

HOSPITAL AUTHORITY  
ANNUAL REPORT

醫院管理局年報


2020-2021



醫院管理局  
HOSPITAL  
AUTHORITY

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# ROLES

## 任務

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

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

The Hospital Authority is responsible for:

醫院管理局的職能：

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



# VISION, MISSION AND VALUES

## 願景、使命及核心價值

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”.

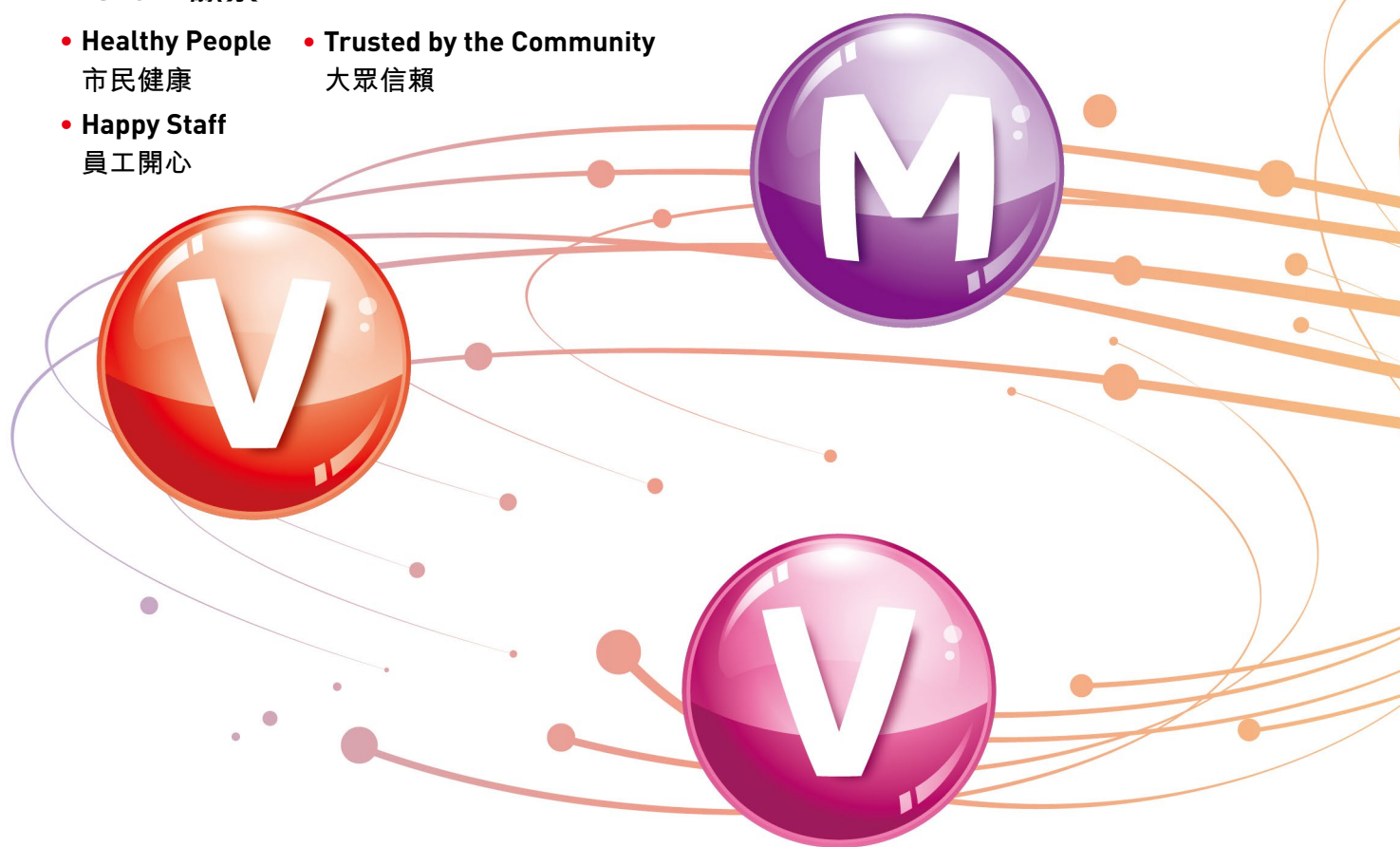
醫管局的機構願景、使命及核心價值，反映醫管局大會、管理層及職員致力促進民康的期望。在「與民攜手 保健安康」的使命引領下，醫管局和社區夥伴攜手合作，續創佳績，邁向「市民健康、員工開心、大眾信賴」的願景。

### 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 (HA) aims to achieve its corporate VMV by adopting five strategic goals as outlined in the HA Annual Plan 2020-2021:

醫管局採納2020-2021年度工作計劃所載的五項策略目標，達至前述的機構願景、使命及核心價值：



Under the above strategic goals and 19 strategies, the Authority formulated around 201 programme targets for 2020-2021, which were all achieved in the year, save for 40 which experienced slight delay. Most of them were deferred due to the COVID-19 pandemic. The Head Office and Cluster Reports in Chapter 6 describe major achievements in these areas.

根據上述的策略目標及19個策略，醫管局就2020-2021年度制訂了約201個工作項目和指標，除了40項稍為延誤，全部於年內完成。大部分計劃延誤是因2019冠狀病毒病疫情所致。第六章總辦事處及醫院聯網工作匯報刊載各方面的主要成績。

# MEMBERSHIP OF THE HOSPITAL AUTHORITY

## 醫院管理局成員

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

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

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

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

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



**Prof CHAN Wai-ye**  
陳偉儀教授

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

**Ms 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

**Mr Duncan CHIU**  
邱達根先生

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

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

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

**Mr Ambrose HO, SBS, JP**  
何沛謙先生

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



**Ms Mary HUEN Wai-yi**  
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**  
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, JP**  
龔楊恩慈女士

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



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

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



**Mr Quinton LAM Chun-ki**  
林進其先生

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



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

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



# MEMBERSHIP OF THE HOSPITAL AUTHORITY

## 醫院管理局成員

**Prof LAU Chak-sing, JP**  
劉澤星教授

- Appointed on 1 December 2018
- Chief of Service (Medicine) of Queen Mary Hospital and Head of Department of Medicine of Li Ka Shing Faculty of Medicine of the University of Hong Kong
- 於2018年12月1日獲委任
- 瑪麗醫院內科部門主管及香港大學李嘉誠醫學院內科學系系主任



**Mr Raistlin LAU Chun, JP**  
劉震先生

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



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

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



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

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



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

*(up to 30.11.2020)*  
(任期至2020年11月30日)

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

**Prof David SHUM Ho-keung**  
岑浩強教授

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



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

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



**Prof Agnes TIWARI Fung-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 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



**Dr Thomas TSANG Ho-fai**  
曾浩輝醫生

- Appointed on 1 December 2020
- President of the Hong Kong College of Community Medicine and Honorary advisor of Hospital Authority
- 於2020年12月1日獲委任
- 香港社會醫學學院院長及醫院管理局榮譽顧問



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

*Permanent Secretary for Food and Health (Health)*  
*(up to 4.6.2020)*  
食物及衛生局常任秘書長(衛生)  
(任期至2020年6月4日)

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



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

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



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

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



**Mr Jason YEUNG Chi-wai**  
楊志威先生

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



**Mr Charlie YIP Wing-tong**  
葉永堂先生

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

CHAPTER 1 • 第一章

# CORPORATE GOVERNANCE

## 機構管治

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

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





## Principles

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

## Hospital Authority Board

Under the HA Ordinance, the Chief Executive of the HKSAR appoints members to the HA Board. Membership of the Authority comprises 24 non-public officers, three public officers and one principal officer (the Hospital Authority Chief Executive). The Board membership is not remunerated. The 2020-21 Board consisted of 28 members, including the Chairman, with details listed in Appendix 1.

The HA Board meets formally about 12 times a year and any other times as required. In 2020-21, the Board conducted 15 meetings and considered over 120 agenda items. They covered an array of important matters in leading and managing HA, including management of the COVID-19 epidemic; formulation of policies and strategies; steering and monitoring of the planning, development and operation of hospital services and supporting facilities; resource management; risk management; internal control; contingency preparedness; governance, etc. In addition, 14 Board papers on urgent matters or regular reports were circulated between meetings.

## 原則

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

## 醫院管理局大會

根據《醫院管理局條例》，醫管局大會成員由香港特別行政區行政長官任命。大會成員包括24名非公務員、三名公務員及一名主要行政人員（醫管局行政總裁）。大會成員不獲酬金。2020-21年度，大會有28名成員（包括主席），詳情載於附錄1。

大會每年召開約12次正式會議，如有需要會召開特別會議。在2020-21年度，大會共召開15次會議，審議超過120個項目，涵蓋領導及管理醫管局的重要事宜，包括應對2019冠狀病毒病疫情的工作、制訂政策和策略、督導及監管醫院服務與支援設施的規劃、發展和運作、資源管理、風險管理、內部監控、應變準備、管治等；另在會期之間以傳閱方式通過14份有關緊急事宜的文件或定期報告。





The Board in the past year continued to enhance corporate governance practices to reinforce stewardship and effective management of HA and its services. The Code of Corporate Governance Practices of the HA Board (the Code) was updated to guide Members of the HA Board and its committees in performing their roles and responsibilities. The Task Group on Sustainability formed under the HA Board in December 2019 had examined the major challenges facing HA and recommended strategic directions and action plan to drive for the sustainable development of our public healthcare system. The Board also steered and monitored organisation-wide risk management in HA across different functional areas and management structures, covering both clinical and non-clinical risk management in the Authority. In particular, the outbreak of COVID-19 epidemic set unprecedented challenges to public health globally and locally. To timely address this emergency situation, the Emergency Executive Committee under the Board conducted nine meetings in 2020-21 to assess the risks facing HA and acted for the Board on strategies and policies for managing the emergency issues arising from the 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。《醫管局大會機構管治守則》(守則)已經更新，為醫管局大會及各委員會成員履行其角色和職責提供最新指引。2019年12月，「持續發展專責小組」在大會之下成立。小組審視了醫管局所面對的主要挑戰，並建議相關策略方向及行動計劃，以促進公營醫療系統的可持續發展。大會亦督導和監察醫管局的機構風險管理，涵蓋不同職能範疇和管理架構，包括臨床及非臨床的風險管理。2019冠狀病毒病疫情爆發，對全球及本地的公共衛生帶來前所未有的挑戰。為及時應對此緊急情況，大會轄下的緊急應變策導委員會在2020-21年度共召開九次會議，評估醫管局所面對的風險，並代表大會就應對緊急事宜的策略和政策行使其權力及職能。



## 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 Governing Committee, Main Tender Board, Medical Services Development Committee, Public Complaints Committee, Staff Appeals Committee and Supporting Services Development Committee. Membership of the committees and their terms of reference and focus of work in 2020-21 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 2020-21, a total of 131 meetings were conducted by the 33 HGCs, with some businesses transacted via circulation due to infection control considerations as a result of the COVID-19 outbreak. HGCs received regular management reports from Hospital Chief Executives, monitored operational and financial performance of the hospitals, reviewed risk management issues, provided policy guidance on hospital management, and participated in HR and procurement functions, as well as hospital and community partnership activities.

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

## 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、資訊科技服務管治委員會、中央投標委員會、醫療服務發展委員會、公眾投訴委員會、職員上訴委員會及支援服務發展委員會。各委員會2020-21年度的成員名單、職權範圍及工作概況載於附錄3。

## 醫院管治委員會

為促進社區參與及加強公立醫院管治，醫管局按《醫院管理局條例》就轄下醫院 / 機構成立醫院管治委員會。附錄4載有各醫院管治委員會一覽。在2020-21年度，33個醫院管治委員會共召開131次會議。由於2019冠狀病毒病疫情，因應感染控制考慮，部分審議事宜改以傳閱方式處理。各醫院管治委員會審閱醫院行政總監的定期管理報告、監察醫院在運作和財務方面的表現、審視風險管理事宜、指導醫院管理政策，以及參與人力資源及採購工作和醫院及社區的夥伴協作活動。

經醫管局大會通過的《醫院管治委員會運作手冊》載列醫院管治委員會相關的機構管治政策及安排。醫管局大會與醫院管治委員會的連繫和互動，對醫管局制訂機構政策和策略尤為重要。為方便成員參考相關的管治事宜，《醫院管治委員會運作手冊》已載入守則的修訂本於同一文件內，以提供一致和全面資料。年內，我們持續推動醫院管治委員會參與醫管局的機構事務，包括由聯網總監定期於管治委員會會議介紹醫管局的機構政策 / 事宜；加強匯報委員會意見及監察跟進行動的管治工作，並向醫管局大會呈報，以加強雙方溝通。按照醫管局大會及其專責委員會的做法，各醫院管治委員會亦每年進行自我評核，不斷求進。





## Regional Advisory Committees

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

Due to the COVID-19 epidemic, the RACs each conducted two meetings in 2020-21, and transacted other businesses by circulation of papers. During the period, the RACs received reports on a number of corporate matters, including management of advanced technology, winter surge preparation under the epidemic, 2018 Patient Experience Survey on Specialist Outpatient Service, as well as Annual Report on Public Appreciation, Feedback and Complaints Management 2019-20. Each RAC was also briefed on annual plan progress and targets of respective clusters, as well as services and programmes of individual clusters, including the development of the HA Patient Support Call Centre, 24-hour Primary Percutaneous Coronary Intervention service and fetal medicine services.

## 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。

因應2019冠狀病毒病疫情，各區域諮詢委員會在2020-21年度共召開兩次會議，其他事宜則改以傳閱文件方式進行。年內，區域諮詢委員會收閱醫管局多方面事項的報告，包括先進科技管理、疫情下冬季服務高峰期的準備工作、2018年專科門診病人經驗調查，以及《公眾讚揚、意見及投訴管理年報2019-20》。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，包括醫管局護訊鈴服務的發展、24小時冠狀動脈介入治療服務及胎兒醫學服務。

## 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 2020-21 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 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.

## 行政管理

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

根據《醫院管理局條例》，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而釐定的薪酬條件，務求能在競爭激烈的人力市場中，吸引、激勵及挽留高質素人才。所有高級行政人員的薪酬，均由醫管局大會或行政委員會考慮及審批。

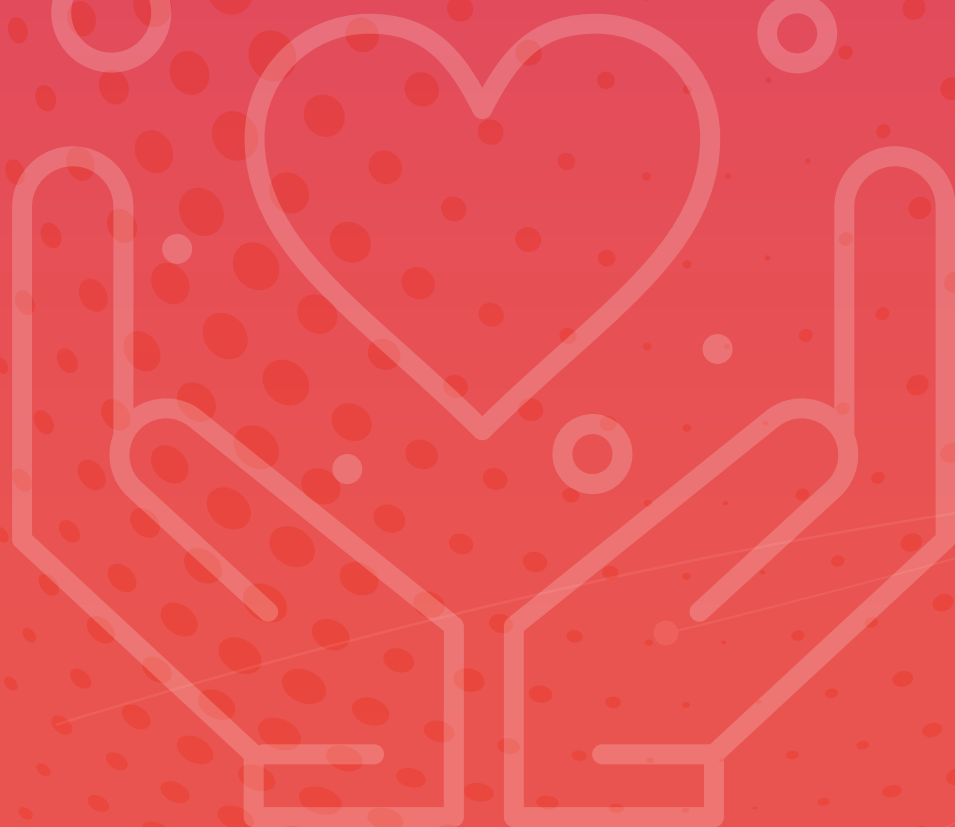


## CHAPTER 2 • 第二章

# CHAIRMAN'S REVIEW 主席匯報

2020-21 was a year fraught with challenges. The ongoing COVID-19 pandemic brought about unprecedented burden to the global healthcare system, and Hong Kong is no exception. While facing the challenging year, the Hospital Authority (HA) further consolidated on past experience, reinforced our “people-first” value, and moved ahead in providing excellent public healthcare services and sustainable development for safeguarding the health of the people of Hong Kong.

2020-21 無疑是充滿挑戰的一年。2019 冠狀病毒病疫情肆虐全球，香港公營醫療體系承受前所未有的壓力及挑戰。與此同時，醫院管理局（醫管局）綜合過往經驗，承先啟後，秉持「時刻不忘 以人為先」的宗旨，向可持續發展的優質公營醫療服務邁進。





To tackle the COVID-19 outbreak, the HA Board convened Emergency Executive Committee meetings in a timely manner to steer anti-epidemic strategies and policies, as well as to monitor the progress. In this arduous battle, the HA community stood hand-in-hand and weathered each and every wave of the outbreak with profound devotion and professionalism. I can proudly say that their commitment in safeguarding people's health is truly remarkable. My gratitude is beyond words.

The COVID-19 outbreak has undoubtedly aggravated the heavy burden on the local public healthcare system. Thanks to the unwavering support from the Central People's Government and the HKSAR Government, HA established within very short timeframe the Community Treatment Facility at AsiaWorld-Expo and the North Lantau Hospital Hong Kong Infection Control Centre, which have greatly enhanced the capability of the public healthcare system in managing the epidemic. I have to also express my sincere gratitude to the HKSAR Government for being the most reliable support of HA always. Notwithstanding the pressure of economic downturn, the HKSAR Government has allocated to HA a total of \$75 billion of recurrent financial provision in 2020-21 under the triennial progressive recurrent funding arrangement, as well as over \$8 billion in total provided to HA in support of various anti-epidemic efforts.

為應對疫情，醫管局大會適時召開緊急應變策導委員會會議，督導抗疫策略和政策，並監察相關進度。面對這場抗疫持久戰，醫管局全體同事發揮無比堅毅決心及專業精神，緊守崗位應對每一波疫情。對於團隊竭力守護民康的承擔，我引以為傲，亦無言感激。

新冠疫情無疑令本港公營醫療系統百上加斤。得蒙中央人民政府和香港特區政府鼎力支持，讓醫管局能在短時間內於亞洲國際博覽館設立社區治療設施，和興建北大嶼山醫院香港感染控制中心，大大加強了公共醫療體系處理疫症的能力。特區政府的充分支持一直是醫管局最可靠後盾。我衷誠感謝特區政府即使面對經濟下行的壓力仍展現對公營醫療服務的承擔，繼續按三年為一周期的遞增撥款安排，在2020-21年度向醫管局撥款750億元經常撥款；疫情期間更先後向醫管局撥款共逾80億元，支援抗疫工作。



Video of Chairman's Report  
主席匯報影片



While fighting against the COVID-19, the HA has to plan ahead the development of healthcare with bold vision. A sharp rising trend of service demand is foreseen due to the growing and ageing population, plus the increasing prevalence of chronic diseases among the younger generation in Hong Kong. In December 2020, the HA Board endorsed the report of its Task Group on Sustainability, which has put forward a series of recommendations that are being implemented in stages, with a view to achieving a sustainable future in public healthcare services. Along the strategic directions in the report, HA is adopting a three-pronged approach through “narrowing upstream, collaborating downstream, and diverting midstream” to drive for balance in service demand and supply. To narrow upstream demand and reduce the need for specialist services and hospitalisation, we leverage on big data and predictive risk modelling to empower patients to manage their health condition proactively. “Collaborating downstream” involves reorientation of HA’s service delivery models by promoting ambulatory care and primary care to reduce unnecessary hospital admission. “Diverting midstream” will promote community-based care through developing smart hospitals and deployment of information technology, as well as strengthen medico-social collaboration. We envisage the above initiatives would not only relieve the pressure in public healthcare system, but also enhance patients’ experience during their treatment journey in HA.

The HA has been pressing ahead with the two 10-year Hospital Development Plans (HDP). Upon completion of the first 10-year HDP, a total of over 6 000 additional beds and more clinical spaces and hospital facilities would be available in public hospitals. Apart from hardware, retaining our human capital is another critical factor in the provision of sustainable healthcare services. In this respect, HA continues to enhance talent management policies and launch various initiatives to uplift employee morale and reduce staff attrition.

除了應對當前的疫症，醫管局亦前瞻未來醫療服務的發展。隨著香港人口急速增長和老化，加上慢性疾病年輕化，公營醫療服務需求將以高速增長。醫管局大會於2020年12月通過了「持續發展專責小組」的工作報告，這份報告提出了一系列建議，現正分階段推行，長遠旨在推動公營醫療服務可持續發展，達至供求平衡。我們將以「截上游、放下流、中間分流」為管理及疏導策略，三管齊下致力改善醫療服務供求失衡的情況。我們會借助大數據和風險預測模型，協助病人及早管理自身健康，控制病情以減少專科門診及住院需求，達到「截上游」的目標。在「放下流」方面，我們將轉變服務模式，推動日間醫療服務，以及加強基層醫療服務，以減少非必要住院。至於「中間分流」則透過發展智慧型醫院及善用資訊科技、加強醫社合作，以促進社區為本的護理服務。期盼以上措施不單可以減輕公立醫院的負荷，長遠更可提升醫療水平和病人體驗。

醫管局亦繼續全力推展兩個十年醫院發展計劃。當第一個十年醫院發展計劃的所有項目完成後，將增加超過6 000張公立醫院病床，大大提升醫療空間及設施。除了硬件配套外，提供可持續醫療服務的另一關鍵在人，因此，醫管局不斷優化人才管理政策，繼續推行措施以激勵士氣，減少員工流失。





My heartfelt appreciation goes to all members of the HA Board, Regional Advisory Committees and Hospital Governing Committees, and co-opted members of Functional Committees for their valuable guidance and support to HA over the years, in particular during the trying times in 2020-21. We welcome Mr Thomas Chan Chung-ching, Ms Margaret Cheng Wai-ching, Ms Mary Huen Wai-yi, and Dr Thomas Tsang Ho-fai for joining the Board last year. Their professional expertise and experience shall allow HA to maintain a steady course. We also thank the outgoing members Mr Quinton Lam Chun-ki, Ir Dr Hon Lo Wai-kwok and Ms Elizabeth Tse Man-yee, who rendered significant contribution to HA with their wise counsel. In addition, I am indebted to all members of the Legislative Council and District Councils, patient organisations and volunteers for their long-term dedication and support. HA has received enthusiastic support and generous donations from the community in the past year, which give us great encouragement and recognition.

This year marked the 30<sup>th</sup> Anniversary of HA. Building on the solid foundation laid by our predecessors, HA has achieved notable developments and breakthroughs in the past three decades. Looking ahead, HA colleagues will remain united, perseverant and passionate in making great strides in healthcare services for the people of Hong Kong.

Henry Fan Hung-ling  
Chairman



主席  
范鴻齡

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，多年來尤其是在去年困難的時刻，向醫管局惠賜寶貴的指導和支持。我謹歡迎陳松青先生、鄭惠貞女士、禰惠儀女士及曾浩輝醫生，於本年度加入醫管局大會，他們的專長及經驗，定有助醫管局繼續穩步發展。我亦向已卸任的林進其先生、盧偉國博士及謝曼怡女士致意。他們的真知灼見，為醫管局帶來裨益。另外，謹對社會各界包括立法會和區議會成員、病人組織和義工給予的長久支持，致以由衷謝意。過去一年，醫管局獲各界市民熱心支持及捐贈，為我們帶來莫大的鼓勵及肯定。

感謝前人悉心灌溉奠下穩健的根基，醫管局在過去30載有著長足發展，成就各項突破。展望未來，醫管局上下將始終如一，無懼挑戰，以無限熱忱攜手為香港市民提供完善的醫療服務。



## CHAPTER 3 • 第三章

# CHIEF EXECUTIVE'S REPORT 行政總裁匯報

While the world fought fearlessly against the COVID-19 pandemic in 2020-21, the Hospital Authority (HA) has kept our guard up and maintained its agility against the disease. This year was also the 30<sup>th</sup> Anniversary of the establishment of the HA. In celebrating this meaningful milestone, we also seized the opportunity to boost our hardware and software capacity with a view to better equipping ourselves for future challenges.

2020-21 年度，全球多個醫療體系奮力抵禦 2019 冠狀病毒病疫情的威脅，醫院管理局（醫管局）時刻保持警覺及機動性，堅守抗疫防線。適逢醫管局成立 30 周年，在紀念這個里程碑的同時，我們亦把握機會提升軟硬件實力，作好準備迎接未來挑戰。



Throughout the past year, Emergency Response Level remained activated in public hospitals. The HA Central Command Committee has closely monitored the situation and promptly adjusted HA's anti-COVID-19 strategies to dovetail with prevailing circumstances and emerging risks. With the waves of outbreak in the city, HA strived to augment its capacity of isolation facilities to cater for sudden surge of cases by transforming general wards into second tier isolation wards, and by setting up the Community Isolation Facility in Lei Yue Mun Park and Holiday Village and the Community Treatment Facility at AsiaWorld-Expo. In February 2021, North Lantau Hospital Hong Kong Infection Control Centre commenced service to receive and treat COVID-19 patients with mild to moderate clinical conditions, substantially enhancing our capacities.

As the COVID-19 pandemic swept across the world and overwhelmed the global healthcare systems, we drew on the experience and continuously tightened our infection control measures in hospitals and ensured adequate supply of personal protective equipment for our staff. In tandem with the strategy on "early identification, early isolation and early treatment", we continuously enhanced laboratory surveillance for symptomatic outpatients of Accident and Emergency Departments, at general outpatient clinics (GOPCs), as well

過去一年，公立醫院一直處於「緊急應變級別」，醫管局中央指揮委員會亦時刻密切監察疫情發展及新出現的風險，調整抗疫策略。年內數波疫情接連衝擊本港，醫管局為加強醫院抗疫能力，竭力加大隔離設施的容量，包括透過改建工程加設第二線隔離病房，並先後啟用位於鯉魚門公園及度假村的社區隔離設施，以及位於亞洲國際博覽館的社區治療設施。2021年2月，北大嶼山醫院香港感染控制中心亦投入運作，接收及治療輕度至中度病情的新冠肺炎病人，大大提高公立醫院接收病人的能力。

疫情肆虐令全球多個醫療體系相繼失守，我們一方面不斷強化院內的感染控制措施，為員工配備充足的個人防護裝備。同時，我們根據「早識別、早隔離、早治療」的策略，持續加強醫院化驗室監察工作，為出現相關臨床徵狀的急症室和門診求診病人，以及住院病人安排檢測，以盡早識別感染個案；又於2021年初起，為需要照顧較體弱病人的指定

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



as for inpatients. Meanwhile, regular tests were arranged since early 2021 for targeted staff groups providing care for vulnerable patients, with a view to protecting patients and healthcare staff from nosocomial transmission. Regular tests were later extended to more staff groups.

During peaks of outbreaks, our public hospitals adjusted their non-emergency services and non-essential services so as to reserve resources for treatment of COVID-19 patients. Notwithstanding, we strived to cater for the medical needs of patients through tele-rehab and tele-care services piloted in some public hospitals for suitable patients. There was also 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" to cater for HA chronic disease patients residing in Guangdong Province, who were unable to return to HA for follow-up consultations. To address the needs of long-stay inpatients, we facilitated video visiting and progressively enabled special visiting arrangement in some hospitals when the local epidemic situation had eased. Moreover, HA is supporting the Universal Community Testing Programme in line with the Government's epidemic control policy. Since the launch of Government's COVID-19 Vaccination Programme, our healthcare professional teams have not only participated in the operation of seven Community Vaccination Centres, but also provided vaccination service at designated GOPCs as well as outreach vaccination service to Residential Care Homes for the Elderly. Our professional and dedicated staff have gone beyond the call of duty to safeguard the community. My whole-hearted thanks to their teamwork and relentless efforts.

員工群組安排定期檢測，以減低院內傳播的風險，進一步保障病人及員工的健康，檢測安排其後進一步擴闊以涵蓋更多員工組別。

在疫情嚴峻期間，醫管局為集中資源抗疫，曾減少非緊急及非必要服務；期間部分公立醫院試行以「遙距治療」方式為合適的病人提供復康療程及視像診症，照顧病人需要。另外，亦透過「特區政府對居粵之醫管局長期覆診港人特別支援計劃」，為居於廣東省而無法回港覆診的醫管局長期病患者提供服務。為照顧長期住院病人需要，職員亦為他們安排視像探訪，其後在本地疫情緩和時，我們分階段實施特別探訪安排。醫管局亦配合政府的疫情防控措施，支持普及社區檢測計劃。而隨著政府開展「2019冠狀病毒病疫苗接種計劃」，我們的醫護團隊不單協助營運七個社區疫苗接種中心，亦於指定普通科門診診所提供疫苗接種服務，以及派出外展醫護團隊為安老院舍長者接種疫苗。這一年多，醫管局同事在抗疫工作的每一環堅守崗位，群策群力守護香港市民，我深表感激。







While focusing on the combat against the COVID-19, HA did not lose sight of the importance of exploring more sustainable service models to cope with the vigorous growth in service demand from the ageing population and the rising occurrence of chronic illnesses. Under the guidance of the HA Board, major challenges facing HA were critically examined. A basket of strategies under the visionary plan of sustainability were subsequently devised, driving forward for expansion of primary care services, change of service delivery model, enhancement of public-private partnership, as well as the pursuit of digital health with the Smart Hospital strategies.

During the year, the HA further developed the Integrated Model of Specialist Outpatient Service through Nurse Clinics to deliver the right care for patients at the right time through collaboration of multidisciplinary healthcare team. The service was further extended to specialties like Medicine (Hepatitis), Ophthalmology (Cataract Surgery), Ear, Nose and Throat (Hearing Loss), etc. in 2020-21.

在應對疫情以外，醫管局不忘積極探索更多可持續發展的服務模式，以應對人口高齡化及慢性疾病等因素所帶來與日俱增的服務需求。在醫管局大會的領導下，我們審視眼前的主要挑戰，勾劃出一系列策略方向包括擴展基層醫療、轉變服務模式、增加公私營協作，以及透過智慧醫院策略加強醫療科技應用。

年內，我們發展更多綜合模式專科門診護士診所，通過跨專業團隊合作，為病人提供適時的專科門診服務。在2020-21年度，服務進一步擴展至內科(肝炎)、眼科(白內障手術)、耳鼻喉科(聽力問題)等多個專科。

We continued our endeavor to expand the physical capacity for clinical services. A series of hospital development projects under the two 10-Year Hospital Development Plans are in full swing. Projects commenced in 2020-21 included main works (superstructure and refurbishment works) for the expansion of United Christian Hospital; demolition, site formation and foundation works for phase 1 redevelopment of Grantham Hospital; Hospital Authority Supporting Services Centre; and Community Health Centre cum social welfare facilities at Pak Wo Road, North District.

In addition, the scope of various Public-Private-Partnership (PPP) programmes was extended through measures such as extending subsidy validity period, increasing service quotas and expanding the coverage of patients etc. New PPP programmes were also developed to provide options for patients, which included Neonatal Phototherapy Service, Radiation Therapy Service, Cystoscopy Collaborative Programme and Oesophago-Gastro-Duodenoscopy Collaboration Programme, to name a few.

HA is working towards the strategic direction of developing smart hospitals, aiming to develop new models of healthcare delivery, empower patients for own care and enhance work efficiency with IT innovations. To take this forward, we have designated three hospitals, namely Tin Shui Wai Hospital, Tseung Kwan O Hospital and Queen Elizabeth Hospital, as pilots to develop and deploy Smart Hospital initiatives. Meanwhile, the HA one-stop mobile app "HA Go" has been upgraded with numerous features, including payment, checking medication and allergy record, booking GOPCs, and many more, allowing users – patients and their carers – to manage their healthcare anytime, anywhere.

醫管局亦繼續擴展服務空間，全力推展兩個十年醫院發展計劃，於2020-21年度開展的工程項目包括：基督教聯合醫院擴建計劃的主要工程(上層結構建築及翻新工程)、葛量洪醫院重建計劃第一期的拆卸、工地平整及地基工程；醫院管理局支援服務中心工程，以及北區百和路社區健康中心暨社會福利設施項目。

另一方面，醫管局擴展各項公私營協作計劃，包括延長資助有效期、增加計劃名額，以及擴闊計劃涵蓋的病人類別等。我們亦推出新的協作計劃，包括初生嬰兒黃疸治療、癌症病人的放射治療、膀胱鏡檢查及胃鏡檢查等，為病人提供更多選擇。

我們朝著智慧醫院的策略方向，致力利用創新科技發展新型醫療服務、促進病人自理，並提高工作效率。就此，我們已選定於天水圍醫院、將軍澳醫院及伊利沙伯醫院推行先導計劃，率先應用智慧醫院項目。同時，醫管局一站式手機程式「HA Go」新增多項功能如支付醫院賬單、查閱藥物及敏感資料、預約普通科門診等，方便病人及其家屬隨時隨地管理個人健康。



Healthcare manpower shortage is a long-standing concern for HA. Much effort has been spent on staff retention and promotion of staff wellbeing. During 2020-21, we recruited over 580 doctors, 2 500 nurses and 700 allied health professionals. Meanwhile, recruitment of non-locally trained doctors as well as part-time healthcare professionals via Locum Office continued to strengthen the workforce.

As for senior appointments in HA hospitals, in 2020-21 (in chronology), Dr Kenny Yuen was appointed as Hospital Chief Executive (HCE) of Tseung Kwan O Hospital and Haven of Hope Hospital; and Dr Alexander Law Chun-bon as Cluster Chief Executive of Kowloon West Cluster and HCE of Princess Margaret Hospital and North Lantau Hospital. At the Head Office, Dr Cheung Ngai-tseung took up the post as Head of Information Technology and Health Informatics, while Mr David Mak was appointed as Head of Human Resources.

The road of fighting the epidemic has been tough, yet all members of HA bravely rose to the challenges. I wish to offer my deepest respect to all my fellow healthcare workers for their noble contribution and dedication. I would also like to sincerely thank the HKSAR Government for its all-time unfaltering support in policy and funding, as well as various community stakeholders for their enthusiastic support to back up us in the battle against the virus. Looking ahead, HA will stay united with our utmost steadfastness and strive to achieve a sustainable public healthcare system and protect Hong Kong people's health with professionalism, care and love as stated in the theme of the HA's 30<sup>th</sup> Anniversary.



Tony Ko Pat-sing  
Chief Executive

挽留醫護人才是醫管局一直非常重視的課題。我們積極推行措施減少人才流失，並加強員工福祉。在2020-21年，我們招聘逾580名醫生、2 500名護士及700名專職醫療人員。另一方面，我們繼續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。

年內的高層人員聘任按時序包括：袁家兒醫生出任將軍澳醫院及靈實醫院行政總監，羅振邦醫生出任九龍西醫院聯網總監和瑪嘉烈醫院及北大嶼山醫院行政總監。總辦事處則有張毅翔醫生出任為醫管局資訊科技及醫療信息部主管，以及麥志偉先生出任人力資源主管。

儘管疫情帶來重重挑戰，醫管局上下悉心盡職、勇往直前，我對他們致以最崇高的敬意。我亦非常感謝香港特區政府多年來在政策和財政上的不懈支持，以及社會人士與我們同心抗疫。未來，我們將繼續團結一致，並一如醫管局30周年的主題「持續顯關愛」，以專業及關愛的態度，推動本港公營醫療系統可持續發展，堅定守護市民的健康。



行政總裁  
高拔陞



# HOSPITAL AUTHORITY AT A GLANCE IN 2020-21

## 醫院管理局 2020-21 年度概覽



Number of hospital beds<sup>1</sup> (as at 31 Mar 2021)

醫院病床數目<sup>1</sup> (截至2021年3月31日)

**29,850**

**43**

Number of Hospitals and Institutions under the Hospital Authority

(as at 31 Mar 2021)

醫院管理局轄下醫院 / 機構數目

(截至2021年3月31日)

**49**

Number of Specialist Outpatient Clinics

(as at 31 Mar 2021)

專科門診診所數目

(截至2021年3月31日)

**73**

Number of General Outpatient Clinics

(as at 31 Mar 2021)

普通科門診診所數目

(截至2021年3月31日)



Total Inpatient and Day Inpatient discharges and deaths<sup>1</sup>

住院及日間住院病人出院人次及死亡人數<sup>1</sup>

**1,637,561**

Total Accident and Emergency attendances<sup>1</sup>

急症室就診總人次<sup>1</sup>

**1,640,453**



Total Specialist Outpatient (Clinical) attendances<sup>1</sup>

專科門診(臨床)就診總人次<sup>1</sup>

**7,473,666**

General Outpatient attendances<sup>1</sup>

普通科門診就診人次<sup>1</sup>

**5,568,280**



Total Manpower of Hospital Authority<sup>2</sup>  
No. of Full-time Equivalent Staff (as at 31 Mar 2021)

醫院管理局人手總計<sup>2</sup>  
等同全職人員數目 (2021年3月31日數字)

**88,690**

Medical  
醫療

**6,906**

Nursing  
護理

**29,736**

Allied Health  
專職醫療

**8,886**

Others (including Supporting (Care-related),  
Management / Administration and Others)

其他 (包括護理支援、管理 / 行政及其他)

**43,162**



Family Medicine Specialist  
Clinic attendances<sup>1</sup>

家庭醫學專科門診就診人次<sup>1</sup>

**313,065**



Total Allied Health (Outpatient)  
attendances<sup>1</sup>

專職醫療 (門診) 就診總人次<sup>1</sup>

**2,512,370**

Remarks:

1. For detailed statistics of the services of Hospital Authority (HA), please refer to Appendix 9 of this report.
2. Manpower on full-time equivalent 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.

備註：

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

## CHAPTER 4 • 第四章

# MILESTONES OF THE YEAR 大事回顧

In 2020-21, Hong Kong has experienced several waves of COVID-19 outbreak. To combat the disease, Central Command Committee of the Hospital Authority (HA) formulated a series of strategies and countermeasures, which dovetailed with the HKSAR Government's anti-epidemic strategies, to achieve "early identification, early isolation and early treatment". With reference to past experience in handling infectious diseases and overseas practices, we adjusted our strategies as circumstances arouse.

香港於2020-21年經歷了數波2019冠狀病毒病疫情爆發。醫院管理局（醫管局）中央指揮委員會配合特區政府的抗疫方針，制定了一系列策略及措施，竭力達致「早識別、早隔離、早治療」的目標。我們亦憑著過往應對不同傳染病所累積的經驗，並借鑒外國做法，適時按情況調整策略。





## Adopting a multi-pronged approach to enhance HA's capability

One of the key strategies adopted by HA to tackle COVID-19 was to strengthen our capacity in isolation and testing, with a view to identifying and isolating the confirmed cases as early as possible to prevent further transmission. In view of the volatile development of the epidemic, we planned our facility capacity and triage strategy in the early stage to tackle large-scale community infection. In addition to ensuring sufficient first and second tier isolation beds in public hospitals, the Community Isolation Facility at Lei Yue Mun Park and Holiday Village, the Community Treatment Facility at AsiaWorld-Expo (AWE), and North Lantau Hospital Hong Kong Infection Control Centre (HKICC) were launched accordingly. With these facilities, patients with different conditions could be triaged to appropriate facilities based on a flexible approach having regard to two factors: scalability and optimisation of care, all contributing to enhancing our capacity of receiving patients as a result.

Meanwhile, triage and test stations were set up in AWE and Accident and Emergency (A&E) Departments in various hospitals to test suspected cases as soon as possible. The scope of coverage of admission screening was also expanded multiple times, from particular high-risk groups to all newly admitted inpatients to prevent nosocomial infection. Separately, regular COVID-19 testing for HA staff, from staff providing care for vulnerable patients to other staff groups later, was arranged. In case of cluster of outbreak recorded, universal staff testing at the concerned hospitals was arranged immediately. Besides, to enhance testing capacity, new rapid test kit was adopted to obtain faster diagnostic results for COVID-19. State-of-the-art laboratory equipment was installed in HKICC, allowing confirmed cases to be identified and isolated in a prompt manner, and also enhancing arrangement of patient triage and management.

## 多管齊下 提升抗疫實力

醫管局的重點抗疫策略之一，乃提高隔離設施容量及加大檢測能力，以盡早識別確診病人及予以隔離，阻止病毒進一步擴散。由於疫情發展瞬息萬變，我們一早已籌劃加建硬件設施和部署分流方案，確保公立醫院有足夠能力應對大規模社區感染。除了確保公立醫院內有足夠一線及二線隔離病床，我們亦先後啟用位於鯉魚門公園及度假村的社區隔離設施、位於亞洲國際博覽館（亞博館）的社區治療設施，以及北大嶼山醫院感染控制中心，透過「可收可放、適切護理」的靈活策略，按確診者的病況分流到合適的設施，提高接收病人的能力。

與此同時，醫管局先後於亞博館及多間醫院的急症室設立了分流檢測站，以盡早識別確診人士。我們亦數度擴闊入院篩查檢測的範圍，由個別高風險群組的病人逐步推展至所有入院病人，盡力減低院內傳播風險。我們亦為員工提供定期檢測服務，率先參與的是需要照顧體弱病人的員工組別，及後陸續擴展至其他員工；另外，當出現院內感染群組，院方隨即為相關醫院員工安排檢測。為提高化驗能力，醫管局亦引入了新型檢測試劑盒，以便進行快速核酸檢測；又於北大嶼山醫院感染控制中心設置先進的實驗室設備，從而更快識別及隔離確診個案，優化病人分流及管理。





## Adjusting services and staying full alert against COVID-19 infections

With the Emergency Response Level activated, public hospitals' non-emergency services and non-essential services were reduced significantly, and all visiting arrangements were suspended. This was to allow healthcare staff to focus on the epidemic, strengthen the implementation of infection control measures in public hospitals, and also reduce the flow of people in hospitals and hence the risk of cross infections. At the same time, universal masking and social distancing were observed in all HA hospitals and clinics, and ventilation systems at A&E Departments' and public clinics' waiting areas were improved to prevent transmission of the virus.

To address the needs of long-stay patients, we provided video-visiting and special visiting arrangement in selected non-acute hospitals, having regard to the development of the epidemic. We also made compassionate visiting arrangement as far as practicable in some urgent situation. The scope of various Public-Private-Partnership programmes was also extended to allow eligible patients of public hospitals to receive treatment in the private sector on a voluntary basis, providing them with more service options.

## 調整服務 嚴防感染

隨著醫管局啟動「緊急應變級別」，公立醫院非緊急及非必要服務大幅減少，探訪安排亦告暫停。這樣不單讓我們集中醫護人手應對疫情，同時可加強執行公立醫院的感染控制措施，減少醫院人流，降低交叉感染風險。所有住院病人及進入醫管局轄下醫院和診所的人士均需佩戴口罩，我們亦改善了急症室及診所等候區的通風系統，並實施社交距離措施，以預防病毒傳播。

我們同時亦明白長期住院病人的需要，多間醫院為他們提供視像探訪服務，另待疫情稍為緩和，醫管局於部分非急症醫院實施特別探訪安排，並在特殊緊急情況下安排恩恤探訪。我們亦擴展多項公私營協作計劃，分流部分合資格公立醫院病人於私家醫院接受診治，為病人提供多一個選擇。



## Staff safety is our top priority

HA attaches great importance to ensuring that staff were adequately protected. Due to the global tight supply of personal protective equipment (PPE), multi-pronged approach was adopted to increase and stabilise the supply of PPE. In addition to procuring PPE worldwide, we also proactively reached out to local suppliers to explore the opportunity of domestic production of PPE. This included collaboration with the Hong Kong Polytechnic University to produce eye visor frames and face shields in mass quantity in Hong Kong using 3D printing technology. Also, locally-manufactured Nanofiber respirators, which conform to international standards, have been adopted as an alternative to N95 respirator.

Besides, a series of temporary human resources measures and allowances were introduced to recognise frontline staff's contribution in combating the epidemic and boost staff morale. Meanwhile, staff communication was strengthened. Initiatives included COVID-19 Bulletins, designated COVID-19 webpage for staff, 24-hour hotlines, psychological support and more, all aiming to provide staff with timely updates and all-round support. Caring packs were also delivered to infected staff and staff under quarantine to show care and support.

Since the outbreak of COVID-19, HA has received generous support and donations from various sectors of the society. The donations were allocated to HA staff in accordance with the donors' wishes. We are deeply thankful for the generous and unfailing support from the community.

## 保護員工 重中之重

醫管局十分重視員工安全，竭力為他們提供充足保護。即使面對全球個人防護裝備供應緊張，我們一方面盡力全球採購，一方面積極發掘由本地供應商生產防護裝備，多管齊下增加和穩定供應。當中包括與香港理工大學合作，利用3D打印技術製造護目鏡框架和全面罩，在本地大量生產。另外，我們物色到由本地製造，並符合國際標準的「納米纖維呼吸器」，作為 N95呼吸器的替代方案。

此外，為肯定前線同事在抗疫期間的貢獻及提升員工士氣，我們推出了一系列臨時人力資源措施及津貼。同時，我們亦致力加強與員工溝通，透過《防疫快訊》、「2019冠狀病毒病新資訊」員工專頁、24小時熱線、心理支援等平台，為同事提供最新資訊和全方位的支持。對於受感染及接受檢疫的員工，我們亦派發心意包，以示關懷和並提供適切支援。

自疫情爆發以來，醫管局不斷收到社會各界的熱心捐贈，我們按捐贈機構及善長的意願分發捐贈物品予員工。在此感謝各界善長的盛意。





## Fighting COVID-19 together with the community

As the major healthcare provider in Hong Kong, HA is supportive of the HKSAR Government's anti-epidemic measures, including the Universal Community Testing Programme and COVID-19 Vaccination Programme. Since July 2020, HA's general outpatient clinics (GOPCs) have been distributing specimen collection packs and collecting specimens, and vending machines were installed at selected GOPCs to assist individuals in need to obtain specimen collection packs. With regard to COVID-19 vaccination, HA has been providing vaccination services to the general public at selected GOPCs and running seven Community Vaccination Centres since February and March 2021 respectively, in addition to setting up staff vaccination depots inside hospitals to facilitate our staff in receiving vaccination.

Moreover, to keep the public abreast of the latest information on the situation of COVID-19, multiple channels, such as press briefings and press releases on updates of COVID-19 cases, HA Blog "Blog 147B" and Facebook page, designated website for patients "Walk with Us – Combat COVID-19", were utilised to increase transparency and build trust.

## 與民攜手 同心抗疫

作為香港公營醫療服務的主要提供機構，醫管局一直配合特區政府的防疫舉措，包括「普及社區檢測計劃」及「2019冠狀病毒病疫苗接種計劃」。自2020年7月起，醫管局普通科門診診所派發樣本收集包及收集樣本，並在部分診所設置自動派發機，方便有需要的市民領取樣本收集包。我們亦積極推廣接種疫苗，分別於2021年2月及3月起，在指定普通科門診診所及七間由醫管局負責營運的社區疫苗接種中心，為市民提供疫苗接種服務。此外，我們於醫院內設立員工注射站，方便同事接種疫苗。

醫管局亦善用不同渠道，如2019冠狀病毒病個案最新情況簡報會、新聞稿、醫管局網誌「Blog 147B」和 Facebook 專頁，以及「攜手抗疫 — 2019冠狀病毒病」醫管局病人專頁等，讓公眾掌握有關疫情的最新情況，並藉此提高透明度和建立信任。



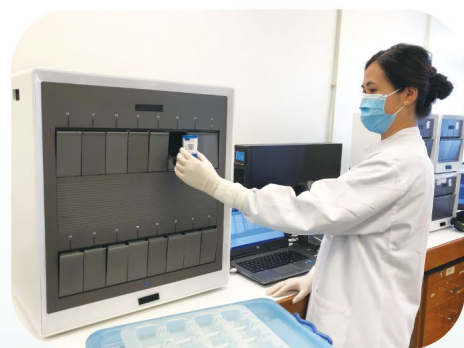
## Acknowledgement

Thanks to the concerted effort and professionalism of HA staff, together with staunch support from the Central People's Government and HKSAR Government, community partners, members of the public and more, the above measures have been implemented successfully. While exerting enormous pressure on the local healthcare system, COVID-19 also allowed us to accumulate precious experiences to prepare for any challenges in the future.

## 銘謝

全賴醫管局上下齊心協力發揮專業精神，加上中央人民政府和特區政府、社區夥伴、市民等持份者的鼎力支持，上述措施得以順利推行。誠然，2019冠狀病毒病對本港醫療系統帶來龐大壓力，但同時亦讓我們累積寶貴經驗，作好準備迎接未來的挑戰。





COVID-19 test services for inbound travellers with respiratory symptoms provided at test centres at AsiaWorld-Expo (AWE) and North Lantau Hospital (NLTH) were consolidated for centralised provision at AWE. Meanwhile, triage and test stations were set up in Accident and Emergency Departments in various public hospitals to offer tests to suspected patients.

醫管局整合亞洲國際博覽館(亞博館)和北大嶼山醫院檢測中心的服務，集中由亞博館檢測中心為有病徵抵港人士進行2019冠狀病毒病檢測。多間公立醫院急症室則設立分流檢測站，以安排懷疑感染的病人進行檢測。

04/2020

Special visiting arrangement was implemented in some non-acute hospitals for the first time under Emergency Response Level triggered by COVID-19 outbreak. The arrangement was subsequently suspended or resumed according to the epidemic situation.

公立醫院因2019冠狀病毒病啟動「緊急應變級別」後，首次在部分非急症醫院實施特別探訪安排。其後醫管局因應本地疫情發展，先後暫停或重新實施有關安排。



06/2020

The Community Isolation Facility at Lei Yue Mun Park and Holiday Village started admitting patients meeting specific clinical criteria and other conditions.

位於鯉魚門公園及度假村的社區隔離設施啟用，接收臨床情況及有關條件合適的病人。



To dovetail with the anti-epidemic measures of the Government, 22 general outpatient clinics (GOPCs) of HA started distributing specimen collection packs and collecting deep throat saliva specimens for testing. The service was later extended to more GOPCs with longer service hours to bring greater convenience to citizens.

