



# Hospital Authority Annual Report



醫院管理局  
HOSPITAL  
AUTHORITY

# Hospital Authority

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# MEMBERSHIP OF THE HOSPITAL AUTHORITY

## Chairman



**Dr C H LEONG, GBS, JP**  
(up to 30.9.2004)  
Succeeding Dr K S LO as Chairman of the Authority on 1 October 2002, Dr Leong has been appointed as a member of the Authority since its inception. He resigned from the chairmanship of the Authority in mid 2004.



**Mr Anthony WU, JP**  
(from 7.10.2004)  
Succeeding Dr C H Leong as Chairman of the Authority on 7 October 2004, Mr Wu is an experienced accountant and has been active in public service.

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## Members



**Miss Eliza C H CHAN, BBS, JP**  
Appointed on 1 December 1994, Miss Chan is a solicitor and a Senior Partner of Jewkes Chan & Partners.



**Miss Iris CHAN Sui-ching**  
Appointed on 1 December 1995, Miss Chan is Chairman of the Alliance for Patients' Mutual Help Organisations.



**Ms Vivien CHAN, JP**  
Appointed on 1 December 2004, Ms CHAN is a solicitor, who is active in community services.



**Dr Lily CHIANG**  
Appointed on 1 December 2001, Dr Chiang is a businesswoman who has extensive community services experience.



**Mr Clifton CHIU Chi-cheong**  
(up to 30.11.2004)  
Appointed on 1 December 2002, Mr Chiu is a Certified Public Accountant who served as Chairman of the Audit Committee of the Hospital Authority from October 2001 to November 2004.



**Prof Sydney CHUNG**  
(Up to 30.6.2004)  
Prof Chung was appointed on 1 July 1999 in his capacity as the Dean of the Faculty of Medicine of the Chinese University of Hong Kong.



**Hon Vincent FANG Kang, JP**  
Appointed on 1 April 2000, Mr Fang is a businessman. He is currently a member of the Legislative Council.

## Members



**Prof FOK Tai-fai**

(from 1.12.2004)

Prof Fok was appointed on 1 December 2004 in his capacity as the Dean of Faculty of Medicine of the Chinese University of Hong Kong.



**Dr Anthony HO Yiu-wah**

Appointed on 1 December 2001, Dr Ho is a legal consultant who has been active in public and community services.



**Mr Edward HO Sing-tin,  
SBS, JP**

Appointed on 1 December 2002, Mr Ho is a distinguished professional architect with extensive public service experiences. He was a former Member of the Executive Council (1991-92) and Legislative Council (1987-2000).



**Ms Susie HO, JP**

Deputy Secretary for Health, Welfare & Food (Health) (from 29.7.2004) Appointed on 29 July 2004, Ms Ho is a member of the Authority in her capacity as Deputy Secretary for Health, Welfare and Food (Health).



**Dr William HO, JP**

Chief Executive, Hospital Authority Dr Ho is a member of the Authority in his capacity as the Chief Executive of the Hospital Authority.



**Dr Hon KWOK Ka-ki**

(from 1.12.2004)

Appointed on 1 December 2004, Dr Kwok is a private urologist by profession. He is a member of the Legislative Council from the medical functional constituency.



**Dr P Y LAM, JP**

Director of Health

Dr Lam is appointed in his capacity as the Director of Health.



**Prof LAM Shiu-kum**

Appointed on 1 April 2001, Prof Lam is the Dean of the Faculty of Medicine of the University of Hong Kong.



**Dr Hon Joseph LEE Kok-long**

(from 1.12.2004)

Appointed on 1 December 2004, Dr Lee is an Assistant Professor at the Open University of Hong Kong. He is a member of the Legislative Council from the health services functional constituency.



**Mr John LEE Luen-wai, JP**

(from 1.12.2004)

Appointed on 1 December 2004, Mr Lee is a professional accountant and the managing director of a listed company.



**Mrs Eleanor LING LEE Ching-man, SBS, JP**

Appointed on 1 December 1991, Mrs Ling has been active in public service. She is Advisor of the Jardine Pacific Group.



**Mr LO Chung-hing, SBS**

Appointed on 1 December 1997, Mr Lo is an experienced banker and a non-executive Director of the Mass Transit Railway Corporation Limited.

## Members



**Mrs MONG KO Mei-yee**  
(up to 30.11.2004)

Appointed on 1 December 2001, Mrs Mong is a retired registered nurse who has been in the nursing profession for over 30 years.



**Mrs Gloria NG WONG Yee-man, JP**

Appointed on 1 April 2002, Mrs Ng is a businesswoman who has been active in voluntary services in the health and welfare sectors.



**Ms Elizabeth TSE, JP**  
(representing Secretary for Financial Services and the Treasury)

Ms Tse was appointed on 13 October 2003 in her capacity as representative of the Secretary for Financial Services and the Treasury.



**Professor Judy TSUI LAM Sin-lai**  
(up to 30.11.2004)

Appointed on 1 December 2002, Prof Tsui is the Dean of the Faculty of Business of the Hong Kong Polytechnic University, who has a wealth of experience in the field of corporate governance.



**Dr Lawrence T WONG**  
(up to 17.9.2004)

Appointed on 1 December 2002, Dr Wong is the Chief Executive of the Hong Kong Jockey Club who has been active in public and community services.



**Prof Thomas WONG Kwok-shing**  
Appointed on 1 December 1999, Prof Wong is Dean of the Faculty of Health & Social Sciences, and College of Professional & Continuing Education, the Hong Kong Polytechnic University.



**Dr Raymond WU Wai-yung, GBS, JP**

Appointed on 1 April 1997, Dr Wu is a respected private medical practitioner and has extensive public service experience in the rehabilitation field.



**Dr Loretta YAM, BBS**

Appointed on 1 December 2003, Dr Yam was the Chief of Service of the Department of Medicine of Pamela Youde Nethersole Eastern Hospital in 2004/05.



**Mr Thomas YIU Kei-chung, JP**  
Deputy Secretary for Health, Welfare & Food (Health) (up to 28.7.2004)  
Mr Yiu was a member of the Authority in his capacity as Deputy Secretary for Health, Welfare and Food (Health).



**Mr Paul YU Shiu-tin, JP**  
Appointed on 1 December 2001, Mr Yu is a businessman who has been actively involved in community services. He is currently a member of the Tung Wah Group of Hospital Advisory Board.

## CHAIRMAN'S OVERVIEW

I am delighted to write this overview for the Hospital Authority's Annual Report 2004/05. It has almost been a year since I took over the chairmanship of the Authority from Dr C H LEONG last October and it has certainly been a most challenging year, not only for myself but also for the Hospital Authority.

Since becoming chairman, I have visited all hospital clusters to meet with both management and frontline staff to understand the issues of their concern and to exchange views on the problems they encounter. I am truly proud and am indeed most honoured to be the chairman of such a dedicated, committed and professional workforce. Before I go on, I just like to say to them, from the bottom of my heart, THANK YOU!

The Authority's success in transforming the quality of patient care delivered by public hospitals during the past 15 years has been well recognised. However, improvements in the quality of our heavily subsidised services have boosted demand, which put tremendous pressure on both our staff workload and our financial resources. Despite stringent savings measures and efficiency enhancement programmes, the Authority has been encountering operational deficits for several years. Apart from rising service demand on our heavily subsidised services, the situation has been aggravated by factors such as the rapidly growing ageing population, escalating cost of new drugs and medical technologies, and the emergence of new and old communicable and non-communicable diseases.

Facing these challenges, the Authority's executives and frontline staff have worked with incredible dedication and commitment to formulate effective strategies for enhancing the organisation's preparedness for future infectious disease outbreaks, reprioritising its services to improve population health, and upgrading its service quality and organisational capabilities. Many improvement initiatives were successfully implemented during the year under review to enhance the Authority's capabilities of delivering quality healthcare services to

meet the health needs of the people of Hong Kong. I am indeed very pleased with the progress made and we will continue to work very hard to formulate and implement further improvement strategies.

In 2004/05, the Authority adopted a number of strategies to address the pressing issues of our public healthcare system, including the undertaking of a comprehensive approach to improve population health through close collaboration with government and non-government organisations. We have also strengthened the Authority's infection control, finance, human resources, information technology and business support infrastructure, and improved service quality and clinical governance through various risk management, clinical audit, standard setting and service development activities.

Providing quality service and promoting system sustainability amidst stringent financial constraints have remained at the forefront of our work, with a multi-prong approach involving Government, the private sector and the community at large. In line with the Government's latest directions, the Authority reprioritised services to focus on emergency care and malignant, life-threatening and chronic diseases with implementation of a triage system for specialist outpatient services to ensure that patients with urgent conditions were attended to as early as possible. Stable chronic patients were downloaded from the specialist outpatient clinics to general outpatient clinics with appropriate merging of service outlets. The fees revision exercise implemented last year was reviewed to facilitate the targeting of public subsidies at those without means and those with catastrophic or chronic illnesses. The Authority promoted the public-private interface by providing more private sector information to public hospital patients through specific websites and convenient liaison points. Finally, we have continued to explore all opportunities to control costs and find efficiency savings to help address the sustainability issue before long-term healthcare financing solutions could be introduced by Government.

Quality is something that we will not compromise and we must not forget that it is our people who deliver such quality patient care services. That is why I have put PEOPLE on the top of my agenda for the Hospital Authority. I want the Authority to have a People First culture in which we respect, trust, care, value and team with each other. It is my firm belief that this will truly make our healthcare system sustainable for many years to come for the benefits of our community. In 2004/05, we continued to enhance training, career development and occupational safety for our staff and we have also strengthened our professional workforce through the recruitment of more doctors, nurses, allied health professionals and health care assistants. There is indeed so much more we need to do for our people and we will endeavour to do our best in future.

Towards the end of 2004, the Government reconvened the Health & Medical Development Advisory Committee comprising distinguished leaders of the healthcare profession and other professionals from the community. The tasks of the Committee are to deliberate on the best healthcare model to serve Hong Kong people better and on how the care model can be financed in a sustainable manner. With the release of the Committee's recommendations in July 2005, the Authority will thoroughly study their implications and assist Government in implementing the recommended measures to improve Hong Kong's healthcare system.

Before ending, I would like to pay tribute to a few of our very dear friends and colleagues.

First of all, I would like to express my most heartfelt appreciation to Dr C H LEONG who was Chairman of the Authority from 2002 to 2004 and indeed led the Authority through its most trying time of SARS. His dedication, passion and commitment to the Authority and to the healthcare system of Hong Kong are beyond words, and on behalf of the Hospital Authority, I would like to thank him for his invaluable contributions.

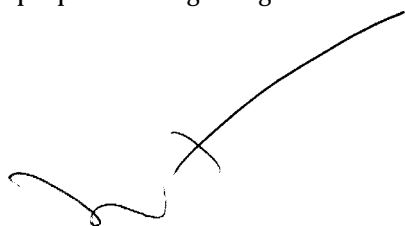
I would also like to express my deepest gratitude to Dr William HO who has decided not to renew his contract as Chief Executive of the Authority upon its expiry in September 2005. Holding this important position since 1999, Dr Ho has shown total commitment and dedication to his work during the past six years. He has initiated many innovative reforms in the Authority and led it through the most horrific of times of SARS. His contribution to the public healthcare system of Hong Kong is both admirable and commendable. I am very pleased that Dr Ho will stay with the Authority after relinquishing the post of Chief Executive. The Authority has started a global search for a new Chief Executive to lead the organisation into the next stage of its development.

I would also like to thank Mr Clifton CHIU, Prof Sydney CHUNG, Mrs Virginia MONG, Prof Judy TSUI, Dr Lawrence WONG, Mr Thomas YIU, and Dr Raymond WU, who retired from the Board during 2004/05. They all have made tremendous contributions to the Authority, for which we are most grateful.

Finally, I would like to thank Dr KO Wing-man, the Authority's Director (Professional Services & Human Resources), who retired at the end of 2004. Dr Ko has been with the Authority since its inception and has been the driving force for many of the Authority's developments. He was at the forefront in the fight against SARS with selfless dedication and commitments, for which we all appreciate very much. I would also like to thank Dr Pamela LEUNG and Dr TSE Chun-yan who retired recently as Cluster Chief Executive of the Hong Kong East Cluster and Kowloon East Cluster respectively. Both of them have been with the Authority for many years and have made invaluable contributions to the organisation as a whole and to their respective clusters. Their leadership in cluster management will truly be missed. Of course, I have not forgotten Dr York CHOW who retired as the Cluster Chief Executive of Hong Kong West Cluster to become the Secretary

for Health, Welfare & Food of the HKSAR. Needless to say, Dr Chow has done very much for the Authority and I am sure that under his leadership, the healthcare system of Hong Kong will be successfully reformed to meet future challenges.

Times are changing and we have to change with times. Indeed we are under tremendous pressure and facing difficult challenges. However, I am confident that with the unfailing support of our dedicated staff and the concerted efforts from Government and our community partners, we will stand up to our challenges and sail through the storms in fulfilling our uncompromised mission of providing quality healthcare services to the people of Hong Kong.

A handwritten signature in black ink, consisting of a series of loops and a long, sweeping stroke that curves upwards and to the right.

Anthony WU, JP  
Chairman



# CHIEF EXECUTIVE'S OVERVIEW

## Introduction

The year 2004/05 continued to be one of great challenge and change for the Hospital Authority and the Hong Kong healthcare system as a whole. Despite the fact that the Severe Acute Respiratory Syndrome (SARS) epidemic had subsided for over one year, it continued to have a tremendous impact on the healthcare system and society of Hong Kong. With the effective preventive measures implemented by the Authority in collaboration with the Department of Health and other community health partners after the epidemic, Hong Kong is now in a much better position to tackle any future emergent infectious diseases. Meanwhile, the Authority still needed to invest significant resources into tackling the aftermath of SARS during the year under review. These included providing comprehensive medical and psychological care for SARS survivors, constant vigilance and response to hospital infectious disease outbreaks, refinement and drills of contingency plans, construction of additional isolation facilities, continuous effort to enhance workforce capabilities in infectious diseases management, intensive care and microbiology, strengthening infection control practices in hospitals, and assisting in the establishment of a new Centre for Health Protection.

There were a number of key people changes in 2004/05 both within and outside the organisation. These included succession for the positions of the Secretary for Health, Welfare and Food, the Hospital Authority Chairman and the former Director (Professional Services & Human Resources). There were also succession of the Director of Health, Deputy Secretary for Health, Welfare & Food (Health), Dean of the Medical School of the Chinese University of Hong Kong, and new legislators representing the medical and health services constituencies. All five had been appointed to the Authority Board, together with other new members. At the senior executive level, there were new recruitments and reshuffling of portfolios involving Directors, Deputy Directors, Heads of divisions, and Cluster Chief Executives. These people changes had important bearings on the healthcare environment as well as the work of the Authority.

Another major challenge for the Authority during the year was to maintain its high quality public healthcare services in the face of budgetary cuts in line with the overall scheme of Government to curb public expenditure. Despite vigorous efforts to enhance productivity, reprioritise services and shift to ambulatory and community care, the Authority still ran into another year of deficit of some \$300 million by the end of 2004/05. The rising healthcare needs of an ageing population, escalating cost of new drugs and technology, and the Authority's responsibility to provide training to healthcare professionals all contributed to this stringent financial position.

## Overall activities in the post-SARS era

Although it had been more than one year after the SARS epidemic, yet the organisation still needed to invest very significant resources into tackling the aftermath of SARS. As recommended by the SARS Expert Committee, the Authority collaborated with the Health, Welfare & Food Bureau and the Department of Health to establish a new Centre for Health Protection in mid 2004 to safeguard the people of Hong Kong from communicable disease epidemics. Meanwhile, a system of surveillance on clustering of cases with respiratory symptoms/pneumonia among healthcare workers and elderly home residents was implemented to increase vigilance for detecting the re-emergence of SARS and other infectious diseases. Information systems of the general outpatient clinics were enhanced to capture patient data at the primary care level for disease surveillance and early detection of unusual disease patterns.

After implementing all the relevant short-term improvement measures recommended by the two SARS reviews in 2003/04, the Authority continued to mobilise its resources to achieve the longer term recommendations in 2004/05. Comprehensive contingency plans and strategies for managing major disasters including the return of SARS were formulated at the corporate, cluster, hospital and departmental levels. Regular drills were held to familiarise staff with operations of such plans,

including participating in the territory-wide inter-departmental drill coordinated by the Centre for Health Protection in November 2004. To enhance the Authority's capability in public communication during crisis situations, training sessions on media communication and proactive dissemination of corporate information were organised for senior executives of the Head Office and hospitals.

Conversion works in 14 acute hospitals for 1,415 isolation beds were completed in the third quarter of 2004 to upgrade the Authority's ability of handling future infectious disease outbreaks. Detailed proposals for building a state-of-the-art infectious disease block in Princess Margaret Hospital were drawn up and submitted to Government for seeking funding approval from the Legislative Council. Supplies of personal protective equipment and relevant drugs were stockpiled to prepare public hospitals for combating possible epidemics. Proper facilities for gowning and de-gowning purpose were installed in all acute hospitals, and 43 biological safety cabinets procured for various laboratories to enhance safety. Surveys on existing ventilation systems and facilities of various autopsy rooms were conducted to identify areas for improvement in handling potentially dangerous infections.

Recognising the importance of providing continuous medical and psychological support to the recovered SARS patients, the Authority established a SARS patient group to encourage mutual support and exchange of information. Comprehensive follow-up service was provided for all recovered SARS patients in designated specialist clinics, including screening for complications and the need for subsequent treatment. Clinical management protocols for SARS were updated according to expert consensus and World Health Organisation recommendations to harmonise treatment approaches for recovered patients with complications, and to prepare for possible resurgence of SARS. To improve management of the disease, 16 general outpatient clinics were designated as Fever Clinics in preparation for a return

of the SARS or other severe respiratory disease epidemic. Telecommunication facilities were installed in isolation wards of major hospitals to provide support for patients under isolation. Laboratory networking arrangement was implemented with the Department of Health and universities to standardise the protocol for laboratory diagnosis of SARS should this be required in future. Building on its internationally acclaimed achievement of setting up an electronic SARS System during the epidemic, the Authority had upgraded its SARS database to facilitate commissioned research activities funded by the Research Fund for Control of Infectious Disease.

Huge efforts in staff training were made particularly regarding expertise in infection control but also in other areas that needed strengthening as identified during the epidemic. Through the establishment of an Infectious Disease Control Training Centre, infection control training workshops and sharing sessions were organised for over 3,750 healthcare professionals and non-healthcare workers between June and December 2004 in addition to the 24,000 attendances of basic infection control training organised by different clusters during the same period. Commissioned training in infection control and infectious diseases management were conducted for medical and nursing staff of different specialties including Surgery, Paediatrics and Accident & Emergency in the first quarter of 2005. On the management side, a senior executive development programme and several 'communication for building trust' workshops were held to enhance the leadership capabilities of senior and middle managers in risk and crisis management.

The SARS epidemic resulted in a significant reduction in a whole range of Hospital Authority activities in 2003/04 except for general outpatient service, which recorded a substantial increase because of the management transfer of 59 general outpatient clinics from the Department of Health in July 2003. Although there had been gradual increase of activities after the SARS period, the service volume remained between 5-12% below that of the pre-SARS level.

## **Strategic directions**

Operating in the context of a rapidly changing healthcare environment resulting from the reviews of the SARS crisis and Government's overall direction to balance its budget deficit, the Authority continued to organise its improvement initiatives for 2004/05 under a planning framework comprising the following five major directions:

- Improving population health;
- Enhancing organisational performance;
- Enhancing healthcare system sustainability;
- Improving quality and clinical governance; and
- Building human resources capability.

Under these five strategic directions, the Authority initiated a total of 275 improvement targets during the year to maintain its service level and enhance service quality with a view to meeting the community's demand for public healthcare services. All these targets were achieved with results either in line with or exceeding the original targets except for two, which were revised and suspended due to changed circumstances.

With the implementation of these initiatives, the Authority had made significant progress in improving its capabilities of delivering quality healthcare services to the people of Hong Kong amid budgetary cuts and the threat of a new range of communicable diseases.

The remainder of this Overview will briefly describe the Hospital Authority's activities under these five broad strategic headings.

### **Improving population health**

Building on its past achievements, the Authority adopted a number of strategies to improve the overall health status of the population in 2004/05. These included developing new collaborative platforms in the public sector, launching population oriented health protection programmes, and reducing reliance on hospital care by strengthening community healthcare delivery.

### **New collaborative platforms**

The Authority's corporate vision is to collaborate with other healthcare providers to maximise healthcare benefits. In 2004/05, collaboration with non-government organisations and the welfare sector to improve population health had been intensified. To facilitate the transfer of stable infirmed patients and those on the Central Infirmary Waiting List to receive residential care in a non-hospital setting, a set of criteria, care standards and guidelines on staff mix were developed for the Social Welfare Department to contract out the operation of non-hospital infirmary institutions to non-government welfare organisations. The decommissioning of Lai Chi Kok Hospital HACare Home was completed in August 2004 with the 400 residents relocated to a new long stay care home run by Caritas Hong Kong.

### **Health promotion programmes**

For disease prevention and health promotion, the Authority continued to prioritise its resources in major disease burden according to epidemiological data. In 2004/05, population-oriented health programmes such as the influenza vaccination programme, fall prevention programme, hypertension control programme and patient teaching packages were launched in collaboration with the Department of Health and other non-government organisations. To reduce disease burden among the elderly and those with chronic diseases in the winter months, an influenza vaccination programme was organised in November 2004 for healthcare workers and eligible patient groups. Fall prevention and hypertension control were promoted through a series of health communication and training programmes organised by the Hospital Authority Health InfoWorld and hospital clusters through their non-government organisation networks. Five patient teaching packages on cardiac, renal and respiratory diseases, diabetes and stroke were developed and rolled out to hospitals with a view to reducing complications and improving health outcome. In addition, the Authority had disseminated health promotion messages on prevention of infectious diseases and healthy lifestyle to over 300,000 families through its 'Better Health for a Better Hong Kong' Campaign throughout the year.

### **Community-based healthcare**

The advantages of community based healthcare, such as better health outcomes and enhanced cost-effectiveness, have been well established. In line with this worldwide trend of healthcare development, the Authority had launched many initiatives and programmes to build up its infrastructure for community healthcare delivery. As a result, the percentage of the Authority's expenditure on ambulatory and community care increased by 10% over the last three years. To further strengthen healthcare delivery in the community and to reduce reliance on hospital care, the Authority recruited 87 private practitioners in 2004/05 to serve as Visiting Medical Officers to provide weekly onsite medical consultation at old aged homes to manage chronic diseases and episodic illnesses of residents. Quality of care for the elderly in the community was enhanced by implementing a Family Medicine and Community Nursing Service integrated model to manage their episodic problems, and by conducting 'wallowing management programmes' for elderly home carers. Allied health services provision (including physiotherapy, occupational therapy and dietetic services) in the community was strengthened through the launching of a pilot community partnership project and extension of relevant training programmes to community allied health practitioners. We were happy to see a number of community agencies continuing to support these initiatives with their own resources after the piloting period, demonstrating the success of the scheme in meeting its objectives. Another pilot public private partnership programme for community drug compliance and counselling service was implemented in collaboration with local pharmacy professional bodies.

### **Mental health**

Liked many other developed countries, the burden of managing the mentally ill for our society is substantial. In 2004/05, the Authority had instigated a number of major initiatives to promote mental health among the local population. Community-oriented care for psychiatric patients was improved by taking forward the early assessment service for young persons with psychosis

(EASY) programme, the extended-care patient intensive treatment, early diversion & rehabilitation stepping-stone (EXITERS) project, and the elderly suicide prevention programme initiated in previous years. Following an interim evaluation that demonstrated its effectiveness, the EASY programme was extended to cover not only young persons but also others showing initial signs of psychosis for early intensive intervention. Under the EXITERS project, the vacant staff quarters of Castle Peak Hospital and Kwai Chung Hospital were converted into community-type EXITERS hostel for accommodating 179 discharged psychiatric patients to provide an improved environment for their rehabilitation. Ten education programmes and a seminar on elderly depression and suicide were organised for general practitioners and other healthcare professionals in the community to help them manage mood disorders of the elderly.

### **Training**

Despite resource constraints, the Authority had always been investing heavily in the training of healthcare professionals, and such priority setting had recently been reaffirmed in Government policy. A special focus during the year was to equip our healthcare workforce with the appropriate skills and experience in community-oriented care. The Authority thus initiated corresponding changes to its professional training programmes. Additional community-based training modules in women's health, child health and mental health were developed for Family Medicine trainees. Attachment in community clinics was provided for Ambulatory Care Physician trainees of Internal Medicine to widen their exposure in primary care.

### **Enhancing organisational performance**

In 2004/05, the Authority continued to enhance its organisational capabilities in preparation for future infectious disease outbreaks and other crisis. Strenuous efforts had also been made to improve functional support services in order to bolster organisational performance.

### **Organisation structure**

Early in the year, the Authority Board established a mechanism to set up an Emergency Executive Committee for discharging its governance function during defined crisis situations. The Board also recognised the general craving for stability among the workforce after such major trauma as the SARS epidemic. It was thus decided after a review on the progress and direction of hospital cluster development that the seven cluster management structure would remain unchanged for three years. To strengthen the top management team, an external consultant was appointed towards the end of the year to conduct a comprehensive review on senior executive core competencies and map out the necessary training strategy. In addition, another consultancy review was conducted on senior executive remuneration, a long overdue exercise in light of the numerous organisational changes in recent years as well as the difficulty of getting across to the public the appropriateness of the incentive award remuneration structure as applied to some senior executives.

### **Business services support**

Apart from enhancing preparedness for epidemics, the Authority carried out a number of major projects in its business support services and information systems to improve organisational performance and effectiveness. Procurement and distribution of supplies during normal and crisis situations were centralised with enhancement of the Inventory Control System. An independent knowledge-based technology database was acquired from the Emergency Care Research Institute to facilitate planning for medical equipment replacement. The bulk procurement arrangement for advanced technology medical equipment was reviewed and streamlined to achieve greater savings. Tender procedures were completed for launching the pilot public private partnership project on food services to cover the New Territories West Cluster and Kowloon Central Cluster. The Dietetics and Catering Management System was upgraded for reorganisation of hospitals as receptors of the central food service. Initial phase of an ambitious

Enterprise Resource Planning System involving process reengineering of the finance, business support and human resources functions to improve organisation effectiveness and efficiency was embarked. External consultancy services were engaged to assist in the business case development and tendering for software solution.

### **Information systems**

Since its inception, the Authority has placed much emphasis on developing effective and efficient information systems to support its day-to-day clinical management and formulation of public health measures. After years of development, the Authority's information systems are now well-known internationally for its comprehensiveness, wide coverage, timeliness, and reliability. In particular, the close partnership of clinicians and IT technical experts throughout the years in achieving cost-effective solutions that make clinical sense has always been our distinctive achievement, and quite unparalleled in other healthcare systems. During the SARS crisis, the Authority's information systems provided tremendous assistance for rapid exchange and dissemination of information both internally and externally. For continued infrastructure enhancement, more initiatives were launched during the year. In clinical areas, these included the roll out of computerised maintenance management system to all hospitals, implementation of the Generic Clinical Request, Generic Result Reporting, Medication Decision Support, Clinical Data Framework and Rehabilitation Outcome modules of the Clinical Management System. Further effort was made to extract and transform data from clinical systems to support the electronic Patient Record (ePR) and Clinical Data Analysis & Reporting System (CDARS). There was also enhancement of the CDARS to support the Radiology Information System, Operating Theatre Record Subsystems and Accident & Emergency Information System. The Laboratory Information System and Radiology Information System were extended to appropriate non-acute hospitals, and the Medical Records Tracing System to three additional clusters and 14 hospitals. Other developments included the Operating Theatre Management System Phase 1 and piloting of

radiological image distribution in two acute hospitals. In non-clinical areas, the Resources Planning & Modelling Systems Phase 2b was developed to facilitate financial projection. In terms of infrastructure investment, there was upgrading of the corporate information systems and equipment in six new hospital extension blocks.

## **Enhancing healthcare system sustainability**

### **Productivity savings**

The demand for, and cost of, healthcare are expected to increase in Hong Kong and across the world, given the ageing population, enhanced patient knowledge and demand, and rapid advancement of new medical technologies. Recognising this trend of development, the Authority had launched countless measures in previous years to enhance productivity and lower the cost of its services. To cope with funding constraints, the Authority implemented a wide range of corporate-wide and cluster-based plans to achieve some \$366 million of productivity savings in 2004/05. These included strenuous efforts in all front line units and Head Office to cope with the rising demand with the same or even less manpower, while trying our best to maintain service quality. Savings in non-personnel expenditure were achieved through cost-effective use of drugs, adoption of evidence-based approach in the introduction of new technologies, and achieving economy of scale through bulk purchase of supplies and even major medical equipment, thanks to the multi-hospital cooperation in territory-wide planning and goodwill among clinicians. In addition, the efficiency of the outpatient service was improved through integration of primary and specialist outpatient services and rationalisation of mobile services.

### **Public-private interface**

A key strategy of tackling the current over-reliance and hence overloading of the public system is to promote public-private interface so that some patients with less urgent conditions may choose to patronize private care when given enough information and facilitation. In 2004/05, a wide range of initiatives were implemented to facilitate a free flow of patients between the public

and private sectors. Discussion was held with the Private Hospital Association and other private doctors' groups to explore the availability of service packages to offer public hospital patients. A public-private interface website was set up in the Hospital Authority Homepage to disseminate private service information to interested patients and to enhance exchange of information with the private sector. Specific communications protocol was developed for dissemination of updated information on new diseases, infection control and public health measures to private practitioners.

### **Prioritisation of services**

Faced with resource constraints and escalating service demand, the Authority has first and foremost the duty to ensure that patients with more urgent conditions are effectively recognised among the numerous referrals and given priority access and treatment. Under such a direction, the Central Coordinating Committees of major clinical specialties in the Authority had put in additional effort to refine its prioritisation criteria in triaging specialist clinics referrals. Inter-hospital learning was fostered through sharing of experience and evaluation results regarding the several pilot projects. A territory-wide audit was conducted on the psychiatric specialist outpatient triage system to streamline the prioritisation of services according to clinical needs. In allied health services, manpower distribution for physiotherapy, occupational therapy, dietetics, speech therapy, and prosthetics & orthotics services were reviewed in relation to services, with priority areas identified and triage categories developed to facilitate outpatient referrals. Practical strategies had also been worked out to manage patients' length of stay in surgical services, thereby reducing the pressure on hospital bed requirements.

### **Fees and charges**

The implementation of appropriate fees and charges policy coupled with an effective waiving system play an important role in targeting public subsidies at those without means and those with catastrophic or chronic illnesses. To assist Government in formulating such a policy, the Authority conducted during the year a post-

implementation review of the 2003 fees revision exercise and streamlined the medical fee waiving procedures through standardisation of waiving practices and implementation of an electronic waiving system.

## **Improving quality and clinical governance**

While addressing the need to prioritise services provision under stringent financial constraints, the Authority continued to drive a quality culture and improve clinical governance to ensure systematic delivery of high quality medical care. Clear standards of service and treatment were set, mechanisms for ensuring delivery of high quality care through professional self-regulation and extended lifelong learning put into place, and effective systems for monitoring performance established to promote continuous improvements in care quality.

### **Clinical governance**

Building on the strength of its existing service networks, the Authority made relentless efforts to improve its clinical governance through developing evidence-based protocols and guidelines for specific clinical conditions. In addition to those measures already in place, the Authority implemented a unified protocol for bone banking and a corporate-wide protocol programme for day orthopaedic surgery in 2004/05. Clinical audits were conducted throughout the year for specific procedures, including the practice of laparoscopic surgery, Whipple's operation, and biological safety of laboratories. Improvement initiatives were rolled out for major procedures and diseases, such as cardiac catheterisation, cardiac surgery and stroke, in line with the 'burden of diseases' concept for focusing clinical effort. A pilot project was launched in collaboration with the Fire Services Department in the New Territories East Cluster to achieve pre-hospital diversion of trauma patients to the most appropriate hospital to achieve best patient outcome. To ensure blood safety, the contract with an overseas blood service provider was renewed for the provision of Nucleic Acid Test to screen the Hepatitis C Virus and Human Immunodeficiency Virus for all donated blood units.

### **Knowledge and risk management**

To promote the total quality concept and continuous quality improvement, the Authority emphasised on the strengthening of knowledge and risk management in clinical care. In 2004/05, the electronic Knowledge Gateway (eKG) was successfully migrated to the Internet to enhance access by healthcare professionals. A Hong Kong SARS Forum was organised together with the annual Hospital Authority Convention under the theme of 'Changing for Sustainability' in May 2004 to promote continuous professional development and sharing of knowledge. On risk management, the Advanced Incident Reporting System Version 2 was developed and rolled out to 18 hospitals to provide users with a web-based system for reporting adverse incidents to facilitate effective monitoring and improvement in risk management practices. To advance the ethical standard of clinical research in public hospitals, the Authority worked closely with the academic institutions during the year to develop a central registry on clinical research involving patients, to establish a code of practice for investigators, and to strengthen monitoring measures by auditing the work of the Cluster Research Ethics Committees.

The Authority continued to introduce new effective medical treatments in public hospitals after detailed assessment and evaluation. In 2004/05, a number of new drugs were introduced as non-standard items with safety net established for needy patients. These included Imatinib for Chronic Myeloid Leukaemia, Imatibib for Gastrointestinal Stromal Tumour, and Drug Eluting Stent for instent restenosis. Efforts had also been made to develop a standard drug formulary and treatment guidelines for anti-psychotic drugs for all public hospitals.

### **Chinese Medicine**

To promote further development of Chinese Medicine, the Authority conducted a review on the operations of its first three Chinese Medicine clinics and formulated action plans for future development of its Chinese Medicine service. A formal collaborative framework was established with Guangdong Provincial Traditional

Chinese Medicine Hospital to enhance mutual support in the development of Chinese Medicine. The guidelines on interface of Chinese Medicine and Western Medicine were reviewed and streamlined taking into account the SARS experience.

### **Budget deficit**

As a result of all these effective measures, the 2004/05 budget deficit was about \$300 million, half of what we expected at the beginning of the year. Taking into account that this was on top of the large number of improvement measures that we successfully accomplished during the year, the staff of the Authority should be thanked and congratulated for their huge effort and achievements.

### **Building human resource capability**

Healthcare is a very labour and skill intensive service. Staff members are our most valuable assets and we rely on them to provide high quality care to patients. Balancing the constraints in budget and the need for good quality staff for effective service delivery in the new operation environment after the SARS epidemic, the Authority had further revamped its human resources practices in 2004/05 to meet the overall priorities and objectives of the organisation, while trying every means within constraints to provide rewarding and challenging employment to its staff.

### **Staff communication**

Taking the lessons from SARS, the Authority continued to establish more effective channels of communication with frontline staff and provide support to them, including setting up a phone help line to obtain staff feedback in times of crises, conducting a survey to gauge staff opinion, re-launching the staff suggestion scheme at corporate and cluster levels, and piloting the Hospital Authority Channel for communicating with staff on major healthcare issues. Training programmes were launched on 'crisis intervention' for 200 managers and professional staff, to the Critical Incident Support Teams, and on psychological wellness for some 1,300 staff with the development of related psycho-educational materials on

stress management. Satellite 'Oasis' Centres were set up in all major hospitals to provide psychological support to staff close to their workplace.

