



Hospital Authority
醫院管理局

Annual Report 年報
2014-2015



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The Hospital Authority (HA) is a 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
- ♥ Establishing public hospitals
設立公立醫院
- ♥ 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
- ♥ 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
- ♥ 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



Vision, Mission and Values 願景、使命及核心價值



The Hospital Authority has revamped its corporate vision, mission and values (VMV) in September 2009, reflecting aspirations of the Board, the management and staff in fostering a healthy community. Guided by the new 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”.

醫管局於 2009 年 9 月重訂機構願景、使命及核心價值，以反映醫管局大會、管理層及職員致力促進民康的期望。在「與民攜手 保健安康」的新使命引領下，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。

The Hospital Authority aims to achieve its corporate VMV by adopting six strategic intents as outlined in the HA Annual Plan 2014-2015:

醫管局採納 2014-2015 年度工作計劃書所載的六項重點策略，達至上述的機構願景、使命及核心價值：



Under the above strategic intents and 25 strategies, the Authority formulated 120 corresponding programme targets for 2014-2015, of which all were achieved in the year, save for 11 slightly deferred. The Head Office and Cluster Reports in Chapter 6 describe major achievements in these areas.

根據上述的策略方針及 25 個策略重點，醫管局就 2014-2015 年度制訂了 120 項計劃目標，除了 11 項稍為推遲外，全部於年內完成。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



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

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

**3 Mr William CHAN
Fu-keung, BBS**
陳富強先生

- Appointed on 1 December 2012
- Former human resources director of a listed public transportation group
- 於 2012 年 12 月 1 日獲委任
- 上市公共運輸機構前人力資源總監

**5 Prof Francis CHAN
Ka-leung, 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

**7 Mr CHENG Yan-kee,
BBS, JP**
鄭恩基先生

- Appointed on 1 December 2009
- Engineering consultant and managing director of a consulting engineering company
- 於 2009 年 12 月 1 日獲委任
- 顧問工程師及顧問工程師公司董事

**2 Mr CHAN Bing-woon,
SBS, JP**
陳炳煥先生

- (up to 30.11.2014)
(任期至 2014 年 11 月 30 日)
- Appointed on 1 December 2008
 - Solicitor and owner of a law firm
 - 於 2008 年 12 月 1 日獲委任
 - 律師及律師行東主

**4 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 Hong Kong Government
 - 於 2012 年 6 月 13 日獲委任
 - 以香港政府衛生署署長身份出任醫院管理局成員

**6 Ms Anita CHENG
Wai-ching**
鄭瑋青女士

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

8 Ms CHIANG Lai-yuen, JP
蔣麗婉女士

- Appointed on 1 April 2011
- Chief executive officer of a listed company
- 於 2011 年 4 月 1 日獲委任
- 上市公司行政總裁



**9 Ms Quince CHONG
Wai-yan, JP
莊偉茵女士**

- Appointed on 1 December 2010
- Chief corporate development officer of a listed power supply company
- 於 2010 年 12 月 1 日獲委任
- 上市電力公司企業發展總裁

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

- Appointed on 1 December 2013
- Executive director of a listed bank
- 於 2013 年 12 月 1 日獲委任
- 上市銀行執行董事

**13 Dr KAM Pok-man
甘博文博士**

- Appointed on 1 April 2013
- Certified public accountant and former chief executive officer of the Financial Reporting Council
- 於 2013 年 4 月 1 日獲委任
- 註冊會計師，財務匯報局前行政總裁

**15 Mr Stephen LEE Hoi-yin
李開賢先生**

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

**10 Mr Ricky FUNG
Choi-cheung, SBS, JP
馮載祥先生**

- Appointed on 1 December 2010
- Former secretary general of the Legislative Council
- 於 2010 年 12 月 1 日獲委任
- 立法會秘書處前秘書長

**12 Mr Lester Garson
HUANG, JP
黃嘉純先生**

- Appointed on 1 December 2012
- Solicitor and partner of a law firm
- 於 2012 年 12 月 1 日獲委任
- 律師及律師事務所合夥人

**14 Mr Andy LAU Kwok-fai
劉國輝先生**

- (Passed away on 17 April 2015)
(於 2015 年 4 月 17 日辭世)*
- Appointed on 1 December 2011
 - Partner of a garment manufacturing and trading company
 - 於 2011 年 12 月 1 日獲委任
 - 製衣公司合夥人

**16 Prof Diana LEE Tze-fan
李子芬教授**

- Appointed on 1 December 2012
- Chair Professor of Nursing and Director of Nethersole School of Nursing of the Chinese University of Hong Kong
- 於 2012 年 12 月 1 日獲委任
- 香港中文大學那打素護理學院講座教授及院長

Membership of the Hospital Authority 醫院管理局成員



**17 Ms Esther LEUNG
Yuuet-yin, JP
梁悅賢女士**

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

- Appointed on 2 April 2012
- Representing Secretary for Financial Services and the Treasury of Hong Kong Government
- 於 2012 年 4 月 2 日獲委任
- 代表香港政府財經事務及庫務局局長

**19 Mrs Margaret LEUNG
KO May-ye, SBS, JP
梁高美懿女士**

- Appointed on 1 December 2011
- Deputy chairman and managing director of a listed bank
- 於 2011 年 12 月 1 日獲委任
- 上市銀行副主席兼董事總經理

**21 Dr LI Chi-kong, JP
李志光醫生**

- Appointed on 1 April 2012
- Chief of Service of Department of Paediatrics and Co-ordinator (Clinical Service) of Prince of Wales Hospital
- 於 2012 年 4 月 1 日獲委任
- 威爾斯親王醫院兒科部門主管及醫務統籌

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

- Appointed on 1 December 2014
- Engineer and Member of the Legislative Council representing the engineering functional constituency
- 於 2014 年 12 月 1 日獲委任
- 工程師及立法會議員，代表工程界別

**18 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

**20 Dr LEUNG Pak-yin, JP
梁栢賢醫生**

Chief Executive, HA
醫院管理局行政總裁

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

**22 Prof Raymond
LIANG Hin-suen,
SBS, JP
梁憲孫教授**

- Appointed on 1 April 2013
- Specialist in haematology and haematological oncology and assistant medical superintendent of a private hospital
- 於 2013 年 4 月 1 日獲委任
- 血液及血液腫瘤科專科醫生及私家醫院副院長



**24 Mr Patrick MA
Ching-hang, BBS, JP**
馬清鏗先生

- Appointed on 1 December 2009
- Director and general manager of a commercial bank
- 於 2009 年 12 月 1 日獲委任
- 銀行董事兼總經理

**26 Mr PANG Yiu-kai,
SBS, JP**
彭耀佳先生

- Appointed on 1 April 2011
- Chief executive of a listed real estate group
- 於 2011 年 4 月 1 日獲委任
- 上市地產集團行政總裁

**28 Prof Maurice YAP
Keng-hung, JP**
葉健雄教授

- Appointed on 1 April 2011
- Dean of the Faculty of Health and Social Sciences of the Hong Kong Polytechnic University
- 於 2011 年 4 月 1 日獲委任
- 香港理工大學醫療及社會科學院院長

25 Miss Winnie NG
伍穎梅女士

- Appointed on 1 December 2010
- Director of a listed public transportation group and founder of a listed media company
- 於 2010 年 12 月 1 日獲委任
- 上市公共運輸機構董事及上市媒體銷售公司創辦人

**27 Mr WONG Kwai-huen,
BBS, JP**
王桂壘先生

- Appointed on 1 December 2012
- Solicitor and a law firm consultant
- 於 2012 年 12 月 1 日獲委任
- 律師及律師事務所顧問

**29 Mr Richard YUEN
Ming-fai, JP**
袁銘輝先生

- Permanent Secretary for Food and Health (Health)*
食物及衛生局常任秘書長 (衛生)
- Appointed on 9 September 2011
 - Board Member in capacity as Permanent Secretary for Food and Health (Health) of Hong Kong Government
 - 於 2011 年 9 月 9 日獲委任
 - 以香港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

第1章
Chapter 1

機構管治
Corporate
Governance







Corporate Governance 機構管治

The Hospital Authority (HA) is a statutory body established under the Hospital Authority Ordinance (Cap.113) in December 1990, responsible for managing all public hospitals in Hong Kong. The 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)是根據《醫院管理局條例》於1990年12月成立的法定團體，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 and accountability and conduct.

Hospital Authority Board

Under the HA Ordinance, the Chief Executive of the HKSAR appoints members to the Authority Board. The 2014-15 Board consisted of 28 members, including the Chairman. Details are listed in Appendix 1. Membership of the Authority comprises 24 non-public officers, three public officers and one principal officer (the Hospital Authority Chief Executive). Apart from the principal officer, other members are not remunerated in the capacity as Board members.

The Authority Board meets formally about 12 times a year and any other times as required. In 2014-15, it met 15 times and considered over 140 agenda items, covering an array of important matters in leading and managing HA, including policies, strategies, planning and development, operations and performance, resources management, management and control, risk management, contingency preparedness, governance etc., as well as the progress of the Review of HA which was launched by the Government in August 2013. In addition, seven Board papers covering urgent matters were circulated for approval 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。2014-15年度，大會有成員28名(包括主席)。詳情載於附錄1。成員中24人為非公務員、三人為公務員、一人為主要行政人員(醫管局行政總裁)。除該行政人員外，其他成員均沒有因成員的身份而領取任何薪酬。

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2014-15年度，大會共召開15次會議，審議超過140個議程事項，涵蓋有關領導及管理醫管局的重要事宜，包括政策、策略、規劃及發展、運作及表現、資源管理、管理及規管、風險管理、應變準備、管治等，以及政府在2013年8月展開的醫管局檢討的進展；此外亦在會期之間以傳閱方式通過七份文件，處理緊急事宜。

The HA Board had implemented a number of enhancements on corporate governance structure and processes, following the recommendations of a comprehensive review of governance practices completed in 2012-13 (Phase 1 of the Corporate Governance Review). These enhanced practices, together with relevant provisions of the HA Ordinance, the Standing Orders as well as the various principles and corporate policies adopted by HA on corporate governance at the Board level, were consolidated in the *Code of Corporate Governance Practices of the HA Board* (the Code). The Code aims to provide appropriate structures and processes ensuring that a robust governance and accountability framework is in place, guiding members of the Board and committees in performing their roles and responsibilities. The Code was approved by the Board in April 2014.

With concerted efforts of all in HA in enhancing corporate governance in the Authority over the years, the HA Board received the Directors of The Year Award 2014 under the Statutory/Non-profit-distributing Organisation – Boards category and a special recognition of Excellence in Board Diversity from the Hong Kong Institute of Directors in December 2014. These honours and recognitions indeed gave great encouragement to HA Board members, the executive management and all staff members of HA in contributing to good corporate governance of this sizable statutory organisation.

因應 2012-13 年度完成的機構管治方式檢討(機構管治檢討第一階段)所提出的建議，醫管局大會推行了一系列措施，加強機構管治架構及程序。這些改善措施連同《醫院管理局條例》的有關條文、會議常規以及醫管局在大會層面採納的管治原則和政策，已結集成為《醫院管理局大會機構管治守則》(《守則》)。《守則》制定了適當的架構和程序，確保醫管局有一套穩健的管治和問責框架，為醫管局大會和轄下委員會成員提供指引，以便履行職能及責任。《守則》於 2014 年 4 月獲大會通過及發表。

醫管局上下一心，致力提升機構管治水平。醫管局大會於 2014 年 12 月 9 日榮獲香港董事學會頒發 2014 年度傑出董事獎 — 法定／非分配利潤組織董事會組別獎項及董事會多元化卓越嘉許獎。醫管局的大會成員、行政人員和所有員工一直致力為醫管局這個龐大法定團體建立優良管治，獎項和認同乃是莫大的鼓舞。





Board Committees

For optimal performance of its roles and exercise of powers, the HA Board has established 11 functional committees: Audit and Risk Committee, Emergency Executive Committee, 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, their terms of reference and focus of work in 2014-15 are outlined in Appendix 3.

Hospital Governing Committees

To enhance community participation and governance of public hospitals, 32 Hospital Governing Committees (HGCs) have been established in 40 hospitals and institutions in accordance with the HA Ordinance. These committees are listed in Appendix 4. In 2014-15, the 32 HGCs conducted a total of 130 meetings. They received regular management reports from Hospital Chief Executives, monitored operational and financial performance of the hospitals, provided policy guidance on hospital management, and participated in human resources and procurement functions, as well as hospital and community partnership activities. Linkage and interactions between the Board and HGCs were strengthened, and feedback collected from individual committees, where appropriate, were conveyed to HA Head Office for consideration.

大會轄下的委員會

為協助醫管局大會有效發揮職能及行使職權，大會成立了 11 個專責委員會，包括審計及風險管理委員會、緊急應變策導委員會、行政委員會、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 2014-15 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》在 40 間醫院／機構成立了 32 個醫院管治委員會，詳情載於附錄 4。在 2014-15 年度，32 個醫院管治委員會共召開 130 次會議，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、指導醫院管理政策，並參與人力資源及採購工作，以及醫院及社區的夥伴協作活動。醫管局已加強醫管局大會與醫院管治委員會的連繫和互動，並收集各管治委員會的意見，在適當情況下再上呈總辦事處考慮。

In addition, the *Manual on the Operation of Hospital Governing Committees* (the Manual) was updated, consolidating various corporate governance policies and practices adopted by the HA Board and the HGCs over the years, including the initiatives of Phase 2 Corporate Governance Review completed at cluster/hospital level in 2013-14. The Manual, which was approved by the Board in July 2014, aims to provide guidance to HGC members in discharging their responsibilities.

Regional Advisory Committees

In order to provide HA with advice on the healthcare needs for specific regions of Hong Kong, the Authority has established three Regional Advisory Committees. These committees and their respective membership are listed in Appendix 5. Each Regional Advisory Committee meets four times a year.

In 2014-15, the Regional Advisory Committees discussed a number of matters including HA's healthcare manpower situation, the pilot of General Outpatient Clinic Public Private Partnership Programme in three districts, the winter surge response plan, preparedness against communicable diseases, the results of the 2013 hospital-based patient experience and satisfaction survey, cross-cluster new case bookings at specialist outpatient clinics, etc. The committees were also briefed on the progress of the annual plans and targets of individual clusters as well as various service enhancement programmes.

此外，醫管局修訂了《醫院管治委員會運作手冊》（《手冊》），綜合醫管局大會和醫院管治委員會多年來採納的各項機構管治原則和措施，以及因應 2013-14 年度完成的聯網／醫院層面機構管治檢討（機構管治檢討第二階段）所作建議而推行的措施。《手冊》為醫院管治委員會成員提供指引，以便履行其職責，並於 2014 年 7 月獲大會通過及發表。

區域諮詢委員會

為聽取地區對醫療服務需要的意見，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。各區域諮詢委員會每年召開四次會議。

在 2014-15 年度，三個區域諮詢委員會討論了不同事項，包括醫管局的醫護人手狀況、三個地區的一般科門診公私營協作先導計劃、冬季流感服務高峰期應對計劃、傳染病應變準備、2013 年個別醫院病人經驗及服務滿意度調查的結果、專科門診新症跨網預約等。委員會亦獲悉個別聯網的工作計劃進展和目標，以及多項服務改善計劃。





Executive Management

The executive management team of the HA is outlined in Appendix 2(b). Executives are charged by the HA Board with the responsibility to manage and administer day-to-day business and operations of the HA. 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 also approves an 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 are presented to the Board.

Under the powers stipulated in the HA Ordinance, the Authority determines the remuneration and terms and conditions of employment for all employees. Remuneration packages of executive directors and other senior managers are devised to attract, motivate and retain high calibre individuals in a competitive talent market. Remuneration packages of all senior executives are considered and endorsed by the HA Board through the 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，包括擬定的表現指標及工作目標的進度。

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



第 2 章
Chapter 2

主席匯報
Chairman's
Review





Chairman's Review 主席匯報

As a responsible public organisation, Hospital Authority (HA) adopts prudent measures in delivering quality healthcare services through funding support of HK\$49 billion from the Government in 2014-15. An ever increasing demand during the year registered 9.6 million attendances for specialist outpatient and allied health outpatient services, 6 million for primary care, 2.2 million for accident and emergency (A&E) attendances and 1.6 million for inpatient and day patient discharges and deaths.

醫院管理局(醫管局)為負責任的公營機構，一直審慎運用資源，善用政府在2014-15年度的490億元撥款，致力提供優質的醫療服務。年內，市民對醫療服務的需求持續增加，專科門診及專職醫療門診就診人次共960萬、基層醫療就診人次600萬、急症室就診人次220萬、住院及日間病人出院及死亡總數160萬。





With concerted efforts of all in the HA, we strived to overcome the challenges of rising demand for public hospital services by driving for continuous efforts in enhancing our services, operation and performances. Notwithstanding, major challenges faced by the public healthcare system are daunting, particularly with the fast ageing population, increased prevalence of chronic diseases, manpower shortage, increasing cost of providing hospital care, rising public expectations, just to name a few. We treasured the opportunity of the comprehensive review of the operation which the Government has commissioned in August 2013 for exploring viable measures for enhancing the cost-effectiveness and quality of HA's services. HA positively supported the work of the Steering Committee on Review of Hospital Authority.