為配合政府的防疫政策，醫管局轄下22間普通科門診診所開始協助派發2019冠狀病毒測試樣本收集包，並收集深喉唾液樣本作測試。有關安排其後推展至更多診所並優化服務時段，以方便市民。

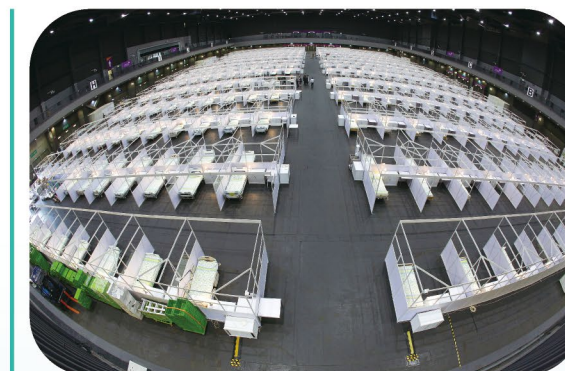
07/2020

A designated telephone hotline was set up at the HA Patient Support Call Centre, through which nurses would make telephone calls to COVID-19 patients awaiting hospital admission to offer pre-admission support and professional nursing advice.

「護訊鈴」設立電話專線，主動聯絡留家等候入院的確診患者，為他們提供入院前支援及專業的護理建議。



08/2020



The Community Treatment Facility (CTF) at AWE commenced operation and began admitting COVID-19 confirmed patients aged 18 to 60 and with clinically suitable condition. The CTF helped triage patients and allowed public hospitals to focus on caring more severe patients.

位於亞博館的社區治療設施啟用，接收18至60歲及臨床情況合適的2019冠狀病毒病確診病人，以分流病人，讓公立醫院集中處理病情較嚴重的病人。

HA launched a designated website entitled "Walk with Us – Combat COVID-19" to provide patients and carers with information on service arrangements of public hospitals during the epidemic.

醫管局推出「攜手抗疫 — 2019冠狀病毒病」病人專頁，為病人及照顧者提供在疫情期間公立醫院服務安排的資訊。



09/2020



Kowloon East Cluster (KEC) has implemented tele-care pilot programme during the epidemic as an initiative of Smart Hospital development. Patients at home were provided with tele-care examination and consultation, in order to reduce the risk of infection of healthcare workers and patients.

積極發展智慧醫院的九龍東醫院聯網，在疫情期間推出遙距診症先導計劃，為病人提供視像檢查和診症，減低醫護和病人的感染風險。

Castle Peak Hospital established "Mind Space", the first Mental Health Experience Museum in Hong Kong, to promote a better understanding of mental illness through interactive exhibits.

青山醫院開設香港首個「精神健康體驗館」，透過多元化的互動展品讓大眾深入認識精神病。



Queen Mary Hospital (QMH) piloted the provision of round-the-clock Intra-arterial Mechanical Thrombectomy service. Cases meeting the criteria would be referred to QMH.

瑪麗醫院試行提供24小時動脈取栓術服務，符合規定的個案可轉介到該院進行手術。



New Territories East Cluster Breast Care Centre located at North District Hospital started service in phases to deliver one-stop multidisciplinary patient care covering diagnosis, treatment and post-operation follow-up.

設於北區醫院的新界東醫院聯網乳科中心分階段投入服務，提供由診斷、治療至術後跟進的一站式跨專科服務。



The "Book GOPC" function in the HA's one-stop mobile application "HA Go" has been rolled out to all GOPCs.

醫管局一站式手機程式「HA Go」內的「預約普通科門診」功能推展至全港的普通科門診診所。



The admission screening was enhanced to offer COVID-19 testing to all newly admitted patients.

公立醫院加強入院篩查檢測，開始為所有新入院病人進行2019冠狀病毒病測試。



A total of nine members of the HA Board, Regional Advisory Committees, Hospital Governing Committees as well as 43 colleagues of HA were awarded in the Honours List or appointed as JPs by the HKSAR Government.

九位醫管局大會成員、區域諮詢委員會及醫院管治委員會委員和43位醫管局同事，獲特區政府頒授勳銜及作出嘉獎，或獲委任為太平紳士。

09/2020

To enhance convenience and accessibility for the public, HA piloted the use of vending machines in distributing specimen collection packs in three GOPCs. Another 14 vending machines were later installed in selected GOPCs.

為方便市民領取樣本收集包，醫管局試行於三間普通科門診診所裝設樣本收集包自動派發機，及後於更多診所增設14部自動派發機。



11/2020



In order to protect patients and frontline staff, HA piloted regular tests for targeted staff providing care for vulnerable patients.

醫管局先導為需要照顧較體弱病人的指定員工組別安排定期檢測，以加強對病人及前線員工的保障。

9,798  
[As at 截至 20/01/2021]



HA commenced the Special Chinese Medicine Programme for COVID-19 inpatients to provide free Chinese medicine general consultation to COVID-19 patients at the CTF at AWE through the tripartite Chinese Medicine Clinic cum Training and Research Centres, offering another treatment option to patients.

醫管局透過三方協作中醫診所暨教研中心的「中醫內科特別診療服務」，於亞博館社區治療設施向2019冠狀病毒病人提供免費中醫診療服務，為病人提供多一個治療選擇。

01/2021

10/2020

5,033  
[As at 截至 20/09/2020]

QMH and Li Ka Shing Faculty of Medicine of the University of Hong Kong successfully completed the first case of Chimeric Antigen Receptor – T cell therapy in Hong Kong, for the treatment of a patient who has relapsed B-cell acute lymphoblastic leukemia after haematopoietic stem cell transplantation.

瑪麗醫院與香港大學李嘉誠醫學院成功為一名早前進行造血幹細胞移植後復發的白血病患者，完成香港首宗嵌合抗原受體T細胞治療。



Hong Kong Children's Hospital (HKCH) commenced paediatric cardiology and cardiothoracic service in phases since October 2020, starting with outpatient and ambulatory services, as well as simple surgeries and intervention. Service translocation was fully completed on 8 December when five inpatients from QMH were transferred to HKCH smoothly.

香港兒童醫院心臟科中心在2020年10月起，分階段提供門診、日間、簡單手術及介入服務，至12月8日正式啟用，五名瑪麗醫院住院病童順利轉至兒童醫院，相關服務亦全面開展。



Located at Pamela Youde Nethersole Eastern Hospital, the first child and adolescent psychiatric ward in the Gazette on Hong Kong Island opened. Considerate ward design was adopted to help patients resume daily and school life upon discharge.

設於東區尤德夫人那打素醫院的港島區首個兒童及青少年精神科刊憲病房啟用，病房設計照顧到病童的需要，以助他們日後重返社區及校園生活。



With the last ward commenced operation, the first phase development of NLTH was completed. The construction of the Hospital Authority Supporting Services Centre under the first stage of the second phase hospital development is underway.

隨著最後一個病房正式投入服務，北大嶼山醫院第一期發展已順利完成，並陸續開展第二期發展第一階段興建醫院管理局支援服務中心的工程。

12/2020



In celebrating HA's 30<sup>th</sup> Anniversary, a new social media platform – HA Instagram was launched to foster closer ties with the public.

醫管局慶祝30周年誌慶，開設社交媒體平台Instagram，加強與大眾的聯繫。

New Territories West Cluster Positron Emission Tomography-Computed Tomography Centre located at Tuen Mun Hospital opened to cater for the service demand in the district.

設於屯門醫院的新界西醫院聯網正電子電腦斷層掃描中心投入服務，以應付區內的服務需求。





Accommodated with over 800 isolation beds, the Hong Kong Infection Control Centre of NLTH commenced service and began receiving COVID-19 confirmed patients aged between 16 and 65 in mild or moderate clinical conditions.

北大嶼山醫院香港感染控制中心啟用，可容納800多張隔離病床，接收16至65歲、臨床情況屬輕度或中度的2019冠狀病毒病患者。

11,468

(As at 截至 31/03/2021)



To support the Government's COVID-19 Vaccination Programme, 18 GOPCs of HA began to provide vaccination of CoronaVac of Sinovac to the public starting from 26 February, while seven Community Vaccination Centres operated by HA commenced service to provide Comirnaty vaccine by Fosun Pharma / BioNTech since 10 March. Later on, outreach vaccination service was also provided to suitable patients at Residential Care Homes for the Elderly.

為配合政府推行的「2019冠狀病毒病疫苗接種計劃」，醫管局轄下18間普通科門診診所於2月26日起為市民接種科興疫苗。而七間由醫管局協助營運的社區疫苗接種中心亦由3月10日開始全面運作，為市民接種復必泰疫苗。其後，醫管局亦派出外展醫護團隊為安老院舍長者接種疫苗。



02/2021

03/2021



An oncology ward was opened at United Christian Hospital, which laid a cornerstone for the progressive development of KEC's flagship oncology services.

聯合醫院增設腫瘤科病房，逐步發展腫瘤科成為九龍東醫院聯網的旗艦服務。

## CHAPTER 5 • 第五章

# ENGAGEMENT AND TEAMWORK

## 凝聚力量 群策群力

To build strong team spirit and improve overall performance, the Hospital Authority (HA) has always attached great importance to good communication with its staff. As such, HA has provided multiple channels and platforms for staff to express their opinions. In promoting constant and direct communication between the management and frontline staff, the Head Office of HA convened regular meetings with staff representatives of the six Staff Group Consultative Committees (SGCC) and a Central Consultative Committee, keeping staff engaged in the review of the prevailing policies and formulation of new initiatives.

醫院管理局（醫管局）向來重視與員工保持良好的溝通，藉此建立團隊精神，提升整體表現。因此，醫管局提供多個渠道讓員工表達意見，其中醫管局總辦事處透過六個職員協商委員會及中央協商委員會的定期會議，讓員工代表參與現行政策及新措施的討論，促進管理層與前線員工之間的恒常和直接溝通。





In addition to attending the said committees' meetings, the HA Chief Executive met with staff at hospital visits, and engaged staff through different channels such as emails, blogs and letters to all staff. The online staff letter box also enables colleagues to raise their concerns and suggestions. Moreover, staff newsletter HASLink and various HA social media platforms served as effective and timely channels to keep staff abreast of the latest corporate news. At the local level, Cluster Chief Executives and Hospital Chief Executives maintained communication with staff through regular meetings, newsletters and staff hotline.

A Focused Staff Survey targeted at Registered Nurses and Enrolled Nurses was conducted in 2019 and more follow-up actions were taken in the past year to enhance staff communication channels. These actions included strengthening the training for nursing supervisors to optimise the function of shift handover. The insights gained from staff surveys were also useful to the formulation of the communication strategy during COVID-19 epidemic to address colleagues' expectation. Continued efforts were therefore made to publish COVID-19 Bulletin and set up designated COVID-19 webpages, enabling staff to receive the latest information about the COVID-19 and HA's measures from a trustworthy source. Moreover, staff support hotline was set up to answer colleagues' queries instantly to allay their worries.

In 2020-21, the myHR App has been further upgraded with options of different layout appearances, new modules such as "myOSH" (my Occupational Safety and Health) and "myFeedback", as well as a new Artificial Intelligence tool "HA Chatbot". While "myFeedback" could help collect staff views on particular subjects to facilitate the formulation of strategy, "HA Chatbot" facilitated staff in obtaining useful information at work and played an important role during the epidemic by enabling staff to report COVID-19 test results, book vaccination and input vaccination records. Access to HA email, HA Chat and web conference were also incorporated in myHR App to facilitate staff communication at fingertips. As of 31 March 2021, myHR App recorded around 86 000 downloads since its launch.

醫管局行政總裁亦親自參與以上委員會會議，並探訪醫院與員工會面，以及通過電郵、網誌和向員工發信等途徑與同事保持連繫。我們亦設立網上職員信箱，方便同事提出各方面的意見。此外，員工通訊《協力》和多個醫管局社交媒體平台亦適時向員工發放機構的最新資訊。在醫院層面，聯網總監及醫院行政總監則定期與員工會面，出版刊物及設立職員熱線等，與員工交流意見。

醫管局於2019年進行了「『護』有話說」焦點職員意見調查，聆聽註冊護士和登記護士的意見並作出跟進行動，當中包括加強護理督導人員的培訓，以優化交更安排。另外，根據職員意見調查收集的意見，從而制訂2019冠狀病毒病疫情期間的溝通策略，以回應同事的期望。就此，自疫情以來，我們一直透過多方渠道例如出版《防疫快訊》、專題網頁等，讓同事緊貼可靠、合時的疫情訊息及醫管局對策；又設立員工支援熱線，即時解答同事的查詢以消除疑慮。

我們在2020-21年度進一步優化「myHR App」，除了提供版面外觀的選擇，亦推出新單元如「職安健」及「問卷調查」，以及新設「人工智能小助手」聊天功能。「問卷調查」可就特定事宜收集員工意見，以助制訂策略；而「人工智能小助手」不但讓同事獲取有用資訊，在疫情期間亦發揮了重要作用，便利同事遞交新冠病毒檢測結果、預約疫苗接種及輸入接種紀錄。員工亦可透過程式隨時隨地查閱醫管局電郵、使用「員工聊天」及「員工會議」等功能，有助加強溝通。截至2021年3月31日，已有近86 000名員工下載此程式。







Furthermore, the safety and wellbeing of our staff always remain a top priority of HA. The new Occupational Safety Hygienist grade was thus formed with effect from 1 April 2020, and the grade specific, structured and competence-based training curriculum was implemented to nurture professionals to manage the complicated occupational hazards in HA. To enhance colleagues' awareness of occupational safety and foster safety culture, behavioral-based safety observation programme on sharps injury prevention was implemented. Training programmes on ventilation and chemical exposure monitoring were also organised for designated staff groups.

As a people-oriented organisation, HA also organised a vast array of recreational, sports and family activities to promote a balanced and healthy lifestyle among staff, with a view to improving their health and boosting staff morale.

Last but not least, to commend outstanding staff members and teams, HA organises the Outstanding Staff and Teams and Young Achievers Award annually. In 2021, a total of 72 nominations were received for the Award programme, from which 13 Young Achievers were selected, nine staff and eight teams won the Outstanding Staff and Teams Awards respectively. Another five staff and four teams received Merit Staff and Teams Awards, and another six staff received Young Achievers (Merit Award).

與此同時，醫管局十分重視保障員工的安全與健康。我們在2020年4月1日開設「職業安全環境衛生師」職系，並已推行專業才能為本的系統化職系培訓課程，以培育專才，處理局內複雜的職業危害事宜。為加強員工職業安全意識及促進安全文化，我們推行預防被利器刺傷的工作安全行為觀察計劃，以及為特定職員組別舉辦有關通風及化學品暴露監測的訓練課程。

此外，作為以人為本的機構，醫管局亦有透過舉辦各式各樣康樂、體育及合家歡活動，推廣平衡及健康生活模式，促進員工身心健康，同時提升士氣。

為嘉許表現卓越的同事，醫管局每年均會頒發傑出員工及團隊獎及優秀青年獎。2021年度共收到72份提名參與各個獎項，13位員工獲頒「優秀青年獎」，九名員工及八個團隊獲得傑出獎；另有五名員工及四個團隊獲得優異獎，六名員工獲得「優秀青年優異獎」。

## Outstanding Teams:

- **COVID-19 Patient Management and Support Team**  
Pamela Youde Nethersole Eastern Hospital  
(Hong Kong East Cluster)
- **PWH Endoscopy Team**  
Prince of Wales Hospital (New Territories East Cluster)
- **HKWC COVID-19 Combat Team**  
Hong Kong West Cluster
- **Implementation of Drug Refill Services (DRS) in HA**  
Hospital Authority Head Office / Hong Kong East Cluster /  
Kowloon East Cluster / New Territories East Cluster /  
New Territories West Cluster
- **Innovative KEC Smart Hospital Team**  
Kowloon East Cluster
- **KCC COVID-19 Laboratory Testing Team**  
Queen Elizabeth Hospital / Kwong Wah Hospital /  
Hong Kong Children's Hospital (Kowloon Central Cluster)
- **Minimal Access Surgery Training Centre**  
Pamela Youde Nethersole Eastern Hospital  
(Hong Kong East Cluster)
- **NTEC Lung Cancer Multidisciplinary Team**  
Prince of Wales Hospital / Alice Ho Miu Ling Nethersole  
Hospital / North District Hospital (New Territories East  
Cluster)

## Merit Teams:

- **Adult ECMO-Assisted CPR Team**  
Queen Mary Hospital (Hong Kong West Cluster)
- **COVID-19 Admission Allocation System (CAAS) Team**  
Hospital Authority Head Office
- **HKCH Imaging Team – Making imaging fun and safe**  
Hong Kong Children's Hospital (Kowloon Central Cluster)
- **Patient Clinical Handover System (PCHOS) Working Group**  
Princess Margaret Hospital (Kowloon West Cluster)

List of other awardees  
其他得獎者名單



Video of HA Outstanding Staff and Teams and  
Young Achievers Award 2021 – Highlights of  
Awardees' Achievements

2021年度醫管局傑出員工及團隊及優秀青年獎  
— 得獎者成就精華短片



## 傑出團隊獎：

- **新冠肺炎病人治理醫療團隊**  
東區尤德夫人那打素醫院 (港島東醫院聯網)
- **威爾斯親王醫院內鏡團隊**  
威爾斯親王醫院 (新界東醫院聯網)
- **港島西醫院聯網新冠疫苗抗擊團隊**  
港島西醫院聯網
- **E-fill 覆配易**  
醫院管理局總辦事處 / 港島東醫院聯網 /  
九龍東醫院聯網 / 新界東醫院聯網 /  
新界西醫院聯網
- **九龍東智 Smart 創新團隊**  
九龍東醫院聯網
- **九龍中醫院聯網新冠肺炎檢測團隊**  
伊利沙伯醫院 / 廣華醫院 / 香港兒童醫院  
(九龍中醫院聯網)
- **微創外科訓練中心**  
東區尤德夫人那打素醫院 (港島東醫院聯網)
- **新界東聯網肺癌多元團隊**  
威爾斯親王醫院 / 雅麗氏何妙齡那打素醫院 /  
北區醫院 (新界東醫院聯網)

## 優異團隊獎：

- **成人體外膜肺氧合輔助心肺復蘇團隊**  
瑪麗醫院 (港島西醫院聯網)
- **新冠病毒病人入院分配系統團隊**  
醫院管理局總辦事處
- **機靈一點放射影像服務團隊**  
香港兒童醫院 (九龍中醫院聯網)
- **護理計劃溝通達人**  
瑪嘉烈醫院 (九龍西醫院聯網)

## CHAPTER 6 • 第六章

# HEAD OFFICE AND CLUSTER REPORTS

## 總辦事處及醫院聯網工作匯報

The Hospital Authority (HA) provides public healthcare services to the people of Hong Kong through its Head Office and seven hospital clusters. Head Office and Cluster Reports present an overview of the performance of HA Head Office and the Clusters under five corporate strategic goals, as well as achievements in contributing to a friendly environment.

醫院管理局（醫管局）透過總辦事處及轄下七個醫院聯網，為全港市民提供公共醫療服務。以下是總辦事處及各醫院聯網在醫管局五大策略目標的工作匯報，以及醫管局在促進環保方面的成果。

-  HONG KONG EAST CLUSTER  
港島東醫院聯網
-  HONG KONG WEST CLUSTER  
港島西醫院聯網
-  KOWLOON CENTRAL CLUSTER  
九龍中醫院聯網
-  KOWLOON EAST CLUSTER  
九龍東醫院聯網
-  KOWLOON WEST CLUSTER  
九龍西醫院聯網
-  NEW TERRITORIES EAST CLUSTER  
新界東醫院聯網
-  NEW TERRITORIES WEST CLUSTER  
新界西醫院聯網







**HA Head Office (HAHO) aligns corporate values and directions. It plays a strategic role in leading corporate development and supporting hospital clusters through interactive collaboration of seven divisions, namely Cluster Services, Corporate Services, Finance, Human Resources, Information Technology and Health Informatics, Quality & Safety, and Strategy & Planning. In 2020-21, HAHO initiated around 106 programme targets under the five strategic goals outlined in the HA Annual Plan.**

醫管局總辦事處（總辦事處）設有七個部門，包括聯網服務部、機構事務部、財務部、人力資源部、資訊科技及醫療信息部、質素及安全部和策略發展部。總辦事處負責協調機構價值和帶領發展方向，透過各部門的互動合作，推動機構發展，並為醫院聯網提供支援。在2020-21年度，總辦事處根據醫管局工作計劃所訂五大策略目標，推行約106項工作項目。

### Strategic goal: Improve service quality

In face of the enormous service demand, HA endeavored to adjust service delivery models for more efficient use of resources. We stepped up the development of day services to reduce the reliance on inpatient care. While oncology day beds were added in Pamela Youde Nethersole Eastern Hospital (PYNEH) and Prince of Wales Hospital (PWH), additional day beds were also offered in Tseung Kwan O Hospital (TKOH) and Tin Shui Wai Hospital. A Fast Track Clinic in the Day Medical Centre of TKOH was set up to provide rapid assessment and treatment to patients. We also increased the capacity of day rehabilitation and geriatric day hospital in New Territories West Cluster (NTWC).

HA continued to promote coordination and collaboration among different healthcare services to achieve better patient care. The collaborative care model between Paediatrics and Child and Adolescent Psychiatry Departments was introduced in Kowloon East Cluster (KEC) and New Territories East Cluster (NTEC) to deliver better care and treatment for patients with mild Attention Deficit Hyperactivity Disorder. Furthermore, a collaborative model between Geriatrics and Accident and Emergency (A&E) Departments was implemented in five clusters, aiming to provide early focused geriatric assessment and discharge planning services to elderly patients attending A&E.

To streamline service provision, cluster-based service was enhanced and cluster-based infectious disease networks were established at KEC and NTWC. Also, a cluster-based patient relations office structure was established in Hong Kong East Cluster (HKEC), Hong Kong West Cluster (HKWC) and NTEC, with a view to enhancing the HA's complaints management system. Moreover, cross-cluster collaboration was facilitated, allowing more cross-cluster Robotic Assisted Surgeries were conducted in the year.

### 策略目標： 改善服務質素

面對龐大的服務需求，醫管局致力調整服務模式，以更有效運用資源。我們加強日間服務以減少依賴住院護理，當中包括於東區尤德夫人那打素醫院及威爾斯親王醫院增設腫瘤科日間病床；又於將軍澳醫院、天水圍醫院等增設日間病床，並在將軍澳醫院日間醫療中心設立速治服務，為病人提供快速醫療評估及診治。另外，我們亦在新界西聯網增加日間康復及老人科日間醫院服務量。

醫管局繼續推動不同醫療服務的協調和協作，為病人提供更理想的照顧。我們在九龍東及新界東聯網引入兒科與兒童及青少年精神科的協作醫療模式，為患有輕度專注力失調及過度活躍症的病人提供更佳的護理和治療。我們亦在五個聯網推行老人科及急症科的協作模式，在急症室為長者病人及早進行老人科重點評估並制訂離院支援計劃。

為使服務更精簡協調，在優化聯網為本服務方面，我們在九龍東及新界西聯網設立以聯網為基礎的傳染病服務網絡，並於港島東、港島西和新界東聯網分別建立以聯網為基礎的病人關係處服務架構，以加強投訴管理機制。此外，我們亦促進跨聯網協作，年內為更多病人進行跨聯網機械臂輔助手術。





On rehabilitation, services in public hospitals were extended to weekends and public holidays, enabling the provision of additional physiotherapy and occupational therapy attendances. In addition, an early patient mobilisation programme supported by physiotherapists was introduced in the acute general adult Intensive Care Units of all clusters, with an aim to maintain physical mobility of patients in serious condition. Besides, a structured, non-surgical treatment programme was piloted to provide additional physiotherapy services to patients waiting for total joint replacement surgery at Yan Chai Hospital under case management approach, so as to optimise their physical function.

To improve the standard of care for patients on mechanical ventilation, mobile teams were set up at Queen Mary Hospital (QMH), Princess Margaret Hospital (PMH), PWH and Tuen Mun Hospital (TMH) to offer respiratory care to patients in the medical wards. Centralised care was also provided by designating three paediatrics beds for chronic ventilator assisted care at Caritas Medical Centre (CMC).

Meanwhile, a proactive approach was adopted in exploring more options for patient care. In 2020-21, the Integrated Model of Specialist Outpatient Service through Nurse Clinics was further extended to Medicine (Hepatitis), Ophthalmology (Cataract Surgery), Ear, Nose and Throat (Hearing Loss), Surgery (Colorectal Care) and Clinical Oncology (Systemic Anti-Cancer Therapy), to deliver appropriate care to patients in a timely manner.

年內，更多公立醫院將康復服務擴展至周末及公眾假期，提供額外的物理治療及職業治療服務人次。我們亦於所有聯網的成人深切治療部，開展由物理治療師為重症病人提供早期運動介入復健服務，以保持病人的活動能力。另外，我們以個案管理模式，試行推展有系統的非介入治療計劃，於仁濟醫院為正在輪候關節置換手術的病人提供額外的物理治療門診服務，助他們改善身體機能。

為提升對使用呼吸機病人的護理，瑪麗醫院、瑪嘉烈醫院、威爾斯親王醫院及屯門醫院設立流動團隊，為內科病人提供呼吸系統專科護理服務，明愛醫院亦設置三張兒科指定病床，為長期需要呼吸機輔助的病人提供服務。

與此同時，我們積極發展更多元化的病人護理選擇。「綜合專科門診服務模式護士診所計劃」於2020-21年度擴展至內科(肝炎)、眼科(白內障手術)、耳鼻喉科(聽力問題)、外科(結直腸護理)及臨床腫瘤科(全身性癌症治療)，為病人提供適時和有效的專科門診服務。



As for obstetric care services, while maternal special care beds were provided in the labour wards of various hospitals and high-risk pregnancy care training were offered to nursing staff, breastfeeding of newborns was further promoted by strengthening the breastfeeding support teams in the eight Baby-Friendly Hospitals. The scope of the HA Drug Formulary was also widened to cover more drugs with accumulated scientific evidence on clinical efficacy. Two self-financed drugs were repositioned as special drugs while the therapeutic application of one special drug was expanded for management of hepatitis, cancers and cardiovascular diseases.

In the meantime, we constantly seek to foster collaborations with community partners to provide patients with on-going care and support. In collaboration with the Food and Health Bureau (FHB), Education Bureau and Social Welfare Department, the “Student Mental Health Support Scheme” was again extended to support more students with mental health needs. Moreover, additional case managers were recruited in various clusters to strengthen the community psychiatric services.

HA strives to adopt modernised technology to enhance patient experience and treatment outcomes. The newborn screening programme for Inborn Errors of Metabolism was rolled out in all public hospitals with Obstetric Department. Medical grade 3D printing technology was adopted in HKEC and KEC to optimise surgical planning at the Orthopaedics & Traumatology (O&T) Departments. Suitable patients with advanced Parkinson’s disease were provided with modernised deep brain stimulation treatment. On the other hand, with the funding support from the Government to the Capital Block Vote as well as the Designated Fund of HA, we upgraded our medical facilities with over 1 000 equipment items installed as additions or replacements in the year.

至於產科護理方面，醫管局於多間醫院的產房提供產婦特別護理病床，並為護理人員提供高危妊娠護理服務的訓練；同時繼續推廣母乳餵哺文化，強化八間「愛嬰醫院」的母乳餵哺支援團隊。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，並擴闊一種專用藥物的臨床應用範圍，用以治療肝炎、癌症及心血管疾病。

我們也致力與社區夥伴更緊密合作，為病人提供持續護理及支援。我們與食物及衛生局（食衛局）、教育局及社會福利署繼續合作，進一步擴展「醫教社同心協作計劃」，支援更多有精神健康需要的學生；又於多個聯網增聘個案經理，以加強精神科社康服務。

醫管局亦積極採納先進的醫療科技，以提升病人體驗和治療成效。我們將初生嬰兒先天性代謝缺陷篩查計劃擴展至所有設有產科的公立醫院；又於港島東和九龍東聯網採用醫療級3D打印技術，優化矯形及創傷外科的手術規劃；另為合適的晚期帕金森症病人提供現代化深層腦部刺激治療。另一方面，醫管局持續優化醫療設備，藉著政府的非經常性整筆撥款及醫管局指定基金撥款，年內添置或更換了逾千項醫療設備。



Facing vigorous growth in service demand, HA is working towards the strategic direction of developing smart hospitals, aiming to enhance HA's digital capabilities to improve service effectiveness. We continued to apply information technology-based solutions to support clinical works, which included the fourth Clinical Management System, clinical mobile apps, as well as the extension of the Inpatient Medication Order Entry system to more hospitals. Besides, Queue Management System, Smart Kiosks, Electronic Bed Panel along with Electronic Vital Signs Tracking, Hospital Navigation App, Smart Patient List and A&E Department Dashboard have already been in place at a number of hospitals and clinics. AI algorithms have also been implemented in all general outpatient clinics (GOPCs) as well as A&E Departments of some pilot hospitals to improve diagnostic efficiency.

In empowering patients for self-care, we continued to upgrade HA's mobile app "HA Go" with new features including payment, medications, allergy and queuing management, carer model and booking of GOPC services. Moreover, a pilot programme of tele-consultation via "HA Go" was launched in Queen Elizabeth Hospital (QEH) and TKOH in early 2021. Meanwhile, to further support patients to receive allied health tele-care service via mobile devices, the patient rehabilitation mobile app was extended to cover more patient groups.

In view of increasing threats of cyberattacks, HA developed a cybersecurity strategy and carried out various inspection and security measures. Training programmes were also organised to heighten staff awareness in cybersecurity and protection of patient privacy. Being the technical agency of the Electronic Health Record Sharing System, HA was commissioned by the FHB to provide IT support for various Government programmes related to COVID-19, such as the development of the back-end system for the Targeted Group Testing Scheme and Universal Community Testing Programme, COVID-19 Case Handling and Information Sharing Portal, and the COVID-19 Vaccination Programme.

Last but not least, to build rapport with the public, online platforms and social media including HA Facebook page, YouTube channel and the newly-launched Instagram page were used for public information dissemination. Updates were communicated through various means including media activities, press releases, contributed articles in various media platforms, and blogs amid the COVID-19 epidemic. In addition to responding to media and community inquiries, this also allowed us to keep members of the public abreast of the latest epidemic development. Moreover, we maintained 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.

面對服務需求急升，醫管局正朝著發展智慧醫院的策略方向邁進，以加強醫療科技實力，提高服務效益。多項支援臨床工作的資訊科技方案繼續推展，包括第四代臨床醫療管理系統、臨床流動應用程式，以及在更多醫院推行「住院病人藥物處方系統」。另外，輪候管理系統、智能自助服務站、電子床頭板、電子生命體徵測量、醫院導航應用程式、智能病人資料紀錄及急症室服務資訊板等項目亦已在多間公立醫院及診所應用。人工智能技術亦已應用於普通科門診診所及部分先導醫院的急症室，以提升診斷效率。

為強化病人自我護理能力，我們繼續發展醫管局流動應用程式「HA Go」，新增繳費、藥物、過敏紀錄、輪候時間、照顧者模式及預約普通科門診等功能。伊利沙伯醫院及將軍澳醫院亦在2021年初推行「HA Go」遙距診症先導計劃。此外，病人復康流動應用程式涵蓋更多病人類別，進一步協助病人接受遙距專職醫療服務。

為應付日益頻密的網絡攻擊，醫管局制訂了網絡安全策略，並採取多項監測及保安措施。我們亦提供員工培訓，以提高他們網絡安全和保障病人私隱的意識。另外，作為「電子健康紀錄互通系統」的技術代理，醫管局亦應食衛局委託，為政府各項2019冠狀病毒病相關計劃提供資訊科技支援，包括為特定群組檢測計劃及普及社區檢測計劃、個案處理及資訊共享平台及疫苗接種計劃開發後端系統。

最後，為加強與公眾的溝通，醫管局善用網絡及社交媒體包括醫管局 Facebook 專頁、YouTube 頻道及新增設的 Instagram 專頁發放訊息。疫情期間，我們亦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，同時讓市民掌握疫情最新資訊。我們亦與立法會議員、區議員和社區人士保持聯繫，介紹政策和服務的最新發展。

## Strategic goal: Optimise demand management

In 2020-21, multiple measures were adopted by HA to increase the capacity of high demand services. We continued to implement the Support Session Programme in A&E Departments to better manage Triage III (urgent), Triage IV (semi-urgent) and Triage V (non-urgent) cases. As for surgical services, additional operating theatre sessions were offered at PMH to enhance surgical services for acute geriatric fragility fracture patients, with the provision of acute geriatric fragility fracture nursing coordination service at PMH and CMC.

Proactive efforts were made by HA to bolster specialist outpatient clinic (SOPC) service, with the provision of around 6 250 additional new case attendances of SOPCs in the year. Besides, HA further extended the collaborative O&T and Family Medicine service (FMSC) model to Kowloon Central Cluster (KCC) and Kowloon West Cluster (KWC), providing an additional total of 4 000 FMSC attendances to relieve workload of O&T SOPCs.

To improve Diabetes Mellitus (DM) service, Targeted Active Intervention programme for young patients with poor DM control was further rolled out in SOPCs at KWC, NTEC and NTWC, of which risk assessment, treatment intensification and empowerment were provided by a multidisciplinary team. Continuous Glucose Monitoring (CGM) service was also piloted in HKEC, HKWC and KCC by providing CGM sensors to suitable patients to enhance their care with technological advancement. In the area of renal services, the provision of haemodialysis (HD) service was expanded by providing over 60 additional HD places in hospitals.

Moreover, to strengthen the management of viral hepatitis, HA set up hepatitis nurse clinics and provided enhanced services at antenatal clinics to prevent mother-to-child transmission of Hepatitis B Virus. Direct Acting Anti-viral in Hepatitis C Virus treatment was also adopted to improve treatment outcomes. Meanwhile, laboratory capacity was enhanced with additional 33 000 hepatitis related tests conducted in the year. Separately, to enhance our multidisciplinary support for sleep service under a 24-hour integrated model, we conducted an additional total of 1 000 sleep studies at HKEC and NTWC, on top of the provision of two additional beds for sleep studies at HKEC.

Measures were carried out to enhance time-critical care for patients with life-threatening conditions too. While extended Intra-arterial Mechanical Thrombectomy service during weekdays were provided at HKEC, NTEC and NTWC, 24-hour service was provided at HKWC to strengthen the provision of stroke service. Furthermore, the "Pre-hospital 12-lead Electrocardiogram Project" was launched in collaboration with the Fire Services Department, equipping all ambulances with patient monitors with 12-lead electrocardiogram data transmission function for early diagnosis and detection of patients with ST-Elevation Myocardial Infarction.

## 策略目標： 優化需求管理

在2020-21年度，醫管局竭力擴展高需求服務的容量，以回應日增的服務需求。公立醫院繼續推行急症室支援時段計劃，處理第三（緊急）、第四（次緊急）及第五（非緊急）類別分流個案。手術服務方面，我們在瑪嘉烈醫院開設額外日間創傷手術時段，以加強對急性脆弱性骨折年長病人的手術服務；並在瑪嘉烈醫院和明愛醫院為急性脆弱性骨折年長病人提供護理協調服務。

醫管局亦積極增加專科門診服務，年內額外提供約6 250個專科門診新症就診人次；並繼續推展骨科與家庭醫學的協作模式，於九龍中和九龍西聯網增加4 000個家庭醫學專科門診就診人次，以紓緩骨科專科門診的工作量。

為加強糖尿病服務，九龍西、新界東及新界西聯網的專科門診已推行針對性積極治療，由跨專業團隊為病況較差的年輕病人提供風險評估、強化治療及自我管理知識。醫管局亦在港島東、港島西及九龍中聯網試行連續式血糖監測服務，向合適的病人提供血糖監測儀，運用科技協助糖尿病人加強護理。腎科服務方面，我們擴展血液透析服務，額外提供60多個醫院血液透析名額。

而為強化病毒性肝炎防治工作，醫管局設立肝炎護士診所，並加強產前診所的相關服務，以預防乙型肝炎母嬰傳播。我們亦採用直接抗病毒藥物以治療丙型肝炎，以提高治療成效；同時提升實驗室服務量，於年內額外提供33 000個肝炎相關測試。另外，港島東和新界西聯網額外提供1 000個睡眠測試，港島東聯網則增設兩張病床提供睡眠診斷服務，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。

為加強對危疾重症病人的及時護理，醫管局於港島東、新界東及新界西聯網延長平日的動脈取栓術服務時間，而相關服務於港島西聯網已24小時提供，以加強中風服務。我們亦與消防處合作推行「抵院前12導程心電圖計劃」，為全港救護車配備具有12導程心電圖數據傳輸功能的病人監察儀，加快診斷及早識別「ST段上升急性心肌梗塞」病人。





On the other hand, HA continued to strengthen its pharmacy services, of which clinical screening of all chemotherapy prescriptions in PWH and TMH was conducted to enhance medication safety for oncology patients. Pharmacist clinic services for patients undergoing anti-coagulant therapy were also introduced in PYNEH, QMH and QEH. Besides, to enhance the quality of cancer service by providing coordinated and patient-centred care, the Cancer Case Manager Programme was extended to serve over 1 400 additional cancer patients.

To better cope with the service pressure under the COVID-19 situation, we expanded the coverage of current Public-Private-Partnership (PPP) programmes, new PPP initiatives included Neonatal Phototherapy Service, Radiation Therapy Service, Cesarean Section Services, Trauma Operative Service Collaboration Programme, Breast Cancer Operative Service Collaboration Programme, Cystoscopy Collaborative Programme and Oesophago-Gastro-Duodenoscopy Collaboration Programme. Also, 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 launched 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 COVID-19 situation.

另一方面，醫管局持續加強藥劑服務，威爾斯親王醫院及屯門醫院對所有化療藥物處方進行全面臨床覆核，以提升癌症病人的用藥安全；同時在東區尤德夫人那打素醫院、瑪麗醫院及伊利沙伯醫院為服用抗凝血劑的病人提供藥劑師門診服務。另外，為提升癌症服務質素，我們擴展癌症個案經理計劃，額外為各聯網共逾1 400名癌症病人提供以病人為本的協調護理及服務。

為更有效應對疫情下的服務壓力，醫管局進一步擴展現有的公私營協作計劃，並推出新項目包括初生嬰兒黃疸治療、癌症病人的放射治療、剖腹分娩、骨折手術、乳癌手術、膀胱鏡檢查及胃鏡檢查。此外，由於疫情關係，「特區政府對居粵之醫管局長期覆診港人特別支援計劃」開展，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。

## Strategic goal: Attract and retain staff

To motivate and retain staff, a series of measures were put forward throughout the year. Apart from recruiting over 580 doctors, 2 530 nurses and 700 allied health professionals, over 50 medical laboratory technologists were hired in the year to address the service demand for COVID-19 testing. Moreover, as at March 2021, 31 non-local doctors were recruited under the Limited Registration in HA to relieve the pressure of frontline doctors, while the “Special Retired and Rehire Scheme” and the “Retired and Rejoin Mechanism” continued to re-employ suitable healthcare workers and supporting / other grades staff.

To enhance career progression of frontline doctors, additional promotion opportunities were provided to meritorious doctors through the centrally coordinated additional Associate Consultant promotion mechanism. Also, 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 (OpA) IIIB in inpatient services, and Executive Assistant (EA) IIIA (Ward) was carried out. Enhancement measures for PCA / OpA / EA and staff at obsolete ranks performing PCA / OpA jobs were also implemented to improve their remuneration and benefits.

Besides, HA is greatly concerned about employees' emotional health. To strengthen psychological services for staff, over 2 100 additional attendances were offered in the year to enhance staff's psychological resilience. We also developed the HA mental health app “myOasis”, which provides useful functions such as screening assessment and education materials with interesting app features to encourage staff accessing psychological services.

## 策略目標： 吸引及挽留人才

醫管局年內推行了一系列措施，以鼓勵和挽留人才。除聘請逾580名醫生、2 530名護士及700名專職醫療人員外，我們亦增聘了逾50名醫務化驗師以支援2019冠狀病毒病檢測的服務需求。而截至2021年3月，我們聘請了31名非本地醫生以有限度註冊形式在醫管局服務，以紓緩前線醫生的工作壓力。我們另繼續推行「特別退休後重聘計劃」及「退休後重聘機制」，重新聘用合適的退休醫護、專職醫療、及支援 / 其他職系員工。

同時，醫管局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，以改善前線醫生的職業前景。為挽留人手支援臨床工作，我們亦為提供24小時住院病人服務的三A級病人服務助理、支援住院病房服務運作的三B級運作助理，及三A級行政助理（病房）推行晉升計劃。另外，我們推行優化措施，為病人服務助理 / 運作助理 / 行政助理及擔任病人服務助理 / 運作助理工作的舊制支援職系員工改善薪酬及福利。

我們十分關注員工的情緒健康，為加強職員心理服務，年內額外提供逾2 100服務人次，以提升員工心理抗逆力。我們更開發了醫管局心理健康流動應用程式「我的心靈綠洲」，利用有趣的元素提供心理評估、教育資源等，鼓勵同事使用職員心理服務。





## Strategic goal: Enhance staff training and development

Ceaseless efforts have been made by HA to develop professional and competent workforce so as to maintain the provision of quality healthcare services. Territory-wide training programmes, including Crew Resource Management training, were conducted for doctors and nurses in various specialties to enhance their competence in service. Specialty training and competence enhancement programmes were organised to nurses and allied health professionals (including pharmacy staff) respectively to meet service needs and enhance staff's career development. Multidisciplinary programmes for mental health services were also offered to develop the capability of case managers with different professional backgrounds to support patients suffering from severe mental illness in community. Besides, Advanced Practice Nurses were recruited as part-time preceptors to enhance the competency of junior nurses. Simulation Training Programmes were conducted for over 1 000 newly qualified Registered Nurses who were undergoing Preceptorship Programme.

With the recurrent \$183.5 million Government designated training fund, HA launched a wide range of training programmes in 2020-21 for both clinical and non-clinical staff to raise staff training opportunities. However, due to the pandemic, all overseas training activities were suspended and local face-to-face training programmes including clinical training programmes were also affected. We therefore offered some clinical training programmes as well as generic competencies training series to different levels of professional staff in online mode, while vocational and generic competencies training programmes for supporting staff were delivered in blended learning mode. In addition, HA had commenced the preparatory work on setting up a vocational training institute to offer more training opportunities to supporting staff. To dovetail with the corporate direction of creating a digital workplace, we further enhanced the Training Management Information System to generate useful data which facilitated the planning and management of staff training.

Occupational Safety and Health (OSH) of healthcare staff is particularly important under COVID-19. In this connection, HA continued to reinforce its infection control measures, including but not limited to enhancing infection control training and maintaining sufficient supply of personal protective equipment, so as to reduce the risk of infection at work. The OSH and Infection Control teams from HAHO and clusters also supported the Government's Universal Community Testing Programme by assisting in respirator fit testing for healthcare workers in the Community Testing Centres. Besides, site visits were conducted at the Community Isolation Facility at Lei Yue Mun Park and Holiday Village, Community Treatment Facilities at AsiaWorld-Expo, as well as all Community Vaccination Centres operated by HA and hospital vaccination depots to provide OSH advice to enhance staff safety at work. We also arranged training for colleagues who worked in the above-mentioned facilities before the actual operation to ensure that infection control guidelines were strictly followed.

## 策略目標： 加強員工培訓與發展

醫管局致力加強員工培訓，構建專業能幹的團隊，以維持優質的醫療服務。我們為不同專科的醫生和護士提供訓練，包括優化醫療團隊管理培訓，以提升員工專業能力；又相應為護士和專職醫療人員（包括藥劑人員）提供專科培訓及才能提升課程，以切合服務需要，促進員工的專業發展。我們亦舉辦精神健康跨專業培訓課程，為不同專業背景的個案經理提供培訓，以支援社區的嚴重精神病患者。此外，為提升初級護士的技能，我們聘請了資深護師擔任兼職啟導師，並為逾千名參加啟導計劃的新畢業註冊護士提供模擬訓練課程。

藉著政府提供的1.835億元恆常指定培訓基金，我們年內為臨床及非臨床人員推出各類課程，增加培訓機會。由於全球疫情嚴峻，所有海外培訓因而暫停，而本地的面授課程包括臨床培訓亦受到影響。因此，我們改以網上遙距模式安排部分臨床培訓，及為不同職級的專業人員推行通用能力培訓系列；另以混合學習模式為支援人員提供職業及通用才能培訓課程。此外，醫管局正籌備成立職業訓練學院，為支援人員提供更多培訓機會。我們繼續提升培訓資訊管理系統的功能，以便運用實用的數據，規劃和管理員工培訓，以配合機構發展數碼化工作間的方針。

在疫情下，醫護人員的職業安全與健康更形重要。有見及此，醫管局持續加強感染控制措施，例如加強感染控制訓練及確保個人防護裝備供應足夠，以減低同事工作時的感染風險。總辦事處及聯網的職安健與感染控制人員更配合政府普及社區檢測計劃，協助為社區檢測中心的工作人員提供呼吸器面型配合測試；並實地視察位於鯉魚門公園度假村的社區隔離設施、位於亞洲國際博覽館的社區治療設施，以及所有由醫管局營運的社區疫苗接種中心及醫院注射站，以提供職安健建議，確保員工的工作安全。我們亦為於上述設施工作的員工提供進場服務前的培訓，以確保同事嚴格依循感染控制指引。



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

In 2020-21, the COVID-19 pandemic continued to spread rapidly around the world. Public hospitals, as one of our main lines of defense in Hong Kong's anti-epidemic efforts, have been facing immense pressure and challenges brought about by resurgence of COVID-19 cases throughout the year. Since the start of the COVID-19 epidemic, the Government has continued to provide unwavering funding support to HA for combatting the outbreak. Over \$8 billion has been allocated to HA for ensuring sufficient support and protection for frontline healthcare staff and timely treatment for patients.

Apart from the above, the Government continued its strong commitment to public healthcare in 2020-21 through progressively increasing subvention to HA on a triennium basis, having regard to population growth and demographic changes. During the financial year ended 31 March 2021, HA's total income was \$85.2 billion, representing an increase of 5.6% from \$80.7 billion in 2019-20. Similar to previous years, HA, through annual planning exercise, adopted prudent financial measures to ensure the proper and efficient use of resources. Priority was given to initiatives which aimed to improve clinical effectiveness and aligned with the strategic directions outlined in HA Strategic Plan, and those which helped address pressure areas, while taking into account prevailing constraints in manpower and hospital facility situations for capacity growth.

HA's total expenditure for 2020-21 was \$84.7 billion (an increase of 10.1% from \$76.9 billion in 2019-20). Out of the sum, \$4.1 billion was incurred for combating COVID-19, which was supported by designated funding for COVID-19 from the Government. An underspending of \$0.5 billion was recorded for the year. These unused resources have been transferred to the Revenue Reserve, increasing it to \$7.2 billion as at 31 March 2021. Such reserve will serve as an important safeguard to help maintain financial stability of HA in light of the challenges inflicted on Hong Kong's economy by the COVID-19 pandemic, and to meet the expected increase in resource need in the foreseeable future given the progressive commissioning of more new and redeveloped hospitals on the horizon.

With the Government's continual staunch financial support to public healthcare services, HA will stay vigilant in optimising its available resources and ensure proper deployment of resources in addressing the challenge arising from the escalating service demand owing to ageing population as well as to enhancing public hospitals' capability in managing infectious diseases.

## 策略目標： 推動負責任和有效地使用財政資源

在2020-21年度，2019冠狀病毒病疫情持續在世界各地蔓延。公立醫院作為香港抗疫其中一道最主要的防線，因應疫情反彈而持續面對沉重的壓力和挑戰。自疫情爆發以來，政府一直全力支持醫管局應付疫情，並已額外撥款逾80億元，確保前線醫護人員得到足夠的支援和保護，及向病人提供適時的治療。

此外，政府在2020-21年度繼續大力支持香港的公營醫療服務，按人口增長比例和人口結構變動，以三年為一周期向醫管局遞增撥款。醫管局年內總收入為852億元，較2019-20年度(807億元)上升5.6%。一如以往，醫管局審慎理財，透過周年工作規劃確保資源用得其所及符合成本效益。當中除了優先考慮旨在提高臨床功效、配合醫管局策略計劃方針，及有助紓緩壓力範疇的措施，亦同時考慮包括人手和醫院設施狀況等限制服務量增長的因素。

醫管局在2020-21年度的總營運開支達847億元，較2019-20年度(769億元)上升10.1%，當中包括由政府指定撥款資助以應對2019冠狀病毒病的41億元的支出。醫管局在本年度錄得5億元餘款，已撥入醫管局的收入儲備。截至2021年3月31日，醫管局的儲備總額增至72億元。累積的儲備能確保醫管局在疫情衝擊本港經濟的情況下仍能保持財政的穩定性，並應付因多項醫院增建與重建項目陸續落成和啓用而增加的財務需要。

政府在財政上大力支持公營醫療服務，醫管局會慎用現有資源，並確保資源用得其所，以應對人口增長和高齡化衍生的醫療需求及加強公立醫院應對傳染病疫情的能力。



## Contributing to a green environment

HA makes ongoing efforts in creating a greener and more sustainable environment through implementation of various measures.

In 2020-21, apart from continuously replacing aged air-conditioning chillers and installing intelligent LED luminaires in various hospitals, a new Retro-commissioning project was commenced in various hospitals. This allowed us to review the indoor environment parameters of hospitals such as temperature, humidity and operating hours, so that indoor environment could be improved while achieving energy efficiency with low commissioning cost.

We continued to participate in the Energy Saving Charter and 4T Charter Schemes initiated by the Government. Thanks to the concerted efforts of various clusters, energy saving plans with targets and timeline were formulated. A number of public hospitals and institutions have also joined the Energy Saving Charter for five consecutive years in support of the Government's appeal to combat climate change. Besides, to improve air quality, we purchased vehicles of higher environmentally friendly emission standards.

Participation of hospitals in various waste reduction and recycling programmes continued. HA also strived to minimise food waste disposal by promoting waste reduction at source, and delivering collected food waste to the Organic Resources Recovery Centre Phase 1 (O · PARK1) for converting to energy.

## 締造綠色環境

醫管局一直透過實施多項措施，致力營造更綠色、可持續發展的環境。

2020-21 年度，醫管局除了繼續為各醫院更換舊冷氣機及安裝智能 LED 燈具外，亦陸續在多家醫院開展「重新校驗」計劃，檢視室內環境，包括溫度、濕度和運行時間等相關數據，讓室內環境更為舒適，同時節約能源並提高成本效益。

我們亦繼續參與政府的節能約章計劃及「4T」約章計劃，在各聯網的共同努力下，制定節能目標及時間表。多間公立醫院和機構連續五年簽署了節能約章，響應政府呼籲應對氣候變化問題。此外，在選購車輛時，醫管局會購買排放標準較環保的型號，為改善空氣質素出一分力。

各醫院繼續積極參與不同的減廢及回收活動，響應環保。醫管局亦會透過推行源頭減廢，把收集到的廚餘運到有機資源回收中心第一期 (O · PARK1) 轉廢為能。



# HONG KONG EAST CLUSTER (HKEC)

## 港島東醫院聯網 (港島東聯網)

To cope with the escalating service demand under the ageing population, HKEC continued to expand service capacity and enhance service quality. Meanwhile, tremendous effort has been made to optimise the services in pressure areas and life-threatening diseases, reinforce multidisciplinary coordination, as well as enhance ambulatory and outreach services to reduce unnecessary admission in particular of geriatric patients.

