



醫院管理局

HOSPITAL
AUTHORITY

HOSPITAL AUTHORITY ANNUAL REPORT

醫院管理局年報
2022-2023



Content

目錄

- | | | | |
|----|---|-----|--|
| 01 | Roles
任務 | 26 | Hospital Authority at a Glance
in 2022-23
醫院管理局 2022-23 年度概覽 |
| 02 | Vision, Mission and Values
願景、使命及核心價值 | 28 | CHAPTER 4 第四章
Milestones of the Year
大事回顧 |
| 03 | Corporate Strategies
機構策略 | 38 | CHAPTER 5 第五章
Engagement and Teamwork
凝聚力量 群策群力 |
| 04 | Membership of the
Hospital Authority
醫院管理局成員 | 42 | CHAPTER 6 第六章
Head Office and Cluster Reports
總辦事處及醫院聯網工作匯報 |
| 08 | CHAPTER 1 第一章
Corporate Governance
機構管治 | 60 | CHAPTER 7 第七章
Environmental, Social and
Governance Report
環境、社會及管治報告 |
| 14 | CHAPTER 2 第二章
Chairman's Review
主席匯報 | 89 | Independent Auditor's Report and
Audited Financial Statements
獨立核數師報告及經審核的財務報表 |
| 20 | CHAPTER 3 第三章
Chief Executive's Report
行政總裁匯報 | 158 | Appendices
附錄 |

Roles

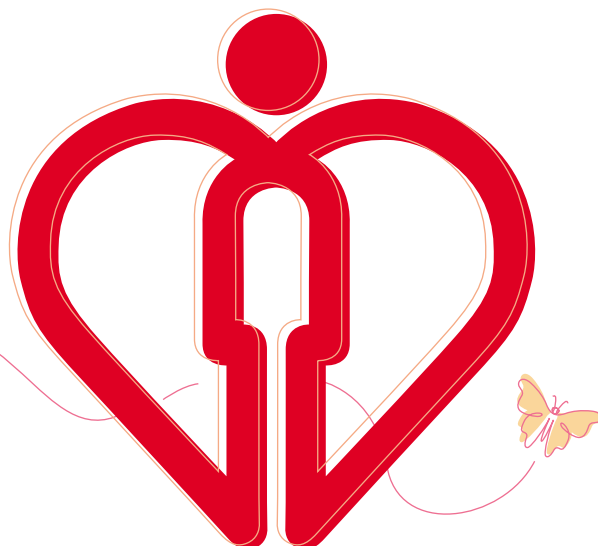
任務

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

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

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

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



Vision, Mission and Values

願景、使命及核心價值

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

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



VISION 願景

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



MISSION 使命

- Helping People Stay Healthy
與民攜手 保健安康



VALUES 核心價值

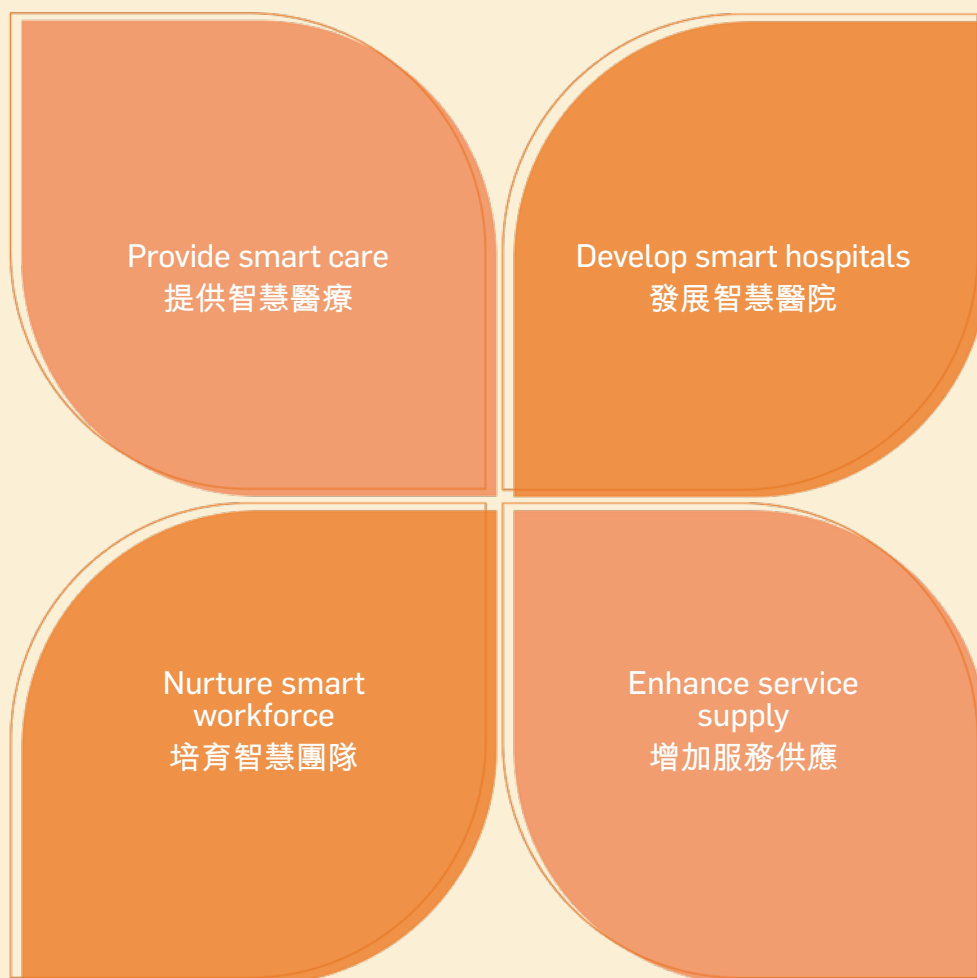
- People-centred Care 以人為先
- Professional Service 專業為本
- Committed Staff 敬業樂業
- Teamwork 群策群力

Corporate Strategies

機構策略

The Hospital Authority aims to achieve its corporate VMV by adopting four strategic goals as outlined in the HA Annual Plan 2022-2023:

醫管局採納 2022-2023 年度工作計劃書所載的四項策略目標，達至前述的機構願景、使命及核心價值：



The Authority formulated corresponding programme targets under the above strategic goals with 22 strategies for 2022-2023. Implementation progress of the Annual Plan was reported quarterly to the Board and available for public access on the Authority's website. Overall, most of the programme targets in 2022-2023 were achieved on schedule or partially achieved, while some programme deferrals due to the COVID-19 epidemic and manpower shortage were noted. Major achievements made during the year are set out in The Head Office and Cluster Reports in Chapter 6.

醫管局根據上述策略目標共 22 個策略制訂 2022-2023 年度工作計劃。推行工作計劃的進展會每季向醫管局大會匯報，並上載至醫管局網站供公眾閱覽。整體而言，2022-2023 年度大部分工作計劃已如期完成或部分完成，另有部分工作計劃在 2019 冠狀病毒病疫情及人手短缺影響下延期。醫管局年內達成的主要成績載於第六章總辦事處及醫院聯網工作匯報。

Membership of the Hospital Authority

醫院管理局成員



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

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



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

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



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

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



Prof CHAN Wai-yee
陳偉儀教授

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



Mr CHAN Wing-kai
陳永佳先生

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



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

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



The Hon Duncan CHIU
邱達根先生

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



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

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



**Ms Anita FUNG
Yuen-mei, BBS, JP**
馮婉眉女士

- Appointed on 1 December 2022
- Independent non-executive director of a listed bank and a listed property development company
- 於2022年12月1日獲委任
- 上市銀行及上市物業發展公司的獨立非執行董事



**Mr Ambrose HO,
SBS, SC, JP**
何沛謙先生

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



**Ms Maisy HO Chiu-ha,
BBS**
何超蓮女士

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



**Ms Mary HUEN Wai-yi,
JP**
禰惠儀女士

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



**Dr Tony KO
Pat-sing, JP**
高拔陞醫生

Chief Executive, HA
醫院管理局行政總裁

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



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

(up to 30.11.2022)
(任期至2022年11月30日)

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



**Mr Daniel LAM Chun,
SBS, JP**
林濬先生

(up to 30.11.2022)
(任期至2022年11月30日)

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



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

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

Membership of the Hospital Authority

醫院管理局成員



Dr Ronald LAM Man-kin, JP
林文健醫生

Director of Health
衛生署署長

- Appointed on 21 September 2021
- Board Member in capacity as Director of Health of HKSAR Government
- 於 2021 年 9 月 21 日獲委任
- 以香港特別行政區政府衛生署署長身份出任醫院管理局成員



Mrs Sylvia LAM YU Ka-wai, SBS
林余家慧女士

- Appointed on 1 December 2022
- Former Director of Architectural Services
- 於 2022 年 12 月 1 日獲委任
- 前建築署署長



Prof LAU Chak-sing, BBS, JP
劉澤星教授

- Appointed on 1 December 2018
- Dean of Li Ka Shing Faculty of Medicine of the University of Hong Kong
- 於 2018 年 12 月 1 日獲委任
- 香港大學李嘉誠醫學院院長



Mr Raistlin LAU Chun, JP
劉震先生

Deputy Secretary for Financial Services and the Treasury
(up to 10.7.2022)

財經事務及庫務局副秘書長
(任期至 2022 年 7 月 10 日)

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



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

(up to 30.11.2022)
(任期至 2022 年 11 月 30 日)

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



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

(up to 14.7.2022)
(任期至 2022 年 7 月 14 日)

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



Dr LEUNG Wing-cheong
梁永昌醫生

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



Mr Aaron LIU Kong-cheung, JP
廖廣翔先生

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

- Appointed on 11 July 2022
- Representing Secretary for Financial Services and the Treasury of HKSAR Government
- 於 2022 年 7 月 11 日獲委任
- 代表香港特別行政區政府財經事務及庫務局局長



**Prof David SHUM
Ho-keung**
岑浩強教授

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



**Prof Agnes TIWARI
Fung-ye**
羅鳳儀教授

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



**Mr Henry TONG
Sau-chai, MH, JP**
湯修齊先生

- Appointed on 1 December 2022
- Managing director of an enterprise
- 於 2022 年 12 月 1 日獲委任
- 企業董事總經理



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

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



**Mr Anthony TSANG
Hin-fun**
曾憲芬先生

- Appointed on 1 December 2022
- Certified public accountant
- 於 2022 年 12 月 1 日獲委任
- 註冊會計師



**Dr Thomas TSANG
Ho-fai, BBS**
曾浩輝醫生

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



**Mr WAN Man-ye,
BBS, JP**
溫文儀先生

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



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

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

CHAPTER 1

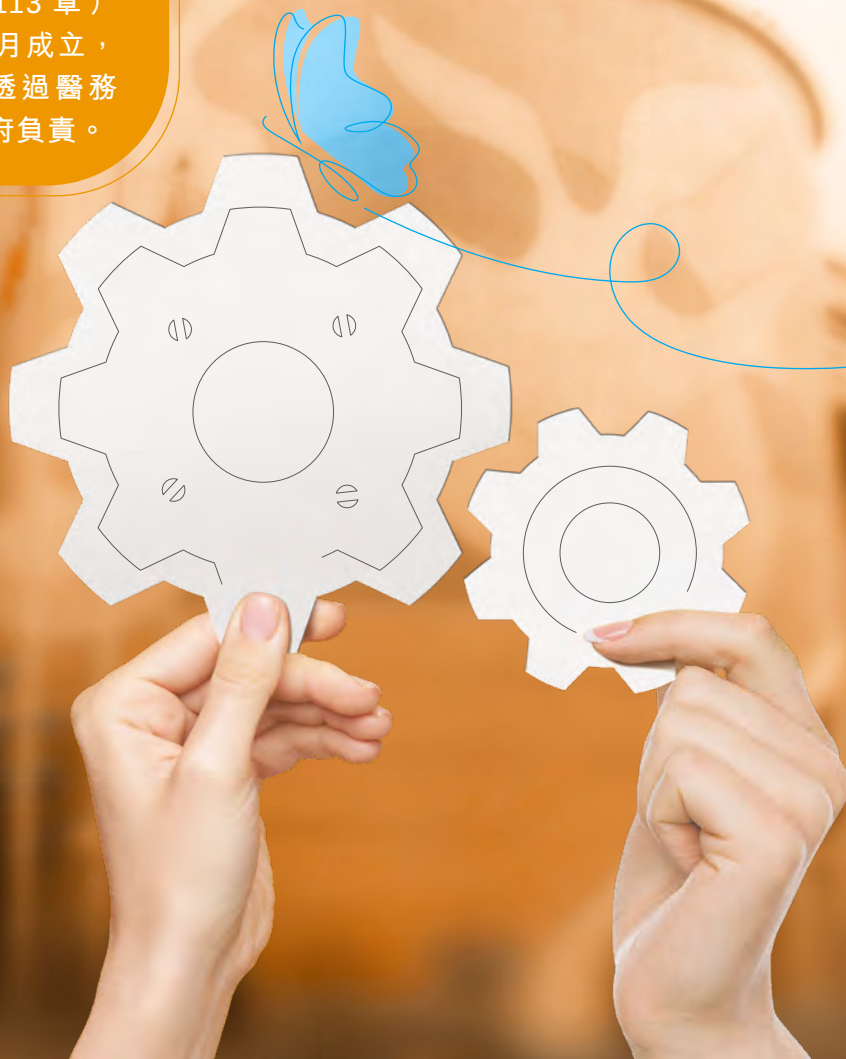
第一章

Corporate Governance

機構管治

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

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



Principles

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

Hospital Authority Board

Under the HA Ordinance, the Chief Executive of the HKSAR appoints members to the HA Board. The HA Board membership is not remunerated. As of 31 March 2023, the Board consisted of 27 members, comprising the Chairman who is not a public officer, three public officers, one principal officer who is the HA Chief Executive, and 22 non-public officers. Details of the membership are listed in Appendix 1.

The HA Board meets formally about 12 times a year and any other times as required. In 2022-23, the Board conducted 16 meetings and considered over 130 agenda items. They covered an array of important matters in leading and managing HA, including anti-epidemic measures and winter surge preparation under the COVID-19 pandemic; formulation of policies and strategies; steering and monitoring of the planning, development and operation of hospital services and facilities; collaboration projects; resource management; risk management; internal control; governance, etc. In addition, nine Board papers / items on urgent matters or regular reports were circulated between meetings. In light of the local COVID-19 epidemic, meetings were conducted via web-conferencing or in hybrid mode, with due regard to necessary infection control measures to safeguard the health of attendees. With the stabling down of the COVID-19 epidemic since early 2023, while meetings were continually arranged in a hybrid mode, Members were encouraged to join in person if situation allowed.

原則

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

醫院管理局大會

根據《醫管局條例》，醫管局大會成員由香港特別行政區行政長官任命，並且不獲酬金。於2023年3月31日，大會共有27名成員，包括主席（不屬公務員）、三名公務員、一名主要行政人員（醫管局行政總裁）及另外22名非公務員，詳情載於附錄1。

大會每年召開約12次正式會議，如有需要會召開特別會議。在2022-23年度，大會共召開16次會議，審議超過130個項目，涵蓋領導及管理醫管局的重要事宜，包括在2019冠狀病毒病疫情下的抗疫措施及應對冬季服務高峰期的準備；制訂政策和策略；督導及監管醫院服務與設施的規劃、發展和運作；協作項目；資源管理；風險管理；內部監控以及管治等。另外，在會期之間以傳閱方式處理九份有關緊急事宜的文件／事項或定期報告。因應本地疫情，大會採取適切的感染控制措施，並以視像或混合形式進行會議，保障與會者健康。隨著疫情自2023年初漸趨穩定，大會在繼續以混合形式進行會議的同時，亦鼓勵成員在情況許可下親身出席會議。



The Board in the past year continued to enhance corporate governance practices to reinforce stewardship and effective management of HA and its services. Taking into account the latest practices of board evaluation, the Board revisited the annual self-assessment arrangement and reaffirmed the self-assessment objectives to identify potential opportunities for further enhancing the Board's effectiveness, governance and operation, having regard to HA's primary role in the management and control of public hospitals. A set of refined survey questionnaires will be adopted by the Board and its Committees from the 2022-23 self-assessment exercise, with wider emphasis on HA's business and services from the perspectives of corporate governance and sustainability, board diversity, culture and dynamics, etc.

The Task Group on Sustainability formed under the HA Board in December 2019 continued to examine various major challenges facing HA amid the constantly changing environment, and monitor the implementation of the endorsed strategies to drive for the sustainable development of HA in the public healthcare system. In 2022-23, the Task Group, together with its subgroups, examined strategic issues on a wide array of subject matters crucial to HA's sustainability, including healthcare related initiatives leveraging on the Guangdong-Hong Kong-Macao Greater Bay Area development, specialist outpatient clinic waiting time and referral management, patient experience at HA clinics, drug collection and delivery, human resources initiatives and staff recruitment and retention strategies, Integrated Chinese-Western Medicine development, etc.

On risk management, the Board steered and monitored organisation-wide risk management in HA across different functional areas and management structures, covering both clinical and non-clinical risk management in the Authority. The persistent threats from the continuing COVID-19 epidemic

醫管局大會在過去一年繼續致力提升機構管治措施，加強對醫管局及其服務的監察和有效管理。因應現時評估管治工作的最新方式，大會重新審視了年度自我評核的安排，並重申自我評核的目的，是因應醫管局管理和控制公立醫院的主要職能，發掘進一步加強大會效能、管治和運作的空間。大會及轄下委員會在 2022-23 年度的自我評核中將採用改良版的調查問卷，加強機構管治與可持續發展、多元化成員組合，及管治團隊的文化和動力等方面的評核，以更廣泛涵蓋醫管局的運作及服務。

醫管局大會在 2019 年 12 月成立的「持續發展專責小組」繼續探討醫管局在持續轉變環境中所面對的主要挑戰，並監察已批核策略的實施，以促進醫管局在公營醫療系統內的可持續發展。在 2022-23 年度，專責小組及其各個分組審視了多項可影響醫管局持續發展的重要策略事宜，包括借助粵港澳大灣區發展的醫療相關計劃、專科門診輪候時間管理及轉介管理、醫管局診所病人經驗、藥物領取及送遞、人力資源措施及招聘與挽留員工策略、中西醫協作發展等。

在風險管理方面，大會督導和監察醫管局機構層面的風險管理，涵蓋不同職能範疇和管理架構，包括臨床及非臨床的風險管理。2019 冠狀病毒病的持續威脅對公營醫療系統造成顯著而持久的影





had caused substantial and prolonged impacts on the public healthcare system. To manage the COVID-19 risks, the Emergency Executive Committee of the Board met four times in 2022-23 to provide strategic guidance to HA in managing the emergency situation.

Board Committees

For optimal performance of its roles and exercise of powers, the HA Board has established 11 functional committees: Audit and Risk Committee, Executive Committee, Emergency Executive Committee, Finance Committee, Human Resources Committee, Information Technology Services Committee, Main Tender Board, Medical Services Development Committee, Public Complaints Committee, Staff Appeals Committee and Supporting Services Development Committee. Membership of the committees and their terms of reference and focus of work in 2022-23 are outlined in Appendix 3.

Hospital Governing Committees

To enhance community participation and governance of public hospitals, Hospital Governing Committees (HGCs) were established in the hospitals and institutions in accordance with the HA Ordinance. These committees are listed in Appendix 4. In 2022-23, a total of 133 meetings were conducted by the 33 HGCs. HGCs received regular management reports from Hospital Chief Executives, monitored operational and financial performance of the hospitals, reviewed risk management issues, provided policy guidance on hospital management, and participated in human resource and procurement functions, as well as hospital and community partnership activities.

響。為應對疫情相關風險，大會轄下的緊急應變策導委員會在 2022-23 年度共召開四次會議，就各項緊急事宜向醫管局作出策略指導。

大會轄下的委員會

為協助醫管局大會有效發揮其職能及行使職權，大會成立了 11 個專責委員會，包括審計及風險管理委員會、行政委員會、緊急應變策導委員會、財務委員會、人力資源委員會、資訊科技服務委員會、中央投標委員會、醫療服務發展委員會、公眾投訴委員會、職員上訴委員會及支援服務發展委員會。各委員會 2022-23 年度的成員名單、職權範圍及工作概況載於附錄 3。

醫院管治委員會

為促進社區參與及加強公立醫院管治，醫管局按《醫管局條例》就轄下醫院 / 機構成立醫院管治委員會。附錄 4 載有各醫院管治委員會一覽。在 2022-23 年度，33 個醫院管治委員會共召開 133 次會議。各醫院管治委員會審閱醫院行政總監的定期管理報告、監察醫院在運作和財務方面的表現、審視風險管理事宜、指導醫院管理政策，以及參與人力資源及採購工作和醫院及社區的夥伴協作活動。



HGCs operate in accordance with policies and practices set out in The Code of Corporate Governance Practices of the HA Board. The linkage and interactions between the Board and HGCs are of particular significance to the development of HA's corporate policies and strategies. During the year, continuous efforts were made to actively engage HGCs in corporate-wide issues and two-way communication, such as regular briefings by Cluster Chief Executives at HGC meetings, monitoring and reporting of comments and views of HGCs to the HA Board and courtesy visits by HA Chairman and Chief Executive to HGCs. In addition, to cope with the increasing need for service development and respective governance, the role of HGC Members has continuously been enhanced through increasing participation in hospital management and governance. Specifically, designated HGC Task Groups were established in respective HGCs to look into possible areas in hospitals for improving patient centric services and staff convenience, and enhancing experience of patients and visitors. In line with the practice adopted by the HA Board and its functional committees, HGCs also conducted annual self-assessment to drive for continuous improvement.

Regional Advisory Committees

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

In 2022-23, each of the RACs met four times and received reports on a number of corporate matters, including HA's preparation for the sixth wave of COVID-19 outbreak, Annual Report on Public Appreciation, Feedback and Complaints Management

醫院管治委員會根據《醫管局大會機構管治守則》載列的政策及安排運作。醫管局大會與醫院管治委員會的連繫和互動，對醫管局制訂機構政策和策略尤為重要。年內，我們持續推動醫院管治委員會參與醫管局的機構事務及促進雙向溝通，包括由聯網總監於管治委員會會議上作定期簡報、監察及向醫管局大會匯報委員會的意見和觀點，以及由醫管局主席及行政總裁造訪不同醫院管治委員會。因應不斷增長的服務發展需求及相關管治，醫院管治委員會亦透過加強參與醫院的管理和管治事務，進一步提升其職能。各醫院管治委員會特別成立專責小組，就著加強以病人為本的服務、便利員工以及提升病人和訪客經驗等範疇，審視醫院可作改善之處。按照醫管局大會及其專責委員會的做法，各醫院管治委員會亦每年進行自我評核，不斷求進。

區域諮詢委員會

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

三個區域諮詢委員會在2022-23年度各自召開四次會議，收閱醫管局多方面事項的報告，包括醫管局應對2019冠狀病毒病第六波疫情的準備、《公眾讚揚、意見

2021-22, 2021 Patient Experience Survey on Specialist Outpatient (SOP) Service, measures to enhance patient experience in SOP services and winter surge preparation under COVID-19. Each RAC was also briefed on annual plan progress and targets of the respective clusters, as well as key development of services and programmes.

Executive Management

The executive management team of HA is outlined in Appendix 2(b). The executives are charged by the HA Board with the responsibility to manage and administer day-to-day business and operations of the Authority. To ensure that the management can discharge duties in an effective and efficient manner, the HA Board has set out clear delegated authority, policies and codes of conduct. The Board approved the 2022-23 annual plan prepared by the executives in accordance with the Board's direction. Regular executive reports on the progress of agreed performance indicators and targets were presented to the Board.

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

及投訴管理年報 2021-22》、2021 年專科門診病人經驗調查、改善醫管局專科門診病人體驗以及疫情下醫院管理局冬季服務高峰期應對計劃。各委員會亦聽取了所屬區域聯網的年度工作計劃進度和目標，以及個別聯網的服務和項目。

行政管理

附錄 2(b) 載有行政管理團隊的名單。各行政人員獲醫管局大會授權管理及執行醫管局的日常事務及運作。為確保管理層可快捷有效地履行其職責，大會已清楚列出授予權力、政策及操守準則。大會批核由行政人員根據大會所立方針制訂的 2022-23 年度工作計劃，行政人員亦定期向大會提交進度報告，包括議定的表現指標及工作目標的進度。

根據《醫管局條例》賦予的權力，醫管局可釐定轄下所有僱員的薪酬及服務條件。為行政總監及其他高級管理人員釐定的薪酬條件，務求能在競爭激烈的人力市場中吸引及挽留人才。所有高級行政人員的薪酬均由醫管局大會或行政委員會考慮及審批。



CHAPTER 2

第二章

Chairman's Review

主席匯報

In 2022-23, the Hospital Authority (HA) had navigated twists and turns, and finally sailed through the darkness of the COVID-19 epidemic from the turbulent fifth wave, witnessing the resumption of normalcy in the Hong Kong community. Although the mission of fostering a healthy community had never been easy, the public healthcare system and the wellbeing of people have been well safeguarded by the exceptional professionalism, dedication and empathy of all members of the HA, to whom I owe a debt of gratitude beyond words.

醫院管理局(醫管局)在2022-23年經歷了高低起伏，由嚴峻、反覆的第五波新冠疫情，逐步走出疫情，迎來今天香港社會全面復常的光明前景。守護民康之路無疑是挑戰重重，醫管局全體同事一如既往秉持專業，緊守崗位、視病猶親，致力維護公營醫療系統，為此我深受感動，亦誠摯感謝。



During the epidemic, the HA Board continued to steer and monitor the anti-epidemic strategies and policies through the Emergency Executive Committee, so as to augment the in-patient capacity and manpower to ensure normal operation of public hospitals, as well as ensure stable supply of drugs amid the evolving epidemic situation. The Central People's Government had spared no efforts to help the HKSAR Government to combat COVID-19, and deployed the Mainland Medical Support Team and Mainland Chinese medicine experts to assist Hong Kong to cope with the fifth wave of the epidemic, alongside with the support in medical supplies as well as the establishment of isolation and treatment facilities including the Central Government-Aided Emergency Hospital in the Lok Ma Chau Loop. I am deeply grateful to these timely and unwavering supports that largely geared HA up for the epidemic fight. At the same time, the HKSAR Government had allocated to HA a total of \$90.4 billion of recurrent subvention in 2022-23 under the second triennial funding arrangement, which included a designated funding of \$7.5 billion for tackling the epidemic. My sincere thanks to the staunch support of the HKSAR Government for sustaining the development of public healthcare, despite facing substantial pressure on public finance.

疫情期間，醫管局大會繼續透過緊急應變策導委員會，督導和監察抗疫策略及政策，竭力提升住院服務能力，確保公立醫院在變化多端的疫情下運作如常，同時藥物庫存穩定。中央人民政府一直大力支持特區政府應對疫情，在第五波疫情時，派遣內地援港醫療隊和內地中醫專家組等人員馳援香港，又供應醫療物資、設立隔離和治療設施包括於落馬洲河套區援建「中央援港應急醫院」。這些及時舉措大大增強了醫管局抗擊疫情的能力，對此我深表感激。同時，在第二個三年撥款周期安排下，香港特區政府於2022-23年度向醫管局撥款904億元經常撥款，當中包括用於對抗疫情的75億元額外撥款。我懇切感謝特區政府在面對公共財政壓力之餘，仍然大力支持公共醫療持續發展。



Video of Chairman's Review
主席匯報影片

With Hong Kong returning to normalcy, HA had been expediting the pace of its quest for a sustainable development of the public healthcare system. The Task Group on Sustainability ("Task Group") established under HA Board continued to look into the major challenges facing HA, and formulate forward-looking strategic directions to ensure sustainability. An array of plans and initiatives had been implementing in stages. On the one hand, we continued to press ahead with the two Ten-year Hospital Development Plans with a view to increasing service supply through modernisation and expansion of healthcare facilities. On the other hand, we had been re-orientating our service delivery models to strengthen ambulatory services, and promoting the use of the more efficient and advanced "Smart Care" to reduce the need for hospitalisation. We were also striving to manage specialist outpatient clinic waiting time issues through expanding Public-Private Partnership programmes, and developing the Integrated Model of Specialist Outpatient Service. Meanwhile, HA supported the policy direction of the Government's Primary Healthcare Blueprint, the centre of gravity of which is prevention-focused and community-based, in a way to develop a sustainable healthcare system which can improve the overall health of the public and enhance the quality of life.

Talent is the cornerstone of excellent healthcare services. Through the critical review on HA's human resources management strategies by the Task Group, a bundle of measures was formulated and implemented to attract, develop and retain talent, through the introduction of more flexible employment options, enhanced promotion prospects and career ladder, and review of remuneration packages, etc.

隨著社會復常，醫管局亦加緊步伐，向公營醫療體系可持續發展的目標邁進。在醫管局大會下成立的「持續發展專責小組」（專責小組），繼續審視醫管局面對的主要挑戰，並制訂策略方向推進可持續發展。我們正分階段推行一連串計劃和措施，一方面全速推行兩個十年醫院發展計劃，更新和擴充醫療設施，以增加服務供應；另一方面重整服務模式，加強日間醫療服務，推展更高效、先進的「智慧醫療」，從而減少住院需求；同時繼續擴大公私營協作計劃和發展綜合模式專科門診護士診所，以改善專科門診輪候時間。醫管局亦全力配合政府《基層醫療健康藍圖》的政策方向，實踐以預防為重、以社區為中心的醫療服務，構建可持續發展的醫療系統，從而提升全民健康，提高市民的生活質素。

人才是成就優質醫療服務的基石。專責小組在檢討醫管局的人力資源管理策略後，已制訂並推行一系列措施，包括採用更多具彈性的招聘方案、加強晉升前景和事業階梯、審視薪酬待遇等，以吸引、培養及挽留人才。





Reaching out for new talents from afar can help keep the workforce diversified and vibrant. To this end, HA had been actively seeking new sources of manpower supply from the Mainland and overseas. The HA Board established the Guangdong-Hong Kong-Macao Greater Bay Area (GBA) Advisory Committee in September 2022 to provide advice and strategic guidance on HA's participation in GBA matters. Subsequently, HA had implemented the "GBA Healthcare Talents Visiting Programmes", with a view to promoting professional exchanges with doctors, nurses, Chinese medicine practitioners and radiographers in Mainland cities in the GBA, and building up a talent pool of healthcare professionals in GBA to foster mutual support in the long run. Since November 2022, participants of the programmes had been joining various medical teams in public hospitals for experience and knowledge sharing. The talent exchange programmes would keep expanding in the future, not only could it offer valuable learning opportunities for medical professionals from Hong Kong and the GBA, it also drove the collaboration and synergistic development of healthcare services in Hong Kong and the Mainland.

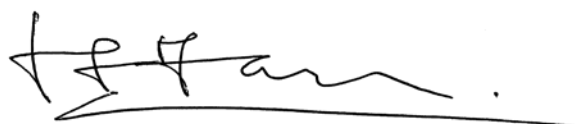
另一方面，我們亦積極開拓內地和海外人才資源，建立一支多元、有活力的團隊。醫管局大會於2022年9月成立了「粵港澳大灣區諮詢委員會」，為醫管局參與大灣區發展的相關事宜提供意見及策略指導。醫管局隨後推出「大灣區醫療人才交流計劃」，藉此促進與大灣區內地城市的醫生、護士、中醫師及放射技師的專業交流，長遠建立大灣區醫療人才庫，加強相互合作。自2022年11月起，參與計劃的交流人員已相繼來港，投入不同公立醫院進行經驗和知識交流。人才交流計劃會於未來不斷擴展，不但為兩地醫療專才提供寶貴的學習機會，亦有助加強香港和內地醫療服務的融合，以產生協同效應。



My sincere gratitude goes to all members of the HA Board, Regional Advisory Committees and Hospital Governing Committees, as well as the co-opted members of Functional Committees for their valuable advice to HA. I would like to welcome Mr Aaron Liu Kong-cheung, Ms Anita Fung Yuen-mei, Mrs Sylvia Lam Yu Ka-wai, Mr Henry Tong Sau-chai and Mr Anthony Tsang Hin-fun for joining the Board this year. Their wisdom and extensive experience shall benefit the development of HA. I am also thankful to the outgoing members Mr Raistlin Lau Chun, Mr Daniel Lam Chun, Ms Lisa Lau Man-man and Mrs Ann Kung Yeung Yun-chi, who rendered dedicated guidance and insightful counsel to HA over the years. I wish to thank all parties including members of the Legislative Council and District Councils, patient groups, volunteers and other stakeholders for their unfaltering support. The public's recognition and support for the work of HA has also motivated us to achieve better.

我衷心感謝醫管局大會、區域諮詢委員會、醫院管治委員會所有成員，以及專責委員會的增選成員，一直以來向醫管局惠予善策良方。我謹歡迎廖廣翔先生、馮婉眉女士、林余家慧女士、湯修齊先生及曾憲芬先生，於本年度加入醫管局大會，他們的睿智和豐富經驗，定為醫管局的發展帶來莫大裨益。我亦感謝去年卸任的大會成員，包括劉震先生、林濬先生、劉文文女士及龔楊恩慈女士，他們多年來不吝賜正，給予寶貴意見和指導。另外，我由衷感謝社會各界包括立法會和區議會成員、病人組織和義工的堅定支持。廣大市民對醫管局工作的肯定和支持，更是為我們帶來莫大鼓勵。

The Hong Kong society is driving down the fast lane of recovery at full speed. HA is also ready to take flight, looking bravely beyond, navigating towards a sustainable future. Over the past three challenging years, we accumulated experience and instilled confidence. With the persistent professionalism, passion and determination of all members of HA, I have every confidence that the vision of materialising a sustainable healthcare in Hong Kong will be realised and HA will continue to take forward the mission of helping people stay healthy.



Henry Fan Hung-ling
Chairman

香港社會已重上軌道再次騰飛，醫管局上下亦抖擻精神，將目光放遠可持續發展的未來。在這三年艱難的挑戰中，醫管局全體同事累積了經驗、培植了信心；加上一貫的專業、幹勁和決心，我有信心公共醫療服務定可持續發展下去，醫管局將繼續實踐與民攜手保健安康的使命。



主席
范鴻齡



CHAPTER 3

第三章

Chief Executive's Report

行政總裁匯報

In 2022-23, the global threat of COVID-19 pandemic had gradually subsided. After three long years, we saw light at the end of the tunnel. Nevertheless, we had never let down our guard, and continued to stay vigilant against COVID-19, at the same time we closely monitored the situation of seasonal influenza, as well as the potential threat of other infectious diseases such as Mpox (also known as monkeypox). The diligent efforts and unwavering commitment demonstrated by all members of the Hospital Authority (HA), in weathering the various challenges and safeguarding the health of Hong Kong citizens were truly remarkable. I cannot thank my fellow colleagues enough for their commendable contribution.

在 2022-23 年度，新冠病毒對全球的威脅逐漸減退。經過漫長的三年，我們終見曙光。然而，我們未敢鬆懈，除了對新冠病毒保持警覺，亦要留意季節性流感的發展，以及其他傳染病如猴痘的潛在威脅。面對一個又一個挑戰，醫院管理局（醫管局）的同事堅毅敬業，展現出非凡的努力和承擔，致力守護市民健康。我由衷感謝他們的無私付出。



In the past year, HA Central Command Committee continued to closely monitor the development of epidemic, reviewed and timely adjusted the preparedness plans for COVID-19. HA had dovetailed with the overall policy of the Government in managing the COVID-19 epidemic, and managed its capacity through stratification of care to guide preparedness for patient placement. HA had augmented inpatient capacity and manpower to increase its capacity and capability. Designated hospitals for COVID-19 patients, North Lantau Hospital Hong Kong Infection Control Centre as well as Treatment Centre for COVID-19 (AsiaWorld-Expo) were established to treat patients with different levels of medical needs. At the community level, various service units including Designated Clinics, tele-consultation service, the nursing team from the Patient Support Call Centre, telephone hotlines and Community Geriatric Assessment Teams rendered support to infected persons in various aspects.

過去一年，醫管局中央指揮委員會繼續密切監察疫情變化，適時檢視及調整應變計劃以應對疫情。醫管局一直緊密配合政府整體抗疫政策，並透過分層分流治療策略收治新冠病人，增加住院服務量及人手，以提升治理病人的能力。同時，多間新冠定點救治醫院、北大嶼山醫院香港感染控制中心，以及新冠治療中心（亞博館）接收不同醫療需要的新冠病人。在社區層面，不同服務單位包括指定診所、遙距診症服務、「護訊鈴」護士團隊、醫療查詢支援熱線，以及社區老人評估小組，則從不同方面為確診病人提供支援。



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



To enhance the overall capacity in combating the epidemic, the HA Emergency Operation Command (HAEOC) was established in June 2022 to further enhance HA's agility and response to the epidemic and other major incidents. HAEOC will be activated immediately when there are major incidents, with the participation of cluster management and relevant departments in the Head Office to give command and mobilise resources like hospital beds and manpower centrally by monitoring real-time data. It also facilitates communication and coordination with external parties like Government bureaux and non-government organisations, etc.

As the epidemic continued to stabilise in the first quarter of 2023, the Government steadily relaxed the anti-epidemic measures including cancelling the compulsory isolation arrangement for COVID-19 patients. To tie in with the Government's measures on resumption of normalcy, HA flexibly allocated resources to address the expected service demand, while progressively resumed its services with a view to bringing back the services to the pre-epidemic level as soon as possible. We arranged general outpatient clinics to resume normal outpatient clinic service and treat COVID-19 patients, with certain quotas reserved for high-risk patients, and at the same time ensured the sufficiency of antiviral oral drugs. Besides, given the Hong Kong society has resumed normalcy in full, we had gradually relaxed the visiting arrangements for public hospitals and eventually lifted all testing requirement for visitors.

為加強整體抗疫能力，醫管局於2022年6月成立「醫管局緊急應變指揮中心」，以提高應對疫情和其他重大事故的機動性和能力。指揮中心會於大型事故發生時即時啟動，由各醫院聯網管理層及總辦事處相關部門參與，透過掌握醫院實時數據，統一指揮和調動病床及人手等資源。指揮中心亦有助加強醫管局與其他政府部門、非政府機構等的聯繫和協調。

隨著疫情在2023年第一季放緩，政府逐步放寬防疫措施，包括取消確診人士的強制隔離安排。為配合政府的復常政策，醫管局靈活調配資源，以應付預期的求診需求；同時陸續恢復各種服務，以盡快回復到疫情前的服務水平。我們安排普通科門診診所恢復正常的門診服務，並為新冠確診病人提供治療；另增加診症名額，當中預留名額予較高風險的確診病人，同時確保新冠口服藥物庫存充足。因應社會全面復常，我們亦逐步放寬公立醫院探訪安排，並調整至全面撤銷對探訪人士的檢測要求。

During the epidemic, Public-Private Partnership (PPP) programmes demonstrated a pivotal role in alleviating the pressure on public hospital services. In the long run, suitable PPP allowed the public sector to free up capacity to focus on urgent and priority services, thereby addressing the imbalance in the public and private healthcare system.

The HA further developed the Integrated Model of Specialist Outpatient Service through Nurse Clinics, enabling multi-disciplinary teams to follow up with patients at various stages to provide appropriate treatment and care. The service was extended to cover chest pain, vascular care, paediatrics and adolescent (atopic dermatitis), and breast cancer survivorship. In 2022-23, there were a total of 115 Nurse Clinics in HA's specialist outpatient clinics (SOPCs), covering 23 specialties and sub-specialties.

疫情期間，公私營協作計劃對紓緩公立醫院服務壓力發揮了關鍵作用。長遠而言，適當的公私營協作有助改善兩者醫院服務失衡的情況，讓醫管局騰出空間集中處理緊急和優先服務。

醫管局繼續發展更多綜合模式專科門診護士診所，由跨專業的團隊在不同階段為病人跟進，提供適切的治療和護理。有關服務已進一步擴展至心臟科（胸痛）、血管科、兒科（濕疹）及乳癌康復護理。在 2022-23 年度，醫管局專科門診共有 115 間護士診所，涵蓋 23 個專科及附屬專科服務。



Our sustainability blueprint cannot be achieved without expanding and upgrading our hospital facilities, which are inadequate to meet the ever-growing healthcare demand. A series of capital works projects under the First Ten-year Hospital Development Plan have been in full swing, among which the new operating theatre block of Tuen Mun Hospital and phase one redevelopment of Kwong Wah Hospital were completed in the fourth quarter of 2022. Projects commenced in 2022-23 included the main works for redevelopment of Our Lady of Maryknoll Hospital.

To shape a sustainable future of healthcare, the HA has been seizing the opportunities of technology development to build up its digital health capabilities with a view to improving clinical outcome and managing the demand of hospital services. We recognised the outbreak as a key driver of transformation to Smart Care. In this regard, HA started to provide tele-consultation service and drug delivery service to COVID-19 patients in the community, while actively promoting the application of tele-consultation to appropriate healthcare services progressively, which included SOPCs, nurse clinics, allied health services and outreach services. To provide another option for patients, we also rolled out the Medication Delivery Service to patients receiving tele-consultations in SOPCs. We would expand the services gradually to cover other service areas. In addition, starting from March 2023, HA has issued electronic medical certificate to replace the traditional paper certificate with manual signature, thereby streamlining the process of telehealth service. Apart from supporting the abovementioned services, the functions of HA mobile app "HA Go" were continuously enhanced to provide a personalised care experience for patients according to their conditions and healthcare needs.

現時的公立醫院設施不足以應付與日俱增的醫療需求，因此我們需要繼續擴充和強化醫院基建，以實現可持續發展的藍圖。我們全力推進第一個十年醫院發展計劃，其中屯門醫院新手術大樓及廣華醫院重建計劃第一期已於2022年第四季完成。於2022-23年度展開的工程項目則有聖母醫院重建計劃的主要工程。

醫管局一直致力把握科技發展的機遇，創造數碼醫療服務，藉此改善醫療成效和管理住院服務的需求，以提高醫療服務的可持續性。事實上，疫情為我們帶來發展「智慧醫療」的契機。醫管局為社區的新冠病人提供視像診症及藥物配送服務，並積極將視像診症逐步應用於合適的醫療服務，例如專科門診、護士診所、專職醫療及外展服務等。為了讓病人有多一個選擇，我們亦推出「藥物送遞服務」，為接受視像診症的專科門診病人提供服務，並將逐步擴闊服務範圍。另外，公立醫院於2023年3月起採用電子醫生證明書，取代傳統的人手簽署紙本醫生證明書，以完善整個遙距醫療服務的流程。醫管局流動應用程式「HA Go」不斷發展，除了支援上述服務，亦新增不少功能，按病人的情況和醫療需要，提供個人化服務體驗。



The HA relies on a stable and competent workforce to sustain quality medical services. In 2022-23, we continued to strengthen the workforce by recruiting over 580 doctors, 2 500 nurses and 930 allied health professionals. Much efforts have also been devoted to recruit more non-locally trained doctors through Limited Registration and Special Registration, as well as part-time healthcare professionals via Locum Office. Meanwhile, we continued our endeavor to enhance talent management policies by improving career prospect of doctors and nurses, enhancing staff welfare such as introducing the Enhanced Home Loan Interest Subsidy Scheme to uplift staff morale, while offering various training opportunities and talent exchange programmes to promote professional development for staff.

Senior appointments in 2022-23 included, in chronology, Dr Deacons Yeung Tai-kong was appointed as Cluster Chief Executive (CCE) of Kowloon East Cluster and Hospital Chief Executive (HCE) of United Christian Hospital; Dr Tang Kam-shing as HCE of Kwong Wah Hospital; Dr Wong Yiu-chung as CCE of New Territories West Cluster and HCE of Tuen Mun Hospital; Dr Tsang Chi-chung as HCE of Kowloon Hospital and Hong Kong Eye Hospital; Dr Lau Ka-hin as HCE of Cheshire Home, Chung Hom Kok, Ruttonjee & Tang Shiu Kin Hospitals and Tung Wah Eastern Hospital; as well as Dr Chung Kin-lai as CCE of New Territories East Cluster and HCE of Prince of Wales Hospital. At the Head Office, Dr Simon Tang Yiu-hang served as Director (Cluster Services), Dr Ching Wai-kuen as Director (Strategy and Planning), Mr Andy Lau as Head of Corporate Services and Dr Michael Wong Lap-gate as Director (Quality and Safety).

My heartfelt gratitude goes to the HKSAR Government for its all-time unreserved support in policy and funding, as well as the community and our patients for their trust and support. While Hong Kong has rapidly returned to normalcy and leaped into a new page from the epidemic, the HA team would enhance our strength, reaching out with concerted efforts for a bright future of sustainable public healthcare.



Tony Ko Pat-sing
Chief Executive

醫管局有賴穩健、能幹的團隊，以維持優質的醫療服務。在 2022-23 年，我們持續增加人手，招聘逾 580 名醫生、2 500 名護士及 930 名專職醫療人員。我們亦著力透過有限度註冊和特別註冊安排聘請更多非本地培訓醫生，以及透過自選兼職招聘計劃增加人手。此外，我們優化人力資源管理政策，包括改善醫生和護士的晉升前景、加強員工福利如推出「員工置業貸款計劃」，以提升員工士氣；另提供不同培訓機會和人才交流計劃，藉此促進員工專業發展。

年內的高層人員聘任按時序包括：楊諦岡醫生出任九龍東醫院聯網總監及基督教聯合醫院行政總監，鄧錦成醫生出任廣華醫院行政總監，王耀忠醫生出任新界西醫院聯網總監及屯門醫院行政總監，曾子充醫生出任九龍醫院和香港眼科醫院行政總監，劉家獻醫生出任春磡角慈氏護養院、律敦治及鄧肇堅醫院和東華東院行政總監，以及鍾健禮醫生出任新界東醫院聯網總監及威爾斯親王醫院行政總監。總辦事處則有鄧耀鏗醫生出任聯網服務總監，程偉權醫生出任策略發展總監，劉國昌先生出任機構事務主管，以及黃立己醫生出任質素及安全總監。

我非常感謝香港特區政府長久以來在政策和財政上的強大支持，以及社會各界和病人給予的信任和支持。香港已從疫情中快速復常，迎來全新氣象。醫管局上下亦會持續提升實力，齊步邁向公營醫療可持續發展的美好前景。



行政總裁
高拔陞



Hospital Authority at a Glance

醫院管理局年度概覽

2022-23



Total Manpower¹
No. of Full-time Equivalent Staff (as at 31 Mar 2023)
人手總計¹
等同全職人員數目 (2023年3月31日數字)

90,040

Medical
醫療

7,055

Nursing
護理

29,599

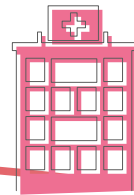
Allied Health
專職醫療

9,131



44,254

Others (including Supporting (Care-related),
Management / Administration, and Others)
其他 (包括護理支援、管理 / 行政及其他)



Total Allied Health (Outpatient) attendances²
專職醫療 (門診) 就診總人次²

3,009,437



Family Medicine Specialist Clinic attendances²
家庭醫學專科門診就診人次²

322,262

Number of hospital beds² (as at 31 Mar 2023)
醫院病床數目² (截至 2023 年 3 月 31 日)

30,568

43 Number of Hospitals and Institutions
(as at 31 Mar 2023)
轄下醫院/機構數目
(截至 2023 年 3 月 31 日)

49 Number of Specialist Outpatient
Clinics (as at 31 Mar 2023)
專科門診診所數目
(截至 2023 年 3 月 31 日)

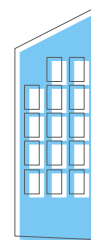
74 Number of General Outpatient
Clinics (as at 31 Mar 2023)
普通科門診診所數目
(截至 2023 年 3 月 31 日)

Total Specialist Outpatient (Clinical) attendances²
專科門診 (臨床) 就診總人次²

8,043,744

General Outpatient attendances²
普通科門診就診人次²

4,995,348



Total Inpatient and Day Inpatient discharges
and deaths²
住院及日間住院病人出院人次及死亡人數²

1,726,026

Total Accident and Emergency attendances²
急症室就診總人次²

1,741,091



Remarks:

1. Manpower on full-time equivalent basis includes all full-time and part-time staff in Hospital Authority (HA)'s workforce i.e. permanent, contract and temporary. Individual figures may not add up to the total due to rounding.
2. For detailed statistics of the services of HA, please refer to Appendix 9 of this report.

備註:

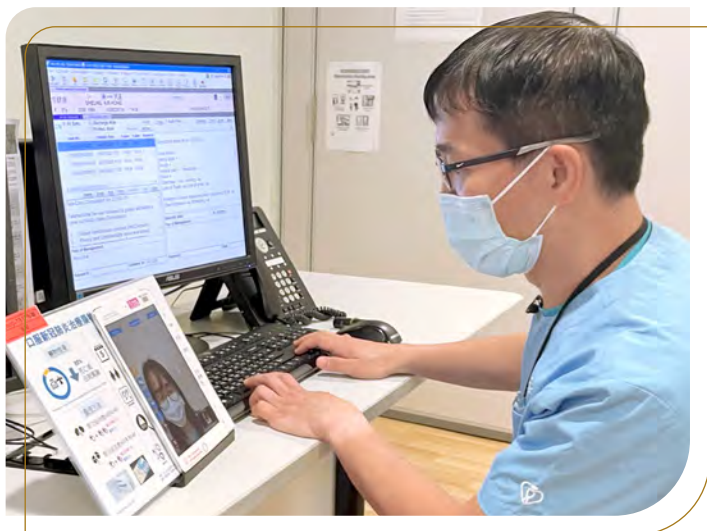
1. 人手按「等同全職人員」計，包括醫院管理局（醫管局）所有全職及兼職的常額、合約及臨時職員。由於四捨五入的關係，各項數字相加後可能不等於總數。
2. 有關醫管局詳細服務統計數字，請參閱本年報附錄9。

CHAPTER 4
第四章

Milestones of the Year

大事回顧





04 | 2022

Starting from 1 April, all COVID-19 confirmed patients in Hong Kong could make appointment at the Designated Clinics for COVID-19 Confirmed Cases via the "Book DC" module in the mobile app of the Hospital Authority (HA) "HA Go". Later in July, COVID-19 patients could make appointment for and receive tele-consultation via "HA Go". Medication would be prescribed and delivered to the patients if necessary.

由 4 月 1 日起，全港新冠患者均可透過醫院管理局（醫管局）手機應用程式「HA Go」內「預約指定診所」功能，預約到 2019 冠狀病毒病確診個案指定診所（指定診所）求診。及至 7 月，新冠病人可透過「HA Go」預約和接受視像診症，並按需要獲處方及送遞藥物。

05 | 2022

In view of the stabilised epidemic situation, the Mainland Medical Support Team left Hong Kong in May. The HKSAR Government held an appreciation and farewell ceremony for them. Before they left, the Mainland team presented to HA a protective gown known as Tai Pak signed by all of its members as a memento of the precious partnership.

疫情轉趨平穩，內地援港醫療隊成員月內離港，特區政府為他們舉行感謝及歡送儀式。醫療隊離港前向醫管局送贈一件由醫療隊成員簽名俗稱「大白」的保護衣予以留念，展現了兩地團隊的情誼。



06 | 2022

The HA Emergency Operation Command was established. Performing the functions of decision-making, command, mobilisation of resources and execution, it would enhance HA's response to major incidents.

醫管局成立「緊急應變指揮中心」，集合決策、指揮、調動資源及執行的功能，以提升醫管局應對重大事故的應變能力。



06 | 2022

An Opening Ceremony was held for the new Trinity Block of Haven of Hope Hospital, which provides 160 additional extended care beds and re-provisioning of 116 infirmary beds. Clinical, supporting and auxiliary facilities were also expanded to support additional inpatient services.

靈實醫院信望愛樓舉行開幕禮。新大樓新增 160 張延續護理病床，並重置 116 張療養病床，同時擴充臨床、輔助及附屬設施，以支援新增的住院服務。



07 | 2022

Queen Elizabeth Hospital established the first "3D Printing Office" in HA to coordinate the development of medical grade 3D printing technologies in the hospital, train talent, and provide related technical support to clinical departments.

伊利沙伯醫院成立了醫管局首個「醫療三維打印統籌辦事處」，負責統籌院內相關技術的發展、培訓人才，並為臨床部門提供技術支援。





07 | 2022

The HKSAR Government announced the 2022 Honours List. A total of 24 members of the HA Board and its Committees as well as over 110 colleagues were awarded in the Honours List or appointed as JPs for their outstanding contributions in the area of medical and public health, as well as in the battle against the COVID-19 epidemic.

特區政府公布「2022年授勳及委任太平紳士名單」，一共有 24 位醫管局大會及轄下委員會成員，以及超過 110 位同事獲頒授勳銜及作出嘉獎，或獲委任為太平紳士，以表揚他們在醫療及公共衛生領域表現卓越，以及應對新冠疫情的付出和貢獻。

08 | 2022

Princess Margaret Hospital has become the seventh public hospital that obtained "Baby-Friendly Hospital" accreditation.

瑪嘉烈醫院成為第七間獲得「愛嬰醫院」認證的公立醫院。



09 | 2022

The HA Board has approved to establish the Guangdong-Hong Kong-Macao Greater Bay Area (GBA) Advisory Committee and announced the implementation of GBA Healthcare Talents Visiting Programmes to deepen professional exchanges with GBA healthcare workers, and foster the development of public healthcare services at both ends.

醫管局大會通過成立「粵港澳大灣區諮詢委員會」，並宣布推展「大灣區醫療人才交流計劃」，深化與大灣區醫護人員的專業交流，促進兩地公營醫療服務的發展。

09 | 2022

In collaboration with three local universities and seven Chinese Medicine Clinics cum Training and Research Centres, HA published the findings of a research on the effects of Chinese medicine on COVID-19 rehabilitation. The result showed that Chinese medicine treatment could promote resolution of residual symptoms, and improve the lung functions and body constitutions of recovered COVID-19 patients. The research has been published in the international academic journal "Chinese Medicine", and is the first internationally published clinical research in Hong Kong that focused on the effects of Chinese medicine on COVID-19 rehabilitation.

醫管局聯同本地三間大學及七間中醫診所暨教研中心，公布一項新型冠狀病毒病中醫藥復康診療成效的研究結果，發現中醫藥能幫助新冠康復者治療新冠後遺病徵、改善肺功能及體質。研究結果刊登於國際學術期刊《Chinese Medicine》，是本港首項於國際學術期刊發表的中醫藥新冠復康診療成效臨床研究。



09 | 2022

The new Hybrid Operating Theatre in Pamela Youde Nethersole Eastern Hospital commenced service. Equipped with an Intra-operative Computed Tomography Scanner and a Robotic Arm Angiographic Machine, the theatre provides one-stop diagnosis and treatment to patients, and greatly enhances surgical outcomes and patient safety by reducing the risks of transfer of patients for different medical procedures.

東區尤德夫人那打素醫院新設的複合手術室投入服務。內置術中電腦掃描造影機及機械臂血管造影機，提供一站式診斷及治療服務，有助減低運送病人進行不同醫療程序時的風險，大大提升手術成效及病人安全。



10 | 2022

Tsan Yuk Hospital (TYH) celebrated its centenary. From the city's first maternity hospital for Chinese people to the community and ambulatory service centre nowadays, TYH has spared no effort in safeguarding the health of people.

贊育醫院成立 100 周年，由昔日首間華人產科醫院，發展至今轉型為社區和日間服務中心，一直全力守護民康。

10 | 2022

In response to the imported cases of Mpox, the Government launched the Mpox Vaccination Programme for high-risk groups in October. HA started to arrange Mpox vaccination on a voluntary basis for healthcare workers responsible for caring of Mpox confirmed patients starting from late September.

為應對猴痘輸入個案，政府於 10 月推行高風險群組猴痘疫苗接種計劃。醫管局則於 9 月底起，為負責照顧猴痘確診病人的醫護人員安排自願性質的猴痘疫苗接種。



11 | 2022

The HA actively pursued the GBA Healthcare Talents Visiting Programmes. Mainland Chinese medicine experts under the "GBA Chinese Medicine Visiting Scholars Programme" arrived in Hong Kong to conduct exchange and research related work, and provide clinical guidance for local Chinese medicine practitioners. Besides, the first batch of 70 nurses who participated in the "GBA Specialty Nursing Knowledge-exchange Programme" began the online training in March 2023 in preparation for their exchange commencing in April.

醫管局積極推動「大灣區醫療人才交流計劃」，參加「大灣區中醫訪問學者計劃」的內地資深中醫專家抵港，到公立醫院進行交流及科研工作，並為本港中醫師提供臨床指導。另外，首批 70 位參加「大灣區專科護理知識交流計劃」的護士亦於 2023 年 3 月開始進行網上理論培訓，為 4 月來港交流作好準備。

11 | 2022

The Medical Ambulatory Care Centre of Yan Chai Hospital commenced service, enabling medical patients in need to receive diagnostic investigation and therapeutic intervention while avoiding unnecessary hospitalisation.

仁濟醫院內科日間醫療中心開展服務，讓有需要的病人能在無需住院的情況下，接受內科專科診視、檢查及治療。



11 | 2022

The Day Ward and Specialty Outpatient Clinic of Department of Clinical Oncology of Tin Shui Wai Hospital commenced operation, providing outpatient services and chemotherapy day treatment to cancer patients in an integrated ambulatory service mode.

天水圍醫院臨床腫瘤科日間病房及門診正式啟用，以綜合日間服務模式，為癌症病人提供門診及日間化療服務。

11 | 2022

The extension works of the Operating Theatre Block for Tuen Mun Hospital were largely completed, with the delivery suite and obstetrics operating theatre being the first that commenced operation.

屯門醫院手術室大樓擴建工程大致完成，產房及產科專用手術室率先投入服務。





12 | 2022

Celebrating its third anniversary, the mobile app of HA "HA Go" launched a new interface with a patient-oriented design for easier navigation and function searching.

醫管局手機應用程式「HA Go」藉著慶祝三周年推出全新版面，設計以用家為本，方便病人更輕易搜尋和使用所需功能。



12 | 2022

The construction of the phase one new building of Kwong Wah Hospital redevelopment project was completed. Clinical and administrative services will be moving into the new building in phases starting from April 2023.

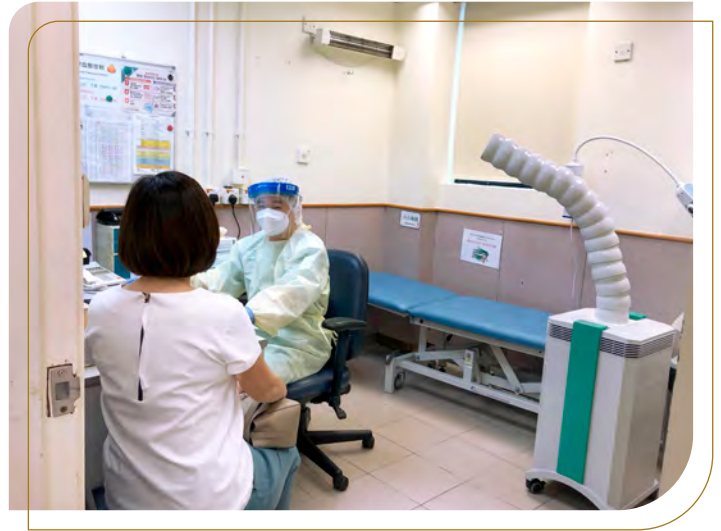
廣華醫院重建計劃第一期新大樓竣工，臨床及行政服務於 2023 年 4 月起陸續遷入。



01 | 2023

The HA cancelled the Vaccine Pass arrangement in December 2022 in accordance with the Government's latest anti-epidemic measures. Subsequently, in view of the Government's cancellation of issuing isolation orders from 30 January 2023, HA resumed normal service of 71 general outpatient clinics and reserved more than 2 000 quotas for COVID-19 patients daily. Meanwhile, the seven "Care Booking Line" continued to provide assistance to patients, where priority were given to high-risk COVID-19 patients to make appointments.

因應政府最新的防疫抗疫措施，醫管局於2022年12月取消「疫苗通行證」安排。其後政府於2023年1月30日起撤銷發出隔離令，醫管局遂安排轄下71間普通科門診診所恢復正常服務，並每日提供超過2 000個診症名額支援新冠確診病人。七條「關愛預約專線」繼續提供服務，優先為較高風險的確診病人安排預約。



02 | 2023

The phase two expansion project of Alice Ho Miu Ling Nethersole Hospital Accident and Emergency (A&E) Extension Site was completed. With the upgraded facilities, the expanded A&E Department's capacity to admit and treat patients was significantly enhanced.

雅麗氏何妙齡那打素醫院急症室完成第二階段擴建工程，擴建後的急症室配套更為完善，大大提升收治病人的能力。



03 | 2023

The new Nam Cheong Family Medicine Clinic commenced operation to strengthen the primary healthcare service in Sham Shui Po District.

新落成的南昌家庭醫學診所正式啟用，旨在加強深水埗區的基層醫療服務。

03 | 2023

To tie in with the development of telehealth services, HA launched the electronic medical certificate to replace the traditional manually signed paper certificate. The electronic certificate will be automatically stored in the HA mobile app "HA Go" for patients' easy access.

為配合遙距醫療的長遠發展，醫管局推出電子醫生證明書，取代傳統的人手簽署紙本醫生證明書。證明書會自動儲存在醫管局手機應用程式「HA Go」內，方便病人存取。



03 | 2023

HA rolled out the Medication Delivery Service in phases, which was available for patients receiving specialist outpatient clinic tele-consultations in the first phase. By placing a delivery request through the HA mobile app "HA Go", patients can receive their medications at home.

醫管局分階段推出「藥物送遞服務」，首階段為接受遙距診症的專科門診病人提供服務。病人可透過醫管局手機應用程式「HA Go」安排藥物送遞至家中。



CHAPTER 5

第五章

Engagement and Teamwork

凝聚力量 群策群力

The Hospital Authority (HA) has always strived for close communication with its staff members so as to build a united team to serve Hong Kong citizens with quality healthcare services. To promote effective communications between the management and frontline staff, multiple platforms have been established for colleagues to express their opinions. The Head Office of HA also convened regular meetings of all six Staff Group Consultative Committees and Central Consultative Committee, which were attended by Chief Executive of HA to exchange views about prevailing policies and new initiatives with the staff representatives.

醫院管理局（醫管局）一直致力與員工保持良好溝通，設有多個平台讓同事表達意見，並藉著各種溝通渠道凝聚員工，齊心為市民提供優質的醫療服務。其中，醫管局總辦事處定期舉行六個職員協商委員會及中央協商委員會的會議，行政總裁亦參與其中，與員工代表就現行政策及新措施進行討論。



Besides, the Chairman and Chief Executive of HA met with frontline staff at hospital visits and staff forums from time to time to collect their views' on corporate matters, and communicated with them through means such as emails and blogs. Meanwhile, latest news of HA was disseminated through staff newsletter HASLink and various HA social media platforms. Staff could also raise their concerns and suggestions through the online staff letter box. At the local level, Cluster Chief Executives and Hospital Chief Executives engaged staff through regular staff forums, meetings and newsletters. Amid the COVID-19 epidemic, we issued the staff publication COVID-19 Bulletin and updated the designated webpage in a timely manner, enabling HA staff to receive the latest information about the epidemic and HA's policies and initiatives. A designated staff hotline was set up to address colleagues' COVID-19 related enquiries and concerns, with over 9 700 calls handled in the past three years.

The myHR App has been further upgraded in 2022-23. With the addition of a new module "myeKG" (e-Knowledge Gateway), colleagues could enjoy easy access to medical and management knowledge for active learning, facilitating them to enhance their professional standard and competence. Another new module was "myFitness" which contains a series of sports mini-challenges and videos as well as health information, encouraging colleagues to exercise more and lead a healthier life. "HA Chatbot", the artificial intelligence tool in myHR App, was also equipped with new functions, allowing staff to submit applications for various matters such as enrollment for staff activities. As of 31 March 2023, the myHR App was used by over 98% of all HA staff members.

Meanwhile, HA has endeavoured to create a safe and positive working environment to ensure the occupational safety and health (OSH) for staff. To further enhance staff safety awareness and foster safety culture, behavioral-based safety observation

另外，醫管局主席及行政總裁亦不時到訪醫院及參與員工座談會，了解前線員工對機構事宜的看法，並透過電郵和網誌等途徑與同事保持連繫。此外，我們透過員工通訊《協力》和多個醫管局社交平台及頻道，發放有關機構的最新消息；又設有網上職員信箱，方便同事提出意見。在醫院層面，聯網總監及醫院行政總監則透過定期員工座談會、會面、出版刊物，與員工保持互動。疫情期間，我們適時出版《防疫快訊》及更新專題網頁，讓員工了解最新疫情資訊以及醫管局的政策和措施；並設立了員工支援熱線，回應同事的查詢及關注事項。在過去三年，該熱線回應了超過 9 700 個查詢。

我們在 2022-23 年度繼續提升「我的人力資源應用程式」（「myHR App」）的功能，包括新增「醫啟知」單元，方便同事瀏覽醫學及管理資訊，鼓勵員工主動學習，提升專業水平。另一新單元為「我至 fit」，內含不同運動小挑戰、短片及健康資訊，鼓勵同事多做運動，推廣健康生活方式。程式內的「人工智能小助手」亦加入新功能，方便同事提交各項申請，例如報名參加員工活動。截至 2023 年 3 月 31 日，已有超過 98% 醫管局員工使用程式。

與此同時，醫管局一直致力建構安全友善的工作環境，以確保員工的職業安全 and 健康（職安健）。為進一步加強員工的安全意識及培養安全文化，我們在眼科





programme on sharps injury prevention was implemented in an eye centre and 25 operating theatres (OT) to minimise the risks while handling sharps in OT. In addition, various programmes on workplace hazards and prevention were implemented, while risk-based training on specific OSH topics were provided to targeted levels and groups of staff, such as handling of workplace violence, advanced chemical management and sharps injury prevention training for phlebotomists. Besides, OSH information were regularly released via the "myOSH" module in myHR App to further enhance staff awareness and engagement in OSH.