I had also paid several rounds of visits to hospitals to get in touch with frontline staff and listen to their views. I was constantly impressed and indeed indebted to the enthusiasm and openness demonstrated by our staff members in putting forward innovative ideas for improving services and the organisation. Much of what they suggested had been taken into account in the corporate initiatives, while we would continue to tap into the wealth of experience and expertise of our staff members in mapping our future plans.

### **Strengthening the workforce**

In the light of growing service demand, the Authority's workforce of healthcare professionals was further strengthened in 2004/05 with the recruitment of an additional 300 doctors and 378 nurses. The nursing manpower shortage was alleviated through the employment of part-time nurses and temporary undergraduate nursing students, regular monthly recruitment exercises, and promotion of the nursing career through the media. Some 1,920 personal care and ward supporting staff was employed under the Government's Initiatives for Wider Economic Participation Programme to assist the healthcare professionals in patient care. The human resources and public relations functions in the Head Office and clusters were enhanced through appropriate recruitment, training and engaging external consultancy services. Notwithstanding the fact that the Authority no longer received separate funding to cater for salary increments of staff, a new mechanism for granting incremental points was established to reward good performance. Competency-based Staff Development Review was implemented for Enrolled Nurses with pilot studies of similar reviews conducted for Advanced Practice Nurses, Physiotherapists, Occupational Therapists and Speech Therapists. The role and functions of Advanced Practice Nurses in general outpatient clinics were examined and defined with establishment of nurse-led clinics in the two hospital



clusters. In the light of skill demands in the new environment of business support services, commissioned training was provided to project and supplies managers to upgrade their performance in contract and procurement management.

### **Training and career development**

To provide career advancement for Residents graduating from specialist training programmes and to meet service needs, 105 Resident Specialist posts were created in various clinical specialties during the year. Twenty-nine Service Resident posts were also created in general outpatient clinics to provide a career pathway for Family Medicine trainees, who had completed basic training, to pursue specialist qualification and further experience in the public system. Promotional posts for clinical staff continued to be created and surpassed that of previous few years to retain well qualified staff, improve career prospect and boost morale. Cross-specialty training rotation was organised, in collaboration with the Colleges of Physicians, Pathologists and Community Medicine, to train up a new generation of doctors with enhanced expertise and perspectives in infectious diseases management, spanning across public health, laboratory work and clinical work.

### **Workload relief**

Apart from augmenting the recruitment plan, various measures were being implemented in close consultation with staff representatives to relieve the workload of frontline nurses. These included the employment of more supporting staff to relieve the nurses from simple patient care duties, encashment of leave on voluntary basis, and increased use of voluntary continuous night shift arrangements to reduce night shift frequencies of others in the unit. The qualifications requirement for promotion to Advanced Practice Nurses was revised taking into account staff feedback and practical experience at the frontline. To boost staff morale and to enhance frontline support, plans were at hand to convert over 1,500 care-related supporting staff from temporary to contract terms.

### **Occupational safety and health**

Recognising the utmost importance of providing staff with a safe and healthy work environment, the Authority established a core professional team on occupational safety and health in 2004/05 to review its existing occupational safety and health functions and to implement necessary fast-track improvements with the assistance of external occupational safety experts. It was also decided to use the existing Staff Clinics in hospital clusters to spearhead Occupational Medicine development. Training scholarships had been offered to attract clinicians into this new and important sub-specialty.

Workplace violence generated by hospital users including verbal abuse, intimidation and physical assault has also been a growing concern, as it creates tremendous pressure on frontline staff. In order to protect our staff from workplace violence, a comprehensive campaign comprising awareness promotion, public education, surveillance, reporting and prosecution programmes was planned with a view to reducing the number of such cases in public hospitals and to better protect our valuable staff.

### **Conclusion**

In 2004/05, the Authority continued to face major challenges both in terms of the post-SARS operation environment as well as the significant budgetary cuts. It was only through the noble effort of all staff members working tirelessly with dedication and professionalism that the high quality of public healthcare service could be sustained and continually improved upon. We are proud of having achieved all major targets as laid down in the Annual Plan to improve the accessibility, productivity, sustainability and quality of the system despite the environmental constraints. Solid actions had been taken to greatly enhance the organisation's preparedness and ability to tackle any future infectious disease outbreaks or other disasters. Innovative approaches had been adopted to change the service mode towards effective population-based and community-oriented care,

emphasising on health promotion and early intervention of diseases. Much effort was spent on senior executives succession, training and enhancement of performance particularly regarding internal and external communication. Numerous savings measures had been instituted, while great care was taken to ensure priority treatment for those with urgent conditions. Most importantly, continued progress was made in enhancing the quality of clinical care in target areas through the concerted effort of frontline clinicians as well as initiatives in strengthening clinical governance and technology support. Lastly, the Authority continued to invest heavily in human resource capabilities and infrastructure development to meet the demands of the population and that of modern healthcare. For all these remarkable achievements, credit must go to the fifty thousand staff members who demonstrated great commitment to their work. I would like to thank them on behalf of the patients and the community, as well as to thank the Hospital Authority Members for their invaluable advice and guidance particularly through these difficult times. I am confident that under the able leadership of our current Chairman, Mr Anthony WU, and the dedication of our staff members, the Authority will be able to overcome any obstacle, and continue to fulfil its mission of providing quality healthcare services to meet the health needs of the Hong Kong people.



Dr William HO, JP  
Chief Executive

# ROLE, MISSION, CORPORATE VISION, CORPORATE GOVERNANCE AND ENVIRONMENTAL PERFORMANCE OF THE HOSPITAL AUTHORITY

## Role of the Hospital Authority

The Hospital Authority Ordinance (Chapter 113) establishes the Hospital Authority as a body corporate with responsibility for:

- Managing and controlling public hospitals
- advising the Government on the needs of the public for hospital services and of the resources required to meet those needs
- managing and developing the public hospital system
- recommending to the Secretary for Health, Welfare & Food appropriate policies on fees for the use of hospital services by the public
- establishing public hospitals
- promoting, assisting and taking part in education and training of persons involved in hospital or related services

## Mission Statement

In keeping with its role, the Mission of the Hospital Authority is:

- to meet the different needs of patients for public hospital services, and to improve the hospital environment for the benefit of patients;
- to serve the public with care, dedication and efficiency, and to encourage community participation in the system, resulting in better care and more direct accountability to the public;
- to provide rewarding, fair and challenging employment to all its staff, in an environment conducive to attracting, motivating and retaining well-qualified staff;
- to advise the Government of the needs of the community for public hospital services and of the resources required to meet these needs, in order to provide adequate, efficient, effective and value for money public hospital services of the highest standards recognised internationally within the resources obtainable; and

- to collaborate with other agencies and bodies in the healthcare and related fields both locally and overseas to provide the greatest benefit to the local community.

## Corporate Vision and Strategies

To realise its mission, the Hospital Authority has developed the following Corporate Vision:

“The Hospital Authority will collaborate with other healthcare providers and carers in the community to create a seamless healthcare environment which will maximise healthcare benefits and meet community expectations.”

The Authority aims to achieve this corporate vision by adopting the following five Corporate Strategies:

- Improving population health through the development of community oriented service models
- Enhancing organisational performance
- Enhancing healthcare system sustainability
- Improving service quality and clinical governance
- Building human resources capability

In his overview of the year, the Chief Executive set out some of the principal activities under each of these strategies. In total, the Hospital Authority set 275 targets for 2004/5, of which all but two were achieved.

## Selected Key Targets

To improve population health, in 2004/05 the Hospital Authority:

- Collaborated with the Department of Health in establishing the Centre for Health Protection and in managing its Infection Control Branch
- Organised influenza vaccine programme in the winter to reduce disease particularly in the elderly and those with chronic diseases
- Continued its ‘Better Health in Hong Kong’ campaign targeted at preventing common infectious diseases through personal hygiene and healthy living

- Promoted the 'fall prevention' programme and hypertension control programme to the community
- Educated general practitioners and other community healthcare professionals on elderly depression and suicide and completing an evaluation of the elderly suicide prevention programme

To enhance organisational performance, in 2004/05 the Hospital Authority:

- Formulated comprehensive strategies and implemented improvement programmes to enhance preparedness of infectious disease outbreaks in line with recommendations of the two external reviews on SARS
- Reviewed the progress and direction of hospital cluster development, with particular reference to recommendations made in the two external reviews of SARS
- Formulated and revamped the Authority's response to major disasters through a coordinated response that involves the clusters and head office providing sufficient versatility to overcome major risks to hospital services
- Established standards for isolation facilities and carried out conversion works in 14 hospitals to provide 1,415 isolation beds, including 71 intensive care beds
- Stocked supplies of personal protective equipment equivalent to three times peak monthly consumption in the SARS epidemic and stocking supplies of relevant drugs for treating SARS and influenza

To enhance healthcare system sustainability, in 2004/05 the Hospital Authority:

- Explored with the Private Hospital Association and other private service providers the availability of services to offer public hospital patients greater choice of service
- Calculated the financial impact of SARS and infectious disease preparedness of the Authority and continued negotiation with Government for financial support
- Reorganised general outpatient services to improve

efficiency through integration of primary and specialty outpatient services

To improve quality and clinical governance, in 2004/05 the Hospital Authority:

- Provided a comprehensive follow up service to recovered SARS patients, including establishing a SARS patient group
- Enhanced clinical management and data management for future outbreaks of infectious disease
- Conducted a review of the first batch of Chinese Medicine clinics set up by the Authority and formulated plans for further clinics
- Trained staff to implement a Authority-wide protocol to reduce duration of stay and variation in practice
- Established a central registry on clinical research involving public hospital patients and a Code of Practice for clinical research investigations

To build human resources capability, in 2004/05 the Hospital Authority:

- Set up an Infectious Disease Control Training Centre and developed a policy for redeploying staff during crisis situations
- Developed programmes to strengthen middle management competencies in the areas of leadership, communications and managing performance
- Recruited 300 doctors into resident training programmes and 400 graduate nurses for training and meeting service needs
- Formulated and implemented a structured training and development plan for senior executives

## **Corporate Governance**

For the optimal performance of its roles and exercise of its powers, the Hospital Authority Board has established the following ten standing committees — Audit Committee, Finance Committee, Human Resources Committee, Main Tender Board, Medical Services Development Committee, Planning Committee, Public Complaints Committee, Staff Committee, Staff Appeals Committee, and Supporting Services Development Committee (Appendix 3).

### **Principles**

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

The following outlines the Authority's approach to corporate governance and how it was practised during the year.

### **Hospital Authority Board**

Under the Hospital Authority Ordinance, the Chief Executive of the Hong Kong Special Administrative Region appoints members to the Authority Board. The 2004/05 Board consists of 25 members (including the Chairman) whose details are given in Appendix 1 of this report. Membership of the Authority comprises 21 non-public officers, three public officers and one principal officer (the Hospital Authority Chief Executive). Apart from the principal officer, other members are not remunerated in the capacity as Board members.

The Authority Board meets formally about 12 times a year and any other times as required. In 2004/05, it met 17 times. In addition, 13 Board papers covering urgent matters had been circulated for approval between its meetings.

### **Board Committees**

Membership of the ten standing committees that assist the Board in the better performance of its functions and their terms of reference are listed under Appendix 3, while the focus of their work in 2004/05 is summarised in the ensuing paragraphs.

#### **Audit Committee**

The Audit Committee met five times in 2004/05 to review the Authority's internal and external audit activities. It carried out a review of its work during the year and submitted an annual report to the Board together with some proposed revisions of the Committee's terms of reference to further strengthen its oversight role in monitoring the work of the internal and external auditors and in risk management and internal control. It provided guidance to formulation of the Authority's Annual Internal Audit Plan and received quarterly reports on the completed audit results and follow-up actions. It also reviewed the Authority's internal audit charter, strategies and staffing arrangement. The internal audits reviewed during the year included 'Infection Control', 'Conflict of Interest', 'Hospital Annual Plan Section 3 - Emergency Preparedness', 'Information Technology - Data Backup & Recovery', 'Achievements resulting from Cluster Management', 'Transfer of Critically ill Patients', 'General Outpatient Clinics' and 'Specialist Outpatient Clinic Triage Process'.

The Committee examined the external auditors' work plans and subsequently discussed their audit opinions on the Authority's financial statements in a joint meeting with the Finance Committee. Discussion on the financial statements included a satisfactory review with the external auditors of the significant changes in the presentation and disclosure of financial information made to comply with new and revised accounting standards.

The Committee continued to receive reports from the management, internal and external audit on the relevant systems of internal control, such as risk assessment of

the information technology, capital works and business support functions. It also reviewed the Authority's legal risks, its overall risk management framework, and follow-up actions relating to recommendations of the SARS review panels.

### **Finance Committee**

In 2004/05, the Finance Committee met five times to advise and make recommendations to the Board on the financial planning, control, performance, monitoring and reporting aspects of the Authority. It considered the Government's funding allocation and the proposed Hospital Authority budget estimate for 2005/06, reviewed monthly financial reports, the mid-year financial report and the Financial Statements of the Authority, and received progress reports on funding positions of the Home Loan Interest Subsidy Scheme, Samaritan Fund and Mandatory Provident Fund, development of the Enterprise Resource Planning System and liquidation of the Authority's previous medical malpractice insurer.

During the year, the Committee also reviewed the Authority's insurance programme structure, strategy and renewal, advised on the application of the population-based resource allocation model and the approach for costing public hospital services, examined financial implications of the Voluntary Early Retirement Scheme, and considered findings of a post-implementation review of the 2002/03 fees revision and follow-up actions on the public-private interface agenda.

### **Human Resources Committee**

The Human Resources Committee met five times in 2004/05 to discuss various matters relating to staff management review and development, remuneration and benefits, post-SARS staff management issues, and the Authority-wide human resources projects.

On staff management review and development, the Committee examined the cluster management structure supporting Cluster Chief Executives and the staff management plan for implementing the public private

partnership project on food services. The Committee also considered plans on the development of the Authority's senior executive structure.

On remuneration and benefits, the Committee reviewed specific issues relating to the de-linked and reference pay points and general issues relating to the Authority's remuneration system and practices. After careful consideration, it endorsed a new employment package for contract General Services Assistant and Technical Services Assistant, and a proposal for granting increments to employees recruited on or after 15 June 2002. It also discussed plans to review the remuneration packages for senior executives.

In addition, the Committee received regular updates on progress of actions taken to address the post-SARS staff issues, including utilisation of the Training & Welfare Fund granted by Government and wellbeing of the SARS infected staff. The Committee also reviewed progress of various human resources projects and on-going functions, such as the Enterprise Resource Planning Project, performance review of the Mandatory Provident Fund Scheme and the handling of staff complaints.

### **Main Tender Board**

The Hospital Main Tender Board is set up to consider and approve tenders above the value of \$4 million. It comprises a Chairman, two ex-official members (the Chief Executive and Director (Finance) or their representatives) and three non-executive members invited from five rotating Hospital Authority members.

In 2004/05, the Main Tender Board met 12 times and circulated papers to consider a total of 81 tender proposals for procurement of supplies and services and for contracting out capital works projects. Tenders for procurement of supplies mainly covered purchases of medical equipment and consumables, while domestic service contracts formed the bulk of service tenders. Capital works tenders were mainly related to hospital maintenance and redevelopment projects.

### **Medical Services Development Committee**

The Medical Services Development Committee met eight times in 2004/05. It discussed various topics relating to SARS and infectious disease management, including the Magnetic Resonance Imaging (MRI) screening programme for avascular necrosis in SARS, research and development programmes in clinical management of SARS, setting up of a knowledge-base on nosocomial infection, and post-SARS infectious disease management and nursing service direction.

The Committee also deliberated on various topical issues relating to the development and service direction of specialist, primary and acute care. On specialist care, it considered the cost and benefit analysis of cancer chemotherapy, development of palliative care, stroke services, renal services, the Early Assessment Service for Young Persons with Psychosis (EASY) Programme and the acute geriatric care model for meeting population needs. On primary and community care, it considered the diversion of infirmary care to non-hospital setting and the Extended-care Patients Intensive Treatment, Early diversion & Rehabilitation Stepping stone (EXITERS) Project. It also discussed issues relating to the management of demand on acute care services, including the management of waiting time at Specialist Outpatient Clinics and the enhanced role of Accident & Emergency Departments as gate-keepers to emergency admissions.

Furthermore, the Committee reviewed progress reports on various subjects of professional and service development, including those on professional nursing roles, risk management, clinical ethics, public-private collaboration, and Chinese Medicine.

### **Planning Committee**

In 2004/05, the Planning Committee met four times to formulate strategies, policies, directions and priorities relating to the provision and development of services of the Authority. Two planning workshops of the Authority Board were also held in January and March 2005 to identify and discuss the strategic issues facing the

Authority. Through discussion at the workshops, some concrete proposals had been formulated for addressing the Authority's budget deficit, human resources, communication and services repositioning issues.

During the year, the Committee reviewed the Authority's existing corporate governance practices and findings of a Government study on healthcare financing. It also discussed the interface between the Authority and the University of Hong Kong at Queen Mary Hospital, and the Authority's budgetary projection in the coming years. Other planning issues deliberated by the Committee in 2004/05 included the planning of Tung Chung Hospital, construction of infectious disease blocks in selected hospitals, the Authority's submission to Government's Controlling Officers' Report, and development strategies of various projects in individual hospital clusters.

### **Public Complaints Committee**

The Public Complaints Committee was first established under the Authority Board in 1992 to independently consider and decide on all appeal cases. The Committee is the final appeal body for public complaints within the Authority. It comprises the Chairman, two Vice-chairmen and 13 members. Of the 16 members, four are Hospital Authority members and 12 community members. All of them are non-executive of the Authority and the majority are lay members with different community backgrounds.

In 2004/05, the Public Complaints Committee held 31 meetings and handled a total of 169 cases, of which 124 were related to medical services, 18 related to administrative procedure, 10 related to staff attitude and 17 others. In addition to the handling of appeal cases, the Committee also formulated 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

complaint 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. The Public Complaints Committee Secretariat also handled a total of 4,801 enquiries from patients and complainants and was tasked to take up 55 cases referred by The Ombudsman, and 1,490 complaint cases directed to the Hospital Authority Head Office.

#### **Staff Committee**

The Staff Committee was formed in May 2001 by the Authority Board to advise it on the organisation structure of the Hospital Authority Head Office and the appointment, salary structure and performance of the senior executives.

In 2004/05, the Committee met six times to deliberate on the ways and means of addressing the existing thin senior executive structure, to consider the Chief Executive's proposals for organisational evolution and senior staff rotation, and to assess the performance of senior executives. Upon the Staff Committee's recommendations, the Authority had reorganised the work portfolios of its Head Office Directors/Deputy Directors/Heads and appointed several new Cluster Chief Executives during the year to strengthen its central and cluster management capabilities. Under guidance of the Committee, the Authority had also commissioned two external consultancy studies towards the end of the year, one to review the senior executive remuneration and one to develop generic as well as role-specific competency profiles for senior executives. Findings of the two consultancy reviews would be ready for consideration of the Committee and the Board in early 2005/06.

#### **Staff Appeals Committee**

The Staff Appeals Committee was formed by the Authority Board in December 2002 as an independent body to handle staff appeals which have already exhausted the normal staff complaint channels within the Authority.

In 2004/05, the Committee handled and resolved two appeal cases from staff members.

During the year, the Committee continued to review the Authority's staff appeal procedures with a view to streamlining the handling of cases which are considered frivolous or too minor in nature to warrant a full course investigation. After a few rounds of consultation with staff and legal advisers, the review was completed in January 2005. As a result, the Human Resources Circular on staff complaint and appeal procedures was revised and issued to enable the Staff Appeals Committee to dismiss appeals without further investigation on frivolity ground.

#### **Supporting Services Development Committee**

In 2004/05, the Supporting Services Development Committee met five times to review and make recommendations on the provision and development of business support services, information technology and capital works to support clinical service delivery in the Hospital Authority. It advised on the development of a public private partnership project for provision of food services in the New Territories West Cluster and Queen Elizabeth Hospital, and reviewed the progress of work in the following areas: programme development of the Hospital Authority Institute of Health Care, management of non-drug stock items and domestic services, improvements in occupational safety and health, planning of major capital works projects, and their energy efficiency design.

During the year, the Committee also considered the Authority's Information Technology (IT) technical infrastructure implementation plans, the IT service delivery organisation and status, the strategic plan for non-clinical information systems, risk assessment of the IT function, progress of the Enterprise Resource Planning Project and other IT annual plan targets, alternative IT business model initiatives, and the IT Block Vote Funding Submission for 2005/06.



### **Hospital Governing Committees**

To enhance community participation and governance of the public hospitals in accordance with the Hospital Authority Ordinance, Hospital Governing Committees have been established in 38 hospitals/institutions (Appendix 4). These committees held three to six meetings during the year to receive regular management reports from Hospital Chief Executives, monitor operational and financial performance of the hospitals, participate in human resources and procurement functions, as well as hospital and community partnership activities. In total, the 38 Hospital Governing Committees held 128 meetings in 2004/05.

### **Regional Advisory Committees**

In accordance with the Hospital Authority Ordinance and to provide the Authority with advice on the healthcare needs for specific regions of Hong Kong, the Authority has established three Regional Advisory Committees. Appendix 5 lists out these three Regional Advisory Committees and their respective memberships. Each Regional Advisory Committee meets four times a year.

In 2004/05, the three Regional Advisory Committees received reports from hospital clusters in their respective regions on new service delivery programmes, disease management/infection control measures, and appreciation/complaints statistics. The Regional Advisory Committees also deliberated on the annual plan targets of individual clusters and gave advice to the Authority on the healthcare needs of local communities.

### **Executive Management**

The executive management team is shown in Appendix 2. The executives are charged by the Hospital Authority Board with the responsibility for managing and administering the Authority's day to day business and operations. To ensure the management can discharge its duties in an effective and efficient manner, the Board has set out certain clear delegated authorities, policies and codes of conduct. The Board also approves an

annual plan that is prepared by the executives in accordance with the Board's direction. The executives make regular accountability reports to the Board that include agreed performance indicators and progress against established targets (Appendix 8).

Under the powers stipulated in the Hospital Authority Ordinance, the Hospital Authority determines the remuneration and terms and conditions of employment for all of its employees. Remuneration packages of executive directors and other senior managers are aimed at attracting, motivating and retaining high-calibre individuals in a competitive international market. With regard to senior executives, each case is considered and endorsed by the Authority Board through its Staff Committee.

## **Environmental Performance**

### **Introduction**

The Hospital Authority is committed to minimising the adverse impact on the environment due to its operations. Since 1999, a Working Group on Environmental Issues with the responsibility to direct, coordinate and oversee the implementation of the Authority's environmental improvement programmes has been set up in the Head Office. Within 1999/2000, the Authority's Environmental Policy Statement was finalised and published. This policy statement provides the major principles for hospitals to formulate their annual environmental management objectives and service targets, including various environmental improvement programmes.

### **Policy Statement**

The Authority is committed to achieving the best practicable environmental standards and policies throughout its operations to ensure environmental protection and minimise adverse impact on the environment. Pursuant to this commitment, the following principles have been adopted.

### *Compliance*

We will comply with all relevant environmental protection ordinances.

### *Energy and Utilities Management*

We will work towards reducing consumption of energy and other utilities in our day-to-day operations.

### *Pollution Prevention*

We will avoid and control environmental pollution by reducing the amount of waste arising from our day-to-day working practices.

### *Minimisation of Consumption*

We will reduce, reuse and recycle materials to minimise consumption.

### *Staff Awareness and Commitment*

- We will inform our staff to promote awareness of the environmental impact of their work;
- We will encourage our staff to shoulder and share personal responsibility for good housekeeping, waste reduction and conservation; and
- We will encourage our staff to serve as role model by their actions to promote environmental protection.

### *Purchasing and Contracting*

We will encourage our supplier and contractors to adopt similar standards and a comprehensive approach to environmental responsibility in the provision of their services.

### *Management*

We will ensure that our individual service units will develop and maintain specific environmental policies, where appropriate, and establish procedures to monitor environmental performance and report to the Hospital Board.

### **Way Forward**

The Authority commits to observing the requirements of all environmental legislation and regulations of the Hong Kong Special Administrative Region and will ensure that all services related to its activities/operations are

carried out in an environmentally responsible manner. The Authority is never complacent on what it has achieved so far and will continue to explore new ways to foster a green culture within the organisation.

The Authority seeks to collaborate with the local green groups in the organisation of environmental programmes. In 2004/05, programmes like moon cake tin box recycling and used clothes recycling had been arranged and the results were encouraging. Whilst it has been decided that such programmes will be continued, the opportunity for closer collaboration with more green groups on a wider variety of programmes will be explored. To further develop a green culture within the organisation, planning is underway to launch a Green Hospital Award to provide incentive and recognition for hospitals to practise innovative and cost-effective green measures.

Appendix 9 summarises the progress made by public hospitals in respect of environmental management for the years from 2001 to 2004.

# OVERVIEW OF HEAD OFFICE AND ITS DIVISIONS

## **Role of the Hospital Authority Head Office**

The Authority's Head Office performs the following key roles for the organisation:

- Strategic planning - formulating the organisation's corporate vision, mission statement and strategic directions after analysing its strengths, weaknesses, opportunities and threats in the internal and external environment.
- Policy formulation & standard setting – developing corporate-wide policies for advancing and implementing the organisation's vision, mission and strategies, with formulation of appropriate standards to guide hospitals and frontline units during the implementation process.
- Corporate management – implementing corporate-wide management projects with the aim to achieve a more effective management structure and a more efficient process of exchange of information to meet the organisation's strategic directions and objectives and to use its resources in better ways.
- Governance support – providing support to the Authority Board and its committees to assist them with the implementation of various corporate governance policies and practices to monitor and control the organisation's activities, to ensure the quality of its services, and to fulfil its accountability obligations to stakeholders.
- Development – performing the corporate development function, including introduction of new medical technologies and care models, planning and evaluation of new clinical and non-clinical projects, and development of corporate-wide policies on knowledge management and research priority.
- Shared services provision – implementing shared services programmes such as those in the procurement, business support, information technology and finance functions in collaboration with hospitals and frontline units to provide better services, achieve economies of scale and reduce costs.

- Professional staff development and training – coordinating the training and development of healthcare professionals working in the Authority, including the development of intern education, specialist training and continuous learning programmes, career advancement paths, and competency sets for doctors, nurses and allied health professionals in collaboration with the universities and professional colleges.

In order to fulfil these roles, the Head Office comprises seven Divisions: Corporate Affairs, Corporate Communications, Finance, Human Resources, Professional Services & Facilities Management, Professional Services & Medical Development, and Professional Services & Operations.

The work of each of these Divisions is briefly outlined below. For fuller reports of the work of the Divisions during 2004/05, see Appendix 10.

## **Corporate Affairs Division**

Through its Board & Committees Section, the Division provides the administrative and secretarial support to the Authority Board, its functional committees and the three Regional Advisory Committees. It is also responsible for membership matters of all the Hospital Governing Committees established to enhance community participation and governance of public hospitals.

The Division provides supporting services to the Hospital Authority Head Office through its Administration Section, and is responsible through the Corporate Executive Support Section for formulating, producing and progressing the Hospital Authority Annual Plan. The Division contributes to the compilation of the Annual Report, part of its role in enhancing accountability to the community, and facilitates communication between the Hospital Authority and officials in the Health, Welfare and Food Bureau.

## **Corporate Communications Division**

The Division through its information and media relations function is concerned to strengthen the image of the Hospital Authority as an accountable, competent and caring organisation serving the whole population of Hong Kong. In its work in publicity and health promotion, the Division has moved forward the concept of "Community partnership in health" and developed health promotion initiatives to enhance public awareness of health topics. During the year, seven health campaigns have been organised:

- Prevention of infectious diseases awareness
- Hand hygiene
- 'The Gift of Life' organ donation promotion
- Re-launch of the Early Assessment Service for Young People with Psychosis (EASY) programme
- 'Health in Mind' - young mental health promotion programme
- 'Better Health for a Better Hong Kong' health promotion for the grassroots
- Recognition of SARS donors

The Division is responsible for managing the Health InfoWorld, the Authority's health promotion arm, as well as for liaison with patient groups and volunteer coordinators in the seven clusters, who receive regular training and development on issues such as infection control.

## **Finance Division**

The mission of the Finance Division is to help optimise utilisation of resources for the delivery of quality service, and to secure the resources required for the provision of quality service. In 2004/05, this amounted to a Hospital Authority budget of around \$28 billion.

The Division provides both corporate stewardship and strategic financial planning and financial management and operations. The Division has also supported Government in looking at long-term healthcare financing

options. During 2004/05, the Authority was required by the Government to achieve an additional 3.05% efficiency savings on top of the 1.8% delivered in 2003/04.

The Division is responsible for the Information Technology Department (ITD) which provides IT infrastructure and information system services to all the Authority's hospitals. The ITD's budget for 2004/05 was around \$430 million, approximately 1.4% of the Authority's operating budget. A set of IT governance mechanisms has been put in place to prioritise service demands and monitor service delivery.

## **Human Resources Division**

The primary focus of the Division at Head Office is to support the clusters and hospitals by providing relevant and timely policies, procedures and advice, but the team also provides expertise to the senior management team in developing people-related strategies for the Authority. As the Authority is a large and diverse organisation with many different staff groups, the Division plays a key role in facilitating local and central consultative mechanisms.

The critical focus of the Division during 2004/05 was to address the many concerns and recommendations arising from the SARS reports, to strengthen the Human Resources team, and to enhance the engagement of frontline staff in decision making. In particular, the lessons learnt from SARS led to a range of programmes aimed at strengthening the organisation's skills and abilities in communication crisis management, with an emphasis on leadership development, internal communication and staff caring.

Initiatives implemented during 2004/05 included aligning internal and external communications, establishing formal crisis communication mechanism, strengthening the informal communication network, conducting a staff survey to gauge mood and opinion, and recruiting more clinical and care supporting staff.

## **Professional Services & Facilities Management Division**

The Division provides management services for the development, operation, improvement and maintenance of hospital built and engineering facilities and all other healthcare business supporting services. The Division also facilitates service coordination, ensures service quality and promotes training in some specialties through leading and supporting the Clinical Coordinating Committees. Through its support to the Institute of Health Care, the Division promotes continuing education and training for healthcare professionals.

The Capital Works Function provides support to Head Office and the clusters in all aspects of project delivery, actively managing major projects and coordinating funds for minor improvement and maintenance works. A highlight of 2004/05 was the enhancement of facilities and logistics in preparation for possible outbreak of infectious disease, at a cost of \$2.26 billion, including the provision of 1415 isolation beds.

The Business Support Services Function includes procurement and materials management, public-private partnership development, occupational safety and health, and risk management.

Through the Professional Support Function, the Division provides support and leadership to Clinical Coordinating Committees in intensive care, anaesthesiology, surgery, otorhinolaryngology, neurosurgery, orthopaedic and traumatology. These committees are responsible for advising the Authority on the coordination, development and prioritisation of specific clinical services. This includes target setting for effective and efficient delivery of services, developing professional guidelines and quality assurance, formulating policies on postgraduate training, identifying training priorities and reviewing the effectiveness of training programmes.

The Institute of Health Care was established in 1998 to harness and develop the expertise for enhancing

healthcare services through continuing education and training. It now focuses its work on building competencies to meet the healthcare needs of the community, promoting and sharing the best healthcare practices, and fostering a lifelong learning culture. Programme directors have recently been appointed to develop training programmes in medical, nursing, allied health, management, and corporate clinical psychology services.

## **Professional Services & Medical Development Division**

The Division is responsible for the development of medical services under the Authority. This is done through identification of service needs, steering of service directions, setting of service standards, and fostering of multi-dimensional and cross-disciplinary collaboration among medical specialists and healthcare professionals to facilitate effective delivery of medical services to meet community needs. While 'Service Planning' is the overarching function of the Division, it is supported by enablers provided under the Knowledge-Practice-Outcome team. At the corporate level, the strategies and directions are translated into programme initiatives under the annual planning process of priority setting. At the divisional level, the Division develops clinical service programmes in line with corporate service directions and pilots high impact initiatives to address areas of highest needs.

The Knowledge-Practice-Outcome (KPO) team comprises three units, the Knowledge Management Unit, Clinical Effectiveness Unit and Statistics & Research Unit. KPO is the catalyst to evidence-driven organisational knowledge management and quality patient care.

Clinical programmes are selected for development on the basis of heavy disease burden and the availability of evidence-based cost-effective interventions. In 2004/05, these included an expansion of smoking cessation and counselling services, management of chronic diseases and episodic illnesses in Old Aged Homes, an alert system

for high risk elderly patients, and guidelines on elder abuse awareness. The Authority also participated in the development of the Government's Comprehensive Child Development Service.

Disease Management aims to formulate comprehensive measures to manage those diseases that impose the highest burden on the community. During 2004/05, a dedicated clinical team was set up to coordinate the implementation of an active rehabilitation and follow-up programme for over 1000 former SARS patients. During the year, active stroke service development was continued with guidelines and standards being agreed. The referral network and services for cardiac surgery were reorganised and enhanced, resulting in shortening of waiting lists and waiting times by 50%.

The Division is also responsible for coordinating the specialty services of Internal Medicine, Family Medicine, Clinical Oncology, Obstetrics & Gynaecology, Paediatrics, Psychiatry, Adult Intensive Care and Chinese Medicine.

## **Professional Services & Operations Division**

The Division comprises the Professional Services, Nursing Services, Allied Health Services, Pharmacy Services, Legal Services, and Complaint Management sections.

During 2004/05, the Division worked with the Department of Health to set up a Centre for Health Protection to protect population health against communicable disease epidemics, helping the Centre establish its Infection Control Branch to enhance disease surveillance and infection control. The Division also continued to coordinate the development of comprehensive strategies and improvement programmes to enhance the Authority's capabilities of handling future infectious disease outbreaks.

To prevent the outbreak of influenza in the community, an influenza vaccination programme was launched during winter months to reduce disease burden, especially among the elderly and those with chronic diseases. A network

for monitoring pneumonia cases in old aged homes had been established.

To ensure sustainability of the current public healthcare system, one of the Authority's key strategies is to facilitate a free flow of patients between the public and private healthcare sectors. During the year, the Division assumed a coordinating role in the implementation of a wide range of initiatives to enhance public-private collaboration at both the corporate and cluster levels.

During the year, the Division has made continuous quality improvements in the specialty services of Accident and Emergency, Pathology, Ophthalmology, and Radiology, for which it has responsibility. Human resources capacity was increased with the recruitment of 300 new Residents for specialist training in 2004/05.

## OVERVIEW OF WORK OF HOSPITAL CLUSTERS

There are seven hospital clusters in the Hong Kong Special Administrative Region, all reporting to the Hospital Authority. They are:

Hong Kong East  
Hong Kong West  
Kowloon East  
Kowloon Central  
Kowloon West  
New Territories East  
New Territories West

Below, each Cluster Chief Executive gives an overview of their cluster and highlights key achievements from the past year, under the five strategic priorities.