In PYNEH, additional Intensive Care Unit bed and oncology day beds were added, and a child and adolescent psychiatric ward was opened during the year.

Ruttonjee Hospital also provided additional acute medical beds. To facilitate pre-discharge planning and enhance bed utilisation, a discharge lounge was set up in PYNEH. In addition to more imaging service attendances, the first Angio-CT system in Hong Kong and an additional mammography machine were installed in PYNEH so as to strengthen the service of radiological examination. Surgical planning at the orthopaedic and traumatology departments was optimised by adopting medical grade 3D printing in the cluster. Moreover, service hours for Intra-arterial Mechanical Thrombectomy service at PYNEH were extended to enhance clinical outcomes for patients with acute stroke.



Amidst the challenges brought by COVID-19 in the past year, staff members of HKEC stay committed to rendering quality patient service with strong team spirit. While the initial successive infection clusters took a toll in the Hong Kong Island, all departments in HKEC synergised with professionalism to protect the community and frontline staff with flexible deployment of resources. Staff of HKEC took pride in receiving the 2020 HA Outstanding Staff and Outstanding Team Award for their excellent performance. The Accident and Emergency Training Centre at RTSKH was awarded for its well-known professional training courses in emergency medicine and simulation training for HA staff.

With the immense efforts contributed by stakeholders including fellow colleagues and members of Hospital Governing Committees of HKEC, the HKEC Clinical Services Plan was published in December 2020, which mapped out the development of HKEC in next 10 to 15 years and delineated the roles of hospitals across the cluster. Taking the opportunity of the establishment of an Ambulatory Care Block at PYNEH in HA's second 10-year Hospital Development Plan, a concept plan of development potential of the existing PYNEH site was also formulated. A cluster Committee in Healthcare Innovation was also formed to foster the innovation culture and facilitate trials of new service models and projects.

面對區內人口老化帶來的醫療需求壓力，港島東聯網繼續致力提升服務量及改善服務質素。除了積極優化壓力範疇和危疾方面的服務，聯網亦增加跨專業協作和加強非住院醫療及外展服務，以減少病人尤其是長者不必要的住院。

年內，東區醫院增設深切治療病床及日間腫瘤科病床，並設立兒童及青少年精神科病房；律敦治醫院則增設急症內科病床。此外，東區醫院設立出院等候室，有助出院規劃及善用病床。為提升造影服務，東區醫院設置全港首部血管造影電腦掃描機及增加乳腺造影儀器，並提供額外造影服務名額。聯網又利用醫療級3D打印技術，更精準地規劃矯形及創傷外科手術。另外，東區醫院延長動脈取栓術的服務時間，讓急性中風病人得到適切的治療。

過去一年疫情為聯網帶來不少挑戰，幸而員工發揮團隊精神，繼續緊守崗位服務市民。面對早期港島區較為密集的染疫群組，各部門以專業精神衷誠合作，靈活調配資源保護市民和前線醫護。同事憑著傑出表現，獲頒2020年度醫院管理局傑出員工及團隊獎項，其中獲選為傑出團隊的律敦治及鄧肇堅醫院急症科訓練中心，一直竭力為學員提供專業的急症醫學及模擬訓練課程，貢獻良多。

在聯網同事及醫院管治委員會等持份者的努力下，港島東聯網於2020年12月出版「臨床服務計劃」，定下聯網未來10至15年的發展策略，以及各醫院的角色定位。隨著東區醫院的日間醫療服務大樓工程獲納入醫管局第二個十年醫院發展計劃內，原址發展概念方案亦已經完成。港島東聯網一直勇於開拓創新，特別成立醫療創新委員會，進一步推動創新文化及為服務模式注入新思維。

**CCH** – Cheshire Home, Chung Hom Kok 春暉角慈氏護養院

**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

**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





# HONG KONG WEST CLUSTER (HKWC)

## 港島西醫院聯網 (港島西聯網)

In face of the challenges of the COVID-19 and the winter service surge, HKWC has flexibly deployed measures to manage service demand. At the Accident and Emergency Department, it has upheld the gatekeeping role on avoidable hospitalisation through optimising and augmenting buffer capacity, including provision of influenza and COVID-19 screening for patients with influenza-like illness symptoms and setting up of temporary beds.

At ward and clinic level, aside from deploying additional manpower to isolation areas, other measures were implemented to cope with the increasing needs of service at the time of outbreak, which included providing pre-admission COVID-19 screening for patients with appointment of surgery and procedures, arranging designated device for each inpatient to minimise the risk of cross-contamination, as well as upholding social distancing in hospital areas such as Central Pharmacy or Central Blood Taking Station, which were more prone to mass gathering. Besides, there were opening of second-tier isolation wards for COVID-19 patients with stable clinical situation, and flexible allocation of beds by cluster hospitals. Elective services and other non-emergency services were also adjusted for necessary manpower deployment.

Despite all the challenges brought by COVID-19, HKWC continued its endeavors to improve service quality. There was enhancement in medical support for ventilated, neurosurgical and orthopaedic patients in MMRC and provision of end-of-life care to needy patients in FYKH. In addition, a mobile team was set up in QMH to provide respiratory care to patients in medical wards, and two beds were designated to support cases with respiratory complications.

In terms of optimising demand management, HKWC has provided additional sessions for endoscopic procedures and new case attendances for SOP services in adult immunology and allergy, orthopaedic and child assessment. Moreover, through the Visiting Medical Practitioner programme, outreach services were offered to discharged elderly patients, while additional timeslots of clinic consultation were also provided to patients-in-need in Residential Care Homes for the Elderly.

為應對2019冠狀病毒病及冬季流感服務高峰期，港島西聯網推出相應措施，以應對服務需求。在急症室服務方面，透過加強及調整服務，為有流感病徵的病人提供流感及新型冠狀病毒快速檢測作篩查，以及加開臨時病床，減低需要住院的病人數目。

在病房及診所服務方面，港島西聯網除了調配額外人手支援隔離病房運作外，同時亦實施其他措施以應對疫情，包括為已安排入院進行手術或檢驗的病人，在入院前進行新冠病毒的篩檢；安排一病人一儀器，減低病人在留院期間交叉感染的風險；又透過設施的重整安排，在院內較多病人聚集的地方如中央配藥處或中央抽血站，落實社交距離措施。同時，聯網啟動第二線隔離病房，接收病情較穩定的2019冠狀病毒病人，而聯網內其他醫院也多加支援，令病床的調配更具彈性。另外，聯網亦調整專科門診等的非緊急服務，以騰出人手應對疫情。



縱然面對2019冠狀病毒病的挑戰，聯網上下仍致力加強各項服務，改善服務質素，當中包括在麥理浩復康院加強對呼吸科、神經外科及骨科病人的醫療支援；為東華三院馮堯敬醫院有需要的病人提供晚期照顧服務及醫療支援；此外，於瑪麗醫院設立流動團隊，為內科病人提供呼吸系統專科護理服務，並設置兩張指定病床支援患有嚴重呼吸道疾病的病人。

為優化需求管理，聯網提供額外的內窺鏡服務節數、增加成人免疫及過敏科專科的新症服務名額，以及提高骨科專科門診的服務量、加強大口環根德公爵夫人兒童醫院的兒童體能智力測驗服務。此外，聯網透過「院舍外展醫生到診服務」計劃，為出院的長者病友提供外展到診服務；同時增加額外的門診診症時段，為有需要的安老院舍長者提供適切的支援。



Hospitals 醫院	HKEC 港島東聯網	HKWC 港島西聯網
Number of general outpatient clinics 普通科門診所數目	12	6
<b>Throughput 服務量</b>		
Number of hospital beds 醫院病床數目	3 302	3 076
Patient discharges* 出院病人數目*	164 741	199 001
Total A&E attendances 急症室就診總人次	155 067	98 145
Total specialist outpatient (clinical) attendances 專科門診(臨床)就診總人次	807 387	861 816
General outpatient attendances 普通科門診就診人次	527 719	353 859
Full-time equivalent staff 等同全職人員數目	9 230	8 616

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

# NEW TERRITORIES WEST CLUSTER (NTWC)

## 新界西醫院聯網(新界西聯網)

Addressing the escalating service demand for a wide range of medical specialties is a key challenge to NTWC. This is posed by the continued growing population in the catchment area, which is projected to further increase from 1.14 million in 2018 to 1.30 million in 2028, particularly with a significant increase of 65% in the elderly population. To tackle the situation, NTWC is implementing the key clinical strategies and service directions set out in the Clinical Services Plan for NTWC.

NTWC strived to increase the number of patient beds, including additional acute inpatient beds and day beds at TSWH, High Dependency Unit beds at TMH, as well as Intensive Care Unit beds at POH, so as to expand the service capacity. Services volume of day rehabilitation and geriatric day hospital was strengthened, while the Community Geriatric Assessment Team support was enhanced for terminally-ill patients in Residential Care Homes for the Elderly. Besides, NTWC established cluster-based service networks to provide Intra-arterial Mechanical Thrombectomy service at extended hours during weekdays for acute ischaemic stroke patients. To improve radiology services, Positron Emission Tomography-Computed Tomography scanner had started operation in TMH, providing better scanning for cancer patients. The construction work of the extension of TMH Operating Theatre Block has approached the final stage and is expected to be completed in 2021 by phases, providing more space to accommodate expand clinical services.

Amid the COVID-19 epidemic, staff of NTWC has united together to fight against the disease. In addition to devoting our full capacity to take care of patients, we disseminated timely information about the disease to the community through various channels. NTWC will continue to pursue priorities and increase service capacity to meet the healthcare needs of the community with full commitment in providing quality services.

區內人口持續增長，對各專科服務構成重大壓力，是新界西聯網正面對的重大挑戰。根據推算，聯網服務地區的人口將由2018年的114萬上升至2028年的130萬，當中長者人口增長達65%。為應對此情況，聯網會繼續按照「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。

為提升服務量，聯網繼續積極增加病床，包括在天水圍醫院增加急症住院病床及日間病床，並分別於屯門醫院加設加護病床及博愛醫院加設深切治療病床。聯網亦增加日間康復及老人科日間醫院服務量，並加強社區老人評估小組服務，為更多居於老人院舍的末期病人提供支援。此外，新界西聯網發展以聯網為基礎的服務網絡，延長平日服務時間為急性缺血性中風病人提供動脈取栓術。在放射科服務方面，屯門醫院的正電子電腦斷層掃描器已投入服務，為癌症病人提供更精準的檢查。另外，屯門醫院

手術室大樓擴建計劃亦正如火如荼進行，大樓在2021年分階段落成後，將增加空間提升服務承載力。

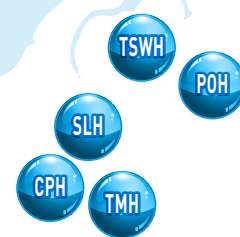
2019冠狀病毒病疫情持續，新界西聯網同事上下一心、攜手抗疫。除了全力照顧確診病人，聯網亦透過不同途徑適時向社區人士提供疫情的最新資訊。新界西聯網會繼續本著提供優質服務的承諾，權衡優次及增加服務量，以滿足區內居民對醫療服務的需求。



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

Hospitals 醫院	NTWC 新界西聯網	NTEC 新界東聯網
Number of general outpatient clinics 普通科門診診所數目	8	10
<b>Throughput 服務量</b>		
Number of hospital beds 醫院病床數目	4 682	5 042
Patient discharges* 出院病人數目*	219 585	285 835
Total A&E attendances 急症室就診總人次	306 622	270 257
Total specialist outpatient (clinical) attendances 專科門診(臨床)就診總人次	1 055 490	1 225 423
General outpatient attendances 普通科門診就診人次	856 459	959 551
Full-time equivalent staff 等同全職人員數目	12 361	13 810

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





# NEW TERRITORIES EAST CLUSTER (NTEC)

## 新界東醫院聯網 (新界東聯網)

NTEC has always strived to enhance its service capacity to improve waiting time, as well as to alleviate access block situations. In 2020-21, additional inpatient beds and day beds were added to address the escalating demand. Capacity of operating theatre was augmented for enhancing joint replacement, fetal surgeries as well as metabolic and bariatric surgeries in the cluster. More operating theatre sessions were also added per week at PWH and NDH to benefit more patients. Besides, 24-hour Primary Percutaneous Coronary Intervention was implemented in NTEC for eligible ST-Elevation Myocardial Infarction patients. Cluster service network was established to provide Intra-arterial Mechanical Thrombectomy service to acute ischaemic stroke patients with extended hours during weekdays. Further, AHNH progressively scaled up its emergency surgical service in accordance with the NTEC Clinical Services Plan by providing two additional emergency operating theatre sessions on Saturdays to enhance timely surgical care.

NTEC proactively developed collaborative models to deliver patient care in greater efficiency. Orthogeriatric collaboration was implemented in PWH to support elderly hip fracture patients with improved perioperative management, transition and post-discharge support. Enhanced Recovery After Surgery programme, aiming at reducing patients' post-operation length of stay, was also launched in PWH General Surgery in collaboration with medical, nursing and allied health staff after a fruitful pilot run.

The outbreak of COVID-19 posed daunting challenges to NTEC. We implemented strategies directed by the HA Central Command Committee and formulated detailed contingency plans to cope with possible surge of cases. Thanks to the dedication, professionalism and teamwork of our staff at all levels, responses were swiftly made when tackling various challenges. Patients' accessibility to healthcare services was inevitably affected by the epidemic, and great efforts in developing tele-care services to our patients thus ensued. In particular, colleagues of allied health have been providing tele-care services, covering inpatient, outpatient, ambulatory and community care. A number of protocol-driven tele-rehab models were also established for providing pre-discharge assessment, home environment screening, etc. As for support to staff, NTEC ensured that staff members were well informed of latest information of the disease through different channels, like regular forums and e-posters. NTEC Critical Incident Psychological Services also organised a series of talks on stress management to provide psychological support to staff along this challenging journey.



Various development projects remained going in full steam ahead. PWH phase two redevelopment are progressing on schedule, while ground investigation works of NDH expansion project has commenced. The purpose-built Block D, SH was completed and is in use.

為應付不斷增長的服務需求，新界東聯網一直致力提升服務量，以縮短輪候時間和紓緩病人因等候入院而滯留急症室的情況。在2020-21年度，聯網除了增加住院病床及日間病床外，亦提升手術室服務量，以加強全關節置換術、胎兒手術、代謝及減重手術等服務；威爾斯親王醫院（威院）及北區醫院亦增加每週的手術室節數，惠及更多病人。聯網又為心肌梗塞病人提供24小時緊急冠狀動脈介入治療服務，並透過以聯網為基礎的服務網絡延長平日服務時間，為急性缺血性中風病人提供動脈取栓術。雅麗氏何妙齡那打素醫院亦按照聯網臨床服務計劃，逐步擴大緊急外科服務的規模，於星期六增加額外兩節緊急手術室節數，提供適時的外科服務。

新界東聯網積極開展各項協作模式，務求提供更具效益的醫療服務。威院開展了骨科與老人科協作醫療模式，加強老年髖部骨折患者的圍手術期管理、過渡和出院後的支援。此外，由各臨床職系人員合作展開的「促進術後康復計劃」於試行階段取得成果，成功減少病人手術後的住院日數，並已於威院普通外科正式推行。

2019冠狀病毒病爆發為新界東聯網帶來重重挑戰。聯網一直遵循醫管局中央指揮委員會的抗疫策略，制定詳細的應變計劃，以應對患者隨時增加的情況。有賴聯網全體同事的投入，憑著團隊合作及專業精神，迅速應對各種挑戰。病人服務無可避免地受到疫情影響，為此，各部門致力發展遙距醫療服務。其中，專職醫療部門就住院、日間治療及社區外展服務等，提供遙距醫療服務，並建立了多個遙距復康服務的模式，包括出院前評估、家庭環境評估等。聯網非常重視與員工的溝通，透過定期論壇、電子海報等渠道向同事發放疫情的最新訊息。聯網職員緊急事故心理服務亦為同事提供一系列壓力管理的講座，旨在為同事紓壓打氣，加添力量，攜手抗疫。聯網各項工程繼續推進，包括威院重建計劃第二期，以及北區醫院擴建計劃土地勘察工程；而新落成的沙田醫院 D 座亦已正式投入運作。

NDH

TPH  
AHNH

SCH

SH

BBH

PWH

AHNH – Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院  
BBH – Bradbury Hospice 白普理寧養中心  
SCH – Cheshire Home, Shatin 沙田慈氏護養院  
NDH – North District Hospital 北區醫院

PWH – Prince of Wales Hospital 威爾斯親王醫院  
SH – Shatin Hospital 沙田醫院  
TPH – Tai Po Hospital 大埔醫院



# KOWLOON WEST CLUSTER (KWC)

## 九龍西醫院聯網(九龍西聯網)

KWC has been playing a pivotal role in combating the COVID-19 epidemic. Following the handover of the North Lantau Hospital Hong Kong Infection Control Centre (HKICC) from the Government to HA in January 2021, KWC, which is tasked with the responsibility for the management and operation of HKICC, immediately commenced the preparation work and started admission of COVID-19 patients with mild to moderate clinical conditions on 26 February. The tremendous efforts made by KWC ensured the smooth commencement of service of HKICC within a short period of time. Offering over 800 isolation beds along with hospital-grade isolation facilities, together with a laboratory equipped with the most advanced testing equipment, HKICC provided timely support during the long-enduring epidemic and greatly enhanced the overall testing capability of Hong Kong. HKICC also adopted doctor-patient separation design and smart technology elements, which accorded highest priority to protecting healthcare professionals from infection, while catering for the needs of patients at the same time.

During the third wave of outbreak, apart from deploying manpower from cluster hospitals to the Community Treatment Facility (CTF) in AsiaWorld-Expo, NLTH also supported the operation of CTF by receiving patients with special medical needs.

The HA Infectious Disease Centre at PMH also played a significant role in this uphill battle, by admitting most of the COVID-19 patients, as well as formulating the treatment protocols. The demand of rehabilitation services has grown as more COVID-19 patients are recovered. KWC has thus proactively provided clinical and psychological support to recovered patients in restoring normal life.

While keeping up efforts in fighting the epidemic, the provision of sustainable patient care is still of utmost importance. Serving a large community with ageing and growing population has been a major challenge to KWC. To meet the ever-escalating service demand, more beds were added in the cluster hospitals while the capacity of various clinical services was strengthened. Pharmacist chemotherapy clinic and integrated cancer clinic services were set up at PMH. The service provision at the Breast Centre of YCH was enhanced by adopting one-stop outpatient services approach. Veno-Arterial Extra Corporeal Membrane Oxygenation services commenced at the Cardiac Care Unit of CMC. Pharmacy services were extended to 24 hours and clinical psychology services were set up at NLTH.

To cope with the growing clinical service demand, a number of KWC capital projects are in progress, including the expansion of Lai King Building at PMH and the redevelopment of KCH. Upon completion of these projects, additional space for expanded services and upgraded facilities will be in place to cater for the needs of the community in the long run.

九龍西聯網在對抗2019冠狀病毒病的工作中擔當重要角色。政府於2021年1月將北大嶼山醫院香港感染控制中心(中心)移交予醫管局,由九龍西聯網負責管理及運作。聯網隨即開展準備工作。為讓中心能夠在短時間內順利啟用,聯網團隊付出了最大努力,並於2月26日起接收輕度至中度病情的2019冠狀病毒病人。中心提供800多張隔離病床,並設有醫院級別的隔離設施,在持續的疫情下提供及時支援。中心內的化驗室配備最新型號的檢測儀器,進一步提升本港的整體檢測效率。中心更採用「醫患分隔」的設計和智慧科技元素,以保護醫護人員免受感染為首要考慮,同時滿足病人的需要。

在第三波疫情期間,聯網除了調配人手到亞洲國際博覽館的社區治療設施協助照顧病人,北大嶼山醫院亦接收了有特殊醫療需要的患者,以支援社區治療設施的運作。

瑪嘉烈醫院的醫管局傳染病中心接收全港最多的2019冠狀病毒病確診患者,並制訂治療方案,在這場艱鉅的抗疫戰中發揮關鍵作用。隨著康復者人數增加,復康服務的需求也與日俱增,聯網積極為康復者提供臨床及心理支援,協助他們盡早恢復正常生活。

除了應付疫情,提供可持續的病人護理服務亦至為重要。面對服務人口老化和增長帶來的挑戰,聯網內的醫院增設病床及提升多項臨床服務,以滿足龐大的服務需求。瑪嘉烈醫院開展為化療病人提供藥劑師門診服務和癌症綜合治療服務;仁濟醫院透過採用一站式門診服務模式,加強乳腺中心的服務;而明愛醫院的心臟加護病房提供人工心肺服務;北大嶼山醫院提供24小時的藥房服務和臨床心理輔導服務。

聯網正進行數個大型基建工程規劃項目,包括擴建瑪嘉烈醫院荔景大樓及重建葵涌醫院。工程完成後將可提供更多空間擴展服務和提升設施,以應付社區長遠的醫療需要。



CMC – Caritas Medical Centre 明愛醫院

KCH – Kwai Chung Hospital 葵涌醫院

NLTH – North Lantau Hospital 北大嶼山醫院

PMH – Princess Margaret Hospital 瑪嘉烈醫院

YCH – Yan Chai Hospital 仁濟醫院

HKBH – Hong Kong Buddhist Hospital 香港佛教醫院

HKCH – Hong Kong Children's Hospital 香港兒童醫院

HKEH – Hong Kong Eye Hospital 香港眼科醫院

BTS – Hong Kong Red Cross Blood Transfusion Service  
香港紅十字會輸血服務中心

KH – Kowloon Hospital 九龍醫院

KWH – Kwong Wah Hospital 廣華醫院

OLMH – Our Lady of Maryknoll Hospital 聖母醫院

QEH – Queen Elizabeth Hospital 伊利沙伯醫院(伊院)

WTSH – Tung Wah Group of Hospitals Wong Tai Sin Hospital  
東華三院黃大仙醫院



# KOWLOON CENTRAL CLUSTER (KCC)

## 九龍中醫院聯網(九龍中聯網)

KCC continued to expand its service capacity to cope with the growing demand and ageing population. Additional beds were added in QEH and HKBH to enhance the inpatient service capacity. Besides, extra operating theatre sessions in QEH and HKCH were opened to shorten patients' waiting time.

With regard to oncology and haematology services, an integrated oncology service model was developed in KCC for enhanced inpatient, SOPC and day services. 24-hour support for on-site haematopathology consultation was also provided in KWH to support the development and service collaboration among KWH and QEH after re-clustering. Moreover, extended hours of radiotherapy services and additional attendances for psychosocial support were provided to cancer patients, on top of the formation of a multidisciplinary palliative care consultative team at KCC.

For outpatient services in KCC, a collaborative model for Family Medicine and Orthopaedics and Traumatology (O&T) was implemented in KWH and OLMH to improve the O&T new case waiting time. Additional specialist outpatient clinic new case attendances were provided in QEH Medicine and HKEH. General outpatient clinic quotas were also increased to meet the primary care service demand. Apart from the above, KCC Child and Adolescent (C&A) services were initially set up by a C&A consultation liaison team in KH, providing inpatient consultation service to HKCH.

To strengthen rehabilitation services in KCC, early patient mobilisation services were provided in acute adult Intensive Care Unit, while restorative rehabilitation programme and stratified care management were implemented in KWH Physiotherapy Department to shorten the waiting time. Community rehabilitation services were improved with the relocation of Community Rehabilitation Service Support Centre to Multi-Service Centre at QEH.

During the COVID-19 outbreak, all KCC colleagues demonstrated concerted efforts and strong coordination in overcoming the challenges. Contingency measures were adopted, where QEH and KWH shouldered the responsibility to receive confirmed and suspected cases, together with the setting up of "triage and tests" areas for infection control and surveillance. KCC also reduced non-emergency services, as well as converted general and private wards into isolation wards and surveillance wards. KCC piloted Telemedicine Queue Management System in QEH to remotely handle outpatient consultation. KCC IT also developed a query system which can identify whether the patient resides in a high-risk district or residential building.

Capital projects of KCC are progressing according to the 10-year Hospital Development Plan. Preparatory works for the new acute hospital in Kai Tak Development Area and KWH Phase one opening are actively underway. OLMH is under decanting process with the support of cluster hospitals to minimise interruption to patient services.

九龍中聯網持續增加服務量，應付服務需求日增和人口老化的挑戰，包括在伊院和香港佛教醫院增設病床，以提升住院服務；並在伊院和香港兒童醫院增加手術節數，縮短病人的輪候時間。

在腫瘤和血液科方面，聯網透過綜合服務模式，加強住院、專科門診和日間服務；廣華醫院亦設立了24小時血液病理診症支援，以加強廣華醫院和伊院在聯網界線重組後的發展及合作。此外，聯網為癌症病人延長放射治療的服務時間和提供額外的心理社交支援服務人次，並成立跨專業的紓緩治療會診團隊。

在門診服務方面，廣華醫院和聖母醫院實施了家庭醫學和矯形及創傷外科的協作模式，縮短矯形及創傷外科新症輪候時間；伊院的內科和香港眼科醫院增加了專科門診新症名額；聯網又提供額外的普通科門診診症名額，應付基層醫療服務需要。此外，九龍醫院的兒童及青少年諮詢會診小組初步成立了九龍中聯網兒童及青少年服務，為香港兒童醫院提供住院會診服務。

為提升康復服務，聯網在成人深切治療部引入了早期運動介入復健計劃，又在廣華醫院物理治療部實施康復服務及分流管理，以縮短輪候時間。醫院管理局社區復康中心已遷至位於伊院的綜合服務區，加強社區康復服務。

在2019冠狀病毒病疫情期間，九龍中聯網全體同事同心協力應對挑戰。聯網採取應變措施，由伊院和廣華醫院接收確診及懷疑個案，並設立分流檢測站作感染控制和監察。聯網減少非緊急服務，又將普通和私家病房改裝成隔離病房和監察病房。疫情期間，聯網在伊院為門診病人試行遙距問診；聯網資訊科技部又自行研發2019冠狀病毒病個案大廈名單查詢系統，協助醫護人員識別病人的登記地址是否來自高風險地區或疫廈。

九龍中聯網的各項基建工程正按照十年醫院發展計劃開展，包括規劃啟德發展區新急症醫院、籌備廣華醫院(第一期)重建工程完成後的啟用，並在聯網醫院的支援下調遷聖母醫院，盡量減輕對病人服務的影響。





# KOWLOON EAST CLUSTER (KEC) 九龍東醫院聯網(九龍東聯網)

KEC has weathered the storm of the COVID-19 outbreak in Hong Kong especially in late 2020. With a raft of timely anti-epidemic measures, exemplary team spirit and remarkable resilience, our professional team has remained united to stand firm against the epidemic.

In parallel, KEC has taken judicious steps to develop hospital services which are articulated in the KEC Clinical Services Plan to cope with the demand of the community, as well as to form a cluster-based infectious disease network to bolster the capability and coordination in handling emergency infectious disease outbreaks.



To address the escalating service needs, extra inpatient beds, operating theatre sessions and haemodialysis quotas were added in the cluster. An oncology ward was opened at UCH, which laid a cornerstone for the progressive development of KEC's flagship oncology services. Initiatives were put forward to strengthen ambulatory services, which included addition of surgical day beds and quotas for specialist outpatient services, as well as the establishment of a Fast Track Clinic in the Day Medical Centre of TKOH which aimed to provide rapid assessment and treatment to outpatients so as to reduce unnecessary admission. KEC also further developed rehabilitation services by engaging physiotherapists to provide early mobilisation services to high-risk patients in Intensive Care Unit and offering post-discharge support to elderly patients with hip fracture and acute stroke.

Riding on the momentum of smart hospital development, KEC has leveraged on the latest technology to support quality healthcare services, such as adopting medical grade 3D printing to optimise surgical planning and improve treatment outcomes; using autonomous smart robots for cleansing and material transportation; and providing tele-care services as an alternative to conventional consultation. In addition, TKOH has pioneered in the adoption of 5G infrastructure in operating theatre to improve patient care and safety, and has received the Gold Award of "Best 5G Application" in the 2020 CAHK STAR Awards from the Communication Association of Hong Kong. As one of the pilot smart hospitals, TKOH will dovetail the strategic development of HA to establish and realise the smart hospital development blueprint. In appreciation of KEC's outstanding performance in sustainable smart hospital development, HA presented the 2021 Outstanding Team Award to the innovative Smart Hospital Team of KEC.

HHH celebrated its 65<sup>th</sup> Anniversary in the year, and commissioning of the new block has commenced in the first quarter of 2021. UCH's expansion project started the 2<sup>nd</sup> phase in September 2020. A new horizon on the provision of healthcare services in KEC is envisaged upon accomplishment of the two capital work projects.

在2019冠狀病毒病疫情期間，九龍東聯網全體醫護和後勤人員齊心協力，展現團隊精神。尤其於2020年底疫情肆虐期間，聯網推行各項措施，竭盡所能對抗疫症。

在抗疫的同時，聯網繼續按照「九龍東聯網臨床服務計劃」，發展更優質的醫療服務以切合社區需求，並成立以聯網為基礎的傳染病服務網絡，提高處理緊急傳染病爆發的應變及協調能力。

為應付迫切的醫療需求，聯網已加開病床、手術節數及血液透析名額。其中聯合醫院增設腫瘤科病房，為逐步開展腫瘤科成為聯網的主要服務，奠下穩固的基礎。同時，聯網增加日間手術病床和專科門診服務名額，並在將軍澳醫院日間醫療中心成立速治服務，為病人提供快速醫療評估及診治，以減少病人不必要的住院。聯網亦重視康復服務的發展，安排由物理治療師為深切治療部的高危患者提供早期運動介入復健服務，並加強支援髖關節骨折和急性中風的年長病人出院後的過渡安排。

九龍東聯網借助先進科技，邁向智慧型醫院發展，當中包括採用醫療級3D打印技術，優化手術規劃及改善治療成效；推行智慧機械人試行計劃，協助進行清潔及運輸等日常工作；亦同時發展遙距醫療，為患者提供新的服務模式。將軍澳醫院是首間將5G技術引入手術室的醫院，從而提高病人的護理水平和安全，此成就更獲得2020香港通訊業聯會非凡年獎「最佳5G應用方案」金獎。將軍澳醫院作為智慧型醫院試點之一，將配合醫管局構建和實踐智慧型醫院發展藍圖。九龍東聯網致力推動可持續發展智慧型醫院服務獲得醫管局認同，聯網創新智慧醫院團隊亦因此榮獲2021年度醫管局傑出團隊獎。

靈實醫院在年內迎來65周年誌慶，醫院新建的大樓已於2021年第一季開始準備投入運作；而聯合醫院亦於2020年9月踏入擴建工程第二階段。聯網將藉著兩項大型擴建工程的新機遇，為九龍東未來醫療服務發展揭開新一頁。

Hospitals 醫院	KWC 九龍西聯網	KCC 九龍中聯網	KEC 九龍東聯網
Number of general outpatient clinics 普通科門診所數目	16	13	8
<b>Throughput 服務量</b>			
Number of hospital beds 醫院病床數目	4 906	5 996	2 846
Patient discharges* 出院病人數目*	271 821	317 445	179 133
Total A&E attendances 急症室就診總人次	353 972	238 350	218 040
Total specialist outpatient (clinical) attendances 專科門診(臨床)就診總人次	1 302 327	1 401 539	819 684
General outpatient attendances 普通科門診就診人次	991 148	1 044 120	835 424
Full-time equivalent staff 等同全職人員數目	13 901	18 351	9 667

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

# INDEPENDENT AUDITOR'S REPORT AND AUDITED FINANCIAL STATEMENTS

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## INDEPENDENT AUDITOR'S REPORT

### To The Members of the Hospital Authority

#### Opinion

##### *What we have audited*

The consolidated financial statements of the Hospital Authority ("HA") and its subsidiaries (together, the "Group") set out on pages 62 to 125, which comprise:

- the consolidated and HA balance sheets as at 31 March 2021;
- the consolidated statement of income and expenditure for the year then ended;
- the consolidated statement of comprehensive income for the year then ended;
- the consolidated statement of cash flows for the year then ended;
- the consolidated statement of changes in total funds for the year then ended; and
- the notes to the consolidated financial statements, which include a summary of principal accounting policies.

##### *Our opinion*

In our opinion, the consolidated financial statements give a true and fair view of the financial position of HA and the consolidated financial position of the Group as at 31 March 2021, 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62至125頁的綜合財務報表，包括：

- 於二零二一年三月三十一日的綜合及醫管局資產負債表；
- 截至該日止年度的綜合收支結算表；
- 截至該日止年度的綜合全面收益表；
- 截至該日止年度的綜合現金流動報表；
- 截至該日止年度的綜合基金總額變動報表；及
- 綜合財務報表附註，包括主要會計政策概要。

##### *我們的意見*

我們認為，該等綜合財務報表已根據香港會計師公會頒布的《香港財務報告準則》真實而中肯地反映了於二零二一年三月三十一日醫管局的財務狀況及貴集團的綜合財務狀況，以及貴集團截至該日止年度的綜合財務表現及綜合現金流量。

#### 意見的基礎

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

我們相信，我們所獲得的審計憑證能充足及適當地為我們的審計意見提供基礎。

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## INDEPENDENT AUDITOR'S REPORT

### To The Members of the Hospital Authority

(Continued)

#### Independence

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

#### Other Information

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

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

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

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

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

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

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

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

## 獨立核數師報告

### 致醫院管理局成員(續)

#### 獨立性

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

#### 其他信息

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

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

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

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

#### 醫管局及管治層就綜合財務報表須承擔的責任

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

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

管治層須負責監督貴集團的財務報告過程。

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## INDEPENDENT AUDITOR'S REPORT

### To The Members of the Hospital Authority

(Continued)

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

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

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

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

## 獨立核數師報告

### 致醫院管理局成員(續)

#### 核數師就審計綜合財務報表承擔的責任

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

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

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

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羅兵咸永道

## INDEPENDENT AUDITOR'S REPORT

To The Members of the Hospital Authority

(Continued)

## 獨立核數師報告

致醫院管理局成員(續)

### 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.

### 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。

**PricewaterhouseCoopers**  
Certified Public Accountants

Hong Kong, 23 September 2021

**羅兵咸永道會計師事務所**  
執業會計師

香港，二零二一年九月二十三日

羅兵咸永道會計師事務所，香港中環太子大廈廿二樓  
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# CONSOLIDATED BALANCE SHEET

## 綜合資產負債表

	Note	At 31 March 2021 HK\$'000 2021年3月31日 港幣千元	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元
	附註		
<b>Non-Current Assets 非流動資產</b>			
Property, plant and equipment 物業、機器及設備	5	7,323,375	6,600,193
Intangible assets 無形資產	6	346,363	306,646
Right-of-use assets 使用權資產	7	270,113	195,391
Loans receivable 應收債款	8	18	122
Placements with the Exchange Fund 外匯基金存款	9	21,000,000	21,000,000
Fixed income instruments 固定入息工具	10	250,000	-
		<b>29,189,869</b>	28,102,352
<b>Current Assets 流動資產</b>			
Inventories 存貨	11	2,541,995	1,714,742
Loans receivable 應收債款	8	104	237
Accounts receivable 應收賬款	12	358,062	344,716
Other receivables 其他應收賬款	13	522,360	629,386
Deposits and prepayments 按金及預付款項	14	613,257	327,145
Placements with the Exchange Fund 外匯基金存款	9	1,570,258	8,904,039
Fixed income instruments 固定入息工具	10	148,000	1,899,257
Cash and bank balances 現金及銀行結餘	15	32,408,696	20,241,167
		<b>38,162,732</b>	34,060,689
<b>Total Assets 總資產</b>		<b>67,352,601</b>	62,163,041
<b>Funds 基金</b>			
Designated fund 指定基金	16	5,077,369	5,077,369
Revenue reserve 收入儲備		7,242,174	6,671,496
<b>Total Funds 基金總額</b>		<b>12,319,543</b>	11,748,865
<b>Current Liabilities 流動負債</b>			
Balance with Samaritan Fund 撒瑪利亞基金結餘	17	520,713	273,201
Creditors and accrued charges 債權人及應付費用	18	21,765,650	16,897,763
Deposits received 已收按金	19	460,636	393,716
Lease liabilities 租賃負債	7	154,999	98,286
		<b>22,901,998</b>	17,662,966
<b>Non-Current Liabilities 非流動負債</b>			
Balance with Samaritan Fund 撒瑪利亞基金結餘	17	6,000,000	6,000,000
Death and disability liabilities 死亡及傷殘福利責任	20	290,110	307,420
Deferred income 遞延收益	21	8,031,944	9,436,133
Deferred income – capital subventions and capital donations 遞延收益 — 資本補助及資本捐贈	22	7,669,738	6,906,839
Lease liabilities 租賃負債	7	139,268	100,818
Public-Private Partnership Endowment Fund 公私營協作留本基金	23	10,000,000	10,000,000
		<b>32,131,060</b>	32,751,210
<b>Total Liabilities 總負債</b>		<b>55,033,058</b>	50,414,176
<b>Total Funds and Total Liabilities 基金及負債總額</b>		<b>67,352,601</b>	62,163,041



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 高拔陞醫生  
Chief Executive  
行政總裁

The notes on pages 68 to 125 are an integral part of these consolidated financial statements.

第 68 至 125 頁的附註是本綜合財務報表的一部分。



# BALANCE SHEET

## 資產負債表

	Note	At 31 March 2021 HK\$'000 2021年3月31日 港幣千元	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元
<b>Non-Current Assets 非流動資產</b>			
Property, plant and equipment 物業、機器及設備	5	7,323,375	6,600,193
Intangible assets 無形資產	6	339,243	301,185
Right-of-use assets 使用權資產	7	270,113	195,391
Loans receivable 應收債款	8	18	122
Placements with the Exchange Fund 外匯基金存款	9	21,000,000	21,000,000
Fixed income instruments 固定入息工具	10	250,000	-
		<b>29,182,749</b>	28,096,891
<b>Current Assets 流動資產</b>			
Inventories 存貨	11	2,541,995	1,714,742
Loans receivable 應收債款	8	104	237
Accounts receivable 應收賬款	12	358,062	344,716
Other receivables 其他應收賬款	13	522,360	629,386
Deposits and prepayments 按金及預付款項	14	613,128	327,033
Placements with the Exchange Fund 外匯基金存款	9	1,570,258	8,904,039
Fixed income instruments 固定入息工具	10	148,000	1,899,257
Cash and bank balances 現金及銀行結餘	15	32,408,696	20,241,167
		<b>38,162,603</b>	34,060,577
<b>Total Assets 總資產</b>		<b>67,345,352</b>	62,157,468
<b>Funds 基金</b>			
Designated fund 指定基金	16	5,077,369	5,077,369
Revenue reserve 收入儲備		7,242,168	6,671,490
<b>Total Funds 基金總額</b>		<b>12,319,537</b>	11,748,859
<b>Current Liabilities 流動負債</b>			
Balance with Samaritan Fund 撒瑪利亞基金結餘	17	520,713	273,201
Creditors and accrued charges 債權人及應付費用	18	21,765,527	16,897,657
Deposits received 已收按金	19	460,636	393,716
Lease liabilities 租賃負債	7	154,999	98,286
		<b>22,901,875</b>	17,662,860
<b>Non-Current Liabilities 非流動負債</b>			
Balance with Samaritan Fund 撒瑪利亞基金結餘	17	6,000,000	6,000,000
Death and disability liabilities 死亡及傷殘福利責任	20	290,110	307,420
Deferred income 遞延收益	21	8,031,944	9,436,133
Deferred income – capital subventions and capital donations 遞延收益 — 資本補助及資本捐贈	22	7,662,618	6,901,378
Lease liabilities 租賃負債	7	139,268	100,818
Public-Private Partnership Endowment Fund 公私營協作留本基金	23	10,000,000	10,000,000
		<b>32,123,940</b>	32,745,749
<b>Total Liabilities 總負債</b>		<b>55,025,815</b>	50,408,609
<b>Total Funds and Total Liabilities 基金及負債總額</b>		<b>67,345,352</b>	62,157,468



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 高拔陞醫生  
Chief Executive  
行政總裁

The notes on pages 68 to 125 are an integral part of these consolidated financial statements.

第 68 至 125 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 2021 HK\$'000 截至2021年 3月31日止年度 港幣千元	For the year ended 31 March 2020 HK\$'000 截至2020年 3月31日止年度 港幣千元
<b>Income 收入</b>			
Recurrent Government subvention 經常性政府補助		<b>75,432,473</b>	71,301,559
Hospital / clinic fees and charges 醫院 / 診所收費	24	<b>4,837,090</b>	4,827,138
Donations 捐贈		<b>13</b>	24
Transfers from 轉調自：			
Designated donation fund 指定捐贈基金	21	<b>360,809</b>	202,263
Minor Works Projects Fund 小型工程項目基金	21	<b>1,495,069</b>	1,288,539
Public-Private Partnership Fund 公私營協作基金	21	<b>403,312</b>	286,750
Capital subventions 資本補助	22	<b>1,266,063</b>	1,107,972
Capital donations 資本捐贈	22	<b>166,021</b>	159,394
Investment income 投資收益		<b>342,107</b>	612,865
Other income 其他收益		<b>921,604</b>	899,035
		<b>85,224,561</b>	80,685,539
<b>Expenditure 支出</b>			
Staff costs 員工成本	25	<b>(57,664,922)</b>	(53,700,090)
Drugs 藥物		<b>(8,685,468)</b>	(8,102,162)
Medical supplies and equipment 醫療物品及設備		<b>(4,955,761)</b>	(3,842,072)
Utilities charges 公用開支		<b>(1,360,944)</b>	(1,392,665)
Repairs and maintenance 維修及保養		<b>(2,766,131)</b>	(2,550,646)
Minor works projects funded by the Government 由政府撥款的小型工程項目		<b>(1,495,069)</b>	(1,288,539)
Depreciation and amortisation 折舊及攤銷	5-7	<b>(1,555,674)</b>	(1,353,449)
Finance costs 財務費用	7	<b>(2,621)</b>	(3,154)
Other operating expenses 其他營運開支	26	<b>(6,202,493)</b>	(4,688,247)
		<b>(84,689,083)</b>	(76,921,024)
<b>Surplus for the year 年內盈餘</b>		<b>535,478</b>	3,764,515

The notes on pages 68 to 125 are an integral part of these consolidated financial statements.

第 68 至 125 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 2021 HK\$'000 截至2021年 3月31日止年度 港幣千元	For the year ended 31 March 2020 HK\$'000 截至2020年 3月31日止年度 港幣千元
Surplus for the year 年內盈餘		<b>535,478</b>	3,764,515
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	<b>35,200</b>	1,054
<b>Total comprehensive income for the year 年內總綜合收益</b>		<b>570,678</b>	3,765,569

The notes on pages 68 to 125 are an integral part of these consolidated financial statements.

第 68 至 125 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 2021 HK\$'000 截至2021年 3月31日止年度 港幣千元	For the year ended 31 March 2020 HK\$'000 截至2020年 3月31日止年度 港幣千元
Net cash generated from operating activities 營運活動所得現金淨額	29(a)	5,356,311	8,193,795
Investing activities 投資活動			
Investment income received 已收投資收益		332,777	646,370
Purchases of property, plant and equipment 購置物業、機器及設備	5	(1,961,159)	(1,482,712)
Purchases of intangible assets 購置無形資產	6	(233,824)	(184,104)
Net (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的淨額(增加)/減少		(21,752,092)	6,962,045
Decrease / (increase) in fixed income instruments 固定入息工具減少/(增加)		1,499,957	(1,099,705)
Decrease / (increase) in placements with the Exchange Fund 外匯基金存款減少/(增加)	3	7,300,000	(5,000,000)
Net cash used in investing activities 投資活動所用現金淨額		(14,814,341)	(158,106)
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)	(119,609)	(100,948)
Finance costs paid 已付財務費用		(2,621)	(3,154)
Net cash used in financing activities 融資活動所用現金淨額		(122,230)	(104,102)
(Decrease) / increase in cash and cash equivalents 現金及現金等值之(減少)/增加		(9,580,260)	7,931,587
Cash and cash equivalents at the beginning of the year 年初之現金及現金等值		12,106,006	4,174,419
Cash and cash equivalents at the end of the year 年終之現金及現金等值	15	2,525,746	12,106,006

**Note:**

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

**註:**

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

The notes on pages 68 to 125 are an integral part of these consolidated financial statements.

第68至125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 2019 於2019年3月31日	5,077,369	2,905,927	7,983,296
Total comprehensive income for the year 年內總綜合收益	-	3,765,569	3,765,569
At 31 March 2020 於2020年3月31日	5,077,369	6,671,496	11,748,865
Total comprehensive income for the year 年內總綜合收益	-	570,678	570,678
At 31 March 2021 於2021年3月31日	5,077,369	7,242,174	12,319,543

The notes on pages 68 to 125 are an integral part of these consolidated financial statements.

第68至125頁的附註是本綜合財務報表的一部分。

# NOTES TO THE FINANCIAL STATEMENTS

## 1. The Hospital Authority

### (a) Background

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

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

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.

# 財務報表附註

## 1. 醫院管理局

### (a) 背景

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

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

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

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

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



# NOTES TO THE FINANCIAL STATEMENTS

## 1. The Hospital Authority (Continued)

### (a) Background (Continued)

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

The Government announced in the 2016 Policy Address that HK\$200 billion would be used to implement a ten-year Hospital Development Plan (HDP). Given the significant number and scale of Schedule 1 hospital projects in the HDP, the Government has entrusted HA to carry out and complete a number of capital works projects for Schedule 1 hospitals which are funded by the Government. Similarly, HA is undertaking the capital works projects for Schedule 2 hospitals which are funded by the Government and the governing bodies of the ex-subservent hospitals. As at 31 March 2021, there were 15 major capital works projects in progress (of which 11 projects were managed by HA), and the total funding approved by the Government was HK\$75,323,100,000.

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

Through HA's subsidiary, HACM Limited, funding has been provided to 10 non-governmental organisations ("NGOs") 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 six CMCTRs for the provision of CM services to HA patients under the Integrated Chinese-Western Medicine Programme which has been implemented at seven hospitals for four disease areas. The funding provided by HACM Limited to NGOs is based on each CMCTR's individual service components and actual deliverables.

# 財務報表附註

## 1. 醫院管理局(續)

### (a) 背景(續)

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

政府在2016年施政報告中宣布預留港幣二千億元推行十年醫院發展計劃。由於計劃涉及的附表1醫院工程項目為數多、規模大，政府委托了醫管局執行及完成多個由政府撥款的附表1醫院基本工程項目。同樣，醫管局亦負責執行由政府及前補助醫院管治機構提供經費的附表2醫院基本工程項目。截至二零二一年三月三十一日，共十五個基本工程項目在進行中(其中十一個由醫管局管理)，政府批出的總撥款額為港幣75,323,100,000元。

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

醫管局透過附屬機構「醫院管理局中醫藥發展有限公司」向十間非政府機構提供撥款，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其中六間中醫診所提供資助，推行中西醫協作項目計劃，於七間指定公立醫院為四個選定疾病範疇的醫管局病人提供中醫服務。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提供資助。

# NOTES TO THE FINANCIAL STATEMENTS

## 1. The Hospital Authority (Continued)

### (a) Background (Continued)

In order to support the Government-led electronic health record (“eHR”) programme, which is an essential part of the healthcare reform, HA has been engaged to serve as the technical agency to the Government, leveraging its experience and know-how in the Clinical Management System (“CMS”). With this role, HA undertakes multiple streams of eHR related projects, which are funded by the recurrent subvention and other designated funding from the Government. During the financial year ended 31 March 2021, HA recognised HK\$435,809,000 (2020: HK\$390,443,000) 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 2021, HA recognised HK\$132,680,000 (2020: HK\$89,503,000) as other income to match with the expenditure incurred in relation to the project.

### (b) Hospitals and other institutions

At 31 March 2021, 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

# 財務報表附註

## 1. 醫院管理局 (續)

### (a) 背景 (續)

政府推行的電子健康紀錄互通系統計劃，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。截至二零二一年三月三十一日止之財政年度，醫管局確認港幣435,809,000元(二零二零年：港幣390,443,000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，以期更好地為公眾提供醫療服務。醫管局獲委任為技術代理機構，就衛生署第一期的「重整及改革公共服務策略計劃」措施——改善臨床服務中的十九個項目(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修與支援服務，並由政府的指定撥款提供經費。截至二零二一年三月三十一日止之財政年度，醫管局確認港幣132,680,000元(二零二零年：港幣89,503,000元)的款項作為其他收入，以支付相關項目的開支。

### (b) 醫院及其他機構

在二零二一年三月三十一日，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

# NOTES TO THE FINANCIAL STATEMENTS

## 1. The Hospital Authority (Continued)

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

#### Hospitals (Continued):

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

#### Charitable Trusts:

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

#### Other Institutions:

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

### (c) Principal office

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

# 財務報表附註

## 1. 醫院管理局(續)

### (b) 醫院及其他機構(續)

#### 醫院(續):

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

#### 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  
專科門診所  
普通科門診所  
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。



# NOTES TO THE FINANCIAL STATEMENTS

## 2. Principal accounting policies

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

### (a) Basis of preparation

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

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

### (b) Basis of consolidation

The financial statements of the Group include the income and expenditure of the Head Office, subsidiaries, all Hospitals, Charitable Trusts, Specialist Outpatient Clinics, General Outpatient Clinics and other institutions under its management and control made up to 31 March 2021.

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

### (c) Subsidiaries

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

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

# 財務報表附註

## 2. 主要會計政策

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

### (a) 編製之基準

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

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

### (b) 綜合呈列之基準

集團的財務報表包括截至二零二一年三月三十一日之財政年度內由其管理及掌管的總辦事處、附屬機構、所有醫院、慈善信託基金、專科診所、普通科門診診所及其他機構的收入和支出。

本財務報表反映集團所擁有之資產及所承擔之負債的有紀錄賬面值。

### (c) 附屬機構

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

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

# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

## 2. Principal accounting policies (Continued)

## 2. 主要會計政策(續)

### (c) Subsidiaries (Continued)

### (c) 附屬機構(續)

At 31 March 2021, the principal subsidiaries of HA comprise:

在二零二一年三月三十一日，醫管局的主要附屬機構有：

Name 名稱	Principal activities 主要業務	Place of incorporation / operation 註冊成立 / 營運地點	Effective percentage directly held by the Group 集團直接持有的有效份額
HACM Limited (limited by guarantee) 醫院管理局中醫藥發展有限公司 (擔保有限公司)	To steer the development and delivery of Chinese medicine services 規劃中醫藥服務的發展與供應	Hong Kong 香港	100
eHR HK Limited (limited by guarantee) (擔保有限公司)	To act as a custodian to hold, maintain and license the intellectual property rights and assets related to eHR programme 作為保管人，持有、保管及特許有關電子健康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. The following amendments to standards and framework which are effective for the Group's financial year beginning 1 April 2020 are relevant to the Group:

#### The Conceptual Framework for Financial Reporting 2018

#### Amendments to HKAS 1 and HKAS 8, Definition of Material

The adoption of these amendments has no impact on the results and financial position of the Group.