A Focused Staff Survey targeted junior nursing and allied health staff was conducted in the year to understand concerned staff's willingness to stay at HA and tap their intelligence on staff retention measures. Based on the survey result, a series of follow-up measures are being devised on the aspects of staff attraction and retention, training and development, staff wellbeing and working environment and would be implemented to address the staff's concerns.

To encourage healthy lifestyles, HA organised various recreational, sports and family activities for staff. In order to minimise risks of infection and observe social distancing measures during the COVID-19 epidemic, different online activities were arranged instead of in-person staff events, such as the HA eSports Championship and the fitness and running activities featured in the "myFitness" module in myHR App, which received overwhelming responses from staff.

In recognition of colleagues' exceptional achievements, HA organises the Outstanding Staff and Teams and Young Achievers Award annually. In 2023, 11 Young Achievers were selected, eight staff and ten teams won the Outstanding Staff and Teams Awards respectively. Another four staff and three teams received Merit Staff and Teams Awards, and another three staff received Young Achievers (Merit Award).

中心和 25 個手術室推行預防被利器刺傷的工作安全行為觀察計劃，以減低在手術室處理利器時的風險。此外，我們透過不同計劃向同事講解各種工作間危害及預防方法，並以不同組別和級別的員工為對象，提供針對性的風險為本培訓，例如工作間暴力事件處理、化學品管理、為抽血員舉辦預防刺傷培訓等。「myHR App」內的「職安健」單元亦定期發布職安健信息，以促進員工對職安健的關注和參與。

年內，我們進行了一項焦點職員意見調查，以初級護理及專職醫療職系員工為對象，了解他們繼續於醫管局服務的意向，並收集他們對醫管局挽留人才措施的意見。我們正根據調查結果策劃推出一系列跟進措施，涵蓋範疇包括人力計劃及挽留、培訓和發展、員工康健及工作環境，以回應同事的關注。

此外，醫管局舉辦各式各樣康樂、體育及合家歡活動，鼓勵員工投入健康生活。疫情期間，為減低感染新冠病毒的風險及遵守社交距離措施，我們推出不同的網上活動，包括醫管局電競盃、「我至 fit」體能及跑步活動等，以代替實體員工活動，獲同事熱烈支持。

醫管局每年舉辦傑出員工及團隊獎及優秀青年獎，嘉許表現卓越的同事。2023 年度共有 11 位員工獲頒「優秀青年獎」，八名員工及十個團隊獲得傑出獎；另有四名員工及三個團隊獲得優異獎，三名員工獲得「優秀青年優異獎」。

Outstanding Teams:

HKEC End-of-Life Community Care Project Team
Hong Kong East Cluster

HKWC Neonatal Surgical Service Team
Queen Mary Hospital (Hong Kong West Cluster)

Queen Elizabeth Hospital Command Centre
Queen Elizabeth Hospital (Kowloon Central Cluster)

KEC SUSTAIN“EYE”BILITY
United Christian Hospital and Tseung Kwan O Hospital
(Kowloon East Cluster)

PMH Neurointerventional Radiology Team (Neuro-IR)
Princess Margaret Hospital (Kowloon West Cluster)

Multidisciplinary Complex Coronary Revascularisation Team
Prince of Wales Hospital (New Territories East Cluster)

NTWC Cardiopulmonary Exercise Testing and Prehabilitation Team
New Territories West Cluster

Hospital Authority Family Medicine and Primary Health Care Anti-COVID-19 Pandemic Team
Hong Kong East Cluster / Hong Kong West Cluster /
Kowloon Central Cluster / Kowloon East Cluster /
Kowloon West Cluster / New Territories East Cluster /
New Territories West Cluster / Hospital Authority Head Office

COVID-19 430 Press Briefing Team
Hospital Authority Head Office

Hospital Authority Major Incident Control Centre Team for Combating COVID-19
Hospital Authority Head Office

Merit Teams:

HKEC Ophthalmology Team
Pamela Youde Nethersole Eastern Hospital and
Tung Wah Eastern Hospital (Hong Kong East Cluster)

KWC Community Care Team
Kowloon West Cluster

COVID-19 Tele-consultation Team
Hospital Authority Head Office



Full list of awardees
完整得獎名單



傑出團隊獎：

港島東醫院聯網安寧頌計劃團隊
港島東醫院聯網

港島西聯網新生兒外科手術服務團隊
瑪麗醫院（港島西醫院聯網）

伊利沙伯醫院指揮中心
伊利沙伯醫院（九龍中醫院聯網）

九龍東「延續未來」眼科團隊
基督教聯合醫院及將軍澳醫院
（九龍東醫院聯網）

瑪嘉烈醫院腦神經介入放射團隊
瑪嘉烈醫院（九龍西醫院聯網）

重症冠心病多元治療團隊
威爾斯親王醫院（新界東醫院聯網）

新界西術前心肺預健醫療團隊
新界西醫院聯網

醫院管理局家庭醫學及基層醫療服務部
抗疫團隊
港島東醫院聯網 / 港島西醫院聯網 /
九龍中醫院聯網 / 九龍東醫院聯網 /
九龍西醫院聯網 / 新界東醫院聯網 /
新界西醫院聯網 / 醫院管理局總辦事處

新冠疫情 430 新聞簡報會團隊
醫院管理局總辦事處

醫管局總部重大事故控制中心抗疫團隊
醫院管理局總辦事處

優異團隊獎：

港島東聯網眼科團隊
東區尤德夫人那打素醫院及東華東院
（港島東醫院聯網）

九龍西醫院聯網社區外展隊伍
九龍西醫院聯網

2019 冠狀病毒病遙距醫療團隊
醫院管理局總辦事處

Highlights of HA Outstanding Staff and Teams
and Young Achievers Award 2023
2023 年度醫管局傑出員工及團隊及
優秀青年獎精華短片

CHAPTER 6

第六章

Head Office and Cluster Reports

總辦事處及醫院聯網工作匯報

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

醫院管理局（醫管局）透過總辦事處及轄下七個醫院聯網，為全港市民提供公共醫療服務。以下是總辦事處及各醫院聯網在醫管局四大策略目標的工作匯報，而有關「環境、社會和管治」方面的表現及措施則會於第七章「環境、社會及管治報告」詳述。





HONG KONG EAST CLUSTER
港島東醫院聯網



HONG KONG WEST CLUSTER
港島西醫院聯網



KOWLOON CENTRAL CLUSTER
九龍中醫院聯網



KOWLOON EAST CLUSTER
九龍東醫院聯網



KOWLOON WEST CLUSTER
九龍西醫院聯網



NEW TERRITORIES EAST CLUSTER
新界東醫院聯網



NEW TERRITORIES WEST CLUSTER
新界西醫院聯網

HAHO aligns corporate values and directions. It plays a strategic role in leading corporate development and supporting hospital clusters through interactive collaboration of seven divisions, namely Cluster Services, Corporate Services, Finance, Human Resources, Information Technology and Health Informatics, Quality & Safety, and Strategy & Planning. In 2022-23, HAHO initiated corresponding programme targets under the four strategic goals outlined in the HA Annual Plan.

醫管局總辦事處（總辦事處）設有七個部門，包括聯網服務部、機構事務部、財務部、人力資源部、資訊科技及醫療信息部、質素及安全部和策略發展部。總辦事處負責協調機構價值和帶領發展方向，透過各部門的互動合作，推動機構發展，並為醫院聯網提供支援。在 2022-23 年度，總辦事處根據醫管局工作計劃所訂四大策略目標，推行相應的工作項目。

Strategic goal: Provide smart care

In 2022-23, HA continued to re-orientate service models and adopt new technologies towards the provision of Smart Care, enabling patients to receive targeted treatment and personalised care for better clinical outcomes and reducing reliance on inpatient care.

Diversified healthcare options were proactively explored and implemented to address patients' needs as well as the waiting time issues. To shorten concerned patients' waiting time, additional Family Medicine Specialist Clinic (FMSC) attendances were provided at Hong Kong East Cluster (HKEC) and New Territories West Cluster (NTWC) under the collaborative model for Family Medicine (FM) and Orthopaedics and Traumatology (O&T) Department, while additional FMSC attendances were provided at NTWC under the collaborative model for FM and Surgery Department. Meanwhile, allied health outpatient attendances were increased at Kowloon Central Cluster (KCC) and Kowloon West Cluster (KWC). In addition, the Integrated Model of Specialist Outpatient (SOP) Service through Nurse Clinics was further expanded to chest pain, vascular care, paediatrics and adolescent (atopic dermatitis), and breast cancer survivorship, so that patients can receive preliminary checkup and nursing care before doctor's consultation.

策略目標：提供智慧醫療

在 2022-23 年度，醫管局持續重整服務模式和應用新科技，積極發展智慧醫療，從而提供針對性治療及個人化護理服務，改善醫療成效及減輕住院服務的壓力。

我們致力開拓多元化護理方案，以回應病人需求及改善輪候時間。藉著「家庭醫學及骨科協作服務模式」，我們在港島東和新界西聯網家庭醫學專科門診增加就診人次；又透過「家庭醫學及外科協作服務模式」，於新界西聯網家庭醫學專科門診增加就診人次；並於九龍中及九龍西聯網額外提供專職醫療門診服務人次，以縮短相關病人的輪候時間。另外，綜合模式專科門診護士診所進一步擴展至心臟科（胸痛）、血管科、兒科（濕疹）及乳癌康復護理服務，讓病人會見醫生前先行得到檢查和護理。



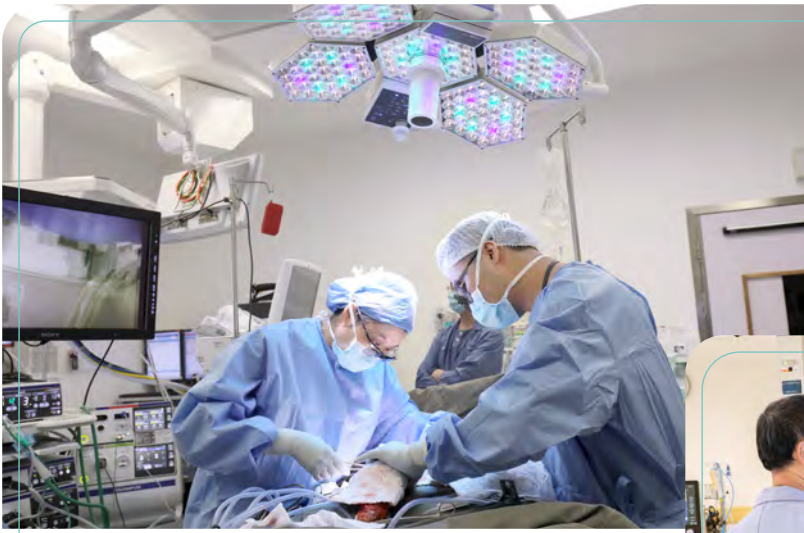


For surgical services, we set up acute geriatric fragility fracture nursing coordination services at Kwong Wah Hospital (KWH), Tseung Kwan O Hospital, Alice Ho Miu Ling Nethersole Hospital (AHNH) and Pok Oi Hospital (POH) for elderly patients with acute fragility fractures, so as to provide personalised care for concerned patients. As for rehabilitation services, additional physiotherapy and occupational therapy attendances during weekends and public holidays were provided to patients with lower limb fracture or arthroplasties in acute setting at AHNH, as well as stroke patients at Yan Chai Hospital (YCH) to facilitate functional restoration and recovery. Patients with low back pain at Queen Mary Hospital (QMH) were offered with additional physiotherapy services with stratified care management. Furthermore, under a case management approach, the structured, non-surgical treatment programme was extended to provide additional outpatient attendances for physiotherapy services to patients waiting for total joint replacement surgery at Pamela Youde Nethersole Eastern Hospital, MacLehose Medical Rehabilitation Centre and United Christian Hospital (UCH). Besides, additional early mobilisation treatment sessions were provided to patients in Intensive Care Units (ICUs) at KCC and New Territories East Cluster (NTEC) to maintain their physical mobility.

Meanwhile, innovative and advanced technologies have been introduced and applied in public hospitals to provide patients with more precise diagnoses and better treatment outcome. Additional genetic tests were provided to coagulopathy patients at QMH and Princess Margaret Hospital (PMH), while additional breast cancer gene mutation tests were conducted at HKEC, Hong Kong West Cluster (HKWC), KCC and NTEC for ovarian cancer patients, and genetic counselling and clinic follow-up services

手術服務方面，我們在廣華醫院、將軍澳醫院、雅麗氏何妙齡那打素醫院及博愛醫院設立急性脆弱性骨折護理協調服務，為急性脆弱性骨折年長病人提供個人化護理。而康復服務方面，我們為雅麗氏何妙齡那打素醫院的下肢骨折或接受關節成型手術的病人，以及仁濟醫院的中風病人，在周末及公眾假期提供額外物理治療及職業治療服務，以助提升身體機能及康復進度；又為瑪麗醫院的腰背痛病人推行分流管理服務，以增加物理治療門診服務人次。此外，我們以個案管理模式，在東區尤德夫人那打素醫院、麥理浩復康院和基督教聯合醫院推展有系統的非介入治療計劃，為正在輪候關節置換手術的病人增加物理治療門診服務人次。另外，亦於九龍中及新界東聯網，為深切治療部病人提供額外的早期運動介入復健節數，助他們保持活動能力。

同時，醫管局一直積極引入及應用新技術，為病人提供更準確的診斷，提升治療成效。我們於瑪麗醫院和瑪嘉烈醫院為凝血病病人增加基因組測試；又於港島東、港島西、九龍中及新界東聯網為卵巢癌病人提供額外乳癌基因突變測試，並於港島西聯網為更多個案提供基因組諮詢及診症跟進服務。此外，我們



for additional cases were offered at HKWC. Besides, the use of medical grade 3D printing technology was adopted to provide services at O&T Departments of QMH and YCH, while the medical grade 3D printing services at Queen Elizabeth Hospital (QEH) was enhanced to improve efficiency of surgeries. The development of Chimeric Antigen Receptor - T (CAR-T) Cell Therapy was further promoted at HA too, with service capacity at QMH enhanced, and preparations for the development of CAR-T Cell Therapy in Hong Kong Children's Hospital and Prince of Wales Hospital (PWH) conducted in the year. In addition, centralised care was provided by designating paediatrics beds for chronic ventilator assisted care at Duchess of Kent Children's Hospital at Sandy Bay (DKCH).

Besides, various Public-Private Partnership (PPP) Programmes were expanded to better cope with rising service pressure and to provide patients with more diversified treatment alternatives. These included the General Outpatient Clinic (GOPC) PPP Programme, Cataract Surgeries Programme, Breast Cancer Operative Service Collaboration Programme, Trauma Operative Service Collaboration Programme and more. The "HKSAR Government Special Support Scheme for Hospital Authority Chronic Disease Patients Living in the Guangdong Province to Sustain Their Medical Consultation under Coronavirus Disease-2019" was further extended to address the medical need of HA chronic disease patients residing in Guangdong Province, who were unable to return to HA for follow-up consultations due to the persisting COVID-19 situation. It also provided reference for the "Pilot Scheme for Supporting Patients of the Hospital Authority in the Guangdong-Hong Kong-Macao Greater Bay Area" launched by the Government later in May 2023.

於瑪麗醫院及仁濟醫院骨科採用醫療級別 3D 打印技術；並優化伊利沙伯醫院的醫療級別 3D 打印服務，以提升手術效益。嵌合抗原受體 T 細胞療法亦獲進一步發展，年內在瑪麗醫院增加治療名額，並支援相關療法在香港兒童醫院和威爾斯親王醫院的發展。此外，大口環根德公爵夫人兒童醫院亦增設兒科指定病床，為長期需要呼吸機輔助的病人提供服務。

為更有效應付日增的服務壓力，並為病人提供更多治療選擇，醫管局繼續擴展各項公私營協作計劃，包括「普通科門診公私營協作計劃」、「耀眼行動（白內障手術計劃）」、「乳癌手術治療協作計劃」及「骨折手術協作計劃」等。同時，由於疫情持續，「特區政府對居粵之醫管局長期覆診港人特別支援計劃」在年內再獲延續，以照顧因居於廣東省而無法回港覆診的醫管局長期病患者的醫療需要，並為政府於 2023 年 5 月推出的「支援粵港澳大灣區醫院管理局病人先導計劃」提供參考。

Strategic goal: Develop smart hospitals

HA has been endeavouring to adopt digital solution and artificial intelligence (AI)-enabled tools to facilitate the Smart Care strategies. A number of AI products and data analytics tools have been deployed to enhance clinical efficiency. These included AI Chest X-ray used in GOPCs, the laboratory AI tool for flagging up Hepatitis B positive cases, and the development of Diabetes Mellitus (DM) Risk Engine, etc.

We have been actively applying technology in the operation of wards, clinics and pharmacies to improve patient care. Capacity and Resource Command Centres had been implemented in several hospitals, while Clinical Command Centres had been deployed to selected wards and specialties for a number of hospitals. Electronic bed panels and eVitals were implemented in various public hospitals, while the latter was piloted in selected clinics to support self-help vital signs measurement by patients too. Other IT solutions which included the Queue Management System, one-stop electronic kiosks, mobile apps for hospital navigation and the Blood-taking Scheduling System in specialist outpatient clinics (SOPCs) were rolled out to more hospitals and clinics for better patient experience.

In optimising the safety and efficiency of medication process, implementation of the aligned inpatient drug distribution model through the use of the automated medication unit dose dispensing system and smart cabinets was extended to HKWC, KCC, and KWC in the year. Moreover, the chemotherapy module of Inpatient Medication Order Entry was implemented in the Clinical Oncology Departments of QMH and QEH to further enhance accuracy in prescribing medications.

策略目標：發展智慧醫院

醫管局致力透過應用數碼科技及人工智能，落實智慧醫療策略。我們已推出多項人工智能措施及數據分析工具，從而提高臨床效率，包括在普通科門診診所應用人工智能分析胸肺 X 光片、在化驗室使用人工智能自動標示乙型肝炎陽性個案、開發「糖尿病風險引擎」等。

醫管局積極在病房、診所和藥房應用智慧元素，藉此改善病人服務。多間公立醫院啟用了資源調配指揮中心，而部分醫院的指定病房和專科亦啟用了臨床作業指揮中心。我們於多間公立醫院裝設電子病床控制板和自助維生指數機，並在選定診所試行應用自助維生指數機，以便病人自行量度維生指數。其他技術方案如輪候管理系統、一站式電子服務站、醫院導航應用程式，及專科門診抽血預約系統亦已推展至更多醫院及診所，以優化病人體驗。

醫管局採用自動配藥系統及智能藥物櫃以提升病房的用藥安全和管理效率，年內已將自動化的住院配藥服務模式擴展到港島西、九龍中及九龍西聯網。我們亦已將住院病人藥物處方系統的化療功能模組推展至瑪麗醫院和伊利沙伯醫院的臨床腫瘤科，進一步提升配藥的準確性。





Various IT platforms have been established to facilitate operational efficiency. The “eAED service model” was rolled out to KWH, UCH, PWH and AHNH and the “eResus service model” to POH, for establishing “Smart Accident and Emergency (A&E) Departments” with the aim of improving service efficiency through digitalisation of documentation and workflow. We have also implemented the centralised Anaesthesia Clinical Information System at DKCH, Grantham Hospital (GH) and Tung Wah Hospital (TWH) to improve risk management and operational efficiency.

The fourth generation of Clinical Management System (CMS IV) was further upgraded in the year. 23 new projects, such as the “Fundus Image Distribution and Grading” and “Photo Attachment for Investigation Request and Linkage with Laboratories”, were launched under the CMS IV. While the former helped improving clinical communication through the capturing and sharing of fundus images across HA, the latter supported paperless laboratory requests with enhanced illustration of specimen sites.

Meanwhile, the clinical system capabilities of HA mobile app “HA Go” were further enhanced to facilitate easy access of HA’s services via smart phones. “MyHealth” module in “HA Go” has allowed users to view laboratory results and provided electronic medical certificate. Telehealth via “HA Go” was further launched in more SOPCs, nurse and allied health clinics, and supported the Government’s Smart Village initiatives. Amid the fifth wave of COVID-19, HA rolled out the tele-consultation function in “HA Go”, through which COVID-19 patients could make appointment and receive tele-consultation for Designated Clinic, and receive prescribed drugs at home.

HA remained the technical agency to assist the Health Bureau in the development of the Electronic Health Record Sharing System, and continued to provide IT support to the Government’s various eHealth initiatives.

另外，我們建立不同的資訊科技平台以提高臨床服務效率，包括在廣華醫院、基督教聯合醫院、威爾斯親王醫院及雅麗氏何妙齡那打素醫院推行「急症室電子系統」；並在博愛醫院推行「急救房電子化計劃」，目標建立「智慧急症室」，將記錄和工作流程數碼化。我們又在大口環根德公爵夫人兒童醫院、葛量洪醫院及東華醫院推行中央「麻醉臨床資訊系統」，以改善風險管理及運作效率。

此外，我們繼續發展醫管局第四代臨床管理系統。在 2022-23 年度，我們在該系統推行了 23 個新項目，例如「眼底圖像分發及分級」項目及「化驗要求夾附圖片」項目。前者可讓醫護人員採集和分享眼底圖像，加強臨床溝通；後者則可實現化驗要求無紙化，並能提供清晰的取樣位置影像。

同時，醫管局流動應用程式「HA Go」的臨床系統功能進一步加強，讓用戶輕鬆透過智能電話獲取服務。其中「我的健康」功能先後增加查閱化驗結果和提供電子醫生證明書；遙距醫療功能亦已推展至更多專科門診、護士和專職醫療診所，並支援政府的智慧鄉村先導計劃。在第五波新冠疫情期間，「HA Go」增設遙距診症功能，讓新冠病人透過「HA Go」在家中預約和接受指定診所遙距診症，並獲處方和送遞藥物。

醫管局繼續擔任醫務衛生局電子健康紀錄互通系統的技術代理，並為政府多個電子健康項目提供技術服務。

Strategic goal: Nurture smart workforce

Developing a robust and flexible workforce is indispensable in maintaining quality healthcare services and implementing Smart Care in the long run. To this end, we continued to devote substantial efforts to attract, motivate and retain talents in the reporting year. In addition to recruiting over 580 doctors, 2 500 nurses and 930 allied health professionals, 55 non-locally trained doctors were serving at public hospitals under the Limited Registration Scheme or the Special Registration Scheme as at March 2023. The nursing manpower for various areas, including general and psychiatric inpatient wards, A&E Departments, ICUs, infection control, stroke and peri-operative services was strengthened for service enhancement. Furthermore, locum doctors were urgently deployed to render support at various anti-epidemic facilities such as the North Lantau Hospital Hong Kong Infection Control Centre, the Treatment Centre for COVID-19 (AsiaWorld-Expo), Penny's Bay Community Isolation Facility to cope with the fifth wave of epidemic.

To address the manpower pressure and succession gaps, the implementation of the "Policy of Extending Employment Beyond Retirement" continued in the year to attract more veteran and suitable staff to take up further full-time employment in HA after their retirement age. Moreover, additional promotion opportunities were provided to meritorious doctors through the centrally coordinated additional Associate Consultant (AC) promotion mechanism. In 2021, the HA Board approved to scale up the scheme, by significantly upgrading 300 instead of 100 AC posts by phases over three years from 2022-23 to 2024-25. In this connection, around 100 upgraded Consultant posts were created in 2022-23.

策略目標：培育智慧團隊

培育穩健而靈活的工作團隊，對維持優質醫療服務及長遠推行智慧醫療而言，實在至關重要。年內，醫管局繼續投放資源吸引、激勵和挽留優秀人才。除聘請逾 580 名醫生、2 500 名護士及 930 名專職醫療人員外，截至 2023 年 3 月，共有 55 名非本地受訓醫生以有限度註冊形式或特別註冊形式在公立醫院服務。我們亦增聘護理人員，以提升普通科及精神科病房、急症室、深切治療部、感染控制、中風和圍手術服務。而為應付第五波疫情，醫管局自選兼職辦公室亦緊急調配兼職醫生，以支援新冠治療中心（亞博館）、北大嶼山醫院香港感染控制中心、竹篙灣社區隔離設施等不同抗疫設施的工作。

為紓緩人手壓力及推展有系統的繼任規劃，年內我們繼續推行「退休後延任政策」，吸引更多具豐富經驗且合適的員工在達到退休年齡後，全職留在醫管局工作。同時，我們繼續透過由中央統籌的副顧問醫生額外晉升機制，提供更多晉升職位。醫管局大會於 2021 年批准擴大計劃，於 2022-23 至 2024-25 年度內分階段將計劃提升的副顧問醫生職位由 100 個大幅增至 300 個。因此，我們在 2022-23 年度將約 100 個副顧問醫生提升至顧問醫生。



In regard to fostering nurses' career prospect and professional development, so as to attract and retain nursing staff, various strategies have been deployed to develop structured succession planning. These included the enhancement of career structure, improvement of clinical supervision, provision of specialty training, increase in promotion opportunities, creation of a positive working environment and more. The Nurse Consultant and Associate Nurse Consultant posts, as well as promotion opportunities for Enrolled Nurses (ENs) to become Registered Nurses (RNs), and for RNs to become Advanced Practice Nurses (APNs) have also been increased in the year.

To retain staff to support clinical services, the annual progression exercise for Patient Care Assistant (PCA) IIIA of inpatient services on 24-hour shift, Operation Assistant IIIB in inpatient services, and Executive Assistant IIIA (Ward) continued in 2022-23. Since the first quarter of 2023, the exercise has been regularised to accept applications all year round, with assessments being conducted on a quarterly basis to speed up the progression of staff with outstanding performance. Besides, a new patient support job at PCA I rank for inpatient services was created in 2022 and the first round of recruitment works was mostly completed.

In addition, a cluster-based patient relations office structure was established in KCC and Kowloon East Cluster (KEC) to strengthen HA's complaints management while facilitating succession planning of Patient Relations Officers (PROs) and Complaint Managers. We also continued to run the Staff Development Rotation Programme for PROs and Complaint Managers in both HAHO and clusters to enhance their exposure, competence and experience in complaints management, as well as fostering staff career prospects.

Meanwhile, ongoing efforts have been made by HA to provide colleagues with abundant training opportunities to enhance their professional knowledge and competences, so as to facilitate healthcare service advancement and staff's career development. Territory-wide simulation training programmes, including Crew Resource Management training, were conducted for doctors and nurses in various specialties. Also, various specialty training and competence enhancement programmes were organised for nurses, allied health professionals as well as pharmacy staff to foster staff's professional development. Besides, training sponsorship to over 200 ENs who undertook the voluntary Registered Nurse Conversion Programme was approved in 2022-23; and the 18-month midwifery training programme was provided to over 90 trainees to meet the demand for maternity services in public hospitals. Furthermore, APNs were recruited as part-time clinical preceptors to enhance the competency of junior nurses, and Simulation Training Programmes were conducted for about 1 900 newly qualified RNs undergoing Preceptorship Programme. Also, 300 students were recruited in the four-year HA Professional Diploma in Nursing Programme in the reporting year.

為改善護士的職業前景及專業發展，以吸引及挽留護理人才，我們制訂系統化的繼任規劃，其中包括改善事業架構、加強臨床督導、提供專科訓練、增加晉升機會、創造積極的工作環境等措施。年內我們亦增加顧問護師及副顧問護師的數量，以及提供更多登記護士晉升為註冊護士，及註冊護士晉升為資深護師的機會。

為挽留人手支援臨床服務，我們繼續為提供 24 小時住院病人服務的三 A 級病人服務助理、支援住院病房服務運作的三 B 級運作助理，及三 A 級行政助理（病房）推行晉升計劃。此計劃由 2023 年第一季起恆常化，全年均接受申請，並會於每季進行評核及甄選，以加快晉升表現優秀的同事。另外，我們於 2022 年新設一級病人服務助理（住院病人服務）職位，第一階段招聘工作經已大致完成。

此外，我們已於九龍中及九龍東聯網建立以聯網為基礎的病人關係處服務架構，在加強醫管局的投訴管理的同時，促進病人聯絡主任和投訴經理的繼任規劃。我們亦繼續為總辦事處及聯網病人聯絡主任和投訴經理推行「員工輪調計劃」，助他們開拓視野，增進投訴管理能力和經驗，提升同事的職業前景。

同時，我們一直致力加強員工培訓，提升他們的專業知識及能力，以促進其職業發展及應對醫療服務上的挑戰。我們為不同專科的醫生及護士提供模擬訓練，包括醫療團隊管理訓練；又為護士、專職醫療人員和藥劑人員提供專科培訓和才能提升課程，以促進同事的專業發展。另外，醫管局年內為逾 200 名自願報讀註冊護士轉制課程的登記護士提供培訓資助；並為逾 90 名實習護理人員提供為期 18 個月的助產士培訓，以滿足公立醫院產科服務的需求。為提升初級護士的技能，我們聘請了資深護師擔任兼職臨床啟導員，並為近 1 900 名新畢業註冊護士提供模擬訓練課程。而醫管局的四年制護理學專業文憑課程，年內招收了 300 名學員。

With the recurrent \$183.5 million Government designated training fund in place, a wide range of training programmes were rolled out for both clinical and non-clinical staff. Nevertheless, all overseas training activities were suspended, while local trainings were continued via online or face-to-face mode due to severe COVID-19 pandemic in 2022. Later in view of a stabilised epidemic, local and overseas training activities have been gradually resumed from January 2023 onward. Among all, generic competencies training for professional staff of different levels were conducted, and a series of webinars for senior executives and clinical leaders were organised by inviting distinguished speakers from various professions to share on leadership and management topics. In addition, a new structured training curriculum was launched for the newly appointed Chief of Service, which comprises a number of management training workshops, sharing sessions on leadership and business knowledge as well as e-courses, management readings and case inventory. Meanwhile, the eLearning centre (eLC) was launched, facilitating learners to receive rank-specific training information via the eLC website or myHR App.

Last but not least, we prioritise staff's mental wellbeing and health at HA. During the COVID-19 epidemic, the HAHO Corporate Clinical Psychology Service and its Critical Incident Psychological Services Centres in the hospital clusters offered diversified mental health services and activities, such as treatment groups, webinars, tailor-made psychological resources and services for frontline healthcare workers. We have also enhanced our e-psychological services by providing tele-care services (individual and group services), upgrading the HA mental health app "myOasis", offering online psychological support kits and self-help resources and more, all with the aim of strengthening colleagues' mental resilience and recovery.

藉著政府提供的 1.835 億元恆常指定培訓基金，我們為臨床及非臨床人員推出各類培訓課程。由於疫情在 2022 年仍然嚴峻，所有海外培訓暫停，本地課程則以網上或面授模式進行。隨著疫情緩和，多項本地和海外培訓活動自 2023 年 1 月起陸續恢復。其中，我們為不同職級的專業人員推行通用能力培訓系列；又為高級行政人員及臨床管理人員開設網上管理講座系列，邀請不同專業領域的翹楚，分享其領導及管理心得。此外，我們推出為新委任部門主管而設的新課程，當中包含管理工作坊、經驗分享座談會、網上管理課程、經典文章及案例分析。醫管局網上學習中心 (eLC) 亦已啟用，員工可透過 eLC 網頁或「我的人力資源應用程式」獲得與職級相關的培訓資訊。

醫管局亦十分重視員工的心理健康。在疫情期間，總部臨床心理服務「心靈綠洲」及各聯網職員緊急事故心理服務中心提供多元化的心理健康服務及活動，例如治療小組、網上座談會、及為前線員工特別制定的心理資源及服務等。同時，我們加強線上服務，包括提供遠程心理服務（個人及小組治療）、持續發展「我的心靈綠洲」心理健康流動應用程式、提供網上心理支援包及自助資源等，提升同事的心理抗逆力及復元力。



Strategic goal: Enhance service supply

HA strives to increase service capacity to meet the pressing and growing healthcare needs of the ageing and growing population. In 2022-23, we have augmented the capacity of inpatient services by adding acute medical beds, ICU beds and extended care beds at various hospitals. Meanwhile, the outpatient service capacity was bolstered with the provision of additional SOP new case attendances and GOPC service quotas. The Nam Cheong Family Medicine Clinic commenced services in the year, thereby catering the medical needs of the community.

To optimise the utilisation of healthcare resources and facilities, we continued to promote cross-cluster collaboration on Robotic Assisted Surgery (RAS) and conducted additional sessions of cross-cluster RAS at QMH and PMH. In enhancing HA's vascular surgery service, a sustainable structure of Kowloon vascular surgery network was established, while a vascular surgical team was set up in the Hong Kong Island to provide emergency and elective surgeries for HKEC and HKWC. The standard of care for patients on mechanical ventilation was further improved by setting up a new mobile team and providing additional designated beds with ventilation support at Caritas Medical Centre to offer respiratory care to patients in the medical wards.

In addition, the multidisciplinary team approach has been actively promoted in HA to provide patients with more holistic care and support. To enhance the multidisciplinary support for sleep service under a 24-hour integrated model, we designated several existing beds for sleep studies and conducted additional sleep studies at KCC. To continue to develop dermatology services in HA, a consultant-led dermatology team was established at HKWC and NTEC, while multidisciplinary care for patients with severe dermatosis or complex needs was enhanced at HKWC. As for strengthening the clinical management of patients diagnosed with Human Immunodeficiency Virus (HIV), multidisciplinary care and Highly Active Antiretroviral Therapy was offered to HIV new cases and eligible patients respectively at QEH and PMH.

Meanwhile, we implemented clinical pharmacy services on discharge medication management for patients admitted to acute medical wards at various hospitals with a view to strengthening support to clinical service. Drug refill services were launched at SOPCs in GH, TWH and YCH for better patient convenience while reducing risks of excessive drug storage by patients.



策略目標：增加服務供應

面對香港人口老化及增長，醫管局竭力提升服務量，以應付迫切及與日俱增的服務需求。在 2022-23 年度，我們在多間醫院增設急症病床、深切治療病床和延續護理病床，以加強住院服務量。同時，我們提升門診服務量，增加了專科門診新症及普通科門診診症名額，而南昌家庭醫學診所亦於年內落成啟用，以回應社區的醫療需求。

為善用醫療資源及設施，我們繼續推行機械臂輔助手術的跨聯網協作，在瑪麗醫院及瑪嘉烈醫院提供跨聯網機械臂輔助手術節數。此外，為加強醫管局的血管手術服務，我們於九龍區建立可持續的血管外科網絡，以及於港島區成立血管外科團隊，為港島東和港島西聯網提供緊急及非緊急專科手術服務。為提升對使用呼吸機病人的護理，明愛醫院設立流動醫療隊和增設額外指定的病床，為內科病人提供呼吸系統專科護理服務。

我們亦推動跨專業團隊協作，為病人提供更全面的護理及支援。九龍中聯網設置指定病床用作睡眠診斷服務及提供額外的睡眠測試，以 24 小時綜合模式的睡眠診斷服務為病人提供跨專業支援。我們亦繼續發展皮膚科服務，於港島西和新界東聯網成立由顧問醫生帶領的皮膚科團隊，並在港島西聯網加強對患有嚴重皮膚病或病情複雜的病人提供跨專業護理。我們亦於伊利沙伯醫院及瑪嘉烈醫院為愛滋病新症提供跨專業護理，並為合適的病人提供高效能抗愛滋病毒療法（俗稱雞尾酒療法），以繼續加強對愛滋病病毒感染個案的臨床管理。

同時，我們持續加強藥劑服務支援臨床護理，於多間醫院推行臨床藥劑服務，為急症內科住院病人提供出院藥物管理服务。我們亦於葛量洪醫院、東華醫院及仁濟醫院專科門診提供覆配藥物服務，既可便利病人，亦可減低病人過量存放藥物的風險。



Furthermore, the scope of the HA Drug Formulary was widened to cover more drugs with accumulated scientific evidence on clinical efficacy. Two self-financed drugs were repositioned as special drugs for managing cardiovascular disease, while the therapeutic application of three special drugs was extended for transplantation, treating cardiovascular disease and psychotic disorders. In addition, another drug class for treating DM was repositioned as special drugs and with therapeutic application extended.

To improve the quality of cancer service, the Cancer Case Manager Programme was extended to provide coordinated patient-centred care for more patients newly diagnosed with haematological cancer at HKEC and for more patients newly diagnosed with urological cancer at NTWC in the year. As for enhancement in renal services, hospital haemodialysis (HD) service was expanded by providing additional HD places across clusters, and the piloted new generation home HD model was continued in KEC and NTEC with the provision of additional patient capacities, allowing suitable patients to receive dialysis at home. Additional intravitreal injections were also provided across HKWC, KEC and NTWC, increasing the service capacity of ophthalmology services.

Moreover, we have strived to boost the testing service capacity of HA laboratories by increasing polymerase chain reaction tests for *Candida auris* and Hepatitis E virus. Besides, to enhance medication safety and antimicrobial stewardship, a Drug Allergy De-labelling Initiative Hub was set up at HKWC to enhance laboratory allergy diagnostic service. Nurse-led low risk Penicillin Allergy Centres were also set up in KCC, KWC and NTEC, and additional day inpatient attendances were provided at HKWC, KCC, KWC and NTEC.

此外，醫管局繼續擴大《醫管局藥物名冊》以涵蓋更多具實證療效的藥物。兩種自費藥物改列為專用藥物，用以治療心血管疾病；同時將三種專用藥物的治療應用範圍擴展到器官移植、治療心血管疾病及精神科疾病。另一種治療糖尿病的藥物類別則改列為專用藥物，並擴大了治療應用。

另一方面，為提升醫管局的癌症服務質素，我們在港島東聯網為更多新確診血癌的病人，以及在新界西聯網為更多新確診泌尿系統癌症的病人，推行癌症個案經理計劃，提供以病人為本的協調護理和服務。腎科服務方面，我們在各聯網增加醫院血液透析名額；另於九龍東及新界東聯網引入新一代家居血液透析儀器，額外增加家居血液透析名額，方便合適的病人在家接受治療。此外，我們於港島西、九龍東和新界西聯網額外增加玻璃體內注射服務，以提升眼科服務量。

我們亦致力提升醫管局化驗室的檢測能力，增加耳念珠菌聚合酶連鎖反應核酸檢測，以及戊型肝炎病毒聚合酶連鎖反應核酸檢測。另外，為了加強藥物安全和抗菌藥物管理，我們於港島西聯網設立辨識藥物敏感病人計劃中心，提升化驗室診斷藥物敏感的檢測服務；又於九龍中、九龍西及新界東聯網設立護士主導的低風險盤尼西林過敏中心，並於港島西、九龍中、九龍西及新界東聯網增加日間住院病人服務人次。



Following the severe hit of the fifth wave of COVID-19, the epidemic situation in Hong Kong had remained relatively unstable throughout most of 2022. With the local epidemic situation beginning to subside since early 2023, HA has been progressively resuming its services that had previously been affected by COVID-19.

In 2022-23, the Government continued its strong commitment to sustain the development of public healthcare and provided increasing subvention to HA, having regard to population growth and demographic changes, under the prevailing triennium funding arrangement. During the financial year ended 31 March 2023, HA's total income was \$95.4 billion, representing an increase of 8% from \$88.3 billion in 2021-22. To ensure the proper and efficient use of resources, HA continued to undertake prudent financial measures through the annual planning exercise, whereby resource allocation was guided by the Government's healthcare priorities, HA's strategic priorities and service directions, and the operational readiness of proposals, while taking into account prevailing constraints in manpower and hospital facility situations for capacity growth.

經過 2019 冠狀病毒病第五波疫情的嚴重衝擊，本港疫情在 2022 年較為反覆，直至 2023 年年初開始放緩。隨著疫情漸趨穩定，醫管局已逐步恢復受疫情影響的服務。

在 2022-23 年度，政府繼續致力對公營醫療持續發展投放資源，以現行三年為一周期的撥款安排，按人口增長比例和人口結構變動，向醫管局增加撥款。醫管局年內總收入為 954 億元，較 2021-22 年度（883 億元）上升 8%。為了確保資源用其所及符合成本效益，醫管局繼續審慎理財，透過周年工作規劃分配資源。資源分配會優先考慮政府的醫療政策、醫管局的服務優次和方針，以及建議的計劃是否準備就緒，亦同時考慮人手和醫院設施狀況等限制服務量增長的因素。

HA's total expenditure for 2022-23 was \$94.9 billion, representing an increase of 8% when compared to \$87.8 billion in 2021-22. Out of the total expenditure, \$6.3 billion was incurred for combating COVID-19, which was mainly supported by designated funding from the Government. Amid the impact of COVID-19 together with the ongoing manpower supply constraint being exacerbated by rising staff attrition, HA continued to record an underspending for the year. Following the Government's agreement for HA to set aside some of the year's funding for meeting HA's future needs, HA recorded an overall underspending of \$0.5 billion for the year. With this underspending, the Revenue Reserve increased to \$8.4 billion as at 31 March 2023. Such reserve will serve as an important safeguard to help maintain financial stability of HA in the event of unexpected contingency.

Looking ahead, HA's services are expected to return to normal as the society progresses to full normalcy. To meet the ever-increasing service demands arising from the growing and ageing population, HA will continue to work out a viable funding arrangement with the Government and exercise extra prudence in the use of its available financial resources for meeting service needs in a sustainable manner.

醫管局在 2022-23 年度的總營運開支達 949 億元，較 2021-22 年度（878 億元）上升 8%，當中包括主要由政府指定撥款資助以應對 2019 冠狀病毒病的 63 億元的支出。在 2019 冠狀病毒病的影響下，加上員工流失率持續上升，加劇了人手短缺的問題，醫管局本年度繼續錄得餘款。在政府同意醫管局預留年內部分撥款以應對醫管局未來需要的安排後，本年度仍錄得 5 億元總餘款。截至 2023 年 3 月 31 日，儲備總額增至 84 億元。累積的儲備能確保醫管局保持財政穩定，應付意料之外的財務需要。

展望未來，隨著社會全面復常，預期醫管局的服務會逐步恢復正常。為應對因人口增長和高齡化而不斷增加的服務需求，醫管局會繼續與政府制定切實可行的撥款安排，加倍審慎運用現有財政資源，以可持續的方式應付服務需求。



Hong Kong East Cluster (HKEC)

港島東醫院聯網 (港島東聯網)

Facing the increasing service demand arising from ageing population, HKEC has been optimising demand management and enhancing service quality from various aspects. The Hybrid Operating Theatre in PYNEH commenced service in 2022. Equipped with an Intra-operative Computed Tomography Scanner and a Robotic Arm Angiographic Machine, the Operating Theatre has enhanced service efficiency and surgical outcomes by providing one-stop diagnosis and treatment to patients. Meanwhile, additional neurosurgical High Dependency Unit beds and Intensive Care Unit bed were opened in PYNEH and Ruttonjee Hospital respectively. PYNEH introduced two monoplace hyperbaric chambers in the Hyperbaric Oxygen Therapy Centre in 2023 to increase flexibility and efficiency in service provision. HKEC also strived to expand the service capacity by providing additional total joint replacement operations and additional physiotherapy services for patients waiting for the surgery. Moreover, additional Family Medicine Specialist Clinic attendances and additional allied health outpatient attendances were arranged to cope with the demand.



HKEC has been actively introducing the use of technologies and smart elements to tie in with the corporate strategic goal to develop smart hospital. Efforts made included being the first cluster in HA to fully implement the "GCRS-PLUS" system, enhancing efficiency of the processes by allowing healthcare staff to arrange blood tests and laboratory tests on mobile devices; gradually adopting "eVitals" and electronic bed panel "Smart Panel" in wards, and continuously promoting telehealth services in different departments to provide patients with better services through technology.

Year 2023 marked the 30th anniversary of PYNEH. A series of engagement activities have been organised to foster collaboration with the community. The Nethersole Clinical Simulation Training Centre also celebrated its 10th anniversary in 2022, which signified its contribution in providing a wide variety of simulation trainings for healthcare workers in the past decade. Moreover, staff of HKEC were recognised for their exquisite performance with the 2022 HA Outstanding Staff Award and Young Achiever Award, while the HKEC Urology Team received the Outstanding Team Award.

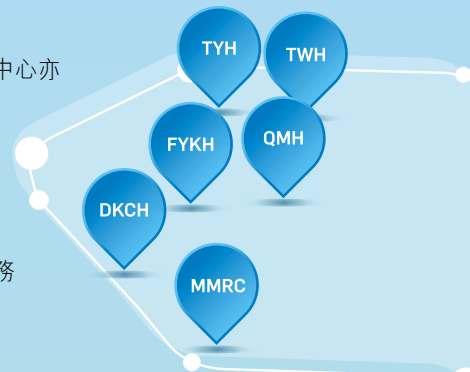
During the fifth wave of the epidemic, HKEC provided solid support to Residential Care Homes and COVID-19 patients in the community via outreach nursing visits and tele-consultations. With the epidemic situation subsiding, HKEC will continue to tie in with the corporate's measures to promote "Smart Care", and keep on enhancing the quality and capability of patient care according to the strategies outlined in the HKEC Clinical Services Plan, so as to address the future demand.

面對區內人口老化導致醫療服務需求上升，港島東聯網從多方面優化需求管理和提升服務質素。東區醫院的複合手術室於2022年投入服務，手術室設置「術中電腦掃描造影機」及「機械臂血管造影機」，提供一站式診斷和治療，從而提升服務效率及手術成效。同時，東區醫院及律敦治醫院分別增設腦外科加護病床及深切治療病床；東區醫院高壓氧治療中心亦於2023年引入兩個單人高壓氧治療艙，增加服務靈活性及效率。聯網亦致力提升服務量，包括提供額外關節置換手術節數，並為正在輪候進行該手術的病人增加物理治療門診服務；另外，家庭醫學專科門診就診人次及專職醫療門診的服務人次亦有所增加，以應付需求。

為配合發展「智慧醫院」的策略目標，聯網積極引入不同創新科技及智慧元素，包括成為醫管局首個全面推行「GCRS-PLUS」系統的聯網，讓醫護人員在流動裝置上安排抽血及化驗項目，提升相關流程的效率；又陸續於病房採用自助維生指數儀和電子病床控制板，並持續於不同部門推廣遙距醫療服務，借助科技為病人提供更優質的服務。

東區醫院於2023年踏入30周年，透過一系列活動促進醫院與社區的聯繫。那打素臨床模擬訓練中心亦剛於2022年慶祝成立十周年，標誌著中心在過去十年為醫護人員提供多元化臨床模擬培訓的貢獻。此外，聯網同事憑著優秀表現獲頒2022年度醫管局傑出員工及優秀青年獎，而港島東聯網泌尿外科團隊亦獲得傑出團隊獎。

第五波疫情期間，聯網透過外展社康服務及視像診症，為區內院舍及新冠病人提供支援。隨著疫情放緩，港島東聯網會繼續全力配合醫管局的措施，積極推動「智慧醫療」，並按照「臨床服務計劃」訂下的策略，持續提升服務量及質素，以應付長遠的醫療需求。



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

SJH

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

The number of COVID-19 cases had reached its unprecedented height at the fifth wave of the epidemic. In HKWC, an array of strategies was derived to minimise the impact on hospitals' operation and patients. That included setting up temporary indoor holding areas within QMH premises, deploying staff from other clinical departments to work in the Accident and Emergency Department, activating tier-two isolation wards, increasing the reserved quota at designated clinic, etc., so as to expedite the treatment for the large number of COVID-19 patients. Besides, FYKH was converted to a designated hospital for admission of COVID-19 patients upon the severe epidemic situation. By early 2023, the epidemic gradually eased with reduced numbers of severe cases and associated deaths. We have progressively resumed the non-emergency medical services that were suspended due to the epidemic. The cluster will summarise its experience and share it widely, with a view to enhancing the preparedness of our colleagues to cope with the potential risk of outbreaks of other infectious diseases in the future.

Despite the challenges brought by COVID-19, HKWC has strived to expand its service capacity and improve service quality. In 2022-23, additional nurse clinic attendances and specialist outpatient clinic attendances were provided to cater for the service demand. Additional paediatric beds were opened for chronic ventilator assisted care at DKCH. For allied health services, HKWC provided additional allied health inpatient attendances for post-intubation or tracheostomy patients in high intensity care units. Physiotherapy services for additional outpatient attendances were provided to patients on waiting list for total joint replacement surgery at MMRC as well. At QMH, physiotherapy outpatient services were enhanced by providing stratified care management for additional attendances. On the other hand, the cluster continued to adopt advanced technologies to enhance patient care. Medical grade 3D printing technology was adopted in O&T department at QMH to improve surgical safety and outcome.

The capital projects of HKWC are well underway, including the phase one redevelopment of QMH and phase one redevelopment of GH. Upon completion of the projects, spaces for cluster's service development will be largely expanded, bringing better coordinated services as well as modernised care that benefit the patients.

面對第五波疫情的高峰，港島西聯網採取了多項措施，務求減低疫情對醫院運作和病人的影響。其中包括在瑪麗醫院設立室內的病人等候區、從其他臨床部門調派人手支援急症室的工作、啟動第二級別的隔離病床、增加指定診所的配額等，以加快診治大量的新冠病人。東華三院馮堯敬醫院亦轉為新冠定點救治醫院，專門接收新冠病人。及至2023年年初，疫情逐漸消退，嚴重個案及相關的死亡人數持續下跌，我們按計劃陸續恢復因第五波疫情而暫停的非緊急醫療服務。聯網會總結並廣泛分享經驗，務求加強同事的應變能力，以應對未來可能出現的傳染病風險。

即使面對新冠病毒的挑戰，港島西聯網亦致力提升服務量，改善服務質素。在2022-23年度，聯網增加護士診所服務人次及專科門診服務量，以應付需求。大口環根德公爵夫人兒童醫院增設指定兒科病床，為長期需要呼吸機輔助的病人提供服務。在專職醫療服務方面，聯網增加專職醫療住院服務人次，為深切治療部接受插喉或氣管手術後的病人提供康復服務；為麥理浩復康院正在輪候關節置換手術的病人增加物理治療門診服務人次，以及為瑪麗醫院的物理治療門診病人提供分流管理服務，以增加物理治療門診名額。另一方面，聯網繼續引入先進技術以加強病人護理，包括於瑪麗醫院骨科增設醫療級別3D打印技術，以提升手術安全和成效。

港島西聯網的基建項目正順利推展，當中包括瑪麗醫院重建工程第一期，以及葛量洪醫院重建計劃第一期。預計工程完成後，聯網的服務空間將大大拓展，既能加強不同服務的協調，亦能提供先進的醫療護理，讓病人受惠。



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

New Territories West Cluster (NTWC) 新界西醫院聯網 (新界西聯網)

The soaring service demand in various clinical specialties due to the growing population has always been the pressing challenge for NTWC. It is projected that the population in the catchment area will further increase from 1.18 million in 2021 to 1.29 million in 2029, with a significant increase of 58% in the elderly population. NTWC has therefore been implementing the key clinical strategies and services directions set out in the Clinical Services Plan, enabling the cluster to cope with the challenges ahead.

NTWC has been uplifting service capacity and quality on various fronts. Additional acute beds for gynaecology and extended care beds were opened at TMH. POH added surgical beds, while TSWH provided additional extended care beds and additional day beds. Besides, 24-hour emergency percutaneous coronary intervention service was provided to suitable patients with myocardial infarction, and medicine management services were offered to patients discharged from acute medical ward at POH. In addition, NTWC has strengthened support to elderly patients, through providing additional geriatric outreach attendances, providing more services quotas for needs assessments and discharge planning for elderly patients, as well as additional home visits by nurses and allied health professionals, so as to enhance transitional post-discharge support. With the rapid growth of emergency services, the demand for rehabilitation services is also increasing. Therefore, the cluster will strengthen extended and ambulatory services in addition to the development of emergency services.



While the first phase of the extension of TMH Operating Theatre Block was completed with the commissioning of delivery suite and obstetrics operating theatre in the end of 2022, other services will be launched by phases as scheduled. Apart from meeting the challenge of service volume growth, maintaining service quality is also a priority for the cluster. To cope with the rapid expansion of services, more resources will be invested in the management and training of the rising number of new staff, with an aim to retain and nurture healthcare talent.

During the COVID-19 epidemic, staff of NTWC were not only devoted to take care of patients at hospitals, but also kept the community engaged and informed

of the latest epidemic-related information through various channels. Now that the society has resumed normalcy, NTWC will continue to identify the priorities and bolster our service capacity with full commitment in providing quality services in order to address the escalating service demand.

新界西聯網正面對各專科服務需求日增的重大挑戰。聯網的服務地區人口持續增加，預計將由2021年的118萬進一步上升至2029年的129萬，當中老年人口的增長更達58%。聯網正繼續按照《新界西聯網臨床服務計劃》推行各主要臨床策略及服務方向，以應對未來的挑戰。

聯網致力在多方面提升服務承載量及質素，包括於屯門醫院增設婦科急症病床及延續護理病床；博愛醫院增設外科病床；並於天水圍醫院增設延續護理病床及日間病床。聯網為合適的心肌梗塞病人提供24小時緊急冠狀動脈介入治療服務，以及為博愛醫院急症內科住院病人提供出院藥物管理服務。此外，聯網進一步加強對長者病人的支援，包括增加老人科外展服務名額、為年長病人增加評估和出院規劃服務人次，以及由護士和專職醫療人員提供的家訪次數，以加強出院後的過渡支援。急症服務量快速增長，康復服務的需求亦相應增加，因此除了發展急症服務外，聯網將會加強延續護理和日間醫療服務。

隨著屯門醫院手術室大樓擴建工程首階段於2022年底竣工，產房及產科專用手術室已投入服務，其他服務會按計劃分階段啟用。除了應對服務量上升的挑戰外，保持服務質素也是聯網的優先考慮。因應醫療服務迅速擴展，新入職員工數目也持續增加，聯網將投放更多資源管理和培訓員工，以挽留和培育醫療人才。

在疫情期間，新界西聯網不但傾力照顧住院病人，亦適時透過不同途徑為社區人士提供疫情相關的最新资讯。隨著社會復常，聯網會繼續本著提供優質服務的承諾，權衡優次及增加服務量，以應付殷切的服務需求。

- CPH - Castle Peak Hospital 青山醫院
- POH - Pok Oi Hospital 博愛醫院
- SLH - Siu Lam Hospital 小樓醫院
- TSWH - Tin Shui Wai Hospital 天水圍醫院
- TMH - Tuen Mun Hospital 屯門醫院

New Territories East Cluster (NTEC) 新界東醫院聯網 (新界東聯網)

With the largest geographical coverage among all clusters of HA, NTEC has steadfastly strived to provide patient-centred healthcare in face of the ever-increasing service demand. In 2022-23, NTEC enhanced its inpatient service capacity by adding a total of over 50 inpatient and day beds covering medicine, surgery and intensive care unit, alongside the upgrade of 20 infirmary beds at SCH to convalescent rehabilitation beds. In terms of enhancing service capacity of surgeries, operating theatre sessions were added for cardiovascular, gynaecology, liver cancer and ambulatory spine surgery services. The cluster also increased its outpatient attendances and strengthened the capability of various ancillary services, which included increasing the service attendances for Computed Tomography scan, Magnetic Resonance Imaging (MRI) scan, and ultrasound services, in addition to launching MRI simulation services for the planning of radiotherapy in PWH to enhance service quality. To cope with the challenges of ageing population, NTEC provided additional focused geriatric assessments at Accident and Emergency Departments; extended the ortho-geriatric collaborative care model to NDH for elderly patients with hip or other fragility fractures; and rolled out the acute geriatric fragility fracture nursing coordination services at AHNH.

NTEC has been developing various ambulatory service models to relieve the demand for inpatient service. Chronic disease model was implemented in PWH Medical Ambulatory Care Centre, while Enhanced Recovery After Surgery programme was further extended to the Department of Ear, Nose, and Throat to facilitate rehabilitation of patients and reduce their post-operation length of stay. For psychiatric services, the integrated substance abuse service model was implemented for patients with complex substance abuse and severe comorbid conditions. Moreover, NTEC set up a multidisciplinary clinical genetic service team and built the capacity for panel tests, to dovetail with the directions of HA Strategic Service Framework for Genetic and Genomic Services. Separately, NTEC launched the model of smart village driven by the epidemic. Tele-consultation has been further promoted in various specialties in fostering the development of Smart Care.

The COVID-19 epidemic, persisting for over three years, has gradually eased in Hong Kong in the past year. Colleagues of NTEC have remained vigilant and spared no efforts in providing anti-epidemic support, which included vaccination service, designated clinic service and tele-consultation, etc. With the restoration of normalcy in Hong Kong, NTEC has redeployed the manpower and resources previously employed for anti-epidemic measures back to its regular hospital services. The cluster has also made good use of the Central Government-Aided Emergency Hospital in Lok Ma Chau Loop by actively planning for the "Ambulatory Diagnostic Radiology Service Pilot Programme", thereby alleviating the pressure on radiology services in public hospitals.



作為醫管局內覆蓋地理面積最廣的醫院聯網，新界東聯網面對持續增長的服務需求，一直致力提供以病人為本的醫療服務。2022-23年度，聯網於內科、外科及深切治療部合共增設逾50張住院及日間病床，以及提升沙田慈氏護養院20張療養病床為復康病床。在提高手術服務量方面，聯網增加心臟血管、婦科、肝癌及日間脊椎手術的手術室節數。此外，聯網亦提供額外門診診症名額，及加強其他輔助服務，包括增加電腦掃描造影、磁力共振掃描造影及超聲造影服務人次；並於威爾斯親王醫院開展以磁力共振模擬定位進行放射治療規劃，以提升服務質素。為應對人口老化挑戰，聯網增加急症室的老人科重點評估服務人次；擴展骨科與老人科協作醫療模式至北區醫院，以服務髖關節或脆弱性骨折年長病人，以及於雅麗氏何妙齡那打素醫院設立急性脆弱性骨折護理協調服務。

新界東聯網一直積極發展不同的日間護理服務模式，從而減低住院服務需求。威爾斯親王醫院推行以日間醫療服務模式治療慢性病；「促進術後康復計劃」亦擴展至耳鼻喉科，以加快病人康復速度，並減少術後住院日數。精神科服務方面，聯網推行綜合濫用藥物服務模式，為濫用複雜藥物並患有各種嚴重疾病的病人提供服務。此外，聯網按照醫管局《遺傳及基因組服務策略》，成立跨專業臨床基因組服務團隊，以及提供基因組測試。而在疫情推動下，聯網推出智慧鄉村模式，並在不同臨床部門推展視像診症，促進智慧醫療的發展。

持續逾三年的新冠疫情在年內逐漸舒緩，期間聯網同事一直保持高度戒備，並從多方面提供抗疫支援，包括提供疫苗接種服務、新冠指定診所服務及遙距診症等。在社會復常下，聯網把過去用於抗疫的人手和資源陸續調回恆常醫院服務。聯網亦善用位於落馬洲河套區的中央援港應急醫院，積極籌備開展「日間放射診斷服務先導計劃」，以紓緩公立醫院放射科服務壓力。

- AHNH - Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院
- BBH - Bradbury Hospice 白理寧寧養中心
- SCH - Cheshire Home, Shatin 沙田慈氏護養院
- NDH - North District Hospital 北區醫院
- PWH - Prince of Wales Hospital 威爾斯親王醫院
- SH - Shatin Hospital 沙田醫院
- TPH - Tai Po Hospital 大埔醫院

Kowloon West Cluster (KWC)

九龍西醫院聯網（九龍西聯網）

Over the past year, Hong Kong society was still affected by COVID-19, and KWC spared no effort in the epidemic fight. With concerted efforts across the cluster, KWC provided services to non-COVID-19 patients in a flexible manner, while pooling manpower and resources to combat the epidemic. In parallel, KWC was committed to upgrading hospital facilities and enhancing its services.

Each facility within KWC was positioned to provide appropriate care for COVID-19 patients. The North Lantau Hospital Hong Kong Infection Control Centre admitted patients with mild to moderate clinical conditions, and was converted into a designated hospital from March to May 2022. The HA Infectious Disease Centre at PMH focused on receiving patients in severe condition and paediatric patients, while the Lai King Building at PMH was responsible for providing end-of-life care to patients.

Meanwhile, KWC continued to leverage technology to improve service quality. The KWC Hospital Command Centre was officially established to provide real-time monitoring of hospital operation and usage of beds, enabling allocation of beds and resources effectively. KWC was also the first cluster to adopt electronic bed panels and eVitals in all wards, which can streamline clinical workflow and enhance work efficiency. CMC set up a new Day Renal Centre providing patients with easy access to haemodialysis, peritoneal dialysis (PD) training, PD peritonitis treatment, outpatient intravenous and intraperitoneal drug administration, peritoneum testing and other invasive day procedures. The Paediatrics and Adolescent Day Ward at YCH also commenced service, providing paediatric patients with diagnostic or therapeutic procedures in an ambulatory setting, while patients who need hospitalisation would be followed up by PMH. In addition, KCH introduced

Labyrinth Walking to its mental health promotion activities helping participants enhance their psychological awareness, and PMH was accredited as a Baby-Friendly Hospital in the year, recognising the hospital's effort in promoting breastfeeding.

KWC's various capital projects are progressing as planned, including the redevelopment of KCH and the expansion of Lai King Building at PMH, which will bring more comprehensive and quality services to patients upon completion. The new Nam Cheong Family Medicine Clinic has commenced service and would strengthen the primary healthcare service in Sham Shui Po District by gradually providing medical consultations, allied health services, chronic disease management and patient empowerment services, etc.



過去一年本港仍受新冠疫情影響，九龍西聯網在抗疫工作上不遺餘力，各醫院通力合作，既靈活地為非新冠病人提供服務，亦盡力騰出人手及資源抗疫；同時，聯網不忘致力提升設施和改善服務。

疫情期間，聯網利用不同設施分流和照顧病人。北大嶼山醫院香港感染控制中心負責接收輕度至中度病情的確診病人，並在2022年3月至5月期間轉為新冠定點救治醫院；瑪嘉烈醫院醫管局傳染病中心主力接收重症及兒科確診病人；而瑪嘉烈醫院荔景大樓則為確診個案提供晚期照顧。

與此同時，聯網致力善用科技提高服務質素。九龍西聯網醫院指揮中心正式成立，能實時監察醫院運作及病床使用情況，更有效調配床位及資源。九龍西聯網亦是首個聯網於所有病房使用電子病床控制板及自助維生指數機，能夠簡化臨床流程，提高工作效率。明愛醫院設立了全新的日間腎科中心，為病人提供血液透析、腹膜透析培訓、腹膜炎治療、日間靜脈或腹膜藥物治療、腹膜檢測和其他入侵性醫療程序。仁濟醫院的兒童及青少年科日間病房亦投入服務，為兒科病人提供日間臨床診斷和治療，而需要住院的病人則獲安排到瑪嘉烈醫院跟進。此外，葵涌醫院於精神健康推廣活動中引入明陣步行活動，幫助參加者提升情緒變化的覺察力。瑪嘉烈醫院亦於年內取得愛嬰醫院認證，表揚醫院積極推動母乳餵哺。

聯網的多項工程正按計劃進行，包括葵涌醫院重建計劃及瑪嘉烈醫院荔景大樓擴建計劃，工程完成後將為病人提供更全面及優質的服務。全新的南昌家庭醫學診所亦已落成啟用，逐步為市民提供醫生診症、專職醫療護理、慢性疾病管理和病人教育及支援等服務，強化深水埗區的基層醫療服務。

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

KKBH - Hong Kong Buddhist Hospital 香港佛教醫院
HKCH - Hong Kong Children's Hospital 香港兒童醫院
HKEH - Hong Kong Eye Hospital 香港眼科醫院
BTS - Hong Kong Red Cross Blood Transfusion Service 香港紅十字會輸血服務中心
KH - Kowloon Hospital 九龍醫院
KWH - Kwong Wah Hospital 廣華醫院
OLMH - Our Lady of Maryknoll Hospital 聖母醫院
QEHL - Queen Elizabeth Hospital 伊利沙伯醫院 (伊院)
WTSH - Tung Wah Group of Hospitals Wong Tai Sin Hospital 東華三院黃大仙醫院

Kowloon Central Cluster (KCC)

九龍中醫院聯網（九龍中聯網）

Throughout the year, KCC has made tremendous efforts in coping with the challenges brought by COVID-19, as well as the growing service demand in the district. To cope with the fifth wave of the epidemic with large number of COVID-19 patients awaiting admissions in the two Accident and Emergency (A&E) Departments in the cluster, we had made use of the Hospital Command Centre (HCC) to manage the patient flow. The HCC is an integrated platform for expediting diversion of patients to appropriate settings among cluster hospitals by improving logistics, optimising bed capacity, and facilitating clinical management support to patients. With the implementation of the HCC, KCC was able to accomplish the task of establishing QEHL as a designated hospital, and enhance the overall operation efficiency of the hospital after the epidemic.