### **Hong Kong East Cluster**

The Hong Kong East Cluster takes care of the population of the eastern part of the Hong Kong Island as well as Cheung Chau. The estimated population of these districts is around 850,000. There are six hospitals in the Cluster, including Pamela Youde Nethersole Eastern Hospital, Ruttonjee & Tang Shiu Kin Hospitals, Tung Wah Eastern Hospital, Wong Chuk Hang Hospital, St. John Hospital and Cheshire Home, Chung Hom Kok. They provide a full range of comprehensive inpatient, ambulatory and community-based healthcare services. In addition, the Hong Kong Tuberculosis, Chest & Heart Association also supports healthcare promotion activities of the cluster hospitals.

The Cluster achieved 99% of the 96 targets in the Cluster Annual Plan 2004/05. In line with the Hospital Authority's direction, the initiative on regrouping the Tai O and Mui Wo General Outpatient Clinics was dropped. The Cluster has achieved significant progress in service rationalisation and integration. Notable improvement was made both in service quality and process efficiency. The Cluster will continue to monitor its performance and strive for further enhancement of its healthcare service outcomes for benefit of the community.

### **Key achievements:**

Information technology was creatively used to support new service initiatives. For instance, appropriate information technology infrastructure had been established for the ten general outpatient clinics under the cluster management to facilitate preparation of hand-held medical records and to enhance continuity of care for patients in the community. A database for high-risk patients and frequent hospital admitters with an interface alert function was developed in the Clinical Management System, facilitating the collaboration of related specialties and professions to take timely follow-up actions to reduce readmission rate and total length of stay as well as to improve community care for the high-risk groups.

The Cluster continued to enhance its preparedness for SARS and other infectious disease outbreaks. Additional isolation beds were constructed and surge capacity for intensive care was built up in Pamela Youde Nethersole Eastern Hospital and Ruttonjee Hospital. The crisis management capability of the Cluster was strengthened with the formulation of a detailed cluster contingency plan for major disasters, including civil disaster and SARS outbreak. Extensive internal communication on the contingency plans and relevant drills were conducted. Staff members' preparedness and competency for infectious disease outbreaks has been further enhanced through stepping up infection control training and monitoring on infection control measures.

The public- private interface was improved in different specialty services, including medical, surgery, psychiatry, paediatric, Orthopaedics & Traumatology, and general outpatient services to provide patients with more choices. Protocol driven shared care programmes were developed and referral guidelines formulated to facilitate collaboration with the private medical practitioners.

To improve service quality and clinical governance, the Cluster spared no efforts to inculcate a culture of risk management and incident reporting among its frontline

units. During the year, the web-based Advanced Incident Reporting System was rolled out to all cluster hospitals to facilitate real-time electronic incident reporting, follow-up and analysis.

The Cluster advocates the philosophy of 'care for the carers' to help its staff members face the challenges ahead. Human resources capability was enhanced to improve organisational performance, in particular during crisis situations. Detailed staff deployment plans in preparation for future SARS epidemic and other major infectious disease outbreaks had been mapped out.

### **Hong Kong West Cluster**

The Hong Kong West Cluster serves the population of the Central, Western and Southern Districts with an estimated population of 0.53 million. The Cluster comprises seven hospitals and six satellite institutions. The seven hospitals are Queen Mary Hospital, Duchess of Kent Children's Hospital, Grantham Hospital, Fung Yiu King Hospital, MacLehose Medical Rehabilitation Centre, Tsan Yuk Hospital and Tung Wah Hospital. The satellite institutions in the Cluster are David Trench Rehabilitation Centre, the General Outpatient Clinics in Sai Ying Pun, Aberdeen, Ap Lei Chau, Kennedy Town and the Central District Health Centre. Apart from providing a comprehensive range of healthcare services to cater for the needs of the residents in its catchment area, the Cluster is well known for its tertiary and quaternary services that serve the whole population of Hong Kong.

Three staff members of Queen Mary Hospital were given an honour or award by The Chief Executive of the Hong Kong Special Administrative Region, in recognition of their significant contributions to Hong Kong or for their outstanding contributions in the fight against SARS. The Hospital Pathology Service of Queen Mary Hospital was awarded accreditation by The Commission on Laboratory Accreditation of The College of American Pathologists in recognition of its international level of quality service.

During the year, the Cluster provided services to 140,879 inpatients and day patients, 129,840 Accident & Emergency attendees, 676,412 specialist outpatient and 309,678 general outpatient attendees.

#### **Key Achievements:**

Community-based palliative/hospice care for cancer patients was enhanced with the formation of a multi-disciplinary team to provide the whole range of inpatient, outpatient, home care, day care, bereavement care and outreach consultative supporting service to patients. A Cancer Rehabilitation/Palliative Care Support Programme was also implemented to serve patients with cancer, end-stage medical diseases, amputees and patients with spinal cord injury. Bereavement care was extended to families of deceased cancer patients.

To enhance preparedness for infectious disease outbreaks, conversion works for five cohort wards with 78 isolation beds according to established standards were completed. Utilisation plans of medicine and paediatrics were formulated as part of the contingency response plan for mobilisation of facilities in the event of a major infectious disease outbreak.

The 'Diabetes Mellitus (DM) Shared Care Programme' was rolled out to facilitate referral of patients with stable DM control to the private sector for continuity of quality care. The Programme was initiated to co-manage patients through partnership with private practitioners in the Southern, Central and Western Districts. A total of 21 private practitioners had joined the Programme since its inception.

During the year, a total of four Continuous Quality Improvement projects, 20 clinical audits and four nursing audits were conducted to ensure the quality of patient care. Starting this year, Grantham Hospital will perform an additional 100 cardiac surgery operations each year to improve patient outcome and to address the long waiting list of cardiac patients. A service plan has also been formulated to reduce the waiting time for cardiac surgery in the Cluster.



As part of the 'Care for the Carer' initiative, staff health and wellness programmes were organised throughout the year for over 500 staff members including talks and roving exhibitions on common health problems such as back care, eating habits, stroke, cancer and heart diseases.

## **Kowloon East Cluster**

The Kowloon East Cluster was formed in October 2001 with a collaborative structure model, taking charge of the United Christian Hospital, Tseung Kwan O Hospital and Haven of Hope Hospital and serving over 900,000 population of Kwun Tong, Tseung Kwan O and Sai Kung districts.

After the SARS crisis in 2003, workload of the cluster hospitals resumed its rising trend due to the growing and ageing population. This caused great stress on our frontline staff, who were charged with the responsibility of maintaining high vigilance for infectious diseases amid a crowded ward environment and increasing service demand. Despite these pressures, a lot of work had been done during the year to improve service quality and efficiency, and to enhance preparedness for any resurgence of SARS or outbreak of avian flu.

### **Key Achievements:**

To improve population health, community-based services of the Cluster were enhanced by providing portable computer devices to all community nurses to facilitate assessment and documentation of patient data and to strengthen the Community Nursing Service provided to patients.

Conversion works were completed for 104 acute general isolation beds in United Christian Hospital and 54 acute general isolation beds in Tseung Kwan O Hospital in accordance with established standards to upgrade the Cluster's capabilities in handling possible infectious disease outbreaks.

To alleviate the heavy workload of our public healthcare system and to enhance its sustainability, interface between

the public and private healthcare sectors was promoted by implementing a pilot public-private network on ambulatory physiotherapy services for general outpatient referrals in the Tseung Kwan O and Sai Kung districts, with the establishment of mechanisms for channelling suitable general outpatient physiotherapy cases to non-government organisations.

To improve services provided to patients with pelvis problems, a cluster-based pelvic care clinic was set up to pool the necessary expertise and resources from different clinical specialties and sub-specialties, including colorectal, urology, paediatrics, gynaecology, and nurse specialists, to manage all such cases in an integrated and effective way. The provision of cardiac services was also strengthened through the commissioning of a cardiac catheterisation laboratory in the Cluster in January 2005. Care for pregnant women and critically-ill infants and children was enhanced with installation of new ultrasound scanners.

To promote occupational safety and health, hand washing campaigns and audits were launched to promote greater awareness of the need for infection control among staff members. Infection control guidelines, notices and checklists were regularly updated and widely circulated to frontline units. Fire prevention talks were conducted and evacuation drill exercises organised to protect staff from fire hazards. The 'Return to work' programme was rolled out to minimise injury-on-duty cases. Training workshops and promotional activities with themes on 'Manual Handling Operations', 'Chemical Safety', 'Display Screen Equipment' and 'Building a Healthy and Safe Culture' were organised to create a safe and healthy work environment for our staff.

## **Kowloon Central Cluster**

The Kowloon Central Cluster comprises six hospitals and institutions including the Hong Kong Buddhist Hospital, Hong Kong Red Cross Blood Transfusion Services, Hong Kong Eye Hospital, Kowloon Hospital,

Queen Elizabeth Hospital and Rehabaid Centre, all contributing towards the delivery of quality patient-centred services in accordance with corporate directives.

Following the introduction of a population-based resources allocation model and further budgetary cuts in 2004/05, one of the key challenges for the Cluster was to maintain service quality while meeting the rising service demand of the cluster population within the resources available. Given the stringent financial constraints, the Cluster continued to enhance the quality and efficiency of its services through service rationalisation, work process re-engineering and inter-hospital collaboration. This was achieved by further integration of the clinical, nursing, allied health, business support and human resource functions at the cluster level to ensure the delivery of patient care services in a cost-effective and seamless manner. Efforts had also been made to plan and provide more ambulatory, community and rehabilitation services in place of hospital-oriented services, which resulted in a further reduction of general beds in the Cluster.

#### **Key Achievements:**

An Infectious Disease Resource Centre had been set up in the Cluster to promote among staff members and the public a better understanding of common infectious diseases, infection control measures, and means to sustain healthy/personal care.

The cardiac catheterisation service was enhanced by replacing the existing monoplane Radiography/Fluoroscopy machine with a new one in March 2005. A new magnetic resonance imaging scanner with faster and better diagnostic capabilities was acquired to improve the magnetic resonance imaging service.

Good prescription practices and drug compliance were promoted through the following initiatives, achieving a notional saving of about \$13 million:

- regular drug utilisation review and feedback to clinicians;
- education of doctors on proper prescription of 'as needed' medications;
- conduct of poly-pharmacy audit; and
- setting up of poly-pharmacy clinic, drug compliance counselling clinic, and refill clinic for selected drug groups.

To improve service quality and clinical governance, the cardiac surgical service was expanded by adding two additional sessions per week. The target of performing 100 more additional cardiac surgery operations each year has been achieved.

A Cluster Occupational Safety & Health and Environment Committee had been set up to enhance staff awareness and expertise in occupational safety and health and to reduce injury-on-duty cases resulting from manual handling and lifting. The 'Return to Work Programme' was also rolled out to all cluster hospitals in the third quarter of 2004.

#### **Kowloon West Cluster**

The Kowloon West Cluster comprises seven public hospitals, including Caritas Medical Centre, Kwai Chung Hospital, Kwong Wah Hospital, Princess Margaret Hospital, Our Lady of Maryknoll Hospital, TWGHs Wong Tai Sin Hospital and Yan Chai Hospital. It is the largest cluster under the Authority and serves a population of over 1.87 million in the Wong Tai Sin, Mong Kok, Shamshuipo, Kwai Chung, Tsing Yi, Tsuen Wan and Tung Chung districts. As at 31 March 2005, there were in total 7,326 beds in the Cluster.

Strenuous efforts were made to strengthen community-oriented care in the past year. Links among the Family Medicine clinics, Community Nursing Service, Community Geriatric Assessment Teams and community partners were established. Building on the strength of

this community network, telemedicine service was piloted between two general outpatient clinics and two old aged homes to reduce patient admissions or re-admissions to the cluster hospitals. Healthy and safe community initiatives such as the 'Safe and Healthy Schools and Homes' programme were launched in Tsuen Wan and Kwai Tsing districts, whereas 'Fall Prevention' and 'Prevention of Stroke' programmes were implemented in Kwai Tsing, Tsuen Wan, Shamshuipo, and Wong Tai Sin districts in collaboration with Non-Government Organisations and the respective District Councils. In addition, the Cluster had helped nine Non-Government Organisations set up their own community-based rehabilitation services.

#### **Key Achievements:**

A Combined Diabetes Mellitus Foot Clinic involving diabetologist, orthopaedic surgeon, podiatrist and orthotist was established in Kwong Wah Hospital to strengthen ambulatory care for patients with diabetes mellitus. Five Nurse Clinics were set up, four in the old aged homes and one on Lantau Island, to replace the Travelling Clinic, with a view to enhancing accessibility of services. Two step-down clinics were set up in the Ha Kwai Chung and East Kowloon General Outpatient Clinics to facilitate the return of rehabilitated psychiatric patients to the community and to provide a less stigmatised environment for their follow-up consultations.

Contingency plans for the possible return of SARS and outbreak of avian influenza had been updated, with enhancement of infection control standards, facilities and procedures, as well as stockpiling of appropriate personal protective equipment. Surge capacity of intensive care units and acute general wards in the Cluster had considerably been enhanced to cope with the needs in crisis situations. This included the construction of 15 additional isolation intensive care beds, nine in Princess Margaret Hospital and six in Kwong Wah Hospital. In the acute general wards, conversion works for a total of 449 isolation beds had been completed, 22 in Caritas

Medical Centre, 190 in Kwong Wah Hospital, 213 in Princess Margaret Hospital, and 24 in Yan Chai Hospital.

To manage service volume and to maintain sustainability of the healthcare system, patients with stable conditions were transferred from specialist clinics to general outpatient clinics for follow-up care under the family medicine model. Referrals to specialist clinics from Accident and Emergency Departments and general outpatient clinics were carefully screened to ensure that the resources available would be utilised in areas of greatest needs. A pilot project was launched to screen the frail elderly patients attending Accident & Emergency Departments to reduce unnecessary hospital admission and to ensure the provision of adequate supportive care to the discharged elderly patients.

To strengthen rehabilitative and psychosocial support for the recovered SARS patients, a multidisciplinary Post-SARS Follow-up Clinic was set up at Princess Margaret Hospital and TWGHs Wong Tai Sin Hospital. Care protocols and practices were aligned, especially for those suffering from Avascular Necrosis of bone.

Occupational safety and health of staff members was a key concern of the management. A cluster-based coordination committee was set up to devise and implement such initiatives. An occupational safety and health carnival followed by a week's educational activities in cluster hospitals was launched to increase awareness of staff members. A series of training courses were organised for staff members in collaboration with the Occupational Safety & Health Council and local experts. Through these promotional and educational activities, the rate of injury-on-duty cases caused by sprains and strains had been reduced by 12%.

#### **New Territories East Cluster**

The New Territories East Cluster serves the districts of Shatin, Tai Po and North District with a total population of 1.3 million. There are seven hospitals in the Cluster,

namely, Prince of Wales Hospital, Alice Ho Miu Ling Nethersole Hospital, Shatin Hospital, Cheshire Home, Shatin, Bradbury Hospice, North District Hospital and Tai Po Hospital, providing acute, convalescent, rehabilitation and extended care services to the public.

The year 2004/05 continued to present major challenges to the Cluster with the increase in patient demand especially during the winter surge, reduction in hospital capacities due to more stringent infection control standards, activation of the Yellow Alert, and chronic shortage of nursing manpower. However, staff members in the Cluster demonstrated great professionalism and dedication in serving the public and providing quality effective healthcare. During the year, the Cluster placed much emphasis on assuring the patients of a safe journey through its hospitals. Apart from the year-long campaign on hand hygiene and infection control, the Cluster also launched the cluster-wide Correct Patient Identification Campaign and Drug Safety Programme. The emphasis on safety continues to be the focus of the Cluster in the coming year.

#### **Key Achievements:**

In 2004/05, the Cluster strengthened its ambulatory and community-based care by rolling out a Comprehensive Disease Management Model for Diabetic Care with the support of an electronic Public Private Interface System for exchange of patient information. Patients were provided with choices of treatment through the Diabetic Mellitus Alternative Logistics Support Service, which involved referrals to private doctors registered with the system. Receiving positive responses from the community, the programme would be extended to North District Hospital and Alice Ho Miu Ling Nethersole Hospital in the year 2005/06.

In preparation for the possible return of SARS and emergence of other infectious diseases, the Cluster had completed conversion works for 264 isolation beds in its three acute hospitals, which included 32 in North District Hospital, 109 in Alice Ho Miu Ling Nethersole Hospital and 123 in Prince of Wales Hospital. The

isolation facilities of a paediatric ward in Prince of Wales Hospital had also been enhanced. In addition, the response plan on service and manpower arrangements in the event of a major infectious disease outbreak had been finalised and promulgated.

With the conjoint effort of all clinical departments, the utilisation of medical beds was improved. An Early Discharge and Aftercare Coordinator programme was introduced in the medical departments of acute hospitals to facilitate patient discharge. The admission ward system in North District Hospital was revised to incorporate greater flexibility in the mobilisation of beds to meet the fluctuating patient demand. The introduction of a central ward system in Prince of Wales Hospital had contributed to enhancement of the hospital's capacity in coping with the winter surge in medical emergency patients.

To promote patient safety, the Cluster launched a Correct Patient Identification Campaign in the fourth quarter of 2004. All incidents arising from incorrect patient identification would lead to a mini-root cause analysis to identify system problems with a view to minimising possible recurrence. A Drug Safety Programme was rolled out to all cluster hospitals to revamp and improve the drug administration safety system and its workflow. Ongoing sharing sessions on medication incidents were organised for nursing staff of the Cluster. To minimise medication incidents involving the use of infusion pumps, an exercise to phase out the drip rate type and high potential risk infusion pumps was initiated in 2004/05, which would last for three consecutive years.

Training on crisis management was organised for 550 managers and other staff to strengthen management capabilities in this area. A Critical Incident Support Team was set up and therapeutic training organised for team members to provide support to staff members during critical incidents. Training had also been organised for managers and supervisors to empower them in handling psychological stress of their subordinates in crisis situations.

## **New Territories West Cluster**

The New Territories West Cluster comprises four hospitals, namely, Pok Oi Hospital, Castle Peak Hospital, Siu Lam Hospital and Tuen Mun Hospital, and seven general outpatient clinics. While the cluster hospitals are playing complementary roles in serving the public, the Cluster has been putting emphasis on the development of ambulatory and community care, risk and quality management, service prioritisation, public private interfacing, and community consultation and partnership. The Cluster achieved its service targets and will continue to strive for service excellence, quality improvement and system sustainability in the coming years.

### **Key Achievements:**

With the development of the Short Stay Medical Centre with 56 inpatient beds and 20 day-beds, the number of short-stay elective admissions has increased substantially. The percentage of same day admissions for patients undergoing pre-admission assessment services amounted to over 50%. The Cluster shortened the inpatient interdepartmental consultation response to improve efficiency of service. Day and short stay surgery in selected operations - hernia repair, mastectomy, transurethral resection of prostate and haemorrhoidectomy services - has been further developed, with the implementation of all planned pre-operative assessment service and same day admission practice programmes.

The Cluster's capability in services provision was enhanced with the opening of 60 new convalescent beds in Pok Oi Hospital and 30 new beds for step-down care in Tuen Mun Hospital during the year. In addition, ten operating theatre sessions were added to increase elective surgery throughput and emergency operation capacity, while 10 Ventilator/High Dependency Unit beds became fully operational in July 2004. Three Critical Care Unit beds and four paediatric High Dependency Unit beds were also commissioned in Tuen Mun Hospital. The surge capacity for intensive care has been built up to provide 12 additional intensive care beds if needed. Construction

for a new ward in block E of Castle Peak Hospital was completed in December 2004.

The 'InfoDesk' is a pilot programme providing information on private hospital services to the new patients booking into the Cluster's specialist outpatient clinics, including information on medicine & geriatrics services, surgical operations (circumcision), and Radio-diagnostic services in the private sector. A mechanism has been developed to facilitate patients' choice for access to selected investigation procedures in the private sector.

After the SARS outbreak, the Cluster initiated various infection control improvement measures to enhance its preparedness for the possible re-emergence of SARS and other infectious diseases. These included enhancement of the surveillance system, formulation of contingency plans, conversion of 158 isolation beds, building surge capacity for intensive care, acquiring three-month stock of personal protective equipment, providing further infection control training, and setting up the Cluster Infection Control Resources Centre. Regular audit exercises on infection control practices in clinical areas were conducted. In addition, manpower of the Cluster Infection Control Team was strengthened to handle matters relating to disease prevention and outbreak control.

To enhance occupational safety and health, the Cluster rolled out a 'Return to Work' programme to provide assistance to staff members suffering from injury on duty. Receiving the Silver Award in the Occupational Safety and Health Award 2003 and the Hospital Authority Outstanding Team Award 2004, the programme was further extended to cover non-injury-on-duty cases later in the year. After a comprehensive review of its occupational safety & health structure/programmes, the Cluster assigned a dedicated team of staff to promote the further development of occupational safety & health in all cluster hospitals.

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## Membership of the Hospital Authority

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Name	No. of plenary meetings attended in 2004/05	Committee participation in 2004/05*
Dr C H LEONG, GBS, JP (Chairman) (up to 30.9.2004)	10	Chairman of Plenary Meetings, PC and SC, Member of HAPFS
Mr Anthony WU Ting-yuk, JP (Chairman) (from 7.10.2004)	12	Chairman of Plenary Meetings, FC, PC and SC
Miss Eliza C H CHAN, BBS, JP	13	Chairman of PCC, Member of PC, SC and SSDC, HGC Chairman of Kowloon Hospital and Hong Kong Eye Hospital and Member of KRAC
Miss Iris CHAN Sui-ching	11	Member of MSDC and PCC, and HGC member of Tseung Kwan O Hospital
Ms Vivien CHAN, JP (from 1.12.2004)	4	Member of AC and SSDC
Dr Lily CHIANG	12	Chairman of SSDC, Member of PC and SC, Rotating member of MTB and HGC Chairman of Tai Po Hospital
Mr Clifton CHIU Chi-cheong (up to 30.11.2004)	11	Chairman of AC and Working Group on Governance, Member of PC and SC
Prof Sydney CHUNG (up to 30.6.2004)	2	
Hon Vincent FANG Kang, JP	13	Vice-chairman of HRC, Member of AC and PC, and HGC Chairman of Kwai Chung Hospital and Princess Margaret Hospital
Prof FOK Tai-fai (from 1.12.2004)	6	Member of FC and MSDC, HGC Member of Prince of Wales Hospital and Member of NRAC (from 1.5.2004)
Dr Anthony HO Yiu-wah	17	Vice-chairman of FC, Member of HAPFS, PC, MSDC and SSDC, Chairman of MTB (from 16.12.2004), HGC Chairman of Queen Mary Hospital, HGC Member of Yan Chai Hospital and Chairman of HRAC
Mr Edward HO Sing-tin, SBS, JP	15	Chairman of AC and Member of SC (from 1.12.2004), Vice-chairman of SSDC, Member of PC, Rotating Member of MTB and HGC Chairman of Prince of Wales Hospital
Ms Susie HO, JP (from 29.7.2004) Deputy Secretary for Health, Welfare & Food (Health)	11	Member of FC, HAPFS, HRC, MSDC, PC and SSDC
Dr William HO, JP Chief Executive (CE)	17	Member of FC, HAPFS, HRC, MTB, MSDC, PC, SC, SSDC, all RACs and HGCs
Dr Hon KWOK Ka-ki (from 1.12.2004)	5	Member of HRC, MSDC and HGC member of Tung Wah Hospital/Tung Wah Eastern Hospital/Fung Yiu King Hospital, and Member of HRAC
Dr P Y LAM, JP Director of Health	17	Member of MSDC

## Membership of the Hospital Authority

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Name	No. of plenary meetings attended in 2004/05	Committee participation in 2004/05*
Prof LAM Shiu-kum	11	Member of FC and MSDC, and HGC Member of Queen Mary Hospital and Grantham Hospital
Dr Hon Joseph LEE Kok-long (from 1.12.2004)	5	Member of HRC and MSDC
Mr John LEE Luen-wai, JP (from 1.12.2004)	6	Member of AC and FC, and Rotating Member of MTB
Mrs Eleanor LING LEE Ching-man, SBS, JP	14	Chairman of HRC, HAPFS and SAC, Member of PC, SC and Working Group on Governance, and HGC Chairman of Queen Elizabeth Hospital
Mr LO Chung-hing, SBS	15	Member of FC and HAPFS, Rotating Member of MTB, HGC Chairman of Tseung Kwan O Hospital, and Chairman of NRAC
Mrs MONG KO Mei-yee (up to 30.11.2004)	6	Member of MSDC and Rotating Member of MTB
Mrs Gloria NG WONG Yee-man, JP	14	Member of FC and MSDC, Rotating Member of MTB, and HGC Chairman of North District Hospital
Ms Elizabeth TSE, JP (representing Secretary for Financial Services and the Treasury)	16	Member of FC and MSDC
Professor Judy TSUI LAM Sin-lai (up to 30.11.2004)	6	Member of AC and Co-opted HGC Member of Queen Mary Hospital/Tsan Yuk Hospital
Dr Lawrence T WONG (up to 17.9.2004)	3	Member of MSDC
Prof Thomas WONG Kwok-shing	14	Vice-chairman of MSDC and Member of HRC, PC, PCC and SSDC and HGC Chairman of Sha Tin Hospital
Dr Raymond WU Wai-yung, GBS, JP	10	Chairman of MSDC, Member of HRC, PC and SC, and HGC Chairman of Pamela Youde Nethersole Eastern Hospital
Dr Loretta YAM, BBS	16	Member of FC, HRC and MSDC, and HGC Member of Ruttonjce & Tang Shiu Kin Hospitals
Mr Thomas YIU JP (up to. 28.7.2004) Deputy Secretary for Health, Welfare & Food (Health)	16	Member of FC, HRC, MSDC, PC, SSDC and HAPFS
Mr Paul YU Shiu-tin, JP	15	Member of AC and MSDC, Rotating Member of MTB, HGC Chairman of Tuen Mun Hospital, and HGC Member of Kwong Wah Hospital/Wong Tai Sin Hospital, and Chairman of KRAC



## Membership of the Hospital Authority

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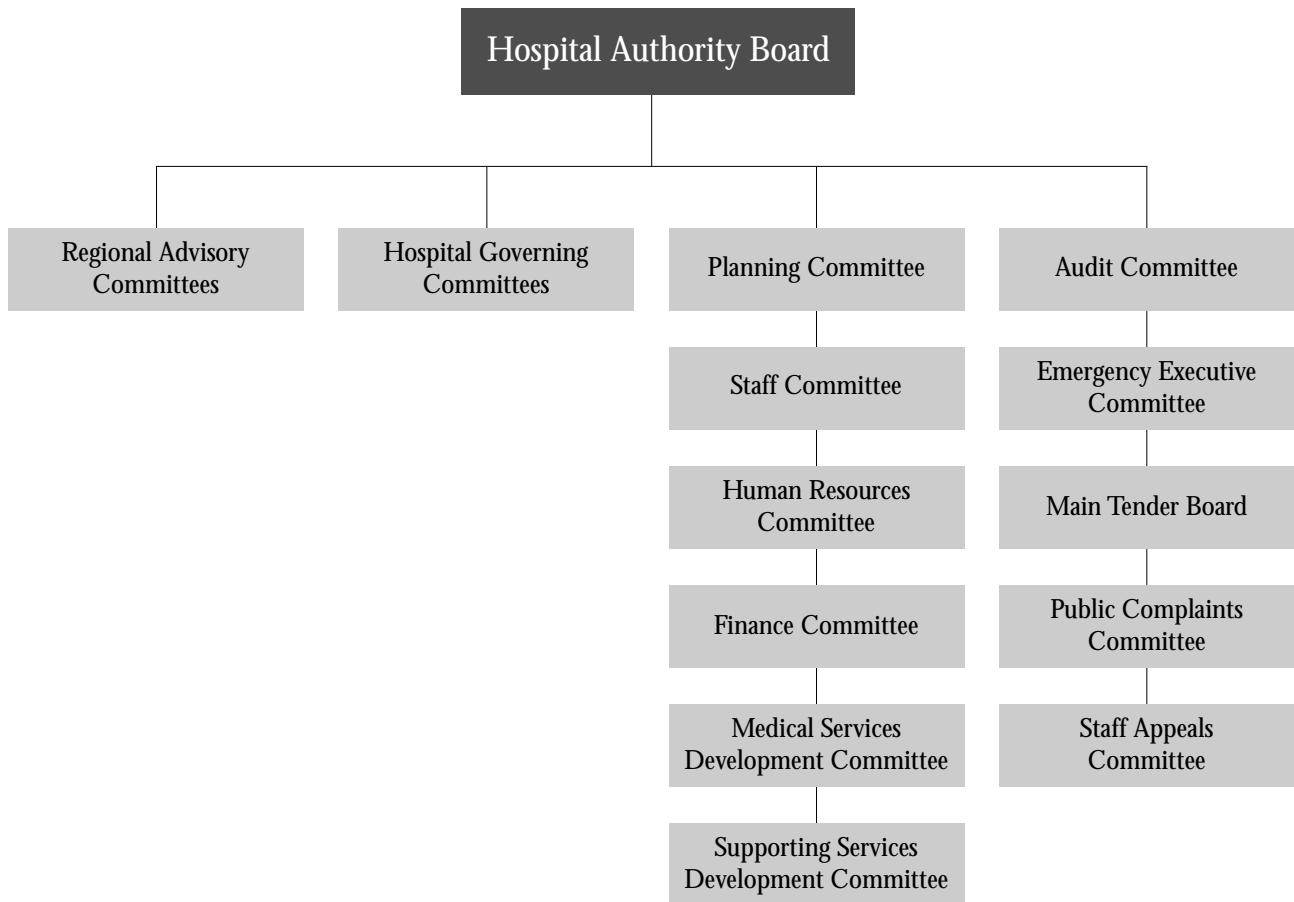
\* Note

Apart from the principal officer (the Hospital Authority Chief Executive), other members are not remunerated in the capacity as Board members. They participate in the governance of the Authority through formulating policies/directions and overseeing executive performance at Board meetings, as well as taking part in steering the work of various committees of the Authority including:

AC	– Audit Committee
FC	– Finance Committee
HAPFS	– Hospital Authority Provident Fund Scheme
HGC	– Hospital Governing Committee
HRAC	– Regional Advisory Committee of Hong Kong
HRC	– Human Resources Committee
KRAC	– Regional Advisory Committee of Kowloon
MSDC	– Medical Services Development Committee
MTB	– Main Tender Board
NRAC	– Regional Advisory Committee of the New Territories
PC	– Planning Committee
PCC	– Public Complaints Committee
SAC	– Staff Appeals Committee
SC	– Staff Committee
SSDC	– Supporting Services Development Committee

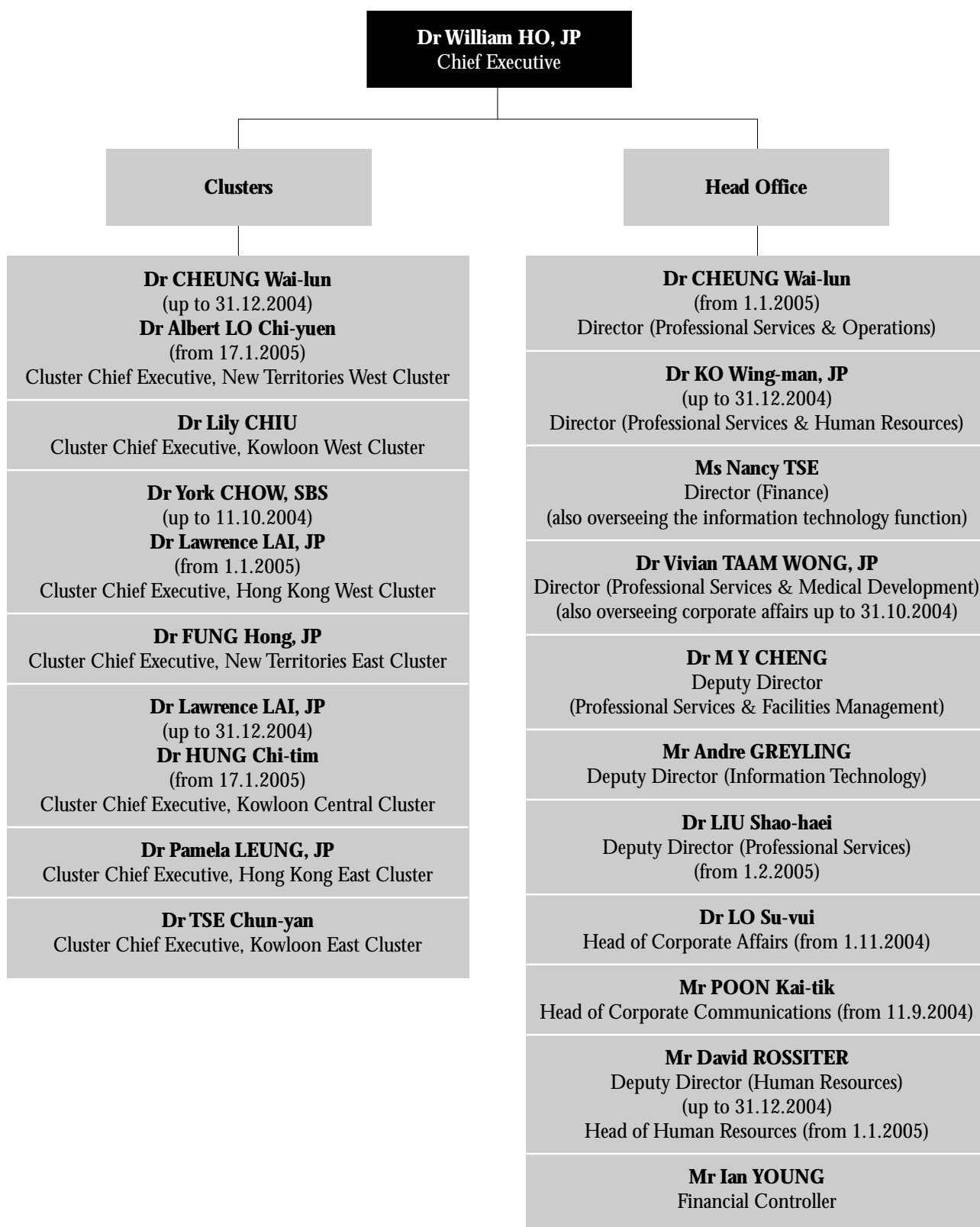
## Hospital Authority Committee Structure

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*Membership lists of the various committees are set out in Appendices 3, 4 and 5*

## Executive Structure of the Hospital Authority



## Membership of Functional Committees

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### Audit Committee

**Chairman** Mr Clifton CHIU Chi-cheong (up to 30.11.2004)  
Mr Edward HO Sing-tin, SBS, JP (from 1.12.2004)

**Members** Ms Vivien CHAN, JP (from 16.12.2004)  
Hon Vincent FANG Kang, JP (up to 16.12.2004)  
Mr John LEE Luen-wai, JP (from 16.12.2004)  
Ms Estella Y K NG  
Prof Judy TSUI LAM Sin-lai (from 9.6.2004 to 30.11.2004)  
Mr Paul YU Shiu-tin, JP

**In attendance** Dr William HO, JP  
*Chief Executive, Hospital Authority*  
Miss Susie HO, JP (from 29.7.2004)  
Mr Thomas YIU Kei-chung, JP (up to 28.7.2004)  
*Deputy Secretary for Health, Welfare and Food (Health)*

### Terms of Reference

1. Exercise an active oversight of the internal audit function to ensure that its:
  - mandate, resources and organisational status are appropriate;
  - plans and activities are adequate to provide systematic coverage of the internal control and risk management systems put in place by the Management; and
  - 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 to consider any questions of resignation or dismissal.
3. Consult with the External Auditor on all relevant matters including the:
  - nature and scope of the audit;
  - audited financial statements and the audit opinion;
  - management letter and management's response; and
  - 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. Monitor HA'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:
  - compliance with pertinent statutes and regulations;
  - compliance with HA's Code of Conduct, and
  - effectiveness of controls against conflicts of interest and fraud.