The HKICPA has also issued a number of new / revised HKFRSs which are effective for accounting period beginning on or after 1 April 2021. The Group has not early adopted these new / revised HKFRSs in the financial statements for the financial year ended 31 March 2021. 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 capital items that are recognised when the related expenditure is incurred as set out in note 2(r).

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

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

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

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

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

# 財務報表附註

## 2. 主要會計政策(續)

### (d) 採用新訂 / 經修訂的《香港財務報告準則》

香港會計師公會頒布了多項在此期間生效的新訂 / 經修訂的《香港財務報告準則》，包括對現有準則的詮釋、修訂或改良。以下經修訂的準則及框架在集團二零二零年四月一日開始之財政年度生效，並適用於集團：

#### 《2018年財務報告之概念框架》

#### 《香港會計準則》第1號及第8號「重大的定義」之修訂

有關修訂對集團營運結果及財務狀況並無重大影響。

香港會計師公會亦頒布了多項在二零二一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》。集團在截至二零二一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

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

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

指定用途捐贈基金及資本捐贈之轉調按附註2(f)的方式確認。

資本補助、小型工程項目基金及公私營協作基金之轉調按附註2(r)的方式確認。

來自固定入息工具的投資收益按附註2(k)的方式確認。

來自銀行存款之投資收益採用實際利息法按時間比例入賬。



# 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)(iii) and 2(h) respectively. The amount of the donated assets is accumulated in deferred income under capital donations. Each year, an amount equal to the depreciation or amortisation charge for these assets and the net book value of assets disposed of is transferred from deferred income to the statement of income and expenditure. Other donated assets not fulfilling the capitalisation policy are recorded as expenditure and income in the year of receipt of the assets.

#### (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)(iii) 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)(iii) 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-subsidised hospitals are recorded at nominal value and included in property, plant and equipment.

(ii) Property, plant and equipment other than completed building projects which give rise to economic benefits are capitalised and the corresponding amounts are recognised 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賬面淨值會由遞延收益轉調往收支結算表。其他不符合資本化規定的捐贈資產，於收取時在該年度之收支賬目內記賬。

#### (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)(iii)或附註2(h)的資本化規定，會列入該指定基金的開支賬目內。當現金捐贈的開支是用於附註2(g)(iii)的物業、機器及設備或附註2(h)的無形資產，會於遞延收益之下的資本捐贈累積，而相同款額亦會資本化為物業、機器及設備或無形資產。每年，一筆相等於這些資產折舊或攤銷的金額及出售資產的賬面淨值由遞延收益轉調往收支結算表。

作為一般營運之用的非指定用途捐贈，於收款時列入該年度之收支結算表內。

### (g) 物業、機器及設備

(i) 由政府及個別前補助醫院管治機構轉調的已完成建築工程以名義價值入賬，列為物業、機器及設備。

(ii) 除已完成建築工程外，可帶來經濟效益的物業、機器及設備應資本化，並會視乎是政府撥款或捐贈撥款而將相應款額分別在遞延收益 - 資本補助及資本捐贈確認。

# 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賬。年內增加代表某項資產新加或更換的組件。若資產的賬面價值高於估計可收回價值，其賬面價值會即時減至為可收回價值。
- (iv) 集團所取得的資產的成本或捐贈資產的公允價值的折舊，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賬面價值之差額計入收支結算表內。
- (vii) 未完成的資本開支在資產啟用前不提折舊。

### (h) 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，則該合約屬於租賃或包含租賃。倘客戶有權從使用已識別資產獲得絕大部份經濟利益以及有權指示使用已識別資產，則合約賦予控制權。

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

#### (i) 使用權資產

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

#### (ii) 租賃負債

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



# NOTES TO THE FINANCIAL STATEMENTS

## 2. Principal accounting policies (Continued)

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

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

### (k) Fixed income instruments

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

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

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

### (l) Inventories

Inventories, which comprise drugs, other medical and general consumable stores, are valued at the lower of cost and net realisable value. Cost is calculated using the weighted average method. Where applicable, provision is made for obsolete and slow-moving items. Inventories are stated net of such provision 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) 按公允價值列賬及在損益處理之金融資產

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

### (k) 固定入息工具

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

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

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

### (l) 存貨

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

# NOTES TO THE FINANCIAL STATEMENTS

## 2. Principal accounting policies (Continued)

### (m) Accounts receivable

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

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

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

### (n) Cash and cash equivalents

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

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

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

# 財務報表附註

## 2. 主要會計政策(續)

### (m) 應收賬款

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

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

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

### (n) 現金及現金等值

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

### (o) 非金融資產減值

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

# NOTES TO THE FINANCIAL STATEMENTS

## 2. Principal accounting policies (Continued)

### (p) Provisions and contingent liabilities

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

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

### (q) Employee benefits

#### (i) Retirement benefits costs

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

#### (ii) Termination benefits costs

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

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

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

# 財務報表附註

## 2. 主要會計政策(續)

### (p) 撥備及或然負債

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

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

### (q) 僱員福利

#### (i) 退休福利開支

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

#### (ii) 離職福利開支

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

#### (iii) 死亡及傷殘福利開支

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



# NOTES TO THE FINANCIAL STATEMENTS

## 2. Principal accounting policies (Continued)

### (q) Employee benefits (Continued)

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

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

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

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

#### (iv) Other employee benefits costs

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

### (r) Government subvention

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

(i) Government funding for building projects, together with contributions from the individual governing bodies of ex-subvented hospitals, are received by HA for undertaking the capital works on their behalf. Accordingly, the amount incurred on building projects and the funding received are reflected as changes in current assets / current liabilities. Any outstanding reimbursement of project costs incurred by HA is recognised as current assets, while advance funding received by HA for meeting the project costs in future periods are recognised as current liabilities. Further details are set out in notes 13 and 18.

(ii) The one-off grant received from the Government for minor works projects (under Subhead 8083MM) together with the related investment income are recognised as deferred income – Minor Works Projects Fund. Each year, the amount spent on the minor works projects is transferred from deferred income to the statement of income and expenditure or deferred income – capital subventions as appropriate. Further details of the deferred income – Minor Works Projects Fund are set out in note 21(a).

# 財務報表附註

## 2. 主要會計政策(續)

### (q) 僱員福利(續)

#### (iii) 死亡及傷殘福利開支(續)

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

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

有關死亡及傷殘福利責任的詳情見附註20。

#### (iv) 其他僱員福利開支

其他僱員福利如年假及約滿酬金於應付時入賬。

### (r) 政府補助

除下列外，本年度經核准的政府補助金列為經常性補助金。

(i) 政府就建築工程的撥款，以及個別前補助醫院管治機構承擔的款項，由醫管局收取代為執行基本工程項目。就建築工程所涉費用及所得撥款，相應反映於流動資產 / 流動負債的變動中。任何醫管局所支付而未獲付還的工程費用列為流動資產，而醫管局收取用以支付日後工程費用的預先撥款列為流動負債。詳情載於附註13及18。

(ii) 政府的小型工程一次性撥款(分目8083MM項下)及有關的投資收益確認為遞延收益 — 小型工程項目基金。每年，小型工程項目的支出款額，如適當，由遞延收益轉調往收支結算表或遞延收益 — 資本補助。遞延收益 — 小型工程項目基金的詳情載於附註21(a)。

# NOTES TO THE FINANCIAL STATEMENTS

## 2. Principal accounting policies (Continued)

### (r) Government subvention (Continued)

(iii) The Government allocated HK\$10,000,000,000 to HA to establish an endowment fund for PPP programmes. The investment returns of the PPP Endowment Fund, together with the remaining balance of the one-off designated funding for HA's PPP programmes as at 31 March 2016 are recognised as deferred income – PPP Fund. Each year, the amount spent on the PPP programmes is transferred from deferred income to the statement of income and expenditure or deferred income – capital subventions as appropriate. Further details of the PPP Fund are set out in note 21(b).

(iv) Government subventions that are spent on property, plant and equipment or intangible assets as set out in notes 2(g)(ii) and 2(h) respectively are accumulated in deferred income under capital subventions, and the corresponding amounts are capitalised as property, plant and equipment or intangible assets respectively. Each year, an amount equal to the depreciation or amortisation charge for these assets and net book value of assets disposed of is transferred from deferred income to the statement of income and expenditure.

### (s) Translation of foreign currencies

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

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

### (t) Related parties

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

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

# 財務報表附註

## 2. 主要會計政策(續)

### (r) 政府補助(續)

(iii) 政府向醫管局撥款港幣10,000,000,000元設立留本基金，以推行公私營協作計劃。公私營協作留本基金的投資回報，連同政府給予醫管局公私營協作計劃的一次性指定撥款於二零一六年三月三十一日的結餘確認為遞延收益——公私營協作基金。每年，公私營協作計劃的支出款額，如適當，由遞延收益轉調往收支結算表或遞延收益——資本補助。有關公私營協作基金的詳情載於附註21(b)。

(iv) 用於附註2(g)(ii)物業、機器及設備或附註2(h)無形資產支出的政府補助，在遞延收益項下的資本補助累積。相同金額會資本化，分別列為物業、機器及設備或無形資產。每年，一筆相等於該等資產折舊或攤銷的金額及出售資產的賬面淨值會由遞延收益轉調往收支結算表。

### (s) 外幣換算

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

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

### (t) 關聯人士

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

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

# NOTES TO THE FINANCIAL STATEMENTS

## 3. Financial risk management

### (a) Financial risk factors

The Group's activities of providing healthcare services to patients, the administration of drugs, the employment of a 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 2021 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、僱用具規模的職員隊伍及投資活動等，均是主要的財務風險來源，就這些風險進行財務管理可將風險減低。集團財務風險管理的主要原則，是透過向不同保險公司購買保險及自行承保運作風險，將重大風險而導致的財政費用轉移，以及遵守作為僱主及擁有車隊的機構各項保險規管條文。

就投資方面，根據集團有關政策及指引，其主要目標是符合流動資金的需要、保障資金及提供合理投資回報。截至二零二一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評級。就銀行存款而言，銀行的最低信貸評級須不低於穆迪 Baa3 或同等級別。《香港財務報告準則》第9號的減值規定對銀行存款沒有重大影響，銀行存款涉及的信貸風險對集團的影響並不大。

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

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



# NOTES TO THE FINANCIAL STATEMENTS

## 3. Financial risk management (Continued)

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

#### (ii) Interest rate risk

The Portfolio's interest rate risk arises from interest bearing cash at bank, bank deposits and fixed income instruments. Cash at bank, which earns interest at variable rates, gives rise to cash flow interest rate risk. Fixed rate bank deposits and fixed income instruments expose the Portfolio to fair value interest rate risk. Sensitivity analyses have been performed by the Group with regard to interest rate risk as at 31 March 2021. If interest rates had been increased or decreased by 25 basis points, which represent management's assessment of a reasonably possible change in those rates, and all other variables were held constant, the effect on the Group's operating results and total funds is insignificant.

#### (iii) Price risk

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

#### (iv) Currency risk

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

### (b) Fair values estimation

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

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

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

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

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

# 財務報表附註

## 3. 財務風險管理 (續)

### (a) 財務風險因素 (續)

#### (ii) 利率風險

組合的利率風險來自所獲利息的銀行現金、銀行存款及固定入息工具。銀行現金賺取不同利率，會有流動現金利率風險；而賺取固定息率的銀行存款及固定入息工具，則有公允價值利率風險。集團在二零二一年三月三十一日就利率風險進行敏感度分析。當利率升降25點子(即管理層認為的合理可能之利率變動)，而所有其他變動因素維持不變，這對集團營運結果及基金總額不會有重大影響。

#### (iii) 價格風險

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

#### (iv) 貨幣風險

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

### (b) 公允價值估計

#### (i) 按公允價值列賬的金融資產

集團以公允價值計量的金融工具按以下公允價值的計量架構進行分類：

第一層 – 相同資產或負債於活躍市場之報價(未經調整)。

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

第三層 – 資產或負債並不是根據可觀察市場數據的輸入(即不可觀察輸入)。

# NOTES TO THE FINANCIAL STATEMENTS

## 3. Financial risk management (Continued)

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

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

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

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

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

Specific valuation techniques used to value financial instruments include:

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

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

# 財務報表附註

## 3. 財務風險管理(續)

### (b) 公允價值估計(續)

#### (i) 按公允價值列賬的金融資產(續)

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

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

如一項或多項重大輸入並非根據可觀察市場數據，這些工具屬於第三層。

用以估值金融工具的特定估值技術包括：

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

其他技術，例如折算現金流分析，用以釐定其餘金融工具的公允價值。

# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

## 3. Financial risk management (Continued)

## 3. 財務風險管理 (續)

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

### (b) 公允價值估計 (續)

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

#### (i) 按公允價值列賬的金融資產 (續)

The placements with the Exchange Fund are included in level 3. The following table presents the changes in level 3 instruments for the financial years ended 31 March 2021 and 31 March 2020:

外匯基金存款屬於第三層。下表呈列截至二零二一年三月三十一日止及二零二零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 2021 HK\$'000 截至2021年 3月31日止年度 港幣千元	For the year ended 31 March 2020 HK\$'000 截至2020年 3月31日止年度 港幣千元
At the beginning of the year 於年初	29,904,039	25,590,326
Addition [note 16] 增加[附註16]	-	5,000,000
Withdrawal 提取	(7,300,000)	-
Interest earned / accrued interest 所獲利息 / 應計利息	873,590	849,713
Interest withdrawn 提取利息	(907,371)	(1,536,000)
At the end of the year [note 9] 於年終[附註9]	<b>22,570,258</b>	29,904,039

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

#### (ii) 非以公允價值呈列的金融資產

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

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

The Group and HA 集團及醫管局				
	Carrying Value [Note 10] 賬面價值 [附註10]		Fair Value 公允價值	
	At 31 March 2021 HK\$'000 2021年3月31日 港幣千元	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元	At 31 March 2021 HK\$'000 2021年3月31日 港幣千元	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元
Fixed income instruments 固定入息工具	398,000	1,899,257	401,286	1,905,966

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

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



# NOTES TO THE FINANCIAL STATEMENTS

## 3. Financial risk management (Continued)

### (c) Capital management

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

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

In this regard, the capital of the Group comprises revenue reserve, designated fund and deferred income as shown in the consolidated balance sheet. At 31 March 2021, the capital of the Group was HK\$28,021,225,000 (2020: HK\$28,091,837,000).

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

# 財務報表附註

## 3. 財務風險管理(續)

### (c) 資本管理

根據《醫院管理局條例》，集團的資源包括：

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

故此，集團的資本包括綜合資產負債表所載的收入儲備、指定基金及遞延收益。截至二零二一年三月三十一日，集團的資本為港幣28,021,225,000元(二零二零年：港幣28,091,837,000元)。

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

# NOTES TO THE FINANCIAL STATEMENTS

## 4. Critical accounting estimates and judgments

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

### (a) Provision for medical malpractice claims

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

### (b) Death and disability liabilities

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

# 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) 醫療失誤申索撥備

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

### (b) 死亡及傷殘福利責任

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

# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

## 5. Property, plant and equipment

## 5. 物業、機器及設備

The Group and HA 集團及醫管局					
	Building and improvements HK\$'000 建築物及裝修 港幣千元	Furniture, fixtures and equipment HK\$'000 家具、固定裝置及設備 港幣千元	Motor vehicles HK\$'000 汽車 港幣千元	Computer equipment HK\$'000 電腦設備 港幣千元	Total HK\$'000 總計 港幣千元
<b>Cost 成本</b>					
At 1 April 2020 於2020年4月1日	1,106,450	13,239,779	338,634	692,698	15,377,561
Additions 增加	482	1,829,929	49,024	81,724	1,961,159
Reclassifications 重新分類	-	(345)	-	345	-
Disposals 出售	-	(557,235)	(10,748)	(16,987)	(584,970)
At 31 March 2021 於2021年3月31日	1,106,932	14,512,128	376,910	757,780	16,753,750
<b>Accumulated depreciation 累積折舊</b>					
At 1 April 2020 於2020年4月1日	501,657	7,536,274	247,040	492,397	8,777,368
Charge for the year 本年度之折舊	31,484	1,076,762	36,037	76,643	1,220,926
Reclassifications 重新分類	-	(46)	-	46	-
Disposals 出售	-	(540,525)	(10,747)	(16,647)	(567,919)
At 31 March 2021 於2021年3月31日	533,141	8,072,465	272,330	552,439	9,430,375
<b>Net book value 賬面淨值</b>					
At 31 March 2021 於2021年3月31日	573,791	6,439,663	104,580	205,341	7,323,375

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



# 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 2021 HK\$'000 截至2021年 3月31日止年度 港幣千元	For the year ended 31 March 2020 HK\$'000 截至2020年 3月31日止年度 港幣千元
<b>Cost 成本</b>		
At the beginning of the year 於年初	1,761,363	1,581,537
Additions 增加	233,824	184,104
Reclassifications 重新分類	-	200
Disposals 出售	(964)	(4,478)
At the end of the year 於年終	1,994,223	1,761,363
<b>Accumulated amortisation 累積攤銷</b>		
At the beginning of the year 於年初	1,454,717	1,342,229
Charge for the year 本年度之攤銷	194,107	116,966
Disposals 出售	(964)	(4,478)
At the end of the year 於年終	1,647,860	1,454,717
<b>Net book value 賬面淨值</b>		
At the end of the year 於年終	346,363	306,646

HA 醫管局		
	For the year ended 31 March 2021 HK\$'000 截至2021年 3月31日止年度 港幣千元	For the year ended 31 March 2020 HK\$'000 截至2020年 3月31日止年度 港幣千元
<b>Cost 成本</b>		
At the beginning of the year 於年初	1,749,596	1,575,614
Additions 增加	226,799	178,260
Reclassifications 重新分類	-	200
Disposals 出售	(964)	(4,478)
At the end of the year 於年終	1,975,431	1,749,596
<b>Accumulated amortisation 累積攤銷</b>		
At the beginning of the year 於年初	1,448,411	1,336,306
Charge for the year 本年度之攤銷	188,741	116,583
Disposals 出售	(964)	(4,478)
At the end of the year 於年終	1,636,188	1,448,411
<b>Net book value 賬面淨值</b>		
At the end of the year 於年終	339,243	301,185

# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

## 7. Leases

The Group has leased buildings, mainly for offices, blood donation centres, clinics, data centres, storerooms and community treatment facility, and leased land for North Lantau Hospital Hong Kong Infection Control Centre ("HKICC"). 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 2021, the future cash outflows for lease not yet commenced but committed by the Group amounted to HK\$57,043,000 (2020: HK\$17,027,000).

## 7. 租賃

集團租用的物業主要用作辦公室、捐血中心、診所、數據中心、倉庫及社區治療設施，而租用的土地主要用作設立北大嶼山醫院香港感染控制中心。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。於二零二一年三月三十一日，尚未開始但集團已承擔的租賃未來現金流出為港幣 57,043,000 元(二零二零年：港幣 17,027,000 元)。

### (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 2021 HK\$'000 2021年3月31日 港幣千元	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元
Buildings 物業	188,276	195,391
Land 土地	81,837	-
	<b>270,113</b>	195,391

### (a) 在綜合資產負債表確認的款項

#### (i) 使用權資產

Additions to the right-of-use assets for the financial year ended 31 March 2021 were HK\$215,363,000 (2020: HK\$86,653,000).

於截至二零二一年三月三十一日止之財政年度，使用權資產的增加為港幣215,363,000元(二零二零年：港幣86,653,000元)。

#### (ii) Lease liabilities

#### (ii) 租賃負債

Contractual maturities of lease liabilities are as follows:

租賃負債的合約到期情況如下：

The Group and HA 集團及醫管局						
	Within 1 year HK\$'000 1年內 港幣千元	Between 1 and 2 years HK\$'000 1-2年 港幣千元	Between 2 and 5 years HK\$'000 2-5年 港幣千元	Over 5 years HK\$'000 5年以上 港幣千元	Total contractual cash flows HK\$'000 合約現金 流量總額 港幣千元	Carrying amount HK\$'000 賬面價值 港幣千元
At 31 March 2021 於2021年3月31日	156,375	112,155	27,703	-	296,233	294,267
Less: non-current portion 減：非流動部分						(139,268)
Current portion 流動部分						154,999
At 31 March 2020 於2020年3月31日	100,516	60,426	41,695	-	202,637	199,104
Less: non-current portion 減：非流動部分						(100,818)
Current portion 流動部分						98,286

# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

## 7. Leases (Continued)

## 7. 租賃(續)

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

### (b) 在綜合收支結算表確認的款項

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

綜合收支結算表呈列之租賃相關款額如下：

The Group and HA 集團及醫管局		
	For the year ended 31 March 2021 HK\$'000 截至2021年 3月31日止年度 港幣千元	For the year ended 31 March 2020 HK\$'000 截至2020年 3月31日止年度 港幣千元
Depreciation 折舊	140,641	100,896
Expenses relating to short-term leases (included in other operating expenses) 短期租賃相關開支(包括在其他營運開支內)	549,417	14,737
Finance costs 財務費用	2,621	3,154

Total cash outflow for leases for the year ended 31 March 2021 was HK\$677,619,000 (2020: HK\$110,524,000).

截至二零二一年三月三十一日止年度，租賃之現金流出總額為港幣 677,619,000 元 (二零二零年：港幣 110,524,000 元)。

## 8. Loans receivable

## 8. 應收債款

Certain eligible employees under the Home Loan Interest Subsidy Scheme were offered downpayment loans for the purchase of their residential properties ("Downpayment Loan Scheme"). The repayment period of the loans is the shorter of the mortgage life and 20 years. Interest charged on the downpayment loans is determined by the Group from time to time and is set at 1.106% as at 31 March 2021 (2020: 1.106%). Downpayment Loan Scheme has been suspended since April 2002.

在醫管局推行的購屋貸款利息津貼計劃下，一些合資格僱員可獲得首期貸款以購置居所(「首期貸款計劃」)。首期貸款的還款期為物業按揭年數或20年，以較短者為準。首期貸款的息率由醫管局不時訂定，於二零二一年三月三十一日時為1.106%(二零二零年：1.106%)。首期貸款計劃自二零零二年四月起已暫停。

At 31 March 2021, the downpayment loans advanced to eligible staff which are fully secured by charges over the properties are as follows:

在二零二一年三月三十一日，已發放給合資格僱員的首期貸款並有物業作十足抵押如下：

The Group and HA 集團及醫管局		
	At 31 March 2021 HK\$'000 2021年3月31日 港幣千元	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元
Repayable within one year 一年內償還	104	237
Repayable beyond one year 超過一年償還	18	122
	122	359



# NOTES TO THE FINANCIAL STATEMENTS

## 8. Loans receivable (Continued)

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

## 9. Placements with the Exchange Fund

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

The interest on the placements is at a fixed rate determined annually in January and payable annually in arrears on 31 December. Currently, the rate of return is calculated on the basis of the average annual rate of return on certain investment portfolio of the Exchange Fund over the past six years or the average annual yield of three-year Government Bond in the previous year (subject to a minimum of zero percent), whichever is the higher. This rate of return has been fixed at 3.7% and 4.7% per annum for January to December 2020 and January to December 2021, respectively. The interest earned but not yet withdrawn by HA would continue to accrue interest at the same rate payable for the principal amount.

As agreed with HKMA, HA 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.

During the year ended 31 March 2021, HA withdrew the principal of HK\$7,300,000,000 together with the interest of HK\$485,371,000 upon the maturity on 14 April 2020 (2020: interest of HK\$1,300,000,000) from the placement with the Exchange Fund to meet the costs of the minor works projects in future years. To support the operation of the PPP programmes, HA also withdrew the interest of HK\$422,000,000 (2020: HK\$236,000,000) from the placement.

# 財務報表附註

## 8. 應收債款(續)

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

## 9. 外匯基金存款

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

這筆存款的息率固定，在每年一月釐定，並於每年十二月三十一日支付。現時，回報率是按外匯基金投資組合過往六年的平均投資回報率，或三年期政府債券過去一年的平均年度收益率計算(最低為0%)，以較高者為準。二零二零年一月至十二月及二零二一年一月至十二月的每年回報率分別為3.7%及4.7%。醫管局所獲但未有提取的利息會按本金可享息率繼續積存利息。

根據醫管局與金管局的協議，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一次過提取一筆相等於或不超過港幣2,000,000,000元的款項。

於截至二零二一年三月三十一日止的年度，醫管局從外匯基金存款中提取於二零二零年四月十四日到期的港幣7,300,000,000元本金連同港幣485,371,000元利息(二零二零年：利息港幣1,300,000,000元)，用以支付小型工程項目於未來年度的開支。此外，醫管局亦從存款中提取港幣422,000,000元(二零二零年：港幣236,000,000元)的利息，作為公私營協作計劃營運之用。

# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

## 9. Placements with the Exchange Fund (Continued) 9. 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 [Note 17] 作為撒瑪利亞基金的保管人 [附註 17]		Minor Works Projects Fund [Note 21(a)] 小型工程項目基金 [附註 21(a)]		PPP Fund and PPP Endowment Fund [Notes 21(b) and 23] 公私營協作基金及公私營協作留本基金 [附註 21(b) 及 23]		HLISS Fund [Note 16] 購屋貸款利息津貼計劃基金 [附註 16]		Total 總計	
	At 31 March 2021 HK\$'000 2021年 3月31日 港幣千元	At 31 March 2020 HK\$'000 2020年 3月31日 港幣千元	At 31 March 2021 HK\$'000 2021年 3月31日 港幣千元	At 31 March 2020 HK\$'000 2020年 3月31日 港幣千元	At 31 March 2021 HK\$'000 2021年 3月31日 港幣千元	At 31 March 2020 HK\$'000 2020年 3月31日 港幣千元	At 31 March 2021 HK\$'000 2021年 3月31日 港幣千元	At 31 March 2020 HK\$'000 2020年 3月31日 港幣千元	At 31 March 2021 HK\$'000 2021年 3月31日 港幣千元	At 31 March 2020 HK\$'000 2020年 3月31日 港幣千元
Principal amount 本金	6,000,000	6,000,000	-	7,300,000	10,000,000	10,000,000	5,000,000	5,000,000	21,000,000	28,300,000
Interest earned but not withdrawn at the reporting date 報告日所獲但沒有提取的利息收入	446,010	216,017	-	404,370	625,063	657,428	240,614	53,630	1,311,687	1,331,445
Accrued interest 應計利息	74,703	57,184	-	70,876	123,134	98,043	60,734	46,491	258,571	272,594
	6,520,713	6,273,201	-	7,775,246	10,748,197	10,755,471	5,301,348	5,100,121	22,570,258	29,904,039
Less: non-current portion 減：非流動部分	(6,000,000)	(6,000,000)	-	-	(10,000,000)	(10,000,000)	(5,000,000)	(5,000,000)	(21,000,000)	(21,000,000)
Current portion 流動部分	520,713	273,201	-	7,775,246	748,197	755,471	301,348	100,121	1,570,258	8,904,039

# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

### 10. Fixed income instruments

The fixed income instruments represent Hong Kong dollar certificates of deposits and bonds with maturity periods within five years from the date of purchase. The investment yields at the reporting date were between 1.28% and 2.74% (2020: between 2.63% and 3.18%).

At 31 March 2021, 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 2021 HK\$'000 2021年3月31日 港幣千元	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元
Maturing within one year 一年內到期	148,000	1,899,257
Maturing between one and five years 一至五年內到期	250,000	-
	<b>398,000</b>	1,899,257

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

固定入息工具是指由購買日期起計五年內到期的港元存款證及債券，在報告日的投資收益介乎1.28%至2.74%之間（二零二零年：在2.63%至3.18%之間）。

於二零二一年三月三十一日，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。

### 11. Inventories

### 11. 存貨

The Group and HA 集團及醫管局		
	At 31 March 2021 HK\$'000 2021年3月31日 港幣千元	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元
Drugs 藥物	1,483,920	1,409,632
Medical consumables 醫療消耗品	1,010,265	285,583
General consumables 一般消耗品	47,810	19,527
	<b>2,541,995</b>	1,714,742

The carrying value of inventories has been adjusted to its net realisable value by HK\$134,564,000 (2020: HK\$2,820,000) during the year ended 31 March 2021.

於截至二零二一年三月三十一日止之年度，存貨的賬面價值調整港幣134,564,000元（二零二零年：港幣2,820,000元）至其可變現淨值。



# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

## 12. Accounts receivable

## 12. 應收賬款

The Group and HA 集團及醫管局		
	At 31 March 2021 HK\$'000 2021年3月31日 港幣千元	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元
Bills receivable [note 12(a)] 應收賬單 [附註 12(a)]	380,710	378,900
Accrued income [note 12(b)] 應計收入 [附註 12(b)]	56,443	34,516
	<b>437,153</b>	413,416
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)]	<b>(79,091)</b>	(68,700)
	<b>358,062</b>	344,716

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

(a) 應收賬單的賬齡分析如下：

The Group and HA 集團及醫管局		
	At 31 March 2021 HK\$'000 2021年3月31日 港幣千元	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元
Within 30 days 30日內	223,796	202,431
Between 31 and 60 days 31至60日	63,598	90,305
Between 61 and 90 days 61至90日	16,988	26,047
Over 90 days 超過90日	76,328	60,117
	<b>380,710</b>	378,900

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

集團有關病人賬單的政策如下：

- (i) Patients attending outpatient and accident and emergency services are required to pay fees before services are performed.
- (ii) Private patients and non-eligible persons are required to pay deposit on admission to hospital.
- (iii) Interim bills are sent to patients during hospitalisation. Final bills are sent if the outstanding amounts have not been settled on discharge.
- (iv) Administrative charge is imposed on late payments of medical fees and charges for medical services provided on or after 1 July 2007. The administrative charge is imposed at 5% of the outstanding fees past due for 60 days from issuance of the bills, subject to a maximum charge of HK\$1,000 for each bill. An additional 10% of the outstanding fees are imposed if the bills remain outstanding 90 days from issuance of the bills, subject to a maximum additional charge of HK\$10,000 for each bill.

- (i) 病人到門診診所及急症室求診須於接受診治前繳付費用。
- (ii) 私家病人及非符合資格人士入院時須繳付訂金。
- (iii) 醫院會向住院病人發出中期賬單。假如病人在出院時未繳付尚欠的費用，醫院會發出最後賬單通知。
- (iv) 就二零零七年七月一日或之後所提供的醫療服務，若逾期支付費用須另繳行政費。如在賬單發出後60日仍未清繳費用，會另外徵收欠款5%作為行政費，每項賬單上限為港幣1,000元；如在賬單發出後90日仍未清繳費用，則會另外徵收欠款10%作為行政費，每項賬單上限為港幣10,000元。

# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

## 12. Accounts receivable (Continued)

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

An 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 2021 HK\$'000 2021年3月31日 港幣千元	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元
Past due by 逾期：		
Within 30 days 30日內	180,933	166,717
Between 31 and 60 days 31至60日	43,771	73,234
Between 61 and 90 days 61至90日	6,482	14,336
Over 90 days 超過90日	13,499	8,330
	<b>244,685</b>	<b>262,617</b>

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. 應收賬款(續)

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

逾期但沒有減值的應收賬單的賬齡分析如下：

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

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

# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

## 12. Accounts receivable (Continued)

(c) At 31 March 2021, bills receivable of HK\$136,025,000 (2020: HK\$116,283,000) were impaired by HK\$79,091,000 (2020: HK\$68,700,000). The ageing analysis of these receivables is as follows:

## 12. 應收賬款 (續)

(c) 於二零二一年三月三十一日，港幣136,025,000元(二零二零年：港幣116,283,000元)的應收賬單減值港幣79,091,000元(二零二零年：港幣68,700,000元)。這些應收賬單的賬齡分析如下：

The Group and HA 集團及醫管局		
	At 31 March 2021 HK\$'000 2021年3月31日 港幣千元	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元
Within 30 days 30日內	42,863	35,714
Between 31 and 60 days 31至60日	19,827	17,071
Between 61 and 90 days 61至90日	10,506	11,711
Over 90 days 超過90日	62,829	51,787
	<b>136,025</b>	<b>116,283</b>

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

應收賬單預期信用損失撥備的變動如下：

The Group and HA 集團及醫管局		
	For the year ended 31 March 2021 HK\$'000 截至2021年 3月31日止年度 港幣千元	For the year ended 31 March 2020 HK\$'000 截至2020年 3月31日止年度 港幣千元
At the beginning of the year 於年初	68,700	80,089
Additional provision 撥備增加	56,489	50,213
Uncollectible amounts written off 註銷的未收回款額	(46,098)	(61,602)
At the end of the year 於年終	<b>79,091</b>	<b>68,700</b>

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

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



# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

### 12. Accounts receivable (Continued)

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

### 12. 應收賬款(續)

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

The Group and HA 集團及醫管局				
	Gross Carrying Amount HK\$'000 賬面總值 港幣千元	Lifetime Expected Credit Loss HK\$'000 整個存續期的預期 信用損失 港幣千元	Net Carrying Amount HK\$'000 賬面淨值 港幣千元	Weighted Average Lifetime Expected Credit Loss Rate 加權平均 預期信用 損失率
<b>At 31 March 2021 於2021年3月31日</b>				
Within 6 months 6個月內	391,530	(44,186)	347,344	11%
Between 6 and 12 months 6至12個月	20,428	(9,791)	10,637	48%
Over 12 months 超過12個月	25,195	(25,114)	81	100%
	<b>437,153</b>	<b>(79,091)</b>	<b>358,062</b>	
<b>At 31 March 2020 於2020年3月31日</b>				
Within 6 months 6個月內	383,546	(42,038)	341,508	11%
Between 6 and 12 months 6至12個月	9,747	(6,745)	3,002	69%
Over 12 months 超過12個月	20,123	(19,917)	206	99%
	<b>413,416</b>	<b>(68,700)</b>	<b>344,716</b>	

The lifetime expected credit loss balances disclosed above include HK\$51,234,000 (2020: HK\$42,431,000) which were related to receivables individually determined to be impaired. These mainly related to non-eligible persons, the recoverability of which are considered to be low after taking all possible debt recovery actions.

上述披露的整個存續期的預期信用損失的結餘包括港幣51,234,000元(二零二零年：港幣42,431,000元)與個別決定減值的應收賬單有關，主要涉及非符合資格人士，雖然已採取所有可能行動向他們追收欠款，但成功收回機會不大。

# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

## 13. Other receivables

## 13. 其他應收賬款

The Group and HA 集團及醫管局		
	At 31 March 2021 HK\$'000 2021年3月31日 港幣千元	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元
Donations receivable 應收捐款	52,691	72,167
Interest receivable 應收利息	89,480	49,494
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)]	297,849	355,629
Others 其他	82,340	152,096
	<b>522,360</b>	<b>629,386</b>

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

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

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

(a) 政府就基本工程項目所涉開支的撥款結餘變動如下：

The Group and HA 集團及醫管局		
	For the year ended 31 March 2021 HK\$'000 截至2021年 3月31日止年度 港幣千元	For the year ended 31 March 2020 HK\$'000 截至2020年 3月31日止年度 港幣千元
At the beginning of the year 於年初	355,629	(263,219)
Government funding received on capital projects 就基本工程項目收到的政府撥款	(3,813,049)	(2,829,079)
Amount incurred on capital projects 基本工程項目所涉款項	3,755,269	3,447,927
At the end of the year 於年終	<b>297,849</b>	<b>355,629</b>

14. Deposits and prepayments

14. 按金及預付款項

The Group 集團		
	At 31 March 2021 HK\$'000 2021年3月31日 港幣千元	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元
Utility and other deposits 公用事業及其他按金	45,573	30,449
Prepayments to Government departments 向政府部門預付的款項	137,313	97,100
Maintenance contracts and other prepayments 保養合約及其他預付款項	430,371	199,596
	<b>613,257</b>	<b>327,145</b>

HA 醫管局		
	At 31 March 2021 HK\$'000 2021年3月31日 港幣千元	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元
Utility and other deposits 公用事業及其他按金	45,449	30,337
Prepayments to Government departments 向政府部門預付的款項	137,313	97,100
Maintenance contracts and other prepayments 保養合約及其他預付款項	430,366	199,596
	<b>613,128</b>	<b>327,033</b>



# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

## 15. Cash and bank balances

## 15. 現金及銀行結餘

The Group and HA 集團及醫管局		At 31 March 2021 HK\$'000 2021年3月31日 港幣千元	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元
Cash at bank and in hand 銀行存款及手持現金		834,916	782,386
Bank deposits with original maturity within three months 原來到期日不超過三個月的銀行存款		1,690,830	11,323,620
Cash and cash equivalents 現金及現金等值		2,525,746	12,106,006
Bank deposits with original maturity over three months 原來到期日超過三個月的銀行存款		29,882,950	8,135,161
		32,408,696	20,241,167

The cash and bank balances included bank deposits designated for Minor Works Projects Fund and PPP Fund of HK\$6,276,543,000 (2020: HK\$159,255,000) and HK\$186,443,000 (2020: HK\$125,097,000) respectively. The effective interest rate on short term bank deposits is between 0.001% and 0.6% (2020: 0.001% and 3.4%). These deposits have an average maturity of 64 days (2020: 57 days).

At 31 March 2021, the Group and HA had undrawn banking facilities of HK\$5,450,000,000 (2020: HK\$1,350,000,000).

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6,276,543,000元(二零二零年：港幣159,255,000元)及港幣186,443,000元(二零二零年：港幣125,097,000元)。短期銀行存款的實際利率為0.001%至0.6%之間(二零二零年：0.001%至3.4%之間)，這些存款的平均到期日為64天(二零二零年：57天)。

於二零二一年三月三十一日，集團及醫管局未動用的銀行授信額為港幣5,450,000,000元(二零二零年：港幣1,350,000,000元)。

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

## 16. 指定基金 — 購屋貸款利息津貼計劃

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

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

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

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

# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

### 17. Balance with Samaritan Fund

During the financial year ended 31 March 2013, the Government injected HK\$10,000,000,000 to support the operation of the Samaritan Fund, which was established in 1950 by resolution of the Legislative Council for the purpose of providing financial assistance to needy patients. As instructed by the Government, HK\$4,000,000,000 was vested immediately in the Samaritan Fund. The balance of HK\$6,000,000,000 not immediately required by the Samaritan Fund was placed with the Exchange Fund 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 which HA would be able to request one single withdrawal of an amount equal to or not more than HK\$3,000,000,000 during the period from 1 April 2022 to 31 March 2023.

As HA is acting as a custodian for the Samaritan Fund, the cumulative investment return up to 31 March 2021 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:

The Group and HA 集團及醫管局		
	At 31 March 2021 HK\$'000 2021年3月31日 港幣千元	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元
Principal amount 本金	6,000,000	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	446,010	216,017
Accrued interest 應計利息	74,703	57,184
	<b>6,520,713</b>	6,273,201
Less: non-current portion 減：非流動部分	<b>(6,000,000)</b>	(6,000,000)
Current portion 流動部分	<b>520,713</b>	273,201

### 17. 撒瑪利亞基金結餘

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

由於醫管局是作為撒瑪利亞基金的保管人，基金截至二零二一年三月三十一日止年度的累積投資回報連同本金，皆列作撒瑪利亞基金結餘。這筆存款沒抵押及免息，以港元為單位。

撒瑪利亞基金結餘分析如下：

# 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 2021 HK\$'000 2021年3月31日 港幣千元	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元
Trade payables [note 18(a)] 應付貿易賬款 [附註 18(a)]	1,372,693	1,042,960
Accrued charges and other payables [note 18(b)] 應付費用及其他賬款 [附註 18(b)]	8,658,763	8,209,241
Contributions from the governing bodies of ex-subvented hospitals for capital projects [note 18(c)] 前補助醫院管治機構就基本工程項目承擔款項 [附註 18(c)]	-	2
Current account with the Government [note 18(d)] 與政府之間的來往賬目 [附註 18(d)]	11,734,194	7,645,560
	<b>21,765,650</b>	<b>16,897,763</b>

HA 醫管局		
	At 31 March 2021 HK\$'000 2021年3月31日 港幣千元	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元
Trade payables [note 18(a)] 應付貿易賬款 [附註 18(a)]	1,372,693	1,042,960
Accrued charges and other payables [note 18(b)] 應付費用及其他賬款 [附註 18(b)]	8,626,538	8,196,279
Contributions from the governing bodies of ex-subvented hospitals for capital projects [note 18(c)] 前補助醫院管治機構就基本工程項目承擔款項 [附註 18(c)]	-	2
Current account with the Government [note 18(d)] 與政府之間的來往賬目 [附註 18(d)]	11,734,194	7,645,560
Current account with a subsidiary 與附屬機構之間的來往賬目	32,102	12,856
	<b>21,765,527</b>	<b>16,897,657</b>



# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

## 18. Creditors and accrued charges (Continued)

## 18. 債權人及應付費用(續)

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

(a) 應付貿易賬款的賬齡分析如下：

The Group and HA 集團及醫管局		
	At 31 March 2021 HK\$'000 2021年3月31日 港幣千元	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元
Within 30 days 30日內	1,300,215	949,635
Between 31 and 60 days 31至60日	29,916	40,086
Between 61 and 90 days 61至90日	29,267	16,414
Over 90 days 超過90日	13,295	36,825
	<b>1,372,693</b>	<b>1,042,960</b>

All trade payables as at 31 March 2021 are expected to be settled within one year. The Group has maintained adequate cash flows and banking facilities for settlement of trade payables.

二零二一年三月三十一日的應付貿易賬款應於一年內繳付。集團備有足夠流動現金及銀行授信額繳付應付貿易賬款。

(b) Accrued charges and other payables of the Group and HA included accrual for annual leave of HK\$2,834,102,000 (2020: HK\$2,405,096,000) and contract gratuity accrual of HK\$2,433,261,000 (2020: HK\$2,130,083,000).

(b) 集團及醫管局的應付費用及其他賬款包括未放年假撥備港幣2,834,102,000元(二零二零年:港幣2,405,096,000元)·以及應計合約酬金港幣2,433,261,000元(二零二零年:港幣2,130,083,000元)。

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

(c) 前補助醫院管治機構就基本工程項目承擔款項變動如下：

The Group and HA 集團及醫管局		
	For the year ended 31 March 2021 HK\$'000 截至2021年 3月31日止年度 港幣千元	For the year ended 31 March 2020 HK\$'000 截至2020年 3月31日止年度 港幣千元
At the beginning of the year 於年初	2	-
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	67,112	20,218
Amount incurred on capital projects 基本工程項目所涉款項	(67,114)	(20,216)
At the end of the year 於年終	-	2

# NOTES TO THE FINANCIAL STATEMENTS

## 18. Creditors and accrued charges (Continued)

- (d) The balance mainly included Government funding that was already received and set aside for designated programmes or specific items such as:
- (i) the unspent balance of HK\$2,282,000,000 (2020: HK\$1,927,000,000) for combatting the novel coronavirus ("COVID-19") pandemic. Out of the various funding committed by the Government for enhancing support to the Group in combatting the COVID-19 (e.g. HK\$4,700,000,000 from the Anti-epidemic Fund and HK\$3,044,000,000 additional subvention), HK\$6,819,000,000 has been received by the Group (2020: HK\$2,350,000,000), and HK\$4,114,000,000 was utilised and charged to the statement of income and expenditure for the financial year ended 31 March 2021 (2020: HK\$423,000,000).
- (ii) HK\$1,280,000,000 designated for future use, e.g. continue to support the anti-epidemic measures in particular the operation of HKICC, as well as medical and IT equipment maintenance and replacement.

## 19. Deposits received

The Group and HA 集團及醫管局		
	At 31 March 2021 HK\$'000 2021年3月31日 港幣千元	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元
Patient deposits [note 19(a)] 病人按金 [附註 19(a)]	45,553	27,989
Other deposits [note 19(b)] 其他按金 [附註 19(b)]	415,083	365,727
	<b>460,636</b>	<b>393,716</b>

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

# 財務報表附註

## 18. 債權人及應付費用 (續)

- (d) 結餘主要包括已收到及預留作指定計劃或特定項目之用的政府撥款，如：
- (i) 用作對抗新型冠狀病毒病（「2019冠狀病毒病」）疫情的撥款中未用結餘港幣2,282,000,000元（二零二零年：港幣1,927,000,000元）。就政府為加強支援集團對抗2019冠狀病毒病疫情而承擔的各項撥款（如防疫抗疫基金撥款港幣4,700,000,000元及額外撥款港幣3,044,000,000元），於截至二零二一年三月三十一日止之財政年度，集團已收到港幣6,819,000,000元（二零二零年：港幣2,350,000,000元），並已使用港幣4,114,000,000元及記入該年度之收支結算表內（二零二零年：港幣423,000,000元）。
- (ii) 指定作日後使用的港幣1,280,000,000元，如持續支援抗疫措施，尤其北大嶼山醫院香港感染控制中心的運作，以及作醫療及資訊科技設備保養和更換之用。

## 19. 已收按金

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

# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

### 20. Death and disability liabilities

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

The amounts recognised in the balance sheet are as follows:

The Group and HA 集團及醫管局		
	At 31 March 2021 HK\$'000 2021年3月31日 港幣千元	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元
Present value of funded obligations 注資責任的現值	294,818	321,885
Fair value of plan assets 計劃資產的公允價值	(4,708)	(14,465)
	290,110	307,420

### 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 2021 HK\$'000 截至2021年 3月31日止年度 港幣千元	For the year ended 31 March 2020 HK\$'000 截至2020年 3月31日止年度 港幣千元
At the beginning of the year 於年初	321,885	294,747
Current service cost 現行服務開支	50,490	43,533
Interest cost 利息開支	2,509	4,884
Benefits paid 已付福利	(5,060)	(7,950)
Remeasurement of disability liability 傷殘福利責任重新計量	(24,911)	(4,629)
Remeasurement of death liability 死亡福利責任重新計量	(50,095)	(8,700)
At the end of the year 於年終	294,818	321,885

# 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 2021 HK\$'000 截至2021年 3月31日止年度 港幣千元	For the year ended 31 March 2020 HK\$'000 截至2020年 3月31日止年度 港幣千元
At the beginning of the year 於年初	14,465	21,264
Adjustment on plan assets (excluding interest income) 計劃資產的調整(不包括利息收入)	(14,895)	(7,646)
Employer contributions 僱主供款	10,198	8,797
Benefits paid 已付福利	(5,060)	(7,950)
At the end of the year 於年終	<b>4,708</b>	14,465

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

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

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

下列是根據精算估值得出並在綜合收支結算表及綜合全面收益表予以確認的款額：

The Group and HA 集團及醫管局		
	For the year ended 31 March 2021 HK\$'000 截至2021年 3月31日止年度 港幣千元	For the year ended 31 March 2020 HK\$'000 截至2020年 3月31日止年度 港幣千元
Current service cost 現行服務開支	50,490	43,533
Interest cost 利息開支	2,509	4,884
Remeasurement of disability liability 傷殘福利責任重新計量	(24,911)	(4,629)
Total, included in staff costs [note 25] 總計(包括在員工成本內)[附註25]	<b>28,088</b>	43,788
Remeasurement of death liability 死亡福利責任重新計量	(50,095)	(8,700)
Adjustment on plan assets (excluding interest income) 計劃資產的調整(不包括利息收入)	14,895	7,646
Total, included in other comprehensive income 總計(包括在其他綜合收益內)	<b>(35,200)</b>	(1,054)



# 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 2021 截至2021年 3月31日止年度 %	For the year ended 31 March 2020 截至2020年 3月31日止年度 %
Discount rate 貼現率	1.70	0.80
Assumed rate of future salary increases 假設未來薪金增幅	2.90	3.10

The analysis below shows how the present value of the funded obligations as at 31 March 2021 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，得出二零二一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	(16,714)	18,421
Assumed rate of future salary increases 假設未來薪金增幅	17,744	(15,785)

# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

## 21. Deferred income

## 21. 遞延收益

The Group and HA 集團及醫管局				
	Designated donation fund [Note 2(f)] HK\$'000 指定捐贈基金 [附註 2(f)] 港幣千元	Minor Works Projects Fund [Note 21(a)] HK\$'000 小型工程 項目基金 [附註 21(a)] 港幣千元	PPP Fund [Note 21(b)] HK\$'000 公私營 協作基金 [附註 21(b)] 港幣千元	Total HK\$'000 總計 港幣千元
At 1 April 2019 於 2019 年 4 月 1 日	651,811	8,907,209	790,406	10,349,426
Additions during the year 年內增加	290,589	-	9,563	300,152
Interest earned 所獲利息	-	255,519	330,622	586,141
Transfers to deferred income – capital subventions and capital donations 轉調往遞延收益 — 資本補助及資本捐贈	-	(22,034)	-	(22,034)
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(202,263)	(1,288,539)	(286,750)	(1,777,552)
At 31 March 2020 於 2020 年 3 月 31 日	740,137	7,852,155	843,841	9,436,133
Additions during the year 年內增加	313,445	-	9,595	323,040
Interest earned 所獲利息	-	117,308	416,482	533,790
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	-	(1,829)	-	(1,829)
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(360,809)	(1,495,069)	(403,312)	(2,259,190)
At 31 March 2021 於 2021 年 3 月 31 日	692,773	6,472,565	866,606	8,031,944

# NOTES TO THE FINANCIAL STATEMENTS

## 21. Deferred income (Continued)

### (a) Minor Works Projects Fund

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

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

### (b) PPP Fund

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

During the financial year ended 31 March 2021, the Government provided recurrent subvention of HK\$9,595,000 (2020: HK\$9,563,000) to HA for pay adjustment of staff deployed on PPP programmes. The subvention was transferred to the PPP Fund and was recognised in the deferred income – PPP Fund when the subvention was received.

# 財務報表附註

## 21. 遞延收益(續)

### (a) 小型工程項目基金

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

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

### (b) 公私營協作基金

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

於截至二零二一年三月三十一日止的財政年度，政府向醫管局提供港幣9,595,000元(二零二零年：港幣9,563,000元)經常性補助，用作公私營協作計劃職員的薪酬調整。有關補助於收到時轉調往公私營協作基金，並確認為遞延收益—公私營協作基金。

# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

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

## 22. 遞延收益 — 資本補助及資本捐贈

The Group 集團			
	Capital subventions [Note 2(r)] HK\$'000 資本補助 [附註 2 (r)] 港幣千元	Capital donations [Note 2(f)] HK\$'000 資本捐贈 [附註 2 (f)] 港幣千元	Total HK\$'000 總計 港幣千元
At 1 April 2019 於 2019 年 4 月 1 日	5,263,364	1,244,025	6,507,389
Additions during the year 年內增加	1,513,944	130,838	1,644,782
Transfers from Minor Works Projects Fund 轉調自小型工程項目基金	22,034	-	22,034
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(1,107,972)	(159,394)	(1,267,366)
At 31 March 2020 於 2020 年 3 月 31 日	5,691,370	1,215,469	6,906,839
Additions during the year 年內增加	2,072,805	120,349	2,193,154
Transfers from Minor Works Projects Fund 轉調自小型工程項目基金	1,829	-	1,829
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(1,266,063)	(166,021)	(1,432,084)
At 31 March 2021 於 2021 年 3 月 31 日	6,499,941	1,169,797	7,669,738

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 2019 於 2019 年 4 月 1 日	5,263,364	1,244,025	6,507,389
Additions during the year 年內增加	1,508,100	130,838	1,638,938
Transfers from Minor Works Projects Fund 轉調自小型工程項目基金	22,034	-	22,034
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(1,107,589)	(159,394)	(1,266,983)
At 31 March 2020 於 2020 年 3 月 31 日	5,685,909	1,215,469	6,901,378
Additions during the year 年內增加	2,065,780	120,349	2,186,129
Transfers from Minor Works Projects Fund 轉調自小型工程項目基金	1,829	-	1,829
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(1,260,697)	(166,021)	(1,426,718)
At 31 March 2021 於 2021 年 3 月 31 日	6,492,821	1,169,797	7,662,618



# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

### 23. Public-Private Partnership Endowment Fund

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

### 23. 公私營協作留本基金

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

### 24. Hospital / clinic fees and charges

The charges for hospital services provided by the Group are levied in accordance with those stipulated in the Gazette. Since the Government has established a set of policies and procedures on granting fee waivers to the needy patients, the hospital / clinic fees and charges recognised as income in the consolidated statement of income and expenditure are stated net of such waivers. The amount of hospital / clinic fees and charges waived for the financial year ended 31 March 2021 amounted to HK\$992,836,000 (2020: HK\$1,032,265,000).