Meanwhile, KCC has been enhancing service capacity and quality, that included providing additional oncology day beds in KWH to enhance the integrated oncology services and haematology services. To shorten the length of stay of surgical patients in QEHL, the Enhanced Recovery After Surgery programme was implemented and Orthopaedics & Traumatology rehabilitation day service was established. Acute services of HKCH were strengthened with the opening of additional High Dependency Unit beds and operating theatre sessions. Capacity building of various genomic, genetic, oncology tests, as well as Chimeric Antigen Receptor - T Cell services had been introduced for the territory-wide development of paediatric services in Hong Kong. Geriatric services in KCC were also enhanced by providing additional geriatric day hospital places at WTSH and strengthening the services of Community Geriatric Assessment Team for terminally ill patients in the community.

In addition, KCC has continued to develop smart hospital projects to improve clinical outcome and deliver patient-centric services. QEHL further developed medical grade 3D printing services to support surgical operations. HKBH also adopted robotic-assisted operation mode to perform joint replacement surgeries to improve accuracy and safety.

Various capital projects in the cluster have been progressing as scheduled. The phase one new building of KWH redevelopment project was completed in December 2022, enhancing A&E service capacity with the opening of an emergency medical ward. Other projects including the New Acute Hospital in the Kai Tak Development Area and the OLMH redevelopment project are underway, with a view to bolstering the service capacity in meeting future healthcare needs.

在年內，九龍中聯網上下竭力應對新冠疫情的挑戰，以及區內持續增加的服務需求。在第五波疫情的高峰期，大量確診病人滯留在聯網兩間急症室等候入院。聯網運用醫院指揮中心，以加強病人的流轉。指揮中心是個綜合平台，能夠改善後勤支援、增加病床流量和協助病人的臨床數據管理，以加快分流病人至聯網內合適的醫院。實施指揮中心後，聯網順利將伊院轉型為新冠定點救治醫院，並在疫情過後，提升醫院的整體運作效率。

此外，九龍中聯網致力提升服務量及質素，包括於廣華醫院增設腫瘤科日間病床，加強綜合腫瘤科服務及血液學服務。伊院推行「促進術後康復計劃」及設立骨科日間康復服務，以縮短外科病人的住院時間。此外，香港兒童醫院開設額外的加護病床和手術室節數，以加強急症服務；並建立各類型的基因組學、基因測試、腫瘤科檢驗測試，以及嵌合抗原受體T細胞療法的服務量，以發展全港性的兒科服務。聯網亦加強老人科服務，在東華三院黃大仙醫院增加老人科日間醫院名額，並為社區的末期疾病患者加強社區老人評估小組服務。

聯網繼續開發智慧醫院計劃，以提升臨床成效，提供以病人為中心的服務。伊院進一步發展醫療級別3D打印服務，支援外科手術。香港佛教醫院亦引進機械臂輔助手術，提升關節置換手術的準確度和安全。

與此同時，聯網各項大型基建項目亦正按計劃進行。廣華醫院重建計劃第一期新大樓已於2022年12月竣工，大樓增設急症科病房以提高急症服務量。其他項目包括啟德發展區的新急症醫院，以及聖母醫院重建工程亦全速進行，以應付未來醫療需求。



Kowloon East Cluster (KEC)

九龍東醫院聯網（九龍東聯網）

With concerted efforts across all fronts, KEC has successfully weathered the crisis of the three-year COVID-19 epidemic, ultimately progressing along the path towards normalcy since late 2022. The cluster remained vigilant and proactively conducted scenario-based exercises at various fronts to strengthen preparedness to flexibly respond to future emerging diseases that may require changes to healthcare service delivery.

Amidst the challenges posed by COVID-19, KEC made every effort to meet the growing healthcare needs due to the rapidly ageing population by strengthening service capacity through providing additional inpatient beds, more operating theatre and cardiac catheterisation laboratory sessions, increased attendance quotas at specialist outpatient clinics and nurse clinics, on top of expanded outreach support for elderly and mentally ill patients. Given the rising number of cancer cases, KEC not only scaled up day chemotherapy services, but also reinforced laboratory tests and prepared for the commissioning of KEC Oncology Centre.

KEC's exemplary role in promoting and strengthening ambulatory care has been well recognised. In April 2022, an Ambulatory Medical Centre was opened at TKOH to provide step-down care for acute medical patients with more stable conditions, so as to reduce the length of stay of patients while amplifying the utilisation rate of inpatient beds to meet the demand for hospitalisation.

Embracing the vision of smart hospital development, KEC is dedicated to leveraging digital solutions and technology to modernise and reinvigorate healthcare service delivery. In addition to deploying autonomous mobile robots for material transport inside the hospital, UCH launched smart AI robots to support patients' cognitive training and facilitate tele-visits for patients and their relatives. The piloted tele-consultation by renal nurse for haemodialysis patients with chronic kidney disease at TKOH demonstrates Smart Care in KEC whereby nursing care is extended into patients' home environments.

Above all, the opening of the Trinity block of HHH and celebration of the 50th anniversary of the pioneering Community Nursing Service of UCH heralded the KEC's mission and efforts in achieving comprehensive, high-quality and patient-centred hospital services for the people of Hong Kong.

全賴多方共同協力，九龍東聯網成功度過經歷了三年的新冠疫情，自2022年底起逐步恢復正常服務和運作。與此同時，聯網繼續保持審慎警惕的態度，並在不同層面進行場景演練，積極地為未來多變的挑戰作好準備，竭力為病人提供服務。

除了面對疫情挑戰，解決因應老齡人口而與日俱增的醫療需求問題亦刻不容緩。聯網透過增設病床、手術室、心導管室節數，以及專科門診及護士診所服務人次，加強服務承載量；進一步強化對老人科及精神病人的外展服務支援。面對不斷攀升的癌症個案，聯網已擴大日間化療服務，另一方面加強腫瘤科檢測服務，並積極籌備九龍東聯網腫瘤科中心的啟用。








九龍東聯網一直致力推廣及強化日間醫療服務。在2022年4月，將軍澳醫院設立日間內科中心，為病情較穩定的急症內科病人提供支援，減少病人住院時間，並進一步提高病床使用率，以應付病人的住院需求。

聯網秉承發展智慧醫院的熱忱，持續不懈地開拓數碼科技的潛力，創造現代化的醫療服務。聯合醫院除了採用機械人在院內運送物資外，亦試行利用智能機械人提供認知訓練，及讓病人與親友進行視像探訪。此外，將軍澳醫院推行遙距護士諮詢的先導計劃，讓需要進行血液透析的慢性腎病病人可在家中體驗到合適的護理諮詢和關顧，積極體現智慧醫療的應用。

隨著靈實醫院信望愛樓開幕，以及聯合醫院社康護士服務昂然踏入50周年，九龍東聯網將進一步實踐以人為本的發展目標，為市民提供全面優質的醫療服務。



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

Throughput 服務量	HKEC 港島東聯網	HKWC 港島西聯網	KCC 九龍中聯網	KEC 九龍東聯網	KWC 九龍西聯網	NTEC 新界東聯網	NTWC 新界西聯網
Patient discharges * 出院病人數目 * 	167 553	201 479	333 139	191 280	297 687	307 893	226 995
Total A&E attendances 急症室就診總人次 	166 559	100 469	257 887	231 993	365 252	301 301	317 630
Total specialist outpatient (clinical) attendances 專科門診(臨床)就診總人次 	855 718	881 886	1 487 946	922 340	1 403 480	1 353 969	1 138 405
General outpatient attendances 普通科門診就診人次 	466 622	325 565	914 158	738 718	923 256	841 454	785 575
Number of hospital beds 醫院病床數目 	3 310	3 079	6 068	3 000	5 024	5 196	4 891
Number of general outpatient clinics 普通科門診診所數目 	12	6	13	8	17	10	8
Full-time equivalent Staff 等同全職人員數目 	9 175	8 428	18 613	10 055	14 200	14 105	12 599

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



CHAPTER 7
第七章

Environmental, Social and Governance Report

環境、社會及管治報告



The Hospital Authority (HA) has been entrusted with the important duty of rendering comprehensive, quality and people-oriented public healthcare services to Hong Kong citizens since its establishment. In response to the ever-growing demand for healthcare services, we have proactively adjusted our development directions and service models for building a sustainable healthcare system. To this end, best endeavours in proper risk management, anti-corruption and compliance with law and regulations have been made to foster a good corporate governance structure and culture at HA. Social responsible practices have also been integrated in HA's daily operation to ensure environmental protection and minimise negative impact to our environment. Meanwhile, we continue to develop Smart Care to optimise patient services, and maintain close ties with various stakeholders in the community. Last but not least, we treasure nothing more than our staff's health, safety and wellbeing, and hence long-term manpower planning has been conducted to attract and retain staff through a multi-pronged approach. Our effort in the aspects of Environmental, Social and Governance (ESG) in the year of 2022-23 are highlighted in this chapter.

醫院管理局（醫管局）自成立以來，一直肩負重任為香港市民提供全面、優質和以人為本的公營醫療服務。面對與日俱增的醫療服務需求，醫管局積極調整發展方向及服務模式，以建構可持續發展的醫療體系。因此，我們致力推行妥善的風險管理，落實反貪防腐、守法循規，建立良好機構管治制度及文化。醫管局亦在日常運作中實踐社會責任，推動環保措施以減低對環境的影響；同時推行智慧醫療以優化病人服務，並與社區的持份者維持緊密連繫。我們亦十分重視員工的健康、安全和福祉，為此已經進行長遠的人力規劃，透過多管齊下的措施吸引及挽留人才。這一章節將展示醫管局於2022-23年度在環境、社會和管治方面的工作。



Environmental 環境

HA is in full support of environmental protection, and has been actively promoting good measures adhering to its "Environmental Policy Statement" to achieve the best practicable environmental standards and practices throughout its operations, so as to minimise adverse impact on the environment. To echo the Government's "Hong Kong's Climate Action Plan 2050", Carbon Neutrality has been incorporated as the target into the "Energy Management" principle of HA's "Environmental Policy Statement". A medium-to-long-term roadmap has been formulated, targeting to reduce 15 to 20% and 30 to 40% electricity consumption by 2035 and 2050 respectively. Below are the key environmental initiatives implemented and performance achieved by HA in 2022-23.



醫管局向來支持環保，並根據其《環保政策宣言》落實良好措施，確保在運作上貫徹最可行的環保標準和守則，以減少對環境造成的影響。為響應特區政府的《香港氣候行動藍圖 2050》，醫管局已經把邁向碳中和的目標納入其《環保政策宣言》內的「管理能源應用」原則，並制定了中長期路線圖，目標是在 2035 年和 2050 年分別減少 15 至 20% 和 30 至 40% 的用電量。以下是醫管局在 2022-23 年度推行的主要環保措施和表現。

Energy saving 節約能源

HA has been **replacing aged air-conditioning chillers** since 2018, of which 59 chillers have been replaced as of March 2023, accumulated saving of electricity consumption per annum was in the region of:

醫管局自 2018 年起為轄下醫院及大樓**更換舊式空調冷水機組**，截至 2023 年 3 月已完成 59 台冷水機組的更換工程，累計每年可節省用電量約：

31 000 000 kilowatt-hours (kWh)
千瓦時

About
約 **112 727** typical three-member household's average monthly electricity consumption
個三人家庭單月平均用電量



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

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

The **Retro-Commissioning (RCx) Energy Saving studies in 10 hospitals / buildings** commenced last year was **completed in 2022-23** and relevant works were in progress. By March 2023, the RCx works completed so far have provided accumulated saving of electricity consumption per annum around:

醫管局上年度於 10 間醫院 / 大樓開展的「重新校驗」計劃研究已於 2022-23 年度內完成，並已陸續開展相關校驗工程。截至 2023 年 3 月，已完成的「重新校驗」工程累計每年可節省用電量約：

1 010 000 kWh
千瓦時

= About 約 3 672 typical three-member household's average monthly electricity consumption
個三人家庭單月平均用電量



HA has been **installing intelligent LED luminaires** in various hospitals and buildings to save not only energy but also replacement and maintenance cost. Ten projects of intelligent LED luminaires commenced last year were completed in 2022-23, while another ten new projects have gradually been commenced in the reporting year. By March 2023, projects of intelligent LED luminaires completed so far have provided accumulated saving of electricity consumption per annum around:

醫管局一直持續為各醫院及大樓安裝智能 LED 燈具，以節省能源、更換及維修成本。於上年度開展的 10 個安裝智能 LED 燈具項目已於 2022-23 年度內完成，而另外 10 個新的智能 LED 燈具項目亦已於年內開展。截至 2023 年 3 月，已完成的智能 LED 燈具項目累計每年節省用電量約：

2 300 000 kWh
千瓦時

= About 約 8 363 typical three-member household's average monthly electricity consumption
個三人家庭單月平均用電量

HA signed the Government's 4T Charter in 2016, and set a target of 5% of energy reduction by 2023 (baseline against 2015). With a wide range of energy saving projects in place, HA has already **achieved around 6.1% energy reduction by 31 March 2023 which exceeded the target of 5%**

醫管局於 2016 年簽署了政府的《4T 約章》，訂立目標在 2023 年前節能 5% (以 2015 年為基準)。截至 2023 年 3 月 31 日，醫管局透過實施多項節能措施，節省了約 **6.1%** 的能源消耗量，超過原訂的 5% 目標

節能約章 4T
ENERGY SAVING AND CHARTER

43 public hospitals and the HA Building joined the Government's "Energy Saving Charter 2022" to promote energy efficiency and energy saving

43 間公立醫院及醫管局大樓加入了政府的《2022 年節能約章》，推動能源效益及節約能源

Going paperless

邁向無紙化

64

Hospital Authority Annual Report 醫院管理局年報 2022-2023

- Ongoing efforts have been made to implement the smart hospital strategy in pursuit of higher efficiency in clinical workflow and services as well as the actualisation of the green office concept across HA:

醫管局持續推行智慧醫院策略，善用科技優化臨床工作流程和提高服務效率，同時實踐綠色辦公室理念：

“Result Screening” mobile app allows doctors to view laboratory and radiology results on mobile devices, improving the review processes and has **saved over 2 million sheets of paper** in the year

「檢驗結果篩查」應用程式讓醫生在流動裝置上查看化驗及放射報告，改善化驗及放射結果的覆檢程序，年內節省逾200萬張紙

“GCRS-PLUS” system allows healthcare staff to arrange blood tests and laboratory tests on mobile devices, enhancing the efficiency and accuracy of the processes and has **saved over 1.2 million sheets of paper** in the year

「GCRS-PLUS」系統讓醫護人員可以在流動裝置上安排抽血及化驗項目，提升相關流程的效率及準確度，年內節省逾120萬張紙

“Electronic Medical Certificate” was launched in March 2023 to replace the printed certificates. Patients could now view and save the documents via the HA mobile app “HA Go” and save papers

2023年3月起推行「電子醫生證明書」，取代紙本證明書，病人可透過醫管局流動應用程式「HA Go」查閱及儲存文件，減少用紙

A cloud drive service namely **“HA Drive”** enables staff to securely store and access files, reducing the amount of printing

「HA Drive」雲端硬碟方便員工安全地儲存檔案和檢索文件，減少列印

The **electronic signature solution “HA Sign”** enables paperless workflow in procurement, recruitment, payment claims and more, and has **saved nearly 76 000 sheets of paper** in the year

使用「HA Sign」電子簽署系統，促進採購、招聘及支付等流程無紙化，年內節省近76 000張紙

“eConsent” mobile app allows patients to sign consent forms on tablets, and has **saved over 1.2 million sheets of paper** in the year

「病人電子同意書」應用程式讓病人在平板電腦上簽署，年內節省逾120萬張紙

Saved about

拯救約 **537**
trees 棵樹

(1 Tree 棵樹 = 8 333 Papers 張紙*)

Saved over in the year
年內節省逾

4 476 000 sheets of paper
張紙

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

Waste reduction and recycling

減廢及回收

- Recycling **over 5 100 tonnes** waste papers, plastics, metals, glass and food waste in the year
年內回收**超過 5 100公噸**廢紙、塑膠、金屬、玻璃及廚餘
- **28 HA hospitals delivered food waste to Organic Resources Recovery Centre Phase 1 (O•PARK1) for further processing into energy**, while the remaining hospitals continued using decomposers to **convert food waste into liquid fertilizer**

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



Green transportation

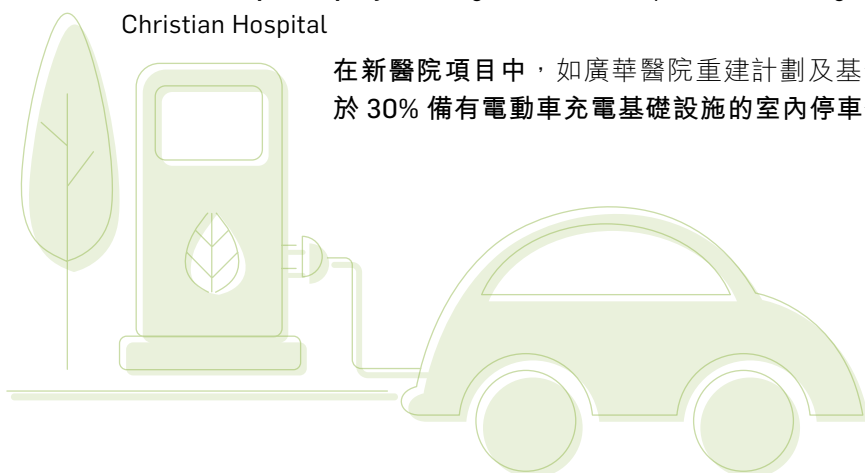
環保交通措施

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

為響應《香港氣候行動藍圖 2050》中的綠色交通倡議，醫管局持續：

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

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



Green investment

綠色投資

- To support the Government's initiative in strengthening Hong Kong's position as a green and sustainable finance hub in the region, HA has integrated this factor to **include more green bonds in its investment portfolio in 2022-23. Proceeds of these green bonds are applied by the issuers to fund projects including renewable energy, clean transportation, sustainable water management and other green infrastructures.** HA will continue exploring opportunities in green investment with a view to delivering both positive environmental impact and investment return.

為支持特區政府強化香港作為區內綠色和可持續金融樞紐的地位的倡議，醫管局的投資組合結合此因素，在2022-23年度包含更多綠色債券。債券發行人將募集的資金用於可再生能源、清潔運輸、可持續水資源管理及綠色基建設施等項目。醫管局會繼續探索綠色債券的投資機會，期望達至正面的環境效益和投資回報。



Achievements and awards

成就及獎項

- HA was awarded the **“Energy Management Grand Award (Corporate and Government Bodies)” in the “CLP Smart Energy Award 2022”** to recognise its outstanding performance in energy management and conservation

於「中電創新節能企業大獎 2022」中獲頒「能源管理卓越大獎（企業 / 政府部門）」，以表揚醫管局在能源管理和節能上的卓越表現

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

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



- Carbon Reduction Certificate: 26 units
減碳證書：26 單位
- WastewiSe Certificate (waste reduction and recycling): 36 units
減廢證書：36 單位

Social 社會

At HA, we have always been upholding our core value of putting people first, and regard patients, staff and the community partners as the focus of our work. Through continuously improving the quality and safety of healthcare services, we spare no effort to provide the best care for the Hong Kong population. In the past year, we have also implemented different initiatives in view of the epidemic development to safeguard the health of the public.

醫管局秉持「以人為先」的核心價值，視病人、員工，以及社區夥伴為工作的核心。我們持續改善醫療服務質素及安全，竭力為香港市民提供最佳的護理。過去一年，我們亦因應新冠疫情發展推行不同措施，全力守護大眾健康。



Caring for patients 關懷病人

Reinforcing cyber resilience and data protection

保障網絡及資料安全

- **Continued following the “Privacy Management Programme – A Best Practice Guide” issued by the Office of the Privacy Commissioner for Personal Data**, to adopt the best practices, technical infrastructure and operational processes across all clusters, hospitals and clinics so as to best protect patient privacy

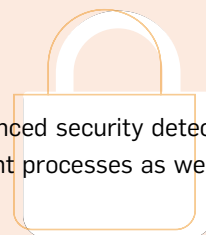
繼續遵循個人資料私隱專員公署發布的《私隱管理系統 — 最佳行事方式指引》，在轄下聯網、醫院和診所採納最佳作業守則、技術基礎設施及運作程序，致力保障病人私隱

- **Regularly refreshing training updates** to promote the staff’s understanding of cybersecurity and privacy protection of patient data

經常更新培訓課程內容，以提高員工在網絡安全和保護病人私隱方面的認識

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

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



Leveraging technologies for better patient experience

善用科技改善病人體驗

68

Hospital Authority Annual Report 醫院管理局年報 2022-2023

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

- **Launching of the new interface** for easier navigation and function searching
推出全新版面，方便用戶搜尋和使用所需功能
- **Simplifying registration process**
簡化會員登記流程



- **Rolling out the “Book Tele/DC” function in July 2022** to facilitate COVID-19 patients in need to book and receive tele-consultation and medication delivery service. **As of January 2023, more than 214 900 attendances were provided.** To align with the Government's cancellation of issuing isolation orders, the function was then updated and **renamed as “BookCOVID” to facilitate booking by COVID-19 patients to receive consultation at general outpatient clinics (GOPCs)**

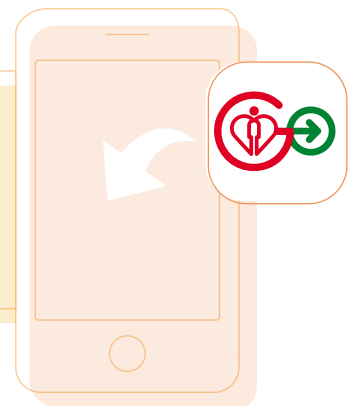
2022年7月推出「預約遙距診症 / 指定診所」功能，讓有需要的新冠病人預約和接受遙距診症服務，並獲送遞藥物。截至2023年1月，服務人次逾214 900。其後配合政府撤銷發出隔離令的安排，有關功能更新為「新冠關愛預約」，方便新冠病人預約到普通科門診診所求診



- **Enhancing “MyHealth” module** for patients to view laboratory results and electronic medical certificates, enabling them to better record personal health data and facilitating self-care

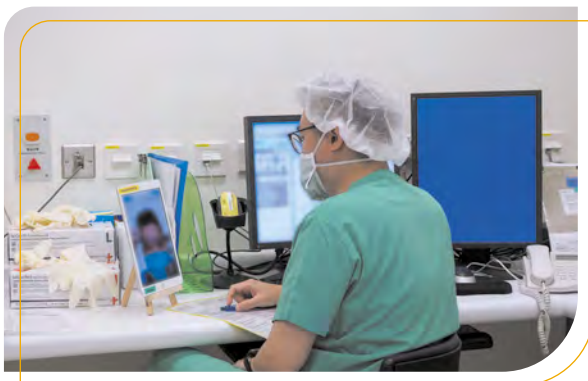
加強「我的健康」程式，新增查閱檢驗結果及電子醫生證明書功能，方便病人記錄和管理個人健康

As of March 2023, **over 2.3 million downloads** of “HA Go” were recorded with **over 1.8 million accounts fully activated**
截至2023年3月，「HA Go」已錄得 **超過 230 萬下載次數**，
註冊用戶超過 180 萬個



- **Optimising telehealth services:**

優化遙距醫療服務：

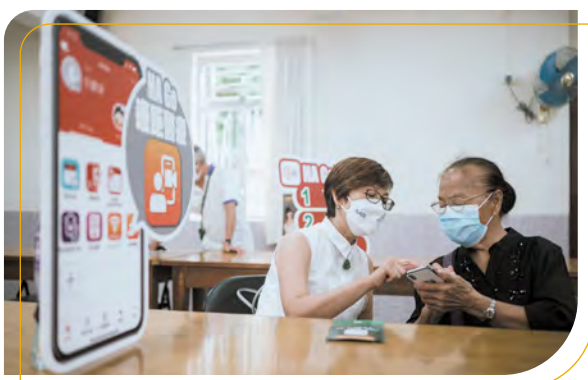


- The “TeleHealth” module in “HA Go” was further launched to cover more specialist outpatient clinics (SOPCs), nurse clinics and allied health clinics

「HA Go」內的「遙距醫療」程式已擴展至涵蓋更多專科門診、護士診所及專職醫療診所

- **About 8 700 allied health telehealth attendances** were provided in 2022-23, covering **18 allied health protocol-driven telehealth services** including Clinical Psychology, Dietetic Service, Occupational Therapy, Physiotherapy, and Speech Therapy, etc.

2022-23 年度合共提供約 8 700 個專職醫療遙距服務人次，涵蓋臨床心理學、營養服務、職業治療、物理治療及言語治療等 18 個專職醫療服務



- **Supporting the Government’s Smart Village Pilot initiatives** to provide tele-consultation services for elderly people residing in rural and remote areas

響應政府「智慧鄉村先導計劃」，為居於鄉郊或偏遠地區的長者提供遙距診症服務

- **Further enhancing the medication delivery service** from March 2023 to support patients receiving SOPC tele-consultations

2023 年 3 月起，進一步加強藥物送遞服務，擴展至涵蓋接受遙距診症的專科門診病人



Financial assistance to needy patients

為有需要的病人提供經濟援助

70

Hospital Authority Annual Report 醫院管理局年報 2022-2023

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

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

- The Government and HA have further refined the means test mechanism for the SF and CCF in 2021, alleviating the financial burden of patients especially for those requiring long-term medication. With the implementation of the new measures and the introduction of new drugs / items under the SF and CCF, a total of around 13 000 applications were approved in 2022-23.**

政府及醫管局於 2021 年進一步改進撒瑪利亞基金及關愛基金醫療援助項目的經濟審查機制，紓緩病人（特別是需要長期用藥的病人）所面對的財政壓力。上述措施生效後連同新增資助藥物 / 項目，2022-23 年度共有約 13 000 宗獲批資助個案。

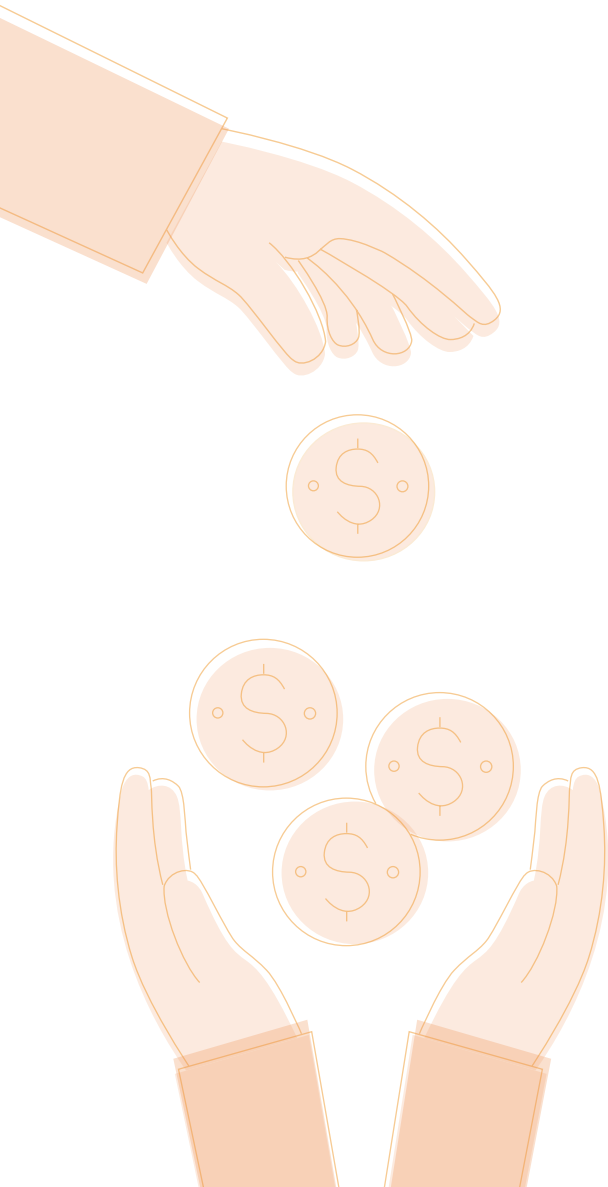


- The functions of the Medical Fee Assistance App in the mobile app of HA “HA Go” were enhanced in December 2022 to expedite the application and approval process by enabling patients to upload required documents of financial assessment for preview by medical social workers.**

醫管局手機應用程式「HA Go」內的「醫療費用援助」應用程式的功能於 2022 年 12 月進一步提升，申請人可上傳有關經濟審查的所需文件以供醫務社工預覽，從而加快申請和審批流程。

- The scope of HA Drug Formulary was widened in 2022-23 to cover more drugs with accumulated scientific evidence on clinical efficacy, benefitting more patients with suitable clinical conditions. Two self-financed drugs were repositioned as special drugs for managing cardiovascular disease, while the therapeutic application of three special drugs was extended for transplantation, treating cardiovascular disease and psychotic disorders. In addition, another drug class for treating diabetes mellitus was repositioned as special drugs and with therapeutic application extended.**

我們在 2022-23 年度擴闊《醫管局藥物名冊》以涵蓋更多具實證療效的藥物，讓更多符合臨床條件的病人受惠。兩種自費藥物改列為專用藥物，用以治療心血管疾病；又將三種專用藥物的治療應用範圍擴展到器官移植、治療心血管疾病及精神科疾病。另一類治療糖尿病的藥物類別則改列為專用藥物，並擴大了治療應用。



Patient engagement and empowerment

凝聚社區 賦能病人

- Collecting patient feedback on HA service development and Annual Plans through the **Patient Advisory Committee** on a regular basis
透過病人諮詢委員會，定期就醫管局服務發展及周年工作計劃收集病人意見
- **Conducting virtual meetings** with patient groups which were joined by some 20 groups, to exchange views about various issues including the HA Drug Formulary, Samaritan Fund and Community Care Fund Medical Assistance Programmes
舉行線上交流會，與 20 多個病友組織的代表就醫管局藥物名冊、撒瑪利亞基金及關愛基金醫療援助項目等議題交換意見
- **Carrying out nine projects through Patient Resource Centres (PRCs)** for patients with stroke, cardiac diseases, dementia and mental illnesses and their carers
透過病人資源中心推行九個項目，服務涵蓋中風、心臟病、認知障礙症和精神疾病的病人及其照顧者
- **Resuming physical volunteer services in public hospitals in phases** since early 2023 with the concerted efforts of PRCs, volunteers and community organisations in view of the stabilised epidemic situation
隨著疫情轉趨平穩，病人資源中心與義工和社區組織繼續攜手合作，於 2023 年初逐步恢復公立醫院義工服務
- Providing comprehensive information on disease management, caring tips, healthcare and community resources, patient empowerment activities via **HA Smart Patient website** to empower patients and their carers
醫管局的「智友站」網頁為病人及其照顧者提供全面的疾病管理資訊、醫療及社區資源、病人賦能活動資訊，從而加強他們疾病管理和自我照顧的能力



Patient safety and risk management

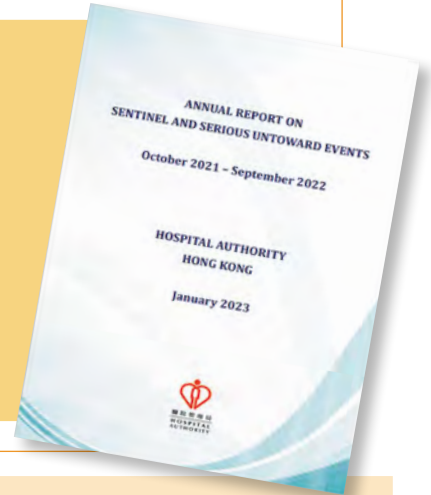
病人安全及風險管理

- HA is committed to enhancing its corporate transparency and accountability by proactively sharing important information of clinical incidents, so as to foster trust and confidence among the public, while enhancing staff's professional standard to uphold the highest standards of patient safety:

醫管局致力提高機構的透明度和問責性，透過分享有關臨床個案的重要資訊，促進公眾信任，同時提升同事專業水平，加強保障病人安全：

Issuing the “Annual Report on Sentinel and Serious Untoward Events” to the public, which provides in-depth analyses and valuable insights of clinical incidents, enabling healthcare professionals to learn from these events and enhance patient safety

向公眾發布《醫療風險警示事件及重要風險事件周年報告》，報告包含詳盡的臨床個案分析及建議，以加強員工對病人安全的了解



Publishing the “Hospital Authority Risk Alert” quarterly, and the staff newsletter “Patient Safety Express” according to actual needs to share the causes of clinical incidents, patient safety recommendations and relevant medical information. This fosters a culture of continuous learning among healthcare professionals and strengthens their risk awareness

發布《醫管局風險通報》季刊，及按實際情況發布員工刊物《病人安全快訊》，分享臨床事故的成因、病人安全改善措施及相關醫療資訊，培養醫護人員持續學習的文化及加強風險意識



Organising staff forums biannually to engage frontline colleagues in active discussion on incident management and safety improvement measures

每半年舉辦一次員工論壇，鼓勵同事積極參與討論事故管理及改善措施

Driving service improvement using patients' feedback

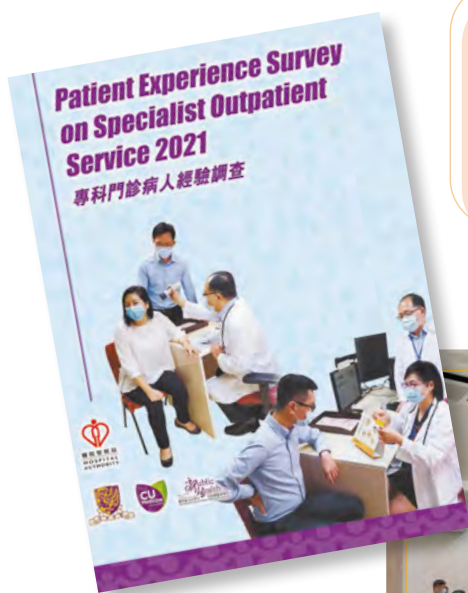
聆聽意見 改善服務

- The result of the **"Patient Experience Survey (PES) on Specialist Outpatient Service 2021"** was published in December 2022. Nearly 90% of the respondents rated 7 or above (along a scoring scale of 0-10) for the overall experience across the 26 SOPCs; and the average score was 7.9, **revealing a positive overall rating.**

於 2022 年 12 月公布「2021 年專科門診病人經驗調查」結果，近九成受訪病人對 26 間專科門診服務的整體經驗評分在 7 分或以上（以 10 分為滿分），平均評分達 7.9 分，顯示受訪者的整體專科門診經驗良好。

- A **working group on PES** comprising representatives of seven clusters was set up to advise, coordinate and oversee HA-wide improvement plans, and to provide strategic direction for PES. Based on the survey result, **improvement plans on SOPC services were explored and formulated to enhance information giving on anticipated waiting time for consultation, self-care management after leaving SOPC, and channels for public complaints, feedback and appreciation.**

醫管局已成立由七個醫院聯網代表組成的「病人經驗調查工作小組」，就整體服務的改善計劃提出建議、協調及監督相關措施的實行，並就病人經驗調查提供策略發展方向。我們已根據調查結果，研究和制定專科門診服務的改善計劃，目標在改善提供預計等候就診時間的資訊、在病人離開診所時提供自我照顧的資訊、以及優化提出投訴、意見及讚揚的渠道。



Caring for staff

關心員工



People are the most valuable asset of HA. Tireless efforts have been made to promote staff training and development, improve staff welfare and wellbeing, and ensure occupational safety, with an ultimate goal to build a professional, stable and united team.

人才是醫管局最重要的資產。我們致力促進員工培訓和發展、提升福祉及確保職業安全，以維持專業、穩健和團結的團隊。



Manpower situation

人力資源狀況

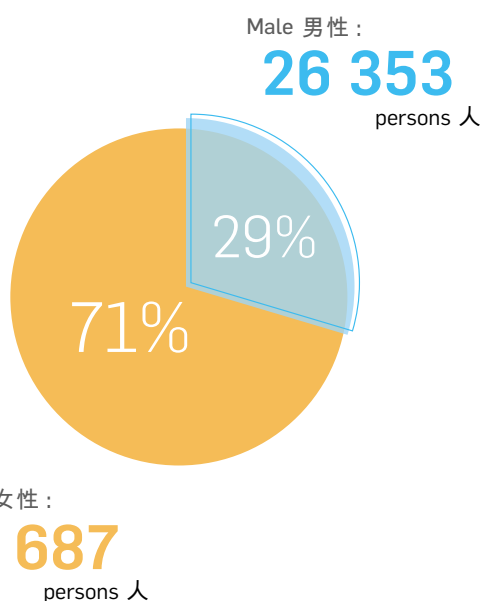
- The total manpower of HA (number of full-time equivalent staff) is 90 040* as of 31 March 2023. **We strive to providing fair, equal and inclusive work environments, promoting equal employment opportunities for all individuals**, irrespective of their race, nationality, gender, age, family status, religion and other background factors.

截至 2023 年 3 月 31 日，醫管局人手總計為 90 040*。我們致力提供公正、公平和包容的工作環境，不論種族、國籍、性別、年齡、家庭狀況、宗教等背景，為所有人提供平等工作機會。

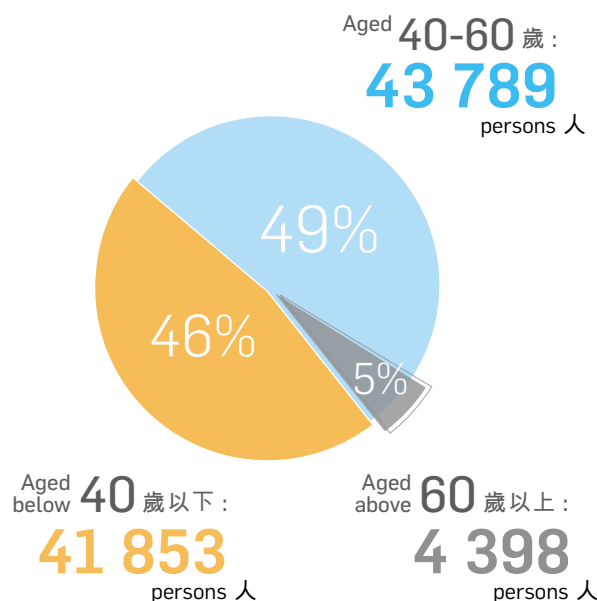
- Manpower distribution*

人手分布*

By gender 按性別



By age 按年齡



- For detailed manpower situation of HA, please refer to Appendix 11 of this report

醫管局的詳細人手狀況載於本年報附錄 11

* Note: Manpower on full-time equivalent basis includes all full-time and part-time staff in HA's workforce i.e. permanent, contract and temporary.
註：人手按「等同全職人員」計，包括醫管局所有全職及兼職的常額、合約及臨時職員。

Training and development

培訓和發展

- **Diversified training and learning opportunities** were offered to staff not only to uplift their professional standards and competences, but also to **promote understandings about different community groups** so as to enhance staff sensitivity in providing services to concerned individuals:

為員工提供多元化培訓及學習機會，提升專業水平的同時，亦加強員工對社會上不同群體的了解，提升他們為相關人士提供服務時的敏感度：



Training to promote understandings about ethnic minorities including core subject "Race Discrimination Ordinance / Ethnic Minorities" of "Staff Orientation" was organised

「員工迎新培訓」中包含核心課題「種族歧視條例及少數族裔」，以提升員工對少數族裔的認識和了解

All staff members are required to participate in **"Mandatory Training"** on a regular basis which covers areas of "Infection Control", "Fire Safety", "Manual Handling Operations" and "Data Privacy and Security". **The total attendances in 2022-23 were 237 035**

所有同事均須定期參加「必修課程」包括「感染控制」、「消防安全」、「體力處理操作」和「保障病人資料」，2022-23 年度參與總人次為 237 035

A new **"Better Communication with Sexual Minorities"** training was launched in March 2023, which covered areas such as basic knowledge and the dos and don'ts for effective communication with sexual minority patients

2023 年 3 月，我們新推出「與性小眾的良好溝通培訓」，內容包括對性小眾的基本認識，以及與性小眾病人進行有效溝通等

Rich learning resources and programme information are available at **HA eLearning Centre** to facilitate learning at anytime and anywhere

醫管局網上學習中心備有豐富學習資源及課程資訊，方便同事隨時隨地學習

To promote the awareness of corruption prevention and foster a culture of integrity among management and frontline staff, so as to strengthen corporate governance at HA, **regular training on "Anti-corruption"** was organised

為加強管理人員及前線員工的防貪意識，提升他們的道德操守以強化機構管治，我們亦有定期舉辦相關培訓講座

Staff retention

挽留人才

- Implementing staff retention initiatives including **increasing the number of Consultants, Nurse Consultants and Associate Nurse Consultants** to enhance the career structure of healthcare staff

增加顧問醫生、顧問護師及副顧問護師職位數目，加強醫護的晉升階梯，以挽留人才



- Continuously **providing Specialty Nurse Allowance to eligible Registered Nurses, and deploying the Special Honorarium Scheme** to support manpower and service needs, **annual leave entitlement of Patient Care Assistants / Operation Assistants / Executive Assistants was also enhanced** as token of appreciation for colleagues' contribution

繼續為合資格的註冊護士提供專科護士津貼，及使用特別酬金計劃支持人力和服務需求，我們亦優化病人服務助理 / 運作助理 / 行政助理的年假福利，以肯定同事的辛勞付出

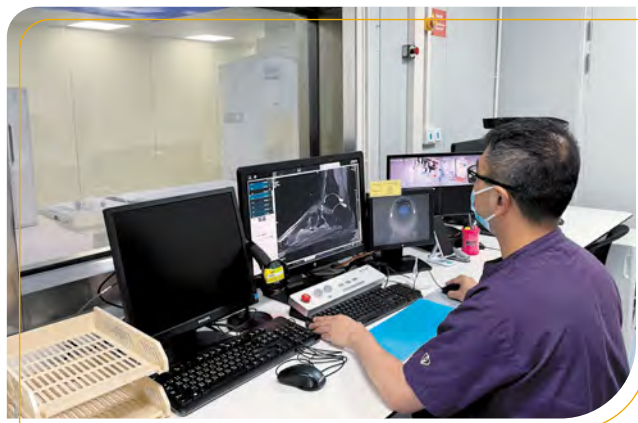
- Ongoing initiatives such as the **policy of extending employment beyond retirement, increasing the number of Resident Trainee posts, locum recruitment and recruitment of non-locally trained doctors** were in place to recruit additional healthcare staff and to relieve manpower pressure

推出退休後延任政策、增加駐院受訓醫生職位數目、推行自選兼職計劃，及招聘非本地培訓醫生等措施，積極增聘人手，紓緩同事工作壓力



- Implementing the **Staff Radiology Programme** to allow staff to opt for radiological services at private sector at a lower cost

推行**員工造影計劃**讓員工以優惠價錢選用由私營服務機構提供的放射檢查服務



- **Providing well-rounded staff benefits** including but not limited to setting up the HA Staff Welfare Fund, offering staff a wide range of selected merchandise and services at a preferential price, and more
- Launching the **Enhanced HLISS (Home Loan Interest Subsidy Scheme)** to provide staff loan with interest subsidy to eligible employees to finance their purchase of a residential property or to refinance the Existing Mortgage Loan(s)

為員工提供完善福利，如成立醫管局員工福利基金，以支持員工福利及康樂活動；在醫管局職員合作社以優惠價格為員工提供一系列商品和服務

推出「**員工置業貸款計劃**」，為合資格僱員提供員工貸款及年利率資助，以助他們購置住宅物業，或將現行按揭貸款轉按



Special support for staff amid the COVID-19 epidemic

在疫情期間為員工提供特別支援

78

Hospital Authority Annual Report 醫院管理局年報 2022-2023



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

向所有醫管局員工提供**免費口罩**，及安排**定期新冠病毒核酸檢測或快速抗原測試**

Encouraging and facilitating staff to get COVID-19 vaccination by offering **Authorised Leave for Vaccination** to vaccinated eligible staff. Besides, staff accompanying young children to receive COVID-19 vaccination on working days were also granted authorised leave of not more than half a day

為已接種新冠疫苗的合資格員工提供「**特許休假**」，以鼓勵和便利員工接種疫苗；員工於工作日陪同年幼子女接種新冠疫苗，亦可享最多半天特許休假



Providing **free temporary accommodation at designated hotels** to staff who handled COVID-19 patients with a view to minimising their risk of being infected in the community

為需診治或照顧 2019 冠狀病毒病患者的合資格員工提供**免費臨時酒店住宿**，以減低同事在社區受感染的風險

Delivering **“caring packs”** to quarantined staff at designated quarantine facilities and hospitalised infected staff to support their needs for daily necessities

向在指定隔離設施接受隔離的員工及住院的受感染員工派發「**心意包**」，提供日用品及物資上的緊急援助

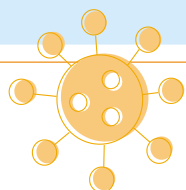
Offering **COVID-19 related psychological services** through the provision of professional and confidential counselling and related support to address the needs of staff

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



Offering **Special Allowance for Designated Settings** to eligible staff who are urgently deployed to work in designated settings

發放「**特定工作津貼**」予緊急調配到指定工作地點執行職務的合資格員工



Using digital tools to facilitate staff communications during the epidemic:

善用網上工具及平台，便利員工在疫情期間的溝通：



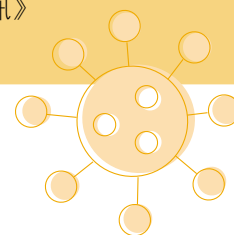
- **The artificial intelligence tool “HA Chatbot”** in the “myHR App”: facilitating staff to arrange and keep records of COVID-19 vaccinations and regular testing results. Infected colleagues or those who are classified as close contacts of confirmed cases could also make reports via the “HA Chatbot”

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



- **The Instant Messaging app “HA Chat”**: broadcasting over 70 issues of COVID-19 Bulletin in the reporting year

即時通訊軟件「HA Chat」：年內協助發布逾 70 期《防疫快訊》



Building a better and safer workplace

建構更安全工作間

- Ensuring the compliance of Occupational Safety and Health (OSH) legislative requirements across HA through **development and adoption of OSH Management Monitoring Systems** including the eRisk Assessment Forms for Display Screen Equipment, Sharps Injury and Mucosal Exposure Surveillance System, and the Electronic Chemical Inventory System

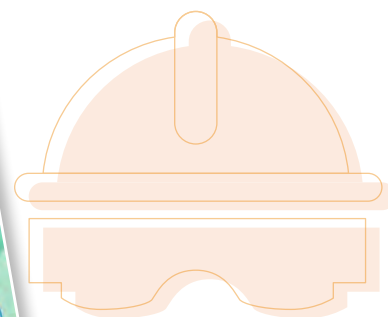
透過發展及善用職業安全與健康管理監察系統，包括電子化顯示屏幕設備的風險評估表、利器刺傷和黏膜接觸監察系統，以及電子化化學品管理系統等，確保醫管局遵守職安健法例的規定

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

改善工作場所的通風系統，以保障員工的安全和健康

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

實施無煙工作間，並向員工推廣無煙生活方式的好處



Serving the community 服務社區



A host of measures to support our community in combating COVID-19

支援社區 跨過疫境

- **Caring for confirmed patients in the community:**

持續支援社區確診患者：

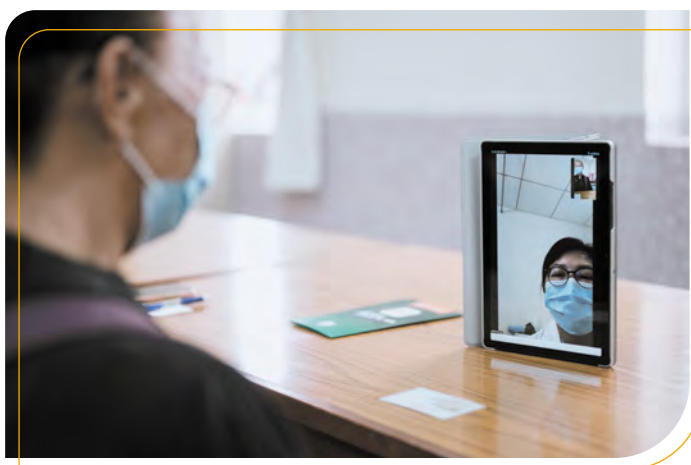
- Providing consultation service at **Designated Clinics for COVID-19 Confirmed Cases** (Designated Clinics) and commencing tele-consultation services since July 2022, to facilitate COVID-19 patients to receive medical consultations and medication delivery services in the community

持續透過 2019 冠狀病毒病確診個案指定診所 (指定診所) 提供診症服務，並於 2022 年 7 月起提供遙距診症服務，以便病人於社區接受醫生遙距診症及藥物送遞服務



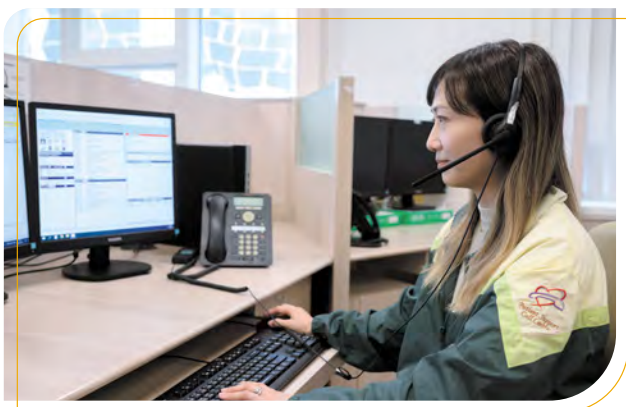
- **COVID-19 patients were referred to receive hotline and tele-consultation services rendered by private hospitals and healthcare organisations under the Public-Private Partnership Programme from August 2022. As of January 2023, over 103 700 patients were served**

由 2022 年 8 月起，以公私營協作計劃模式，轉介新冠病人接受由私家醫院和醫療機構提供的查詢支援熱線和遙距診症服務；截至 2023 年 1 月，服務超過 103 700 名病人



- Following the Government's cancellation of issuing isolation orders from **January 2023, HA has enhanced the GOPC service with all GOPCs providing treatment for COVID-19 patients**, and suitable patients could be prescribed with antiviral oral drugs

為配合政府於 2023 年 1 月撤銷發出隔離令的安排，醫管局轄下所有普通科門診所均已加強服務，並為新冠病人提供治療，及為合適的病人處方新冠口服藥物

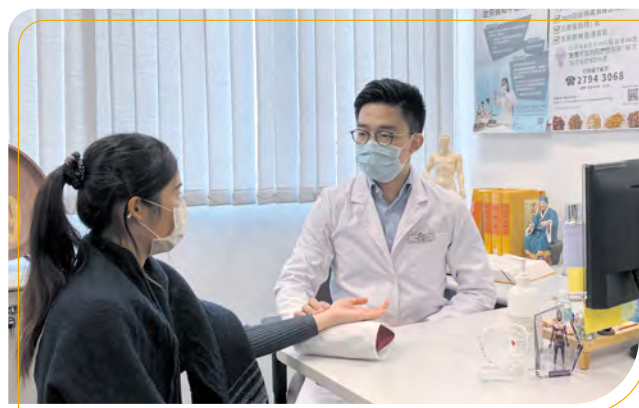


- **Nursing team of HA Patient Support Call Centre (PSCC)** proactively contacted elderly patients as well as other high-risk patients for health assessment and advice. PSCC also referred patients to Designated Clinics or Tele-health Hub for medical consultations if needed

「護訊鈴」護士團隊主動接觸長者及高風險病人，為他們進行健康評估，並按需要轉介患者到指定診所或遠程醫療支援服務站就醫

- Running the “**Special Chinese Medicine (CM) Outpatient Programme for COVID-19 infected persons**” to provide free general consultations to recovered patients who have been discharged or have completed isolation

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



- Running the “**CM Programme for Residential Care Homes for the Elderly (RCHEs)**” to provide free tele-consultation, outreach and rehabilitation services to the infected elderly residing in **over 270 RCHEs** citywide
繼續推行「2019 冠狀病毒病 – 安老院舍中醫診療服務」，為院舍確診人士提供免費遙距診症、外展及復康診療，服務逾 270 間安老院舍
- Handling enquires and providing infection control advice for confirmed patients via the “**COVID-19 Hotline 1836 115**”
營運「醫療查詢支援熱線 1836 115」，解答確診病人的查詢及提供感染控制建議
- Answering CM-related enquiries such as usage of Chinese medicines via the “**CM Tele-advice Hotline 1834 511**”
營運「中醫諮詢熱線 1834 511」，解答市民有關中醫藥相關問題如中藥的使用等

As of 31 March 2023 截至 2023 年 3 月 31 日：

<p>PSCC Nursing Team 「護訊鈴」護士團隊</p> <p>Over 逾 210 500 phone calls 次電話通話</p>	<p>COVID-19 Hotline 1836 115 醫療查詢支援熱線 1836 115</p> <p>Over 逾 156 500 enquires 查詢</p>	
<p>Special CM Outpatient Programme for COVID-19 infected persons 中醫門診特別診療服務</p> <p>Over 逾 531 000 attendances 就診人次</p>	<p>CM Programme for RCHEs 2019 冠狀病毒病 – 安老院舍中醫診療服務</p> <p>Over 逾 15 000 consultations 診症節數</p>	<p>CM Tele-advice Hotline 1834 511 中醫諮詢熱線 1834 511</p> <p>Over 逾 43 000 enquires 查詢</p>

- **Supporting COVID-19 vaccination:**

支持新冠疫苗接種：

- Providing vaccination services at multiple GOPCs and public hospitals to facilitate people get vaccinated

在多間普通科門診診所及公立醫院提供疫苗接種服務，方便市民接種疫苗

- Offering outreach service for COVID-19 vaccination at schools and RCHEs

為安老院舍和學校提供外展疫苗接種服務



Support services for the ethnic minorities and persons with disabilities

支援少數族裔及殘疾人士

- Using a **dedicated website for ethnic minorities** to provide the essential service information on HA website including information about the Accident and Emergency Department and GOPC services, as well as some disease management information on the HA Smart Patient website in eight languages

透過少數族裔人士專用網頁，將醫管局網站主要服務資訊如急症室及普通科門診診所資料等，以及「智友站」網頁內部分疾病管理資訊，翻譯成八種語言

- Providing **interpretation service for 17 languages** (Arabic, Bahasa (Indonesian), Bengali, etc.) in public hospitals and clinics

在公立醫院及診所提供 17 種語言（阿拉伯語、印尼語、孟加拉語等）的傳譯服務

- Providing **sign language interpretation service** in HA's Open Board Meeting press briefing, which is broadcast live on social media, to promote inclusive communication

在醫管局大會會議新聞發布會上提供手語傳譯服務，並在社交媒體上直播，以促進共融溝通

Hola
안녕하세요
Halo

hello
Bonjour
こんにちは



Multi-pronged communications

多管齊下 加強與公眾溝通

- Using multiple online platforms and social media** including HA Facebook page, YouTube channel and Instagram page for public information dissemination
 醫管局善用不同網絡及社交媒體包括醫管局 Facebook 專頁、YouTube 頻道及 Instagram 專頁發放訊息，加強與公眾溝通
- Communicating updates on the latest service arrangements, healthcare information and important news through various means including media activities, press releases, contributed articles in various media platforms, and HA blogs
 透過記者會及傳媒活動、發放新聞稿、在不同傳媒平台發布專欄文章、發表網誌，回應傳媒和社區人士查詢，同時讓市民掌握有關醫管局服務、健康資訊及最新消息
- Holding the press briefings on updates of COVID-19 cases** with the Department of Health to keep the public abreast of the latest development of the epidemic. The last press briefing was held on 24 September 2022 in view of the stabilised epidemic situation
 與衛生署合辦 2019 冠狀病毒病個案的最新情況簡報會，讓公眾掌握疫情發展；因應疫情漸趨穩定，於 2022 年 9 月 24 日舉行最後一次疫情記者會
- Maintaining close communication with members of the Legislative Council, district councilors and community members**, to provide them with timely updates on latest developments in HA policies and services
 與立法會議員、區議員和社區人士保持聯繫，適時介紹醫管局政策和服務的最新發展



Enhancing medical and healthcare services via donation

善用捐款 提升醫療健康服務

- HA is a highly-subsided statutory organisation with its core role and functions designated for the management of public hospitals. Yet, HA welcomes donations from the public as an important form of community participation through providing additional funding for enhancement of patient care services. The enthusiastic support from the community enables HA to enhance development of public healthcare services. With donations, HA can further improve its services in realising the strategic goals, so as to better meet service demand and safeguard the public's health.

醫管局是一個法定機構，其主要任務及職能為管理公立醫院。我們獲政府高額資助，但亦歡迎公眾透過捐贈共同參與提升病人護理服務。社會各界對醫管局的熱心支持，有助醫管局持續發展公共醫療服務。透過捐助，我們可更進一步優化服務，向策略目標邁進，以更有效地滿足市民的醫療需要，保障大眾健康。

- Donation resources were channeled to various programmes with an aim to enhance the service development of HA in meeting demand on public hospital services, including advancement of medical services, enhancing rehabilitation of patients, strengthening chronic disease management, enhancement of hospital environment, etc. Some of the programmes were completed in 2022-23 with services in operation.

善款有助醫管局推行不同的項目，包括優化醫療服務及設施、促進病人復康服務、加強慢性疾病管理、優化醫院環境等，以配合醫療服務發展，滿足市民對公立醫院服務的需求。在 2022-23 年度，部分捐贈項目及設施已於醫院投入服務。



5



1



2



3



4

1. UVC light disinfection machine
紫外光燈消毒儀
2. Portable reverse osmosis machine
可移動式逆滲透淨水機
3. Intra-operative Computed Tomography Scanner and Robotic Arm Angiographic Machine
術中電腦掃描造影機及機械臂血管造影機
4. Cardiac Intervention Centre cum Coronary Care Unit
心臟介入治療中心暨心臟加護病房
5. Therapeutic exoskeleton
外骨骼機械人

Governance

管治



Good governance is at the heart of HA. The HA Board has developed a formal schedule of matters reserved for its decision in order to ensure that the direction and control of HA is specifically and demonstrably in the hands of the Board. A Task Group on Sustainability was set up under the HA Board to examine various major challenges facing HA amid the constantly changing environment to drive for the sustainable development of HA and the public healthcare system. The HA Board also ensures institutional sustainability by working with the management to set HA's strategies and Annual Plan. On-going efforts are made to deliver service plans and programmes under the Annual Plan, and to ensure that there are effective systems of control and risk management. Sustainability is well integrated into HA's business strategy and the HA Board has overall responsibility for HA's ESG reporting and sustainability. Sustainability governance has been embedded in the corporate governance structure throughout the Corporate – from Board-level committees to management-level functional and cluster / hospital units.

Membership of the HA Board is appointed by the Chief Executive of the HKSAR under the Hospital Authority Ordinance (Cap.113). As of 31 March 2023, the Board consisted of 27 members, comprising the Chairman who is not a public officer, three public officers, one principal officer who is the HA Chief Executive, and 22 non-public officers.

良好的機構管治乃醫管局的核心所在。醫管局大會訂定各項須由大會決議的事項，確保醫管局的服務方向和監督均由大會策導。大會成立了「持續發展專責小組」，探討醫管局在不斷轉變的環境中所面對的主要挑戰，以促進醫管局及公營醫療系統的可持續發展。大會成員亦與管理層一同制定醫管局的策略及周年工作計劃，確保機構可持續發展。醫管局致力落實周年工作計劃內提出的服務計劃及項目，並確保監控制度及風險管理行之有效。可持續發展方向已充分融入醫管局的業務策略之中，而醫管局在環境、社會及管治匯報及其持續發展方面均由大會全面負責。可持續發展管治已被納入醫管局的機構管治架構之中，涵蓋大會轄下各委員會，以至管理層及聯網 / 醫院等各個層面。

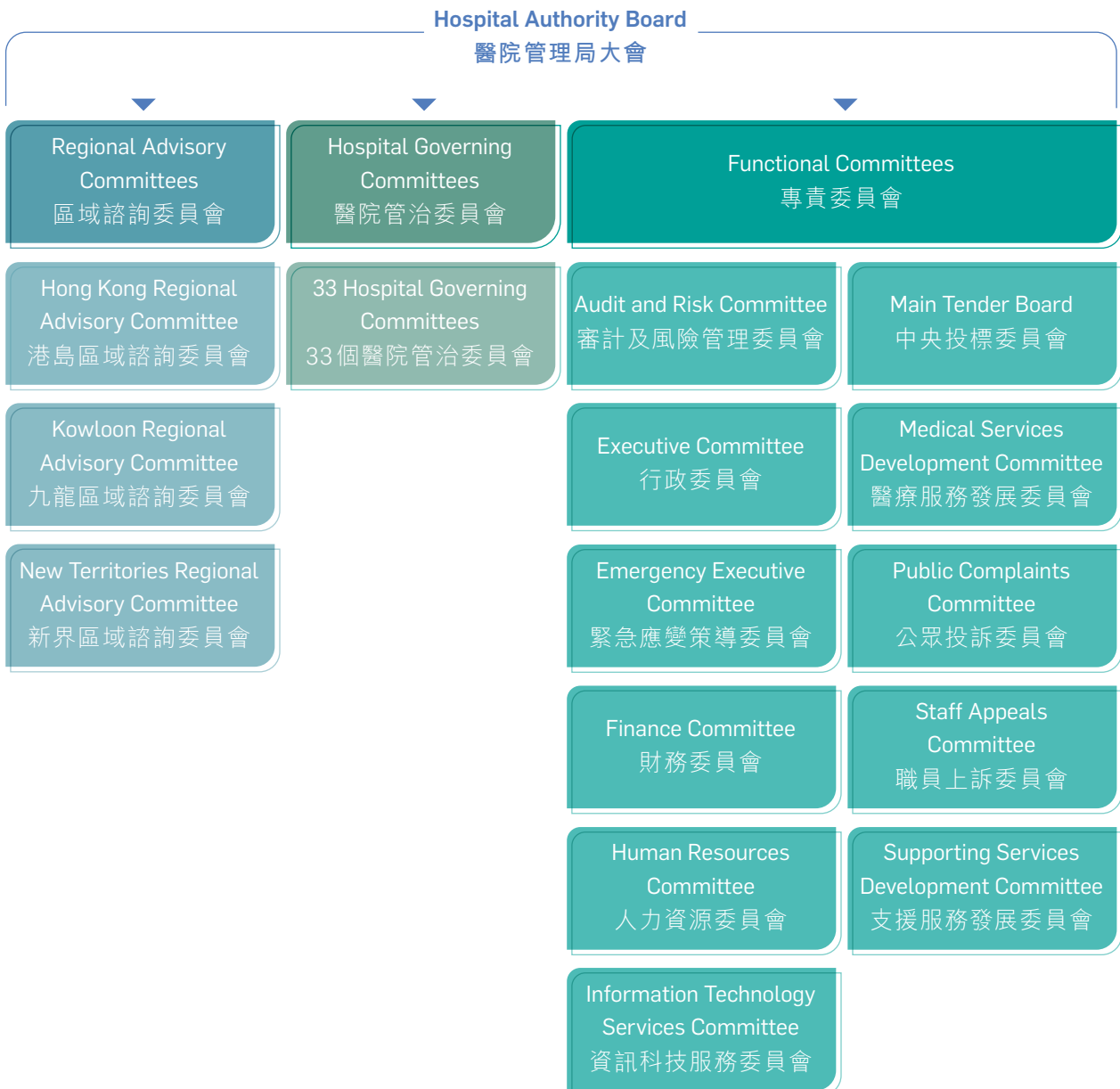
根據《醫院管理局條例》第 113 章，醫管局大會成員由香港特別行政區行政長官委任。於 2023 年 3 月 31 日，大會有 27 名成員，包括主席（不屬公務員）、三名公務員、一名主要行政人員（醫管局行政總裁）及 22 名非公務員。

Robust and effective governance structure

高效完善的管治架構

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

醫管局致力維持嚴謹的機構管治架構，確保我們的運作符合職業操守和具透明度，以保障市民和持份者的利益。為更有效地執行職能和行使權力，醫管局大會下設有 11 個專責委員會、33 個醫院管治委員會、及三個區域諮詢委員會，在不同層面提高管治效能



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

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

Board diversity 多元化成員組合

- To meet the functional needs of the Board, HA Board members belong to different professions and possess diverse expertise, skills, perspectives and experience, covering **medicine and healthcare, academia and policy research, information technology, engineering and construction, business management, legal profession, banking and accounting**, etc. There are also members related to interests and voices of patients and staff respectively

醫管局大會成員來自不同專業界別，具備多元化的專業知識、技能、視野及經驗，涵蓋**醫療健康、學術及政策研究、資訊科技、工程及建造、商業管理、法律專業、銀行及會計**等多個範疇，以滿足醫管局大會的運作需要。醫管局成員中亦有病人及員工代表，反映不同持份者的意見及利益



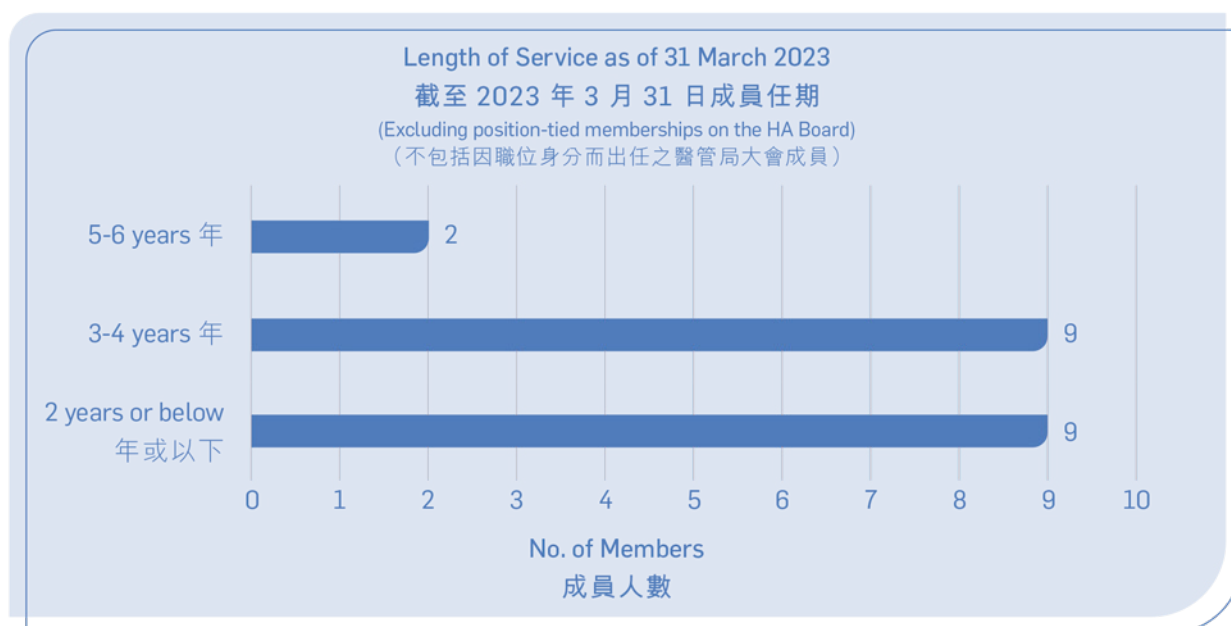
- As of 31 March 2023, among all 27 members of the HA Board, if taking aside seven position-tied memberships*, there were six female members, achieving 30% in gender diversity

於 2023 年 3 月 31 日，醫管局大會 27 名成員中，若不計及七名因職位身分而出任成員者*，有六名為女性成員，性別多元達 30%



* Note: Including public officers, HA principal officer, and Deans of Faculty of Medicine / Faculty of Health and Social Sciences of universities
註：包括公務員成員、醫管局主要行政人員，及大學醫學院 / 醫療及社會科學院院長

- The HA Board also embraces the Government's "six-year rule" in appointment of members so as to ensure a healthy turnover. In the past year, 18 members had no more than four years of service in the Board
醫管局大會亦遵循政府「六年任期」指引（即成員任期以六年為上限），以維持良好的成員更替。過去一年，共有 18 名醫管局成員在任年期不超過四年



Financial transparency 財政透明

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

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

- Independent Auditor's Report and Audited Financial Statements for this year are set out on pages 89 to 157

本年度的獨立核數師報告及經審核的財務報表載於本年報第 89 頁至 157 頁



INDEPENDENT AUDITOR'S REPORT AND AUDITED FINANCIAL STATEMENTS

獨立核數師報告及經審核的財務報表

INDEPENDENT AUDITOR'S REPORT.....	90 - 93
獨立核數師報告	
FINANCIAL STATEMENTS	
財務報表	
Consolidated balance sheet.....	94
綜合資產負債表	
Balance sheet.....	95
資產負債表	
Consolidated statement of income and expenditure.....	96
綜合收支結算表	
Consolidated statement of comprehensive income.....	97
綜合全面收益表	
Consolidated statement of cash flows.....	98
綜合現金流動報表	
Consolidated statement of changes in total funds.....	99
綜合基金總額變動報表	
Notes to the financial statements.....	100 - 157
財務報表附註	

INDEPENDENT AUDITOR'S REPORT

To The Members of the Hospital Authority

Opinion

What we have audited

The consolidated financial statements of the Hospital Authority ("HA") and its subsidiaries (together, the "Group"), which are set out on pages 94 to 157, comprise:

- the consolidated and HA balance sheets as at 31 March 2023;
- the consolidated statement of income and expenditure for the year then ended;
- the consolidated statement of comprehensive income for the year then ended;
- the consolidated statement of cash flows for the year then ended;
- the consolidated statement of changes in total funds for the year then ended; and
- the notes to the consolidated financial statements, which include principal accounting policies and other explanatory information.

