現值，是根據與有關責任年期相若的香港政府債券的市場回報按貼現率計算，而長遠的薪金通脹率一般是以市場預期的長遠價格通脹率為依據。

# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

### 5. Property, plant and equipment

### 5. 物業、機器及設備

The Group and HA 集團及醫管局					
	Building and improvements HK\$'000 建築物及裝修 港幣千元	Furniture, fixtures and equipment HK\$'000 家具、固定裝置及設備 港幣千元	Motor vehicles HK\$'000 汽車 港幣千元	Computer equipment HK\$'000 電腦設備 港幣千元	Total HK\$'000 總計 港幣千元
<b>Cost 成本</b>					
At 1 April 2019 於2019年4月1日	1,093,495	12,409,452	314,446	616,729	14,434,122
Additions 增加	19,694	1,328,720	42,405	91,893	1,482,712
Reclassifications 重新分類	-	(200)	-	-	(200)
Disposals 出售	(6,739)	(498,193)	(18,217)	(15,924)	(539,073)
At 31 March 2020 於2020年3月31日	1,106,450	13,239,779	338,634	692,698	15,377,561
<b>Accumulated depreciation 累積折舊</b>					
At 1 April 2019 於2019年4月1日	478,028	7,014,224	236,872	436,917	8,166,041
Charge for the year 本年度之折舊	28,739	1,007,061	28,385	71,402	1,135,587
Disposals 出售	(5,110)	(485,011)	(18,217)	(15,922)	(524,260)
At 31 March 2020 於2020年3月31日	501,657	7,536,274	247,040	492,397	8,777,368
<b>Net book value 賬面淨值</b>					
At 31 March 2020 於2020年3月31日	604,793	5,703,505	91,594	200,301	6,600,193

The Group and HA 集團及醫管局					
	Building and improvements HK\$'000 建築物及裝修 港幣千元	Furniture, fixtures and equipment HK\$'000 家具、固定裝置及設備 港幣千元	Motor vehicles HK\$'000 汽車 港幣千元	Computer equipment HK\$'000 電腦設備 港幣千元	Total HK\$'000 總計 港幣千元
<b>Cost 成本</b>					
At 1 April 2018 於2018年4月1日	1,093,728	11,522,158	294,879	562,300	13,473,065
Additions 增加	800	1,349,203	34,859	71,502	1,456,364
Disposals 出售	(1,033)	(461,909)	(15,292)	(17,073)	(495,307)
At 31 March 2019 於2019年3月31日	1,093,495	12,409,452	314,446	616,729	14,434,122
<b>Accumulated depreciation 累積折舊</b>					
At 1 April 2018 於2018年4月1日	450,936	6,576,173	231,582	384,638	7,643,329
Charge for the year 本年度之折舊	28,125	889,474	20,582	69,182	1,007,363
Disposals 出售	(1,033)	(451,423)	(15,292)	(16,903)	(484,651)
At 31 March 2019 於2019年3月31日	478,028	7,014,224	236,872	436,917	8,166,041
<b>Net book value 賬面淨值</b>					
At 31 March 2019 於2019年3月31日	615,467	5,395,228	77,574	179,812	6,268,081

# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

## 6. Intangible assets

## 6. 無形資產

The Group 集團		
	For the year ended 31 March 2020 HK\$'000 截至2020年 3月31日止年度 港幣千元	For the year ended 31 March 2019 HK\$'000 截至2019年 3月31日止年度 港幣千元
<b>Cost 成本</b>		
At the beginning of the year 於年初	1,581,537	1,413,263
Additions 增加	184,104	169,298
Reclassifications 重新分類	200	-
Disposals 出售	(4,478)	(1,024)
At the end of the year 於年終	1,761,363	1,581,537
<b>Accumulated amortisation 累積攤銷</b>		
At the beginning of the year 於年初	1,342,229	1,134,311
Charge for the year 本年度之攤銷	116,966	208,942
Disposals 出售	(4,478)	(1,024)
At the end of the year 於年終	1,454,717	1,342,229
<b>Net book value 賬面淨值</b>		
At the end of the year 於年終	306,646	239,308

HA 醫管局		
	For the year ended 31 March 2020 HK\$'000 截至2020年 3月31日止年度 港幣千元	For the year ended 31 March 2019 HK\$'000 截至2019年 3月31日止年度 港幣千元
<b>Cost 成本</b>		
At the beginning of the year 於年初	1,575,614	1,407,340
Additions 增加	178,260	169,298
Reclassifications 重新分類	200	-
Disposals 出售	(4,478)	(1,024)
At the end of the year 於年終	1,749,596	1,575,614
<b>Accumulated amortisation 累積攤銷</b>		
At the beginning of the year 於年初	1,336,306	1,128,388
Charge for the year 本年度之攤銷	116,583	208,942
Disposals 出售	(4,478)	(1,024)
At the end of the year 於年終	1,448,411	1,336,306
<b>Net book value 賬面淨值</b>		
At the end of the year 於年終	301,185	239,308

# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

### 7. Leases

The Group has leased buildings mainly for offices, blood donation centres, clinics, data centers and storerooms. These buildings are used to maximise operational flexibility for the Group's operations. Lease terms are negotiated on an individual basis and contain a wide range of different terms and conditions. Extension and termination options are included in a number of leases, the majority of which are exercisable only by the Group and not by the respective lessors. At 31 March 2020, the future cash outflows for lease not yet commenced but committed by the Group amounted to HK\$17,027,000.

### 7. 租賃

集團租用的物業主要用作辦公室、捐血中心、診所、數據中心及倉庫。集團透過租用這些物業來增加其營運彈性。租賃年期乃個別商議，當中包括多種不同條款及條件。多項租賃均包括延長或終止租賃的選擇權，而大部分只可由集團而非相關出租人行使。於二零二零年三月三十一日，尚未開始但集團已承擔的租賃未來現金流出為港幣 17,027,000 元。

#### (a) Amounts recognised in the consolidated balance sheet

#### (a) 在綜合資產負債表確認的款項

##### (i) Right-of-use assets

##### (i) 使用權資產

The Group and HA 集團及醫管局		Buildings HK\$'000 物業 港幣千元
Net book value at 1 April 2019, as previously reported under HKAS 17 於二零一九年四月一日的賬面淨值，如以往根據《香港會計準則》第 17 號呈列		-
Effect of adoption of HKFRS16 採用《香港財務報告準則》第 16 號的影響		209,634
Net book value at 1 April 2019, as restated 於二零一九年四月一日的賬面淨值，如重述		209,634
Additions 增加		86,653
Accumulated depreciation 累積折舊		(100,896)
Net book value at 31 March 2020 於二零二零年三月三十一日的賬面淨值		195,391

##### (ii) Lease liabilities

##### (ii) 租賃負債

Contractual maturities of lease liabilities are as follows:

租賃負債的合約到期情況如下：

The Group and HA 集團及醫管局						
	Within 1 year HK\$'000 1年內 港幣千元	Between 1 and 2 years HK\$'000 1-2年 港幣千元	Between 2 and 5 years HK\$'000 2-5年 港幣千元	Over 5 years HK\$'000 5年以上 港幣千元	Total contractual cash flows HK\$'000 合約現金 流量總額 港幣千元	Carrying amount HK\$'000 賬面價值 港幣千元
At 31 March 2020 於 2020 年 3 月 31 日	100,516	60,426	41,695	-	202,637	199,104
Less: non-current portion 減：非流動部分						(100,818)
Current portion 流動部分						98,286

# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

## 7. Leases (Continued)

## 7. 租賃 (續)

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

### (b) 在綜合收支結算表確認的款項

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

綜合收支結算表呈列之租賃相關款額如下：

The Group and HA 集團及醫管局	For the year ended 31 March 2020 HK\$'000 截至2020年 3月31日止年度 港幣千元	For the year ended 31 March 2019 HK\$'000 截至2019年 3月31日止年度 港幣千元
Depreciation 折舊	100,896	-
Expenses relating to short-term leases (included in other operating expenses) 短期租賃相關開支 (包括在其他營運開支內)	14,737	-
Finance costs 財務費用	3,154	-
Operating lease expenses (included in other operating expenses) 營運租賃開支 (包括在其他營運開支內)	-	103,851

Total cash outflow for leases for the year ended 31 March 2020 was HK\$110,524,000.

截至二零二零年三月三十一日止年度，租賃之現金流出總額為港幣110,524,000元。

## 8. Loans receivable

## 8. 應收債款

Certain eligible employees under the Home Loan Interest Subsidy Scheme were offered downpayment loans for the purchase of their residential properties ("Downpayment Loan Scheme"). The repayment period of the loans is the shorter of the mortgage life and 20 years. Interest charged on the downpayment loans is determined by the Group from time to time and is set at 1.106% as at 31 March 2020 (2019: 1.257%). Downpayment Loan Scheme has been suspended since April 2002.

在醫管局推行的購屋貸款利息津貼計劃下，一些合資格僱員可獲得首期貸款以購置居所（「首期貸款計劃」）。首期貸款的還款期為物業按揭年數或20年，以較短者為準。首期貸款的息率由醫管局不時訂定，於二零二零年三月三十一日時為1.106%（二零一九年：1.257%）。首期貸款計劃自二零零二年四月起已暫停。

At 31 March 2020, the downpayment loans advanced to eligible staff which are fully secured by charges over the properties are as follows:

在二零二零年三月三十一日，已發放給合資格僱員的首期貸款並有物業作十足抵押如下：

The Group and HA 集團及醫管局	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元	At 31 March 2019 HK\$'000 2019年3月31日 港幣千元
Repayable within one year 一年內償還	237	568
Repayable beyond one year 超過一年償還	122	359
	359	927

# NOTES TO THE FINANCIAL STATEMENTS

## 8. Loans receivable (Continued)

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

## 9. Placements with the Exchange Fund

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

The interest on the placements is at a fixed rate determined annually in January and payable annually in arrears on 31 December. Currently, the rate of return is calculated on the basis of the average annual rate of return on certain investment portfolio of the Exchange Fund over the past six years or the average annual yield of three-year government bond in the previous year (subject to a minimum of zero percent), whichever is the higher. This rate of return has been fixed at 2.9% and 3.7% per annum for January to December 2019 and January to December 2020, respectively. The interest earned but not yet withdrawn by HA would continue to accrue interest at the same rate payable for the principal amount.

As agreed with HKMA, HA renewed the principal amount of HK\$6,000,000,000 for the Samaritan Fund for another six years at its maturity on 8 November 2018 during which HA would be able to request one single withdrawal of an amount equal to or not more than HK\$3,000,000,000 during the period from 1 April 2022 to 31 March 2023. HA has also placed HK\$5,000,000,000 for the HLISS Fund with the Exchange Fund since 19 August 2019 for a period of six years, during which HA would be able to request one single withdrawal of an amount equal to or not more than HK\$2,000,000,000 during the period from 1 April 2023 to 31 March 2024.

# 財務報表附註

## 8. 應收債款(續)

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

## 9. 外匯基金存款

外匯基金存款是以「按公允價值列賬及在損益處理之金融資產」計算，其公允價值計量所用的估值技術及重大未可觀察輸入，分別是貼現現金流及貼現率。這項款項以港元為單位，其公允價值根據未來年度的估計投資回報率釐定。

這筆存款的息率固定，在每年一月釐定，並於每年十二月三十一日支付。現時，回報率是按外匯基金投資組合過往六年的平均投資回報率，或三年期政府債券過去一年的平均年度收益率計算(最低為0%)，以較高者為準。二零一九年一月至十二月及二零二零年一月至十二月的每年回報率分別為2.9%及3.7%。醫管局所獲但未有提取的利息會按本金可享息率繼續積存利息。

根據醫管局與金管局的協議，撒瑪利基金為數港幣6,000,000,000元的本金於二零一八年十一月八日到期後續存於外匯基金，為期六年，期間醫管局可在二零二二年四月一日至二零二三年三月三十一日要求一次過提取一筆相等於或不超過港幣3,000,000,000元的款項。醫管局亦從購屋貸款利息津貼計劃基金將港幣5,000,000,000元的款項由二零一九年八月十九日起存於外匯基金，為期六年，期間醫管局可在二零二三年四月一日至二零二四年三月三十一日要求一次過提取一筆相等於或不超過港幣2,000,000,000元的款項。

# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

### 9. Placements with the Exchange Fund (Continued)

During the year ended 31 March 2020, HA withdrew interest of HK\$1,536,000,000 (2019: HK\$320,000,000) from the Placements with the Exchange Fund. HK\$1,300,000,000 was withdrawn on 1 April 2019 (2019: nil) to meet the costs of the minor works projects, while HK\$144,000,000 and HK\$92,000,000 were withdrawn on 30 April 2019 and 31 October 2019 respectively (2019: HK\$320,000,000) to support the operation of the Public-Private Partnership (PPP) programmes.

The placements with the Exchange Fund are analysed as follows:

### 9. 外匯基金存款 (續)

在截至二零二零年三月三十一日止的年度，醫管局從外匯基金存款提取共港幣1,536,000,000元(二零一九年：港幣320,000,000元)的利息。當中於二零一九年四月一日提取為數港幣1,300,000,000元(二零一九年：無)的利息，用以支付小型工程項目的開支；並於二零一九年四月三十日及二零一九年十月三十一日，分別提取為數港幣144,000,000元及港幣92,000,000元(二零一九年：港幣320,000,000元)的利息，作為公私營協作計劃營運之用。

外匯基金存款分析如下：

The Group and HA 集團及醫管局										
	Custodian for Samaritan Fund [Note 17] 作為撒瑪利亞基金的保管人 [附註 17]		Minor Works Projects Fund [Note 21(a)] 小型工程項目基金 [附註 21(a)]		PPP Fund and PPP Endowment Fund [Notes 21(b) and 23] 公私營協作基金及公私營協作留本基金 [附註 21(b) 及 23]		HLISS Fund [Note 16] 購屋貸款利息津貼計劃基金 [附註 16]		Total 總計	
	At 31 March 2020 HK\$'000 2020年 3月31日 港幣千元	At 31 March 2019 HK\$'000 2019年 3月31日 港幣千元	At 31 March 2020 HK\$'000 2020年 3月31日 港幣千元	At 31 March 2019 HK\$'000 2019年 3月31日 港幣千元	At 31 March 2020 HK\$'000 2020年 3月31日 港幣千元	At 31 March 2019 HK\$'000 2019年 3月31日 港幣千元	At 31 March 2020 HK\$'000 2020年 3月31日 港幣千元	At 31 March 2019 HK\$'000 2019年 3月31日 港幣千元	At 31 March 2020 HK\$'000 2020年 3月31日 港幣千元	At 31 March 2019 HK\$'000 2019年 3月31日 港幣千元
Principal amount 本金	6,000,000	6,000,000	7,300,000	7,300,000	10,000,000	10,000,000	5,000,000	-	28,300,000	23,300,000
Interest earned but not withdrawn at the reporting date 報告日所獲但沒有提取的利息收入	216,017	40,833	404,370	1,478,206	657,428	589,598	53,630	-	1,331,445	2,108,637
Accrued interest 應計利息	57,184	43,196	70,876	62,771	98,043	75,722	46,491	-	272,594	181,689
	6,273,201	6,084,029	7,775,246	8,840,977	10,755,471	10,665,320	5,100,121	-	29,904,039	25,590,326
Less: non-current portion 減：非流動部分	(6,000,000)	(6,000,000)	-	(7,300,000)	(10,000,000)	(10,000,000)	(5,000,000)	-	(21,000,000)	(23,300,000)
Current portion 流動部分	273,201	84,029	7,775,246	1,540,977	755,471	665,320	100,121	-	8,904,039	2,290,326

# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

## 10. Fixed income instruments

The fixed income instruments represent Hong Kong dollar certificates of deposits and bonds with maturity periods within five years from the date of purchase. The investment yields at the reporting date were between 2.63% and 3.18% (2019: between 3.05% and 3.18%).

At 31 March 2020, the fixed income instruments held by the Group and HA are as follows:

## 10. 固定入息工具

固定入息工具是指由購買日期起計五年內到期的港元存款證及債券，在報告日的投資收益介乎2.63%至3.18%之間(二零一九年：在3.05%至3.18%之間)。

於二零二零年三月三十一日，集團及醫管局持有的固定入息工具如下：

The Group and HA 集團及醫管局		
	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元	At 31 March 2019 HK\$'000 2019年3月31日 港幣千元
Maturing within one year 一年內到期	1,899,257	-
Maturing between one and five years 一至五年內到期	-	799,552
	<b>1,899,257</b>	<b>799,552</b>

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

上述金融資產並沒有逾期或減值，這些資產的信貸質素披露於附註3(a)。在報告日，最大的信貸風險是附註3(b)(ii)所列這些資產的公允價值。集團並未持有任何抵押品作抵押。

## 11. Inventories

## 11. 存貨

The Group and HA 集團及醫管局		
	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元	At 31 March 2019 HK\$'000 2019年3月31日 港幣千元
Drugs 藥物	1,409,632	1,157,659
Medical consumables 醫療消耗品	285,583	199,554
General consumables 一般消耗品	19,527	20,104
	<b>1,714,742</b>	<b>1,377,317</b>

# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

## 12. Accounts receivable

## 12. 應收賬款

The Group and HA 集團及醫管局		
	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元	At 31 March 2019 HK\$'000 2019年3月31日 港幣千元
Bills receivable [note 12(a)] 應收賬單 [附註 12(a)]	378,900	341,778
Accrued income [note 12(b)] 應計收入 [附註 12(b)]	34,516	34,562
	413,416	376,340
Less: Allowance for expected credit losses [notes 12(c) and 12(d)] 減：預期信用損失撥備 [附註 12(c) 及 12(d)]	(68,700)	(80,089)
	344,716	296,251

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

(a) 應收賬單的賬齡分析如下：

The Group and HA 集團及醫管局		
	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元	At 31 March 2019 HK\$'000 2019年3月31日 港幣千元
Within 30 days 30日內	202,431	215,138
Between 31 and 60 days 31至60日	90,305	49,141
Between 61 and 90 days 61至90日	26,047	12,583
Over 90 days 超過90日	60,117	64,916
	378,900	341,778

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

集團有關病人賬單的政策如下：

- (i) Patients attending outpatient and accident and emergency services are required to pay fees before services are performed.
  - (ii) Private patients and non-eligible persons are required to pay deposit on admission to hospital.
  - (iii) Interim bills are sent to patients during hospitalisation. Final bills are sent if the outstanding amounts have not been settled on discharge.
  - (iv) Administrative charge is imposed on late payments of medical fees and charges for medical services provided on or after 1 July 2007. The administrative charge is imposed at 5% of the outstanding fees past due for 60 days from issuance of the bills, subject to a maximum charge of HK\$1,000 for each bill. An additional 10% of the outstanding fees are imposed if the bills remain outstanding 90 days from issuance of the bills, subject to a maximum additional charge of HK\$10,000 for each bill.
- (i) 病人到門診診所及急症室求診須於接受診治前繳付費用。
  - (ii) 私家病人及非符合資格人士入院時須繳付訂金。
  - (iii) 醫院會向住院病人發出中期賬單。假如病人在出院時未繳付尚欠的費用，醫院會發出最後賬單通知。
  - (iv) 就二零零七年七月一日或之後所提供的醫療服務，若逾期支付費用須另繳行政費。如在賬單發出後60日仍未清繳費用，會另外徵收欠款5%作為行政費，每項賬單上限為港幣1,000元；如在賬單發出後90日仍未清繳費用，則會另外徵收欠款10%作為行政費，每項賬單上限為港幣10,000元。

# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

### 12. Accounts receivable (Continued)

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

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

The Group and HA 集團及醫管局		
	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元	At 31 March 2019 HK\$'000 2019年3月31日 港幣千元
Past due by 逾期：		
Within 30 days 30日內	166,717	174,352
Between 31 and 60 days 31至60日	73,234	33,002
Between 61 and 90 days 61至90日	14,336	2,033
Over 90 days 超過90日	8,330	6,771
	<b>262,617</b>	<b>216,158</b>

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

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

### 12. 應收賬款 (續)

- (v) 集團會就拖欠的賬款按個別情況採取法律行動。有經濟困難的病人，集團會考慮予以費用減免。

逾期但沒有減值的應收賬單的賬齡分析如下：

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

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

# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

### 12. Accounts receivable (Continued)

(c) At 31 March 2020, bills receivable of HK\$116,283,000 (2019: HK\$125,620,000) were impaired by HK\$68,700,000 (2019: HK\$80,089,000). The aging analysis of these receivables is as follows:

### 12. 應收賬款 (續)

(c) 於二零二零年三月三十一日，港幣116,283,000元(二零一九年：港幣125,620,000元)的應收賬單減值港幣68,700,000元(二零一九年：港幣80,089,000元)。這些應收賬單的賬齡分析如下：

The Group and HA 集團及醫管局		
	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元	At 31 March 2019 HK\$'000 2019年3月31日 港幣千元
Within 30 days 30日內	35,714	40,786
Between 31 and 60 days 31至60日	17,071	16,139
Between 61 and 90 days 61至90日	11,711	10,550
Over 90 days 超過90日	51,787	58,145
	<b>116,283</b>	<b>125,620</b>

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

應收賬單預期信用損失撥備的變動如下：

The Group and HA 集團及醫管局		
	For the year ended 31 March 2020 HK\$'000 截至2020年 3月31日止年度 港幣千元	For the year ended 31 March 2019 HK\$'000 截至2019年 3月31日止年度 港幣千元
At the beginning of the year 於年初	80,089	71,787
Additional provision 撥備增加	50,213	57,535
Uncollectible amounts written off 註銷的未收回款額	(61,602)	(49,233)
At the end of the year 於年終	<b>68,700</b>	<b>80,089</b>

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

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

# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

### 12. Accounts receivable (Continued)

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

### 12. 應收賬款 (續)

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

The Group and HA 集團及醫管局				
	Gross Carrying Amount HK\$'000 賬面總值 港幣千元	Lifetime Expected Credit Loss HK\$'000 整個存續期的預期信用損失 港幣千元	Net Carrying Amount HK\$'000 賬面淨值 港幣千元	Weighted Average Lifetime Expected Credit Loss Rate 加權平均 預期信用 損失率
<b>At 31 March 2020 於2020年3月31日</b>				
Within 6 months 6個月內	383,546	(42,038)	341,508	11%
Between 6 and 12 months 6至12個月	9,747	(6,745)	3,002	69%
Over 12 months 超過12個月	20,123	(19,917)	206	99%
	<b>413,416</b>	<b>(68,700)</b>	<b>344,716</b>	
<b>At 31 March 2019 於2019年3月31日</b>				
Within 6 months 6個月內	335,326	(43,809)	291,517	13%
Between 6 and 12 months 6至12個月	14,451	(9,767)	4,684	68%
Over 12 months 超過12個月	26,563	(26,513)	50	100%
	<b>376,340</b>	<b>(80,089)</b>	<b>296,251</b>	

The lifetime expected credit loss balances disclosed above include HK\$42,431,000 (2019: HK\$54,181,000) which were related to receivables individually determined to be impaired. These mainly related to non-eligible persons, the recoverability of which are considered to be low after taking all possible debt recovery actions.

上述披露的整個存續期的預期信用損失的結餘包括港幣42,431,000元(二零一九年：港幣54,181,000元)與個別決定減值的應收賬單有關，主要涉及非符合資格人士，雖然已採取所有可能行動向他們追收欠款，但成功收回機會不大。

# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

## 13. Other receivables

## 13. 其他應收賬款

The Group and HA 集團及醫管局		
	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元	At 31 March 2019 HK\$'000 2019年3月31日 港幣千元
Donations receivable 應收捐款	72,167	96,178
Interest receivable 應收利息	49,494	82,959
Receivable from the Government for reimbursement or refund of expenditure incurred on capital projects [note 13(a)] 政府付還或退還基本工程項目所涉開支的應收款項[附註13(a)]	355,629	-
Others 其他	152,096	89,408
	<b>629,386</b>	<b>268,545</b>

Other receivables do not contain impaired assets. The balances mainly represent outstanding debts to be settled by government departments, charitable organisations or other institutions for whom the credit risk associated with these receivables is relatively low. The maximum exposure to credit risk at the reporting date is the fair value of each class of receivables mentioned above. The Group does not hold any collateral as security.

其他應收賬款並無減值資產，結餘主要包括政府部門、慈善團體或其他機構應償還的欠款，這些應收賬款涉及的信貸風險相對為低，在報告日的最大的信貸風險是上述各類應收款項的公允價值。集團並未持有任何抵押品作抵押。

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

- (a) 政府就基本工程項目所涉開支的撥款結餘變動如下：

The Group and HA 集團及醫管局		
	For the year ended 31 March 2020 HK\$'000 截至2020年 3月31日止年度 港幣千元	For the year ended 31 March 2019 HK\$'000 截至2019年 3月31日止年度 港幣千元
At the beginning of the year 於年初	(263,219)	161,877
Government funding received on capital projects 就基本工程項目收到的政府撥款	(2,829,079)	(2,804,109)
Amount incurred on capital projects 基本工程項目所涉款項	3,447,927	2,379,013
At the end of the year 於年終	<b>355,629</b>	<b>(263,219)</b>

At 31 March 2019, advance funding received from the Government for meeting the capital project costs in future periods was HK\$263,219,000 and was recognised as current liabilities in note 18.

於二零一九年三月三十一日，醫管局從政府收到用以支付日後基本工程項目費用的預先撥款為港幣263,219,000元，於附註18列為流動負債。

# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

### 14. Deposits and prepayments

### 14. 按金及預付款項

The Group 集團		
	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元	At 31 March 2019 HK\$'000 2019年3月31日 港幣千元
Utility and other deposits 公用事業及其他按金	30,449	26,870
Prepayments to Government departments 向政府部門預付的款項	97,100	96,487
Maintenance contracts and other prepayments 保養合約及其他預付款項	199,596	174,219
	<b>327,145</b>	<b>297,576</b>

HA 醫管局		
	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元	At 31 March 2019 HK\$'000 2019年3月31日 港幣千元
Utility and other deposits 公用事業及其他按金	30,337	26,758
Prepayments to Government departments 向政府部門預付的款項	97,100	96,487
Maintenance contracts and other prepayments 保養合約及其他預付款項	199,596	174,219
	<b>327,033</b>	<b>297,464</b>

# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

## 15. Cash and bank balances

## 15. 現金及銀行結餘

The Group and HA 集團及醫管局		
	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元	At 31 March 2019 HK\$'000 2019年3月31日 港幣千元
Cash at bank and in hand 銀行存款及手持現金	782,386	715,476
Bank deposits with original maturity within three months 原來到期日不超過三個月的銀行存款	11,323,620	3,458,943
Cash and cash equivalents 現金及現金等值	12,106,006	4,174,419
Bank deposits with original maturity over three months 原來到期日超過三個月的銀行存款	8,135,161	15,097,206
	20,241,167	19,271,625

The cash and bank balances included bank deposits designated for Minor Works Projects Fund and PPP Fund of HK\$159,255,000 (2019: HK\$138,055,000) and HK\$125,097,000 (2019: HK\$151,622,000) respectively. The effective interest rate on short term bank deposits is between 0.001% and 3.40% (2019: 0.001% and 3.00%). These deposits have an average maturity of 57 days (2019: 50 days).

現金及銀行結餘包括小型工程項目基金及公私營協作基金的指定銀行存款，分別為港幣159,255,000元（二零一九年：港幣138,055,000元）及港幣125,097,000元（二零一九年：港幣151,622,000元）。短期銀行存款的實際利率為0.001%至3.40%之間（二零一九年：0.001%至3.00%之間），這些存款的平均到期日為57天（二零一九年：50天）。

At 31 March 2020, the Group and HA had undrawn banking facilities of HK\$1,350,000,000 (2019: HK\$1,350,000,000).

於二零二零年三月三十一日，集團及醫管局未動用的銀行授信額為港幣1,350,000,000元（二零一九年：港幣1,350,000,000元）。

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

## 16. 指定基金 — 購屋貸款利息津貼計劃

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

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

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

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

# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

### 17. Balance with Samaritan Fund

During the financial year ended 31 March 2013, the Government injected HK\$10,000,000,000 to support the operation of the Samaritan Fund, which was established in 1950 by resolution of the Legislative Council for the purpose of providing financial assistance to needy patients. As instructed by the Government, HK\$4,000,000,000 was vested immediately in the Samaritan Fund. The balance of HK\$6,000,000,000 not immediately required by the Samaritan Fund was placed with the Exchange Fund on 8 November 2012 by way of a credit facility entered into between HA and HKMA for a fixed period of six years. As agreed with HKMA, HA renewed the principal amount of HK\$6,000,000,000 for another six years at its maturity on 8 November 2018, during which HA would be able to request one single withdrawal of an amount equal to or not more than HK\$3,000,000,000 during the period from 1 April 2022 to 31 March 2023. All the interest earned up to 7 November 2018 of HK\$1,661,549,000 was withdrawn and transferred to the Samaritan Fund.

As HA is acting as a custodian for the Samaritan Fund, the cumulative investment return up to 31 March 2020 was recorded together with the principal amount as balance with Samaritan Fund, which is unsecured, interest free and denominated in Hong Kong dollar.

The balance with Samaritan Fund is analysed as follows:

### 17. 撒瑪利亞基金結餘

在截至二零一三年三月三十一日止之財政年度，政府向撒瑪利亞基金注資港幣10,000,000,000元，以支持基金的運作。撒瑪利亞基金於一九五零年經立法局決議成立，目的是向有需要的病人提供資助。根據政府指示，為數港幣4,000,000,000元的款項即時投入基金，而餘下未即時需要的港幣6,000,000,000元，根據醫管局與金管局所訂的信貸安排，由二零一二年十一月八日起存入外匯基金，年期固定為六年。在此段期間，醫管局不能提取這筆本金。根據醫管局與金管局的協議，該筆港幣6,000,000,000元的本金於二零一八年十一月八日到期後續存於外匯基金，為期六年，期間醫管局可在二零二二年四月一日至二零二三年三月三十一日要求一次過提取一筆相等於或不超過港幣3,000,000,000元的款項。醫管局已全數提取截至二零一八年十一月七日所獲的港幣1,661,549,000元利息，並轉調往撒瑪利亞基金。

由於醫管局是作為撒瑪利亞基金的保管人，基金截至二零二零年三月三十一日止年度的累積投資回報連同本金，皆列作撒瑪利亞基金結餘。這筆存款沒抵押及免息，以港元為單位。

撒瑪利亞基金結餘分析如下：

The Group and HA 集團及醫管局		
	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元	At 31 March 2019 HK\$'000 2019年3月31日 港幣千元
Principal amount 本金	6,000,000	6,000,000
Interest earned but not withdrawn at the reporting date 報告日所獲但沒有提取的利息收入	216,017	40,833
Accrued interest 應計利息	57,184	43,196
	6,273,201	6,084,029
Less: non-current portion 減：非流動部分	(6,000,000)	(6,000,000)
Current portion 流動部分	273,201	84,029

# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

### 18. Creditors and accrued charges

### 18. 債權人及應付費用

The Group 集團		
	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元	At 31 March 2019 HK\$'000 2019年3月31日 港幣千元
Trade payables [note 18(a)] 應付貿易賬款 [附註 18(a)]	1,042,960	710,287
Accrued charges and other payables [note 18(b)] 應付費用及其他賬款 [附註 18(b)]	8,209,241	6,513,419
Contributions from the governing bodies of ex-subvented hospitals for capital projects [note 18(c)] 前補助醫院管治機構就基本工程項目承擔款項 [附註 18(c)]	2	-
Current account with the Government [note 18(d)] 與政府之間的來往賬目 [附註 18(d)]	7,645,560	5,333,437
Advance funding received from the Government for meeting the expenditure incurred on capital projects [note 18(e)] 所收到政府就基本工程項目所涉開支的預先撥款 [附註 18(e)]	-	263,219
	<b>16,897,763</b>	<b>12,820,362</b>

HA 醫管局		
	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元	At 31 March 2019 HK\$'000 2019年3月31日 港幣千元
Trade payables [note 18(a)] 應付貿易賬款 [附註 18(a)]	1,042,960	710,287
Accrued charges and other payables [note 18(b)] 應付費用及其他賬款 [附註 18(b)]	8,196,279	6,504,854
Contributions from the governing bodies of ex-subvented hospitals for capital projects [note 18(c)] 前補助醫院管治機構就基本工程項目承擔款項 [附註 18(c)]	2	-
Current account with the Government [note 18(d)] 與政府之間的來往賬目 [附註 18(d)]	7,645,560	5,333,437
Advance funding received from the Government for meeting the expenditure incurred on capital projects [note 18(e)] 所收到政府就基本工程項目所涉開支的預先撥款 [附註 18(e)]	-	263,219
Current account with a subsidiary 與附屬機構之間的來往賬目	12,856	8,459
	<b>16,897,657</b>	<b>12,820,256</b>

# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

### 18. Creditors and accrued charges (Continued)

### 18. 債權人及應付費用(續)

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

(a) 應付貿易賬款的賬齡分析如下：

The Group and HA 集團及醫管局		
	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元	At 31 March 2019 HK\$'000 2019年3月31日 港幣千元
Within 30 days 30日內	949,635	656,986
Between 31 and 60 days 31至60日	40,086	18,726
Between 61 and 90 days 61至90日	16,414	18,762
Over 90 days 超過90日	36,825	15,813
	<b>1,042,960</b>	<b>710,287</b>

All trade payables as at 31 March 2020 are expected to be settled within one year. The Group has maintained adequate cash flows and banking facilities for settlement of trade payables.