Note : It should be noted that although the functions of the Audit Committee cover a wide area, matters that are of a pure clinical nature (such as medical ethics) are not within its purview.

## Membership of Functional Committees

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### Finance Committee

**Chairman** Mr Anthony WU Ting-yuk, JP

**Vice-Chairman** Dr Anthony HO Yiu-wah

**Members** Prof FOK Tai-fai (from 16.12.2004)  
Dr William HO, JP  
*Chief Executive, Hospital Authority*  
Prof S K LAM  
Mr John LEE Luen-wai, JP (from 25.2.2005)  
Mr LO Chung-hing, SBS  
Mrs Gloria NG WONG Yee-man, JP  
Mr Michael SOMERVILLE  
Ms Elizabeth TSE, JP/Mr Bobby CHENG  
*(representing Secretary for Financial Services and the Treasury)*  
Dr Loretta YAM, BBS  
Mrs Ingrid YEUNG  
*(representing Deputy Secretary for Health, Welfare and Food (Health))*

### Terms of Reference

1. To advise and make recommendations on the financial aspects of the Hospital Authority Corporate Plan and Annual Plan.
2. To advise and make recommendations on the financial planning, control, performance, monitoring and reporting aspects of the Hospital Authority.
3. To advise on policy guidelines for all financial matters, including investment, business and insurance.
4. To advise and make recommendations on the resource allocation policies.
5. To advise and recommend to the Hospital Authority on the financial statements (audited and unaudited) of the Hospital Authority.
6. To liaise with the Trustees of the Hospital Authority Provident Fund Scheme and the Hospital Authority Mandatory Provident Fund Scheme and make recommendations to the Hospital Authority.
7. To monitor the financial position of the Authority.

## Membership of Functional Committees

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### Human Resources Committee

Chairman	Mrs Eleanor LING LEE Ching-man, SBS, JP
Vice Chairman	Hon Vincent FANG Kang, JP
Members	Dr William HO, JP <i>Chief Executive, Hospital Authority</i> Mr Billy KONG, JP Dr Hon KWOK Ka-ki (from 16.12.2004) Dr Hon Joseph LEE Kok-long (from 16.12.2004) Mr John LEUNG <i>Assistant Director of Health (Administration), Department of Health</i> Dr Kim MAK Prof Thomas WONG Kwok-shing Dr Raymond WU Wai-yung, GBS, JP Dr Loretta YAM, BBS Mrs Ingrid YEUNG <i>representing Deputy Secretary for Health, Welfare and Food (Health)</i>

### Terms of Reference

1. To advise on staff training and development matters;
2. To advise on manpower planning;
3. To advise, review and make recommendations on human resources policies and related issues;
4. To advise, review and make recommendations to the Hospital Authority on the terms and conditions of employment for staff;
5. To advise, review and make recommendations to the Hospital Authority on staff pay awards and overall staffing structure; and
6. To advise, review and make recommendations to the Hospital Authority on any other staff related matters.

## Membership of Functional Committees

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### Medical Services Development Committee

**Chairman** Dr Raymond WU, GBS, JP

**Vice Chairman** Prof Thomas WONG Kwok-shing

**Members** Miss Iris CHAN Sui-ching  
Prof FOK Tai-fai  
Miss Susie HO, JP (from 29.7.2004)  
Dr William HO, JP  
*Chief Executive, Hospital Authority*  
Dr Anthony HO Yiu-wah  
Dr Hon KWOK Ka-ki (from 16.12.2004)  
Dr P Y LAM, JP  
*Director of Health*  
Prof S K LAM  
Dr Hon Joseph LEE Kok-long (from 16.12.2004)  
Mrs MONG KO Mei-yee (up to 30.11.2004)  
Mrs Gloria NG WONG Yee-man, JP  
Dr Lawrence T WONG (up to 17.9.2004)  
Ms Elizabeth TSE, JP/Mr Bobby CHENG  
*(representing Secretary for Financial Services and the Treasury)*  
Dr Loretta YAM, BBS  
Mr Thomas YIU Kei-chung, JP (up to 28.7.2004)  
*Deputy Secretary for Health, Welfare and Food (Health)*  
Mr Paul YU Shiu-tin, JP

### Terms of Reference

1. To examine, review and make recommendations on the changing needs of the community in respect of clinical services provided by public hospitals and institutions;
2. To 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. To 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; and
4. To consider, review and make recommendations on any other matters related to the planning and development of the public hospitals and related services.

## Membership of Functional Committees

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### Planning Committee

<b>Chairman</b>	Dr C H LEONG, GBS, JP (up to 30.9.2004) Mr Anthony WU Ting-yuk, JP (from 7.10.2004)
<b>Members</b>	Miss Eliza C H CHAN, BBS, JP Dr Lily CHIANG Mr Clifton CHIU Chi-cheong (up to 30.11.2004) The Hon Vincent FANG Kang, JP Dr Anthony HO Yiu-wah Mr Edward HO Sing-tin, SBS, JP Miss Susie HO, JP (from 29.7.2004) <i>Deputy Secretary for Health, Welfare and Food (Health)</i> Dr William HO, JP <i>Chief Executive, Hospital Authority</i> Mrs Eleanor LING LEE Ching-man, SBS, JP Prof Thomas WONG Kwok-shing Mr Anthony WU Ting-yuk, JP (up to 6.10.2004) Dr Raymond WU, GBS, JP Mr Thomas YIU Kei-chung, JP (up to 28.7.2004) <i>Deputy Secretary for Health, Welfare and Food (Health)</i>

### Terms of Reference

1. To advise on the overall policies, directions and priorities relating to the provision and development of services of the Hospital Authority.
2. To deliberate on the strategic, corporate and annual planning of the Hospital Authority.
3. To coordinate the work of the other functional committees of the Hospital Authority.



## Membership of Functional Committees

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### Supporting Services Development Committee

**Chairman** Dr Lily CHIANG

**Vice-Chairman** Mr Edward HO Sing-tin, SBS, JP

**Members** Miss Eliza C H CHAN BBS, JP (up to 3.3.2005)  
Ms Vivien CHAN, JP (from 16.12.2004)  
Dr William HO, JP  
*Chief Executive, Hospital Authority*  
Dr Anthony HO Yiu-wah  
Prof Thomas WONG Kwok-shing (up to 7.5.2004)  
Mrs Ingrid YEUNG  
*representing Deputy Secretary for Health, Welfare and Food (Health)*

#### Terms of Reference

1. To examine, review and make recommendations on the provision and development of business support services, information technology and capital works, to best support clinical services delivery in the Hospital Authority.
2. To promote the incorporation of industry best practices and innovations in business support services, information technology and capital works in the work of the Hospital Authority.

## Membership of Functional Committees

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### Public Complaints Committee

**Chairman** Miss Eliza C H CHAN, BBS, JP

**Members** Miss Iris CHAN Sui-ching  
Rev Dr Eric CHONG Chee-min  
Dr Joseph KWOK Kin-fun, JP (up to 30.11.2004)  
Dr LAM Ching-choi, JP  
Dr Conrad LAM Kui-shing, JP  
Mr Carlos LEUNG Sze-hung  
H H Judge David LOK  
Mr MA Ching-yuk, JP  
Mr Alexander MAK Kwai-wing  
Mrs Pauline NG CHOW May-lin, JP  
Mr Anthony WONG Luen-kin, JP  
Prof Thomas WONG Kwok-shing  
Sr Catherine WU Boon-biam  
Ms Virginia WU  
Dr YU Yuk-ling

#### 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.

#### 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;

## Membership of Functional Committees

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### Public Complaints Committee (Continued)

- 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 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);
  - f) 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;
  - g) 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;
  - h) if the complaint relates to personnel matters or contractual matters and commercial matters;
  - i) if the PCC considers that the complaint is frivolous or vexatious or is not made in good faith; or
  - j) if the complaint, or a complaint of a substantially similar nature, has previously been the subject matter of a complaint which had been decided upon by the PCC.
3. Taking into account the following:
- a) the disclosure of legal privileged documents in an open hearing;
  - b) the disclosure of personal data in an open hearing;
  - c) the PCC is not a judicial or quasi-judicial body;
  - d) an aggrieved party has other channels to seek redress; and
  - e) the PCC should not duplicate the functions of other institutions such as the courts or the Medical Council; the PCC considers that its meetings shall not be open to the public.
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.)

## Membership of Functional Committees

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### Staff Appeals Committee

**Chairman** Mrs Eleanor LING LEE Ching-man, SBS, JP

**Members** Mr Billy KONG, JP  
Dr Kim MAK

#### 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
  - consider whether the appeal cases need further investigation by the management
  - direct the appeal cases to be investigated;
  - have access to all the relevant information required from the management for making a decision;
  - ensure that appropriate action is taken; and
  - 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.

## Membership of Functional Committees

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### Staff Committee

**Chairman** Dr C H LEONG, GBS, JP (up to 30.9.2004)  
Mr Anthony WU Ting-yuk, JP (from 7.10.2004)

**Members** Miss Eliza C H CHAN, BBS, JP  
Dr Lily CHIANG  
Mr Clifton CHIU Chi-cheong (up to 30.11.2004)  
Mr Edward HO Sing-tin, SBS, JP (from 1.12.2004)  
Dr William HO, JP  
*Chief Executive, Hospital Authority*  
Mrs Eleanor LING LEE Ching-man, SBS, JP  
Mr Anthony WU Ting-yuk, JP (up to 6.10.2004)  
Dr Raymond WU, GBS, JP

### Terms of Reference

1. advise the Board on the organisation structure and functions of the HA Head Office and its Division;
2. advise the Board on the appointment and salary structure of senior executives including Directors, Cluster Chief Executives and Hospital Chief Executives; and
3. review the performance of Directors and Cluster Chief Executives.

## Membership of Functional Committees

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### Emergency Executive Committee\*

**Chairman** Dr C H LEONG, GBS, JP (up to 30.9.2004)  
Mr Anthony WU Ting-yuk, JP (from 7.10.2004)  
*(In his absence, the Emergency Executive Committee chairmanship should be elected among its standing members)*

**Members** Dr Lily CHIANG  
Dr William HO, JP  
*(in his absence, the Deputising CE)*  
Mrs Eleanor LING, SBS, JP  
Dr Raymond WU, GBS, JP  
Miss Susie HO, JP (from 29.7.2004)  
*Deputy Secretary for Health, Welfare and Food (Health)*  
Mr Thomas YIU Kei-chung, JP (up to 28.7.2004)  
*Deputy Secretary for Health, Welfare and Food (Health)*

Two other Hospital Authority members to be appointed by the Emergency Executive Committee Chairman, who may possess the experience and skills for managing the particular incident

\* The Emergency Executive Committee was set up by the Board on 15 January 2004. It will automatically be called into action when the Authority activates the Tier-three Strategic Response to a major incident.

### Terms of Reference

1. To act for the Hospital Authority Board and exercise its powers and functions, including :
  - altering, amending or overriding existing Hospital Authority policies, standards, guidelines and procedures; and
  - the 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 the 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;  
  
When the Emergency Executive Committee is activated for circumstances other than the Tier-three Response, to formulate strategies and policies for managing the emergency;
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.

## Membership of Functional Committees

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### Hospital Authority Main Tender Board

The main function of the Hospital Authority Main Tender Board is to consider and approve tender of order value above \$4 million.

**Chairman** Mr Anthony WU Ting-yuk, JP (up to 15.12.2004)  
*(In his absence, Dr Anthony HO will chair the meeting)*  
Dr Anthony HO Yiu-wah (from 16.12.2004)

**Ex-officio Members** Dr William HO, JP  
*Chief Executive or his nominated representative*  
Ms Nancy TSE  
*Director (Finance) or her nominated representative*

**Members** Three of the following rotating members :  
Dr Lily CHIANG  
Mr Edward HO Sing-tin, SBS  
Mr John LEE Luen-wai, JP (from 16.12.2004)  
Mr LO Chung-hing, SBS  
Mrs Virginia MONG KO Mei-yee (up to 30.11.2004)  
Mrs Gloria NG WONG Yee-man, JP  
Mr Paul YU Shiu-tin, JP

#### Terms of Reference

1. To review and assess the recommendations made by the assessment panel;
2. To review the procedures and criteria adopted by the assessment panel in the course of its selection;
3. To approve the selection made by the assessment panel after satisfying itself that (1) and (2) are in order and such approval should be final.

## Membership of Hospital Governing Committees

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### Alice Ho Miu Ling Nethersole Hospital

**Chairman**

Prof TAM Sheung-wai, GBS, JP

**Ex-officio members**

Hospital Authority Chief Executive or  
his representative  
Hospital Chief Executive

**Members**

Dr CHENG Ngok  
Mr Roland K C CHOW  
Mr Deacon FUNG Sau-chung  
(from 30.7.2004)  
Mr George H C HUNG  
Ms KO Siu-wah, SBS, JP  
Mr LEUNG Wo-ping, JP  
Mr LI Fook-hing  
Mrs June LI  
Rev Dr LI Ping-kwong  
Rev LUK Fai  
Mr Simon P K SIT  
Rev Eric SO Shing-yit  
Ms Wendy TSANG  
Rev Josephine TSO Shiu-wan  
Miss WONG Pui-ha, JP  
Mr YEUNG Po-kwan, JP

### Bradbury Hospice

**Chairman**

Prof Cecilia CHAN Lai-wan, JP

**Ex-officio members**

Hospital Authority Chief Executive or  
his representative  
Hospital Chief Executive

**Members**

Mrs Caroline COURTAULD  
Sister Helen KENNY  
Dr Anne LEE  
Dr Joyce MA  
Father John RUSSELL, SJ  
Dr TUNG Yuk  
Mr Dominic WONG, GBS, JP  
Prof WONG Hoi Kwok, BBS, JP



## Membership of Hospital Governing Committees

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### Caritas Medical Centre

**Chairman**

Prof David CHEUNG Lik-ching

**Ex-officio members**

Hospital Authority Chief Executive or  
his representative  
Hospital Chief Executive

**Members**

Mr Denis CHANG, JP  
Mr Stephen CHENG Po-hong, JP  
Dr Benedict CHUNG Yat-ki  
Dr Daniel FANG  
Dr Conrad LAM Kui-shing, JP  
Mr LEUNG Kam-tao (from 21.6.2004)  
Prof LEUNG Ping-chung, SBS, JP  
Dr Laurence S L SHEK  
Mrs Linda WONG Kit-wah  
Mr WONG Kam-kuen, MH  
(up to 20 June 2004)  
Mr William WONG Kuen-wai  
Rev M C Michael YEUNG

### Castle Peak Hospital

**Chairman**

Prof John LEONG Chi-yan, JP

**Ex-officio members**

Hospital Authority Chief Executive or  
his representative  
Hospital Chief Executive

**Members**

Mr CHOONG Yin-lee  
Dr CHOW Chun-bong, BBS  
Dr CHUNG See-yuen  
Mr LEE Hung-sham  
Mrs Rita LIU, BBS  
Prof TANG Siu-wa

## Membership of Hospital Governing Committees

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### Cheshire Home, Chung Hom Kok

**Chairman**

Dr Albert WONG Chi-Chiu

**Ex-officio members**

Hospital Authority Chief Executive or  
his representative  
Hospital Chief Executive

**Members**

Mrs Shelley CHOW  
Mr Alan CRAWLEY  
Ms Janice MORTON  
Dr WONG Chun-por  
Mrs Linda WONG Kit-wah  
Mr Paul YOUNG Tze-kong, JP

### Cheshire Home, Shatin

**Chairman**

Mr YEUNG Po-kwan, JP

**Ex-officio members**

Hospital Authority Chief Executive or  
his representative  
Hospital Chief Executive

**Members**

Mrs Shelley CHOW  
Mr Alan CRAWLEY  
Prof Suzanne C HO  
Mr KONG Wood-chiu  
Dr LAM Cho-yee  
Prof LAM Tai-hing  
Ms Janice MORTON  
Mr POON Sun-biu

## Membership of Hospital Governing Committees

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### Duchess of Kent Children's Hospital at Sandy Bay

**Chairman**

Dr Louis HSU Che-shek

**Ex-officio members**

Hospital Authority Chief Executive or  
his representative  
Hospital Chief Executive

**Members**

Mr Johnsman AU, JP  
Mr T T CHEUNG  
Dr Daniel FANG  
Mrs Mei-ling FOK  
Prof LAU Yu-lung  
Mr Vivian LEE Wai-man  
Prof Keith D K LUK  
Mrs Elizabeth WONG  
Dr Arthur YAU

### Grantham Hospital

**Chairman**

Mr Y L PANG, JP

**Ex-officio members**

Hospital Authority Chief Executive or  
his representative  
Hospital Chief Executive

**Members**

Mrs Marjorie BRAY  
Prof S K LAM  
Mr Sebastian K C LAU  
Mr Edwin LEUNG Chung-ching  
Mr Lawrence LEE  
Mrs Elizabeth LI  
Prof C K MOK  
Dr Joseph Y C PAN  
Mrs Purviz SHROFF (from 21.10.2004)  
Mr TSENG Cheng, OBE, JP  
(up to 20.10.2004)  
Mr SUEN Lai-sang  
Prof John WONG, SBS

## Membership of Hospital Governing Committees

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### Haven of Hope Hospital

**Chairman**

Mr Charles C Y CHIU

**Ex-officio members**

Hospital Authority Chief Executive or  
his representative  
Hospital Chief Executive

**Members**

Mrs Doreen CHAN HUI Dor-lam  
Dr Thomas S T CHAN, JP  
Mr Leroy KUNG Lin-yuen  
Dr Joseph KWAN Kai-cho  
Dr LAM Ching-choi, JP  
Dr NIP Kam-fan, JP  
Mr NG Ping-yiu  
Mr Edward PONG Chong, BBS, JP  
Mr Peter WONG Chun-kow

### Hong Kong Buddhist Hospital

**Chairman**

Mr Keith LAM Hon-keung, JP

**Ex-officio members**

Hospital Authority Chief Executive or  
his representative  
Hospital Chief Executive

**Members**

Mr AU Kit-ming, MH  
Ms Elaine CHUNG, JP  
Mr HO Tak-sum  
Dr KAO Park-ming  
Ven KOK Kwong  
Mr LAI Sze-nuen, JP  
Ms Mavis LEE Ming-pui  
Mr LI Ka-cheung  
Ms SHUM Chiong-yen  
Ven SIK Hin Hung  
Ven SIK Ku Tay  
Ven SIK To Ping  
Ven SIK Wing Sing  
Ms Maria YEUNG Kam-chun

## Membership of Hospital Governing Committees

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### Hong Kong Eye Hospital & Kowloon Hospital

#### Chairman

Miss Eliza C H CHAN, BBS, JP

#### Ex-officio members

Hospital Authority Chief Executive or  
his representative  
Hospital Chief Executive

#### Members

Dr Steven CHOW  
Mr Philip FAN  
Prof Joseph KWOK, JP  
Mr Hardy LOK Kung-chin  
Mr Louis LOONG Hon-biu  
Mr Alexander MAK  
Mrs PEI CHEN Chi-kuen, JP  
Dr Victor WOO Chi-pang  
Mr James YIP Shiu-kwong

### Hong Kong Red Cross Blood Transfusion Service

#### Chairman

Mr Vincent LO Wing-sang, JP

#### Ex-officio members

Hospital Authority Chief Executive or  
his representative  
Hospital Chief Executive

#### Members

Mr CHAN Kai-ming  
Prof Gregory CHENG  
Mr Ambrose HO (from 21.6.2004)  
Prof Raymond LIANG Hin-suen  
(up to 21.4.2004)  
Mrs Patricia LING WOO Sau-ha  
Mr Luke S K WONG  
Mr Philip TSAI Wing-chung  
Mrs Irene YAU, JP

## Membership of Hospital Governing Committees

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### Kwai Chung Hospital/Princess Margaret Hospital

#### Chairman

The Hon Vincent FANG Kang, JP

#### Ex-officio members

Hospital Authority Chief Executive or  
his representative  
Hospital Chief Executive

#### Members

Mr CHAN How-chi  
Mr H C CHAU, SBS, JP  
Dr Sylvia CHEN Chia-lu, JP  
Dr Andy CHIU Tin-yan  
Mrs Alice CHIU TSANG Hok-wan, JP  
Mr CHOW Yick-hay, BBS  
Mr Larry KWOK Lam Kwong, JP  
Mr Alan LEE Chi-keung  
Ms Terry T LOWE  
Dr TSAO Yen-chow

### Kwong Wah Hospital / TWGH Wong Tai Sin Hospital

#### Chairman

Mr Christopher CHAN Yiu-chong

#### Ex-officio members

Hospital Authority Chief Executive or  
his representative  
Hospital Chief Executive

#### Members

Mr CHOW Chun-fai, BBS, JP  
Dr CHOW Chun-hung  
Mr Stephen CHOW Chun-kay, BBS  
Mr Andy LAU Kam-kwok  
Dr John LEE Sam-yuen  
Mr LEUNG Kam-fong  
Mr John MA Hung-ming, BBS  
Mr Patrick MA Ching-hang  
Mr MOK Ying-fan  
Mr Peter ONG Ka-lueng  
Mr TSENG Cheng, OBE, JP  
Mr Eddie WANG  
Mr Senta WONG, BBS  
Mr Ricky YEUNG Chiu-sing  
Mr Paul YU Shiu-tin, JP  
Dr YU Yuk-ling

## Membership of Hospital Governing Committees

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### MacLehose Medical Rehabilitation Centre

**Chairman**

Dr David FANG, SBS, JP

**Ex-officio members**

Hospital Authority Chief Executive or  
his representative  
Hospital Chief Executive

**Members**

Ms Barbara CHAN  
Prof CHOW Shew-ping, JP  
Mr LEE Man-ban, SBS, JP  
Prof John LEONG Chi-yan, JP  
Prof Keith D K LUK  
Mr David MONG Tak-yeung  
Dr POON Tak-lun

### North District Hospital

**Chairman**

Mrs Gloria NG WONG Yee-man, JP

**Ex-officio members**

Hospital Authority Chief Executive or  
his representative  
Hospital Chief Executive

**Members**

Mr HAU Kam-lam  
Mr LAU Hou-ting  
Mr David LI Ka-fai  
Mr LIU Poon-keung  
Mr Paul MAK  
Dr PANG Hok-tuen, JP  
Dr Annie YEUNG Shou-fong

## Membership of Hospital Governing Committees

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### Our Lady of Maryknoll Hospital

#### Chairman

Dr Conrad LAM Kui-shing, JP

#### Ex-officio members

Hospital Authority Chief Executive or  
his representative  
Hospital Chief Executive

#### Members

Sister Betty Ann MAHEU, MM  
Sister Agnes CAZALE, MM  
Mr Vincent CHANG  
Mr Michael CHENG Tak-kin, JP  
Ms Carlye F L CHU  
Rev CHU Yiu-ming  
Sister Helen KENNY  
Mrs Marigold LAU  
Dr Donald K T LI  
Sister Marilu LIMGENCO  
Mr MAK Hoi-wah  
Mrs Pauline NG CHOW May-lin, JP  
Mrs Beverly TONG  
Dr YU Wing-kwong

### Pamela Youde Nethersole Eastern Hospital

#### Chairman

Dr Raymond WU Wai-yung, GBS, JP

#### Ex-officio members

Hospital Authority Chief Executive or  
his representative  
Hospital Chief Executive

#### Members

Mr CHAN Bing-woon, SBS, JP  
Rev CHU Yiu-ming  
Dr HUANG Chen-ya  
Ms KO Siu-wah, SBS, JP  
Mr LEUNG Sau-chi, JP  
Mr LI Fook-hing  
Mr Simon SIT Poon-ki  
Prof TAM Sheung-wai, GBS, JP  
Mr YEUNG Po-kwan, JP



## Membership of Hospital Governing Committees

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### Pok Oi Hospital

**Chairman**

Mrs Jennifer CHEUNG NG Chui-yiu

**Ex-officio members**

Hospital Authority Chief Executive or  
his representative  
Hospital Chief Executive

**Members**

Mr Bunny CHAN Chung-bun, JP  
Mr CHAN Kwok-chiu, MH  
Dr Linus IP Yiu-man  
Mr Daniel LAM Chun, BBS, JP  
Mr Matthew LAM Kin-hong  
Mr LAM Kwok-hing  
Mrs Alice LAU WOO Wai-see  
Mr LEUNG Che-cheung, MH  
Mr TIK Chi-yuen, JP  
Mr TSOI Tai-wai  
Mr Chris YIP Yiu-shing, MH

### Prince of Wales Hospital

**Chairman**

Mr Edward HO Sing-tin, SBS, JP

**Ex-officio members**

Hospital Authority Chief Executive or  
his representative  
Hospital Chief Executive

**Members**

Ms Annie LIANG BENTLEY  
Prof T F FOK (From 1.5.2004)  
Mr James B HAYBYRNE  
Ms Nancy KIT, JP  
Mr Stephen LIU Wing-ting, JP  
Dr TSE Tak-fu  
Mr Philip WONG Chak-piu

## Membership of Hospital Governing Committees

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### Queen Elizabeth Hospital

**Chairman**

Mrs Eleanor LING, SBS, JP

**Ex-officio members**

Hospital Authority Chief Executive or  
his representative  
Hospital Chief Executive

**Members**

Mrs Sheila CHENG CHATJAVAL  
Dr Steven CHOW  
Dr LEE Kin-hung  
Mr NG Kin-sun  
Dr Victor WOO Chi-pang

### Queen Mary Hospital / Tsan Yuk Hospital

**Chairman**

Dr Anthony HO Yiu-wah

**Ex-officio members**

Hospital Authority Chief Executive or  
his representative  
Hospital Chief Executive

**Members**

Prof LAM Shiu-kam  
Prof J G MALPAS  
Mr Lincoln TSO  
Prof Judy TSUI  
Miss Ada WONG Ying-kay, JP  
Dr Richard YU Yue-hong

## Membership of Hospital Governing Committees

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### Rehabaid Centre

#### Chairman

Mr Thomas J MULVEY, JP

#### Ex-officio members

Hospital Authority Chief Executive or  
his representative  
Hospital Chief Executive

#### Members

Ms Kelley CHAN Yuen-sau  
Mrs Shelley CHOW  
Mrs Kimberley LAM KWONG Lan-heung  
Mr Christopher LAW Kin-chung  
Dr Leonard LI Sheung-wai  
Dr Geoffrey LIEU  
Mrs Anne MARDEN, JP  
Mr SHIH Wing-ching  
Dr Kenneth SO Hop-shing  
Mrs Elizabeth WONG

### Ruttonjee & Tang Shiu Kin Hospitals

#### Chairman

Mr TSENG Cheng, OBE, JP (up to 20.10.2004)  
Mr Edwin LEUNG Chung-ching  
(from 21.10.2004)

#### Ex-officio members

Hospital Authority Chief Executive or  
his representative  
Hospital Chief Executive

#### Members

Mrs Marjorie BRAY  
Mr Charles CHAN Sing-chuk, JP  
Mr Raymond CHOW Wai-kam, JP  
Mrs Peggy LAM, GBS, JP  
Mr Sebastian K C LAU  
Prof John LEONG Chi-yan, JP  
Mr Y L PANG, JP  
Mrs Purviz R SHROFF  
Mr Arthur E STARLING  
Mr Richard TANG Yat-sun, BBS, JP  
Dr Loretta YAM, BBS  
Mr Edwin LEUGN Chung-ching  
(up to 20.10.2004)

## Membership of Hospital Governing Committees

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### Shatin Hospital

**Chairman**

Prof Thomas WONG Kwok-shing

**Ex-officio members**

Hospital Authority Chief Executive or  
his representative  
Hospital Chief Executive

**Members**

Mr Joseph S H KEUNG  
Mrs Molly LEE  
Mr Arthur LI Ka-tat  
Mr PANG Cheung-wai, JP  
Mr Peter SUEN Yiu-chan

### Tai Po Hospital

**Chairman**

Dr Lily CHIANG

**Ex-officio members**

Hospital Authority Chief Executive or  
his representative  
Hospital Chief Executive

**Members**

Mr Ruy Octavio BARRETTO  
Mrs Gladys CHEN  
Mr CHEUNG Wing-fai  
Mr Richard L C FUNG  
Mr LI Kwok-ying  
Mr Sammy POONE Chuen-yan, JP  
Mrs Anne SHIH YU Mee-yee  
Dr SHUM Chi-wang

## Membership of Hospital Governing Committees

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### Tseung Kwan O Hospital

**Chairman**

Mr LO Chung-hing, SBS

**Ex-officio members**

Hospital Authority Chief Executive or  
his representative  
Hospital Chief Executive

**Members**

Miss Iris CHAN Sui-ching  
Mr Raymond CHAN Wai Man  
Mr Francis CHAU Yin-ming, MH  
Dr Joseph KWAN Kai-cho  
Mr Henry LAI Hin-Wing  
Sister Ophelia MarieLUI Woon-hing  
Dr Danny MA Ping-kwan  
Ms Nancy TSANG

### Tuen Mun Hospital

**Chairman**

Mr Paul YU Shiu-tin, JP

**Ex-officio members**

Hospital Authority Chief Executive or  
his representative  
Hospital Chief Executive

**Members**

Dr Eddie CHAN Tat  
Mr CHAN How-chi  
Mr CHAN Kee-huen  
Mr Edward PONG Chong, BBS, JP  
Mr TSO Shiu-wai  
Dr Jimmy WONG Chi-ho  
Mr Jonathan YU Hoy-gin, JP

## Membership of Hospital Governing Committees

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### Tung Wah Hospital / Tung Wah Eastern Hospital / TWGHs Fung Yiu King Hospital

#### Chairman

Mr Christopher CHAN Yiu-chong

#### Ex-officio members

Hospital Authority Chief Executive or  
his representative  
Hospital Chief Executive

#### Members

Mr Albert CHEUNG Chung-put, JP  
Dr CHU Chor-lap  
Mr FUNG Wing-chung, BBS  
Mr HUNG Wing-tat  
Dr KWOK Ka-ki  
Mr Andy LAU Kam-kwok  
Dr John LEE Sam-yuen  
Mr LEUNG Kam-fong  
Mr Stephen LIU Wing-ting, JP  
Dr LO Wing-lok, JP  
Mr Frederick LUI Lai-cheung, JP  
Mr John MA Hung-ming, BBS  
Mr Patrick MA Ching-hang  
Mr Peter ONG Ka-lueng  
Mr Eddie WANG  
Mr Ricky YEUNG Chiu-sing

### United Christian Hospital

#### Chairman

Rt Rev Louis TSUI Tsan-sang

#### Ex-officio members

Hospital Authority Chief Executive or  
his representative  
Hospital Chief Executive

#### Members

Mr Bunny CHAN Chung-bun, JP  
Mr Clifford CHIU  
Mr Roland CHOW Kun-chee  
Ms Sophia KAO  
Mr Patrick LAI Shu-ho, MH  
Mr Eddy LEE Wai-man  
Rev Ralph LEE Ting-sun  
Rev Lincoln LEUNG Lam-hoi  
Mr LI Fook-hing  
Mr LI Kwok-heem  
Mrs June LI  
Rev LUK Fai  
Dr NIP Kam-fan, JP  
Mrs POON YAM Wai-chun  
Mr Simon SIT Poon-ki  
Prof TAM Sheung-wai, GBS, JP  
Mr Thomas TSANG Fuk-chuen  
Dr WAI Heung-wah  
Mr WONG Bing-lai  
Mr WU Kwok-cheung, MH  
Ms Alice YUK Tak-fun, JP

## Membership of Hospital Governing Committees

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### Yan Chai Hospital

#### **Chairman**

Mr Raymond LEE

#### **Ex-officio members**

Hospital Authority Chief Executive or  
his representative  
Hospital Chief Executive

#### **Members**

Mr CHAN Wai-ming

Mr CHAU Tak-wai

Dr Anthony HO Yiu-wah

Ms Elizabeth LAW Kar-shui

Dr LEE Chun-yu

Prof S H LEE, SBS, JP

Mr Wilfred NG Sau-kei

Mr TANG Kam-hung

Ms Bess TSIN Man-kuen

Mr Alfred WONG Wai-kin

## Membership of Regional Advisory Committees

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### Hong Kong Regional Advisory Committee

<b>Chairman</b>	Dr Anthony HO Yiu-wah
<b>Ex-Officio Members</b>	Hospital Authority Chief Executive or his representative Director of Health or his/her representative
<b>Members</b>	Mrs Anita CHAN (from 1.8.2004) Dr Daniel FANG Dr David FANG, SBS, JP Prof P C HO Dr HUANG Chen-ya Mr KO Tam-kan Dr the Hon KWOK Ka-ki Mr LAM Kit-sing Mr Andy LAU Kam-kwok Mr LEE Kai-hung Ms LEUNG Suk-ching Mr Y L PANG, JP Dr K T TOM Mr TSENG Cheng, OBE, JP Mr Lincoln TSO Dr D WIJEDORU (up to 31.7.2004) Ms Ada WONG Ying-kay, JP Prof WONG Hoi-kwok, BBS, JP Mr Paul T K YOUNG, JP



## Membership of Regional Advisory Committees

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### Kowloon Regional Advisory Committee

<b>Chairman</b>	Mr Paul YU Shiu-tin, JP
<b>Ex-Officio Members</b>	Hospital Authority Chief Executive or his representative Director of Health or his/her representative
<b>Members</b>	Miss Eliza C H CHAN, JP Mr CHAN Han-pan Mr CHAN Siu-man Mr Francis CHAU Yin-ming, MH Mr Charles C Y CHIU Mr CHOW Chun-fai, BBS, JP Mr CHOW Yick-hay, BBS Mr IP Che-kin Mr Keith LAM Hon-keung, JP Mr LAM Ka-keung Mr Raymond LEE Mr LEUNG Kam-tao (up to 20 June 2004) Dr LI Sum-wo Dr Albert LI Sze-bay, JP Dr Danny MA Ping-kwan Mr MAK Hoi-wah Mr Kenneth SO Hop-shing Rt Rev Louis TSUI Tsan-sang Mr Eddie WANG Mr Anthony L K WONG, JP Mr WONG Kam-kuen, MH (from 21 June 2004) Mr Luke S K WONG Dr Victor WOO Chi-pang

## Membership of Regional Advisory Committees

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### New Territories Regional Advisory Committee

<b>Chairman</b>	Mr LO Chung-hing, SBS
<b>Ex-Officio Members</b>	Hospital Authority Chief Executive or his representative Director of Health or his/her representative
<b>Members</b>	Mr Daniel CHAM Ka-hung, MH Mr CHAN How-chi Prof Cecilia CHAN Lai-wan, JP Mrs Jennifer CHEUNG NG Chui-yiu Prof T F FOK (from 1.5.2004) Mr Richard L C FUNG Ms Nancy KIT, JP Dr LAM Cho-yee Ms LEE Ying Mr LI Kwok-ying Mr LIU Poon-keung Mrs Rita LIU, BBS Mr PANG Cheung-wai, JP Mr POON Chung-yuen Prof TAM Sheung-wai, GBS, JP Mr Philip WONG Chak-piu Mr YEUNG Po-kwan, JP

## Membership of the Board of Trustees of the Hospital Authority Provident Fund Scheme

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<b>Chairman</b>	Mrs Eleanor LING LEE Ching-man, SBS, JP
<b>Trustees</b>	Dr CHU Kin-wah (up to 20.8.2004) Dr Anthony HO Yiu-wah (from 3.1.2005) Ms Susie HO, JP (from 4.8.2004) Dr William HO, JP Mr Benjamin LEE Cheung-mei Dr C H LEONG, GBS, JP (up to 20.10.2004) Mr Lincoln LEONG Kwok-kuen Mr Raymond LEUNG Ho-kwan Mr LO Chung-hing, SBS Mr Alan H SMITH, JP Dr TSE Kong Ms Amy YIP Yok-tak, BBS, JP Mr Thomas YIU Kei-cheung, JP (up to 28.7.2004)

## Public Feedback Statistics (1.4.2004 – 31.3.2005)

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### Public Complaints Committee

Nature of Cases	Complaints received
Medical Services	124
Staff Attitude	10
Administrative Procedure	18
Others	17
<b>Total Number of Complaints</b>	<b>169</b>

### Hospital Complaints / Appreciation Statistics

Nature of Complaint / Appreciation Cases	Complaints received	Appreciations received
Medical Services	1099	9408
Staff Attitude	862	4928
Administrative procedure	384	407
Overall Performance	-	11215
Others	405	2222
<b>Total No. of Complaints / Appreciations</b>	<b>2750</b>	<b>28180</b>

## Statistics of the Controlling Officer's Report

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The Hospital Authority generally achieved its performance targets in 2004/05. The demand for public hospital services has rebounded after the outbreak of SARS in 2003. The volume of patient care activities across the full range of services in 2004/05 is significantly higher than the level in 2003/04.