Our opinion

In our opinion, the consolidated financial statements give a true and fair view of the financial position of HA and the consolidated financial position of the Group as at 31 March 2023, and of the Group's consolidated financial performance and its consolidated cash flows for the year then ended in accordance with Hong Kong Financial Reporting Standards ("HKFRSs") issued by the Hong Kong Institute of Certified Public Accountants ("HKICPA").

Basis for Opinion

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

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

獨立核數師報告

致醫院管理局成員

意見

我們已審計的內容

醫院管理局（「醫管局」）及其附屬機構（以下統稱「貴集團」）列載於第 94 至 157 頁的綜合財務報表，包括：

- 於二零二三年三月三十一日的綜合及醫管局資產負債表；
- 截至該日止年度的綜合收支結算表；
- 截至該日止年度的綜合全面收益表；
- 截至該日止年度的綜合現金流動報表；
- 截至該日止年度的綜合基金總額變動報表；及
- 綜合財務報表附註，包括主要會計政策及其他附註解釋資料。

我們的意見

我們認為，該等綜合財務報表已根據香港會計師公會頒布的《香港財務報告準則》真實而中肯地反映了於二零二三年三月三十一日醫管局的財務狀況及貴集團的綜合財務狀況，以及貴集團截至該日止年度的綜合財務表現及綜合現金流量。

意見的基礎

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

我們相信，我們所獲得的審計憑證能充足及適當地為我們的審計意見提供基礎。



INDEPENDENT AUDITOR'S REPORT

To The Members of the Hospital Authority (Continued)

Basis for Opinion (Continued)

Independence

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

Other Information

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

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

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

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

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

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

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

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

獨立核數師報告

致醫院管理局成員 (續)

意見的基礎 (續)

獨立性

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

其他信息

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

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

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

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

醫管局及管治層就綜合財務報表須承擔的責任

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

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

管治層須負責監督貴集團的財務報告過程。

INDEPENDENT AUDITOR'S REPORT

To The Members of the Hospital Authority (Continued)

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

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

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

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

獨立核數師報告

致醫院管理局成員 (續)

核數師就審計綜合財務報表承擔的責任

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

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

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



INDEPENDENT AUDITOR'S REPORT

To The Members of the Hospital Authority (Continued)

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

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

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

PricewaterhouseCoopers
Certified Public Accountants

Hong Kong, 21 September 2023

獨立核數師報告

致醫院管理局成員 (續)

核數師就審計綜合財務報表承擔的責任 (續)

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

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

羅兵咸永道會計師事務所
執業會計師

香港，二零二三年九月二十一日

CONSOLIDATED BALANCE SHEET

綜合資產負債表

	Note 附註	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元	At 31 March 2022 HK\$'000 2022年3月31日 港幣千元
Non-Current Assets 非流動資產			
Property, plant and equipment 物業、機器及設備	5	8,624,062	7,759,787
Intangible assets 無形資產	6	412,808	472,296
Right-of-use assets 使用權資產	7	675,132	493,339
Placements with the Exchange Fund 外匯基金存款	8	18,600,000	18,000,000
Fixed income instruments 固定入息工具	9	496,115	895,783
		28,808,117	27,621,205
Current Assets 流動資產			
Inventories 存貨	10	5,140,227	4,472,111
Loans receivable 應收債款	11	-	11
Accounts receivable 應收帳款	12	443,309	446,450
Other receivables 其他應收帳款	13	811,750	261,286
Deposits and prepayments 按金及預付款項	14	421,978	737,589
Placements with the Exchange Fund 外匯基金存款	8	3,667,203	5,329,251
Fixed income instruments 固定入息工具	9	883,766	246,420
Cash and bank balances 現金及銀行結餘	15	41,594,804	35,104,673
		52,963,037	46,597,791
Total Assets 總資產		81,771,154	74,218,996
Funds 基金			
Designated fund 指定基金	16	5,077,369	5,077,369
Revenue reserve 收入儲備		8,357,897	7,812,333
Total Funds 基金總額		13,435,266	12,889,702
Current Liabilities 流動負債			
Balance with Samaritan Fund 撒瑪利亞基金結餘	17	64,866	3,842,163
Creditors and accrued charges 債權人及應付費用	18	33,425,853	28,558,937
Deposits received 已收按金	19	616,075	545,724
Lease liabilities 租賃負債	7	343,368	285,868
		34,450,162	33,232,692
Non-Current Liabilities 非流動負債			
Balance with Samaritan Fund 撒瑪利亞基金結餘	17	5,600,000	3,000,000
Death and disability liabilities 死亡及傷殘福利責任	20	191,109	246,589
Deferred income 遞延收益	21	8,728,083	6,394,401
Deferred income - capital subventions and capital donations 遞延收益 — 資本補助及資本捐贈	22	9,036,870	8,232,083
Lease liabilities 租賃負債	7	329,664	223,529
Public-Private Partnership Endowment Fund 公私營協作留本基金	23	10,000,000	10,000,000
		33,885,726	28,096,602
Total Liabilities 總負債		68,335,888	61,329,294
Total Funds and Total Liabilities 基金及負債總額		81,771,154	74,218,996



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



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

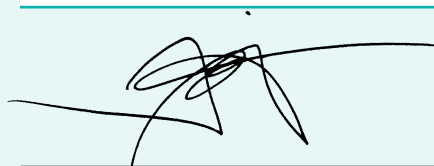
The notes on pages 100 to 157 are an integral part of these consolidated financial statements.

第 100 至 157 頁的附註是本綜合財務報表的一部分。

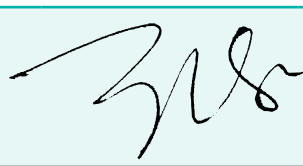
BALANCE SHEET

資產負債表

	Note 附註	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元	At 31 March 2022 HK\$'000 2022年3月31日 港幣千元
Non-Current Assets 非流動資產			
Property, plant and equipment 物業、機器及設備	5	8,624,062	7,759,787
Intangible assets 無形資產	6	402,679	460,979
Right-of-use assets 使用權資產	7	675,132	493,339
Placements with the Exchange Fund 外匯基金存款	8	18,600,000	18,000,000
Fixed income instruments 固定入息工具	9	496,115	895,783
		28,797,988	27,609,888
Current Assets 流動資產			
Inventories 存貨	10	5,140,227	4,472,111
Loans receivable 應收債款	11	-	11
Accounts receivable 應收帳款	12	443,309	446,450
Other receivables 其他應收帳款	13	811,750	261,286
Deposits and prepayments 按金及預付款項	14	421,854	737,465
Placements with the Exchange Fund 外匯基金存款	8	3,667,203	5,329,251
Fixed income instruments 固定入息工具	9	883,766	246,420
Cash and bank balances 現金及銀行結餘	15	41,594,804	35,104,673
		52,962,913	46,597,667
Total Assets 總資產		81,760,901	74,207,555
Funds 基金			
Designated fund 指定基金	16	5,077,369	5,077,369
Revenue reserve 收入儲備		8,357,891	7,812,327
Total Funds 基金總額		13,435,260	12,889,696
Current Liabilities 流動負債			
Balance with Samaritan Fund 撒瑪利亞基金結餘	17	64,866	3,842,163
Creditors and accrued charges 債權人及應付費用	18	33,425,735	28,558,819
Deposits received 已收按金	19	616,075	545,724
Lease liabilities 租賃負債	7	343,368	285,868
		34,450,044	33,232,574
Non-Current Liabilities 非流動負債			
Balance with Samaritan Fund 撒瑪利亞基金結餘	17	5,600,000	3,000,000
Death and disability liabilities 死亡及傷殘福利責任	20	191,109	246,589
Deferred income 遞延收益	21	8,728,083	6,394,401
Deferred income - capital subventions and capital donations 遞延收益 — 資本補助及資本捐贈	22	9,026,741	8,220,766
Lease liabilities 租賃負債	7	329,664	223,529
Public-Private Partnership Endowment Fund 公私營協作留本基金	23	10,000,000	10,000,000
		33,875,597	28,085,285
Total Liabilities 總負債		68,325,641	61,317,859
Total Funds and Total Liabilities 基金及負債總額		81,760,901	74,207,555



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



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

The notes on pages 100 to 157 are an integral part of these consolidated financial statements.

第 100 至 157 頁的附註是本綜合財務報表的一部分。

CONSOLIDATED STATEMENT OF INCOME AND EXPENDITURE

綜合收支結算表

	Note 附註	For the year ended 31 March 2023 HK\$'000 截至2023年 3月31日止年度 港幣千元	For the year ended 31 March 2022 HK\$'000 截至2022年 3月31日止年度 港幣千元
Income 收入			
Recurrent Government subvention 經常性政府補助		83,426,071	78,092,836
Hospital / clinic fees and charges 醫院 / 診療所收費	24	5,236,123	5,250,516
Donations 捐贈		7	9
Transfers from 轉調自：			
Designated donation fund 指定捐贈基金	21	269,482	158,907
Minor Works Projects Fund 小型工程項目基金	21	2,422,370	1,849,687
Public-Private Partnership Fund 公私營協作基金	21	530,392	361,525
Capital subventions 資本補助	22	1,585,038	1,280,639
Capital donations 資本捐贈	22	155,956	154,779
Investment income 投資收益		788,779	186,844
Other income 其他收益		992,845	975,552
		95,407,063	88,311,294
Expenditure 支出			
Staff costs 員工成本	25	(59,419,009)	(58,118,009)
Drugs 藥物		(12,451,347)	(9,641,861)
Medical supplies and equipment 醫療物品及設備		(6,325,443)	(5,968,834)
Utilities charges 公用開支		(1,807,736)	(1,512,032)
Repairs and maintenance 維修及保養		(3,218,039)	(2,892,915)
Minor works projects funded by the Government 由政府撥款的小型工程項目		(2,422,370)	(1,849,687)
Depreciation and amortisation 折舊及攤銷	5-7	(2,014,923)	(1,613,559)
Finance costs 財務費用	7	(10,038)	(3,684)
Other operating expenses 其他營運開支	26	(7,260,139)	(6,219,742)
		(94,929,044)	(87,820,323)
Surplus for the year 年內盈餘		478,019	490,971

The notes on pages 100 to 157 are an integral part of these consolidated financial statements.

第 100 至 157 頁的附註是本綜合財務報表的一部分。

CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME

綜合全面收益表

	Note 附註	For the year ended 31 March 2023 HK\$'000 截至2023年 3月31日止年度 港幣千元	For the year ended 31 March 2022 HK\$'000 截至2022年 3月31日止年度 港幣千元
Surplus for the year 年內盈餘		478,019	490,971
Other comprehensive income 其他綜合收益			
Item that may not be reclassified to income or expenditure: 未必會重新分類為收入或支出的項目：			
- Remeasurement of death liability 死亡福利責任重新計量	20	67,545	79,188
Total comprehensive income for the year 年內總綜合收益		545,564	570,159

The notes on pages 100 to 157 are an integral part of these consolidated financial statements.

第 100 至 157 頁的附註是本綜合財務報表的一部分。

CONSOLIDATED STATEMENT OF CASH FLOWS

綜合現金流動報表

	Note 附註	For the year ended 31 March 2023 HK\$'000 截至2023年 3月31日止年度 港幣千元	For the year ended 31 March 2022 HK\$'000 截至2022年 3月31日止年度 港幣千元
Net cash generated from operating activities 營運活動所得現金淨額	29(a)	9,139,487	5,437,887
Investing activities 投資活動			
Investment income received 已收投資收益		497,497	173,905
Purchases of property, plant and equipment 購置物業、機器及設備	5	(2,282,776)	(1,755,102)
Purchases of intangible assets 購置無形資產	6	(263,005)	(242,661)
(Increase) / decrease in bank deposits with original maturity over three months 原來到期日超過三個月的銀行存款額(增加)/減少		(13,768,454)	4,160,128
Increase in fixed income instruments 固定入息工具增加		(252,198)	(737,238)
Net cash (used in) / generated from investing activities 投資活動(所用)/所得現金淨額		(16,068,936)	1,599,032
Financing activities 融資活動			
Payment of principal portion of lease liabilities 支付租賃負債本金部分	29(b)	(310,788)	(195,769)
Finance costs paid 已付財務費用		(10,038)	(3,684)
Net cash used in financing activities 融資活動所用現金淨額		(320,826)	(199,453)
Net (decrease) / increase in cash and cash equivalents 現金及現金等值之淨(減少)/增加		(7,250,275)	6,837,466
Cash and cash equivalents at the beginning of the year 年初之現金及現金等值		9,374,218	2,525,746
Effect of foreign exchange rate changes on cash and cash equivalents 外幣匯率變動對現金及現金等值的影響		(16,834)	11,006
Cash and cash equivalents at the end of the year 年終之現金及現金等值	15	2,107,109	9,374,218

Note:

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

註：

代撒瑪利亞基金存於外匯基金的存款之利息已和撒瑪利亞基金的結餘互相抵銷，詳細安排於附註 17 披露。

The notes on pages 100 to 157 are an integral part of these consolidated financial statements.

第 100 至 157 頁的附註是本綜合財務報表的一部分。

CONSOLIDATED STATEMENT OF CHANGES IN TOTAL FUNDS

綜合基金總額變動報表

	Designated fund HK\$'000 指定基金 港幣千元	Revenue reserve HK\$'000 收入儲備 港幣千元	Total HK\$'000 總計 港幣千元
At 31 March 2021 於 2021 年 3 月 31 日	5,077,369	7,242,174	12,319,543
Total comprehensive income for the year 年內總綜合收益	-	570,159	570,159
At 31 March 2022 於 2022 年 3 月 31 日	5,077,369	7,812,333	12,889,702
Total comprehensive income for the year 年內總綜合收益	-	545,564	545,564
At 31 March 2023 於 2023 年 3 月 31 日	5,077,369	8,357,897	13,435,266

The notes on pages 100 to 157 are an integral part of these consolidated financial statements.

第 100 至 157 頁的附註是本綜合財務報表的一部分。

NOTES TO THE FINANCIAL STATEMENTS

1 The Hospital Authority

(a) Background

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

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

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

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

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

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

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

財務報表附註

1 醫院管理局

(a) 背景

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

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

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

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

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

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

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

NOTES TO THE FINANCIAL STATEMENTS

1 The Hospital Authority (Continued)

(a) Background (Continued)

The Government announced in the 2016 Policy Address that HK\$200 billion would be used to implement a Ten-year Hospital Development Plan (HDP). Given the significant number and scale of Schedule 1 hospital projects in the HDP, the Government has entrusted HA to carry out and complete a number of capital works projects for Schedule 1 hospitals which are funded by the Government. Similarly, HA is undertaking the capital works projects for Schedule 2 hospitals which are funded by the Government and the governing bodies of the ex-subsvented hospitals. As at 31 March 2023, there were 14 major capital works projects in progress (of which 10 projects were managed by HA), and the total funding approved by the Government was HK\$143,679,900,000. Further details of the recognition of Government funding for building projects are set out in note 2(r)(i).

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

In order to support the Government-led electronic health record ("eHR") programme, which is an essential part of the healthcare reform, HA has been engaged to serve as the technical agency to the Government, leveraging its experience and know-how in the Clinical Management System ("CMS"). With this role, HA undertakes multiple streams of eHR related projects, which are funded by the recurrent subvention and other designated funding from the Government. During the financial year ended 31 March 2023, HA recognised HK\$443,651,000 (2022: HK\$402,333,000) as other income to match with the expenditure incurred in relation to the eHR related projects.

In order to support Department of Health ("DH") to enhance its information technology ("IT") system so as to better provide healthcare service to the public, HA was appointed as the technical agency to deliver the IT systems required for 19 Clinical Services Improvement projects ("CIMS2") under Initiative 1 of the First Stage of the Strategic Plan to Re-engineer and Transform Public Services of DH ("SPRINT-1") as well as to undertake Maintenance Service for CIMS2, which are funded by the designated funding from the Government. During the financial year ended 31 March 2023, HA recognised HK\$176,338,000 (2022: HK\$201,336,000) as other income to match with the expenditure incurred in relation to the project.

財務報表附註

1 醫院管理局 (續)

(a) 背景 (續)

政府在二零一六年施政報告中宣布預留港幣二千億元推行十年醫院發展計劃。由於計劃涉及的附表1醫院工程項目為數多、規模大，政府委託了醫管局執行及完成多個由政府撥款的附表1醫院基本工程項目。同樣，醫管局亦負責執行由政府及前補助醫院管治機構提供經費的附表2醫院基本工程項目。截至二零二三年三月三十一日，共十四個基本工程項目在進行中(其中十個由醫管局管理)，政府批出的總撥款額為港幣143,679,900,000元。有關建築工程的政府撥款確認入帳的詳情載於附註2(r)(i)。

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

政府推行的電子健康紀錄互通系統計劃，是醫療改革的一個重要部分。醫管局獲政府委託作為技術代理機構，運用發展臨床管理系統的經驗和專業知識，協助政府推行計劃。作為政府的技術代理機構，醫管局須進行不同範疇的電子健康紀錄互通系統相關的計劃，這些計劃由政府的經常性補助及其他指定撥款提供經費。截至二零二三年三月三十一日止之財政年度，醫管局確認港幣443,651,000元(二零二二年：港幣402,333,000元)的款項作為其他收入，以支付電子健康紀錄互通系統相關計劃的開支。

衛生署致力提升其資訊科技系統，以便更好地為公眾提供醫療服務。醫管局獲委任為技術代理機構，就衛生署第一期的「重整及改革公共服務策略計劃」措施一——改善臨床服務中的十九個項目(第二階段的臨床訊息管理系統項目)提供開發資訊科技系統方面的協助，以及為第二階段的臨床訊息管理系統提供維護與支援服務，並由政府的指定撥款提供經費。截至二零二三年三月三十一日止之財政年度，醫管局確認港幣176,338,000元(二零二二年：港幣201,336,000元)的款項作為其他收入，以支付相關項目的開支。

NOTES TO THE FINANCIAL STATEMENTS

1 The Hospital Authority (Continued)

(b) Hospitals and other institutions

At 31 March 2023, HA had under its management and control the following hospitals, charitable trusts and institutions:

Hospitals:

Alice Ho Miu Ling Nethersole Hospital
Bradbury Hospice
Caritas Medical Centre
Castle Peak Hospital
Cheshire Home, Chung Hom Kok
Cheshire Home, Shatin
The Duchess of Kent Children's Hospital at Sandy Bay
Grantham Hospital
Haven of Hope Hospital
Hong Kong Buddhist Hospital
Hong Kong Children's Hospital
Hong Kong Eye Hospital
Kowloon Hospital
Kwai Chung Hospital
Kwong Wah Hospital
MacLehose Medical Rehabilitation Centre
North District Hospital
North Lantau Hospital
Our Lady of Maryknoll Hospital
Pamela Youde Nethersole Eastern Hospital
Pok Oi Hospital
Prince of Wales Hospital
Princess Margaret Hospital
Queen Elizabeth Hospital
Queen Mary Hospital
Ruttonjee Hospital
Shatin Hospital
Siu Lam Hospital
St. John Hospital
Tai Po Hospital
Tang Shiu Kin Hospital
Tin Shui Wai Hospital
Tsan Yuk Hospital
Tseung Kwan O Hospital
Tuen Mun Hospital
Tung Wah Eastern Hospital
Tung Wah Group of Hospitals Fung Yiu King Hospital
Tung Wah Group of Hospitals Wong Tai Sin Hospital
Tung Wah Hospital
United Christian Hospital
Wong Chuk Hang Hospital
Yan Chai Hospital

財務報表附註

1 醫院管理局 (續)

(b) 醫院及其他機構

在二零二三年三月三十一日，由醫管局管理及掌管的醫院、慈善信託基金及機構如下：

醫院：

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

NOTES TO THE FINANCIAL STATEMENTS

1 The Hospital Authority (Continued)

(b) Hospitals and other institutions (Continued)

Charitable Trusts:

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

Other Institutions:

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

(c) Principal office

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

2 Principal accounting policies

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

(a) Basis of preparation

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

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

(b) Basis of consolidation

The financial statements of the Group include the income and expenditure of the Head Office, subsidiaries, all Hospitals, Charitable Trusts, Specialist Outpatient Clinics, General Outpatient Clinics and other institutions under its management and control made up to 31 March 2023.

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

財務報表附註

1 醫院管理局 (續)

(b) 醫院及其他機構 (續)

慈善信託基金：

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

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

其他機構：

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

(c) 主要辦事處

醫管局的主要辦事處設於香港九龍亞皆老街147號B醫院管理局大樓。

2 主要會計政策

編製綜合財務報表所用的主要會計政策列述如下，除非另作說明，這些政策一致地運用於所有年度呈列的數字。

(a) 編製之基準

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

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

(b) 綜合呈列之基準

集團的財務報表包括截至二零二三年三月三十一日之財政年度內由其管理及掌管的總辦事處、附屬機構、所有醫院、慈善信託基金、專科門診診所、普通科門診診所及其他機構的收入和支出。

本財務報表反映集團所擁有之資產及所承擔之負債的有紀錄帳面值。

NOTES TO THE FINANCIAL STATEMENTS

2 Principal accounting policies (Continued)

(c) Subsidiaries

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

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

At 31 March 2023, the principal subsidiaries of HA comprise:

財務報表附註

2 主要會計政策 (續)

(c) 附屬機構

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

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

在二零二三年三月三十一日，醫管局的主要附屬機構有：

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

NOTES TO THE FINANCIAL STATEMENTS

2 Principal accounting policies (Continued)

(d) Adoption of new / revised HKFRSs

The HKICPA has issued a number of new / revised HKFRSs, including interpretations, amendments or improvements to the existing standards, which become effective in the current period. These new / revised HKFRSs are not relevant to the Group and have no impact on the results and financial position of the Group.

The HKICPA has also issued a number of new / revised HKFRSs which are effective for accounting period beginning on or after 1 April 2023. The Group has not early adopted these new / revised HKFRSs in the financial statements for the financial year ended 31 March 2023. The Group is in the process of making an assessment but is not yet in a position to conclude the impact of these new / revised HKFRSs on its results of operations and financial position.

(e) Recognition of income

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

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

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

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

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

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

財務報表附註

2 主要會計政策 (續)

(d) 採用新訂/經修訂的《香港財務報告準則》

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

香港會計師公會亦頒布了多項在二零二三年四月一日起或之後會計期間生效的新訂/經修訂的《香港財務報告準則》。集團在截至二零二三年三月三十一日止的財務報表並沒有提早採用這些新訂/經修訂之《香港財務報告準則》。集團現正進行評估，但未能確定有關準則對集團營運結果及財務狀況的影響。

(e) 收入之確認

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

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

指定用途捐贈基金及資本捐贈之轉調按附註 2(f) 的方式確認。

資本補助、小型工程項目基金及公私營協作基金之轉調按附註 2(r) 的方式確認。

來自固定入息工具的投資收益按附註 2(k) 的方式確認。

來自銀行存款之投資收益採用實際利息法按時間比例入帳。

NOTES TO THE FINANCIAL STATEMENTS

2 Principal accounting policies (Continued)

(f) Donations

(i) Donated assets

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

(ii) Cash donations

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

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

(g) Property, plant and equipment

- (i) Completed building projects transferred from the Government and individual governing bodies of ex-subservent hospitals are recorded at nominal value and included in property, plant and equipment.
- (ii) Property, plant and equipment other than completed building projects which give rise to economic benefits are capitalised and the corresponding amounts are recognised as deferred income - capital subventions and capital donations for capital expenditure funded by the Government and donations respectively.

財務報表附註

2 主要會計政策 (續)

(f) 捐贈

(i) 捐贈資產

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

(ii) 現金捐贈

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

作為一般營運之用的非指定用途捐贈，於收款時列入該年度之收支結算表內。

(g) 物業、機器及設備

- (i) 由政府及個別前補助醫院管治機構轉調的已完成建築工程以名義價值入帳，列為物業、機器及設備。
- (ii) 除已完成建築工程外，可帶來經濟效益的物業、機器及設備應資本化，並會視乎是政府撥款或捐贈而將相應款額分別在遞延收益 — 資本補助及資本捐贈確認。

NOTES TO THE FINANCIAL STATEMENTS

2 Principal accounting policies (Continued)

(g) Property, plant and equipment (Continued)

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

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

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

(h) Intangible assets

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

財務報表附註

2 主要會計政策 (續)

(g) 物業、機器及設備 (續)

- (iii) 除已完成建築工程外，物業、機器及設備乃按成本值減任何累積折舊及減值入帳。年內增加代表某項資產新加或更換的組件。若資產的帳面價值高於估計可收回價值，其帳面價值會即時減至為可收回價值。
- (iv) 集團所取得的資產的成本或捐贈資產的公允價值的折舊，是按資產的預計可使用年期以直線法如下計算：

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

(h) 無形資產

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

NOTES TO THE FINANCIAL STATEMENTS

2 Principal accounting policies (Continued)

(i) Leases

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

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

(i) Right-of-use assets

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

(ii) Lease liabilities

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

財務報表附註

2 主要會計政策 (續)

(i) 租賃

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

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

(i) 使用權資產

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

(ii) 租賃負債

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

NOTES TO THE FINANCIAL STATEMENTS

2 Principal accounting policies (Continued)

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

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

(k) Fixed income instruments

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

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

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

(l) Inventories

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

財務報表附註

2 主要會計政策 (續)

(j) 按公允價值列帳及在損益處理之金融資產

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

(k) 固定入息工具

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

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

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

(l) 存貨

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

NOTES TO THE FINANCIAL STATEMENTS

2 Principal accounting policies (Continued)

(m) Accounts receivable

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

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

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

(n) Cash and cash equivalents

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

(o) Impairment of non-financial assets

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

財務報表附註

2 主要會計政策 (續)

(m) 應收帳款

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

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

當應收帳款不能收回並最終註銷，不能收回的款額會在應收帳款的信用損失撥備帳戶抵銷。已銷的款額收回後，會抵銷收支結算表本年度的開支。在醫管局採取了所有可能行動追收欠款後，並考慮到當前經濟環境，該應收帳款會被註銷。

(n) 現金及現金等值

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

(o) 非金融資產減值

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

NOTES TO THE FINANCIAL STATEMENTS

2 Principal accounting policies (Continued)

(p) Provisions and contingent liabilities

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

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

(q) Employee benefits

(i) Retirement benefits costs

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

(ii) Termination benefits costs

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

(iii) Death and disability benefits costs

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

財務報表附註

2 主要會計政策 (續)

(p) 撥備及或然負債

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

倘經濟效益外流的可能性較低，或未能可靠地估量有關金額，則有關責任會以或然負債形式披露，資源外流的可能性極低則除外。或然負債是指因某些過往事件而可能引起的責任，而此等責任是否存在，將取決於一宗或多宗非集團所能完全控制的未來不確定事件會否發生。

(q) 僱員福利

(i) 退休福利開支

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

(ii) 離職福利開支

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

(iii) 死亡及傷殘福利開支

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

NOTES TO THE FINANCIAL STATEMENTS

2 Principal accounting policies (Continued)

(q) Employee benefits (Continued)

(iii) Death and disability benefits costs (Continued)

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

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

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

(iv) Other employee benefits costs

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

(r) Government subvention

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

- (i) Government funding for building projects, together with contributions from the individual governing bodies of ex-subsided hospitals, are received by HA for undertaking the capital works on their behalf. Accordingly, the amount incurred on building projects and the funding received are reflected as changes in current assets / current liabilities. Any outstanding reimbursement of project costs incurred by HA is recognised as current assets, while advance funding received by HA for meeting the project costs in future periods are recognised as current liabilities. Further details are set out in notes 13 and 18.
- (ii) The one-off grant received from the Government for minor works projects (under Subhead 8083MM) together with the related investment income are recognised as deferred income – Minor Works Projects Fund. Each year, the amount spent on the minor works projects is transferred from deferred income to the statement of income and expenditure or deferred income – capital subventions as appropriate. Further details of the deferred income – Minor Works Projects Fund are set out in note 21(a).
- (iii) The Government allocated HK\$10,000,000,000 to HA to establish an endowment fund for PPP programmes. The investment returns of the PPP Endowment Fund, together with the remaining balance of the one-off designated funding for HA's PPP programmes as at 31 March 2016 are recognised as deferred income – PPP Fund. Each year, the amount spent on the PPP programmes is transferred from deferred income to the statement of income and expenditure or deferred income – capital subventions as appropriate. Further details of the PPP Fund are set out in note 21(b).

財務報表附註

2 主要會計政策 (續)

(q) 僱員福利 (續)

(iii) 死亡及傷殘福利開支 (續)

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

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

有關死亡及傷殘福利責任的詳情見附註 20。

(iv) 其他僱員福利開支

其他僱員福利如年假及約滿酬金於應付時入帳。

(r) 政府補助

除下列外，本年度經核准的政府補助金列為經常性補助金。

- (i) 政府就建築工程的撥款，以及個別前補助醫院管治機構承擔的款項，由醫管局收取代為執行基本工程項目。就建築工程所涉費用及所得撥款，相應反映於流動資產/流動負債的變動中。任何醫管局所支付而未獲付還的工程費用列為流動資產，而醫管局收取用以支付日後工程費用的預先撥款列為流動負債。詳情載於附註 13 及 18。
- (ii) 政府的小型工程一次性撥款(分目 8083MM 項下)及有關的投資收益在遞延收益 — 小型工程項目基金確認。每年，小型工程項目的支出款額在適用情況下由遞延收益轉調往收支結算表或遞延收益 — 資本補助。遞延收益 — 小型工程項目基金的詳情載於附註 21(a)。
- (iii) 政府向醫管局撥款港幣 10,000,000,000 元設立留本基金，以推行公私營協作計劃。公私營協作留本基金的投資回報，連同政府給予醫管局公私營協作計劃的一次性指定撥款於二零一六年三月三十一日的結餘在遞延收益 — 公私營協作基金確認。每年，公私營協作計劃的支出款額在適用情況下由遞延收益轉調往收支結算表或遞延收益 — 資本補助。有關公私營協作基金的詳情載於附註 21(b)。

NOTES TO THE FINANCIAL STATEMENTS

2 Principal accounting policies (Continued)

(r) Government subvention (Continued)

- (iv) Government funding designated for Enhanced Home Loan Interest Subsidy Scheme ("HLISS") are recognised as deferred income – Enhanced HLISS. Each year, the amount spent on Enhanced HLISS is transferred from deferred income to the statement of income and expenditure. Further details of Enhanced HLISS are set out in note 21(c).
- (v) Government subventions that are spent on property, plant and equipment or intangible assets as set out in notes 2(g)(ii) and 2(h) respectively are accumulated in deferred income under capital subventions, and the corresponding amounts are capitalised as property, plant and equipment or intangible assets respectively. Each year, an amount equal to the depreciation or amortisation charge for these assets and net book value of assets disposed of is transferred from deferred income to the statement of income and expenditure.

(s) Translation of foreign currencies

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

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

(t) Related parties

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

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

財務報表附註

2 主要會計政策 (續)

(r) 政府補助 (續)

- (iv) 指定用作推行員工置業貸款計劃的政府撥款在遞延收益 — 員工置業貸款計劃確認。每年，員工置業貸款計劃的支出款額由遞延收益轉調往收支結算表。有關員工置業貸款計劃的詳情載於附註 21(c)。
- (v) 用於附註 2(g)(ii) 物業、機器及設備或附註 2(h) 無形資產支出的政府補助，在遞延收益項下的資本補助累積。有關金額會資本化，分別列為物業、機器及設備或無形資產。每年，一筆相等於該等資產折舊或攤銷的金額及出售資產的帳面淨值會由遞延收益轉調往收支結算表。

(s) 外幣換算

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

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

(t) 關聯人士

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

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

NOTES TO THE FINANCIAL STATEMENTS

3 Financial risk management

(a) Financial risk factors

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

With regard to investments, in accordance with the Group's policies and guidelines, the primary objectives are to meet liquidity requirements, protect capital and provide a reasonable investment return. The investment portfolio ("Portfolio") as at 31 March 2023 consisted of bank deposits, fixed income instruments and placements with the Exchange Fund. Based on the risk control measures as summarised below, the risk of default by the counterparties is considered minimal and the Portfolio has no significant concentration of credit risk. Besides, the Group has no significant currency risk since its financial assets and liabilities are substantially denominated in Hong Kong dollar, which is the Group's functional and presentation currency. The Group manages its cash flow requirements and risks as disclosed in note 3(c).

(i) Credit risk

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

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

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

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

財務報表附註

3 財務風險管理

(a) 財務風險因素

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

就投資方面，根據集團有關政策及指引，其主要目標是符合流動資金的需要、保障資金及提供合理投資回報。截至二零二三年三月三十一日的投資組合（「組合」），包括銀行存款、固定入息工具及外匯基金存款。根據下文所列的風險控制措施，有關交易對方的拖欠風險應可減至最低，而組合亦沒有重大的信貸集中風險。此外，由於組合的金融資產及負債大體上都以港元為單位，即集團的功能及呈列貨幣，故無重大的貨幣風險。集團對流動現金需要及風險的管理，於附註 3(c) 披露。

(i) 信貸風險

集團的信貸風險是交易對方可能拖欠其銀行存款、固定入息工具及外匯基金存款。

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

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

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

NOTES TO THE FINANCIAL STATEMENTS

3 Financial risk management (Continued)

(a) Financial risk factors (Continued)

(ii) Interest rate risk

The Portfolio's interest rate risk arises from interest bearing cash at bank, bank deposits and fixed income instruments. Cash at bank, which earns interest at variable rates, gives rise to cash flow interest rate risk. Fixed rate bank deposits and fixed income instruments expose the Portfolio to fair value interest rate risk. Sensitivity analyses have been performed by the Group with regard to interest rate risk as at 31 March 2023. If interest rates had been increased or decreased by 25 basis points and all other variables were held constant, the effect on the Group's operating results and total funds is insignificant.

(iii) Price risk

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

(iv) Currency risk

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

(b) Fair values estimation

(i) Financial assets carried at fair values

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

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

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

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

財務報表附註

3 財務風險管理 (續)

(a) 財務風險因素 (續)

(ii) 利率風險

組合的利率風險來自所獲利息的銀行現金、銀行存款及固定入息工具。銀行現金賺取浮動利率，會有流動現金利率風險；而賺取固定息率的銀行存款及固定入息工具，則有公允價值利率風險。集團在二零二三年三月三十一日就利率風險進行敏感度分析。當利率升降 25 點子，而所有其他變動因素維持不變，這對集團營運結果及基金總額不會有重大影響。

(iii) 價格風險

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

(iv) 貨幣風險

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

(b) 公允價值估計

(i) 按公允價值列帳的金融資產

集團以公允價值計量的金融工具按以下公允價值的計量架構進行分類：

第一層 — 相同資產或負債於活躍市場之報價(未經調整)。

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

第三層 — 資產或負債並不是根據可觀察市場數據的輸入(即不可觀察輸入)。

NOTES TO THE FINANCIAL STATEMENTS

3 Financial risk management (Continued)

(b) Fair values estimation (Continued)

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

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

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

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

Specific valuation techniques used to value financial instruments include:

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

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

財務報表附註

3 財務風險管理 (續)

(b) 公允價值估計 (續)

(i) 按公允價值列帳的金融資產 (續)

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

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

如一項或多項重大輸入並非根據可觀察市場數據，這些工具屬於第三層。

用以估值金融工具的特定估值技術包括：

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

其他技術，例如折算現金流分析，用以釐定其餘金融工具的公允價值。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

3 Financial risk management (Continued)

3 財務風險管理 (續)

(b) Fair values estimation (Continued)

(b) 公允價值估計 (續)

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

(i) 按公允價值列帳的金融資產 (續)

The placements with the Exchange Fund are included in level 3. The following table presents the changes in level 3 instruments for the financial years ended 31 March 2023 and 31 March 2022:

外匯基金存款屬於第三層。下表呈列截至二零二三年三月三十一日止及二零二二年三月三十一日止年度第三層工具的變動：

The Group and HA 集團及醫管局		
	For the year ended 31 March 2023 HK\$'000 截至2023年 3月31日止年度 港幣千元	For the year ended 31 March 2022 HK\$'000 截至2022年 3月31日止年度 港幣千元
At the beginning of the year 於年初	23,329,251	22,570,258
Withdrawal 提取	(400,000)	-
Interest earned / accrued interest 所獲利息/應計利息	1,174,867	1,100,993
Interest withdrawn 提取利息	(1,836,915)	(342,000)
At the end of the year [note 8] 於年終 [附註 8]	22,267,203	23,329,251

(ii) Financial assets not reported at fair values

(ii) 非以公允價值呈列的金融資產

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

固定入息工具按攤餘成本值列帳。固定入息工具(即存款證及債券)在報告日的公允價值由核准保管人提供，現概列如下：

The Group and HA 集團及醫管局				
	Carrying Value [Note 9] 帳面價值 [附註9]		Fair Value 公允價值	
	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元	At 31 March 2022 HK\$'000 2022年3月31日 港幣千元	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元	At 31 March 2022 HK\$'000 2022年3月31日 港幣千元
Fixed income instruments 固定入息工具	1,379,881	1,142,203	1,359,871	1,124,900

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

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

NOTES TO THE FINANCIAL STATEMENTS

3 Financial risk management (Continued)

(c) Capital management

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

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

In this regard, the capital of the Group comprises revenue reserve, designated fund and deferred income as shown in the consolidated balance sheet. At 31 March 2023, the capital of the Group was HK\$31,200,219,000 (2022: HK\$27,516,186,000).

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

財務報表附註

3 財務風險管理 (續)

(c) 資本管理

根據《醫院管理局條例》，集團的資源包括：

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

故此，集團的資本包括綜合資產負債表所載的收入儲備、指定基金及遞延收益。截至二零二三年三月三十一日，集團的資本為港幣 31,200,219,000 元(二零二二年：港幣 27,516,186,000 元)。

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

NOTES TO THE FINANCIAL STATEMENTS

4 Critical accounting estimates and judgments

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

(a) Useful lives and residual values of property, plant and equipment and intangible assets

The estimate of useful lives and residual values of property, plant and equipment and intangible assets is made by the management with reference to the established industry practices, technical assessments made on the life cycle and durability of the assets, etc. Management will revise the depreciation and amortisation charge where useful lives and residual values are different to the previous estimates, or it will write off or write down technically obsolete assets that have been abandoned or sold.

(b) Provision for medical malpractice claims

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

(c) Death and disability liabilities

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

財務報表附註

4 關鍵會計估計及判斷

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

(a) 物業、機器及設備及無形資產的可使用年期和剩餘價值

管理層會參考既定的行業慣例、就資產的使用周期及耐用程度所作的技術評估等因素，估算物業、機器及設備及無形資產的可使用年期和剩餘價值。倘可使用年期和剩餘價值與之前所估算的不同，管理層會修訂折舊及攤銷的金額，或註銷或撇減已棄置或售出技術上已過時之資產。

(b) 醫療失誤申索撥備

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

(c) 死亡及傷殘福利責任

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

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

5 Property, plant and equipment

5 物業、機器及設備

The Group and HA 集團及醫管局					
	Building and improvements HK\$'000 建築物及裝修 港幣千元	Furniture, fixtures and equipment HK\$'000 家具、固定裝置及設備 港幣千元	Motor vehicles HK\$'000 汽車 港幣千元	Computer equipment HK\$'000 電腦設備 港幣千元	Total HK\$'000 總計 港幣千元
Cost 成本					
At 1 April 2022 於 2022 年 4 月 1 日	1,107,248	15,388,372	413,961	820,519	17,730,100
Additions 增加	9	2,153,246	13,190	116,331	2,282,776
Disposals 出售	-	(698,982)	(12,623)	(35,962)	(747,567)
At 31 March 2023 於 2023 年 3 月 31 日	1,107,257	16,842,636	414,528	900,888	19,265,309
Accumulated depreciation 累積折舊					
At 1 April 2022 於 2022 年 4 月 1 日	560,875	8,503,493	294,833	611,112	9,970,313
Charge for the year 本年度之折舊	28,371	1,249,138	39,635	81,920	1,399,064
Disposals 出售	-	(679,547)	(12,623)	(35,960)	(728,130)
At 31 March 2023 於 2023 年 3 月 31 日	589,246	9,073,084	321,845	657,072	10,641,247
Net book value 帳面淨值					
At 31 March 2023 於 2023 年 3 月 31 日	518,011	7,769,552	92,683	243,816	8,624,062

The Group and HA 集團及醫管局					
	Building and improvements HK\$'000 建築物及裝修 港幣千元	Furniture, fixtures and equipment HK\$'000 家具、固定裝置及設備 港幣千元	Motor vehicles HK\$'000 汽車 港幣千元	Computer equipment HK\$'000 電腦設備 港幣千元	Total HK\$'000 總計 港幣千元
Cost 成本					
At 1 April 2021 於 2021 年 4 月 1 日	1,106,932	14,512,128	376,910	757,780	16,753,750
Additions 增加	1,316	1,617,101	55,854	80,831	1,755,102
Reclassifications 重新分類	-	498	-	(498)	-
Disposals 出售	(1,000)	(741,355)	(18,803)	(17,594)	(778,752)
At 31 March 2022 於 2022 年 3 月 31 日	1,107,248	15,388,372	413,961	820,519	17,730,100
Accumulated depreciation 累積折舊					
At 1 April 2021 於 2021 年 4 月 1 日	533,141	8,072,465	272,330	552,439	9,430,375
Charge for the year 本年度之折舊	28,734	1,156,376	41,306	76,276	1,302,692
Reclassifications 重新分類	-	10	-	(10)	-
Disposals 出售	(1,000)	(725,358)	(18,803)	(17,593)	(762,754)
At 31 March 2022 於 2022 年 3 月 31 日	560,875	8,503,493	294,833	611,112	9,970,313
Net book value 帳面淨值					
At 31 March 2022 於 2022 年 3 月 31 日	546,373	6,884,879	119,128	209,407	7,759,787

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

6 Intangible assets

6 無形資產

The Group 集團		
	For the year ended 31 March 2023 HK\$'000 截至2023年 3月31日止年度 港幣千元	For the year ended 31 March 2022 HK\$'000 截至2022年 3月31日止年度 港幣千元
Cost 成本		
At the beginning of the year 於年初	2,234,239	1,994,223
Additions 增加	263,005	242,661
Disposals 出售	(1,733)	(2,645)
At the end of the year 於年終	2,495,511	2,234,239
Accumulated amortisation 累積攤銷		
At the beginning of the year 於年初	1,761,943	1,647,860
Charge for the year 本年度之攤銷	322,080	116,726
Disposals 出售	(1,320)	(2,643)
At the end of the year 於年終	2,082,703	1,761,943
Net book value 帳面淨值		
At the end of the year 於年終	412,808	472,296
HA 醫管局		
	For the year ended 31 March 2023 HK\$'000 截至2023年 3月31日止年度 港幣千元	For the year ended 31 March 2022 HK\$'000 截至2022年 3月31日止年度 港幣千元
Cost 成本		
At the beginning of the year 於年初	2,207,804	1,975,431
Additions 增加	256,061	235,018
Disposals 出售	(1,733)	(2,645)
At the end of the year 於年終	2,462,132	2,207,804
Accumulated amortisation 累積攤銷		
At the beginning of the year 於年初	1,746,825	1,636,188
Charge for the year 本年度之攤銷	313,948	113,280
Disposals 出售	(1,320)	(2,643)
At the end of the year 於年終	2,059,453	1,746,825
Net book value 帳面淨值		
At the end of the year 於年終	402,679	460,979

NOTES TO THE FINANCIAL STATEMENTS

7 Leases

The Group has leased buildings, mainly for offices, blood donation centres, clinics, data centres, storerooms and treatment centre for novel coronavirus ("COVID-19"). Lease terms are negotiated on an individual basis and contain a wide range of different terms and conditions. To maximise operational flexibility for the Group's operations, extension and termination options are provided for a number of leases and are only included in the lease term if the lease is reasonably certain to be extended (or not terminated). At 31 March 2023, the future cash outflows for lease not yet commenced but committed by the Group amounted to HK\$12,891,000 (2022: HK\$45,307,000).

(a) Amounts recognised in the consolidated balance sheet

(i) Right-of-use assets

The Group and HA 集團及醫管局		At 31 March 2023 HK\$'000 2023年3月31日 港幣千元	At 31 March 2022 HK\$'000 2022年3月31日 港幣千元
Buildings 物業		675,132	454,176
Land 土地		-	39,163
		675,132	493,339

Additions to the right-of-use assets for the financial year ended 31 March 2023 were HK\$475,572,000 (2022: HK\$417,367,000). For the leased land of North Lantau Hospital Hong Kong Infection Control Centre ("HKICC"), the licence agreement expired during the financial year ended 31 March 2023 and is further described in note 28(d).

(ii) Lease liabilities

Contractual maturities of lease liabilities are as follows:

The Group and HA 集團及醫管局	Within 1 year	Between 1 and 2 years	Between 2 and 5 years	Over 5 years	Total contractual cash flows	Carrying amount
	HK\$'000 1年內 港幣千元	HK\$'000 1-2年 港幣千元	HK\$'000 2-5年 港幣千元	HK\$'000 5年以上 港幣千元	HK\$'000 合約現金 流量總額 港幣千元	HK\$'000 帳面價值 港幣千元
At 31 March 2023 於 2023年3月31日	356,516	192,022	142,427	7,468	698,433	673,032
Less: non-current portion 減：非流動部分						(329,664)
Current portion 流動部分						343,368
At 31 March 2022 於 2022年3月31日	288,776	113,995	112,376	-	515,147	509,397
Less: non-current portion 減：非流動部分						(223,529)
Current portion 流動部分						285,868

財務報表附註

7 租賃

集團租用的物業主要用作辦公室、捐血中心、診所、數據中心、倉庫及新型冠狀病毒病（「2019冠狀病毒病」）治療中心。租賃年期乃個別商議，當中包括多種不同條款及條件。為增加集團的營運彈性，多項租賃均包括延長或終止租賃的選擇權，並當可以合理地確定延長租賃（或不會終止）時才計入租賃年期。於二零二三年三月三十一日，尚未開始但集團已承擔的租賃未來現金流出為港幣 12,891,000 元（二零二二年：港幣 45,307,000 元）。

(a) 在綜合資產負債表確認的款項

(i) 使用權資產

於截至二零二三年三月三十一日止之財政年度，使用權資產的增加為港幣 475,572,000 元（二零二二年：港幣 417,367,000 元）。至於用作設立北大嶼山醫院香港感染控制中心（「香港感染控制中心」）的租賃土地，有關租賃協議已於截至二零二三年三月三十一日止的財政年度內到期，詳情載於附註 28(d)。

(ii) 租賃負債

租賃負債的合約到期情況如下：

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

7 Leases (Continued)

7 租賃 (續)

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

(b) 在綜合收支結算表確認的款項

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

綜合收支結算表呈列之租賃相關款額如下：

The Group 集團	For the year ended 31 March 2023 HK\$'000 截至2023年 3月31日止年度 港幣千元	For the year ended 31 March 2022 HK\$'000 截至2022年 3月31日止年度 港幣千元
Depreciation 折舊	293,779	194,141
Expenses relating to short-term leases (included in other operating expenses) 短期租賃相關開支(包括在其他營運開支內)	258,270	287,117
Finance costs 財務費用	10,038	3,684

Total cash outflow for leases for the year ended 31 March 2023 was HK\$653,624,000 (2022: HK\$403,733,000).

截至二零二三年三月三十一日止年度，租賃之現金流出總額為港幣 653,624,000 元 (二零二二年：港幣 403,733,000 元)。

8 Placements with the Exchange Fund

8 外匯基金存款

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

外匯基金存款是以「按公允價值列帳及在損益處理之金融資產」計算，而用於計量公允價值的估值技術及重大不可觀察輸入分別為貼現現金流及貼現率。有關存款以港元為單位，其公允價值根據未來年度的估計投資回報率釐定。

The interest on the placements is at a fixed rate determined annually in January and payable annually in arrears on 31 December. Currently, the rate of return is calculated on the basis of the average annual rate of return on certain investment portfolio of the Exchange Fund over the past six years or the average annual yield of three-year Government Bond in the previous year (subject to a minimum of zero percent), whichever is the higher. This rate of return has been fixed at 5.6% and 3.7% per annum for January to December 2022 and January to December 2023, respectively. The interest earned but not yet withdrawn by HA would continue to accrue interest at the same rate payable for the principal amount.

這筆存款按照每年一月釐定的固定利率於每年十二月三十一日支付當年利息。現時的回報率是按外匯基金若干投資組合過往六年的平均投資回報率或三年期政府債券過去一年的平均年度收益率計算(最低為0%)，以較高者為準。二零二二年一月至十二月及二零二三年一月至十二月的年回報率分別定為5.6%及3.7%。醫管局所獲而未提取的利息會按本金可享利率繼續積存利息。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

8 Placements with the Exchange Fund (Continued)

8 外匯基金存款 (續)

The placements with the Exchange Fund are analysed as follows:

外匯基金存款分析如下：

The Group and HA 集團及醫管局								
	Custodian for Samaritan Fund [Notes 8(a) and 17] 作為撒瑪利亞基金的保管人 [附註 8(a) 及 17]		PPP Fund and PPP Endowment Fund [Notes 8(b), 21(b) and 23] 公私營協作基金及公私營協作留本基金 [附註 8(b), 21(b) 及 23]		HLISS Fund [Notes 8(c) and 16] 購屋貸款利息津貼計劃基金 [附註 8(c) 及 16]		Total 總計	
	At 31 March 2023 HK\$'000 2023年 3月31日 港幣千元	At 31 March 2022 HK\$'000 2022年 3月31日 港幣千元	At 31 March 2023 HK\$'000 2023年 3月31日 港幣千元	At 31 March 2022 HK\$'000 2022年 3月31日 港幣千元	At 31 March 2023 HK\$'000 2023年 3月31日 港幣千元	At 31 March 2022 HK\$'000 2022年 3月31日 港幣千元	At 31 March 2023 HK\$'000 2023年 3月31日 港幣千元	At 31 March 2022 HK\$'000 2022年 3月31日 港幣千元
Principal amount 本金	5,600,000	6,000,000	10,000,000	10,000,000	5,000,000	5,000,000	20,600,000	21,000,000
Interest earned but not withdrawn at the reporting date 在報告日所獲但沒有提取的利息收入	-	748,972	657,234	775,608	794,191	486,923	1,451,425	2,011,503
Accrued interest 應計利息	64,866	93,191	98,050	148,792	52,862	75,765	215,778	317,748
	5,664,866	6,842,163	10,755,284	10,924,400	5,847,053	5,562,688	22,267,203	23,329,251
Less: non-current portion 減：非流動部分	(5,600,000)	(3,000,000)	(10,000,000)	(10,000,000)	(3,000,000)	(5,000,000)	(18,600,000)	(18,000,000)
Current portion 流動部分	64,866	3,842,163	755,284	924,400	2,847,053	562,688	3,667,203	5,329,251

NOTES TO THE FINANCIAL STATEMENTS

8 Placements with the Exchange Fund (Continued)

(a) Custodian for Samaritan Fund

During the financial year ended 31 March 2023, HA withdrew the principal of HK\$400,000,000 together with the interest of HK\$1,126,915,000 from the placement with the Exchange Fund for meeting the cash outflows of the Samaritan Fund in future years.

(b) PPP Fund and PPP Endowment Fund

During the financial year ended 31 March 2023, HA withdrew the interest of HK\$710,000,000 (2022: HK\$342,000,000) from the placement with the Exchange Fund to support the operation of the PPP programmes. In addition, as agreed with HKMA, HA renewed the placement of HK\$10,000,000,000 with the Exchange Fund for another six years upon maturity on 12 July 2022. Subject to the approval from the appropriate authority, HA may exercise an option of up to two principal withdrawals during the periods from 1 April 2024 to 31 March 2025 and 1 April 2026 to 31 March 2027 (not exceeding HK\$2,000,000,000 in aggregate) to address the potential funding needs.

(c) HLISS Fund

HA has placed HK\$5,000,000,000 for the HLISS Fund with the Exchange Fund since 19 August 2019 for a period of six years, during which HA would be able to request one single withdrawal of an amount equal to or not more than HK\$2,000,000,000 during the period from 1 April 2023 to 31 March 2024. In order to meet the funding requirements for Enhanced HLISS in future years (see note 21(c)), HA is considering to exercise partial principal withdrawal of HK\$2,000,000,000 together with the interest earned from the placement with the Exchange Fund in March 2024. Hence, the principal amount of HK\$2,000,000,000 and the interest earned / accrued of HK\$847,053,000 (2022: HK\$562,688,000) were classified as current asset.

財務報表附註

8 外匯基金存款 (續)

(a) 作為撒瑪利亞基金的保管人

於截至二零二三年三月三十一日止之財政年度，醫管局從外匯基金存款中提取港幣 400,000,000 元的本金連同港幣 1,126,915,000 元的利息，以應付撒瑪利亞基金在未來年度的現金支出。

(b) 公私營協作基金及公私營協作留本基金

於截至二零二三年三月三十一日止之財政年度，醫管局從外匯基金存款中提取利息港幣 710,000,000 元(二零二二年：港幣 342,000,000 元)，作為公私營協作計劃營運之用。此外，根據醫管局與金管局的協議，為數港幣 10,000,000,000 元的存款已於二零二二年七月十二日到期後續存於外匯基金，為期六年。期間醫管局可在獲得有關當局批准下行使選擇權，在二零二四年四月一日至二零二五年三月三十一日及二零二六年四月一日至二零二七年三月三十一日提取最多兩次本金(總額不超過港幣 2,000,000,000 元)，以解決潛在的資金需求。

(c) 購屋貸款利息津貼計劃基金

醫管局從購屋貸款利息津貼計劃基金將港幣 5,000,000,000 元的款項由二零一九年八月十九日起存於外匯基金，為期六年，期間醫管局可在二零二三年四月一日至二零二四年三月三十一日要求提取一次相等於或不超過港幣 2,000,000,000 元的款項。為應付員工置業貸款計劃於未來年度的資金需要(見附註 21(c))，醫管局正考慮在二零二四年三月從外匯基金存款中提取其中港幣 2,000,000,000 元的本金連同所獲利息。因此，港幣 2,000,000,000 元的本金及港幣 847,053,000 元的所獲/應計利息(二零二二年：港幣 562,688,000 元)被列為流動資產。

NOTES TO THE FINANCIAL STATEMENTS

9 Fixed income instruments

The fixed income instruments substantially represent Hong Kong dollar certificates of deposits and bonds with maturity periods within five years from the date of purchase. The investment yields at the reporting date were between 0.95% and 5.04% (2022: between 0.95% and 2.80%).

At 31 March 2023, the fixed income instruments held by the Group and HA are as follows:

The Group and HA 集團及醫管局		
	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元	At 31 March 2022 HK\$'000 2022年3月31日 港幣千元
Maturing within one year 一年內到期	883,766	246,420
Maturing between one and five years 一至五年內到期	496,115	895,783
	1,379,881	1,142,203

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

財務報表附註

9 固定入息工具

固定入息工具主要是由購買日期起計五年內到期的港元存款證及債券，在報告日的投資收益介乎 0.95% 至 5.04% 之間(二零二二年：介乎 0.95% 至 2.80% 之間)。

於二零二三年三月三十一日，集團及醫管局持有的固定入息工具如下：

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

10 Inventories

The Group and HA 集團及醫管局		
	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元	At 31 March 2022 HK\$'000 2022年3月31日 港幣千元
Drugs 藥物	3,349,910	3,514,733
Medical consumables 醫療消耗品	1,752,712	914,812
General consumables 一般消耗品	37,605	42,566
	5,140,227	4,472,111

The carrying value of inventories has been adjusted to its net realisable value by HK\$506,247,000 (2022: HK\$80,767,000) during the financial year ended 31 March 2023.

10 存貨

於截至二零二三年三月三十一日止之財政年度，存貨的帳面價值調整港幣 506,247,000 元(二零二二年：港幣 80,767,000 元)至其可變現淨值。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

11 Loans receivable

Certain eligible employees under HLISS were offered downpayment loans for the purchase of their residential properties ("Downpayment Loan Scheme"). Downpayment Loan Scheme has been suspended since April 2002. All downpayment loans were fully repaid by employees.

11 應收債款

在醫管局推行的購屋貸款利息津貼計劃下，一些合資格僱員可獲得首期貸款以購置居所（「首期貸款計劃」）。首期貸款計劃自二零零二年四月起已暫停，而所有的首期貸款已全數由僱員清還。

12 Accounts receivable

12 應收帳款

The Group and HA 集團及醫管局		
	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元	At 31 March 2022 HK\$'000 2022年3月31日 港幣千元
Bills receivable [note 12(a)] 應收帳單 [附註 12(a)]	453,611	482,401
Accrued income [note 12(b)] 應計收入 [附註 12(b)]	50,838	34,374
	504,449	516,775
Less: Allowance for expected credit losses [notes 12(c) and 12(d)] 減：預期信用損失撥備 [附註 12(c) 及 12(d)]	(61,140)	(70,325)
	443,309	446,450

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

(a) 應收帳單的帳齡分析如下：

The Group and HA 集團及醫管局		
	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元	At 31 March 2022 HK\$'000 2022年3月31日 港幣千元
Within 30 days 30 日內	283,176	228,727
Between 31 and 60 days 31 至 60 日	72,295	119,618
Between 61 and 90 days 61 至 90 日	17,455	42,935
Over 90 days 超過 90 日	80,685	91,121
	453,611	482,401

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

集團有關病人帳單的政策如下：

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

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

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

12 Accounts receivable (Continued)

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

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

The Group and HA 集團及醫管局	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元	At 31 March 2022 HK\$'000 2022年3月31日 港幣千元
Past due by 逾期：		
Within 30 days 30 日內	231,597	198,308
Between 31 and 60 days 31 至 60 日	54,781	85,862
Between 61 and 90 days 61 至 90 日	7,562	26,650
Over 90 days 超過 90 日	30,123	35,804
	324,063	346,624

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

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

12 應收帳款 (續)

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

逾期但沒有減值的應收帳單的帳齡分析如下：

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

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

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

12 Accounts receivable (Continued)

(c) At 31 March 2023, bills receivable of HK\$129,548,000 (2022: HK\$135,777,000) were impaired by HK\$61,140,000 (2022: HK\$70,325,000). The ageing analysis of these receivables is as follows:

The Group and HA 集團及醫管局		
	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元	At 31 March 2022 HK\$'000 2022年3月31日 港幣千元
Within 30 days 30 日內	51,579	30,419
Between 31 and 60 days 31 至 60 日	17,514	33,756
Between 61 and 90 days 61 至 90 日	9,893	16,285
Over 90 days 超過 90 日	50,562	55,317
	129,548	135,777

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

應收帳單預期信用損失撥備的變動如下：

The Group and HA 集團及醫管局		
	For the year ended 31 March 2023 HK\$'000 截至2023年 3月31日止年度 港幣千元	For the year ended 31 March 2022 HK\$'000 截至2022年 3月31日止年度 港幣千元
At the beginning of the year 於年初	70,325	79,091
Additional provision 撥備增加	29,368	32,481
Uncollectible amounts written off 註銷的未收回款額	(38,553)	(41,247)
At the end of the year 於年終	61,140	70,325

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

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

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

12 Accounts receivable (Continued)

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

12 應收帳款 (續)

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

The Group and HA 集團及醫管局				
	Gross Carrying Amount HK\$'000 帳面總值 港幣千元	Lifetime Expected Credit Loss HK\$'000 整個存續期的預期 信用損失 港幣千元	Net Carrying Amount HK\$'000 帳面淨值 港幣千元	Weighted Average Lifetime Expected Credit Loss Rate 加權平均 預期信用 損失率
At 31 March 2023 於2023年3月31日				
Within 6 months 6個月內	455,100	(42,867)	412,233	9%
Between 6 and 12 months 6至12個月	13,727	(8,143)	5,584	59%
Over 12 months 超過12個月	35,622	(10,130)	25,492	28%
	504,449	(61,140)	443,309	
At 31 March 2022 於2022年3月31日				
Within 6 months 6個月內	477,624	(44,553)	433,071	9%
Between 6 and 12 months 6至12個月	20,489	(8,063)	12,426	39%
Over 12 months 超過12個月	18,662	(17,709)	953	95%
	516,775	(70,325)	446,450	

The lifetime expected credit loss balances disclosed above include HK\$33,306,000 (2022: HK\$42,817,000) which were related to receivables individually determined to be impaired. These mainly related to non-eligible persons, the recoverability of which are considered to be low after taking all possible debt recovery actions.

上述披露的整個存續期的預期信用損失結餘包括港幣 33,306,000 元(二零二二年：港幣 42,817,000 元)，與個別決定減值的應收帳單有關，主要涉及非符合資格人士。雖然已採取所有可能行動向他們追收欠款，但成功收回機會不大。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

13 Other receivables

13 其他應收帳款

The Group and HA 集團及醫管局		
	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元	At 31 March 2022 HK\$'000 2022年3月31日 港幣千元
Donations receivable 應收捐款	29,569	44,068
Interest receivable 應收利息	421,991	59,300
Receivable from the Government for reimbursement or refund of expenditure incurred on capital projects [note 13(a)] 政府付還或退還基本工程項目所涉開支的應收款項 [附註 13(a)]	122,190	-
Others 其他	238,000	157,918
	811,750	261,286

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

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

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

- (a) 政府就基本工程項目所涉開支的撥款結餘變動如下：

The Group and HA 集團及醫管局		
	For the year ended 31 March 2023 HK\$'000 截至2023年 3月31日止年度 港幣千元	For the year ended 31 March 2022 HK\$'000 截至2022年 3月31日止年度 港幣千元
At the beginning of the year 於年初	(628,846)	297,849
Government funding received on capital projects 就基本工程項目收到的政府撥款	(4,796,699)	(6,575,052)
Amount incurred on capital projects 基本工程項目所涉款項	5,547,735	5,648,357
At the end of the year 於年終	122,190	(628,846)

As at 31 March 2022, advance funding received from the Government for meeting the capital project costs in future periods was HK\$628,846,000 and was recognised as current liabilities in note 18.