Leadership is vital for the HA Board particularly given its role as a managing board, and the Board has a duty to attain and maintain high standards of corporate governance. It is of great honour and recognition to HA that the Board achieved 'Directors of the Year Award 2014' organised by the Hong Kong Institute of Directors and was also specially recognised for 'Excellence in Board Diversity'. I wish to extend my deep appreciation to my fellow Board members for their invaluable contributions to HA's corporate governance. I am fortunate to work with such a good team of talented and highly dedicated fellow Board members and have strong support of the Executive Management. I am also grateful to Dr Ko Wing-man, Secretary for Food and Health, for his support and vision to augment the skills and experience of the Board to ensure better operation of the organisation.

有賴醫管局上下一心，令我們提升公立醫院服務、運作和表現，克服因不斷增加的公營醫療服務需求帶來的挑戰。不過，公營醫療系統的挑戰仍使我們如履薄冰，特別是人口急速老化、慢性病盛行、人手短缺、醫療成本增加及公眾期望上升等。所以，我們珍惜政府檢討醫管局運作的機會，積極支持這項由2013年8月展開的工作，探索提升成本效益和質素的可行辦法。

醫管局大會的領導角色，特別是管理董事局的角色，尤為重要，大會有責任致力維持高水平的機構管治。年內，大會榮獲香港董事學會頒發2014年度傑出董事獎及董事會多元化卓越嘉許獎。我衷心感謝各大會成員鼎力襄助，優化醫管局的機構管治。我亦特別感謝食物及衛生局局長高永文醫生，其真知灼見令大會受益良多，亦使醫管局的運作更趨完善。

We welcomed Ms Anita Cheng Wai-ching and Dr Lo Wai-kwok as new Board members in April and December 2014 respectively. I offer my sincere thanks to Mr Chan Bing-woon who stepped down as a Board member after years of distinguished service. We were deeply saddened by the loss of Mr Andy Lau Kwok-fai, who passed away on 17 April 2015. Andy was appointed to the Board in 2011. His dedication and strong support for HA will be sorely missed.

I am grateful to all members of the Regional Advisory Committees and Hospital Governing Committees, and to the co-opted members of our functional committees, for their advice and support. I must also thank the patient groups, District Council and Legislative Council members, and all HA volunteers, whose efforts have enabled us to make headway with our vision and mission.

我謹在此歡迎鄭瑋青女士及盧偉國博士分別於2014年4月及12月加入醫管局大會，同時向年內卸任的陳炳煥先生致意，感謝他多年的寶貴貢獻。劉國輝先生痛於2015年4月17日辭世，我們深感悲傷。劉先生在2011年獲委任為大會成員，他對醫管局的竭力付出和支持，我們深摯懷念。

我懇切感謝區域諮詢委員會和醫院管治委員會所有成員，以及各專責委員會的增選成員，為我們提供寶貴意見及支持。我亦要感謝病人團體、區議會及立法會的成員，以及醫管局所有義工，他們所作的貢獻，令醫管局朝著其使命和目標向前邁進。





2015 marks the 25th anniversary of HA. I wish to acknowledge our predecessors at all levels for establishing a solid framework for delivering service excellence. With this foundation, we are developing HA with the aim of maximising healthcare benefits for all and meeting community expectations as they continue to evolve. My heartfelt thanks to my 70,000 colleagues who continue to work diligently towards these objectives and ensure HA remains one of the leading public healthcare services in the world.

2015 年適值醫管局成立 25 周年，感謝前人為醫管局建立的穩固根基，讓我們今天可提供優質的醫療服務。在這個基礎上，我們不斷創新和發展，致力為市民帶來最大健康效益，切合公眾日增的期望。我衷心感謝局內七萬名員工，他們朝著這些目標堅毅奮進，努力維持醫管局提供的世界級醫療服務。

John CY Leong
Chairman



主席
梁智仁

第 3 章
Chapter 3

行政總裁匯報
Chief Executive's
Report





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2014



Chief Executive's Report 行政總裁匯報

Enhanced risk management was a major theme for the Hospital Authority (HA) during 2014-15. We took action to tackle major health risks posed by Ebola virus disease, Middle East respiratory syndrome, avian influenza and significant surge in demand for our services during the winter influenza season. Despite growing pressure on the organisation, we continued to develop initiatives to effectively and efficiently deliver high quality patient-centred care.

在 2014-15 年度，醫院管理局（醫管局）的工作重點是加強風險管理。面對埃博拉（伊波拉）病毒病、中東呼吸綜合症及禽流感等重大健康威脅，以及冬季流感高峰期引致服務需求激增，我們籌謀對策，以各種措施應付機構日增的壓力，確保維持高效率及高效益的優質病人服務。





We continued our effort in hospital accreditation, and a total of 17 hospitals had already attained full accreditation status recognised by Australian Council on Healthcare Standards, an international accrediting agent. Through setting up a mechanism on credentialing and defining scope of practice, we strived to enhance professional competence of our clinical staff with a view to further improving patient safety.

我們繼續推行醫院認證計劃，共 17 間公立醫院已獲國際認證機構「澳洲醫療服務標準委員會」全面認證資格，另透過成立資歷認證審批機制及確定臨床實務範圍，我們致力加強醫療人員的臨床技能，不斷提升病人安全。

We fully embrace the importance of transparency to enhance public accountability and confidence. We have promulgated the waiting time of specialist outpatient clinics of all eight major specialties on the HA internet website as well as at clinics. Patients are encouraged to make their own choice in making cross-cluster bookings for new cases.

我們深信透明度的重要性，以提升問責性及公眾信心。我們把八個主要專科的門診輪候時間上載至醫管局網頁，並於診所範圍展示，以提高專科門診輪候時間的透明度。病人可自行選擇跨網預約專科門診新症。

To reduce workload burdens of frontline staff and address manpower shortage in certain specialties, we hired 350 doctors including 291 resident trainees, 1,915 nurses and 557 allied health professionals during the year. Overseas training scholarships and training subsidies were provided to around 180 healthcare professionals.

為減輕前線職員的工作量，並紓緩專科的人手短缺，年內我們增聘了 350 名醫生（291 名為受訓駐院醫生）、1,915 名護士和 557 名專職醫療人員，並為約 180 名醫護人員提供海外進修獎學金及培訓資助。



To increase service capacity, we opened 205 permanent new beds. We also added 282 temporary beds and 5,962 general outpatient clinic (GOPC) quotas during winter surge period. In September 2014, North Lantau Hospital launched round-the-clock Accident & Emergency services.

We further leveraged technology to improve service efficiency and enhance medical safety. The use of digital imaging in operating theatres at selected major acute hospitals was widely deployed. The expansion of the Inpatient Medication Order Entry system to Princess Margaret Hospital, Tseung Kwan O Hospital, North Lantau Hospital and Prince of Wales Hospital has further cut the risk of prescription errors. We now have over 20 mobile applications in operation or under development for staff and public use, including *TouchMed*, which frees patients from extended waits at our pharmacies. We are currently piloting an Integrated Human Resources Management Information Access system to identify and monitor critical pressure areas, such as staff attrition, to proactively manage other service risks.

The GOPC Public-Private Partnership programmes launched in March 2014 in Kwun Tong, Wong Tai Sin and Tuen Mun districts to shorten waiting time and enhance patient choice to primary-care services registered over 3,500 patients participating.

Patients and community partners were continuously engaged for service improvements in public hospitals. We conducted a patient experience and satisfaction survey on specialist outpatient service in 26 SOPCs. An electronic system was also implemented to capture and analyse statistical information on patient complaints and feedback.

為提升服務量，我們加開 205 張常額病床、增設 282 張臨時應急病床，以及在冬季流感高峰期增加 5,962 個普通科門診診症名額。2014 年 9 月，北大嶼山醫院開展 24 小時急症室服務。

我們繼續善用科技，提升醫療安全及服務效率。一些大型急症醫院的手術室已應用數碼影像技術；四間醫院包括瑪嘉烈醫院、將軍澳醫院、北大嶼山醫院及威爾斯親王醫院，已實施住院病人藥物處方系統，進一步減低藥物處方出錯風險。我們已推出或正在研發逾 20 個流動應用程式，供職員及公眾使用，其中包括「e 藥通」，讓病人毋需在藥房長時間輪候。我們現正試行綜合人力資源管理資訊系統，以辨識及監察重要的壓力範疇，如員工流失率，令我們可迅速應對其他服務風險。

自 2014 年 3 月起，全新的普通科門診公私營協作計劃於觀塘、黃大仙及屯門推行，以縮減輪候時間，並增加病人使用基層醫療服務的選擇。計劃共有超過 3,500 人參加。

我們與病人和社區建立夥伴關係，以改善公立醫院的服務。醫管局進行「專科門診服務病人經驗及服務滿意度調查」，涵蓋 26 間專科門診診所。我們也建立了一個電子系統，以收集及分析病人的投訴和意見數據。





We completed building works for the redevelopment of Yan Chai Hospital, piling works for Hong Kong Children's Hospital, and technical feasibility statement for construction of the new acute hospital in Kai Tak development area. In pursuance of the strategic intents and directions of HA, we commenced the construction of Tin Shui Wai Hospital and Hong Kong Children's Hospital to increase capacity and capability. Preparatory works for providing new facilities at United Christian Hospital, Kwong Wah Hospital, Queen Mary Hospital and Kwai Chung Hospital have started. To modernise and upkeep standards of facilities, redevelopment or refurbishment works are also to be carried out in Caritas Medical Centre, Yan Chai Hospital, and Hong Kong Buddhist Hospital, etc. Barrier-free access at 16 acute hospitals and most GOPCs were modernised.

Senior appointments in 2014-15 included Dr Lee Koon-hung as Hospital Chief Executive (HCE) of Shatin Hospital & Bradbury Hospice and Dr Deacons Yeung Tai-kong as HCE of Pok Oi Hospital.

I wish to offer my heartfelt thanks to our dedicated staff for their continuing passion and professionalism in the face of the demanding challenges of providing modern healthcare. I also wish to express my appreciation to the Hong Kong SAR Government for its ongoing support through annual recurrent funding and policy decisions.

We will continue to face immediate and future challenges as we work to uphold our commitment to delivering high quality healthcare services. With the strong support of our staff, the Government and the communities of Hong Kong, I am confident we will continue to drive forward to successfully deliver our mission of helping people stay healthy.

PY LEUNG
Chief Executive

我們完成了仁濟醫院重建工程、香港兒童醫院地基工程，以及啟德發展區新建急症醫院的技術可行性研究。為實踐提升服務能力的策略方向，我們開展了天水圍醫院及香港兒童醫院的建築工程，以及聯合醫院、廣華醫院、瑪麗醫院及葵涌醫院興建新設施的預備工作。我們並已在明愛醫院、仁濟醫院及香港佛教醫院等推動重建及整修工作，以配合更新設備及現代化需要。16間急症醫院及大部分普通科門診診所已進行改善，提供無障礙通道。

年內的高層人員聘任包括：勵冠雄醫生獲委任為沙田醫院及白普理寧養中心行政總監，以及楊諦岡醫生獲委任為博愛醫院行政總監。

我衷心感謝醫管局一群堅毅盡心、奮發勵進及毋懼挑戰的員工，竭力為市民提供現代化的醫療服務。我亦要感謝香港政府一直以來的支持，每年為醫管局提供經常性資助，並在決策上作出配合。

當我們秉持信念不斷邁進，為市民提供優質的醫療服務，過程中會面對當前和未來的種種挑戰。有賴全體員工、政府及市民的大力支持，我深信我們會繼續穩步向前，實現「與民攜手 保健安康」的使命。



行政總裁
梁栢賢



第 4 章
Chapter 4

大事回顧
Milestones of
the Year





6/2014

Pamela Youde Nethersole Eastern Hospital completed the second Organisation Wide Survey of hospital accreditation, the first public hospital in Hong Kong to do so.

東區尤德夫人那打素醫院為香港首間完成第二次醫院認證機構評審的公立醫院。



6/2014

Hospital Authority launched a mobile application *TouchMed* which radically reduces idle waiting time at hospital pharmacies. The mobile app is well received by the public.



醫院管理局推出「e藥通」流動應用程式，減少病人在醫院藥房的輪候時間，廣受市民歡迎。

7/2014

Tseung Kwan O Hospital kicked off a series of activities to celebrate its 15th anniversary, aiming at building rapport with the community and staff.

將軍澳醫院 15 周年誌慶，舉辦連串活動，旨在加強與社區和職員的聯繫。



7/2014

The Hospital Authority launched the General Outpatient Clinic Public-Private Partnership Programme on a pilot basis in Kwun Tong, Wong Tai Sin and Tuen Mun districts to help manage the demand for and improve patient access to primary care services.

醫院管理局於觀塘、黃大仙及屯門區試行新的普通科門診公私營協作計劃，以助應對基層醫療服務需求及改善就醫情況。



7/2014

Aiming at developing into a baby-friendly hospital, Queen Elizabeth Hospital set up a breastfeeding support team and also launched a new Chinese cookbook *Simple and Healthy Recipes for Mothers-to-be* sharing gourmet ideas for new mothers.

伊利沙伯醫院邁向愛嬰醫院，設立母乳餵哺支援團隊，並發布新書「準媽媽的好煮意」，為新晉媽媽提供飲食好主意。



8/2014

HA signed a collaboration agreement with Kiang Wu Hospital Charitable Association of Macau outlining broad collaboration framework on exchanges and training between the two parties to enhance the quality of healthcare services and facilitating healthcare development.

醫院管理局與澳門鏡湖醫院慈善會簽署合作協議，加強兩地人才交流和培訓，共同提升醫院服務質素，促進醫療衛生事務發展。



9/2014

Tuen Mun Hospital completed the Organisation Wide Survey for Hospital Accreditation programme and received full accreditation status of the Australian Council on Healthcare Standards for another four years.

屯門醫院完成了根據澳洲醫療服務標準評審機構的醫院認證機構評審，再取得四年認可資格。



9/2014

A new Total Joint Replacement Centre at Pok Oi Hospital commenced service, focusing on delivering joint replacement surgery to patients in the New Territories West Cluster.

博愛醫院的全關節置換中心投入服務，主要為新界西聯網的病人提供關節置換手術。



9/2014

The Integrated Chinese-Western Medicine Pilot Project was launched at Tung Wah Hospital, Pamela Youde Nethersole Eastern Hospital and Tuen Mun Hospital.

東華醫院、東區尤德夫人那打素醫院及屯門醫院開展中西醫協作先導計劃。





9/2014

In collaboration with Radio Television Hong Kong, HA produced a six-episode TV docudrama *More than Healing*, projecting an image of professionalism, compassion and humanity of healthcare workers in public hospitals. The series recorded an average 11.5 points in TV ratings, representing an audience of 0.74 million per episode.

醫院管理局與香港電台攜手製作實況電視劇《醫護人生》，一連六集，透過不同故事，呈現公立醫院醫護人員的專業實幹和對病人的關顧愛護。劇集收視平均達 11.5 點，即每集約有 74 萬人收看。

9/2014

The North Lantau Hospital extended its clinical services, including 24-hour Accident & Emergency service, in-patient service with 20 convalescent / rehabilitation beds, specialist outpatient service, allied health service, day rehabilitation and ambulatory services.

北大嶼山醫院拓展臨床服務，包括 24 小時急症室、提供 20 張復康／療養病床的住院服務、專科門診服務、專職醫療服務、日間復康及醫護服務。



10/2014

Queen Mary Hospital achieved historical debut of successfully re-transplant of the liver of a Hepatitis B patient to another patient. The liver, which was transplanted for the first time 11 years ago to the first recipient, was re-transplanted again to a second recipient. Entailing technical challenges, the transplantation reflects the team's innovations in injecting new life in patients with end-stage liver disease.

瑪麗醫院進行全球首宗肝臟再移植，利用一名乙型肝炎病人於 11 年前接受移植的肝臟，再移植給另一名病人。肝移植技術再有新突破，醫療團隊克服重重困難，為末期肝病患者注入新生命。



12/2014

Opening of a simulation suite in the Accident & Emergency Training Centre not only provides diversity of emergency medical training courses to frontline staff of the Hospital Authority, but also marks the 20th anniversary of the centre.

醫院管理局急症科訓練中心成立 20 周年，新的模擬訓練室投入服務，為前線職員提供更多不同模擬場景的急症醫學訓練課程。



12/2014

Hospital Authority received the Directors of the Year Award 2014, recognising continuous efforts and achievements of the HA Board in enhancing corporate governance practices over the years.

醫院管理局獲頒 2014 年度傑出董事獎，印證了醫管局大會多年來在優化機構管治方面的努力和成就。



12/2014

Alice Ho Miu Ling Nethersole Hospital and Tai Po Hospital were fully accredited by the Australian Council on Healthcare Standards after undergoing Organisation Wide Survey.

雅麗氏何妙齡那打素醫院及大埔醫院完成了根據澳洲醫療服務標準評審機構的醫院認證機構評審，獲得全面認可資格。



1/2015

Public reporting of waiting time was extended to eight major specialties and also to elective surgeries of total joint replacement.

醫院管理局向市民公布八個主要專科的門診輪候時間，包括全關節置換預約手術的輪候時間，以提升透明度及問責性。



2/2015

Completion of a new hospital block marked a milestone in the history of Yan Chai Hospital. The new block provides a wide range of services, including general outpatient, specialist outpatient and family medicine service, paediatric and adolescent services and allied health services with improved efficiency and quality in a better environment.

仁濟醫院新大樓落成，標誌著醫院踏入新里程。新大樓設有一系列服務，包括普通科門診、專科門診及家庭醫學服務、專職醫療服務，在更完善的一站式環境，提供更具效率 and 更優質的服務。



3/2015

Commissioning of the Kwun Tong Community Health Centre marked a new age for primary health care in the Kwun Tong district.