The key statistics of the Controlling Officer's Report used by the Government to measure the Authority's performance in 2004/05 were:

	2003-04	2004-05
<b>(I) No. of hospital beds (as of end March)</b>		
• General (acute and convalescence)	20,751	20,511
• Infirmary	2,195	2,151
• Mentally ill	4,730	4,714
• Mentally Handicapped	800	800
• Total	28,476	28,176
<b>(II) Delivery of services</b>		
<b>In-patient services</b>		
No. of discharges & deaths		
• general (acute and convalescence)	720,880	836,293
• infirmary	4,464	3,486
• mentally ill	13,438	14,901
• mentally handicapped	371	454
• overall	739,153	855,134
No. of patient days		
• general (acute and convalescence)	4,693,552	5,273,962
• infirmary	631,696	567,794
• mentally ill	1,324,364	1,275,813
• mentally handicapped	254,916	247,784
• overall	6,904,528	7,365,353
Bed occupancy rate		
• general (acute and convalescence)	72%	83%
• infirmary	82%	85%
• mentally ill	78%	79%
• mentally handicapped	87%	89%
• overall	75%	83%
Average length of stay (days)*		
• general (acute and convalescence)	6.7	6.3
• infirmary	175	119
• mentally ill	100	105
• mentally handicapped	622	624
• overall	9.9	8.9

## Statistics of the Controlling Officer's Report

	2003-04	2004-05
<b>Ambulatory diagnostic &amp; therapeutic services</b>		
• Day patient		
– No. of discharges & deaths	236,230	271,255
– No. of day patients as % of total in-patient & day patient discharges and deaths	24%	24%
• Accident & emergency services		
– No. of attendance	1,828,729	2,101,432
• Out-patient services		
– No. of specialist out-patient (clinical) attendances <sup>#</sup>	5,673,517	6,006,765
– No. of general out-patient attendances	4,297,848	5,302,779
<b>Rehabilitation &amp; outreach services</b>		
• No. of home visits by community nurses	705,716	778,970
• Psychiatric services		
– No. of psychiatric outreach attendances	81,230	83,414
– No. of psychiatric day hospital attendances	154,629	173,223
– No. of psychogeriatric outreach attendances	41,466	46,372
• Geriatric services		
– No. of outreach attendances	384,046	473,657
– No. of older persons assessed for infirmary care service	1,909	1,732
– No. of geriatric day hospital attendances	82,720	125,992
– No. of Visiting Medical Officer attendances <sup>@</sup>	33,235	79,698
– No. of allied health out-patient attendances	1,971,028	2,112,799
<b>(III) Quality of services</b>		
Number of hospital deaths per 1000 population <sup>^</sup>	3.9	3.7
Unplanned readmission rate within 28 days for general in-patients	8.9%	9.5%
Accident and Emergency (A&E) services		
% of A&E patients within the target waiting time:		
• Triage I (critical cases - 0 minutes)	100%	100%
• Triage II (emergency cases- <15 minutes)	97%	97%
• Triage III (urgent cases- <30 minutes)	89%	87%
Specialist outpatient services		
Target median waiting time for first appointment at specialist clinics <sup>+</sup>		
• First priority patients	2 weeks	2 weeks
• Second priority patients	8 weeks	8 weeks

## Statistics of the Controlling Officer's Report

	2003-04	2004-05
<b>(IV) Cost of Services</b>		
<b>Cost distribution</b>		
Cost distribution by services (%)		
• in-patient	64.2%	63.3%
• ambulatory & outreach	35.8%	36.7%
Cost by services per 1000 population (popn) (\$m)		
• in-patient	2.9	2.7
• ambulatory & outreach	1.6	1.6
Cost of services for elderly persons		
• share of cost of services for elderly persons (%)	45.3%	45.5%
• cost of services for elderly persons per 1000 popn aged 65 & over (\$m)	17.9	16.4
<b>Unit costs</b>		
Cost per in-patient discharged (\$)		
• general (acute and convalescence)	24,300	19,790
• infirmary	166,710	169,230
• mentally ill	142,100	121,320
• mentally handicapped	728,960	547,710
Cost per accident & emergency attendance (\$)	830	700
Cost per specialist out-patient attendance (\$)	800	700
Cost per outreach visit by community nurse (\$)	360	310
Cost per psychiatric outreach attendance (\$)	1,110	1050
Cost per geriatric day hospital attendance (\$)	1,910	1410

## Statistics of the Controlling Officer's Report

	2003-04	2004-05
<b>(V) Manpower (no. of FTE staff ##)</b>		
<b>Medical</b>		
• doctor	4,542	4,526
• intern	325	328
• dentist	5	5
<b>Medical total</b>	<b>4,872</b>	<b>4,859</b>
<b>Nursing</b>		
• qualified staff	19,148	18,891
• trainee	160	271
<b>Nursing total</b>	<b>19,308</b>	<b>19,162</b>
<b>Allied health</b>	<b>4,891</b>	<b>4,830</b>
<b>Others</b>	<b>23,380</b>	<b>23,274</b>
<b>Total</b>	<b>52,451</b>	<b>52,125</b>

### Notes :

- \* Derived by dividing the sum of length of stay of inpatient by the corresponding number of inpatient discharged/treated.
- # No. of specialist out-patient (clinical) attendances includes integrated clinic attendances
- @ Refers to the services provided to elderly persons living in Resident Care Homes for the Elderly under the Visiting Medical Officers Scheme introduced in 2003-04.
- ^ Refers to the age-standardised mortality rate covering all deaths in the Hospital Authority (HA) Hospitals. This is derived by applying the age-specific mortality rates in HA in a particular year to a 'standard' population which is the 2001 Hong Kong mid-year population.
- + Refers to median waiting time of major clinical specialties which include Ear, Nose and Throat, Gynaecology, Medicine, Ophthalmology, Orthopaedics & Traumatology, Paediatrics and Adolescent Medicine, Psychiatry and Surgery.
- ## All staff in workforce (permanent, contract and temporary terms) are included in the reported figures on full-time equivalent (FTE) basis.



## Environmental Performance Report, 2001-2004

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The ensuing paragraphs summarise the progress made by public hospitals in respect of corporate-wide environmental management and protection for the years from 2001 to 2004.

### Management Structure for Environmental Protection

In addition to the Working Group on Environmental Issues at Head Office level, hospitals have set up green committees to enlist staff's participation and input in addressing environmental issues. Responsibility for environmental management is clearly defined and there are clear lines of accountability throughout the hospitals and clusters. Green managers are appointed at the hospital level so as to ensure effective implementation of environmental initiatives.

Furthermore, environmental management has been adopted as one of the Annual Plan Standards to enhance monitoring of performance.

### Resource Management

The Authority consumes large amounts of electricity, water and other resources in its daily operations. In the year 2003/04, there were about 6% increase in consumption of electricity (Table 1), 27.5% increase in consumption of diesel and gas (Table 2) and 0.9% increase in water consumption (Table 3) when compared with the levels recorded in the year 2002/03.

To balance the needs of providing a healthy and safe working environment and minimising our environmental impact, all hospitals have maintained a number of ongoing initiatives and measures to reduce consumption in electricity and water. Common strategies adopted by hospitals include installation of lighting retrofit, zonal switch and timer control for lighting and air-conditioning systems, de-lamping, suspension of lifts during non-peak hours, and installation of water-saving valves, etc. Some hospitals also introduced heat pump, interface of chiller plants, installation of variable frequency devices for AHUs and energy management contracts. As a standard practice, environmental measures and protection will be thoroughly considered during the architectural design stage of all new hospital construction and major refurbishment projects as well as the planning in installation of engineering and building services systems. Due considerations are always given to minimise and monitor the visual, noise and ecological impacts to surroundings during the construction and subsequent operation stages of all facilities and buildings.

### Electricity Consumption

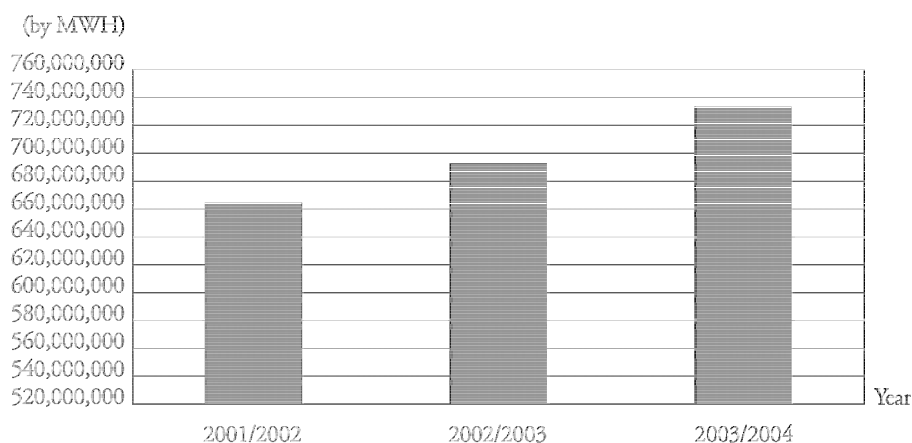


Table 1 – Electricity Consumption

## Environmental Performance Report, 2001-2004

### Diesel & Gas Consumption

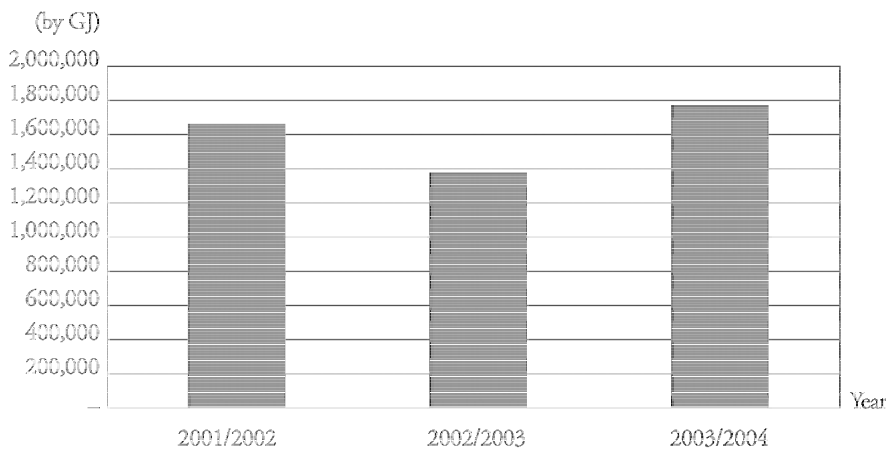


Table 2 – Diesel & Gas Consumption

### Water Consumption

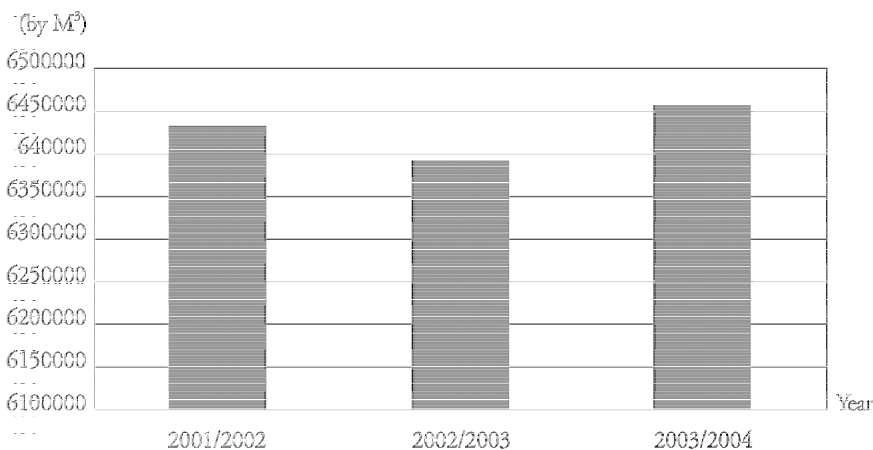


Table 3 – Water Consumption

### Waste Management

In our hospital operations, various types of waste are inevitably produced in the course of daily activities. The waste generated in hospitals can be broadly classified as domestic waste and clinical waste and e-waste. Clinical waste consists of used clinical consumables and chemical waste. E-waste is largely attributed by computer disposables and obsolescence of hard wares.

To avoid and control environmental pollution as far as practicable, all public hospitals have continuously adopted new and effective means to reduce the amount of waste generated from its day-to-day activities. Proper disposal of unwanted chemicals and clinical waste have been practised in an effective and prudent manner. The increasing amount of clinical waste recorded in 2003 (see Table 4) was mainly due to the surge in

## Environmental Performance Report, 2001-2004

use of extra personal protection equipment by staff and patients during and after the SARS epidemic. However, when compared with the records captured in 2003, the amount of clinical waste generated in 2004 has decreased by about 30%. In addition, the volume of solid chemical waste (e.g., expired antibiotics, drugs etc.) and aqueous chemical waste (e.g., used alcohol, xylene, formalin etc.) in 2003/04 has decreased by about 7% (see Table 5) and 11% (see Table 6) respectively. The gross amount of clinical waste and chemical waste generated in public hospitals which have been recorded over the past three years are shown below.

### Clinical Waste Generation

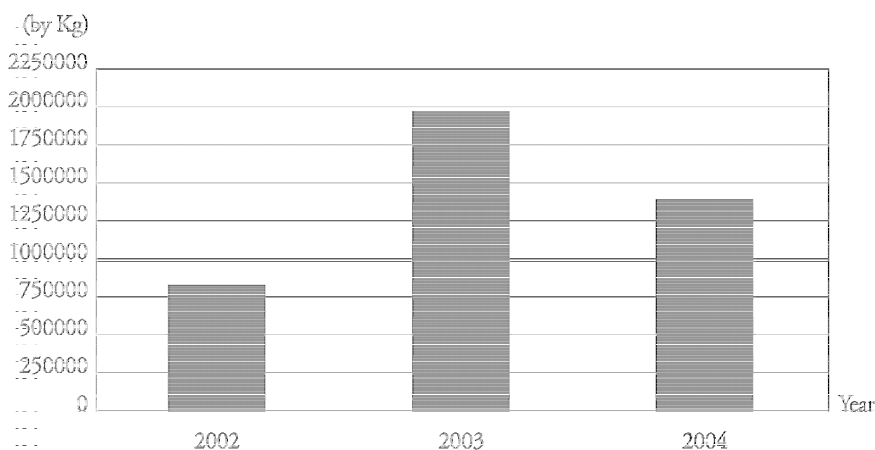


Table 4 – Clinical Waste Generation

### Chemical Waste Generation (Kg)

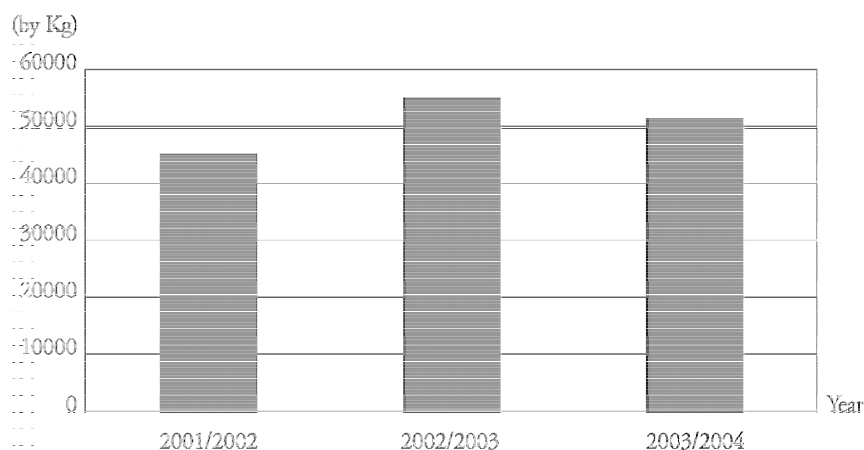


Table 5 – Chemical Waste Generation, Kg

## Environmental Performance Report, 2001-2004

### Chemical Waste Generation (Litre)

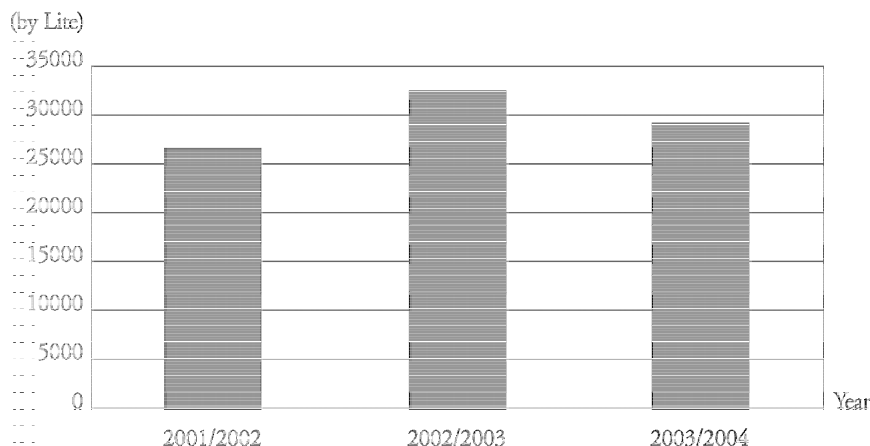


Table 6 – Chemical Waste Generation, Litre

### Pollution Prevention & Minimisation of Consumption

In order to reduce, reuse and recycle where appropriate, all public hospitals have participated in the WasteWise Scheme organised by the Environmental Protection Department and HK Productivity Council. For this purpose, recycling bins are placed at convenient locations within all the hospital compounds. The gross quantity of recyclable waste recovered during the past three years is listed in Table 7 below.

Table 7 – Amount of recyclable wastes recovered in hospitals

	2001/02	2002/03	2003/04
Waste paper (kg)	362,004	810,085	548,079
Plastic bottle (kg)	16,628	31,882	38,216
Aluminium can (kg)	738	10,706	2,857
Glass bottle (kg)	Not recorded	6,656	7,488
Ink/Toner cartridge (number)	604	6,192	3,756

The Authority also collaborates with local green groups (e.g., Friends of the Earth) to organise some environmental programmes in hospitals to promote the waste recycling concepts and environmental awareness within the organisation. In 2004/05, we have introduced the Moon Cake Tin Box Recycling exercise and two Used Clothing Recycling exercises, from which the administration collected about 1999 moon cake tin boxes and 3161 kg of used but serviceable clothing. The Authority would continue to organise more environmentally friendly responsibility programmes in future.

Another major initiative adopted is the reduction of pollution due to vehicular emissions. By end of 2003/04, a total of 103 vehicles in the Authority had been installed with particulate removal devices.

## Environmental Performance Report, 2001-2004

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### Staff Engagement

Staff engagement is crucial to the success of any corporate and hospital environmental protection initiatives. To encourage our staff to shoulder and share personal responsibility for good house keeping, waste reduction and conservation, hospitals have organised regular training sessions and promotional activities. The efforts rendered in the organisation of training and awareness programmes for promoting environmental protection in the Authority can be seen in the following statistics:

Table 8 – Number of training and awareness programmes

	2001/02	2002/03	2003/04
Training/Seminar	13	54	60
Other Promotional Activities	34	31	27

### Purchasing & Contracting

The Authority recognises the environmental impact of purchasing decisions and has continuously addressed these concerns in the course of finalising tender specifications and during the tender evaluation processes. Our commitment to environmentally responsible purchasing has been stipulated in the general clause of all our invitation to tenders. The Authority also implemented many green procurement initiatives in the procurement of general supplies items. The most prominent example is the procurement of green products through the corporate-wide contract of 'Total Solution for the Supply, Distribution and Logistical Support for Household, Stationery and Other office Supplies' commencing 2002/03. Besides, the Authority has rigorously applied e-technology to streamline the procurement processes, e.g., the rolling out of e-Purchase Requisition, e-Stock Request, EDI-Purchase Orders and e-invoice. These systems not only significantly reduced the amount of paper consumed, but also enhanced the operational efficiency with less manual procedures. With the future implementation of ERPS as a major transformational change across all the non-clinical functions in HA, it is expected that we can further enhance our green practices and procurement process with e-Commerce elements internally and externally through gradual expansion of the e-technology functions in adoption of e-data transmissions and e-business transactions for e-Quotation and e-Tendering.

### Environmental Awards

Many public hospitals have been awarded with Gold Wastewise Logo, Wastewise Logo, Eco-Business Award and some hospitals have been certified with the ISO 14001.

Table 9 – Number of hospitals awarded with public recognitions

Hospitals awarded	Number of hospitals /Units
Gold Wastewise Logo	14
Wastewise Logo	27
Eco-Business Award	5
ISO14001 certification	5

## Major initiatives of Hospital Authority Head Office Divisions, 2004/05

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### Corporate Affairs Division

#### Board and committees

- Organised a total of 67 meetings of the Authority Board and its committees, including 17 plenary meetings and 12 Regional Advisory Committee meetings, and processed 62 Board papers to facilitate its policy-formulation, decision-making and performance monitoring functions.
- Contributed to the corporate governance functions of reviewing the Authority's internal and external audit activities, monitoring its financial planning, control and reporting functions, overseeing its budgetary and fund allocation processes, formulating corporate-wide human resources policies, deliberating on various medical development and service provision issues, developing strategies, directions and priorities for planning of public healthcare services and business support services, as well as advising on the senior executive structure.
- Assisted the Board in establishing the Emergency Executive Committee for discharging its governance function during defined crisis situations with clear delineation of roles between the Board, the executives and Government.
- Organised two planning workshops to identify and discuss the strategic issues facing the Authority with participation by Board members, senior executives and the Secretary for Health, Welfare & Food.
- Organised three open Board meetings to enhance the transparency and accountability of the Authority's work, with the posting of relevant Board and committee papers to the Homepage for public consumption.
- Published the Hospital Authority Annual Report and coordinated timely replies to Legislative Council questions to promote understanding of the Authority's policies and services among members of the public.

#### Administration

- Manned a one-stop enquiry centre to provide quick response to telephone, web and written enquiries from the public, Government and Non-Government Organisations.
- Coordinated with hospitals to ensure compliance with the Code on Access to Information.
- Promulgated information and instructions through circulars and the HA Intranet to improve internal communication.
- Supported the organisation of the Hospital Authority Convention 2004 together with the Hong Kong SARS Forum, which was participated by over 2,500 delegates and 100 speakers, to promote the sharing of knowledge and experience among local and overseas healthcare professionals.
- Provided infrastructure support in the areas of estate management, security, catering, telecommunication, office communication systems, supplies and equipment, transportation, as well as the document receipt and dispatch network for the Head Office and 40 public hospitals/institutions.

#### Corporate executive support

- Formulated, produced and monitored progress of the Hospital Authority Annual Plan as one of the means to communicate the Authority's strategic directions and policy objectives to the community.
- Facilitated communication between Board Members, senior executives, and officials of the Health, Welfare, and Food Bureau through the organisation of and providing support to regular external and internal meetings.
- Produced the Controlling Officer's Report and the Quarterly Progress Report as part of the Authority's accountability reporting to Government.

## Major initiatives of Hospital Authority Head Office Divisions, 2004/05

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### Corporate Communications Division

#### **Information dissemination and media relations**

- Organised strategic communication programmes for district councillors, legislators, editors, commentators, concern groups, and academics to orientate and enhance their understanding of the challenges facing the Authority, including topics such as enhanced productivity under cluster-based management, initiatives to foster public-private interface, the strengthening of community-based ambulatory care, the Authority's preparedness for infectious disease outbreaks, and human resource initiatives for boosting staff morale.
- Organised a total of 170 press conferences, media briefings and press interviews, issued 250 press releases, contributed 100 newspaper column articles, and handled 2,400 media enquiries to strengthen the image of the Authority as an accountable, competent and caring organisation.
- Collaborated with the Hong Kong Federation of Journalists in organising five educational talks for reporters and editors to increase their knowledge of the clinical and managerial aspects of Hong Kong's public healthcare system.

#### **Publicity and health promotion**

- Organised a series of health promotion initiatives to enhance the public's awareness of health topics, including campaigns to present research findings, coordinated mentorship programmes, school visits and other outreach activities.
- Collaborated with different groups and organisations, such as the Hong Kong Medical Association, Jardine's Group, the Rotary Club, the Lions Club and the Li Ka Shing Foundation, to promote healthy and hygienic practices, including the following campaigns:
  - Awareness Campaign on the Prevention of Infectious Diseases
  - Hand Hygiene Campaign
  - 'The Gift of Life' Organ Donation Promotion Campaign
  - Re-launch of the Early Assessment Service for Young People with Psychosis Programme
  - 'Health In Mind – Youth Mental Health Promotion Programme'
  - 'Better Health for a Better Hong Kong' Health Promotion for the grassroots
  - Recognition of SARS Donors
- Organised a total of 490 programmes and 33 outreach activities at the Health InfoWorld to benefit over 155,000 members of the public, e.g., the Heart Health at Work Programme, the Smart Elderly Programme, and the Well Women Workshop.

#### **Patient groups and volunteers coordination**

- Organised care empowerment workshops, regular update meetings, and published the CarePlus Newsletter to enhance communication and collaboration with over 300 patient groups to address their needs and concerns.
- Worked closely with volunteer coordinators of the seven clusters to organise and promote volunteer development across hospitals, including the provision of infection control training to volunteers to ensure their safety and health.
- Develop a "Train-the-Trainer" model with the participation of over 200 professional colleagues to provide training to over 9,600 volunteers in 2004/05.

## Major initiatives of Hospital Authority Head Office Divisions, 2004/05

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### Finance Division

#### **Corporate stewardship in financial planning, management & operations**

- Provided the required leadership and direction in the following corporate finance areas:
  - Aligning corporate and financial strategies and developing financial policies with hospital cluster finance and other stakeholders.
  - Resource planning, budgeting and monitoring, including negotiation with Government on funding requirements; refining allocation basis of the funding model to best support cluster resource requirements; and conducting medium- and long-term financial projections of resources based on service plan.
  - Accountability reporting on financial performance of the Authority, including the annual statutory financial reporting and regular reporting to Government, the Authority Board, the Finance Committee and internal stakeholders.
  - Financial systems development, including initiation of the Enterprise Resource Planning (ERP) development for payroll and finance systems; revenue management relating to streamlining processes across the Authority and exploring new collection channels such as Octopus; and review of the costing system and approach to support service planning.
  - Enhancing the Authority's Finance staff capability and accountability through the introduction of a dual reporting structure with the cluster finance heads reporting to both the Director (Finance) and Cluster Chief Executive.
- Implemented the following key initiatives to enhance financial management and operations:
  - Adopted best practice disclosure reporting in financial accounting.
  - Conducted an annual risk assessment of the financial systems of internal control behind the processes, people of the finance operations both at Head Office and hospital levels.
  - Optimised cash management and funds management including investments.
  - Performed the payroll, payment and bookkeeping functions to ensure smooth operations of the Authority.
  - Enhanced management reporting to dovetail with the standard Cluster Management Finance Reporting package requirements.

#### **Enhancing organisational performance**

- Enhanced budget monitoring of the Authority by conducting a mid year review of the 2004/05 budget and by organising a quarterly Cluster Finance Review Meeting to review and monitor the Head Office and clusters' finance performance on both recurrent and capital expenditure items.
- Revamped the management reports, including the Finance Performance Reporting Package to senior management and the Monthly Finance Report to the Finance Committee/Authority Board, to enhance the depth and disclosure of financial information to all stakeholders.
- Achieved an additional 3.05% efficiency savings target on top of the 1.8% delivered in 2003/04 through the corporate and cluster planned savings initiatives, including development of community-based healthcare services to reduce demand for inpatient service, rationalisation of core and non-core services to improve cost effectiveness, enhancement of public-private interface to facilitate free flow of patients to the private sector, introduction of private partnership in non-core supporting services such as food and domestic services, and engaging in bulk contracts to reduce purchase price.

#### **Enhancing healthcare system sustainability**

- Formulated a long-range financial plan for the next five years based on the service plan and manpower requirements under the Authority's existing service directions to facilitate the funding review with Government.
- Reviewed the implementation of the previous fees revision exercise to identify rooms for further adjusting public hospital fees and charges to reduce unnecessary dependence on public healthcare services.



## **Major initiatives of Hospital Authority Head Office Divisions, 2004/05**

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- Refined the population based model for allocating resources to clusters to help optimise utilisation of resources for the delivery of quality service.
- Supported Government in the deliberation of long-term healthcare financing options by formulating analysis on fees and charges policy to target public subsidies at areas of greatest needs and by providing information support to its healthcare financing studies.

### **Information Technology (IT)**

- Formulated IT strategic plans, policies, standards and guidelines, including strategic planning for the clinical systems, non-clinical systems and IT infrastructure.
- Developed, implemented, maintained and supported corporate-wide information systems, covering the clinical systems for direct care, clinical departmental systems, patient administration systems, as well as the non-clinical systems such as human resources & payroll, financial management, hospital administration, materials management, office system support, and Intranet/Internet.
- Planned, designed, implemented, and managed IT infrastructure facilities including network, server platforms and corporate/hospital data centres to ensure these infrastructure can support the IT systems being provided.
- Provided end-user training for the corporate information systems, including hands-on training, computer-aided self training, system briefing and general IT training.
- Established a set of IT governance mechanisms to prioritise service demands and monitor progress of service delivery.

## Major initiatives of Hospital Authority Head Office Divisions, 2004/05

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### Human Resources Division

#### **Building human resources capability**

- Provided input and human resources expertise to the senior management team in developing the people-related strategies for the Authority.
- Enhanced the Authority's human resources capability and accountability through enhancement of the relationship between the Head Office as the central policy function and the cluster Human Resources teams as the operational and implementation arm of the function with a dual reporting structure.
- Recruited more clinical and care supporting staff to strengthen the workforce and help ensure the provision of quality services amid increasing workload and rising public expectations.
- Developed and implemented plans and programmes to enhance system effectiveness and efficiency, including across-the-broad pay adjustment and the public-private partnership pilot project on food services.

#### **Staff training and communication**

- Launched a series of communication programmes after the SARS epidemic to enhance awareness of the importance of internal communication and to identify ways of further enhancing existing team communication channels and strategies, including the Crisis Communication Seminar, the Communication for Building Trust and Professional Image Seminar, the Impacting Influence, Powerful Outcome Seminar, and related skills-based workshops.
- Organised tailor-made programmes to enhance the leadership and management capability of executives and clinical leaders in the Authority, including a three-day structured management programme for senior executives developed jointly by Hong Kong University of Science & Technology and Kellogg School of Management, a two-day workshop on 'Crisis Management for Clinical Leaders' developed jointly with the Institute of Advanced Nursing, and a management development programme entitled 'The Seven Habits of Highly Effective People – Enhancing Personal and Team Effectiveness', developed based on the famous book written by Dr Stephen R Covey.
- Organised ongoing training and development programmes to ensure that staff members are equipped with the required skills and knowledge to perform their duties.
- Enhanced the alignment between internal and external communication through establishment of a formal structure involving the Public Affairs and Human Resources functions.
- Established a formal crisis communication mechanism with de-layered communication channels to ensure dissemination of key messages to the ward level in an expeditious, clear and consistent manner during crisis situations.
- Strengthened the informal communication network through the appointment of over 470 Staff Communication Ambassadors of different disciplines in various hospitals, and the organisation of regular forums between senior executives and frontline staff, for example, the Chairman and Chief Executive's hospital visits, and staff forums held by Cluster Chief Executives.
- Conducted a staff survey to gauge staff mood and staff opinion, with the formation of focus groups comprising frontline staff from different professions at the cluster level to identify the key issues and formulate action plans for addressing these issues.

## Major initiatives of Hospital Authority Head Office Divisions, 2004/05

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### Professional Services & Facilities Management Division

#### Capital Works

- Completed Phase II renovation for vacant staff quarters in Castle Peak Hospital and Kwai Chung Hospital to provide accommodation for discharge of long-stay psychiatric patients.
- Completed five major projects valued \$2.26 billion to enhance facilities in preparation for possible outbreak of infectious disease, including the provision of 1415 isolation beds and proper facilities for gowning and de-gowning in 14 acute hospitals, remodelling of Tang Siu Kin Hospital into an ambulatory care centre, redevelopment of Castle Peak Hospital Phase II, and remodelling of Tuen Mun Polyclinic Building into an ophthalmic centre.
- Continued to implement four other major capital works projects valued \$3.88 billion to bolster organisational performance, including the Phase II Redevelopment of Caritas Medical Centre, provision of rehabilitative environment at Kwong Wah Hospital, construction of a new Accident & Emergency Department and a radiotherapy centre at Princess Margaret Hospital, and redevelopment of Pok Oi Hospital into a 622-bed acute hospital.
- Commenced works on three other major projects valued \$675.7 million, i.e., the construction of a new infectious diseases centre at Princess Margaret Hospital, improvement of infection control provisions for autopsy facilities in 11 hospitals, and provision of additional lifts in Block S of United Christian Hospital.
- Tendered and awarded two new Term Contracts for construction to improve efficiency and effectiveness in the implementation of minor works and maintenance projects, covering the New Territories East Cluster and the three clusters in Kowloon.
- Tendered and awarded another two new Term Maintenance Surveying Consultancy Contracts to serve the New Territories East, Kowloon East and Kowloon Central Clusters.
- Completed a total of 542 minor improvement projects and 319 maintenance projects with expenditure amounted to \$188.9 million and \$111.8 million respectively.
- Rolled out the computerised Maintenance Management System to all hospitals to facilitate the implementation of improvement/maintenance projects.
- Successfully passed the annual external audit exercise conducted by the Hong Kong Quality Assurance Agency of Capital Works Department ISO9001:2000 System.
- Revised the Capital Works Procedural Manual to incorporate a new schedule of authorities for procurement of capital works to enhance control mechanisms.
- Participated actively in the Head Office's core professional team on occupational safety & health to promote greater awareness of the concept among staff members.
- Organised commissioned training activities to develop facilities management skills in clusters.