於二零二二年三月三十一日，醫管局收到政府預先撥款港幣 628,846,000 元用以支付日後基本工程項目費用，並於附註 18 列為流動負債。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

14 Deposits and prepayments

14 按金及預付款項

The Group 集團		
	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元	At 31 March 2022 HK\$'000 2022年3月31日 港幣千元
Utility and other deposits 公用事業及其他按金	60,015	48,265
Prepayments to Government departments 向政府部門預付的款項	4,103	147,020
Maintenance contracts and other prepayments 保養合約及其他預付款項	357,860	542,304
	421,978	737,589
HA 醫管局		
	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元	At 31 March 2022 HK\$'000 2022年3月31日 港幣千元
Utility and other deposits 公用事業及其他按金	59,891	48,141
Prepayments to Government departments 向政府部門預付的款項	4,103	147,020
Maintenance contracts and other prepayments 保養合約及其他預付款項	357,860	542,304
	421,854	737,465

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

15 Cash and bank balances

15 現金及銀行結餘

The Group and HA 集團及醫管局	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元	At 31 March 2022 HK\$'000 2022年3月31日 港幣千元
Cash at bank and in hand 銀行存款及手持現金	919,526	783,368
Bank deposits with original maturity within three months 原來到期日不超過三個月之銀行存款	1,187,583	8,590,850
Cash and cash equivalents 現金及現金等值	2,107,109	9,374,218
Bank deposits with original maturity over three months 原來到期日超過三個月之銀行存款	39,487,695	25,730,455
	41,594,804	35,104,673

The cash and bank balances included bank deposits designated for Minor Works Projects Fund and PPP Fund of HK\$2,471,970,000 (2022: HK\$4,527,983,000) and HK\$438,349,000 (2022: HK\$188,258,000) respectively. The effective interest rate on short term bank deposits is between 2.60% and 4.70% (2022: 0.26% and 2.58%). These deposits have an average maturity of 55 days (2022: 58 days).

現金及銀行結餘包括小型工程項目基金及公私營協作基金的指定銀行存款，分別為港幣 2,471,970,000 元（二零二二年：港幣 4,527,983,000 元）及港幣 438,349,000 元（二零二二年：港幣 188,258,000 元）。短期銀行存款的實際利率為 2.60% 至 4.70% 之間（二零二二年：0.26% 至 2.58% 之間），這些存款的平均到期日為 55 天（二零二二年：58 天）。

16 Designated fund - HLISS

16 指定基金 — 購屋貸款利息津貼計劃

The Group offers eligible employees under HLISS ("the original 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. With the implementation of Enhanced HLISS in late December 2022 (as set out in note 21(c)), the original scheme will be phased out.

根據購屋貸款利息津貼計劃（原有津貼計劃），集團為合資格僱員提供利息津貼，以資助他們在本港購置居所，而有關資格主要取決於僱員的服務年資。合資格僱員的津貼金額一般為其應付利率的一半，最高為每年 6%。另外，僱員的相關資格及津貼最高限額亦受到計劃的其他規定所限制。隨著員工置業貸款計劃於二零二二年十二月底推行（按附註 21(c) 所列），原有津貼計劃將會逐步被淘汰。

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

原有津貼計劃由醫管局透過政府的經常性補助予以資助。先前預留用以支付原有津貼計劃開支的指定基金將會用作應付員工置業貸款計劃於未來年度的資金需要。根據醫管局與金管局的協議，醫管局由二零一九年八月十九日起將港幣 5,000,000,000 元的款項存於外匯基金，為期六年，期間醫管局可在二零二三年四月一日至二零二四年三月三十一日要求提取一次相等於或不超過港幣 2,000,000,000 元的款項。基金結餘存於指定銀行戶口內，列入現金及銀行結餘。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

17 Balance with Samaritan Fund

During the financial year ended 31 March 2013, the Government injected HK\$10,000,000,000 to support the operation of the Samaritan Fund, which was established in 1950 by resolution of the Legislative Council for the purpose of providing financial assistance to needy patients. As instructed by the Government, HK\$4,000,000,000 was vested immediately in the Samaritan Fund. The balance of HK\$6,000,000,000 not immediately required by the Samaritan Fund was placed with the Exchange Fund since 8 November 2012 by way of a credit facility entered into between HA and HKMA for a fixed period of six years. As agreed with HKMA, HA renewed the principal amount of HK\$6,000,000,000 for another six years at its maturity on 8 November 2018. During the financial year ended 31 March 2023, HA withdrew principal of HK\$400,000,000 together with interest earned up to 31 December 2022 of HK\$1,126,915,000 from the placement with the Exchange Fund and returned the withdrawal amount to the Samaritan Fund.

As HA is acting as a custodian for the Samaritan Fund, the accrued interest as at 31 March 2023 was recorded together with the principal amount as balance with Samaritan Fund, which is unsecured, interest free and denominated in Hong Kong dollar.

The balance with Samaritan Fund is analysed as follows:

17 撒瑪利亞基金結餘

撒瑪利亞基金於一九五零年經立法局決議成立，目的是向有需要的病人提供資助。於截至二零一三年三月三十一日止之財政年度，政府向撒瑪利亞基金注資港幣10,000,000,000元，以支持基金的運作。根據政府指示，為數港幣4,000,000,000元的款項即時投入基金，而餘下非即時需要的港幣6,000,000,000元，根據醫管局與金管局所訂的信貸安排，由二零一二年十一月八日起存入外匯基金，年期固定為六年。根據醫管局與金管局的協議，該筆港幣6,000,000,000元的本金於二零一八年十一月八日到期後續存於外匯基金，為期六年。於截至二零二三年三月三十一日止之財政年度，醫管局從外匯基金存款中提取港幣400,000,000元本金連同截至二零二二年十二月三十一日所獲港幣1,126,915,000元利息，並將其歸還予撒瑪利亞基金。

由於醫管局作為撒瑪利亞基金的保管人，於外匯基金存款的本金連同截至二零二三年三月三十一日的應計利息，皆列作撒瑪利亞基金結餘。這筆款項沒抵押及免息，並以港元為單位。

撒瑪利亞基金結餘分析如下：

The Group and HA 集團及醫管局	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元	At 31 March 2022 HK\$'000 2022年3月31日 港幣千元
Principal amount 本金	5,600,000	6,000,000
Interest earned but not withdrawn at the reporting date 在報告日所獲但沒有提取的利息收入	-	748,972
Accrued interest 應計利息	64,866	93,191
	5,664,866	6,842,163
Less: non-current portion 減：非流動部分	(5,600,000)	(3,000,000)
Current portion 流動部分	64,866	3,842,163

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

18 Creditors and accrued charges

18 債權人及應付費用

The Group 集團		
	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元	At 31 March 2022 HK\$'000 2022年3月31日 港幣千元
Trade payables [note 18(a)] 應付貿易帳款 [附註 18(a)]	1,482,360	2,072,577
Accrued charges and other payables [note 18(b)] 應付費用及其他帳款 [附註 18(b)]	9,854,412	10,152,371
Current account with the Government [note 18(c)] 與政府之間的來往帳目 [附註 18(c)]	22,089,081	15,705,143
Advance funding received from the Government for meeting the expenditure incurred on capital projects [note 13(a)] 從政府收取用以支付基本工程項目費用的預先撥款 [附註 13(a)]	-	628,846
	33,425,853	28,558,937
HA 醫管局		
	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元	At 31 March 2022 HK\$'000 2022年3月31日 港幣千元
Trade payables [note 18(a)] 應付貿易帳款 [附註 18(a)]	1,482,360	2,072,577
Accrued charges and other payables [note 18(b)] 應付費用及其他帳款 [附註 18(b)]	9,798,977	10,116,704
Current account with the Government [note 18(c)] 與政府之間的來往帳目 [附註 18(c)]	22,089,081	15,705,143
Advance funding received from the Government for meeting the expenditure incurred on capital projects [note 13(a)] 從政府收取用以支付基本工程項目費用的預先撥款 [附註 13(a)]	-	628,846
Current account with a subsidiary 與附屬機構之間的來往帳目	55,317	35,549
	33,425,735	28,558,819

In order to meet the Group's liquidity requirements, the Group has maintained adequate cash flows and banking facilities for settlement of trade payables and other liabilities. As at 31 March 2023, the Group had cash and bank balances of HK\$41,594,804,000 (2022: HK\$35,104,673,000) (note 15) and undrawn banking facilities of HK\$5,450,000,000 (2022: HK\$5,450,000,000).

為符合集團的流動資金需要，集團備有足夠流動現金及銀行授信額以支付應付貿易帳款及其他負債。於二零二三年三月三十一日，集團的現金及銀行結餘為港幣 41,594,804,000 元(二零二二年：港幣 35,104,673,000 元)(附註 15)，以及未動用的銀行授信額為港幣 5,450,000,000 元(二零二二年：港幣 5,450,000,000 元)。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

18 Creditors and accrued charges (Continued)

18 債權人及應付費用 (續)

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

(a) 應付貿易帳款的帳齡分析如下：

The Group and HA 集團及醫管局		At 31 March 2023 HK\$'000 2023年3月31日 港幣千元	At 31 March 2022 HK\$'000 2022年3月31日 港幣千元
Within 30 days 30 日內		1,428,772	2,004,473
Between 31 and 60 days 31 至 60 日		38,856	40,375
Between 61 and 90 days 61 至 90 日		7,463	16,174
Over 90 days 超過 90 日		7,269	11,555
		1,482,360	2,072,577

All trade payables as at 31 March 2023 are expected to be settled within one year.

二零二三年三月三十一日的應付貿易帳款應於一年內繳付。

(b) Accrued charges and other payables of the Group and HA included accrual for annual leave of HK\$2,741,626,000 (2022: HK\$2,933,343,000) and contract gratuity accrual of HK\$2,676,251,000 (2022: HK\$2,527,404,000).

(b) 集團及醫管局的應付費用及其他帳款包括未放年假撥備港幣 2,741,626,000 元(二零二二年：港幣 2,933,343,000 元)，以及應計合約酬金港幣 2,676,251,000 元(二零二二年：港幣 2,527,404,000 元)。

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

(c) 結餘主要包括已收到並根據與政府的協議預留作指定計劃或特定項目供未來使用的政府撥款，如：

(i) Up to the financial year ended 31 March 2023, the Government allocated a total funding of HK\$16,405,000,000 for combatting the COVID-19 pandemic. The balance remained as at 31 March 2023 amounted to HK\$1,129,000,000 (2022: HK\$18,000,000).

(i) 截至二零二三年三月三十一日止之財政年度，政府累計撥款港幣 16,405,000,000 元用作應對 2019 冠狀病毒病疫情。在二零二三年三月三十一日，相關撥款結餘為港幣 1,129,000,000 元(二零二二年：港幣 18,000,000 元)。

(ii) An additional funding of HK\$2,000,000,000 was received during the financial year ended 31 March 2023 for eHealth related initiatives (2022: Nil).

(ii) 於截至二零二三年三月三十一日止的財政年度內收到額外撥款港幣 2,000,000,000 元(二零二二年：無)，用於數碼健康相關事宜。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

18 Creditors and accrued charges (Continued)

- (c) (iii) As agreed with the Government, the Group has also set aside funding for designated future uses and the unutilised balances as at 31 March 2023 were as follows:
- HK\$3,700,000,000 for meeting the funding requirements of sustaining anti-epidemic measures (2022: HK\$3,700,000,000);
 - HK\$2,280,000,000 for medical and IT equipment maintenance and replacement (2022: HK\$1,280,000,000);
 - HK\$3,200,000,000 for future new / enhanced initiatives (2022: Nil); and
 - HK\$1,000,000,000 for hospital commissioning of new and re-developed hospitals (2022: Nil).
- (d) Movements in the contributions from the governing bodies of ex-subservent hospitals for capital projects are as follows:

18 債權人及應付費用 (續)

- (c) (iii) 根據與政府的協議，集團亦預留資金用於未來指定用途。於二零二三年三月三十一日的未動用結餘如下：
- 港幣 3,700,000,000 元(二零二二年：港幣 3,700,000,000 元)，用作應付持續抗疫措施的資金需要；
 - 港幣 2,280,000,000 元(二零二二年：港幣 1,280,000,000 元)，以作醫療及資訊科技設備保養和更換之用；
 - 港幣 3,200,000,000 元(二零二二年：無)用於日後的新增/加強措施；及
 - 港幣 1,000,000,000 元(二零二二年：無)用作籌建新醫院及重建醫院。
- (d) 前補助醫院管治機構就基本工程項目承擔款項變動如下：

The Group and HA 集團及醫管局		
	For the year ended 31 March 2023 HK\$'000 截至2023年 3月31日止年度 港幣千元	For the year ended 31 March 2022 HK\$'000 截至2022年 3月31日止年度 港幣千元
At the beginning of the year 於年初	-	-
Contributions received from the governing bodies of ex-subservent hospitals on capital projects 所收到前補助醫院管治機構就基本工程項目承擔款項	28,500	200,559
Amount incurred on capital projects 基本工程項目所涉款項	(28,500)	(200,559)
At the end of the year 於年終	-	-

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

19 Deposits received

19 已收按金

The Group and HA 集團及醫管局	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元	At 31 March 2022 HK\$'000 2022年3月31日 港幣千元
Patient deposits [note 19(a)] 病人按金 [附註 19(a)]	39,302	21,467
Other deposits [note 19(b)] 其他按金 [附註 19(b)]	576,773	524,257
	616,075	545,724

- (a) Patient deposits represent contract liabilities and mainly consist of deposits received from private patients and non-eligible persons on admission to hospital services. The amounts are recognised before the Group provides services. Except for the amounts overpaid which will be refunded to patients and deposits for privately purchased medical items, the full balance is recognised as income in the statement of income and expenditure in the next financial year according to the accounting policy set out in note 2(e).
- (a) 病人按金屬於合約負債，主要包括使用私家服務病人及非符合資格人士入院時所支付的按金，有關款項在集團提供服務前確認。除了會退還給病人的多付款項，以及自費醫療項目的按金，全數結餘會根據附註 2(e) 的會計政策於下一個財政年度在收支結算表中確認為收入。
- (b) Other deposits mainly consist of deposits from contractors which are held as securities for due performance of the contractors' warranties, undertaking and obligations under contracts.
- (b) 其他按金主要包括承辦商按金，作為承辦商適切履行合約所訂保證、承諾及責任的抵押。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

20 Death and disability liabilities

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

The amounts recognised in the balance sheet are as follows:

The Group and HA 集團及醫管局		
	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元	At 31 March 2022 HK\$'000 2022年3月31日 港幣千元
Present value of funded obligations 注資責任的現值	233,496	273,022
Fair value of plan assets 計劃資產的公允價值	(42,387)	(26,433)
	191,109	246,589

20 死亡及傷殘福利責任

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

資產負債表予以確認的款額如下：

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

注資責任之現值變動如下：

The Group and HA 集團及醫管局		
	For the year ended 31 March 2023 HK\$'000 截至2023年 3月31日止年度 港幣千元	For the year ended 31 March 2022 HK\$'000 截至2022年 3月31日止年度 港幣千元
At the beginning of the year 於年初	273,022	294,818
Current service cost 現行服務開支	43,771	50,439
Interest cost 利息開支	5,785	4,855
Benefits paid 已付福利	(10,073)	(10,823)
Remeasurement of disability liability 傷殘福利責任重新計量	(27,738)	(8,740)
Remeasurement of death liability 死亡福利責任重新計量	(51,271)	(57,527)
At the end of the year 於年終	233,496	273,022

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

20 Death and disability liabilities (Continued)

20 死亡及傷殘福利責任 (續)

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

計劃資產的公允價值變動如下：

The Group and HA 集團及醫管局		
	For the year ended 31 March 2023 HK\$'000 截至2023年 3月31日止年度 港幣千元	For the year ended 31 March 2022 HK\$'000 截至2022年 3月31日止年度 港幣千元
At the beginning of the year 於年初	26,433	4,708
Adjustment on plan assets (excluding interest income) 計劃資產的調整(不包括利息收入)	16,274	21,661
Employer contributions 僱主供款	9,753	10,887
Benefits paid 已付福利	(10,073)	(10,823)
At the end of the year 於年終	42,387	26,433

The death benefits are insured by a group life insurance policy and the current insurance policy covers the period up to 31 July 2024. The fair value of plan assets was estimated based on the present value of the expected death benefits covered by the policy period from 1 April 2023 up to 31 July 2024.

醫管局透過團體人壽保險為僱員提供死亡福利保障，現行保險計劃有效期至二零二四年七月三十一日。計劃資產的公允價值根據由二零二三年四月一日至二零二四年七月三十一日止的保單有效期內之預期死亡福利的現值作估算。

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

下列是根據精算估值得出並在綜合收支結算表及綜合全面收益表予以確認的款額：

The Group and HA 集團及醫管局		
	For the year ended 31 March 2023 HK\$'000 截至2023年 3月31日止年度 港幣千元	For the year ended 31 March 2022 HK\$'000 截至2022年 3月31日止年度 港幣千元
Current service cost 現行服務開支	43,771	50,439
Interest cost 利息開支	5,785	4,855
Remeasurement of disability liability 傷殘福利責任重新計量	(27,738)	(8,740)
Total, included in staff costs [note 25] 總計(包括在員工成本內)[附註 25]	21,818	46,554
Remeasurement of death liability 死亡福利責任重新計量	(51,271)	(57,527)
Adjustment on plan assets (excluding interest income) 計劃資產的調整(不包括利息收入)	(16,274)	(21,661)
Total, included in other comprehensive income 總計(包括在其他綜合收益內)	(67,545)	(79,188)

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

20 Death and disability liabilities (Continued)

20 死亡及傷殘福利責任 (續)

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

精算估值採用的主要精算假設如下：

The Group and HA 集團及醫管局	For the year ended 31 March 2023 截至2023年 3月31日止年度 %	For the year ended 31 March 2022 截至2022年 3月31日止年度 %
Discount rate 貼現率	3.60	2.20
Assumed rate of future salary increases 假設未來薪金增幅	2.50	3.00

The analysis below shows how the present value of the funded obligations as at 31 March 2023 would have increased / (decreased) as a result of the following changes in the principal actuarial assumptions:

下列分析是根據以下主要精算假設的改變，得出二零二三年三月三十一日注資責任現值的增加/(減少)：

The Group and HA 集團及醫管局	Increase in 50 basis points HK\$'000 利率升 50 點子 港幣千元	Decrease in 50 basis points HK\$'000 利率降 50 點子 港幣千元
Discount rate 貼現率	(9,589)	10,420
Assumed rate of future salary increases 假設未來薪金增幅	10,185	(9,348)

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

21 Deferred income

21 遞延收益

The Group and HA 集團及醫管局					
	Designated donation fund [Note 2(f)] HK\$'000 指定捐贈基金 [附註 2(f)] 港幣千元	Minor Works Projects Fund [Note 21(a)] HK\$'000 小型工程項目基金 [附註 21(a)] 港幣千元	PPP Fund [Note 21(b)] HK\$'000 公私營協作基金 [附註 21(b)] 港幣千元	Enhanced HLISS [Note 21(c)] HK\$'000 員工置業貸款計劃 [附註 21(c)] 港幣千元	Total HK\$'000 總計 港幣千元
At 1 April 2021 於 2021 年 4 月 1 日	692,773	6,472,565	866,606	-	8,031,944
Additions during the year 年內增加	179,576	-	9,595	-	189,171
Interest earned 所獲利息	-	35,163	518,861	-	554,024
Transfers to deferred income - capital subventions and capital donations 轉調往遞延收益 — 資本補助及資本捐贈	-	(10,619)	-	-	(10,619)
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(158,907)	(1,849,687)	(361,525)	-	(2,370,119)
At 31 March 2022 於 2022 年 3 月 31 日	713,442	4,647,422	1,033,537	-	6,394,401
Additions during the year 年內增加	253,592	-	11,301	-	264,893
Interest earned 所獲利息	-	71,993	548,685	-	620,678
Transfers to deferred income - capital subventions and capital donations 轉調往遞延收益 — 資本補助及資本捐贈	-	(17,549)	-	-	(17,549)
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(269,482)	(2,422,370)	(530,392)	-	(3,222,244)
Reclassifications 重新分類	-	-	-	4,687,904	4,687,904
At 31 March 2023 於 2023 年 3 月 31 日	697,552	2,279,496	1,063,131	4,687,904	8,728,083

(a) Minor Works Projects Fund

During the financial year ended 31 March 2014, the Government advanced HK\$13,000,000,000 (under Subhead 8083MM) to HA for minor works projects to improve the existing facilities in public hospitals and clinics. The one-off grant has replaced the annual block funding allocation under Capital Works Reserve Fund - Improvement Works Block Vote (Subhead 8100MX) and covers minor works projects under five planned programmes, with costing not more than HK\$75 million for each individual item. The five programmes are facility rejuvenation programme, capacity enhancement programme, safe engineering programme, universal accessibility programme and regular maintenance / minor works and preparatory works for major capital works projects. The approved grant, together with the related investment income, will be fully used to meet the costs of the minor works projects in the coming 10 years or so starting from April 2014. HA will seek prior approval from the Government for each individual item of expenditure to be funded by the one-off grant.

(a) 小型工程項目基金

於截至二零一四年三月三十一日止的財政年度內，政府預支港幣 13,000,000,000 元（分目 8083MM 項下）予醫管局，以供進行小型工程項目，改善公立醫院及診所的現時設施。這筆一次性撥款已代替每年透過基本工程儲備基金 — 改善工程的整體撥款（分目 8100MX），並按五個擬定計劃進行每項上限為港幣 7,500 萬元的小型改善工程。五個計劃包括設施修復計劃、服務量提升計劃、安全機電計劃、加強人人暢道通行計劃，以及定期維修/小型工程及主要工程計劃的預備工作。獲批撥款連同有關投資收入將用以支付由二零一四年四月起未來約十年的小型工程項目開支。醫管局會就動用該筆一次性撥款的每個開支項目事先徵求政府批准。

NOTES TO THE FINANCIAL STATEMENTS

21 Deferred income (Continued)

(a) Minor Works Projects Fund (Continued)

As approved by the Government, HA has placed HK\$7,300,000,000 with the Exchange Fund over a period of six years since 11 April 2014 while the remaining funds have been managed internally and invested within the ambit of HA's prevailing investment guidelines. Upon the maturity of placement with the Exchange Fund on 14 April 2020, HA withdrew the principal together with the remaining interest and internally managed these funds to meet the costs of the minor works projects in future years.

(b) PPP Fund

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

During the financial year ended 31 March 2023, the Government provided recurrent subvention of HK\$11,301,000 (2022: HK\$9,595,000) to HA for pay adjustment of staff deployed on PPP programmes. The subvention was transferred to the PPP Fund and was recognised in the deferred income – PPP Fund when the subvention was received.

(c) Enhanced HLISS

The HA Board approved in June 2022 the introduction of Enhanced HLISS which was launched in late December 2022 and the first batch of applications was then invited. Under Enhanced HLISS, downpayment assistance in the form of a staff loan with interest subsidy provided by HA will be offered to eligible employees to assist their ownership of a residential property for self-occupation so that employees will effectively be paying interest on the staff loan at a preferential interest rate.

Regarding the funding arrangement for Enhanced HLISS, the HA Board approved in March 2020 to designate the Government funding contributed for HLISS and related investment income (after meeting the expenditure for the original scheme) for Enhanced HLISS from the financial year ended 31 March 2021 onwards. Having considered that such funding will be fully allocated for meeting the funding requirements for staff loan applications for the first and subsequent batches, total funds set aside for Enhanced HLISS of HK\$4,687,904,000 as at 31 March 2023 was reclassified as deferred income (2022: HK\$3,032,478,000 was recorded as current account with the Government under creditors and accrued charges).

財務報表附註

21 遞延收益 (續)

(a) 小型工程項目基金 (續)

醫管局獲政府批准，於二零一四年四月十一日將港幣 7,300,000,000 元存入外匯基金，為期六年，餘款由內部管理，並根據醫管局現行的投資規定進行投資。在存放於外匯基金的存款於二零二零年四月十四日到期後，醫管局已提取本金連同餘下的利息，並由內部管理，用以支付未來年度的小型工程項目開支。

(b) 公私營協作基金

於二零一六年三月三十一日，政府向醫管局撥款港幣 10,000,000,000 元設立留本基金 (附註 23)，利用所得投資回報以恆常營運和優化持續推行的臨床公私營協作計劃，以及在日後推行新的計劃。醫管局可利用投資回報，連同政府之前給予的一次性指定撥款的結餘，持續營運自二零一六年四月起推行的公私營協作計劃。

於截至二零二三年三月三十一日止的財政年度，政府向醫管局提供港幣 11,301,000 元 (二零二二年：港幣 9,595,000 元) 經常性補助，用作公私營協作計劃職員的薪酬調整。有關補助於收到時轉調往公私營協作基金，並確認為遞延收益 — 公私營協作基金。

(c) 員工置業貸款計劃

醫管局大會於二零二二年六月批准設立員工置業貸款計劃。此計劃於二零二二年十二月底推出，並已發出首批申請邀請。在此計劃下，醫管局會為合資格的僱員提供首期資助，以員工貸款及利息津貼的形式，協助僱員購置自住物業，讓僱員以優惠利率支付員工貸款利息。

有關員工置業貸款計劃的撥款安排方面，醫管局大會於二零二零年三月批准由截至二零二一年三月三十一日止的財政年度起，將原定用於購屋貸款利息津貼計劃的政府撥款及相關投資收入 (在支付該津貼計劃的開支後) 改用於員工置業貸款計劃。鑒於有關款項將全數用於應付首批及其後各批員工貸款申請的資金需要，截至二零二三年三月三十一日為員工置業貸款計劃預留為數港幣 4,687,904,000 元的資金總額已重新分類為遞延收益 (二零二二年：港幣 3,032,478,000 元，列入債權人及應付費用下的與政府之間的來往帳目)。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

22 Deferred income - capital subventions and capital donations

22 遞延收益 — 資本補助及資本捐贈

The Group 集團			
	Capital subventions [Note 2(r)] HK\$'000 資本補助 [附註 2(r)] 港幣千元	Capital donations [Note 2(f)] HK\$'000 資本捐贈 [附註 2(f)] 港幣千元	Total HK\$'000 總計 港幣千元
At 1 April 2021 於 2021 年 4 月 1 日	6,499,941	1,169,797	7,669,738
Additions during the year 年內增加	1,874,860	112,284	1,987,144
Transfers from Minor Works Projects Fund 轉調自小型工程項目基金	10,619	-	10,619
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(1,280,639)	(154,779)	(1,435,418)
At 31 March 2022 於 2022 年 3 月 31 日	7,104,781	1,127,302	8,232,083
Additions during the year 年內增加	2,406,602	121,630	2,528,232
Transfers from Minor Works Projects Fund 轉調自小型工程項目基金	17,549	-	17,549
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(1,585,038)	(155,956)	(1,740,994)
At 31 March 2023 於 2023 年 3 月 31 日	7,943,894	1,092,976	9,036,870

HA 醫管局			
	Capital subventions [Note 2(r)] HK\$'000 資本補助 [附註 2(r)] 港幣千元	Capital donations [Note 2(f)] HK\$'000 資本捐贈 [附註 2(f)] 港幣千元	Total HK\$'000 總計 港幣千元
At 1 April 2021 於 2021 年 4 月 1 日	6,492,821	1,169,797	7,662,618
Additions during the year 年內增加	1,867,217	112,284	1,979,501
Transfers from Minor Works Projects Fund 轉調自小型工程項目基金	10,619	-	10,619
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(1,277,193)	(154,779)	(1,431,972)
At 31 March 2022 於 2022 年 3 月 31 日	7,093,464	1,127,302	8,220,766
Additions during the year 年內增加	2,399,658	121,630	2,521,288
Transfers from Minor Works Projects Fund 轉調自小型工程項目基金	17,549	-	17,549
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(1,576,906)	(155,956)	(1,732,862)
At 31 March 2023 於 2023 年 3 月 31 日	7,933,765	1,092,976	9,026,741

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

23 Public-Private Partnership Endowment Fund

As approved by the Government, the endowment fund of HK\$10,000,000,000 has been placed with the Exchange Fund for a period of six years since 12 July 2016. As agreed with HKMA, HA renewed the placement of HK\$10,000,000,000 for another six years upon maturity on 12 July 2022.

23 公私營協作留本基金

政府批准醫管局由二零一六年七月十二日起將港幣 10,000,000,000 元的留本基金存於外匯基金，為期六年。根據醫管局與金管局的協議，該筆港幣 10,000,000,000 元的存款於二零二二年七月十二日到期後續存於外匯基金，為期六年。

24 Hospital / clinic fees and charges

The charges for hospital services provided by the Group are levied in accordance with those stipulated in the Gazette. Since the Government has established a set of policies and procedures on granting fee waivers to the needy patients, the hospital / clinic fees and charges recognised as income in the consolidated statement of income and expenditure are stated net of such waivers. The amount of hospital / clinic fees and charges waived for the financial year ended 31 March 2023 amounted to HK\$1,112,018,000 (2022: HK\$1,081,054,000).

24 醫院/診療所收費

集團所提供的醫療服務，是根據憲報刊載的收費表而收取費用。由於政府已制訂一套給予經濟有困難病人費用減免的政策及程序，故在綜合收支結算表中確認為收入的醫院/診療所收費，已扣除了這些減免數額。在截至二零二三年三月三十一日止之財政年度內，獲減免的醫院/診療所收費為港幣 1,112,018,000 元(二零二二年：港幣 1,081,054,000 元)。

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

在一段時間內或在某一時點獲得的各類醫院/診療所收費(已扣除減免數額)如下：

The Group 集團	Over time	At a point	Total
	HK\$'000 在一段時間內 港幣千元	in time HK\$'000 在某一時點 港幣千元	HK\$'000 總計 港幣千元
For the year ended 31 March 2023 截至 2023 年 3 月 31 日止年度			
Inpatient fees 住院收費	564,055	-	564,055
Outpatient fees 門診收費	-	1,235,108	1,235,108
Itemised charges 分項收費	49,015	3,283,543	3,332,558
Other medical fees 其他醫療收費	1,537	102,865	104,402
	614,607	4,621,516	5,236,123
For the year ended 31 March 2022 截至 2022 年 3 月 31 日止年度			
Inpatient fees 住院收費	600,439	-	600,439
Outpatient fees 門診收費	-	1,278,409	1,278,409
Itemised charges 分項收費	65,259	3,198,371	3,263,630
Other medical fees 其他醫療收費	1,363	106,675	108,038
	667,061	4,583,455	5,250,516

25 Staff costs

25 員工成本

The Group 集團	For the year ended 31 March 2023 HK\$'000 截至 2023年 3月 31日止年度 港幣千元	For the year ended 31 March 2022 HK\$'000 截至 2022年 3月 31日止年度 港幣千元
Basic salaries and other short term employee benefits 基本薪金及其他短期僱員福利	55,542,999	54,231,810
Post-employment benefits 離職後福利：		
- Contribution to HA Provident Fund Scheme [note 25(a)] 醫院管理局公積金計劃供款 [附註 25(a)]	2,795,836	2,833,816
- Contribution to Mandatory Provident Fund Scheme [note 25(b)] 強制性公積金計劃供款 [附註 25(b)]	1,058,356	1,005,829
Death and disability benefits [note 20] 死亡及傷殘福利 [附註 20]	21,818	46,554
	59,419,009	58,118,009

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

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

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

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

At 31 March 2023, the total membership was 26,404 (2022: 27,293). The scheme's net asset value as at 31 March 2023 was HK\$68,481,724,000 (2022: HK\$75,352,345,000).

(a) 醫院管理局公積金計劃

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

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

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

於二零二三年三月三十一日，計劃共有 26,404 名成員(二零二二年：27,293 名)，計劃的資產淨值為港幣 68,481,724,000 元(二零二二年：港幣 75,352,345,000 元)。

NOTES TO THE FINANCIAL STATEMENTS

25 Staff costs (Continued)

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

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

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

At 31 March 2023, the total membership was 78,780 (2022: 73,290). During the financial year ended 31 March 2023, total members' contributions were HK\$920,914,000 (2022: HK\$871,526,000). The net asset value as at 31 March 2023, including assets transferred from members' previous employment, was HK\$12,319,094,000 (2022: HK\$12,237,177,000).

26 Other operating expenses

Other operating expenses comprise office supplies, hospital supplies, non-capitalised project expenditure and other administrative expenses. For the financial year ended 31 March 2023, other operating expenses included external auditor's remuneration of HK\$1,050,000 (2022: HK\$1,050,000).

財務報表附註

25 員工成本 (續)

(b) 強制性公積金計劃

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

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

於二零二三年三月三十一日，計劃共有 78,780 名成員(二零二二年：73,290 名)。在截至二零二三年三月三十一日止之財政年度內，成員的供款總額為港幣 920,914,000 元(二零二二年：港幣 871,526,000 元)。於二零二三年三月三十一日，計劃的資產淨值，包括成員先前職位轉調的資產，為港幣 12,319,094,000 元(二零二二年：港幣 12,237,177,000 元)。

26 其他營運開支

其他營運開支包括辦公室用品、醫院物資、非資本化項目開支及其他行政開支。截至二零二三年三月三十一日止之財政年度，其他營運開支包括核數師酬金港幣 1,050,000 元(二零二二年：港幣 1,050,000 元)。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

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

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

27 大會成員及五名最高薪行政人員的酬金

- (a) 所有出任大會成員的人士均沒有因以成員身份提供服務而領取酬金。
- (b) 年內的員工成本已包括支付予以下五名最高薪行政人員(包括行政總裁、聯網總監、各總監及總辦事處其他科部主管和醫院行政總監)的酬金，當中已計入基本薪金及其他短期僱員福利及離職後福利：

Name of Executives / Position 行政人員姓名/職位	HK\$'000 港幣千元	For the year ended 31 March 2023 HK\$'000 截至2023年 3月31日止年度 港幣千元
Dr Tony KO Pat-sing 高拔陞醫生 Chief Executive 行政總裁		6,555
Dr Nelson WAT Ming-sun 屈銘伸醫生 Hospital Chief Executive (Caritas Medical Centre) 明愛醫院行政總監		5,418
Dr Theresa LI Tak-lai 李德麗醫生 Cluster Chief Executive (Hong Kong West) 港島西聯網總監		5,297
Dr CHUNG Kin-lai 鍾健禮醫生 Cluster Chief Executive (New Territories East)* 新界東聯網總監 * Director (Quality & Safety)* 質素及安全總監 *	1,541 3,668	5,209
Dr David SUN Tin-fung 孫天峯醫生 Hospital Chief Executive (North District Hospital) 北區醫院行政總監		5,071
		27,550

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

* Dr CHUNG Kin-lai was appointed as Cluster Chief Executive (New Territories East) with effect from 15 December 2022. Prior to this appointment, he served as Director (Quality & Safety).

註：所有行政人員並不獲取與表現掛鈎的不定額薪酬。

* 鍾健禮醫生為前任質素及安全總監，於二零二二年十二月十五日起獲委任為新界東聯網總監。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

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

27 大會成員及五名最高薪行政人員的酬金 (續)

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

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

註：所有行政人員並不獲取與表現掛鈎的不定額薪酬。

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

* 二零二一年四月一日至四月三十日擔任代理聯網總監。

NOTES TO THE FINANCIAL STATEMENTS

28 Related party transactions

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

- (a) HA has a number of contracts with the Electrical and Mechanical Services Department ("EMSD") of the Government for providing biomedical and general electronics engineering services, electrical, mechanical, air-conditioning, building services and other services (e.g. capital and improvement works) to the Group. The amounts incurred for these services for the financial year ended 31 March 2023 amounted to HK\$2,493,316,000 (2022: HK\$2,151,587,000).
- (b) HA has entered into an agreement with the Government to provide serving and retired civil servants, their eligible dependants and other eligible persons with the services and facilities at all public hospitals and clinics free of charge or at the prevailing rates as prescribed in the Civil Service Regulations. For the financial year ended 31 March 2023, revenue foregone in respect of medical services provided to these persons amounted to HK\$312,629,000 (2022: HK\$343,864,000). The cost of such services has been taken into account in the Government's subvention to the Group.
- (c) HA has entered into short-term (within 12 months) licence agreements with the AsiaWorld-Expo ("AWE") Management Limited, which is wholly owned by the Airport Authority Hong Kong, to permit HA on using certain areas in AWE for establishing and operating the treatment centre to admit the COVID-19 confirmed patients. Total licence fees and related charges recognised in the statement of income and expenditure for the financial year ended 31 March 2023 amounted to HK\$183,610,000 (2022: HK\$257,373,000).
- (d) Another licence agreement was entered with AWE Management Limited to permit HA on using licenced area for the construction and operation of HKICC during the period from 19 September 2020 to 31 January 2023. Since the licence period is over 12 months, there were additions to right-of-use assets of HK\$107,876,000 for the financial year ended 31 March 2021. As at 31 March 2023, no lease liabilities (2022: HK\$44,986,000) were recognised in the balance sheet. Depreciation charge of right-of-use assets, finance cost of lease liabilities and related charges recognised in the statement of income and expenditure during the financial year ended 31 March 2023 amounted to HK\$76,456,000 (2022: HK\$66,334,000). Subsequent to the expiry of this licence agreement, HA is undergoing negotiation with AWE Management Limited on using the same area for the operation of HKICC beyond January 2023.

財務報表附註

28 與關聯人士的交易

集團與關聯人士所作的重大交易計有：

- (a) 醫管局與政府機電工程署訂立了數份合約，由該署向集團提供生物醫學及一般電子工程服務、電力、機械、空調、樓宇服務及其他服務(如基本工程及改善工程)。截至二零二三年三月三十一日止之財政年度內有關服務涉及的款額為港幣 2,493,316,000 元(二零二二年：港幣 2,151,587,000 元)。
- (b) 醫管局與政府訂立了協議，為現職及退休公務員、其合資格的家屬及其他符合資格人士免費或按《公務員事務規則》所訂收費提供公立醫院及診所的服務及設施。截至二零二三年三月三十一日止之財政年度，為上述人士所提供的醫療服務涉及之免收款項為港幣 312,629,000 元(二零二二年：港幣 343,864,000 元)，這些服務的費用已包括在政府給集團的補助內。
- (c) 醫管局與亞洲國際博覽館(「亞博館」)管理有限公司(由香港機場管理局全資擁有)簽訂短期(不超過十二個月)租用協議，容許醫管局使用亞博館某些場地，以設立及營運治療中心，用作接收 2019 冠狀病毒病確診病人。於截至二零二三年三月三十一日止之財政年度，租用場地費用及相關開支總額為港幣 183,610,000 元(二零二二年：港幣 257,373,000 元)，並在該年度之收支結算表內確認。
- (d) 醫管局與亞博館管理有限公司另簽訂一份租用協議，容許醫管局於二零二零年九月十九日至二零二三年一月三十一日期間在租用的地方上設立及營運香港感染控制中心。由於租用期超過十二個月，於截至二零二一年三月三十一日止之財政年度，使用權資產增加港幣 107,876,000 元。而於二零二三年三月三十一日，在資產負債表中已無確認任何租賃負債(二零二二年：港幣 44,986,000 元)。在截至二零二三年三月三十一日止之財政年度，使用權資產的折舊金額與租賃負債的財務費用及相關開支涉及款額為港幣 76,456,000 元(二零二二年：港幣 66,334,000 元)，並在收支結算表內確認。此租用協議到期後，醫管局正與亞博館管理有限公司商討在二零二三年一月後使用該處營運香港感染控制中心的事宜。

NOTES TO THE FINANCIAL STATEMENTS

28 Related party transactions (Continued)

(e) Remuneration of key management personnel

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

Total remuneration of the key management personnel is shown below:

	For the year ended 31 March 2023 HK\$'000 截至2023年 3月31日止年度 港幣千元	For the year ended 31 March 2022 HK\$'000 截至2022年 3月31日止年度 港幣千元
Basic salaries and other short term employee benefits 基本薪金及其他短期僱員福利	69,695	72,064
Post-employment benefits 離職後福利	6,723	6,778
	<u>76,418</u>	<u>78,842</u>

- (f) Other significant related party transactions with the Government include annual recurrent grants, capital subventions (note 22) and designated funds (notes 16 and 21). Details of transactions relating to the Group's retirement schemes are included in note 25.
- (g) Outstanding balances with the Government as at 31 March 2022 and 31 March 2023 are disclosed in notes 8, 13, 14, 17, 18 and 23. The current account with a subsidiary, HACM Limited, is disclosed in note 18.

財務報表附註

28 與關聯人士的交易 (續)

(e) 主要管理人員薪酬

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

主要管理人員的薪酬總額如下：

- (f) 與政府進行的其他重大關聯人士交易包括每年經常性補助、資本補助(附註 22)及指定基金(附註 16 及 21)，有關集團退休計劃的交易詳情載於附註 25。
- (g) 截至二零二二年及二零二三年三月三十一日與政府之間的未清帳款於附註 8, 13, 14, 17, 18 及 23 披露，與附屬機構「醫院管理局中醫藥發展有限公司」之間的來往帳目於附註 18 披露。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

29 Notes to the consolidated statement of cash flows

29 綜合現金流動報表附註

(a) Net cash generated from operating activities

(a) 營運活動所得現金淨額

The Group 集團	For the year ended 31 March 2023 HK\$'000 截至2023年 3月31日止年度 港幣千元	For the year ended 31 March 2022 HK\$'000 截至2022年 3月31日止年度 港幣千元
Surplus for the year 年內盈餘	478,019	490,971
Investment income 投資收益	(788,779)	(186,844)
Interest for Minor Works Projects Fund 小型工程項目基金利息	43,987	51,440
Income transferred from Minor Works Projects Fund 轉調自小型工程項目基金之收入	(2,422,370)	(1,849,687)
Interest for PPP Fund 公私營協作基金利息	716,965	342,626
Income transferred from PPP Fund 轉調自公私營協作基金之收入	(530,392)	(361,525)
Capital subventions for property, plant and equipment and intangible assets 物業、機器及設備及無形資產之資本補助	2,406,602	1,874,860
Capital donations for property, plant and equipment and intangible assets 物業、機器及設備及無形資產之資本捐贈	121,630	112,284
Income transferred from capital subventions and capital donations 轉調自資本補助及資本捐贈之收入	(1,740,994)	(1,435,418)
Loss on disposal of property, plant and equipment and intangible assets 出售物業、機器及設備及無形資產之虧損	19,850	16,000
Adjustment of inventories to net realisable value 存貨調整至可變現淨值	425,480	(53,797)
Depreciation and amortisation 折舊及攤銷	2,014,923	1,613,559
Finance costs 財務費用	10,038	3,684
Increase in death and disability liabilities 死亡及傷殘福利責任增加	12,065	35,667
(Decrease) / increase in deferred income 遞延收益(減少)/增加	(4,588)	30,264
Increase in inventories 存貨增加	(1,093,596)	(1,876,319)
Decrease in loans receivable 應收債款減少	11	111
Decrease / (increase) in accounts receivable 應收帳款減少/(增加)	3,141	(88,388)
(Increase) / decrease in other receivables 其他應收帳款(增加)/減少	(187,773)	230,894
Decrease / (increase) in deposits and prepayments 按金及預付款項減少/(增加)	314,462	(130,800)
Increase in creditors and accrued charges 債權人及應付費用增加	9,270,455	6,533,217
Increase in deposits received 已收按金增加	70,351	85,088
Net cash generated from operating activities 營運活動所得現金淨額	9,139,487	5,437,887

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

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

29 綜合現金流動報表附註 (續)

(b) Reconciliation of liabilities arising from financing activities

(b) 融資活動產生的負債對帳

The Group 集團	Lease liabilities HK\$'000 租賃負債 港幣千元
At 1 April 2021 於 2021 年 4 月 1 日	294,267
Cash flow changes 現金流量變動	
Payment of principal portion of lease liabilities 支付租賃負債本金部分	(195,769)
Non-cash changes 非現金項目變動	
Additions of leases 租賃增加	410,899
At 31 March 2022 於 2022 年 3 月 31 日	509,397
Cash flow changes 現金流量變動	
Payment of principal portion of lease liabilities 支付租賃負債本金部分	(310,788)
Non-cash changes 非現金項目變動	
Additions of leases 租賃增加	474,423
At 31 March 2023 於 2023 年 3 月 31 日	673,032

30 Funds held in trust

At 31 March 2023, Health Care and Promotion Scheme of HK\$490,000 (2022: HK\$1,933,000) was held in trust for the Government but not included in the financial statements.

30 信託基金

於二零二三年三月三十一日，集團以信託基金形式為政府管理港幣 490,000 元(二零二二年：港幣 1,933,000 元)的健康護理及促進計劃，這筆款額未列入財務報表內。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

31 Donations from the Hong Kong Jockey Club Charities Trust

During the financial year ended 31 March 2023, the Hong Kong Jockey Club Charities Trust made donations totalling HK\$17,971,000 (2022: HK\$12,462,000) to the following institutions:

	HK\$'000 港幣千元
Kowloon Hospital 九龍醫院	11,849
Jockey Club Inpatient Facilities Modernisation Scheme (Various hospitals) 賽馬會安寢輕移計劃(不同醫院)	4,426
MacLehose Medical Rehabilitation Centre 麥理浩復康院	1,696
	17,971

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

31 來自香港賽馬會慈善信託基金的捐贈

截至二零二三年三月三十一日止的財政年度內，香港賽馬會慈善信託基金共向下列機構捐出港幣 17,971,000 元(二零二二年：港幣 12,462,000 元)：

根據附註 2(f)(ii) 所載的會計政策，捐贈列入指定捐贈基金內。

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

The net proceeds from fund raising activities under PSP granted by the Social Welfare Department of the Government during the stated period are set out below:

32 獲社會福利署發給公開籌款許可證進行籌款活動所得淨收入

獲政府社會福利署發給公開籌款許可證在指定期間進行籌款活動所得淨收入如下：

Institution 機構	PSP No. 公開籌款 許可證編號	Purpose 目的	Period 涵蓋期間	Gross Income Raised HK\$'000 收入總額 港幣千元	Gross Expenditure Incurred HK\$'000 開支總額 港幣千元	Net Proceeds HK\$'000 淨收入 港幣千元
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	2022/015/1	Improving the quality of patient care services 改善病人服務質素	1/4/2022- 31/3/2023	20	0	20
Bradbury Hospice 白普理寧養中心	2021/105/1	To raise funds for patient care 籌款用作病人福利	1/11/2021- 31/10/2022	15	0	15
Caritas Medical Centre 明愛醫院	2021/042/1	To raise funds for patient services of Caritas Medical Centre 籌款用作明愛醫院病人服務	1/5/2021- 30/4/2022	42	3	39
Cheshire Home, Shatin 沙田慈氏護養院	2021/059/1	To raise funds for developing patient related services 籌款用作發展與病人相關的服務	2/7/2021- 30/6/2022	0	0	0
Grantham Hospital 葛量洪醫院	2022/007/1	To raise funds for improving patient services of Grantham Hospital 籌款用作改善葛量洪醫院病友服務	1/2/2022- 31/1/2023	16	0	16
Haven of Hope Hospital 靈實醫院	2022/019/1	To raise funds for services of Haven of Hope Hospital 籌款用作靈實醫院的服務	1/4/2022- 31/3/2023	48	3	45

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

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

32 獲社會福利署發給公開籌款許可證進行籌款活動所得淨收入 (續)

Institution 機構	PSP No. 公開籌款 許可證編號	Purpose 目的	Period Covered 涵蓋期間	Gross Income Raised HK\$'000 收入總額 港幣千元	Gross Expenditure Incurred HK\$'000 開支總額 港幣千元	Net Proceeds HK\$'000 淨收入 港幣千元
Hong Kong Buddhist Hospital 香港佛教醫院	2022/008/1	To raise funds for the purchase of medical instruments / equipment and office equipment, improvement of hospital premises and supporting patient related activities 籌款用作購買醫療儀器及辦公室設備，改善醫院環境及病人活動經費	1/2/2022-31/1/2023	59	1	58
North District Hospital Charitable Foundation 北區醫院慈善信託基金	2021/156/1	To raise funds for North District Hospital Charitable Foundation so as to support North District Hospital in improving the physical and mental health of the public in the community and to promote health education, medical education and research 籌款用作「北區醫院慈善信託基金」以支持北區醫院改善社區內公眾人士的身體和精神健康，並促進健康教育、醫學教育和研究	1/1/2022-31/12/2022	59	0	59
Our Lady of Maryknoll Hospital 聖母醫院	2022/013/1	To raise funds for improvement of patient services 籌款用作改善對病人的服務	1/4/2022-31/3/2023	21	4	17
Prince of Wales Hospital Charitable Foundation 威爾斯親王醫院慈善信託基金	2021/081/1 2021/117/1	To raise funds for supporting the services of the Prince of Wales Hospital, improving the physical and mental health in the community and promote medical education & research 籌款用作支援威爾斯親王醫院服務，改善區內公眾的身心健康以及推動醫學教育和研究	1/9/2021-31/8/2022 23/11/2021-31/8/2022	573 51	3 32	570 19
Queen Mary Hospital 瑪麗醫院	2022/018/1	To raise funds for hospital service enhancement 籌款用作提升醫院服務	1/4/2022-31/3/2023	73	0	73
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	2022/016/1	To raise funds for volunteer services, patient related activities and improvement of hospital service 籌款用作義工服務、病人活動及改善醫院服務	1/4/2022-31/3/2023	75	4	71
Shatin Hospital 沙田醫院	2021/122/1	To raise funds for developing patient service 籌款用作發展病人服務	1/12/2021-30/11/2022	8	0	8
Tai Po Hospital 大埔醫院	2022/014/1	Improvement of the quality of patient care services 改善病人服務質素	1/4/2022-31/3/2023	15	0	15
The Hospital Authority Charitable Foundation 醫院管理局慈善基金	2022/023/1	To raise funds for the Hospital Authority Charitable Foundation to promote healthy living, subsidise medical expenses of needy patients, support activities of patient groups, promote health education and develop volunteer services in Hong Kong 籌款用作支持醫院管理局慈善基金的工作，包括推廣健康生活、幫助危困病人支付醫療費用、資助病人組織的活動、推廣健康教育以及發展義工服務	1/4/2022-31/3/2023	592	0	592

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

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

32 獲社會福利署發給公開籌款許可證進行籌款活動所得淨收入 (續)

Institution 機構	PSP No. 公開籌款 許可證編號	Purpose 目的	Period Covered 涵蓋期間	Gross Income Raised HK\$'000 收入總額 港幣千元	Gross Expenditure Incurred HK\$'000 開支總額 港幣千元	Net Proceeds HK\$'000 淨收入 港幣千元
The Pamela Youde Nethersole Eastern Hospital Charitable Trust	2021/077/1	To raise funds for enhancing the services of Pamela Youde Nethersole Eastern Hospital or any other non-profit making hospitals / medical facilities in Hong Kong	1/9/2021-31/8/2022	496	10	486
東區尤德夫人那打素醫院慈善信託基金	2022/100/1	籌款用作提升東區尤德夫人那打素醫院或香港其他非牟利醫院/醫療機構的服務質素	11/11/2022	58	1	57
The Princess Margaret Hospital Charitable Trust	2021/120/1	To raise funds for Princess Margaret Hospital for enhancement of patient services quality	30/11/2021-25/11/2022	14	1	13
瑪嘉烈醫院慈善基金	2022/022/1	To raise funds for supporting research in the improvement and development of medicine at Queen Elizabeth Hospital	1/4/2022-31/3/2023	170	0	170
伊利沙伯醫院慈善信託基金	2021/090/1	To raise funds for patients benefit and enhancement of hospital services	25/9/2021-24/9/2022	26	0	26
Tseung Kwan O Hospital	2021/049/1	To raise funds for: (I) Patient benefits / services uses; (II) Health and diseases education; (III) Patient Resources Centre; (IV) Medical research and development projects for the betterment of the community	1/6/2021-31/5/2022	51	0	51
將軍澳醫院	2022/017/1	籌款用作： (I) 病人福利/服務 (II) 健康及疾病教育 (III) 病人資源中心 (IV) 醫療研究及發展計劃以改善社區	1/4/2022-31/3/2023	209	5	204
United Christian Hospital	2022/006/1	To raise funds for hospital services and hospital facilities	1/2/2022 - 31/1/2023	552	3	549
基督教聯合醫院		籌款用作病人福利及提升基督教聯合醫院的醫療服務				
Yan Chai Hospital		籌款用作醫院服務及醫院設施				
仁濟醫院						

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

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

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

33 Capital commitments

At 31 March 2023, the Group and HA had the following capital commitments:

The Group and HA 集團及醫管局	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元	At 31 March 2022 HK\$'000 2022年3月31日 港幣千元
Authorised but not contracted for 已獲授權但未訂契約	77,229,834	45,895,477
Contracted for but not provided 已訂契約但未撥備	26,652,234	27,879,933
	103,882,068	73,775,410

The capital commitments disclosed above include (i) costs to be capitalised under property, plant and equipment or intangible assets; (ii) expenditure not meeting the capitalisation policy and are to be charged to the statement of income and expenditure; and (iii) amounts to be incurred by HA for undertaking the building works projects on behalf of the Government and governing bodies of ex-subvented hospitals as set out in the accounting policy note 2(r)(i).

於二零二三年三月三十一日，集團及醫管局有以下的資本承擔：

上述所列的資本承擔包括 (i) 將會資本化的物業、機器及設備或無形資產費用；(ii) 不符合資本化規定及將記入收支結算表的開支；及 (iii) 根據附註 2(r)(i) 所述的會計政策，醫管局代政府及前補助醫院管治機構執行建築工程項目所涉的費用。

34 Taxation

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

34 稅項

醫管局按《醫院管理局條例》獲豁免繳稅，故並無作出稅項準備。

35 Contingent liabilities

As adequate provisions have been made in the financial statements after reviewing the status of outstanding claims and taking into account legal advice received, the Group has no material contingent liability as at 31 March 2023 (2022: Nil).

35 或然負債

經評估尚未解決申索個案的狀況，並根據所得法律意見，本財務報表已作出足夠的撥備，因此集團在二零二三年三月三十一日並無重大或然負債(二零二二年：無)。

36 Approval of financial statements

The financial statements were approved by members of HA on 21 September 2023.

36 財務報表的通過

本財務報表已於二零二三年九月二十一日獲醫管局成員通過。

APPENDICES

附錄

Appendix 1 附錄 1	Membership of the Hospital Authority 159 醫院管理局成員
Appendix 2 附錄 2	(a) Hospital Authority Committee Structure 163 (a) 醫院管理局委員會架構 (b) Hospital Authority Executive Structure 164 (b) 醫院管理局行政架構
Appendix 3 附錄 3	Membership and Terms of Reference of Functional Committees 166 專責委員會成員及職權範圍
Appendix 4 附錄 4	Membership of Hospital Governing Committees 197 醫院管治委員會成員
Appendix 5 附錄 5	Membership of Regional Advisory Committees 230 區域諮詢委員會成員
Appendix 6 附錄 6	Membership of the Board of Trustees of the Hospital Authority Provident Fund Scheme 2022-23 233 2022-23 年度醫院管理局公積金計劃信託委員會成員
Appendix 7 附錄 7	Public Feedback Statistics 234 公眾意見統計
Appendix 8 附錄 8	Statistics of the Controlling Officer's Report 235 管制人員報告統計數字
Appendix 9 附錄 9	Statistics on Number of Beds, Inpatient, Accident & Emergency and Outpatient Services in 2022-23 239 2022-23 年度病床數目、住院服務、急症室服務及門診服務統計數字
Appendix 10 附錄 10	Statistics on Community and Rehabilitation Services in 2022-23 242 2022-23 年度社康及康復服務統計數字
Appendix 11 附錄 11	(a) Manpower Position – by Cluster and Institution 244 (a) 人手狀況 — 按聯網及機構分類 (b) Manpower Position – by Staff Group 246 (b) 人手狀況 — 按職員組別分類
Appendix 12 附錄 12	(a) Operating Expenditure in 2022-23 248 (a) 2022-23 年度營運開支 (b) Training and Development Expenditure in 2022-23 249 (b) 2022-23 年度職員培訓及發展開支
Appendix 13 附錄 13	Five-year Financial Highlights 250 過去五年的財政摘要

APPENDIX 1

附錄 1

Membership of the Hospital Authority

醫院管理局成員

Name 姓名	No. of plenary meetings attended in 2022-23 2022-23 年度 出席全體大會次數	Committee participation in 2022-23* 2022-23 年度參與的委員會 *
Mr Henry FAN Hung-ling, SBS, JP <i>Chairman, HA</i> 范鴻齡先生 醫院管理局主席	16/16	Chairman of plenary meetings, EC and EEC 全體大會、行政委員會及緊急應變策導委員會主席
Mr Thomas CHAN Chung-ching, JP <i>Permanent Secretary for Health</i> 陳松青先生 醫務衛生局常任秘書長	16/16	Member of EEC, FC, HRC, MSDC and SSDC 緊急應變策導委員會、財務委員會、人力資源委員會、醫療服務發展委員會及支援服務發展委員會成員
Prof Francis CHAN Ka-leung, SBS, JP 陳家亮教授	8/16	Member of HRC, MSDC and MTB; HGC Member of Prince of Wales Hospital 人力資源委員會、醫療服務發展委員會及中央投標委員會成員；威爾斯親王醫院管治委員會成員
Prof CHAN Wai-yee 陳偉儀教授	11/16	Vice-Chairman of MSDC; Member of HRC and MTB; HGC Chairman of North District Hospital 醫療服務發展委員會副主席；人力資源委員會及中央投標委員會成員；北區醫院管治委員會主席
Mr CHAN Wing-kai 陳永佳先生	11/11	Chairman of PCC (<i>from 1.12.2022</i>); Member of EC, EEC (<i>both from 1.12.2022</i>), MTB, PCC (<i>both up to 30.11.2022</i>), ITSC and MSDC; HGC Member of Kwong Wah Hospital & Tung Wah Group of Hospitals Wong Tai Sin Hospital 公眾投訴委員會主席(由 2022 年 12 月 1 日起)；行政委員會、緊急應變策導委員會(均由 2022 年 12 月 1 日起)、中央投標委員會、公眾投訴委員會(均截至 2022 年 11 月 30 日)、資訊科技服務委員會及醫療服務發展委員會成員；廣華醫院及東華三院黃大仙醫院管治委員會成員
Ms Margaret CHENG Wai-ching, JP 鄭惠貞女士	14/16	Chairman of HRC (<i>from 1.12.2022</i>); Member of EC, EEC (<i>both from 1.12.2022</i>), HRC, MTB (<i>both up to 30.11.2022</i>) and SAC; HGC Member of United Christian Hospital 人力資源委員會主席(由 2022 年 12 月 1 日起)；行政委員會、緊急應變策導委員會(均由 2022 年 12 月 1 日起)、人力資源委員會、中央投標委員會(均截至 2022 年 11 月 30 日)及職員上訴委員會成員；基督教聯合醫院管治委員會成員
The Hon Duncan CHIU 邱達根先生	13/16	Chairman of ITSC; Member of EC, EEC and FC; HGC Chairman of Tin Shui Wai Hospital; Member of NRAC 資訊科技服務委員會主席；行政委員會、緊急應變策導委員會及財務委員會成員；天水圍醫院管治委員會主席；新界區域諮詢委員會成員
Mr David FONG Man-hung, BBS, JP 方文雄先生	12/16	Vice-Chairman of SSDC; Member of ITSC and MTB; Chairman of KRAC 支援服務發展委員會副主席；資訊科技服務委員會及中央投標委員會成員；九龍區域諮詢委員會主席
Ms Anita FUNG Yuen-mei, BBS, JP (<i>from 1.12.2022</i>) 馮婉眉女士 (由 2022 年 12 月 1 日起)	6/6	Member of MTB (<i>from 1.12.2022</i>) 中央投標委員會成員(由 2022 年 12 月 1 日起)

APPENDIX 1

附錄 1

Name 姓名	No. of plenary meetings attended in 2022-23 2022-23 年度 出席全體大會次數	Committee participation in 2022-23* 2022-23 年度參與的委員會 *
Mr Ambrose HO, SBS, SC, JP 何沛謙先生	15/16	Member of ARC, MTB and SAC; HGC Chairman of Hong Kong Red Cross Blood Transfusion Service 審計及風險管理委員會、中央投標委員會及職員上訴委員會成員；香港紅十字會輸血服務中心管治委員會主席
Ms Maisy HO Chiu-ha, BBS 何超蓮女士	11/16	Member of HRC, MSDC and MTB; HGC Member of Shatin Hospital 人力資源委員會、醫療服務發展委員會及中央投標委員會成員；沙田醫院管治委員會成員
Ms Mary HUEN Wai-yi, JP 禰惠儀女士	14/16	Member of FC and MTB 財務委員會及中央投標委員會成員
Dr Tony KO Pat-sing, JP <i>Chief Executive, HA</i> 高拔陞醫生 醫院管理局行政總裁	16/16	Member of EC, EEC, FC, HRC, ITSC, MSDC, MTB, SSDC, all RACs and HGCs 行政委員會、緊急應變策導委員會、財務委員會、人力資源委員會、資訊科技服務委員會、醫療服務發展委員會、中央投標委員會、支援服務發展委員會、各區域諮詢委員會及各醫院管治委員會成員
Mrs Ann KUNG YEUNG Yun-chi, BBS, JP <i>(up to 30.11.2022)</i> 龔楊恩慈女士 (截至 2022 年 11 月 30 日)	8/10	Chairman of HRC (<i>up to 30.11.2022</i>); Member of EC and EEC (<i>both up to 30.11.2022</i>); HGC Member of Hong Kong Children's Hospital 人力資源委員會主席(截至 2022 年 11 月 30 日)；行政委員會及緊急應變策導委員會成員(均截至 2022 年 11 月 30 日)；香港兒童醫院管治委員會成員
Mr Daniel LAM Chun, SBS, JP <i>(up to 30.11.2022)</i> 林濬先生 (截至 2022 年 11 月 30 日)	10/10	Chairman of SSDC (<i>up to 30.11.2022</i>); Member of ARC, EC and EEC (<i>all up to 30.11.2022</i>); HGC Chairman of Hong Kong Eye Hospital & Kowloon Hospital 支援服務發展委員會主席(截至 2022 年 11 月 30 日)；審計及風險管理委員會、行政委員會及緊急應變策導委員會成員(全截至 2022 年 11 月 30 日)；香港眼科醫院及九龍醫院管治委員會主席
Mr Franklin LAM Fan-keung, BBS 林奮強先生	16/16	Chairman of ARC; Member of EC, EEC, FC, HRC, MSDC and SSDC; HGC Member of Pamela Youde Nethersole Eastern Hospital 審計及風險管理委員會主席；行政委員會、緊急應變策導委員會、財務委員會、人力資源委員會、醫療服務發展委員會及支援服務發展委員會成員；東區尤德夫人那打素醫院管治委員會成員
Dr Ronald LAM Man-kin, JP <i>Director of Health</i> 林文健醫生 衛生署署長	16/16	Member of MSDC 醫療服務發展委員會成員
Mrs Sylvia LAM YU Ka-wai, SBS <i>(from 1.12.2022)</i> 林余家慧女士 (由 2022 年 12 月 1 日起)	6/6	Member of ITSC, MTB and SSDC (<i>all from 14.12.2022</i>) 資訊科技服務委員會、中央投標委員會及支援服務發展委員會成員(全由 2022 年 12 月 14 日起)
Prof LAU Chak-sing, BBS, JP 劉澤星教授	8/16	Member of ITSC, MSDC and MTB; HGC Member of Hong Kong Children's Hospital (<i>from 25.8.2022</i>) and Grantham Hospital (<i>up to 9.8.2022</i>) 資訊科技服務委員會、醫療服務發展委員會及中央投標委員會成員；香港兒童醫院(由 2022 年 8 月 25 日起)及葛量洪醫院管治委員會成員(截至 2022 年 8 月 9 日)