觀塘社區健康中心投入運作，為觀塘區的基層醫療服務揭開新一頁。



第 5 章
Chapter 5



凝聚力量 群策群力
Engagement and Teamwork







Engagement and Teamwork 凝聚力量 群策群力

Staff engagement continues to be the prime focus of the Hospital Authority (HA). Continuous communication with staff is the key.

凝聚員工一向是醫管局的工作重點，與職員溝通更是當中重要的一環。





Six Staff Group Consultative Committees at the corporate level serve as direct communication channel between HA Head Office and staff representatives. Other than bimonthly staff newsletter *HASLink*, online update on topics of concern is made possible through live webcast and senior executives' blogs on the intranet.

While the HA Chief Executive paid regular visit to hospitals, an online Staff Letter Box enables staff to express opinions and ideas. At cluster and hospital levels, two-way communication channels such as regular meetings with Cluster Chief Executives (CCE) and Hospital Chief Executives (HCE), cluster newsletters, CCE or HCE blog, online letterbox and Staff Relations Office hotline facilitate exchanges with staff. Staff Communication Ambassadors in hospitals serve as additional links relaying staff's concern to the management.

A wide variety of sports programmes and leisure activities were organised throughout the year to promote balanced and healthy lifestyle, such as inter-cluster sports competitions, swimming gala, and fundraising activities. HA Family Day and HA Family Night continued to be the most popular family events. The annual event of 2015 Chinese New Year Run recorded a new high enrolment of more than 4,200 staff members and their families. Around HK\$950,000 was raised for the HA Charitable Foundation, benefitting chronically ill patients.

在機構層面，六個職員協商委員會有助促進總辦事處與員工代表的直接溝通。其他溝通渠道包括出版《協力》雙月刊、網上直播討論熱門話題，以及醫管局博客的文章分享。

醫管局行政總裁會定期探訪醫院，聽取員工意見，而透過網上職員信箱，員工可表達意見和構思。在聯網及醫院層面，聯網總監及醫院行政總監會定期與前線員工會面，進行雙向溝通。另外透過出版聯網刊物、聯網總監或醫院行政總監網誌、網上信箱及職員聯絡辦事處熱線等，均有助與職員溝通。醫院員工溝通大使是另一個溝通橋樑，讓管理層得悉員工關注的事情。

醫管局在年內繼續舉辦各式各樣活動，推廣平衡及健康的生活模式，如聯網運動比賽、水運會及籌款活動等。「醫管局天倫之日與夜」一直是最受歡迎的合家歡活動。2015年的新春長跑有超過 4,200 名員工和家屬報名參加，人數再創新高。是次活動為醫管局慈善基金籌得約超過 95 萬元善款，用以幫助長期病患者。

Engagement and Teamwork 凝聚力量 群策群力

To enhance staff access to radiological imaging services, a pilot programme providing eligible staff with access to private diagnostic imaging services of Computed Tomography, Magnetic Resonance Imaging and Breast Imaging on a co-payment basis was launched in December 2014, facilitating early diagnosis and medical intervention.

Loyalty and dedication are accorded recognition in HA. Long service and retirement awards were presented every year. Timely spot awards recognised frontline managers and teams for taking an extra mile.

Exemplary behaviours demonstrating the core values of the organisation are highly recognised through the HA Outstanding Staff and Teams Award Scheme, which has been organised for over 22 years. This year, six staff and six teams won the awards. Another four staff and three teams were granted Merit Awards.

為方便員工使用診斷造影服務，及早獲得診斷及治療，醫管局於2014年12月推行員工造影服務先導計劃。合資格員工可選擇使用由私營機構提供的電腦掃描、磁力共振掃描及乳房造影服務，費用由醫管局與員工分擔。

醫管局每年舉辦長期服務獎及榮休頒獎典禮，表揚忠誠服務的員工，另設有即時獎勵計劃，適時嘉許優秀的前線管理人員及工作團隊。

醫管局傑出員工及團隊獎舉辦至今已22年，用以表揚同事及工作團隊的傑出表現，彰顯機構的核心價值。在本年度，共有六名員工及六個團隊獲得傑出獎，另外四名員工及三個團隊獲得優異獎。





Outstanding Teams:

- Hong Kong East Cluster Wound Management Team
- Paediatric Orthopaedics and Spine Surgery "Bone FOCUS for Brighter Future" Team of The Duchess of Kent Children's Hospital at Sandy Bay
- Establishment of Express Lane – Reduction in Procurement Lead Time of Kowloon Central Cluster
- United Christian Hospital Multi-disciplinary Renal Team
- The Magic Bullet of Kowloon West Cluster Specialist Outpatient Clinic Waiting Time Management Team – Family Medicine Specialist Clinic
- Inpatient Medication Order Entry (IPMOE) Implementation Teams of Princess Margaret Hospital, Prince of Wales Hospital, Tseung Kwan O Hospital and Hospital Authority Head Office

Merit Team Awards:

- Movement Disorder Team of Queen Elizabeth Hospital
- New Territories East Cluster Community Outreach Services Team
- Tuen Mun Hospital Community Services Centre and Volunteer Team

傑出團隊獎:

- 港島東聯網: 傷口醫護團隊
- 大口環根德公爵夫人兒童醫院兒童骨科及脊椎外科: 「扶苗直上 活出精彩」團隊
- 九龍中醫醫院聯網: 設立「特快專線」減省採購時間
- 基督教聯合醫院跨部門腎科團隊
- 九龍西專科門診輪候時間管理團隊的神奇子彈 - 家庭醫學專科診所
- 瑪嘉烈醫院、威爾斯親王醫院、將軍澳醫院及醫院管理局總辦事處: 「住院病人藥物處方系統執行團隊」

優異團隊獎:

- 伊利沙伯醫院運動障礙團隊
- 新界東醫院聯網社區外展服務團隊
- 屯門醫院社區服務中心及義工團隊

第 6 章 Chapter 6

總辦事處及 醫院聯網工作匯報 Head Office and Cluster Reports



Hong Kong East Cluster
港島東醫院聯網



Kowloon West Cluster
九龍西醫院聯網



Hong Kong West Cluster
港島西醫院聯網



New Territories
East Cluster
新界東醫院聯網



Kowloon Central Cluster
九龍中醫院聯網



New Territories
West Cluster
新界西醫院聯網



Kowloon East Cluster
九龍東醫院聯網





The Hospital Authority (HA) provides public healthcare services to the people of Hong Kong through the Head Office and seven hospital clusters. Head Office and Cluster Reports present an overview of the performance of HA Head Office and Clusters under six corporate strategic intents and also 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六大策略範疇的工作匯報，以及醫管局在促進環保方面的成果。



Head Office and Cluster Reports 總辦事處及醫院聯網工作匯報

The 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. The HAHO initiated some 120 corporate targets in 2014-15 under six strategic intents 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方向，並擔當策略角色，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 2014-15 年度，總辦事處根據醫管局工作計劃所訂六大策略目標，推行約 120 項整體機構目標。





Strategic intent: Allay staff shortage and high turnover

To allay staff shortage and high turnover, a series of measures were implemented to attract, motivate and retain well-qualified staff. More than 350 doctors, including 291 resident trainees, 1,915 nurses and 557 allied health professionals were recruited. Up to March 2015, a total of 20 non-local doctors with limited registration had been recruited.

To strengthen career development for doctors, a centrally coordinated associate consultant promotion mechanism established since 2011 has helped retain specialist doctors. A total of 38 frontline doctors were promoted to associate consultants during the year.

A wide range of professional and management training initiatives were implemented to secure manpower supply, upgrade morale, and enhance staff competency.

We organised 23 specialty simulation training programmes for doctors to enhance their career development opportunities and professional capabilities. 300 student nurses were enrolled in the Higher Diploma in Nursing Programme while 100 students participated in the Enrolled Nurses Training Programmes. Overseas training scholarships were provided to around 180 healthcare professionals including doctors, nurses and allied health staff. Due to the lack of local training for podiatrists, 3-year overseas scholarship was offered to 11 podiatrist students to attend training in the United Kingdom. Midwifery training programmes with an annual intake of 83 trainees were organised to meet escalating demand for maternity services in public hospitals.

策略目標： 紓緩人手短缺和職員流失

為紓緩人手短缺和職員流失，醫管局推行一系列措施，吸引、激勵和挽留優秀人才。我們共聘請超過 350 名醫生 (291 名為受訓駐院醫生)、1,915 名護士及 557 名專職醫療人員。直至 2015 年 3 月，我們共聘請 20 名有限度註冊的非本地醫生。

為改善醫生的職業發展，醫管局自 2011 年起設立由中央統籌的副顧問醫生特別晉升機制，有助挽留專科醫生。年內，共 38 名前線醫生根據此機制獲晉升為副顧問醫生。

我們舉辦各項專業及管理人員培訓計劃，改善人手供應、提升士氣及加強職員能力。

我們舉辦了 23 個專科模擬訓練課程，提升醫生的專業發展機會和能力。300 人報讀了護理學高級文憑課程，另 100 人報讀了登記護士訓練課程。約 180 名醫護人員包括醫生、護士及專職醫療人員獲得海外進修獎學金。由於本地未有提供足病診療課程，我們為 11 名職員提供海外進修獎學金，讓他們前往英國修讀三年學位課程。另外因應公立醫院產科服務需求急增，我們舉辦了助產士培訓課程，年內取錄了 83 名學員。



Other than training on patient-centred communication skills, personal effectiveness and team building for professionals and supporting staff, management enhancement courses were organised for 1,641 first-line managers and 450 experienced frontline professionals.

To ensure effective succession of senior leadership, the HA Executive Leadership Programme in 2014-15 has prepared 89 candidates for key leadership positions.

To strengthen occupational hygiene and safety, a 3-year occupational hygiene and chemical safety work plan was formulated. Key initiatives include an in-house nitrous oxide exposure monitoring exercise at HA labour wards to validate the effectiveness of control over fugitive nitrous oxide; a comprehensive noise assessment for prosthetic and orthotic operations; and provision of noise hazard awareness training to enhance hearing protection for staff.

除為專業人員及支援員工舉辦病人為本溝通技巧、個人及團隊技巧訓練課程，我們為 1,641 名前線管理人員及 450 名資深前線專業人員提供管理提升課程。

我們推行「行政人員領袖培訓計劃」，加強高層領導職位的繼任規劃，共 89 名同事修畢課程，在未來可接任重要領導崗位。

為加強醫管局的職業衛生服務及安全管理，我們制訂了職業衛生及化學品安全的三年工作計劃。主要工作包括：完成醫管局產房氧化亞氮(笑氣)接觸值的內部監察，以核實管控洩漏氣體的成效，以及完成義肢矯形操作的全面噪音評估，並向員工提供噪音危害認知培訓，加強保護員工的聽覺。

Strategic intent: Better manage growing service demand

205 new beds were opened in 2014-15 to manage growing service demand. An extra 282 beds were put in place for six months to build further capacity during surge period.

The capacity for high demand life threatening diseases was enhanced. Emergency cardiac service was strengthened by adding two beds in the cardiac care units at Tseung Kwan O Hospital and extending the service hours of emergency / primary Percutaneous Coronary Intervention (PCI) from eight hours to 12 hours in Tuen Mun Hospital.

Queen Mary Hospital and United Christian Hospital started 24-hour thrombolytic acute stroke service to improve coverage for indicated acute stroke patients. Quality of service for patients with Transient Ischaemic Attack (TIA) was improved by setting up TIA clinics in the Kowloon West Cluster.

In the area of renal services, haemodialysis (HD) service was expanded to additional 30 patients in hospitals and 20 patients under Nocturnal Home Haemodialysis Programme. Automated peritoneal dialysis was also provided to 30 more patients.

Cancer case manager programme was extended to all seven clusters to provide integrated cancer care to patients with complex breast and colorectal cancers. In response to the Government's Policy Address in 2014 in addressing rapidly rising burden of colorectal cancer (CRC) in Hong Kong, a pilot programme on CRC screening for specific age groups was scheduled to be launched in end 2015.

策略目標： 更有效管理日增的服務需求

因應服務需求增加，年內我們加開 205 張病床，並增設 282 張為期六個月的應急病床，應付高峰期的服務需求。

為應付危疾治理的龐大需求，我們加強緊急心臟科服務。將軍澳醫院增設兩張心臟科加護病床，而屯門醫院擴展緊急冠狀動脈介入治療服務，由 8 小時延長至 12 小時。

瑪麗醫院及基督教聯合醫院開展 24 小時溶栓治療，加強對急性中風及臨床合適的病人提供治理。九龍西聯網設立短暫性腦缺血診所，提升病人服務質素。

腎科服務方面，我們提供額外 30 個醫院血液透析名額，20 個家居血液透析名額，以及 30 個家居自動腹膜透析名額。

我們計劃在所有七個醫院聯網推行癌症個案管理，為更多患複雜乳癌和大腸癌的病人提供綜合癌症治理服務。政府 2014 年施政報告指出，香港的大腸癌個案持續增加，醫管局將於 2015 年底為特定年齡群組推出大腸癌篩查先導計劃。



Clinical management for patients diagnosed with Human Immunodeficiency Virus (HIV) was strengthened with multi-disciplinary care through providing highly active antiretroviral therapy to eligible patients in Queen Elizabeth Hospital and Princess Margaret Hospital. Genotyping resistance test was established to guide antiretroviral treatment and monitor the emergence of drug resistance.

Management and secondary prevention of chronic diseases was enhanced. In the area of mental health, community care for psychiatric patients was further strengthened through extending the Case Management Programme to three more districts, namely Tsuen Wan (including North Lantau), Yau Tsim Mong and Tai Po, providing intensive and personalised case management support to patients with severe mental illness. Physical environment of psychiatric inpatient admission wards in Pamela Youde Nethersole Hospital, Tai Po Hospital and Kowloon Hospital were modernised as on-going efforts. Therapeutic elements for psychiatric inpatient services were improved with strengthened workforce of psychiatric nurses and allied health professionals in all seven clusters, providing recovery-oriented treatment programmes facilitating early discharge and re-integration of psychiatric inpatients back to the community.

We provided timely and appropriate treatment of eye diseases for elderly patients through enhanced specialist eye services for treating age-related macular degeneration, diabetic retinopathy and glaucoma. Additional 4,650 visual field tests and 4,650 Ocular Coherence Tomography scans were performed for glaucoma patients, and a total of 160 additional vitreoretinal procedures were conducted for patients with sight-threatening diabetic retinopathy.

我們加強對愛滋病患者的臨床治理。伊利沙伯醫院及瑪嘉烈醫院為愛滋病病毒新感染個案提供跨專業治理，為合適病人提供高效能抗愛滋病病毒療法。醫管局已開展抗藥性基因分型測試，以便對症下藥及監測抗藥性。

慢性疾病的管理及中層預防已加強。精神健康方面，社區個案管理計劃擴展至最後三區，即荃灣(包括北大嶼山)、油尖旺及大埔，為嚴重精神病患者提供深入支援及專案跟進。我們繼續改善精神科病房的环境設施，包括東區尤德夫人那打素醫院、大埔醫院及九龍醫院。醫管局轄下七個醫院聯網的精神科住院服務增加了精神科護士及專職醫療人手，強化治療元素，提供復元為本的治理計劃，讓病人可早日出院，重新融入社區。

我們為患有老年黃斑病變、糖尿病視網膜病變及青光眼的長者病人，提供適時和適切的眼科治理，包括為青光眼患者提供額外4,650個視野檢查及4,650個眼球結構斷層掃描服務，並為糖尿病視網膜病變而視力受威脅的患者提供160個玻璃體視網膜手術名額。





Services with pressing issues of waiting time and access were improved. Accident and Emergency (A&E) Department Support Session Programme implemented in 12 hospitals since 2013 had alleviated the workload of frontline staff working. The programme continued in 2014 and provided support sessions handling Triage IV (semi-urgent) and Triage V (non-urgent) cases[#].

The pharmacy workforce was strengthened to meet increasing demand for outpatient pharmacy services, improving service delivery time at specialist outpatient pharmacies. Accessibility to pharmacy services was also enhanced with round-the-clock pharmacy services in Caritas Medical Centre and Yan Chai Hospital. Weekday pharmacy service in Grantham Hospital, Kowloon Hospital, Tai Po Hospital, Tung Wah Eastern Hospital and Tung Wah Hospital were extended by two hours.

Anticipated rise in service demand during winter surge period was managed with six key strategies namely managing demand in community, gate-keeping to reduce unnecessary admission, improving patient flow, optimising buffer capacity, reprioritising core activities and enhancing communication with the public through mass media and daily release of service statistics during Chinese New Year. A total of 5,962 additional General Outpatient Clinic quotas during the surge period alleviated pressure on A&E services.

我們致力改善輪候時間，令服務更方便。由 2013 年起，12 間公立醫院的急症室增加支援診症節數，減輕前線職員的工作壓力。計劃在 2014 年繼續推行，急症室增加支援診症節數，處理第四(次緊急)及第五(非緊急)類別分流個案[#]。

我們增加藥房人手，應付上升的門診藥房服務需求，改善專科門診藥房的服務時間。為更方便病人，葛量洪醫院、九龍醫院、大埔醫院、東華東院及東華醫院藥房平日的服務時間延長兩小時，而明愛醫院及仁濟醫院更提供 24 小時藥房服務。

為應付冬季流感高峰期需求急升，我們採納六個重點策略，包括管理社區需求、加強把關及減少非必要的住院個案、改善病人流程、盡用服務量及人手、調整核心服務優次，以及透過傳媒加強向公眾發放訊息，如在農曆新年期間每日公布服務統計數字。我們在冬季流感高峰期增加 5,962 個普通科門診診症名額，減輕急症室的壓力。

[#] Patients attending A&E departments in HA hospitals are divided into five categories (Triage I to V) according to medical condition, namely critical, emergency, urgent, semi-urgent and non-urgent cases.