#### Business Support Services

- Enhanced the procurement function at both the Head Office and clusters by developing new supply chain functions with better response to operational needs of the frontline and standardisation in a wide array of commodities and medical equipment.
- Introduced solution-based and bundled contracts for outsourcing of non-core support services for all clusters to achieve greater cost-effectiveness.
- Enhanced staff competencies in the procurement function through commissioned training and capitalising knowledge and experience in contract management.
- Improve efficiency and effectiveness of inventory management by refining the Inventory Control System for mission critical items, the vendor-managed inventory for sutures supply, and the model of "total-solution" and logistics support for general and domestic supplies.
- Facilitated cost-effective procurement of medical equipment through the provision of enhanced knowledge-based information on medical devices and subscription to the Emergency Care Research Institute's healthcare technology database with regular reviews on the utilisation rate and user feedback.

## Major initiatives of Hospital Authority Head Office Divisions, 2004/05

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- Further develop bulk purchase of major medical equipment and medical consumables.
- Conducted strategic planning and promoted team building as well as collective organisation learning in public-private-partnership development with the adoption of cook-chill technology and central food production as the direction in delivery of food services in the Authority.
- Improve safety and efficient operation of the Authority's food services by conducting tender for the pilot public-private-partnership project for the New Territories West Cluster and Queen Elizabeth Hospital and by revamping the Dietetics and Catering Management System.
- Enhanced safety in manual handling operations, improved chemical/biomedical safety, and organised campaigns against workplace violence and needle injury prevention programmes.
- Completed a consultancy review on the Authority's occupational safety and health practices with progressive implementation of its recommendations to achieve continuous improvement.
- Conduct regular reviews and audits of various business support services functions, including domestic services, non-emergency ambulance transport service, supplies functions and biomedical engineering services, to ensure quality, promote organisation learning, manage risks, and identify areas for continuous improvement.
- Contributed to the Authority's preparedness for future outbreak of infectious disease by stockpiling and ensuring the supply of personal protective equipment and medical devices.

### **The Institute of Health Care**

- Set up a Business Development Committee to formulate business strategies and policies, endorse education programmes and business plans, review effectiveness of the business units, and develop the Institute into a centre of excellence.
- Appointed programme directors to develop training programmes in different disciplines in partnership with local universities and healthcare bodies, overseas professional bodies, and internal training organisers.

### **Professional Services**

#### Anaesthesiology

- Contracted out anaesthetic service of Our Lady of Maryknoll Hospital and part of the service in Alice Ho Mui Ling Nethersole Hospital as a public-private initiative and a measure to maintain the manpower in the context of constant outflow of specialists to private sector.
- Completed the first 'Post-registration Certificate Course in Anaesthesia' for nurses to improve the competency of nurses working in operating theatres.
- Participated in the Nursing Department's review of skill mix and training requirement of the peri-operative nursing team to enhance the quality and efficiency of peri-operative care.
- Launched a poster exhibition on 'Knowing more about Chronic Pain' in public hospitals to enhance patients' understanding of the multidimensional nature of chronic pain, its effect on physical and psychosocial well-being as well as the various treatment options.
- Conducted a pilot study on the pain and psychological profiles of chronic pain patients in Hong Kong to facilitate the identification of major contributing factors and formulation of focused treatment strategies.

#### Surgery

- Formulated an overall strategy for surgical services as well as a contingency plan to maintain urgent surgical services and manpower surge.
- Formulated and implemented strategies to manage length of stay for surgical services.
- Continued to enhance the quality of cardiac surgery services through strengthening networking arrangement and reducing the waiting time.
- Conducted several audit projects on major surgical operations and shared the experiences among surgical departments.

## **Major initiatives of Hospital Authority Head Office Divisions, 2004/05**

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### Otorhinolaryngology

- Produced seven sets of information pamphlets for patient and public education.
- Developed guidelines for referring patients requiring urgent Computer-assisted Tomography Scan and Sleep Studies to the private sector to enhance public private interface.
- Formulated a proposal for charging audiology procedures in line with the Authority's charging policy for implementation in 2005/06.
- Reorganised composition of the Audiology Subcommittee to enhance cluster representations.

### Neurosurgery

- Conducted a pilot scheme for accident and emergency bypass of head injury patients in the New Territories East Cluster and a study for the application of Computer-assisted Tomography in mild head injury cases in five acute hospitals to improve service quality.
- Align practices in the treatment of potentially contaminated neurosurgical instruments by developing a set of questionnaires to screen patients undergoing neurosurgical operations.
- Produced standardised patient information leaflets on neurosurgical procedures such as endovascular therapy, spinal surgery, transsphenoidal surgery and Craniotomy to facilitate the promulgation of informed consent among patients.

### Orthopaedics and Traumatology

- Reorganised the geographical cover for the two special Scoliosis Centres to cover all hospital clusters.
- Standardised the information pamphlets on operational procedures of Orthopaedics and Traumatology to promulgate patients' informed consent.
- Formed a taskforce comprising representatives from the Hong Kong College of Orthopaedic Surgeons and private orthopaedic organisations to develop guidelines on Thromboembolism Prophylaxis in Total Joint Reconstruction.

## Major initiatives of Hospital Authority Head Office Divisions, 2004/05

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### Professional Services & Medical Development Division

#### Service Planning

- Set up a systematic framework to collect hospital performance data with emphasis on the following four dimensions: care-types, demographics, specialties and disease groups.
- Prepared a summary of the major directions of medical services development over the past years for the Authority Board's planning workshop on strategic directions.
- Developed a database (Repository of Initiatives on Medical Services) covering projects presented or discussed at various executive committees to provide a handy tool for managers to review and plan new initiatives during the annual planning process.
- Facilitated effective functioning of the Central Clinical Coordinating Committees (COC) by introducing an enhanced COC structure with the appointment of a senior clinician as co-chair and cluster representatives as COC members, and by promulgating the use of a standard report format for reporting key COC activity data.

#### Knowledge-Practice-Outcome

- Continued to develop the e-knowledge Gateway (eKG), involving 77 subspecialties, to disseminate convenient, filtered, timely and customised external knowledge for the building and promulgation of internal knowledge, with the following major achievements in 2004/05:
  - Extension of the eKG service to members of the Hong Kong Academy of Medicine and Private Hospital Association
  - Organisation of search workshops on retrieval skills
  - Rolling out of the access management system with profiled access, targeted dissemination functions
  - Rolling out of Electronic Document Delivery Service to eKG personal subscribers
  - Provision of eKG alerts to healthcare workers
  - eKG accessibility enhancement at general outpatient clinics
  - Introduction of eKG pages for Chinese Medicine
  - Publication of the Hospital Authority Convention programme book
  - Review of library services management
- Enhanced the work of the Clinical Effectiveness Unit by implementing the following initiatives:
  - Publication of the Healthcare Technology Assessment Report on Health Hazards of Benzyl Alcohol Preserved Parenteral Solutions and Medications
  - Conduct of the Hospital Authority Mechanism for the Safe Introduction of New Procedures reviews, including four full-panel reviews and three expedited reviews
  - Completion of Privately Financed Medical Technologies reviews on drug eluting stent and photodynamic (verteporfin) technologies
  - Formulation of the clinical guideline for management of hypertension in primary care and an Authority-wide guideline on service organisation and care of acute stroke
  - Development of guidelines for clinical research investigators and study sites
  - Organisation of training for Research Ethics Committee members and investigators
  - Development of a central database on clinical research involving public hospital patients for risk management and insurance procurement
  - Conduct of an audit on the performance of Cluster Research Ethics Committees
  - Facilitation of research on transmission dynamics of SARS
- Enhanced the work of the Statistics and Research Unit by undertaking the following projects:
  - Conduct of a four-dimension study for estimating disease burden and disease profile
  - Review of general outpatient services, making comparisons across 18 districts
  - Study of the accident & emergency admission rates
  - Study of the average length of stay and unplanned readmission for selected diseases

## Major initiatives of Hospital Authority Head Office Divisions, 2004/05

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- Review of utilisation by non-eligible persons in obstetric and other services
- Evaluation of the Community Geriatric Assessment Team - Visiting Medical Officer Collaboration Scheme
- Conduct of the Percutaneous Coronary Intervention audit
- Data and research support for fall prevention and hypertension management projects
- Data & research support for the consultancy study on subsidised medical benefit scheme
- Provision of data/information support to the Health, Welfare and Food Bureau for the Health and Medical Development Advisory Committee and Domestic Health account
- Estimation of doctor's manpower for selected specialties
- Data and research support for clinicians in preparation for the SARS Forum 2004 and submission of papers for various SARS studies

### Programme Development

- Developed various clinical services and programmes in line with corporate service directions and strategies with key focus areas selected on the basis of heavy disease burden and availability of evidence-based cost-effective intervention.
- Expanded the number of smoking cessation and counselling centres from 10 to 16 to enhance services provided to the public, and participated in the activities of the 'World No Tobacco Day'.
- Recruited more private practitioners as Visiting Medical Officers to provide weekly onsite medical consultation to Old Aged Homes to manage chronic diseases and episodic illnesses, resulting in a reduction of unplanned readmission rate.
- Promoted exchange of experience and cross-fertilization of ideas by sharing among the clusters the successful pilot programmes, such as development of the High Risk Elderly Patients Alert System and remote access to the Clinical Management System.
- Developed internal guidelines, elder abuse awareness programmes and Cluster/Hospital Liaison Teams to address the issue of elder abuse.
- Launched community-based fall prevention and hypertension management programmes in collaboration with District Councils, non-government organisations, private practitioners and government departments to provide timely intervention to the population at risk.
- Participated actively in the Government's Comprehensive Child Development Service by enhancing early identification and holistic management of mothers with postnatal depression, and of those children and pregnant women at risk of behavioural or emotional problems.
- Formulated a primary and community healthcare model with the adoption of a multi-pronged approach to shift services from hospital to the community through vertical programmes aiming at disease prevention and early rehabilitation; horizontal programmes aiming at building community partnership; development of disease management and clinical practice guidelines; and information technology and communication programmes.

### Disease Management

- Consolidated the development of acute stroke service under the coordination of the Central Committee on Stroke Service with the promulgation of agreed guidelines and standards.
- Set up a stroke commission web-page for information sharing and conducted hospital visits for inspection of facilities and discussion with hospitals to streamline operational processes.
- Co-organised a Stroke Satellite Symposium with the Stroke Society to promote experience sharing in acute stroke care with experts from neighbouring places.
- Reorganised and enhanced the referral network and services for cardiac surgery through the cooperation of cardiologists and surgeons, resulting in shortening of the waiting list and waiting time by 50%.
- Completed seven industry-initiated product alert/recall exercises for the Cardiac Technology & Devices Advisory Group without causing injury to or generating complaints from patients.

## Major initiatives of Hospital Authority Head Office Divisions, 2004/05

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- Streamlined the procurement process and vendor relationship through the establishment of a Nominated Product Scheme and Consignment Stock List for medical devices/consumables.
- Set up a dedicated team comprising a consultant, an executive manager and seven post-SARS clinic nurses to coordinate the implementation of an active rehabilitation and follow-up programme for over 1000 former SARS patients.
- Provided relevant educational and informational materials to meet the needs of former SARS patients and facilitated their functional assessment in accordance with the requirements of the SARS Trust Fund and the Labour Department's Assessment Boards.
- Worked closely with clinicians and allied health professionals to analyse the relevant data in the SARS Collaborative Group database for knowledge enhancement, organised the SARS Forum 2004 and compiled a scientific monograph entitled 'Challenges of SARS'.

### Professional Services

#### Internal Medicine

- Formulated manpower deployment plan for pandemic situations and arranged infection control training for the Higher and Basic Physician Trainees.
- Formulated measures to prepare the Medical Departments to deal with the large influx of patients during winter months.
- Monitored the bed occupancy rate of the Medical and Geriatric Wards in various clusters on a daily basis to ensure early detection of any untoward situations.
- Set up a working group to look into the areas of triage criteria, screening procedures, interface with general outpatient clinics and interdepartmental consultations to address the issue of long waiting list.
- Developed guidelines to reduce inappropriate internal referrals to medical specialist clinics.

#### Family Medicine

- Implemented the Clinical Management System in 57 general outpatient clinics to improve communication and practice, with progressive rolling out of the patient-held record initiative.
- Increased the number of doctors, nurses, pharmacists and supporting staff in the general outpatient clinics by 42%, 21%, 27% and 6% respectively, with appropriate redeployment of staff to meet the changing needs of the community.
- Launched pilot programmes, such as Family Medicine-based triage clinics, sessional specialist consultation service and nurse clinics, to improve service quality.
- Enhanced the training for Family Physicians through the introduction of Family Medicine practices in 24 clinics and new community-based training modules on elderly care, hospice, psychiatry and woman's health.
- Conducted studies on patient profile, service utilisation and quality parameters to build up the benchmarking basis in preparation for contracting out of some general outpatient services.

#### Clinical Oncology

- Conducted a review on the Hong Kong Cancer Registry to enhance its cancer data management system.
- Developed clinical practice guidelines for the treatment of 14 common malignancies and audited compliance within the specialty.
- Commenced work to set up a new clinical oncology centre at Princess Margaret Hospital.
- Submitted a report on cancer treatment standards to the Government's Cancer Coordinating Committee and set up a Central Oncology Committee to follow up on its recommendations.



## Major initiatives of Hospital Authority Head Office Divisions, 2004/05

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### Obstetrics & Gynaecology

- Readjusted the shrunken obstetric service by deploying more nurses with midwifery qualification to the obstetric units and by organising more midwifery refresher courses to cope with the sudden increase in workload due to a marked increase in the number of Mainland mothers delivering babies in public hospitals.
- Supported Government in assessing the impact of introducing an obstetric package charge for Non-eligible persons to rationalise the obstetric service provided to them.
- Developed an enhanced prenatal diagnosis programme to screen for Down Syndrome and conducted audits on hysterectomy and episiotomy to ensure service quality.

### Paediatrics

- Developed and implemented various community-based outreach programmes to enhance services and to support the Government's new 'Comprehensive Child Development Service'.
- Bolstered community paediatrics training by seconding 16 trainees to the Department of Health's Maternal and Child Health Centres to undergo rotation in community child health.
- Commissioned a professor from the United Kingdom to conduct an introductory course on community paediatrics.
- Developed clinical guidelines and audit programmes on management of urinary tract infection in children, infection control in Neonatal Intensive Care Unit and neonatal hearing screening.

### Psychiatry

- Continued to conduct the three territory-wide service improvement programmes, with the discharge of a total of 284 patients to the community under the Extended-care Patient Intensive Treatment, Early Diversion and Rehabilitation Project, significant improvements in young patients' mental functioning and quality of life under the Early Assessment Service for Young people with Psychosis Programme, and a reduction in the elderly clients' suicidal inclination under the Elderly Suicide Prevention Programme.
- Decommissioned the Lai Chi Kok Hospital HACare with the relocation of all residents to a new long stay care home operated by Caritas Hong Kong.
- Conducted an audit on poly anti-psychotics and mega-dose use in schizophrenic inpatients to monitor the situation and identify ways for further reducing poly anti-psychotic prescriptions.

### Intensive Care

- Conducted a stocktaking exercise on the beds, manpower and equipment of the Intensive Care Units (ICUs) with the formulation of a staged bed mobilisation plan to enable proper infection control and full utilisation of existing isolation facilities while catering to the needs of non-infectious disease-related critical care services.
- Formed working groups to produce ICU guidelines on glycemic control, line asepsis enteral nutrition, & patient information leaflets on ICU procedures to align services across all ICUs.
- Developed an electronic severity scoring system and a delineation model of ICU services to assess performance of different types of ICU services to facilitate monitoring of quality.

### Chinese Medicine

- Operated and monitored the three pilot Chinese Medicine (CM) clinics set up in collaboration with the parent boards of Alice Ho Miu Ling Nethersole Hospital, Tung Wah Hospital and Yan Chai Hospital through the CM Information System, and initiated 26 research projects at these clinics in line with the research-oriented direction of CM development.
- Updated the set of guidelines on interface between CM and Western Medicine to enhance communication between CM and Western Medicine practitioners, and organised programmes for clinicians interested in CM theory and practice.
- Operated the Toxicology Reference Laboratory to handle more than 220 consultations from hospitals including CM-related adverse events.
- Launched a CM-related adverse event reporting and alert mechanism and a website on Herbal Toxicology to raise public awareness of the adverse effects of certain CM.

## Major initiatives of Hospital Authority Head Office Divisions, 2004/05

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### Professional Services & Operations Division

#### Improving Population Health

- Worked with the Department of Health to set up a Centre for Health Protection in Hong Kong in mid 2004 and participated actively in setting up its Infection Control Branch to enhance disease surveillance and infection control to protect population health.
- Revamped the working group structure of the Authority's Central Committee on Infectious Diseases to ensure the provision of timely expert advice in the formulation of clinical protocols for handling different infectious diseases.
- Launched an influenza vaccination programme during winter months to reduce disease burden, especially among the elderly and those with chronic diseases.
- Established a network for monitoring pneumonia cases in old aged homes with participation of the Accident & Emergency departments, hospital infection control teams, Community Geriatric Assessment Teams and the Department of Health's regional offices.
- Rolled out patient education packages incorporating useful information on cardiac, renal, respiratory diseases, diabetes mellitus and stroke in general outpatient clinics and related inpatient areas with a view to reducing complications and enhancing health outcomes.
- Strengthened allied health services (including physiotherapy, occupational therapy and dietetic service) provision in the community in partnership with various Non-Government Organisations, with extension of the centrally coordinated allied health professional training programmes to practitioners of the welfare and private sectors and implementation of clinical training courses for community pharmacists.

#### Enhancing Organisational Performance

- Continued to coordinate the development of comprehensive strategies and improvement programmes to enhance the Authority's capabilities of handling future infectious disease outbreaks, with the formation of a Task Force on Contingency Planning for Major Disaster to coordinate continuous development of appropriate response plans
- Refined the contingency plans for major incidents at the corporate, hospital and departmental levels and organised regular forums and drills to familiarise staff with various measures.
- Participated with other government departments in the territory-wide SARS drill coordinated by the Centre for Health Protection in November 2004.

#### Enhancing Healthcare System Sustainability

- Facilitated a free flow of patients between the public and private healthcare sectors to ensure sustainability of the current public healthcare system by assuming a coordinating role in the implementation of a wide range of initiatives to enhance public-private collaboration.
- Established regular channels with the Private Hospitals Association and other doctors' groups with the introduction of a specific communication protocol for disseminating information on new diseases, infection control and public health measures to private medical practitioners.
- Set up a public-private interface website for sharing other useful information, such as professional and operational guidelines and healthcare policy documents.
- Enhanced the dissemination of information on private services to public hospital patients.

## Major initiatives of Hospital Authority Head Office Divisions, 2004/05

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### **Improving Service Quality and Clinical Governance**

- Formed a Drug Formulary Committee to develop and implement an Authority-wide drug formulary for standardising drug utilisation and payment practices across all public hospitals and clinics to improve service quality and cost-effective use of drugs.
- Launched a three-month consultation exercise on the Drug Formulary from February to April 2005 with a view to rolling it out in phases commencing July 2005, covering patient groups, staff groups, medical professionals, the pharmaceutical industry, Legislative Councillors, academics, community organisations, and members of the public.
- Adopted an effective structured framework to ensure patient safety across the whole range of patient care services, with the conduct of regular reviews on risk management policies and strategies, introduction of top-down standards and a bottom-up incident reporting system, promotion of a learning and sharing culture, enhancement of corporate risk managing capabilities, establishment of a Risk Register, and launching of risk reduction programmes.
- Completed development of Version 2 of the Advanced Incident Reporting System and rolled out to hospitals to provide frontline staff with a web-based system for reporting adverse incidents to the management.
- Extended the pilot project on pre-hospital diversion of trauma patients in the New Territories East Cluster to cover the catchment areas of Alice Ho Miu Ling Nethersole Hospital and North District Hospital to ensure that seriously injured patients could be taken to specialised trauma management centres for timely treatment.
- Promulgated the Qualitative Initiative Recommendation in the provision of renal services in partnership with the Hong Kong College of Physicians to improve service quality.

### **Building Human Resources Capability**

- Recruited 300 new Residents to provide training opportunities for medical graduates.
- Offered employment contracts beyond seven years to existing specialist trainees through the mobilisation of internal resources and a one-off funding from Government.
- Offered Resident Specialist positions to a majority of the doctors who had acquired specialist qualifications to meet the needs for specialist manpower and to provide them with opportunities for acquiring post-qualification expertise.
- Implemented the Nursing Staff Rostering System in Queen Elizabeth Hospital, Hong Kong Buddhist Hospital, Hong Kong Eye Hospital and Caritas Medical Centre to facilitate the deployment of nursing staff in crisis situations.
- Arranged 243 nurses working in acute hospitals to complete the Preparatory Intensive Care Nursing Course to enhance the Authority's capability in providing intensive care.
- Conducted a validation study on the competency of Advanced Practice Nurses.
- Piloted nurse-led clinics in eight general outpatient clinics in the New Territories to improve drug compliance and self care ability of patients.
- Piloted the physiotherapy enhancement service model in the Accident & Emergency Departments of some acute hospitals to provide early intervention and to reduce hospital admission of musculoskeletal cases, such as back pain and minor fracture.
- Refined the service delivery model of occupational therapists in psychiatric rehabilitation to meet the changing needs of psychiatric patients by focusing more on ambulatory care.
- Piloted training programmes on 'Resilience to Crisis' for 200 managers and professional staff, and established Critical Incident Support Teams in the Kowloon West, New Territories East, and New Territories West Clusters to strengthen psychological support to frontline staff.
- Conducted workshops on 'Critical Incident Stress Management', day camps on team-building, and programmes on counselling skills to provide the Critical Incident Support Team members with the necessary training for carrying out their work.

## Major initiatives of Hospital Authority Head Office Divisions, 2004/05

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- Set up satellite 'Oasis' centres in 32 hospitals to facilitate the organisation of psychological wellness programmes for frontline staff.
- Enhanced infectious disease management and infection control expertise through the establishment of an Infectious Disease Control Training Centre to facilitate the provision of training to Infection Control Nurses, Infection Control Link Persons and other healthcare workers; to coordinate training to build up the expertise of infection control advisers within each specialty/discipline; to provide risk communication training for all levels of managers, and organise crisis management programmes for senior executives and clinicians; and to augment the 'Train-the-trainer' programme.
- Provided externally commissioned training on infection control and infectious diseases management to medical staff, infection control nurses and pharmacists.

### Professional Services

#### Accident and Emergency Service

- Enhanced the role of Accident and Emergency (A&E) Departments as safe and efficient gatekeepers to inpatient services by promulgating two care plans and audits on admissions.
- Provided assistance to Hong Kong residents in two disaster incidents outside Hong Kong, including the deployment of five staff to Taiwan to assist victims of a traffic accident in September 2004 and the deployment of six staff to Thailand to provide emergency medical assistance in the tsunami disaster as part of the Government team in December 2004.

#### Pathology Service

- Established a networking arrangement with the Department of Health and the two universities for their laboratories to conduct diagnostic and confirmation tests for SARS Coronavirus.
- Installed 41 biological safety cabinets in autopsy rooms and laboratories of public hospitals with a cost of around \$5 million to further enhance laboratory safety.
- Launched a government-funded project to enhance the standard of autopsy facilities in 14 hospitals with a cost of around \$70 million.

#### Ophthalmology Service

- Refined the triage system for cataract surgery and conducted a yearly review for all cataract cases on the waiting list to ensure timely treatment of patients with urgent eye problems.
- Developed ongoing initiatives for improving the imbalance in service utilisation between the public and private sectors, including the setting up of service counters and hotlines by the Hong Kong Association of Private Eye Surgeons in the public eye clinics, and the establishment of private eye clinics at Our Lady of Marynoll Hospital and Yan Chai Hospital.

#### Radiology Service

- Adopted a new approach for processing requests for new requirement, replacement, upgrade, and leasing of major radiology equipment to streamline the process and to establish a priority list for the orderly replacement of major radiology equipment.
- Conducted clinical audits on service quality and safety with the implementation of appropriate improvement measures.
- Revised the fees schedule of the Positron Emission Tomography Service with introduction of differential pricing and streamlining of logistics arrangements, achieving a marked increase in utilisation since October 2004.
- Launched a pilot project to establish the infrastructure for distributing radiology images to clinicians via the Electronic Patient Record of the Clinical Management System to improve access by frontline clinicians in a cost-effective manner.

## Statistics on Number of Beds, Inpatient, Accident & Emergency and Specialist Outpatient Services in 2004/05

Institution	No. of beds (as at end March 2005)	Total IP & DP Discharges and Death	Inpatient Occupancy Rate (%)	Inpatient Average Length of Stay (days)	Total A&E attendances	Total SOP attendances (clinical)	Total AH OP attendances	Total Integrated Clinic attendances
<b>Hong Kong East Cluster</b>								
Cheshire Home, Chung Hom Kok	240	248	92.7	216.0	-	-	135	-
Pamela Youde Nethersole Eastern Hospital	1,777	85,748	87.3	7.8	156,608	503,106	144,356	28,517
Ruttonjee & Tang Shiu Kin Hospitals	687	22,666	81.3	8.4	88,272	104,028	92,014	2,381
St John Hospital	93	2,814	52.4	7.0	8,526	52	7,636	-
Tung Wah Eastern Hospital	282	8,157	88.5	13.0	-	99,881	73,066	2,074
Wong Chuk Hang Hospital	160	252	91.7	198.5	-	-	-	-
<b>Sub-total</b>	<b>3,239</b>	<b>119,885</b>	<b>86.5</b>	<b>9.3</b>	<b>253,406</b>	<b>707,067</b>	<b>317,207</b>	<b>32,972</b>
<b>Hong Kong West Cluster</b>								
Duchess of Kent Children's Hospital	130	2,349	44.9	10.8	-	16,998	25,002	-
TWGH Fung Yiu King Hospital	296	2,428	91.8	31.5	-	449	5	-
Grantham Hospital	496	12,574	75.7	14.9	-	48,199	2,386	-
MacLehose Medical Rehabilitation Centre	130	858	74.5	35.5	-	49	4,064	-
Queen Mary Hospital	1,619	101,152	73.6	5.1	129,840	533,830	155,517	3,774
Tung Wah Hospital	693	20,908	81.1	18.9	-	37,943	3,133	-
Tsan Yuk Hospital	4	610	-	-	-	22,886	4,682	12,284
<b>Sub-total</b>	<b>3,368</b>	<b>140,879</b>	<b>75.7</b>	<b>8.3</b>	<b>129,840</b>	<b>660,354</b>	<b>194,789</b>	<b>16,058</b>
<b>Kowloon East Cluster</b>								
Haven of Hope Hospital	425	6,215	91.8	21.1	-	8,223	2,681	-
Tseung Kwan O Hospital	405	29,621	83.0	4.3	115,072	139,185	67,729	1,029
United Christian Hospital	1,335	83,644	85.2	5.6	204,108	445,398	212,185	44,458
<b>Sub-total</b>	<b>2,165</b>	<b>119,480</b>	<b>86.2</b>	<b>6.2</b>	<b>319,180</b>	<b>592,806</b>	<b>282,595</b>	<b>45,487</b>

## Statistics on Number of Beds, Inpatient, Accident & Emergency and Specialist Outpatient Services in 2004/05

Institution	No. of beds (as at end March 2005)	Total IP & DP Discharges and Death	Inpatient Occupancy Rate (%)	Inpatient Average Length of Stay (days)	Total A&E attendances	Total SOP attendances (clinical)	Total AH OP attendances	Total Integrated Clinic attendances
<b>Kowloon Central Cluster</b>								
Hong Kong Buddhist Hospital	324	9,644	82.6	14.4	-	11,270	3,319	-
Hong Kong Eye Hospital	44	6,327	67.8	4.5	-	218,042	122,757	-
Kowloon Hospital	1,223	14,649	75.8	22.9	-	66,360	81,261	-
Queen Elizabeth Hospital	1,842	124,137	77.1	5.5	206,703	626,221	159,014	3,160
Rehabaid Centre	-	-	-	-	-	149	3,267	-
<b>Sub-total</b>	<b>3,433</b>	<b>154,757</b>	<b>77.0</b>	<b>8.3</b>	<b>206,703</b>	<b>922,042</b>	<b>369,618</b>	<b>3,160</b>
<b>Kowloon West Cluster</b>								
Caritas Medical Centre	1,386	47,958	79.1	9.6	129,487	317,381	97,647	311
Kwai Chung Hospital	1,372	4,423	73.0	116.4	-	182,263	25,073	-
Kwong Wah Hospital	1,225	82,329	75.7	4.7	159,972	312,798	118,994	2,989
Our Lady of Maryknoll Hospital	236	8,413	74.7	8.8	-	63,979	27,966	639
Princess Margaret Hospital	1,796	90,156	90.5	5.8	134,276	326,595	83,210	196
TWGH Wong Tai Sin Hospital	511	7,628	90.5	21.6	-	-	533	-
Yan Chai Hospital	800	43,969	86.1	5.7	145,918	164,641	67,635	-
<b>Sub-total</b>	<b>7,326</b>	<b>284,876</b>	<b>80.9</b>	<b>8.7</b>	<b>569,653</b>	<b>1,367,657</b>	<b>421,058</b>	<b>4,135</b>
<b>New Territories East Cluster</b>								
Alice Ho Miu Ling Nethersole Hospital	631	37,105	82.3	4.7	107,801	167,030	87,313	-
Bradbury Hospice	26	683	88.2	11.9	-	242	480	-
North District Hospital	573	34,883	85.6	5.5	120,937	172,652	72,636	-
Prince of Wales Hospital	1,427	98,374	81.2	5.0	160,193	574,094	163,765	29,769
Cheshire Home, Shatin	296	404	74.9	156.9	-	-	457	-
Shatin hospital	650	7,499	88.1	27.4	-	933	3,099	-
Tai Po Hospital	971	8,037	84.9	31.1	-	342	1	-
<b>Sub-total</b>	<b>4,574</b>	<b>186,985</b>	<b>83.3</b>	<b>8.2</b>	<b>388,931</b>	<b>915,293</b>	<b>327,751</b>	<b>29,769</b>

## Statistics on Number of Beds, Inpatient, Accident & Emergency and Specialist Outpatient Services in 2004/05

Institution	No. of beds (as at end March 2005)	Total IP & DP Discharges and Death	Inpatient Occupancy Rate (%)	Inpatient Average Length of Stay (days)	Total A&E attendances	Total SOP attendances (clinical)	Total AH OP attendances	Total Integrated Clinic attendances
<b>New Territories West Cluster</b>								
Castle Peak Hospital	1,639	2,130	90.9	283.6	-	93,592	13,208	-
Pok Oi Hospital	504	5,392	93.4	20.0	-	12,516	26,913	8,507
Siu Lam Hospital	350	189	97.6	791.2	-	-	-	-
Tuen Mun Hospital	1,578	111,816	84.6	5.2	233,719	562,522	159,660	32,828
<b>Sub-total</b>	<b>4,071</b>	<b>119,527</b>	<b>89.3</b>	<b>14.0</b>	<b>233,719</b>	<b>668,630</b>	<b>199,781</b>	<b>41,335</b>
<b>GRAND TOTAL</b>	<b>28,176</b>	<b>1,126,389</b>	<b>82.5</b>	<b>8.9</b>	<b>2,101,432</b>	<b>5,833,849</b>	<b>2,112,799</b>	<b>172,916</b>

### Notes:

1. Rehabaid Centre and Hong Kong Red Cross Blood Transfusion Service are Hospital Authority institutions with specific functions but no hospital beds.
2. The number of beds as at end March 2005 is based on the Annual Survey on Hospital Beds in Public Hospitals, 2004/05.
3. The outpatient attendances for different clinics are grouped under respective hospital management.
4. Total AH OP attendances exclude follow-up consultations provided by the Medical Social Service Department.
5. Data prepared in July 2005.

### Abbreviations:

IP — Inpatient  
 DP — Day-patient  
 A&E — Accident & Emergency  
 SOP — Specialist Outpatient  
 OP — Outpatient  
 AH — Allied Health

## Statistics on Community and Rehabilitation Services, 2004/05

Institution	Community Nursing Service*	Community Psychiatric Service†	Psycho-geriatric Service‡	Community Geriatric Assessment Service®	Community Allied Health attendances**	Rehabilitation day & palliative care day attendances	Geriatric day hospital attendances	Psychiatric day hospital attendances
<b>Hong Kong East Cluster</b>								
Cheshire Home, Chung Hom Kok	-	-	-	-	54	-	-	-
Pamela Youde Nethersole Eastern Hospital	88,876	9,994	3,782	-	1,000	831	10,976	22,898
Ruttonjee & Tang Shiu Kin Hospitals	-	-	-	93,348	693	2,901	15,534	-
St John Hospital	3,968	-	-	137	65	-	-	-
Tung Wah Eastern Hospital	-	-	-	-	147	25,965	-	-
Wong Chuk Hang Hospital	-	-	-	-	1	-	1,843	-
<b>Sub-total</b>	<b>92,844</b>	<b>9,994</b>	<b>3,782</b>	<b>93,485</b>	<b>1,960</b>	<b>29,697</b>	<b>28,353</b>	<b>22,898</b>
<b>Hong Kong West Cluster</b>								
Duchess of Kent Children's Hospital	-	-	-	-	24	-	-	-
Grantham Hospital	-	-	-	-	47	1,408	-	-
Maclehose Medical Rehabilitation Centre	-	-	-	-	283	14,507	-	-
Queen Mary Hospital	53,060	4,980	7,333	-	456	12	-	14,807
TWGH Fung Yiu King Hospital	-	-	-	23,879	949	-	4,563	-
Tung Wah Hospital	-	-	-	-	264	6,204	2,069	-
<b>Sub-total</b>	<b>53,060</b>	<b>4,980</b>	<b>7,333</b>	<b>23,879</b>	<b>2,023</b>	<b>22,131</b>	<b>6,632</b>	<b>14,807</b>
<b>Kowloon East Cluster</b>								
Haven of Hope Hospital	30,939	-	-	6,663	532	1,570	3,244	-
Tsang Kwan O Hospital	-	-	-	-	85	-	-	-
United Christian Hospital	119,845	8,518	4,307	36,559	1,350	1,659	16,591	28,176
<b>Sub-total</b>	<b>150,784</b>	<b>8,518</b>	<b>4,307</b>	<b>43,222</b>	<b>1,967</b>	<b>3,229</b>	<b>19,835</b>	<b>28,176</b>



## Statistics on Community and Rehabilitation Services, 2004/05

Institution	Community Nursing Service*	Community Psychiatric Service <sup>†</sup>	Psycho-geriatric Service <sup>‡</sup>	Community Geriatric Assessment Service <sup>§</sup>	Community Allied Health attendances**	Rehabilitation day & palliative care day attendances	Geriatric day hospital attendances	Psychiatric day hospital attendances
<b>Kowloon Central Cluster</b>								
Hong Kong Buddhist Hospital	-	-	-	-	17	-	-	-
Kowloon Hospital	54,814	4,922	3,573	41,816	1,364	685	-	8,252
Queen Elizabeth Hospital	-	-	-	16,598	541	-	9,133	-
Rehabaid Centre	-	-	-	-	773	-	-	-
<b>Sub-total</b>	<b>54,814</b>	<b>4,922</b>	<b>3,573</b>	<b>58,414</b>	<b>2,695</b>	<b>685</b>	<b>9,133</b>	<b>8,252</b>
<b>Kowloon West Cluster</b>								
Caritas Medical Centre	74,780	-	-	22,808	134	1,179	7,652	-
Kwai Chung Hospital	-	23,184	13,351	-	3,104	-	-	55,138
Kwong Wah Hospital	31,678	-	-	37,573	1,048	-	6,868	-
Our Lady of Maryknoll Hospital	40,830	-	-	-	99	-	-	-
Princess Margaret Hospital	94,189	-	-	46,104	782	-	8,101	-
Wong Tai Sin Hospital	-	-	-	-	90	-	6,149	-
Yan Chai Hospital	-	-	-	-	63	-	-	-
<b>Sub-total</b>	<b>241,477</b>	<b>23,184</b>	<b>13,351</b>	<b>106,485</b>	<b>5,320</b>	<b>1,179</b>	<b>28,770</b>	<b>55,138</b>
<b>New Territories East Cluster</b>								
Alice Ho Miu Ling Nethersole Hospital	22,481	-	-	24,793	1,632	242	8,942	9,093
Bradbury Hospice	-	-	-	-	10	2,336	-	-
Cheshire Home, Shatin	-	-	-	-	35	5	-	-
North District Hospital	30,438	6,643	3,452	20,337	285	-	5,164	6,959
Prince of Wales Hospital	-	-	-	-	176	-	-	-
Shatin hospital	36,427	5,980	4,383	15,024	1,342	306	9,120	15,047
Tai Po Hospital	-	-	-	-	62	-	-	-
<b>Sub-total</b>	<b>89,346</b>	<b>12,623</b>	<b>7,835</b>	<b>60,154</b>	<b>3,542</b>	<b>2,889</b>	<b>23,226</b>	<b>31,099</b>

## Statistics on Community and Rehabilitation Services, 2004/05

Institution	Community Nursing Service*	Community Psychiatric Service#	Psycho-geriatric Service#	Community Geriatric Assessment Service@	Community Allied Health attendances**	Rehabilitation day & palliative care day attendances	Geriatric day hospital attendances	Psychiatric day hospital attendances
<b>New Territories West Cluster</b>								
Castle Peak Hospital	-	19,193	6,191	-	1,153	-	-	12,853
Pok Oi Hospital	-	-	-	-	359	-	-	-
Tuen Mun Hospital	96,645	-	-	89,750	1,055	1,796	10,043	-
<b>Sub-total</b>	<b>96,645</b>	<b>19,193</b>	<b>6,191</b>	<b>89,750</b>	<b>2,567</b>	<b>1,796</b>	<b>10,043</b>	<b>12,853</b>
<b>GRAND TOTAL</b>	<b>778,970</b>	<b>83,414</b>	<b>46,372</b>	<b>475,389</b>	<b>20,074</b>	<b>61,606</b>	<b>125,992</b>	<b>173,223</b>

\* For Community Nursing Service, the activity refers to number of home visits made.