APPENDIX 1

附錄 1

Name 姓名	No. of plenary meetings attended in 2022-23 2022-23 年度出席全體大會次數	Committee participation in 2022-23* 2022-23 年度參與的委員會 *
Mr Raistlin LAU Chun, JP <i>Deputy Secretary for Financial Services and the Treasury</i> (up to 10.7.2022) 劉震先生 財經事務及庫務局副秘書長 (截至 2022 年 7 月 10 日)	4/4	Member of FC and MSDC (both up to 10.7.2022) 財務委員會及醫療服務發展委員會成員 (均截至 2022 年 7 月 10 日)
Ms Lisa LAU Man-man, BBS, MH, JP (up to 30.11.2022) 劉文文女士 (截至 2022 年 11 月 30 日)	10/10	Chairman of PCC (up to 30.11.2022); Vice-Chairman of HRC (up to 30.11.2022); Member of EC and EEC (both up to 30.11.2022); HGC Chairman of Tseung Kwan O Hospital 公眾投訴委員會主席(截至 2022 年 11 月 30 日); 人力資源委員會副主席(截至 2022 年 11 月 30 日); 行政委員會及緊急應變策導委員會成員(均截至 2022 年 11 月 30 日); 將軍澳醫院管治委員會主席
Prof Gabriel Matthew LEUNG, GBS, JP (up to 14.7.2022) 梁卓偉教授 (截至 2022 年 7 月 14 日)	3/4	Member of MSDC and MTB; HGC Member of Hong Kong Children's Hospital and Our Lady of Maryknoll Hospital (all up to 14.7.2022) 醫療服務發展委員會及中央投標委員會成員; 香港兒童醫院及聖母醫院管治委員會成員(全截至 2022 年 7 月 14 日)
Dr LEUNG Wing-cheong 梁永昌醫生	16/16	Member of HRC, MSDC and MTB 人力資源委員會、醫療服務發展委員會及中央投標委員會成員
Mr Aaron LIU Kong-cheung, JP <i>Deputy Secretary for Financial Services and the Treasury</i> (from 11.7.2022) 廖廣翔先生 財經事務及庫務局副秘書長 (由 2022 年 7 月 11 日起)	12/12	Member of FC and MSDC (both from 11.7.2022) 財務委員會及醫療服務發展委員會成員 (均由 2022 年 7 月 11 日起)
Prof David SHUM Ho-keung 岑浩強教授	11/16	Chairman of MTB; Member of EC, EEC, HRC and MSDC; Chairman of HRAC; HGC Member of Hong Kong Eye Hospital & Kowloon Hospital 中央投標委員會主席; 行政委員會、緊急應變策導委員會、人力資源委員會及醫療服務發展委員會成員; 港島區域諮詢委員會主席; 香港眼科醫院及九龍醫院管治委員會成員
Prof Agnes TIWARI Fung-yeet 羅鳳儀教授	8/16	Vice-Chairman of HRC (from 1.12.2022); Member of MSDC, MTB and SSDC; Chairman of NRAC; HGC Member of Hong Kong Red Cross Blood Transfusion Service 人力資源委員會副主席(由 2022 年 12 月 1 日起); 醫療服務發展委員會、中央投標委員會及支援服務發展委員會成員; 新界區域諮詢委員會主席; 香港紅十字會輸血服務中心管治委員會成員
Mr Henry TONG Sau-chai, MH, JP (from 1.12.2022) 湯修齊先生 (由 2022 年 12 月 1 日起)	4/6	Member of MTB and SAC (both from 12.12.2022) 中央投標委員會及職員上訴委員會成員 (均由 2022 年 12 月 12 日起)
Mr Philip TSAI Wing-chung, BBS, JP 蔡永忠先生	14/16	Chairman of FC; Member of ARC, EC, EEC and SSDC; HGC Chairman of Queen Mary Hospital & Tsan Yuk Hospital; Member of HRAC 財務委員會主席; 審計及風險管理委員會、行政委員會、緊急應變策導委員會及支援服務發展委員會成員; 瑪麗醫院及贊育醫院管治委員會主席; 港島區域諮詢委員會成員

APPENDIX 1

附錄 1

Name 姓名	No. of plenary meetings attended in 2022-23 2022-23 年度出席全體大會次數	Committee participation in 2022-23* 2022-23 年度參與的委員會 *
Mr Anthony TSANG Hin-fun (from 1.12.2022) 曾憲芬先生 (由 2022 年 12 月 1 日起)	6/6	Member of ARC (from 26.1.2023), FC, MTB and SSDC (all from 22.12.2022); Member of NRAC; HGC Member of Tuen Mun Hospital 審計及風險管理委員會(由 2023 年 1 月 26 日起)、財務委員會、中央投標委員會及支援服務發展委員會成員(全由 2022 年 12 月 22 日起)；新界區域諮詢委員會成員；屯門醫院管治委員會成員
Dr Thomas TSANG Ho-fai, BBS 曾浩輝醫生	14/16	Chairman of MSDC; Member of ARC, EC and EEC; HGC Chairman of Queen Elizabeth Hospital 醫療服務發展委員會主席；審計及風險管理委員會、行政委員會及緊急應變策導委員會成員；伊利沙伯醫院管治委員會主席
Mr WAN Man-ye, BBS, JP 溫文儀先生	16/16	Chairman of SSDC (from 1.12.2022); Member of EC, EEC (both from 1.12.2022), ITSC, MSDC, MTB and SSDC (up to 30.11.2022); HGC Member of Tseung Kwan O Hospital 支援服務發展委員會主席(由 2022 年 12 月 1 日起)；行政委員會、緊急應變策導委員會(均由 2022 年 12 月 1 日起)、資訊科技服務委員會、醫療服務發展委員會、中央投標委員會及支援服務發展委員會成員(截至 2022 年 11 月 30 日)；將軍澳醫院管治委員會成員
Ir Billy WONG Wing-hoo, BBS, JP 黃永灝先生	14/16	Member of MTB and SSDC; HGC Member of Kwai Chung Hospital & Princess Margaret Hospital 中央投標委員會及支援服務發展委員會成員；葵涌醫院及瑪嘉烈醫院管治委員會成員

* Note:

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

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

* 註：

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

APPENDIX 2(a)
附錄 2(a)

Hospital Authority Committee Structure
醫院管理局委員會架構



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

註：
各委員會成員名單載於附錄 3、4 及 5。

APPENDIX 2(b)

附錄 2(b)

Hospital Authority Executive Structure

醫院管理局行政架構

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

Clusters 聯網	
Hong Kong East Cluster 港島東醫院聯網	Dr Loletta SO Kit-ying <i>Cluster Chief Executive</i> 蘇潔瑩醫生 聯網總監
Hong Kong West Cluster 港島西醫院聯網	Dr Theresa LI Tak-lai <i>Cluster Chief Executive</i> 李德麗醫生 聯網總監
Kowloon Central Cluster 九龍中醫院聯網	Dr Eric CHEUNG Fuk-chi <i>Cluster Chief Executive</i> 張復熾醫生 聯網總監
Kowloon East Cluster 九龍東醫院聯網	Dr TOM Kam-tim <i>Cluster Chief Executive (up to 31.5.2022)</i> 譚錦添醫生 聯網總監(截至 2022 年 5 月 31 日)
	Dr Deacons YEUNG Tai-kong <i>Cluster Chief Executive (from 1.6.2022)</i> 楊諦岡醫生 聯網總監(由 2022 年 6 月 1 日起)
Kowloon West Cluster 九龍西醫院聯網	Dr Alexander LAW Chun-bon <i>Cluster Chief Executive</i> 羅振邦醫生 聯網總監
New Territories East Cluster 新界東醫院聯網	Dr Beatrice CHENG <i>Cluster Chief Executive (up to 6.11.2022)</i> ^{Note 1} 鄭信恩醫生 聯網總監(截至 2022 年 11 月 6 日) ^{註 1}
	Dr CHUNG Kin-lai <i>Cluster Chief Executive (from 15.12.2022)</i> 鍾健禮醫生 聯網總監(由 2022 年 12 月 15 日起)
New Territories West Cluster 新界西醫院聯網	Dr Simon TANG Yiu-hang <i>Cluster Chief Executive (up to 31.5.2022)</i> ^{Note 2} 鄧耀鏗醫生 聯網總監(截至 2022 年 5 月 31 日) ^{註 2}
	Dr WONG Yiu-chung <i>Deputising Cluster Chief Executive (from 24.8.2022 to 31.10.2022)</i> <i>Cluster Chief Executive (from 1.11.2022)</i> 王耀忠醫生 代理聯網總監(由 2022 年 8 月 24 日至 2022 年 10 月 31 日) 聯網總監(由 2022 年 11 月 1 日)

Head Office 總辦事處
Dr Deacons YEUNG Tai-kong <i>Director (Cluster Services) (up to 31.5.2022)</i> ^{Note 3} 楊諦岡醫生 聯網服務總監(截至 2022 年 5 月 31 日) ^{註 3}
Dr Simon TANG Yiu-hang <i>Director (Cluster Services) (from 1.6.2022)</i> 鄧耀鏗醫生 聯網服務總監(由 2022 年 6 月 1 日起)
Dr CHUNG Kin-lai <i>Director (Quality & Safety) (up to 14.12.2022)</i> ^{Note 4} 鍾健禮醫生 質素及安全總監(截至 2022 年 12 月 14 日) ^{註 4}
Dr Michael WONG Lap-gate <i>Director (Quality & Safety) (from 19.12.2022)</i> 黃立己醫生 質素及安全總監(由 2022 年 12 月 19 日起)
Dr Libby LEE Ha-yun <i>Director (Strategy & Planning) (up to 30.6.2022)</i> ^{Note 5} 李夏茵醫生 策略發展總監(截至 2022 年 6 月 30 日) ^{註 5}
Dr CHING Wai-kuen <i>Director (Strategy & Planning) (from 1.9.2022)</i> 程偉權醫生 策略發展總監(由 2022 年 9 月 1 日起)
Ms Anita CHAN Shuk-yu <i>Director (Finance)</i> 陳淑瑜女士 財務總監
Ms Margaret CHEUNG Sau-ling <i>Head of Corporate Services (up to 3.9.2022)</i> ^{Note 6} 張秀玲女士 機構事務主管(截至 2022 年 9 月 3 日) ^{註 6}
Mr Andy LAU Kwok-cheong <i>Deputising Head of Corporate Services (from 29.7.2022 to 4.9.2022)</i> <i>Head of Corporate Services (from 5.9.2022)</i> 劉國昌先生 代理機構事務主管(由 2022 年 7 月 29 日至 2022 年 9 月 4 日) 機構事務主管(由 2022 年 9 月 5 日起)
Mr David MAK Chi-wai <i>Head of Human Resources</i> 麥志偉先生 人力資源主管
Dr CHEUNG Ngai-tseung <i>Head of Information Technology and Health Informatics</i> 張毅翔醫生 資訊科技及醫療信息主管

APPENDIX 2(b)

附錄 2(b)

Notes:

1. Dr Beatrice CHENG's last day of duty was 30.10.2022. Her last day of service was 6.11.2022. Dr SIN Ngai-chuen was appointed to deputise Cluster Chief Executive (New Territories East) from 31.10.2022 to 14.12.2022.
2. Dr Simon TANG Yiu-hang was rotated to serve as Director (Cluster Services) wef 1.6.2022. Dr LAM Ming was appointed to deputise Cluster Chief Executive (New Territories West) from 1.6.2022 to 23.8.2022.
3. Dr Deacons YEUNG Tai-kong was rotated to serve as Cluster Chief Executive (Kowloon East) wef 1.6.2022.
4. Dr CHUNG Kin-lai was rotated to serve as Cluster Chief Executive (New Territories East) wef 15.12.2022. Dr Jeffrey LAI Cing-hon was appointed to deputise Director (Quality & Safety) from 15.12.2022 to 18.12.2022.
5. Dr Libby LEE Ha-yun was seconded to Health Bureau wef 1.7.2022. Subsequently, Dr LEE was appointed as Under Secretary for Health, Health Bureau wef 25.7.2022. Dr Flora TSANG Hau-fung was appointed to deputise Director (Strategy & Planning) from 1.7.2022 to 31.8.2022.
6. Ms Margaret CHEUNG Sau-ling's last day of duty was 28.7.2022. Her last day of service was 3.9.2022.

註:

1. 鄭信恩醫生的最後工作日是 2022 年 10 月 30 日，其任期於 2022 年 11 月 6 日完結。冼藝泉醫生由 2022 年 10 月 31 日至 2022 年 12 月 14 日擔任代理新界東醫院聯網總監。
2. 鄧耀鏗醫生由 2022 年 6 月 1 日起調任聯網服務總監。林明醫生由 2022 年 6 月 1 日至 2022 年 8 月 23 日擔任代理新界西醫院聯網總監。
3. 楊諦岡醫生由 2022 年 6 月 1 日起調任九龍東醫院聯網總監。
4. 鍾健禮醫生由 2022 年 12 月 15 日起調任新界東醫院聯網總監。黎靖匡醫生由 2022 年 12 月 15 日至 2022 年 12 月 18 日擔任代理質素及安全總監。
5. 李夏茵醫生由 2022 年 7 月 1 日起借調醫務衛生局，及後於 2022 年 7 月 25 日獲委任為醫務衛生局副局長。曾巧峰醫生由 2022 年 7 月 1 日至 2022 年 8 月 31 日擔任代理策略發展總監。
6. 張秀玲女士的最後工作日是 2022 年 7 月 28 日，其任期於 2022 年 9 月 3 日完結。

APPENDIX 3

附錄 3

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

Audit and Risk Committee

審計及風險管理委員會

Membership List

成員名單

Chairman: 主席：	Mr Franklin LAM Fan-keung, BBS 林奮強先生
Members: 成員：	Mr Ambrose HO, SBS, SC, JP 何沛謙先生
	Mr Daniel LAM Chun, SBS, JP (<i>up to 30.11.2022</i>) 林濬先生(截至 2022 年 11 月 30 日)
	Mr Philip TSAI Wing-chung, BBS, JP 蔡永忠先生
	Mr Anthony TSANG Hin-fun (<i>from 26.1.2023</i>) 曾憲芬先生(由 2023 年 1 月 26 日起)
	Dr Thomas TSANG Ho-fai, BBS 曾浩輝醫生
In Attendance: 列席：	Dr Tony KO Pat-sing, JP, <i>Chief Executive</i> 高拔陞醫生 行政總裁
	Mr Thomas CHAN Chung-ching, JP <i>Permanent Secretary for Health</i> 陳松青先生 醫務衛生局常任秘書長

APPENDIX 3

附錄 3

Terms of Reference

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

Note:

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

職權範圍

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

註：

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

APPENDIX 3

附錄 3

Focus of Work in 2022-23

In 2022-23, the Committee met seven times to exercise active oversight of internal audit function of the Hospital Authority (HA), considered matters related to the audit of HA's financial statements, and oversaw the effectiveness of risk management and internal controls at HA.

In regard to HA's internal audit function, the Committee received from the Chief Internal Auditor quarterly progress reports on audit results over HA's operational areas, as well as an annual report on audit analytics of clinical systems. The discussions focused on the audit conclusions, major audit observations and corresponding follow-up actions. Key internal audits considered by the Committee in 2022-23 covered different hospital operation and corporate management areas, including follow-up on Independent Commission Against Corruption (ICAC)'s Report on Control of Access to Medical Record and Other Patient Data, new Public-Private Partnership programmes under COVID-19, environmental management, compliance with Guidelines on Legal Principles on Informed Consent, hospital fire safety, and smart hospital projects. In planning for 2023-24, the Committee took part in prioritising areas for internal audits and approved the focus areas for internal audits in 2023-24.

Jointly with the Finance Committee, the Committee reviewed and endorsed HA's draft audited financial statements for 2021-22. The Committee considered reports from the external auditor on 2021-22 internal control matters, results of the external auditor's risk assessment of HA and 2022-23 financial statement audit work plan. The Committee also reviewed the evaluation results over the performance of external auditor of HA for the financial year of 2021-22.

For risk management, the Committee oversaw implementation of HA's organisation-wide risk management systems across HA. A special meeting was convened in May 2022 to discuss the COVID-19 risks after the peak of the fifth wave of outbreak to further strengthen the preparation for future waves. In February 2023, the Committee examined the annual Key Organisation-wide Risk Report 2023 and commented on the planned mitigation actions for the 11 key risks, which were consolidated from functional risk reports reviewed by the concerned functional committees during December 2022 to February 2023. During the year, the Committee deliberated on risk management reports on specific areas, including service capacity, manpower shortage, data privacy protection, cybersecurity, capital works, diagnosis in relation to radiology imaging findings, infection and infection control, Clinical Public-Private Partnership Programme, the Electronic Health Record Programme and the Clinical Information Management System Stage II for the Department of Health, as well as an overview of the management of risks related to COVID-19. The Committee also received respective reports on compliance with HA related ordinances, management of integrity risk and handling of whistleblowing cases in HA.

On internal control, the Committee received implementation progress update on the recommendations of the ICAC Corruption Prevention Department on HA's quality control and administration of major capital works projects, and on the internal audit recommendations on Special Honorarium Scheme. The Committee also received a report of standard drugs dispensed without payment due to a system error.

Separately, the Committee reviewed the external auditor's independence threats assessment concerning an HA Board Member's engagement in an associate entity.

2022-23 年度工作概況

在 2022-23 年度，委員會共召開七次會議，積極監察醫院管理局(醫管局)的內部審計職能、審議有關醫管局財務報表審計的事宜，以及監察醫管局風險管理及內部管控的成效。

在醫管局內部審計職能方面，委員會收閱總內部審計師提交有關醫管局不同運作範疇審計結果的季度報告，以及臨床系統審計分析年度報告。委員會集中討論審計結論、審計師的主要意見及相應的跟進行動。年內審閱的主要內部審計項目涵蓋醫院運作及機構管理的不同範疇，包括跟進廉政公署就管制查閱醫療紀錄及其他病人資料的報告、2019 冠狀病毒病疫情下新開展的公私營協作計劃、環境管理、知情同意法律原則指南的遵例合規事宜、醫院消防安全及智慧醫院項目。就 2023-24 年度審計工作的規劃，委員會參與訂定內部審計的優先範疇，並批核 2023-24 年度內部審計的重點範疇。

委員會在聯同財務委員會的會議上，審閱及通過醫管局 2021-22 年度經審核的財務報表擬本。委員會亦審閱外聘核數師就 2021-22 年度內部規管事宜的報告、醫管局風險評估結果，以及 2022-23 年度財務報表審計工作計劃。委員會亦檢視醫管局外聘核數師於 2021-22 財政年度表現的評估結果。

在風險管理方面，委員會監察醫管局全面推行的機構風險管理機制。委員會在 2022 年 5 月召開特別會議，討論第五波疫情高峰後的風險，以進一步加強未來疫情再現的準備。委員會於 2023 年 2 月審閱 2023 年度機構主要風險報告，當中按各專責委員會於 2022 年 12 月至 2023 年 2 月審訂的相關職能風險報告歸納 11 個主要風險，委員會亦就相應的緩減計劃提供意見。年內，委員會審議多份特定範疇的風險管理報告，包括服務承載量、人手短缺、私隱資料保障、網絡安全、基本工程、X 光檢查結果的相關診斷、感染和感染控制、臨床公私營協作計劃、電子健康紀錄計劃及第二階段的衛生署臨床醫療管理系統，以及應對疫情相關風險的整體報告。委員會亦收閱有關醫管局遵例合規事宜、廉潔風險及處理舉報個案的報告。

在內部管控方面，委員會就有關廉政公署防止貪污處就醫管局主要基本工程項目的質素控制和管理所提出的建議，以及特別酬金計劃的內部審計提出的建議，收閱相關實施進度報告。委員會亦收閱一份由於系統錯誤而未經付款配發標準藥物事宜的報告。

另外，委員會亦審議外聘核數師就一名醫管局大會成員參與其轄下一個聯營實體的獨立性評估。

APPENDIX 3

附錄 3

Executive Committee

行政委員會

Membership List

成員名單

Chairman:

主席：

Mr Henry FAN Hung-ling, SBS, JP

范鴻齡先生

Members:

成員：

Mr CHAN Wing-kai (from 1.12.2022)

陳永佳先生(由 2022 年 12 月 1 日起)

Ms Margaret CHENG Wai-ching, JP (from 1.12.2022)

鄭惠貞女士(由 2022 年 12 月 1 日起)

The Hon Duncan CHIU

邱達根先生

Dr Tony KO Pat-sing, JP, Chief Executive

高拔陸醫生 行政總裁

Mrs Ann KUNG YEUNG Yun-chi, BBS, JP (up to 30.11.2022)

龔楊恩慈女士(截至 2022 年 11 月 30 日)

Mr Daniel LAM Chun, SBS, JP (up to 30.11.2022)

林濬先生(截至 2022 年 11 月 30 日)

Mr Franklin LAM Fan-keung, BBS

林奮強先生

Ms Lisa LAU Man-man, BBS, MH, JP (up to 30.11.2022)

劉文文女士(截至 2022 年 11 月 30 日)

Prof David SHUM Ho-keung

岑浩強教授

Mr Philip TSAI Wing-chung, BBS, JP

蔡永忠先生

Dr Thomas TSANG Ho-fai, BBS

曾浩輝醫生

Mr WAN Man-yee, BBS, JP (from 1.12.2022)

溫文儀先生(由 2022 年 12 月 1 日起)

APPENDIX 3

附錄 3

Terms of Reference

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

職權範圍

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

APPENDIX 3

附錄 3

Focus of Work in 2022-23

In 2022-23, the Executive Committee (EC) met 13 times to discuss and consider various matters of strategic importance as well as policies and directions of the Hospital Authority (HA). As approved by the HA Board in December 2019, a Task Group on Sustainability (TG), which was a dedicated group formed by the HA Board with wide participation from Board Members, was set up under EC to lead and steer discussions of HA sustainability issues. In the past year, TG continued to brainstorm on HA's major sustainability issues and set corresponding strategic directions. Action plans were formulated by the management along the strategic directions endorsed by the TG. Progress report on the work of TG and implementation of the action plans were regularly reported to EC for steering and monitoring.

During the year, the EC considered and supported a wide range of strategic initiatives, which included the HA's strategic direction and participation in the Guangdong-Hong Kong-Macao Greater Bay Area (GBA) development such as various collaboration initiatives with GBA for exchange of expertise and experience, and establishment of a dedicated GBA Advisory Committee for focused discussion on the subject; planning and preparations for an HA body corporate to explore IT service collaborations and service provision in GBA; establishment of designated Hospital Governing Committee Task Groups on Enhancing Patient-centric Services; setting up of the HA Emergency Operation Command to coordinate resource mobilisation in response to major incidents; enhancement of Home Loan Interest Subsidy Scheme for staff retention purposes; and establishment of HA Academy to sustain HA workforce and attract talents, donation management, etc.

Other strategic matters considered by EC included the formulation of HA Budget and Annual Plan for 2023-24; HA's Action Items under The Chief Executive's 2022 Policy Address; update on the Ten-year Hospital Development Plans; development of Chinese Medicine and integrated Chinese-Western Medicine service in HA; preparedness for normalisation of cross-boundary travel (with the Mainland), and the safety issues of hospital equipment and facility management, etc. EC also noted the overview of the Primary Healthcare Blueprint issued by the Health Bureau and the key recommendations therein which were related to HA's services; as well as the planned establishment of the Primary Healthcare Authority and Strategic Purchasing Office by the Government in supporting the Blueprint.

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

Internally for the Board, EC regularly reviewed succession planning for the Board's Committees, and membership matters relating to Hospital Governing Committees (HGCs) and Regional Advisory Committees. It received annual summary report on activities and feedbacks of HGCs.

EC regularly advised on agendas of Board meetings as proposed by the management.

2022-23 年度工作概況

在 2022-23 年度，行政委員會舉行了 13 次會議，討論和考慮醫院管理局（醫管局）的重要策略事項和整體政策及方向。醫管局大會於 2019 年 12 月批准在行政委員會之下成立「持續發展專責小組」（專責小組），由大會成員廣泛參與，帶領和指導有關醫管局可持續發展事宜的討論。在過去一年，專責小組繼續探討醫管局主要的可持續發展事宜並制訂策略方向，而管理層則因應有關策略方向制訂行動計劃。委員會定期收閱有關專責小組工作及行動計劃實施的進展報告，並督導及監察相關進展。

年內，委員會考慮並支持多方面的策略措施，包括就醫管局在參與粵港澳大灣區（大灣區）發展的策略方向，例如多項專業人才和經驗交流合作計劃、設立專門的大灣區諮詢委員會集中討論相關事宜、規劃和籌備成立法團以便在大灣區開拓資訊科技服務協作及提供服務的機會、在各醫院管治委員會轄下成立優化以病人為本服務的專責小組、設立醫管局緊急應變指揮中心以便在發生重大事故時統籌應變資源、優化原有的購屋貸款利息津貼計劃以挽留人才；設立醫院管理局學院維持人手供應和吸引人才，以及籌務發展等。

委員會審議的其他策略事宜包括醫管局 2023-24 年度財政預算及工作計劃、醫管局配合《行政長官 2022 年施政報告》的工作計劃、兩個十年醫院發展計劃進度報告、醫管局中醫藥及中西醫協作服務發展、與內地恢復通關的相關準備工作、醫院設備安全事宜與設施管理等。委員會亦備悉醫務衛生局發表的《基層醫療健康藍圖》概覽及當中涉及醫管局轄下服務的主要建議；以及政府就該藍圖成立基層醫療健康管理局及策略採購統籌處的計劃。

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

就醫管局大會內務方面，行政委員會定期審視醫管局大會轄下委員會的繼任安排，以及醫院管治委員會和區域諮詢委員會成員委任的相關事宜，並收閱醫院管治委員會活動及意見的年度簡報。

委員會定期審議管理層建議予醫管局大會的議程討論事項。

APPENDIX 3

附錄 3

Emergency Executive Committee

緊急應變策導委員會

Membership List

成員名單

Chairman:

主席：

Mr Henry FAN Hung-ling, SBS, JP

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

范鴻齡先生

(主席不在時，緊急應變策導委員會的主席應自常任成員中選出)

Members:

成員：

Mr Thomas CHAN Chung-ching, JP

Permanent Secretary for Health

(or his nominated representative)

陳松青先生

醫務衛生局常任秘書長

(或其委任代表)

Mr CHAN Wing-kai *(from 1.12.2022)*

陳永佳先生 *(由 2022 年 12 月 1 日起)*

Ms Margaret CHENG Wai-ching, JP *(from 1.12.2022)*

鄭惠貞女士 *(由 2022 年 12 月 1 日起)*

The Hon Duncan CHIU

邱達根先生

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

高拔陞醫生 行政總裁

Mrs Ann KUNG YEUNG Yun-chi, BBS, JP *(up to 30.11.2022)*

龔楊恩慈女士 *(截至 2022 年 11 月 30 日)*

Mr Daniel LAM Chun, SBS, JP *(up to 30.11.2022)*

林濬先生 *(截至 2022 年 11 月 30 日)*

Mr Franklin LAM Fan-keung, BBS

林奮強先生

Ms Lisa LAU Man-man, BBS, MH, JP *(up to 30.11.2022)*

劉文文女士 *(截至 2022 年 11 月 30 日)*

Prof David SHUM Ho-keung

岑浩強教授

Mr Philip TSAI Wing-chung, BBS, JP

蔡永忠先生

Dr Thomas TSANG Ho-fai, BBS

曾浩輝醫生

Mr WAN Man-ye, BBS, JP *(from 1.12.2022)*

溫文儀先生 *(由 2022 年 12 月 1 日起)*

Note:

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

註：

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

APPENDIX 3

附錄 3

Terms of Reference

1. To act for the Hospital Authority Board and exercise its powers and functions, including:
 - (a) altering, amending or overriding existing Hospital Authority policies, standards, guidelines and procedures; and
 - (b) establishment of sub-committees or task forces to tackle particular matters at hand;
2. To identify the objectives and assess the risks facing Hospital Authority in emergency situation;
3. To approve the strategies and policies for managing the emergency formulated by the Hospital Authority Central Command Committee, and monitor implementation progress in all HA hospitals and institutions;
4. To coordinate activities of the other Hospital Authority committees including Hospital Governing Committees;
5. To ensure effective communication of clear and concise messages to key stakeholders, including staff, patients, Government and the public; and
6. To be accountable to the Authority Board and the making of regular reports to Hospital Authority Members as soon as practicable.

Focus of Work in 2022-23

For responding to the COVID-19 epidemic, the Emergency Executive Committee (EEC) was activated on 6 January 2020 in accordance with the Hospital Authority (HA) Response Plan for Major Incident. Under its terms of reference, EEC acted for the Board and exercised its powers and functions including, inter alia, altering, amending and overriding existing HA policies, standards, guidelines and procedures in order to deal with emergencies. Given the continuous development of COVID-19 both globally and locally, EEC remained in force in 2022-23 and met four times during April 2022 to March 2023.

Through the meetings, EEC received from the management regular situation updates on COVID-19, and offered views on corresponding measures, service adjustment plans and contingency plans in HA to dovetail with the epidemic developments. EEC was updated on a wide range of matters relating to HA's measures and preparedness for COVID-19 epidemic, including, among others, the stratification of care for COVID-19 patients; development and utilisation of community isolation facilities and holding centres; drug treatments; tele-consultation with medication delivery services for COVID-19 patients; and different human resources measures in relation to COVID-19, etc. EEC was also briefed on the assistance provided by the Mainland Medical Support Team which was arranged by the Central Government upon the request of the Government of the Hong Kong Special Administrative Region, to assist in the treatment of COVID-19 patients. EEC also received updates on the development of the Central Government-Aided Emergency Hospital in Lok Ma Chau Loop which was commissioned for construction by the Central Government during the fifth wave of the COVID-19 epidemic in Hong Kong and its planned service model, and endorsed the governance structure of the Hospital. With the easing off of the fifth wave of epidemic, EEC was briefed on HA's preparedness plan after Government's cancellation of the arrangement of issuing isolation orders to infected persons; and HA's preparation for the sixth wave of COVID-19 epidemic. EEC also noted / approved the service resumption and cessation of various human resources measures / staff allowances specifically related to COVID-19 alongside with the stabilisation of the epidemic.

As at 31 March 2023, Emergency Response Level remained in force. EEC would continue to provide the necessary steering and oversee the actions taken or to be taken by HA.

職權範圍

1. 代表醫院管理局(醫管局)大會運作，並行使其權力及職能，包括：
 - (a) 對現有醫管局政策、標準、指引及程序作出更改、修訂或否決；及
 - (b) 設立小組委員會或專責小組處理具體事項；
2. 為醫管局面對的緊急情況，鑑辨目標及評估風險；
3. 批核醫管局中央指揮委員會所制訂的緊急應變策略和方針，並監察所有醫管局醫院及機構的執行進度；
4. 統籌其他醫管局委員會，包括醫院管治委員會的行動；
5. 確保與主要利益相關各方(包括職員、病人、政府及市民)的訊息溝通有效、清晰而簡潔；及
6. 須向醫管局大會負責，並於可行範圍內盡快向醫管局大會成員報告。

2022-23 年度工作概況

為應對新冠疫情，醫管局根據重大事故應變計劃在2020年1月6日啟動緊急應變策導委員會並展開運作。根據職權範圍，委員會代表醫管局大會運作，並行使其權力及職能，其中包括對現有醫管局政策、標準、指引及程序作出更改和修訂，並訂立凌駕性措施，以應對緊急情況。鑑於疫情在全球及本地持續發展，委員會於2022-23年度持續運作，在2022年4月至2023年3月期間共舉行了四次會議。

在會議上，委員會收閱管理層有關新冠疫情的定期報告，並就醫管局因應疫情發展的相關措施、服務調整計劃及應急計劃提供意見。委員會亦備悉醫管局的各項抗疫措施及應對準備，其中包括治理新冠病人的分層分流策略、社區隔離設施和暫託中心的設立和使用情況、藥物治療、為新冠病人提供的遙距診症及藥物送遞服務；以及因應疫情而推行的人力資源措施等。委員會亦備悉中央政府應香港特別行政區政府請求安排內地援港醫療隊協助治理新冠病人。此外，委員會亦收閱中央政府在第五波疫情期間於落馬洲河套區援建的中央援港應急醫院的最新進展和服務模式規劃，並通過了該醫院的管治架構。隨著第五波疫情漸趨緩和，委員會備悉醫管局就政府取消向感染人士發出隔離令安排的應對計劃，以及醫管局就第六波疫情的準備。委員會亦備悉/批准因應疫情穩定而恢復服務以及取消與疫情相關的特定人力資源措施/員工津貼。

緊急應變級別在2023年3月31日仍然生效。委員會會繼續提供所需督導，並監察醫管局已經或將會採取的措施。

APPENDIX 3

附錄 3

Finance Committee

財務委員會

Membership List

成員名單

Chairman: Mr Philip TSAI Wing-chung, BBS, JP
主席: 蔡永忠先生

Members: The Hon Duncan CHIU
成員: 邱達根先生

Mr Thomas CHAN Chung-ching, JP
Permanent Secretary for Health /
Mr Kevin CHOI, JP (*up to 5.2.2023*)
[representing the Permanent Secretary for Health]
陳松青先生
醫務衛生局常任秘書長/
蔡傑銘先生(截至 2023 年 2 月 5 日)
[代表醫務衛生局常任秘書長]

Ms Mary HUEN Wai-yi, JP
禰惠儀女士

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

Mr Franklin LAM Fan-keung, BBS
林奮強先生

Mr Raistlin LAU Chun, JP (*up to 10.7.2022*) /
Mr Aaron LIU Kong-cheung, JP (*from 11.7.2022*) /
Ms Jessica LEE Wing-tung
[representing the Secretary for Financial Services and the Treasury]
劉震先生(截至 2022 年 7 月 10 日)/
廖廣翔先生(由 2022 年 7 月 11 日起)/
李詠彤女士
[代表財經事務及庫務局局長]

Mr Anthony TSANG Hin-fun (*from 22.12.2022*)
曾憲芬先生(由 2022 年 12 月 22 日起)

APPENDIX 3

附錄 3

Terms of Reference

1. Advise and make recommendations on the financial aspects of the Hospital Authority Corporate Plan and Annual Plan;
2. Advise and make recommendations on the financial planning, control, performance, monitoring and reporting aspect of the Hospital Authority;
3. Advise on policy guidelines for all financial matters, including investment, business and insurance;
4. Advise and make recommendations on the resource allocation policies;
5. Advise and recommend to the Hospital Authority on the financial statements (audited and unaudited) of the Hospital Authority;
6. Liaise with the Trustees of the Hospital Authority Provident Fund Scheme on financial and control related matters and make recommendations to the Hospital Authority where appropriate;
7. Monitor the financial position of the Hospital Authority; and
8. Consider periodically matters relating to risk, risk management and risk mitigation relevant to finance operations and other relevant areas contributing to the financial risk profile of the Hospital Authority.

職權範圍

1. 就醫院管理局整體發展計劃及周年工作計劃的財務方面，提供意見及作出建議；
2. 就醫院管理局的財政規劃、規管、表現、監察及匯報等方面，提供意見及作出建議；
3. 就所有財務事宜，包括投資、業務及保險的政策指引，提供意見；
4. 就資源分配政策提供意見及作出建議；
5. 就醫院管理局的財務報表(經審核及未經審核)，向醫院管理局提供意見及作出建議；
6. 就財務及規管相關事宜與醫院管理局公積金計劃的信託人保持聯繫，並在適當時候向醫院管理局作出建議；
7. 監察醫院管理局的財政狀況；及
8. 就醫院管理局財務運作及其他引致財務風險的範疇，定期審議相關的風險、風險管理及風險緩減事宜。

APPENDIX 3

附錄 3

Focus of Work in 2022-23

In 2022-23, the Committee met six times to assist the Hospital Authority (HA) Board in ensuring proper stewardship and effective use of public funds through making recommendations to the Board on various finance related matters for the Authority.

In support of the corporate strategy and services development of HA, the Committee, jointly with the Human Resources Committee (HRC), deliberated on the key features of the Enhanced Home Loan Interest Subsidy Scheme (Enhanced HLISS) of HA for staff retention purposes and the related financial arrangements and implementation timeline, as well as the ongoing governance of the Scheme. The Committee also received report from its Treasury Panel (TP) on funding allocation mechanism for Enhanced HLISS and available fund for the first-batch applications. On HA's annual service and resource planning, the Committee examined the proposed 2023-24 HA budget, resource allocation and future financial arrangement, with due consideration to the constraints and challenges faced by HA, including the manpower situation, the pace of HA's service resumption, demand surge during winter season and the funding arrangements of the Government. During the year, the Committee reviewed and endorsed the renewal arrangement of the \$10 billion placement with the Exchange Fund for the HA Public-Private Partnership (PPP) Fund; the addition of new bank accounts for the Samaritan Fund (SF); and the revisions of HA Financial and Accounting Regulations and Delegation of Authority on Finance Functions. The Committee also received an update on the latest initiatives for settling fees and charges by various electronic payment means.

On accountability reporting, the Committee, jointly with the Audit and Risk Committee, reviewed and endorsed HA's draft audited financial statements for 2021-22. The Committee also considered and endorsed the 2021-22 audited financial statements / accounts for a number of designated programmes undertaken by HA, including SF, the Community Care Fund Medical Assistance Programmes, the HA Charitable Foundation, the HA PPP Fund, the minor works funded under the Capital Works Reserve Fund, the development of Clinical Services Improvement Projects for the Department of Health and the territory-wide Electronic Health Record Programme. The 2021-22 Operation Report of the HA Provident Fund Scheme was received by the Committee at a joint meeting with HRC.

As for monitoring of HA's financial position and financial performance, the Committee received regular financial reports and reviewed HA's preliminary financial position for 2021-22 and mid-year financial outturn for 2022-23. The Committee also considered matters relating to other key financial performance indicators, waivers and write-off of hospital fees and charges, and debt management of HA. With the assistance of its TP, the Committee considered matters related to HA's treasury management and operations, as well as investment performance and related initiatives via regular progress reports. For financial risk management, the Committee reviewed and endorsed the 2023-24 insurance renewal approach and direction of HA. In accordance with the HA organisation-wide risk management framework, the Committee reviewed the effectiveness of risk mitigation actions taken in 2022 on finance matters, and proactively assessed key financial risks anticipated for 2023 and considered corresponding action plans.

The Committee also reviewed the annual work plan of the Finance Division to guide the effective and efficient functioning of various finance related matters of HA.

2022-23 年度工作概況

在 2022-23 年度，委員會共召開六次會議，就醫院管理局（醫管局）的財務相關事宜向醫管局大會作出建議，協助大會確保妥善管理和有效運用公帑。

為支援醫管局的整體策略及服務發展，委員會在與人力資源委員會的聯合會議上，討論醫管局為挽留人手而推出的員工置業貸款計劃的主要特點、相關的財務安排、實行時間表和持續管治架構。委員會亦收閱轄下庫務小組就計劃的撥款機制及首批申請可動用的撥款而提交之報告。在醫管局的年度服務及資源規劃方面，委員會審議醫管局 2023-24 年度預算、資源分配及未來財務安排建議，當中已考慮醫管局所面對的限制和挑戰，包括人手狀況、醫管局服務恢復進度、冬季服務高峰期，以及政府的撥款安排。年內，委員會審閱並通過存於外匯基金的 100 億元醫管局公私營協作基金的續期安排、為撒瑪利亞基金增設銀行戶口，以及醫管局財務會計規則及財務職能授權安排的修訂。委員會亦收閱以電子方式支付醫院費用的最新匯報。

在問責報告方面，委員會在與審計及風險管理委員會的聯合會議上，審閱並通過醫管局 2021-22 年度經審核的財務報表擬本。委員會亦審議及通過由醫管局推行的若干指定計劃之 2021-22 年度經審核財務報表/帳目，包括撒瑪利亞基金、關愛基金醫療援助計劃、醫管局慈善基金、醫管局公私營協作基金、基本工程儲備基金所撥款的小型工程、為衛生署進行的臨床服務提升項目，以及全港電子健康紀錄計劃。委員會亦在與人力資源委員會的聯合會議上，收閱醫管局公積金計劃 2021-22 年度運作報告。

在監察醫管局的財務狀況及財務表現方面，委員會收閱定期財務報告，並審議 2021-22 年度醫管局的初步財務狀況，以及 2022-23 年度中期財政結算。委員會亦審議其他主要財務表現指標、豁免及撤銷醫院收費，以及債務管理等事宜。委員會在其庫務小組協助下，透過定期進度報告審議有關醫管局庫務管理及運作、投資表現及相關事宜。在財務風險管理方面，委員會審閱並通過 2023-24 年度醫管局保險計劃的續保方式和方針。根據醫管局的機構風險管理架構，委員會審視 2022 年財務風險緩減措施的成效，並主動評估 2023 年預計主要財務風險及相應的緩減計劃。

委員會亦審閱財務部的周年工作計劃，讓醫管局各項財政相關事宜得以快捷有效地運作。

APPENDIX 3

附錄 3

Human Resources Committee

人力資源委員會

Membership List

成員名單

Chairman: Mrs Ann KUNG YEUNG Yun-chi, BBS, JP (*up to 30.11.2022*)
主席：龔楊恩慈女士(截至 2022 年 11 月 30 日)

Ms Margaret CHENG Wai-ching, JP (*from 1.12.2022*)
鄭惠貞女士(由 2022 年 12 月 1 日起)

Vice-Chairman: Ms Lisa LAU Man-man, BBS, MH, JP (*up to 30.11.2022*)
副主席：劉文文女士(截至 2022 年 11 月 30 日)

Prof Agnes TIWARI Fung-ye (from 1.12.2022)
羅鳳儀教授(由 2022 年 12 月 1 日起)

Members: Prof Francis CHAN Ka-leung, SBS, JP
成員：陳家亮教授

Prof CHAN Wai-ye
陳偉儀教授

Ms Margaret CHENG Wai-ching, JP (*up to 30.11.2022*)
鄭惠貞女士(截至 2022 年 11 月 30 日)

Ms Maisy HO Chiu-ha, BBS
何超蓮女士

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

Mr Franklin LAM Fan-keung, BBS
林奮強先生

Dr LEUNG Wing-cheong
梁永昌醫生

Ms Elaine MAK Tse-ling (*up to 16.2.2023*)
[*representing the Permanent Secretary for Health*]
麥子濤女士(截至 2023 年 2 月 16 日)
[代表醫務衛生局常任秘書長]

Prof David SHUM Ho-keung
岑浩強教授

APPENDIX 3

附錄 3

Terms of Reference

1. Advise on manpower planning;
2. Advise on staff training and development matters;
3. Advise, review and make recommendations on human resources policies and related issues;
4. Advise, review and make recommendations to the Hospital Authority on the terms and conditions of employment for staff;
5. Advise, review and make recommendations to the Hospital Authority on staff pay awards and overall staffing structure;
6. Advise, review and make recommendations to the Hospital Authority on any other staff related matters;
7. Consider periodically matters relating to risk, risk management and risk mitigation relevant to human resources management;
8. Monitor the performance of the Hospital Authority Mandatory Provident Fund Schemes and make recommendations to the Hospital Authority as and when necessary; and
9. Liaise with the Trustees of the Hospital Authority Provident Fund Scheme on member and communication related matters and make recommendations to the Hospital Authority where appropriate.

職權範圍

1. 就人力規劃提供意見；
2. 就職員培訓及發展事宜提供意見；
3. 就人力資源政策及有關事宜提供意見，進行檢討及作出建議；
4. 就職員的僱用條件向醫院管理局(醫管局)提供意見，進行檢討及作出建議；
5. 就職員薪酬及整體人手架構向醫管局提供意見，進行檢討及作出建議；
6. 就其他任何與職員有關的事宜向醫管局提供意見，進行檢討及作出建議；
7. 定期審議人力資源管理範疇的相關風險、風險管理及風險緩減事宜；
8. 監察醫管局強積金計劃的表現，並按需要向醫管局提出建議；以及
9. 就有關醫管局公積金計劃成員及溝通方面事宜與信託人保持聯繫，並在適當時向醫管局作出建議。

APPENDIX 3

附錄 3

Focus of Work in 2022-23

In 2022-23, the Committee met eight times (including two joint meetings with the Finance Committee) to discuss and consider various human resources (HR) matters of the Hospital Authority (HA).

The Committee considered and advised on a basket of HR initiatives to strengthen the HA workforce and boost staff morale. They included flexible employment arrangements to retain staff with valuable experience and expertise; measures to facilitate further employment of retired / retiring staff; enhancements on recruitment of non-locally trained doctors and other strategies to attract and retain doctors; career ladder review and other measures to retain and strengthen manpower of allied health professionals; creation of a new rank of Chief Engineer in HA with a view to refining the career structure of engineering professional grade in HA; as well as establishment of the Task Force for Review on Retirement Benefits Schemes of HA and implementation of Enhanced Home Loan Interest Subsidy Scheme for boosting staff morale. The Committee also monitored the implementation progress of various initiatives for manpower augmentation during the service demand surge under the COVID-19 epidemic such as locum recruitment and Special Honorarium Scheme, and received regular report on Staff Radiology Programme and updates on development of staff psychological services in HA for the promotion of staff wellbeing. In July 2022, the Committee endorsed in principle that HA should follow the 2022-23 Civil Service Annual Pay Adjustment for HA employees, i.e. to adopt and apply the 2022-23 Civil Service Annual Pay Adjustment rates to eligible employees of HA.

Staff training and development was another key HR strategy in HA. The Committee supported the establishment of the HA Academy to groom the HA workforce and attract talents by consolidating the current corporate training institutes in HA, strengthening collaboration with external training institutes and uplifting the credentialing of HA professional training programmes. The Committee also received regular reports from its Central Training and Development Committee, and continued to adopt training key performance indicators (KPIs) for regular review along with the quarterly review of other HR KPIs on manpower situation and staff wellness.

Following the implementation of the Employment (Amendment) Ordinance 2022 in June 2022, the Committee considered and supported the adoption of corresponding arrangements in granting sick leave for absence from work and related handling on staff issues with corresponding updates to the sick leave policy in HA. To address the evolving needs of HA and hence the need to modernise its HR policies, the Committee endorsed the direction for formulating strategic review of HR policies of HA to be steered by the Task Force on Human Resources Policy Review. The Committee also monitored the implementation progress of the establishment of Human Resources Service Centre in HA to dovetail with the long-term direction of automation through digitalisation, service / people partner role and modernising HR in HA.

In accordance with the HA organisation-wide risk management framework, the Committee considered the People Resources Risk Assessment by reviewing the effectiveness of risk mitigation actions taken on HR front in 2022, and proactively assessed HR risks anticipated for 2023 and considered the corresponding action plans. It also received annual reports on a wide range of HR-related matters, including the Hospital Authority Provident Fund Scheme Operation Report 2021-22, Annual Report on Hospital Authority Mandatory Provident Scheme, Annual Report on Occupational Safety and Health and Workplace Violence, Report on Staff Complaints Received in 2021, as well as the Whistleblowing Report 2021 which summarised the handling of four whistleblowing cases received by HA last year and the way forward.

2022-23 年度工作概況

在 2022-23 年度，委員會共召開八次會議（包括兩次與財務委員會的聯合會議），討論及審議醫管局各項人力資源事宜。

委員會審議了一系列增加醫管局人手及提升士氣的人力資源措施，並提供意見，包括以彈性聘任安排挽留具寶貴經驗及專業知識的人才、推行加強延聘已退休/即將退休員工的措施、加強招聘非本地培訓醫生及其他吸引和挽留醫生的策略、透過檢討晉升階梯及其他措施以挽留和鞏固專職醫療人員的人手、增設總工程師職級以加強醫管局的工程專業人員職業架構、設立檢討醫管局退休福利計劃專責小組，以及推行員工置業貸款計劃以提升士氣。委員會亦監察為應對 2019 冠狀病毒病疫情下服務需求急增而實施的多項加強人手措施的執行進度，例如自選兼職招聘計劃及特別酬金計劃等，並收閱員工造影計劃定期報告及醫管局職員心理服務的發展報告，以促進員工福祉。在 2022 年 7 月，委員會原則上通過醫管局跟隨 2022-23 年度公務員薪酬調整方案，即按照 2022-23 年度公務員薪酬調整比率，為醫管局合資格僱員調整薪酬。

員工培訓及發展是醫管局另一項關鍵的人力資源策略。委員會支持成立醫院管理局學院，透過整合現時醫管局內的訓練學院、加強與外間訓練學院的合作，以及提升醫管局專業培訓課程的認證水平，培育醫管局員工並吸引人才。委員會亦收閱轄下中央培訓及發展委員會的定期報告，並在人手及員工福祉等其他人力資源主要表現的季度匯報外，繼續將培訓列為定期審視的表現指標。

因應《2022 年僱傭(修訂)條例》於 2022 年 6 月實施，委員會考慮並支持醫管局，更新有關病假政策，為缺勤員工批核病假及相關事宜上作相應安排。醫管局需要現代化的人力資源政策以配合其不斷變化的需要。為此，委員會通過由人力資源政策檢討工作小組就醫管局的人力資源政策制定策略性檢討方向。委員會亦監察醫管局在設立人力資源服務中心方面的進展，以配合醫管局透過數碼化、服務/人力夥伴角色及人力資源現代化推行自動化的長遠方針。

根據醫管局機構風險管理架構，委員會檢視人力資源風險評估，審視 2022 年人力資源風險緩減措施的成效，並主動評估 2023 年人力資源方面的預計風險及審議有關緩減計劃。委員會亦收閱多項與人力資源事宜相關的年度報告，包括醫管局公積金計劃 2021-22 年度運作報告、醫管局強制性公積金計劃年度報告、職安健及工作間暴力年報、2021 年職員投訴報告，以及有關 2021 年所接獲舉報個案的報告，備悉當中所述醫管局對去年所接獲的四宗舉報個案的處理及未來方向。

APPENDIX 3

附錄 3

Information Technology Services Committee 資訊科技服務委員會

Membership List

成員名單

Chairman: The Hon Duncan CHIU
主席： 邱達根先生

Members: Mr CHAN Wing-kai
成員： 陳永佳先生

Mr Raymond CHENG Siu-hong
鄭小康先生

Prof Herbert CHIA Pun-kok, JP
車品覺教授

Mr Kevin CHOI, JP (*from 4.7.2022 to 5.2.2023*)
Deputy Secretary for Health 1
蔡傑銘先生(由 2022 年 7 月 4 日至 2023 年 2 月 5 日)
醫務衛生局副秘書長 1

Mr David FONG Man-hung, BBS, JP
方文雄先生

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

Mr Victor LAM, SBS, JP (*up to 27.12.2022*)
Government Chief Information Officer
林偉喬先生(截至 2022 年 12 月 27 日)
政府資訊科技總監

Mrs Sylvia LAM YU Ka-wai, SBS (*from 14.12.2022*)
林余家慧女士(由 2022 年 12 月 14 日起)

Prof LAU Chak-sing, BBS, JP
劉澤星教授

Mr WAN Man-ye, BBS, JP
溫文儀先生

Mr Tony WONG Chi-kwong, JP (*from 6.2.2023*)
Government Chief Information Officer (Acting)
黃志光先生(由 2023 年 2 月 6 日起)
政府資訊科技總監(署理)

Miss Amy YUEN Wai-yin, JP (*up to 3.7.2022*)
Deputy Secretary for Health 2
阮慧賢女士(截至 2022 年 7 月 3 日)
醫務衛生局副秘書長 2

APPENDIX 3

附錄 3

Terms of Reference

1. Advise and make recommendations on IT strategy, IT planning and enterprise architecture;
2. Endorse, advise and make recommendations on Annual Work Plan of Hospital Authority Information Technology & Health Informatics Division, including IT Block Vote submission;
3. Receive performance and progress reports on IT service development and management, project management and system delivery, and technical operations;
4. Advise on finance and sourcing, and IT talent management or any other IT-related matters put forward by the management;
5. Consider matters relating to risk, risk management and risk mitigation relevant to IT across Hospital Authority; and
6. Receive reports from Information Technology Technical Advisory Subcommittee.

職權範圍

1. 就資訊科技策略、資訊科技規劃及企業架構提供意見及建議；
2. 審議醫院管理局資訊科技及醫療信息部的年度工作計劃，包括資訊科技整體撥款申請，批准計劃並提供建議；
3. 收閱有關資訊科技服務發展及管理、項目管理及系統推展，以及技術運作方面的表現和進度報告；
4. 就管理層提出的財政及採購事宜、資訊科技人才管理及任何其他資訊科技相關事宜提供意見；
5. 審議醫院管理局資訊科技範疇的相關風險、風險管理及風險緩減事宜；及
6. 收閱信息技術諮詢小組委員會的報告。

APPENDIX 3 附錄 3

Focus of Work in 2022-23

In 2022-23, the Committee met four times to discuss issues relating to the strategic development and implementation of information technology (IT) systems in the Hospital Authority (HA). In particular, the Committee considered and endorsed the HA IT Strategy 2022-27, which set out the key directions for achieving sustainability and transformation by leveraging on digital technology. During the period, the Committee received updates on various key IT strategies and initiatives, including the strategy and progress of developing "HA Go"; the proposed setting up of an HA body corporate to explore IT service collaborations and service provision in the Guangdong-Hong Kong-Macao Greater Bay Area; the Digital Transformation of HA and the proposed approach of delivering transformation through a business-led and technology-enabled approach; the progress of development of HA IT Innovation; the proposed implementation of hybrid working by the Information Technology and Health Informatics Division (IT&HID); the HA Digital Immunity Strategy to enhance resilience in HA's critical IT systems; and the progress and development of various Digital Workplace products of HA. In addition, the Committee was briefed on the impact of COVID-19 on IT resources and noted that HA received three Healthcare Information and Management Systems Society (HIMSS) Asia Pacific Awards in September 2022. In a move towards achieving digital workplace, the Committee supported piloting various digital solutions for its operations to reduce manual work and use of papers while increasing efficiency and security.

On plans to meet the growing demand for IT systems to support the operation of HA, the Committee endorsed the IT Block Vote Submission for 2023-24. The Committee also approved the 2023-24 Annual Work Plan of IT&HID, which incorporated the main focus areas to sustain services, achieve key IT targets and the resultant budget and manpower requirements.

To fulfil its overseeing functions, the Committee monitored the implementation of the IT&HID Annual Work Plan by considering, amongst others, the performance and status reports of respective IT functions. Among the standing agenda items were regular progress updates on various IT projects for the Committee's information, including clinical systems related projects; "HA Go" related projects; smart hospital related projects; Artificial Intelligence and Data Analytics (AIDA) related projects; the Government's Electronic Health Record (eHR) projects for which HA was the technical agent and participated as a major user of eHR Sharing System; as well as Clinical Information Management System Stage II (CIMS2) projects undertaken by HA as technical agent for the Department of Health (DH). The Committee also endorsed the draft audited accounts related to eHR Programme undertaken by HA and the draft audited accounts of the Clinical Services Improvement Projects for DH undertaken by HA as technical agent, i.e. the CIMS2 project. In addition, in accordance with the HA organisation-wide risk management framework, the Committee considered the key risks identified in the IT Operational Risk Assessment 2023 and the management actions taken during 2022 and planned for 2023 onwards.

The Committee received regular progress reports from the Information Technology Technical Advisory Subcommittee (ITTASC), a subcommittee formed under the Committee to advise on major IT initiatives and IT technical matters proposed for implementation in HA, and approved appointments of ITTASC membership.

2022-23 年度工作概況

在 2022-23 年度，委員會共舉行四次會議，審議醫管局各項資訊科技策略發展及系統執行方面的事宜。委員會審議及通過醫管局 2022 至 2027 年資訊科技策略，訂定方向應用數碼科技實現持續發展和轉型。年內，委員會備悉多個主要資訊科技策略和計劃的進展情況，包括流動應用程式「HA Go」的發展策略和進度；設立法團以便在粵港澳大灣區開拓資訊科技服務協作及提供服務的建議方案；醫管局數碼轉型及以業務主導、科技輔導的建議轉型方針；醫管局資訊科技創新措施的進展；資訊科技及醫療信息部實行混合工作模式的建議方案；增強主要資訊科技系統復原力的醫管局數碼免疫策略；以及醫管局多項數碼辦公場所產品的落實和發展進度。此外，委員會亦備悉 2019 冠狀病毒病對資訊科技資源的影響，以及醫管局於 2022 年 9 月榮獲醫療資訊暨管理系統協會(HIMSS)亞太區三個獎項。為推動數碼辦公場所發展，委員會支持在委員會運作方面試行納入不同的數碼產品，以減省人手工作、減少用紙、增進效率及加強保安。

為應付對資訊科技系統不斷增長的需求，以配合機構運作需要，委員會經審議後通過 2023-24 年度資訊科技整體撥款申請。委員會亦批核了資訊科技及醫療信息部 2023-24 年度工作計劃，包括維持現行服務、推行資訊科技主要策略目標和相應的資金及人手預算。

為履行監督職能，委員會監察資訊科技及醫療信息部年度工作計劃的實施，其中包括審閱相關資訊科技範疇的表現及狀況報告。委員會會議的常規議程項目包括多個資訊科技項目的定期進展報告，涵蓋臨床系統相關項目、流動應用程式「HA Go」相關項目、智慧醫院相關項目、人工智能及數據分析相關項目、政府電子健康紀錄計劃(醫管局擔任技術代理，並為電子健康紀錄互通系統的主要使用者)及臨床訊息管理系統第二期計劃(醫管局擔任衛生署的技術代理)。委員會亦通過醫管局擔任技術代理的電子健康紀錄計劃及臨床服務提升項目(即臨床訊息管理系統第二期計劃)的經審核帳目擬稿。此外，根據醫管局的機構風險管理架構，委員會亦收閱 2023 年資訊科技運作風險評估，備悉當中發現的主要風險情況以及 2022 年採取的管理行動和就 2023 年及其後擬訂的行動。

委員會亦定期收閱轄下信息技術諮詢小組委員會的進度報告及批核其成員委任事宜。該小組委員會負責就資訊科技方面建議推行的主要措施及技術事宜對醫管局提供意見。

APPENDIX 3

附錄 3

Main Tender Board

中央投標委員會

Membership List

成員名單

Chairman: 主席：	Prof David SHUM Ho-keung 岑浩強教授
Vice-Chairmen: 副主席：	Mr Gregory LEUNG Wing-lup, SBS 梁永立先生 Mr Ivan SZE Wing-hang, BBS, JP 施榮恆先生
Ex-officio members: 當然成員：	Dr Tony KO Pat-sing, JP, <i>Chief Executive (or his nominated representative)</i> 高拔陸醫生 行政總裁 (行政總裁或其委任代表) Ms Anita CHAN Shuk-yu, <i>Director (Finance) (or her nominated representative)</i> 陳淑瑜女士 財務總監 (財務總監或其委任代表)
Members: 成員：	Two of the following members on rotation: 以下其中兩位輪值成員： Prof Francis CHAN Ka-leung, SBS, JP 陳家亮教授 Prof CHAN Wai-yee 陳偉儀教授 Mr CHAN Wing-kai (<i>up to 30.11.2022</i>) 陳永佳先生(截至 2022 年 11 月 30 日) Ms Margaret CHENG Wai-ching, JP (<i>up to 30.11.2022</i>) 鄭惠貞女士(截至 2022 年 11 月 30 日) Prof Joanne CHUNG Wai-yee 鍾慧儀教授 Mr David FONG Man-hung, BBS, JP 方文雄先生 Ms Anita FUNG Yuen-mei, BBS, JP (<i>from 1.12.2022</i>) 馮婉眉女士(由 2022 年 12 月 1 日起) Mr Ambrose HO, SBS, SC, JP 何沛謙先生 Ms Maisy HO Chiu-ha, BBS 何超蕙女士 Ms Mary HUEN Wai-yi, JP 禰惠儀女士 Mrs Sylvia LAM YU Ka-wai, SBS (<i>from 14.12.2022</i>) 林余家慧女士(由 2022 年 12 月 14 日起) Prof LAU Chak-sing, BBS, JP 劉澤星教授 Dr LAU Chau-ming 劉秋銘博士 Dr James LAU Chi-wang, BBS, JP 劉志宏博士

APPENDIX 3

附錄 3

Prof Gabriel Matthew LEUNG, GBS, JP (*up to 14.7.2022*)
梁卓偉教授(截至 2022 年 7 月 14 日)

Mr William LEUNG Shu-yin
梁樹賢先生

Mr Jason LEUNG Wai-kwong
梁偉光先生

Dr LEUNG Wing-cheong
梁永昌醫生

Mr Wilson MOK Yu-sang
莫裕生先生

Prof Agnes TIWARI Fung-yee
羅鳳儀教授

Mr Alec TONG Chi-chiu
湯志超先生

Mr Henry TONG Sau-chai, MH, JP (*from 12.12.2022*)
湯修齊先生(由 2022 年 12 月 12 日起)

Ir Vincent TONG Wing-shing, BBS
湯永成先生

Mr Anthony TSANG Hin-fun (*from 12.12.2022*)
曾憲芬先生(由 2022 年 12 月 12 日起)

Mr WAN Man-ye, BBS, JP
溫文儀先生

Ir Billy WONG Wing-hoo, BBS, JP
黃永灝先生

Dr Frederick YIP Yeung-fai
葉揚輝博士

APPENDIX 3

附錄 3

Terms of Reference

1. To consider and approve tenders and contract variations in the Hospital Authority in accordance with the delegation of authority limits approved by the Board, including:
 - (a) To review and assess the recommendations made by the assessment panel;
 - (b) To review the procedures and criteria adopted by the assessment panel in the course of its selection; and
 - (c) To approve the selection made by the assessment panel after satisfying itself that (a) and (b) are in order and such approval should be final.
2. To receive management reporting of acceptance of offer approved in the Head Office by a Director in exercising Special Authority for Urgent Direct Purchase.

Note:

Under the prevailing Hospital Authority Procurement and Materials Management Manual approved by the Board, the schedule of authority limits in respect of the Main Tender Board includes approval of tender exceeding \$1.5 million centrally coordinated by Hospital Authority Head Office, or exceeding \$4.5 million for those arranged by the clusters / hospitals.

Focus of Work in 2022-23

The Main Tender Board (MTB) is organised into two Tender Boards, each meeting once a month, with MTB (1) mainly focusing on tenders for pharmaceutical products and medical consumables; and MTB (2) on tenders of other subjects (e.g. medical equipment, contract services, consultancies, etc.). In 2022-23, MTB altogether considered over 700 papers on procurement of various supplies and services that were individually at value of over \$1.5 million for the Hospital Authority (HA) Head Office, or above \$4.5 million for clusters and hospitals. Tenders for procurement of supplies mainly covered purchases of pharmaceutical products, medical devices, medical and laboratory equipment as well as their consumables, whereas service tenders were mainly related to hospital supporting services, maintenance of medical and laboratory equipment, laboratory services as well as information technology services. Capital works tenders were mainly on hospital redevelopment projects and minor works improvements for maintenance of hospital premises. Under the COVID-19 epidemic, MTB also received 28 management reports on urgent direct purchases made in 2022-23 to meet urgent operational needs under the Emergency Response Level in public hospitals that exceeded the authority limits of the concerned personnel or the special delegation of procurement authority. They involved pharmaceutical products, equipment, personal protective equipment, laboratory reagents and consumables, and other clinical services in the private sector, hospital supporting services, home delivery service for COVID-19 medications, as well as tenancy contracts for temporary treatment facilities, etc.

To strengthen MTB's governance on HA's performance in procurement related areas, an annual summary on the work of MTB was circulated to Members after completion of each financial year to provide information on the numbers and types of tenders / contracts approved in the concerned financial year, contract sum involved, and distribution of major vendors. Members were also informed of any major updates on procurement policies and practices of HA.