二零二零年三月三十一日的應付貿易賬款應於一年內繳付。集團備有足夠流動現金及銀行授信額繳付應付貿易賬款。

(b) Accrued charges and other payables of the Group and HA included accrual for annual leave of HK\$2,405,096,000 (2019: HK\$2,150,106,000) and contract gratuity accrual of HK\$2,130,083,000 (2019: HK\$1,781,162,000).

(b) 集團及醫管局的應付費用及其他賬款包括未放年假撥備港幣2,405,096,000元(二零一九年：港幣2,150,106,000元)，以及應計合約酬金港幣2,130,083,000元(二零一九年：港幣1,781,162,000元)。

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

(c) 前補助醫院管治機構就基本工程項目承擔款項變動如下：

The Group and HA 集團及醫管局		
	For the year ended 31 March 2020 HK\$'000 截至2020年 3月31日止年度 港幣千元	For the year ended 31 March 2019 HK\$'000 截至2019年 3月31日止年度 港幣千元
At the beginning of the year 於年初	-	447
Contributions received from the governing bodies of ex-subservent hospitals on capital projects 所收到前補助醫院管治機構就基本工程項目承擔款項	20,218	19,430
Amount incurred on capital projects 基本工程項目所涉款項	(20,216)	(19,877)
At the end of the year 於年終	<b>2</b>	<b>-</b>

# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

## 18. Creditors and accrued charges (Continued)

- (d) The balance mainly included Government funding for designated programmes or specific items such as the unspent balance of HK\$1,927,000,000 Anti-epidemic Fund that were already received and will be recognised as income over the periods in which the related expenditure is incurred and charged to the statement of income and expenditure. Out of the HK\$4,700,000,000 Anti-epidemic Fund committed by the Government for enhancing support to the Group in combatting the novel coronavirus epidemic, HK\$2,350,000,000 has been received by the Group and HK\$423,000,000 was utilised and charged to the statement of income and expenditure for the year ended 31 March 2020.
- (e) At 31 March 2020, receivable from the Government for meeting the capital project costs was HK\$355,629,000 and was recognised as current assets in note 13. Movements in the balance with the Government for funding the expenditure incurred on capital projects are set out in note 13(a).

## 18. 債權人及應付費用(續)

- (d) 結餘主要包括來自政府對指定計劃或特定項目的撥款，如防疫抗疫基金中未用結餘港幣1,927,000,000元。這筆餘款將會在有關開支發生及記錄在收支結算表時確認作收入。政府為加強支援集團對抗新型冠狀病毒疫情，會向集團撥款港幣4,700,000,000元作為防疫抗疫基金。於截至二零二零年三月三十一日止的財政年度，集團已收到港幣2,350,000,000元撥款，並已使用港幣423,000,000元及記入該年度之收支結算表內。
- (e) 於二零二零年三月三十一日，政府付還或退還基本工程項目所涉開支的應收款項為港幣355,629,000元，於附註13列為流動資產。政府就基本工程項目所涉開支的撥款結餘變動列於附註13(a)。

## 19. Deposits received

## 19. 已收按金

The Group and HA 集團及醫管局		
	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元	At 31 March 2019 HK\$'000 2019年3月31日 港幣千元
Patient deposits [note 19(a)] 病人按金 [附註 19(a)]	27,989	49,478
Other deposits [note 19(b)] 其他按金 [附註 19(b)]	365,727	342,045
	<b>393,716</b>	<b>391,523</b>

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

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

# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

### 20. Death and disability liabilities

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

The amounts recognised in the balance sheet are as follows:

The Group and HA 集團及醫管局		
	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元	At 31 March 2019 HK\$'000 2019年3月31日 港幣千元
Present value of funded obligations 注資責任的現值	321,885	294,747
Fair value of plan assets 計劃資產的公允價值	(14,465)	(21,264)
	<b>307,420</b>	<b>273,483</b>

### 20. 死亡及傷殘福利責任

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

資產負債表予以確認的款額如下：

The movement in the present value of funded obligations is as follows:

注資責任之現值變動如下：

The Group and HA 集團及醫管局		
	For the year ended 31 March 2020 HK\$'000 截至2020年 3月31日止年度 港幣千元	For the year ended 31 March 2019 HK\$'000 截至2019年 3月31日止年度 港幣千元
At the beginning of the year 於年初	294,747	261,591
Current service cost 現行服務開支	43,533	38,235
Interest cost 利息開支	4,884	5,330
Benefits paid 已付福利	(7,950)	(9,394)
Remeasurement of disability liability 傷殘福利責任重新計量	(4,629)	2,771
Remeasurement of death liability 死亡福利責任重新計量	(8,700)	(3,786)
At the end of the year 於年終	<b>321,885</b>	<b>294,747</b>

# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

## 20. Death and disability liabilities (Continued)

## 20. 死亡及傷殘福利責任(續)

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

計劃資產的公允價值變動如下：

The Group and HA 集團及醫管局	For the year ended 31 March 2020 HK\$'000 截至2020年 3月31日止年度 港幣千元	For the year ended 31 March 2019 HK\$'000 截至2019年 3月31日止年度 港幣千元
At the beginning of the year 於年初	21,264	3,615
Adjustment on plan assets (excluding interest income) 計劃資產的調整(不包括利息收入)	(7,646)	18,238
Employer contributions 僱主供款	8,797	8,805
Benefits paid 已付福利	(7,950)	(9,394)
At the end of the year 於年終	14,465	21,264

The death benefits are insured by a group life insurance policy and the current insurance policy covers the period up to 31 July 2021. The fair value of plan assets was taken as the present value of the expected death benefits with respect to the obligations covered by the policy.

醫管局透過團體人壽保險為僱員提供死亡福利保障，現行保險計劃有效期至二零二一年七月三十一日。計劃資產的公允價值為保險計劃估計死亡福利責任的現值。

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

下列是根據精算估值得出並在綜合收支結算表及綜合全面收益表予以確認的款額：

The Group and HA 集團及醫管局	For the year ended 31 March 2020 HK\$'000 截至2020年 3月31日止年度 港幣千元	For the year ended 31 March 2019 HK\$'000 截至2019年 3月31日止年度 港幣千元
Current service cost 現行服務開支	43,533	38,235
Interest cost 利息開支	4,884	5,330
Remeasurement of disability liability 傷殘福利責任重新計量	(4,629)	2,771
Total, included in staff costs [note 25] 總計(包括在員工成本內)[附註25]	43,788	46,336
Remeasurement of death liability 死亡福利責任重新計量	(8,700)	(3,786)
Adjustment on plan assets (excluding interest income) 計劃資產的調整(不包括利息收入)	7,646	(18,238)
Total, included in other comprehensive income 總計(包括在其他綜合收益內)	(1,054)	(22,024)

# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

## 20. Death and disability liabilities (Continued)

## 20. 死亡及傷殘福利責任(續)

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

精算估值採用的主要精算假設如下：

The Group and HA 集團及醫管局		
	For the year ended 31 March 2020 截至2020年 3月31日止年度 %	For the year ended 31 March 2019 截至2019年 3月31日止年度 %
Discount rate 貼現率	0.80	1.70
Assumed rate of future salary increases 假設未來薪金增幅	3.10	4.00

The analysis below shows how the present value of the funded obligations as at 31 March 2020 would have increased / (decreased) as a result of the following changes in the principal actuarial assumptions:

下列分析是根據以下主要精算假設的改變，得出二零二零年三月三十一日注資責任現值的增加 / (減少)：

	Increase in 50 basis points HK\$'000 利率升50點子 港幣千元	Decrease in 50 basis points HK\$'000 利率降50點子 港幣千元
Discount rate 貼現率	(19,597)	21,668
Assumed rate of future salary increases 假設未來薪金增幅	20,787	(18,475)

# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

### 21. Deferred income

### 21. 遞延收益

The Group and HA 集團及醫管局				
	Designated donation fund [Note 2(f)] HK\$'000 指定捐贈基金 [附註 2(f)] 港幣千元	Minor Works Projects Fund [Note 21(a)] HK\$'000 小型工程 項目基金 [附註 21(a)] 港幣千元	PPP Fund [Note 21(b)] HK\$'000 公私營 協作基金 [附註 21(b)] 港幣千元	Total HK\$'000 總計 港幣千元
At 1 April 2018 於 2018 年 4 月 1 日	555,046	9,773,128	613,446	10,941,620
Additions during the year 年內增加	291,091	-	6,254	297,345
Interest earned 所獲利息	-	370,120	431,860	801,980
Transfers to deferred income – capital subventions and capital donations 轉調往遞延收益 — 資本補助及資本捐贈	-	(5,336)	-	(5,336)
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(194,326)	(1,230,703)	(261,154)	(1,686,183)
At 31 March 2019 於 2019 年 3 月 31 日	651,811	8,907,209	790,406	10,349,426
Additions during the year 年內增加	290,589	-	9,563	300,152
Interest earned 所獲利息	-	255,519	330,622	586,141
Transfers to deferred income – capital subventions and capital donations 轉調往遞延收益 — 資本補助及資本捐贈	-	(22,034)	-	(22,034)
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(202,263)	(1,288,539)	(286,750)	(1,777,552)
At 31 March 2020 於 2020 年 3 月 31 日	740,137	7,852,155	843,841	9,436,133

# NOTES TO THE FINANCIAL STATEMENTS

## 21. Deferred income (Continued)

### (a) Minor Works Projects Fund

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

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

### (b) PPP Fund

The Government allocated to HA a sum of HK\$10,000,000,000 on 31 March 2016 as an endowment fund (note 23) to generate investment returns for regularising and enhancing ongoing clinical PPP programmes, as well as developing new clinical PPP programmes in future. HA can make use of the investment returns together with the remaining balance of the one-off designated funding provided previously to support the ongoing operation of the PPP programmes commencing in April 2016.

During the financial year ended 31 March 2020, the Government provided recurrent subvention of HK\$9,563,000 (2019: HK\$6,254,000) to HA for pay adjustment of staff deployed on PPP programmes. The subvention was transferred to the PPP Fund and was recognised in the deferred income – PPP Fund when the subvention was received.

# 財務報表附註

## 21. 遞延收益 (續)

### (a) 小型工程項目基金

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

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

### (b) 公私營協作基金

於二零一六年三月三十一日，政府向醫管局撥款港幣10,000,000,000元設立留本基金(附註23)，利用所得投資回報以恒常營運和優化持續推行的臨床公私營協作計劃，以及在日後推行新的計劃。醫管局可利用投資回報，連同政府之前給予的一次性指定撥款的結餘，持續營運於二零一六年四月推行的公私營協作計劃。

於截至二零二零年三月三十一日止的財政年度，政府向醫管局提供港幣9,563,000元(二零一九年：港幣6,254,000元)經常性補助，用作公私營協作計劃職員的薪酬調整。有關補助於收到時轉調往公私營協作基金，並確認為遞延收益 — 公私營協作基金。

# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

## 22. Deferred income – capital subventions and capital donations

## 22. 遞延收益 — 資本補助及資本捐贈

The Group 集團			
	Capital subventions [Note 2(r)] HK\$'000 資本補助 [附註 2 (r)] 港幣千元	Capital donations [Note 2(f)] HK\$'000 資本捐贈 [附註 2 (f)] 港幣千元	Total HK\$'000 總計 港幣千元
At 1 April 2018 於 2018 年 4 月 1 日	4,826,420	1,282,267	6,108,687
Additions during the year 年內增加	1,514,621	105,705	1,620,326
Transfers from Minor Works Projects Fund 轉調自小型工程項目基金	5,336	-	5,336
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(1,083,013)	(143,947)	(1,226,960)
At 31 March 2019 於 2019 年 3 月 31 日	5,263,364	1,244,025	6,507,389
Additions during the year 年內增加	1,513,944	130,838	1,644,782
Transfers from Minor Works Projects Fund 轉調自小型工程項目基金	22,034	-	22,034
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(1,107,972)	(159,394)	(1,267,366)
At 31 March 2020 於 2020 年 3 月 31 日	5,691,370	1,215,469	6,906,839

HA 醫管局			
	Capital subventions [Note 2(r)] HK\$'000 資本補助 [附註 2 (r)] 港幣千元	Capital donations [Note 2(f)] HK\$'000 資本捐贈 [附註 2 (f)] 港幣千元	Total HK\$'000 總計 港幣千元
At 1 April 2018 於 2018 年 4 月 1 日	4,826,420	1,282,267	6,108,687
Additions during the year 年內增加	1,514,621	105,705	1,620,326
Transfers from Minor Works Projects Fund 轉調自小型工程項目基金	5,336	-	5,336
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(1,083,013)	(143,947)	(1,226,960)
At 31 March 2019 於 2019 年 3 月 31 日	5,263,364	1,244,025	6,507,389
Additions during the year 年內增加	1,508,100	130,838	1,638,938
Transfers from Minor Works Projects Fund 轉調自小型工程項目基金	22,034	-	22,034
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(1,107,589)	(159,394)	(1,266,983)
At 31 March 2020 於 2020 年 3 月 31 日	5,685,909	1,215,469	6,901,378

# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

### 23. Public-Private Partnership Endowment Fund

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

### 23. 公私營協作留本基金

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

### 24. Hospital / clinic fees and charges

The charges for hospital services provided by the Group are levied in accordance with those stipulated in the Gazette. Since the Government has established a set of policies and procedures on granting fee waivers to the needy patients, the hospital / clinic fees and charges recognised as income in the consolidated statement of income and expenditure are stated net of such waivers. The amount of hospital / clinics fees and charges waived for the financial year ended 31 March 2020 amounted to HK\$1,032,265,000 (2019: HK\$1,030,496,000).

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

### 24. 醫院 / 診療所收費

集團所提供的醫療服務，是根據憲報所刊載的收費表而收取費用。由於政府已制訂一套給予經濟有困難病人費用減免的政策及程序，故在綜合收支結算表中確認為收入的醫院 / 診療所收費，已扣除了這些減免數額。在截至二零二零年三月三十一日止之財政年度內，獲減免的醫院 / 診療所收費為港幣1,032,265,000元（二零一九年：港幣1,030,496,000元）。

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

The Group 集團			
	Over time HK\$'000 在一段時間內 港幣千元	At a point in time HK\$'000 在某一時點 港幣千元	Total HK\$'000 總計 港幣千元
<b>For the year ended 31 March 2020 截至2020年3月31日止年度</b>			
Inpatient fees 住院收費	733,826	-	733,826
Outpatient fees 門診收費	-	1,275,450	1,275,450
Itemised charges 分項收費	104,304	2,615,775	2,720,079
Other medical fees 其他醫療收費	1,187	96,596	97,783
	839,317	3,987,821	4,827,138

The Group 集團			
	Over time HK\$'000 在一段時間內 港幣千元	At a point in time HK\$'000 在某一時點 港幣千元	Total HK\$'000 總計 港幣千元
<b>For the year ended 31 March 2019 截至2019年3月31日止年度</b>			
Inpatient fees 住院收費	780,127	-	780,127
Outpatient fees 門診收費	-	1,345,706	1,345,706
Itemised charges 分項收費	114,443	2,376,139	2,490,582
Other medical fees 其他醫療收費	1,259	95,672	96,931
	895,829	3,817,517	4,713,346

# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

## 25. Staff costs

## 25. 員工成本

The Group 集團	For the year ended 31 March 2020 HK\$'000 截至2020年 3月31日止年度 港幣千元	For the year ended 31 March 2019 HK\$'000 截至2019年 3月31日止年度 港幣千元
Basic salaries and other short term employee benefits 基本薪金及其他短期僱員福利	49,927,403	45,170,241
Post-employment benefits 離職後福利：		
– Contribution to HA Provident Fund Scheme [note 25(a)] 醫院管理局公積金計劃供款〔附註25(a)〕	2,872,679	2,733,115
– Contribution to Mandatory Provident Fund Scheme [note 25(b)] 強積金計劃供款〔附註25(b)〕	856,220	753,748
Death and disability benefits [note 20] 死亡及傷殘福利〔附註20〕	43,788	46,336
	53,700,090	48,703,440

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

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

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

The monthly normal contribution by the Group is currently set at 15% of each member’s monthly basic salary. The percentage of benefit entitlement, receivable by the employee on resignation or retirement, increases with the length of service.

At 31 March 2020, the total membership was 28,358 (2019: 28,669). The scheme’s net asset value as at 31 March 2020 was HK\$62,507,776,000 (2019: HK\$68,393,082,000).

### (a) 醫院管理局公積金計劃

「醫院管理局公積金計劃」是一項界定供款計劃。現行計劃是根據二零零三年一月二十九日的信託契約與規則，於二零零三年四月一日成立及受其監管，並根據《香港職業退休計劃條例》第18條註冊。

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

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

於二零二零年三月三十一日，計劃共有28,358名成員（二零一九年：28,669名），計劃的資產淨值為港幣62,507,776,000元（二零一九年：港幣68,393,082,000元）。

## NOTES TO THE FINANCIAL STATEMENTS

### 25. Staff costs (Continued)

#### (b) Mandatory Provident Fund Scheme ("MPFS")

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

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

At 31 March 2020, the total membership was 66,559 (2019: 59,435). During the financial year ended 31 March 2020, total members' contributions were HK\$732,090,000 (2019: HK\$640,035,000). The net asset value as at 31 March 2020, including assets transferred from members' previous employment, was HK\$9,581,924,000 (2019: HK\$9,676,861,000).

### 26. Other operating expenses

Other operating expenses comprise office supplies, hospital supplies, non-capitalised project expenditure and other administrative expenses. For the financial year ended 31 March 2020, other operating expenses included an accrual for auditor's remuneration of HK\$2,048,000 (2019: HK\$1,950,000).

## 財務報表附註

### 25. 員工成本 (續)

#### (b) 強制性公積金計劃

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

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

於二零二零年三月三十一日，計劃共有66,559名成員(二零一九年：59,435名)。在截至二零二零年三月三十一日止之財政年度內，成員的供款總額為港幣732,090,000元(二零一九年：港幣640,035,000元)。於二零二零年三月三十一日，計劃的資產淨值，包括成員先前職位轉調的資產，為港幣9,581,924,000元(二零一九年：港幣9,676,861,000元)。

### 26. 其他營運開支

其他營運開支包括辦公室用品、醫院物資、非資本化項目開支及其他行政開支。截至二零二零年三月三十一日止之財政年度，其他營運開支包括應計核數師酬金港幣2,048,000元(二零一九年：港幣1,950,000元)。

# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

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

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

### 27. 大會成員及五名最高薪行政人員的酬金

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

Name of Executives / Position 行政人員姓名 / 職位	HK\$'000 港幣千元	For the year ended 31 March 2020 HK\$'000 截至2020年 3月31日止年度 港幣千元
Dr LO Chi-yuen 盧志遠醫生 Cluster Chief Executive (Kowloon Central) 九龍中聯網總監		5,814
Dr LUK Che-chung 陸志聰醫生 Cluster Chief Executive (Hong Kong East) 港島東聯網總監		5,814
Dr Tony KO Pat-sing 高拔陞醫生 Chief Executive 行政總裁 *	4,108	
Director (Cluster Services) 聯網服務總監	1,637	5,745
Dr LO Su-vui 羅思偉醫生 Cluster Chief Executive (New Territories East) 新界東聯網總監		5,441
Dr TOM Kam-tim 譚錦添醫生 Cluster Chief Executive (Kowloon East) 九龍東聯網總監		5,434
		28,248

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

註：所有行政人員並不獲取與表現掛鈎的不定額薪酬。

\* During the year ended 31 March 2020, Dr LEUNG Pak-yin started his terminal leave from 1 August 2019. Dr Tony KO Pat-sing was appointed as the Chief Executive with effect from 1 August 2019. Prior to this appointment, he served as the Director (Cluster Services).

\* 於二零二零年三月三十一日止之年度，梁栢賢醫生從二零一九年八月一日開始任期完結前休假。前聯網服務總監高拔陞醫生於二零一九年八月一日獲委任為行政總裁。

# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

### 27. Remuneration of Members of the Board and Five Highest Paid Executives (Continued)

### 27. 大會成員及五名最高薪行政人員的酬金 (續)

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

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

註：所有行政人員並不獲取與表現掛鈎的不定額薪酬。

\* Dr LUK Che-chung transferred from Cluster Chief Executive (Hong Kong West) to Cluster Chief Executive (Hong Kong East) with effect from 1 October 2018.

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

# NOTES TO THE FINANCIAL STATEMENTS

## 28. Related party transactions

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

- (a) HA has a number of contracts with the Electrical and Mechanical Services Department ("EMSD") of the Government for providing biomedical and general electronics engineering services, electrical, mechanical, air-conditioning, building services and other services (e.g. capital and improvement works) to the Group. The amounts incurred for these services for the financial year ended 31 March 2020 amounted to HK\$2,013,303,000 (2019: HK\$1,783,379,000).
- (b) HA has entered into an agreement with the Government to provide serving and retired civil servants, their eligible dependants and other eligible persons with the services and facilities at all public hospitals and clinics free of charge or at the prevailing rates as prescribed in the Civil Service Regulations. For the financial year ended 31 March 2020, revenue foregone in respect of medical services provided to these persons amounted to HK\$437,480,000 (2019: HK\$463,476,000). The cost of such services has been taken into account in the Government's subvention to the Group.
- (c) Remuneration of key management personnel

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

Total remuneration of the key management personnel is shown below:

	For the year ended 31 March 2020 HK\$'000 截至2020年 3月31日止年度 港幣千元	For the year ended 31 March 2019 HK\$'000 截至2019年 3月31日止年度 港幣千元
Basic salaries and other short term employee benefits 基本薪金及其他短期僱員福利	70,289	67,070
Post-employment benefits 離職後福利	6,855	6,643
	<b>77,144</b>	<b>73,713</b>

- (d) Other significant related party transactions with the Government include annual recurrent grants, capital subventions (note 22) and designated funds (notes 16 and 21). Details of transactions relating to the Group's retirement schemes are included in note 25.

# 財務報表附註

## 28. 與關聯人士的交易

集團與關聯人士所作的重大交易計有：

- (a) 醫管局與政府機電工程署訂立了數份合約，由該署向集團提供生物醫學及一般電子工程服務、電力、機械、空調、樓宇服務及其他服務(如基本工程及改善工程)。截至二零二零年三月三十一日止之財政年度內有關服務涉及的款額為港幣2,013,303,000元(二零一九年：港幣1,783,379,000元)。
- (b) 醫管局與政府訂立了協議，為現職及退休公務員、其合資格的家屬及其他符合資格人士以免費或按公務員條例所訂收費提供公立醫院及診療所的服務及設施。截至二零二零年三月三十一日止之財政年度，為上述人士所提供的醫療服務涉及之免收款項為港幣437,480,000元(二零一九年：港幣463,476,000元)，這些服務的費用已包括在政府給集團的補助內。
- (c) 主要管理人員薪酬

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

主要管理人員的薪酬總額如下：

- (d) 與政府關聯人士進行的其他重大交易包括每年經常性補助、資本補助(附註22)及指定基金(附註16及21)，有關集團退休計劃的交易詳情載於附註25。

# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

## 28. Related party transactions (Continued)

- (e) Outstanding balances with the Government as at 31 March 2019 and 2020 are disclosed in notes 9, 13, 14, 17, 18 and 23. The current account with a subsidiary, HACM Limited, is disclosed in note 18.

## 28. 與關聯人士的交易 (續)

- (e) 截至二零一九年及二零二零年三月三十一日與政府之間的未清賬款於附註9,13,14,17,18及23披露，與附屬機構「醫院管理局中醫藥發展有限公司」之間的來往賬目於附註18披露。

## 29. Notes to the consolidated statement of cash flows

- (a) Net cash generated from operating activities

## 29. 綜合現金流動報表附註

- (a) 營運活動所得現金淨額

The Group 集團	For the year ended 31 March 2020 HK\$'000 截至2020年 3月31日止年度 港幣千元	For the year ended 31 March 2019 HK\$'000 截至2019年 3月31日止年度 港幣千元
Surplus for the year 年內盈餘	3,764,515	1,445,523
Investment income 投資收益	(612,865)	(427,082)
Interest for Minor Works Projects Fund 小型工程項目基金利息	1,321,200	19,233
Income transferred from Minor Works Projects Fund 轉調自小型工程項目基金之收入	(1,288,539)	(1,230,703)
Interest for PPP Fund 公私營協作基金利息	240,480	325,073
Income transferred from PPP Fund 轉調自公私營協作基金之收入	(286,750)	(261,154)
Capital subventions for property, plant and equipment and intangible assets 物業、機器及設備及無形資產之資本補助	1,535,978	1,519,957
Capital donations for property, plant and equipment and intangible assets 物業、機器及設備及無形資產之資本捐贈	130,838	105,705
Income transferred from capital subventions and capital donations 轉調自資本補助及資本捐贈之收入	(1,267,366)	(1,226,960)
Loss on disposal of property, plant and equipment and intangible assets 出售物業、機器及設備及無形資產虧損	14,813	10,656
Depreciation and amortisation 折舊及攤銷	1,353,449	1,216,305
Finance costs 財務費用	3,154	-
Increase in death and disability liabilities 死亡及傷殘福利責任增加	34,991	37,531
(Decrease) / increase in deferred income 遞延收益(減少) / 增加	(24,265)	97,683
Increase in inventories 存貨增加	(337,425)	(34,102)
Decrease in loans receivable 應收債款減少	568	800
Increase in accounts receivable 應收賬款增加	(48,465)	(16,629)
(Increase) / decrease in other receivables 其他應收賬款(增加) / 減少	(394,306)	115,480
Increase in deposits and prepayments 按金及預付款項增加	(32,620)	(3,423)
Increase in creditors and accrued charges 債權人及應付費用增加	4,084,217	1,960,971
Increase in deposits received 已收按金增加	2,193	46,290
Net cash generated from operating activities 營運活動所得現金淨額	8,193,795	3,701,154

# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

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

## 29. 綜合現金流動報表附註 (續)

### (b) Reconciliation of liabilities arising from financing activities

### (b) 融資活動產生的負債對賬

The Group 集團	
	Lease Liabilities HK\$'000 租賃負債 港幣千元
At 1 April 2019, as previously reported under HKAS 17 於二零一九年四月一日，如以往根據《香港會計準則》第17號呈列	-
Effect of adoption of HKFRS 16 採用《香港財務報告準則》第16號的影響	213,589
At 1 April 2019, as restated 於二零一九年四月一日，如重述	213,589
Cash flow changes 現金流量變動	
Payment of principal portion of lease liabilities 支付租賃負債本金部分	(100,948)
Non-cash changes 非現金項目變動	
Additions of leases 租賃增加	86,463
At 31 March 2020 於二零二零年三月三十一日	199,104

## 30. Funds held in trust

## 30. 信託基金

At 31 March 2020, Health Care and Promotion Scheme of HK\$6,909,000 (2019: HK\$10,910,000) was held in trust for the Government but not included in the financial statements.

於二零二零年三月三十一日，集團以信託基金形式為政府管理港幣6,909,000元（二零一九年：港幣10,910,000元）的健康護理及促進計劃，這筆款額未列入財務報表內。

# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

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

During the financial year ended 31 March 2020, the Hong Kong Jockey Club Charities Trust made donations totalling HK\$71,459,000 (2019: HK\$36,601,000) to the following institutions:

	HK\$'000 港幣千元
Jockey Club Inpatient Facilities Modernisation Scheme (Various hospitals) 賽馬會安寢輕移計劃(不同醫院)	41,539
Replacement of Vehicles for Non-emergency Ambulance Transfer Service (Various hospitals) 更換非緊急救護運送服務車輛(不同醫院)	22,165
Tai Po Hospital 大埔醫院	2,599
Princess Margaret Hospital 瑪嘉烈醫院	2,207
Queen Elizabeth Hospital 伊利沙伯醫院	1,659
Enhanced Home Renal Replacement Therapy Programme (Various hospitals) 家居透析計劃(不同醫院)	900
United Christian Hospital 基督教聯合醫院	390
	<b>71,459</b>

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

### 31. 來自香港賽馬會慈善信託基金的捐贈

截至二零二零年三月三十一日止的財政年度內，香港賽馬會慈善信託基金共向下列機構捐出港幣71,459,000元(二零一九年：港幣36,601,000元)：

根據附註2(f)(ii)所載的會計政策，捐贈列入指定捐贈基金內。

# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

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

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

### 32. 獲社會福利署發給公開籌款許可證進行籌款活動所得淨收入

獲政府社會福利署發給公開籌款許可證在指定期間進行籌款活動所得淨收入如下：

Institution 機構	PSP No. 公開籌款 許可證編號	Purpose 目的	Period Covered 涵蓋期間	Net Proceeds HK\$'000 淨收入 港幣千元
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	2019/044/1	To raise funds for improvement of the quality of patient care services 籌款用作改善病人服務質素	1/4/2019 - 31/3/2020	58
Bradbury Hospice 白普理寧養中心	2018/209/1 2019/177/1	To raise funds for patient care 籌款用作病人福利	16/9/2018 - 15/9/2019 16/9/2019 - 31/3/2020	18 4
Caritas Medical Centre 明愛醫院	2018/100/1	To raise funds for patient services of Caritas Medical Centre 籌款用作明愛醫院病人服務	1/5/2018 - 30/4/2019	56
Cheshire Home, Shatin 沙田慈氏護養院	2018/148/1	To raise funds for healthcare services 籌款用作醫療服務	1/7/2018 - 30/6/2019	61
Grantham Hospital 葛量洪醫院	2019/011/1	To raise funds for improving patient services of Grantham Hospital 籌款用作改善葛量洪醫院病友服務	1/2/2019 - 31/1/2020	19
Haven of Hope Hospital 靈實醫院	2019/054/1	To raise funds for services by the Haven of Hope Hospital 籌款用作靈實醫院的服務	1/4/2019 - 31/3/2020	28
Hong Kong Buddhist Hospital 香港佛教醫院	2019/014/1	To raise funds for the purchase of medical instruments / equipment and office equipment, improvement of hospital premises and supporting patient related activities 購買醫療儀器及辦公室設備，改善醫院環境及病人活動經費	1/2/2019 - 31/1/2020	104
North District Hospital Charitable Foundation 北區醫院慈善信託基金	2018/316/1	To raise funds for North District Hospital Charitable Foundation so as to support North District Hospital in improving the physical and mental health of the public in the community and to promote health education, medical education and research 籌款用作「北區醫院慈善信託基金」以支持北區醫院改善社區內公眾人士的身體和精神健康，並促進健康教育、醫學教育和研究	1/1/2019 - 31/12/2019	51
	FD/R043/2019	To raise funds for procurement of medical equipment 籌款用作購置醫療器材	1/2/2020	366

# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

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

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

Institution 機構	PSP No. 公開籌款 許可證編號	Purpose 目的	Period Covered 涵蓋期間	Net Proceeds HK\$'000 淨收入 港幣千元
Our Lady of Maryknoll Hospital 聖母醫院	2019/086/1	To raise funds for improvement of patient services 籌款用作改善對病人的服務	1/5/2019 - 31/3/2020	54
Prince of Wales Hospital Charitable Foundation 威爾斯親王醫院慈善信託基金	2018/181/1	To raise funds for healthcare services of Prince of Wales Hospital 籌款用作威爾斯親王醫院醫療服務	1/9/2018 - 31/8/2019	282
Queen Mary Hospital 瑪麗醫院	2019/051/1	To raise funds for hospital service enhancement 籌款用作提升醫院服務	1/4/2019 - 31/3/2020	68
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	2019/053/1	To raise funds for volunteer services, patient related activities and improvement of hospital service 籌款用作義工服務、病人活動及改善醫院服務	1/4/2019 - 31/3/2020	76
Shatin Hospital 沙田醫院	2018/253/1	To raise funds for developing patient service 籌款用作發展病人服務	1/12/2018 - 29/11/2019	2
Tai Po Hospital 大埔醫院	2019/052/1	To raise funds for improvement of the quality of patient care services 籌款用作改善病人服務質素	1/4/2019 - 31/3/2020	9
The Hospital Authority Charitable Foundation 醫院管理局慈善基金	2019/056/1	To raise funds for the Hospital Authority Charitable Foundation in supporting its work to promote healthy living, subsidise the medical expenses of the needy patients, support activities of patient groups, promote health education and develop volunteer services 籌款用作支持醫院管理局慈善基金的工作，包括推廣 健康生活、幫助危困病人支付醫療費用、資助病人 組織的活動、推廣健康教育以及發展義工服務	1/4/2019 - 31/3/2020	484
The Pamela Youde Nethersole Eastern Hospital Charitable Trust 東區尤德夫人那打素醫院 慈善信託基金	2018/202/1 2019/133/1 2019/195/1	To raise funds for enhancing the services of Pamela Youde Nethersole Eastern Hospital or any other non-profit making hospitals / medical facilities in Hong Kong 籌款用作提升東區尤德夫人那打素醫院或 香港其他非牟利醫院 / 醫療機構的服務質素	1/9/2018 - 30/8/2019 12/7/2019 18/10/2019	246 23 9
The Princess Margaret Hospital Charitable Trust 瑪嘉烈醫院慈善基金	2018/279/1	To raise funds for Princess Margaret Hospital for enhancement of patient services quality 籌款用作提升瑪嘉烈醫院病人服務質素	26/11/2018 - 25/11/2019	70

# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

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

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

Institution 機構	PSP No. 公開籌款 許可證編號	Purpose 目的	Period Covered 涵蓋期間	Net Proceeds HK\$'000 淨收入 港幣千元
The Queen Elizabeth Hospital Charitable Trust 伊利沙伯醫院慈善信託基金	2019/045/1	To raise funds for supporting research into the improvement and development of medicine at Queen Elizabeth Hospital 籌款用作改善及發展伊利沙伯醫院的醫藥研究工作	1/4/2019 - 31/3/2020	183
Tseung Kwan O Hospital 將軍澳醫院	2018/226/1	To raise funds for patients benefit and enhancement of hospital services 籌款用作病人福利及提升醫療服務	25/9/2018 - 24/9/2019	6
Tuen Mun Hospital 屯門醫院	2018/128/1	To raise funds for: (I) Patient benefits / services uses; (II) Health and diseases education; (III) Community Services Centre; (IV) Medical research and development projects for the betterment of the community 籌款用作： (I) 病人福利 / 服務； (II) 健康及疾病教育； (III) 社區服務中心； (IV) 醫療研究及發展計劃以改善社區	1/6/2018 - 31/5/2019	23
United Christian Hospital 基督教聯合醫院	2019/059/1	To raise funds for service improvement of United Christian Hospital 籌款用作改善基督教聯合醫院的服務	1/4/2019 - 31/3/2020	85
Yan Chai Hospital 仁濟醫院	2019/015/1	To raise funds for hospital services and hospital facilities 籌款用作醫院服務及設施	1/2/2019 - 31/1/2020	424

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

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

# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

### 33. Capital commitments

At 31 March 2020, the Group and HA had the following capital commitments:

### 33. 資本承擔

於二零二零年三月三十一日，集團及醫管局有以下的資本承擔：

The Group and HA 集團及醫管局		
	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元	At 31 March 2019 HK\$'000 2019年3月31日 港幣千元
Authorised but not contracted for 已獲授權但未訂契約	13,911,988	11,266,070
Contracted for but not provided 已訂契約但未撥備	16,228,323	19,647,679
	30,140,311	30,913,749

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

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

### 34. Taxation

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

### 34. 稅項

醫管局按《醫院管理局條例》獲豁免繳稅，故並無作出稅項準備。

### 35. Contingent liabilities

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

### 35. 或然負債

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

### 36. Comparative figures

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

### 36. 比較數字

若干比較數字已重述，以符合本年度之呈列方式。

### 37. Approval of financial statements

The financial statements were approved by members of HA on 24 September 2020.