# For Community Psychiatric Service and Psychogeriatric Service, the activity refers to total number of outreach attendances and home visits. The activity of Psychogeriatric Service also includes consultation-liaison attendances.

@ For Community Geriatric Assessment Service, the activity refers to total number of outreach attendances and infirmary care service assessments performed. Visiting Medical Officer attendances are not included.

\*\* Community Allied Health attendances exclude follow-up consultations provided by the Medical Social Service Department.

Note: The activity performed in different centers/teams are grouped under respective hospital management.

## Manpower Position of the Hospital Authority – by cluster by institution

Institution	No. of Full-time Equivalent (fte) staff (as at 31.3.2005)(Note)				
	Medical	Nursing	Allied Health	Others	Total
<b>Hong Kong East Cluster</b>	<b>545.1</b>	<b>1987.6</b>	<b>561.8</b>	<b>2894.2</b>	<b>5988.7</b>
Cheshire Home (Chung Hom Kok)	3	51	8	115	177
HK Tuberculosis, Chest & Heart Diseases Association	0	0	0	8	8
Hong Kong East Cluster Office	0	1	0	6	7
Pamela Youde Nethersole Eastern Hospital	409.5	1277.3	327.9	1679	3693.7
Ruttonjee & Tang Shiu Kin Hospitals	90	403	153.3	607.6	1253.9
St. John Hospital	6	32	8	69.6	115.6
Tung Wah Eastern Hospital	33.6	180.3	52	270	535.9
Wong Chuk Hang Hospital	3	43	12.6	139	197.6
<b>Hong Kong West Cluster</b>	<b>559.6</b>	<b>2448.8</b>	<b>679.5</b>	<b>2664.8</b>	<b>6352.7</b>
Duchess of Kent Children's Hospital	10	66	39	120	235
Grantham Hospital	53	373	60	281	767
Hong Kong West Cluster Office	0	0	0	4	4
Maclehose Medical Rehabilitation Centre	3	35	34	82	154
Queen Mary Hospital	447.9	1566.9	467.5	1712.8	4195.1
Tung Wah Group of Hospitals Fung Yiu King Hospital	10.7	87.9	16	140	254.6
Tung Wah Hospital	35	320	63	325	743
<b>Kowloon Central Cluster</b>	<b>625.4</b>	<b>2580.8</b>	<b>692.5</b>	<b>2951.5</b>	<b>6850.2</b>
HK Red Cross Blood Transfusion Service	3	46.1	45	146	240.1
Hong Kong Buddhist Hospital	13.3	127	23	133.2	296.5
Hong Kong Eye Hospital	36.1	59.4	15	128	238.5
Kowloon Central Cluster Office	0	1	0	7	8
Kowloon Hospital	51.8	627.1	137.5	666.6	1483
Queen Elizabeth Hospital	521.2	1720.2	460	1854.7	4556.1
Rehabaid Centre	0	0	12	16	28
<b>Kowloon East Cluster</b>	<b>563.4</b>	<b>1882.6</b>	<b>497.7</b>	<b>2129.1</b>	<b>5072.8</b>
Haven of Hope Hospital	17.9	232	44	293	586.9
Kowloon East Cluster Office	0	0	0	5	5
Tseung Kwan O Hospital	120	391.5	117	376.1	1004.6
United Christian Hospital	425.5	1259.1	336.7	1455	3476.3
<b>Kowloon West Cluster</b>	<b>1128.7</b>	<b>4712.7</b>	<b>1017.5</b>	<b>5329.3</b>	<b>12188.2</b>
Caritas Medical Centre	216.3	720.8	177	906	2020.1
Kowloon West Cluster Office	0	0	0	4	4
Kwai Chung Hospital	64	578	66	574.1	1282.1
Kwong Wah Hospital	292.1	1151	247	1166	2856.1
Our Lady of Maryknoll Hospital	55.2	210	53.5	226.6	545.3
Princess Margaret Hospital	332.1	1227.9	304	1417.7	3281.7
Tung Wah Group of Hospitals Wong Tai Sin Hospital	27	238	38	305.9	608.9
Yan Chai Hospital	142	587	132	729	1590

## Manpower Position of the Hospital Authority – by cluster by institution

Institution	No. of Full-time Equivalent (fte) staff (as at 31.3.2005)(Note)				
	Medical	Nursing	Allied Health	Others	Total
<b>New Territories East Cluster</b>	<b>857.8</b>	<b>3161.6</b>	<b>832.6</b>	<b>3672.9</b>	<b>8524.9</b>
Alice Ho Miu Ling Nethersole Hospital	123	458	147	520	1248
Bradbury Hospice	2	28	3.6	19	52.6
Cheshire Home, Shatin	2	64	5	94	165
New Territories East Cluster Office	0	66.6	0	307.6	374.2
North District Hospital	159	547	140	553	1399
Prince of Wales Hospital	505.3	1421	425	1446.3	3797.6
Shatin Hospital	35.5	286	58	352	731.5
Tai Po Hospital	31	291	54	381	757
<b>New Territories West Cluster</b>	<b>571.8</b>	<b>2357.6</b>	<b>509</b>	<b>2810.5</b>	<b>6248.9</b>
Castle Peak Hospital	55	551.9	47	656.2	1310.1
New Territories West Cluster Office	0	0	0	1	1
Pok Oi Hospital	24	178.6	57	215.2	474.8
Siu Lam Hospital	3	81.4	4	255	343.4
Tuen Mun Hospital	489.8	1545.7	401	1683.1	4119.6
<b>Total</b>	<b>4851.8</b>	<b>19131.7</b>	<b>4790.6</b>	<b>22452.3</b>	<b>51226.4*</b>

**Note :**

Manpower on full-time equivalent (fte) basis. Includes all staff in HA's workforce i.e. permanent, contract and temporary.

\* Not including 898.2 staff in the Hospital Authority shared/agency services and the Head Office.

## Manpower Position of the Hospital Authority – by Staff Group

No. of Full-time Equivalent (fte) Staff (Note)	2000/01	2001/02	2002/03	2003/04	2004/05
<b>Medical</b>					
Consultant	496.8	511.5	509.0	496.3	486.3
Senior Medical Officer/Associate Consultant	883.0	905.5	887.5	924.0	926.8
Medical Officer/Resident	2,514.5	2,688.0	2,883.0	3,121.5	3,113.2
Intern	330.0	351.0	333.0	325.0	328.0
Senior Dental Officer/Dental Officer	5.0	5.0	5.0	5.0	4.5
<b>Medical Total</b>	<b>4,229.3</b>	<b>4,461.0</b>	<b>4,617.5</b>	<b>4,871.8</b>	<b>4,858.8</b>
<b>Nurses</b>					
Senior Nursing Officer and above	105.0	100.0	93.0	80.0	68.0
Department Operations Manager	177.0	173.0	169.0	153.0	143.0
<b>General</b>					
Ward Manager/Nurse Specialist/Nursing Officer/ Advanced Practice Nurse	2,488.0	2,456.5	2,411.5	2,365.5	2,308.5
Registered Nurse	10,067.0	11,041.0	11,454.0	11,423.6	11,509.3
Enrolled Nurse	3,436.5	3,480.5	3,402.0	3,180.5	2,948.0
Midwife/Others	95.0	84.0	67.0	46.0	43.5
Student Nurse/Pupil Nurse/ Temporary Undergraduate Nursing Student	1,340.0	360.0	1.0	160.3	271.0
<b>Psychiatric</b>					
Ward Manager/Nurse Specialist/Nursing Officer/ Advanced Practice Nurse	339.0	332.0	326.0	322.0	318.0
Registered Nurse	877.0	978.0	994.0	965.0	967.5
Enrolled Nurse	645.0	644.0	640.0	612.0	584.9
Student Nurse/Pupil Nurse	157.0	33.0	10.0	0.0	0.0
<b>Nursing Total</b>	<b>19,726.5</b>	<b>19,682.0</b>	<b>19,567.5</b>	<b>19,307.9</b>	<b>19,161.7</b>
<b>Allied Health</b>					
Audiology Technician	11.0	11.0	11.0	10.0	9.0
Clinical Psychologist	61.5	71.5	70.0	70.5	74.0
Dietitian	87.0	89.0	81.0	78.0	78.8
Dispenser	652.5	668.0	659.5	860.5	851.6
Medical Technologist / Medical Laboratory Technician	1,102.0	1,093.0	1,106.0	1,072.0	1,058.0
Mould Technologist / Mould Laboratory Technician	28.0	28.0	27.0	27.0	27.0
Optometrist	26.0	27.0	26.5	26.0	28.0
Orthoptist	12.0	12.0	12.0	12.0	12.0
Occupational Therapist	450.5	468.5	484.5	476.0	457.0
Pharmacist/Resident Pharmacist	184.0	209.5	231.5	281.5	304.2
Physicist/Resident Physicist	38.0	38.0	37.0	37.0	41.0
Physiotherapist	690.5	719.0	733.0	715.5	686.0
Podiatrist	21.0	22.0	18.5	19.0	17.5
Prosthetist-Orthotist	94.0	97.0	119.0	101.0	96.0
Radiographer	799.5	808.0	825.0	830.5	817.0
Scientific Officer (Medical)	55.5	57.5	55.5	54.5	54.6
Speech Therapist	52.0	53.5	52.0	50.0	50.0
Medical Social Worker	160.0	162.5	170.0	168.0	166.0
Dental Technician	2.0	2.0	2.0	2.0	2.0
<b>Allied Health Total</b>	<b>4,527.0</b>	<b>4,637.0</b>	<b>4,721.0</b>	<b>4,891.0</b>	<b>4,829.6</b>

## Manpower Position of the Hospital Authority – by Staff Group

No. of Full-time Equivalent (fte) Staff (Note)	2000/01	2001/02	2002/03	2003/04	2004/05
<b>Health Care Assistant and Ward Attendant</b>					
Health Care Assistant	4,176.0	4,594.0	4,454.0	4,069.0	3,937.0
Ward Attendant	1,725.0	1,320.0	1,243.0	954.0	856.0
General Services Assistant/ Technical Services Assistant (Care-related)	-	383.5	1,054.0	1,814.5	2,095.3
<b>Health Care Assistant/Ward Attendant/ General Services Assistant/ Technical Services Assistant Total</b>	<b>5,901.0</b>	<b>6,297.5</b>	<b>6,751.0</b>	<b>6,837.5</b>	<b>6,888.3</b>
<b>Direct Patient Care Total</b>	<b>34,383.8</b>	<b>35,077.5</b>	<b>35,657.0</b>	<b>35,908.2</b>	<b>35,738.4</b>
<b>Others</b>					
Chief Executive/Director/Deputy Director	9.0	8.0	10.0	9.0	11.0
Cluster Chief Executive/Hospital Chief Executive	37.0	33.0	32.0	30.0	28.0
Senior Executive Manager, Executive Manager, General Manager	104.0	100.0	101.0	88.0	80.0
Other Professionals/Administrative – Accountant, Hospital Administrator, Systems Manager, Analyst Programmer etc	857.5	868.0	882.0	854.5	882.0
Other Supporting Staff – Clerical, Secretarial, Workmen, Artisan, Property Attendant etc	15,547.5	16,512.5	16,075.0	15,561.0	15,385.2
<b>Non-direct Patient Care Total</b>	<b>16,555.0</b>	<b>17,521.5</b>	<b>17,100.0</b>	<b>16,542.5</b>	<b>16,386.2</b>
<b>HA Total</b>	<b>50,938.8</b>	<b>52,599.0</b>	<b>52,757.0</b>	<b>52,450.7</b>	<b>52,124.6</b>

### Note :

Manpower on full-time equivalent (fte) includes all staff in HA's workforce i.e. permanent, contract and temporary. Up to 03/04, all full-time staff are counted as one and all part-time staff counted as 0.5. (Exceptions based on actual / estimated service sessions: Medical : Each part-time Family Medicine Consultant/Visiting Medical Officer counted as 0.33fte/0.15fte respectively; Nursing : Each temporary part-time nurse/undergraduate nursing student counted as 0.4fte/0.17fte respectively.) In 04/05, all fte manpower based on actual services sessions.

## Resource Utilisation by Hospital Clusters for 2004/05

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Cluster	Resource Utilisation <sup>(N1)</sup> (\$ Mn)
Hong Kong East Cluster	3,126.2
Hong Kong West Cluster	3,525.1
Kowloon Central Cluster	3,836.6
Kowloon East Cluster	2,825.9
Kowloon West Cluster	6,530.1
New Territories East Cluster	4,667.3
New Territories West Cluster	3,329.2
Hospital Authority Head Office	464.8
Others <sup>(N2)</sup>	1,337.7
<b>Total Resource Utilisation</b>	<b>29,642.9</b>

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N1 includes SARS expenditure

N2 includes resources for hospital services (e.g. intern, ex-gratia payment for those staff joining HA Voluntary Early Retirement Scheme etc) and corporate programmes (e.g. insurance premium, legal costs / claims and information technology / information systems services etc)

## Hospital Authority Training and Development Expenditure 2004/05

<b>Hospital / Institution</b>	<b>Amount \$</b>
Hong Kong East Cluster	\$2,910,715
Hong Kong West Cluster	\$2,693,801
Kowloon Central Cluster	\$3,897,294
Kowloon East Cluster	\$1,746,549
Kowloon West Cluster	\$3,561,118
New Territories East Cluster	\$2,430,823
New Territories West Cluster	\$1,860,163
Hospital Authority Head Office	\$960,000
<b>Total</b>	<b>\$20,060,463</b>

<b>Central Programmes</b>	<b>Amount \$</b>
Central Sponsorship	\$200,000
Consultants' Continuous Education	\$1,435,000
Commissioned Training	\$3,826,000
Commissioned Courses (Institute of Advanced Nursing Studies)	\$1,715,000
Management & Staff Development Programmes	\$681,000
HA eLearning Centre	\$415,000
Vocational Skills Training for Supporting Staff	\$240,000
<b>Total</b>	<b>\$8,512,000</b>



## Capital Works Summary – 2004/05

Institution	Project	Planned / Actual Start Date	Planned / Actual Completion Date	Current Estimate  (Mn\$)
<b>Section 1 – Major Projects Under Construction</b>				
<b>Various Clusters</b>				
Various Hospitals	Enhancement of Infectious Disease Facilities in the Public Hospitals Batch A – PMH, TMH, QEH, QMH, PYNEH, PWH	07/03	05/04	355.300
Various Hospitals	Enhancement of Infectious Disease Facilities in the Public Hospitals Batch B – AHNH, KWH, UCH	07/03	04/04	122.400
<b>Hong Kong East</b>				
Ruttonjee Hospital	Relocation of Tang Shiu Kin Hospital Accident & Emergency Department	01/01	03/03	153.530
Tang Siu Kin Hospital	Remodelling into an Ambulatory Care Centre	12/02	01/05	239.100
<b>Kowloon East</b>				
United Christian Hospital	Provision of Additional Lifts at Block S	11/04	11/06	68.000
<b>Kowloon West</b>				
Caritas Medical Centre	Redevelopment Phase II	12/03	03/11	1,206.340
Kwong Wah Hospital	Provision of Rehabilitative Environment for Patients & Staff and Provision of Covered walkway	01/01	06/05	16.000
Princess Margaret Hospital	Radiotherapy Centre and Accident & Emergency Department	07/02	07/05	564.400
Princess Margaret Hospital	New Infectious Disease Centre	07/04	06/07	538.300
<b>New Territories West</b>				
Castle Peak Hospital	Redevelopment Phase II	04/98	03/05	1,464.455
Tuen Mun Hospital	Redevelopment of Staff Quarters for Establishment of a Rehabilitation Block	05/03	06/07	1,031.400
Tuen Mun Hospital	Remodelling of Tuen Mun Polyclinic Building for the Establishment of an Ophthalmic Centre	09/03	02/05	82.100
Pok Oi Hospital	Redevelopment & Expansion into 622 bed acute hospital	06/00	12/06	2,097.810
<b>Sub-Total</b>				<b>7,939.135</b>

## Capital Works Summary – 2004/05

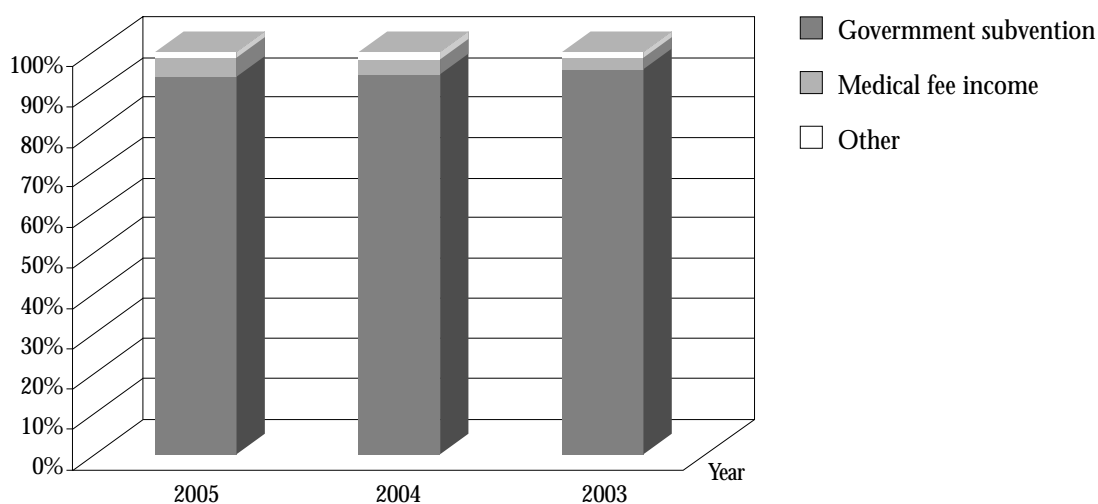
Institution	Project	Planned / Actual Start Date	Planned / Actual Completion Date	Current Estimate  (Mn\$)
<b>Section 2 – Major Projects Planned (Funds Earmarked)</b>				
<b>Various Clusters</b>				
Various Hospitals	Improvement of Infection Control Provisions for Autopsy Facilities in 14 Public Hospitals	10/05	12/06	68.000
Various Hospitals	Development of Chinese Medicine Clinics under the Hospital Authority			71.456
<b>Hong Kong East</b>				
Pamela Youde Nethersole Eastern Hospital	Improvement of Facilities at Specialist Outpatient Department	12/05	04/07	59.000
<b>Kowloon West</b>				
Yan Chai Hospital	Establishment of a Community Health and Wellness Centre			450.000
TWGHs Wong Tai Sin Hospital	Improvement to Palliative Care Services			37.200
<b>New Territories East</b>				
Prince of Wales Hospital	Redevelopment Phase 1			1,757.211
<b>Sub-Total</b>				<b>2,442.867</b>
<b>Total</b>				<b>10,382.002</b>

## Hospital Authority Three-Year Financial Highlights

### Financial Results (for the Year ended 31 March)

	2005 HK\$Mn	2004 HK\$Mn	2003 HK\$Mn
<b>Income</b>			
Government subvention (recurrent and capital)	28,417	30,039	29,977
Medical fee income (net of waivers)	1,386	1,243	849
Non-medical fee income	285	294	321
Designated donations	98	209	100
Capital donations	81	73	78
	30,267	31,858	31,325
<b>Expenditure</b>			
Staff costs	(23,412)	(25,170)	(24,798)
Medical supplies and equipment	(2,937)	(2,797)	(2,600)
Other operating expenses (include depreciation)	(4,256)	(4,265)	(4,147)
	(30,605)	(32,232)	(31,545)
<b>Deficit for the Year</b>	(338)	(374)	(220)

**Income by Source (in % of Total Income)**

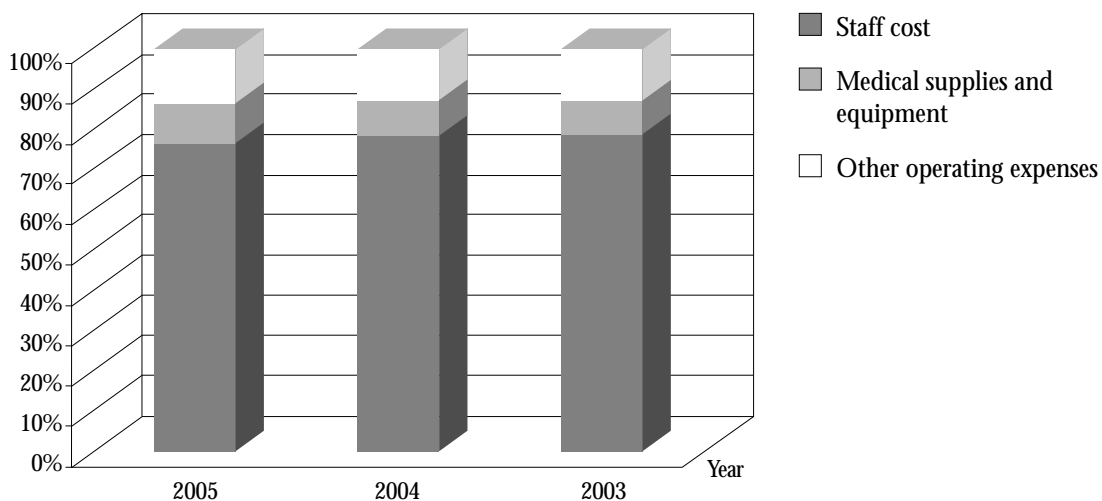


## Hospital Authority Three-Year Financial Highlights

### Financial Results (for the Year ended 31 March)

	2005 HK\$Mn	2004 HK\$Mn	2003 HK\$Mn
Key Financial Indicators			
<b>Medical fee income</b>			
Inpatient fees	813	746	632
Outpatient fees (include day patients)	1,046	936	505
Itemised charges	55	40	47
Other medical fees	42	35	29
	1,956	1,757	1,213
Less: Waivers	(570)	(514)	(364)
Medical fee income (net of waivers)	1,386	1,243	849
<b>Medical fee write-off expenditure</b>	<b>51</b>	<b>27</b>	<b>19</b>

**Expenditure by Category (in % of Total Expenditure)**



## Hospital Authority Three-Year Financial Highlights

### Financial Position (as at 31 March)

	2005 HK\$Mn	2004 HK\$Mn	2003 HK\$Mn
Non-current assets	3,696	3,665	3,684
Current assets	6,261	6,211	5,837
Current liabilities	(1,986)	(1,922)	(1,848)
Net current assets	4,275	4,289	3,989
Non-current liabilities	(79)	(79)	(75)
<b>Net assets</b>	<b>7,892</b>	<b>7,875</b>	<b>7,598</b>
Designated funds	444	444	471
Revenue reserve	679	1,017	1,391
Deferred income	6,769	6,414	5,736
	7,892	7,875	7,598

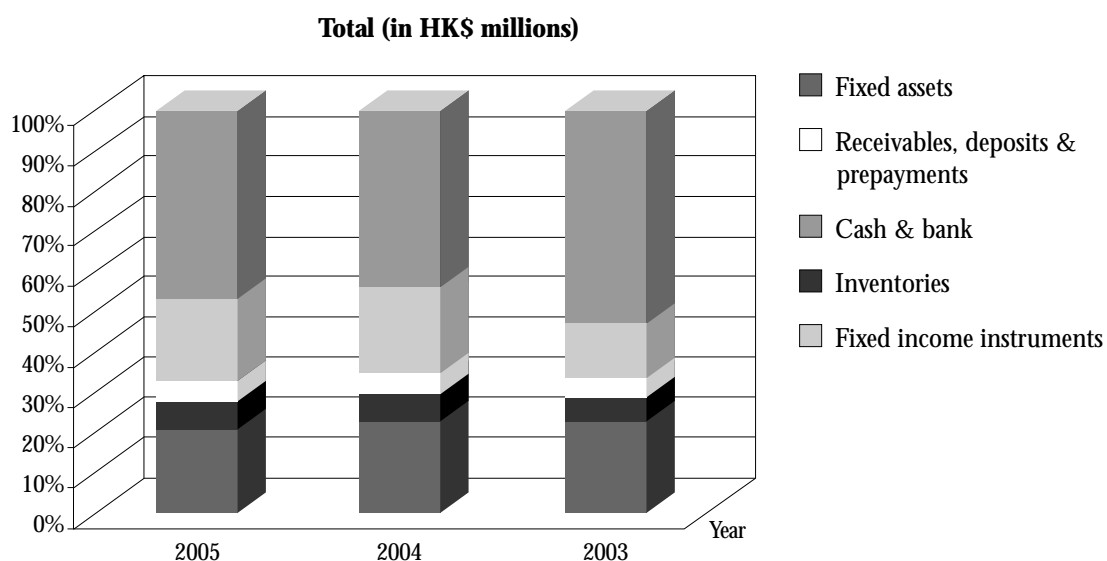
### Key Financial Indicators

#### Inventories

Drugs	416	399	374
Other medical and general consumable	238	275	186
	<b>654</b>	<b>674</b>	<b>560</b>

#### Average stock holding period (weeks)

Drugs	11.1	11.8	12.2
Other medical and general consumable (exclude standby stock to prepare for SARS outbreak)	10.3	12.5	13.0



## Analysis of Hospital/Clinic Fees and Charges

The charges for hospital services provided by the Hospital Authority are levied in accordance with those stipulated in the Gazette and are recognised as income in the Statement of Income and Expenditure when services are provided.

Hospital fees and charges that are uncollectible are written off in the Statement of Income and Expenditure for the year. In addition, provision is also made for those outstanding hospital fees and charges as at the financial year-end. The amount of provision for doubtful debts in financial year 2004/2005 is HK\$47,827,000 (2004: HK\$52,335,000). Such provision is assessed based on both the aging as well as the recoverability rate of outstanding hospital fees and charges as at the financial year-end.

The analysis of the hospital/clinic fees and charges of the Hospital Authority is as follows:

	2004/2005			2003/2004		
	HK'000	HK'000	(%)	HK'000	HK'000	(%)
Net hospital/clinic fees and charges		1,340,258	(68.5%)		1,202,776	(68.5%)
Hospital/clinic fees written-off and changes in provision for doubtful debts						
• Actual write-off	50,755			27,236		
• (Decrease) / Increase in provision	(4,508)			13,144		
		<b>46,247</b>	<b>(2.4%)</b>		<b>40,380</b>	<b>(2.3%)</b>
Waiver of hospital/clinic fees for:						
• Eligible Persons *		534,582	(27.3%)		476,109	(27.1%)
• Non-Eligible Persons *		35,432	(1.8%)		37,865	(2.1%)
Total hospital/clinic fees and charges		<u>1,956,519</u>	<u>(100%)</u>		<u>1,757,130</u>	<u>(100%)</u>

\* Eligible Persons refer to those patients holding the Hong Kong Identity Cards and any other patients are classified as Non-Eligible Persons.

# Auditors' Report and Audited Financial Statements

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## **Audited Financial Statements**

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## Auditors' Report

### To The Members of the Hospital Authority

We have audited the financial statements on pages 119 to 145 which have been prepared in accordance with accounting principles generally accepted in Hong Kong.

### Respective responsibilities of the Hospital Authority and auditors

The Hospital Authority Ordinance requires the Hospital Authority to prepare financial statements. In preparing financial statements which give a true and fair view it is fundamental that appropriate accounting policies are selected and applied consistently.

It is our responsibility to form an independent opinion, based on our audit, on those financial statements and to 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.

### Basis of opinion

We conducted our audit in accordance with Statements of Auditing Standards issued by the Hong Kong Institute of Certified Public Accountants. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgements made by the Hospital Authority in the preparation of the financial statements, and of whether the accounting policies are appropriate to the Hospital Authority's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance as to whether the financial statements are free from material misstatement. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements. We believe that our audit provides a reasonable basis for our opinion.

### Opinion

In our opinion the financial statements give a true and fair view of the state of affairs of the Hospital Authority as at 31 March 2005 and of the deficit and its cash flows for the year then ended.



**PricewaterhouseCoopers**


CERTIFIED PUBLIC ACCOUNTANTS


Hong Kong, 5 August, 2005



# Hospital Authority Balance Sheet

	Note	Balance at 31 March 2005	Balance at 31 March 2004
		HK\$' 000	HK\$' 000
<b>Non-Current Assets</b>			
Fixed assets	3	2,104,039	2,263,214
Loans receivable	4	51,655	60,684
Fixed income instruments	5	1,540,440	1,341,122
		<u>3,696,134</u>	<u>3,665,020</u>
<b>Current Assets</b>			
Inventories		654,127	674,146
Loans receivable	4	3,529	3,827
Accounts receivable	6	139,267	137,505
Other receivables		64,554	55,750
Deposits and prepayments		241,511	267,769
Fixed income instruments	5	470,549	766,080
Cash and bank balances	7	4,687,506	4,305,786
		<u>6,261,043</u>	<u>6,210,863</u>
<b>Current Liabilities</b>			
Creditors and accrued charges	8	1,967,824	1,891,322
Deposits received		18,075	30,482
		<u>1,985,899</u>	<u>1,921,804</u>
<b>Net Current Assets</b>		<u>4,275,144</u>	<u>4,289,059</u>
<b>Total Assets Less Current Liabilities</b>		7,971,278	7,954,079
<b>Non-Current Liabilities</b>			
Death and disability liabilities	9	78,857	78,827
<b>Net Assets</b>		<u>7,892,421</u>	<u>7,875,252</u>
<b>Reserves</b>			
Designated funds	10	443,968	443,863
Revenue reserve		679,048	1,016,872
		<u>1,123,016</u>	<u>1,460,735</u>
<b>Deferred income</b>	11	6,769,405	6,414,517
<b>Total Reserves and Deferred Income</b>		<u>7,892,421</u>	<u>7,875,252</u>

  
 Mr Anthony T.Y. Wu, JP  
 Chairman

  
 Dr William Ho, JP  
 Chief Executive

# Hospital Authority

## Statement of Income and Expenditure

	Note	For the year ended 31 March 2005	For the year ended 31 March 2004
		HK\$'000	HK\$'000
<b>Income</b>			
Recurrent Government subvention	12	27,133,620	28,768,545
Capital Government subvention		461,700	355,288
Hospital/clinic fees and charges	13	1,386,505	1,243,156
Donations		256	327
Transfers from:			
Designated donation fund	10	98,027	209,297
Capital subventions	11	539,511	599,469
Capital donations	11	80,777	73,455
Home loan interest subsidy	11	240,038	279,311
Training and Welfare Fund	11	41,959	36,490
Investment income		34,306	41,411
Other income		250,135	251,216
		<u>30,266,834</u>	<u>31,857,965</u>
<b>Expenditure</b>			
Staff costs		(23,411,817)	(25,170,232)
Medical supplies and equipment		(2,937,456)	(2,797,464)
Utilities charges		(765,214)	(733,044)
Repairs and maintenance	16	(1,056,318)	(1,030,954)
Building projects funded by the Government through the Hospital Authority but not owned by Hospital Authority as set out in note 2(d)(ii) and (iii)		(461,700)	(355,288)
Operating lease expenses - office premises and equipment		(12,169)	(12,717)
Depreciation	3	(615,883)	(671,385)
Other operating expenses		(1,344,101)	(1,460,975)
		<u>(30,604,658)</u>	<u>(32,232,059)</u>
<b>Deficit for the year</b>		(337,824)	(374,094)
<b>Revenue reserve at beginning of year</b>		1,016,872	1,390,966
<b>Revenue reserve at end of year</b>		<u>679,048</u>	<u>1,016,872</u>

## Hospital Authority Statement of Changes in Net Assets

	Designated Funds	Revenue Reserve	Deferred Income	Total
	HK\$'000 <i>[Note 10]</i>	HK\$'000	HK\$'000 <i>[Note 11]</i>	HK\$'000
At 31 March 2003	471,231	1,390,966	5,736,099	7,598,296
Additions during the year	219,518	-	1,667,143	1,886,661
Utilisation during the year	(246,886)	-	-	(246,886)
Transfers to statement of income and expenditure	-	-	(988,725)	(988,725)
Net gains/(losses) not recognised in statement of income and expenditure	(27,368)	-	678,418	651,050
Deficit for the year	-	(374,094)	-	(374,094)
At 31 March 2004	443,863	1,016,872	6,414,517	7,875,252
Additions during the year	122,742	-	1,257,173	1,379,915
Utilisation during the year	(122,637)	-	-	(122,637)
Transfers to statement of income and expenditure	-	-	(902,285)	(902,285)
Net gains not recognised in statement of income and expenditure	105	-	354,888	354,993
Deficit for the year	-	(337,824)	-	(337,824)
At 31 March 2005	443,968	679,048	6,769,405	7,892,421

# Hospital Authority

## Cash Flow Statement

	Note	For the year ended 31 March 2005	For the year ended 31 March 2004
		HK\$' 000	HK\$' 000
<b>Net cash outflow from operating activities</b>	17	(544,964)	(802,603)
<b>Investing activities</b>			
Investment income received		34,306	41,411
Purchases of fixed assets		(461,113)	(650,947)
Net (increase)/decrease in bank deposits with maturity over three months		(2,031,433)	2,179,959
Net decrease/(increase) in fixed income instruments		96,213	(776,201)
<b>Net cash (outflow)/inflow from investing activities</b>		(2,362,027)	794,222
<b>Net cash outflow before financing</b>		(2,906,991)	(8,381)
<b>Financing activities</b>			
Designated donation fund	10	24,715	10,221
North District Hospital Fund	10	(22,701)	(23,456)
Tseung Kwan O Hospital Fund	10	(1,909)	(14,133)
Capital subventions	11	417,828	577,593
Capital donations	11	43,285	73,354
Home loan interest subsidy	11	794,951	815,779
Training and Welfare Fund	11	1,109	200,417
<b>Net cash inflow from financing</b>		1,257,278	1,639,775
<b>(Decrease)/increase in cash and cash equivalents</b>		(1,649,713)	1,631,394
<b>Cash and cash equivalents at beginning of year</b>		2,350,826	719,432
<b>Cash and cash equivalents at end of year</b>		701,113	2,350,826
<b>Represented by</b>			
Cash and bank balances		4,687,506	4,305,786
Less: bank deposits with maturity over three months	7	(3,986,393)	(1,954,960)
		701,113	2,350,826

# Hospital Authority

## Notes to the Financial Statements

### 1. The Hospital Authority

#### (a) Background

The Hospital Authority (“HA”) is a statutory body established on 1 December 1990 under the Hospital Authority Ordinance. The Hospital Authority Ordinance provides the HA with the powers to manage and control the delivery of public hospital services in Hong Kong. Under the Hospital Authority Ordinance, the HA is responsible for the following:

- advising the Government of the needs of the public for hospital services and of the resources required to meet those needs;
- managing and developing the public hospital system;
- recommending to the Secretary for Health, Welfare and Food 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 HA staff and research relating to hospital services.