[#] 根據病人需要，醫院管理局轄下急症室實施分流制度：包括危殆、危急、緊急、次緊急及非緊急。



The HA supports healthy competition and co-operation among healthcare services providers. Public-Private Partnership (PPP) in healthcare services optimises the use of healthcare resources in both public and private sectors and also helps shorten the waiting time for public healthcare services. In 2014-15, over 3,500 patients had benefited from pilot PPP programmes of cataract surgeries, primary care service and radiological investigation service. The haemodialysis (HD) PPP programme were extended to 20 additional public patients. The new GOPC PPP programme launched in Kwun Tong, Wong Tai Sin and Tuen Mun districts since March 2014 also benefitted over 3,500 patients.

Strategic intent: Ensure service quality and safety

HA continues to build safety culture corporate-wide. Critical incident psychological services for HA staff have been strengthened to improve preparedness and response for crisis intervention. Four Critical Incident Psychological Services (CIPS) Centres and Cluster Staff Psychological Services Clinics were set up in four clusters (Hong Kong West, Kowloon Central, New Territories East and New Territories West) to provide timely and quality one-stop critical incident psychological services for employees.

Safer service models were developed in various clinical areas. A corporate-wide barcode-based tracking and archiving system implemented in 14 HA hospitals with anatomical pathology laboratories ensured correct identification in processing anatomical pathology specimens. The reuse of single use device was reduced in phases based on prioritisation of clinical risk. Breastfeeding support teams were established in Queen Mary Hospital, Queen Elizabeth Hospital and Kwong Wah Hospital to enhance necessary nursing support with improved clinical setting and physical environment.

醫管局鼓勵公私營合作，讓服務提供者健康競爭和合作。公私營醫療協作有助縮減公營醫療的輪候時間，並善用公私營醫療資源。年內，我們推行白內障手術、基層醫療及放射檢查服務的公私營協作計劃，讓 3,500 多名病人受惠。額外 20 名公立醫院病人透過公私營合作計劃獲提供血液透析治療。自 2014 年 3 月起，全新的普通科門診公私營協作計劃於觀塘、黃大仙及屯門推行，讓超過 3,500 人受惠。

策略目標： 確保服務質素及安全

醫管局繼續促進機構安全文化。我們為員工加強緊急事故心理支援服務，提升災難應變及危機介入能力。四個聯網（港島西、九龍中、新界東及新界西）分別成立了職員緊急事故心理服務中心及職員心理服務診所，為員工提供適時和優質的緊急事故心理支援服務。

我們在各個臨床範疇推行更安全的服務模式，在 14 間設有解剖病理學實驗室的公立醫院推行條碼式追蹤及存檔系統，確保正確識別及處理樣本。各醫院亦根據臨床風險分級，逐步停止重用一次性醫療器材。此外，瑪麗醫院，伊利沙伯醫院及廣華醫院設立母乳餵哺支援團隊，加強護士支援，並改善醫院設施及環境。

HA adopts modern technology and new treatment options to ensure service quality and patient safety. Additional recurrent funding was provided to widen the scope of HA Drug Formulary for the treatment of psychosis, dementia and prostate cancer. New technology of Matrix-Assisted Laser Desorption / Ionisation Time-Of-Flight (MALDI-TOF) Mass Spectrometry was installed in Queen Mary Hospital, Prince of Wales Hospital, Princess Margaret Hospital and United Christian Hospital to speed up microbiological identification for timely diagnosis and treatment.

Minimally invasive surgery (MIS) technique was adopted in 70% of the hysterectomy surgeries conducted for suitable gynaecological patients. The facilities and equipment in operating theatre in Queen Elizabeth Hospital and Tuen Mun Hospital were modernised with MIS suites set up.

To enhance the quality and safety of medication use for hospitalised children, paediatric clinical pharmacy services were rolled out to six more public hospitals, namely Alice Ho Miu Ling Nethersole Hospital, Caritas Medical Centre, The Duchess of Kent Children's Hospital, Kowloon Hospital, Queen Elizabeth Hospital and Yan Chai Hospital.

醫管局採用先進技術及嶄新療法提升質素及安全。藉著增加經常性撥款，醫管局藥物名冊擴大涵蓋範圍，包括治療思覺失調、腦退化症及前列腺癌。此外，瑪麗醫院，威爾斯親王醫院，瑪嘉烈醫院及基督教聯合醫院裝設「基質輔助激光解析電離飛行時間質譜儀器」(MALDI-TOF)，加快辨識微生物，為病人提供適時的診斷和治療。

我們為合適的婦科病人進行微創子宮切除手術，並達致 70% 的整體目標。屯門醫院及伊利沙伯醫院設立微創外科手術室，改善手術室設施及器材。

為提升住院病童的用藥質素及安全，我們在六間公立醫院推行兒科臨床藥劑服務，包括雅麗氏何妙齡那打素醫院、明愛醫院、大口環根德公爵夫人兒童醫院、九龍醫院、伊利沙伯醫院及仁濟醫院。





Continuous quality improvement systems were implemented to improve clinical practice, including an HA-wide Clinical Outcomes Monitoring Programme with three nurse reviewers recruited to develop data capture template for monitoring clinical outcomes.

Improvement of hardware and facilities continued to ensure service quality and safety. Barrier free access in 16 acute hospitals and most General Outpatient Clinics were improved. With continual funding support from the Government, 751 medical equipment items were installed in public hospitals, and 309 pieces of medical equipment were acquired.

Strategic intent: Enhance partnership with patients and community

HA adopts patient-centred approach in communication with patients and carers. Involving patient groups and community partners is an important strategy in care delivery. The Patient Empowerment Programme (PEP) was implemented with non-governmental organisations (NGOs) to provide chronic disease patients with disease specific education and self-care skills and thus enhance chronic diseases management. An additional 14,000 patients were recruited to participate in the PEP.

Case managers were recruited in Tuen Mun Hospital, United Christian Hospital, Alice Ho Miu Ling Nethersole Hospital and Queen Mary Hospital/The Duchess of Kent Children's Hospital to support children with special-care needs such as those with mental retardation or physical disabilities.

我們透過持續質素改善機制，優化臨床服務，包括推行臨床成效監察計劃，聘用三名護士評審員，開發數據收集範本，監察臨床成效。

我們繼續改善硬件和設施，確保服務質素和安全。16間急症醫院及大部分普通科門診診所已進行改善工程，提供無障礙通道。藉著政府的持續撥款，公立醫院共裝設751項醫療器材，並購置309項醫療儀器。

策略目標： 加強與病人和社區的夥伴關係

醫管局以病人為本，注重與病人及照顧者的溝通。在提供醫護服務的過程中，與病人和社區建立夥伴關係是一個重要策略。透過與非政府機構合作推行病人賦能計劃，為慢性病患者提供疾病資訊和自理知識，加強慢性疾病管理，年內有另外14,000名病人參加了這項計劃。

屯門醫院、基督教聯合醫院、雅麗氏何妙齡那打素醫院、瑪麗醫院／大口環根德公爵夫人兒童醫院聘用了個案經理，支援有特殊需要（如智力遲緩或肢體殘障）的病童。

The core services of Patient Resources Centres, self-help groups and clinical teams have been aligned to develop collaborative projects on patient support so as to enhance partnership with patients and community. Seminars and sharing sessions were also organised with graduates of the Patient Partnership in Action programme to intensify the participation of patient leaders. The Health InfoWorld has been refurbished and volunteers were trained in supporting its operation.

A proactive approach is adopted to maintain rapport and communicate with the media and community stakeholders to keep them abreast of the latest development in HA policies and services. During the year, 223 media activities were organised, 369 press releases issued and 340 articles contributed to various media platforms. 1,900 media enquiries and 187 community enquiries were handled.

A 6-episode docudrama produced in collaboration with Radio Television Hong Kong and broadcast from September to October 2014 received overall positive feedback. The drama specifically portrayed the dilemmas, challenges and humanistic sides of HA staff. The series recorded an average 11.5 points in TV ratings, representing around 0.74 million per episode. The click rates of YouTube and HA Channel of all docudrama related videos also reached 26,000 times.

通過協調病人資源中心、互助組織及醫療團隊的核心服務，成立病人支援協作項目，加強與病人及社區的夥伴關係；此外亦與修畢「耆智力量－病人領袖培訓計劃」的學員合辦座談會及分享會，深化病人領袖的參與。醫管局健康資訊天地已完成翻新工程，並訓練義工支援其運作。

醫管局推行積極策略，加強與傳媒及社區持份者聯繫和溝通，使其得悉政策和服務的最新發展。年內，總辦事處共舉辦 223 次記者會及傳媒活動、發出 369 份新聞稿、向不同傳媒平台發出 340 份文章，以及處理了 1,900 項傳媒查詢和 187 項市民查詢。

醫管局與香港電台攜手製作實況劇《醫護人生》，在 2014 年 9 月至 10 月期間播映，廣獲好評。劇集包括六個單元故事，將醫院真實和感人的一面呈現於觀眾眼前，收視平均達 11.5 點，即每集有 74 萬人收看。《醫護人生》電視劇及相關花絮在 YouTube 及 HA Channel 的點擊率達 26,000 次。



Strategic intent: Ensure adequate resources to meet service needs

The Government continued to give strong support to public healthcare with subvention to HA reaching HK\$49 billion in 2014-15. As a responsible public organisation, we continue to undertake prudent measures on financial management to ensure resources are properly safeguarded and appropriately deployed.

To facilitate value-for-money delivery of quality patient care, HA stays vigilant in revisiting and monitoring resource management to optimise output and performance. Through continuous engagement with internal stakeholders, additional resources were allocated to Clusters during the service planning process for new services and specific pressure areas or gaps in addition to resources needed to sustain core and centralised services of respective Clusters.

The HA recorded a surplus financial position in 2014-15 mainly due to persistent recruitment difficulties of healthcare professionals despite various recruitment and retention measures. Given expected continuing tight manpower situation, different recruitment and retention initiatives such as the re-employment of serving employees beyond the age of 60 will be implemented to maintain a more stable workforce.

In order to meet challenges of ageing population and rising service demand with long-term financial sustainability, HA has discussed with the Government the financial requirements for the coming years based on estimated resource need.

策略目標： 確保具備足夠資源應付服務需要

政府一直全力支持香港的公營醫療服務，醫管局在 2014-15 年度所獲撥款達港幣 490 億元。醫管局作為負責任的公營機構，會繼續貫徹嚴謹的財政管理措施，確保審慎理財及資源用得其所。

為提供合乎經濟效益的優質病人服務，醫管局一向嚴格審視及監察資源管理，以達致最大效益和成效。透過由醫管局內各持份者參與的服務規劃及內部資源分配過程，各聯網獲分配所需資源，維持基本運作及管理中央統籌的服務，此外亦會就新的服務項目及個別迫切範疇或服務不足，獲得額外的資源分配。

醫管局在 2014-15 年度因招聘方面未達預期，故錄得財政盈餘。雖然我們已採取各種措施聘請及挽留醫護人員，惟人手仍見短缺。預料人手不足問題仍會持續，醫管局會繼續推行不同的招聘及挽留人才措施，包括重新聘用滿 60 歲的在職僱員，希望能維持穩定人手。

為應付人口老化及服務需求上升，醫管局已和政府磋商未來數年的資源需要，以維持長期財政穩健。





A series of hospital development projects have been planned and implemented to meet service needs. Key milestones achieved in 2014-15 included the completion of Yan Chai Hospital redevelopment and piling works of Hong Kong Children's Hospital. Technical feasibility statements were completed for the extension of Tuen Mun Hospital Operating Theatre block and the construction of a new acute hospital at Kai Tak development area.

Information technology used in healthcare improves patient care by allowing storage, sharing and analysis of healthcare information. We further leveraged technology to improve service efficiency and enhance medical safety. The use of digital imaging was widely deployed and will be extended to operating theatres of selected major acute hospitals. The expansion of the Inpatient Medication Order Entry (IPMOE) system to Princess Margaret Hospital, Tseung Kwan O Hospital, North Lantau Hospital and Prince of Wales Hospital has further cut the risk of prescription errors. The system will be implemented in all acute hospitals. Over 20 mobile applications are now in operation or under development for staff and public use, including *TouchMed*, which frees patients from extended waits at our pharmacies.

Human resource system has been enhanced to expedite leave application and approval, covering about 32,000 staff so far.

Corporate application systems were implemented in all new hospital buildings, including North Lantau Hospital and Yan Chai Hospital, with the network infrastructure upgraded for better availability, efficiency and stability. Internal controls have been upgraded by enhancing business administration and enterprise resource planning technology throughout HA hospitals with asset management and maintenance service processes streamlined.

我們已規劃及展開多個醫院發展項目，以應服務需求。在 2014-15 年度的重要進展，包括完成了仁濟醫院重建工程、香港兒童醫院地基工程、屯門醫院手術室大樓擴建及啟德發展區新建急症醫院的技術可行性研究。

醫療服務藉著科技發展，可儲存、共用及分析醫療資訊和數據，從而改良病人服務。醫管局繼續借助資訊科技，提升服務效率和醫療安全。數碼圖像技術已廣泛應用並將推展至大型急症醫院的手術室；四間醫院（瑪嘉烈醫院、將軍澳醫院、北大嶼山醫院及威爾斯親王醫院）已實施住院病人藥物處方輸入系統，減少藥物處方出錯，此系統會陸續推展至所有急症醫院。我們已推出或正在開發超過 20 個流動應用程式，供職員及公眾使用，其中包括「e 藥通」，減少病人在藥房的長輪候時間。

人力資源系統已獲提升，年假的申請和批核程序更為快捷，系統至今覆蓋約 32,000 名員工。

我們為所有新建或重建醫院裝設相關的資訊科技應用系統，包括北大嶼山醫院及仁濟醫院，並提升網絡基礎設施，加強備用性、效能及穩定性。醫管局轄下的醫院已提升企業資源規劃系統，並精簡資產管理及保養服務程序，以改善內部監控。



Ensuring patient data privacy is of prime importance in HA and is everyone's responsibility. Committed to promoting and strengthening privacy protection, identifying emerging privacy risks and responding efficiently, we have maintained an ongoing personal data protection education and training programme for all staff to ensure awareness on the need for privacy protection. A robust privacy infrastructure is maintained with resources allocated to continually perform internal privacy compliance checks and engage independent third parties in privacy and security assessments. We also participated in the Privacy Management Programme led by the Privacy Commissioner for Personal Data. We continued to review and enhance IT system availability, performance and accuracy of data through established quality assurance and risk management processes.

HA continued to provide technical agency services to the Hong Kong Government in developing the eHealth Record Sharing System, Elderly Healthcare Voucher Scheme, Vaccination Subsidy Schemes, Primary Care Directory System, Communicable Disease Information System, Laboratory Information System and Colorectal Cancer Screening Programme System.

醫管局十分重視保障病人資料私隱，這亦是每位員工的責任。我們致力促進及加強保障私隱、識別新的私隱風險，並迅速處理。我們持續為職員提供保護個人資料培訓，加強意識。為確保醫管局維持穩健的保障私隱基礎設施，我們撥出資源進行內部私隱規格審查、委聘獨立機構進行私隱及資訊保安評估，並實行個人資料私隱專員提倡的私隱管理系統，透過既定的質素保證及風險管控程序，持續審視及提升資訊系統的備用性、性能及數據準確性。

醫管局繼續為香港政府提供資訊科技支援，協助開發全港電子健康紀錄互通系統、長者醫療券、疫苗注射資助計劃、基層醫療指南系統、傳染病資訊系統、化驗資訊系統及大腸癌篩檢計劃系統。

Strategic intent: Enhance corporate governance

HA had enhanced corporate governance structure and processes, following the recommendations of a comprehensive review of governance practices at the Board and cluster/hospitals levels completed in 2012-13 and 2013-14 respectively (Phase 1 and Phase 2 of the Corporate Governance Review). The enhanced practices at the Board level, together with relevant provisions of the HA Ordinance, the Standing Orders as well as various principles and corporate policies adopted by HA on corporate governance, were consolidated in the *Code of Corporate Governance Practices of HA Board* (the Code). The Code aims to provide appropriate structures and processes in ensuring a robust governance and accountability framework to guide members of the Board and committees in performing their roles and responsibilities.

The *Manual on the Operation of Hospital Governing Committees* (the Manual) was updated on corporate governance practices at the cluster/hospital level, consolidating various corporate governance policies and practices adopted by the HA Board and the Hospital Governing Committees (HGCs) over the years, and also the initiatives implemented at the recommendation of the Corporate Governance Review. The Manual aims to provide guidance to HGCs members in discharging their responsibilities. Both the Code and the Manual were approved by the Board in April 2014 and July 2014 respectively.