### 37. 財務報表的通過

本財務報表已於二零二零年九月二十四日獲醫管局成員通過。

# APPENDICES

## 附錄

<b>Appendix 1</b>	Membership of the Hospital Authority .....	123
<b>附錄 1</b>	醫院管理局成員	
<b>Appendix 2</b>	(a) Hospital Authority Committee Structure .....	127
<b>附錄 2</b>	(a) 醫院管理局委員會架構	
	(b) Hospital Authority Executive Structure .....	128
	(b) 醫院管理局行政架構	
<b>Appendix 3</b>	Membership and Terms of Reference of Functional Committees .....	129
<b>附錄 3</b>	專責委員會成員及職權範圍	
<b>Appendix 4</b>	Membership of Hospital Governing Committees .....	163
<b>附錄 4</b>	醫院管治委員會成員	
<b>Appendix 5</b>	Membership of Regional Advisory Committees .....	196
<b>附錄 5</b>	區域諮詢委員會成員	
<b>Appendix 6</b>	Membership of the Board of Trustees of the Hospital Authority	
	Provident Fund Scheme 2019-20 .....	199
<b>附錄 6</b>	2019-20 年度醫院管理局公積金計劃信託委員會成員	
<b>Appendix 7</b>	Public Feedback Statistics .....	200
<b>附錄 7</b>	公眾意見統計	
<b>Appendix 8</b>	Statistics of the Controlling Officer's Report .....	201
<b>附錄 8</b>	管制人員報告統計數字	
<b>Appendix 9</b>	Statistics on Number of Beds, Inpatient, Accident & Emergency and	
	Outpatient Services in 2019-20 .....	205
<b>附錄 9</b>	2019-20 年度病床數目、住院服務、急症室服務及門診服務統計數字	
<b>Appendix 10</b>	Statistics on Community and Rehabilitation Services in 2019-20 .....	208
<b>附錄 10</b>	2019-20 年度社康及康復服務統計數字	
<b>Appendix 11</b>	(a) Manpower Position – by Cluster and Institution.....	211
<b>附錄 11</b>	(a) 人手狀況 — 按聯網及機構分類	
	(b) Manpower Position – by Staff Group .....	213
	(b) 人手狀況 — 按職員組別分類	
<b>Appendix 12</b>	(a) Operating Expenditure in 2019-20.....	216
<b>附錄 12</b>	(a) 2019-20 年度營運開支	
	(b) Training and Development Expenditure in 2019-20 .....	217
	(b) 2019-20 年度職員培訓及發展開支	
<b>Appendix 13</b>	Five-Year Financial Highlights .....	218
<b>附錄 13</b>	過去五年的財政摘要	

## MEMBERSHIP OF THE HOSPITAL AUTHORITY

## 醫院管理局成員

Name 姓名	No. of plenary meetings attended in 2019-20		Committee participation in 2019-20* 2019-20 年度參與的委員會 *
	2019-20 年度 出席全體大會次數		
Prof John LEONG Chi-yan, GBS, JP <i>Chairman, HA</i> (up to 30.11.2019) 梁智仁教授 醫院管理局主席 (截至2019年11月30日)	9/9		Chairman of plenary meetings, EC and EEC (all up to 30.11.2019) 全體大會、行政委員會及緊急應變策導委員會主席 (全截至2019年11月30日)
Mr Henry FAN Hung-ling, SBS, JP <i>Chairman, HA</i> (from 1.12.2019) <i>Member, HA</i> (up to 30.11.2019) 范鴻齡先生 醫院管理局主席 (由2019年12月1日起) 醫院管理局成員 (截至2019年11月30日)	14/14		Chairman of plenary meetings, EC and EEC (all from 1.12.2019); Members of FC, HRC, MSDC and MTB, HGC Member of Kwai Chung Hospital and Princess Margaret Hospital (all up to 30.11.2019) 全體大會、行政委員會及緊急應變策導委員會主席(全由2019年12月1日起); 財務委員會、人力資源委員會、醫療服務發展委員會及中央投標委員會成員, 葵涌醫院及瑪嘉烈醫院管治委員會成員(全截至2019年11月30日)
Dr Constance CHAN Hon-yeet, JP <i>Director of Health</i> 陳漢儀醫生 衛生署署長	14/14		Member of MSDC 醫療服務發展委員會成員
Prof Francis CHAN Ka-leung, SBS, JP 陳家亮教授	10/14		Member of HRC, MSDC and MTB; HGC Member of Prince of Wales Hospital 人力資源委員會、醫療服務發展委員會及中央投標委員會成員; 威爾斯親王醫院管治委員會成員
Prof CHAN Wai-yeet 陳偉儀教授	11/14		Member of HRC, MSDC and MTB (all from 9.4.2019) 人力資源委員會、醫療服務發展委員會及中央投標委員會成員 (全由2019年4月9日起)
Ms Anita CHENG Wai-ching 鄭瑋青女士	12/14		Member of ITGC and MTB; Chairman of HRAC; HGC Member of Shatin Hospital 資訊科技服務管治委員會及中央投標委員會成員; 港島區域諮詢委員會主席; 沙田醫院管治委員會成員
Mr Duncan CHIU (from 1.12.2019) 邱達根先生 (由2019年12月1日起)	5/5		Member of FC, ITGC and MTB (all from 6.12.2019) 財務委員會、資訊科技服務管治委員會及中央投標委員會成員 (全由2019年12月6日起)
Mr David FONG Man-hung, BBS, JP 方文雄先生	10/14		Vice-Chairman of SSDC; Member of ITGC and MTB; Chairman of KRAC; HGC Member of North District Hospital (up to 8.4.2019) 支援服務發展委員會副主席; 資訊科技服務管治委員會及中央投標委員會成員; 九龍區域諮詢委員會主席; 北區醫院管治委員會成員(截至2019年4月8日)

## Appendix 1

### 附錄 1

Name 姓名	No. of plenary meetings attended in 2019-20 2019-20 年度 出席全體大會次數	Committee participation in 2019-20* 2019-20 年度參與的委員會 *
Mr Andrew FUNG Hau-chung, BBS, JP <i>(up to 30.11.2019)</i> 馮孝忠先生 (截至2019年11月30日)	8/9	Chairman of FC, Member of EC and EEC <i>(all up to 30.11.2019)</i> ; HGC Chairman of Pamela Youde Nethersole Eastern Hospital 財務委員會主席，行政委員會及緊急應變策導委員會成員 (全截至2019年11月30日)；東區尤德夫人那打素醫院管治委員會主席
Mr Ambrose HO, SBS, JP 何沛謙先生	12/14	Member of ARC, MTB and SAC; HGC Chairman of Hong Kong Red Cross Blood Transfusion Service 審計及風險管理委員會、中央投標委員會及職員上訴委員會成員；香港紅十字會輸血服務中心管治委員會主席
Dr Tony KO Pat-sing <i>Chief Executive, HA (from 1.8.2019)</i> 高拔陞醫生 醫院管理局行政總裁 (由2019年8月1日起)	9/9	Chairman of ITGC; Member of EC, EEC, FC, HRC, MSDC, MTB, SSDC, all RACs and HGCs <i>(all from 1.8.2019)</i> 資訊科技服務管治委員會主席；行政委員會、緊急應變策導委員會、財務委員會、人力資源委員會、醫療服務發展委員會、中央投標委員會、支援服務發展委員會、各區域諮詢委員會及各醫院管治委員會成員 (全由2019年8月1日起)
Mrs Ann KUNG YEUNG Yun-chi 龔楊恩慈女士	8/14	Chairman of HRC; Member of EC and EEC; HGC Member of Hong Kong Children's Hospital 人力資源委員會主席；行政委員會及緊急應變策導委員會成員；香港兒童醫院管治委員會成員
Mr Daniel LAM Chun, SBS, JP 林濬先生	13/14	Chairman of SSDC; Member of ARC, EC and EEC; HGC Chairman of Hong Kong Eye Hospital and Kowloon Hospital 支援服務發展委員會主席；審計及風險管理委員會、行政委員會及緊急應變策導委員會成員；香港眼科醫院及九龍醫院管治委員會主席
Mr Quinton LAM Chun-ki 林進其先生	13/14	Member of HRC, MSDC and MTB; HGC Member of MacLehose Medical Rehabilitation Centre 人力資源委員會、醫療服務發展委員會及中央投標委員會成員；麥理浩復康院醫院管治委員會成員
Mr Franklin LAM Fan-keung, BBS 林奮強先生	11/14	Member of HRC, FC, MSDC, MTB and SSDC; HGC Member of Pamela Youde Nethersole Eastern Hospital 人力資源委員會、財務委員會、醫療服務發展委員會、中央投標委員會及支援服務發展委員會成員；東區尤德夫人那打素醫院管治委員會成員
Prof LAU Chak-sing, JP 劉澤星教授	12/14	Member of HRC <i>(up to 1.1.2020)</i> , ITGC, MSDC and MTB 人力資源委員會 (截至2020年1月1日)、資訊科技服務管治委員會、醫療服務發展委員會及中央投標委員會成員
Mr Raistlin LAU Chun, JP <i>Deputy Secretary for Financial Services and the Treasury (from 12.7.2019)</i> 劉震先生 財經事務及庫務局副秘書長 (由2019年7月12日起)	10/10	Member of FC and MSDC <i>(both from 12.7.2019)</i> 財務委員會及醫療服務發展委員會成員 (均由2019年7月12日起)

Name 姓名	No. of plenary meetings attended in 2019-20 2019-20 年度 出席全體大會次數	Committee participation in 2019-20* 2019-20 年度參與的委員會 *
Ms Lisa LAU Man-man, BBS, MH, JP 劉文文女士	10/14	Vice-Chairman of HRC; Member of MTB and PCC; HGC Chairman of Tseung Kwan O Hospital 人力資源委員會副主席；中央投標委員會及公眾投訴委員會 成員；將軍澳醫院管治委員會主席
Mr Stephen LEE Hoi-yin (up to 30.11.2019) 李開賢先生 (截至2019年11月30日)	7/9	Vice-Chairman of ARC, Member of FC, ITGC and MTB (all up to 30.11.2019); HGC Member of Castle Peak Hospital and Siu Lam Hospital 審計及風險管理委員會副主席，財務委員會、資訊科技服務管 治委員會及中央投標委員會成員(全截至2019年11月30日)； 青山醫院及小欖醫院管治委員會成員
Prof Gabriel Matthew LEUNG, GBS, JP 梁卓偉教授	11/14	Member of MSDC and MTB; HGC Member of Hong Kong Children's Hospital, Our Lady of Maryknoll Hospital, Queen Mary Hospital and Tsan Yuk Hospital 醫療服務發展委員會及中央投標委員會成員；香港兒童醫院、 聖母醫院、瑪麗醫院及贊育醫院管治委員會成員
Dr LEUNG Pak-yin, SBS, JP Chief Executive, HA (up to 31.7.2019) 梁栢賢醫生 醫院管理局行政總裁 (截至2019年7月31日)	5/5	Chairman of ITGC, Member of EC, EEC, FC, HRC, MSDC, MTB, SSDC, all RACs and HGCs (all up to 31.7.2019) 資訊科技服務管治委員會主席，行政委員會、緊急應變策導委 員會、財務委員會、人力資源委員會、醫療服務發展委員會、 中央投標委員會、支援服務發展委員會、各區域諮詢委員會及 各醫院管治委員會成員(全截至2019年7月31日)
Ir Dr Hon LO Wai-kyok, SBS, MH, JP 盧偉國博士	12/14	Member of MTB and SSDC; HGC Member of Alice Ho Miu Ling Nethersole Hospital 中央投標委員會及支援服務發展委員會成員；雅麗氏何妙齡 那打素醫院管治委員會成員
Prof David SHUM Ho-keung 岑浩強教授	12/14	Member of ARC, HRC, MSDC and MTB 審計及風險管理委員會、人力資源委員會、醫療服務發展委 員會及中央投標委員會成員
Mr Ivan SZE Wing-hang, BBS, JP 施榮恆先生	7/14	Chairman of MTB and PCC; Member of EC, EEC, FC and HRC; HGC Member of Tung Wah Group of Hospitals 中央投標委員會及公眾投訴委員會主席；行政委員會、緊急應 變策導委員會、財務委員會及人力資源委員會成員；東華三院 各醫院管治委員會成員
Prof Agnes TIWARI Fung-yee 羅鳳儀教授	10/14	Member of MSDC, MTB and SSDC; HGC Member of Hong Kong Red Cross Blood Transfusion Service 醫療服務發展委員會、中央投標委員會及支援服務發展委 員會成員；香港紅十字會輸血服務中心醫院管治委員會成員
Mr Philip TSAI Wing-chung, BBS, JP 蔡永忠先生	9/14	Chairman of FC, Member of EC, EEC (all from 1.12.2019), ARC, SSDC (both from 9.4.2019), FC and MTB (both up to 30.11.2019) 財務委員會主席，行政委員會、緊急應變策導委員會(全由 2019年12月1日起)、審計及風險管理委員會、支援服務發展 委員會(均由2019年4月9日起)、財務委員會及中央投標委 員會成員(均截至2019年11月30日)
Ms Elizabeth TSE Man-yee, GBS, JP Permanent Secretary for Food and Health (Health) 謝曼怡女士 食物及衛生局常任秘書長(衛生)	13/14	Member of EEC, FC, HRC, MSDC and SSDC 緊急應變策導委員會、財務委員會、人力資源委員會、醫療服 務發展委員會及支援服務發展委員會成員

## Appendix 1

### 附錄 1

Name 姓名	No. of plenary meetings attended in 2019-20 2019-20 年度 出席全體大會次數	Committee participation in 2019-20* 2019-20 年度參與的委員會 *
Ms Priscilla WONG Pui-sze, BBS, JP 王沛詩女士	10/14	Chairman of MSDC; Member of ARC, EC, EEC, FC and HRC; HGC Member of Prince of Wales Hospital 醫療服務發展委員會主席；審計及風險管理委員會、行政委員會、緊急應變策導委員會、財務委員會及人力資源委員會成員；威爾斯親王醫院管治委員會成員
Ir Billy WONG Wing-hoo, BBS, JP (from 1.12.2019) 黃永灝先生 (由 2019 年 12 月 1 日起)	5/5	Member of MTB and SSDC (both from 6.12.2019) 中央投標委員會及支援服務發展委員會成員 (均由 2019 年 12 月 6 日起)
Mr Jason YEUNG Chi-wai 楊志威先生	7/14	Chairman of ARC; Member of EC, EEC and FC; HGC Chairman of Kwai Chung Hospital and Princess Margaret Hospital 審計及風險管理委員會主席；行政委員會、緊急應變策導委員會及財務委員會成員；葵涌醫院及瑪嘉烈醫院管治委員會主席
Mr Charlie YIP Wing-tong 葉永堂先生	12/14	Member of HRC, ITGC, MSDC, MTB, PCC, SAC and SSDC; Chairman of NRAC; HGC Member of Tuen Mun Hospital 人力資源委員會、資訊科技服務管治委員會、醫療服務發展委員會、中央投標委員會、公眾投訴委員會、職員上訴委員會及支援服務發展委員會成員；新界區域諮詢委員會主席；屯門醫院管治委員會成員
Ms Carol YUEN Siu-wai, JP Deputy Secretary for Financial Services and the Treasury (up to 11.7.2019) 袁小惠女士 財經事務及庫務局副秘書長 (截至 2019 年 7 月 11 日)	4/4	Member of FC and MSDC (both up to 11.7.2019) 財務委員會及醫療服務發展委員會成員 (均截至 2019 年 7 月 11 日)

**\* Note:**

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

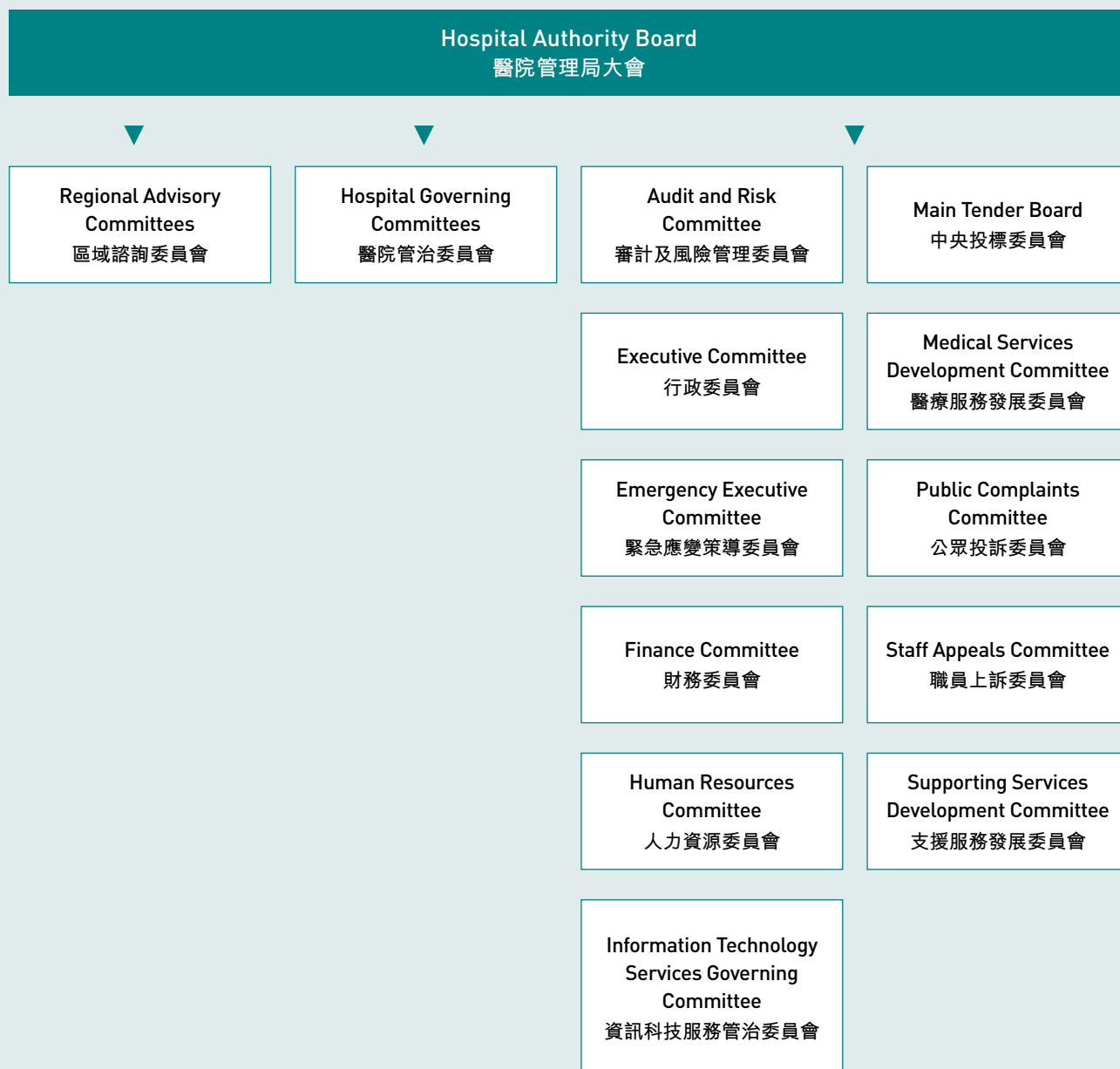
- ARC - Audit and Risk Committee
- EC - Executive Committee
- EEC - Emergency Executive Committee
- FC - Finance Committee
- HGC - Hospital Governing Committee
- HRAC - Hong Kong Regional Advisory Committee
- HRC - Human Resources Committee
- ITGC - Information Technology Services Governing Committee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

**\* 註：**

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

## HOSPITAL AUTHORITY COMMITTEE STRUCTURE

### 醫院管理局委員會架構



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

註：各委員會成員名單載於附錄3、4及5。

## HOSPITAL AUTHORITY EXECUTIVE STRUCTURE

## 醫院管理局行政架構

Dr LEUNG Pak-yin, SBS, JP *Chief Executive (up to 31.7.2019)*<sup>Note</sup>梁栢賢醫生 行政總裁 (截至2019年7月31日)<sup>註</sup>Dr Tony KO Pat-sing *Chief Executive (from 1.8.2019)*

高拔陞醫生 行政總裁 (由2019年8月1日起)

## Clusters 聯網

Hong Kong East  
Cluster  
港島東醫院聯網Dr LUK Che-chung, JP  
*Cluster Chief Executive*  
陸志聰醫生  
聯網總監Hong Kong  
West Cluster  
港島西醫院聯網Dr Theresa LI Tak-lai  
*Cluster Chief Executive*  
李德麗醫生  
聯網總監Kowloon Central  
Cluster  
九龍中醫院聯網Dr Albert LO Chi-yuen  
*Cluster Chief Executive*  
盧志遠醫生  
聯網總監Kowloon East  
Cluster  
九龍東醫院聯網Dr TOM Kam-tim  
*Cluster Chief Executive*  
譚錦添醫生  
聯網總監Kowloon West  
Cluster  
九龍西醫院聯網Dr Doris TSE Man-wah  
*Cluster Chief Executive*  
謝文華醫生  
聯網總監New Territories  
East Cluster  
新界東醫院聯網Dr LO Su-vui  
*Cluster Chief Executive*  
羅思偉醫生  
聯網總監New Territories  
West Cluster  
新界西醫院聯網Dr Simon TANG Yiu-hang  
*Cluster Chief Executive*  
鄧耀鏗醫生  
聯網總監

## Head Office 總辦事處

Dr Tony KO Pat-sing  
*Director (Cluster Services) (up to 31.7.2019)*  
高拔陞醫生  
聯網服務總監 (截至2019年7月31日)Dr YEUNG Tai-kong  
*Director (Cluster Services) (from 1.8.2019)*  
楊詠岡醫生  
聯網服務總監 (由2019年8月1日起)Dr CHUNG Kin-lai  
*Director (Quality & Safety)*  
鍾健禮醫生  
質素及安全總監Dr Libby LEE Ha-yun  
*Director (Strategy & Planning)*  
李夏茵醫生  
策略發展總監Ms Anita CHAN Shuk-yu  
*Director (Finance)*  
陳淑瑜女士  
財務總監Ms Margaret CHEUNG Sau-ling  
*Head of Corporate Services*  
張秀玲女士  
機構事務主管Dr PANG Fei-chau  
*Head of Human Resources*  
彭飛舟醫生  
人力資源主管Dr CHEUNG Ngai-tseung  
*Head of Information Technology and Health  
Informatics / Chief Medical Informatics Officer*  
張毅翔醫生  
資訊科技及醫療信息主管 / 醫療信息主管

Note: Dr LEUNG Pak-yin, SBS, JP's last day of service was 7.11.2019 upon completion of contract and started his terminal leave from 1.8.2019.

註：梁栢賢醫生的合約任期於2019年11月7日完結，並於2019年8月1日展開合約任期完結前休假。

## MEMBERSHIP AND TERMS OF REFERENCE OF FUNCTIONAL COMMITTEES

### 專責委員會成員及職權範圍

#### Audit and Risk Committee

##### 審計及風險管理委員會

###### Membership List 成員名單

Chairman 主席	Mr Jason YEUNG Chi-wai 楊志威先生
Vice Chairman 副主席	Mr Stephen LEE Hoi-yin ( <i>up to 30.11.2019</i> ) 李開賢先生 (截至2019年11月30日)
Members 成員	Mr Ambrose HO, SBS, JP 何沛謙先生
	Mr Daniel LAM Chun, SBS, JP 林濬先生
	Prof David SHUM Ho-keung 岑浩強教授
	Mr Philip TSAI Wing-chung, BBS, JP ( <i>from 9.4.2019</i> ) 蔡永忠先生 (由2019年4月9日起)
	Ms Priscilla WONG Pui-sze, BBS, JP 王沛詩女士
	Ms Wendy YUNG Wen-yee 容韻儀女士
In Attendance 列席	Dr LEUNG Pak-yin, SBS, JP, <i>Chief Executive (up to 31.7.2019)</i> 梁栢賢醫生 行政總裁 (截至2019年7月31日)
	Dr Tony KO Pat-sing, <i>Chief Executive (from 1.8.2019)</i> 高拔陞醫生 行政總裁 (由2019年8月1日起)
	Ms Elizabeth TSE Man-yee, GBS, JP <i>Permanent Secretary for Food and Health (Health)</i> 謝曼怡女士 食物及衛生局常任秘書長 (衛生)

## Appendix 3

### 附錄 3

#### Terms of Reference

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

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

#### 職權範圍

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

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

## Focus of Work in 2019-20

The Committee exercised active oversight of internal audit function of HA, considered matters related to the audit of HA's financial statements, and oversaw the effectiveness of risk management and internal controls at HA. In 2019-20, the Committee conducted four regular meetings and transacted business planned for two scheduled meetings in early 2020 by circulation instead, due to the COVID-19 outbreak.

In regard to HA's internal audit function, the Committee received from Chief Internal Auditor quarterly progress reports on audit results on HA's operational areas. The discussions focused on audit conclusions, major audit observations and corresponding follow-up action plans. Key internal audits considered by the Committee in 2019-20 covered different hospital operation and corporate management areas, including cybersecurity, emergency medicine wards, nursing manpower shortage, laboratory results, and audit analytics on clinical systems. During the year, the Committee approved revisions to the Internal Audit Charter to better reflect the organisational independence of HA's internal audit function. In planning ahead for 2020-21, the Committee took part in prioritising areas for internal audits and approved the Internal Audit Plan.

Through a joint meeting with the Finance Committee, the Committee reviewed and endorsed HA's draft audited financial statements for 2018-19. The Committee also considered reports from the external auditor on the 2018-19 internal control matters, the results of the external auditor's risk assessment of HA and the 2019-20 financial statement audit work plan. Re-appointment of external auditor of HA for financial years 2019-20 and 2020-21 was endorsed by the Committee.

For risk management, the Committee oversaw implementation of HA's organisation-wide risk management systems across HA. Specifically, the Committee examined the Key Organisation-wide Risk Report 2020, focusing on the planned mitigation actions for the 10 key risks consolidated from functional risk reports reviewed by the concerned functional committees. During the year, the Committee deliberated on risk management reports on specific areas, including capital works, cybersecurity, manpower shortage, winter surge, medication, diagnostic risks of missed radiology imaging findings, Electronic Health Record Programme and Clinical Public-Private Partnership Programmes. The Committee also received reports on HA's contingency plans, compliance with HA related ordinances and handling of whistleblowing cases in HA.

On internal control matters, the Committee received implementation progress updates respectively on the recommendations of the Corruption Prevention Department of the Independent Commission Against Corruption (ICAC) on HA's control of access to medical records and other patient data, and the recommendations of a Special Task Group on review of HA's patient information security at Accident & Emergency Departments.

## 2019-20 年度工作概況

審計及風險管理委員會積極監察醫管局的內部審計職能、審議有關醫管局財務報表審計的事宜，以及監察醫管局風險管理及內部管控的成效。在2019-20年度，委員會共召開四次定期會議，並因應2019冠狀病毒病疫情而將原訂於2020年初的兩次會議上審議的事宜改以傳閱方式處理。

在醫管局內部審計職能方面，委員會收閱總內部審計師提交的季度報告，報告載列醫管局不同運作範疇的審計結果。委員會集中討論審計結論、審計師的主要意見及相應的跟進計劃。年內審閱的主要內部審計項目涵蓋醫院運作及機構管理的不同範疇，包括「網絡安全」、「急症科病房」、「護士人手短缺」、「化驗結果」及「臨床系統審計分析」。此外，委員會批核內部審計約章的修訂，使更清晰反映醫管局內部審計職能的獨立性。為就2020-21年度進行規劃，委員會參與訂定內部審計的優先範疇，並批核內部審計計劃。

委員會在聯同財務委員會的會議上，審閱及通過醫管局2018-19年度經審核的財務報表擬本。委員會亦審閱外聘核數師就2018-19年度內部規管事宜、醫管局風險評估結果及2019-20年度財務報表審計工作計劃的報告，並就2019-20及2020-21財政年度通過重聘外聘核數師。

在風險管理方面，委員會監察醫管局全面推行的機構風險管理機制，特別是審閱2020年機構主要風險報告。報告按各專責委員會審訂的相關職能風險報告歸納十個主要風險，委員會集中討論相應的緩減計劃。年內，委員會亦審議多份特定範疇的風險管理報告，包括基本工程、網絡安全、人手短缺、冬季服務高峰期、藥物、漏察X光檢查結果的診斷風險、電子健康紀錄計劃及臨床公私營協作計劃。委員會亦收閱有關醫管局應急計劃、遵例合規事宜及處理告發行為的報告。

在內部管控方面，委員會收閱相關建議的實施進度報告，包括廉政公署防止貪污處就醫管局對取覽醫療紀錄及其他病人資料的限制所提出的建議，以及醫管局成立的專責小組就急症室病人資料安全的建議。

## Appendix 3

### 附錄 3

## Executive Committee

### 行政委員會

#### Membership List

##### 成員名單

##### Chairman

##### 主席

Prof John LEONG Chi-yan, GBS, JP (*up to 30.11.2019*)

梁智仁教授 (截至2019年11月30日)

Mr Henry FAN Hung-ling, SBS, JP (*from 1.12.2019*)

范鴻齡先生 (由2019年12月1日起)

##### Members

##### 成員

Mr Andrew FUNG Hau-chung, BBS, JP (*up to 30.11.2019*)

馮孝忠先生 (截至2019年11月30日)

Mrs Ann KUNG YEUNG Yun-chi

龔楊恩慈女士

Mr Daniel LAM Chun, SBS, JP

林濬先生

Dr LEUNG Pak-yin, SBS, JP, *Chief Executive (up to 31.7.2019)*

梁栢賢醫生 行政總裁 (截至2019年7月31日)

Dr Tony KO Pat-sing, *Chief Executive (from 1.8.2019)*

高拔陸醫生 行政總裁 (由2019年8月1日起)

Mr Ivan SZE Wing-hang, BBS, JP

施榮恆先生

Mr Philip TSAI Wing-chung, BBS, JP (*from 1.12.2019*)

蔡永忠先生 (由2019年12月1日起)

Ms Priscilla WONG Pui-sze, BBS, JP

王沛詩女士

Mr Jason YEUNG Chi-wai

楊志威先生

## Terms of Reference

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

## 職權範圍

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

## Appendix 3

### 附錄 3

#### Focus of Work in 2019-20

In 2019-20, the Committee met nine times to discuss and consider various matters of strategic importance and overall policies and directions of the Hospital Authority (HA). Pursuant to the HA Board's leading and managing role, the Committee had reviewed the progress of the implementation of the HA Strategic Plan 2017-2022, and paved the way for setting up a dedicated task group under the Committee to look into major sustainability issues of HA, with a view to formulating strategic directions for HA. Other strategic matters considered by the Committee included the formulation of HA Budget and Annual Plan for 2020-21, Smart Hospital initiatives and advanced technology to enhance service efficiency, Hospital Development Plans to accommodate capacity growth and service modernisation, workforce initiatives targeting at staff retention, HA's support to the Chinese Medicine Hospital project and future collaboration opportunities. The Committee also reviewed the key challenges and actions taken to address the manpower shortage risks and capital works risks in HA.

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

Internally for the Board, the Committee regularly reviewed the succession planning in the Board's Committees, and other membership matters relating to Hospital Governing Committees (HGCs) and Regional Advisory Committees. It received annual summary report on activities and feedbacks of HGCs. It also received the Report from the Board's Special Task Group to Review and Streamline Administrative Efficiency which covered a wide range of recommendations to streamline process of the Board and its committees, as well as administrative arrangement for HA Annual Planning Exercise and other meeting arrangements in HA, particularly those involving clinicians.