Pursuant to an arrangement, detailed in a draft Memorandum of Administrative Arrangement (“MAA”) with the Hong Kong Government (the “Government”), the Government passed the management and control of the ex-Government hospitals (the “Schedule 1 Hospitals”) to the HA. Under this arrangement, certain specified assets were transferred to the HA. The ownership of other assets were retained by the Government.

The HA has also entered into agreements with the individual governing bodies of the ex-subvented hospitals (the “Schedule 2 Hospitals”) which allowed the HA to assume ownership of some operating assets as at 1 December 1991 and to manage and control other assets, the ownership of which remains with the individual governing bodies.

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

As part of the Government’s healthcare reform plan, the HA has taken over the management and operation of all general outpatient clinics (“GOPCs”) from the Department of Health since July 2003. Under the arrangement, the title and ownership in respect of the related operating assets of the GOPCs will be transferred to the HA, subject to formal approval from the Government.

In order to promote the development and research of Chinese medicine in Hong Kong, the HA entered into agreements in December 2003 with three non-governmental organisations (“NGOs”). Under these agreements, the HA will provide an annual lump sum grant to the NGOs which allows the NGOs to operate Chinese medicine clinics in Hong Kong. These NGO clinics will provide Chinese medicine outpatient services including the prescription of Chinese herbal medicine and related services.

# Hospital Authority

## Notes to the Financial Statements

### 1. The Hospital Authority (Continued)

#### (b) Hospitals and other institutions

At the balance sheet date, the HA had under its management and control the following hospitals and institutions:

#### **Schedule 1 Hospitals and Schedule 2 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 Eye Hospital  
Kowloon Hospital  
Kwai Chung Hospital  
Kwong Wah Hospital  
Lai Chi Kok Hospital (previously utilised by HACare as a long stay care home and is planned to be returned to the Government in 2005/06)  
MacLehose Medical Rehabilitation Centre  
North District Hospital  
Our Lady of Maryknoll Hospital  
Pamela Youde Nethersole Eastern Hospital  
Pok Oi Hospital  
Prince of Wales Hospital  
Princess Margaret Hospital  
Queen Elizabeth Hospital  
Queen Mary Hospital  
Ruttonjee & Tang Shiu Kin Hospitals  
Shatin Hospital  
Siu Lam Hospital  
St. John Hospital  
Tai Po Hospital  
Tsan Yuk Hospital  
Tseung Kwan O Hospital

# Hospital Authority

## Notes to the Financial Statements

### 1. The Hospital Authority (Continued)

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

##### Schedule 1 Hospitals and Schedule 2 Hospitals: (Continued)

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

##### Standalone Specialist Clinics:

David Trench Rehabilitation Centre  
East Kowloon Polyclinic  
Pamela Youde Polyclinic  
Southorn Centre  
Tang Chi Ngong Specialist Clinic  
Yaumatei Jockey Club Polyclinic  
Yaumatei Specialist Clinic Extension  
Yuen Long Madam Yung Fung Shee Health Centre  
Yung Fung Shee Memorial Centre

##### Other Institutions:

HACare (ceased operation of the long stay care home on 31 December 2004 and has remained inactive thereafter)  
Hong Kong Red Cross Blood Transfusion Service  
Rehabaid Centre  
General outpatient clinics, other clinics and associated units

# Hospital Authority

## Notes to the Financial Statements

### 2. Principal accounting policies

The principal accounting policies adopted by the HA in preparing these financial statements conform with accounting principles generally accepted in Hong Kong and Statements of Standard Accounting Practice issued by the Hong Kong Institute of Certified Public Accountants (“HKICPA”) as appropriate to Government subvented and not-for-profit organisations. The more significant accounting policies are set out below:

#### (a) Basis of presentation

The financial statements reflect the recorded book values of those assets owned by the HA and the liabilities assumed by the HA upon the integration with both the Schedule 1 Hospitals and Schedule 2 Hospitals. Those assets under the management and control of the HA, but not owned by the HA, are not accounted for in these financial statements.

The financial statements of the HA include the income and expenditure of the Head Office, all Schedule 1 Hospitals and Schedule 2 Hospitals, Specialist Clinics, General Outpatient Clinics and other institutions for the financial year ended 31 March 2005. Intra-institution transactions and balances have been eliminated on combination.

#### (b) Recognition of income

Recurrent grants are recognised on an accrual basis. Non-recurrent grants that are spent on expenditure which does not meet the capitalisation policy as set out in note 2(d)(i) are recognised when incurred.

Hospital fees and charges are recognised when services are provided.

Designated donations are recognised as income when the amounts have been received or are receivable from the donors and the related expenditure is charged to the statement of income and expenditure. Other donation income is recognised upon receipt of non-designated cash or donations-in-kind not meeting the capitalisation policy as set out in note 2(d)(i).

Transfers from capital subventions and capital donations are recognised when depreciation and net book value of assets disposed/written off are charged to the statement of income and expenditure.

Transfers from the designated donation fund are recognised when the designated donation fund is utilised and the expenditure does not meet the capitalisation policy as set out in note 2(d)(i).

Transfers from the home loan interest subsidy are recognised when the related employee costs are charged to the statement of income and expenditure.

Transfers from the Training and Welfare Fund are recognised when the related expenditure is charged to the statement of income and expenditure.

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

Investment income from bank deposits is recognised on a time proportion basis, taking into account the principal outstanding and at the interest rate applicable.



# Hospital Authority

## Notes to the Financial Statements

### 2. Principal accounting policies (Continued)

#### (c) Donations

##### (i) Donated assets

Donations for specific assets (“donated assets”) with a value below HK\$100,000 each are recorded as income and expenditure in the year of receipt of the assets.

Donated assets with a value of HK\$100,000 or more each are capitalised on receipt of the assets. Properties donated to the HA with values of over HK\$250,000 are capitalised as set out in note 2(d)(i). The amount of the donated assets is credited to the deferred income - capital donations account. Each year, an amount equal to the depreciation charge for these assets and the net book value of assets disposed is transferred from the deferred income - capital donations account and credited to the statement of income and expenditure.

##### (ii) Cash donations

Cash donations for specific use are accounted for in the designated donation fund. When the funds are used in the manner prescribed by the donor, they are accounted for as expenditure of the designated donation fund and, in the case of capital expenditure, in accordance with the policy for donated assets outlined above.

Non-specified donations for general operating purposes are recorded as donations in the statement of income and expenditure in the year of receipt.

#### (d) Capitalisation of fixed assets

##### (i) Effective from 1 December 1991, the following types of assets owned by the HA have been capitalised:

Building projects costing HK\$250,000 or more;

All other assets costing HK\$100,000 or more on an individual basis; and

Computer software and systems including related development costs, and other intangible assets costing HK\$250,000 or more on an individual basis.

The accounting policy for the fixed assets is set out in note 2(e).

##### (ii) For properties which are funded by the Government through the HA but are owned by an ex-subvented governing body, the associated expenditure is charged to the statement of income and expenditure in the year as incurred. Under the agreements with ex-subvented governing bodies, the ownership of building projects, although funded by the Government through the HA, is vested with the governing bodies. The same accounting policy has been adopted for the North District Hospital and the Tseung Kwan O Hospital, which are all funded by the Government through the HA.

# Hospital Authority

## Notes to the Financial Statements

### 2. Principal accounting policies (Continued)

#### (d) Capitalisation of fixed assets (Continued)

- (iii) For expenditure on subsequent improvement to properties the ownership of which has not been vested with the HA, the amount spent has been capitalised only if the improvement does not form part of the properties and can be re-used by the HA when re-located. Otherwise, the expenditure is charged to the statement of income and expenditure in the year as incurred.
- (iv) Expenditure on furniture, fixtures, equipment, motor vehicles, computer hardware, software and systems are capitalised (subject to the minimum expenditure limits set out in note 2(d)(i) above) and the corresponding amounts are credited to the deferred income - capital subventions and capital donations accounts for capital expenditure funded by the Government and donations respectively.
- (v) Fixed assets transferred from the hospitals to the HA at 1 December 1991 was recorded at nil value.

#### (e) Fixed assets and depreciation

Fixed assets are stated at cost less accumulated depreciation.

The historical cost of assets acquired and the value of donated assets received by the HA since 1 December 1991 are depreciated using the straight-line method over the expected useful lives of the assets as follows:

Leasehold improvements	Over the life of the lease to which the improvement relates
Buildings	20 - 50 years
Furniture, fixtures and equipment	3 - 10 years
Motor vehicles	5 - 7 years
Computer software and systems	1 - 3 years
Data processing equipment	3 - 6 years

The gain or loss arising from disposal or retirement of an asset is determined as the difference between the sales proceeds and the carrying amount of the asset and is recognised in the statement of income and expenditure.

Capital expenditure in progress is not depreciated until the asset is placed into commission.

#### (f) Fixed income instruments

Fixed income instruments are recognised on a trade-date basis.

Fixed income instruments are 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 so that the revenue recognised in each period represents a constant yield on the investment.

# Hospital Authority

## Notes to the Financial Statements

### 2. Principal accounting policies (Continued)

#### (g) Inventories

Inventories, which comprise medical and general consumable stores, are valued at the lower of cost and net realisable value. Cost is calculated using the weighted average method. Provision is made for obsolete and slow-moving items.

Net realisable value is determined with reference to the replacement cost.

#### (h) Accounts receivable

Provision is made against accounts receivable to the extent that they are considered to be doubtful. Accounts receivable in the balance sheet are stated net of such provision.

#### (i) Cash and cash equivalents

Cash and cash equivalents are carried in the balance sheet at cost. For the purposes of the cash flow statement, cash and cash equivalents comprise cash on hand, deposits held at call with banks, and cash investments with a maturity of three months or less from the date of investment.

#### (j) Provisions and contingent liabilities

Provisions are recognised when the HA 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 the HA expects a provision to be reimbursed, for example under an insurance contract, the reimbursement is recognised as a separate asset but only when the reimbursement is virtually certain.

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 HA.

#### (k) Employee benefits

##### (i) Retirement benefits costs

Payments to the HA's defined contribution retirement benefit plans are charged as an expense as they fall due. Payments made to the Mandatory Provident Fund Scheme are dealt with as payments to defined contribution plans where the HA'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 HA'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. HA recognises termination benefits costs when there is an obligation to make such payments without possibility of withdrawal.

# Hospital Authority

## Notes to the Financial Statements

### 2. Principal accounting policies (Continued)

#### (k) Employee benefits (Continued)

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

The cost of HA'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 regular actuarial valuations performed by an independent qualified actuary. The present value of HA's future obligations is discounted by reference to market yields on Hong Kong Exchange Fund Notes, which have terms to maturity approximating the terms of the related obligations.

The death benefits for eligible employees are accounted for as post employment defined benefits. Actuarial gains and losses to the extent of the amount in excess of 10% of the greater of the present value of the HA's obligations in respect of death liabilities and the fair value of any qualifying insurance policies taken out are recognised in the statement of income and expenditure over the expected average remaining service lives of the employees. The disability benefits are accounted for as other long-term employee benefits. Actuarial gains and losses are recognised immediately in the statement of income and expenditure.

Further details of the death and disability liabilities are set out in note 9.

##### (iv) Other employee benefits costs

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

#### (l) Government grants

Subvention grants approved for the year less amounts spent on fixed assets during the year are classified as recurrent grants.

Government subventions of a capital nature ("capital subventions") are credited to the deferred income - capital subventions account and the corresponding amounts are capitalised as fixed assets as set out in note 2(d)(iv). This includes capital expenditure on furniture, fixtures, equipment, motor vehicles, computer hardware, software and systems. Each year, an amount equal to the depreciation charge for these assets and net book value of assets disposed is transferred from the deferred income - capital subventions account and credited to the statement of income and expenditure.

Government grants in respect of certain employee benefits [note 11] are credited to deferred income and recognised as income to match against the related employee costs as and when these are incurred.

#### (m) Translation of foreign currencies

Transactions in foreign currencies are translated at exchange rates ruling at the transaction dates. Monetary assets and liabilities denominated in foreign currencies are translated at rates of exchange ruling at the balance sheet date. Exchange gains and losses are dealt with in the statement of income and expenditure.

# Hospital Authority

## Notes to the Financial Statements

### **2. Principal accounting policies (Continued)**

#### **(n) Related parties**

Parties are considered to be related to the HA if the party has the ability, directly or indirectly, to control the HA or exercise significant influence over the HA in making financial and operating decisions, or vice versa.

For the purpose of these financial statements, transactions between the HA and Government departments, agencies or Government controlled entities, other than those transactions such as the payment of rent and rates, fees etc. that arise in the normal dealings between the Government and the HA, are considered to be related party transactions. Significant related party transactions during the year principally included annual recurrent and capital subventions received from the Government and amounts paid to Electrical and Mechanical Services Department for providing various engineering and building maintenance services to the HA. These transactions are disclosed in notes 9, 11, 12 and 16 to these financial statements.

#### **(o) Recently issued accounting standards**

The HKICPA has issued a number of new and revised Hong Kong Financial Reporting Standards and Hong Kong Accounting Standards (new "HKFRSs") which are effective for accounting periods beginning on or after 1 January 2005.

The HA has not early adopted these new HKFRSs in the financial statements for the year ended 31 March 2005. The HA is in the process of making an assessment of the impact of these new HKFRSs and has so far concluded that the adoption of the new HKFRSs would not have a significant impact on its results of operations and financial position.

The HA will be continuing with the assessment of the impact of the changes in new HKFRSs and other significant changes may be identified as a result.

# Hospital Authority

## Notes to the Financial Statements

### 3. Fixed assets

	Building and improvements	Furniture, fixtures and equipment	Motor vehicles	Capital expenditure in progress	Computer hardware, software and systems	Total
	HK\$'000	HK\$'000	HK\$'000	HK\$'000	HK\$'000	HK\$'000
<b>Cost</b>						
At 1 April 2004	1,057,109	4,646,832	114,986	28,328	2,451,793	8,299,048
Reclassifications	-	686	-	(23,709)	23,023	-
Cost adjustments	(6,962)	(9,179)	-	-	(11,333)	(27,474)
Additions	480	279,753	5,256	35,588	167,510	488,587
Disposals	(5,156)	(80,621)	(4,644)	-	(12,822)	(103,243)
At 31 March 2005	1,045,471	4,837,471	115,598	40,207	2,618,171	8,656,918
<b>Accumulated depreciation</b>						
At 1 April 2004	152,413	3,772,261	103,190	-	2,007,970	6,035,834
Reclassifications	-	(606)	-	-	606	-
Charge for the year	21,085	344,294	5,420	-	245,084	615,883
Disposals	(1,829)	(79,864)	(4,548)	-	(12,597)	(98,838)
At 31 March 2005	171,669	4,036,085	104,062	-	2,241,063	6,552,879
<b>Net book value</b>						
At 31 March 2005	873,802	801,386	11,536	40,207	377,108	2,104,039
At 31 March 2004	904,696	874,571	11,796	28,328	443,823	2,263,214

# Hospital Authority

## Notes to the Financial Statements

### 4. Loans receivable

Certain eligible employees under the Home Loan Interest Subsidy Scheme are offered downpayment loans for the purchase of their residential properties. The repayment period of the loans is the lesser of the mortgage life or 20 years. Interest charged on the downpayment loans is determined by the HA from time to time and is set at 2.174% below the average of the best lending rates of the note-issuing banks as at 31 March 2005. New applications for the downpayment loans have been suspended since April 2002.

As at the balance sheet date, the downpayment loans advanced to eligible staff which are fully secured by charges over the properties are as follows:

	Balance at 31 March 2005	Balance at 31 March 2004
	HK\$'000	HK\$'000
Repayable within one year	3,529	3,827
Repayable after one year	51,655	60,684
	<u>55,184</u>	<u>64,511</u>

### 5. Fixed income instruments

The fixed income instruments represent Hong Kong Dollar Bonds and Exchange Fund Notes which are generally held by the HA to maturity, with maturity periods of no more than 5 years. The overall expected yield of instruments held by the HA is between 1.3% and 4.2% (2004: between 1.3% and 4.4%).

As at the balance sheet date, the fixed income instruments held by the HA are as follows:

	Balance at 31 March 2005	Balance at 31 March 2004
	HK\$'000	HK\$'000
Maturing within one year	470,549	766,080
Maturing in the second to fifth year, inclusive	1,540,440	1,341,122
	<u>2,010,989</u>	<u>2,107,202</u>

# Hospital Authority

## Notes to the Financial Statements

### 6. Accounts receivable

	Balance at 31 March 2005	Balance at 31 March 2004
	HK\$'000	HK\$'000
Bills receivable [note 6(a)]	174,532	179,325
Accrued income	12,562	10,515
	187,094	189,840
Less: Provision for doubtful debts	(47,827)	(52,335)
	<u>139,267</u>	<u>137,505</u>

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

	Balance at 31 March 2005	Balance at 31 March 2004
	HK\$'000	HK\$'000
0 - 30 days	58,050	57,869
31 - 60 days	25,699	25,229
61 - 90 days	19,563	17,192
Over 90 days	71,220	79,035
	<u>174,532</u>	<u>179,325</u>

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

- (i) Private patients and non-eligible persons are required to pay a deposit on admission to hospital.
- (ii) Interim bills are sent to all inpatients in the case of long hospitalisation period. Private and non-eligible patients are billed more frequent than public patients.
- (iii) A final bill will be sent if the patient has not settled the outstanding amount on discharge.
- (iv) For long outstanding debts, legal action will be instituted for selected cases. Patients who have financial difficulties may be considered for a waiver of fees charged, with due consideration given to the financial, social and medical conditions of the applicants during the application stage.



# Hospital Authority

## Notes to the Financial Statements

### 7. Cash and bank balances

	Balance at 31 March 2005	Balance at 31 March 2004
	HK\$'000	HK\$'000
Deposits with banks		
- Within three months of maturity when placed	617,601	2,254,475
- More than three months of maturity when placed	3,986,393	1,954,960
Cash at bank and in hand	83,512	96,351
	<u>4,687,506</u>	<u>4,305,786</u>

### 8. Creditors and accrued charges

	Balance at 31 March 2005	Balance at 31 March 2004
	HK\$'000	HK\$'000
Accounts payable [note 8 (a)]	86,701	101,343
Accrued charges and other payables [note 8 (b)]	1,881,123	1,789,979
	<u>1,967,824</u>	<u>1,891,322</u>

(a) Aging analysis of accounts payable is set out below:

	Balance at 31 March 2005	Balance at 31 March 2004
	HK\$'000	HK\$'000
0 - 30 days	67,564	97,533
31 - 60 days	10,959	2,496
61 - 90 days	7,767	955
Over 90 days	411	359
	<u>86,701</u>	<u>101,343</u>

All accounts payable as at 31 March 2005 are expected to be settled within one year.

(b) Accrued charges and other payables include provision for unutilised annual leave of HK\$829,221,000 (2004: HK\$836,793,000) and contract gratuity accrual of HK\$257,776,000 (2004: HK\$251,848,000).

# Hospital Authority

## Notes to the Financial Statements

### 9. Death and disability liabilities

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

The amounts recognised in the statement of income and expenditure are as follows:

	For the year ended 31 March 2005	For the year ended 31 March 2004
	HK\$'000	HK\$'000
Current service cost	6,052	7,062
Interest cost	3,567	3,907
Actuarial gains recognised	(7,209)	(4,422)
<b>Total, included in staff costs</b>	<b>2,410</b>	<b>6,547</b>

The amounts recognised in the balance sheet are as follows:

	Balance at 31 March 2005	Balance at 31 March 2004
	HK\$'000	HK\$'000
Present value of funded obligations	76,459	75,544
Fair value of plan assets	(558)	(827)
	75,901	74,717
Unrecognised actuarial gains	2,956	4,110
<b>Death and disability liabilities in the balance sheet</b>	<b>78,857</b>	<b>78,827</b>

Movements in the liabilities recognised in the balance sheet date are as follows:

	2005	2004
	HK\$'000	HK\$'000
At 1 April	78,827	75,451
Total expense - as shown above	2,410	6,547
Premium/benefit paid	(2,380)	(3,171)
<b>At 31 March</b>	<b>78,857</b>	<b>78,827</b>

Principal actuarial assumptions are as follows:

	For the year ended 31 March 2005	For the year ended 31 March 2004
	%	%
Discount rate	4.50	5.00
Assumed rate of future salary increases	3.00	3.89

# Hospital Authority

## Notes to the Financial Statements

### 10. Designated funds

	Designated donation fund	North District Hospital Fund	Tseung Kwan O Hospital Fund	Total
	<i>[Note 2(c)]</i> HK\$'000	<i>[Note 10(a)]</i> HK\$'000	<i>[Note 10(b)]</i> HK\$'000	HK\$'000
At 1 April 2003	233,472	84,613	153,146	471,231
Additions during the year	219,518	-	-	219,518
Utilisation during the year	(209,297)	(23,456)	(14,133)	(246,886)
At 31 March 2004	243,693	61,157	139,013	443,863
Additions during the year	122,742	-	-	122,742
Utilisation during the year	(98,027)	(22,701)	(1,909)	(122,637)
At 31 March 2005	268,408	38,456	137,104	443,968

All these funds are maintained in designated bank and investment accounts which are included under cash and bank and fixed income instruments balances respectively.

#### (a) North District Hospital Fund

During the financial year 1993/94, the Government advanced to the HA a sum of HK\$1,690,350,000 for the construction of the North District Hospital. The sum is held by the HA in trust for the Government to meet the construction costs of the North District Hospital which is managed by the HA as agent for the Government. All interest earned from this grant is repaid annually to the Government. The hospital was commissioned in the financial year 1997/98. An amount of HK\$188,400,000 as at 31 March 2002 was returned to the Government during the financial year 2002/03. The remaining fund balance will be used for construction costs and any unspent balance will be repaid to the Government.

#### (b) Tseung Kwan O Hospital Fund

During the financial year 1995/96, the Government advanced HK\$2,047,290,000 to the HA for the construction of Tseung Kwan O Hospital. All interest earned from this grant is repaid annually to the Government. The hospital was commissioned in the financial year 1999/2000. An amount of HK\$373,000,000 as at 31 March 2002 was returned to the Government during the financial year 2002/03. The remaining fund balance will be used for construction costs and any unspent balance will be repaid to the Government.

# Hospital Authority

## Notes to the Financial Statements

### 11. Deferred income

	Capital subventions	Capital donations	Home loan interest subsidy	Training and Welfare Fund	Total
	<i>[Note 2(l)]</i> HK\$'000	<i>[Note 2(c)]</i> HK\$'000	<i>[Note 11(a)]</i> HK\$'000	<i>[Note 11(b)]</i> HK\$'000	HK\$'000
At 1 April 2003	1,252,034	1,033,157	3,450,908	-	5,736,099
Additions during the year	577,593	73,354	815,779	200,417	1,667,143
Transfers to statement of income and expenditure	(599,469)	(73,455)	(279,311)	(36,490)	(988,725)
At 31 March 2004	1,230,158	1,033,056	3,987,376	163,927	6,414,517
Additions during the year	417,828	43,285	794,951	1,109	1,257,173
Transfers to statement of income and expenditure	(539,511)	(80,777)	(240,038)	(41,959)	(902,285)
At 31 March 2005	1,108,475	995,564	4,542,289	123,077	6,769,405

#### (a) Home Loan Interest Subsidy Scheme (“HLISS”)

HA offers eligible employees under the scheme an interest subsidy to finance the purchase of a residence in Hong Kong. Eligibility under the scheme is primarily determined by the employee's length of service.

The amount of subsidy generally represents half of the interest rate payable by the eligible employee up to a maximum of 6% per annum. However, eligibility and the maximum amount of subsidies granted are subject to a number of restrictions as further defined in the scheme.

The scheme is funded by the HA through the recurrent subvention from the Government and is calculated at specific rates based on the total salaries of staff in the various staff categories. The fund is maintained in designated bank and investment accounts which are included under cash and bank and fixed income instruments balances respectively.

#### (b) Training and Welfare Fund

During the financial year 2003/04, the Government made a special grant of HK\$200,000,000 to the HA for setting up a Training and Welfare Fund to provide (i) its health care staff with additional training to maintain and enhance their expertise in infectious disease control in the hospital setting, (ii) special recuperation grant and additional compensation for those health care staff who contracted Severe Acute Respiratory Syndrome (“SARS”) while on duty, and (iii) for the implementation of other staff welfare initiatives.

The Training and Welfare Fund is maintained in designated bank accounts which are included under cash and bank balances.

# Hospital Authority

## Notes to the Financial Statements

### **12. Recurrent Government subvention**

The HA receives annual operating grants from the Government to provide hospital services in Hong Kong. For the year ended 31 March 2004, recurrent Government subvention included reimbursement received from the Government of HK\$610,405,000 in respect of additional expenditure incurred by HA to fight against SARS.

The draft MAA, described in note 1, provides a formula for the clawback of the excess of income over expenditure in the reporting period. For the year ended 31 March 2005 and 2004, no provision for clawback was required under the terms of the draft MAA.

### **13. Hospital/clinic fees and charges**

The charges for hospital services provided by the HA 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 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 2005 amounted to HK\$570,014,000 (2004: HK\$513,974,000).

# Hospital Authority

## Notes to the Financial Statements

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

- (a) No Board members are remunerated in the capacity as Board members.
- (b) The remuneration of the five highest paid executives, which is included in the staff costs for the year, is as follows:

	Base pay, allowance, retirement scheme contribution and other benefits	Variable remuneration related to performance	Total for the year ended 31 March 2005	Total for the year ended 31 March 2004
	HK\$'000	HK\$'000	HK\$'000	HK\$'000
Dr William Ho Chief Executive*	3,744	781	4,525	4,283
Dr Vivian Taam Wong Director (Professional Services and Medical Development)	3,796	-	3,796	3,568
Dr Hong Fung Cluster Chief Executive (New Territories East)	3,235	295	3,530	3,544
Dr Pamela Leung Cluster Chief Executive (Hong Kong East)	3,224	295	3,519	3,584
Dr Lawrence Lai Cluster Chief Executive (Hong Kong West)**	3,224	295	3,519	3,528
	17,223	1,666	18,889	18,507

\* Chief Executive is a member of the Board while his remuneration is paid in the capacity as an executive.

\*\* Appointment changed from Cluster Chief Executive (Kowloon Central) to Cluster Executive (Hong Kong West) from January 2005 onwards.

# Hospital Authority

## Notes to the Financial Statements

### 15. Retirement schemes

The HA operates an occupational retirement scheme, the Hospital Authority Provident Fund Scheme (the "HAPFS"). In accordance with the Mandatory Provident Fund ("MPF") Schemes Ordinance, the HA set up a MPF Scheme on 1 December 2000 by participating in a master trust scheme provided by INVESCO Strategic MPF Scheme (the "MPFS"). Permanent employees can choose between the HAPFS and the MPFS while contract and temporary employees are required to join the MPFS.

#### (a) The HAPFS

The HAPFS is a defined contribution scheme. The Scheme was established and governed by its Trust Deed and Rules dated 22 October 1991, and registered under section 18 of the Hong Kong Occupational Retirement Schemes Ordinance ("ORSO"), and was terminated on 1 April 2003 for the purpose of establishing a new provident fund scheme ("the New HAPFS"), with effect from that date. All the funds, assets and monies of the HAPFS as at 1 April 2003 were transferred to the New HAPFS. The New HAPFS was established under a Trust Deed and Rules dated 29 January 2003 and registered under section 18 of the ORSO.

Most employees who have opted for the 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 HA.

The monthly normal contribution by the HA 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 2005, the total membership was 38,099 (2004: 38,881). During the financial year 2004/05, the HA contributed to the scheme of HK\$1,920,169,000 (2004: HK\$2,028,414,000), which is included in the staff costs for the year. The scheme's net asset value as at 31 March 2005 was HK\$25,496,881,000 (2004: HK\$22,238,084,000).

#### (b) MPFS

Effective from the MPF commencement date of 1 December 2000, the HA joined the INVESCO Strategic MPF Scheme which has been registered with the Mandatory Provident Fund Schemes Authority and authorised by the Securities and Futures Commission.

The HA'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\$1,000 per month.

At 31 March 2005, the total membership was 10,662 (2004: 9,308). During the financial year 2004/05, total members' contributions were HK\$77,092,000 (2004: HK\$68,943,000). The HA contributed to the scheme of HK\$114,428,000 (2004: HK\$99,531,000), which is included in the staff costs for the year. The net asset value as at 31 March 2005 was HK\$913,182,000 (2004: HK\$706,069,000).

### 16. Repairs and maintenance

The HA has entered into agreements with the Government for providing biomedical and general electronics engineering services, hospital engineering services and health building maintenance services to the HA. According to the terms of agreements, the amounts incurred for these services for the year amounted to HK\$570,590,000 (2004: HK\$595,788,000).

# Hospital Authority

## Notes to the Financial Statements

### 17. Reconciliation of the deficit for the year to net cash outflow from operating activities

	For the year ended 31 March 2005	For the year ended 31 March 2004
	HK\$'000	HK\$'000
Deficit for the year	(337,824)	(374,094)
Investment income	(34,306)	(41,411)
Loss on disposal of fixed assets	4,405	1,539
Income transferred from deferred income	(902,285)	(988,725)
Depreciation	615,883	671,385
Increase in death and disability liabilities	30	3,376
Decrease/(increase) in inventories	20,019	(113,855)
Decrease in loans receivable	9,327	8,160
Increase in accounts receivable	(1,762)	(39,967)
Increase in other receivables	(8,804)	(1,809)
Decrease/(increase) in deposits and prepayments	26,258	(1,452)
Increase in creditors and accrued charges	76,502	57,810
(Decrease)/increase in deposits received	(12,407)	16,440
Net cash outflow from operating activities	<u>(544,964)</u>	<u>(802,603)</u>

### 18. Funds in trust

At 31 March 2005, funds held in trust (including accrued interest income) for the Government are set out below:

	Balance at 31 March 2005	Balance at 31 March 2004
	HK\$'000	HK\$'000
Health Care and Promotion Fund	64,750	67,862
Health Services Research Fund	3,982	6,363
	<u>68,732</u>	<u>74,225</u>



# Hospital Authority

## Notes to the Financial Statements

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

During the financial year 2004/05, the Hong Kong Jockey Club Charities Trust made donations totalling HK\$22,129,000 (2004: HK\$37,307,000) to the following hospitals and programmes of the HA.

	HK\$'000
Hong Kong Red Cross Blood Transfusion Service	1,684
Caritas Medical Centre	638
Castle Peak Hospital	1,505
Prince of Wales Hospital	137
Queen Elizabeth Hospital	3,684
Ruttonjee & Tang Shiu Kin Hospitals	14,481
	22,129

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

### 20. Commitments

As at the balance sheet date, the HA had the following commitments:

	At 31 March 2005	At 31 March 2004
	HK\$'000	HK\$'000
<b>(a) Capital commitments</b>		
Authorised but not contracted for	1,885,064	2,020,309
Contracted for but not provided	1,160,289	1,287,101
	3,045,353	3,307,410

The capital commitments disclosed above include both costs to be capitalised under fixed assets and also costs which are to be charged to the statement of income and expenditure in accordance with the accounting policy set out in note 2(d).

# Hospital Authority

## Notes to the Financial Statements

### 20. Commitments (Continued)

#### (b) Operating lease commitments

Commitments for future minimum payments under non-cancellable operating leases which fall due as follows:

	At 31 March 2005	At 31 March 2004
	HK\$'000	HK\$'000
Land and buildings		
Within one year	4,047	3,795
In the second to fifth year, inclusive	3,677	2,316
	<u>7,724</u>	<u>6,111</u>
Equipment		
Within one year	3,705	5,427
In the second to fifth year, inclusive	1,325	1,661
	<u>5,030</u>	<u>7,088</u>

### 21. Taxation

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

### 22. Subsidiary

HACare (the "Association") was established by the HA for the principal purpose of providing healthcare services. The Association was incorporated in Hong Kong as a company limited by guarantee and not having a share capital. The Association has become inactive since the completion of the decommissioning of the long stay care home in December 2004. At 31 March 2005, the net assets of HACare were HK\$1,228,000 (2004: HK\$3,221,000). No consolidated financial statements are prepared as the amounts involved are immaterial.

### 23. Contingent liabilities

During the financial year 2001/02, a number of doctors filed claims against the HA for alleged failure to grant rest days and statutory holidays in the prior six years. The claims were subsequently transferred to the High Court and it was ordered that the claims of the 3 lead Plaintiffs were to proceed first as test cases. The 3 lead Plaintiffs now claim for alleged failure to grant rest days, statutory holidays, public holidays and overtime worked. The trial for the 3 lead Plaintiff cases would be held in January 2006 and the trial concerns the liability aspect only. The claims for the remaining 162 Plaintiffs are adjourned pending the outcome of the case of the 3 lead Plaintiffs. The total estimated claims amounted to approximately HK\$85,000,000. At this stage, it is not possible to reliably assess the liability which may arise for the HA and accordingly, no provision was made in the financial statements.

### 24. Approval of financial statements

The financial statements were approved by members of the HA on 5 August 2005.