策略目標： 強化企業管治

因應 2012-13 及 2013-14 年度分別完成的大會及聯網／醫院層面機構管治全面檢討（機構管治檢討第一階段及第二階段）所提出的建議，醫管局推行了多項措施加強機構管治架構及程序。於大會層面的改善措施連同《醫院管理局條例》的有關條文、會議常規以及醫管局採納的各項機構管治原則和政策，已結集成為《醫院管理局大會機構管治守則》（《守則》）。《守則》制定適當的架構和程序，確保醫管局有一套穩健的管治和問責框架，引導醫管局大會和轄下委員會成員履行其職能及責任。

在聯網／醫院的機構管治方面，新修訂的《醫院管治委員會運作手冊》（《手冊》）綜合納入了醫管局大會和醫院管治委員會多年來所採納的各項機構管治原則和措施，以及因應機構管治檢討建議而推行的措施，為醫院管治委員會成員提供指引，以便履行其職責。《守則》及《手冊》分別於 2014 年 4 月及 2014 年 7 月獲大會通過及發表。





Contributing to a Green Environment

HA is committed to achieving the best practicable environmental standards and practices to ensure environmental protection and minimise adverse impact on the environment.

Over the years, a wide range of energy conservation initiatives have been implemented in new hospital developments and existing hospitals. These initiatives include the application of energy conservation and renewable energy technologies in lighting, air-conditioning, steam and hot water systems in HA premises. In January 2015, we commenced the building of Hong Kong's first hospital application of combined heat and power system in Alice Ho Miu Ling Nethersole Hospital (AHNH). Upon its completion in mid-2016, the system can help AHNH reduce 2,000 tonnes or 12 per cent of carbon emission, and save HK\$2 million of energy cost per annum.

締造綠色環境

醫管局承諾在運作上貫徹最可行的環保標準和守則，以奉行環保及減少對環境造成不良影響。

醫管局多年來在新醫院建設和現有醫院內實施各種節能減排措施；包括在照明、空調、蒸汽和熱水系統上應用了節能及可再生能源技術。在 2015 年 1 月，醫管局進一步在雅麗氏何妙齡那打素醫院開展建設香港第一套醫院電熱聯供系統。預計該系統在 2016 年中建成後，每年該院可減少 2,000 噸或 12% 的碳排放量，並節省能源費用約港幣 200 萬元。

HA will continue to explore and implement energy saving technologies to achieve environmental sustainability and offset the rising trend of energy consumption due to increasing hospital activities. In 2014-15, 24 public hospitals and institutions met the carbon emission reduction standard of the Hong Kong Awards for Environmental Excellence scheme and were awarded Carbon Reduction Certificates.

Various waste reduction and recycling programmes continued in hospitals, some of which were collaborated with non-government organisations. A total of 3,500 tonnes of recyclables including waste paper, plastic, metals, glass bottles, used clothes were collected. 21 hospitals achieved the Certificate of Appreciation for Used Clothes Recycling Programme from Friends of the Earth, and 29 hospitals and institutions were awarded the Class of Excellence Wastewise Label of the Hong Kong Awards for Environmental Excellence.

Food waste reduction programmes such as promotion of waste reduction at source and adoption of low carbon menu continued. 15 hospitals have environmental friendly food waste decomposers implemented or participated in various food recycling programmes to further minimise food waste disposal. Last but not least, the use of environmental friendly LPG vehicles played a role, with four Non-emergency Ambulance Transfer Service vehicles replaced and three more added in 2014-15.

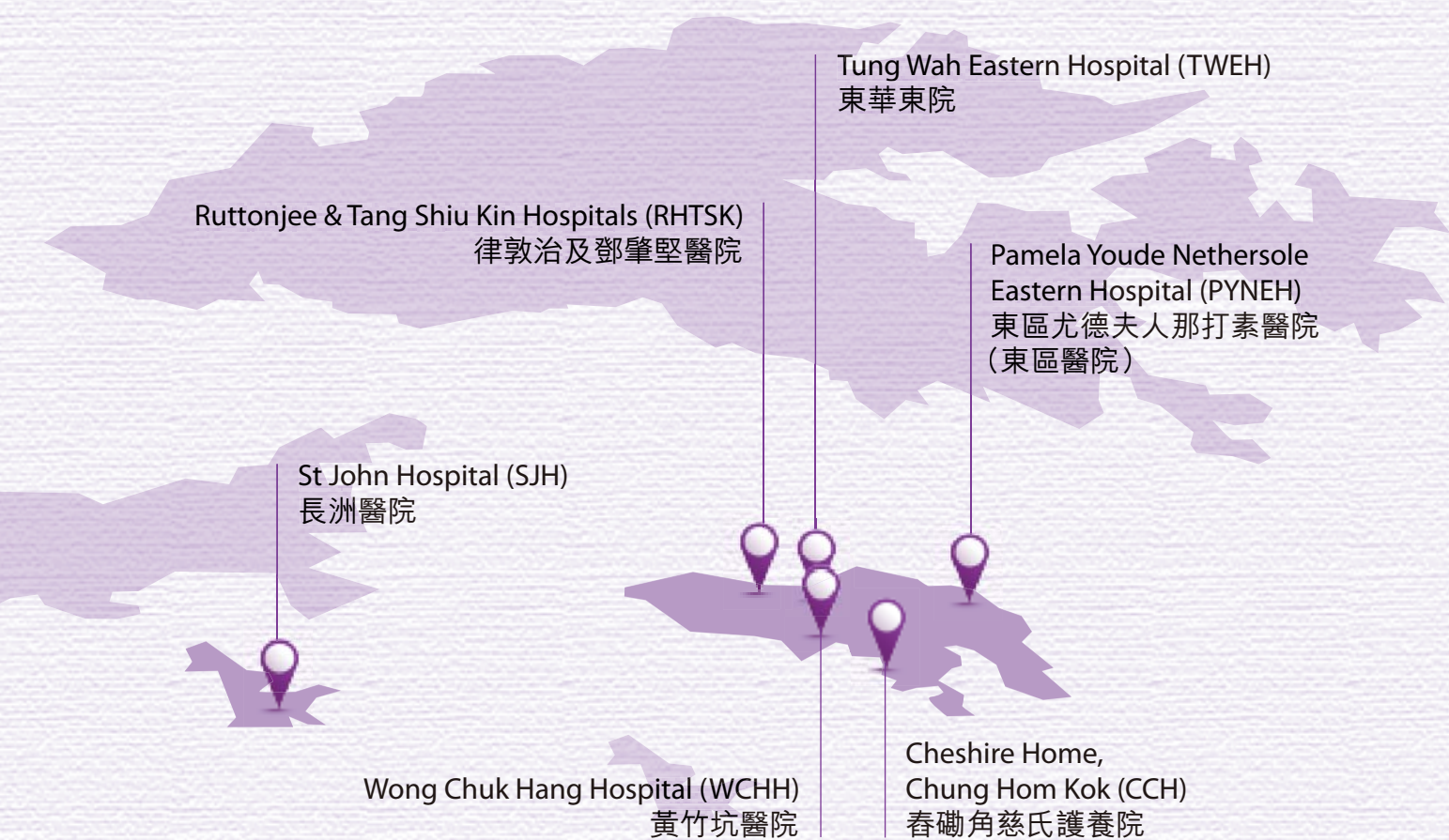
醫管局會繼續探索和實施適當的節能技術，為可持續發展作出貢獻，並緩減因醫院服務增加而引致能源耗用上升的趨勢。在 2014-15 年，醫管局有 24 間醫院及機構在減少碳排放方面符合香港環保卓越計劃的準則，獲頒減碳證書。

各間公立醫院持續推行各種減廢及回收計劃，共收集了 3,500 噸可回收物品，包括廢紙、塑料、金屬、玻璃樽、舊衣物，支持減少污染，保護環境。醫管局同時促進非政府機構在醫院舉辦各類的回收計劃的工作，包括舊衣物、塑料、玻璃樽、電器及家具回收等。在 2014 年，共有 21 間醫院參與地球之友的「舊衣回收計劃」，獲頒授感謝獎狀。醫管局總辦事處及 29 間醫院及機構均獲香港環保卓越計劃「卓越級別」的減廢標誌。

醫管局亦繼續推行減少廚餘活動，例如推廣源頭減費及低碳菜單，鼓勵綠色飲食，以減少食物浪費。為了進一步減少廚餘，15 間醫院已使用環保廚餘機分解廚餘或參與廚餘回收計劃。我們引入環保液化石油氣車輛，對環境裨益不少，在 2014-15 年已更換四部和增加三部非緊急救護車，全部為更環保的液化石油氣車輛。



Hong Kong East Cluster (HKEC) 港島東醫院聯網(港島東聯網)



Number of general outpatient clinics 普通科門診診所數目	12
Throughput 服務量	
Number of beds 病床數目	3,071
Patient discharges* 出院病人數目*	183,649
A&E attendances 急症室就診人次	236,747
Specialist outpatient attendances (clinical) 專科門診就診人次(臨床服務)	806,737
General outpatient attendances 普通科門診就診人次	587,882
Full-time equivalent staff 等同全職人員數目	7,702

* Total inpatient, day patient discharges and deaths

* 住院及日間病人出院及死亡總數

HKEC appreciates the commitment of staff in managing growing service demand amidst manpower constraint. To allay staff shortage, additional nurses, allied health staff and patient care assistants were recruited to improve support for service delivery. The Cluster accorded priority to sustaining a happy and competent workforce. Outstanding achievement in the promotion of family-friendly employment practices was exemplified by the Family Council award "Distinguished Family-Friendly Employers 2013-14" in the category of non-governmental organisations in June 2014. Enhanced training and development initiatives including provision of simulation training courses for professionals continued.

Services in pressure areas of HKEC were strengthened with 40 acute medical inpatient beds opened in July 2014 and two medical beds designated to improve care for patients on mechanical ventilation. RH opened a 42-bed acute medical ward in January 2015 to improve ward environment. Site renovation commenced in preparation for a 10-bed emergency medicine ward in RH in 2015-16. Space utilisation was prudently reviewed to support rising service demand.

港島東聯網感謝員工努力不懈，即使面對人手緊絀，仍然全力以赴，應付不斷增加的服務需求。為應付人手短缺，聯網增聘護士、專職醫療人員和病人服務助理，加強提供服務。聯網著重維持一支開心和幹練的工作團隊，並在 2014 年 6 月獲家庭議會頒發機構組「傑出家庭友善僱主 2013-14」(非政府機構和社會企業)獎項，表彰其致力推行家庭友善僱傭政策的成就。聯網繼續加強員工培訓和發展，包括為醫護人員提供模擬培訓。

聯網針對壓力範疇加強服務，於 2014 年 7 月增設 40 張急症住院病床，並提供兩張指定病床加強對使用呼吸機病人的服務。律敦治醫院於 2015 年 1 月開設一間有 42 張病床的急性內科病房，為病人改善病房環境。該院亦進行裝修工程，準備於 2015-16 年度開設急症科病房，額外提供 10 張病床。聯網審慎檢視醫院空間的運用，應付日增的服務需求。



Service capacity was expanded to better manage waiting time. Five additional operating theatre sessions per week had been added in PYNEH since December 2014. Facilities for the combined Endoscopy Unit in PYNEH were augmented with the renovation of a new floor. Hospital haemodialysis for ten extra patients and home automated peritoneal dialysis for three extra patients with end-stage renal disease were provided. Pharmacy service of TWEH was improved with extended service hours on weekdays.

Sustaining a robust quality and safety system is always high on HKEC's agenda. The barcode-based tracking and archiving system implemented in anatomical pathology laboratories since the second quarter of 2014 enhanced correct identification of specimens. The surgical instrument tracking system rolled out to TWEH in December 2014 improved sterilisation service for operating theatres. PYNEH was the first public hospital in Hong Kong that completed the second organisation-wide survey (OWS) of hospital accreditation in June 2014. TWEH completed its first OWS in July 2014. The HKEC Patient Safety Week in September 2014 was climaxed by Quality & Safety Seminar themed *Embrace Challenges – Quality Healthcare for All*, boosting staff awareness and sharing good practices. HKEC also supported HA in rolling out Crew Resources Management training to other clusters.

聯網提升服務量，以縮短病人輪候時間。東區醫院自 2014 年 12 月起，每周增設五個手術節數，內視鏡中心將遷到另一樓層，擴充服務面積，並加強設施及提升服務。另外，聯網為末期腎病病人增加 10 個醫院血液透析名額及 3 個家居自動腹膜透析名額。東華東院亦加強藥房服務，延長平日服務時間。

聯網注重維持穩健的質素及安全系統。解剖病理學實驗室由 2014 年第二季起推行條碼式追蹤及存檔系統，確保正確識別樣本。東華東院亦於 2014 年 12 月推行手術器具追查系統，改善手術室的消毒服務。東區醫院於 2014 年 6 月成為香港首間完成第二次醫院認證「機構評審」的公立醫院，而東華東院亦於同年 7 月完成第一次「機構評審」。聯網於 2014 年 9 月舉行病人安全周，提高員工相關意識，並分享優質服務模式，其間質素及安全研討會以「凝聚力量 迎難而上 共創優質醫療」為題，成為是次活動亮點。聯網亦繼續將「優化醫療團隊培訓計劃」推廣至其他聯網。





Various initiatives were launched to enhance patient and community partnership, including a community engagement symposium which was successfully held in collaboration with 14 community partners. The Symposium attracted more than 430 participants.

Certificate of merit under Public Organisations & Utilities sector was granted by Hong Kong Awards for Environmental Excellence organised by the Environmental Campaign Committee to HKEC in May 2014 for its contribution to environmental friendliness.

Additional communication platforms between management and Hospital Governing Committees (HGC) at cluster level continued to enhance corporate governance, with the annual self-assessment survey of HGC commenced in the year.

Last but not least, one of HKEC's outstanding achievements in the year was the Excellence Award (Clinical Service Improvement) at Asian Hospital Management Awards 2014 granted to PYNEH for the programme titled *Prevention of Ventilator Associated Pneumonia in Intensive Care Unit: A Multi-pronged Strategic Approach* for meeting international benchmark.

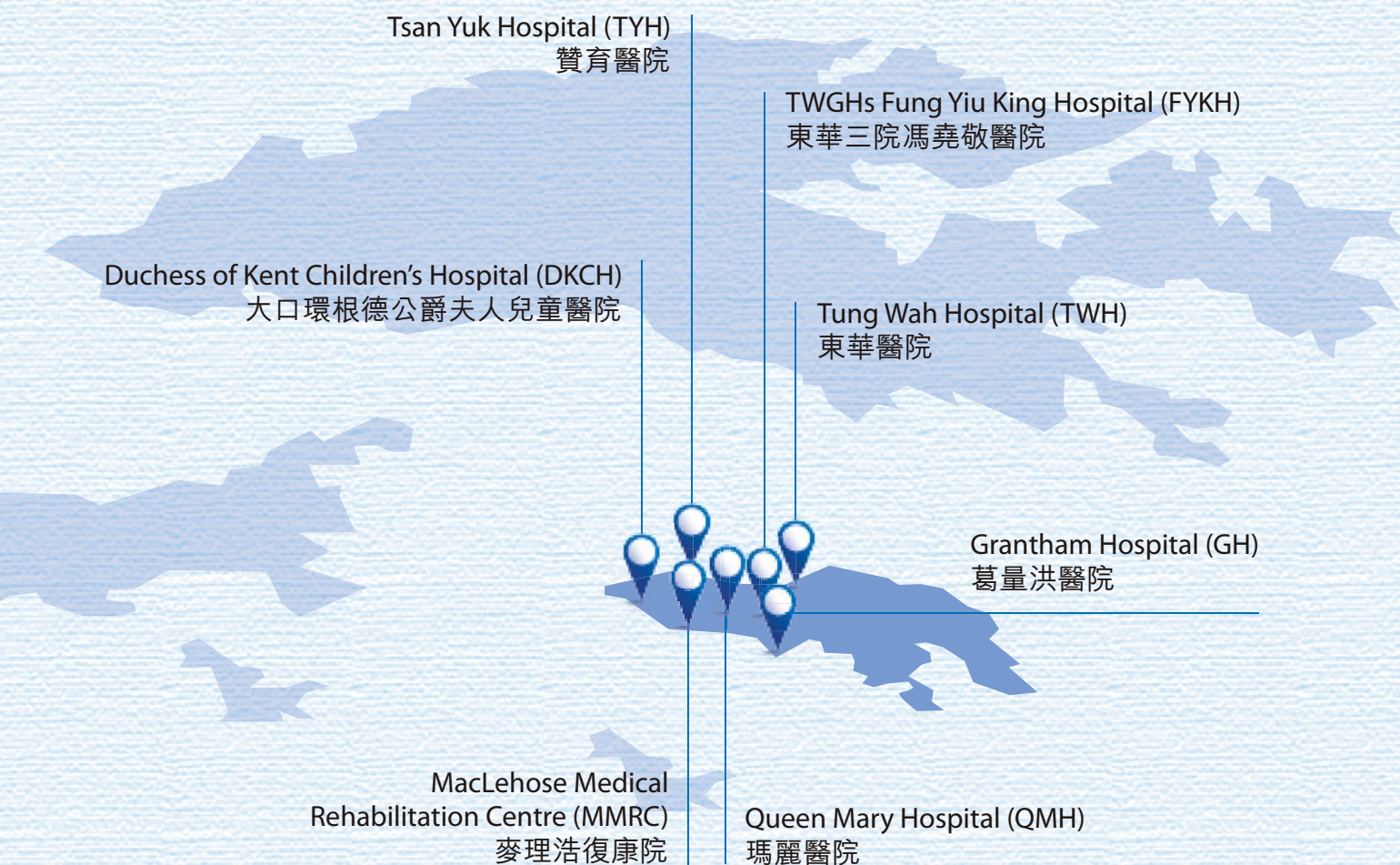
聯網推展多個項目加強與病人和社區的夥伴關係，包括與 14 個社區夥伴合辦醫社合作研討會，吸引超過 430 名參加者。

聯網亦致力推廣環保，並於 2014 年 5 月獲環境運動委員會頒授 2013 年香港環保卓越計劃「界別卓越獎」的「公共機構及公用事業 - 優異獎」。

為加強機構管治，聯網管理層與醫院管治委員會建立更多溝通平台，醫院管治委員會亦於本年度開始每年自我評估。

聯網獲得多個卓越獎項，其中東區醫院「多管齊下 - 預防呼吸機引起肺炎(深切治療部)」計劃達到國際標準，在「亞洲醫院管理大獎 2014」中獲得臨床服務改善計劃傑出獎。

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



Number of general outpatient clinics 普通科門診診所數目	6
Throughput 服務量	
Number of beds 病床數目	3,142
Patient discharges* 出院病人數目*	197,818
A&E attendances 急症室就診人次	128,855
Specialist outpatient attendances (clinical) 專科門診就診人次(臨床服務)	851,826
General outpatient attendances 普通科門診就診人次	389,451
Full-time equivalent staff 等同全職人員數目	7,750

* Total inpatient, day patient discharges and deaths

* 住院及日間病人出院及死亡總數

HKWC has continuously fostered close partnership with Li Ka Shing Faculty of Medicine of The University of Hong Kong in supporting undergraduate and postgraduate medical education, training, research and development, as well as innovations in healthcare technology and services. Redevelopment of QMH is one step ahead in enhancing future partnership.