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

### 24. 醫院 / 診療所收費

集團所提供的醫療服務，是根據憲報所刊載的收費表而收取費用。由於政府已制訂一套給予經濟有困難病人費用減免的政策及程序，故在綜合收支結算表中確認為收入的醫院 / 診療所收費，已扣除了這些減免數額。在截至二零二一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992,836,000元(二零二零年：港幣1,032,265,000元)。

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

The Group 集團			
	Over time HK\$'000 在一段時間內 港幣千元	At a point in time HK\$'000 在某一時點 港幣千元	Total HK\$'000 總計 港幣千元
<b>For the year ended 31 March 2021 截至2021年3月31日止年度</b>			
Inpatient fees 住院收費	618,628	-	618,628
Outpatient fees 門診收費	-	1,180,883	1,180,883
Itemised charges 分項收費	56,132	2,879,842	2,935,974
Other medical fees 其他醫療收費	1,524	100,081	101,605
	<u>676,284</u>	<u>4,160,806</u>	<u>4,837,090</u>
<b>For the year ended 31 March 2020 截至2020年3月31日止年度</b>			
Inpatient fees 住院收費	733,826	-	733,826
Outpatient fees 門診收費	-	1,275,450	1,275,450
Itemised charges 分項收費	104,304	2,615,775	2,720,079
Other medical fees 其他醫療收費	1,187	96,596	97,783
	<u>839,317</u>	<u>3,987,821</u>	<u>4,827,138</u>

# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

## 25. Staff costs

## 25. 員工成本

The Group 集團	For the year ended 31 March 2021 HK\$'000 截至2021年 3月31日止年度 港幣千元	For the year ended 31 March 2020 HK\$'000 截至2020年 3月31日止年度 港幣千元
Basic salaries and other short term employee benefits 基本薪金及其他短期僱員福利	53,801,163	49,927,403
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)]	2,883,187	2,872,679
- Contribution to Mandatory Provident Fund Scheme [note 25(b)] 強積金計劃供款 [附註25(b)]	952,484	856,220
Death and disability benefits [note 20] 死亡及傷殘福利 [附註20]	28,088	43,788
	<b>57,664,922</b>	<b>53,700,090</b>

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

The HAPFS is a defined contribution scheme. The current scheme was established on 1 April 2003 and governed by its Trust Deed and Rules dated 29 January 2003, and registered under section 18 of the 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 2021, the total membership was 28,202 (2020: 28,358). The scheme's net asset value as at 31 March 2021 was HK\$79,407,982,000 (2020: HK\$62,507,776,000).

### (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」是一個界定供款計劃，因為除了於成員去世時發放相等於十二個月薪金的最低死亡福利外，所有利益都視乎供款界定。不過，當成員的賬目結餘較其於該計劃下之十二個月計劃薪金為低，該差額則會由集團的死亡及傷殘基金補足。

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

於二零二一年三月三十一日，計劃共有28,202名成員(二零二零年：28,358名)，計劃的資產淨值為港幣79,407,982,000元(二零二零年：港幣62,507,776,000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 2021, the total membership was 71,897 (2020: 66,559). During the financial year ended 31 March 2021, total members’ contributions were HK\$821,004,000 (2020: HK\$732,090,000). The net asset value as at 31 March 2021, including assets transferred from members’ previous employment, was HK\$13,198,118,000 (2020: HK\$9,581,924,000).

## 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 2021, other operating expenses included an accrual for auditor’s remuneration of HK\$2,114,000 (2020: HK\$2,122,000).

# 財務報表附註

## 25. 員工成本(續)

### (b) 強制性公積金計劃

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

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

於二零二一年三月三十一日，計劃共有71,897名成員(二零二零年：66,559名)。在截至二零二一年三月三十一日止之財政年度內，成員的供款總額為港幣821,004,000元(二零二零年：港幣732,090,000元)。於二零二一年三月三十一日，計劃的資產淨值，包括成員先前職位轉調的資產，為港幣13,198,118,000元(二零二零年：港幣9,581,924,000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。截至二零二一年三月三十一日止之財政年度，其他營運開支包括應計核數師酬金港幣2,114,000元(二零二零年：港幣2,122,000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	For the year ended 31 March 2021 HK\$'000 截至2021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	6,165
Dr Albert LO Chi-yuen 盧志遠醫生 Cluster Chief Executive (Kowloon Central) 九龍中聯網總監	5,816
Dr LUK Che-chung 陸志聰醫生 Cluster Chief Executive (Hong Kong East) 港島東聯網總監	5,816
Dr LO Su-vui 羅思偉醫生 Cluster Chief Executive (New Territories East) 新界東聯網總監	5,546
Dr TOM Kam-tim 譚錦添醫生 Cluster Chief Executive (Kowloon East) 九龍東聯網總監	5,497
	28,840

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。



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

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

註：所有行政人員並不獲取與表現掛鈎的不定額薪酬。

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

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

# NOTES TO THE FINANCIAL STATEMENTS

## 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 2021 amounted to HK\$2,033,771,000 (2020: HK\$2,013,303,000).
- (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 2021, revenue foregone in respect of medical services provided to these persons amounted to HK\$301,227,000 (2020: HK\$437,480,000). The cost of such services has been taken into account in the Government's subvention to the Group.
- (c) During the year, HA has entered into short-term (within 12 months) licence agreements with the AsiaWorld-Expo ("AWE") Management Limited, which is jointly owned by the Government and the Airport Authority Hong Kong, to permit HA on using certain areas in AWE for establishing and operating the community treatment facility to admit 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 2021 amounted to HK\$504,657,000.

Another licence agreement was entered with AWE Management Limited to permit HA on using licenced area for the construction and operation of HKICC. Since the licence period is over 12 months, additions to right-of-use ("ROU") assets amounted to HK\$107,876,000 and lease liabilities of HK\$107,928,000 as at 31 March 2021 was recognised in the balance sheet. Depreciation charge of ROU assets and finance cost of lease liabilities amounted to HK\$26,091,000 were charged to the statement of income and expenditure during the year.

# 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）。截至二零二一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2,033,771,000元（二零二零年：港幣2,013,303,000元）。
- (b) 醫管局與政府訂立了協議，為現職及退休公務員、其合資格的家屬及其他符合資格人士以免費或按公務員條例所訂收費提供公立醫院及診療所的服務及設施。截至二零二一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301,227,000元（二零二零年：港幣437,480,000元），這些服務的費用已包括在政府給集團的補助內。
- (c) 年內，醫管局與亞洲國際博覽館（「亞博館」）管理有限公司（由政府與香港機場管理局共同持有）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，以設立及營運社區治療設施，用作接收2019冠狀病毒病確診病人。於截至二零二一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504,657,000元，並在該年度之收支結算表內確認。

醫管局與亞博館管理有限公司另簽訂一份租用協議，容許醫管局在租用的地方上設立及營運北大嶼山醫院香港感染控制中心。由於租用期超過十二個月，使用權資產增加涉及港幣107,876,000元，及於二零二一年三月三十一日，港幣107,928,000元的租賃負債在資產負債表中確認。使用權資產的折舊金額及租賃負債的財務費用涉及款額為港幣26,091,000元，已記入該年度的收支結算表內。

# NOTES TO THE FINANCIAL STATEMENTS

## 28. Related party transactions (Continued)

### (d) 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:

	<b>For the year ended 31 March 2021 HK\$'000 截至2021年 3月31日止年度 港幣千元</b>	For the year ended 31 March 2020 HK\$'000 截至2020年 3月31日止年度 港幣千元
Basic salaries and other short term employee benefits 基本薪金及其他短期僱員福利	<b>71,048</b>	70,289
Post-employment benefits 離職後福利	<b>6,756</b>	6,855
	<b>77,804</b>	77,144

(e) 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.

(f) Outstanding balances with the Government as at 31 March 2020 and 2021 are disclosed in notes 9, 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)

### (d) 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：

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

(f) 截至二零二零年及二零二一年三月三十一日與政府之間的未清賬款於附註9,13,14,17,18及23披露，與附屬機構「醫院管理局中醫藥發展有限公司」之間的來往賬目於附註18披露。

# 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 2021 HK\$'000 截至2021年 3月31日止年度 港幣千元	For the year ended 31 March 2020 HK\$'000 截至2020年 3月31日止年度 港幣千元
Surplus for the year 年內盈餘	535,478	3,764,515
Investment income 投資收益	(342,107)	(612,865)
Interest for Minor Works Projects Fund 小型工程項目基金利息	567,287	1,321,200
Income transferred from Minor Works Projects Fund 轉調自小型工程項目基金之收入	(1,495,069)	(1,288,539)
Interest for PPP Fund 公私營協作基金利息	423,970	240,480
Income transferred from PPP Fund 轉調自公私營協作基金之收入	(403,312)	(286,750)
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	2,074,634	1,535,978
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	120,349	130,838
Income transferred from capital subventions and capital donations 轉調自資本補助及資本捐贈之收入	(1,432,084)	(1,267,366)
Loss on disposal of property, plant and equipment and intangible assets 出售物業、機器及設備及無形資產虧損	17,051	14,813
Adjustment of inventories to net realisable value 存貨調整至可變現淨值	134,564	2,820
Depreciation and amortisation 折舊及攤銷	1,555,674	1,353,449
Finance costs 財務費用	2,621	3,154
Increase in death and disability liabilities 死亡及傷殘福利責任增加	17,890	34,991
Decrease in deferred income 遞延收益減少	(39,598)	(24,265)
Increase in inventories 存貨增加	(961,817)	(340,245)
Decrease in loans receivable 應收債款減少	237	568
Increase in accounts receivable 應收賬款增加	(13,346)	(48,465)
Decrease / (increase) in other receivables 其他應收賬款減少 / (增加)	147,012	(394,306)
Increase in deposits and prepayments 按金及預付款項增加	(286,703)	(32,620)
Increase in creditors and accrued charges 債權人及應付費用增加	4,666,660	4,084,217
Increase in deposits received 已收按金增加	66,920	2,193
Net cash generated from operating activities 營運活動所得現金淨額	<b>5,356,311</b>	8,193,795



# NOTES TO THE FINANCIAL STATEMENTS

# 財務報表附註

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

## 29. 綜合現金流動報表附註(續)

(b) Reconciliation of liabilities arising from financing activities

(b) 融資活動產生的負債對賬

The Group 集團	
	Lease Liabilities HK\$'000 租賃負債 港幣千元
At 1 April 2019 於2019年4月1日	213,589
Cash flow changes 現金流量變動	
Payment of principal portion of lease liabilities 支付租賃負債本金部分	(100,948)
Non-cash changes 非現金項目變動	
Additions of leases 租賃增加	86,463
At 31 March 2020 於2020年3月31日	199,104
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	(119,609)
Non-cash changes 非現金項目變動	
Additions of leases 租賃增加	214,772
At 31 March 2021 於2021年3月31日	294,267

## 30. Funds held in trust

## 30. 信託基金

At 31 March 2021, Health Care and Promotion Scheme of HK\$2,910,000 (2020: HK\$6,909,000) was held in trust for the Government but not included in the financial statements.

於二零二一年三月三十一日，集團以信託基金形式為政府管理港幣2,910,000元(二零二零年：港幣6,909,000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 2021, the Hong Kong Jockey Club Charities Trust made donations totalling HK\$30,073,000 (2020: HK\$71,459,000) to the following institutions:

	HK\$'000 港幣千元
MacLehose Medical Rehabilitation Centre 麥理浩復康院	15,121
Jockey Club Inpatient Facilities Modernisation Scheme (Various hospitals) 賽馬會安寢輕移計劃(不同醫院)	14,750
Kowloon Hospital 九龍醫院	202
	30,073

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

### 31. 來自香港賽馬會慈善信託基金的捐贈

截至二零二一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30,073,000元(二零二零年：港幣71,459,000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:

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	Gross Expenditure Incurred	Net Proceeds
				HK\$'000 收入總額 港幣千元	HK\$'000 開支總額 港幣千元	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	2020/041/1	To raise funds for improvement of the quality of patient care services 籌款用作改善病人服務質素	1/4/2020 - 31/3/2021	81	0	81
Caritas Medical Centre 明愛醫院	2019/076/1	To raise funds for patient services of Caritas Medical Centre 籌款用作明愛醫院病人服務	1/5/2019 - 30/4/2020	48	3	45
Cheshire Home, Shatin 沙田慈氏護養院	2019/118/1	To raise funds for healthcare services 籌款用作醫療服務	1/7/2019 - 30/6/2020	90	0	90
Grantham Hospital 葛量洪醫院	2020/011/1	To raise funds for improving patient services of Grantham Hospital 籌款用作改善葛量洪醫院病友服務	1/2/2020 - 31/1/2021	10	0	10
Haven of Hope Hospital 靈實醫院	2020/031/1	To raise funds for services by the Haven of Hope Hospital 籌款用作靈實醫院的服務	1/4/2020 - 31/3/2021	25	2	23

### 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：

# 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	2020/014/1	To raise funds for the purchase of medical instruments / equipment and office equipment, improvement of hospital premises and supporting patient related activities 購買醫療儀器及辦公室設備，改善醫院環境及病人活動經費	1/2/2020 - 31/1/2021	42	2	40
North District Hospital Charitable Foundation 北區醫院慈善信託基金	2019/235/1	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	1/1/2020 - 31/12/2020	45	0	45
Our Lady of Maryknoll Hospital 聖母醫院	2020/037/1	To raise funds for improvement of patient services 籌款用作改善對病人的服務	6/4/2020 - 31/3/2021	36	4	32
Prince of Wales Hospital Charitable Foundation 威爾斯親王醫院慈善信託基金	2019/161/1 2019/229/1	To raise funds for healthcare services of Prince of Wales Hospital 籌款用作威爾斯親王醫院醫療服務	1/9/2019 - 31/8/2020 16/12/2019 - 31/8/2020	299 45	17 15	282 30
Queen Mary Hospital 瑪麗醫院	2020/032/1	To raise funds for hospital service enhancement 籌款用作提升醫院服務	1/4/2020 - 31/3/2021	84	0	84
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	2020/043/1	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	1/4/2020 - 31/3/2021	69	7	62
Shatin Hospital 沙田醫院	2019/221/1	To raise funds for developing patient service 籌款用作發展病人服務	1/12/2019 - 30/11/2020	5	0	5
Tai Po Hospital 大埔醫院	2020/030/1	To raise funds for improvement of the quality of patient care services 籌款用作改善病人服務質素	1/4/2020 - 31/3/2021	15	0	15
The Hospital Authority Charitable Foundation 醫院管理局慈善基金	2020/034/1	To raise funds for the Hospital Authority Charitable Foundation in supporting its work to promote healthy living, subsidise the medical expenses of the needy patients, support activities of patient groups, promote health education and develop volunteer services 籌款用作支持醫院管理局慈善基金的工作，包括推廣健康生活、幫助危困病人支付醫療費用、資助病人組織的活動、推廣健康教育以及發展義工服務	1/4/2020 - 31/3/2021	490	0	490

## 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 東區尤德夫人那打素醫院慈善信託基金	2019/170/1	To raise funds for enhancing the services of Pamela Youde Nethersole Eastern Hospital or any other non-profit making hospitals / medical facilities in Hong Kong 籌款用作提升東區尤德夫人那打素醫院或香港其他非牟利醫院 / 醫療機構的服務質素	1/9/2019 - 31/8/2020	241	3	238
The Princess Margaret Hospital Charitable Trust 瑪嘉烈醫院慈善基金	2019/208/1	To raise funds for Princess Margaret Hospital for enhancement of patient services quality 籌款用作提升瑪嘉烈醫院病人服務質素	26/11/2019 - 25/11/2020	21	1	20
The Queen Elizabeth Hospital Charitable Trust 伊利沙伯醫院慈善信託基金	2020/039/1	To raise funds for supporting research into the improvement and development of medicine at Queen Elizabeth Hospital 籌款用作改善及發展伊利沙伯醫院的醫藥研究工作	1/4/2020 - 31/3/2021	55	1	54
Tseung Kwan O Hospital 將軍澳醫院	2019/181/1	To raise funds for patients benefit and enhancement of hospital services 籌款用作病人福利及提升醫療服務	25/9/2019 - 24/9/2020	10	0	10
Tuen Mun Hospital 屯門醫院	2019/103/1	To raise funds for: (I) Patient benefits / services uses; (II) Health and diseases education; (III) Community Services Centre; (IV) Medical research and development projects for the betterment of the community 籌款用作： (I) 病人福利 / 服務； (II) 健康及疾病教育； (III) 社區服務中心； (IV) 醫療研究及發展計劃以改善社區	1/6/2019 - 31/5/2020	21	0	21
United Christian Hospital 基督教聯合醫院	2020/035/1	To raise funds for patient's benefit and enhancement of hospital services of United Christian Hospital 籌款用作病人福利及提升基督教聯合醫院的醫療服務	1/4/2020 - 31/3/2021	138	4	134
Yan Chai Hospital 仁濟醫院	2020/009/1	To raise funds for the services and facilities of Yan Chai Hospital 籌款用作仁濟醫院的服務及設施	1/2/2020 - 31/1/2021	447	3	444

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

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



# NOTES TO THE FINANCIAL STATEMENTS

## 財務報表附註

### 33. Capital commitments

At 31 March 2021, the Group and HA had the following capital commitments:

The Group and HA 集團及醫管局		
	At 31 March 2021 HK\$'000 2021年3月31日 港幣千元	At 31 March 2020 HK\$'000 2020年3月31日 港幣千元
Authorised but not contracted for 已獲授權但未訂契約	23,177,363	13,911,988
Contracted for but not provided 已訂契約但未撥備	22,715,138	16,228,323
	<b>45,892,501</b>	<b>30,140,311</b>

The capital commitments disclosed above include (i) costs to be capitalised under property, plant and equipment or intangible assets; (ii) expenditure not meeting the capitalisation policy and are to be charged to the statement of income and expenditure; and (iii) amounts to be incurred by HA for undertaking the building works projects on behalf of the Government and governing bodies of ex-subsidised hospitals as set out in the accounting policy note 2(r)(i).

於二零二一年三月三十一日，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

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

### 35. 或然負債

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

### 36. Comparative figures

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

### 36. 比較數字

若干比較數字已重新分類，以符合本年度之呈列方式。

### 37. Approval of financial statements

The financial statements were approved by members of HA on 23 September 2021.

### 37. 財務報表的通過

本財務報表已於二零二一年九月二十三日獲醫管局成員通過。

# APPENDICES

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## MEMBERSHIP OF THE HOSPITAL AUTHORITY

## 醫院管理局成員

Name 姓名	No. of plenary meetings attended in 2020-21 2020-21 年度 出席全體大會次數	Committee participation in 2020-21* 2020-21 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	15/15
Mr Thomas CHAN Chung-ching, JP <i>Permanent Secretary for Food and Health (Health)</i> <i>(from 5.6.2020)</i> 陳松青先生 食物及衛生局常任秘書長(衛生) (由2020年6月5日起)	13/13	Member of EEC, FC, HRC, MSDC and SSDC <i>(all from 5.6.2020)</i> 緊急應變策導委員會、財務委員會、人力資源委員會、醫療服務發展委員會及支援服務發展委員會成員(全由2020年6月5日起)
Dr Constance CHAN Hon-yeet, JP <i>Director of Health</i> 陳漢儀醫生 衛生署署長	15/15	Member of MSDC 醫療服務發展委員會成員
Prof Francis CHAN Ka-leung, SBS, JP 陳家亮教授	12/15	Member of HRC, MSDC and MTB; HGC Member of Prince of Wales Hospital 人力資源委員會、醫療服務發展委員會及中央投標委員會成員；威爾斯親王醫院管治委員會成員
Prof CHAN Wai-yeet 陳偉儀教授	13/15	Member of HRC, MSDC and MTB; HGC Chairman of North District Hospital 人力資源委員會、醫療服務發展委員會及中央投標委員會成員；北區醫院管治委員會主席
Ms Margaret CHENG Wai-ching, JP 鄭惠貞女士	10/15	Member of HRC, MTB and SAC <i>(all from 7.4.2020)</i> 人力資源委員會、中央投標委員會及職員上訴委員會成員 (全由2020年4月7日起)
Mr Duncan CHIU 邱達根先生	15/15	Member of FC, ITGC and MTB; HGC Member of Queen Elizabeth Hospital 財務委員會、資訊科技服務管治委員會及中央投標委員會成員；伊利沙伯醫院管治委員會成員
Mr David FONG Man-hung, BBS, JP 方文雄先生	12/15	Vice-Chairman of SSDC; Member of ITGC and MTB; Chairman of KRAC 支援服務發展委員會副主席；資訊科技服務管治委員會及中央投標委員會成員；九龍區域諮詢委員會主席
Mr Ambrose HO, SBS, JP 何沛謙先生	11/15	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

## Appendix 1

### 附錄 1

Name 姓名	No. of plenary meetings attended in 2020-21	Committee participation in 2020-21* 2020-21 年度參與的委員會 *
	2020-21 年度 出席全體大會次數	
Ms Mary HUEN Wai-yi 禰惠儀女士	13/15	Member of FC and MTB (both from 8.4.2020) 財務委員會及中央投標委員會成員 (均由 2020 年 4 月 8 日起)
Dr Tony KO Pat-sing Chief Executive, HA 高拔陞醫生 醫院管理局行政總裁	15/15	Chairman of ITGC; Member of EC, EEC, FC, HRC, MSDC, MTB, SSDC, all RACs and HGCs 資訊科技服務管治委員會主席；行政委員會、緊急應變策導委員會、財務委員會、人力資源委員會、醫療服務發展委員會、中央投標委員會、支援服務發展委員會、各區域諮詢委員會及各醫院管治委員會成員
Mrs Ann KUNG YEUNG Yun-chi, JP 龔楊恩慈女士	11/15	Chairman of HRC; Member of EC and EEC; HGC Member of Hong Kong Children's Hospital 人力資源委員會主席；行政委員會及緊急應變策導委員會成員；香港兒童醫院管治委員會成員
Mr Daniel LAM Chun, SBS, JP 林濬先生	15/15	Chairman of SSDC; Member of ARC, EC and EEC; HGC Chairman of Hong Kong Eye Hospital & Kowloon Hospital 支援服務發展委員會主席；審計及風險管理委員會、行政委員會及緊急應變策導委員會成員；香港眼科醫院及九龍醫院管治委員會主席
Mr Quinton LAM Chun-ki 林進其先生	15/15	Member of HRC, MSDC and MTB; HGC Member of MacLehose Medical Rehabilitation Centre 人力資源委員會、醫療服務發展委員會及中央投標委員會成員；麥理浩復康院醫院管治委員會成員
Mr Franklin LAM Fan-keung, BBS 林奮強先生	15/15	Member of FC, HRC, MSDC, MTB and SSDC; HGC Member of Pamela Youde Nethersole Eastern Hospital 財務委員會、人力資源委員會、醫療服務發展委員會、中央投標委員會及支援服務發展委員會成員；東區尤德夫人那打素醫院管治委員會成員
Prof LAU Chak-sing, JP 劉澤星教授	13/15	Member of ITGC, MSDC and MTB; HGC Member of Grantham Hospital 資訊科技服務管治委員會、醫療服務發展委員會及中央投標委員會成員；葛量洪醫院管治委員會成員
Mr Raistlin LAU Chun, JP Deputy Secretary for Financial Services and the Treasury 劉震先生 財經事務及庫務局副秘書長	15/15	Member of FC and MSDC 財務委員會及醫療服務發展委員會成員
Ms Lisa LAU Man-man, BBS, MH, JP 劉文文女士	15/15	Vice-Chairman of HRC; Member of MTB and PCC; HGC Chairman of Tseung Kwan O Hospital 人力資源委員會副主席；中央投標委員會及公眾投訴委員會成員；將軍澳醫院管治委員會主席
Prof Gabriel Matthew LEUNG, GBS, JP 梁卓偉教授	14/15	Member of MSDC and MTB; HGC Member of Hong Kong Children's Hospital, Our Lady of Maryknoll Hospital and Queen Mary Hospital & Tsan Yuk Hospital 醫療服務發展委員會及中央投標委員會成員；香港兒童醫院、聖母醫院、瑪麗醫院及贊育醫院管治委員會成員



Name 姓名	No. of plenary meetings attended in 2020-21 2020-21 年度 出席全體大會次數	Committee participation in 2020-21* 2020-21 年度參與的委員會 *
Ir Dr Hon LO Wai-kwok, GBS, MH, JP (up to 30.11.2020) 盧偉國博士 (截至2020年11月30日)	10/10	Member of MTB and SSDC (both up to 30.11.2020); HGC Member of Alice Ho Miu Ling Nethersole Hospital 中央投標委員會及支援服務發展委員會成員 (均截至2020年11月30日); 雅麗氏何妙齡那打素醫院管治委員會成員
Prof David SHUM Ho-keung 岑浩強教授	14/15	Member of ARC, HRC, MSDC and MTB; Chairman of HRAC; HGC Member of Hong Kong Eye Hospital & Kowloon Hospital 審計及風險管理委員會、人力資源委員會、醫療服務發展委員會及中央投標委員會成員; 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
Mr Ivan SZE Wing-hang, BBS, JP 施榮恆先生	14/15	Chairman of MTB and PCC; Member of EC, EEC, FC and HRC; HGC Chairman of Tuen Mun Hospital 中央投標委員會及公眾投訴委員會主席; 行政委員會、緊急應變策導委員會、財務委員會及人力資源委員會成員; 屯門醫院管治委員會主席
Prof Agnes TIWARI Fung-ye 羅鳳儀教授	11/15	Member of MSDC, MTB and SSDC; HGC Member of Hong Kong Red Cross Blood Transfusion Service 醫療服務發展委員會、中央投標委員會及支援服務發展委員會成員; 香港紅十字會輸血服務中心管治委員會成員
Mr Philip TSAI Wing-chung, BBS, JP 蔡永忠先生	15/15	Chairman of FC; Member of ARC, EC, EEC and SSDC; HGC Member of Queen Mary Hospital & Tsan Yuk Hospital 財務委員會主席; 審計及風險管理委員會、行政委員會、緊急應變策導委員會、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成員
Dr Thomas TSANG Ho-fai (from 1.12.2020) 曾浩輝醫生 (由2020年12月1日起)	5/5	Member of ARC (from 24.2.2021), MSDC (from 1.12.2020) and MTB (from 15.12.2020) 審計及風險管理委員會 (由2021年2月24日起)、醫療服務發展委員會 (由2020年12月1日起) 及中央投標委員會成員 (由2020年12月15日起)
Ms Elizabeth TSE Man-ye, GBS, JP Permanent Secretary for Food and Health (Health) (up to 4.6.2020) 謝曼怡女士 食物及衛生局常任秘書長 (衛生) (截至2020年6月4日)	2/2	Member of EEC, FC, HRC, MSDC and SSDC (all up to 4.6.2020) 緊急應變策導委員會、財務委員會、人力資源委員會、醫療服務發展委員會及支援服務發展委員會成員 (全截至2020年6月4日)
Ms Priscilla WONG Pui-sze, SBS, JP 王沛詩女士	15/15	Chairman of MSDC; Member of ARC, EC, EEC, FC and HRC; HGC Chairman of Prince of Wales Hospital 醫療服務發展委員會主席; 審計及風險管理委員會、行政委員會、緊急應變策導委員會、財務委員會及人力資源委員會成員; 威爾斯親王醫院管治委員會主席

## Appendix 1

### 附錄 1

Name 姓名	No. of plenary meetings attended in 2020-21	Committee participation in 2020-21* 2020-21 年度參與的委員會 *
	2020-21 年度 出席全體大會次數	
Ir Billy WONG Wing-hoo, BBS, JP 黃永灝先生	14/15	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
Mr Jason YEUNG Chi-wai 楊志威先生	15/15	Chairman of ARC; Member of EC, EEC and FC; HGC Chairman of Kwai Chung Hospital & Princess Margaret Hospital 審計及風險管理委員會主席；行政委員會、緊急應變策導委員會及財務委員會成員；葵涌醫院及瑪嘉烈醫院管治委員會主席
Mr Charlie YIP Wing-tong 葉永堂先生	14/15	Member of HRC, ITGC, MSDC, MTB, PCC, SAC and SSDC; Chairman of NRAC; HGC Member of Tuen Mun Hospital 人力資源委員會、資訊科技服務管治委員會、醫療服務發展委員會、中央投標委員會、公眾投訴委員會、職員上訴委員會及支援服務發展委員會成員；新界區域諮詢委員會主席；屯門醫院管治委員會成員

**\* Note:**

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

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

**\* 註：**

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

## HOSPITAL AUTHORITY COMMITTEE STRUCTURE

### 醫院管理局委員會架構



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

註：各委員會成員名單載於附錄3、4及5。

## HOSPITAL AUTHORITY EXECUTIVE STRUCTURE

## 醫院管理局行政架構

Dr Tony KO Pat-sing *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 LUK Che-chung, JP <i>Cluster Chief Executive</i> 陸志聰醫生 聯網總監
Hong Kong West Cluster 港島西醫院聯網	Dr Theresa LI Tak-lai <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 Albert LO Chi-yuen <i>Cluster Chief Executive</i> 盧志遠醫生 聯網總監
Kowloon East Cluster 九龍東醫院聯網	Dr TOM Kam-tim <i>Cluster Chief Executive</i> 譚錦添醫生 聯網總監
	Dr Doris TSE Man-wah <i>Cluster Chief Executive (up to 31.7.2020)</i> <sup>Note 1</sup> 謝文華醫生 聯網總監 (截至 2020 年 7 月 31 日) <sup>註 1</sup>
	Dr Nelson WAT Ming-sun <i>Deputising Cluster Chief Executive</i> (from 21.5.2020 to 31.7.2020) (from 21.11.2020 to 30.11.2020) 屈銘伸醫生 代理聯網總監 (由 2020 年 5 月 21 日至 2020 年 7 月 31 日) (由 2020 年 11 月 21 日至 2020 年 11 月 30 日)
Kowloon West Cluster 九龍西醫院聯網	Dr Desmond NGUYEN Gia-hung <i>Deputising Cluster Chief Executive</i> (from 1.12.2020 to 3.1.2021) 阮家興醫生 代理聯網總監 (由 2020 年 12 月 1 日至 2021 年 1 月 3 日)
	Dr Alexander LAW Chun-bon <i>Deputising Cluster Chief Executive</i> (from 1.8.2020 to 20.11.2020) <i>Cluster Chief Executive (from 4.1.2021)</i> 羅振邦醫生 代理聯網總監 (由 2020 年 8 月 1 日至 2020 年 11 月 20 日) 聯網總監 (由 2021 年 1 月 4 日起)
	Dr LO Su-vui <i>Cluster Chief Executive</i> <sup>Note 2</sup> 羅思偉醫生 聯網總監 <sup>註 2</sup>
New Territories East Cluster 新界東醫院聯網	Dr Beatrice CHENG <i>Deputising Cluster Chief Executive</i> (from 1.3.2021 to 31.3.2021) 鄭信恩醫生 代理聯網總監 (由 2021 年 3 月 1 日至 2021 年 3 月 31 日)
New Territories West Cluster 新界西醫院聯網	Dr Simon TANG Yiu-hang <i>Cluster Chief Executive</i> 鄧耀鏗醫生 聯網總監

## Head Office 總辦事處

Dr Deacons YEUNG Tai-kong <i>Director (Cluster Services)</i> 楊諦岡醫生 聯網服務總監
Dr CHUNG Kin-lai <i>Director (Quality &amp; Safety)</i> 鍾健禮醫生 質素及安全總監
Dr Libby LEE Ha-yun <i>Director (Strategy &amp; Planning)</i> 李夏茵醫生 策略發展總監
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</i> 張秀玲女士 機構事務主管
Dr PANG Fei-chau <i>Head of Human Resources (up to 3.11.2020)</i> <sup>Note 3</sup> 彭飛舟醫生 人力資源主管 (截至 2020 年 11 月 3 日) <sup>註 3</sup>
Ms Katherine SHIU Ka-wan <i>Deputising Head of Human Resources</i> (from 21.8.2020 to 30.11.2020) 蕭嘉韻女士 代理人力資源主管 (由 2020 年 8 月 21 日至 2020 年 11 月 30 日)
Mr David MAK Chi-wai <i>Head of Human Resources (from 1.12.2020)</i> 麥志偉先生 人力資源主管 (由 2020 年 12 月 1 日起)
Dr CHEUNG Ngai-tseung <i>Head of Information Technology and Health Informatics</i> <sup>Note 4</sup> 張毅翔醫生 資訊科技及醫療信息主管 <sup>註 4</sup>

Note 1: Dr Doris TSE Man-wah's last day of duty was 20.5.2020. Her last day of service was 31.7.2020.

註 1: 謝文華醫生的最後工作日是 2020 年 5 月 20 日。其任期於 2020 年 7 月 31 日完結。

Note 2: Dr LO Su-vui's last day of duty was 28.2.2021. His last day of service was 30.4.2021.

註 2: 羅思偉醫生的最後工作日是 2021 年 2 月 28 日。其任期於 2021 年 4 月 30 日完結。

Note 3: Dr PANG Fei-chau's last day of duty was 20.8.2020. His last day of service was 3.11.2020.

註 3: 彭飛舟醫生的最後工作日是 2020 年 8 月 20 日。其任期於 2020 年 11 月 3 日完結。

Note 4: Dr CHEUNG Ngai-tseung was appointed as Head of Information Technology and Health Informatics with effect from 2.7.2020.

註 4: 張毅翔醫生由 2020 年 7 月 2 日起獲委任為資訊科技及醫療信息主管。



# MEMBERSHIP AND TERMS OF REFERENCE OF FUNCTIONAL COMMITTEES

## 專責委員會成員及職權範圍

### Audit and Risk Committee

#### 審計及風險管理委員會

##### Membership List

##### 成員名單

##### Chairman

##### 主席

Mr Jason YEUNG Chi-wai

楊志威先生

##### Members

##### 成員

Mr Ambrose HO, SBS, JP

何沛謙先生

Mr Daniel LAM Chun, SBS, JP

林濬先生

Prof David SHUM Ho-keung

岑浩強教授

Mr Philip TSAI Wing-chung, BBS, JP

蔡永忠先生

Dr Thomas TSANG Ho-fai (*from 24.2.2021*)

曾浩輝醫生 (由2021年2月24日起)

Ms Priscilla WONG Pui-sze, SBS, JP

王沛詩女士

Ms Wendy YUNG Wen-yee

容韻儀女士

##### In Attendance

##### 列席

Dr Tony KO Pat-sing, *Chief Executive*

高拔陞醫生 行政總裁

Ms Elizabeth TSE Man-yee, GBS, JP (*up to 4.6.2020*)

Mr Thomas CHAN Chung-ching, JP (*from 5.6.2020*)

*Permanent Secretary for Food and Health (Health)*

謝曼怡女士 (截至2020年6月4日)

陳松青先生 (由2020年6月5日起)

食物及衛生局常任秘書長 (衛生)

## Appendix 3

### 附錄 3

#### Terms of Reference

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

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

#### 職權範圍

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

## Focus of Work in 2020-21

The Committee exercised active oversight of internal audit function of HA, considered matters related to the audit of HA's financial statements, and oversaw the effectiveness of risk management and internal controls at HA. In 2020-21, the Committee conducted four regular meetings. Due to the COVID-19 pandemic, the Committee transacted business planned for a meeting scheduled for July 2020 by circulation.

In regard to HA's internal audit function, the Committee received from Chief Internal Auditor quarterly progress reports on audit results on HA's operational areas, as well as an annual report on audit analytics of clinical systems. The discussions focused on audit conclusions, major audit observations and corresponding follow-up action plans. Key internal audits considered by the Committee in 2020-21 covered different hospital operation and corporate management areas, including bed management, Public-Private Partnership (PPP) service, management of data privacy breach, Special Honorarium Scheme and Integrated Chinese-Western Medicine Pilot Programme. In planning ahead for 2021-22, the Committee took part in prioritising areas for internal audits and approved the focus areas for internal audits in 2021-22.

Jointly with the Finance Committee, the Committee reviewed and endorsed HA's draft audited financial statements for 2019-20. The Committee considered reports from the external auditor on the 2019-20 internal control matters and the results of the external auditor's risk assessment of HA. The Committee also reviewed and endorsed the strategies for appointment of external auditor of HA. On non-audit service involving the external auditor, the Committee endorsed the consultancy service to be provided by the external auditor on HA's critical clinical systems, as well as enhancements to strengthen the handling of non-audit services provided by the external auditor.

For risk management, the Committee oversaw implementation of HA's organisation-wide risk management systems across HA. Specifically, the Committee examined the Key Organisation-wide Risk Report 2021, focusing on the planned mitigation actions for the 10 key risks consolidated from functional risk reports reviewed by the concerned functional committees. During the year, the Committee deliberated on risk management reports on specific areas, including service capacity, manpower shortage, data privacy breach, cybersecurity, capital works, medication, diagnostic risks of missed radiology imaging findings and the Electronic Health Record Programme. The Committee also received a report on compliance with HA related ordinances.

On internal control matters, the Committee received an implementation progress update on the recommendations of the Corruption Prevention Department of the Independent Commission Against Corruption (ICAC) on HA's collection and waiver of hospital fees. The Committee also deliberated on HA's data protection enhancements and received implementation progress updates on the recommendations of a Special Task Group on review of HA's patient information security at Accident & Emergency Departments.

## 2020-21 年度工作概況

審計及風險管理委員會積極監察醫管局的內部審計職能、審議有關醫管局財務報表審計的事宜，以及監察醫管局風險管理及內部管控的成效。在2020-21年度，委員會共召開四次定期會議。因應2019冠狀病毒病疫情，原訂於2020年7月會議上審議的事宜改以傳閱方式處理。

在醫管局內部審計職能方面，委員會收閱總內部審計師提交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計劃。年內審閱的主要內部審計項目涵蓋醫院運作及機構管理的不同範疇，包括「病床管理」、「公私營協作服務」、「私隱外洩的管理」、「特別酬金計劃」及「中西醫協作先導計劃」。就2021-22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2021-22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2019-20年度經審核的財務報表擬本。委員會亦審閱外聘核數師就2019-20年度內部規管事宜、以及醫管局風險評估結果的報告，並審視及通過委任外聘核數師的策略。就外聘核數師提供非審計服務方面，委員會通過外聘核數師就醫管局的主要臨床系統提供的顧問服務，以及通過就處理外聘核數師所提供非審計服務的優化措施。

在風險管理方面，委員會監察醫管局全面推行的機構風險管理機制，特別是審閱2021年機構主要風險報告。報告按各專責委員會審訂的相關職能風險報告歸納十個主要風險，委員會集中討論相應的緩減計劃。年內，委員會亦審議多份特定範疇的風險管理報告，包括服務承載量、人手短缺、資料或私隱外洩、網絡安全、基本工程、藥物、漏察X光檢查結果的診斷風險及電子健康紀錄計劃。委員會亦收閱有關醫管局遵例合規事宜的報告。

在內部管控方面，委員會收閱有關廉政公署防止貪污處就醫管局收取及寬免醫療費用所提出建議的實施進度報告。委員會亦審議醫管局保障資料及私隱的改善措施，並收閱有關急症室病人資料安全專責小組所提出建議的實施進度報告。

## 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

Dr Tony KO Pat-sing, *Chief Executive*

高拔陞醫生 行政總裁

Mrs Ann KUNG YEUNG Yun-chi, JP

龔楊恩慈女士

Mr Daniel LAM Chun, SBS, JP

林濬先生

Mr Ivan SZE Wing-hang, BBS, JP

施榮恆先生

Mr Philip TSAI Wing-chung, BBS, JP

蔡永忠先生

Ms Priscilla WONG Pui-sze, SBS, JP

王沛詩女士

Mr Jason YEUNG Chi-wai

楊志威先生



## Terms of Reference

1. Consider key matters and overall policies and directions on long-term strategy and planning, risk management, corporate governance, performance management and succession planning, and facilitate the Board in discharging its responsibilities in this regard.
2. Advise on Board meeting agenda items proposed by the Management including an annual forward looking agenda and key matters raised by Functional Committee Chairmen.
3. Serve as a forum for the HA Chairman, Functional Committee Chairmen and the HA Chief Executive to consider major matters relating to the leadership and oversight of the HA.
4. Advise on changes to Board and Functional Committee structure and processes including the respective terms of reference; oversee their annual self-assessments; and advise the Board on the appointment of chairmen, vice-chairmen and co-opted members of the Functional Committees.
5. Advise the Board on the organisation structure and functions of the HA Head Office and its Divisions.
6. Exercise powers delegated by the Board on the following staff matters:
  - (a) advise the Board on the appointment, remuneration changes, contract variation of the Chief Executive;
  - (b) advise the Board on the appointment of Cluster Chief Executives and Directors of Divisions;
  - (c) approve contract renewal, remuneration changes and contract variation as well as lateral transfer / job rotation of Cluster Chief Executives and Directors of Divisions;
  - (d) approve the appointment, contract renewal, remuneration changes and contract variation as well as lateral transfer / job rotation of Hospital Chief Executives and Heads of Divisions; and
  - (e) review the performance of Chief Executive, Directors, Heads of Division and Cluster Chief Executives.
7. Convene as the Emergency Executive Committee (EEC) in accordance with HA's Emergency Contingency Plan (supplemented by a senior Food and 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」，則需增補一名食物及衛生局的高級官員。）

## Appendix 3

### 附錄 3

#### Focus of Work in 2020-21

In 2020-21, the Committee met 12 times to discuss and consider various matters of strategic importance and overall policies and directions of HA. As approved by the HA Board in December 2019, a Task Group on Sustainability (TG) was set up under the Executive Committee to lead and steer discussions of HA sustainability issues. To facilitate its work, the TG had set up a few Sub-groups (SGs) to facilitate discussions in parallel for diving into individual focus areas such as staff retention, hardware and software development, smart hospital development, etc. The directions set by the TG and SGs formed useful basis for the new HA Strategic Plan 2022-27, which was under preparation and would strategically position HA over the next five years to enable the organisation to address current and emerging public healthcare service needs and challenges, as well as move towards achieving HA's vision and mission in a sustainable manner. Other strategic matters considered by the Committee included the formulation of HA Budget and Annual Plan for 2021-22, mid-term review on the First Ten-year Hospital Development Plans, and healthcare manpower situation.

The Committee also reviewed the implementation of the Code on Access to Information in HA on a voluntary basis. It also endorsed the revised version of the Code of Corporate Governance Practices of the HA Board, which set out a range of principles and best practices for the HA Board in relation to its authority, accountability, stewardship, leadership, direction and control exercised in HA.

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

Internally for the Board, the Executive Committee regularly reviewed succession planning for the Board's Committees, and other membership matters relating to Hospital Governing Committees (HGCs) and Regional Advisory Committees. It received annual summary report on activities and feedbacks of HGCs.

The Committee regularly advised on agendas of Board meetings as proposed by the management.

#### 2020-21 年度工作概況

在2020-21年度，委員會共召開12次會議，討論和考慮醫管局的重要策略事項和整體政策及方向。2019年12月，醫管局大會批准在行政委員會之下成立「持續發展專責小組」(專責小組)，帶領和指導有關醫管局可持續發展事宜的討論。為推展工作，專責小組成立數個專題分組(分組)，同時就個別重點範疇包括挽留人手、硬件及軟件開發、智慧醫院發展等作深入討論。專責小組及各分組訂立的方向，成為醫管局2022-27策略計劃的有用基礎。策略計劃現正在制訂中，將會就醫管局進行未來五年的策略性定位，以助機構回應現時及日後的公營醫療服務需要和挑戰，並邁向以可持續方式實現醫管局的願景和使命。委員會審議的其他策略事宜包括：醫管局2021-22年度財政預算及工作計劃、首個十年醫院發展計劃中期檢討，以及醫護人手情況。

委員會亦主動審視《醫管局公開資料守則》的實施，並通過《醫管局大會機構管治守則》修訂本。守則載列了醫管局大會在醫管局權限、問責、管理、領導、指示及監控等方面的原則和最佳常規。

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。

## 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

范鴻齡先生

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

(主席不在時，緊急應變策導委員會的主席應自常任成員中選出)

#### Members

##### 成員

Dr Tony KO Pat-sing, *Chief Executive*

高拔陸醫生 行政總裁

*(In his absence, the Deputising CE)*

(行政總裁不在時，由代理行政總裁出任)

Mrs Ann KUNG YEUNG Yun-chi, JP

龔楊恩慈女士

Mr Daniel LAM Chun, SBS, JP

林濬先生

Mr Ivan SZE Wing-hang, BBS, JP

施榮恆先生

Mr Philip TSAI Wing-chung, BBS, JP

蔡永忠先生

Ms Elizabeth TSE Man-yee, GBS, JP *(up to 4.6.2020)*

Mr Thomas CHAN Chung-ching, JP *(from 5.6.2020)*

*Permanent Secretary for Food and Health (Health)*

謝曼怡女士 (截至 2020 年 6 月 4 日)

陳松青先生 (由 2020 年 6 月 5 日起)

食物及衛生局常任秘書長 (衛生)

*(or her / his nominated representative)*

(或其委任代表)

Ms Priscilla WONG Pui-sze, SBS, JP

王沛詩女士

Mr Jason YEUNG Chi-wai

楊志威先生

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

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

## Appendix 3

### 附錄 3

#### Terms of Reference

1. To act for the Hospital Authority Board and exercise its powers and functions, including:
  - (a) altering, amending or overriding existing Hospital Authority policies, standards, guidelines and procedures; and
  - (b) establishment of sub-committees or task forces to tackle particular matters at hand;
2. To identify the objectives and assess the risks facing Hospital Authority in emergency situation;
3. To approve the strategies and policies for managing the emergency formulated by the Hospital Authority Central Command Committee, and monitor implementation progress in all HA hospitals and institutions;
4. To coordinate activities of the other Hospital Authority committees including Hospital Governing Committees;
5. To ensure effective communication of clear and concise messages to key stakeholders, including staff, patients, Government and the public; and
6. To be accountable to the Authority Board and the making of regular reports to Hospital Authority Members as soon as practicable.

#### 職權範圍

1. 代表醫院管理局(醫管局)大會運作，並行使其權力及職能，包括：
  - (a) 對現有醫管局政策、標準、指引及程序作出更改、修訂或否決；及
  - (b) 設立小組委員會或專責小組處理具體事項；
2. 為醫管局面對的緊急情況，鑑辨目標及評估風險；
3. 批核醫管局中央指揮委員會所制訂的緊急應變策略和方針，並監察所有醫管局醫院及機構的執行進度；
4. 統籌其他醫管局委員會，包括醫院管治委員會的行動；
5. 確保與主要利益相關各方(包括職員、病人、政府及市民)的訊息溝通有效、清晰而簡潔；及
6. 須向醫管局大會負責，並於可行範圍內盡快向醫管局大會成員報告。



## Focus of Work in 2020-21

In response to the outbreak of COVID-19 in January 2020, the Committee was activated on 6 January 2020 in accordance with the HA Response Plan for Major Incident after HA activated the Tier-three Strategic Response (“Serious Response Level”) on 4 January 2020. Against 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 rapid and continuous development of COVID-19, both globally and locally, the Committee remained in force in 2020-21 and met nine times during the year.

During the year, EEC received regular situation updates of COVID-19 from the management, and the corresponding implementation of service adjustment plans in HA to dovetail with the pandemic situation. The Committee considered and endorsed / approved HA policies and actions, and extended contingency plans to deal with the emergencies. It also received regular updates on the planning and commissioning of community isolation and treatment facilities, and temporary hospital, which aimed at providing extra containment capacities to HA for managing COVID-19. The Committee also kept a close eye on the utilisation of resources allocated by the Government for managing COVID-19 in HA.

The Committee also considered and endorsed a number of initiatives taken by HA to support the Government’s effort in combating COVID-19, for example, the Government’s Community Testing Scheme and COVID-19 Vaccination Programme; HA’s Information Technology agency service to various Government COVID-19 related programmes; 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, etc.

As at 31 March 2021, Emergency Response Level remained in force. The Committee would continue to provide the necessary steering and oversee the actions taken or to be taken by HA.

## 2020-21 年度工作概況

因應2020年1月爆發2019冠狀病毒病疫情，醫管局在2020年1月4日啟動第三層策略應變（「嚴重應變級別」）。根據醫管局重大事故應變計劃，緊急應變策導委員會在2020年1月6日啟動並展開運作。根據職權範圍所訂，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迅速及持續發展，委員會在2020-21年度持續運作，年內共舉行了九次會議。

年內，委員會審閱管理層就2019冠狀病毒病疫情的定期報告，以及因應疫情的服務調整計劃。委員會審議及通過 / 批核醫管局為應對緊急情況的政策和行動，以及延伸應急計劃。委員會亦審閱有關社區隔離 / 治療設施及臨時醫院規劃及啟用的定期報告，以增加醫管局的隔離設施供應，應付疫情需要。委員會亦對政府撥予醫管局的抗疫資源密切監察其運用。

委員會亦審閱及通過醫管局支持政府抗疫所進行的多項工作，其中如政府的社區檢測計劃及2019冠狀病毒病疫苗接種計劃、醫管局為政府各項2019冠狀病毒病相關計劃提供資訊科技代理服務，以及「特區政府對居粵之醫管局長期覆診港人特別支援計劃」等。

在2021年3月31日，緊急應變級別仍然生效。委員會會繼續提供所需督導，並監察醫管局已經或將會採取的措施。

## Appendix 3

### 附錄 3

## Finance Committee

### 財務委員會

#### Membership List

##### 成員名單

#### Chairman

##### 主席

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

#### Members

Mr Howard CHAN Wai-kee, JP (*up to 14.12.2020*)

Mr Kevin CHOI, JP (*from 15.12.2020*)

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

陳偉基先生 (截至2020年12月14日)

蔡傑銘先生 (由2020年12月15日起)

*[代表食物及衛生局常任秘書長(衛生)]*

Mr Duncan CHIU

邱達根先生

Ms Mary HUEN Wai-yi (*from 8.4.2020*)

禰惠儀女士 (由2020年4月8日起)

Dr Tony KO Pat-sing, *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 /

Ms Candy NIP Kai-yan (*up to 21.7.2020*)

Ms Jessica LEE Wing-tung (*from 22.7.2020*)

*[representing the Secretary for Financial Services and the Treasury]*

劉震先生 /

聶繼恩女士 (截至2020年7月21日)

李詠彤女士 (由2020年7月22日起)

*[代表財經事務及庫務局局長]*

Mr Ivan SZE Wing-hang, BBS, JP

施榮恆先生

Ms Priscilla WONG Pui-sze, SBS, JP

王沛詩女士

Mr Jason YEUNG Chi-wai

楊志威先生

## Terms of Reference

1. Advise and make recommendations on the financial aspects of the Hospital Authority Corporate Plan and Annual Plan;
2. Advise and make recommendations on the financial planning, control, performance, monitoring and reporting aspect of the Hospital Authority;
3. Advise on policy guidelines for all financial matters, including investment, business and insurance;
4. Advise and make recommendations on the resource allocation policies;
5. Advise and recommend to the Hospital Authority on the financial statements (audited and unaudited) of the Hospital Authority;
6. Liaise with the Trustees of the Hospital Authority Provident Fund Scheme on financial and control related matters and make recommendations to the Hospital Authority where appropriate;
7. Monitor the financial position of the Hospital Authority; and
8. Consider periodically matters relating to risk, risk management and risk mitigation relevant to finance operations and other relevant areas contributing to the financial risk profile of the Hospital Authority.