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

#### 2019-20 年度工作概況

在 2019-20 年度，委員會共召開九次會議，討論和考慮醫管局的重要策略事項和整體政策及方向。遵照大會擔當的領導和管理角色，行政委員會審議醫管局 2017 至 2022 年策略計劃的實施進度，並部署在委員會之下成立一個專責小組，探視醫管局的主要可持續發展事宜，以制訂機構策略方針。委員會審議的其他策略事宜包括：醫管局 2020-21 年度財政預算及工作計劃、智能化醫院設施及先進科技以提升服務效益、醫院發展計劃以提升承載量及優化服務、挽留人手措施，以及醫管局對中醫醫院項目的支援和未來協作契機。委員會亦審視醫管局就應對人手短缺風險及基本工程風險所帶來的挑戰而採取的措施。

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

就醫管局大會內務方面，委員會定期審視醫管局大會轄下委員會繼任安排，以及醫院管治委員會和區域諮詢委員會等其他成員委任的相關事宜，並收閱醫院管治委員會活動及意見的年度簡報。委員會亦收閱大會特別工作小組的檢討及理順行政效率報告，當中涵蓋一系列建議，務求理順大會及轄下委員會的程序、醫管局周年工作規劃的行政安排及其他會議安排，特別是涉及醫療人員的安排。

委員會定期審議管理層建議予醫管局大會的議程討論事項。

## Emergency Executive Committee

### 緊急應變策導委員會

#### Membership List 成員名單

##### Chairman 主席

Prof John LEONG Chi-yan, GBS, JP (*up to 30.11.2019*)  
梁智仁教授 (截至2019年11月30日)

Mr Henry FAN Hung-ling, SBS, JP (*from 1.12.2019*)  
范鴻齡先生 (由2019年12月1日起)  
(*In his absence, the Emergency Executive Committee chairmanship should be elected among its standing members*)  
(主席不在時，緊急應變策導委員會的主席應自常任成員中選出)

##### Members 成員

Mr Andrew FUNG Hau-chung, BBS, JP (*up to 30.11.2019*)  
馮孝忠先生 (截至2019年11月30日)

Mrs Ann KUNG YEUNG Yun-chi  
龔楊恩慈女士

Mr Daniel LAM Chun, SBS, JP  
林濬先生

Dr LEUNG Pak-yin, SBS, JP, *Chief Executive (up to 31.7.2019)*  
梁栢賢醫生 行政總裁 (截至2019年7月31日)

Dr Tony KO Pat-sing, *Chief Executive (from 1.8.2019)*  
高拔陸醫生 行政總裁 (由2019年8月1日起)  
(*In his absence, the Deputising CE*)  
(行政總裁不在時，由代理行政總裁出任)

Mr Ivan SZE Wing-hang, BBS, JP  
施榮恆先生

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

Mr Philip TSAI Wing-chung, BBS, JP (*from 1.12.2019*)  
蔡永忠先生 (由2019年12月1日起)

Ms Elizabeth TSE Man-ye, GBS, JP  
*Permanent Secretary for Food and Health (Health)*  
謝曼怡女士  
食物及衛生局常任秘書長(衛生)  
(*or her nominated representative*)  
(或其委任代表)

Mr Jason YEUNG Chi-wai  
楊志威先生

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

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

## Appendix 3

### 附錄 3

#### Terms of Reference

1. To act for the Hospital Authority Board and exercise its powers and functions, including:
  - (a) altering, amending or overriding existing Hospital Authority policies, standards, guidelines and procedures; and
  - (b) establishment of sub-committees or task forces to tackle particular matters at hand.
2. To identify the objectives and assess the risks facing Hospital Authority in emergency situation;
3. To approve the strategies and policies for managing the emergency formulated by the Hospital Authority Central Command Committee, and monitor implementation progress in all HA hospitals and institutions;
4. To coordinate activities of the other Hospital Authority committees including Hospital Governing Committees;
5. To ensure effective communication of clear and concise messages to key stakeholders, including staff, patients, Government and the public; and
6. To be accountable to the Authority Board and the making of regular reports to Hospital Authority Members as soon as practicable.

#### 職權範圍

1. 代表醫院管理局（醫管局）大會運作，並行使其權力及職能，包括：
  - (a) 對現有醫管局政策、標準、指引及程序作出更改、修訂或否決；及
  - (b) 設立小組委員會或專責小組處理具體事項。
2. 為醫管局面對的緊急情況，鑑辨目標及評估風險；
3. 批核醫管局中央指揮委員會所制訂的緊急應變策略和方針，並監察所有醫管局醫院及機構的執行進度；
4. 統籌其他醫管局委員會，包括醫院管治委員會的行動；
5. 確保與主要利益相關各方（包括職員、病人、政府及市民）的訊息溝通有效、清晰而簡潔；及
6. 須向醫管局大會負責，並於可行範圍內盡快向醫管局大會成員報告。

## Focus of Work in 2019-20

The Committee met five times in 2019-20 in response to the outbreak of the Novel Coronavirus [later formally named as Coronavirus Disease 2019 (COVID-19)]. On 6 January 2020, the Committee was activated in accordance with the Hospital Authority (HA) Response Plan for Major Incident after HA activated the Tier-three Strategic Response (“Serious Response Level”) on 4 January 2020. In light of the rapid development of the epidemic, including the activation of Emergency Response Level in HA hospitals subsequently on 25 January 2020, the Committee held another four meetings in the last three months of 2019-20.

Acting for the Board during Emergency Response Level, EEC supported the overarching directions and strategies formulated by HA’s Central Command Committee in managing COVID-19 outbreak. Key aspects of the overall plan covered governance command structure, personal protective equipment (PPE) stockpile, infection control measures, isolation facilities, laboratory tests, human resources policies and staff accommodation, service adjustments, treatment protocol and drug supply, supporting services, private hospital referrals, communication, finance, administrative arrangement, etc.

The Committee endorsed granting delegated authority to committees and management to facilitate speeding up procurement-related decisions and arrangements. The Committee endorsed various HR measures to support HA staff in the combat against COVID-19, as well as other related staff benefit and compensation initiatives formulated during Emergency Response Level. The Committee also looked into the provision of isolation facilities in HA, and considered service adjustment plans to conserve PPE and manpower capacity for managing COVID-19.

As at 31 March 2020, Emergency Response Level remained in force. The Committee would continue to provide the necessary steering and oversee the actions taken or to be taken by HA.

## 2019-20 年度工作概況

因應新型冠狀病毒[後正式名為2019冠狀病毒病]爆發，委員會在2019-20年度共舉行五次會議。醫管局在2020年1月4日啟動第三層策略應變（「嚴重應變級別」），根據醫管局重大事故應變計劃，委員會在2020年1月6日啟動並展開運作。由於疫情發展迅速，包括2020年1月25日醫管局各醫院啟動緊急應變級別，委員會在2019-20年度最後三個月另舉行了四次會議。

在緊急應變級別下，委員會代表醫管局大會運作，並支持醫管局中央指揮委員會為應對2019冠狀病毒病所制訂的整體方向和策略。整體計劃各主要方面包括管治指揮架構、個人防護裝備存量、感染控制措施、隔離設施、化驗監測、人力資源政策及員工住宿、服務調整、治療規程及藥物供應、支援服務、私家醫院轉介、傳訊、財政及行政安排等。

委員會通過授權委員會及管理人員，以加快採購決定及安排。委員會亦通過在緊急應變級別下制訂為支援員工抗疫的各項人力資源措施，以及其他相關員工福利及補償措施。委員會亦審視醫管局隔離設施的供應，並考慮服務調整計劃，以節省個人防護裝備用量及人手，應對2019冠狀病毒病疫情。

在2020年3月31日，緊急應變級別仍然生效。委員會會繼續提供所需督導，並監察醫管局已經或將會採取的措施。

## Appendix 3

### 附錄 3

## Finance Committee

### 財務委員會

#### Membership List

##### 成員名單

#### Chairman

##### 主席

Mr Andrew FUNG Hau-chung, BBS, JP (*up to 30.11.2019*)  
馮孝忠先生 (截至2019年11月30日)

Mr Philip TSAI Wing-chung, BBS, JP (*from 1.12.2019*)  
蔡永忠先生 (由2019年12月1日起)

#### Members

##### 成員

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

Mr Duncan CHIU (*from 6.12.2019*)  
邱達根先生 (由2019年12月6日起)

Mr Henry FAN Hung-ling, SBS, JP (*up to 30.11.2019*)  
范鴻齡先生 (截至2019年11月30日)

Mr Franklin LAM Fan-keung, BBS  
林奮強先生

Ms Carol YUEN Siu-wai, JP (*up to 11.7.2019*) /

Mr Raistlin LAU Chun, JP (*from 12.7.2019*) /

Ms Candy NIP Kai-yan

*[representing the Secretary for Financial Services and the Treasury]*

袁小惠女士 (截至2019年7月11日) /

劉震先生 (由2019年7月12日起) /

聶繼恩女士

(代表財經事務及庫務局局長)

Mr Stephen LEE Hoi-yin (*up to 30.11.2019*)

李開賢先生 (截至2019年11月30日)

Dr LEUNG Pak-yin, SBS, JP, *Chief Executive (up to 31.7.2019)*

梁栢賢醫生 行政總裁 (截至2019年7月31日)

Dr Tony KO Pat-sing, *Chief Executive (from 1.8.2019)*

高拔陞醫生 行政總裁 (由2019年8月1日起)

Mr Ivan SZE Wing-hang, BBS, JP

施榮恆先生

Mr Philip TSAI Wing-chung, BBS, JP (*from 9.4.2019 to 30.11.2019*)

蔡永忠先生 (由2019年4月9日至2019年11月30日)

Ms Priscilla WONG Pui-sze, BBS, JP

王沛詩女士

Mr Jason YEUNG Chi-wai

楊志威先生

## Terms of Reference

1. Advise and make recommendations on the financial aspects of the Hospital Authority Corporate Plan and Annual Plan;
2. Advise and make recommendations on the financial planning, control, performance, monitoring and reporting aspect of the Hospital Authority;
3. Advise on policy guidelines for all financial matters, including investment, business and insurance;
4. Advise and make recommendations on the resource allocation policies;
5. Advise and recommend to the Hospital Authority on the financial statements (audited and unaudited) of the Hospital Authority;
6. Liaise with the Trustees of the Hospital Authority Provident Fund Scheme on financial and control related matters and make recommendations to the Hospital Authority where appropriate;
7. Monitor the financial position of the Hospital Authority; and
8. Consider periodically matters relating to risk, risk management and risk mitigation relevant to finance operations and other relevant areas contributing to the financial risk profile of the Hospital Authority.

## Focus of Work in 2019-20

The Committee assisted the Board in ensuring proper stewardship and effective use of public funds through making recommendations to the Board on various finance related matters for the Authority. In 2019-20, the Committee conducted five regular meetings. Due to the COVID-19 outbreak, the Committee transacted business planned for a scheduled meeting in March 2020 by circulation.

In support of the corporate strategy and policy development of HA, the Committee examined the medium-term financial projection, using a refined methodology taking into account the costing analytics tool "Total Patient Journey Costing", to plan ahead for discussion with the Government on HA's funding arrangement for the second triennium funding cycle (2021-22 to 2023-24). In addition, the Committee also reviewed and endorsed the draft 2019 Fees and Charges Review Report and the related recommendation; the proposed charging principles for licensing out of HA premises; and the proposed revisions of HA Financial and Accounting Regulations and Delegation of Authority on Finance Functions in relation to financial management.

## 職權範圍

1. 就醫院管理局整體發展計劃及周年工作計劃的財務方面，提供意見及作出建議；
2. 就醫院管理局的財政規劃、規管、表現、監察及匯報等方面，提供意見及作出建議；
3. 就所有財務事宜，包括投資、業務及保險的政策指引，提供意見；
4. 就資源分配政策提供意見及作出建議；
5. 就醫院管理局的財務報表（經審核及未經審核），向醫院管理局提供意見及作出建議；
6. 就財務及規管相關事宜與醫院管理局公積金計劃的信託人保持聯繫，並在適當時候向醫院管理局作出建議；
7. 監察醫院管理局的財政狀況；及
8. 就醫院管理局財務運作及其他引致財務風險的範疇，定期審議相關的風險、風險管理及風險緩減事宜。

## 2019-20 年度工作概況

委員會就醫管局的財務相關事宜向醫管局大會作出建議，協助大會確保妥善管理和有效運用公帑。在2019-20年度，委員會共召開五次定期會議，並因應2019冠狀病毒病疫情而將原訂於2020年3月會議上審議的事宜改以傳閱方式處理。

為支援醫管局制訂整體策略及政策，委員會審視以改進方法及「病人歷程成本分析」工具所編製的中期財政預測，以便與政府討論第二個三年撥款周期（2021-22至2023-24年度）的撥款安排。此外，委員會亦審視並通過2019年服務收費檢討報告擬本和相關建議；授權使用醫管局物業的建議收費準則；以及醫管局財務和會計規則及財務職能（財務管理）權力轉授的建議修訂。

## Appendix 3

### 附錄 3

Dovetailed with HA's annual service and resource planning process, the Committee examined the proposed 2020-21 HA budget, resource allocation and future financial arrangement; the renewal approach and direction for HA's insurance programme 2020-21 and the charging for Privately Purchased Medical Items. With the assistance of the Treasury Panel (TP), the Committee considered matters related to HA's treasury management and operations, as well as investment performance and yield enhancement initiatives. On this, the Committee received regular progress reports from TP. On accountability reporting and monitoring of HA's financial position, the Committee reviewed and endorsed HA's draft audited financial statements for 2018-19 in a joint meeting with the Audit and Risk Committee. The Committee also considered the 2018-19 audited financial statements / accounts for a number of designated programmes undertaken by HA, including the Electronic Health Record Programme Development, the Samaritan Fund, the Community Care Fund Assistance Programmes, the HA Charitable Foundation, the minor works under the Capital Works Reserve Fund Head 708 Subhead 8083MM and the HA Public-Private Partnership Fund. The 2018-19 Operation Report of the HA Provident Fund Scheme was received by the Committee at a joint meeting with the Human Resources Committee.

On HA's financial performance, the Committee received regular financial reports and conducted a mid-year financial review together with the unaudited financial statements for the six months ended 30 September 2019. The Committee also considered matters relating to key financial performance indicators, waivers and write-offs of hospital fees and charges, and debt management. In accordance with the HA organisation-wide risk management framework, the Committee reviewed the effectiveness of risk mitigation actions taken in the past year on finance matters, and proactively assessed key financial risks anticipated for 2020 and considered corresponding action plans.

To facilitate HA in discharging its stewardship responsibility over the use of public funds, the Committee reviewed the Annual Work Plan of the Finance Division, as well as the enhanced membership composition structures and membership appointment of TP and the bid evaluation panel for procurement of insurance policies.

委員會配合醫管局的服務及資源規劃進程，審議醫管局2020-21年度預算、資源分配及未來財務安排建議；醫管局保險計劃2020-21年度的續保方式和方針，以及自資購買醫療項目的收費。此外，委員會在庫務小組協助下，審議有關醫管局庫務管理及運作，以及投資表現和增加回報等事宜，並定期收閱庫務小組的進度報告。有關醫管局財務狀況的問責報告及監察方面，委員會在聯同審計及風險管理委員會的會議上，審閱及通過醫管局2018-19年度經審核的財務報表擬本。委員會亦審議由醫管局推行的若干指定計劃的2018-19年度經審核財務報表／帳目，包括電子健康紀錄系統開發計劃、撒瑪利亞基金、關愛基金援助計劃、醫管局慈善基金、基本工程儲備基金總目708分目8083MM項下的小型工程，以及醫管局公私營協作基金。委員會亦在與人力資源委員會的聯合會議上，收閱醫管局公積金計劃2018-19年度運作報告。

在醫管局的財務表現方面，委員會收閱定期財務報告，並審議截至2019年9月30日止六個月未經審核的財務報表及年中財政檢討。委員會亦審議有關醫管局主要財務表現指標、豁免及註銷醫院收費以及債務管理等事宜。因應醫管局機構風險管理架構，委員會審視過去一年財務風險緩減措施的成效，並主動評估2020年的預計主要財務風險及相應的緩減計劃。

為協助醫管局就公帑運用履行其管理職責，委員會審閱財務部的周年工作計劃，並審視庫務小組以及保險採購投標評估小組的新成員組合及委任事宜。

## Human Resources Committee

### 人力資源委員會

#### Membership List 成員名單

##### Chairman 主席

Mrs Ann KUNG YEUNG Yun-chi  
龔楊恩慈女士

##### Vice Chairman 副主席

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

##### Members 成員

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

Prof CHAN Wai-yee (*from 9.4.2019*)  
陳偉儀教授 (由2019年4月9日起)

Mr Henry FAN Hung-ling, SBS, JP (*up to 30.11.2019*)  
范鴻齡先生 (截至2019年11月30日)

Mr Quinton LAM Chun-ki  
林進其先生

Mr Franklin LAM Fan-keung, BBS  
林奮強先生

Prof LAU Chak-sing, JP (*up to 1.1.2020*)  
劉澤星教授 (截至2020年1月1日)

Miss Linda LEUNG (*up to 14.7.2019*)  
Miss Trista LIM (*from 15.7.2019*)  
[*representing the Permanent Secretary for Food and Health (Health)*]  
梁嘉盈女士 (截至2019年7月14日)  
林美儀女士 (由2019年7月15日起)  
[代表食物及衛生局常任秘書長(衛生)]

Dr LEUNG Pak-yin, SBS, JP, *Chief Executive (up to 31.7.2019)*  
梁栢賢醫生 行政總裁 (截至2019年7月31日)

Dr Tony KO Pat Sing, *Chief Executive (from 1.8.2019)*  
高拔陞醫生 行政總裁 (由2019年8月1日起)

Prof David SHUM Ho-keung  
岑浩強教授

Mr Ivan SZE Wing-hang, BBS, JP  
施榮恆先生

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

Mr Charlie YIP Wing-tong  
葉永堂先生

## Appendix 3

### 附錄 3

#### Terms of Reference

1. Advise on manpower planning;
2. Advise on staff training and development matters;
3. Advise, review and make recommendations on human resources policies and related issues;
4. Advise, review and make recommendations to the Hospital Authority on the terms and conditions of employment for staff;
5. Advise, review and make recommendations to the Hospital Authority on staff pay awards and overall staffing structure;
6. Advise, review and make recommendations to the Hospital Authority on any other staff related matters;
7. Consider periodically matters relating to risk, risk management and risk mitigation relevant to human resources management;
8. Monitor the performance of the Hospital Authority Mandatory Provident Fund Schemes and make recommendations to the Hospital Authority as and when necessary; and
9. Liaise with the Trustees of the Hospital Authority Provident Fund Scheme on member and communication related matters and make recommendations to the Hospital Authority where appropriate.

#### Focus of Work in 2019-20

In 2019-20, the Committee met five times to discuss and consider various human resources (HR) matters of HA. Due to the COVID-19 outbreak, the Committee cancelled the meeting scheduled for March 2020.

The Committee considered and advised on a wide range of HR management initiatives to boost staff morale and retain talents. These included endorsement of enhancements of a number of HR measures, covering locum recruitment pay package and scope; lateral transfer mechanism of serving resident trainees; consultant promotion opportunities; pay package of staff at obsolete ranks performing Patient Care Assistant / Operation Assistant jobs; and the introduction of the Specialty Nurse Allowance. The Committee also considered and endorsed the recommendations of the consultancy study for job evaluations on Cluster General Manager and Senior Manager posts as well as a full-time Head of Information Technology and Health Informatics. The manpower requirement and strategies for doctors were also reported and discussed. Same as in the past years, the Committee considered and supported the 2019-20 annual pay adjustment for HA employees for approval by the HA Board.

#### 職權範圍

1. 就人力規劃提供意見；
2. 就職員培訓及發展事宜提供意見；
3. 就人力資源政策及有關事宜提供意見，進行檢討及作出建議；
4. 就職員的僱用條件向醫院管理局(醫管局)提供意見，進行檢討及作出建議；
5. 就職員薪酬及整體人手架構向醫管局提供意見，進行檢討及作出建議；
6. 就其他任何與職員有關的事宜向醫管局提供意見，進行檢討及作出建議；
7. 定期審議人力資源管理範疇的相關風險、風險管理及風險緩減事宜；
8. 監察醫管局強積金計劃的表現，並按需要向醫管局提出建議；以及
9. 就有關醫管局公積金計劃成員及溝通方面事宜與信託人保持聯繫，並在適當時向醫管局作出建議。

#### 2019-20 年度工作概況

在2019-20年度，委員會共召開五次會議，討論及審議醫管局各項人力資源事宜。因應2019冠狀病毒病疫情，委員會取消原訂於2020年3月舉行的會議。

委員會審議了一系列提升士氣和挽留人才的人力資源舉措，包括通過多項人力資源改善措施，如自選兼職薪酬及範圍、現職駐院受訓醫生同級調任機制、晉升顧問醫生機會、任職病人服務助理 / 運作助理屬舊有職級員工的薪酬，以及設立專科護士津貼。委員會經審議後通過有關聯網總經理與高級經理職位評估及設立一名全職資訊科技及醫療信息主管的顧問研究建議。委員會亦備悉及討論醫生的需求及人手需求及策略。一如往年，委員會經審議後支持醫管局僱員2019-20年度薪酬調整，再呈醫管局大會審議及批准。

Staff training and development is one of the key HR strategies. The Committee discussed and supported the professional nursing development along the trend of specialty nurse qualification. Separately, the formation of a new Occupational Safety Hygienist grade was endorsed. On a regular basis, the Committee received progress reports from the Central Training & Development Committee, a subcommittee formed under the Committee to oversee and advise on the priorities of resource allocation related to staff training.

For staff welfare and communication / engagement, the Committee received progress update on HA Focused Staff Survey 2019 and the related action plans, and noted the latest development of the Staff Radiology Programme. It also endorsed the introduction of Corporate Travel Insurance Scheme to cover overseas business travel and overseas training, as well as improvement measures of staff support on return to work for injury on duty staff.

Alongside the global direction towards digitalisation, the Committee discussed HA's digital workplace strategies from the HR perspective, and noted the implementation of eAllowance System to streamline and automate HR procedures. In accordance with the HA organisation-wide risk management framework, the Committee considered the People Resources Risk Assessment for 2020 and reviewed the effectiveness of risk mitigation actions taken on HR front in the past year, proactively assessed HR risks anticipated for 2020 and considered the corresponding action plans. It also noted the proposed launching of a consultancy study to review the organisation structure regarding the management of works projects in HA and received the report on whistleblowing cases received in 2018. Separately, the Committee gave comments and supported conducting a consultancy study on HR Organisation Review.

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

員工培訓及發展是關鍵的人力資源策略之一。委員會討論並支持循專科護士資歷方向的專業護理發展，另通過設立新的職業安全環境衛生師職級。委員會亦定期收閱轄下中央培訓及發展委員會（小組委員會）的定期進展報告。該小組委員會是為監察員工培訓方面的資源投放優次及提供意見而成立。

在員工福利及溝通 / 凝聚方面，委員會收閱2019年焦點職員意見調查的進展報告及相關行動計劃，並備悉員工造影計劃的最新發展。委員會亦通過設立涵蓋海外公幹及培訓的機構旅遊保險計劃，以及工傷僱員復工支援改善措施。

因應全球數碼化發展方向，委員會從人力資源角度審議醫管局的「數碼辦公場所」策略，並備悉電子津貼系統的推行，以精簡人力資源程序並實施自動化。根據醫管局機構風險管理架構，委員會檢視2020年人力資源風險評估，亦審視了過去一年人力資源風險緩減措施的成效，並主動評估2020年人力資源方面的預計風險及有關緩減計劃。委員會亦備悉就醫管局工程項目管理的組織架構委聘顧問進行檢討的建議，並收閱有關2018年所接獲舉報個案的報告。委員會另亦審議及支持進行人力資源組織檢討的顧問研究。

年內，委員會檢閱了人力資源主要表現指標季度報告，也備悉醫管局強制性公積金計劃年度報告。委員會亦收閱了其他多項與人力資源相關的年度報告，包括在聯同財務委員會會議上備悉的醫管局公積金計劃2018-19年度運作報告、2018-19年度職安健及工作間暴力年報、2018年職員投訴報告，以及人力資源鑑證計劃報告。

## Appendix 3

### 附錄 3

## Information Technology Services Governing Committee

### 資訊科技服務管治委員會

#### Membership List

##### 成員名單

#### Chairman

##### 主席

Dr LEUNG Pak-yin, SBS, JP, *Chief Executive (up to 31.7.2019)*

梁栢賢醫生 行政總裁 (截至2019年7月31日)

Dr Tony KO Pat-sing, *Chief Executive (from 1.8.2019)*

高拔陞醫生 行政總裁 (由2019年8月1日起)

#### Members

##### 成員

Ms Anita CHENG Wai-ching

鄭瑋青女士

Mr Duncan CHIU *(from 6.12.2019)*

邱達根先生 (由2019年12月6日起)

Mr David FONG Man-hung, BBS, JP

方文雄先生

Mr Daniel LAI, BBS, JP

賴錫璋先生

Mr Victor LAM, JP

*Government Chief Information Officer*

林偉喬先生

政府資訊科技總監

Prof LAU Chak-sing, JP

劉澤星教授

Mr Stephen LEE Hoi-yin *(up to 30.11.2019)*

李開賢先生 (截至2019年11月30日)

Hon Charles Peter MOK, JP

莫乃光議員

Mr Charlie YIP Wing-tong

葉永堂先生

Miss Amy YUEN Wai-yin, JP

*Deputy Secretary for Food & Health (Health)*<sup>2</sup>

阮慧賢女士

食物及衛生局副秘書長(衛生)<sup>2</sup>

## Terms of Reference

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

## 職權範圍

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

## Focus of Work in 2019-20

In 2019-20, the Committee conducted three meetings. Due to the COVID-19 outbreak, the Committee transacted business planned for a meeting scheduled for March 2020 by circulation. In the year, the Committee discussed and advised various executional strategies and implementation initiatives, in support of the five-year IT Strategy 2017-2022 (IT Strategy), which laid out key directions to support digital transformation of HA's service provision and uplifting its service capability. These included the Smart Hospital Strategy for leveraging technology to achieve better clinical outcomes, enhance patient experience and achieve greater operational efficiency; Digital Workplace Strategy for improving workplace productivity, promote staff engagement and efficiency using technology; and the Artificial Intelligence (AI) Strategy for facilitating HA in addressing service challenges, and driving and guiding HA to the appropriate AI adoption approach. The Committee also deliberated on the Cybersecurity Strategy Framework for enhancing HA's cybersecurity through standardisation, integration and automation. It also discussed progress of work on HA Data Collaboration Lab, and HA's service provision as technical agent to the Department of Health for developing the Clinical Information Management System II Project. The Committee also received reports on the incident of allegations of leakage of patient data in HA from the Accident and Emergency Information System and the action plan for enhancement. A major cyberattack on HA's IT environment was also reported to the Committee, together with the remedial actions taken and enhancement measures implemented.

## 2019-20 年度工作概況

在2019-20年度，委員會共舉行三次會議。因應2019冠狀病毒病疫情，原訂於2020年3月會議上審議的事宜改以傳閱方式處理。年內，委員會審議多項實施策略和執行措施，以支持落實2017至2022年資訊科技策略(資訊科技策略)，當中載列就支持醫管局服務轉型及提升服務能力而制訂的主要方向。這些策略及措施包括「智能醫院」策略，以善用科技提升臨床成效、優化病人體驗及提升運作效率；「數碼辦公場所」策略，以利用科技提升工作間生產力、促進員工參與和工作效率；以及「人工智能」策略，以助醫管局應付服務挑戰，並引領醫管局發展和採納合適的人工智能項目。委員會亦審議了網絡安全策略框架，以透過標準化、一體化及自動化，提升醫管局的網絡安全。委員會亦討論了有關醫管局數據實驗室的工作進展，以及醫管局作為衛生署技術代理就開發臨床訊息管理系統第二期計劃所提供服務的進展。委員會收閱有關指稱醫管局急症室資訊系統外洩病人資料事件及相關改善行動計劃的報告，亦備悉醫管局遭受持續網絡攻擊的事件，以及已採取的應對行動及改善措施。

## Appendix 3

### 附錄 3

On plans to meet the growing demand for IT systems to support the operation of the organisation, the Committee endorsed the IT Block Vote Submission for 2020-21. The Committee also considered and approved the Annual Work Plan 2020-21 of the IT and Health Informatics Division (IT&HID) for responding to challenges in continuing existing service delivery and delivering the major strategic IT-enabled projects and related transformational initiatives.

To fulfil its overseeing functions, the Committee monitored the implementation of the work stipulated in the IT&HID Annual Plan by considering, amongst others, the performance and status reports of respective IT functions. Progress update on various IT projects including Clinical Management System III and IV, business supporting IT systems and Electronic Health Record (eHR) projects was among the standing agenda items of the Committee's meetings. The Committee also monitored the ongoing efforts of IT&HID in the development and implementation of the Government's eHR Programme for which HA was the technical agent and participated as a major user of eHR Sharing System and endorsed the draft audited financial statements related to eHR Programme undertaken by HA annually. In addition, the Committee reviewed the effectiveness of risk mitigation actions taken in the past year, and assessed IT risks anticipated for 2020 and considered corresponding action plans.

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

為應付資訊科技系統不斷增長的需求，以配合機構運作需要，委員會通過2020-21年度資訊科技整體撥款申請。委員會經審議後批核資訊科技及醫療信息部2020-21年度工作計劃，以回應於維持現行服務及推行各項倚重資訊科技的主要策略項目和相關轉型計劃所面對的挑戰。

為履行其監督職能，委員會監察資訊科技及醫療信息部年度工作計劃的實施，其中包括審閱相關資訊科技職能的表現及狀況報告。委員會會議的常規議程項目包括各個資訊科技項目如第三及第四代臨床醫療管理系統、業務支援資訊科技系統及電子健康紀錄的有關項目的進展報告。委員會亦監察資訊科技及醫療信息部為政府開發及推行電子健康紀錄互通系統的持續進度（醫管局擔任技術代理，並為該系統的主要使用者），以及每年通過相關的經審核財務報表擬稿。此外，委員會審視過去一年風險緩減措施的成效，並評估2020年資訊科技方面的預計風險及有關緩減計劃。

委員會亦定期收閱轄下信息技術諮詢小組委員會的進度報告，該小組委員會負責審議醫管局就資訊科技方面建議推行的主要措施及技術事宜。委員會亦批核小組委員會的成員委任事宜。

## Main Tender Board

### 中央投標委員會

#### Membership List 成員名單

##### Chairman 主席

Mr Ivan SZE Wing-hang, BBS, JP  
施榮恆先生

##### Vice-Chairmen 副主席

Mr Gregory LEUNG Wing-lup, SBS  
梁永立先生

Mr Lincoln TSO Lai  
曹禮先生

##### Ex-officio members 當然成員

Dr LEUNG Pak-yin, SBS, JP, *Chief Executive (up to 31.7.2019)*  
梁栢賢醫生 行政總裁 (截至2019年7月31日)

Dr Tony KO Pat-sing, *Chief Executive (from 1.8.2019)*  
高拔陸醫生 行政總裁 (由2019年8月1日起)  
(*or his nominated representative*)  
(行政總裁或其委任代表)

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

##### Members 成員

**Two of the following members on rotation:**  
以下其中兩位輪值成員：

Prof Edwin CHAN Hon-wan  
陳漢雲教授

Mr CHAN How-chi, MH  
陳孝慈先生

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

Dr Andrew CHAN Ping-chiu, BBS  
陳炳釗博士

Prof CHAN Wai-yee (*from 9.4.2019*)  
陳偉儀教授 (由2019年4月9日起)

Ms Anita CHENG Wai-ching  
鄭瑋青女士

Mr Stanley CHEUNG Tak-kwai  
張德貴先生

Mr Duncan CHIU (*from 6.12.2019*)  
邱達根先生 (由2019年12月6日起)

Prof Joanne CHUNG Wai-yee  
鍾慧儀教授

Mr Henry FAN Hung-ling, SBS, JP (*up to 30.11.2019*)  
范鴻齡先生 (截至2019年11月30日)

## Appendix 3

### 附錄 3

Mr David FONG Man-hung, BBS, JP  
方文雄先生

Mr Ambrose HO, SBS, JP  
何沛謙先生

Dr KAM Pok-man, BBS  
甘博文博士

Prof Joseph KWAN Kai-cho  
關繼祖教授

Mr Quinton LAM Chun-ki  
林進其先生

Mr Franklin LAM Fan-keung, BBS  
林奮強先生

Prof LAU Chak-sing, JP  
劉澤星教授

Dr James LAU Chi-wang, BBS, JP (*from 1.12.2019*)  
劉志宏博士 (由2019年12月1日起)

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

Mr Stephen LEE Hoi-yin (*up to 30.11.2019*)  
李開賢先生 (截至2019年11月30日)

Dr Peter LEE Kwok-wah  
李國華博士

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

Mr William LEUNG Shu-yin (*from 1.12.2019*)  
梁樹賢先生 (由2019年12月1日起)

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

Mr Wilson MOK Yu-sang  
莫裕生先生

Prof David SHUM Ho-keung  
岑浩強教授

Prof Agnes TIWARI Fung-yee  
羅鳳儀教授

Mr Vincent TONG Wing-shing, BBS (*from 1.12.2019*)  
湯永成先生 (由2019年12月1日起)

Mr Philip TSAI Wing-chung, BBS, JP (*from 9.4.2019 to 30.11.2019*)  
蔡永忠先生 (由2019年4月9日至2019年11月30日)

Ir Billy WONG Wing-hoo, BBS, JP (*from 6.12.2019*)  
黃永灝先生 (由2019年12月6日起)

Ms Catherine YEN Kai-shun (*up to 30.11.2019*)  
嚴嘉洵女士 (截至2019年11月30日)

Mr Charlie YIP Wing-tong  
葉永堂先生

## Terms of Reference

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

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

## 職權範圍

1. 根據醫院管理局(醫管局)大會授予的執行權限，審議及批核醫管局的採購投標及合約更改，包括：
  - (a) 檢視及確定評估小組所作的建議；
  - (b) 檢視評估小組在甄選過程中採用的程序及準則；
  - (c) 在確立上述(a)及(b)項為適切後，就評估小組的甄選作最終批核。
2. 聽取有關審批直接採購合約的管理匯報，該等合約已獲總辦事處總監行使「緊急直接採購特別權力」批核。

註：根據大會批核的《醫院管理局採購及物料管理手冊》，現時中央投標委員會的權限範圍包括批核由醫管局總辦事處統籌150萬元以上的採購投標，或由聯網/醫院安排450萬元以上的採購投標。

## Appendix 3

### 附錄 3

#### Focus of Work in 2019-20

The Main Tender Board (MTB) is organised into two Tender Boards, each meeting once a month, with MTB(1) mainly focusing on tenders for pharmaceutical products and medical consumables; and MTB(2) on tenders of other subjects (e.g. medical equipment, contract services, consultancies etc.). In 2019-20, MTB considered over 670 papers on procurement of various supplies and services that are individually at value of over \$1.5 million for HA Head Office; and above \$4.5 million for clusters and hospitals. Tenders for procurement of supplies mainly covered purchases of pharmaceutical products, medical and laboratory equipment and their consumables, whereas service tenders were mainly related to hospital supporting services, maintenance of medical and laboratory equipment, and information technology systems. Capital works tenders were mainly concerned with hospital redevelopment projects and minor works improvements for maintenance of hospital premises. In connection with HA's measures in combating COVID-19, MTB also received 10 management reports exceeding the authority limit of the concerned personnel from February to March 2020 on urgent direct purchases on Personal Protective Equipment, drugs, other items (e.g. hand rub) and services (e.g. freight charges and related costs for urgent deliveries), which were made to meet urgent operational needs under the Emergency Response Level.