Manpower shortage is one of the main concerns of HKWC. To allay shortage, nursing manpower was reinforced to meet operational needs at acute settings and high pressure areas. Additional allied health professionals were recruited to enhance support for patients requiring multi-disciplinary care and rehabilitation. Additional patient care assistants were hired to share out simple clinical and clerical workload.

多年來，港島西聯網一直與香港大學李嘉誠醫學院維持緊密的夥伴關係，促進及支援醫科學生和研究生的醫學教育及培訓、研究和發展，以及醫療科技及服務創新。本年度瑪麗醫院展開重建，未來的協作將進一步加強。

聯網十分關注人手不足對開展新服務的影響。為紓緩人手緊張，聯網增聘護士，以應付急症病房及壓力範疇的運作需要；另增聘專職醫療人員，為需要跨專業治療和復康的病人加強支援；此外亦增聘病人服務助理，分擔簡單的臨床及文書工作。



Service capacity for high demand life threatening diseases including end-stage kidney disease, cancer, stroke and blood diseases was strengthened through enhancement in technologies, care coordination, transplantation and long-term ventilator care. This included improving pre-phase service for liver transplant patients, enhancing day care service for haemopoietic stem cell transplant patients, and supporting the care of ventilator dependent patients in MMRC as well as implementing 24-hour thrombolytic service for acute ischaemic stroke patients in QMH. Surgical capacity for eye procedures was enhanced through additional operating theatre sessions in GH. Besides, through participating in the HA Integrated Chinese-Western Medicine Pilot Programme Phase I, TWH had started to provide Chinese medicine treatment for eligible stroke patients since September 2014.

Chronic diseases were better managed through enhancement in endoscopy service, computed tomography (CT), lung function laboratory, and rheumatology services. 3,000 CT examinations and 150 lung function laboratory tests were added in QMH per year. The endoscopy service in QMH was reinforced by strengthening nursing support for on-call and emergency endoscopy cases. The nurse-led clinic in QMH was strengthened through effective case triage to provide better care for rheumatology patients.

聯網透過提升科技、加強醫護合作、改善移植服務，以及加強對長期依賴呼吸機病人的服務，增加對高需求危疾治療的服務量，如末期腎病、癌症、中風及血液疾病等，這包括改善肝臟移植病人的術前服務、加強對造血幹細胞移植病人的日間醫護服務、於麥理浩復康院為長期依賴呼吸機的病人提供服務，以及於瑪麗醫院為急性缺血性中風病人提供 24 小時溶栓治療服務。此外，藉著在葛量洪醫院增設手術節數，可進行更多眼科手術，而東華醫院透過參與醫管局的第一階段中西醫協作先導計劃，於 2014 年 9 月起為合資格的住院中風病人提供中醫診療服務。

為改善對慢性疾病的治理，聯網加強了內窺鏡、電腦掃描、肺功能測試及風濕科等服務，例如瑪麗醫院每年額外提供 3,000 個電腦掃描檢查名額及 150 個肺功能測試，並增設兩名護士於周日及公眾假期，提供緊急內窺鏡檢查服務及負責緊急內視鏡膽管鏡候召服務，以及加強瑪麗醫院護士門診服務，透過有效的分流，改善對風濕科病人的服務。





Congestion of medical wards in QMH were alleviated by diverting geriatric patients to FYKH and GH. To provide one-stop cataract service and also to relieve overcrowdedness of eye specialist service in QMH, planning and preparation for relocating the eye specialist outpatient clinic to GH was in progress, targeting to upgrade the cataract operating theatre. The renovated Cataract Centre in GH started serving patients in February 2015, providing three operating theatres.

Service models with enhanced safety were developed. The surgical instrument tracking system was rolled out to TWH to support improved sterilisation service for operating theatres. Re-use of selected types of single use device according to clinical risk prioritization was phased out and a barcode-based tracking and archiving system in anatomical pathology laboratories was implemented to ensure correct identification of specimens.

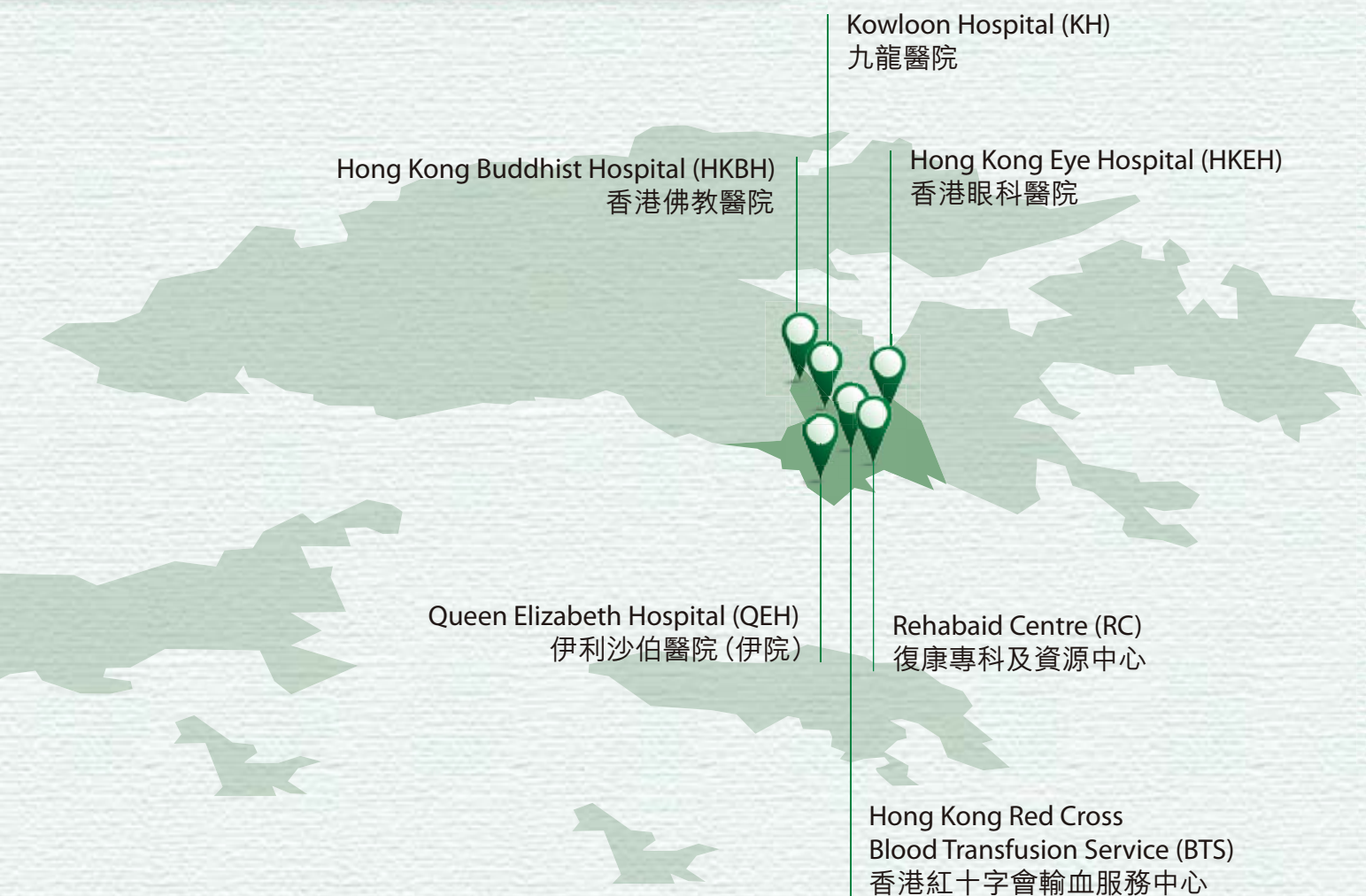
To keep abreast of modern clinical practice, minimally invasive surgery was adopted in hysterectomy for suitable gynaecology patients. Besides, the quality and safety of medication use for paediatric patients was enhanced through rolling out paediatric clinical pharmacy services to DKCH. Case managers were recruited in QMH and DKCH to spearhead integrated care and community support for children with special care needs.

瑪麗醫院內科病房的老人科病人已遷往東華三院馮堯敬醫院及葛量洪醫院，以紓緩病房擠迫情況。為紓緩瑪麗醫院眼科門診部的擠迫情況及提供一站式白內障服務，瑪麗醫院已展開將眼科門診部遷至葛量洪醫院的工程，並相應提升白內障手術室的設施水平。葛量洪醫院的白內障中心手術室已完成裝修工程，設有三間手術室，並已於2015年2月底投入服務。

在建立更安全服務模式方面，東華醫院推行手術器具追查系統，進一步改善手術室的消毒服務。聯網亦根據臨床優次，逐步減少重用指定第二級中度及中高風險的一次性醫療器材，並於解剖病理學實驗室推行條碼式追蹤及存檔系統，確保正確識別樣本。

聯網亦緊貼先進醫療技術發展，為符合手術準則的婦科病人，採用微創外科技術進行子宮切除手術。此外，大口環根德公爵夫人兒童醫院推行兒科臨床藥劑服務，確保用藥質素及安全。瑪麗醫院／大口環根德公爵夫人兒童醫院聘請個案經理，為有特殊照顧需要的兒童提供綜合醫療護理及加強社區支援。

Kowloon Central Cluster (KCC) 九龍中醫院聯網(九龍中聯網)



Number of general outpatient clinics 普通科門診診所數目	6
Throughput 服務量	
Number of beds 病床數目	3,572
Patient discharges* 出院病人數目*	209,610
A&E attendances 急症室就診人次	190,391
Specialist outpatient attendances (clinical) 專科門診就診人次(臨床服務)	1,026,591
General outpatient attendances 普通科門診就診人次	570,648
Full-time equivalent staff 等同全職人員數目	9,546

* Total inpatient, day patient discharges and deaths

* 住院及日間病人出院及死亡總數



KCC managed staff shortage through recruiting additional allied health professionals and patient care assistants to enhance multi-disciplinary care and rehabilitation service. While 100 nursing students joined QEH nursing school, nursing manpower was also strengthened to meet operational needs in pressure areas.

To cope with ageing population and escalating demand in medical services, additional support sessions were arranged in QEH to alleviate the access block problems in A&E departments. Overcrowdiness and long waiting time at A&E was improved. 19 acute beds, one Intensive Care Unit bed and four surgical High Dependency Unit beds were opened in QEH. Two medical beds were re-designated to enhance support in mechanical ventilation. Waiting time for emergency trauma operation was improved with six additional operating theatre sessions. Multi-disciplinary care was provided for patients diagnosed with Human Immunodeficiency Virus (HIV) with highly active antiretroviral therapy (HARRT) offered to eligible patients in QEH. Capacity of renal replacement therapy was enhanced for patients with end-stage renal disease.

為紓緩人手短缺問題，九龍中聯網增聘專職醫療人員及病人服務助理，加強跨專業醫護和復康服務。伊院護士學校已招收 100 名護士學生，亦已增加護士人手，應付壓力範疇的運作需要。

為應付人口老化及急增的醫療需求，伊院急症室增加支援診症節數，紓緩服務流程問題，急症室擠迫及病人長時間等候的情況已見改善。伊院亦開設 19 張急症病床、1 張深切治療病床及 4 張外科加護病床，並提供兩張指定內科病床，加強對使用呼吸機病人的服務；此外亦加開六個手術節數，改善緊急創傷手術輪候時間。伊院亦為額外愛滋病患者提供跨專業治理及高效能抗病毒療法，並為末期腎病患者增加血液透析服務名額。

Community case management programme was extended to Yau Tsim District to patients with severe mental illness, the renovation of psychiatric wards of KH commenced to improve environment with the support of recovery-oriented treatment programmes.

To keep abreast of modern technology, QEH set up a minimally invasive surgery suite and a robotic assisted laparoscopic surgery suite. The first operation using robotic assisted laparoscopic technique in QEH was conducted in February 2015.

The accreditation status of QEH was successfully renewed in 2014 for another four years by Australian Council on Healthcare Standards. In pursuit of continuous quality improvement and patient safety, a barcode-based tracking and archiving system in anatomical pathology laboratory was implemented in QEH to ensure correct identification of specimens. Ageing washing facility in QEH was replaced in phases to improve sterilisation of surgical procedures with the surgical instrument tracking system rolled out to other KCC hospitals. The Cluster had phased out the re-use of selected types of single use device to ensure patient safety. BTS also enhanced their blood bank management information system to meet increasing service demand. Paediatric clinical pharmacy service was introduced in QEH and KH for better medication safety. Auto-refill services for medical consumables, personal protection equipment, central sterilised supplies and linen items were fully implemented in BH and HKEH.

九龍醫院將個案管理服務推展至油尖區的嚴重精神病患者，並已展開精神病房翻新工程，改善病人住院環境，提供復元為本的治療計劃。

伊院緊貼科技發展，於年內設立機械臂輔助腹腔鏡外科手術室及微創外科手術室，並於2015年2月進行該院首宗機械臂輔助外科手術。

伊院在2014年通過「澳洲醫療服務標準委員會」認證評核，再取得四年認證。為推廣持續質素改善及病人安全，伊院解剖病理學實驗室實施條碼式追蹤及存檔系統，確保正確識別樣本。為改善手術室的消毒設施，伊院分階段更換老化的洗滌設備，聯網其他醫院相繼推行手術器具追查系統。聯網逐步停止重用指定的一次性醫療器材，確保病人安全。香港紅十字會輸血服務中心亦加強血庫管理資訊系統，以應付服務需求。伊院及九龍醫院推行了兒科臨床藥劑服務，確保用藥質素及安全。佛教醫院及香港眼科醫院已全面推行物品自動補充服務，涵蓋醫療用品、個人防護裝備、中央消毒物品及被服用品，確保日常供應充足。





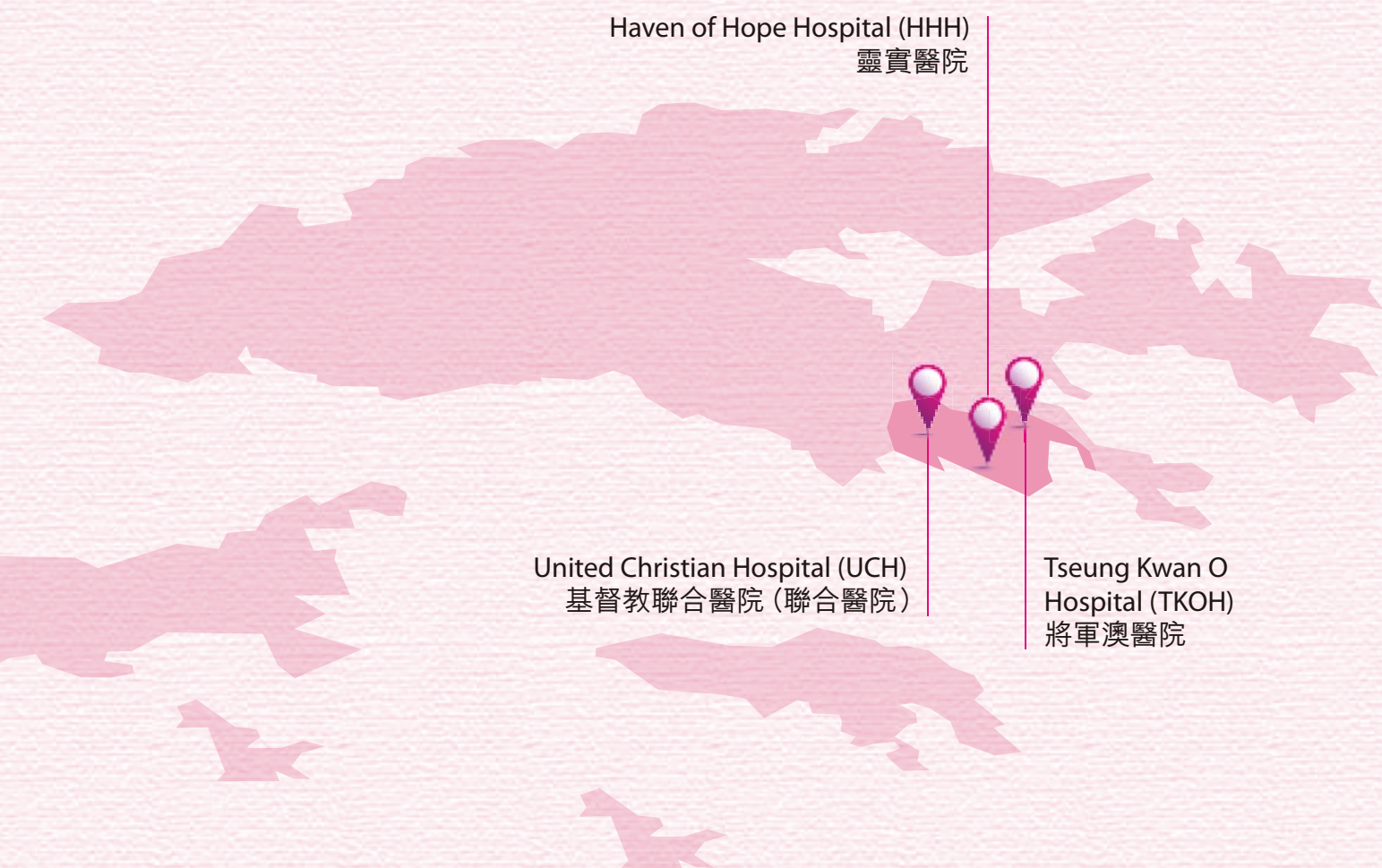
Initiatives of baby-friendly hospital were promoted in QEH. Other than setting up a breastfeeding support team, a new Chinese cookbook sharing gourmet ideas for new mothers was launched in July 2014.