## Focus of Work in 2020-21

The Committee assisted the Board in ensuring proper stewardship and effective use of public funds through making recommendations to the Board on various finance related matters for the Authority. In 2020-21, the Committee conducted four regular meetings. Due to the COVID-19 pandemic, the Committee transacted business planned for scheduled meetings in May and July 2020 by circulation.

In support of the corporate strategy and services development of HA, the Committee noted that the Government's commitment to funding arrangement for HA for the second triennium funding cycle (2021/22 to 2023/24). For HA's annual service and resource planning, the Committee examined the proposed 2021-22 HA budget, resource allocation and future financial arrangement. With due attention to the increased funding for anti-epidemic measures, the Committee examined utilisation of the \$4.7 billion allocation from the Anti-Epidemic Fund and the \$3.044 billion additional subvention to HA for combating the next wave of the COVID-19 epidemic, as well as related control measures and reporting mechanism. The Committee also received a report on reduction of licensing fees for using HA premises in light of the economic downturn impacted by the COVID-19 pandemic and with reference to the rental concession measures introduced by the Government and other public bodies. On service modernisation and mitigation of infection risks, the Committee noted the progress on various initiatives in promoting cashless payment for medical fees, including electronic kiosks, mobile payment application and new electronic payment means.

## 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。

## 2020-21 年度工作概況

委員會就醫管局的財務相關事宜向醫管局大會作出建議，協助大會確保妥善管理和有效運用公帑。在2020-21年度，委員會共召開四次定期會議。因應2019冠狀病毒病疫情，原訂於2020年5月及7月會議上審議的事宜改以傳閱方式處理。

為支援醫管局的整體策略及服務發展，委員會備悉政府對醫管局承諾的第二個三年撥款周期（2021-22至2023-24年度）的撥款安排。在醫管局的年度服務及資源規劃方面，委員會審議醫管局2021-22年度預算、資源分配及未來財務安排建議。配合醫管局就抗疫工作獲增加的撥款，委員會審視了防疫抗疫基金的47億撥款及為應付下一波疫情的30.44億元額外撥款的運用，以及相關的管控措施及呈報機制。鑑於疫情下經濟環境轉差及因應政府及其他公營機構推行物業租金寬減措施，委員會亦審議醫管局為場地租戶提供租金寬減的報告。在優化服務及減低感染風險方面，委員會備悉各項推動無現金支付醫療費用措施的進展，包括電子付款服務站、透過流動應用程式繳費及新的電子支付方式。

## Appendix 3

### 附錄 3

On accountability reporting, the Committee, jointly with the Audit and Risk Committee, reviewed and endorsed HA's draft audited financial statements for 2019-20. The Committee also considered the 2019-20 audited financial statements / accounts for a number of designated programmes undertaken by HA, including the Samaritan Fund, the Community Care Fund Medical Assistance Programmes, The HA Charitable Foundation, the HA Public-Private Partnership 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 2019-20 Operation Report of the HA Provident Fund Scheme was received by the Committee at a joint meeting with the Human Resources Committee.

On monitoring of HA's financial position and financial performance, the Committee received regular financial reports and conducted a mid-year financial review together with the unaudited financial statements for the six months ended 30 September 2020. The Committee also considered matters relating to key financial performance indicators, waivers and write-offs of hospital fees and charges, and debt management. With the assistance of its Treasury Panel (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. The Committee reviewed relevant market analyses and as recommended by the TP, approved a refined Renminbi investment approach for portfolio diversification and yield enhancement, as well as the strategies for payment bank arrangement to cope with the evolving business model and payment service needs of HA. For financial risk management, the Committee reviewed and endorsed the insurance renewal approach and direction for HA in 2021-22. In accordance with the HA organisation-wide risk management framework, the Committee reviewed the effectiveness of risk mitigation actions taken in the past year on finance matters, and proactively assessed key financial risks anticipated for 2021 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.

在問責報告方面，委員會在聯同審計及風險管理委員會的會議上，審閱及通過醫管局2019-20年度經審核的財務報表擬本。委員會亦審議由醫管局推行的若干指定計劃的2019-20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，以及全港性的電子健康紀錄系統計劃。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2019-20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，並審議截至2020年9月30日止六個月未經審核的財務報表及年中財政檢討。委員會亦審議有關醫管局主要財務表現指標、豁免及註銷醫院收費以及債務管理等事宜。委員會在其庫務小組協助下，並透過所提交的定期進度報告審議有關醫管局庫務管理及運作，以及投資表現和相關事宜。經審視相關市場分析，委員會按庫務小組的建議批核優化人民幣投資方式，以分散投資組合及增加回報。委員會亦批核了付款銀行安排的策略，以配合醫管局的業務模式演變及支付服務需要。在財務風險管理方面，委員會審議及通過2021-22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，委員會審視過去一年財務風險緩減措施的成效，並主動評估2021年的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可快捷有效地運作。



## Human Resources Committee

### 人力資源委員會

#### Membership List

##### 成員名單

#### Chairman

##### 主席

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

#### Vice Chairman

##### 副主席

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

#### Members

##### 成員

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

Prof CHAN Wai-yee  
陳偉儀教授

Ms Margaret CHENG Wai-ching, JP (from 7.4.2020)  
鄭惠貞女士 (由2020年4月7日起)

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

Mr Quinton LAM Chun-ki  
林進其先生

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

Miss Trista LIM Mei-yee  
[representing the Permanent Secretary for Food and Health (Health)]  
林美儀女士  
[代表食物及衛生局常任秘書長(衛生)]

Prof David SHUM Ho-keung  
岑浩強教授

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

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

Mr Charlie YIP Wing-tong  
葉永堂先生

## Appendix 3

### 附錄 3

#### Terms of Reference

1. Advise on manpower planning;
2. Advise on staff training and development matters;
3. Advise, review and make recommendations on human resources policies and related issues;
4. Advise, review and make recommendations to the Hospital Authority on the terms and conditions of employment for staff;
5. Advise, review and make recommendations to the Hospital Authority on staff pay awards and overall staffing structure;
6. Advise, review and make recommendations to the Hospital Authority on any other staff related matters;
7. Consider periodically matters relating to risk, risk management and risk mitigation relevant to human resources management;
8. Monitor the performance of the Hospital Authority Mandatory Provident Fund Schemes and make recommendations to the Hospital Authority as and when necessary; and
9. Liaise with the Trustees of the Hospital Authority Provident Fund Scheme on member and communication related matters and make recommendations to the Hospital Authority where appropriate.

#### Focus of Work in 2020-21

In 2020-21, the Committee met six times to discuss and consider various human resource (HR) matters of HA.

The Committee considered and advised on a wide range of HR management initiatives for boosting staff morale and retaining talents. These included endorsement of a number of HR measures, covering conversion from contract to permanent terms for non-Directorate grade staff, extension of statutory maternity leave under the Employment (Amendment) Ordinance 2020, and enhancement of the current locum doctor package and extension of the scope of locum recruitment to supporting staff. The manpower requirement and strategies for nurses, as well as allied health and pharmacy professionals were discussed. The Committee also received an update on the work of the Task Group on Sustainability and its Sub-group on Human Capital, which had drawn up a number of key strategic directions for staff retention and transformation of human capital. In addition, the Committee received annual progress report on the recruitment of non-locally trained doctors under the Limited Registration Scheme. The Committee considered and supported following the Government's pay freeze for civil servants in the 2020-21 annual pay adjustment for HA employees for approval by the HA Board.

#### 職權範圍

1. 就人力規劃提供意見；
2. 就職員培訓及發展事宜提供意見；
3. 就人力資源政策及有關事宜提供意見，進行檢討及作出建議；
4. 就職員的僱用條件向醫院管理局(醫管局)提供意見，進行檢討及作出建議；
5. 就職員薪酬及整體人手架構向醫管局提供意見，進行檢討及作出建議；
6. 就其他任何與職員有關的事宜向醫管局提供意見，進行檢討及作出建議；
7. 定期審議人力資源管理範疇的相關風險、風險管理及風險緩減事宜；
8. 監察醫管局強積金計劃的表現，並按需要向醫管局提出建議；以及
9. 就有關醫管局公積金計劃成員及溝通方面事宜與信託人保持聯繫，並在適當時向醫管局作出建議。

#### 2020-21 年度工作概況

在2020-21年度，委員會共召開六次會議，討論及審議醫管局各項人力資源事宜。

委員會審議了一系列提升士氣和挽留人才的人力資源舉措，包括通過多項人力資源措施，如非首長級員工合約制轉常額制聘用、根據《2020年僱傭(修訂)條例》延長法定產假、提升自選兼職醫生薪酬待遇，以及自選兼職招聘擴展至支援服務員工。委員會討論了護士與專職醫療和藥劑人員的人手需求及策略，亦收閱「持續發展專責小組」及其下「人力資源分組」的工作報告，其中制訂了多項挽留人手及提升人力資源的策略方向。此外，委員會收閱透過「有限度執業註冊計劃」聘請非本地培訓醫生的年度進展報告。委員會又經審議後支持醫管局僱員跟隨政府2020-21年度薪酬調整凍結公務員的薪酬，再呈醫管局大會審議及批准。

Staff training and development was one of the key HR strategies. Apart from quarterly reviews on HR Key Performance Indicators (KPIs), the Committee discussed and endorsed the proposed adoption of Training KPIs and related implementation arrangement. The Committee also received an update on the latest position of the collaboration project for upgrading HA Higher Diploma in Nursing Programme from Qualification Level 4 to Level 5, as well as regular progress reports from the Central Training & Development Committee. As for staffing structure, the Committee considered and endorsed the proposed career structure for staff under the statistics and data science function, and was informed of the development of the new Occupational Safety Hygienist grade and the results of the consultancy study on Human Resources Organisation Review.

On corporate governance, the Committee considered and endorsed the proposed revised Delegation of Authority Manual on HR functions and recommendations regarding the Authorise and Direct arrangement. During the year, the Committee was also briefed on the Annual Report on HA Mandatory Provident Fund Scheme. It also received annual reports on a wide range of HR-related matters, including 2019-20 Operation Report of the HA Provident Fund Scheme in a joint meeting with the Finance Committee, Annual Report on Occupational Safety and Health and Workplace Violence 2019-20, as well as Report on Staff Complaints Received in Year 2019. The Committee also discussed the initiatives to promote workplace harmony 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 the past year, and proactively assessed HR risks anticipated for 2021 and considered the corresponding action plans. It also received the 2019 Whistleblowing Report which summarised the handling of five whistleblowing cases received by HA in 2019, and noted two incidents in the grant of special allowance / honorarium to HA employees and the corresponding measures to mitigate similar risks in the future. The Committee was also kept informed of follow-up actions on the incident of absence from duty of some staff during 3-7 February 2020.

員工培訓及發展是關鍵的人力資源策略之一。除人力資源主要表現指標季度報告外，委員會討論並通過採用培訓主要表現指標及相關實施安排的建議。委員會亦收閱有關護理學高級文憑課程由資歷架構的第四級提升至第五級合作計劃的最新進展報告，以及轄下中央培訓及發展委員會的定期進展報告。在人手架構方面，委員會審議及通過統計及數據科學職系員工的建議職業架構，並獲悉新的職業安全環境衛生師職系的發展，以及人力資源組織檢討的顧問研究結果。

在機構管治方面，委員會審議及通過人事職能權力轉授守則的建議修訂本，以及與「授權及指示」相關安排的建議。年內，委員會閱悉醫管局強制性公積金計劃年度報告，亦收閱了其他多項與人力資源相關的年度報告，包括在聯同財務委員會會議上備悉的醫管局公積金計劃2019-20年度運作報告、2019-20年度職安健及工作間暴力年報，以及2019年職員投訴報告。委員會亦討論醫管局促進和諧工作間的措施。

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，審視了過去一年人力資源風險緩減措施的成效，並主動評估2021年人力資源方面的預計風險及有關緩減計劃。委員會亦收閱有關2019年所接獲舉報個案的報告，其中總結了醫管局對2019年所接獲的五宗舉報個案的處理，並備悉兩宗有關向醫管局僱員發放特別津貼 / 酬金的事件，以及緩減日後類似風險的相應措施。就醫管局部分員工在2020年2月3至7日期間缺勤的事件，委員會亦獲悉有關跟進行動。

## Appendix 3

### 附錄 3

## Information Technology Services Governing Committee

### 資訊科技服務管治委員會

#### Membership List

##### 成員名單

#### Chairman

##### 主席

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

#### Members

##### 成員

Mr Duncan CHIU  
邱達根先生

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

Mr Daniel LAI, BBS, JP  
賴錫璋先生

Mr Victor LAM, JP  
*Government Chief Information Officer*  
林偉喬先生  
政府資訊科技總監

Prof LAU Chak-sing, JP  
劉澤星教授

Hon Charles Peter MOK, JP  
莫乃光議員

Mr Charlie YIP Wing-tong  
葉永堂先生

Miss Amy YUEN Wai-yin, JP  
*Deputy Secretary for Food and Health (Health)2*  
阮慧賢女士  
食物及衛生局副秘書長(衛生)2



## Terms of Reference

1. Approve corporate policies and standards for Information Technology / Information Systems;
2. Approve and monitor the overall progress of the implementation of the Information Technology / Information Systems Strategic Plan;
3. Approve and monitor the execution of the Information Technology / Information Systems Annual Business Plan;
4. Receive recommendations on the priorities for Information Technology systems development and implementation;
5. Receive advice from the Information Technology Technical Advisory Subcommittee;
6. Receive performance and status reports;
7. Provide periodic progress report to the Hospital Authority Board; and
8. Consider matters relating to risk, risk management and risk mitigation relevant to Information Technology across Hospital Authority.

## Focus of Work in 2020-21

In 2020-21, the Committee conducted four meetings, with some other businesses transacted by circulation. In the year, the Committee discussed and advised on strategies and implementation initiatives, in support of the five-year IT Strategy 2017-2022 (IT Strategy), which laid out key directions to support digital transformation of HA's service provision and uplift service capability. These included the next generation IT infrastructure of HA for supporting the development of smart hospitals and digital workplace; the development of full network connectivity, advanced technologies, and sustainability in hospital projects; the report on the Cluster IT Baseline Manpower Consultancy Study; management of risks in the Clinical Information Management System Stage II (CIMS2) project being undertaken by HA as the technical agency of the Department of Health (DH); and measures for enriching IT staff skills to cope with new IT service demands for supporting HA's service plans. The Committee also discussed progress of work on the key IT strategies, viz. Cybersecurity Enhancement Programme under the Cybersecurity Strategy; Smart Sourcing Strategy for procuring offsite development centre services; Artificial Intelligence (AI) Strategy and the development of the AI and Data Analytics Platform; Smart Hospital Strategy and implementation approach and roadmap; and Digital Workplace Strategy. It also discussed the progress of work on HA Data Collaboration Lab. The Committee was briefed on HA's network incident in August 2020 with the remedial actions including the plan for external consultancy for reviewing the network architecture. The Committee was also briefed on the major IT-enabled initiatives that HA had implemented in the combat against the outbreak of COVID-19 and the security assessment on web-conferencing tool frequently used in HA.

## 職權範圍

1. 通過醫院管理局(醫管局)的資訊科技 / 資訊系統政策及標準;
2. 通過資訊科技 / 資訊系統策略計劃, 並監察整體實施進度;
3. 通過資訊科技 / 資訊系統的每年工作計劃書, 並監察實施情況;
4. 收閱有關資訊科技系統發展及實施的建議重點項目;
5. 收閱信息技術諮詢小組委員會的意見;
6. 收閱表現及狀況報告;
7. 向醫管局大會定期提交工作報告; 及
8. 審議醫管局資訊科技範疇的相關風險、風險管理及風險緩減事宜。

## 2020-21 年度工作概況

在2020-21年度, 委員會共舉行四次會議, 部分其他事項以傳閱方式處理。年內, 委員會審議各項策略和執行措施, 以支持落實2017至2022年資訊科技策略(資訊科技策略), 當中載列就支持醫管局服務轉型及提升服務能力而制訂的主要方向。這些策略及措施包括醫管局新一代的資訊科技基礎設施, 以支援發展智慧醫院及數碼辦公場所; 就多個醫院項目的全面網絡連接、先進科技及可持續性的開發; 聯網資訊科技基線人手顧問研究報告; 醫管局作為衛生署技術代理就開發臨床訊息管理系統第二期計劃項目相關風險的應對; 以及提升資訊科技員工技能的措施, 以應付新的資訊科技服務需求, 以支援醫管局推行服務計劃。委員會亦討論主要資訊科技策略的工作進展, 包括「網絡安全」策略下的「加強網絡安全計劃」; 「智慧採購」策略以採購局外開發中心服務; 「人工智能」策略與開發人工智能及數據分析平台; 「智慧醫院」策略與實施方針和路線; 以及「數碼辦公場所」策略。委員會亦討論了有關醫管局數據實驗室的工作進展, 並獲悉2020年8月發生的醫管局網絡事故及相關補救行動, 包括聘請外界顧問的計劃, 以審視網絡架構。委員會亦收閱了醫管局為應對2019冠狀病毒病疫情而推行的各項倚重資訊科技的主要措施, 以及就醫管局常用的視像會議工具的安全評估。

## Appendix 3

### 附錄 3

On plans to meet the growing demand for IT systems to support the operation of the organisation, the Committee considered and endorsed the IT Block Vote Submission for 2021-22. The Committee also considered and approved the Annual Work Plan 2021-22 of the IT and Health Informatics Division (IT&HID) for responding to challenges in continuing existing service delivery and delivering the major strategic IT-enabled projects and related transformational initiatives.

To fulfil its overseeing functions, the Committee monitored the implementation of the IT&HID Annual Work Plan by considering, amongst others, the performance and status reports of respective IT functions. Progress update on various IT projects, including Clinical Management System IV, business supporting IT systems, Electronic Health Record (eHR) projects and CIMS2 project, was among the standing agenda items of the Committee's meetings. The Committee also monitored the ongoing efforts of IT&HID in the development and implementation of the Government's eHR Programme for which HA was the technical agent and participated as a major user of eHR Sharing System, and endorsed the draft audited financial statements related to eHR Programme undertaken by HA. The audited accounts of the Clinical Services Improvement Projects undertaken by HA as technical agent, i.e. the CIMS2 project, for DH was endorsed by the Committee. In addition, the Committee reviewed the effectiveness of risk mitigation actions taken in the past year, and assessed IT risks anticipated for 2021 and considered corresponding action plans.

The Committee reviewed regular progress reports from the Information Technology Technical Advisory Subcommittee, a subcommittee formed under the Committee to advise on major IT initiatives and IT technical matters proposed for implementation in HA.

為應付資訊科技系統不斷增長的需求，以配合機構運作需要，委員會經審議後通過2021-22年度資訊科技整體撥款申請。委員會經審議後批核資訊科技及醫療信息部2021-22年度工作計劃，以回應於維持現行服務及推行各項倚重資訊科技的主要策略項目和相關轉型計劃所面對的挑戰。

為履行其監督職能，委員會監察資訊科技及醫療信息部年度工作計劃的實施，其中包括審閱相關資訊科技職能的表現及狀況報告。委員會會議的常規議程項目包括各個資訊科技項目如第四代臨床醫療管理系統、業務支援資訊科技系統、電子健康紀錄及臨床訊息管理系統第二期計劃的進展報告。委員會亦監察資訊科技及醫療信息部為政府開發及推行電子健康紀錄互通系統的持續進度（醫管局擔任技術代理，並為該系統的主要使用者），並通過相關的經審核財務報表擬本。委員會亦通過醫管局作為衛生署技術代理就臨床服務提升項目（即臨床訊息管理系統第二期計劃）所提供服務經審核的帳目。此外，委員會審視過去一年風險緩減措施的成效，並評估2021年資訊科技方面的預計風險及有關緩減計劃。

委員會亦定期收閱轄下信息技術諮詢小組委員會的進度報告，該小組委員會負責審議醫管局就資訊科技方面建議推行的主要措施及技術事宜。

## Main Tender Board

### 中央投標委員會

#### Membership List

##### 成員名單

#### Chairman

##### 主席

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

#### Vice-Chairmen

##### 副主席

Mr Gregory LEUNG Wing-lup, SBS  
梁永立先生

Mr Lincoln TSO Lai  
曹禮先生

#### Ex-officio members

##### 當然成員

Dr Tony KO Pat-sing, *Chief Executive*  
高拔陞醫生 行政總裁  
(*or his nominated representative*)  
(行政總裁或其委任代表)

Ms Anita CHAN Shuk-yu, *Director (Finance)*  
(*or her nominated representative*)  
陳淑瑜女士 財務總監  
(財務總監或其委任代表)

#### Members

##### 成員

**Two of the following members on rotation:**  
以下其中兩位輪值成員：

Prof Edwin CHAN Hon-wan  
陳漢雲教授

Mr CHAN How-chi, MH  
陳孝慈先生

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

Dr Andrew CHAN Ping-chiu, BBS  
陳炳釗博士

Prof CHAN Wai-yee  
陳偉儀教授

Ms Margaret CHENG Wai-ching, JP (*from 7.4.2020*)  
鄭惠貞女士 (由2020年4月7日起)

Mr Stanley CHEUNG Tak-kwai  
張德貴先生

Mr Duncan CHIU  
邱達根先生

Prof Joanne CHUNG Wai-yee  
鍾慧儀教授

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

## Appendix 3

### 附錄 3

Mr Ambrose HO, SBS, JP

何沛謙先生

Ms Mary HUEN Wai-yi (*from 8.4.2020*)

禰惠儀女士 (*由 2020 年 4 月 8 日起*)

Dr KAM Pok-man, BBS

甘博文博士

Prof Joseph KWAN Kai-cho

關繼祖教授

Mr Quinton LAM Chun-ki

林進其先生

Mr Franklin LAM Fan-keung, BBS

林奮強先生

Prof LAU Chak-sing, JP

劉澤星教授

Dr James LAU Chi-wang, BBS, JP

劉志宏博士

Ms Lisa LAU Man-man, BBS, MH, JP

劉文文女士

Dr Peter LEE Kwok-wah

李國華博士

Prof Gabriel Matthew LEUNG, GBS, JP

梁卓偉教授

Mr William LEUNG Shu-yin

梁樹賢先生

Ir Dr Hon LO Wai-kwok, GBS, MH, JP (*up to 30.11.2020*)

盧偉國博士 (*截至 2020 年 11 月 30 日*)

Mr Wilson MOK Yu-sang

莫裕生先生

Prof David SHUM Ho-keung

岑浩強教授

Prof Agnes TIWARI Fung-yee

羅鳳儀教授

Mr Vincent TONG Wing-shing, BBS

湯永成先生

Dr Thomas TSANG Ho-fai (*from 15.12.2020*)

曾浩輝醫生 (*由 2020 年 12 月 15 日起*)

Ir Billy WONG Wing-hoo, BBS, JP

黃永灝先生

Mr Charlie YIP Wing-tong

葉永堂先生



## Terms of Reference

1. To consider and approve tenders and contract variations in the Hospital Authority in accordance with the delegation of authority limits approved by the Board, including:
  - (a) To review and assess the recommendations made by the assessment panel;
  - (b) To review the procedures and criteria adopted by the assessment panel in the course of its selection; 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.

## 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。

## Appendix 3

### 附錄 3

#### Focus of Work in 2020-21

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 2020-21, MTB considered over 830 papers on procurement of various supplies and services that were individually at value of over \$1.5 million for HA Head Office; and above \$4.5 million for clusters and hospitals. Tenders for procurement of supplies mainly covered purchases of pharmaceutical products, medical and laboratory equipment and their consumables, whereas service tenders were mainly related to hospital supporting services, maintenance of medical and laboratory equipment, and information technology systems. Capital works tenders were mainly on hospital redevelopment projects and minor works improvements for maintenance of hospital premises. In connection with HA's measures in combating the COVID-19 outbreak, MTB also received 48 management reports on urgent direct purchases on personal protective equipment, drugs, laboratory reagents and consumables, other items (e.g. hand rub) and services (e.g. clinical services in the private sector and support services and licence agreement for temporary treatment facilities) etc. that were made in 2020-21 exceeding the authority limits of the concerned personnel or the special delegation of procurement authority to meet urgent operational needs under the Emergency Response Level.

An "Annual Summary on the Work of MTB 2019-20" was circulated for Members' information. It provided an update on the special procurement arrangement as endorsed by the HA Board for increasing the procurement efficiency and capacity and ensuring timely supply of goods / services during the Emergency / Serious Response Levels under the pandemic situation. Other subjects covered in the annual summary paper included the adoption of different procurement channels in HA, analysis on single tenders and risk mitigation measures, drugs expenditures and pricing trend, as well as the major updates on the corporate procurement policies and practices etc.

#### 2020-21 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招標；而中央投標委員會(2)則處理其他項目(例如醫療設備、合約服務、顧問服務等)的招標。在2020-21年度，中央投標委員會審議超過830份採購物資和服務的投標文件，當中醫管局總辦事處每宗合約所涉價值為150萬元以上，而聯網及醫院每宗合約所涉價值則為450萬元以上。有關物資採購的投標項目主要涉及購買藥物、醫療及化驗設備與消耗品；服務採購的投標則主要涉及醫院支援服務；醫療、化驗設備及資訊科技系統的保養；而基本工程的投標主要涉及醫院重建項目及醫院建築物保養小型改善工程。為配合應對2019冠狀病毒病疫情，中央投標委員會在2020-21年審議了48份超逾相關人員授權處理上限而進行緊急直接採購，或獲特別授予採購權的管理匯報，用以購買個人防護裝備、藥物、試劑及消耗品、其他物資(例如搓手液)及服務(例如私營醫療機構臨床服務、支援服務及臨時治療設施使用協議)等，以應付醫管局在緊急應變級別下的緊急運作需要。

此外，成員獲發「2019-20年度中央投標委員會工作摘要」，以供參閱。當中載列了醫管局大會通過的特別採購安排，以增加採購效率及採購量，並確保醫管局在緊急及嚴重應變級別下，各種物資、服務等能有適時供應，以維持服務。工作摘要的其他內容包括醫管局各類採購渠道、單一投標分析及風險緩減措施、藥物開支及價格趨勢，以及有關機構之採購政策及安排的更新等。

## Medical Services Development Committee

### 醫療服務發展委員會

#### Membership List

##### 成員名單

#### Chairman

##### 主席

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

#### Members

##### 成員

Dr Constance CHAN Hon-ye, JP, *Director of Health*  
陳漢儀醫生 衛生署署長

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

Prof CHAN Wai-ye  
陳偉儀教授

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

Mr Quinton LAM Chun-ki  
林進其先生

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

Prof LAU CHAK-sing, JP  
劉澤星教授

Mr Raistlin LAU Chun, JP /

Ms Candy NIP Kai-yan (*up to 21.7.2020*)

Ms Jessica LEE Wing-tung (*from 22.7.2020*)

*(representing the Secretary for Financial Services and the Treasury)*

劉震先生 /

聶繼恩女士 (截至 2020 年 7 月 21 日)

李詠彤女士 (由 2020 年 7 月 22 日起)

(代表財經事務及庫務局局長)

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

Prof David SHUM Ho-keung  
岑浩強教授

Prof Agnes TIWARI Fung-yee  
羅鳳儀教授

Dr Thomas TSANG Ho-fai (*from 1.12.2020*)  
曾浩輝醫生 (由 2020 年 12 月 1 日起)

Ms Elizabeth TSE Man-ye, GBS, JP (*up to 4.6.2020*)

Mr Thomas CHAN Chung-ching, JP (*from 5.6.2020*)

*Permanent Secretary for Food and Health (Health)*

謝曼怡女士 (截至 2020 年 6 月 4 日)

陳松青先生 (由 2020 年 6 月 5 日起)

食物及衛生局常任秘書長 (衛生)

Mr Charlie YIP Wing-tong  
葉永堂先生

## Appendix 3

### 附錄 3

#### Terms of Reference

1. Examine, review and make recommendations on the changing needs of the community in respect of clinical services provided by public hospitals and institutions;
2. Advise and make recommendations on the overall policies, directions and strategies relating to the provision, planning and development of the public hospitals and related services, having regard to the availability of technology, staff and other resources and the need to provide a patient-centred, outcome-focused quality healthcare service by a knowledge-based organisation;
3. Consider and make recommendations on the overall priorities for the planning and development of the public hospitals and related services in order to ensure an optimal utilisation of available resources;
4. Consider, review and make recommendations on any other matters related to the planning and development of the public hospitals and related services;
5. Consider periodically matters relating to risk, risk management and risk mitigation relevant to medical services development; and
6. Exercise powers delegated by the Board on the following matters:
  - (a) approve the scope of coverage of the Samaritan Fund, on the recommendation of the Management Committee of the Samaritan Fund;
  - (b) approve the scope of coverage of the Hospital Authority Public-Private Partnership Fund, on the recommendation of the Management Committee for the Hospital Authority Public-Private Partnership (PPP) Fund and Clinical PPP Programmes; and
  - (c) approve clinical service plans on specialty services and redevelopment projects, except those involving decisions on financial provisions.

#### 職權範圍

1. 審查及檢討市民對公立醫院和機構所提供的、不斷變化的醫療服務需求，並作出建議；
2. 根據現行可提供的科技、職員人手及其他資源，並顧及作為知識為本機構所需提供的「以病人及成效為中心」的優質醫護服務，就提供、規劃及發展公立醫院及相關服務的整體政策、方針和策略，提供意見及作出建議；
3. 審議規劃發展公立醫院及相關服務的整體優先次序，並作出建議，確保最有效地運用所獲資源；
4. 審議及檢討規劃發展公立醫院及相關服務的任何其他事宜，並作出建議；
5. 定期審議醫療服務發展範疇的相關風險、風險管理及風險緩減事宜；及
6. 就以下事宜行使醫院管理局（醫管局）大會授予的權力：
  - (a) 批核撒瑪利亞基金管理委員會建議的基金涵蓋範圍；
  - (b) 批核醫管局公私營協作基金及臨床公私營協作計劃管理委員會建議的基金涵蓋範圍；及
  - (c) 批核專科服務及重建項目的臨床服務計劃，惟涉及財政撥款的決定者除外。



## Focus of Work in 2020-21

In 2020-21, the Committee met four times to discuss and consider matters relating to the planning, development and management of clinical services. Due to the COVID-19 outbreak, the Committee transacted business planned for meetings scheduled for April and August 2020 by circulation.

Along the corporate strategy and planned future service directions of HA, the Committee considered and approved the Clinical Services Plan for the Hong Kong East Cluster, which set out the future service directions and development in the cluster for the next 10-15 years. For clinical services development, the Committee discussed the development of telehealth in HA, preliminary evaluation of drug refill services in HA and the future plans, development of Integrated Chinese-Western Medicine Programme, progress of the master implementation plan of HA Strategic Service Framework for Genetic and Genomic Services, introduction of Chimeric Antigen Receptor T Cell Therapy service for treatment of certain types of cancers, strategy for improving Positron Emission Tomography service in HA, as well as alignment of the dental services funded by HA and the provision of additional dental care by non-HA dental units in public hospitals. Relating to community services, the Committee was briefed on the enhanced service model for Community Geriatric Assessment Team and Visiting Medical Officer services. The Committee also considered various clinical Public-Private Partnership (PPP) Programmes, which aimed to share out demand and enhance patient choices.

The Committee considered and commented on a wide range of clinical management issues, including approval of new drugs / indications, medical and rehabilitation items to be covered by the Samaritan Fund in 2020-21; revamp of HA research ethics governance and progress update on management of advanced technology under Government funding and arrangement for 2021-22. In regard to the HA organisation-wide risk management framework, the Committee monitored clinical risk management through considering the report on patient service and care, which assessed the effectiveness of mitigation actions taken in the past year, as well as the risks anticipated for 2021 and the planned actions. Regarding the impact of COVID-19 pandemic, the Committee considered the plan for service resumption in response to the COVID-19 pandemic, the report on winter surge preparation under COVID-19 and the newly developed PPP Programmes under COVID-19. On quality improvement, the Committee was also briefed on the 2019-20 HA Patient Experience Survey on inpatient services and progress update on Integrated Model of Specialist Outpatient Service through Nurse Clinics. The Committee also considered proposals / regular reports on other matters, including the Controlling Officer's Report in 2020-21 and development / monitoring / review of clinical service key performance indicators.

## 2020-21 年度工作概況

在2020-21年度，醫療服務發展委員會共召開四次會議，討論臨床服務的規劃、發展及管理事宜。因應2019冠狀病毒病疫情，原訂於2020年4月及8月會議上審議的事宜改以傳閱方式處理。

根據醫管局的整體策略及擬定的未來服務方向，委員會討論及批核了港島東醫院聯網的臨床服務計劃，當中載列了該聯網未來10至15年的服務方向和發展。在臨床服務發展方面，委員會討論醫管局遠程醫療發展、醫管局覆配藥物服務初步評估及未來計劃、中西醫協作計劃發展、醫管局遺傳及基因組服務策略總體實施計劃的進展、引入CAR-T細胞療法治療某些癌症、醫管局正電子電腦斷層掃描服務改善策略，以及協調由醫管局資助的牙科服務及由非醫管局牙科服務單位在公立醫院提供額外牙科服務。有關社區服務方面，委員會閱悉社區老人評估小組及到診醫生計劃的加強服務模式。委員會亦審議多項以分擔服務需求及擴闊病人選擇為宗旨的臨床公私營協作計劃。

委員會審議不同的醫療管理事宜並提供意見，包括批核撒瑪利亞基金在2020-21年度起納入的新藥 / 適用病症及醫療和復康項目、醫管局科研倫理管治革新，以及2021-22年度根據政府撥款及安排的先進科技管理進展報告。就醫管局機構風險管理架構方面，委員會透過審閱病人服務報告以監察臨床風險管理情況，並檢討過去一年風險緩減措施的成效，評估2021年的預計風險及有關緩減計劃。就2019冠狀病毒病疫情的影響方面，委員會審議了因應疫情的服務恢復計劃、疫情下冬季服務高峰期應對準備報告，以及疫情下新推出的公私營協作計劃。在質素改善方面，委員會備悉2019-20年醫管局住院病人經驗調查，以及在專科門診推行綜合模式護士診所的進展報告。委員會亦考慮了其他建議 / 定期報告，包括2020-21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

##### 主席

Mr Ivan SZE Wing-hang, BBS, JP

施榮恆先生

#### Vice-Chairman

##### 副主席

Mr WONG Kwai-huen, BBS, JP\*

王桂壠先生 \*

#### Members

##### 成員

Ms Rebecca CHAN Chui-mi *(from 1.12.2020)*

陳翠薇女士 (由 2020 年 12 月 1 日起)

Dr Jane CHAN Chun-kwong\* *(up to 30.11.2020)*

陳真光醫生 \* (截至 2020 年 11 月 30 日)

Mr Raymond CHAN Kwan-tak

陳君德先生

Ms Christine Barbara CHAN So-han, BBS *(up to 30.11.2020)*

陳素嫻女士 (截至 2020 年 11 月 30 日)

Mr CHAN Wing-kai

陳永佳先生

Mr Vincent CHAN Wing-shing, MH

陳永誠先生

Ms Peggy CHING Pui-ki *(up to 30.11.2020)*

程佩琪女士 (截至 2020 年 11 月 30 日)

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 *(from 1.12.2020)*

馮玉娟教授 (由 2020 年 12 月 1 日起)

Mr HO Sau-him

何守謙先生

Mr Herman HUI Chung-shing, SBS, MH, JP

許宗盛先生

Mr Samuel HUI Kwok-ting

許國定先生

Mr Joe KWOK Jing-keung, SBS, FSDSM

郭晶強先生

Mr KWOK Leung-ming, SBS, CSDSM

郭亮明先生

Mr Alex LAM Chi-yau

林志韜先生

Ms Lisa LAU Man-man, BBS, MH, JP\*

劉文文女士 \*

Dr Agnes LAW Koon-chui, JP  
羅觀翠博士

Mr Peter LEE Shung-tak, BBS, JP  
李崇德先生

Ms Maggie LEUNG Yee-mei (*up to 30.11.2020*)  
梁綺眉女士 (截至2020年11月30日)

Prof LI Chi-kong, JP\* (*from 1.12.2020*)  
李志光教授\* (由2020年12月1日起)

Ms Manbo MAN Bo-lin, MH  
文保蓮女士

Mr Simon MOK Sai-man, MH  
莫世民先生

Mr Frederick TONG Kin-sang (*from 1.12.2020*)  
唐建生先生 (由2020年12月1日起)

Mr TSE Man-shing, BBS, JP (*up to 20.4.2020*)  
謝萬誠先生 (截至2020年4月20日)

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 (“the PCC”)

1. The PCC is an appeal body within the Hospital Authority (“the HA”) to consider appeals made by the public relating to its services. Based on its Terms of Reference, the following are guidelines set by the PCC to facilitate the handling of complaints.
2. The PCC shall not normally handle a complaint:
  - (a) if the complaint relates to services provided by the HA more than 2 years before the date of the lodging of the complaint, unless the PCC is satisfied that in the particular circumstances it is proper to conduct an investigation into such complaint not made within that period;
  - (b) if the complaint is made anonymously and / or the complainant cannot be identified or traced;
  - (c) if the complainant has failed to obtain the proper consent of the patient, to whom the services were provided, in the lodging of the complaint (this restriction will not be applicable if the patient has died or is for any reason unable to act for himself or herself);
  - (d) if the subject matter of the complaint has been referred to or is being considered by the coroner;
  - (e) if the complaint relates to a matter for which a specific statutory complaint procedure exists;
  - (f) if the complainant or the patient concerned has instituted legal proceedings, or has indicated that he / she will institute legal proceedings, against the HA, the hospital or any persons who provided the services (in any event, the Committee shall not entertain any request for compensation);
  - (g) if the complaint relates to dispute over the established policies of HA, for example fees charging policy of the HA in respect of its services;
  - (h) if the complaint relates to an assessment made by a medical staff pursuant to any statutory scheme whereas such scheme provides for a channel of appeal, for example, the granting of sick leave under the provisions of the Employees’ Compensation Ordinance, Cap. 282;
  - (i) if the complaint relates to personnel matters or contractual matters and commercial matters;
  - (j) if the PCC considers that the complaint is frivolous or vexatious or is not made in good faith; or
  - (k) if the complaint, or a complaint of a substantially similar nature, has previously been the subject matter of a complaint which had been decided upon by the PCC.

#### 附件

##### 公眾投訴委員會 (委員會) 處理投訴個案指引

1. 委員會是醫院管理局內的上訴機構，負責考慮公眾人士對醫院管理局(醫管局)服務的上訴。委員會按其職權範圍，制訂了以下投訴處理指引。
2. 如有以下情形，委員會通常不會受理有關投訴：
  - (a) 在醫管局提供服務後超過兩年，投訴人方才就該項服務提出投訴。但如委員會信納在某一個案的特別情況下，對該逾期提出的投訴進行調查是恰當者，則屬例外；
  - (b) 匿名投訴及 / 或投訴人無從識別或下落不明；
  - (c) 投訴人於提出投訴時，未有取得病人(有關服務對象)同意(但假如病人已逝世或因任何理由未能自己作主，則本限制並不適用)；
  - (d) 投訴的主要內容已轉交或正由死因裁判官考慮或審裁；
  - (e) 投訴涉及事宜已有既定法定申訴程序處理；
  - (f) 投訴人 / 或有關病人已採取法律行動，或已表示將向醫管局、有關醫院或提供有關服務的任何人士採取法律行動(無論如何，委員會都不會受理任何索償的要求)；
  - (g) 投訴涉及醫管局既定政策的爭議，例如醫管局服務的收費政策；
  - (h) 投訴關乎醫護人員根據任何法定計劃所作的醫療評估，而該等計劃本身已有既定上訴渠道，例如根據香港法例第282章僱員補償條例規定簽發病假；
  - (i) 關於人事問題、合約或商業事宜的投訴；
  - (j) 瑣屑無聊、無理取鬧，或並非出於真誠的投訴；或
  - (k) 投訴或性質極為相近的投訴，屬委員會早前已裁決個案的主要內容。



3. Taking into account the following:
- (a) the disclosure of legal privileged documents in an open hearing;
  - (b) the disclosure of personal data in an open hearing;
  - (c) the PCC is not a judicial or quasi-judicial body;
  - (d) an aggrieved party has other channels to seek redress; and
  - (e) the PCC should not duplicate the functions of other institutions such as the courts or the Medical Council;

the PCC considers that its meetings shall not be open to the public.

4. In considering the merits of a complaint, the PCC may from time to time obtain expert opinion by medical professionals or other experts relating to the subject matter of the complaint. If the PCC considers appropriate, it may also invite the complainant, the patient, the medical staffs or any other relevant persons to attend an interview.

(The above Guidelines on the handling of complaint cases may be amended from time to time as appropriate.)

### Focus of work in 2020-21

In 2020-21, the Public Complaints Committee held 15 meetings and handled a total of 239 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.

3. 委員會經考慮下列因素後，認為其會議不應向公眾公開：

- (a) 公開會議會披露法律保密的文件；
- (b) 公開會議會披露有關人士的個人資料；
- (c) 委員會並非司法或類似司法機構；
- (d) 感到不平的一方尚有其他申訴渠道；及
- (e) 委員會功能不應和其他機構（如法庭或醫務委員會）重疊。

4. 於考慮投訴的是非曲直時，委員會可就投訴的主要內容，徵詢醫療專業或其他界別的專家意見。委員會如認為恰當，亦可約見投訴人、病人、醫療人員或其他有關人士。

(委員會可視乎情況不時修訂上述投訴處理指引。)

### 2020-21 年度工作概況

在 2020-21 年度，公眾投訴委員會共召開 15 次會議及處理 239 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

##### 主席

Mr Lawrence LEE Kam-hung, BBS, JP

李金鴻先生

#### Members

##### 成員

Ms Margaret CHENG Wai-ching, JP (from 7.4.2020)

鄭惠貞女士 (由 2020 年 4 月 7 日起)

Mr Ambrose HO, SBS, JP

何沛謙先生

Mr Charlie YIP Wing-tong

葉永堂先生

Mr Paul YU Shiu-tin, BBS, JP

余嘯天先生

#### Terms of Reference

1. To consider and decide upon appeals from staff members who have raised a grievance through the normal internal complaint channels and who wish to appeal against the decision made.
2. The Committee shall:
  - (a) consider whether the appeal cases need further investigation by the management;
  - (b) direct the appeal cases to be investigated;
  - (c) have access to all the relevant information required from the management for making a decision;
  - (d) ensure that appropriate action is taken; and
  - (e) reply to the appellant.
3. The Committee's decision shall represent the Hospital Authority's decision and shall be final.
4. The Committee shall make annual reports to the Hospital Authority Board.

#### 職權範圍

1. 就曾透過正常內部渠道提出申訴而又不滿有關決定的職員上訴個案，進行審議及決定。
2. 委員會須：
  - (a) 考慮上訴個案是否需由管理人員作進一步調查；
  - (b) 指令對上訴個案進行調查；
  - (c) 向管理人員取得所有有關資料，以便作出決定；
  - (d) 確保已採取恰當的行動；及
  - (e) 回覆上訴人。
3. 委員會的決定即為醫院管理局的最終決定。
4. 委員會須每年向醫院管理局大會提交報告。

### Focus of Work in 2020-21

The Committee serves to consider and decide on appeals from staff members who have raised a grievance and appeal through the normal internal complaint channels established in HA and who wish to make further appeal against the decision made. The Committee's decision shall represent HA's decision and shall be final.

In 2020-21, the Committee received no new appeal case, and concluded one appeal case. On the latter, after reviewing all the relevant information, Members decided that the Committee should not proceed with the case as the appellant had initiated claim for damages against HA for personal injuries arising from the concerned incident along with the appeal filed with the Committee. That said, in the process of reviewing the case, the Committee identified room for improvement in addressing specific issues of concern raised by the appellant. The observations and recommendations were conveyed to the management team for follow-up.

### 2020-21 年度工作概況

委員會的宗旨是就已透過醫管局既定的內部渠道提出申訴但不滿有關決定的職員上訴個案，進行審議及決定。委員會的決定即為醫管局的最終決定。

在2020-21年度，委員會審結了一宗上訴個案，此外並無收到新的上訴個案。就該上訴個案，在審閱所有相關資料後，鑑於上訴人除向委員會提出上訴外，亦正透過律師就有關事件所引致的人身傷害向醫管局提出損害賠償，成員商討後決定委員會應終止審理該個案。儘管如此，委員會在審視個案的過程中，就管理人員在處理上訴人提出的具體關注問題方面，留意到一些可改善之處。委員會已將觀察所得及建議轉達相關管理人員，以供跟進。

## Appendix 3

### 附錄 3

## Supporting Services Development Committee

### 支援服務發展委員會

#### Membership List

##### 成員名單

#### Chairman

##### 主席

Mr Daniel LAM Chun, SBS, JP

林濬先生

#### Vice-Chairman

##### 副主席

Mr David FONG Man-hung, BBS, JP

方文雄先生

#### Members

##### 成員

Prof Edwin CHAN Hon-wan

陳漢雲教授

Dr Andrew CHAN Ping-chiu, BBS

陳炳釗博士

Dr Tony KO Pat-sing, *Chief Executive*

高拔陞醫生 行政總裁

Mr Franklin LAM Fan-keung, BBS

林奮強先生

Dr James LAU Chi-wang, BBS, JP

劉志宏博士

Dr Peter LEE Kwok-wah

李國華博士

Mr Gregory LEUNG Wing-lup, SBS

梁永立先生

Miss Trista LIM Mei-yee

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

林美儀女士

*[代表食物及衛生局常任秘書長(衛生)]*

Ir Dr Hon LO Wai-kwok, GBS, MH, JP *(up to 30.11.2020)*

盧偉國博士(截至 2020 年 11 月 30 日)

Prof Agnes TIWARI Fung-yee

羅鳳儀教授

Mr Vincent TONG Wing-shing, BBS

湯永成先生

Mr Philip TSAI Wing-chung, BBS, JP

蔡永忠先生

Mr Lincoln TSO Lai

曹禮先生

Ir Billy WONG Wing-hoo, BBS, JP

黃永灝先生

Mr Charlie YIP Wing-tong

葉永堂先生



## Terms of Reference

1. Advise on the directions and policies related to the development of Business Support Services and Environmental Protection to best support clinical services delivery in the Hospital Authority;
2. Review and monitor the annual capital expenditure plan approved by the Hospital Authority Board;
3. Review and advise on the implementation and monitoring of Capital Works Projects in the Hospital Authority;
4. Review and advise on the new initiatives in Business Support Services such as improvements in supply chain management, equipment management, strategic outsourcing and public-private-partnership of non-core functions, and the development of supporting services for revenue generation;
5. Advise on the adoption of better practices and industry innovations related to the planning and delivery of Business Support Services and implementation of Capital Works Projects in the Hospital Authority; and
6. Consider periodically matters relating to risk, risk management and risk mitigation relevant to business support services and capital expenditure projects and other areas under the purview of the Committee.

## Focus of Work in 2020-21

In 2020-21, the Committee met three times to advise on directions and policies related to the development of business support services and capital planning to support clinical service delivery in HA. Due to the COVID-19 outbreak, the Committee transacted business planned for a meeting scheduled for September 2020 by circulation.

On business support services, the Committee considered and endorsed the service framework of Family Overnight Rooms in Hong Kong Children's Hospital for carers or family members of the hospitalised children. The Committee received updates on the implementation of new weighting on marking schemes for non-works related tenders and enhancement measures for the protection of non-skilled workers in supporting services contracts in HA, and the progress of the development of the new HA Supporting Services Centre. The Committee also received annual reports respectively on hospital security, and contracts with price adjustment approved by the respective HA management via "Authorise and Direct" as delegated by the Main Tender Board. Besides, the Committee discussed the progress for replacement of aged equipment and new purchases in 2020-21 and supported the high level forward procurement plan up to 2023-24.

## 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。

## 2020-21 年度工作概況

在2020-21年度，委員會共召開三次會議，就業務支援發展及基本工程規劃的發展方針及政策提供意見，以支援醫管局的醫療服務。因應2019冠狀病毒病疫情，原訂於2020年9月會議上審議的事宜改以傳閱方式處理。

在業務支援發展方面，委員會審議後通過香港兒童醫院家屬留宿房之服務框架，以支援住院病童的照顧者或家人。委員會收閱有關採用新計分比重於非工程方面的採購投標、保障醫管局支援服務合約的非技術人員的改善措施，以及發展新的醫管局支援服務中心的進展報告。委員會亦分別閱悉有關醫院保安、以及經中央投標委員會授權醫管局相關管理人員批准調整合約價格的年度匯報。此外，委員會亦討論於2020-21年度更換舊設備及採購新設備的進展，並通過由下年度至2023-24年度的預購計劃。

## Appendix 3

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With respect to capital planning, the Committee received annual situation update on progress of projects under the First Ten-year Hospital Development Plan; noted the recommendations of the consultancy study on noise control of electrical, mechanical, air-conditioning and building services (EMABS) installations for HA's capital works projects; and endorsed the procurement strategy of operation and maintenance services for EMABS systems. The Committee also received annual report of review on hospital engineering related incidents and mitigation measures; as well as accident statistics of HA capital works projects in 2019. The recommendations of the review on suitability of adopting the New Engineering Contract form of contract were examined by the Committee. For minor works projects, the Committee received reports on 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 reviewed and endorsed the annual capital expenditure plan for 2020-21. The Committee noted the progress of a consultancy study on the organisation structure of management of works projects and offered advice on formulation of execution plans to further enhance the skills of Facility Managers and to adopt new technology in daily practice.