An annual briefing was conducted to facilitate Members' understanding of the procurement policies and strategies of the HA and related matters. Prior to the briefing, an "Annual Summary on the Work of MTB 2018-19" was circulated for Members' information. It formed the framework of the briefing session in which topics including different procurement channels, analysis on single tenders and risk mitigation measures, as well as drugs expenditures and pricing trend etc. were covered. The briefing also served as an orientation to new Members and annual meet up for Members to exchange views on the work of MTB. During the briefing, Members shared their views and comments on various matters, including the increasing expenditure on drugs, dual-source contract arrangement and noted the revision of Schedule of Delegation of Authority for issue and acceptance of tenders for construction-related contracts.

#### 2019-20 年度工作概況

中央投標委員會分成兩個投標委員會，每月各自舉行一次會議。中央投標委員會(1)主要負責藥物和醫療消耗品的招標；而中央投標委員會(2)則處理其他項目(例如醫療設備、合約服務、顧問服務等)的招標。在2019-20年度，中央投標委員會審議超過670份採購物資和服務的投標文件，當中醫管局總辦事處每宗合約所涉價值為150萬元以上，而聯網及醫院每宗合約所涉價值則為450萬元以上。有關物資採購的投標項目主要涉及購買藥物、醫療及化驗設備與消耗品；服務採購的投標則主要涉及醫院支援服務、醫療、化驗設備及資訊科技系統的保養；而基本工程的投標主要涉及醫院重建項目及醫院建築物保養小型改善工程。為配合應對2019冠狀病毒病疫情，中央投標委員會亦在2020年2至3月間審議了10份超逾相關人員授權處理上限而進行緊急直接採購的管理匯報，用以購買個人保護裝備、藥物、其他物資(例如搓手液)及服務(例如緊急交付所涉的運費和相關開支)，以應付醫管局在緊急應變級別下的緊急運作需要。

委員會舉行了一次年度簡介會，加強成員對醫管局的採購政策、策略及相關事宜的了解。成員於簡介會前獲發「2018-19年度中央投標委員會工作摘要」，以供參閱。簡介會上重點介紹醫管局各類採購渠道、單一投標分析及風險緩減措施，以及藥物開支及價格趨勢等。簡介會亦作為迎新活動及成員年度聚會，讓成員分享有關委員會工作的意見。成員就多項事宜交流看法和意見，包括藥物開支按年遞增、雙貨源合約安排等，並備悉就建築相關合約招標及接受標書的《權力轉授安排》的修訂。

## Medical Services Development Committee

### 醫療服務發展委員會

#### Membership List 成員名單

##### Chairman 主席

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

##### Members 成員

Dr Constance CHAN Hon-ye, JP, *Director of Health*  
陳漢儀醫生 衛生署署長

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

Prof CHAN Wai-ye (from 9.4.2019)  
陳偉儀教授 (由 2019 年 4 月 9 日起)

Mr Henry FAN Hung-ling, SBS, JP (up to 30.11.2019)  
范鴻齡先生 (截至 2019 年 11 月 30 日)

Mr Quinton LAM Chun-ki  
林進其先生

Mr Franklin LAM Fan-keung, BBS  
林奮強先生

Prof LAU CHAK-sing, JP  
劉澤星教授

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

Dr LEUNG Pak-yin, SBS, JP, *Chief Executive (up to 31.7.2019)*  
梁栢賢醫生 行政總裁 (截至 2019 年 7 月 31 日)

Dr Tony KO Pat-sing, *Chief Executive (from 1.8.2019)*  
高拔陸醫生 行政總裁 (由 2019 年 8 月 1 日起)

Prof David SHUM Ho-keung  
岑浩強教授

Prof Agnes TIWARI Fung-ye  
羅鳳儀教授

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

Mr Charlie YIP Wing-tong  
葉永堂先生

Ms Carol YUEN Siu-wai, JP (up to 11.7.2019) /

Mr Raistlin LAU Chun (from 12.7.2019) /

Ms Candy NIP Kai-yan

*(representing the Secretary for Financial Services and the Treasury)*

袁小惠女士 (截至 2019 年 7 月 11 日) /

劉震先生 (由 2019 年 7 月 12 日起) /

聶繼恩女士

(代表財經事務及庫務局局長)

## Appendix 3

### 附錄 3

#### Terms of Reference

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

#### 職權範圍

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

## Focus of Work in 2019-20

In 2019-20, the Committee met five times to discuss and consider matters relating to the planning, development and management of clinical services. Due to the COVID-19 outbreak, the Committee transacted business planned for a meeting scheduled for February 2020 by circulation.

Along the corporate strategy and planned future service directions of HA, the Committee discussed the Clinical Services Plan (CSP) for the Hong Kong East Cluster; supported the review of CSP for the Hong Kong West Cluster; and discussed and approved the Strategic Service Framework for Cancer Services and for Genetic and Genomic Services. For clinical services development, the Committee discussed the planning for new outpatient pharmacy, proposed new service model for enhanced Chinese Medicine service at Chinese Medicine Centre for Teaching and Research, management of advanced technology with Government funding in 2019-20 and 2020-21, patient blood management in HA, as well as implementation plan of HA's genetic and genomic services. In support of end-of-life care services, the Committee was briefed on the Guideline on Advance Care Planning in HA and the HA's response to the public consultation on end-of-life care legislative proposals on advance directives and dying in place. The Committee also considered various clinical Public-Private Partnership Programmes, which aimed to share out demand and enhance patient choices. On development of mental health services, the Committee received the progress update on establishing a school-based multidisciplinary collaboration platform for students with mental health needs and on implementation of "Service Framework of Personalised Care for Adults with Severe Mental Illness in Hong Kong".

The Committee considered and commented on a wide range of clinical management issues, including approval of new drugs / indications, medical and rehabilitation items to be covered by the Samaritan Fund in 2019-20; redevelopment of Wong Chuk Hang Complex for the elderly, as well as progress update on the development of Kwai Chung Hospital. In regard to the HA organisation-wide risk management framework, the Committee monitored clinical risk management through considering the report on patient service and care, which assessed the effectiveness of mitigation actions taken in the past year as well as the risks anticipated for 2020 and the planned actions. Other risk management and mitigation matters considered by the Committee included the follow-up actions on the recommendations of the review report of Sentinel & Serious Untoward Event Policy of HA and Clinical Incident Management Manual, safety and quality assurance of Chinese Medicines, review of hospital accreditation programme in HA, sustainability of safe blood supply in Hong Kong, update on management of service capacity risks (inpatient, accident & emergency and outpatient capacity), enhancing timely identification of lesion in chest x-ray. On quality improvement, it was also briefed on the 2018-19 HA Patient Experience Survey on specialist outpatient service and progress report of the pilot on 2018-19 integrated model of specialist outpatient service through nurse clinics. The Committee also considered proposals / regular reports on other matters, including the Controlling Officer's Report in 2019-20, winter surge preparation and development and monitoring and review of clinical service key performance indicators.

## 2019-20 年度工作概況

在2019-20年度，醫療服務發展委員會共召開五次會議，討論臨床服務的規劃、發展及管理事宜。因應2019冠狀病毒病疫情，原訂於2020年2月會議上審議的事宜改以傳閱方式處理。

根據醫管局的整體策略及擬定的未來服務方向，委員會討論了港島東醫院聯網的臨床服務計劃及支持港島西醫院聯網臨床服務計劃檢討，並討論及批核了癌症服務和遺傳及基因組服務的策略框架。在臨床服務發展方面，委員會討論新門診藥房的規劃、中醫教研中心為提升中醫服務的建議新服務模式、2019-20及2020-21年度經政府撥款的先進科技管理、醫管局病人血液管理以及醫管局遺傳及基因組服務的實施計劃。在晚期照顧方面，委員會閱悉《醫院管理局預設照顧計劃指引》，以及醫管局就預設醫療指示和病人在居處離世的晚期照顧立法建議所作之公眾諮詢的回應。委員會亦審議多項以分擔服務需求及擴闊病人選擇為宗旨的臨床公私營協作計劃。在精神健康服務發展方面，委員會收閱為有精神健康需要的學生設立校本跨專業協作平台及有關實施《香港成年嚴重精神病患者個人化復康支援服務框架》的最新進展。

委員會審議不同的醫療管理事宜並提供意見，包括批核撒瑪利亞基金在2019-20年度起納入的新藥 / 適用病症及醫療和復康項目、黃竹坑老人服務綜合大樓重建計劃，以及葵涌醫院重建工程進度報告。就醫管局機構風險管理架構方面，委員會透過審閱病人服務報告以監察臨床風險管理情況，並檢討過去一年風險緩減措施的成效，評估2020年的預計風險及有關緩減計劃。委員會亦審議了其他風險管理及緩減方面事宜，包括醫管局嚴重醫療及重大風險事件政策及醫療事故管理手冊檢討報告所作建議的跟進行動、中醫藥安全及質素保證、醫管局醫院認證計劃檢討、香港穩定安全血液供應、服務承載量風險管理報告(住院、急症及門診服務能力)與及加強從胸腔X光檢查適時察覺異常情況。在質素改善方面，委員會閱悉2018-19年醫管局專科門診病人經驗調查，以及2018-19年在專科門診推行綜合模式護士診所先導計劃的進展報告。委員會亦考慮了其他建議 / 定期報告，包括2019-20年度管制人員報告；冬季流感服務高峰期的應對準備；以及臨床服務主要表現指標的制訂、監察和檢討。

## Appendix 3

### 附錄 3

## Public Complaints Committee

### 公眾投訴委員會

#### Membership List

##### 成員名單

#### Chairman

##### 主席

Mr Ivan SZE Wing-hang, BBS, JP

施榮恆先生

#### Vice-Chairman

##### 副主席

Prof Raymond LIANG Hin-suen, SBS, JP\* (*up to 30.11.2019*)

梁憲孫教授 \* (截至2019年11月30日)

Mr WONG Kwai-huen, BBS, JP\* (*from 1.12.2019*)

王桂壘先生 \* (由2019年12月1日起)

#### Members

##### 成員

Dr Jane CHAN Chun-kwong\*

陳真光醫生 \*

Mr Raymond CHAN Kwan-tak

陳君德先生

Ms Christine Barbara CHAN So-han, BBS

陳素嫻女士

Mr CHAN Wing-kai

陳永佳先生

Mr Vincent CHAN Wing-shing, MH

陳永誠先生

Ms Peggy CHING Pui-ki

程佩琪女士

Rev Dr Andrew CHOI Chung-ho

蔡宗灝牧師

Dr CHUNG Chin-hung\*

鍾展鴻醫生 \*

Mr HO Sau-him

何守謙先生

Mr Herman HUI Chung-shing, SBS, MH, JP

許宗盛先生

Mr Samuel HUI Kwok-ting

許國定先生

Mr Joe KWOK Jing-keung, SBS, FSDSM

郭晶強先生

Mr KWOK Leung-ming, SBS, CSDSM

郭亮明先生

Mr Alex LAM Chi-yau

林志焄先生

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

劉文文女士 \*

Dr Agnes LAW Koon-chui, JP

羅觀翠博士

Mr Peter LEE Shung-tak, BBS, JP  
李崇德先生

Ms Maggie LEUNG Yee-mei  
梁綺眉女士

Ms Manbo MAN Bo-lin, MH  
文保蓮女士

Mr Simon MOK Sai-man, MH  
莫世民先生

Mr TSE Man-shing, BBS, JP  
謝萬誠先生

Dr WONG Chun-por, JP\*  
王春波醫生 \*

Mr Paul WU Wai-keung  
胡偉強先生

Ms Lina YAN Hau-yee, MH, JP\* (*up to 30.11.2019*)  
殷巧兒女士 \* (截至2019年11月30日)

Ms Agnes Garman YEH  
葉嘉雯女士

Mr Charlie YIP Wing-tong  
葉永堂先生

\* Panel Chairman 小組主席

## Terms of Reference

1. The Public Complaints Committee (PCC) is the final complaint redress and appeal body of the Hospital Authority ("HA").
2. The PCC shall independently:
  - (a) consider and decide upon complaints from members of the public who are dissatisfied with the response of the HA / hospital to which they have initially directed their complaints;
  - (b) monitor HA's handling of complaints.
3. Pursuant to Para 2 above, the PCC shall independently advise and monitor the HA on the PCC's recommendations and their implementation.
4. In handling complaint cases, the PCC shall follow the PCC Complaint Handling Guidelines (Annex) which may be amended from time to time.
5. The PCC shall from time to time and at least once a year, make reports to the HA Board and public, including statistics or raising important issues where applicable.

## 職權範圍

1. 公眾投訴委員會(委員會)是醫院管理局(醫管局)內最終的投訴處理及上訴機制;
2. 委員會須獨立地:
  - (a) 審議及裁決公眾人士的投訴, 這些投訴最初向醫管局/醫院提出, 但投訴人對有關回覆不滿意; 以及
  - (b) 監察醫管局對投訴的處理;
3. 為執行上述第2段所述職能, 委員會會獨立地向醫管局提出建議, 並監察建議的推行;
4. 委員會在處理投訴個案時, 須依循委員會不時修訂的投訴處理指引(附件); 及
5. 委員會須定期並至少每年一次向醫管局大會及公眾人士匯報工作, 包括提交有關的統計數字或重要議題。

## Appendix 3

### 附錄 3

#### Annex

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

1. The PCC is an appeal body within the Hospital Authority ("the HA") to consider appeals made by the public relating to its services. Based on its Terms of Reference, the following are guidelines set by the PCC to facilitate the handling of complaints.
2. The PCC shall not normally handle a complaint:
  - (a) if the complaint relates to services provided by the HA more than 2 years before the date of the lodging of the complaint, unless the PCC is satisfied that in the particular circumstances it is proper to conduct an investigation into such complaint not made within that period;
  - (b) if the complaint is made anonymously and / or the complainant cannot be identified or traced;
  - (c) if the complainant has failed to obtain the proper consent of the patient, to whom the services were provided, in the lodging of the complaint (this restriction will not be applicable if the patient has died or is for any reason unable to act for himself or herself);
  - (d) if the subject matter of the complaint has been referred to or is being considered by the coroner;
  - (e) if the complaint relates to a matter for which a specific statutory complaint procedure exists;
  - (f) if the complainant or the patient concerned has instituted legal proceedings, or has indicated that he / she will institute legal proceedings, against the HA, the hospital or any persons who provided the services (in any event, the Committee shall not entertain any request for compensation);
  - (g) if the complaint relates to dispute over the established policies of HA, for example fees charging policy of the HA in respect of its services;
  - (h) if the complaint relates to an assessment made by a medical staff pursuant to any statutory scheme whereas such scheme provides for a channel of appeal, for example, the granting of sick leave under the provisions of the Employees' Compensation Ordinance, Cap. 282;
  - (i) if the complaint relates to personnel matters or contractual matters and commercial matters;
  - (j) if the PCC considers that the complaint is frivolous or vexatious or is not made in good faith; or
  - (k) if the complaint, or a complaint of a substantially similar nature, has previously been the subject matter of a complaint which had been decided upon by the PCC.

#### 附件

##### 公眾投訴委員會(委員會)處理投訴個案指引

1. 委員會是醫院管理局(醫管局)內的上訴機構，負責考慮公眾人士對醫管局服務的上訴。委員會按其職權範圍，制訂了以下投訴處理指引。
2. 如有以下情形，委員會通常不會受理有關投訴：
  - (a) 在醫管局提供服務後超過兩年，投訴人方才就該項服務提出投訴。但如委員會信納在某一個案的特別情況下，對該逾期提出的投訴進行調查是恰當者，則屬例外；
  - (b) 匿名投訴及 / 或投訴人無從識別或下落不明；
  - (c) 投訴人於提出投訴時，未有取得病人(有關服務對象)同意(但假如病人已逝世或因任何理由未能自己作主，則本限制並不適用)；
  - (d) 投訴的主要內容已轉交或正由死因裁判官考慮或審裁；
  - (e) 投訴涉及事宜已有既定法定申訴程序處理；
  - (f) 投訴人或有關病人已採取法律行動，或已表示將向醫管局、有關醫院或提供有關服務的任何人士採取法律行動(無論如何，委員會都不會受理任何索償的要求)；
  - (g) 投訴涉及醫管局既定政策的爭議，例如醫管局服務的收費政策；
  - (h) 投訴關乎醫護人員根據任何法定計劃所作的醫療評估，而該等計劃本身已有既定上訴渠道，例如根據香港法例第282章僱員補償條例規定簽發病假；
  - (i) 關於人事問題、合約或商業事宜的投訴；
  - (j) 瑣屑無聊、無理取鬧，或並非出於真誠的投訴；或
  - (k) 投訴或性質極為相近的投訴，屬委員會早前已裁決個案的主要內容。

3. Taking into account the following:

- (a) the disclosure of legal privileged documents in an open hearing;
- (b) the disclosure of personal data in an open hearing;
- (c) the PCC is not a judicial or quasi-judicial body;
- (d) an aggrieved party has other channels to seek redress; and
- (e) the PCC should not duplicate the functions of other institutions such as the courts or the Medical Council;

the PCC considers that its meetings shall not be open to the public.

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

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

### Focus of work in 2019-20

In 2019-20, the Public Complaints Committee held 14 meetings and handled a total of 222 cases relating to medical services, administrative procedure, staff attitude, etc. In addition to the handling of appeal cases, the Committee also advised on complaint handling policies to improve the efficiency and effectiveness of the Authority's complaints system, and make recommendations for system change and improvement of healthcare services. Regular internal and external communication programmes were conducted to enhance the transparency and credibility of the Authority's complaints system and the Committee as the final appeal body. Through its Secretariat, the Committee also shared important lessons learned for risk management and enhanced the complaint handling skills of frontline staff through regular specialist complaint management training including applied mediation skills training.

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

3. 委員會經考慮下列因素後，認為其會議不應向公眾公開：

- (a) 公開會議會披露法律保密的文件；
- (b) 公開會議會披露有關人士的個人資料；
- (c) 委員會並非司法或類似司法機構；
- (d) 感到不平的一方尚有其他申訴渠道；及
- (e) 委員會功能不應和其他機構（如法庭或醫務委員會）重疊。

4. 於考慮投訴的是非曲直時，委員會可就投訴的主要內容，徵詢醫療專業或其他界別的專家意見。委員會如認為恰當，亦可約見投訴人、病人、醫療人員或其他有關人士。

（委員會可視乎情況不時修訂上述投訴處理指引。）

### 2019-20 年度工作概況

在2019-20年度，公眾投訴委員會共召開14次會議及處理222宗涉及醫療服務、行政程序、員工態度等的個案。委員會除處理上訴個案外，亦就投訴處理政策提供意見，以提升醫管局投訴處理機制的效率及成效，並就改善醫療系統及服務提出建議。委員會定期進行對內及對外溝通，提高醫管局投訴處理機制的透明度和公信力，並讓公眾認識委員會乃醫管局內公眾投訴的最終上訴架構。委員會亦透過秘書處分享從個案所得經驗，促進風險管理，同時定期舉辦投訴處理專門訓練課程，其中包括應用調解技巧訓練，增強前線人員處理投訴的技巧。

為體現良好機構管治，委員會進行了自我評核，根據其職權範圍檢討過去一年的工作，不斷求進。

## Appendix 3

### 附錄 3

## Staff Appeals Committee

### 職員上訴委員會

#### Membership List

##### 成員名單

##### Chairman

##### 主席

Mr Lawrence LEE Kam-hung, BBS, JP

李金鴻先生

##### Members

##### 成員

Mr Ambrose HO, SBS, JP

何沛謙先生

Mr Charlie YIP Wing-tong

葉永堂先生

Mr Paul YU Shiu-tin, BBS, JP

余嘯天先生

#### Terms of Reference

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

#### 職權範圍

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

### Focus of Work in 2019-20

The Committee serves to consider and decide on appeals from staff members who have raised a grievance and appeal through the normal internal complaint channels established in HA and who wish to make further appeal against the decision made. The Committee's decision shall represent HA's decision and shall be final.

In 2019-20, the Committee concluded one staff appeal case carried forward from 2018-19 and received six new appeal cases. For the appeal case carried forward from 2018-19 and five of the six new cases received this year, the Committee considered that the appellants had fully presented their cases, and the management had followed due process in the course of investigation. The remaining new case was received in March 2020 and consideration was still in progress as of the end of 2019-20.

In considering the cases, the Committee had reviewed all the relevant information and, where appropriate, solicited additional information from the concerned management team and staff members on HA's prevailing policies and practices and other details related to the cases. The Committee had considered all the relevant information and was satisfied that the respective conclusions reached earlier by the management on the appeal cases were justified. In the process of review, the Committee had also identified some rooms for improvement both in terms of the complaint / appeal handling and in addressing specific issues of concern raised by the appellants. The observations and recommendations were conveyed to the management team for follow-up.

### 2019-20 年度工作概況

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

在2019-20年度，委員會審結了一宗2018-19年度未完成處理的職員上訴個案，及收到六宗新上訴個案。就該宗延自2018-19年度的上訴個案及今年收到的其中五宗新個案，委員會認為上訴人已完整闡述其個案，管理層亦已根據適當程序作出調查。餘下一宗於2020年3月收到的新個案，委員會於2019-20年度完結時仍在審議中。

委員會在審議上訴個案時，除審閱所有相關資料外，亦會視乎情況向有關管理團隊及職員索取與個案有關的醫管局現行政策、措施及其他補充資料。委員會考慮有關資料後，認為管理人員先前就各宗個案所作的結論合乎理據。委員會在審視個案的過程中，就管理人員在處理投訴 / 上訴時的安排及上訴人提出的具體關注問題等方面，留意到一些可改善之處。委員會已將觀察所得及建議轉達相關管理人員，以供跟進。

## Appendix 3

### 附錄 3

## Supporting Services Development Committee

### 支援服務發展委員會

#### Membership List

##### 成員名單

#### Chairman

##### 主席

Mr Daniel LAM Chun, SBS, JP

林濬先生

#### Vice-Chairman

##### 副主席

Mr David FONG Man-hung, BBS, JP

方文雄先生

#### Members

##### 成員

Prof Edwin CHAN Hon-wan

陳漢雲教授

Dr Andrew CHAN Ping-chiu, BBS

陳炳釗博士

Mr Franklin LAM Fan-keung, BBS

林奮強先生

Dr James LAU Chi-wang, BBS, JP (*from 1.12.2019*)

劉志宏博士 (由2019年12月1日起)

Dr Peter LEE Kwok-wah

李國華博士

Dr LEUNG Pak-yin, SBS, JP, *Chief Executive (up to 31.7.2019)*

梁栢賢醫生 行政總裁 (截至2019年7月31日)

Dr Tony KO Pat-sing, *Chief Executive (from 1.8.2019)*

高拔陞醫生 行政總裁 (由2019年8月1日起)

Miss Linda LEUNG Ka-ying (*up to 14.7.2019*)

Miss Trista LIM Mei-yee (*from 15.7.2019*)

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

梁嘉盈女士 (截至2019年7月14日)

林美儀女士 (由2019年7月15日起)

*[代表食物及衛生局常任秘書長(衛生)]*

Mr Gregory LEUNG Wing-lup, SBS

梁永立先生

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

盧偉國博士

Prof Agnes TIWARI Fung-yee

羅鳳儀教授

Mr Vincent TONG Wing-shing, BBS (*from 1.12.2019*)

湯永成先生 (由2019年12月1日起)

Mr Philip TSAI Wing-chung, BBS, JP (*from 9.4.2019*)

蔡永忠先生 (由2019年4月9日起)

Mr Lincoln TSO Lai

曹禮先生

Ir Billy WONG Wing-hoo, BBS, JP (*from 6.12.2019*)

黃永灝先生 (由2019年12月6日起)

Mr Charlie YIP Wing-tong

葉永堂先生

## Terms of Reference

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

## Focus of Work in 2019-20

In 2019-20, the Committee met three times to advise on the directions and policies related to the development of business support services and capital planning to support clinical service delivery in HA. Due to the COVID-19 outbreak, the Committee transacted business planned for a meeting scheduled for February 2020 by circulation.

On business support services, the Committee endorsed the adoption of new weighting on marking schemes for non-works related tenders, new measures to enhance the business opportunities for non-governmental organisations, and the protection of non-skilled workers in supporting services contracts in HA. Further to the recommendations of external auditors in relation to procurement related data for medical equipment, the Committee endorsed follow-up actions, which aimed to enhance data capturing and management in relevant procurement processes and identify bulk leverage opportunities at corporate level. The Committee received reviews of the strategy of equipment maintenance and paging services; and reports on hospital security as well as the contracts with price adjustment approved by the respective HA management via "Authorise and Direct" as delegated by the Main Tender Board. Besides, the Committee discussed the progress for replacement of aged equipment and new purchases in 2019-20 and endorsed the high level forward procurement plan up to 2022-23.

## 職權範圍

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

## 2019-20 年度工作概況

在2019-20年度，委員會共召開三次會議，就業務支援發展及基本工程規劃的發展方針及政策提供意見，以支援醫管局的醫療服務。因應2019冠狀病毒病疫情，原訂於2020年2月會議上審議的事宜改以傳閱方式處理。

在業務支援發展方面，委員會通過採用新計分比重於非工程方面的採購投標、實施新措施以加強非政府機構的業務機會、以及保障醫管局支援服務合約的非技術人員。有關外聘審計師就醫療設備相關採購數據所提出的建議，委員會通過加強相關採購程序數據採集及管理的跟進行動，並鑑辨進行中央集體採購機會。委員會收閱設備保養及傳呼服務策略檢討、醫院保安報告、以及有關經中央投標委員會授權醫管局相關管理人員批准調整合約價格的匯報。此外，委員會討論2019-20年度更換舊設備及採購新設備的進展，並通過由下年度至2022-23年度的預購計劃。

## Appendix 3

### 附錄 3

With respect to capital planning, the Committee noted the implementation progress of projects under the First Ten-year Hospital Development Plan (HDP), and the planning of the Second Ten-year HDP. New designs of refuse and soiled linen disposal system and the horizontal evacuation strategy for the New Acute Hospital at Kai Tak Development Area were reported to the Committee. The Committee also examined the adoption of 3S (viz. Simplification, Standardisation and Single integrated element) concept in HA projects and the implementation of fire services improvement measures in hospitals. The Committee endorsed the slight revision to the site boundary of Tuen Mun Hospital (TMH) to enable improvement to the pedestrian access for passengers using Light Rail Transit to TMH. In addition, the Committee received reviews of hospital engineering related incidents and the related mitigation measures; and the annual report on accident statistics for capital works projects in 2018. For minor works projects, the Committee received reports on the key findings of the periodic audits on minor works projects, and implementation progress of the action plan in response to the overall review of the management of minor works projects. The Committee reviewed the annual capital expenditure plan for 2019-20, and endorsed that for 2020-21. Regarding the audited account of the one-off grant for minor works projects, the Committee endorsed the arrangement of the placement with the Exchange Fund upon its maturity in April 2020. In view of the growing number of works projects with increased size and complexity, the Committee noted the current organisation structure of HA Capital Planning Department, as well as the plan and preparation of the consultancy study to review the organisation structure of management of works projects in HA.

In accordance with the HA organisation-wide risk management framework, the Committee assessed the risks relating to business support services, pharmaceutical supplies and capital planning, including the effectiveness of risk mitigation measures taken in the past year, risks anticipated for 2020 and the planned actions.