伊院銳意成為愛嬰醫院，設立母乳餵哺支援團隊，並於2014年7月發布新書「準媽媽的好煮意」。

To dovetail with the Government's planning of the Kai Tak development area, Phase 1 of the KCC Clinical Services Plan was completed and planning work for a new acute hospital has commenced.

配合政府的啟德發展區規劃，九龍中聯網臨床服務計劃(第一階段)已經完成，而啟德發展區興建新急症醫院的相關準備工作亦已展開。

Kowloon East Cluster (KEC) 九龍東醫院聯網(九龍東聯網)



Number of general outpatient clinics 普通科門診診所數目	8
Throughput 服務量	
Number of beds 病床數目	2,491
Patient discharges* 出院病人數目*	176,556
A&E attendances 急症室就診人次	320,071
Specialist outpatient attendances (clinical) 專科門診就診人次 (臨床服務)	795,801
General outpatient attendances 普通科門診就診人次	944,950
Full-time equivalent staff 等同全職人員數目	7,281

* Total inpatient, day patient discharges and deaths

* 住院及日間病人出院及死亡總數

Manpower constraint remained a key challenge for KEC. To allay staff shortage, KEC recruited additional nurses to replenish manpower shortfall in hospital wards. More allied health professionals were added to cope with increased workload and strengthen support for patients requiring multi-disciplinary care and rehabilitation. Patient care assistants were injected to share out simple clinical tasks and relieve clerical workload of allied health professionals.

To address growing service demand and pressure areas, the Cluster added two Intensive Care Unit beds and two Coronary Care Unit beds. Service capacity was broadened by implementing 24-hour thrombolytic service for acute ischaemic stroke patients, increasing treatment quota for renal replacement therapy for patients with end-stage renal disease and specialist outpatient clinic sessions as well as introducing cardiac catheterisation laboratory service. This year, KEC continued to increase the general outpatient clinic episodic quota by 11,000 attendances to meet growing service demand. To alleviate the access block at A&E departments, additional support sessions were rendered for handling patients of Triage IV and V categories. The Cluster also enhanced mental health services by providing recovery oriented treatment programmes for patients in the psychiatric wards. The long waiting time at specialist outpatient clinic pharmacies was alleviated by recruiting additional dispensers. Case management service was available to patients with complicated breast and colorectal cancer. The Cluster also provided prosthetic service to support rehabilitation and continuity of care.

人手緊絀是九龍東聯網當前面對的主要挑戰之一。為紓緩人手短缺，聯網已增聘護士，另亦增聘專職醫療人員，加強支援需要跨專業治理和復康服務的病人。此外，聯網為專職醫療部增聘病人服務助理，以分擔文書及簡單的臨床工作。

為更有效處理日增的服務需求及壓力範疇，聯網新增兩張深切治療病床及兩張心臟加護病床。在提升服務能力方面，聯網為急性缺血性中風病人提供 24 小時溶栓治療、擴展洗腎治療名額、增加專科門診節數，以及推出心導管服務。本年度聯網共增加 11,000 個普通科門診偶發性疾病診症名額，以應付日增的服務需求；並增加急症室支援診症節數，處理第四及第五類別分流個案，紓緩服務流程問題。聯網亦加強精神健康服務，為精神科住院病人提供復元為本的治理計劃；並增聘配藥員，縮短專科門診藥房的輪候時間；亦為患複雜乳癌和大腸癌的病人提供癌症個案管理服務，此外亦提供義肢服務，支援康復治療及持續護理。



On service quality and safety side, a barcode-based tracking and archiving system was implemented in anatomical pathology laboratories to ensure correct identification of anatomical pathology specimens. KEC stepped up the adoption of minimal invasive surgery technique in hysterectomy surgeries for suitable gynaecology patients. In addition, the Cluster phased out the re-use of selected types of class II moderate and moderate-high risk single use device according to clinical risk prioritisation. An implementation team was set up to support the launching of Inpatient Medication Order Entry system. Besides, matrix-assisted laser desorption / ionisation time-of-flight (MALDI-TOF) mass spectrometry was installed to speed up microbiological identification for timely diagnosis and treatment.

In strengthening partnership with patients and community, case managers were recruited to deliver integrated care for children with special care needs, such as those with mental retardation or physical disabilities.

為確保服務質素及安全，聯網推行的措施包括：於解剖病理學實驗室推行條碼式追蹤及存檔系統，確保正確識別樣本；增加使用微創技術，為合適的婦科病人進行子宮切除手術；根據臨床風險分級，逐步減少重用指定的第二級中度及中高風險的一次性使用醫療器材；加強支援，推行住院病人藥物處方系統，提升用藥安全，以及裝設「基質輔助激光解析電離飛行時間質譜儀器」(MALDI-TOF)，以加快辨識微生物，使病人得到適時診治。

聯網致力促進與病人及社區的夥伴關係，並聘用個案經理，為有特殊照顧需要的兒童（例如智力遲緩或肢體殘障）提供綜合醫療護理及加強社區支援。





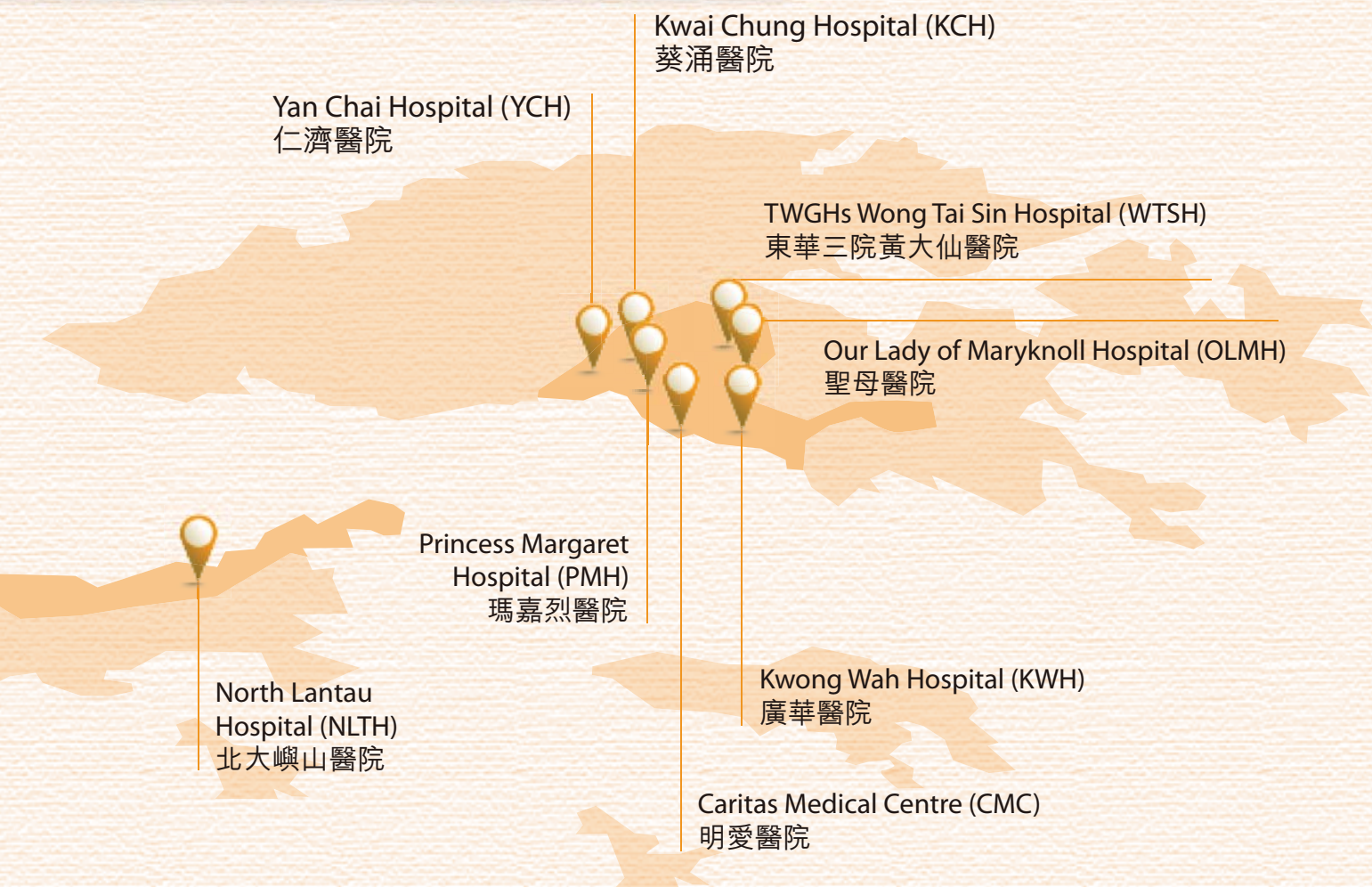
The Kwun Tong Community Health Centre commenced operation in March 2015. The centre provided an integrated range of services including general outpatient clinic service and various chronic disease management programmes.

觀塘社區健康中心已於 2015 年 3 月啟用，為市民提供綜合服務，包括普通科門診及各項慢性疾病管理計劃。

KEC is committed to ensuring smooth progress of major capital projects of UCH and HHH expansion through close monitoring. The UCH planning team was strengthened to facilitate service transition during the decanting period of the UCH expansion project. Site renovation and preparatory works were carried out for setting up an emergency medicine ward in TKOH.

九龍東聯網密切監察各項大型工程，包括靈實醫院及聯合醫院擴建工程，確保工程順利進行。聯網擴充了聯合醫院重建項目的規劃小組，以支援醫院的內部調遷安排；將軍澳醫院亦進行了裝修工程，籌備開設急症科病房。

Kowloon West Cluster (KWC) 九龍西醫院聯網(九龍西聯網)



Number of general outpatient clinics 普通科門診診所數目	23
Throughput 服務量	
Number of beds 病床數目	6,652
Patient discharges* 出院病人數目*	381,842
A&E attendances 急症室就診人次	621,547
Specialist outpatient attendances (clinical) 專科門診就診人次(臨床服務)	1,674,173
General outpatient attendances 普通科門診就診人次	1,656,204
Full-time equivalent staff 等同全職人員數目	15,683

* Total inpatient, day patient discharges and deaths

* 住院及日間病人出院及死亡總數



KWC implemented a number of initiatives to relieve manpower strain, meet growing service demand and also uphold service quality and patient safety.

Nursing manpower of KWC was substantiated with additional nurses recruited and also 100 registered nurses trained in CMC nursing school joining our nursing workforce. Manpower of allied health professionals was strengthened and additional patient care assistants were recruited to enhance multi-disciplinary care and rehabilitation services.

To improve accessibility to public healthcare, NLTH extended its clinical services in the third quarter of 2014, including 24-hour A&E service, inpatient service with 20 convalescent and rehabilitation beds, specialist outpatient service, allied health service, day rehabilitation and ambulatory services. Besides, the YCH Community Health and Wellness Centre commenced services in February 2015, through general and specialist outpatient clinics and the Paediatric and Adolescent Ambulatory Centre. The KCH planning team was set up in April 2014 to coordinate the overall planning and commissioning of hospital redevelopment.

九龍西聯網推行一系列措施以紓緩人手緊絀、配合與日俱增的服務需求，以及為病人提供優質安全的服務。

為紓緩護士人手短缺，聯網轄下醫院除增聘護士外，明愛醫院護士學校亦額外培訓100名註冊護士，畢業學員已投入聯網的護士團隊。聯網亦增聘專職醫療人員及病人服務助理，加強支援跨專業治理和復康服務。

為加強公營醫療服務的便捷度，北大嶼山醫院於2014年第三季拓展多項臨床服務，包括24小時急症室、提供20張復康／療養病床的住院服務、專科門診服務、專職醫療服務、日間醫護及復康服務等。此外，仁濟醫院社區健康中心於2015年2月投入第一階段服務，提供專科及普通科門診，以及兒童及青少年日間診症中心。葵涌醫院亦於2014年4月成立策劃小組，統籌及規劃醫院的重建工程。

PMH added operating theatre sessions and OLMH added computed tomography examinations to meet growing service demand. Designated beds were assigned for patients on mechanical ventilation in KWH, and chronic ventilator-assisted children in CMC. Stroke service was enhanced in PMH with the set-up of a Transient Ischemic Attack Clinic. Service for renal patients was expanded with extra quotas for hospital haemodialysis, home haemodialysis, and home automated peritoneal dialysis.

Waiting time for outpatient services was managed with new resources through triage of new cases booked at specialist outpatient clinics to Family Medicine Specialist Clinics. The waiting time for orthopaedic specialist outpatient clinics across KWC was shortened. More episodic quotas were added to GOPCs to improve public access.

To cope with pressing need for mental health services, KWC extended the case management model for severe mental illness to Mongkok, Tsuen Wan and North Lantau. There were further improvements on recovery-oriented treatment programmes for KCH inpatients and psychiatric outpatient services for child and adolescence.

因應日增的服務需求，瑪嘉烈醫院增設手術節數，聖母醫院增加電腦掃描檢查名額，而廣華醫院為需要使用呼吸機的病人提供指定病床，明愛醫院亦為長期需要使用呼吸機輔助的病童增設兒科病床。瑪嘉烈醫院設立短暫性腦缺血診所，加強中風治療服務。聯網擴展對腎病患者的服務，增加了醫院及家居血液透析名額與家居自動腹膜透析名額。

為縮短門診服務的輪候時間，聯網投放資源，將專科門診一些合適的預約新症，轉介予家庭醫學專科診所跟進。骨科專科門診的整體輪候時間已縮短，普通科門診診所亦增加了偶發性疾病診症名額，讓病人更快獲得服務。

因應精神科服務的殷切需求，聯網為居於旺角、荃灣及北大嶼山的嚴重精神病患者提供個案管理服務，並優化葵涌醫院住院病人的復元為本治理計劃，以及兒童及青少年精神科門診服務。