Development milestones of Community Treatment Facility at AsiaWorld-Expo and the North Lantau Hospital Hong Kong Infection Control Centre, which provided extra containment capacities to HA for managing COVID-19 patients, were reported to the Committee for information. To improve the cash flow of consultants and contractors of capital works projects amid the COVID-19 pandemic, the Committee was informed that HA had followed the direction of the Development Bureau and arranged a one-off "special advance payment" to ease their difficult economic situation.

In accordance with the HA organisation-wide risk management framework, the Committee assessed the risks relating to business support services, pharmaceutical supplies and capital planning, including the effectiveness of risk mitigation measures taken in the past year, risks anticipated for 2021 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 also reviewed regular progress reports from the Capital Works Subcommittee, a subcommittee formed under the Committee to advise on mainly the planning, implementation, as well as progress and financial monitoring of major capital works projects.

在基本工程規劃方面，委員會收閱首個十年醫院發展計劃項目進度的年度報告；備悉有關醫管局基本工程項目中對機電、空調、屋宇設備裝置噪音管制之顧問研究所作的建議；並通過對相關系統運作及保養服務的採購策略。委員會亦閱悉醫院工程事故檢討報告及相關緩減措施，以及2019年基本工程項目意外數字年度報告。此外，委員會審閱了對醫管局採用新工程合約範本之合適性所作的檢討及建議。在小型工程項目方面，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整筆撥款的經審核年度帳目。委員會亦審議及通過2020-21年度的資本開支預算。委員會備悉設施管理部於聯網、醫院層面及其管理組織架構之顧問研究所作的建議，並建議制訂實施計劃，以進一步提升設施經理的能力，並在醫院日常運作中應用新技術。

委員會閱悉有關位於亞洲國際博覽館的社區治療設施及北大嶼山醫院香港感染控制中心的標誌性發展，以增加醫管局的隔離設施供應，接收2019冠狀病毒病患者。為改善疫情下基本工程項目顧問及承建商的現金流，委員會獲悉醫管局跟從發展局的指引，向他們支付一筆過的特別預付款項，以紓緩其財政狀況。

因應醫管局機構風險管理架構，委員會就醫管局在業務支援發展、藥物供應及基本工程規劃方面進行風險評估，範圍包括各項風險緩減措施在過去一年的成效、2021年的預計風險及有關緩減計劃。

委員會收閱管理人員提供的大型基本工程及小型工程進度定期報告，以確保作出妥善監察。委員會並審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審議大型基本工程項目的規劃、推行、進展及財務監察等事項。

## MEMBERSHIP OF HOSPITAL GOVERNING COMMITTEES 醫院管治委員會成員

### Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院

<b>Chairman</b> 主席	Mr John LI Kwok-heem, MH 李國謙先生
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	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 Mr Richard FUNG Lap-chung 馮立中先生 Dr Simon FUNG Siu-hung 馮少雄博士 Rev Canon Peter Douglas KOON Ho-ming, BBS 管浩鳴法政牧師 Prof Simon KWAN Shui-man 關瑞文教授 Mr Roger LEE Chee-wah 李志華先生 Rev Augusta LEUNG Lai-Ngor 梁麗娥牧師 Dr Pamela LEUNG Ming-kuen, BBS, JP 梁明娟醫生 Mr Gregory LEUNG Wing-lup, SBS 梁永立先生 Ir Dr Hon LO Wai-kwok, GBS, MH, JP 盧偉國博士 Mr Wilson MOK Yu-sang 莫裕生先生 Mr TAI Wing-ting 戴泳廷先生 Mr Eric TAM Wing-fun, MH 譚榮勳先生 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

<b>Chairman</b> 主席	Dr Joseph LEE Man-ho 李文豪醫生
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Ms Rebecca HUNG Tzu-wei 熊子惠女士  Mr Paul MAK Chun-nam 麥鎮南先生  Dr Joey TANG Chung-yee 鄧仲儀博士  Dr Vincent TSE Kin-chuen 謝建泉醫生  Mr Jimmy TSUI Chi-wah ( <i>up to 10.1.2021</i> ) 徐志華先生 (截至2021年1月10日)  Prof Thomas WONG Kwok-shing, JP 汪國成教授  Ms Nora YAU Ho-chun, MH, JP 邱可珍女士



## Caritas Medical Centre

### 明愛醫院

<b>Chairman</b> 主席	Prof David CHEUNG Lik-ching 張力正教授
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Mr CHAN Wai-ming, BBS, MH, JP 陳偉明先生  Dr Denis CHANG Khen-lee, JP 張健利博士  Dr Louis CHOY Chung-wai 蔡忠偉醫生  Dr Daniel FANG Tak-sang 方德生醫生  Prof Frederick HO Wing-huen, SBS 何永煊教授  Mr Joseph LEE King-chi, BBS 李敬志先生  Dr Vincent LEUNG Tze-ching 梁子正醫生  Dr Vitus LEUNG Wing-hang, BBS, JP 梁永鏗博士  Mr Willie LUI Pok-shek, JP 呂博碩先生  Mr Anthony WONG Luen-kin, JP 黃鑾堅先生  Mr Ronald YAM Tak-fai 任德輝先生  Rev Joseph YIM Tak-lung 閻德龍神父

## Appendix 4

### 附錄 4

## Castle Peak Hospital & Siu Lam Hospital

### 青山醫院及小欖醫院

<b>Chairman</b> 主席	Dr Peter LEE Kwok-wah 李國華博士
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Mr Nicholas CHAN Hiu-fung, MH, JP 陳曉峰先生  Mr CHAN How-chi, MH 陳孝慈先生  Mr Stephen LEE Hoi-yin 李開賢先生  Mr Jason Joseph LEE Kwong-yee 李曠怡先生  Dr Raymond MA Siu-wing, MH 馬兆榮醫生  Mr Edward PONG Chong, BBS, JP 龐創先生  Mr TSANG Hin-hong 曾憲康先生  Ms Deborah WAN Lai-yau, BBS, JP 溫麗友女士  Dr Jimmy WONG Chi-ho, SBS, JP 王賜豪醫生  Mr Paul WU Wai-keung 胡偉強先生

## Cheshire Home, Chung Hom Kok

### 春磡角慈氏護養院

<b>Chairman</b> 主席	Dr Albert WONG Chi-chiu 王志釗醫生
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Mr CHAN Bing-woon, SBS, JP 陳炳煥先生  Mr Raymond CHAN Kwan-tak 陳君德先生  Mrs Shelley M CHOW 周慧思女士  Ms Betty KO Lan-fun 高蘭芬女士  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

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#### Cheshire Home, Shatin

##### 沙田慈氏護養院

<b>Chairman</b> 主席	Prof Leonard LI Sheung-wai 李常威教授
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Mrs Shelley M CHOW 周慧思女士  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



## Grantham Hospital

### 葛量洪醫院

<b>Chairman</b> 主席	Mr Steve LAN Yee-fong, MH 藍義方先生
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Dr Eliza C H CHAN, SBS, JP 陳清霞博士  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  Mr Edward HO Man-tat 何聞達先生  Prof Peggy LAM, GBS, JP 林貝聿嘉教授  Prof LAU Chak-sing, JP 劉澤星教授  Dr Carl LEUNG Ka-kui 梁家駒醫生  Mr William LEUNG Shu-yin 梁樹賢先生  Dr Vitus LEUNG Wing-hang, BBS, JP 梁永鏗博士  Mr MA Ching-nam, BBS, JP 馬清楠先生  Mrs Purviz Rusy SHROFF, MH  Prof Sydney TANG Chi-wai 鄧智偉教授

## Appendix 4

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## Haven of Hope Hospital

### 靈實醫院

<b>Chairman</b> 主席	Prof Joseph KWAN Kai-cho 關繼祖教授
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Mr Jonathan CHAN Pok-chi, JP 陳博智先生  Mr CHAU Kwok-woon 鄒國煥先生  Mr Francis CHAU Yin-ming, BBS, MH 周賢明先生  Mr Stuart CHEN Seng-tek 陳升揚先生  Mr Charles CHIU Chung-yee 趙宗義先生  Ms Clara CHONG Ming-wah 臧明華女士  Dr Hon LAM Ching-choi, SBS, JP 林正財醫生  Dr Ares LEUNG Kwok-ling 梁國齡醫生  Dr Andrew LUK Leung 陸亮博士

## Hong Kong Buddhist Hospital

### 香港佛教醫院

#### Chairman

##### 主席

Mr Keith LAM Hon-keung, JP (*passed away in January 2021*)

林漢強居士 (於 2021 年 1 月辭世)

Mr HO Tak-sum, MH (*from 26.2.2021*)

何德心居士 (由 2021 年 2 月 26 日起)

#### 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 Andie CHAN Wai-kwan, MH

陳偉坤先生

Mr HO Tak-sum, MH (*up to 25.2.2021*)

何德心居士 (截至 2021 年 2 月 25 日)

Dr Johnny HON Sei-hoe, MH

韓世灝博士

Mr LAI Sze-nuen, SBS, JP

黎時煖居士

Mr Anthony LAM Chi-tat

林志達居士

Ms May LAM Shih-yan (*from 26.2.2021*)

林詩欣居士 (由 2021 年 2 月 26 日起)

Mr Stephen LAM Wai-hung

林韋雄先生

Ms May LAU Mei-mui

劉美梅女士

Mr LEE Ka-cheung

李家祥居士

Dr POON Tak-lun, JP

潘德鄰醫生

Mr SHUM Man-to

沈文燾先生

Ven SIK Hin-hung

釋衍空法師

Ven SIK Hong-ming

釋宏明法師

Ven SIK Ku-tay

釋果德法師

Ven SIK Kuan-yun

釋寬運法師

Ven SIK Miu-chi

釋妙慈法師

Ven SIK To-ping

釋道平法師

Ven SIK Yin-chi

釋演慈法師

Ms WAN Yee-ling

溫綺玲居士

## Appendix 4

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## Hong Kong Children's Hospital

### 香港兒童醫院

<b>Chairman</b> 主席	Mr John LEE Luen-wai, BBS, JP 李聯偉先生
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Ms Dana CHAN Dan-nar 陳丹娜女士  Ms CHAU Hei-man 周熙雯女士  Prof FOK Tai-fai, SBS, JP 霍泰輝教授  Mrs Ann KUNG YEUNG Yun-chi, JP 龔楊恩慈女士  Mrs Nina LAM LEE Yuen-bing, MH 林李婉冰女士  Prof Gabriel Matthew LEUNG, GBS, JP 梁卓偉教授  Mr Patrick MA Ching-hang, BBS, JP 馬清鏗先生  Prof Grace TANG Wai-king, SBS, JP 鄧惠瓊教授  Prof Frances WONG Kam-yuet 黃金月教授  Mr Richard YUEN Ming-fai, GBS, JP 袁銘輝先生

## Hong Kong Eye Hospital & Kowloon Hospital 香港眼科醫院及九龍醫院

<b>Chairman</b> 主席	Mr Daniel LAM Chun, SBS, JP 林濬先生
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Dr Connie CHAN CHENG Yuk-ye, MH 陳鄭玉而博士  Mrs Sheilah CHENG CHATJAVAL 陳鄭兆齡女士  Dr Charles CHEUNG Wai-bun, JP 張惠彬博士  Dr KWONG Po-yin 鄭葆賢醫生  Ms Mavis LEE Ming-pui 李明佩女士  Dr LEUNG Kin-ping 梁健平博士  Prof David SHUM Ho-keung 岑浩強教授  Prof Julia TAO LAI Po-wah 陶黎寶華教授  Dr WONG Yee-him 黃以謙醫生  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

<b>Chairman</b> 主席	Mr Ambrose HO, SBS, JP 何沛謙先生
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Mr Jeffrey CHUNG Chi-man 鍾志文先生  Prof LI Chi-kong, JP 李志光教授  Dr LI Siu-hung 李兆紅博士  Dr William LO Wing-yan, JP 盧永仁博士  Ms Clara SHEK Ka-lai 石嘉麗女士  Mr Donny SIU Koon-ming 蕭觀明先生  Ms Bonnie SO Yuen-han 蘇婉嫻女士  Prof Agnes TIWARI Fung-ye 羅鳳儀教授  Mr Jimmy YUEN Hon-wing 袁漢榮先生

## Kwai Chung Hospital & Princess Margaret Hospital

### 葵涌醫院及瑪嘉烈醫院

<b>Chairman</b> 主席	Mr Jason YEUNG Chi-wai 楊志威先生
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Prof Chetwyn CHAN Che-hin 陳智軒教授  Mr Stanley CHEUNG Tak-kwai 張德貴先生  Ms Janet HUI Lai-wah 許麗華女士  Prof Joseph KWAN Kai-cho 關繼祖教授  Mrs Nina LAM LEE Yuen-bing, MH 林李婉冰女士  Mr Stephen LIU Wing-ting, JP 廖榮定先生  Dr Peter TSOI Ting-kwok, JP 蔡定國醫生  Mr William WONG Kuen-wai, BBS, MH 黃權威先生  Ir Billy WONG Wing-hoo, BBS, JP 黃永灝先生  Mr WONG Yiu-chung, MH 黃耀聰先生

## 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

<b>Chairman</b> 主席	Ms Ginny MAN, BBS 文穎怡女士
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Mr CHAN Siu-tong, MH, JP 陳少棠先生  Ms Kathy CHEUNG Ka-yi 張嘉宜女士  Dr CHU Chor-lup 朱初立醫生  Ms Maisy HO, BBS 何超蓮女士  Mr Orlando HO Yau-kai 何猷啟先生  Dr LEE Yuk-lun, BBS, JP 李鏗麟博士  Ms Imma LING Kit-sum 凌潔心女士  Mrs Katherine MA, BBS 馬陳家歡女士  Mr Philip MA Ching-yeung 馬清揚先生  Mr Albert SU Yau-on, MH, JP 蘇祐安先生  Mr Kazaf TAM Chun-kwok 譚鎮國先生  Ms Mandy TANG Ming-wai 鄧明慧女士  Ms Wendy TSANG Wan-man 曾韻雯女士  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 YU See-ho 余斯好先生

## MacLehose Medical Rehabilitation Centre

### 麥理浩復康院

<b>Chairman</b> 主席	Prof Cecilia CHAN Lai-wan, JP 陳麗雲教授
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	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  Prof Kenneth CHEUNG Man-chee 張文智教授  Mr Benny CHEUNG Wai-leung, BBS 張偉良先生  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  Dr MAK Kin-cheung 麥建章醫生  Dr Edith MOK KWAN Ngan-hing, MH 莫關雁卿博士  Mr Benjamin WONG Kam-ming 黃錦明先生

## Appendix 4

### 附錄 4

## North District Hospital

### 北區醫院

<b>Chairman</b> 主席	Prof CHAN Wai-ye 陳偉儀教授
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Mr CHAN Wai-tat 陳惠達先生  Mr DENG Kai-rong, BBS, MH, JP 鄧開榮先生  Mr Clement FUNG Cheuk-nang, MH 馮卓能先生  Ms Stella FUNG Siu-wan 馮少雲女士  Mr HO Wing-yin 何永賢先生  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 Sui-biu 廖瑞彪先生  Mr Thomas YIU Kei-chung 姚紀中先生



## North Lantau Hospital

### 北大嶼山醫院

<b>Chairman</b> 主席	Prof Raymond LIANG Hin-suen, SBS, JP 梁憲孫教授
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Mr CHAN How-chi, MH 陳孝慈先生  Ms CHAU Chuen-heung, SBS, MH, JP 周轉香女士  Mr Tony CHOI Yuk-kwan, MH 蔡玉坤先生  Mr Dennis CHOW Chi-in 周志賢先生  Mr CHOW Yick-hay, BBS, JP 周奕希先生  Dr Robert LAW Chi-lim 羅致廉醫生  Ms Elizabeth LAW Kar-shui, MH 羅嘉穗女士  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

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## Our Lady of Maryknoll Hospital

### 聖母醫院

<b>Chairman</b> 主席	Mr Lester Garson HUANG, SBS, JP 黃嘉純先生
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Mr CHAN Wing-kai 陳永佳先生  Ms Maria CHIANG Lai-ling 蔣麗苓女士  Dr Gabriel CHOI Kin 蔡堅醫生  Mr John J CLANCEY  Dr Nancy FOK Lai-ling 霍麗玲醫生  Mr Joseph HUI Kong-yue 許江餘先生  Dr Lawrence LAI Fook-ming, BBS, JP 賴福明醫生  Mrs Marigold LAU, SBS 劉賴筱韜女士  Prof Gabriel Matthew LEUNG, GBS, JP 梁卓偉教授  Sister Marilu LIMGENCO 林敏妮修女  Ms June LO Hing-yu 羅慶好女士  Ms Brenda LO Yin-cheung 羅燕翔女士  Dr Louis SHIH Tai-cho, JP 史泰祖醫生  Mrs Elizabeth WONG YEUNG Po-wo 黃楊寶和女士  Mr Stephen YUEN Kwok-keung, MH 袁國強先生

## Pamela Youde Nethersole Eastern Hospital

### 東區尤德夫人那打素醫院

<b>Chairman</b> 主席	Mr Andrew FUNG Hau-chung, BBS, JP 馮孝忠先生
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Mr Derek CHAN Man-foon 陳文寬先生  Mr David CHAU Shing-yim 周承炎先生  Dr Eric CHENG Kam-chung, BBS, MH, JP 鄭錦鐘博士  Mr Roland CHOW Kun-chee 周近智先生  Mr Mico CHOW Man-cheung 周萬長先生  Ms Michelle CHOW Yan-wai 周恩惠女士  Mr Franklin LAM Fan-keung, BBS 林奮強先生  Ms Ka-shi LAU, BBS 劉嘉時女士  Mr John LI Kwok-heem, MH 李國謙先生  Mr Wilson MOK Yu-sang 莫裕生先生  Rt Rev Dr Thomas SOO Yee-po, JP 蘇以葆主教  Mr Dominic WONG Chi-chung 王志鍾先生  Mr YEUNG Po-kwan, JP 楊寶坤先生

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## Pok Oi Hospital

### 博愛醫院

<b>Chairman</b> 主席	Mrs Josephine KAN CHAN Kit-har, MH 簡陳擷霞女士
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Mr Michael CHAN Kee-huen 陳記煊先生  Dr CHAN Kwok-chiu, BBS, MH, JP 陳國超博士  Dr CHAN Shou-ming 陳首銘博士  Ms LAM Kwan 林群女士  Dr Jim LEE 李柏成博士  Dr Charles LO Dgok-sing 勞鐸聲醫生  Mr NG Kam-ching, MH 吳錦青先生  Mr Henry TONG Sau-chai, MH, JP 湯修齊先生  Mr WONG Fan-foung, BBS, MH 黃帆風先生  Ms WONG Wai-ling 黃煒鈴女士  Mr YUEN Siu-lam 袁少林先生

## Prince of Wales Hospital

### 威爾斯親王醫院

<b>Chairman</b> 主席	Ms Priscilla WONG Pui-sze, SBS, JP 王沛詩女士
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Prof Francis CHAN Ka-leung, SBS, JP 陳家亮教授  Ms Wendy FUNG Ching-suet 馮靜雪女士  Mr Larry KWOK Lam-kwong, SBS, JP 郭琳廣先生  Ms Jacqueline LEUNG, JP 梁慧女士  Ir Peter MOK Kwok-woo 莫國和先生  Ms Maggie NG Miu-man 伍妙敏女士  Dr WONG Kwai-lam 黃桂林博士  Mr Michael YUNG Ming-chau 容溟舟先生



## Appendix 4

### 附錄 4

## Queen Elizabeth Hospital

### 伊利沙伯醫院

<b>Chairman</b> 主席	Dr KAM Pok-man, BBS 甘博文博士
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Prof Gladys CHEING Lai-ying 鄭荔英教授  Mr Duncan CHIU 邱達根先生  Ms Maisy HO, BBS 何超蕙女士  Dr James HWANG Shu-tak, BBS 黃樹德醫生  Mr KU Moon-lun 古滿麟先生  Ms KWAN Sau-ling, MH 關秀玲女士  Dr Peter LEE Kwok-wah 李國華博士  Dr David NG Ka-sing 吳家聲博士  Mr James YIP Shiu-kwong 葉兆光先生  Dr YU Yuk-ling 余毓靈醫生

## Queen Mary Hospital & Tsan Yuk Hospital

### 瑪麗醫院及贊育醫院

<b>Chairman</b> 主席	Dr PANG Yiu-kai, GBS, JP 彭耀佳博士
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Mr Wilson KWONG Wing-tsun 鄭永銓先生  Prof John LEE Chi-kin, JP 李子建教授  Prof Gabriel Matthew LEUNG, GBS, JP 梁卓偉教授  Mr Steve LO Chit-ki ( <i>from 27.11.2020</i> ) 羅哲基先生 (由2020年11月27日起)  Mr Joseph LO Kin-ching 勞建青先生  Mr Philip TSAI Wing-chung, BBS, JP 蔡永忠先生  Mr Lincoln TSO Lai 曹禮先生  Prof Richard WONG Yue-chim, SBS, JP ( <i>up to 26.11.2020</i> ) 王于漸教授 (截至2020年11月26日)  Mr Paul YU Shiu-tin, BBS, JP 余嘯天先生

## Appendix 4

### 附錄 4

## Ruttonjee & Tang Shiu Kin Hospitals

### 律敦治及鄧肇堅醫院

<b>Chairman</b> 主席	Dr Vitus LEUNG Wing-hang, BBS, JP 梁永鏗博士
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Dr Henry KONG Wing-ming 江永明醫生  Mr Steve LAN Yee-fong, MH 藍義方先生  Ms Susi LAW Wai-shan 羅偉珊女士  Prof Joseph LEE Kok-long, SBS, JP 李國麟教授  Mr Edwin LEUNG Chung-ching 梁仲清先生  Dr Carl LEUNG Ka-kui 梁家駒醫生  Mr Norman LO Kam-wah, MH, JP 盧錦華先生  Mr Terry NG Sze-yuen 吳士元先生  Mrs Gloria NG WONG Yee-man, BBS, JP 吳王依雯女士  Mr Burji S SHROFF  Mr Neville S SHROFF, JP 尼維爾先生  Mr Noshir N SHROFF  Mrs Purviz Rusy SHROFF, MH  Mr Robert SHUM Kai-kee 岑啟基先生  Mr Richard TANG Yat-sun, SBS, JP 鄧日樂先生

## 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

Mr Jeckle CHIU  
招仲濠先生

Mr CHIU Man-leong  
招文亮先生

Dr Andy CHIU Tin-yan  
招天欣醫生

Mr Francis CHU Chan-pui, BBS  
朱燦培先生

Prof Joanne CHUNG Wai-yee  
鍾慧儀教授

Dr David KAN Kam-fai  
簡錦輝醫生

Mr LAU Kim-hung  
劉劍雄先生

Mr Derek LEE Ho-yin  
李浩然先生

Mrs Linda WONG LEUNG Kit-wah  
王梁潔華女士

## Appendix 4

### 附錄 4

## Tai Po Hospital

### 大埔醫院

#### Chairman

主席

Mr John LI Kwok-heem, MH

李國謙先生

#### Ex-officio members

當然成員

Hospital Authority Chief Executive or his representative

醫院管理局行政總裁或其代表

Hospital Chief Executive

醫院行政總監

#### Members

成員

Mr Ali FUNG Wai-cheong

馮偉昌先生

Ms Nancy KIT Kwong-chi, JP

關港子女士

Dr Benny KWONG Kai-sing

鄺啟成博士

Mr Roger LEE Chee-wah

李志華先生

Mr Gregory LEUNG Wing-lup, SBS

梁永立先生

Mr Patrick TANG Ming-tai

鄧銘泰先生

Dr YIP Ka-chee (*up to 26.2.2021*)

葉嘉池醫生 (截至2021年2月26日)



## The Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院

<b>Chairman</b> 主席	Mr CHEUNG Tat-tong, JP 張達棠先生
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Mr Boris BONG Ding-yue 龐定宇先生  Prof Godfrey CHAN Chi-fung 陳志峰教授  Ms Ophelia CHAN Chiu-ling, BBS 陳肖齡女士  Prof Kenneth CHEUNG Man-chee 張文智教授  Mr Renny LIE Ken-jie 李國良先生  Mr Gordon Gilbert LOCH Han-van 陸漢峰先生  Dr POON Tak-lun, JP 潘德鄰醫生  Mr Douglas SO Cheung-tak, BBS, JP 蘇彰德先生  Dr Barbara TAM Sau-man 譚秀雯醫生  Mr John WAN Chung-on 溫頌安先生

## Appendix 4

### 附錄 4

## Tin Shui Wai Hospital

### 天水圍醫院

<b>Chairman</b> 主席	Mr WONG Kwai-huen, BBS, JP 王桂壘先生
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Ms CHAN Sze-nga 陳詩雅女士  Dr FOK Mei-ling 霍美玲博士  Dr HO Wing-tim, MH 何榮添博士  Dr LAU Chau-ming 劉秋銘博士  Mr Robert LUI Chi-wang 呂志宏先生  Mr Philip MA Ching-yeung 馬清揚先生  Mr Anthony TSANG Hin-fun 曾憲芬先生  Mr Thomas WAN Yiu-ming 尹耀銘先生  Dr YUEN Yin-fun 阮燕芬醫生

## Tseung Kwan O Hospital

### 將軍澳醫院

<b>Chairman</b> 主席	Ms Lisa LAU Man-man, BBS, MH, JP 劉文文女士
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Mr Tony CHOW Kar-ming 周家明先生  Mr KAN Shun-ming 簡迅鳴先生  Prof Diana LEE Tze-fan, JP 李子芬教授  Mr Philip LI Ka-leung 李家良先生  Mr Stephen LIU Wing-ting, JP 廖榮定先生  Dr Hayles WAI Heung-wah 衛向華醫生  Mr Alan WONG Chi-kong, SBS 黃志光先生  Mr WONG Kwai-huen, BBS, JP 王桂壠先生  Dr WONG Kwing-keung 黃焯強博士  Dr Frederick YIP 葉揚輝博士

## Appendix 4

### 附錄 4

## Tuen Mun Hospital

### 屯門醫院

<b>Chairman</b> 主席	Mr Ivan SZE Wing-hang, BBS, JP 施榮恆先生
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Dr Charles CHAN Kam-kwong 陳鑑光博士  Dr Shirley IP Pui-seung 葉珮嫦醫生  Mr Lothar LEE Hung-sham, BBS, MH 李洪森先生  Ms Yvette Therese MA 馬美域女士  Dr Sam WONG Chun-sing, MH 王振聲博士  Dr WONG Kwing-keung 黃焯強博士  Ms Lina YAN Hau-yee, MH, JP 殷巧兒女士  Mr Boris YEUNG Sau-ming 楊秀明先生  Mr Charlie YIP Wing-tong 葉永堂先生  Prof Richard YUEN Man-fung 袁孟峰教授

## Tung Wah Hospital & Tung Wah Eastern Hospital & Tung Wah Group of Hospitals Fung Yiu King Hospital

### 東華醫院及東華東院及東華三院馮堯敬醫院

<b>Chairman</b> 主席	Ms Ginny MAN, BBS 文穎怡女士
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Mr Raymond CHOW Wai-kam, JP 周偉淦先生  Ms Maisy HO, BBS 何超蓮女士  Mr Orlando HO Yau-kai 何猷啟先生  Mr KWOK Leung-ming, SBS 郭亮明先生  Mr Henry LAI Hin-wing 賴顯榮先生  Dr LEE Yuk-lun, BBS, JP 李銓麟博士  Mrs Katherine MA, BBS 馬陳家歡女士  Mr Philip MA Ching-yeung 馬清揚先生  Ms Bonnie NG Hoi-yan 伍凱欣女士  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 譚鎮國先生  Ms Mandy TANG Ming-wai 鄧明慧女士  Mr Lincoln TSO Lai 曹禮先生  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



## Appendix 4

### 附錄 4

## United Christian Hospital

### 基督教聯合醫院

<b>Chairman</b> 主席	Mr Derek CHAN Man-foon 陳文寬先生
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Ms Margot CHOW Yan-tse 周恩慈女士 Ms Esther CHOW Yin-yung 周燕鏞女士 Ms Constance CHOY Hok-man 蔡學雯女士 Mr Paul FAN Chor-ho, SBS, JP 范佐浩先生 Rev Paul KAN Kei-piu 簡祺標牧師 Rt Rev Dr Timothy KWOK Chi-pei 郭志丕主教 Dr LAM Kin-wah, BBS, MH 林建華博士 Mr LAU Chun-chuen 劉俊泉先生 Mr Marthy LI Chak-kwan 李澤昆先生 Mr John LI Kwok-heem, MH 李國謙先生 Mr Michael LI Man-toa 李民滔先生 Dr Danny MA Ping-kwan 馬炳坤醫生 Hon Wilson OR Chong-shing, MH 柯創盛先生 Rev PO Kam-cheong 蒲錦昌牧師 Ms Nancy TSANG Lan-see, JP 曾蘭斯女士 Mr Herbert TSOI Hak-kong, BBS, JP 蔡克剛先生 Mr David WONG Tat-kee 黃達琪先生 Ms Grace WONG Yuen-ling 黃婉玲女士 Rev Jackson YEUNG Yau-chi 楊有志牧師 Rev YU Yan-ming 余恩明牧師 Rev YUNG Chuen-hung 翁傳鏗牧師

## Yan Chai Hospital

### 仁濟醫院

<b>Chairman</b> 主席	Mr Sam CHAU Chung-tung, MH 周松東先生
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Hospital Chief Executive 醫院行政總監
<b>Members</b> 成員	Dr Marcella CHEUNG Man-ka 張文嘉博士  Mr Gary CHU Tak-wing 朱德榮先生  Dr Paul IP Kung-ching 葉恭正博士  Ms Wendy LAW Wing-yee 羅穎怡女士  Mr Jason LEUNG Wai-kwong 梁偉光先生  Mr Peter LO Siu-kit, MH 羅少傑先生  Mrs Mary SUEN CHOI To-may 孫蔡吐媚女士  Ms WONG Chor-kei 黃楚淇女士  Mr Charles YANG Chuen-liang, BBS, JP 楊傳亮先生  Mr YAU Kam-ping, BBS, MH 邱錦平先生  Dr Anthony YEUNG Chun-wai 楊俊偉博士

## 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

<b>Chairman</b> 主席	Prof David SHUM Ho-keung 岑浩強教授
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Director of Health or his / her representative 衛生署署長或其代表
<b>Members</b> 成員	Mr Boris BONG Ding-yue 龐定宇先生  Prof Cecilia CHAN Lai-wan, JP 陳麗雲教授  Ms CHAN Yuk-lam 陳鈺琳女士  Dr Peter CHEE Pay-yun 池丕恩醫生  Dr Eric CHENG Kam-chung, BBS, MH, JP 鄭錦鐘博士  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  Dr C C LUK, JP 陸志聰醫生  Mr Philip MA Ching-yeung 馬清揚先生  Prof Eric TSE Wai-choi 謝偉財教授  Mr Lincoln TSO Lai 曹禮先生  Ms WONG Chau-ping 黃秋萍女士  Dr Albert WONG Chi-chiu 王志釗醫生  Ms Christine WONG Yi 黃宜女士  Ms Camille YAM Ka-yi 任嘉兒女士  Mr Paul YU Shiu-tin, BBS, JP 余嘯天先生

## Kowloon Regional Advisory Committee

### 九龍區域諮詢委員會

<b>Chairman</b> 主席	Mr David FONG Man-hung, BBS, JP 方文雄先生
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Director of Health or his / her representative 衛生署署長或其代表
<b>Members</b> 成員	Mr CHAN Wai-lit 陳緯烈先生 Mr CHAU Kwok-woon 鄒國煥先生 Ms Kathy CHEUNG Ka-yi 張嘉宜女士 Prof David CHEUNG Lik-ching 張力正教授 Dr Charles CHEUNG Wai-bun, JP 張惠彬博士 Ms Margot CHOW Yan-tse 周恩慈女士 Mr HO Tak-sum, MH 何德心居士 Dr KWAN Ka-lun 關家倫博士 Ms LAI Po-kwai 黎寶桂女士 Mrs Nina LAM LEE Yuen-bing, MH 林李婉冰女士 Mr Jackson LAU (from 21.05.2020) 劉肇軒先生 (由2020年5月21日起) Mrs Marigold LAU, SBS 劉賴筱韜女士 Dr Robert LAW Chi-lim 羅致廉醫生 Mr LEUNG Chi-shing 梁志成先生 Rev Van LO Wai-chuen 盧惠銓牧師 Mr Donny SIU Koon-ming 蕭觀明先生 Mr Kazaf TAM Chun-kwok 譚鎮國先生 Ms Natalie TSUI Wai-fong 朱慧芳女士 Dr Hayles WAI Heung-wah 衛向華醫生 Ms WONG Chor-kei 黃楚淇女士 Mr James YIP Shiu-kwong 葉兆光先生 Mr Ramon YUEN Hoi-man 袁海文先生 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

<b>Chairman</b> 主席	Mr Charlie YIP Wing-tong 葉永堂先生
<b>Ex-officio members</b> 當然成員	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表  Director of Health or his / her representative 衛生署署長或其代表
<b>Members</b> 成員	Mr CHAN How-chi, MH 陳孝慈先生  Dr Charles CHAN Kam-kwong 陳鑑光博士  Mrs CHAN LI Lei, MH 陳李妮女士  Mr CHAN Wai-tat 陳惠達先生  Mr Francis CHU Chan-pui, BBS 朱燦培先生  Mr DENG Kai-rong, BBS, MH, JP 鄧開榮先生  Mrs Josephine KAN CHAN Kit-har, MH 簡陳擷霞女士  Mr Gregory LEUNG Wing-lup, SBS 梁永立先生  Mr MA Kee 馬旗先生  Mr NG Hang-sau, MH 伍杏修先生  Ms Maggie NG Miu-man 伍妙敏女士  Mr Almon POON Chin-hung, JP 潘展鴻先生  Dr Joey TANG Chung-yee 鄧仲儀博士  Prof WING Yun-kwok 榮潤國教授  Mr WONG Cheuk-kin, MH 黃卓健先生  Mr WONG Kwai-huen, BBS, JP 王桂壠先生  Mr YAM Kai-bong 任啟邦先生  Dr YIP Ka-chee (up to 27.02.2021) 葉嘉池醫生(截至2021年2月27日)  Mr Michael YUNG Ming-chau 容溟舟先生



## MEMBERSHIP OF THE BOARD OF TRUSTEES OF THE HOSPITAL AUTHORITY PROVIDENT FUND SCHEME 2020-21 2020-21 年度醫院管理局公積金計劃信託委員會成員

### Chairman 主席

Dr KAM Pok-man, BBS (*up to 18.11.2020*)  
甘博文博士 (截至2020年11月18日)

Mr Philip TSAI Wing-chung, BBS, JP (*from 19.11.2020*)  
蔡永忠先生 (由2020年11月19日起)

### Trustees 信託委員

Mr CHAN Chor-wing  
陳初榮先生

Mr William CHAN Fu-keung, BBS (*up to 20.7.2020*)  
陳富強先生 (截至2020年7月20日)

Ms Anita CHAN Shuk-yu  
陳淑瑜女士

Mr Alex CHU Wing-yiu (*from 19.11.2020*)  
朱永耀先生 (由2020年11月19日起)

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

Ms Antonia LEE Yuen-chee (*from 1.12.2020*)  
李苑詞女士 (由2020年12月1日起)

Mr David MAK Chi-wai (*from 8.2.2021*)  
麥志偉先生 (由2021年2月8日起)

Mr Dave NGAN Man-kit  
顏文傑先生

Dr PANG Fei-chau (*up to 4.9.2020*)  
彭飛舟醫生 (截至2020年9月4日)

Mr QUEK Yat-sum  
郭逸森先生

Mr Philip TSAI Wing-chung, BBS, JP (*from 23.7.2020 to 18.11.2020*)  
蔡永忠先生 (由2020年7月23日至2020年11月18日)

Mr WONG Kwai-huen, BBS, JP  
王桂壠先生

Mr Jason YEUNG Chi-wai  
楊志威先生

Mr Benny YEUNG Hiu-bun (*up to 30.9.2020*)  
楊曉斌先生 (截至2020年9月30日)

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 (1.4.2020 – 31.3.2021)

投訴 / 意見 / 讚揚數字 (2020年4月1日 – 2021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	178
Staff attitude 職員態度	30
Administrative procedure 行政程序	25
Others 其他	6
<b>Total number of appeal cases handled 處理上訴個案總數</b>	<b>239</b>

Hospital Complaint / Feedback / Appreciation Statistics 醫院投訴 / 意見 / 讚揚統計			
Nature of complaint / feedback / appreciation cases 投訴 / 意見 / 讚揚個案性質	Complaint received 投訴數字	Feedback received 意見數字	Appreciation received 讚揚數字
Medical services 醫療服務	867	4 517	26 976
Staff attitude 職員態度	275	2 826	7 353
Administrative procedure 行政程序	223	3 491	525
Overall performance 整體表現	44	1 434	181
Others 其他	12	748	1 737
<b>Total number of hospital complaint / feedback / appreciation 醫院投訴 / 意見 / 讚揚總數</b>	<b>1 421</b>	<b>13 016</b>	<b>36 772</b>

GOPC* Complaint / Feedback / Appreciation Statistics 普通科門診診所投訴 / 意見 / 讚揚統計			
Nature of complaint / feedback / appreciation cases 投訴 / 意見 / 讚揚個案性質	Complaint received 投訴數字	Feedback received 意見數字	Appreciation received 讚揚數字
Medical services 醫療服務	53	442	2 100
Staff attitude 職員態度	29	579	889
Administrative procedure 行政程序	16	448	12
Overall performance 整體表現	5	134	15
Others 其他	0	78	99
<b>Total number of complaint / feedback / appreciation received by GOPC 普通科門診診所投訴 / 意見 / 讚揚總數</b>	<b>103</b>	<b>1 681</b>	<b>3 115</b>

\*General outpatient clinics

## 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, with the emergence of COVID-19 epidemic in Hong Kong since early 2020, there has been a notable year-on-year reduction in the service throughput across the wide range of services provided by the HA. The challenges have straddled over 2019-20 and 2020-21. Demand and service provision for public healthcare services have been wax and wane. While the overall volume of activities is projected to be on the low side in 2020-21, it is estimated that, subject to the development of the COVID-19, there would be a gradual pick-up in 2021-22. With such impact of COVID-19 epidemic on unit cost (if any) incorporated in 2019-20 and 2020-21 costing information, costing information may not be directly comparable across years.

The key activity data in respect of the HA are:

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，由於2020年年初起香港出現2019冠狀病毒病疫情，醫管局各類服務的服務量按年顯著下降。這些挑戰橫跨2019-20年度及2020-21年度。公營醫療服務的供求亦因應疫情發展而有所增減。預計2020-21年度整體服務量會處於較低水平，視乎2019冠狀病毒病疫情發展，預計2021-22年度整體服務量將逐步回升。鑑於2019-20年度及2020-21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。

有關醫管局服務的主要數據如下：

	2019-20	2020-21
<b>(I) Access to services 可取用的服務</b>		
<b><i>inpatient services 住院服務</i></b>		
no. of hospital beds (as at 31 March) 醫院病床數目(截至三月三十一日)		
general (acute and convalescent) 普通科(急症及康復)	23 067	23 525
mentally ill 精神科	3 647	3 647
mentally handicapped 智障科	680	677
infirmary 療養科	2 041	2 001
overall 總計	29 435	29 850
<b><i>ambulatory and outreach services 日間及外展服務</i></b>		
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)(%)	98	98
triage III (urgent cases - 30 minutes) (%) 第 III 類別(緊急個案 - 30分鐘)(%)	77	80
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	669	703
psychiatric services (as at 31 March) 精神科服務(截至三月三十一日)		
no. of psychiatric day places 精神科日間醫院名額	889	889

## Appendix 8

### 附錄 8

	2019-20	2020-21
<b>(III) Delivery of services 所提供的服務</b>		
<b>inpatient services 住院服務</b>		
overall 總計		
no. of patient days 病人住院日次	8 167 243	7 526 207
bed occupancy rate (%) 病床住用率 (%)	86	79
no. of discharges and deaths 住院病人出院人次及死亡人數	1 109 302	961 912
general (acute and convalescent) 普通科 (急症及康復)		
no. of patient days 病人住院日次	6 570 417	6 001 201
bed occupancy rate (%) 病床住用率 (%)	89	81
no. of discharges and deaths 住院病人出院人次及死亡人數	1 088 745	942 092
average length of stay (days)* 平均住院時間 (日)*	6.1	6.4
mentally ill 精神科		
no. of patient days 病人住院日次	923 033	896 713
bed occupancy rate (%) 病床住用率 (%)	71	69
no. of discharges and deaths 住院病人出院人次及死亡人數	16 960	16 597
average length of stay (days)* 平均住院時間 (日)*	56	57
mentally handicapped 智障科		
no. of patient days 病人住院日次	183 568	179 343
bed occupancy rate (%) 病床住用率 (%)	74	72
infirmary 療養科		
no. of patient days 病人住院日次	490 225	448 950
bed occupancy rate (%) 病床住用率 (%)	89	82
<b>ambulatory and outreach services 日間及外展服務</b>		
day inpatient services 日間住院病人服務		
no. of discharges and deaths 出院人次及死亡人數	683 477	675 649
A&E services 急症室服務		
no. of A&E attendances 急症室就診人次	2 048 039	1 640 453
no. of A&E first attendances 急症室首次就診人次		
triage I 第 I 類別	22 335	22 928
triage II 第 II 類別	52 011	48 726
triage III 第 III 類別	711 744	608 311
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	776 166	742 556
no. of specialist outpatient (clinical) follow-up attendances 專科門診 (臨床) 覆診人次	6 865 554	6 731 110
total no. of specialist outpatient (clinical) attendances 專科門診 (臨床) 就診總人次	7 641 720	7 473 666
primary care services 基層醫療服務		
no. of general outpatient attendances 普通科門診就診人次	5 815 680	5 568 280
no. of family medicine specialist clinic attendances 家庭醫學專科門診就診人次	307 614	313 065
total no. of primary care attendances 基層醫療就診總人次	6 123 294	5 881 345

	2019-20	2020-21
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	84 253	33 429
no. of community nurse attendances 接受社康護士服務人次	886 315	900 059
no. of allied health (community) attendances 專職醫療(社區)就診人次	33 153	26 307
no. of allied health (outpatient) attendances 專職醫療(門診)就診人次	2 654 470	2 512 370
geriatric services 老人科服務		
no. of geriatric outreach attendances <sup>▽</sup> 接受老人科外展服務人次 <sup>▽</sup>	679 527	732 985
no. of geriatric elderly persons assessed for infirmary care service 接受療養服務評核的長者人數	1 697	1 629
no. of geriatric day attendances 老人科日間醫院就診人次	129 963	37 525
no. of Visiting Medical Officer attendances <sup>▽</sup> 接受到診醫生治療人次 <sup>▽</sup>	92 830	N.A.
psychiatric services 精神科服務		
no. of psychiatric outreach attendances 接受精神科外展服務人次	269 705	158 826
no. of psychiatric day attendances 精神科日間醫院就診人次	194 417	45 285
no. of psychogeriatric outreach attendances <sup>#</sup> 接受老人精神科外展服務人次 <sup>#</sup>	91 390	67 983
<b>(III) Quality of services 服務質素</b>		
no. of hospital deaths per 1 000 population <sup>^</sup> 每千人口中病人在醫院死亡人數 <sup>^</sup>	2.8	2.7
unplanned readmission rate within 28 days for general inpatients (%) 普通科住院病人在出院後28天內未經預約再入院率(%)	10.6	11.0
<b>(IV) Cost of services 服務成本</b>		
<b>cost distribution 成本分布</b>		
cost distribution by service types (%) 按服務類別劃分的成本分布百分率(%)		
inpatient 住院服務	54.5	54.0
ambulatory and outreach 日間及外展服務	45.5	46.0
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(%)	49.9	50.2
cost of services per 1 000 population (HK\$Mn) 每千人口的服務成本(港幣百萬元)	27.4	29.2
<b>unit costs 單位成本</b>		
<b>inpatient services 住院服務</b>		
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)	6,020	7,240
mentally ill 精神科	3,170	3,560
mentally handicapped 智障科	1,980	2,140
infirmary 療養科	1,810	2,070



## Appendix 8

### 附錄 8

	2019-20	2020-21
<b>ambulatory and outreach services 日間及外展服務</b>		
cost per A&E attendance (HK\$) 急症室每次診症的成本 (港元)	1,780	2,590
cost per specialist outpatient attendance (HK\$) 專科門診每次診症的成本 (港元)	1,460	1,660
cost per general outpatient attendance (HK\$) 普通科門診每次診症的成本 (港元)	560	620
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)	1,280	1,370
cost per community nurse attendance (HK\$) 社康護士每次服務的成本 (港元)	675	700
cost per psychiatric outreach attendance (HK\$) 精神科外展服務每次的成本 (港元)	2,000	3,310
cost per geriatric day attendance (HK\$) 老人科日間醫院每次服務的成本 (港元)	2,730	5,310
<b>fee waivers 收費減免</b>		
total amount of waived fees (HK\$Mn) 減免收費總額 (港幣百萬元)	1,032.3	992.8
percentage of Comprehensive Social Security Assistance (CSSA) fee waiver (%) ~ 綜合社會保障援助 (綜援) 收費減免百分率 (%) ~	16.0	15.7
percentage of non-CSSA fee waiver (%) ~ 非綜援收費減免百分率 (%) ~	18.8	N.A.
percentage of Higher Old Age Living Allowance (OALA) fee waiver (%) ~ ^ 高額長者生活津貼收費減免百分率 (%) ~ ^	N.A.	12.1
percentage of other fee waiver (%) ~ ^ 其他收費減免百分率 (%) ~ ^	N.A.	7.7

#### Notes:

- \* Derived by dividing the sum of length of stay of inpatients by the corresponding number of inpatients discharged and treated.
- ∇ Starting from 2020-21, the overall service model for Community Geriatric Assessment Team and Visiting Medical Officer in the HA has been streamlined. The indicators for the number of geriatric outreach attendances and number of Visiting Medical Officer attendances are consolidated.
- # Excludes attendances arising from consultation liaison services.
- ^ 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.
- ▲ In light of the increasing portion of Higher OALA fee waiver, the indicator "percentage of non-CSSA fee waiver" is categorised into "percentage of Higher OALA fee waiver" and "percentage of other fee waiver" from 2020-21 onwards to further differentiate various types of fee waiver. The percentage of Higher OALA fee waiver for 2019-20 Actual as included under "percentage of non-CSSA fee waiver" is 12.1 per cent.