職權範圍

1. 根據醫院管理局(醫管局)大會授予的執行權限，審議及批核醫管局的採購投標及合約更改，包括：
 - (a) 檢視及確定評估小組所作的建議；
 - (b) 檢視評估小組在甄選過程中採用的程序及準則；及
 - (c) 在確立上述 (a) 及 (b) 項為適切後，就評估小組的甄選作最終批核。
2. 聽取有關審批直接採購合約的管理匯報，該等合約已獲總辦事處總監行使「緊急直接採購特別權力」批核。

註：

根據大會批核的《醫院管理局採購及物料管理手冊》，現時中央投標委員會的權限範圍包括批核由醫管局總辦事處統籌 150 萬元以上的採購投標，或由聯網/醫院安排 450 萬元以上的採購投標。

2022-23 年度工作概況

中央投標委員會分為兩個投標委員會，每月各舉行一次會議。中央投標委員會 (1) 主要負責藥物和醫療消耗品的投標；而中央投標委員會 (2) 則處理其他項目(例如醫療設備、合約服務、顧問服務等)的投標。在 2022-23 年度，中央投標委員會共審議超過 700 份採購物資和服務的投標文件，當中醫管局總辦事處每宗合約所涉價值為 150 萬元以上，而聯網及醫院每宗合約所涉價值則為 450 萬元以上。有關物資採購的投標項目主要涉及購買藥物、醫療儀器、醫療及化驗設備與消耗品；服務採購的投標則主要涉及醫院支援服務，以及醫療、化驗設備、化驗服務和資訊科技服務；而基本工程的投標主要涉及醫院重建項目及醫院建築物保養的小型改善工程。為應對 2019 冠狀病毒病疫情，相關人員處理超逾授權上限或獲特別授予採購權的緊急直接採購，所涉範圍包括藥物、設備、個人防護裝備、試劑及消耗品、其他私營醫療機構的臨床服務、醫院支援服務、新冠藥物送遞服務及臨時治療設施租賃合約等，以應付公立醫院在緊急應變級別啟動期間的緊急運作需要。中央投標委員會在 2022-23 年度共收閱 28 份相關管理匯報。

為加強委員會對醫管局採購事宜的績效管治，在每個財政年度完結後成員均獲發中央投標委員會工作摘要，當中載列了在有關財政年度所批核投標/合約的數量和類別、所涉合約價值及主要供應商的分布情況。成員亦獲悉醫管局採購政策及安排的主要更新。

APPENDIX 3

附錄 3

Medical Services Development Committee

醫療服務發展委員會

Membership List

成員名單

Chairman: 主席：	Dr Thomas TSANG Ho-fai, BBS 曾浩輝醫生
Vice-Chairman: 副主席：	Prof CHAN Wai-ye 陳偉儀教授
Members: 成員：	Mr Thomas CHAN Chung-ching, JP <i>Permanent Secretary for Health</i> 陳松青先生 醫務衛生局常任秘書長
	Prof Francis CHAN Ka-leung, SBS, JP 陳家亮教授
	Mr CHAN Wing-kai 陳永佳先生
	Ms Maisy HO Chiu-ha, BBS 何超蓮女士
	Dr Tony KO Pat-sing, JP, <i>Chief Executive</i> 高拔陸醫生 行政總裁
	Mr Franklin LAM Fan-keung, BBS 林奮強先生
	Dr Ronald LAM Man-kin, JP <i>Director of Health</i> 林文健醫生 衛生署署長
	Prof LAU Chak-sing, BBS, JP 劉澤星教授
	Mr Raistlin LAU Chun, JP (<i>up to 10.7.2022</i>) / Mr Aaron LIU Kong-cheung, JP (<i>from 11.7.2022</i>) / Ms Jessica LEE Wing-tung <i>[representing the Secretary for Financial Services and the Treasury]</i> 劉震先生(截至 2022 年 7 月 10 日) / 廖廣翔先生(由 2022 年 7 月 11 日起) / 李詠彤女士 <i>[代表財經事務及庫務局局長]</i>
	Prof Gabriel Matthew LEUNG, GBS, JP (<i>up to 14.7.2022</i>) 梁卓偉教授(截至 2022 年 7 月 14 日)
	Dr LEUNG Wing-cheong 梁永昌醫生
	Prof David SHUM Ho-keung 岑浩強教授
	Prof Agnes TIWARI Fung-ye 羅鳳儀教授
	Mr WAN Man-ye, BBS, JP 溫文儀先生

APPENDIX 3

附錄 3

Terms of Reference

1. Examine, review and make recommendations on the changing needs of the community in respect of clinical services provided by public hospitals and institutions;
2. Advise and make recommendations on the overall policies, directions and strategies relating to the provision, planning and development of the public hospitals and related services, having regard to the availability of technology, staff and other resources and the need to provide a patient-centred, outcome-focused quality healthcare service by a knowledge-based organisation;
3. Consider and make recommendations on the overall priorities for the planning and development of the public hospitals and related services in order to ensure an optimal utilisation of available resources;
4. Consider, review and make recommendations on any other matters related to the planning and development of the public hospitals and related services;
5. Consider periodically matters relating to risk, risk management and risk mitigation relevant to medical services development; and
6. Exercise powers delegated by the Board on the following matters:
 - (a) approve the scope of coverage of the Samaritan Fund, on the recommendation of the Management Committee of the Samaritan Fund;
 - (b) approve the scope of coverage of the Hospital Authority Public-Private Partnership Fund, on the recommendation of the Management Committee for the Hospital Authority Public-Private Partnership Fund and Clinical Public-Private Partnership Programmes; and
 - (c) approve clinical service plans on specialty services and redevelopment projects, except those involving decisions on financial provisions.

職權範圍

1. 審查及檢討市民對公立醫院和機構所提供的、不斷變化的醫療服務需求，並作出建議；
2. 根據現行可提供的科技、職員人手及其他資源，並顧及作為知識為本機構所需提供的「以病人及成效為中心」的優質醫護服務，就提供、規劃及發展公立醫院及相關服務的整體政策、方針和策略，提供意見及作出建議；
3. 審議規劃發展公立醫院及相關服務的整體優先次序，並作出建議，確保最有效地運用所獲資源；
4. 審議及檢討規劃發展公立醫院及相關服務的任何其他事宜，並作出建議；
5. 定期審議醫療服務發展範疇的相關風險、風險管理及風險緩減事宜；及
6. 就以下事宜行使醫院管理局(醫管局)大會授予的權力：
 - (a) 批核撒瑪利亞基金管理委員會建議的基金涵蓋範圍；
 - (b) 批核醫管局公私營協作基金及臨床公私營協作計劃管理委員會建議的基金涵蓋範圍；及
 - (c) 批核專科服務及重建項目的臨床服務計劃，惟涉及財政撥款的決定者除外。

APPENDIX 3 附錄 3

Focus of Work in 2022-23

In 2022-23, the Committee met six times to discuss and consider matters relating to the planning, development and management of clinical services.

Along the corporate strategy and planned future service directions of the Hospital Authority (HA), the Committee considered and approved the review of HA's Strategic Framework for Elderly Patients which revisited the strategies for setting out future directions and follow-up actions for the continuous enhancement of elderly services to be provided by HA. For clinical services development, the Committee discussed the development and monitoring of medical grade 3D printing service in HA, planning for computed tomography services and positron emission tomography service in HA, progress update on service provision of Chimeric Antigen Receptor-T Cell Therapy for cancer treatment, introduction of fecal microbiota transplantation service for selected patients with recurrent or refractory *Clostridium difficile* infection, enhancement of child and adolescent psychiatric services as well as update on utilisation and efficiency of operating theatre services. The Committee also deliberated on the establishment of Hong Kong Poison Control Center for enhanced poison control and treatment of poisoned patients, proposed transfer of clinical genetics service of the Department of Health to HA for developing a standardised and coordinated clinical pathway for genetic and genomic services in Hong Kong.

Relating to medications / pharmacy-related services, the Committee considered the development of drug collection and delivery services, HA drug allergy delabelling initiative, and discussed better ways to promote appropriate supply of drugs. Regarding Chinese medicine, the Committee was briefed about the progress report of the Subcommittee on Chinese Medicine formed under the Committee and noted the development of Integrated Chinese-Western Medicine Programme. The Committee also considered various clinical Public-Private Partnership (PPP) Programmes and the collaboration between HA and The Chinese University of Hong Kong (Shenzhen) School of Medicine on clinical attachment of medical students to HA hospitals.

The Committee considered and deliberated on a wide range of clinical management issues, including approval of new drugs / indications and non-drug items to be covered by the Samaritan Fund in 2022-23; specialist outpatient (SOP) clinic new case waiting time management; and 2021-22 HA Patient Experience Survey on SOP services. The Committee monitored clinical risk management through considering the report on patient service and patient care, which assessed the effectiveness of the risk mitigation actions taken in 2022, and focused on the risks anticipated for 2023 and the planned mitigation actions. Relating to contingencies, the Committee considered a report on winter surge preparation under COVID-19 and the PPP initiatives taken by HA under the outbreak of the fifth wave of COVID-19 epidemic to help support the surge in service demand in HA. The Committee also considered proposals / regular reports on other matters, including the Controlling Officer's Report in 2022-23 and development / monitoring / review of clinical service key performance indicators.

2022-23 年度工作概況

在 2022-23 年度，醫療服務發展委員會共召開六次會議，討論臨床服務的規劃、發展及管理事宜。

根據醫院管理局(醫管局)的整體策略及擬定的未來服務方向，委員會討論並批核長者醫療服務策略框架的檢討報告。該報告重新審視有關策略，為持續提升醫管局長者服務制定未來方向及跟進行動。在臨床服務發展方面，委員會討論了醫管局的醫療級別 3D 打印服務的發展和監察、電腦掃描服務及正電子電腦斷層掃描服務的計劃、提供嵌合抗原受體 T 細胞治療服務作為癌症治療的進展、為有復發性或難治性難辨梭菌感染的指定病人引入腸道微生物移植服務、提升兒童及青少年精神科服務，以及手術室服務的使用量與效率的最新匯報。委員會亦審議成立香港中毒控制中心以加強中毒防控及治療中毒病人的工作，以及由醫管局接辦衛生署轄下醫學遺傳服務的建議，為遺傳及基因組醫學服務建立一致並互相協調的臨床護理流程。

在藥物/藥劑相關服務方面，委員會審議藥物領取及送遞服務的發展、醫管局辨識藥物敏感病人計劃，並討論以較佳的方法以促進合宜的藥物供應。在中醫藥方面，委員會聽取轄下中醫藥小組委員會的進度報告，並備悉中西醫協作計劃的發展。委員會亦審議多項臨床公私營協作計劃，以及醫管局與香港中文大學(深圳)醫學院就醫科生在醫管局醫院進行臨床實習的合作事宜。

委員會審議多項醫療管理事宜並提供意見，包括批核撒瑪利亞基金在 2022-23 年度起納入的新藥/適應症及醫療項目、專科門診新症輪候時間管理，以及 2021-22 年度專科門診病人經驗調查。委員會透過審閱病人服務報告以監察臨床風險管理情況，當中檢討 2022 年風險緩減措施的成效，並重點評估 2023 年的預計風險及有關緩減計劃。就應急事務方面，委員會審議 2019 冠狀病毒病疫情下冬季服務高峰期應對準備報告，以及醫管局在第五波疫情爆發期間推行的公私營協作計劃，以支援醫管局應對急增的服務需求。委員會亦考慮了其他建議/定期報告，包括 2022-23 年度管制人員報告，以及臨床服務主要表現指標的制訂、監察和檢討。

APPENDIX 3

附錄 3

Public Complaints Committee

公眾投訴委員會

Membership List

成員名單

Chairman: Ms Lisa LAU Man-man, BBS, MH, JP (*up to 30.11.2022*)
主席：劉文文女士(截至 2022 年 11 月 30 日)

Mr CHAN Wing-kai* (*from 1.12.2022*)
陳永佳先生*(由 2022 年 12 月 1 日起)

Vice-Chairman: Mr WONG Kwai-huen, SBS, JP*
副主席：王桂壠先生*

Members: Ms Rebecca CHAN Chui-mi
成員：陳翠薇女士

Mr Raymond CHAN Kwan-tak
陳君德先生

Mr CHAN Wing-kai* (*up to 30.11.2022*)
陳永佳先生*(截至 2022 年 11 月 30 日)

Mr Vincent CHAN Wing-shing, MH
陳永誠先生

Rev Dr Andrew CHOI Chung-ho
蔡宗灝牧師

Dr CHUNG Chin-hung*
鍾展鴻醫生*

Prof Sylvia FUNG Yuk-kuen, BBS
馮玉娟教授

Mr Herman HUI Chung-shing, GBS, MH, JP
許宗盛先生

Mr Joe KWOK Jing-keung, SBS, FSDSM
郭晶強先生

Mr KWOK Leung-ming, SBS, CSDSM
郭亮明先生

Mr Daniel LAU Kim-hung
劉劍雄先生

Mr Peter LEE Shung-tak, BBS, JP
李崇德先生

Prof LI Chi-kong, JP*
李志光教授*

Mr LIU Sui-biu
廖瑞彪先生

Ms Manbo MAN Bo-lin, MH
文保蓮女士

Mr Simon MOK Sai-man, MH
莫世民先生

Mr Raymond NG Kwok-ming, IDS
伍國明先生

APPENDIX 3

附錄 3

The Hon TANG Fei, MH
鄧飛議員

Mr Hermes TANG Yi-hoi, SBS, CDSM, CMSM, JP (from 1.12.2022)
鄧以海先生(由 2022 年 12 月 1 日起)

Mr Frederick TONG Kin-sang
唐建生先生

Prof William TSANG Wai-nam
曾偉男教授

Dr WONG Chun-por, JP*
王春波醫生 *

Mr Paul WU Wai-keung
胡偉強先生

Ms Agnes Garman YEH
葉嘉雯女士

Mr Charlie YIP Wing-tong
葉永堂先生

* Panel Chairman 小組主席

Terms of Reference

1. The Public Complaints Committee (PCC) is the final complaint redress and appeal body of the Hospital Authority (HA);
2. The PCC shall independently:
 - (a) consider and decide upon complaints from members of the public who are dissatisfied with the response of the HA / hospital to which they have initially directed their complaints;
 - (b) monitor HA's handling of complaints;
3. Pursuant to Para 2 above, the PCC shall independently advise and monitor the HA on the PCC's recommendations and their implementation;
4. In handling complaint cases, the PCC shall follow the PCC Complaint Handling Guidelines (Annex) which may be amended from time to time; and
5. The PCC shall from time to time and at least once a year, make reports to the HA Board and public, including statistics or raising important issues where applicable.

職權範圍

1. 公眾投訴委員會(委員會)是醫院管理局(醫管局)內最終的投訴處理及上訴機制；
2. 委員會須獨立地：
 - (a) 審議及裁決公眾人士的投訴，這些投訴最初向醫管局/醫院提出，但投訴人對有關回覆不滿意；以及
 - (b) 監察醫管局對投訴的處理；
3. 為執行上述第 2 段所述職能，委員會會獨立地向醫管局提出建議，並監察建議的推行；
4. 委員會在處理投訴個案時，須依循委員會不時修訂的投訴處理指引(附件)；及
5. 委員會須定期並至少每年一次向醫管局大會及公眾人士匯報工作，包括提交有關的統計數字或重要議題。

APPENDIX 3

附錄 3

Annex

Guidelines on the handling of complaint cases in the Public Complaints Committee (PCC)

1. The PCC is an appeal body within the Hospital Authority (HA) to consider appeals made by the public relating to its services. Based on its Terms of Reference, the following are guidelines set by the PCC to facilitate the handling of complaints.
2. The PCC shall not normally handle a complaint:
 - (a) if the complaint relates to services provided by the HA more than two years before the date of the lodging of the complaint, unless the PCC is satisfied that in the particular circumstances it is proper to conduct an investigation into such complaint not made within that period;
 - (b) if the complaint is made anonymously and / or the complainant cannot be identified or traced;
 - (c) if the complainant has failed to obtain the proper consent of the patient, to whom the services were provided, in the lodging of the complaint (this restriction will not be applicable if the patient has died or is for any reason unable to act for himself or herself);
 - (d) if the subject matter of the complaint has been referred to or is being considered by the coroner;
 - (e) if the complaint relates to a matter for which a specific statutory complaint procedure exists;
 - (f) if legal proceedings have been instituted, or the complainant or the patient concerned has indicated that he / she will institute legal proceedings, against the HA, the hospital or any persons who provided the services (in any event, the Committee shall not entertain any request for compensation);
 - (g) if the complaint relates to dispute over the established policies of HA, for example fees charging policy of the HA in respect of its services;
 - (h) if the complaint relates to an assessment made by a medical staff pursuant to any statutory scheme whereas such scheme provides for a channel of appeal, for example, the granting of sick leave under the provisions of the Employees' Compensation Ordinance, Cap. 282;
 - (i) if the complaint relates to personnel matters or contractual matters and commercial matters;
 - (j) if the PCC considers that the complaint is frivolous or vexatious or is not made in good faith; or
 - (k) if the complaint, or a complaint of a substantially similar nature, has previously been the subject matter of a complaint which had been decided upon by the PCC.

附件

公眾投訴委員會(委員會)處理投訴個案指引

1. 委員會是醫院管理局(醫管局)內的上訴機構，負責考慮公眾人士對醫管局服務的上訴。委員會按其職權範圍，制訂了以下投訴處理指引。
2. 如有以下情形，委員會通常不會受理有關投訴：
 - (a) 在醫管局提供服務後超過兩年，投訴人方才就該項服務提出投訴。但如委員會信納在某一個案的特別情況下，對該逾期提出的投訴進行調查是恰當者，則屬例外；
 - (b) 匿名投訴及/或投訴人無從識別或下落不明；
 - (c) 投訴人於提出投訴時，未有取得病人(有關服務對象)同意(但假如病人已逝世或因任何理由未能自己作主，則本限制並不適用)；
 - (d) 投訴的主要內容已轉交或正由死因裁判官考慮或審裁；
 - (e) 投訴涉及事宜已有既定法定申訴程序處理；
 - (f) 投訴涉及法律程序，或投訴人或有關病人已表示將向醫管局、有關醫院或提供有關服務的任何人士採取法律行動(無論如何，委員會都不會受理任何索償的要求)；
 - (g) 投訴涉及醫管局既定政策的爭議，例如醫管局服務的收費政策；
 - (h) 投訴關乎醫療人員根據任何法定計劃所作的醫療評估，而該等計劃本身已有既定上訴渠道，例如根據香港法例第 282 章僱員補償條例規定簽發病假；
 - (i) 關於人事問題、合約或商業事宜的投訴；
 - (j) 瑣屑無聊、無理取鬧，或並非出於真誠的投訴；或
 - (k) 投訴或性質極為相近的投訴，屬委員會早前已裁決個案的主要內容。

APPENDIX 3

附錄 3

3. The PCC considers that its meetings shall not be open to the public because of the following grounds:
 - (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;
 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.
3. 委員會經考慮下列因素後，認為其會議不應向公眾公開：
 - (a) 公開會議會披露法律保密的文件；
 - (b) 公開會議會披露有關人士的個人資料；
 - (c) 委員會並非司法或類似司法機構；
 - (d) 感到不平的一方尚有其他申訴渠道；及
 - (e) 委員會功能不應和其他機構（如法庭或醫務委員會）重疊。
 4. 於考慮投訴的是非曲直時，委員會可就投訴的主要內容，徵詢醫療專業或其他界別的專家意見。委員會如認為恰當，亦可約見投訴人、病人、醫療人員或其他有關人士。

(The above Guidelines on the handling of complaint cases may be amended from time to time as appropriate.)

(委員會可視乎情況不時修訂上述投訴處理指引。)

Focus of Work in 2022-23

In 2022-23, the Public Complaints Committee held 15 meetings and handled a total of 210 cases relating to medical services, staff attitude and administrative procedure, etc. In addition to the handling of appeal cases, the Committee also advised on complaint handling policies to improve the efficiency and effectiveness of the Authority's complaints system, and make recommendations for system change and improvement of healthcare services. Regular internal and external communication programmes were conducted to enhance the transparency and credibility of the Authority's complaints system and the Committee as the final appeal body. Through its Secretariat, the Committee also shared important lessons learned for risk management and organised regular complaint management training for enhancing the skills of hospital's Patient Relations Officers (PROs) in conflict resolution. To strengthen collaboration between hospitals and the Committee, a partnership programme was launched to engage PROs and clinical leaders to attend PCC meetings.

As a good corporate governance practice, the Committee conducted self-assessment exercise to review its activities in the past year, having regard to its Terms of Reference, for continuous improvement.

2022-23 年度工作概況

在 2022-23 年度，公眾投訴委員會共召開 15 次會議及處理 210 宗涉及醫療服務、員工態度、行政程序等的個案。委員會除處理上訴個案外，亦就投訴處理政策提供意見，以提升醫管局投訴處理機制的效率及成效，並就改善醫療系統及服務提出建議。委員會定期進行對內及對外溝通，提高醫管局投訴處理機制的透明度和公信力，並讓公眾認識委員會乃醫管局內公眾投訴的最終上訴架構。委員會亦透過秘書處分享從個案所得經驗，促進風險管理，同時透過定期舉辦投訴處理培訓活動，提升醫院病人聯絡主任解決糾紛的能力。此外，委員會亦邀請醫院病人聯絡主任和臨床領袖參與其會議，以加強協作。

為體現良好機構管治，委員會進行了自我評核，根據其職權範圍檢討過去一年的工作，不斷求進。

APPENDIX 3

附錄 3

Staff Appeals Committee

職員上訴委員會

Membership List

成員名單

Chairman: Mr Lawrence LEE Kam-hung, BBS, JP
主席： 李金鴻先生

Members: Ms Margaret CHENG Wai-ching, JP
成員： 鄭惠貞女士

Mr Ambrose HO, SBS, SC, JP
何沛謙先生

Mr Henry TONG Sau-chai, MH, JP (from 12.12.2022)
湯修齊先生(由 2022 年 12 月 12 日起)

Mr Paul YU Shiu-tin, BBS, JP
余嘯天先生

Terms of Reference

1. To consider and decide upon appeals from staff members who have raised a grievance through the normal internal complaint channels and who wish to appeal against the decision made.
2. The Committee shall:
 - (a) consider whether the appeal cases need further investigation by the management;
 - (b) direct the appeal cases to be investigated;
 - (c) have access to all the relevant information required from the management for making a decision;
 - (d) ensure that appropriate action is taken; and
 - (e) reply to the appellant.
3. The Committee's decision shall represent the Hospital Authority's decision and shall be final.
4. The Committee shall make annual reports to the Hospital Authority Board.

Focus of Work in 2022-23

The Committee serves to consider and decide on appeals from staff members who have raised a grievance and appeal through the normal internal complaint channels established in the Hospital Authority (HA) and who wish to make further appeal against the decision made. The Committee's decision shall represent HA's decision and shall be final.

In 2022-23, the Committee received no new appeal case, and concluded one appeal case received in March 2022 and carried forward to 2022-23.

For the case carried forward from 2021-22, the Committee was satisfied that the appellant had fully presented his case, and the management had followed due process in the course of investigation. Notwithstanding this, having considered the detailed information and surrounding factors, the Committee concluded that the appeal allegations of the appellant were substantiated. The case reflected breakdown of communication and trust between the appellant and his supervisor. The observations and recommendations were conveyed to the management team for follow-up.

職權範圍

1. 就曾透過正常內部渠道提出申訴而又不滿有關決定的職員上訴個案，進行審議及決定。
2. 委員會須：
 - (a) 考慮上訴個案是否需由管理人員作進一步調查；
 - (b) 指令對上訴個案進行調查；
 - (c) 向管理人員取得所有有關資料，以便作出決定；
 - (d) 確保已採取恰當的行動；及
 - (e) 回覆上訴人。
3. 委員會的決定即為醫院管理局的最終決定。
4. 委員會須每年向醫院管理局大會提交報告。

2022-23 年度工作概況

委員會的宗旨是就已透過醫院管理局(醫管局)既定的內部渠道提出申訴但不滿有關決定的職員上訴個案，進行審議及決定。委員會的決定即為醫管局的最終決定。

在 2022-23 年度，委員會審結了一宗於 2022 年 3 月收到而在 2021-22 年度未完成處理的職員上訴個案，此外並無收到新的上訴個案。

就該宗延自 2021-22 年度的上訴個案，委員會認為上訴人已完整闡述其個案，而管理層亦已根據適當程序作出調查。儘管如此，委員會在審視詳細資料及其他因素後，認為上訴人的上訴指稱成立，個案反映上訴人與其上司之間的溝通和信任破裂。委員會已將觀察所得及建議轉達相關管理人員，以供跟進。

APPENDIX 3

附錄 3

Supporting Services Development Committee

支援服務發展委員會

Membership List

成員名單

Chairman: 主席：	Mr Daniel LAM Chun, SBS, JP (<i>up to 30.11.2022</i>) 林濬先生(截至 2022 年 11 月 30 日)
	Mr WAN Man-ye, BBS, JP (<i>from 1.12.2022</i>) 溫文儀先生(由 2022 年 12 月 1 日起)
Vice-Chairman: 副主席：	Mr David FONG Man-hung, BBS, JP 方文雄先生
Members: 成員：	Dr Tony KO Pat-sing, JP, <i>Chief Executive</i> 高拔陞醫生 行政總裁
	Mr Franklin LAM Fan-keung, BBS 林奮強先生
	Mrs Sylvia LAM YU Ka-wai, SBS (<i>from 14.12.2022</i>) 林余家慧女士(由 2022 年 12 月 14 日起)
	Dr James LAU Chi-wang, BBS, JP 劉志宏博士
	Mr Gregory LEUNG Wing-lup, SBS 梁永立先生
	Ms Elaine MAK Tse-ling (<i>up to 16.2.2023</i>) <i>[representing the Permanent Secretary for Health]</i> 麥子濤女士(截至 2023 年 2 月 16 日) <i>[代表醫務衛生局常任秘書長]</i>
	Prof Agnes TIWARI Fung-ye 羅鳳儀教授
	Ir Vincent TONG Wing-shing, BBS 湯永成先生
	Mr Philip TSAI Wing-chung, BBS, JP 蔡永忠先生
	Mr Anthony TSANG Hin-fun (<i>from 22.12.2022</i>) 曾憲芬先生(由 2022 年 12 月 22 日起)
	Mr Lincoln TSO Lai 曹禮先生
	Mr WAN Man-ye, BBS, JP (<i>up to 30.11.2022</i>) 溫文儀先生(截至 2022 年 11 月 30 日)
	Ir Billy WONG Wing-hoo, BBS, JP 黃永灝先生

APPENDIX 3

附錄 3

Terms of Reference

1. Advise on the directions and policies related to the development of Business Support Services and Environmental Protection to best support clinical services delivery in the Hospital Authority;
2. Review and monitor the annual capital expenditure plan approved by the Hospital Authority Board;
3. Review and advise on the implementation and monitoring of Capital Works Projects in the Hospital Authority;
4. Review and advise on the new initiatives in Business Support Services such as improvements in supply chain management, equipment management, strategic outsourcing and public-private-partnership of non-core functions, and the development of supporting services for revenue generation;
5. Advise on the adoption of better practices and industry innovations related to the planning and delivery of Business Support Services and implementation of Capital Works Projects in the Hospital Authority; and
6. Consider periodically matters relating to risk, risk management and risk mitigation relevant to business support services and capital expenditure projects and other areas under the purview of the Committee.

職權範圍

1. 就發展業務支援服務及環境保護工作的方針和政策提供意見，務求最有效地支援醫院管理局(醫管局)的醫療服務；
2. 檢討及監察醫管局大會批核的周年資本開支計劃；
3. 檢討醫管局基本工程項目的推行和監察，並提供意見；
4. 檢討業務支援服務的新措施，例如改善供應鏈管理、設備管理、非核心服務的策略性外判及公私營協作，以及發展支援服務以增加收入，並提供意見；
5. 就醫管局規劃和推行業務支援服務及基本工程項目時，採納業內更佳做法和創新，提供意見；及
6. 就業務發展及支援服務、資本開支項目及其他委員會職權範圍內的範疇，定期審議相關的風險、風險管理及風險緩減事宜。

APPENDIX 3

附錄 3

Focus of Work in 2022-23

In 2022-23, the Committee met four times to advise on the directions and policies related to the development of business support services, pharmaceutical supplies and capital planning to support clinical service delivery in the Hospital Authority (HA). The Committee also held 13 workshop meetings to deliberate on the design planning and tender matters, and participated in one site visit regarding the application of Multi-trade Integrated Mechanical, Electrical and Plumbing in construction projects.

On business support services and pharmaceutical supplies, the Committee received updates on the progress of the new HA Supporting Services Centre project and rationalisation of HA's patient catering and laundry services; and endorsed HA's plan to incorporate the unique identifier requirement into drug procurement tenders to strengthen supply chain management. The Committee also received annual reports on both hospital security service and contracts with price adjustment approved by the relevant HA management under the "Authorise and Direct" arrangement as delegated by the Main Tender Board. Besides, the Committee noted the progress of replacing aged equipment and new purchases in 2022-23 and the high-level forward procurement plan up to 2025-26.

On capital planning, the Committee was provided with an annual situation update on HA's major capital works projects under the First Ten-year Hospital Development Plan, and noted the implementation plan for improving facilities management system and the long-term strategic directions for sustaining operation and maintenance services in HA. The Committee expressed concerns about adopting modular integrated construction in government-funded hospital projects, and provided views on the technical assessment of tenders in major capital works projects. The Committee also received annual reports on the review of hospital engineering related incidents and mitigation measures, as well as accident statistics of HA capital works projects in 2021. The Committee reviewed the annual capital expenditure plan for 2022-23 and endorsed the plan for 2023-24. For minor works projects funded by the one-off grant under Head 708 Subhead 8083MM, the Committee received reports on the implementation progress of various projects and the financial position, and endorsed the annual audited accounts for one-off grant for minor works projects. The Committee also noted HA's strategy for the preparation of a resource bid under the Resource Allocation Exercise for a new one-off grant to support its minor works projects for around five years starting from 2024-25; and was given an overview of HA's progress of environmental management in its facilities.

In accordance with the HA organisation-wide risk management framework, the Committee assessed the risks relating to business support services, pharmaceutical supplies and capital planning, including the effectiveness of risk mitigation measures taken in 2022, risks anticipated for 2023 and the planned actions.

For monitoring, the Committee received regular reports from the management on the implementation progress of major capital works and minor works. It kept a close watch on works-related incidents and related remedial measures, and received regular progress reports from the Capital Works Subcommittee, a subcommittee formed under the Committee to advise mainly on the planning, implementation, as well as progress and financial monitoring of major capital works projects.

2022-23 年度工作概況

在 2022-23 年度，委員會共召開四次會議，就業務支援服務、藥物供應及基本工程規劃的發展方針及政策提供意見，以支援醫院管理局(醫管局)的醫療服務。此外，委員會舉行了 13 次工作坊會議，討論設計規劃及採購投標事宜，並參與一次建築工地視察，了解在工程項目中應用機電裝備合成本的情況。

在業務支援服務及藥物供應方面，委員會備悉有關醫管局支援服務中心項目的進度報告和理順醫管局病人膳食及洗衣服務的情況，並通過醫管局在藥物採購投標中納入唯一辨識碼要求的計劃，以加強供應鏈管理。委員會亦收閱醫院保安服務年度報告和醫管局相關管理人員在中央投標委員會授權下批准調整合約價格的年度報告。此外，委員會備悉於 2022-23 年度更換舊設備及採購新設備的進展，以及截至 2025-26 年度的預購策略大綱。

在基本工程規劃方面，委員會收閱醫管局首個十年醫院發展計劃中主要基本工程項目的年度報告，亦備悉改良設施管理系統的實行計劃及維持醫管局運作及維修服務的長遠策略性方針。委員會對由政府提供經費的醫院建造項目中採用組裝合成建築技術表示關注，並就主要基本工程項目投標中的技術評估提供意見。委員會亦收閱醫院工程相關事故檢討及緩減措施的年度報告，以及 2021 年醫管局基本工程項目意外的年度統計報告。委員會審議 2022-23 年度的基本工程開支，並通過 2023-24 年度的預算。在以總目 708 分目 8083MM 下之一次性撥款進行的小型工程項目方面，委員會收閱各工程項目的實施進度及其財政狀況報告，並通過小型工程項目一次性撥款的經審核年度帳目。委員會備悉醫管局在資源分配工作下準備向政府提出一項資源申請的策略，以就 2024-25 年度起約五年內的小型工程項目取得一項新的一次性撥款。此外，委員會亦收閱醫管局設施環境管理進度的整體報告。

因應醫管局機構風險管理架構，委員會就醫管局在業務支援發展、藥物供應及基本工程規劃方面進行風險評估，範圍包括各項風險緩減措施在 2022 年的成效、2023 年的預計風險及緩減計劃。

委員會收閱管理人員提交的主要基本工程及小型工程定期報告，以監察相關工程進度。委員會密切留意與工程相關的事故及補救措施，並收閱轄下基本工程小組委員會的定期進展報告。該小組委員會主要負責就規劃和推行主要基本工程項目以及監察其進展和財務狀況等事宜提供意見。

APPENDIX 4

附錄 4

Membership of Hospital Governing Committees

醫院管治委員會成員

Alice Ho Miu Ling Nethersole Hospital

雅麗氏何妙齡那打素醫院

Chairman: 主席：	Mr John LI Kwok-heem, MH 李國謙先生
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Mr Derek CHAN Man-foon 陳文寬先生 Bishop Rev Ben CHANG Chun-wa 張振華監督 Ms Michelle CHOW Yan-wai 周恩惠女士 Mr CHU King-yuen, SBS, MH, JP 朱景玄先生 Elder Dr Simon FUNG Siu-hung 馮少雄長老 Rev Canon the Hon Peter Douglas KOON Ho-ming, BBS, JP 管浩鳴法政牧師 Prof Simon KWAN Shui-man 關瑞文教授 Mr LAM Yick-kuen, MH 林奕權先生 Mr Roger LEE Chee-wah 李志華先生 Rev Augusta LEUNG Lai-ngor 梁麗娥牧師 Mr Gregory LEUNG Wing-lup, SBS 梁永立先生 Ms Yvette LI Yan-yi 李恩怡小姐 Ir Dr the Hon LO Wai-kwok, GBS, MH, JP 盧偉國博士 Mr MAN Chen-fai, BBS, MH 文春輝先生 Mr Wilson MOK Yu-sang 莫裕生先生 Mr Herman TSOI Hak-chiu 蔡克昭先生 Rev WONG Ka-fai 王家輝牧師

APPENDIX 4

附錄 4

Bradbury Hospice

白普理寧養中心

Chairman: 主席：	Ms Rebecca HUNG Tzu-wei 熊子惠女士
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Mr CHAN Muk-kwong 陳木光先生 Prof Joanne CHUNG Wai-yee 鍾慧儀教授 Ms Olive Yvonne LEE On-yee 李岸誼女士 Mr Paul MAK Chun-nam 麥鎮南先生 Dr Joey TANG Chung-yee 鄧仲儀博士 Prof Thomas WONG Kwok-shing, JP 汪國成教授 Ms Nora YAU Ho-chun, MH, JP 邱可珍女士

APPENDIX 4

附錄 4

Caritas Medical Centre

明愛醫院

Chairman: 主席：	Prof Joseph LUI Cho-ze 雷操爽教授
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Dr Denis CHANG Khen-lee, SC, JP 張健利博士 Dr Louis CHOY Chung-wai 蔡忠偉醫生 Mr Joseph LEE King-chi, BBS 李敬志先生 Dr Vincent LEUNG Tze-ching 梁子正醫生 Dr Vitus LEUNG Wing-hang, BBS, JP 梁永鏗博士 Dr Albert LIE Kwok-wai 李國維醫生 Mr Willie LUI Pok-shek, JP 呂博碩先生 Rev Dominique MUKONDA Kananga 麥冠達神父 Dr Jonathan WAI Heung-on, JP 衛向安醫生 Mr Henry WONG Ho-cheong 黃浩翔先生 Mr Ronald YAM Tak-fai 任德輝先生 Rev Joseph YIM Tak-lung 閻德龍神父

APPENDIX 4

附錄 4

Castle Peak Hospital & Siu Lam Hospital

青山醫院及小欖醫院

Chairman: 主席：	Dr Peter LEE Kwok-wah 李國華博士
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Mr Nicholas CHAN Hiu-fung, MH, JP 陳曉峰先生 Mr Michael CHAN Kee-huen 陳記煊先生 Mr CHOW Kam-cheung, BBS, MH 周錦祥先生 Mr Lothar LEE Hung-sham, BBS, MH 李洪森先生 Mr Jason Joseph LEE Kwong-yee 李曠怡先生 Mr Paul WU Wai-keung 胡偉強先生 Mr Boris YEUNG Sau-ming 楊秀明先生

APPENDIX 4

附錄 4

Cheshire Home, Chung Hom Kok

春磡角慈氏護養院

Chairman: 主席：	Dr Albert WONG Chi-chiu 王志釗醫生
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Mr CHAN Bing-woon, SBS, JP 陳炳煥先生 Ms CHIU Kam-chee 趙金枝女士 Dr Shelley M CHOW 周慧思博士 Ms Betty KO Lan-fun 高蘭芬女士 Ms Janice MORTON 莫珍妮女士 Dr TONG Hon-kuan, JP 唐漢軍醫生 Dr WONG Chun-por, JP 王春波醫生 Dr Paul YOUNG Tze-kong, JP 楊子剛博士

APPENDIX 4

附錄 4

Cheshire Home, Shatin

沙田慈氏護養院

Chairman: 主席：	Prof Leonard LI Sheung-wai 李常威教授
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Dr Shelley M CHOW 周慧思博士 Mr FONG Cheung-fat, JP 方長發先生 Ms Janet LAI Keng-chok 黎勁竹女士 Dr Edward LEUNG Man-fuk 梁萬福醫生 Dr Pamela LEUNG Ming-kuen, BBS, JP 梁明娟醫生 Ms Janice MORTON 莫珍妮女士 Mr NG Hang-sau, MH 伍杏修先生 Prof Marco PANG Yiu-chung 彭耀宗教授 Mr Alfred POON Sun-biu 潘新標先生

APPENDIX 4

附錄 4

Grantham Hospital

葛量洪醫院

Chairman: 主席：	Mr Steve LAN Yee-fong, MH 藍義方先生
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Dr the Hon Eliza C H CHAN, GBS, JP 陳清霞博士 Mr William CHAN Fu-keung, BBS 陳富強先生 Prof Stephen CHENG Wing-keung 鄭永強教授 Mr Raymond CHOW Wai-kam, JP 周偉淦先生 Mr Ricky FUNG Choi-cheung, SBS, JP 馮載祥先生 Dr Edmund LAM Wing-wo 林永和醫生 Prof LAU Chak-sing, BBS, JP (<i>up to 9.8.2022</i>) 劉澤星教授(截至 2022 年 8 月 9 日) Dr Carl LEUNG Ka-kui 梁家駒醫生 Mr William LEUNG Shu-yin 梁樹賢先生 Dr Vitus LEUNG Wing-hang, BBS, JP 梁永鏗博士 Mr Colin LO Chor-cheong 盧楚鏘先生 Mrs Purviz Rusy SHROFF, MH Prof Sydney TANG Chi-wai 鄧智偉教授 Prof TSE Hung-fat (<i>from 25.8.2022</i>) 謝鴻發教授(由 2022 年 8 月 25 日起)

APPENDIX 4

附錄 4

Haven of Hope Hospital

靈實醫院

Chairman: 主席 :	Prof Joseph KWAN Kai-cho 關繼祖教授
Ex-officio members: 當然成員 :	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員 :	Mr Francis CHAU Yin-ming, BBS, MH 周賢明先生 Mr Charles CHIU Chung-yee 趙宗義先生 Mr Simon FOK Man-kin 霍文健先生 Dr the Hon LAM Ching-choi, SBS, JP 林正財醫生 Mr LAM Sze-chuen 林思尊先生 Prof Diana LEE Tze-fan, JP 李子芬教授 Dr Ares LEUNG Kwok-ling 梁國齡醫生 Mr Stephen LIU Wing-ting, JP 廖榮定先生 Mr Gregory LO Chun-hung, SBS 盧振雄先生

APPENDIX 4

附錄 4

Hong Kong Buddhist Hospital

香港佛教醫院

Chairman: 主席：	Mr HO Tak-sum, BBS, MH 何德心居士
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Ms Jennifer CHEUNG Wai-yin 張蕙然女士 Dr Johnny HON Sei-hoe, MH 韓世灝博士 Mr Spencer KWAN Chor-chung 關佐仲先生 Mr Jonathan LAI Ping-wah 賴炳華先生 Mr Anthony LAM Chi-tat 林志達居士 Ms May LAM Shih-yan 林詩欣居士 Mr Stephen LAM Wai-hung 林韋雄先生 Mr LEE Ka-cheung 李家祥居士 Ven SIK Hin-hung 釋衍空法師 Ven SIK Hong-ming 釋宏明法師 Ven SIK Ku-tay 釋果德法師 Ven SIK Kuan-yun, MH 釋寬運法師 Ven SIK Miu-chi 釋妙慈法師 Ven SIK Ti-lun 釋提輪法師 Ven SIK To-ping 釋道平法師 Ven SIK Yin-chi 釋演慈法師 Prof Julia TAO LAI Po-wah 陶黎寶華教授 Ms WAN Yee-ling 溫綺玲居士

APPENDIX 4

附錄 4

Hong Kong Children's Hospital

香港兒童醫院

Chairman: 主席：	Mr John LEE Luen-wai, BBS, JP 李聯偉先生
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Ms Dana CHAN Dan-nar 陳丹娜女士 Prof FOK Tai-fai, SBS, JP 霍泰輝教授 Mrs Ann KUNG YEUNG Yun-chi, BBS, JP 龔楊恩慈女士 Mrs Nina LAM LEE Yuen-bing, MH 林李婉冰女士 Prof LAU Chak-sing, BBS, JP (<i>from 25.8.2022</i>) 劉澤星教授(由 2022 年 8 月 25 日起) Prof Gabriel Matthew LEUNG, GBS, JP (<i>up to 14.7.2022</i>) 梁卓偉教授(截至 2022 年 7 月 14 日) Mr William LO Chi-chung 羅志聰先生 Mr Patrick MA Ching-hang, BBS, JP 馬清鏗先生 Prof Grace TANG Wai-king, SBS, JP 鄧惠瓊教授 Prof Frances WONG Kam-yuet 黃金月教授 Mr Richard YUEN Ming-fai, GBS, JP 袁銘輝先生

APPENDIX 4

附錄 4

Hong Kong Eye Hospital & Kowloon Hospital

香港眼科醫院及九龍醫院

Chairman: 主席：	Mr Daniel LAM Chun, SBS, JP 林濬先生
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Dr CHAN Man-wai 陳文偉博士 Mr Victor FONG Tin-chuen 方天俊先生 Dr Lawrence LAI Fook-ming, BBS, JP 賴福明醫生 Dr LEUNG Kin-ping 梁健平博士 Prof David SHUM Ho-keung 岑浩強教授 Mr Benedict SIN Nga-yan 冼雅恩先生 Mr Johnny WONG Chi-keung, MH 王志強先生 Mr Andrew YEUNG Chin-pang 楊展鵬先生 Mr Harry YU Kwok-kuen 余國權先生

APPENDIX 4

附錄 4

Hong Kong Red Cross Blood Transfusion Service

香港紅十字會輸血服務中心

Chairman: 主席 :	Mr Ambrose HO, SBS, SC, JP 何沛謙先生
Ex-officio members: 當然成員 :	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員 :	Mr Ignatius CHAN Tze-ching, BBS, JP 陳子政先生 Mr Jeffrey CHUNG Chi-man 鍾志文先生 Dr LI Siu-hung 李兆紅博士 Dr William LO Wing-yan, JP 盧永仁博士 Mr Kyrus SIU King-wai 蕭景威先生 Mr Donny SIU Koon-ming 蕭觀明先生 Ms Bonnie SO Yuen-han 蘇婉嫻女士 Prof Agnes TIWARI Fung-yee 羅鳳儀教授 Prof Eric TSE Wai-choi 謝偉財教授

APPENDIX 4

附錄 4

Kwai Chung Hospital & Princess Margaret Hospital

葵涌醫院及瑪嘉烈醫院

Chairman: 主席：	Mr Jason YEUNG Chi-wai 楊志威先生
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Mr Davis CHAN Chun-bong Junbon 陳振邦先生 Mr Kenny CHAN Ngai-sang, BBS 陳毅生先生 Prof Linda LAM Chiu-wa 林翠華教授 Mr Wilson LEE Hung-wai 李鴻威先生 Mr David LUI Yin-tat, BBS 雷賢達先生 Mr TSO Tat-ming 曹達明先生 Prof Andrew WONG Ho-yuen, GBS, JP 黃灝玄教授 Mr WONG Wai-kit, MH 黃偉傑先生 Ms Daisy WONG Wai-yee 王慧儀女士 Ir Billy WONG Wing-hoo, BBS, JP 黃永灝先生

APPENDIX 4

附錄 4

Kwong Wah Hospital & Tung Wah Group of Hospitals Wong Tai Sin Hospital 廣華醫院及東華三院黃大仙醫院

Chairman: 主席：	Mr Philip MA Ching-yeung, BBS 馬清揚先生
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Mr CHAN Wing-kai 陳永佳先生 Ms Crystal CHOI Ka-yee 蔡加怡女士 Mr Orlando HO Yau-kai 何猷啟先生 Mr LAM Kin-man 林健文先生 Dr LEE Yuk-lun, BBS, JP 李銜麟博士 Ms Ginny MAN, BBS 文穎怡女士 Mr Arthur MUI 梅慶堯先生 Mr Albert SU Yau-on, MH, JP 蘇祐安先生 Mr Kazaf TAM Chun-kwok, BBS 譚鎮國先生 Ms Mandy TANG Ming-wai 鄧明慧女士 Mr York TSENG Hing-yip 曾慶業先生 Dr Ken TSOI Wing-sing, BBS 蔡榮星博士 Mr Herman WAI Ho-man 韋浩文先生 Mr Vinci WONG, BBS 王賢誌先生 Ms Queenie YIP Siu-lai 葉笑麗女士 Mr YIU Hung-chi 姚鴻志先生 Mr YU See-ho 余斯好先生

APPENDIX 4

附錄 4

MacLehose Medical Rehabilitation Centre

麥理浩復康院

Chairman: 主席：	Prof Cecilia CHAN Lai-wan, JP 陳麗雲教授
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Prof Henry CHAN Hin-lee 陳衍里教授 Mr Jeffrey CHAU Sze-ngai 周思藝先生 Mr CHENG Yan-kee, BBS, JP 鄭恩基先生 Dr Eric CHIEN Ping 錢平醫生 Ms Josephine HO Yuen-ling 何婉玲女士 Mr Quinton LAM Chun-ki 林進其先生 Dr Pamela LEUNG Pui-yu 梁佩如博士 Mr Joseph LO Kin-ching 勞建青先生 Dr MAK Kin-cheung 麥建章醫生 Dr POON Tak-lun, JP 潘德鄰醫生 Dr Ricky SZETO Wing-fu 司徒永富博士 Mr Benjamin WONG Kam-ming 黃錦明先生

APPENDIX 4

附錄 4

North District Hospital

北區醫院

Chairman: 主席 :	Prof CHAN Wai-ye 陳偉儀教授
Ex-officio members: 當然成員 :	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員 :	Mr Kenneth CHOW Wah-tat 周華達先生 Mr Clement FUNG Cheuk-nang, MH 馮卓能先生 Ms Stella FUNG Siu-wan 馮少雲女士 Mr KO Yiu-cheung 高耀章先生 Mr Billy LAM Chek-yau, BBS, MH, JP 林赤有先生 Mr LI Kwok-yiu 李國耀先生 Mr LIU Hing-hung 廖興洪先生 Mr MA Siu-leung, BBS, MH 馬紹良先生 Mrs Cherry TSE LING Kit-ching, GBS, JP 謝凌潔貞女士 Mr YIP Yik-shing, MH 葉奕成先生

APPENDIX 4

附錄 4

North Lantau Hospital

北大嶼山醫院

Chairman: 主席：	Prof Raymond LIANG Hin-suen, SBS, JP 梁憲孫教授
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Mr Tony CHOI Yuk-kwan, MH 蔡玉坤先生 Mr Dennis CHOW Chi-in 周志賢先生 Mr CHOW Yick-hay, BBS, JP 周奕希先生 Mr Henry LEE Da-cheng 李大成先生 Ms Deborah WAN Lai-yau, BBS, JP 溫麗友女士 Mr Randy YU Hon-kwan, MH, JP 余漢坤先生

APPENDIX 4

附錄 4

Our Lady of Maryknoll Hospital

聖母醫院

Chairman: 主席 :	Ms June LO Hing-yu 羅慶好女士
Ex-officio members: 當然成員 :	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員 :	Mr Daniel AU Tin-che 歐天賜先生 Ms Maria CHIANG Lai-ling 蔣麗苓女士 Dr Gabriel CHOI Kin 蔡堅醫生 Mr John J CLANCEY Dr Nancy FOK Lai-ling 霍麗玲醫生 Mr Joseph HUI Kong-yue 許江餘先生 Mrs Marigold LAU, SBS 劉賴筱韞女士 Prof Gabriel Matthew LEUNG, GBS, JP (<i>up to 14.7.2022</i>) 梁卓偉教授(截至 2022 年 7 月 14 日) Mr LI Tak-hong, BBS, MH, JP 李德康先生 Sister Marilu LIMGENCO 林敏妮修女 Ms Brenda LO Yin-cheung 羅燕翔女士 Mr Stephen MA Chak-wa, MH 馬澤華先生 Mr Rex MOK Chung-fai, BBS, MH, JP 莫仲輝先生 Dr Emily NGAN Man-lai 顏文麗博士 Dr Louis SHIH Tai-cho, JP 史泰祖醫生

APPENDIX 4

附錄 4

Pamela Youde Nethersole Eastern Hospital

東區尤德夫人那打素醫院

Chairman: 主席 :	Mr Andrew FUNG Hau-chung, BBS, JP 馮孝忠先生
Ex-officio members: 當然成員 :	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員 :	Mr Derek CHAN Man-foon 陳文寬先生 Mr David CHAU Shing-yim 周承炎先生 Dr Eric CHENG Kam-chung, SBS, MH, JP 鄭錦鐘博士 Ms Karen CHEUNG Tih-loh 張添珞女士 Mr Roland CHOW Kun-chee 周近智先生 Mr Mico CHOW Man-cheung 周萬長先生 Ms Michelle CHOW Yan-wai 周恩惠女士 Mr Franklin LAM Fan-keung, BBS 林奮強先生 Mr John LI Kwok-heem, MH 李國謙先生 Ms Yvette LI Yan-yi 李恩怡小姐 Mr Wilson MOK Yu-sang 莫裕生先生 Rt Rev Dr Thomas SOO Yee-po, JP 蘇以葆主教 Mr Ryan WONG Man-yeung 王文揚先生

APPENDIX 4

附錄 4

Pok Oi Hospital

博愛醫院

Chairman: 主席 :	Ms LAM Kwan, MH 林群女士
Ex-officio members: 當然成員 :	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員 :	Dr CHAN Kwok-chiu, BBS, MH, JP 陳國超博士 Dr CHAN Shou-ming 陳首銘博士 Mr Danny CHAU Chun-tat 周駿達先生 Ms HUANG Xiao-jun 黃曉君女士 Mr Stephen LEE Hoi-yin 李開賢先生 Dr Jim LEE, MH 李柏成博士 Dr Charles LO Dgok-sing 勞鐸聲醫生 Mr POON Tak-ming, MH 潘德明先生 Mr TSANG Yiu-cheung, MH 曾耀祥先生 Mr Charlie YIP Wing-tong 葉永堂先生 Ms YUEN Man-yee, MH 袁敏兒女士

APPENDIX 4

附錄 4

Prince of Wales Hospital

威爾斯親王醫院

Chairman: 主席：	Ms Priscilla WONG Pui-sze, SBS, JP 王沛詩女士
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Prof Francis CHAN Ka-leung, SBS, JP 陳家亮教授 Ms Wendy FUNG Ching-suet 馮靜雪女士 Mr HO Sai-king 何世景先生 Ms Vivian HO Wei-wun 何蔚雲女士 Ms Jacqueline LEUNG, JP 梁慧女士 Prof Enders NG Kwok-wai 吳國偉教授 Mr WONG Fai-fan 黃輝帆先生

APPENDIX 4

附錄 4

Queen Elizabeth Hospital

伊利沙伯醫院

Chairman: 主席 :	Dr Thomas TSANG Ho-fai, BBS 曾浩輝醫生
Ex-officio members: 當然成員 :	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員 :	Mrs Diana CHAN TONG Chee-ching, JP 陳唐芷青女士 Mr KU Moon-lun 古滿麟先生 Dr Peter LEE Kwok-wah 李國華博士 Dr John LEE Sam-yuen, BBS 李三元博士 Prof LI Chi-kong, JP 李志光教授 Dr David NG Ka-sing 吳家聲博士 Mr Alec TONG Chi-chiu 湯志超先生 Mr James YIP Shiu-kwong 葉兆光先生

APPENDIX 4

附錄 4

Queen Mary Hospital & Tsan Yuk Hospital

瑪麗醫院及贊育醫院

Chairman: 主席：	Mr Philip TSAI Wing-chung, BBS, JP 蔡永忠先生
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Mr Adam KWOK Kai-fai, SBS 郭基輝先生 Ms Sandra LEE Suk-ye, GBS, JP 李淑儀女士 Mr Lincoln LEONG Kwok-kuen, JP 梁國權先生 Ms Eva SIT Yat-wah, SC 薛日華女士 Prof Grace TANG Wai-king, SBS, JP 鄧惠瓊教授 Ms Jacqueline TONG Chun-ling (<i>from 26.5.2022</i>) 湯振玲女士 (<i>由 2022 年 5 月 26 日起</i>) Dr Victoria WONG Wing-ye 黃穎兒醫生 Ms Wendy YUNG Wen-ye 容韻儀女士

APPENDIX 4

附錄 4

Ruttonjee & Tang Shiu Kin Hospitals

律敦治及鄧肇堅醫院

Chairman: 主席 :	Dr Vitus LEUNG Wing-hang, BBS, JP 梁永鏗博士
Ex-officio members: 當然成員 :	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員 :	Mr David FUNG Kai-man 馮啟民先生 Dr Henry KONG Wing-ming 江永明醫生 Prof Peggy LAM, GBS, JP 林貝聿嘉教授 Mr Steve LAN Yee-fong, MH 藍義方先生 Dr Carl LEUNG Ka-kui 梁家駒醫生 Mr Terry NG Sze-yuen 吳士元先生 Dr Jeffrey PONG Chiu-fai, MH 龐朝輝醫生 Mr Burji S SHROFF Mr Neville S SHROFF, JP 尼維爾先生 Mr Noshir N SHROFF Mrs Purviz Rusy SHROFF, MH Mr Robert SHUM Kai-kee 岑啟基先生 Mr Richard TANG Yat-sun, GBS, JP 鄧日樂先生

APPENDIX 4

附錄 4

Shatin Hospital

沙田醫院

Chairman: 主席：	Prof Maurice YAP Keng-hung, JP 葉健雄教授
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Ms Anita CHENG Wai-ching 鄭瑋青女士 Ms Maisy HO Chiu-ha, BBS 何超濼女士 Dr David KAN Kam-fai 簡錦輝醫生 Ms Nancy KIT Kwong-chi, JP 關港子女士 Mr Derek LEE Ho-yin 李浩然先生 Ir Peter MOK Kwok-woo 莫國和先生 Ms WONG Kam-fung 黃金鳳女士 Mrs Linda WONG LEUNG Kit-wah 王梁潔華女士

APPENDIX 4

附錄 4

Tai Po Hospital

大埔醫院

Chairman: Mr John LI Kwok-heem, MH
主席: 李國謙先生

Ex-officio members: Hospital Authority Chief Executive or his representative
當然成員: 醫院管理局行政總裁或其代表

Hospital Chief Executive
醫院行政總監

Members: Mr Derek CHAN Man-foon
成員: 陳文寬先生

Mr Ali FUNG Wai-cheong
馮偉昌先生

Prof Simon KWAN Shui-man
關瑞文教授

Mr Roger LEE Chee-wah
李志華先生

Ms Jeanne LEE Sai-yin, BBS, JP
李細燕女士

Mr Wilson MOK Yu-sang
莫裕生先生

APPENDIX 4

附錄 4

The Duchess of Kent Children's Hospital at Sandy Bay

大口環根德公爵夫人兒童醫院

Chairman: 主席：	Mr CHEUNG Tat-tong, BBS, JP 張達棠先生
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Mr Boris BONG Ding-yue 龐定宇先生 Prof Godfrey CHAN Chi-fung 陳志峰教授 Ms Ophelia CHAN Chiu-ling, BBS 陳肖齡女士 Mr Anthony CHENG Kwok-bo 鄭國寶先生 Prof Kenneth CHEUNG Man-chee 張文智教授 Dr CHOW Chun-bong, BBS, JP 周鎮邦醫生 Mr NG Wai-yan 吳惠恩先生 Ir Dr Derrick PANG Yat-bond, JP 彭一邦博士 Mr John WAN Chung-on 溫頌安先生

APPENDIX 4

附錄 4

Tin Shui Wai Hospital

天水圍醫院

Chairman: 主席：	The Hon Duncan CHIU 邱達根先生
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Mr CHAN How-chi, MH 陳孝慈先生 Mr Kenny CHIEN Kwok-keung (<i>from 26.5.2022</i>) 錢國強先生(由 2022 年 5 月 26 日起) Dr FOK Mei-ling 霍陳美玲博士 Mr Jacob LEE Chi-hin 李志軒先生 Mr Robert LUI Chi-wang 呂志宏先生 Mr Calvin SZE TO Chun-hin 司徒駿軒先生 Mr Thomas WAN Yiu-ming 尹耀銘先生 Ms Lina YAN Hau-yee, MH, JP 殷巧兒女士 Dr YUEN Yin-fun 阮燕芬醫生

APPENDIX 4

附錄 4

Tseung Kwan O Hospital

將軍澳醫院

Chairman: 主席：	Ms Lisa LAU Man-man, BBS, MH, JP 劉文文女士
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Dr CHEUNG Moon-tong 張滿棠醫生 Mr Paul FAN Chor-ho, SBS, JP 范佐浩先生 Dr the Hon David LAM Tzit-yuen 林哲玄醫生 Mr Marthy LI Chak-kwan 李澤昆先生 Mr Philip LI Ka-leung, MH 李家良先生 Dr Desmond NG Tai-wing 吳泰榮博士 Mr WAN Man-yee, BBS, JP 溫文儀先生 Ms Frandia WONG Yuk-king 黃玉琮女士 Mr Henry YEUNG Mun-kin 楊敏健先生 Dr Frederick YIP Yeung-fai 葉揚輝博士

APPENDIX 4

附錄 4

Tuen Mun Hospital

屯門醫院

Chairman: 主席 :	Mr Ivan SZE Wing-hang, BBS, JP 施榮恆先生
Ex-officio members: 當然成員 :	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員 :	Mr Daniel CHAM Ka-hung, BBS, MH, JP 湛家雄先生 The Hon Judy CHAN Kapui, MH, JP 陳家珮女士 Dr Eugene CHAN Kin-keung, SBS, JP 陳建強醫生 Dr LAU Chau-ming 劉秋銘博士 Ms Yvette Therese MA 馬美域女士 Mr Anthony TSANG Hin-fun 曾憲芬先生 Dr WONG Kwing-keung 黃焯強博士 Prof Richard YUEN Man-fung 袁孟峰教授 Mr YUEN Siu-lam 袁少林先生

APPENDIX 4

附錄 4

Tung Wah Hospital & Tung Wah Eastern Hospital & Tung Wah Group of Hospitals Fung Yiu King Hospital 東華醫院及東華東院及東華三院馮堯敬醫院

Chairman: 主席 :	Mr Philip MA Ching-yeung, BBS 馬清揚先生
Ex-officio members: 當然成員 :	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員 :	Ms Crystal CHOI Ka-yee 蔡加怡女士 Mr CHOW Chiu-sheung, JP 周超常先生 Mr Raymond CHOW Wai-kam, JP 周偉淦先生 Mr Orlando HO Yau-kai 何猷啟先生 Mr KWOK Leung-ming, SBS, CSDSM 郭亮明先生 Dr LEE Yuk-lun, BBS, JP 李銻麟博士 Ms Ginny MAN, BBS 文穎怡女士 Ms Winnie NG, JP 伍穎梅女士 Mr Albert SU Yau-on, MH, JP 蘇祐安先生 Mr Kazaf TAM Chun-kwok, BBS 譚鎮國先生 Ms Mandy TANG Ming-wai 鄧明慧女士 Mr York TSENG Hing-yip 曾慶業先生 Dr Homer TSO Wei-kwok, SBS, JP 左偉國醫生 Dr Ken TSOI Wing-sing, BBS 蔡榮星博士 Mr Herman WAI Ho-man 韋浩文先生 Mr Vinci WONG, BBS 王賢誌先生 Mr Bernard WU Tak-lung 吳德龍先生

APPENDIX 4

附錄 4

United Christian Hospital

基督教聯合醫院

Chairman: Mr John LI Kwok-heem, MH
主席: 李國謙先生

Ex-officio members: Hospital Authority Chief Executive or his representative
當然成員: 醫院管理局行政總裁或其代表
Hospital Chief Executive
醫院行政總監

Members: Mr Derek CHAN Man-foon
成員: 陳文寬先生
Dr CHAN Sai-kwing
陳世炯醫生
Ms Margaret CHENG Wai-ching, JP
鄭惠貞女士
Ms Margot CHOW Yan-tse
周恩慈女士
Ms Esther CHOW Yin-yung
周燕鏞女士
Rev Paul KAN Kei-piu
簡祺標牧師
Ms KEUNG Sau-ho
姜秀荷女士
Rt Rev Dr Timothy KWOK Chi-pei
郭志丕主教
Mr LAU Chun-chuen
劉俊泉先生
Mr Michael LI Man-toa
李民滔先生
Rev PO Kam-cheong
蒲錦昌牧師
Mr David SUN Tak-kei, GBS, JP
孫德基先生
Rev TEO Yun-sarm
張苑心牧師
The Hon Paul TSE Wai-chun, JP
謝偉俊先生
Mr Herbert TSOI Hak-kong, BBS, JP
蔡克剛先生
Mr James TSUI Siu-lung, MH
徐小龍先生
Mr David WONG Tat-kee
黃達琪先生
Ms Grace WONG Yuen-ling
黃婉玲女士
Rev Jackson YEUNG Yau-chi
楊有志牧師
Rev YUNG Chuen-hung
翁傳鏗牧師

APPENDIX 4

附錄 4

Yan Chai Hospital

仁濟醫院

Chairman: 主席：	Dr Paul IP Kung-ching, MH 葉恭正博士
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members: 成員：	Mr Leo CHENG Sze-kin 鄭斯堅先生 Dr Marcella CHEUNG Man-ka 張文嘉博士 Mr Stanley CHEUNG Tak-kwai 張德貴先生 Mr Anthony CHOI Po-kin 蔡寶健先生 Mr Gary CHU Tak-wing, MH 朱德榮先生 Mr HO Wai-ming 何偉明先生 Ms Wendy LAW Wing-yee 羅穎怡女士 Mr Jason LEUNG Wai-kwong 梁偉光先生 Mrs Mary SUEN CHOI To-may 孫蔡吐媚女士 Mr William WONG Kuen-wai, BBS, MH 黃權威先生 Mr Charles YANG Chuen-liang, BBS, JP 楊傳亮先生

APPENDIX 5

附錄 5

Membership of Regional Advisory Committees

區域諮詢委員會成員

Hong Kong Regional Advisory Committee

港島區域諮詢委員會

Chairman: 主席 :	Prof David SHUM Ho-keung 岑浩強教授
Ex-officio members: 當然成員 :	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Director of Health or his / her representative 衛生署署長或其代表
Members: 成員 :	Deputy Hospital Chief Executive, St. John Hospital (<i>from 20.10.2022</i>) 長洲醫院副醫院行政總監(由 2022 年 10 月 20 日起) Mr Boris BONG Ding-yue 龐定宇先生 Ms CHAN Hang, MH, JP 陳杏女士 Prof Cecilia CHAN Lai-wan, JP 陳麗雲教授 Dr Peter CHEE Pay-yun (<i>up to 19.10.2022</i>) 池丕恩醫生(截至 2022 年 10 月 19 日) Dr Eric CHENG Kam-chung, SBS, MH, JP 鄭錦鐘博士 Mr HUNG Lin-cham, MH, JP 洪連杉先生 Ms LAM Yuk-chun, BBS, MH 林玉珍女士 Mr Steve LAN Yee-fong, MH 藍義方先生 Dr Vitus LEUNG Wing-hang, BBS, JP 梁永鏗博士 Ms LIAO Shu-hang 廖舒衡女士 Dr Loletta SO Kit-ying 蘇潔瑩醫生 Ms Mandy TANG Ming-wai 鄧明慧女士 Ms Jacqueline TONG Chun-ling 湯振玲女士 Mr Philip TSAI Wing-chung, BBS, JP 蔡永忠先生 Prof Eric TSE Wai-choi 謝偉財教授 Dr Albert WONG Chi-chiu 王志釗醫生

APPENDIX 5

附錄 5

Kowloon Regional Advisory Committee

九龍區域諮詢委員會

Chairman: 主席：	Mr David FONG Man-hung, BBS, JP 方文雄先生
Ex-officio members: 當然成員：	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Director of Health or his / her representative 衛生署署長或其代表
Members: 成員：	Mr CHAN Kwok-wai, MH 陳國偉先生 Mr Kenny CHAN Ngai-sang, BBS 陳毅生先生 Mr Charles CHIU Chung-yee 趙宗義先生 Mr Tony CHOI Yuk-kwan, MH 蔡玉坤先生 Mr HO Hon-man, MH, JP 何漢文先生 Mr Leo HO Kwan-chau 何坤洲先生 Mr HO Tak-sum, BBS, MH 何德心居士 Mr KAI Ping-chung, MH 奚炳松先生 Mrs Marigold LAU, SBS 劉賴筱韞女士 Ms Sophia LEE Shuk-woon 李淑媛女士 Mr Marthy LI Chak-kwan 李澤昆先生 Mr Norman LIN Wei-qiao 林煒橋先生 Rev Van LO Wai-chuen 盧惠銓牧師 Prof Joseph LUI Cho-ze 雷操爽教授 Mr Rex MOK Chung-fai, BBS, MH, JP 莫仲輝先生 Mr Donny SIU Koon-ming 蕭觀明先生 Mrs Mary SUEN CHOI To-may 孫蔡吐媚女士 Mr Herbert TSOI Hak-kong, BBS, JP 蔡克剛先生 Mr Herman WAI Ho-man 韋浩文先生 Mr WONG Tsz-shing, MH 王子成先生 Ms Rabi YIM Chor-pik 嚴楚碧女士 Mr James YIP Shiu-kwong 葉兆光先生 Mr Harry YU Kwok-kuen 余國權先生 Mr Richard YUEN Ming-fai, GBS, JP 袁銘輝先生

APPENDIX 5

附錄 5

New Territories Regional Advisory Committee

新界區域諮詢委員會

Chairman: 主席 :	Prof Agnes TIWARI Fung-yee 羅鳳儀教授
Ex-officio members: 當然成員 :	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Director of Health or his / her representative 衛生署署長或其代表
Members: 成員 :	Dr Lily CHAN LI Lei, MH 陳李妮博士 The Hon Duncan CHIU 邱達根先生 Mr Ali FUNG Wai-cheong 馮偉昌先生 Dr Raymond HO Shu-kwong 何樹光博士 Ms Rebecca HUNG Tzu-wei 熊子惠女士 Ms IP Shun-hing, BBS, MH, JP 葉順興女士 Dr Patrick LAM Hak-chung 林克忠博士 Ms LAM Kwan, MH 林群女士 Ms LAM Pik-chu, MH 林碧珠女士 Mr Derek LEE Ho-yin 李浩然先生 Mr Lothar LEE Hung-sham, BBS, MH 李洪森先生 Mr Gregory LEUNG Wing-lup, SBS 梁永立先生 Mr Jimmy LIU Tsee-ming 劉紀明先生 Mr MA Siu-leung, BBS, MH 馬紹良先生 Mr NG Hang-sau, MH 伍杏修先生 Mr Almon POON Chin-hung, JP 潘展鴻先生 Mr PUN Kwok-shan, BBS, MH, JP 潘國山先生 Mr Anthony TSANG Hin-fun 曾憲芬先生 Prof WING Yun-kwok 榮潤國教授 Mr WONG Fai-fan 黃輝帆先生

APPENDIX 6

附錄 6

Membership of the Board of Trustees of the Hospital Authority Provident Fund Scheme 2022-23 2022-23 年度醫院管理局公積金計劃信託委員會成員

Chairman: Mr Philip TSAI Wing-chung, BBS, JP
主席： 蔡永忠先生

Trustees: Mr CHAN Chor-wing
信託委員： 陳初榮先生

Ms Anita CHAN Shuk-yu
陳淑瑜女士

Mr Alex CHU Wing-yiu
朱永耀先生

Mrs Ann KUNG YEUNG Yun-chi, BBS, JP
龔楊恩慈女士

Ms Antonia LEE Yuen-chee
李苑詞女士

Mr David MAK Chi-wai
麥志偉先生

Mr Dave NGAN Man-kit
顏文傑先生

Mr QUEK Yat-sum
郭逸森先生

Mr WONG Kwai-huen, SBS, JP
王桂壠先生

Mr Jason YEUNG Chi-wai
楊志威先生

Dr Joseph YEUNG Shing
楊誠醫生

APPENDIX 7

附錄 7

Public Feedback Statistics

公眾意見統計

Complaint / Feedback / Appreciation Received (1.4.2022 – 31.3.2023)

投訴 / 意見 / 讚揚數字 (2022 年 4 月 1 日 – 2023 年 3 月 31 日)

Public Complaints Committee 公眾投訴委員會	
Nature of cases 個案性質	Number of appeal cases 上訴個案數字
Medical services 醫療服務	159
Staff attitude 職員態度	18
Administrative procedure 行政程序	32
Others 其他	1
Total number of appeal cases handled 處理上訴個案總數	210

Hospital Complaint / Feedback / Appreciation Statistics 醫院投訴 / 意見 / 讚揚統計			
Nature of complaint / feedback / appreciation cases 投訴 / 意見 / 讚揚個案性質	Complaint received 投訴數字	Feedback received 意見數字	Appreciation received 讚揚數字
Medical services 醫療服務	1 177	4 771	20 488
Staff attitude 職員態度	361	3 229	9 009
Administrative procedure 行政程序	340	3 983	280
Overall performance 整體表現	108	1 461	60
Others 其他	34	893	1 083
Total number of hospital complaint / feedback / appreciation 醫院投訴 / 意見 / 讚揚總數	2 020	14 337	30 920

GOPC* Complaint / Feedback / Appreciation Statistics 普通科門診診所投訴 / 意見 / 讚揚統計			
Nature of complaint / feedback / appreciation cases 投訴 / 意見 / 讚揚個案性質	Complaint received 投訴數字	Feedback received 意見數字	Appreciation received 讚揚數字
Medical services 醫療服務	65	386	1 246
Staff attitude 職員態度	38	464	658
Administrative procedure 行政程序	30	789	11
Overall performance 整體表現	7	129	11
Others 其他	2	73	33
Total number of complaint / feedback / appreciation received by GOPC 普通科門診診所投訴 / 意見 / 讚揚總數	142	1 841	1 959

* General outpatient clinics

APPENDIX 8

附錄 8

Statistics of the Controlling Officer's Report

管制人員報告統計數字

In the past years, the Hospital Authority (HA) generally achieved its performance targets. Nevertheless, in view of the emergence of COVID-19 epidemic in Hong Kong since early 2020, the HA has been adjusting its services in response to the epidemic. The HA will continue to closely monitor the epidemic situation, support the Government's overall infectious disease prevention strategy and suitably adjust the scale of service provision when necessary. Subject to the development of the COVID-19 epidemic, it is expected that a gradual pick-up would continue in 2023-24. With such impact of COVID-19 epidemic on unit cost (if any) incorporated in 2021-22 and 2022-23 costing information, costing information may not be directly comparable across years.