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

在基本工程規劃方面，委員會備悉首個十年醫院發展計劃的項目進度，包括最新財政狀況及項目成果，以及第二個十年醫院發展計劃的籌劃。同時，委員會備悉位於啟德發展區新急症醫院的廢物及污水處理系統及橫向疏散策略的新設計。委員會亦審視醫管局工程項目採用3S概念（即標準化、簡單化和單一綜合元件），以及醫院最新的消防措施改善提議。委員會通過對屯門醫院的邊界範圍稍作修訂，以便利乘搭輕鐵到該院的市民使用行人道。此外，委員會審閱醫院工程事故檢討報告及相關緩減措施，以及2018年基本工程項目意外數字年度報告。在小型工程項目方面，委員會收閱小型工程項目定期審核的主要結果報告，以及整體小型工程項目管理所作的檢討行動之實施進度。委員會亦審議2019-20年度的資本開支預算，並通過2020-21年度的有關預算。有關小型工程項目整筆撥款的經審核帳目存於外匯基金的安排於2020年4月到期，委員會通過其後續安排。因應工程項目的數量、規模及複雜程度與日俱增，委員會備悉醫管局總辦事處基本工程規劃組現行的組織架構，以及就醫管局工程項目管理組織架構進行顧問檢討的計劃和準備。

因應醫管局機構風險管理架構，委員會就醫管局在業務支援發展、藥物供應及基本工程規劃方面進行風險評估，範圍包括各項風險緩減措施在過去一年的成效、2020年的預計風險及有關緩減計劃。

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

## MEMBERSHIP OF HOSPITAL GOVERNING COMMITTEES

### 醫院管治委員會成員

#### Alice Ho Miu Ling Nethersole Hospital

#### 雅麗氏何妙齡那打素醫院

<b>Chairman</b> 主席	Mr John LI Kwok-heem, MH 李國謙先生
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	<p>Mr Derek CHAN Man-foon 陳文寬先生</p> <p>Bishop Rev Ben CHANG Chun-wa 張振華監督</p> <p>Ms Michelle CHOW Yan-wai 周恩惠女士</p> <p>Mr CHU King-yuen, SBS, MH, JP 朱景玄先生</p> <p>Mr Richard FUNG Lap-chung 馮立中先生</p> <p>Rev Canon Peter Douglas K00N Ho-ming, BBS 管浩鳴法政牧師</p> <p>Prof Simon KWAN Shui-man 關瑞文教授</p> <p>Mr Roger LEE Chee-wah 李志華先生</p> <p>Rev Augusta LEUNG Lai-Ngor 梁麗娥牧師</p> <p>Dr Pamela LEUNG Ming-kuen, BBS, JP 梁明娟醫生</p> <p>Mr Gregory LEUNG Wing-lup, SBS 梁永立先生</p> <p>Ir Dr Hon LO Wai-kwok, SBS, MH, JP 盧偉國博士</p> <p>Mr Wilson MOK Yu-sang 莫裕生先生</p> <p>Mr SIU Sau-ching 蕭壽澄先生</p> <p>Mr TAI Wing-ting 戴泳廷先生</p> <p>Mr Eric TAM Wing-fun, MH 譚榮勳先生</p> <p>Mr Herman TSOI Hak-chiu 蔡克昭先生</p> <p>Rev WONG Ka-fai 王家輝牧師</p>

## Appendix 4

### 附錄 4

## Bradbury Hospice

### 白普理寧養中心

<b>Chairman</b> 主席	Dr Joseph LEE Man-ho 李文豪醫生
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Ms Rebecca HUNG Tzu-wei ( <i>from 25.7.2019</i> ) 熊子惠女士 (由 2019 年 7 月 25 日起)  Dr David KAN Kam-fai 簡錦輝醫生  Dr Joey TANG Chung-yee 鄧仲儀博士  Dr Vincent TSE Kin-chuen 謝建泉醫生  Mr Jimmy TSUI Chi-wah ( <i>from 25.7.2019</i> ) 徐志華先生 (由 2019 年 7 月 25 日起)  Prof Thomas WONG Kwok-shing, JP 汪國成教授  Ms Nora YAU Ho-chun, MH, JP 邱可珍女士

## Caritas Medical Centre

### 明愛醫院

<b>Chairman</b> 主席	Prof David CHEUNG Lik-ching 張力正教授
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Dr Wallace CHAN Chi-ho 陳智豪博士  Mr CHAN Wai-ming, MH, JP 陳偉明先生  Dr Denis CHANG Khen-lee, JP 張健利博士  Dr Daniel FANG Tak-sang 方德生醫生  Prof Frederick HO Wing-huen, SBS 何永煊教授  Mr Joseph LEE King-chi, BBS 李敬志先生  Dr Vincent LEUNG Tze-ching 梁子正醫生  Dr Vitus LEUNG Wing-hang, BBS, JP 梁永鏗博士  Mr Willie LUI Pok-shek, JP 呂博碩先生  Mr Anthony WONG Luen-kin, JP 黃鑾堅先生  Mr Ronald YAM Tak-fai 任德輝先生  Rev Joseph YIM Tak-lung 閻德龍神父

## Appendix 4

### 附錄 4

## Castle Peak Hospital & Siu Lam Hospital

### 青山醫院及小欖醫院

<b>Chairman</b> 主席	Dr Peter LEE Kwok-wah 李國華博士
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Mr Nicholas CHAN Hiu-fung, MH 陳曉峰先生  Mr CHAN How-chi, MH 陳孝慈先生  Mr Stephen LEE Hoi-yin 李開賢先生  Mr Jason Joseph LEE Kwong-yee 李曠怡先生  Dr Raymond MA Siu-wing, MH 馬兆榮醫生  Mr Edward PONG Chong, BBS, JP 龐創先生  Mr TSANG Hin-hong 曾憲康先生  Ms Deborah WAN Lai-yau, BBS, JP 溫麗友女士  Dr Jimmy WONG Chi-ho, SBS, JP 王賜豪醫生  Mr Paul WU Wai-keung 胡偉強先生

## Cheshire Home, Chung Hom Kok

### 春磡角慈氏護養院

<b>Chairman</b> 主席	Dr Albert WONG Chi-chiu 王志釗醫生
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Mr CHAN Bing-woon, SBS, JP 陳炳煥先生  Mr Raymond CHAN Kwan-tak 陳君德先生  Mrs Shelley M CHOW 周慧思女士  Ms Betty KO Lan-fun 高蘭芬女士  Dr Bernard KONG Ming-hei 江明熙醫生  Ms Janice MORTON 莫珍妮女士  Dr WONG Chun-por, JP ( <i>from 29.5.2019</i> ) 王春波醫生 (由2019年5月29日起)  Dr Paul YOUNG Tze-kong, JP 楊子剛博士

## Appendix 4

### 附錄 4

## Cheshire Home, Shatin

### 沙田慈氏護養院

<b>Chairman</b> 主席	Prof Leonard LI Sheung-wai 李常威教授
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Mrs Shelley M CHOW 周慧思女士  Ms Janet LAI Keng-chok 黎勁竹女士  Dr Edward LEUNG Man-fuk 梁萬福醫生  Dr Pamela LEUNG Ming-kuen, BBS, JP 梁明娟醫生  Mr Paul MAK Chun-nam 麥鎮南先生  Ms Janice MORTON 莫珍妮女士  Mr NG Hang-sau, MH 伍杏修先生  Prof Marco PANG Yiu-chung 彭耀宗教授  Mr Alfred POON Sun-biu 潘新標先生

## Grantham Hospital

### 葛量洪醫院

<b>Chairman</b> 主席	Mr Steve LAN Yee-fong, MH 藍義方先生
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Dr Eliza C H CHAN, SBS, JP 陳清霞博士  Dr CHENG Chun-ho 鄭俊豪醫生  Prof Stephen CHENG Wing-keung 鄭永強教授  Mr Raymond CHOW Wai-kam, JP 周偉淦先生  Mr Ricky FUNG Choi-cheung, SBS, JP 馮載祥先生  Mr Edward HO Man-tat 何聞達先生  Prof Mary IP Sau-man 葉秀文教授  Prof Peggy LAM, GBS, JP 林貝聿嘉教授  Dr Carl LEUNG Ka-kui 梁家駒醫生  Mr William LEUNG Shu-yin 梁樹賢先生  Dr Vitus LEUNG Wing-hang, BBS, JP 梁永鏗博士  Mr MA Ching-nam, BBS, JP 馬清楠先生  Mrs Purviz Rusy SHROFF, MH  Prof Sydney TANG Chi-wai 鄧智偉教授

## Appendix 4

### 附錄 4

## Haven of Hope Hospital

### 靈實醫院

#### Chairman 主席

Prof Joseph KWAN Kai-cho  
關繼祖教授

#### Ex-officio members 當然成員

Hospital Authority Chief Executive or his representative  
醫院管理局行政總裁或其代表

Hospital Chief Executive  
醫院行政總監

#### Members 成員

Mr Jonathan CHAN Pok-chi, JP  
陳博智先生

Mr CHAU Kwok-woon  
鄒國煥先生

Mr Francis CHAU Yin-ming, BBS, MH  
周賢明先生

Mr Stuart CHEN Seng-tek  
陳升惕先生

Mr Charles CHIU Chung-yee  
趙宗義先生

Ms Clara CHONG Ming-wah  
臧明華女士

Dr Hon LAM Ching-choi, SBS, JP  
林正財醫生

Dr Ares LEUNG Kwok-ling  
梁國齡醫生

Dr Andrew LUK Leung  
陸亮博士

## Hong Kong Buddhist Hospital

### 香港佛教醫院

<b>Chairman</b> 主席	Mr Keith LAM Hon-keung, JP 林漢強居士
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	<p>Mr Andie CHAN Wai-kwan, MH 陳偉坤先生</p> <p>Mr HO Tak-sum, MH 何德心居士</p> <p>Dr Johnny HON Sei-hoe, MH 韓世灝博士</p> <p>Mr LAI Sze-nuen, SBS, JP 黎時煥居士</p> <p>Mr Anthony LAM Chi-tat 林志達居士</p> <p>Mr Stephen LAM Wai-hung 林韋雄先生</p> <p>Ms May LAU Mei-mui 劉美梅女士</p> <p>Mr LEE Ka-cheung 李家祥居士</p> <p>Dr POON Tak-lun, JP 潘德鄰醫生</p> <p>Mr SHUM Man-to 沈文燾先生</p> <p>Ven SIK Chi-wai, SBS (<i>passed away in July 2019</i>) 釋智慧法師（於2019年7月辭世）</p> <p>Ven SIK Hin-hung 釋衍空法師</p> <p>Ven SIK Hong-ming 釋宏明法師</p> <p>Ven SIK Ku-tay 釋果德法師</p> <p>Ven SIK Kuan-yun 釋寬運法師</p> <p>Ven SIK To-ping 釋道平法師</p> <p>Ven SIK Yin-chi 釋演慈法師</p> <p>Ms WAN Yee-ling 溫綺玲居士</p>

## Appendix 4

### 附錄 4

## Hong Kong Children's Hospital

### 香港兒童醫院

<b>Chairman</b> 主席	Mr John LEE Luen-wai, BBS, JP 李聯偉先生
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Ms Dana CHAN Dan-nar 陳丹娜女士  Mr CHO Wui-hung, MH 左漚雄先生  Prof FOK Tai-fai, SBS, JP 霍泰輝教授  Mrs Ann KUNG YEUNG Yun-chi 龔楊恩慈女士  Mrs Nina LAM LEE Yuen-bing, MH 林李婉冰女士  Prof Gabriel Matthew LEUNG, GBS, JP 梁卓偉教授  Mr Patrick MA Ching-hang, BBS, JP 馬清鏗先生  Prof Grace TANG Wai-king, SBS, JP 鄧惠瓊教授  Prof Maurice YAP Keng-hung, JP 葉健雄教授  Mr Richard YUEN Ming-fai, GBS, JP 袁銘輝先生

## Hong Kong Eye Hospital & Kowloon Hospital

### 香港眼科醫院及九龍醫院

<b>Chairman</b> 主席	Mr Daniel LAM Chun, SBS, JP 林濬先生
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Dr Connie CHAN CHENG Yuk-yee, MH 陳鄭玉而博士  Mrs Sheilah CHENG CHATJAVAL 陳鄭兆齡女士  Dr Charles CHEUNG Wai-bun, JP 張惠彬博士  Dr KWONG Po-yin 鄭葆賢醫生  Ms Mavis LEE Ming-pui 李明佩女士  Dr LEUNG Kin-ping 梁健平博士  Prof Julia TAO LAI Po-wah 陶黎寶華教授  Dr WONG Yee-him 黃以謙醫生

## Appendix 4

### 附錄 4

## Hong Kong Red Cross Blood Transfusion Service

### 香港紅十字會輸血服務中心

<b>Chairman</b> 主席	Mr Ambrose HO, SBS, JP 何沛謙先生
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Mr Jeffrey CHUNG Chi-man 鍾志文先生  Prof LI Chi-kong, JP 李志光教授  Dr LI Siu-hung 李兆紅博士  Dr William LO Wing-yan, JP 盧永仁博士  Ms Clara SHEK Ka-lai 石嘉麗女士  Mr Donny SIU Koon-ming 蕭觀明先生  Ms Bonnie SO Yuen-han 蘇婉嫻女士  Prof Agnes TIWARI Fung-yee 羅鳳儀教授  Mr Jimmy YUEN Hon-wing 袁漢榮先生

## Kwai Chung Hospital & Princess Margaret Hospital

### 葵涌醫院及瑪嘉烈醫院

<b>Chairman</b> 主席	Mr Jason YEUNG Chi-wai 楊志威先生
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	<p>Prof Chetwyn CHAN Che-hin 陳智軒教授</p> <p>Mr Stanley CHEUNG Tak-kwai 張德貴先生</p> <p>Mr Henry FAN Hung-ling, SBS, JP <i>(up to 30.11.2019)</i> 范鴻齡先生 (截至2019年11月30日)</p> <p>Ms Janet HUI Lai-wah 許麗華女士</p> <p>Prof Joseph KWAN Kai-cho 關繼祖教授</p> <p>Mrs Nina LAM LEE Yuen-bing, MH 林李婉冰女士</p> <p>Mr Stephen LIU Wing-ting, JP 廖榮定先生</p> <p>Dr Peter TSOI Ting-kwok, JP 蔡定國醫生</p> <p>Mr William WONG Kuen-wai, BBS, MH 黃權威先生</p> <p>Mr WONG Yiu-chung, MH 黃耀聰先生</p>

## Appendix 4

### 附錄 4

## Kwong Wah Hospital & Tung Wah Group of Hospitals Wong Tai Sin Hospital

### 廣華醫院及東華三院黃大仙醫院

<b>Chairman</b> 主席	Dr Ken TSOI Wing-sing, BBS 蔡榮星博士
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Mr CHAN Siu-tong, MH, JP 陳少棠先生  Dr CHU Chor-lup 朱初立醫生  Ms Maisy HO, BBS 何超蓮女士  Dr LEE Yuk-lun, BBS, JP 李添麟博士  Ms Imma LING Kit-sum 凌潔心女士  Mrs Katherine MA, BBS 馬陳家歡女士  Mr Philip MA Ching-yeung 馬清揚先生  Ms Ginny MAN Wing-yee 文穎怡女士  Mr Albert SU Yau-on, MH, JP 蘇祐安先生  Mr Ivan SZE Wing-hang, BBS, JP 施榮恆先生  Mr Kazaf TAM Chun-kwok 譚鎮國先生  Ms Mandy TANG Ming-wai 鄧明慧女士  Ms Wendy TSANG Wan-man 曾韻雯女士  Mr Herman WAI Ho-man 韋浩文先生  Mr Vinci WONG, BBS 王賢誌先生  Mr Aaren YU See-ho 余斯好先生  Mr Stephen YUEN Kwok-keung, MH 袁國強先生

## MacLehose Medical Rehabilitation Centre

### 麥理浩復康院

<b>Chairman</b> 主席	Prof Cecilia CHAN Lai-wan, JP 陳麗雲教授
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	<p>Prof Henry CHAN Hin-lee 陳衍里教授</p> <p>Mr Jeffrey CHAU Sze-ngai 周思藝先生</p> <p>Mr CHENG Yan-kee, BBS, JP 鄭恩基先生</p> <p>Prof Kenneth CHEUNG Man-chee 張文智教授</p> <p>Mr Benny CHEUNG Wai-leung, BBS 張偉良先生</p> <p>Dr Eric CHIEN Ping 錢平醫生</p> <p>Ms Josephine HO Yuen-ling 何婉玲女士</p> <p>Mr Quinton LAM Chun-ki 林進其先生</p> <p>Dr Pamela LEUNG Pui-yu 梁佩如博士</p> <p>Dr MAK Kin-cheung 麥建章醫生</p> <p>Dr Edith MOK KWAN Ngan-hing, MH 莫關雁卿博士</p> <p>Mr Benjamin WONG Kam-ming 黃錦明先生</p>

## Appendix 4

### 附錄 4

## North District Hospital

### 北區醫院

<b>Chairman</b> 主席	Ms CHIANG Lai-yuen, JP 蔣麗婉女士
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Mr DENG Kai-rong, MH, JP 鄧開榮先生  Mr David FONG Man-hung, BBS, JP ( <i>up to 8.4.2019</i> ) 方文雄先生 (截至2019年4月8日)  Ms Stella FUNG Siu-wan 馮少雲女士  Dr Raymond HO Shu-kwong 何樹光博士  Mr HO Wing-yin 何永賢先生  Mr Billy LAM Chek-yau, BBS, MH, JP 林赤有先生  Mr LI Kwok-yiu 李國耀先生  Mr LIU Sui-biu 廖瑞彪先生  Mr Thomas YIU Kei-chung 姚紀中先生

## North Lantau Hospital

### 北大嶼山醫院

<b>Chairman</b> 主席	Prof Raymond LIANG Hin-suen, SBS, JP 梁憲孫教授
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Mr CHAN How-chi, MH 陳孝慈先生  Ms CHAU Chuen-heung, SBS, MH, JP 周轉香女士  Mr Tony CHOI Yuk-kwan, MH 蔡玉坤先生  Mr Dennis CHOW Chi-in 周志賢先生  Mr CHOW Yick-hay, BBS, JP 周奕希先生  Dr Robert LAW Chi-lim 羅致廉醫生  Ms Elizabeth LAW Kar-shui, MH 羅嘉穗小姐  Ms Deborah WAN Lai-yau, BBS, JP 溫麗友女士  Mr Randy YU Hon-kwan, MH, JP 余漢坤先生

## Appendix 4

### 附錄 4

## Our Lady of Maryknoll Hospital

### 聖母醫院

<b>Chairman</b> 主席	Mr Lester Garson HUANG, SBS, JP 黃嘉純先生
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Mr CHAN Wing-kai 陳永佳先生  Ms Maria CHIANG Lai-ling 蔣麗苓女士  Dr Gabriel CHOI Kin 蔡堅醫生  Mr John J CLANCEY  Dr Nancy FOK Lai-ling 霍麗玲醫生  Mr Joseph HUI Kong-yue 許江餘先生  Dr Lawrence LAI Fook-ming, BBS, JP 賴福明醫生  Mrs Marigold LAU, SBS 劉賴筱韞女士  Prof Gabriel Matthew LEUNG, GBS, JP 梁卓偉教授  Sister Marilu LIMGENCO 林敏妮修女  Ms June LO Hing-yu 羅慶好女士  Ms Brenda LO Yin-cheung 羅燕翔女士  Dr Louis SHIH Tai-cho, JP 史泰祖醫生  Mrs Elizabeth WONG YEUNG Po-wo 黃楊寶和女士  Mr Stephen YUEN Kwok-keung, MH 袁國強先生

## Pamela Youde Nethersole Eastern Hospital

### 東區尤德夫人那打素醫院

<b>Chairman</b> 主席	Mr Andrew FUNG Hau-chung, BBS, JP 馮孝忠先生
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Mr Derek CHAN Man-foon ( <i>from 29.5.2019</i> ) 陳文寬先生 (由2019年5月29日起)  Mr David CHAU Shing-yim 周承炎先生  Dr Eric CHENG Kam-chung, BBS, MH, JP 鄭錦鐘博士  Mr Roland CHOW Kun-chee 周近智先生  Mr Mico CHOW Man-cheung 周萬長先生  Ms Michelle CHOW Yan-wai 周恩惠女士  Mr Franklin LAM Fan-keung, BBS 林奮強先生  Ms Ka-shi LAU, BBS 劉嘉時女士  Mr John LI Kwok-heem, MH 李國謙先生  Mr Wilson MOK Yu-sang 莫裕生先生  Rt Rev Dr Thomas SOO Yee-po, JP 蘇以葆主教  Mr Dominic WONG Chi-chung 王志鍾先生  Mr YEUNG Po-kwan, JP 楊寶坤先生

## Appendix 4

### 附錄 4

## Pok Oi Hospital

### 博愛醫院

#### Chairman 主席

Mr NG Kam-ching, MH  
吳錦青先生

#### Ex-officio members 當然成員

Hospital Authority Chief Executive or his representative  
醫院管理局行政總裁或其代表

Hospital Chief Executive  
醫院行政總監

#### Members 成員

Mr Michael CHAN Kee-huen  
陳記煊先生

Dr CHAN Kwok-chiu, BBS, MH, JP  
陳國超博士

Mrs Josephine KAN CHAN Kit-har  
簡陳擷霞女士

Ms LAM Kwan  
林群女士

Mr LAM Kwok-hing, MH, JP  
藍國慶先生

Dr Jim LEE  
李柏成博士

Mr LEE Yuk-fat, MH  
李銒發先生

Dr Charles LO Dgok-sing  
勞鐸聲醫生

Mr WONG Fan-foung, BBS, MH  
黃帆風先生

Ms WONG Wai-ling  
黃煒鈴女士

Mr YUEN Siu-lam  
袁少林先生

## Prince of Wales Hospital

### 威爾斯親王醫院

<b>Chairman</b> 主席	Ms Winnie NG, JP 伍穎梅女士
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	<p>Prof Francis CHAN Ka-leung, SBS, JP 陳家亮教授</p> <p>Mr Larry KWOK Lam-kwong, SBS, JP 郭琳廣先生</p> <p>Ms Jacqueline LEUNG 梁慧女士</p> <p>Ir Peter MOK Kwok-woo 莫國和先生</p> <p>Ms Maggie NG Miu-man 伍妙敏女士</p> <p>Mr SIU Hin-hong 蕭顯航先生</p> <p>Dr WONG Kwai-lam 黃桂林博士</p> <p>Ms Priscilla WONG Pui-sze, BBS, JP 王沛詩女士</p>

## Appendix 4

### 附錄 4

## Queen Elizabeth Hospital

### 伊利沙伯醫院

<b>Chairman</b> 主席	Dr KAM Pok-man, BBS 甘博文博士
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Prof Gladys CHEING Lai-ying 鄭荔英教授  Ms Yvonne CHUA ( <i>up to 24.8.2019</i> ) 蔡映媚女士 (截至2019年8月24日)  Ms Maisy HO, BBS 何超蓮女士  Dr James HWANG Shu-tak, BBS 黃樹德醫生  Mr KU Moon-lun 古滿麟先生  Ms KWAN Sau-ling, MH 關秀玲小姐  Dr Peter LEE Kwok-wah 李國華博士  Dr David NG Ka-sing 吳家聲博士  Mr James YIP Shiu-kwong 葉兆光先生  Dr YU Yuk-ling 余毓靈醫生

## Queen Mary Hospital & Tsan Yuk Hospital

### 瑪麗醫院及贊育醫院

<b>Chairman</b> 主席	Dr PANG Yiu-kai, GBS, JP 彭耀佳博士
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Dr Steven J CANNON <i>(up to 30.9.2019)</i> 康諾恩博士 (截至2019年9月30日)  Mr Stephen CHAN Chit-kwai, BBS, JP 陳捷貴先生  Mr Wilson KWONG Wing-tsun 鄭永銓先生  Prof John LEE Chi-kin, JP 李子建教授  Prof Gabriel Matthew LEUNG, GBS, JP 梁卓偉教授  Mr Joseph LO Kin-ching 勞建青先生  Prof Richard WONG Yue-chim, SBS, JP <i>(from 24.10.2019)</i> 王于漸教授 (由2019年10月24日起)  Ms Catherine YEN Kai-shun 嚴嘉洵女士  Mr Paul YU Shiu-tin, BBS, JP 余嘯天先生

## Appendix 4

### 附錄 4

## Ruttonjee & Tang Shiu Kin Hospitals

### 律敦治及鄧肇堅醫院

<b>Chairman</b> 主席	Dr Vitus LEUNG Wing-hang, BBS, JP 梁永鏗博士
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Mr Steve LAN Yee-fong, MH 藍義方先生  Prof Hon Joseph LEE Kok-long, SBS, JP 李國麟教授  Ms Kenny LEE Kwun-yee, MH 李均頤女士  Mr Edwin LEUNG Chung-ching 梁仲清先生  Dr Carl LEUNG Ka-kui 梁家駒醫生  Mr Norman LO Kam-wah, MH, JP 盧錦華先生  Mr Terry NG Sze-yuen 吳士元先生  Mrs Gloria NG WONG Yee-man, BBS, JP 吳王依雯女士  Mr Burji S SHROFF  Mr Neville S SHROFF, JP 尼維爾先生  Mr Noshir N SHROFF  Mrs Purviz Rusy SHROFF, MH  Mr Robert SHUM Kai-kee 岑啟基先生  Mr Richard TANG Yat-sun, SBS, JP 鄧日樂先生  Ms Alice WOO Wai-see 吳慧思女士

## Shatin Hospital

### 沙田醫院

<b>Chairman</b> 主席	Prof Maurice YAP Keng-hung, JP 葉健雄教授
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Ms Anita CHENG Wai-ching 鄭瑋青女士  Mr Jeckle CHIU 招仲濠先生  Mr CHIU Man-leong 招文亮先生  Dr Andy CHIU Tin-yan 招天欣醫生  Mr Francis CHU Chan-pui, BBS 朱燦培先生  Prof Joanne CHUNG Wai-yee 鍾慧儀教授  Mr FONG Cheung-fat, JP 方長發先生  Mr LAU Kim-hung 劉劍雄先生  Mr Derek LEE Ho-yin 李浩然先生  Mrs Linda WONG LEUNG Kit-wah 王梁潔華女士

## Appendix 4

### 附錄 4

## Tai Po Hospital

### 大埔醫院

#### Chairman 主席

Mr John LI Kwok-heem, MH  
李國謙先生

#### Ex-officio members 當然成員

Hospital Authority Chief Executive or his representative  
醫院管理局行政總裁或其代表

Hospital Chief Executive  
醫院行政總監

#### Members 成員

Mr Ali FUNG Wai-cheong  
馮偉昌先生

Ms Nancy KIT Kwong-chi, JP  
關港子女士

Dr Benny KWONG Kai-sing  
鄭啟成博士

Mr Roger LEE Chee-wah  
李志華先生

Mr Gregory LEUNG Wing-lup, SBS  
梁永立先生

Mr Patrick TANG Ming-tai  
鄧銘泰先生

Dr YIP Ka-chee  
葉嘉池醫生

## The Duchess of Kent Children's Hospital at Sandy Bay

### 大口環根德公爵夫人兒童醫院

<b>Chairman</b> 主席	Mr CHEUNG Tat-tong, JP 張達棠先生
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Mr Boris BONG Ding-yue 龐定宇先生  Prof Godfrey CHAN Chi-fung 陳志峰教授  Ms Ophelia CHAN Chiu-ling, BBS 陳肖齡女士  Prof Kenneth CHEUNG Man-chee 張文智教授  Mr Renny LIE Ken-jie 李國良先生  Mr Gordon Gilbert LOCH Han-van 陸漢峰先生  Dr POON Tak-lun, JP 潘德鄰醫生  Mr Douglas SO Cheung-tak, JP 蘇彰德先生  Dr Barbara TAM Sau-man 譚秀雯醫生  Mr John WAN Chung-on 溫頌安先生

## Appendix 4

### 附錄 4

## Tin Shui Wai Hospital

### 天水圍醫院

<b>Chairman</b> 主席	Mr WONG Kwai-huen, BBS, JP 王桂壘先生
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Dr FOK Mei-ling 霍美玲博士  Dr HO Wing-tim, MH 何榮添博士  Dr LAU Chau-ming 劉秋銘博士  Mr Philip MA Ching-yeung 馬清揚先生  Mr TANG Cheuk-him 鄧焯謙先生  Mr Anthony TSANG Hin-fun 曾憲芬先生  Mr Thomas WAN Yiu-ming 尹耀銘先生

## Tseung Kwan O Hospital

### 將軍澳醫院

<b>Chairman</b> 主席	Ms Lisa LAU Man-man, BBS, MH, JP 劉文文女士
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Mr Tony CHOW Kar-ming 周家明先生  Mr KAN Shun-ming 簡迅鳴先生  Prof Diana LEE Tze-fan, JP 李子芬教授  Mr Philip LI Ka-leung 李家良先生  Mr Stephen LIU Wing-ting, JP 廖榮定先生  Dr Hayles WAI Heung-wah 衛向華醫生  Mr Alan WONG Chi-kong, SBS 黃志光先生  Mr WONG Kwai-huen, BBS, JP 王桂壠先生  Dr WONG Kwing-keung 黃炯強博士  Dr Frederick YIP 葉揚輝博士

## Appendix 4

### 附錄 4

## Tuen Mun Hospital

### 屯門醫院

#### Chairman 主席

Mr William CHAN Fu-keung, BBS  
陳富強先生

#### Ex-officio members 當然成員

Hospital Authority Chief Executive or his representative  
醫院管理局行政總裁或其代表

Hospital Chief Executive  
醫院行政總監

#### Members 成員

Dr Charles CHAN Kam-kwong  
陳鑑光博士

Dr Shirley IP Pui-seung  
葉珮嫦醫生

Mr Lothar LEE Hung-sham, BBS, MH  
李洪森先生

Ms Yvette Therese MA  
馬美域女士

Dr Sam WONG Chun-sing, MH  
王振聲博士

Dr WONG Kwing-keung  
黃焯強博士

Ms Lina YAN Hau-yee, MH, JP  
殷巧兒女士

Mr Boris YEUNG Sau-ming  
楊秀明先生

Mr Charlie YIP Wing-tong  
葉永堂先生

Prof Richard YUEN Man-fung  
袁孟峰教授

## Tung Wah Hospital & Tung Wah Eastern Hospital & Tung Wah Group of Hospitals Fung Yiu King Hospital

### 東華醫院及東華東院及東華三院馮堯敬醫院

<b>Chairman</b> 主席	Dr Ken TSOI Wing-sing, BBS 蔡榮星博士
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	<p>Mr Raymond CHOW Wai-kam, JP 周偉淦先生</p> <p>Ms Maisy HO, BBS 何超蓮女士</p> <p>Mr KWOK Leung-ming, SBS 郭亮明先生</p> <p>Mr Henry LAI Hin-wing 賴顯榮先生</p> <p>Dr LEE Yuk-lun, BBS, JP 李銒麟博士</p> <p>Mrs Katherine MA, BBS 馬陳家歡女士</p> <p>Mr Philip MA Ching-yeung 馬清揚先生</p> <p>Ms Ginny MAN Wing-yee 文穎怡女士</p> <p>Ms Bonnie NG Hoi-yan 伍凱欣女士</p> <p>Mr Albert SU Yau-on, MH, JP 蘇祐安先生</p> <p>Mr Ivan SZE Wing-hang, BBS, JP 施榮恆先生</p> <p>Mr Kazaf TAM Chun-kwok 譚鎮國先生</p> <p>Ms Mandy TANG Ming-wai 鄧明慧女士</p> <p>Mr TONG Chun-wan 唐振寰先生</p> <p>Mr Lincoln TSO Lai 曹禮先生</p> <p>Mr Herman WAI Ho-man 韋浩文先生</p> <p>Mr Vinci WONG, BBS 王賢誌先生</p>

## Appendix 4

### 附錄 4

## United Christian Hospital

### 基督教聯合醫院

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

## Yan Chai Hospital

### 仁濟醫院

<b>Chairman</b> 主席	Mr Vincent WONG Yin-shun, MH 王賢訊先生
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Mr Sam CHAU Chung-tung 周松東先生  Dr Marcella CHEUNG Man-ka 張文嘉博士  Mr Gary CHU Tak-wing 朱德榮先生  Dr Paul IP Kung-ching 葉恭正博士  Mr Jason LEUNG Wai-kwong 梁偉光先生  Mr Peter LO Siu-kit, MH 羅少傑先生  Mrs Mary SUEN CHOI To-may 孫蔡吐媚女士  Ms WONG Chor-kei 黃楚淇女士  Mr Charles YANG Chuen-liang, BBS, JP 楊傳亮先生  Mr YAU Kam-ping, BBS, MH 邱錦平先生  Dr Anthony YEUNG Chun-wai 楊俊偉博士

## MEMBERSHIP OF REGIONAL ADVISORY COMMITTEES

### 區域諮詢委員會成員

#### Hong Kong Regional Advisory Committee

##### 港島區域諮詢委員會

<b>Chairman</b> 主席	Ms Anita CHENG Wai-ching 鄭瑋青女士
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Director of Health or his / her representative 衛生署署長或其代表
<b>Members</b> 成員	Mr Boris BONG Ding-yue 龐定宇先生 Mr Stephen CHAN Chit-kwai, BBS, JP 陳捷貴先生 Prof Cecilia CHAN Lai-wan, JP 陳麗雲教授 Dr Peter CHEE Pay-yun 池丕恩醫生 Dr Eric CHENG Kam-chung, BBS, MH, JP 鄭錦鐘博士 Ms Jacqueline CHUNG Ka-man 鍾嘉敏女士 Mr JONG Koon-sang 莊冠生先生 Ms LAM Yuk-chun, MH 林玉珍女士 Mr Steve LAN Yee-fong, MH 藍義方先生 Ms LEE Kwai-chun, MH 李桂珍女士 Dr Vitus LEUNG Wing-hang, BBS, JP 梁永鏗博士 Ms LI Chun-chau 李進秋女士 Dr LUK Che-chung, JP 陸志聰醫生 Mr Kazaf TAM Chun-kwok 譚鎮國先生 Prof Eric TSE Wai-choi 謝偉財教授 Mr Lincoln TSO Lai 曹禮先生 Dr Albert WONG Chi-chiu 王志釗醫生 Mr Paul YU Shiu-tin, BBS, JP 余嘯天先生

## Kowloon Regional Advisory Committee

### 九龍區域諮詢委員會

<b>Chairman</b> 主席	Mr David FONG Man-hung, BBS, JP 方文雄先生
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Director of Health or his / her representative 衛生署署長或其代表
<b>Members</b> 成員	<p>Mr Sam CHAU Chung-tung 周松東先生</p> <p>Mr CHAU Kwok-woon 鄒國煥先生</p> <p>Prof David CHEUNG Lik-ching 張力正教授</p> <p>Dr Charles CHEUNG Wai-bun, JP 張惠彬博士</p> <p>Mr CHO Wui-hung, MH 左滙雄先生</p> <p>Ms Margot CHOW Yan-tse 周恩慈女士</p> <p>Mr HO Tak-sum, MH 何德心居士</p> <p>Mrs Nina LAM LEE Yuen-bing, MH 林李婉冰女士</p> <p>Ms LAM Yuen-pun 林婉濱女士</p> <p>Mrs Marigold LAU, SBS 劉賴筱韞女士</p> <p>Dr Robert LAW Chi-lim 羅致廉醫生</p> <p>Mr LEE Wing-man, MH 李詠民先生</p> <p>Mr LO Chiu-kit 勞超傑先生</p> <p>Rev Van LO Wai-chuen 盧惠銓牧師</p> <p>Ms Ginny MAN Wing-yee 文穎怡女士</p> <p>Mr PAU Ming-hong 鮑銘康先生</p> <p>Mr Donny SIU Koon-ming 蕭觀明先生</p> <p>Mr Stanley TAM Lanny, MH 譚領律先生</p> <p>Dr Hayles WAI Heung-wah 衛向華醫生</p> <p>Mr Benny YEUNG Tsz-hei, BBS, MH 楊子熙先生</p> <p>Mr YIP Hing-kwok, BBS, MH, JP 葉興國先生</p> <p>Mr James YIP Shiu-kwong (<i>from 29.5.2019</i>) 葉兆光先生 (由2019年5月29日起)</p> <p>Mr Stephen YUEN Kwok-keung, MH 袁國強先生</p>

## Appendix 5

### 附錄 5

## New Territories Regional Advisory Committee

### 新界區域諮詢委員會

<b>Chairman</b> 主席	Mr Charlie YIP Wing-tong 葉永堂先生
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Director of Health or his / her representative 衛生署署長或其代表
<b>Members</b> 成員	Mr CHAN How-chi, MH 陳孝慈先生  Dr Charles CHAN Kam-kwong 陳鑑光博士  Mrs CHAN LI Lei, MH 陳李妮女士  Mr CHAN Man-wah, MH 陳文華先生  Mr DENG Kai-rong, MH, JP 鄧開榮先生  Mr FONG Cheung-fat, JP 方長發先生  Dr LAU Chee-sing, MH 劉志成博士  Mr Gregory LEUNG Wing-lup, SBS 梁永立先生  Mr MAN Kwong-ming ( <i>up to 11.4.2019</i> ) 文光明先生 (截至2019年4月11日)  Mr NG Kam-ching, MH 吳錦青先生  Ms Maggie NG Miu-man 伍妙敏女士  Prof Simon NG Siu-man 吳兆文教授  Mr Almon POON Chin-hung, JP 潘展鴻先生  Mr Alfred POON Sun-biu 潘新標先生  Mr SIU Hin-hong 蕭顯航先生  Dr Joey TANG Chung-yee 鄧仲儀博士  Mr WONG Cheuk-kin, MH ( <i>from 25.7.2019</i> ) 黃卓健先生 (由2019年7月25日起)  Mr WONG Kwai-huen, BBS, JP 王桂壩先生  Dr YIP Ka-chee 葉嘉池醫生  Mr YIU Ming 姚銘先生

## MEMBERSHIP OF THE BOARD OF TRUSTEES OF THE HOSPITAL AUTHORITY PROVIDENT FUND SCHEME 2019-20

### 2019-20 年度醫院管理局公積金計劃信託委員會成員

**Chairman**  
主席

Dr KAM Pok-man, BBS  
甘博文博士

**Trustees**  
信託委員

Mr CHAN Chor-wing  
陳初榮先生

Mr William CHAN Fu-keung, BBS  
陳富強先生

Ms Anita CHAN Shuk-yu  
陳淑瑜女士

Mrs Ann KUNG YEUNG Yun-chi  
龔楊恩慈女士

Mr LAI Wai-sang (*up to 30.6.2019*)  
黎慧生先生 (截至2019年6月30日)

Mr Dave NGAN Man-kit  
顏文傑先生

Dr PANG Fei-chau  
彭飛舟醫生

Mr QUEK Yat-sum  
郭逸森先生

Mr WONG Kwai-huen, BBS, JP  
王桂壠先生

Mr Jason YEUNG Chi-wai  
楊志威先生

Mr Benny YEUNG Hiu-bun (*from 1.7.2019*)  
楊曉斌先生 (由2019年7月1日起)

Dr Joseph YEUNG Shing  
楊誠醫生

## PUBLIC FEEDBACK STATISTICS

## 公眾意見統計

## Complaint / Appreciation Received (1.4.2019 – 31.3.2020)

投訴 / 讚揚數字 (2019 年 4 月 1 日 – 2020 年 3 月 31 日)

Public Complaints Committee 公眾投訴委員會	
Nature of cases 個案性質	Number of appeal cases 上訴個案數字
Medical services 醫療服務	181
Staff attitude 職員態度	13
Administrative procedure 行政程序	26
Others 其他	2
Total number of appeal cases handled 處理上訴個案總數	222

Hospital Complaint / Feedback / Appreciation Statistics 醫院投訴 / 意見 / 讚揚統計			
Nature of complaint / feedback / appreciation cases 投訴 / 意見 / 讚揚個案性質	Complaint received 投訴數字	Feedback received 意見數字	Appreciation received 讚揚數字
Medical services 醫療服務	1 070	4 138	28 450
Staff attitude 職員態度	306	2 567	10 372
Administrative procedure 行政程序	252	3 188	1 503
Overall performance 整體表現	83	1 760	355
Others 其他	12	708	2 040
Total number of hospital complaint / feedback / appreciation 醫院投訴 / 意見 / 讚揚總數	1 723	12 361	42 720

GOPC* Complaint / Feedback / Appreciation Statistics 普通科門診診所投訴 / 意見 / 讚揚統計			
Nature of complaint / feedback / appreciation cases 投訴 / 意見 / 讚揚個案性質	Complaint received 投訴數字	Feedback received 意見數字	Appreciation received 讚揚數字
Medical services 醫療服務	63	292	2 540
Staff attitude 職員態度	26	286	872
Administrative procedure 行政程序	19	357	127
Overall performance 整體表現	5	80	43
Others 其他	1	12	143
Total number of complaint / feedback / appreciation received by GOPC 普通科門診診所投訴 / 意見 / 讚揚總數	114	1 027	3 725

\*General outpatient clinics

## STATISTICS OF THE CONTROLLING OFFICER'S REPORT

### 管制人員報告統計數字

The Hospital Authority generally achieved its performance targets in 2019-20. The volume of patient care activities across the full range of services in 2019-20 is comparable to the level in 2018-19.