#### 備註：

- \* 按住院病人住院時間總數除以相對的住院病人出院及接受治療人數計算。
- ∇ 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人次及接受到診醫生治療人次兩項指標已整合。
- # 不包括諮詢會診服務人次。
- ^ 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。
- ▲ 鑒於高額長者生活津貼收費減免的比例上升，自2020-21年度起的「非綜援收費減免百分率」指標會分類為「高額長者生活津貼收費減免百分率」及「其他收費減免百分率」，以進一步區分各類的收費減免。2019-20年度（實際）包括在非綜援收費減免內的高額長者生活津貼收費減免百分率為12.1%。

## STATISTICS ON NUMBER OF BEDS, INPATIENT, ACCIDENT & EMERGENCY AND OUTPATIENT SERVICES IN 2020-21

### 2020-21 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 2021) <sup>1</sup> 醫院病床數目 (截至2021年 3月31日) <sup>1</sup>	Total IP & DP discharges and deaths		Inpatient bed occupancy rate (%) <sup>2</sup> 住院病人 病床 住用率 (%)	Inpatient average length of stay (days) 住院病人 平均住院 時間(日)	Total A&E attendances 急症室 就診總人次	Total SOP (clinical) attendances <sup>2,3</sup> 專科門診(臨床) 就診總人次 <sup>2,3</sup>	Family Medicine Specialist Clinic attendances <sup>2</sup> 家庭醫學 專科門診 就診人次 <sup>2</sup>	Total Allied Health [Outpatient] attendances <sup>2,4</sup> 專職醫療 (門診) 就診總人次 <sup>2,4</sup>	General Outpatient attendances <sup>2,5</sup> 普通科門診 就診人次 <sup>2,5</sup>
		Inpatient and outpatient 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 (%) <sup>2</sup> 住院病人 病床 住用率 (%)							
<b>Hong Kong East Cluster 港島東醫院聯網</b>										
Cheshire Home, Chung Hom Kok 春磡角慈氏護養院	240	485	82.6	238.5	-	-	-	269	-	
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	1 897	132 474	76.2	6.5	96 651	582 831	53 725	166 038	356 057	
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	653	22 558	75.1	7.7	51 825	137 477	8 650	80 876	116 074	
St. John Hospital 長洲醫院	87	2 356	31.9	3.7	6 591	-	-	6 460	28 657	
Tung Wah Eastern Hospital 東華東院	265	6 725	84.6	15.3	-	87 079	-	27 249	26 931	
Wong Chuk Hang Hospital 黃竹坑醫院	160	143	84.5	372.8	-	-	-	-	-	
<b>Sub-total 小計</b>	<b>3 302</b>	<b>164 741</b>	<b>77.5</b>	<b>8.8</b>	<b>155 067</b>	<b>807 387</b>	<b>62 375</b>	<b>280 892</b>	<b>527 719</b>	
<b>Hong Kong West Cluster 港島西醫院聯網</b>										
Grantham Hospital 葛量洪醫院	389	16 676	73.9	12.2	-	120 830	-	36 017	-	
MacLehose Medical Rehabilitation Centre 麥理浩復康院	110	1 254	49.8	16.0	-	1 703	-	2 782	-	
Queen Mary Hospital 瑪麗醫院	1 639	149 690	66.7	4.4	98 145	652 514	20 458	120 540	329 249	
The Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院	133	2 522	44.4	8.4	-	19 500	-	32 132	-	
Tsan Yuk Hospital 贊育醫院	1	176	-	-	-	19 423	-	3 001	-	
Tung Wah Group of Hospitals Fung Yiu King Hospital 東華三院馮堯敬醫院	272	2 327	68.9	20.9	-	39	-	244	-	
Tung Wah Hospital 東華醫院	532	26 356	75.6	27.0	-	47 807	-	8 441	24 610	
<b>Sub-total 小計</b>	<b>3 076</b>	<b>199 001</b>	<b>67.8</b>	<b>7.4</b>	<b>98 145</b>	<b>861 816</b>	<b>20 458</b>	<b>203 157</b>	<b>353 859</b>	

## Appendix 9

### 附錄 9

Institution 機構	No. of hospital beds (as at 31 March 2021) <sup>1</sup> 醫院病床數目 (截至2021年 3月31日) <sup>1</sup>	Total IP & DP discharges and deaths 住院及日間 住院病人 出院人次及 死亡人數	Inpatient bed occupancy rate (%) 住院病人病床 住用率(%)	Inpatient average length of stay (days) 住院病人 平均住院 時間(日)	Total A&E attendances 急症室 就診總人次	Total SOP (clinical) attendances <sup>2,3</sup> 專科門診(臨床) 就診總人次 <sup>2,3</sup>	Family Medicine Specialist Clinic attendances <sup>2</sup> 家庭醫學 專科門診 就診人次 <sup>2</sup>	Total Allied Health [Outpatient] attendances <sup>2,4</sup> 專職醫療 (門診) 就診總人次 <sup>2,4</sup>	General Outpatient attendances <sup>2,5</sup> 普通科門診 就診人次 <sup>2,5</sup>
<b>Kowloon Central Cluster 九龍中醫院聯網</b>									
Hong Kong Buddhist Hospital 香港佛教醫院	376	7 036	80.6	16.5	-	13 270	-	20 500	41 705
Hong Kong Children's Hospital 香港兒童醫院	244	15 085	60.6	7.7	-	30 389	-	7 625	-
Hong Kong Eye Hospital 香港眼科醫院	45	6 230	16.9	3.3	-	230 214	-	34 667	-
Kowloon Hospital 九龍醫院	1 361	15 686	81.0	25.3	-	91 813	-	102 440	-
Kwong Wah Hospital 廣華醫院	1 186	77 923	67.6	4.7	93 032	327 030	4 587	138 714	173 392
Our Lady of Maryknoll Hospital 聖母醫院	236	8 912	72.8	10.6	-	67 164	2 415	37 969	366 351
Queen Elizabeth Hospital 伊利沙伯醫院	2 017	177 636	83.8	5.6	145 318	641 510	8 715	199 153	462 672
Tung Wah Group of Hospitals Wong Tai Sin Hospital 東華三院黃大仙醫院	531	8 937	80.6	14.8	-	149	-	1 372	-
<b>Sub-total 小計</b>	<b>5 996</b>	<b>317 445</b>	<b>78.2</b>	<b>8.0</b>	<b>238 350</b>	<b>1 401 539</b>	<b>15 717</b>	<b>542 440</b>	<b>1 044 120</b>
<b>Kowloon East Cluster 九龍東醫院聯網</b>									
Haven of Hope Hospital 靈實醫院	521	7 592	93.9	22.8	-	8 628	-	5 491	-
Tseung Kwan O Hospital 將軍澳醫院	777	67 269	84.9	5.2	93 262	319 306	4 707	163 553	284 276
United Christian Hospital 基督教聯合醫院	1 548	104 272	84.2	5.8	124 778	491 750	62 056	209 547	551 148
<b>Sub-total 小計</b>	<b>2 846</b>	<b>179 133</b>	<b>86.4</b>	<b>6.8</b>	<b>218 040</b>	<b>819 684</b>	<b>66 763</b>	<b>378 591</b>	<b>835 424</b>
<b>Kowloon West Cluster 九龍西醫院聯網</b>									
Caritas Medical Centre 明愛醫院	1 245	65 069	82.2	6.4	98 338	401 658	5 077	84 133	277 475
Kwai Chung Hospital 葵涌醫院	920	4 305	76.4	64.1	-	235 381	-	32 800	-
North Lantau Hospital 北大嶼山醫院	180	10 427	126.8	6.9	63 007	21 358	1 652	33 504	88 637
Princess Margaret Hospital 瑪嘉烈醫院	1 760	141 339	83.0	5.6	92 055	434 940	20 255	94 461	351 682
Yan Chai Hospital 仁濟醫院	801	50 681	79.2	5.3	100 572	208 990	4 398	106 695	273 354
<b>Sub-total 小計</b>	<b>4 906</b>	<b>271 821</b>	<b>82.2</b>	<b>7.2</b>	<b>353 972</b>	<b>1 302 327</b>	<b>31 382</b>	<b>351 593</b>	<b>991 148</b>
<b>New Territories East Cluster 新界東醫院聯網</b>									
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	605	54 934	71.5	4.9	76 884	266 731	4 305	116 337	238 679
Bradbury Hospice 白普理寧養中心	26	466	73.7	14.6	-	49	-	1 740	-
Cheshire Home, Shatin 沙田慈氏護養院	304	171	61.4	422.3	-	-	-	89	-
North District Hospital 北區醫院	683	44 082	83.0	5.5	71 733	191 430	8 344	90 506	259 983
Prince of Wales Hospital 威爾斯親王醫院	1 807	168 655	79.4	5.4	121 640	766 049	48 559	202 627	460 889
Shatin Hospital 沙田醫院	591	8 162	87.8	22.2	-	657	-	2 244	-
Tai Po Hospital 大埔醫院	1 026	9 365	82.9	28.0	-	507	-	770	-
<b>Sub-total 小計</b>	<b>5 042</b>	<b>285 835</b>	<b>79.4</b>	<b>8.1</b>	<b>270 257</b>	<b>1 225 423</b>	<b>61 208</b>	<b>414 313</b>	<b>959 551</b>

Institution 機構	No. of hospital beds (as at 31 March 2021) <sup>1</sup> 醫院病床數目 (截至2021年 3月31日) <sup>1</sup>	Total IP & DP discharges and deaths		Inpatient bed length of stay (days) 住院病人 平均住院 時間(日)	Total A&E attendances 急症室 就診總人次	Total SOP (clinical) attendances <sup>2,3</sup> 專科門診(臨床) 就診總人次 <sup>2,3</sup>	Family Medicine Specialist Clinic attendances <sup>2</sup> 家庭醫學 專科門診 就診人次 <sup>2</sup>	Total Allied Health (Outpatient) attendances <sup>2,4</sup> 專職醫療 (門診) 就診總人次 <sup>2,4</sup>	General Outpatient attendances <sup>2,5</sup> 普通科門診 就診人次 <sup>2,5</sup>
		Inpatient bed occupancy rate (%) 住院病人 住用率(%)	Outpatient deaths 出院人次及 死亡人數						
<b>New Territories West Cluster 新界西醫院聯網</b>									
Castle Peak Hospital 青山醫院	1 156	2 573	60.7	100.2	-	146 606	-	16 422	-
Pok Oi Hospital 博愛醫院	770	51 491	94.4	6.9	76 996	159 182	16 708	67 527	-
Siu Lam Hospital 小欖醫院	520	447	83.5	423.5	-	-	-	-	-
Tin Shui Wai Hospital 天水圍醫院	200	13 280	79.9	5.5	102 798	14 612	14 214	37 415	-
Tuen Mun Hospital 屯門醫院	2 036	151 794	89.4	6.9	126 828	735 090	24 240	220 020	856 459
<b>Sub-total 小計</b>	<b>4 682</b>	<b>219 585</b>	<b>81.5</b>	<b>10.0</b>	<b>306 622</b>	<b>1 055 490</b>	<b>55 162</b>	<b>341 384</b>	<b>856 459</b>
<b>GRAND TOTAL 總計</b>	<b>29 850</b>	<b>1 637 561</b>	<b>79.3</b>	<b>8.0</b>	<b>1 640 453</b>	<b>7 473 666</b>	<b>313 065</b>	<b>2 512 370</b>	<b>5 568 280</b>

## 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 along with tightening up infection control measures. Hence, the service throughput across a wide range of services provided by HA might have been reduced when compared with that of previous years.

- Number of hospital beds as at 31 March 2021 is based on the Annual Survey on Hospital Beds in Public Hospitals 2020-21.
- 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.

## Abbreviations:

IP — Inpatient  
DP — Day inpatient  
A&E — Accident & Emergency  
SOP — Specialist Outpatient

## 備註：

由於香港自2020年年初出現2019冠狀病毒病疫情，醫院管理局(醫管局)已加強感染控制措施，亦因應疫情調整服務。因此，醫管局各類服務的服務量與以往年度相比，或會有所下降。

- 2021年3月31日的醫院病床數目來自2020-21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。

## Appendix 10

## 附錄 10

STATISTICS ON COMMUNITY AND REHABILITATION SERVICES  
IN 2020-21

## 2020-21 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 <sup>1</sup> 接受精神科 外展服務人次 <sup>1</sup>	Psychogeriatric outreach attendances <sup>2</sup> 接受老人精神科 外展服務人次 <sup>2</sup>	Community Geriatric Assessment Service <sup>3</sup> 社區老人評核 服務量 <sup>3</sup>	Allied Health (Community) attendances <sup>4</sup> 專職醫療 (社區) 就診人次 <sup>4</sup>	Rehabilitation day & palliative care day attendances 康復及紓緩護理 日間服務 就診人次	Geriatric day attendances <sup>5</sup> 老人科 日間醫院 就診人次 <sup>5</sup>	Psychiatric day attendances 精神科 日間醫院 就診人次
<b>Hong Kong East Cluster 港島東醫院聯網</b>								
Cheshire Home, Chung Hom Kok 春磡角慈氏護養院	-	-	-	-	10	-	-	-
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	91 407	17 049	4 680	-	489	560	2 599	8 737
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	-	-	-	104 272	345	188	4 654	-
St. John Hospital 長洲醫院	4 936	-	-	-	5	-	-	-
Tung Wah Eastern Hospital 東華東院	-	-	-	-	57	6 983	-	-
Wong Chuk Hang Hospital 黃竹坑醫院	-	-	-	-	-	-	96	-
<b>Sub-total 小計</b>	<b>96 343</b>	<b>17 049</b>	<b>4 680</b>	<b>104 272</b>	<b>906</b>	<b>7 731</b>	<b>7 349</b>	<b>8 737</b>
<b>Hong Kong West Cluster 港島西醫院聯網</b>								
Grantham Hospital 葛量洪醫院	-	-	-	-	9	2 397	-	-
MacLehose Medical Rehabilitation Centre 麥理浩復康院	-	-	-	-	38	7 374	-	-
Queen Mary Hospital 瑪麗醫院	59 668	13 067	11 193	-	215	482	-	6 044
The Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院	-	-	-	-	4	-	-	-
Tsan Yuk Hospital 贊育醫院	-	-	-	-	-	-	-	1 107
Tung Wah Group of Hospitals Fung Yiu King Hospital 東華三院馮堯敬醫院	-	-	-	61 979	2 079	-	1 551	-
Tung Wah Hospital 東華醫院	-	-	-	-	9	3 951	1 661	-
<b>Sub-total 小計</b>	<b>59 668</b>	<b>13 067</b>	<b>11 193</b>	<b>61 979</b>	<b>2 354</b>	<b>14 204</b>	<b>3 212</b>	<b>7 151</b>



Institution 機構	Community nurse attendances 接受社康護士 服務人次	Psychiatric outreach attendances <sup>1</sup> 接受精神科 外展服務人次 <sup>1</sup>	Psychogeriatric outreach attendances <sup>2</sup> 接受老人精神科 外展服務人次 <sup>2</sup>	Community Geriatric Assessment Service <sup>3</sup> 社區老人評核 服務量 <sup>3</sup>	Allied Health (Community) attendances <sup>4</sup> 專職醫療 (社區) 就診人次 <sup>4</sup>	Rehabilitation day & palliative care day attendances 康復及紓緩護理 日間服務 就診人次	Geriatric day attendances <sup>5</sup> 老人科 日間醫院 就診人次 <sup>5</sup>	Psychiatric day attendances 精神科 日間醫院 就診人次
<b>Kowloon Central Cluster 九龍中醫院聯網</b>								
Hong Kong Buddhist Hospital 香港佛教醫院	-	-	-	-	134	835	-	-
Hong Kong Children's Hospital 香港兒童醫院	-	-	-	-	137	-	-	-
Kowloon Hospital 九龍醫院	83 379	10 974	6 519	41 111	520	67	1 411	1 145
Kwong Wah Hospital 廣華醫院	42 486	-	-	68 209	611	-	2 725	-
Our Lady of Maryknoll Hospital 聖母醫院	55 284	-	-	14 547	83	482	-	-
Queen Elizabeth Hospital 伊利沙伯醫院	-	-	-	36 852	2 269	128	1 140	-
Tung Wah Group of Hospitals Wong Tai Sin Hospital 東華三院黃大仙醫院	-	-	-	-	43	-	4 214	-
<b>Sub-total 小計</b>	<b>181 149</b>	<b>10 974</b>	<b>6 519</b>	<b>160 719</b>	<b>3 797</b>	<b>1 512</b>	<b>9 490</b>	<b>1 145</b>
<b>Kowloon East Cluster 九龍東醫院聯網</b>								
Haven of Hope Hospital 靈實醫院	35 281	-	-	7 561	39	205	1 559	-
Tseung Kwan O Hospital 將軍澳醫院	-	-	-	-	46	2 887	-	-
United Christian Hospital 基督教聯合醫院	140 822	22 224	9 419	48 760	808	224	2 660	8 119
<b>Sub-total 小計</b>	<b>176 103</b>	<b>22 224</b>	<b>9 419</b>	<b>56 321</b>	<b>893</b>	<b>3 316</b>	<b>4 219</b>	<b>8 119</b>
<b>Kowloon West Cluster 九龍西醫院聯網</b>								
Caritas Medical Centre 明愛醫院	63 607	-	-	40 859	161	137	1 453	-
Kwai Chung Hospital 葵涌醫院	-	36 373	17 042	-	658	-	-	13 711
North Lantau Hospital 北大嶼山醫院	10 002	1 205	-	3 821	82	1 373	-	-
Princess Margaret Hospital 瑪嘉烈醫院	48 585	-	-	44 933	755	694	2 930	-
Yan Chai Hospital 仁濟醫院	36 364	-	-	48 969	228	-	2 459	-
<b>Sub-total 小計</b>	<b>158 558</b>	<b>37 578</b>	<b>17 042</b>	<b>138 582</b>	<b>1 884</b>	<b>2 204</b>	<b>6 842</b>	<b>13 711</b>
<b>New Territories East Cluster 新界東醫院聯網</b>								
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	38 946	-	515	35 106	2 804	220	-	1 434
Bradbury Hospice 白普理寧養中心	-	-	-	-	11	99	-	-
Cheshire Home, Shatin 沙田慈氏護養院	-	-	-	-	-	-	-	-
North District Hospital 北區醫院	38 235	9 489	6 405	32 970	4 260	581	3 766	476
Prince of Wales Hospital 威爾斯親王醫院	55 605	-	1 894	29 013	3 800	-	-	-
Shatin Hospital 沙田醫院	-	19 754	3 138	-	143	1 424	5 966	59
Tai Po Hospital 大埔醫院	-	8 556	-	-	4	-	5 097	1 009
<b>Sub-total 小計</b>	<b>132 786</b>	<b>37 799</b>	<b>11 952</b>	<b>97 089</b>	<b>11 022</b>	<b>2 324</b>	<b>14 829</b>	<b>2 978</b>

## Appendix 10

### 附錄 10

Institution 機構	Community nurse attendances 接受社康護士服務人次	Psychiatric outreach attendances <sup>1</sup> 接受精神科外展服務人次 <sup>1</sup>	Psychogeriatric outreach attendances <sup>2</sup> 接受老人精神科外展服務人次 <sup>2</sup>	Community Geriatric Assessment Service <sup>3</sup> 社區老人評核服務量 <sup>3</sup>	Allied Health (Community) attendances <sup>4</sup> 專職醫療(社區)就診人次 <sup>4</sup>	Rehabilitation day & palliative care day attendances 康復及紓緩護理日間服務就診人次	Geriatric day attendances <sup>5</sup> 老人科日間醫院就診人次 <sup>5</sup>	Psychiatric day attendances 精神科日間醫院就診人次
<b>New Territories West Cluster 新界西醫院聯網</b>								
Castle Peak Hospital 青山醫院	-	20 135	7 178	-	144	-	-	3 168
Pok Oi Hospital 博愛醫院	29 138	-	-	55 647	530	262	2 176	-
Siu Lam Hospital 小欖醫院	-	-	-	-	-	-	-	-
Tin Shui Wai Hospital 天水圍醫院	4 474	-	-	-	496	-	-	-
Tuen Mun Hospital 屯門醫院	61 840	-	-	60 005	4 281	1 876	3 475	276
Sub-total 小計	<b>95 452</b>	<b>20 135</b>	<b>7 178</b>	<b>115 652</b>	<b>5 451</b>	<b>2 138</b>	<b>5 651</b>	<b>3 444</b>
GRAND TOTAL 總計	<b>900 059</b>	<b>158 826</b>	<b>67 983</b>	<b>734 614</b>	<b>26 307</b>	<b>33 429</b>	<b>51 592</b>	<b>45 285</b>

#### 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 along with tightening up infection control measures. Hence, the service throughput across a wide range of services provided by HA might have been reduced when compared with that of previous years.

1. Figures also include home visits and crisis intervention.
2. Figures also include home visits.
3. 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.
4. Allied Health (Community) attendances exclude follow-up consultations provided by the Medical Social Services Units.
5. Geriatric day attendances also include attendances under Integrated Discharge Support Program for Elderly Patients (IDSP).

The activity performed in different centres and teams are grouped under respective hospital management.

#### 備註：

由於香港自2020年年初出現2019冠狀病毒病疫情，醫院管理局(醫管局)已加強感染控制措施，亦因應疫情調整服務。因此，醫管局各類服務的服務量與以往年度相比，或會有所下降。

1. 數字也包括家訪及危機處理服務。
2. 數字也包括家訪。
3. 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。
4. 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。
5. 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。

## 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 31.3.2021) <sup>1,2,3,4</sup> 等同全職人員數目 (2021年3月31日數字) <sup>1,2,3,4</sup>				
	Medical 醫療	Nursing 護理	Allied Health 專職醫療	Others 其他	Total 總計
<b>Hong Kong East Cluster 港島東醫院聯網</b>	<b>706</b>	<b>3 076</b>	<b>902</b>	<b>4 547</b>	<b>9 230</b>
Cheshire Home, Chung Hom Kok 春磡角慈氏護養院	3	64	10	135	<b>212</b>
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	558	2 092	620	2 940	<b>6 210</b>
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	96	628	186	855	<b>1 765</b>
St. John Hospital 長洲醫院	7	39	8	83	<b>137</b>
Tung Wah Eastern Hospital 東華東院	39	203	74	378	<b>694</b>
Wong Chuk Hang Hospital 黃竹坑醫院	2	49	4	156	<b>211</b>
<b>Hong Kong West Cluster 港島西醫院聯網</b>	<b>726</b>	<b>3 041</b>	<b>1 029</b>	<b>3 821</b>	<b>8 616</b>
Grantham Hospital 葛量洪醫院	35	268	70	357	<b>731</b>
MacLehose Medical Rehabilitation Centre 麥理浩復康院	2	45	44	93	<b>184</b>
Queen Mary Hospital <sup>5</sup> 瑪麗醫院 <sup>5</sup>	609	2 243	736	2 654	<b>6 242</b>
The Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院	19	93	60	157	<b>329</b>
TWGHs Fung Yiu King Hospital 東華三院馮堯敬醫院	17	78	34	144	<b>272</b>
Tung Wah Hospital 東華醫院	43	314	85	417	<b>859</b>
<b>Kowloon Central Cluster 九龍中醫院聯網</b>	<b>1 430</b>	<b>6 203</b>	<b>1 873</b>	<b>8 845</b>	<b>18 351</b>
HK Red Cross Blood Transfusion Service 香港紅十字會輸血服務中心	6	97	82	333	<b>518</b>
Hong Kong Buddhist Hospital 香港佛教醫院	20	232	61	321	<b>634</b>
Hong Kong Children's Hospital 香港兒童醫院	155	379	188	744	<b>1 467</b>
Hong Kong Eye Hospital 香港眼科醫院	38	77	23	174	<b>312</b>
Kowloon Hospital 九龍醫院	74	830	208	1 080	<b>2 192</b>
Kwong Wah Hospital 廣華醫院	354	1 344	363	1 608	<b>3 669</b>
Our Lady of Maryknoll Hospital 聖母醫院	62	334	87	378	<b>860</b>
Queen Elizabeth Hospital <sup>6</sup> 伊利沙伯醫院 <sup>6</sup>	694	2 611	797	3 808	<b>7 909</b>
TWGHs Wong Tai Sin Hospital 東華三院黃大仙醫院	28	300	64	399	<b>790</b>
<b>Kowloon East Cluster 九龍東醫院聯網</b>	<b>828</b>	<b>3 428</b>	<b>965</b>	<b>4 445</b>	<b>9 667</b>
Haven of Hope Hospital 靈實醫院	29	371	98	540	<b>1 038</b>
Tseung Kwan O Hospital 將軍澳醫院	233	979	277	1 196	<b>2 685</b>
United Christian Hospital 基督教聯合醫院	567	2 078	590	2 710	<b>5 944</b>

## Appendix 11(a)

### 附錄 11(a)

Institution 機構	No. of Full-time Equivalent (FTE) Staff (as at 31.3.2021) <sup>1,2,3,4</sup> 等同全職人員數目 (2021年3月31日數字) <sup>1,2,3,4</sup>				
	Medical 醫療	Nursing 護理	Allied Health 專職醫療	Others 其他	Total 總計
<b>Kowloon West Cluster 九龍西醫院聯網</b>	<b>1 160</b>	<b>5 023</b>	<b>1 441</b>	<b>6 278</b>	<b>13 901</b>
Caritas Medical Centre 明愛醫院	270	1 139	300	1 407	<b>3 117</b>
Kwai Chung Hospital 葵涌醫院	82	765	153	670	<b>1 670</b>
North Lantau Hospital 北大嶼山醫院	58	202	108	340	<b>708</b>
Princess Margaret Hospital 瑪嘉烈醫院	482	1 990	638	2 585	<b>5 694</b>
Yan Chai Hospital 仁濟醫院	268	926	241	1 275	<b>2 711</b>
<b>New Territories East Cluster 新界東醫院聯網</b>	<b>1 120</b>	<b>4 853</b>	<b>1 430</b>	<b>6 407</b>	<b>13 810</b>
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	191	785	275	1 042	<b>2 293</b>
Bradbury Hospice 白普理寧養中心	3	33	6	31	<b>72</b>
Cheshire Home, Shatin 沙田慈氏護養院	1	90	10	145	<b>246</b>
North District Hospital 北區醫院	201	892	251	1 029	<b>2 372</b>
Prince of Wales Hospital 威爾斯親王醫院	632	2 219	705	2 976	<b>6 533</b>
Shatin Hospital 沙田醫院	47	379	93	607	<b>1 126</b>
Tai Po Hospital 大埔醫院	45	454	91	578	<b>1 168</b>
<b>New Territories West Cluster 新界西醫院聯網</b>	<b>926</b>	<b>4 069</b>	<b>1 167</b>	<b>6 199</b>	<b>12 361</b>
Castle Peak Hospital 青山醫院	78	605	111	708	<b>1 502</b>
Pok Oi Hospital 博愛醫院	165	674	194	997	<b>2 030</b>
Siu Lam Hospital 小欖醫院	6	154	10	324	<b>494</b>
Tin Shui Wai Hospital 天水圍醫院	50	256	114	539	<b>959</b>
Tuen Mun Hospital 屯門醫院	627	2 380	738	3 631	<b>7 376</b>
<b>Total 總計</b>	<b>6 896</b>	<b>29 693</b>	<b>8 807</b>	<b>40 541</b>	<b>85 937</b>

#### Notes:

1. This figure excludes 2 754 staff in the Hospital Authority (HA) Head Office.
2. Manpower on full-time equivalent (FTE) basis includes all full-time & part-time staff in HA's workforce i.e. permanent, contract and temporary.
3. Individual figures may not add up to the total due to rounding.
4. Manpower figures of individual hospitals / institutions include management staff providing hospital and cluster-wide services.
5. Manpower providing services for Tsan Yuk Hospital is included in Queen Mary Hospital.
6. Manpower providing services for Rehabaid Centre is included in Queen Elizabeth Hospital.

#### 註：

1. 這數字不包括醫院管理局(醫管局)總辦事處的2 754名職員。
2. 人手按「等同全職人員」計，包括醫管局所有全職及兼職的常額、合約及臨時職員。
3. 由於四捨五入的關係，各項數字相加後可能不等於總數。
4. 各醫院人手數目包括負責醫院及聯網整體事務的管理人員。
5. 贊育醫院的服務人手已歸入瑪麗醫院內。
6. 復康專科及資源中心的服務人手已歸入伊利沙伯醫院內。

## MANPOWER POSITION – BY STAFF GROUP

## 人手狀況 — 按職員組別分類

	No. of Full-time Equivalent (FTE) Staff 2016-17 - 2020-21 <sup>1</sup> 等同全職人員數目 <sup>1</sup>				
	2016/17	2017/18	2018/19	2019/20	2020/21
<b>Medical 醫療</b>					
Consultant 顧問醫生	885	889	927	961	1 057
Senior Medical Officer / Associate Consultant 高級醫生 / 副顧問醫生	1 922	1 935	1 982	2 071	2 076
Medical Officer / Resident (excluding Visiting Medical Officer) 醫生 / 駐院醫生 (不包括到訪醫生)	2 959	3 016	3 038	3 148	3 310
Visiting Medical Officer 到訪醫生	18	18	16	15	15
Intern 駐院實習醫生	373	470	469	475	436
Senior Dental Officer / Dental Officer 高級牙科醫生 / 牙科醫生	8	8	8	11	13
<b>Medical Staff Total: 醫療人員總計 :</b>	<b>6 164</b>	<b>6 336</b>	<b>6 440</b>	<b>6 681</b>	<b>6 906</b>
<b>Nursing 護理</b>					
Senior Nursing Officer and above 高級護士長或以上	196	206	213	226	243
Department Operations Manager 部門運作經理	191	191	194	199	202
<i>General 普通科 -</i>					
Ward Manager / Nurse Specialist / Nursing Officer / Advanced Practice Nurse 病房經理 / 專科護士 / 護士長 / 資深護師	4 428	4 563	4 707	5 279	5 510
Registered Nurse 註冊護士	14 697	15 424	16 044	16 521	17 127
Enrolled Nurse 登記護士	2 421	2 401	2 475	2 476	2 336
Midwife / Others 助產士 / 其他	3	3	2	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	625	808	1 032	1 554	1 548
<i>Psychiatric 精神科 -</i>					
Ward Manager / Nurse Specialist / Nursing Officer / Advanced Practice Nurse 病房經理 / 專科護士 / 護士長 / 資深護師	571	584	604	642	682
Registered Nurse 註冊護士	1 298	1 374	1 444	1 547	1 604
Enrolled Nurse 登記護士	550	557	537	513	486
Student Nurse / Pupil Nurse 註冊護士學生 / 登記護士學生	0	0	0	0	0
<b>Nursing Staff Total: 護理人員總計 :</b>	<b>24 980</b>	<b>26 111</b>	<b>27 252</b>	<b>28 957</b>	<b>29 736</b>



## Appendix 11(b)

### 附錄 11(b)

	No. of Full-time Equivalent (FTE) Staff 2016-17 - 2020-21 <sup>1</sup> 等同全職人員數目 <sup>1</sup>				
	2016/17	2017/18	2018/19	2019/20	2020/21
<b>Allied Health 專職醫療</b>					
Audiology Technician 聽力學技術員	6	6	5	6	6
Clinical Psychologist 臨床心理學家	171	171	178	188	202
Dietitian 營養師	160	162	172	176	192
Dispenser 配藥員	1 289	1 316	1 367	1 409	1 482
Medical Technologist / Medical Laboratory Technician 醫務化驗師 / 醫務化驗員	1 457	1 500	1 551	1 642	1 732
Mould Technologist / Mould Laboratory Technician 製模實驗室技術師 / 製模實驗室技術員	26	23	21	20	20
Optometrist 視光師	70	68	68	70	75
Orthoptist 視覺矯正師	14	15	15	16	17
Occupational Therapist 職業治療師	815	849	872	903	975
Pharmacist 藥劑師	635	673	702	741	780
Physicist 物理學家	76	74	77	89	89
Physiotherapist 物理治療師	1 028	1 064	1 097	1 179	1 248
Podiatrist 足病診療師	47	50	51	52	53
Prosthetist-Orthotist 義肢矯形師	144	146	151	150	160
Diagnostic Radiographer / Radiation Therapist 放射師 / 放射治療師	1 102	1 144	1 154	1 174	1 216
Scientific Officer (Medical) 科學主任(醫務)	89	89	93	100	107
Speech Therapist 言語治療師	110	115	119	125	134
Medical Social Worker 醫務社工	330	346	360	376	393
Dental Technician 牙科技術員	3	3	3	4	4
<b>Allied Health Staff Total: 專職醫療人員總計：</b>	<b>7 572</b>	<b>7 815</b>	<b>8 056</b>	<b>8 420</b>	<b>8 886</b>
<b>Supporting (Care-related) 護理支援</b>					
Health Care Assistant 健康服務助理	1 676	1 459	1 231	1 005	726
Ward Attendant 病房服務員	191	155	121	93	73
Patient Care Assistant & Other Supporting (Care-related) Staff 病人服務助理及其他護理支援人員	12 831	13 325	13 999	15 180	16 434
<b>Supporting (Care-related) Staff Total: 護理支援人員總計：</b>	<b>14 698</b>	<b>14 939</b>	<b>15 351</b>	<b>16 278</b>	<b>17 233</b>
<b>Direct Patient Care Manpower Total: 直接病人護理人手總計：</b>	<b>53 415</b>	<b>55 202</b>	<b>57 099</b>	<b>60 335</b>	<b>62 761</b>

	No. of Full-time Equivalent (FTE) Staff 2016-17 - 2020-21 <sup>1</sup> 等同全職人員數目 <sup>1</sup>				
	2016/17	2017/18	2018/19	2019/20	2020/21
<b>Others 其他</b>					
Chief Executive / Director / Deputy Director / Head 行政總裁 / 總監 / 副總監 / 主管	7	7	7	7	8
Cluster Chief Executive / Hospital Chief Executive 醫院聯網總監 / 醫院行政總監	24	21	20	20	20
Chief Manager / Senior Manager / Cluster General Manager / General Manager 總行政經理 / 高級行政經理 / 聯網總經理 / 總經理	102	101	106	111	110
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	2 555	2 681	2 847	3 099	3 362
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	18 771	18 914	19 579	20 928	22 428
<b>Non-direct Patient Care Manpower Total: 非直接病人護理人手總計：</b>	<b>21 459</b>	<b>21 725</b>	<b>22 560</b>	<b>24 166</b>	<b>25 929</b>
<b>HA Manpower Total: 醫管局人手總計：</b>	<b>74 874</b>	<b>76 926</b>	<b>79 659</b>	<b>84 501</b>	<b>88 690</b>

## Note:

- Manpower on full-time equivalent (FTE) includes all full-time & part-time staff in HA's workforce i.e. permanent, contract and temporary. Individual figures may not add up to the total due to rounding.

## 註：

- 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 EXPENDITURE<sup>1</sup> IN 2020-21

## 2020-21 年度營運開支<sup>1</sup>

Cluster 聯網	2020-21 (HK\$Mn) 2020-21 年度 (港幣百萬元)
Hong Kong East Cluster 港島東醫院聯網	7,904
Hong Kong West Cluster 港島西醫院聯網	7,927
Kowloon Central Cluster 九龍中醫院聯網	15,592
Kowloon East Cluster 九龍東醫院聯網	8,261
Kowloon West Cluster 九龍西醫院聯網	12,271
New Territories East Cluster 新界東醫院聯網	11,951
New Territories West Cluster 新界西醫院聯網	10,559
Hospital Authority Head Office, and Others <sup>2</sup> 醫院管理局總辦事處，及其他 <sup>2</sup>	4,555
<b>Total 總計</b>	<b>79,020</b>

#### Notes:

1. 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 development and transactions of self-financed items paid by patients.

The operating expenditure has also included HK\$4,114 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.

2. Includes corporate-wide expenditures processed by Head Office (such as insurance premium, legal costs, claims paid and salary of medical interns) and on information technology, as well as recurrent expenditure for supporting the Government's Electronic Health Record Programme.

#### 註：

1. 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賬目。

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41億1千4百萬元的支出。

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。

2. 包括經總辦事處處理的企業開支(如保險費用、法律費用、索償支出及實習醫生薪酬等)和整個機構的資訊科技支出，以及支援政府推行電子健康紀錄計劃的經常性開支。

## TRAINING AND DEVELOPMENT EXPENDITURE<sup>1</sup> IN 2020-21

### 2020-21 年度職員培訓及發展開支<sup>1</sup>

Cluster 聯網	2020-21 (HK\$Mn) 2020-21 年度 (港幣百萬元)
Hong Kong East Cluster 港島東醫院聯網	27.5
Hong Kong West Cluster 港島西醫院聯網	32.8
Kowloon Central Cluster 九龍中醫院聯網	51.0
Kowloon East Cluster 九龍東醫院聯網	16.6
Kowloon West Cluster 九龍西醫院聯網	36.5
New Territories East Cluster 新界東醫院聯網	27.0
New Territories West Cluster 新界西醫院聯網	35.7
Hospital Authority Head Office <sup>2</sup> 醫院管理局總辦事處 <sup>2</sup>	125.8
<b>Total 總計</b>	<b>352.9</b>

## 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, scholarships, 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、獎學金、教材及器具、場地、刊物、導師費用、考試費及其他相關開支。
- 開支包括醫管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

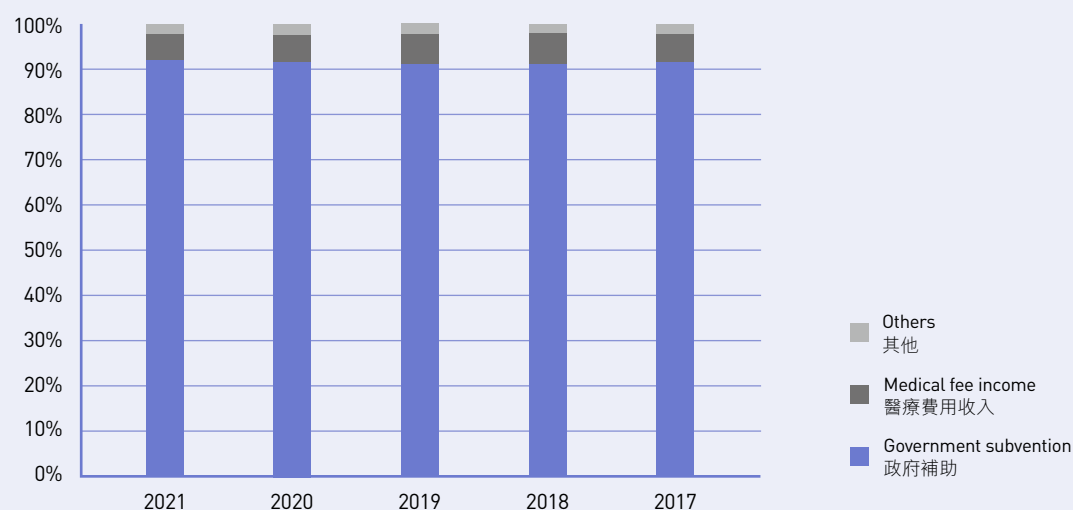
#### Financial Results (for the Year ended 31 March)

#### 財政情況 (截至每年 3 月 31 日)

	2021 HK\$Mn 港幣百萬元	2020 HK\$Mn 港幣百萬元	2019 HK\$Mn 港幣百萬元	2018 HK\$Mn 港幣百萬元	2017 HK\$Mn 港幣百萬元
<b>Income 收入</b>					
Government subvention (recurrent and capital) 政府補助 (經常性及資本性)	78,597	73,985	64,877	57,802	54,469
Medical fee income (net of waivers) 醫療費用收入 (扣除減免)	4,837	4,827	4,713	4,287	3,818
Non-medical fee income 非醫療費用收入	1,263	1,513	1,219	1,018	935
Designated donations 指定捐贈	361	202	194	93	171
Capital donations 資本捐贈	166	159	144	138	162
	<b>85,224</b>	<b>80,686</b>	<b>71,147</b>	<b>63,338</b>	<b>59,555</b>
<b>Expenditure 支出</b>					
Staff costs 員工成本	(57,665)	(53,700)	(48,703)	(45,113)	(43,084)
Drugs 藥物	(8,685)	(8,102)	(7,305)	(6,663)	(6,156)
Medical supplies and equipment 醫療物品及設備	(4,956)	(3,842)	(3,312)	(2,970)	(2,762)
Other operating expenses (include depreciation and amortisation) 其他營運開支 (包括折舊及攤銷)	(13,383)	(11,277)	(10,381)	(9,433)	(9,072)
	<b>(84,689)</b>	<b>(76,921)</b>	<b>(69,701)</b>	<b>(64,179)</b>	<b>(61,074)</b>
<b>Results for the year 年度結果</b>	<b>535</b>	<b>3,765</b>	<b>1,446</b>	<b>(841)</b>	<b>(1,519)</b>

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

#### 各類收入來源 (佔總收入百分比)





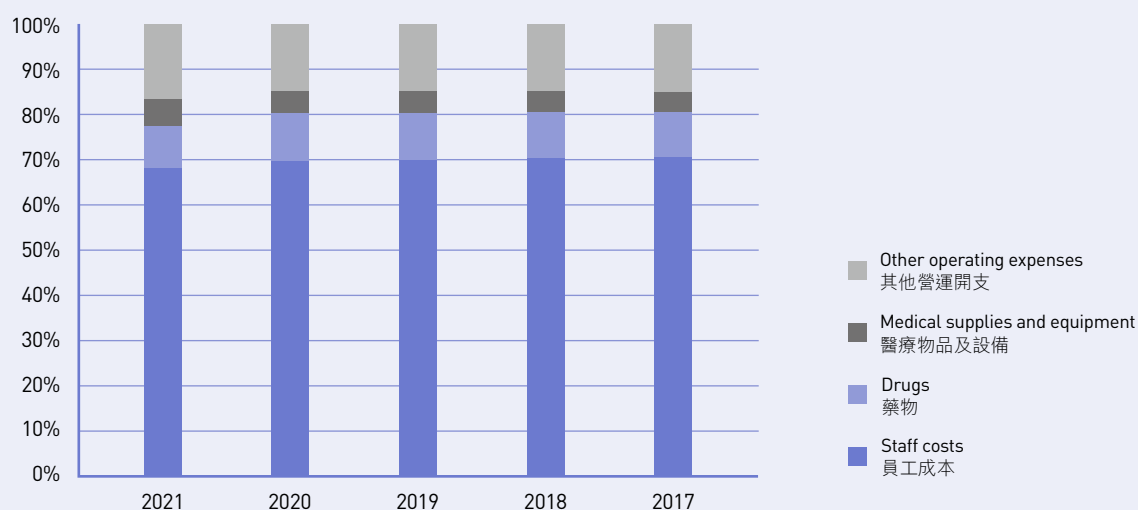
## Key Financial Indicators (for the Year ended 31 March)

主要財政指標 (截至每年3月31日)

	2021 HK\$Mn 港幣百萬元	2020 HK\$Mn 港幣百萬元	2019 HK\$Mn 港幣百萬元	2018 HK\$Mn 港幣百萬元	2017 HK\$Mn 港幣百萬元
<b>Medical fee income (Note 1) 醫療費用收入 (註1)</b>					
Inpatient fees 住院收費	1,093	1,228	1,280	1,234	1,048
Outpatient fees 門診收費	1,688	1,802	1,865	1,740	1,354
Itemised charges 分項收費	2,936	2,720	2,490	2,085	1,890
Other medical fees 其他醫療收費	113	109	108	102	99
	<b>5,830</b>	<b>5,859</b>	<b>5,743</b>	<b>5,161</b>	<b>4,391</b>
Less: Waivers (Note 2) 扣除：減免 (註2)	<b>(993)</b>	<b>(1,032)</b>	<b>(1,030)</b>	<b>(874)</b>	<b>(573)</b>
<b>Medical fee income (net of waivers) 醫療費用收入 (扣除減免)</b>	<b>4,837</b>	<b>4,827</b>	<b>4,713</b>	<b>4,287</b>	<b>3,818</b>
<b>Additional allowance for expected credit losses charged to the Statement of Income and Expenditure (Note 3) 在收支結算表內增加的預期信用虧損撥備 (註3)</b>	<b>56</b>	<b>50</b>	<b>58</b>	<b>63</b>	<b>61</b>

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

各類支出 (佔總支出百分比)



## Appendix 13

### 附錄 13

Notes:

#### 1. Medical fee income

Fees for hospital services are governed by the Hospital Authority (HA) Ordinance. There are 3 categories of charges: (i) public charges for Eligible Persons (EP); (ii) public charges for Non-eligible Persons (NEP); and (iii) private charges. The definition of EP and NEP can be found in HA website whilst the fees and charges schedules are listed in the Gazette and HA website.

#### 2. Waivers

Under the Government policy, recipients of Comprehensive Social Security Assistance (CSSA), Level 0 Voucher Holders of the Pilot Scheme on Residential Care Service Voucher for the Elderly (with effect from March 2017) and Old Age Living Allowance (OALA) recipients aged 75 or above with more financial needs (with effect from 15 July 2017 and renamed as Higher OALA recipients aged 75 or above on 1 June 2018) can obtain free medical treatment at HA's hospitals and clinics. Other persons with financial difficulties in paying the medical fees and charges can apply for medical fee waivers. The granting of waivers is subject to meeting the criteria under the established waiving mechanism.

The waivers granted to EP and NEP for the year ended 31 March 2021 are HK\$879,000,000 and HK\$114,000,000 respectively (for the year ended 31 March 2020 are HK\$928,000,000 and HK\$104,000,000 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(於2017年3月起)及75歲或以上及較有經濟需要的長者生活津貼受惠人(於2017年7月15日起及由2018年6月1日起改稱為75歲或以上高額長者生活津貼受惠人)可獲豁免公立醫療服務收費。其他人士若有經濟困難，可申請費用減免。有關費用減免之批准是會根據既定費用減免機制之準則作評估。

截至2021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879,000,000元及港幣114,000,000元(截至2020年3月31日為止之費用減免分別為港幣928,000,000元及港幣104,000,000元)。

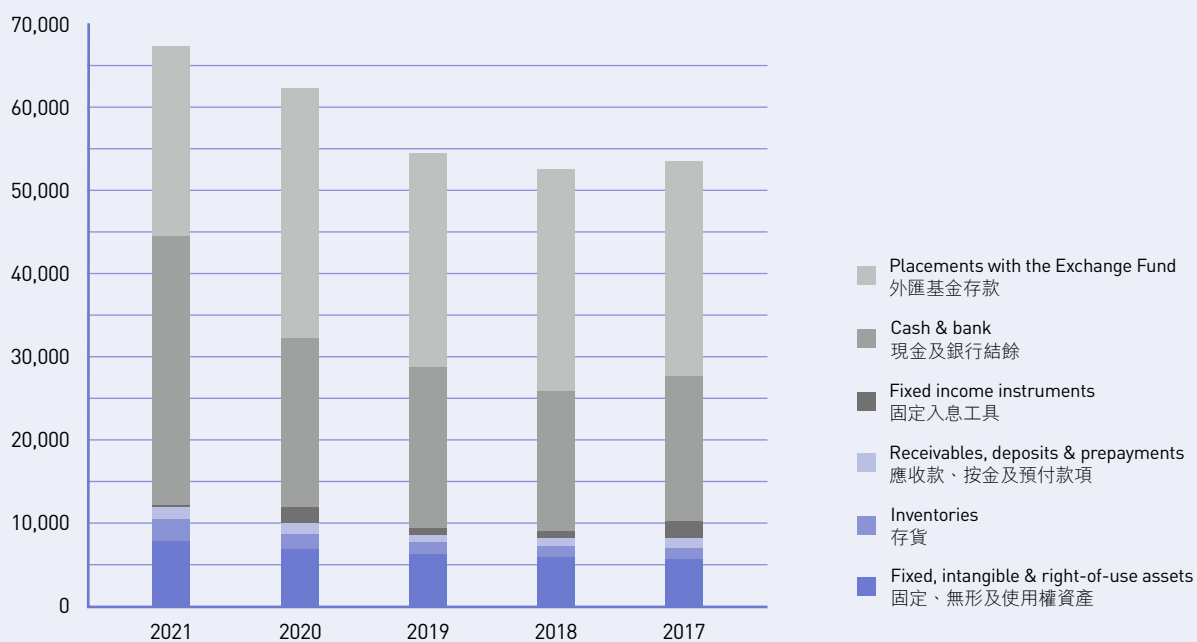
#### 3. 在收支結算表內增加的預期信用虧損撥備

醫管局每年會評估醫療費用欠款(應收賬款)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。

## Financial Position (at 31 March)

財政狀況 (於每年 3 月 31 日)

	2021 HK\$Mn 港幣百萬元	2020 HK\$Mn 港幣百萬元	2019 HK\$Mn 港幣百萬元	2018 HK\$Mn 港幣百萬元	2017 HK\$Mn 港幣百萬元
Non-current assets 非流動資產	29,190	28,102	30,608	29,410	29,369
Current assets 流動資產	38,163	34,061	23,802	23,075	24,053
<b>Total assets 資產總額</b>	<b>67,353</b>	<b>62,163</b>	<b>54,410</b>	<b>52,485</b>	<b>53,422</b>
Designated fund 指定基金	5,077	5,077	5,077	5,077	5,077
Revenue reserve 收入儲備	7,243	6,672	2,906	1,438	2,259
<b>Total funds 基金總額</b>	<b>12,320</b>	<b>11,749</b>	<b>7,983</b>	<b>6,515</b>	<b>7,336</b>
Current liabilities 流動負債	22,902	17,663	13,296	12,661	12,233
Non-current liabilities 非流動負債	32,131	32,751	33,131	33,309	33,853
<b>Total liabilities 負債總額</b>	<b>55,033</b>	<b>50,414</b>	<b>46,427</b>	<b>45,970</b>	<b>46,086</b>
<b>Total funds and total liabilities 基金及負債總額</b>	<b>67,353</b>	<b>62,163</b>	<b>54,410</b>	<b>52,485</b>	<b>53,422</b>

Total Assets<sup>Note</sup> (in HK\$ millions)總資產<sup>註</sup> (港幣百萬元)

Note: Placements with the Exchange Fund have included HK\$6,520,713,000 (2020: HK\$6,273,201,000) held by HA on behalf of the Samaritan Fund.

註：外匯基金存款包括醫管局代撒瑪利亞基金持有的港幣6,520,713,000元(2020：港幣6,273,201,000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)

	2021 HK\$Mn 港幣百萬元	2020 HK\$Mn 港幣百萬元	2019 HK\$Mn 港幣百萬元	2018 HK\$Mn 港幣百萬元	2017 HK\$Mn 港幣百萬元
<b>Inventories 存貨</b>					
Drugs 藥物	1,484	1,410	1,158	1,129	1,073
Other medical and general consumables 其他醫療及一般消耗品	1,058	305	219	214	223
	<b>2,542</b>	<b>1,715</b>	<b>1,377</b>	<b>1,343</b>	<b>1,296</b>

For enhanced infection control measures to protect staff and patients during the COVID-19 pandemic, a steady supply of Personal Protective Equipment (PPE) of at least six months has been maintained. The average stock holding period, other than PPE during the pandemic, for meeting daily operation use is shown below:

在 2019 冠狀病毒病疫情期間，為保護病人及員工的加強感染控制措施中，包括將個人保護裝備維持至少六個月的供應量。除疫情期間的個人保護裝備外，用於日常運作的平均存貨儲備如下：

	2021	2020	2019	2018	2017
<b>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)</b>					
Drugs 藥物	8.5	8.7	7.9	8.8	9.0
Other medical and general consumables 其他醫療及一般消耗品	9.1	8.2	7.9	7.7	8.2

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醫院管理局致力保護環境，此年報已上載本局網站 [www.ha.org.hk](http://www.ha.org.hk)

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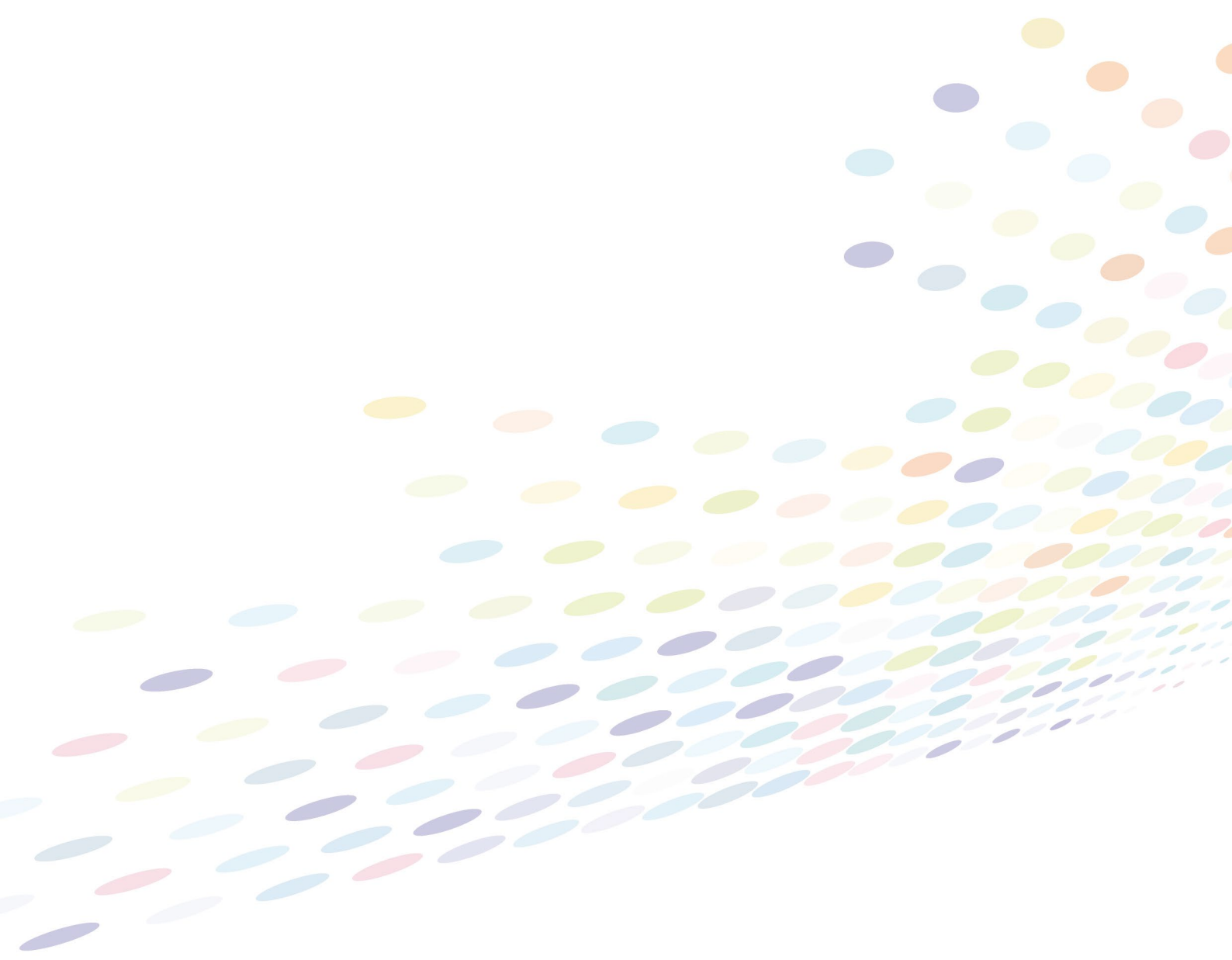
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