在過往年度，醫院管理局(醫管局)大致上達到所訂的服務表現目標。然而，鑑於2020年年初起香港出現2019冠狀病毒病疫情，醫管局調節其服務以應對疫情。醫管局會繼續密切注視疫情發展，並配合政府的整體傳染病防控策略，在需要時適當調整服務規模。視乎2019冠狀病毒病疫情發展，預計2023-24年度整體服務量將持續穩步回升。鑑於2021-22年度及2022-23年度的成本計算資料已顧及2019冠狀病毒病疫情對單位成本的影響(如有)，不同年度的成本計算資料或不可以直接比較。

The key activity data in respect of the HA are:

有關醫管局服務的主要數據如下：

	2021-22	2022-23
(I) Access to services 可取用的服務		
inpatient services 住院服務		
no. of hospital beds (as at 31 March) 醫院病床數目(截至三月三十一日)		
general (acute and convalescent) 普通科(急症及康復)	23 838	24 257
mentally ill 精神科	3 675	3 675
mentally handicapped 智障科	675	675
infirmary 療養科	1 981	1 961
overall 總計	30 169	30 568
ambulatory and outreach services 日間及外展服務		
accident and emergency (A&E) services 急症室服務		
percentage of A&E patient attendances seen within target waiting time 在目標輪候時間內獲處理的急症病人求診人次百分率		
triage I (critical cases - 0 minute) (%) 第 I 類別(危殆個案 - 0 分鐘) (%)	100	100
triage II (emergency cases - 15 minutes) (%) 第 II 類別(危急個案 - 15 分鐘) (%)	96	97
triage III (urgent cases - 30 minutes) (%) 第 III 類別(緊急個案 - 30 分鐘) (%)	72	74
specialist outpatient services 專科門診服務		
median waiting time for first appointment at specialist outpatient clinics 專科門診新症輪候時間中位數		
priority 1 cases 第一優先類別個案	<1 week 星期	<1 week 星期
priority 2 cases 第二優先類別個案	5 weeks 星期	5 weeks 星期
rehabilitation and geriatric services (as at 31 March) 康復及老人科服務(截至三月三十一日)		
no. of geriatric day places 老人科日間醫院名額	703	757
psychiatric services (as at 31 March) 精神科服務(截至三月三十一日)		
no. of psychiatric day places 精神科日間醫院名額	899	909

APPENDIX 8

附錄 8

	2021-22	2022-23
(II) Delivery of services 所提供的服務		
inpatient services 住院服務		
overall 總計		
no. of patient days 病人住院日次	7 926 440	7 975 641
bed occupancy rate (%) 病床住用率 (%)	82	82
no. of discharges and deaths 住院病人出院人次及死亡人數	1 024 571	994 539
general (acute and convalescent) 普通科(急症及康復)		
no. of patient days 病人住院日次	6 408 581	6 498 776
bed occupancy rate (%) 病床住用率 (%)	85	85
no. of discharges and deaths 住院病人出院人次及死亡人數	1 004 190	974 192
average length of stay (days)* 平均住院時間(日)*	6.4	6.7
mentally ill 精神科		
no. of patient days 病人住院日次	885 786	868 536
bed occupancy rate (%) 病床住用率 (%)	68	66
no. of discharges and deaths 住院病人出院人次及死亡人數	16 816	16 577
average length of stay (days)* 平均住院時間(日)*	51	60
mentally handicapped 智障科		
no. of patient days 病人住院日次	173 324	168 371
bed occupancy rate (%) 病床住用率 (%)	70	68
infirmatory 療養科		
no. of patient days 病人住院日次	458 749	439 958
bed occupancy rate (%) 病床住用率 (%)	85	81
ambulatory and outreach services 日間及外展服務		
day inpatient services 日間住院病人服務		
no. of discharges and deaths 出院人次及死亡人數	732 499	731 487
A&E services 急症室服務		
no. of A&E attendances 急症室就診人次	1 840 029	1 741 091
no. of A&E first attendances 急症室首次就診人次		
triage I 第 I 類別	27 159	26 825
triage II 第 II 類別	52 253	50 852
triage III 第 III 類別	704 932	673 998
specialist outpatient services [®] 專科門診服務 [®]		
no. of specialist outpatient (clinical) first attendances 專科門診(臨床)首次就診人次	831 540	829 584
no. of specialist outpatient (clinical) follow-up attendances 專科門診(臨床)覆診人次	7 133 293	7 214 160
total no. of specialist outpatient (clinical) attendances 專科門診(臨床)就診總人次	7 964 833	8 043 744
primary care services 基層醫療服務		
no. of general outpatient attendances 普通科門診就診人次	5 762 282	4 995 348
no. of family medicine specialist clinic attendances 家庭醫學專科門診就診人次	321 790	322 262
total no. of primary care attendances 基層醫療就診總人次	6 084 072	5 317 610

APPENDIX 8

附錄 8

	2021-22	2022-23
rehabilitation and palliative care services 康復及紓緩護理服務		
no. of rehabilitation day and palliative care day attendances 康復及紓緩護理日間服務就診人次	45 327	64 514
no. of community nurse attendances 接受社康護士服務人次	882 713	869 158
no. of allied health (community) attendances 專職醫療(社區)就診人次	25 234	27 058
no. of allied health (outpatient) attendances 專職醫療(門診)就診人次	2 927 419	3 009 437
geriatric services 老人科服務		
no. of geriatric outreach attendances 接受老人科外展服務人次	814 619	770 143
no. of geriatric elderly persons assessed for infirmary care service 接受療養服務評核的長者人數	1 659	1 880
no. of geriatric day attendances 老人科日間醫院就診人次	79 481	89 271
psychiatric services 精神科服務		
no. of psychiatric outreach attendances 接受精神科外展服務人次	221 952	272 345
no. of psychiatric day attendances 精神科日間醫院就診人次	34 436	79 620
no. of psychogeriatric outreach attendances 接受老人精神科外展服務人次	86 432	99 835
(III) Quality of services 服務質素		
no. of hospital deaths per 1 000 population ^A 每千人口中病人在醫院死亡人數 ^A	3.0	2.8
unplanned readmission rate within 28 days for general inpatients (%) 普通科住院病人在出院後 28 天內未經預約再入院率 (%)	10.8	10.8
(IV) Cost of services 服務成本		
cost distribution 成本分布		
cost distribution by service types (%) 按服務類別劃分的成本分布百分率 (%)		
inpatient 住院服務	53.8	54.2
ambulatory and outreach 日間及外展服務	46.2	45.8
cost of services for persons aged 65 or above 65 歲或以上人士的服務成本		
share of cost of services (%) 服務所佔總成本的百分率 (%)	51.8	54.1
cost of services per 1 000 population (HK\$Mn) 每千人口的服務成本(港幣百萬元)	29.4	30.9
unit costs 單位成本		
inpatient services 住院服務		
cost per patient day (HK\$) 病人每日成本(港元)		
general (acute and convalescent) 普通科(急症及康復)	7,010	7,390
mentally ill 精神科	3,630	3,870
mentally handicapped 智障科	2,220	2,420
infirmary 療養科	2,100	2,320

APPENDIX 8

附錄 8

	2021-22	2022-23
ambulatory and outreach services 日間及外展服務		
cost per A&E attendance (HK\$) 急症室每次診症的成本(港元)	2,270	2,430
cost per specialist outpatient attendance (HK\$) 專科門診每次診症的成本(港元)	1,600	1,620
cost per general outpatient attendance (HK\$) 普通科門診每次診症的成本(港元)	600	690
cost per family medicine specialist clinic attendance (HK\$) 家庭醫學專科門診每次診症的成本(港元)	1,380	1,410
cost per community nurse attendance (HK\$) 社康護士每次服務的成本(港元)	715	760
cost per psychiatric outreach attendance (HK\$) 精神科外展服務每次的成本(港元)	2,520	2,220
cost per geriatric day attendance (HK\$) 老人科日間醫院每次服務的成本(港元)	3,780	3,480
fee waivers 收費減免		
total amount of waived fees (HK\$Mn) 減免收費總額(港幣百萬元)	1,081.1	1,112.0
percentage of Comprehensive Social Security Assistance fee waiver (%) [~] 綜合社會保障援助收費減免百分率 (%) [~]	14.9	14.1
percentage of Higher Old Age Living Allowance / Old Age Living Allowance (OALA) fee waiver (%) ^{~#} 高齡長者生活津貼 / 長者生活津貼收費減免百分率 (%) ^{~#}	12.4	13.7
percentage of other fee waiver (%) [~] 其他收費減免百分率 (%) [~]	9.0	9.9

Notes:

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

@ The number of attendances includes consultations provided by honorary doctors, e.g. under the collaboration model between the HA and the CUHK Medical Centre commencing 2021-22.

^ Refers to the age-standardised hospital death rate covering inpatient and day inpatient deaths in HA hospitals in a particular year. The standardised rate, as a standard statistical technique to facilitate comparison over years, is calculated by applying the HA age-specific hospital death rate in that particular year to the "standard" population in mid-2001.

~ Refers to the amount waived as percentage to total charge.

As announced in the 2021 Policy Address, the merging of Normal and Higher OALA would be effective from 1 September 2022. As such, 2022-23 covers Higher OALA recipients aged 75 or above before merging and all eligible OALA recipients aged 75 or above upon the merger.

註：

* 按住院病人住院時間總數除以相對的住院病人出院及接受治療人數計算。

@ 就診人次包括由名譽醫生提供的診症服務，例如由 2021-22 年度起醫管局與香港中文大學醫院的服務合作。

^ 指某一年度涵蓋醫管局轄下醫院住院及日間住院病人死亡人數的年齡標準化死亡率。有關標準化死亡率是將醫管局在該年度各個年齡組別的醫院病人死亡率，套用於 2001 年年中的「標準」人口而計算出來的。這是一個標準的統計方法，有助比較不同年份的死亡率。

~ 指減免款額佔總收費的百分率。

二零二一年的施政報告宣布，普通及高齡長者生活津貼由二零二二年九月一日起合併。因此，二零二二至二三年度的數字在上述合併前涵蓋 75 歲或以上的高齡長者生活津貼受惠人，但在上述合併後則包括所有 75 歲或以上的高齡長者生活津貼受惠人。

APPENDIX 9

附錄 9

Statistics on Number of Beds, Inpatient, Accident & Emergency and Outpatient Services in 2022-23

2022-23 年度病床數目、住院服務、急症室服務及門診服務統計數字

Institution 機構	No. of hospital beds (as at 31 March 2023) ¹ 醫院病床數目 (截至 2023 年 3 月 31 日) ¹	Total IP & DP discharges and deaths 住院及日間 出院病人 死亡人數		Inpatient bed occupancy rate (%) 住院病人 病床住用率 (%)	Inpatient patient days 住院病人 住院日次	Inpatient average length of stay (days) - general (acute & convalescent) 住院病人平均 住院時間(日) - 普通科 (急症及康復)	Total A&E attendances 急症室 就診總人次	Total SOP (clinical) attendances ^{2,3} 專科門診 (臨床) 就診總人次 ^{2,3}	Family Medicine Specialist Clinic attendances ² 家庭醫學 專科門診 就診人次 ²	Total Allied Health (Outpatient) attendances ^{2,4} 專職醫療 (門診) 就診總人次 ^{2,4}	General Outpatient attendances ^{2,5} 普通科門診 就診人次 ^{2,5}
Hong Kong East Cluster 港島東醫院聯網											
Cheshire Home, Chung Hom Kok 春磡角慈氏護養院	240	462	74.7	65 871	-	-	-	-	-	269	-
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	1 903	132 786	78.7	493 728	6.0	102 608	592 914	53 288	214 279	307 419	
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	658	24 165	75.4	143 849	6.2	56 652	147 066	7 642	86 079	99 780	
St. John Hospital 長洲醫院	87	2 279	50.1	2 741	6.0	7 299	-	-	8 976	32 549	
Tung Wah Eastern Hospital 東華東院	262	7 674	92.5	75 649	20.9	-	115 738	-	41 389	26 874	
Wong Chuk Hang Hospital 黃竹坑醫院	160	187	85.4	50 091	-	-	-	-	-	-	
Sub-total 小計	3 310	167 553	79.1	831 929	6.9	166 559	855 718	60 930	350 992	466 622	
Hong Kong West Cluster 港島西醫院聯網											
Grantham Hospital 葛量洪醫院	389	16 911	69.2	96 984	12.6	-	127 847	-	38 846	-	
MacLehose Medical Rehabilitation Centre 麥理浩復康院	110	845	75.6	30 350	18.1	-	1 769	-	20 334	-	
Queen Mary Hospital 瑪麗醫院	1 639	147 587	68.9	358 832	4.3	100 469	662 206	20 454	129 056	300 276	
The Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院	136	3 304	55.1	20 853	9.0	-	20 563	-	43 120	-	
Tsan Yuk Hospital 贊育醫院	1	117	-	-	-	-	18 065	-	4 423	-	
Tung Wah Group of Hospitals Fung Yiu King Hospital 東華三院馮堯敬醫院	272	3 139	59.9	34 737	11.4	-	183	-	237	-	
Tung Wah Hospital 東華醫院	532	29 576	60.5	66 961	9.0	-	51 253	-	11 280	25 289	
Sub-total 小計	3 079	201 479	67.1	608 717	5.6	100 469	881 886	20 454	247 296	325 565	

APPENDIX 9

附錄 9

Institution 機構	Total IP & DP			Inpatient patient days 住院病人 住院日次	Inpatient average length of stay (days) - general (acute & convalescent) 住院病人平均 住院時間(日) - 普通科 (急症及康復)	Total A&E attendances 急症室 就診總人次	Total SOP (clinical) attendances ²³ 專科門診 (臨床) 就診總人次 ²³	Family Medicine Specialist Clinic attendances ² 家庭醫學 專科門診 就診人次 ²	Total Allied Health (Outpatient) attendances ²⁴ 專職醫療 (門診) 就診總人次 ²⁴	General Outpatient attendances ²⁵ 普通科門診 就診人次 ²⁵
	No. of hospital beds (as at 31 March 2023) ¹ 醫院病床數目 (截至 2023 年 3 月 31 日) ¹	discharges and deaths 住院及日間 出院病人 及 死亡人數	Inpatient bed occupancy rate (%) 住院病人 病床住用率 (%)							
Kowloon Central Cluster 九龍中醫院聯網										
Hong Kong Buddhist Hospital 香港佛教醫院	376	10 769	82.6	159 999	15.2	-	15 185	13	23 459	47 453
Hong Kong Children's Hospital 香港兒童醫院	278	17 846	51.8	43 090	6.9	-	51 240	-	14 109	-
Hong Kong Eye Hospital 香港眼科醫院	45	7 958	27.6	2 113	3.7	-	266 505	-	46 859	-
Kowloon Hospital 九龍醫院	1 361	17 341	84.8	424 296	20.1	-	95 964	-	92 331	-
Kwong Wah Hospital 廣華醫院	1 229	83 823	69.8	241 330	4.5	102 823	335 235	5 828	164 308	169 526
Our Lady of Maryknoll Hospital 聖母醫院	236	747	61.5	7 155	16.2	-	63 747	2 575	33 785	302 492
Queen Elizabeth Hospital 伊利沙伯醫院	2 012	184 129	85.8	550 320	5.5	155 064	658 786	8 634	227 349	394 687
Tung Wah Group of Hospitals 東華三院黃大仙醫院	531	10 526	83.9	149 403	14.0	-	1 284	-	2 406	-
Sub-total 小計	6 068	333 139	80.4	1 577 706	7.2	257 887	1 487 946	17 050	604 606	914 158
Kowloon East Cluster 九龍東醫院聯網										
Haven of Hope Hospital 靈實醫院	601	9 251	95.6	214 910	20.6	-	9 937	-	5 087	-
Tseung Kwan O Hospital 將軍澳醫院	825	75 670	85.2	216 958	5.4	99 970	374 394	4 651	195 452	258 361
United Christian Hospital 基督教聯合醫院	1 574	106 359	89.6	387 926	5.8	132 023	538 009	65 182	247 572	480 357
Sub-total 小計	3 000	191 280	89.8	819 794	6.9	231 993	922 340	69 833	448 111	738 718
Kowloon West Cluster 九龍西醫院聯網										
Caritas Medical Centre 明愛醫院	1 297	70 047	81.9	325 034	6.3	96 465	421 728	4 314	130 434	264 794
Kwai Chung Hospital 葵涌醫院	920	4 338	75.6	231 258	-	-	245 614	-	40 771	-
North Lantau Hospital 北大嶼山醫院	180	24 859	289.9	169 299	8.1	71 653	25 229	2 287	39 630	89 866
Princess Margaret Hospital 瑪嘉烈醫院	1 818	146 162	87.5	501 099	5.6	100 105	464 618	19 456	111 045	314 307
Yan Chai Hospital 仁濟醫院	809	52 281	91.4	245 237	5.9	97 029	246 291	6 199	149 405	254 289
Sub-total 小計	5 024	297 687	91.9	1 471 927	6.1	365 252	1 403 480	32 256	471 285	923 256
New Territories East Cluster 新界東醫院聯網										
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	620	60 550	75.2	143 043	4.8	81 241	301 373	4 639	130 007	227 550
Bradbury Hospice 白普理寧養中心	26	586	96.2	9 134	16.1	-	95	-	1 093	-
Cheshire Home, Shatin 沙田慈氏護養院	304	507	66.0	73 284	40.1	-	-	-	221	-
North District Hospital 北區醫院	717	48 373	85.0	201 748	6.1	78 810	216 933	8 538	108 629	233 220
Prince of Wales Hospital 威爾斯親王醫院	1 884	179 302	82.3	466 939	5.6	141 250	834 655	50 460	260 175	380 684
Shatin Hospital 沙田醫院	591	8 905	91.5	187 281	21.0	-	248	-	2 682	-
Tai Po Hospital 大埔醫院	1 054	9 670	82.1	268 463	18.8	-	665	-	1 097	-
Sub-total 小計	5 196	307 893	81.9	1 349 892	7.0	301 301	1 353 969	63 637	503 904	841 454

APPENDIX 9

附錄 9

Institution 機構	No. of hospital beds (as at 31 March 2023) ¹ 醫院病床數目 (截至 2023 年 3 月 31 日) ¹	Total IP & DP discharges and deaths 住院及日間 住院病人 出院人次及 死亡人數		Inpatient bed occupancy rate (%) 住院病人 病床住用率 (%)	Inpatient patient days 住院病人 住院日次	Inpatient average length of stay (days) - general (acute & convalescent) 住院病人平均 住院時間(日) - 普通科 (急症及康復)	Total A&E attendances 急症室 就診總人次	Total SOP (clinical) attendances ²³ 專科門診 (臨床) 就診總人次 ²³	Family Medicine Specialist Clinic attendances ² 家庭醫學 專科門診 就診人次 ²	Total Allied Health (Outpatient) attendances ²⁴ 專職醫療 (門診) 就診總人次 ²⁴	General Outpatient attendances ²⁵ 普通科門診 就診人次 ²⁵
New Territories West Cluster 新界西醫院聯網											
Castle Peak Hospital 青山醫院	1 156	2 662	59.7	249 217	-	-	152 344	-	20 737	-	
Pok Oi Hospital 博愛醫院	822	52 315	87.7	216 570	5.7	82 498	1 85 826	16 453	100 252	-	
Siu Lam Hospital 小欖醫院	520	505	78.1	148 275	-	-	-	-	-	-	
Tin Shui Wai Hospital 天水圍醫院	300	19 592	85.1	70 434	6.9	93 240	27 085	19 141	16 770	-	
Tuen Mun Hospital 屯門醫院	2 093	151 921	90.6	631 180	7.2	141 892	773 150	22 508	245 484	785 575	
Sub-total 小計	4 891	226 995	80.5	1 315 676	6.8	317 630	1 138 405	58 102	383 243	785 575	
GRAND TOTAL 總計	30 568	1 726 026	82.1	7 975 641	6.7	1 741 091	8 043 744	322 262	3 009 437	4 995 348	

Notes:

In view of the emergence of the COVID-19 epidemic in Hong Kong since early 2020, Hospital Authority (HA) has adjusted its services in response to the epidemic. This should be taken into account when comparing the throughput of services provided by HA across the years.

- Number of hospital beds as at 31 March 2023 is based on the Annual Survey on Hospital Beds in Public Hospitals 2022-23.
- Outpatient attendances for different clinics are grouped under respective hospital management.
- Specialist Outpatient (SOP) (clinical) attendances also include attendances from nurse clinics in SOP setting.
- Total Allied Health (Outpatient) attendances exclude follow-up consultations provided by the Medical Social Services Units.
- General Outpatient (GOP) attendances also include attendances from nurse clinics in GOP setting and attendances in related healthcare reform initiative programmes in primary care.

註：

鑑於 2020 年初香港出現 2019 冠狀病毒病疫情，醫院管理局(醫管局)調節其服務以應對疫情。故在比較往年醫管局服務的服務量時，亦應將以上情況納入考慮當中。

- 2023 年 3 月 31 日的醫院病床數目來自 2022-23 年度的公立醫院病床數目調查。
- 各診所的門診就診人次均歸入所屬醫院之下。
- 專科門診(臨床)就診總人次也包括專科護士診所的就診人次。
- 專職醫療(門診)就診總人次不包括由醫務社會服務部提供的跟進個案。
- 普通科門診就診人次也包括普通科護士診所的就診人次及醫療改革服務計劃內的基層醫療服務就診人次。

Abbreviations:

IP - Inpatient
DP - Day inpatient
A&E - Accident & Emergency
SOP - Specialist Outpatient

APPENDIX 10

附錄 10

Statistics on Community and Rehabilitation Services in 2022-23

2022-23 年度社康及康復服務統計數字

Institution 機構	Community nurse attendances 接受社康護士服務人次	Psychiatric outreach attendances ¹ 接受精神科外展服務人次 ¹	Psychogeriatric outreach attendances ² 接受老人精神科外展服務人次 ²	Community Geriatric Assessment Service ³ 社區老人評核服務量 ³	Allied Health (Community) attendances ⁴ 專職醫療(社區)就診人次 ⁴	Rehabilitation day & palliative care day attendances 康復及舒緩護理日間服務就診人次	Geriatric day attendances ⁵ 老人科日間醫院就診人次 ⁵	Psychiatric day attendances 精神科日間醫院就診人次
Hong Kong East Cluster 港島東醫院聯網								
Cheshire Home, Chung Hom Kok 春磡角慈氏護養院	-	-	-	-	-	-	-	-
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	89 313	24 835	11 809	-	718	574	6 789	11 431
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	-	-	-	108 038	553	4 323	9 602	-
St. John Hospital 長洲醫院	5 093	-	-	-	3	-	-	-
Tung Wah Eastern Hospital 東華東院	-	-	-	-	85	20 967	-	-
Wong Chuk Hang Hospital 黃竹坑醫院	-	-	-	-	-	-	574	-
Sub-total 小計	94 406	24 835	11 809	108 038	1 359	25 864	16 965	11 431
Hong Kong West Cluster 港島西醫院聯網								
Grantham Hospital 葛量洪醫院	-	-	-	-	15	4 407	-	-
MacLehose Medical Rehabilitation Centre 麥理浩復康院	-	-	-	-	52	4 792	-	-
Queen Mary Hospital 瑪麗醫院	54 651	14 681	16 245	-	478	461	-	7 382
The Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院	-	-	-	-	6	-	-	-
Tsan Yuk Hospital 贊育醫院	-	-	-	-	-	-	-	1 157
Tung Wah Group of Hospitals Fung Yiu King Hospital 東華三院馮堯敬醫院	-	-	-	59 561	418	-	3 103	-
Tung Wah Hospital 東華醫院	-	-	-	-	14	6 249	4 624	-
Sub-total 小計	54 651	14 681	16 245	59 561	983	15 909	7 727	8 539
Kowloon Central Cluster 九龍中醫院聯網								
Hong Kong Buddhist Hospital 香港佛教醫院	-	-	-	-	147	1 023	-	-
Hong Kong Children's Hospital 香港兒童醫院	-	-	-	-	75	-	-	-
Kowloon Hospital 九龍醫院	83 447	11 661	8 331	40 052	526	3 132	2 247	3 478
Kwong Wah Hospital 廣華醫院	44 613	-	-	68 688	874	-	4 421	-
Our Lady of Maryknoll Hospital 聖母醫院	55 794	-	-	16 345	52	103	-	-
Queen Elizabeth Hospital 伊利沙伯醫院	-	-	-	39 591	2 350	2 673	3 846	-
Tung Wah Group of Hospitals Wong Tai Sin Hospital 東華三院黃大仙醫院	-	-	-	-	58	241	9 013	-
Sub-total 小計	183 854	11 661	8 331	164 676	4 082	7 172	19 527	3 478
Kowloon East Cluster 九龍東醫院聯網								
Haven of Hope Hospital 靈實醫院	33 882	-	-	7 800	78	369	4 569	-
Tseung Kwan O Hospital 將軍澳醫院	-	-	-	-	35	2 682	-	-
United Christian Hospital 基督教聯合醫院	119 214	30 706	11 498	51 170	487	652	12 606	14 803
Sub-total 小計	153 096	30 706	11 498	58 970	600	3 703	17 175	14 803

APPENDIX 10

附錄 10

Institution 機構	Community nurse attendances 接受社康護士 服務人次	Psychiatric outreach attendances ¹ 接受精神科 外展服務人次 ¹	Psychogeriatric outreach attendances ² 接受老人 精神科 外展服務人次 ²	Community Geriatric Assessment Service ³ 社區老人評核 服務量 ³	Allied Health (Community) attendances ⁴ 專職醫療 (社區) 就診人次 ⁴	Rehabilitation day & palliative care day attendances 康復及舒緩 護理日間服務 就診人次	Geriatric day attendances ⁵ 老人科 日間醫院 就診人次 ⁵	Psychiatric day attendances 精神科 日間醫院 就診人次
Kowloon West Cluster 九龍西醫院聯網								
Caritas Medical Centre 明愛醫院	61 282	-	-	47 782	300	150	5 185	-
Kwai Chung Hospital 葵涌醫院	-	82 576	24 006	-	602	-	-	18 666
North Lantau Hospital 北大嶼山醫院	9 953	2 511	-	3 650	731	761	907	-
Princess Margaret Hospital 瑪嘉烈醫院	49 612	-	-	48 323	1 334	638	5 962	-
Yan Chai Hospital 仁濟醫院	35 743	-	-	51 622	464	-	4 253	-
Sub-total 小計	156 590	85 087	24 006	151 377	3 431	1 549	16 307	18 666
New Territories East Cluster 新界東醫院聯網								
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	37 597	-	633	37 493	2 615	615	-	6 456
Bradbury Hospice 白普理寧養中心	-	-	-	-	15	127	-	-
Cheshire Home, Shatin 沙田慈氏護養院	-	-	-	-	1	-	-	-
North District Hospital 北區醫院	38 580	12 038	8 299	35 452	2 978	2 249	5 674	2 092
Prince of Wales Hospital 威爾斯親王醫院	56 046	-	2 523	32 370	3 671	-	-	-
Shatin Hospital 沙田醫院	-	23 880	3 047	-	139	2 688	12 036	2 161
Tai Po Hospital 大埔醫院	-	11 049	-	-	7	-	8 448	3 384
Sub-total 小計	132 223	46 967	14 502	105 315	9 426	5 679	26 158	14 093
New Territories West Cluster 新界西醫院聯網								
Castle Peak Hospital 青山醫院	-	58 408	13 444	-	817	-	-	5 574
Pok Oi Hospital 博愛醫院	28 547	-	-	56 169	486	769	5 363	-
Siu Lam Hospital 小欖醫院	-	-	-	-	-	-	-	-
Tin Shui Wai Hospital 天水圍醫院	7 600	-	-	-	465	-	-	-
Tuen Mun Hospital 屯門醫院	58 191	-	-	67 917	5 409	3 869	9 886	3 036
Sub-total 小計	94 338	58 408	13 444	124 086	7 177	4 638	15 249	8 610
GRAND TOTAL 總計	869 158	272 345	99 835	772 023	27 058	64 514	119 108	79 620

Notes:

In view of the emergence of the COVID-19 epidemic in Hong Kong since early 2020, Hospital Authority (HA) has adjusted its services in response to the epidemic. This should be taken into account when comparing the throughput of services provided by HA across the years.

- Figures also include home visits and crisis interventions.
- Figures also include home visits.
- For Community Geriatric Assessment Service, the activity refers to total number of geriatric outreach attendances and geriatric elderly persons assessed for infirmary care service. Starting from 2020-21, the overall service model for Community Geriatric Assessment Team and Visiting Medical Officer in the HA has been streamlined and the number of geriatric outreach attendances also includes attendances from Visiting Medical Officer. Therefore, the service activity is not directly comparable with figures published in the past editions of this report.
- Allied Health (Community) attendances exclude follow-up consultations provided by the Medical Social Services Units.
- Geriatric day attendances also include attendances under Integrated Discharge Support Programme for Elderly Patients (IDSP).

The activity performed in different centres and teams are grouped under respective hospital management.

註:

鑑於 2020 年初香港出現 2019 冠狀病毒病疫情，醫院管理局(醫管局)調節其服務以應對疫情。故在比較往年醫管局服務的服務量時，亦應將以上情況納入考慮當中。

- 數字也包括家訪及危機處理服務。
- 數字也包括家訪。
- 指接受老人科外展服務的人次及接受療養服務評核的長者人數的總和。由 2020-21 年度起，醫管局優化了社區老人評估小組及到診醫生的整體服務模式，接受老人科外展服務的人次也包括接受到診醫生治療人次。因此，社區老人評核服務量不能與較早年報所載列的數字作直接比較。
- 專職醫療(社區)就診人次不包括由醫務社會服務部提供的跟進個案。
- 老人科日間醫院就診人次也包括參與離院長者綜合支援計劃的就診人次。

各中心及團隊的服務量均歸入所屬醫院之下。

APPENDIX 11(a)

附錄 11(a)

Manpower Position – by Cluster and Institution

人手狀況 — 按聯網及機構分類

Institution 機構	No. of Full-time Equivalent (FTE) Staff (as at 31.3.2023) ^{1,2,3,4} 等同全職人員數目(2023年3月31日數字) ^{1,2,3,4}				
	Medical 醫療	Nursing 護理	Allied Health 專職醫療	Others 其他	Total 總計
Hong Kong East Cluster 港島東醫院聯網	700	3 018	928	4 529	9 175
Cheshire Home, Chung Hom Kok 春磡角慈氏護養院	3	61	10	126	200
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	544	2 068	645	2 984	6 241
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	99	614	183	825	1 720
St. John Hospital 長洲醫院	6	37	9	83	135
Tung Wah Eastern Hospital 東華東院	47	187	77	362	673
Wong Chuk Hang Hospital 黃竹坑醫院	2	51	4	151	208
Hong Kong West Cluster 港島西醫院聯網	735	2 899	1 032	3 763	8 428
The Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院	18	92	57	164	332
Grantham Hospital 葛量洪醫院	42	276	78	368	764
MacLehose Medical Rehabilitation Centre 麥理浩復康院	2	41	45	98	186
Queen Mary Hospital 瑪麗醫院	617	2 110	738	2 581	6 045
Tung Wah Group of Hospitals Fung Yiu King Hospital 東華三院馮堯敬醫院	15	77	29	147	267
Tung Wah Hospital 東華醫院	41	304	85	405	836
Kowloon Central Cluster 九龍中醫院聯網	1 477	6 184	1 937	9 015	18 613
HK Red Cross Blood Transfusion Service 香港紅十字會輸血服務中心	6	77	85	331	499
Hong Kong Buddhist Hospital 香港佛教醫院	19	238	60	321	638
Hong Kong Children's Hospital 香港兒童醫院	183	444	233	839	1 699
Hong Kong Eye Hospital 香港眼科醫院	39	82	28	183	332
Kowloon Hospital 九龍醫院	75	862	205	1 106	2 248
Kwong Wah Hospital 廣華醫院	367	1 335	375	1 639	3 716
Our Lady of Maryknoll Hospital 聖母醫院	63	295	86	355	798
Queen Elizabeth Hospital 伊利沙伯醫院	695	2 561	800	3 817	7 872
Tung Wah Group of Hospitals Wong Tai Sin Hospital 東華三院黃大仙醫院	30	289	66	425	810
Kowloon East Cluster 九龍東醫院聯網	868	3 562	1 007	4 618	10 055
Haven of Hope Hospital 靈實醫院	32	419	106	610	1 167
Tseung Kwan O Hospital 將軍澳醫院	259	1 060	289	1 262	2 870
United Christian Hospital 基督教聯合醫院	577	2 083	611	2 746	6 018
Kowloon West Cluster 九龍西醫院聯網	1 190	5 038	1 482	6 490	14 200
Caritas Medical Centre 明愛醫院	276	1 110	313	1 424	3 124
Kwai Chung Hospital 葵涌醫院	76	839	153	680	1 749
North Lantau Hospital 北大嶼山醫院	50	217	112	359	737
Princess Margaret Hospital 瑪嘉烈醫院	500	1 916	645	2 721	5 783
Yan Chai Hospital 仁濟醫院	288	956	258	1 305	2 807

APPENDIX 11(a)

附錄 11(a)

Institution 機構	No. of Full-time Equivalent (FTE) Staff (as at 31.3.2023) ^{1,2,3,4} 等同全職人員數目 (2023 年 3 月 31 日數字) ^{1,2,3,4}				
	Medical 醫療	Nursing 護理	Allied Health 專職醫療	Others 其他	Total 總計
New Territories East Cluster 新界東醫院聯網	1 142	4 865	1 479	6 620	14 105
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	191	781	282	1 067	2 320
Bradbury Hospice 白普理寧養中心	2	33	8	28	71
Cheshire Home, Shatin 沙田慈氏護養院	3	93	12	142	249
North District Hospital 北區醫院	202	899	256	1 071	2 428
Prince of Wales Hospital 威爾斯親王醫院	649	2 219	735	3 094	6 697
Shatin Hospital 沙田醫院	48	371	94	630	1 143
Tai Po Hospital 大埔醫院	47	469	93	588	1 197
New Territories West Cluster 新界西醫院聯網	934	3 992	1 192	6 480	12 599
Castle Peak Hospital 青山醫院	76	616	108	721	1 521
Pok Oi Hospital 博愛醫院	158	676	207	1 052	2 092
Siu Lam Hospital 小欖醫院	6	143	11	335	495
Tuen Mun Hospital 屯門醫院	635	2 274	750	3 751	7 409
Tin Shui Wai Hospital 天水圍醫院	60	282	116	622	1 080
Total 總計	7 046	29 558	9 056	41 515	87 175

Notes:

- This figure excludes 2 864 staff in the Hospital Authority (HA) Head Office.
- Manpower on full-time equivalent (FTE) basis includes all full-time and part-time staff in HA's workforce i.e. permanent, contract and temporary.
- Individual figures may not add up to the total due to rounding.
- Manpower figures of individual hospitals / institutions include management staff providing hospital and cluster-wide services.

註：

- 這數字不包括醫院管理局(醫管局)總辦事處的 2 864 名職員。
- 人手按「等同全職人員」計，包括醫管局所有全職及兼職的常額、合約及臨時職員。
- 由於四捨五入的關係，各項數字相加後可能不等於總數。
- 醫院人手數目包括負責醫院及聯網整體事務的管理人員。

APPENDIX 11(b)

附錄 11(b)

Manpower Position - by Staff Group

人手狀況 — 按職員組別分類

	No. of Full-time Equivalent (FTE) Staff 2018-19 - 2022-23 ¹ 等同全職人員數目 ¹				
	2018-19	2019-20	2020-21	2021-22	2022-23
Medical 醫療					
Consultant 顧問醫生	927	961	1 057	1 123	1 222
Senior Medical Officer / Associate Consultant 高級醫生/副顧問醫生	1 982	2 071	2 076	2 015	2 011
Medical Officer / Resident (excluding Visiting Medical Officer) 醫生/駐院醫生(不包括到訪醫生)	3 038	3 148	3 310	3 332	3 296
Visiting Medical Officer 到訪醫生	16	15	15	14	12
Intern 駐院實習醫生	469	475	436	445	499
Senior Dental Officer / Dental Officer 高級牙科醫生/牙科醫生	8	11	13	12	14
Medical Staff Total 醫療人員總計：	6 440	6 681	6 906	6 941	7 055
Nursing 護理					
Senior Nursing Officer / Nurse Consultant and above 高級護士長/顧問護師或以上	213	226	243	268	291
Department Operations Manager 部門運作經理 General 普通科 —	194	199	202	202	208
Ward Manager / Nurse Specialist / Nursing Officer / Advanced Practice Nurse / Associate Nurse Consultant 病房經理/專科護士/護士長/資深護師/副顧問護師	4 707	5 279	5 510	5 848	6 105
Registered Nurse 註冊護士	16 044	16 521	17 127	16 807	16 146
Enrolled Nurse 登記護士	2 475	2 476	2 336	2 166	1 981
Midwife / Others 助產士/其他	2	0	0	0	0
Student Nurse / Pupil Nurse / Temporary Undergraduate Nursing student 註冊護士學生/登記護士學生/護理學學生	1 032	1 554	1 548	1 686	2 028
<i>Psychiatric 精神科 —</i>					
Ward Manager / Nurse Specialist / Nursing Officer / Advanced Practice Nurse / Associate Nurse Consultant 病房經理/專科護士/護士長/資深護師/副顧問護師	604	642	682	704	746
Registered Nurse 註冊護士	1 444	1 547	1 604	1 662	1 686
Enrolled Nurse 登記護士	537	513	486	448	409
Student Nurse / Pupil Nurse 註冊護士學生/登記護士學生	0	0	0	0	0
Nursing Staff Total 護理人員總計：	27 252	28 957	29 736	29 793	29 599

APPENDIX 11(b)

附錄 11(b)

	No. of Full-time Equivalent (FTE) Staff 2018-19 - 2022-23 ¹ 等同全職人員數目 ¹				
	2018-19	2019-20	2020-21	2021-22	2022-23
Allied Health 專職醫療					
Audiology Technician 聽力學技術員	5	6	6	6	6
Clinical Psychologist 臨床心理學家	178	188	202	213	211
Dietitian 營養師	172	176	192	196	205
Dispenser 配藥員	1 367	1 409	1 482	1 487	1 524
Medical Technologist / Medical Laboratory Technician 醫務化驗師/醫務化驗員	1 551	1 642	1 732	1 797	1 810
Mould Technologist / Mould Laboratory Technician 製模實驗室技術師/製模實驗室技術員	21	20	20	16	12
Optometrist 視光師	68	70	75	74	75
Orthoptist 視覺矯正師	15	16	17	19	24
Occupational Therapist 職業治療師	872	903	975	982	996
Pharmacist 藥劑師	702	741	780	782	813
Physicist 物理學家	77	89	89	97	95
Physiotherapist 物理治療師	1 097	1 179	1 248	1 202	1 239
Podiatrist 足病診療師	51	52	53	53	57
Prosthetist-Orthotist 義肢矯形師	151	150	160	160	168
Diagnostic Radiographer / Radiation Therapist 放射師/放射治療師	1 154	1 174	1 216	1 186	1 194
Scientific Officer (Medical) 科學主任(醫務)	93	100	107	124	139
Speech Therapist 言語治療師	119	125	134	141	146
Medical Social Worker 醫務社工	360	376	393	402	414
Dental Technician 牙科技術員	3	4	4	4	4
Allied Health Staff Total 專職醫療人員總計：	8 056	8 420	8 886	8 941	9 131
Supporting (Care-related) 護理支援					
Health Care Assistant 健康服務助理	1 231	1 005	726	491	409
Ward Attendant 病房服務員	121	93	73	60	44
Patient Care Assistant & Other Supporting (Care-related) Staff 病人服務助理及其他護理支援人員	13 999	15 180	16 434	17 342	17 547
Supporting (Care-related) Staff Total 護理支援人員總計：	15 351	16 278	17 233	17 893	18 000
Direct Patient Care Manpower Total 直接病人護理人手總計：	57 099	60 335	62 761	63 569	63 786
Others 其他					
Chief Executive / Director / Deputy Director / Head 行政總裁/總監/副總監/主管	7	7	8	8	8
Cluster Chief Executive / Hospital Chief Executive 醫院聯網總監/醫院行政總監	20	20	20	19	20
Chief Manager / Senior Manager / Cluster General Manager / General Manager 總行政經理/高級行政經理/聯網總經理/總經理	106	111	110	110	107
Other Professionals / Administrator, System Manager, Analyst Programmer etc 其他專業/行政人員、系統經理、系統程序分析編製主任等	2 847	3 099	3 362	3 468	3 593
Other Supporting Staff - Clerks, Secretaries, Workmen, Operation Assistants, Executive Assistants etc 其他支援人員 — 文員、秘書、工人、運作助理、行政助理等	19 579	20 928	22 428	22 638	22 526
Non-direct Patient Care Manpower Total 非直接病人護理人手總計：	22 560	24 166	25 929	26 244	26 254
HA Manpower Total 醫管局人手總計：	79 659	84 501	88 690	89 812	90 040

Note:

1. Manpower on full-time equivalent (FTE) includes all full-time and part-time staff in HA's workforce i.e. permanent, contract and temporary. Individual figures may not add up to the total due to rounding.

註：

1. 人手按「等同全職人員」計，包括醫管局所有全職及兼職的常額、合約及臨時職員。由於四捨五入的關係，各項數字相加後可能不等於總數。

APPENDIX 12(a)

附錄 12(a)

Operating Expenditure¹ in 2022-23

2022-23 年度營運開支¹

Cluster 聯網	2022-23 (HK\$Mn) 2022-23 年度(港幣百萬元)
Hong Kong East Cluster 港島東醫院聯網	8,459
Hong Kong West Cluster 港島西醫院聯網	8,561
Kowloon Central Cluster 九龍中醫院聯網	16,925
Kowloon East Cluster 九龍東醫院聯網	9,115
Kowloon West Cluster 九龍西醫院聯網	13,983
New Territories East Cluster 新界東醫院聯網	13,013
New Territories West Cluster 新界西醫院聯網	11,779
Hospital Authority Head Office, and Others ² 醫院管理局總辦事處，及其他 ²	5,800
Total 總計	87,635

Notes:

- Operating expenditure refers to the expenditure to run Hospital Authority (HA)'s day-to-day services. It covers manpower, drug, consumables and daily maintenance of equipment and facilities, etc. but is separated from expenditure for capital works projects, major equipment acquisition, major corporate-wide Information Technology (IT) development and transactions of self-financed items paid by patients.

The operating expenditure has also included HK\$6,323 million incurred for combating the COVID-19 pandemic which was supported by designated funding from the Government.

The operating expenditure of a cluster depends not only on the size and demographics of the population residing within its catchment districts, but also on other factors such as service demand generated from cross-cluster movement of patients and the provision of designated services (such as liver transplantation). As such, the scope of hospital facilities and expertise available in different clusters also vary. Therefore, operating expenditure of individual clusters is not directly comparable.

- Includes corporate-wide expenditures processed by Head Office (such as insurance premium, legal costs, claims paid and salary of medical interns) and on IT, as well as recurrent expenditure for supporting the Government's IT projects (such as Electronic Health Record Programme).

註：

- 營運開支是指醫院管理局(醫管局)為提供日常服務所需開支，當中包括人手、藥物、消耗品和日常醫療設備及設施的維修保養等，但基本工程計劃、購置大型醫療設備及主要企業資訊科技發展的開支除外，亦不包括病人自費醫療項目的交易帳目。

營運開支亦包括由政府指定撥款資助以應對2019冠狀病毒病疫情的港幣63億2千3百萬元的支出。

各聯網的營運開支不但取決於服務地區的居住人口數目和結構，也視乎其他因素而定，例如病人跨聯網求診和醫院提供指定服務(例如肝臟移植)而產生的服務需求。因此，各聯網的醫院設施規模不盡相同，專長亦有分別。基於以上所述，個別聯網的營運開支不能直接比較。

- 包括經總辦事處處理的企業開支(如保險費用、法律費用、索償支出及實習醫生薪酬等)和整個機構的資訊科技支出，以及支援政府推行資訊科技計劃的經常性開支(如電子健康紀錄計劃)。

APPENDIX 12(b)

附錄 12(b)

Training and Development Expenditure¹ in 2022-23

2022-23 年度職員培訓及發展開支¹

Cluster 聯網	2022-23 (HK\$Mn) 2022-23 年度(港幣百萬元)
Hong Kong East Cluster 港島東醫院聯網	35.1
Hong Kong West Cluster 港島西醫院聯網	30.8
Kowloon Central Cluster 九龍中醫院聯網	65.1
Kowloon East Cluster 九龍東醫院聯網	24.8
Kowloon West Cluster 九龍西醫院聯網	38.8
New Territories East Cluster 新界東醫院聯網	33.6
New Territories West Cluster 新界西醫院聯網	42.1
Hospital Authority Head Office ² 醫院管理局總辦事處 ²	140.8
Total 總計	411.1

Notes:

- Expenditure in providing training and development for HA workforce with items including payroll cost of personnel with primary duties in providing or supporting training activities in designated training units, course / conference fees, passages and travel, teaching aids and devices, venue, publications, trainer fees, examination fee and other relevant charges.
- Expenditure includes a number of corporate-wide training programmes and initiatives centrally coordinated by HA Head Office.

註：

- 為醫管局職員提供培訓及發展的開支，包括在指定培訓單位提供或支持培訓活動的職員之工資成本、學費/會議費用、旅費及交通費、教材及器具、場地、刊物、導師費用、考試費及其他相關開支。
- 開支包括醫院管理局總辦事處中央統籌的培訓課程及活動。

APPENDIX 13

附錄 13

Five-year Financial Highlights

過去五年的財政摘要

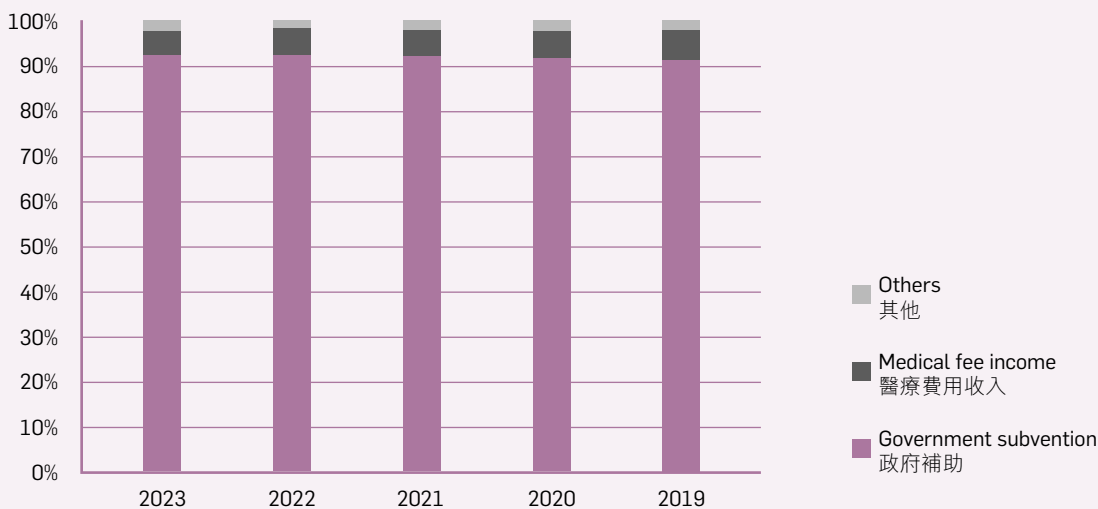
Financial Results (for the Year ended 31 March)

財政情況(截至每年 3 月 31 日)

	2023 HK\$Mn 港幣百萬元	2022 HK\$Mn 港幣百萬元	2021 HK\$Mn 港幣百萬元	2020 HK\$Mn 港幣百萬元	2019 HK\$Mn 港幣百萬元
Income 收入					
Government subvention (recurrent and capital) 政府補助(經常性及資本性)	87,964	81,585	78,597	73,985	64,877
Medical fee income (net of waivers) 醫療費用收入(扣除減免)	5,236	5,251	4,837	4,827	4,713
Non-medical fee income 非醫療費用收入	1,782	1,162	1,263	1,513	1,219
Designated donations 指定捐贈	269	159	361	202	194
Capital donations 資本捐贈	156	154	166	159	144
	95,407	88,311	85,224	80,686	71,147
Expenditure 支出					
Staff costs 員工成本	(59,419)	(58,118)	(57,665)	(53,700)	(48,703)
Drugs 藥物	(12,451)	(9,642)	(8,685)	(8,102)	(7,305)
Medical supplies and equipment 醫療物品及設備	(6,325)	(5,969)	(4,956)	(3,842)	(3,312)
Other operating expenses (include depreciation and amortisation) 其他營運開支(包括折舊及攤銷)	(16,734)	(14,091)	(13,383)	(11,277)	(10,381)
	(94,929)	(87,820)	(84,689)	(76,921)	(69,701)
Results for the year 年度結果	478	491	535	3,765	1,446

Income by Source (in % of Total Income)

各類收入來源(佔總收入百分比)



APPENDIX 13

附錄 13

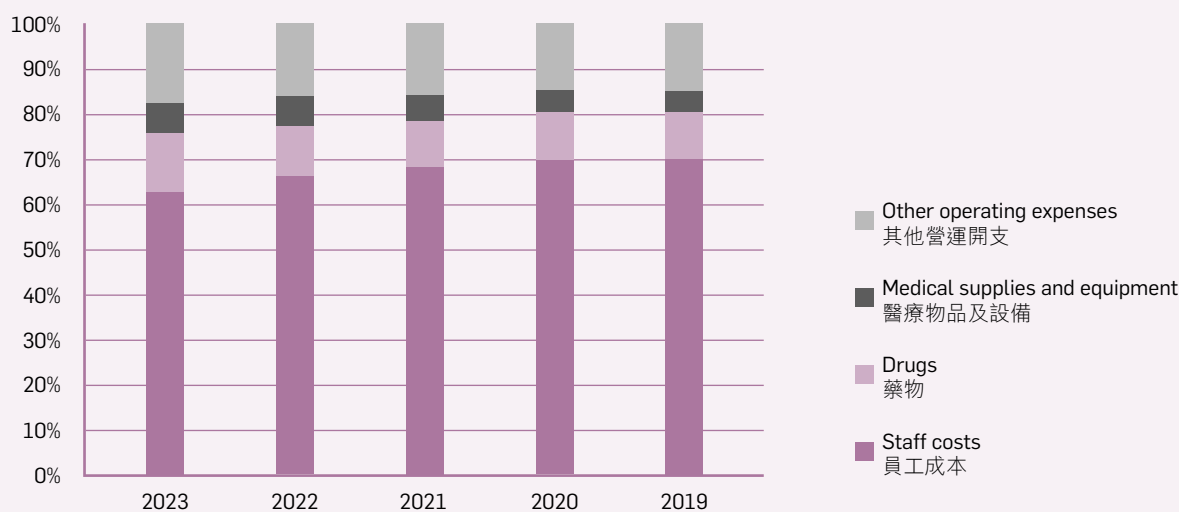
Key Financial Indicators (for the Year ended 31 March)

主要財政指標(截至每年 3 月 31 日)

	2023 HK\$Mn 港幣百萬元	2022 HK\$Mn 港幣百萬元	2021 HK\$Mn 港幣百萬元	2020 HK\$Mn 港幣百萬元	2019 HK\$Mn 港幣百萬元
Medical fee income (Note 1) 醫療費用收入(註 1)					
Inpatient fees 住院收費	1,095	1,133	1,093	1,228	1,280
Outpatient fees 門診收費	1,805	1,814	1,688	1,802	1,865
Itemised charges 分項收費	3,333	3,264	2,936	2,720	2,490
Other medical fees 其他醫療收費	115	121	113	109	108
	6,348	6,332	5,830	5,859	5,743
Less: Waivers (Note 2) 扣除：減免(註 2)	(1,112)	(1,081)	(993)	(1,032)	(1,030)
Medical fee income (net of waivers) 醫療費用收入(扣除減免)	5,236	5,251	4,837	4,827	4,713
Additional allowance for expected credit losses charged to the Statement of Income and Expenditure (Note 3) 在收支結算表內增加的預期信用虧損撥備(註 3)	29	32	56	50	58

Expenditure by Category (in % of Total Expenditure)

各類支出(佔總支出百分比)



APPENDIX 13

附錄 13

Notes:

1. Medical fee income

Fees for hospital services are governed by the Hospital Authority (HA) Ordinance. There are three categories of charges: (i) public charges for Eligible Persons (EP); (ii) public charges for Non-eligible Persons (NEP); and (iii) private charges. The definition of EP and NEP can be found in HA website whilst the fees and charges schedules are listed in the Gazette and HA website.

2. Waivers

Under the Government policy, recipients of Comprehensive Social Security Assistance (CSSA), Level 0 Voucher Holders of the Pilot Scheme on Residential Care Service Voucher for the Elderly and Old Age Living Allowance (OALA) recipients aged 75 or above (the merging of Normal and Higher OALA was effective from 1 September 2022) can obtain free medical treatment at HA's hospitals and clinics. Other persons with financial difficulties in paying the medical fees and charges can apply for medical fee waivers. The granting of waivers is subject to meeting the criteria under the established waiving mechanism.

The waivers granted to EP and NEP for the year ended 31 March 2023 are HK\$951,000,000 and HK\$161,000,000 respectively (for the year ended 31 March 2022 are HK\$920,000,000 and HK\$161,000,000 respectively).

3. Additional allowance for expected credit losses charged to the Statement of Income and Expenditure

Each year, HA would make assessment on the collectability of outstanding hospital fees and charges (accounts receivable). As a result of the assessment, additional allowance (or reversal of allowance) would be charged to the Statement of Income and Expenditure for the year.

註：

1. 醫療費用收入

醫院管理局(醫管局)的醫療服務收費受《醫院管理局條例》規管。醫療收費可分為下列三類：(i)符合資格人士的公眾收費；(ii)非符合資格人士的公眾收費；和(iii)私家收費。有關「符合資格人士」及「非符合資格人士」之定義，可瀏覽醫管局網頁。詳細收費可參閱憲報及醫管局網頁。

2. 減免

在政府的政策下，領取「綜合社會保障援助」(綜援)、長者院舍住宿照顧服務券試驗計劃級別0院舍券持有人及75歲或以上長者生活津貼受惠人(普通及高額長者生活津貼由二零二二年九月一日起合併)可獲豁免公立醫療服務收費。其他人士若有經濟困難，可申請費用減免。有關費用減免之批准是會根據既定費用減免機制之準則作評估。

截至2023年3月31日為止對於符合資格人士和非符合資格人士的費用減免分別為港幣951,000,000元及港幣161,000,000元(截至2022年3月31日為止之費用減免分別為港幣920,000,000元及港幣161,000,000元)。

3. 在收支結算表內增加的預期信用虧損撥備

醫管局每年會評估醫療費用欠款(應收帳款)日後收回的可能性。經評估後，需增加(或撥回)的預期信用虧損撥備會計算在該年的收支結算表內。

APPENDIX 13

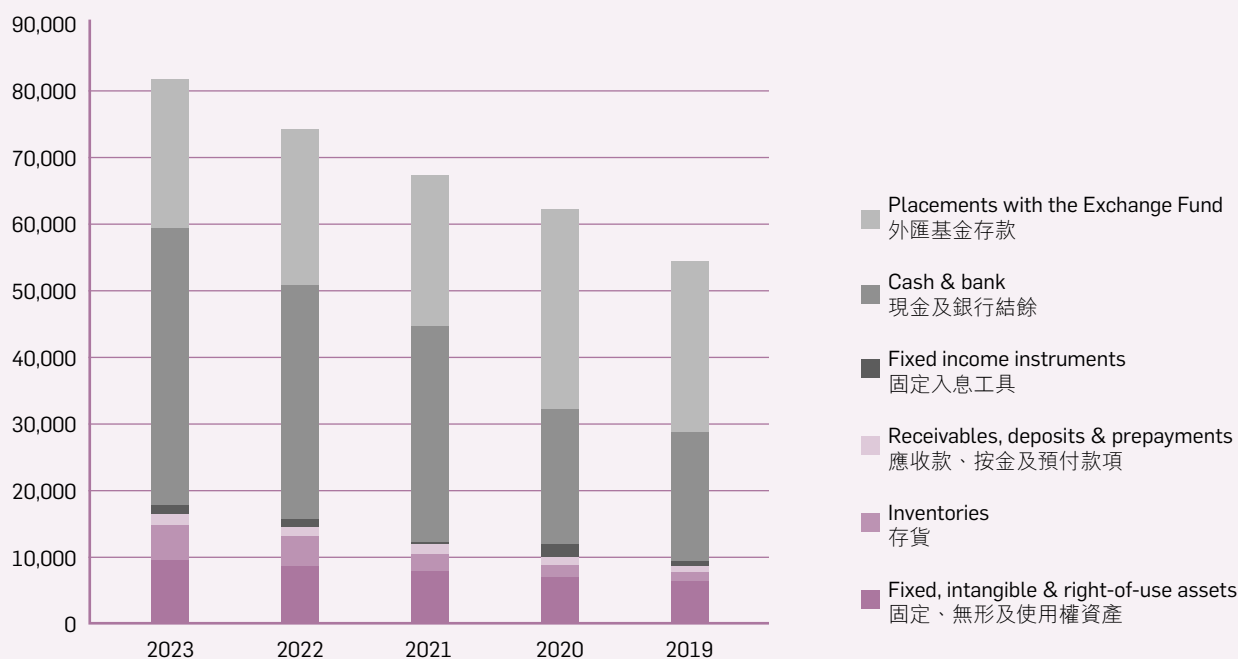
附錄 13

Financial Position (at 31 March)

財政狀況(於每年 3 月 31 日)

	2023 HK\$Mn 港幣百萬元	2022 HK\$Mn 港幣百萬元	2021 HK\$Mn 港幣百萬元	2020 HK\$Mn 港幣百萬元	2019 HK\$Mn 港幣百萬元
Non-current assets 非流動資產	28,808	27,621	29,190	28,102	30,608
Current assets 流動資產	52,963	46,598	38,163	34,061	23,802
Total assets 資產總額	81,771	74,219	67,353	62,163	54,410
Designated fund 指定基金	5,077	5,077	5,077	5,077	5,077
Revenue reserve 收入儲備	8,358	7,812	7,243	6,672	2,906
Total funds 基金總額	13,435	12,889	12,320	11,749	7,983
Current liabilities 流動負債	34,450	33,233	22,902	17,663	13,296
Non-current liabilities 非流動負債	33,886	28,097	32,131	32,751	33,131
Total liabilities 負債總額	68,336	61,330	55,033	50,414	46,427
Total funds and total liabilities 基金及負債總額	81,771	74,219	67,353	62,163	54,410

Total Assets^{Note} (in HK\$ millions) 總資產^註(港幣百萬元)



Note:
Placements with the Exchange Fund have included HK\$5,665,000,000 (2022: HK\$6,842,000,000) held by HA on behalf of the Samaritan Fund.

註：
外匯基金存款包括醫管局代撒瑪利亞基金持有的港幣 5,665,000,000 元 (2022: 港幣 6,842,000,000 元)。

APPENDIX 13

附錄 13

Key Financial Indicators (at 31 March)

主要財政指標(於每年 3 月 31 日)

	2023 HK\$Mn 港幣百萬元	2022 HK\$Mn 港幣百萬元	2021 HK\$Mn 港幣百萬元	2020 HK\$Mn 港幣百萬元	2019 HK\$Mn 港幣百萬元
Inventories 存貨					
Drugs (Note 1) 藥物(註 1)	3,350	3,515	1,484	1,410	1,158
Other medical and general consumables (Note 2) 其他醫療及一般消耗品(註 2)	1,790	957	1,058	305	219
	5,140	4,472	2,542	1,715	1,377

Notes:

- Inventories as at 31 March 2023 and 31 March 2022 included oral antiviral drugs for treatment of patients infected with COVID-19.
- For enhanced infection control measures to protect staff and patients during the COVID-19 pandemic, a steady supply of Personal Protective Equipment (PPE) of six months in general has been maintained.

The average stock holding period for meeting daily operation use, other than COVID-19 related drugs and PPE (see note 1 and note 2), is shown below:

註：

- 截至 2023 年 3 月 31 日及 2022 年 3 月 31 日的存貨包括用於治療感染 2019 冠狀病毒病患者的口服抗病毒藥物。
- 在 2019 冠狀病毒病疫情期間，為保護員工及病人的加強感染控制措施，在一般情況下，將個人保護裝備維持六個月的供應量。

除 2019 冠狀病毒病相關之藥物和個人保護裝備外(見註 1 和註 2)，用於日常運作的平均存貨儲備如下：

	2023	2022	2021	2020	2019
Average stock holding period (weeks) for meeting daily operations					
用於日常運作的平均存貨儲備時間(星期)					
Drugs 藥物	8.2	8.4	8.5	8.7	7.9
Other medical and general consumables 其他醫療及一般消耗品	7.7	10.2	9.1	8.2	7.9

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