醫院管理局大致上達到二零一九至二零年度的服務表現目標。二零一九至二零年度各類病人醫護服務的整體服務量與二零一八至一九年度的水平相若。

The key activity data in respect of the Hospital Authority are:

有關醫院管理局服務的主要數據如下：

	2018-19	2019-20
<b>(II) Access to services 可取用的服務</b>		
<b>inpatient services 住院服務</b>		
no. of hospital beds <sup>▼</sup> (as at 31 March) 醫院病床數目 <sup>▼</sup> (截至三月三十一日)		
general (acute and convalescent) 普通科 (急症及康復)	22 561	23 067
mentally ill 精神科	3 647	3 647
mentally handicapped 智障科	680	680
infirmary 療養科	2 041	2 041
overall 總計	28 929	29 435
<b>ambulatory and outreach services 日間及外展服務</b>		
accident and emergency (A&E) services 急症室服務		
percentage of A&E patient attendances seen within target waiting time <sup>▼</sup> 在目標輪候時間內獲處理的急症病人求診人次百分率 <sup>▼</sup>		
triage I (critical cases - 0 minute) (%) 第 I 類別 (危殆個案 - 0分鐘) (%)	100	100
triage II (emergency cases - 15 minutes) (%) 第 II 類別 (危急個案 - 15分鐘) (%)	97	98
triage III (urgent cases - 30 minutes) (%) 第 III 類別 (緊急個案 - 30分鐘) (%)	77	77
specialist outpatient services 專科門診服務		
median waiting time for first appointment at specialist outpatient clinics <sup>▼</sup> 專科門診新症輪候時間中位數 <sup>▼</sup>		
priority 1 cases <sup>▼</sup> 第一優先類別個案 <sup>▼</sup>	<1 week 星期	<1 week 星期
priority 2 cases <sup>▼</sup> 第二優先類別個案 <sup>▼</sup>	5 weeks 星期	5 weeks 星期
rehabilitation and geriatric services (as at 31 March) 康復及老人科服務 (截至三月三十一日)		
no. of geriatric day places 老人科日間醫院名額	659	669
psychiatric services (as at 31 March) 精神科服務 (截至三月三十一日)		
no. of psychiatric day places 精神科日間醫院名額	889	889

## Appendix 8

### 附錄 8

	2018-19	2019-20
<b>(III) Delivery of services 所提供的服務</b>		
<b><i>inpatient services</i> 住院服務<sup>▼</sup></b>		
overall 總計		
no. of patient days 病人住院日次	8 336 190	8 167 243
bed occupancy rate (%) 病床住用率 (%)	89	86
no. of discharges and deaths 住院病人出院人次及死亡人數	1 153 884	1 109 302
general (acute and convalescent) 普通科 (急症及康復)		
no. of patient days 病人住院日次	6 722 220	6 570 417
bed occupancy rate (%) 病床住用率 (%)	92	89
no. of discharges and deaths 住院病人出院人次及死亡人數	1 132 311	1 088 745
average length of stay (days)* 平均住院時間 (日)*	5.9	6.1
mentally ill 精神科		
no. of patient days 病人住院日次	936 747	923 033
bed occupancy rate (%) 病床住用率 (%)	71	71
no. of discharges and deaths 住院病人出院人次及死亡人數	17 915	16 960
average length of stay (days)* 平均住院時間 (日)*	52	56
mentally handicapped 智障科		
no. of patient days 病人住院日次	186 631	183 568
bed occupancy rate (%) 病床住用率 (%)	75	74
infirmary 療養科		
no. of patient days 病人住院日次	490 592	490 225
bed occupancy rate (%) 病床住用率 (%)	89	89
<b><i>ambulatory and outreach services</i> 日間及外展服務</b>		
day inpatient services 日間住院病人服務		
no. of discharges and deaths 出院人次及死亡人數	681 985	683 477
A&E services 急症室服務		
no. of A&E attendances <sup>▼</sup> 急症室就診人次 <sup>▼</sup>	2 157 617	2 048 039
no. of A&E first attendances <sup>▼</sup> 急症室首次就診人次 <sup>▼</sup>		
triage I 第 I 類別	22 230	22 335
triage II 第 II 類別	52 016	52 011
triage III 第 III 類別	748 643	711 744
specialist outpatient services 專科門診服務		
no. of specialist outpatient (clinical) first attendances <sup>▼</sup> 專科門診 (臨床) 首次就診人次 <sup>▼</sup>	813 844	776 166
no. of specialist outpatient (clinical) follow-up attendances 專科門診 (臨床) 覆診人次	7 088 005	6 865 554
total no. of specialist outpatient (clinical) attendances 專科門診 (臨床) 就診總人次	7 901 849	7 641 720
primary care services 基層醫療服務		
no. of general outpatient attendances 普通科門診就診人次	6 059 222	5 815 680
no. of family medicine specialist clinic attendances 家庭醫學專科門診就診人次	311 771	307 614
total no. of primary care attendances 基層醫療就診總人次	6 370 993	6 123 294

	2018-19	2019-20
rehabilitation and palliative care services 康復及紓緩護理服務		
no. of rehabilitation day and palliative care day attendances 康復及紓緩護理日間服務就診人次	98 770	84 253
no. of community nurse attendances <sup>†</sup> 接受社康護士服務人次 <sup>†</sup>	890 668	886 315
no. of allied health (community) attendances 專職醫療(社區)就診人次	36 003	33 153
no. of allied health (outpatient) attendances 專職醫療(門診)就診人次	2 865 372	2 654 470
geriatric services 老人科服務		
no. of geriatric outreach attendances <sup>‡</sup> 接受老人科外展服務人次 <sup>‡</sup>	679 871	679 527
no. of geriatric elderly persons assessed for infirmary care service 接受療養服務評核的長者人數	1 854	1 697
no. of geriatric day attendances 老人科日間醫院就診人次	146 059	129 963
no. of Visiting Medical Officer attendances 接受到診醫生治療人次	106 514	92 830
psychiatric services 精神科服務		
no. of psychiatric outreach attendances 接受精神科外展服務人次	306 327	269 705
no. of psychiatric day attendances 精神科日間醫院就診人次	225 663	194 417
no. of psychogeriatric outreach attendances <sup>#</sup> 接受老人精神科外展服務人次 <sup>#</sup>	98 870	91 390
<b>(III) Quality of services 服務質素</b>		
no. of hospital deaths per 1 000 population <sup>^</sup> 每千人口中病人在醫院死亡人數 <sup>^</sup>	2.8	2.8
unplanned readmission rate within 28 days for general inpatients (%) 普通科住院病人在出院後28天內未經預約再入院率(%)	10.6	10.6
<b>(IV) Cost of services 服務成本</b>		
<b>cost distribution 成本分布</b>		
cost distribution by service types (%) 按服務類別劃分的成本分布百分率(%)		
inpatient 住院服務	54.2	54.5
ambulatory and outreach 日間及外展服務	45.8	45.5
cost by service types per 1 000 population (HK\$Mn) 每千人口按服務類別劃分的服務成本(港幣百萬元)		
inpatient 住院服務	4.8	5.3
ambulatory and outreach 日間及外展服務	4.0	4.4
cost of services for persons aged 65 or above 65歲或以上人士的服務成本		
share of cost of services (%) 服務所佔總成本的百分率(%)	48.9	49.9
cost of services per 1 000 population (HK\$Mn) 每千人口的服務成本(港幣百萬元)	25.4	27.4
<b>unit costs 單位成本</b>		
<b>inpatient services 住院服務</b>		
cost per inpatient discharged (HK\$) 每名出院病人的成本(港元)		
general (acute and convalescent) 普通科(急症及康復)	28,120	32,550
mentally ill 精神科	151,370	172,290
mentally handicapped 智障科	584,790	811,950
infirmary 療養科	268,570	282,340

## Appendix 8

### 附錄 8

	2018-19	2019-20
cost per patient day (HK\$) 病人每日成本 (港元)		
general (acute and convalescent) 普通科 (急症及康復)	5,270	6,020
mentally ill 精神科	2,900	3,170
mentally handicapped 智障科	1,810	1,980
infirmary 療養科	1,690	1,810
<b>ambulatory and outreach services 日間及外展服務</b>		
cost per A&E attendance (HK\$) 急症室每次診症的成本 (港元)	1,530	1,780
cost per specialist outpatient attendance (HK\$) 專科門診每次診症的成本 (港元)	1,280	1,460
cost per general outpatient attendance (HK\$) 普通科門診每次診症的成本 (港元)	495	560
cost per family medicine specialist clinic attendance (HK\$) 家庭醫學專科門診每次診症的成本 (港元)	1,210	1,280
cost per community nurse attendance (HK\$) 社康護士每次服務的成本 (港元)	625	675
cost per psychiatric outreach attendance (HK\$) 精神科外展服務每次的成本 (港元)	1,710	2,000
cost per geriatric day attendance (HK\$) 老人科日間醫院每次服務的成本 (港元)	2,330	2,730
fee waivers <sup>-</sup> 收費減免 <sup>-</sup>		
percentage of Comprehensive Social Security Assistance (CSSA) fee waiver (%) 綜合社會保障援助 (綜援) 收費減免百分率 (%)	16.4	16.0
percentage of non-CSSA fee waiver (%) <sup>▲</sup> 非綜援收費減免百分率 (%) <sup>▲</sup>	17.2	18.8

#### Notes:

- <sup>▽</sup> Description or grouping of targets and indicators are revised for better lucidity.
- \* Derived by dividing the sum of length of stay of inpatients by the corresponding number of inpatients discharged and treated.
- <sup>†</sup> Revised description of previous indicator “no. of home visits by community nurses” to better reflect the Hospital Authority’s service development.
- <sup>#</sup> Excludes attendances arising from consultation liaison services.
- <sup>^</sup> 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.
- <sup>-</sup> Refers to the amount waived as percentage to total charge.
- <sup>▲</sup> With effect from 15 July 2017, the medical fee waiver for public healthcare services has been extended to cover Old Age Living Allowance (OALA) recipients aged 75 or above and with more financial needs (renamed as Higher OALA recipients aged 75 or above on 1 June 2018). The percentage of Higher OALA fee waiver for 2018-19 and 2019-20 as included under “percentage of non-CSSA fee waiver” is 10.6 percent and 12.1 percent respectively.

#### 備註：

- <sup>▽</sup> 此目標及指標的說明或分類已作出修訂，使更為清晰。
- \* 按住院病人住院時間總數除以相對的住院病人出院及接受治療人數計算。
- <sup>†</sup> 此指標修訂自原來的「社康護士家訪次數」，使更能反映醫管局的服務發展。
- <sup>#</sup> 不包括諮詢會診服務人次。
- <sup>^</sup> 指某一年度涵蓋醫管局轄下醫院住院及日間住院病人死亡人數的年齡標準化死亡率。有關標準化死亡率是將醫管局在該年度各個年齡組別的醫院病人死亡率，套用於二零零一年年中的「標準」人口而計算出來的。這是一個標準的統計方法，有助比較不同年份的死亡率。
- <sup>-</sup> 指減免款額佔總收費的百分率。
- <sup>▲</sup> 自二零一七年七月十五日起，公營醫療服務費用減免安排已擴展至75歲或以上及較有經濟需要的長者生活津貼受惠人（由2018年6月1日起改稱為75歲或以上高額長者生活津貼受惠人）。在二零一八至一九年度及二零一九至二零年度的減免包括在非綜援收費減免內的高額長者生活津貼減免百分率分別為10.6%及12.1%。

# STATISTICS ON NUMBER OF BEDS, INPATIENT, ACCIDENT & EMERGENCY AND OUTPATIENT SERVICES IN 2019-20

## 2019-20 年度病床數目、住院服務、急症室服務及門診服務統計數字

Institution 機構	No. of hospital beds (as at 31 March 2020) <sup>1</sup> 醫院病床數目 (截至2020年 3月31日) <sup>1</sup>	Total IP & DP discharges and deaths 住院及日間 出院病人及 死亡人數	Inpatient bed occupancy rate (%) 住院病人病床 住用率(%)	Inpatient average length of stay (days) 住院病人 平均住院 時間(日)	Total A&E attendances 急症室 就診總人次	Total SOP (clinical) attendances <sup>2,3</sup> 專科門診(臨床) 就診總人次 <sup>2,3</sup>	Family Medicine Specialist Clinic attendances <sup>2</sup> 家庭醫學 專科門診 就診人次 <sup>2</sup>	Total Allied Health (Outpatient) attendances <sup>2,4</sup> 專職醫療 (門診) 就診總人次 <sup>2,4</sup>	General Outpatient attendances <sup>2,5</sup> 普通科門診 就診人次 <sup>2,5</sup>
<b>Hong Kong East Cluster 港島東醫院聯網</b>									
Cheshire Home, Chung Hom Kok 春磡角慈氏護養院	240	400	84.8	130.4	-	-	-	228	-
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	1 890	146 229	84.6	5.9	122 435	593 989	55 640	167 216	371 941
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	633	26 156	85.3	8.3	65 346	134 616	8 892	92 455	126 527
St. John Hospital 長洲醫院	87	3 285	44.1	5.5	8 540	-	-	6 500	33 749
Tung Wah Eastern Hospital 東華東院	265	6 983	86.0	15.3	-	90 434	-	28 642	27 453
Wong Chuk Hang Hospital 黃竹坑醫院	160	155	95.0	455.6	-	-	-	-	-
<b>Sub-total 小計</b>	<b>3 275</b>	<b>183 208</b>	<b>85.2</b>	<b>7.8</b>	<b>196 321</b>	<b>819 039</b>	<b>64 532</b>	<b>295 041</b>	<b>559 670</b>
<b>Hong Kong West Cluster 港島西醫院聯網</b>									
The Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院	133	3 864	59.2	8.9	-	20 907	-	31 933	-
Tung Wah Group of Hospitals Fung Yiu King Hospital 東華三院馮堯敬醫院	272	2 839	70.1	17.3	-	445	-	322	-
Grantham Hospital 葛量洪醫院	389	17 861	83.6	12.7	-	125 620	-	25 631	-
MacLehose Medical Rehabilitation Centre 麥理浩復康院	110	1 236	58.8	19.9	-	1 073	-	2 145	-
Queen Mary Hospital 瑪麗醫院	1 691	161 309	74.9	4.4	118 213	662 262	21 127	140 207	346 727
Tung Wah Hospital 東華醫院	532	25 892	78.4	13.6	-	47 068	-	6 414	21 152
Tsan Yuk Hospital 贊育醫院	1	184	-	-	-	22 677	-	4 682	-
<b>Sub-total 小計</b>	<b>3 128</b>	<b>213 185</b>	<b>74.8</b>	<b>6.2</b>	<b>118 213</b>	<b>880 052</b>	<b>21 127</b>	<b>211 334</b>	<b>367 879</b>

## Appendix 9

### 附錄 9

Institution 機構	No. of hospital beds (as at 31 March 2020) <sup>1</sup> 醫院病床數目 (截至2020年 3月31日) <sup>1</sup>	Total IP & DP discharges and deaths 住院及日間 住院病人 出院人次及 死亡人數	Inpatient bed occupancy rate (%) 住院病人病床 住用率(%)	Inpatient average length of stay (days) 住院病人 平均住院 時間(日)	Total A&E attendances 急症室 就診總人次	Total SOP (clinical) attendances <sup>2,3</sup> 專科門診(臨床) 就診總人次 <sup>2,3</sup>	Family Medicine Specialist Clinic attendances <sup>2</sup> 家庭醫學 專科門診 就診人次 <sup>2</sup>	Total Allied Health (Outpatient) attendances <sup>2,4</sup> 專職醫療 (門診) 就診總人次 <sup>2,4</sup>	General Outpatient attendances <sup>2,5</sup> 普通科門診 就診人次 <sup>2,5</sup>
Kowloon Central Cluster 九龍中醫院聯網									
Hong Kong Buddhist Hospital 香港佛教醫院	364	7 423	95.1	16.9	-	13 273	-	20 776	43 871
Hong Kong Children's Hospital 香港兒童醫院	179	10 101	61.5	7.0	-	18 903	-	3 455	-
Hong Kong Eye Hospital 香港眼科醫院	45	7 832	25.6	3.8	-	248 336	-	37 147	-
Kowloon Hospital 九龍醫院	1 361	17 516	87.9	25.5	-	90 960	-	126 592	-
Kwong Wah Hospital 廣華醫院	1 186	89 152	80.0	4.5	112 769	346 796	4 308	144 049	182 045
Our Lady of Maryknoll Hospital 聖母醫院	236	9 940	77.6	10.0	-	66 627	1 194	34 258	383 568
Queen Elizabeth Hospital 伊利沙伯醫院	1 950	202 023	94.2	5.4	172 435	680 826	9 264	226 504	490 529
Tung Wah Group of Hospitals Wong Tai Sin Hospital 東華三院黃大仙醫院	531	9 960	87.9	33.1	-	128	-	1 151	-
Sub-total 小計	5 852	353 947	87.8	8.3	285 204	1 465 849	14 766	593 932	1 100 013
Kowloon East Cluster 九龍東醫院聯網									
Haven of Hope Hospital 靈實醫院	521	7 633	93.6	22.0	-	9 401	-	5 253	-
Tseung Kwan O Hospital 將軍澳醫院	757	72 189	97.2	5.3	111 366	312 977	2 216	173 004	306 697
United Christian Hospital 基督教聯合醫院	1 522	120 323	90.6	5.4	155 120	521 367	63 472	222 187	614 297
Sub-total 小計	2 800	200 145	93.0	6.3	266 486	843 745	65 688	400 444	920 994
Kowloon West Cluster 九龍西醫院聯網									
Caritas Medical Centre 明愛醫院	1 229	72 519	89.4	6.4	127 503	405 108	4 099	82 976	290 172
Kwai Chung Hospital 葵涌醫院	920	4 316	75.6	53.2	-	234 841	-	32 818	-
North Lantau Hospital 北大嶼山醫院	130	6 963	73.8	5.7	89 629	18 962	1 175	33 084	93 275
Princess Margaret Hospital 瑪嘉烈醫院	1 747	155 012	90.0	5.2	115 003	448 699	18 330	105 819	350 137
Yan Chai Hospital 仁濟醫院	809	59 010	88.3	5.0	121 443	228 805	3 500	100 144	277 867
Sub-total 小計	4 835	297 820	86.3	6.5	453 578	1 336 415	27 104	354 841	1 011 451
New Territories East Cluster 新界東醫院聯網									
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	605	62 150	76.8	4.4	104 588	269 788	4 530	119 799	241 893
Bradbury Hospice 白普理寧養中心	26	683	89.0	12.7	-	54	-	2 080	-
Cheshire Home, Shatin 沙田慈氏護養院	304	199	67.7	305.3	-	-	-	82	-
North District Hospital 北區醫院	658	48 811	90.8	5.5	90 100	186 950	6 374	81 272	271 999
Prince of Wales Hospital 威爾斯親王醫院	1 749	174 951	87.2	5.3	139 671	770 052	50 020	214 012	473 696
Shatin Hospital 沙田醫院	591	8 928	88.7	20.6	-	713	-	2 694	-
Tai Po Hospital 大埔醫院	994	9 697	87.1	30.3	-	424	-	875	-
Sub-total 小計	4 927	305 419	85.3	7.6	334 359	1 227 981	60 924	420 814	987 588

Institution 機構	No. of hospital beds (as at 31 March 2020) <sup>1</sup> 醫院病床數目 (截至2020年 3月31日) <sup>1</sup>	Total IP & DP discharges and deaths 住院及日間 出院病人及 死亡人數	Inpatient bed occupancy rate (%) 住院病人病床 住用率 (%)	Inpatient average length of stay (days) 住院病人 平均住院 時間 (日)	Total A&E attendances 急症室 就診總人次	Total SOP (clinical) attendances <sup>2,3</sup> 專科門診(臨床) 就診總人次 <sup>2,3</sup>	Family Medicine Specialist Clinic attendances <sup>2</sup> 家庭醫學 專科門診 就診人次 <sup>2</sup>	Total Allied Health (Outpatient) attendances <sup>2,4</sup> 專職醫療 (門診) 就診總人次 <sup>2,4</sup>	General Outpatient attendances <sup>2,5</sup> 普通科門診 就診人次 <sup>2,5</sup>
<b>New Territories West Cluster 新界西醫院聯網</b>									
Castle Peak Hospital 青山醫院	1 156	2 642	62.8	112.2	-	149 383	-	24 217	-
Pok Oi Hospital 博愛醫院	768	56 341	99.3	6.4	98 028	148 124	17 364	78 189	-
Siu Lam Hospital 小欖醫院	520	451	85.9	355.6	-	-	-	-	-
Tuen Mun Hospital 屯門醫院	2 034	167 869	99.7	6.6	159 465	761 158	23 901	227 276	868 085
Tin Shui Wai Hospital 天水圍醫院	140	11 752	71.4	2.6	136 385	9 974	12 208	48 382	-
Sub-total 小計	<b>4 618</b>	<b>239 055</b>	<b>87.5</b>	<b>9.2</b>	<b>393 878</b>	<b>1 068 639</b>	<b>53 473</b>	<b>378 064</b>	<b>868 085</b>
GRAND TOTAL 總計	<b>29 435</b>	<b>1 792 779</b>	<b>86.0</b>	<b>7.5</b>	<b>2 048 039</b>	<b>7 641 720</b>	<b>307 614</b>	<b>2 654 470</b>	<b>5 815 680</b>

Notes:

1. Number of hospital beds as at 31 March 2020 is based on the Annual Survey on Hospital Beds in Public Hospitals 2019-20.
2. Outpatient attendances for different clinics are grouped under respective hospital management.
3. Specialist Outpatient (SOP) (clinical) attendances also include attendances from nurse clinics in SOP setting.
4. Total Allied Health (Outpatient) attendances exclude follow-up consultations provided by the Medical Social Services Units.
5. General Outpatient (GOP) attendances also include attendances from nurse clinics in GOP setting and attendances in related healthcare reform initiative programmes in primary care.

備註：

1. 2020年3月31日的醫院病床數目來自2019-20年度的公立醫院病床數目調查。
2. 各診所的門診就診人次均歸入所屬醫院之下。
3. 專科門診(臨床)就診總人次也包括專科護士診所的就診人次。
4. 專職醫療(門診)就診總人次不包括由醫務社會服務部提供的跟進個案。
5. 普通科門診就診人次也包括普通科護士診所的就診人次及醫療改革服務計劃內的基層醫療服務就診人次。

Abbreviations:

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

## Appendix 10

### 附錄 10

# STATISTICS ON COMMUNITY AND REHABILITATION SERVICES IN 2019-20

## 2019-20 年度社康及康復服務統計數字

Institution 機構	Community nurse attendances <sup>1</sup> 接受社康護士 服務人次 <sup>1</sup>	Psychiatric outreach attendances <sup>2</sup> 接受精神科 外展服務人次 <sup>2</sup>	Psychogeriatric outreach attendances <sup>3</sup> 接受老人 精神科外展 服務人次 <sup>3</sup>	Community Geriatric Assessment Service <sup>4</sup> 社區老人 評核服務量 <sup>4</sup>	Visiting Medical Officer attendances <sup>5</sup> 接受到診 醫生治療 人次 <sup>5</sup>	Allied Health (Community) attendances <sup>6</sup> 專職醫療 (社區) 就診人次 <sup>6</sup>	Rehabilitation day & palliative care day attendances 康復及舒緩護理 日間服務 就診人次	Geriatric day attendances <sup>7</sup> 老人科 日間醫院 就診人次 <sup>7</sup>	Psychiatric day attendances 精神科 日間醫院 就診人次
<b>Hong Kong East Cluster 港島東醫院聯網</b>									
Cheshire Home, Chung Hom Kok 春磡角慈氏護養院	-	-	-	-	-	11	-	-	-
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	91 924	21 440	10 152	-	-	729	1 072	15 062	25 197
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	-	-	-	97 464	11 236	1 595	5 517	14 148	-
St. John Hospital 長洲醫院	4 851	-	-	-	-	3	-	-	-
Tung Wah Eastern Hospital 東華東院	-	-	-	-	-	79	26 555	-	-
Wong Chuk Hang Hospital 黃竹坑醫院	-	-	-	-	-	5	-	1 928	-
<b>Sub-total 小計</b>	<b>96 775</b>	<b>21 440</b>	<b>10 152</b>	<b>97 464</b>	<b>11 236</b>	<b>2 422</b>	<b>33 144</b>	<b>31 138</b>	<b>25 197</b>
<b>Hong Kong West Cluster 港島西醫院聯網</b>									
The Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院	-	-	-	-	-	1	-	-	-
Tung Wah Group of Hospitals Fung Yiu King Hospital 東華三院馮堯敬醫院	-	-	-	56 673	11 498	2 474	-	4 674	-
Grantham Hospital 葛量洪醫院	-	-	-	-	-	18	4 095	-	-
MacLehose Medical Rehabilitation Centre 麥理浩復康院	-	-	-	-	-	58	14 267	-	-
Queen Mary Hospital 瑪麗醫院	56 055	17 798	13 442	-	-	457	369	-	18 304
Tung Wah Hospital 東華醫院	-	-	-	-	-	170	6 706	5 084	-
Tsan Yuk Hospital 贊育醫院	-	-	-	-	-	-	-	-	1 595
<b>Sub-total 小計</b>	<b>56 055</b>	<b>17 798</b>	<b>13 442</b>	<b>56 673</b>	<b>11 498</b>	<b>3 178</b>	<b>25 437</b>	<b>9 758</b>	<b>19 899</b>

## Appendix 10

### 附錄 10

Institution 機構	Community nurse attendances <sup>1</sup> 接受社康護士 服務人次 <sup>1</sup>	Psychiatric outreach attendances <sup>2</sup> 接受精神科 外展服務人次 <sup>2</sup>	Psychogeriatric outreach attendances <sup>3</sup> 接受老人 精神科外展 服務人次 <sup>3</sup>	Community Geriatric Assessment Service <sup>4</sup> 社區老人 評核服務量 <sup>4</sup>	Visiting Medical Officer attendances <sup>5</sup> 接受到診 醫生治療 人次 <sup>5</sup>	Allied Health (Community) attendances <sup>6</sup> 專職醫療 (社區) 就診人次 <sup>6</sup>	Rehabilitation day & palliative care day attendances 康復及舒緩護理 日間服務 就診人次	Geriatric day attendances <sup>7</sup> 老人科 日間醫院 就診人次 <sup>7</sup>	Psychiatric day attendances 精神科 日間醫院 就診人次
<b>Kowloon Central Cluster 九龍中醫院聯網</b>									
Hong Kong Buddhist Hospital 香港佛教醫院	-	-	-	-	-	113	2 889	-	-
Hong Kong Children's Hospital 香港兒童醫院	-	-	-	-	-	67	-	-	-
Kowloon Hospital 九龍醫院	85 882	18 283	8 074	38 606	4 849	1 176	819	2 611	9 301
Kwong Wah Hospital 廣華醫院	42 341	-	-	65 662	8 344	659	-	8 092	-
Our Lady of Maryknoll Hospital 聖母醫院	53 771	-	-	17 018	-	90	624	-	-
Queen Elizabeth Hospital 伊利沙伯醫院	-	-	-	34 855	6 597	2 061	131	9 306	-
Tung Wah Group of Hospitals Wong Tai Sin Hospital 東華三院黃大仙醫院	-	-	-	-	-	54	-	10 198	-
<b>Sub-total 小計</b>	<b>181 994</b>	<b>18 283</b>	<b>8 074</b>	<b>156 141</b>	<b>19 790</b>	<b>4 220</b>	<b>4 463</b>	<b>30 207</b>	<b>9 301</b>
<b>Kowloon East Cluster 九龍東醫院聯網</b>									
Haven of Hope Hospital 靈實醫院	32 850	-	-	7 308	-	134	2 035	5 186	-
Tseung Kwan O Hospital 將軍澳醫院	-	-	-	-	-	58	375	-	-
United Christian Hospital 基督教聯合醫院	137 035	27 361	9 346	40 823	7 995	1 187	1 809	15 457	28 638
<b>Sub-total 小計</b>	<b>169 885</b>	<b>27 361</b>	<b>9 346</b>	<b>48 131</b>	<b>7 995</b>	<b>1 379</b>	<b>4 219</b>	<b>20 643</b>	<b>28 638</b>
<b>Kowloon West Cluster 九龍西醫院聯網</b>									
Caritas Medical Centre 明愛醫院	66 420	-	-	41 065	2 632	260	1 007	11 135	-
Kwai Chung Hospital 葵涌醫院	-	84 865	26 147	-	-	2 472	-	-	55 839
North Lantau Hospital 北大嶼山醫院	8 881	2 387	-	4 111	-	194	5 797	-	-
Princess Margaret Hospital 瑪嘉烈醫院	50 292	-	-	42 239	5 322	960	1 662	13 384	-
Yan Chai Hospital 仁濟醫院	35 352	-	-	42 730	6 143	236	-	6 820	-
<b>Sub-total 小計</b>	<b>160 945</b>	<b>87 252</b>	<b>26 147</b>	<b>130 145</b>	<b>14 097</b>	<b>4 122</b>	<b>8 466</b>	<b>31 339</b>	<b>55 839</b>
<b>New Territories East Cluster 新界東醫院聯網</b>									
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	37 520	-	517	30 443	7 040	2 761	627	-	8 612
Bradbury Hospice 白普理寧養中心	-	-	-	-	-	36	361	-	-
Cheshire Home, Shatin 沙田慈氏護養院	-	-	-	-	-	-	-	-	-
North District Hospital 北區醫院	37 961	10 494	6 852	28 546	6 619	3 389	322	9 394	9 057
Prince of Wales Hospital 威爾斯親王醫院	55 274	-	-	23 666	7 055	4 018	-	-	-
Shatin Hospital 沙田醫院	-	21 696	4 899	-	-	548	4 414	12 038	13 288
Tai Po Hospital 大埔醫院	-	8 978	-	-	-	34	-	9 702	7 716
<b>Sub-total 小計</b>	<b>130 755</b>	<b>41 168</b>	<b>12 268</b>	<b>82 655</b>	<b>20 714</b>	<b>10 786</b>	<b>5 724</b>	<b>31 134</b>	<b>38 673</b>

## Appendix 10

### 附錄 10

Institution 機構	Community nurse attendances <sup>1</sup> 接受社康護士 服務人次 <sup>1</sup>	Psychiatric outreach attendances <sup>2</sup> 接受精神科 外展服務人次 <sup>2</sup>	Psychogeriatric outreach attendances <sup>3</sup> 接受老人 精神科外展 服務人次 <sup>3</sup>	Community Geriatric Assessment Service <sup>4</sup> 社區老人 評核服務量 <sup>4</sup>	Visiting Medical Officer attendances <sup>5</sup> 接受到診 醫生治療 人次 <sup>5</sup>	Allied Health (Community) attendances <sup>6</sup> 專職醫療 (社區) 就診人次 <sup>6</sup>	Rehabilitation day & palliative care day attendances <sup>7</sup> 康復及舒緩護理 日間服務 就診人次 <sup>7</sup>	Geriatric day attendances <sup>7</sup> 老人科 日間醫院 就診人次 <sup>7</sup>	Psychiatric day attendances <sup>7</sup> 精神科 日間醫院 就診人次 <sup>7</sup>
<b>New Territories West Cluster 新界西醫院聯網</b>									
Castle Peak Hospital 青山醫院	-	56 403	11 961	-	-	2 231	-	-	11 458
Pok Oi Hospital 博愛醫院	27 331	-	-	53 243	3 539	513	-	5 078	-
Siu Lam Hospital 小欖醫院	-	-	-	-	-	-	-	-	-
Tuen Mun Hospital 屯門醫院	60 119	-	-	56 772	3 961	3 861	2 800	11 468	5 412
Tin Shui Wai Hospital 天水圍醫院	2 456	-	-	-	-	441	-	-	-
Sub-total 小計	<b>89 906</b>	<b>56 403</b>	<b>11 961</b>	<b>110 015</b>	<b>7 500</b>	<b>7 046</b>	<b>2 800</b>	<b>16 546</b>	<b>16 870</b>
GRAND TOTAL 總計	<b>886 315</b>	<b>269 705</b>	<b>91 390</b>	<b>681 224</b>	<b>92 830</b>	<b>33 153</b>	<b>84 253</b>	<b>170 765</b>	<b>194 417</b>

#### Notes:

1. Revised description of previous indicator "Home visits by community nurses" to better reflect the Hospital Authority's service development.
2. Figures also include home visits and crisis intervention.
3. Figures also include home visits. Starting from 2019-20, attendances arising from consultation liaison services are not included. They are not directly comparable with figures published in the past editions of this report.
4. For Community Geriatric Assessment Service, the activity refers to total number of outreach attendances and geriatric elderly persons assessed for infirmary care service.
5. Visiting Medical Officer attendances refer to the attendances receiving services provided to elderly persons living in Resident Care Homes for the Elderly under the Visiting Medical Officers Scheme introduced in 2003-04.
6. Allied Health (Community) attendances exclude follow-up consultations provided by the Medical Social Services Units.
7. Geriatric day attendances also include attendances in Integrated Discharge Support Program (IDSP) for elderly patients.

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

#### 備註：

1. 此指標修訂自原來的「社康護士家訪次數」，使更能反映醫管局的服務發展。
2. 數字也包括家訪及危機處理服務。
3. 數字也包括家訪。由2019-20年度起，數字不包括諮詢會診服務人次，因此不能與較早年報所載列的數字作直接比較。
4. 指接受相關外展服務的人次及接受療養服務評核的長者人數的總和。
5. 接受到診醫生治療人次指2003-04年度推出的「到診醫生計劃」中為安老院舍長者所提供的到診服務。
6. 專職醫療(社區)就診人次不包括由醫務社會服務部提供的跟進個案。
7. 老人科日間醫院就診人次也包括離院長者綜合支援計劃的就診人次。

各中心及團隊的服務量均歸入所屬醫院之下。

## MANPOWER POSITION – BY CLUSTER AND INSTITUTION

## 人手狀況 — 按聯網及機構分類

Institution 機構	No. of Full-time Equivalent (FTE) Staff (as at 31.3.2020) <sup>1, 2, 3, 4</sup> 等同全職人員數目 (2020年3月31日數字) <sup>1, 2, 3, 4</sup>				
	Medical 醫療	Nursing 護理	Allied Health 專職醫療	Others 其他	Total 總計
<b>Hong Kong East Cluster 港島東醫院聯網</b>	<b>688</b>	<b>2 947</b>	<b>878</b>	<b>4 254</b>	<b>8 767</b>
Cheshire Home, Chung Hom Kok 春磡角慈氏護養院	3	63	10	125	<b>201</b>
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	543	1 991	599	2 746	<b>5 880</b>
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	96	604	183	791	<b>1 674</b>
St. John Hospital 長洲醫院	7	38	8	83	<b>135</b>
Tung Wah Eastern Hospital 東華東院	37	201	74	364	<b>676</b>
Wong Chuk Hang Hospital 黃竹坑醫院	2	51	4	144	<b>201</b>
<b>Hong Kong West Cluster 港島西醫院聯網</b>	<b>727</b>	<b>3 060</b>	<b>1 004</b>	<b>3 676</b>	<b>8 466</b>
The Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院	18	94	55	146	<b>313</b>
Grantham Hospital 葛量洪醫院	33	277	68	331	<b>709</b>
MacLehose Medical Rehabilitation Centre 麥理浩復康院	1	46	42	90	<b>179</b>
Queen Mary Hospital <sup>5</sup> 瑪麗醫院 <sup>5</sup>	618	2 240	721	2 569	<b>6 149</b>
TWGHs Fung Yiu King Hospital 東華三院馮堯敬醫院	16	77	32	144	<b>269</b>
Tung Wah Hospital 東華醫院	40	326	86	396	<b>849</b>
<b>Kowloon Central Cluster 九龍中醫院聯網</b>	<b>1 362</b>	<b>5 970</b>	<b>1 798</b>	<b>8 385</b>	<b>17 515</b>
HK Red Cross Blood Transfusion Service 香港紅十字會輸血服務中心	6	105	81	327	<b>519</b>
Hong Kong Buddhist Hospital 香港佛教醫院	20	230	56	296	<b>602</b>
Hong Kong Children's Hospital 香港兒童醫院	130	271	172	665	<b>1 237</b>
Hong Kong Eye Hospital 香港眼科醫院	38	81	24	179	<b>322</b>
Kowloon Hospital 九龍醫院	72	842	206	1 067	<b>2 186</b>
Kwong Wah Hospital 廣華醫院	342	1 308	353	1 525	<b>3 528</b>
Our Lady of Maryknoll Hospital 聖母醫院	67	324	86	365	<b>841</b>
Queen Elizabeth Hospital <sup>6</sup> 伊利沙伯醫院 <sup>6</sup>	662	2 515	765	3 599	<b>7 541</b>
TWGHs Wong Tai Sin Hospital 東華三院黃大仙醫院	26	296	56	362	<b>739</b>
<b>Kowloon East Cluster 九龍東醫院聯網</b>	<b>786</b>	<b>3 321</b>	<b>902</b>	<b>4 132</b>	<b>9 140</b>
Haven of Hope Hospital 靈實醫院	24	353	90	477	<b>944</b>
Tseung Kwan O Hospital 將軍澳醫院	222	928	258	1 094	<b>2 502</b>
United Christian Hospital 基督教聯合醫院	540	2 040	553	2 561	<b>5 694</b>

## Appendix 11(a)

### 附錄 11(a)

Institution 機構	No. of Full-time Equivalent (FTE) Staff (as at 31.3.2020) <sup>1, 2, 3, 4</sup> 等同全職人員數目 (2020年3月31日數字) <sup>1, 2, 3, 4</sup>				
	Medical 醫療	Nursing 護理	Allied Health 專職醫療	Others 其他	Total 總計
<b>Kowloon West Cluster 九龍西醫院聯網</b>	<b>1 116</b>	<b>4 955</b>	<b>1 316</b>	<b>5 752</b>	<b>13 139</b>
Caritas Medical Centre 明愛醫院	261	1 125	278	1 311	<b>2 975</b>
Kwai Chung Hospital 葵涌醫院	79	728	140	643	<b>1 590</b>
North Lantau Hospital 北大嶼山醫院	50	170	77	270	<b>566</b>
Princess Margaret Hospital 瑪嘉烈醫院	470	1 973	594	2 353	<b>5 389</b>
Yan Chai Hospital 仁濟醫院	257	960	227	1 175	<b>2 619</b>
<b>New Territories East Cluster 新界東醫院聯網</b>	<b>1 099</b>	<b>4 696</b>	<b>1 357</b>	<b>5 935</b>	<b>13 087</b>
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	186	771	263	978	<b>2 198</b>
Bradbury Hospice 白普理寧養中心	2	35	6	32	<b>75</b>
Cheshire Home, Shatin 沙田慈氏護養院	2	97	9	142	<b>249</b>
North District Hospital 北區醫院	205	827	234	955	<b>2 221</b>
Prince of Wales Hospital 威爾斯親王醫院	621	2 141	668	2 709	<b>6 138</b>
Shatin Hospital 沙田醫院	46	391	92	564	<b>1 093</b>
Tai Po Hospital 大埔醫院	37	434	86	556	<b>1 113</b>
<b>New Territories West Cluster 新界西醫院聯網</b>	<b>892</b>	<b>3 968</b>	<b>1 088</b>	<b>5 891</b>	<b>11 839</b>
Castle Peak Hospital 青山醫院	78	606	107	689	<b>1 480</b>
Pok Oi Hospital 博愛醫院	149	669	179	945	<b>1 941</b>
Siu Lam Hospital 小欖醫院	6	152	11	326	<b>495</b>
Tuen Mun Hospital 屯門醫院	618	2 324	692	3 458	<b>7 093</b>
Tin Shui Wai Hospital 天水圍醫院	41	217	99	473	<b>830</b>
<b>Total 總計</b>	<b>6 669</b>	<b>28 919</b>	<b>8 343</b>	<b>38 024</b>	<b>81 955</b>

#### Notes:

1. This figure excludes 2 546 staff in the Hospital Authority Head Office.
2. Manpower on full-time equivalent (FTE) basis includes all full-time & part-time staff in HA's workforce i.e. permanent, contract and temporary.
3. Individual figures may not add up to the total due to rounding.
4. Manpower figures of individual hospitals / institutions include management staff providing hospital and cluster-wide services.
5. Manpower providing services for Tsan Yuk Hospital is included in Queen Mary Hospital.
6. Manpower providing services for Rehabaid Centre is included in Queen Elizabeth Hospital.

#### 註：

1. 這數字不包括醫管局總辦事處的2 546名職員。
2. 人手按「等同全職人員」計，包括醫管局所有全職及兼職的常額、合約及臨時職員。
3. 由於四捨五入的關係，各項數字相加後可能不等於總數。
4. 各醫院人手數目包括負責醫院及聯網整體事務的管理人員。
5. 贊育醫院的服務人手已歸入瑪麗醫院內。
6. 復康專科及資源中心的服務人手已歸入伊利沙伯醫院內。

## MANPOWER POSITION – BY STAFF GROUP

### 人手狀況 — 按職員組別分類

	No. of Full-time Equivalent (FTE) Staff 2015-16 - 2019-20 <sup>1</sup> 等同全職人員數目 <sup>1</sup>				
	2015/16	2016/17	2017/18	2018/19	2019/20
<b>Medical 醫療</b>					
Consultant 顧問醫生	840	885	889	927	961
Senior Medical Officer / Associate Consultant 高級醫生 / 副顧問醫生	1 872	1 922	1 935	1 982	2 071
Medical Officer / Resident (excluding Visiting Medical Officer) 醫生 / 駐院醫生 (不包括到訪醫生)	2 936	2 959	3 016	3 038	3 148
Visiting Medical Officer 到訪醫生	17	18	18	16	15
Intern 駐院實習醫生	368	373	470	469	475
Senior Dental Officer / Dental Officer 高級牙科醫生 / 牙科醫生	8	8	8	8	11
<b>Medical Total: 醫療人員總計 :</b>	<b>6 040</b>	<b>6 164</b>	<b>6 336</b>	<b>6 440</b>	<b>6 681</b>
<b>Nursing 護理</b>					
Senior Nursing Officer and above 高級護士長或以上	193	196	206	213	226
Department Operations Manager 部門運作經理	184	191	191	194	199
<i>General 普通科 –</i>					
Ward Manager / Nurse Specialist / Nursing Officer / Advanced Practice Nurse 病房經理 / 專科護士 / 護士長 / 資深護師	4 286	4 428	4 563	4 707	5 279
Registered Nurse 註冊護士	14 474	14 697	15 424	16 044	16 521
Enrolled Nurse 登記護士	2 436	2 421	2 401	2 475	2 476
Midwife / Others 助產士 / 其他	3	3	3	2	0
Student Nurse / Pupil Nurse / Temporary Undergraduate Nursing student 註冊護士學生 / 登記護士學生 / 護理學學生	611	625	808	1 032	1 554
<i>Psychiatric 精神科 –</i>					
Ward Manager / Nurse Specialist / Nursing Officer / Advanced Practice Nurse 病房經理 / 專科護士 / 護士長 / 資深護師	552	571	584	604	642
Registered Nurse 註冊護士	1 272	1 298	1 374	1 444	1 547
Enrolled Nurse 登記護士	576	550	557	537	513
Student Nurse / Pupil Nurse 註冊護士學生 / 登記護士學生	0	0	0	0	0
<b>Nursing Total: 護理人員總計 :</b>	<b>24 587</b>	<b>24 980</b>	<b>26 111</b>	<b>27 252</b>	<b>28 957</b>

## Appendix 11(b)

### 附錄 11(b)

	No. of Full-time Equivalent (FTE) Staff 2015-16 - 2019-20 <sup>1</sup> 等同全職人員數目 <sup>1</sup>				
	2015/16	2016/17	2017/18	2018/19	2019/20
<b>Allied Health 專職醫療</b>					
Audiology Technician 聽力學技術員	6	6	6	5	6
Clinical Psychologist 臨床心理學家	163	171	171	178	188
Dietitian 營養師	148	160	162	172	176
Dispenser 配藥員	1 249	1 289	1 316	1 367	1 409
Medical Technologist / Medical Laboratory Technician 醫務化驗師 / 醫務化驗員	1 406	1 457	1 500	1 551	1 642
Mould Technologist / Mould Laboratory Technician 製模實驗室技術師 / 製模實驗室技術員	26	26	23	21	20
Optometrist 視光師	67	70	68	68	70
Orthoptist 視覺矯正師	14	14	15	15	16
Occupational Therapist 職業治療師	772	815	849	872	903
Pharmacist 藥劑師	609	635	673	702	741
Physicist 物理學家	75	76	74	77	89
Physiotherapist 物理治療師	969	1 028	1 064	1 097	1 179
Podiatrist 足病診療師	41	47	50	51	52
Prosthetist-Orthotist 義肢矯形師	141	144	146	151	150
Diagnostic Radiographer / Radiation Therapist 放射師 / 放射治療師	1 054	1 102	1 144	1 154	1 174
Scientific Officer (Medical) 科學主任(醫務)	87	89	89	93	100
Speech Therapist 言語治療師	105	110	115	119	125
Medical Social Worker 醫務社工	333	330	346	360	376
Dental Technician 牙科技術員	3	3	3	3	4
<b>Allied Health Total: 專職醫療人員總計：</b>	<b>7 268</b>	<b>7 572</b>	<b>7 815</b>	<b>8 056</b>	<b>8 420</b>
<b>Care-related Support Staff 護理支援</b>					
Health Care Assistant 健康服務助理	1 932	1 676	1 459	1 231	1 005
Ward Attendant 病房服務員	222	191	155	121	93
Patient Care Assistant & Other Care-related Support Staff 病人服務助理及其他護理支援人員	12 116	12 831	13 325	13 999	15 180
<b>Care-related Support Staff Total: 護理支援人員總計：</b>	<b>14 270</b>	<b>14 698</b>	<b>14 939</b>	<b>15 351</b>	<b>16 278</b>
<b>Direct Patient Care Total: 直接病人護理人手總計：</b>	<b>52 165</b>	<b>53 415</b>	<b>55 202</b>	<b>57 099</b>	<b>60 335</b>

Appendix 11(b)  
附錄 11(b)

	No. of Full-time Equivalent (FTE) Staff 2015-16 - 2019-20 <sup>1</sup> 等同全職人員數目 <sup>1</sup>				
	2015/16	2016/17	2017/18	2018/19	2019/20
<b>Others 其他</b>					
Chief Executive / Director / Deputy Director / Head 行政總裁 / 總監 / 副總監 / 主管	7	7	7	7	7
Cluster Chief Executive / Hospital Chief Executive 醫院聯網總監 / 醫院行政總監	24	24	21	20	20
Chief Manager / Senior Manager / Cluster General Manager / General Manager 總行政經理 / 高級行政經理 / 聯網總經理 / 總經理	100	102	101	106	111
Other Professionals / Administrator, System Manager, Analyst Programmer etc 其他專業 / 行政人員、系統經理、系統程序分析編製主任等	2 405	2 555	2 681	2 847	3 099
Other Supporting Staff - Clerical, Secretarial, Workman, Operation Assistant, Executive Assistant etc 其他支援人員 — 文員、秘書、工人、運作助理、行政助理等	18 184	18 771	18 914	19 579	20 928
<b>Non-direct Patient Care Total: 非直接病人護理人手總計：</b>	<b>20 720</b>	<b>21 459</b>	<b>21 725</b>	<b>22 560</b>	<b>24 166</b>
<b>HA Total: 醫管局人手總計：</b>	<b>72 885</b>	<b>74 874</b>	<b>76 926</b>	<b>79 659</b>	<b>84 501</b>

Note:

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

註：

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

OPERATING EXPENDITURE<sup>1</sup> IN 2019-202019-20 年度營運開支<sup>1</sup>

Cluster 聯網	2019-20 (HK\$Mn) 2019-20 年度 (港幣百萬元)
Hong Kong East Cluster 港島東醫院聯網	7,322
Hong Kong West Cluster 港島西醫院聯網	7,625
Kowloon Central Cluster 九龍中醫院聯網	14,375
Kowloon East Cluster 九龍東醫院聯網	7,519
Kowloon West Cluster 九龍西醫院聯網	11,237
New Territories East Cluster 新界東醫院聯網	11,138
New Territories West Cluster 新界西醫院聯網	9,857
Hospital Authority Head Office, and Others <sup>2</sup> 醫院管理局總辦事處，及其他 <sup>2</sup>	2,890
<b>Total 總計</b>	<b>71,963</b>

## Notes:

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

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

2. Includes corporate-wide expenditures processed by Head Office (such as insurance premium, legal costs, claims paid and salary of medical interns) and on information technology, as well as recurrent expenditure for supporting the Government's electronic health initiatives.

## 註：

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

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

2. 包括經總辦事處處理的企業開支（如保險費用、法律費用、索償支出及實習醫生薪酬等）和整個機構的資訊科技支出，以及支援政府推行電子健康紀錄的經常性開支。

## TRAINING AND DEVELOPMENT EXPENDITURE<sup>1</sup> IN 2019-20

### 2019-20 年度職員培訓及發展開支<sup>1</sup>

Cluster 聯網	2019-20 (HK\$Mn) 2019-20 年度 (港幣百萬元)
Hong Kong East Cluster 港島東醫院聯網	17.1
Hong Kong West Cluster 港島西醫院聯網	11.4
Kowloon Central Cluster 九龍中醫院聯網	30.7
Kowloon East Cluster 九龍東醫院聯網	9.5
Kowloon West Cluster 九龍西醫院聯網	11.4
New Territories East Cluster 新界東醫院聯網	17.0
New Territories West Cluster 新界西醫院聯網	12.3
Hospital Authority Head Office <sup>2</sup> 醫院管理局總辦事處 <sup>2</sup>	93.6
<b>Total 總計</b>	<b>203.0</b>

## Notes:

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

## 註：

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

## FIVE-YEAR FINANCIAL HIGHLIGHTS

## 過去五年的財政摘要

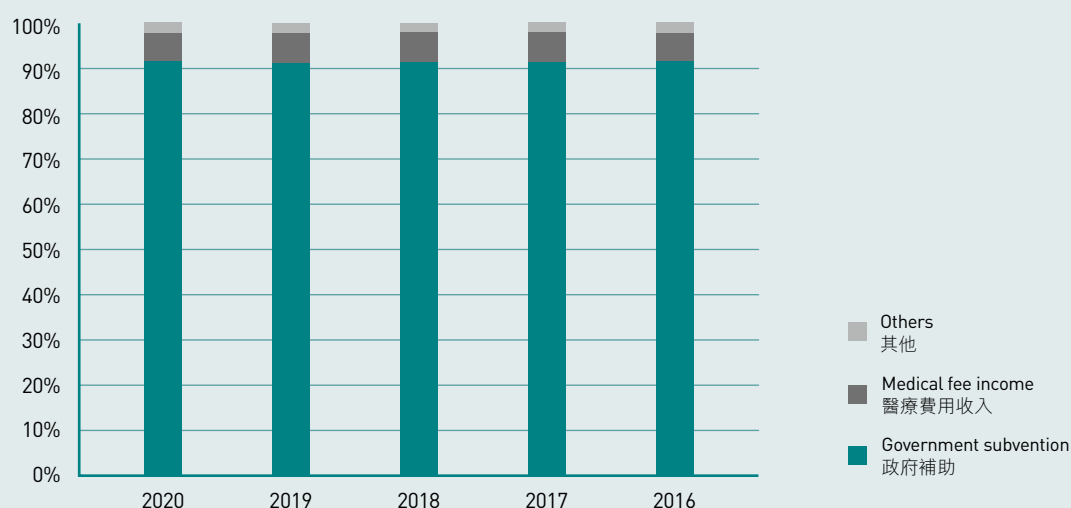
## Financial Results (for the Year ended 31 March)

## 財政情況 (截至每年 3 月 31 日)

	2020 HK\$Mn 港幣百萬元	2019 HK\$Mn 港幣百萬元	2018 HK\$Mn 港幣百萬元	2017 HK\$Mn 港幣百萬元	2016 HK\$Mn 港幣百萬元
<b>Income 收入</b>					
Government subvention (recurrent and capital) 政府補助 (經常性及資本性)	73,985	64,877	57,802	54,469	52,629
Medical fee income (net of waivers) 醫療費用收入 (扣除減免)	4,827	4,713	4,287	3,818	3,598
Non-medical fee income 非醫療費用收入	1,513	1,219	1,018	935	1,014
Designated donations 指定捐贈	202	194	93	171	146
Capital donations 資本捐贈	159	144	138	162	114
	<b>80,686</b>	<b>71,147</b>	<b>63,338</b>	<b>59,555</b>	<b>57,501</b>
<b>Expenditure 支出</b>					
Staff costs 員工成本	(53,700)	(48,703)	(45,113)	(43,084)	(40,299)
Drugs 藥物	(8,102)	(7,305)	(6,663)	(6,156)	(5,710)
Medical supplies and equipment 醫療物品及設備	(3,842)	(3,312)	(2,970)	(2,762)	(2,636)
Other operating expenses (include depreciation and amortisation) 其他營運開支 (包括折舊及攤銷)	(11,277)	(10,381)	(9,433)	(9,072)	(8,706)
	<b>(76,921)</b>	<b>(69,701)</b>	<b>(64,179)</b>	<b>(61,074)</b>	<b>(57,351)</b>
<b>Results for the year 年度結果</b>	<b>3,765</b>	<b>1,446</b>	<b>(841)</b>	<b>(1,519)</b>	<b>150</b>

## Income by Source (in % of Total Income)

## 各類收入來源 (佔總收入百分比)



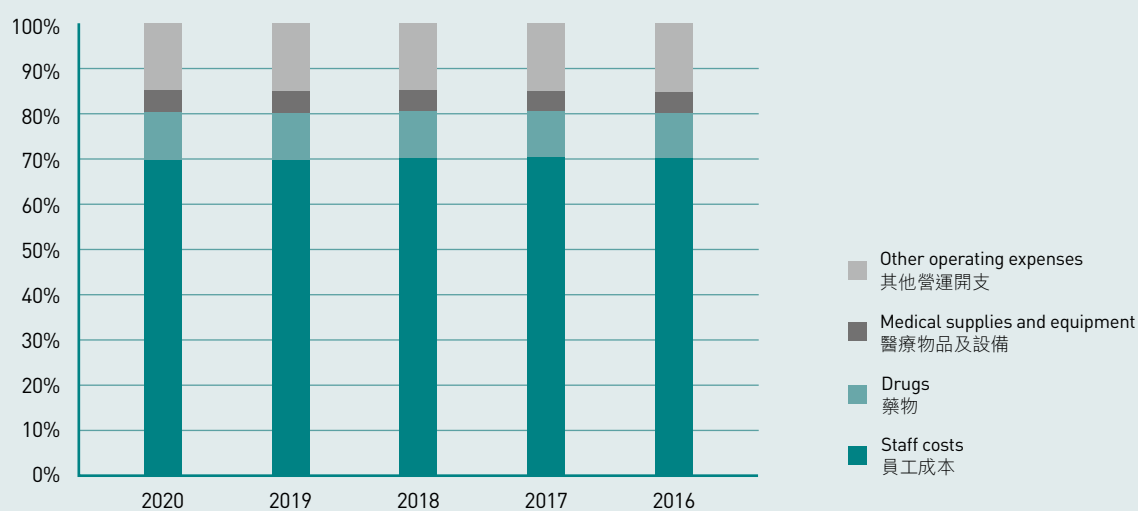
## Key Financial Indicators (for the Year ended 31 March)

主要財政指標（截至每年3月31日）

	2020 HK\$Mn 港幣百萬元	2019 HK\$Mn 港幣百萬元	2018 HK\$Mn 港幣百萬元	2017 HK\$Mn 港幣百萬元	2016 HK\$Mn 港幣百萬元
<b>Medical fee income (Note 1) 醫療費用收入（註1）</b>					
Inpatient fees 住院收費	1,228	1,280	1,234	1,048	998
Outpatient fees 門診收費	1,802	1,865	1,740	1,354	1,312
Itemised charges 分項收費	2,720	2,490	2,085	1,890	1,742
Other medical fees 其他醫療收費	109	108	102	99	94
	<b>5,859</b>	<b>5,743</b>	<b>5,161</b>	<b>4,391</b>	<b>4,146</b>
<b>Less: Waivers (Note 2) 扣除：減免（註2）</b>	<b>(1,032)</b>	<b>(1,030)</b>	<b>(874)</b>	<b>(573)</b>	<b>(548)</b>
<b>Medical fee income (net of waivers) 醫療費用收入（扣除減免）</b>	<b>4,827</b>	<b>4,713</b>	<b>4,287</b>	<b>3,818</b>	<b>3,598</b>
<b>Additional allowance for expected credit losses charged to the Statement of Income and Expenditure (Note 3) 在收支結算表內增加的預期信用虧損撥備（註3）</b>	<b>50</b>	<b>58</b>	<b>63</b>	<b>61</b>	<b>58</b>

## Expenditure by Category (in % of Total Expenditure)

各類支出（佔總支出百分比）



## Appendix 13

### 附錄 13

Notes:

#### 1. Medical fee income

Fees for hospital services are governed by the HA Ordinance. There are 3 categories of charges: (i) public charges for Eligible Persons (EP); (ii) public charges for Non-eligible Persons (NEP); and (iii) private charges. The definition of EP and NEP can be found in HA website whilst the fees and charges schedules are listed in the Gazette and HA website.

#### 2. Waivers

Under the Government policy, recipients of Comprehensive Social Security Assistance (CSSA), Level 0 Voucher Holders of the Pilot Scheme on Residential Care Service Voucher for the Elderly (with effect from March 2017) and Old Age Living Allowance (OALA) recipients aged 75 or above with more financial needs (with effect from 15 July 2017 and renamed as Higher OALA recipients aged 75 or above on 1 June 2018) can obtain free medical treatment at HA's hospitals and clinics. Other persons with financial difficulties in paying the medical fees and charges can apply for medical fee waivers. The granting of waivers is subject to meeting the criteria under the established waiving mechanism.

The waivers granted to EP and NEP for the year ended 31 March 2020 are \$928,000,000 and \$104,000,000 respectively (for the year ended 31 March 2019 are \$916,000,000 and \$114,000,000 respectively).

#### 3. Additional allowance for expected credit losses charged to the Statement of Income and Expenditure

Each year, HA would make assessment on the collectability of outstanding hospital fees and charges (accounts receivable). As a result of the assessment, additional allowance (or reversal of allowance) would be charged to the Statement of Income and Expenditure for the year.

註：

#### 1. 醫療費用收入

醫院管理局的醫療服務收費受《醫院管理局條例》規管。醫療收費可分為下列三類：(i) 符合資格人士的公眾收費；(ii) 非符合資格人士的公眾收費；和(iii) 私家收費。有關「符合資格人士」及「非符合資格人士」之定義，可瀏覽醫院管理局網頁。詳細收費可參閱憲報及醫院管理局網頁。

#### 2. 減免

在政府的政策下，領取「綜合社會保障援助」(綜援)、長者院舍住宿照顧服務券試驗計劃級別0院舍券持有人(於2017年3月起)及75歲或以上及較有經濟需要的長者生活津貼受惠人(於2017年7月15日起及由2018年6月1日起改稱為75歲或以上高額長者生活津貼受惠人)可獲豁免公立醫療服務收費。其他人士若有經濟困難，可申請費用減免。有關費用減免之批准是會根據既定費用減免機制之準則作評估。

截至2020年3月31日為止對於符合資格人士和非符合資格人士的費用減免分別為港幣928,000,000元及港幣104,000,000元(截至2019年3月31日為止之費用減免分別為港幣916,000,000元及港幣114,000,000元)。

#### 3. 在收支結算表內增加的預期信用虧損撥備

醫管局每年會評估醫療費欠款日後收回的可能性(應收賬款)。經評估後，需增加(或撥回)的預期信用虧損撥備會計算在該年的收支結算表內。

## Financial Position (at 31 March)

財政狀況（於每年 3 月 31 日）

	2020 HK\$Mn 港幣百萬元	2019 HK\$Mn 港幣百萬元	2018 HK\$Mn 港幣百萬元	2017 HK\$Mn 港幣百萬元	2016 HK\$Mn 港幣百萬元
Non-current assets 非流動資產	28,102	30,608	29,410	29,369	20,460
Current assets 流動資產	34,061	23,802	23,075	24,053	34,064
<b>Total assets 資產總額</b>	<b>62,163</b>	<b>54,410</b>	<b>52,485</b>	<b>53,422</b>	<b>54,524</b>
Designated fund 指定基金	5,077	5,077	5,077	5,077	5,077
Revenue reserve 收入儲備	6,672	2,906	1,438	2,259	3,758
<b>Total funds 基金總額</b>	<b>11,749</b>	<b>7,983</b>	<b>6,515</b>	<b>7,336</b>	<b>8,835</b>
Current liabilities 流動負債	17,663	13,296	12,661	12,233	11,630
Non-current liabilities 非流動負債	32,751	33,131	33,309	33,853	34,059
<b>Total liabilities 負債總額</b>	<b>50,414</b>	<b>46,427</b>	<b>45,970</b>	<b>46,086</b>	<b>45,689</b>
<b>Total funds and total liabilities 基金及負債總額</b>	<b>62,163</b>	<b>54,410</b>	<b>52,485</b>	<b>53,422</b>	<b>54,524</b>

## Total Assets<sup>Note</sup> (in HK\$ millions)

總資產<sup>註</sup>（港幣百萬元）



Note: Placements with the Exchange Fund have included HK\$6,273,201,000 (2019: HK\$6,084,029,000) held by HA on behalf of the Samaritan Fund.

註：外匯基金存款包括醫管局代撒瑪利亞基金持有的港幣 6,273,201,000 元（2019：港幣 6,084,029,000 元）。

## Appendix 13

### 附錄 13

## Key Financial Indicators (at 31 March)

### 主要財政指標（於每年 3 月 31 日）

	2020 HK\$Mn 港幣百萬元	2019 HK\$Mn 港幣百萬元	2018 HK\$Mn 港幣百萬元	2017 HK\$Mn 港幣百萬元	2016 HK\$Mn 港幣百萬元
<b>Inventories 存貨</b>					
Drugs 藥物	1,410	1,158	1,129	1,073	1,054
Other medical and general consumables 其他醫療及一般消耗品	305	219	214	223	213
	<b>1,715</b>	<b>1,377</b>	<b>1,343</b>	<b>1,296</b>	<b>1,267</b>
<b>Average stock holding period (weeks)</b> <b>平均存貨儲備時間（星期）</b>					
Drugs 藥物	8.7	7.9	8.8	9.0	9.6
Other medical and general consumables 其他醫療及一般消耗品	12.8	7.9	7.7	8.2	8.6

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醫院管理局致力保護環境，此年報已上載本局網站 [www.ha.org.hk](http://www.ha.org.hk)

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