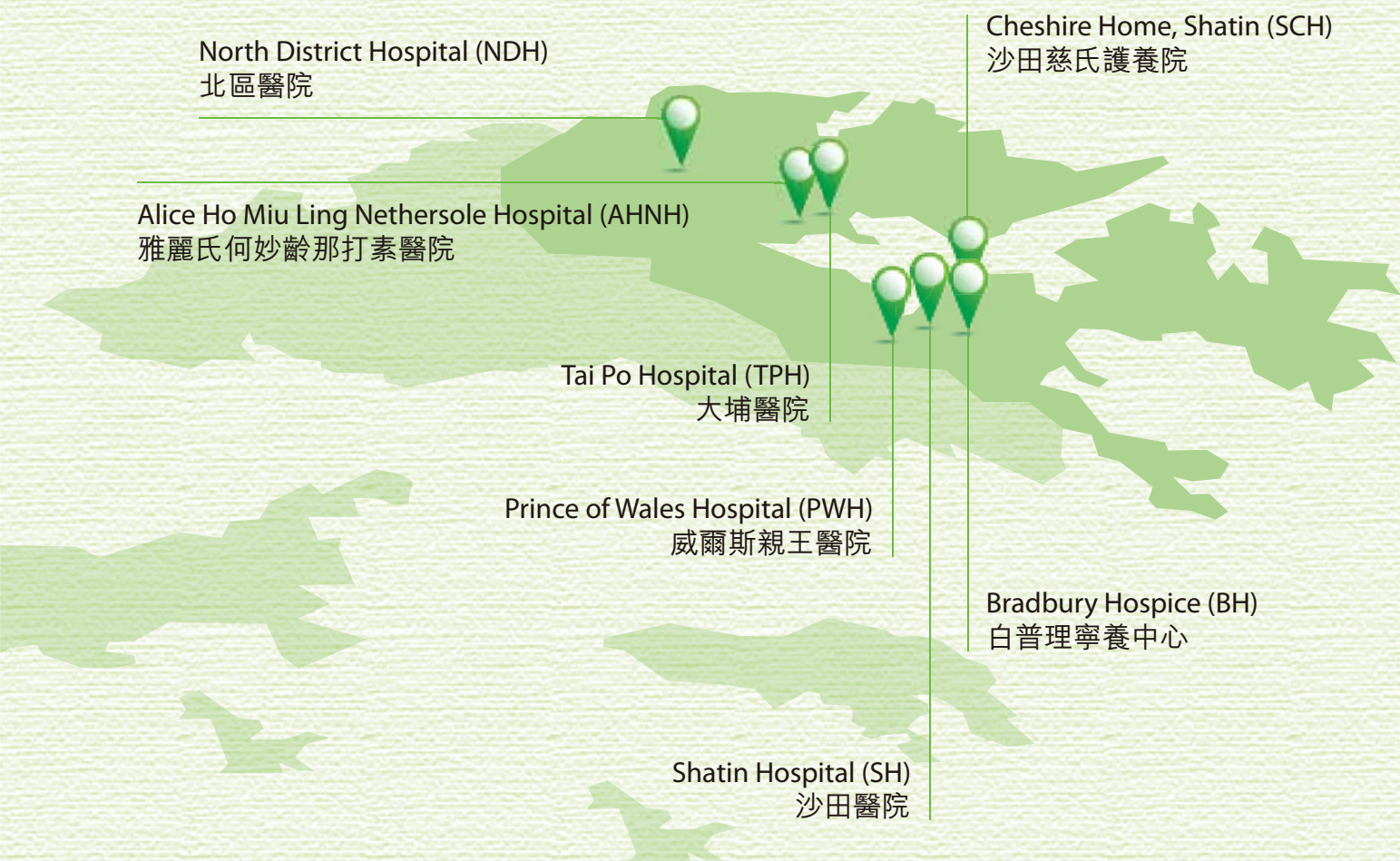




KWC adopts modern technology and new clinical practices in pursuit of continuous quality improvement and patient safety. A barcode-based tracking and archiving system was rolled out in anatomical pathology laboratories to ensure correct identification of specimens. Matrix-assisted laser desorption / ionisation time-of-flight (MALDI-TOF) mass spectrometry, which could expedite the microbiological identification for timely diagnosis and treatment, was installed in PMH. The service standard of Theatre Sterile Service Unit (TSSU) in YCH was enhanced. Surgical instrument tracking system was implemented in PMH, CMC and NLTH to improve sterilisation in surgical operations. Minimally invasive surgery technique was used in hysterectomy surgeries for suitable gynaecological patients. Paediatric clinical pharmacy service was implemented in CMC and YCH in September and October 2014 respectively for improved medication safety. The hospital accreditation programme by the Australian Council of Healthcare Standards continued. PMH successfully completed organisation wide survey and YCH completed gap analysis in November 2014.

為提升服務質素及病人安全水平，聯網採納現代化科技及使用嶄新臨床技術。九龍西聯網轄下的解剖病理學實驗室已推行條碼式追蹤及存檔系統，確保正確識別樣本。瑪嘉烈醫院裝設「基質輔助激光解析電離飛行時間質譜儀器」(MALDI-TOF)，加快辨識微生物，為病人提供及時診斷和治療。仁濟醫院提升中央手術室用品供應部的服務標準。瑪嘉烈醫院、明愛醫院及北大嶼山醫院推行手術器具追查系統，改善手術室的消毒服務。此外，聯網採用微創外科技術，為合適的婦科病人進行子宮切除手術。明愛醫院及仁濟醫院分別於2014年9月及10月推行兒科臨床藥劑服務，提升用藥質素及安全。聯網繼續按澳洲醫療服務標準委員會訂定的準則，推行醫院認證計劃，其中瑪嘉烈醫院已順利完成「機構評審」，仁濟醫院亦於2014年11月完成差距分析。

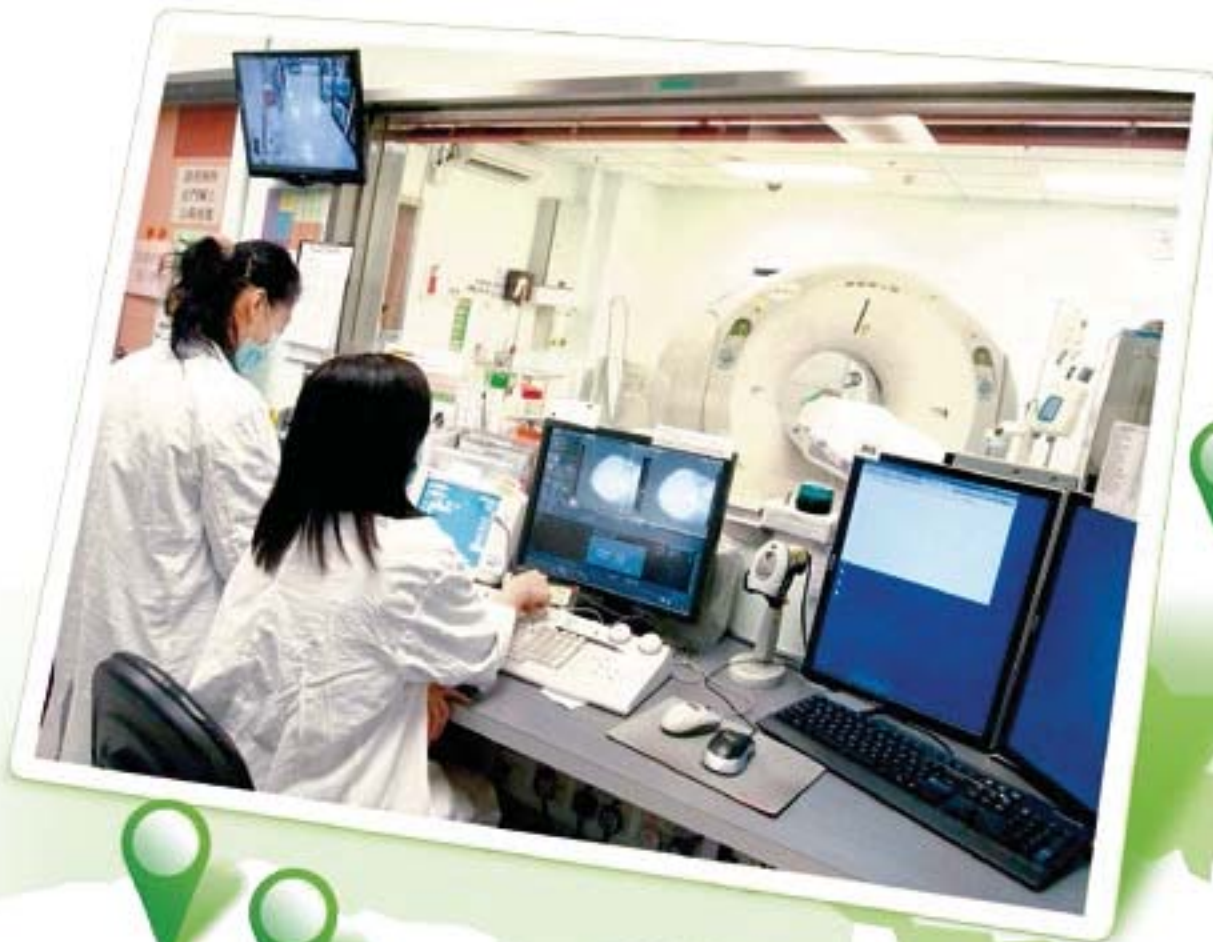
New Territories East Cluster (NTEC) 新界東醫院聯網(新界東聯網)



Number of general outpatient clinics 普通科門診診所數目	10
Throughput 服務量	
Number of beds 病床數目	4,580
Patient discharges* 出院病人數目*	269,422
A&E attendances 急症室就診人次	380,042
Specialist outpatient attendances (clinical) 專科門診就診人次(臨床服務)	1,121,589
General outpatient attendances 普通科門診就診人次	946,315
Full-time equivalent staff 等同全職人員數目	11,028

* Total inpatient, day patient discharges and deaths

* 住院及日間病人出院及死亡總數



Human capital is our valuable asset. NTEC had taken steps to allay staff shortage and high turnover. Additional nurses and allied health professionals were recruited to meet operational requirements. More patient care assistants were hired to share out simple clinical tasks and the clerical workload of allied health professionals. To relieve clinical staff from non-clinical duties, NTEC also implemented auto-refill service for medical consumables and linen items in all hospitals in the Cluster.

The momentum to rise above the challenges faced by NTEC in coping with escalating service demand was sustained this year. The Cluster was inundated with patients beyond its capacity. In the past year, we had deployed resources and revisited our service models to better meet service needs. 50 acute medical beds and a hematology oncology ward with 12 beds were opened in PWH. Renovation and preparatory work was carried out for new wards in AHNH and NDH. Psychiatric consultation liaison service was provided in the A&E Department of NDH. Additional support services were arranged to handle Triage IV and V patients to alleviate the effect of access block at A&E departments in the Cluster.

人力資源是新界東聯網的寶貴資產。聯網致力紓緩人手短缺和職員流失，增聘護士及專職醫療人員應付運作需要，並增設病人服務助理職位，支援簡單的臨床職務，以及減輕專職醫療人員的文書工作。為分擔臨床人員的非臨床工作，聯網轄下所有醫院已推行醫療用品及被服自動補充服務。

聯網面對激增的服務需求，繼續迎難而上。聯網病人眾多，已超越其應付能力。過去一年，聯網透過調配資源，重整服務模式，更有效地應付服務需求。威爾斯親王醫院增設 50 張急症病床及一間設有 12 張病床的血液腫瘤科病房。雅麗氏何妙齡那打素醫院及北區醫院為加開病房進行裝修及有關籌備工作。北區醫院急症室提供精神科諮詢會診服務，而各間醫院的急症室也增加支援診症節數，處理第四及第五類別分流個案，以紓緩急症室病人久候未獲診視的情況。

Better management of waiting time and chronic diseases is another focus area of NTEC. Child and adolescent psychiatric outpatient service was enhanced to relieve waiting time of patients with autistic spectrum disorders and attention deficit hyperactivity disorders. Operating theatre sessions for colorectal cancer surgeries and surgical support of renal dialysis patients were augmented in PWH. Endoscopy service was increased by 25 sessions. Computed tomography and ultrasound services at AHNH were enhanced through additional quota. On chronic illnesses, two designated medical beds with multi-disciplinary support were set up in NDH for patients on mechanical ventilation. Community support for mental health patients was strengthened through case management service for 600 patients with severe mental health illness residing in Tai Po district. The capacity of renal replacement therapy for patients with end-stage renal disease was also increased.

年內聯網另一重點範疇是更有效處理輪候時間及慢性疾病。聯網加強了兒童及青少年精神科門診服務，加快治理自閉候群症和專注力失調／過度活躍症的病童，縮短輪候時間。威爾斯親王醫院增加結腸癌手術的每周手術節數，並加強支援腎臟透析病人的手術需要。聯網亦提供額外 25 個內窺鏡服務時段。雅麗氏何妙齡那打素醫院提供電腦掃描及超聲波額外檢查名額。慢性疾病方面，北區醫院設置兩張指定病床，為使用呼吸機的病人提供跨專業治理。聯網為 600 名居於大埔區的嚴重精神病患者提供個案管理服務，加強對精神病患者的社區支援，並增加對末期腎病患者的洗腎治療服務。





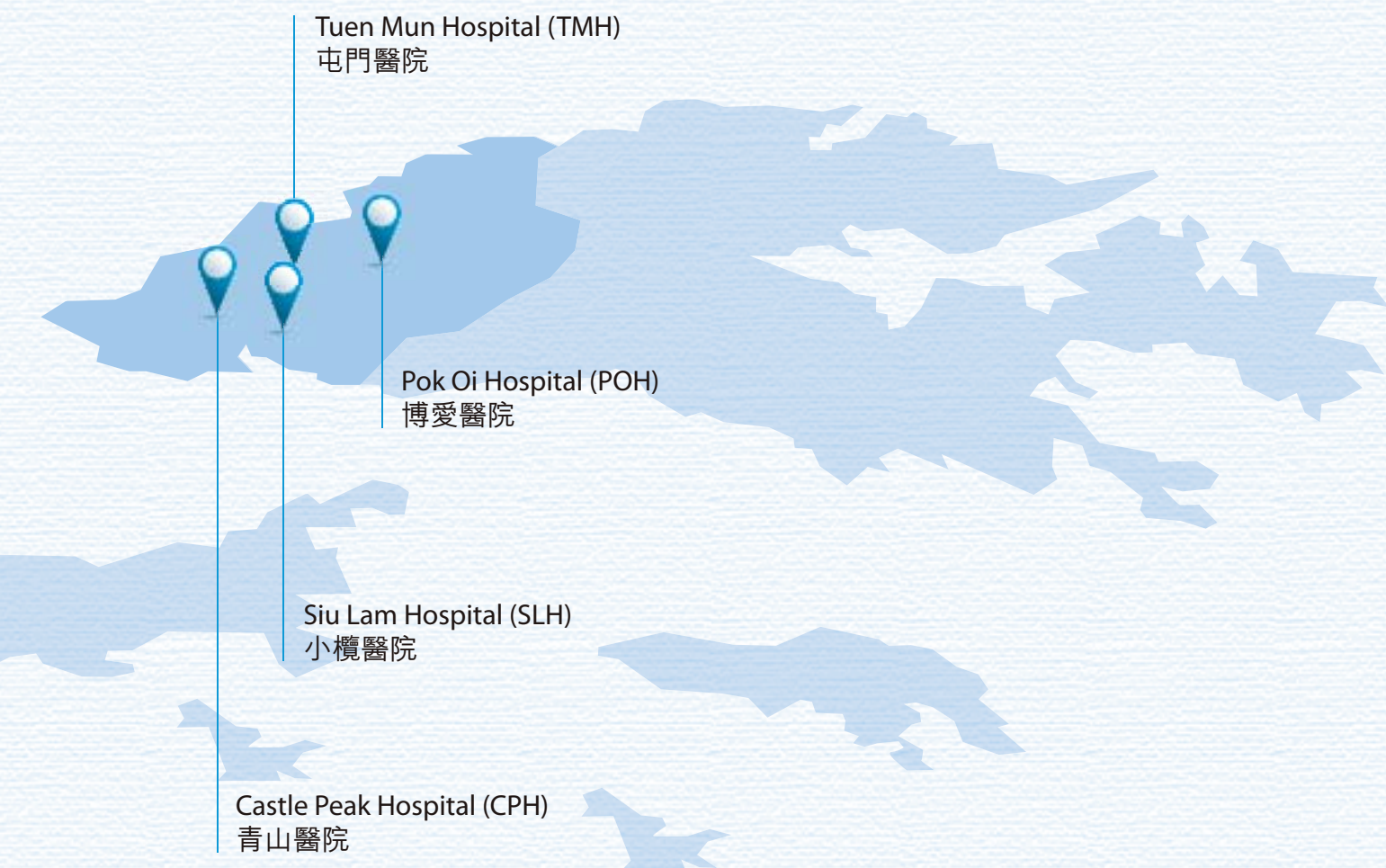
NTEC also attached great importance to patient safety and quality of service. Inpatient Medication Order Entry system was successfully launched in PWH, winning the acclaim of clinical staff for enhancing medication safety. Besides, pharmacy service had become more accessible on weekdays with extended services hours in TPH and additional dispensers for the pharmacy of specialist outpatient clinics. Minimally invasive surgery technique was applied in 70% of hysterectomy surgeries for suitable gynecological patients.

Infectious disease outbreaks have been a threat to Hong Kong for some years due to globalisation. NTEC has closely monitored the steep increase in the number of flu cases during the winter surge period and adopted various measures to streamline the workflow to tide over the situation.

聯網十分重視病人安全和服務質素。威爾斯親王醫院推行住院病人藥物處方系統，系統獲醫護人員稱許，提升用藥安全。大埔醫院加強藥房服務，延長平日服務時間；專科門診藥房亦增聘配藥人員。聯網亦為合適的婦科病人進行微創子宮切除手術，達致70%的整體目標。

由於全球化關係，香港面對傳染病爆發的威脅。新界東聯網密切注視冬季流感高峰期流感個案急升的情況，並採取各項措施簡化工作流程，以控制疫情。

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



Number of general outpatient clinics 普通科門診診所數目	8
Throughput 服務量	
Number of beds 病床數目	4,137
Patient discharges* 出院病人數目*	209,789
A&E attendances 急症室就診人次	345,248
Specialist outpatient attendances (clinical) 專科門診就診人次(臨床服務)	915,063
General outpatient attendances 普通科門診就診人次	809,812
Full-time equivalent staff 等同全職人員數目	9,324

* Total inpatient, day patient discharges and deaths

* 住院及日間病人出院及死亡總數

To face challenges from growing population as well as rising ageing population of Tuen Mun, Yuen Long and Tin Shui Wai, NTWC catered to escalating demand of healthcare services of the community through various initiatives.

52 new beds commenced service in TMH and POH in 2014-15, relieving overcrowded ward environment. In addition, the Cluster strengthened surgical operation capacity by adding extra operating theatre sessions in POH and setting up a new Total Joint Replacement Centre.

For ambulatory and outpatient services, POH opened a geriatric day hospital with 20 day places and enhanced urology day service by providing additional clinic sessions to manage 80 new cases from specialist outpatient clinics. The Cluster's general outpatient clinics added 7,300 episodic quotas to improve the access by target population groups to public primary healthcare services in response to rising service demand. Service for renal replacement therapy for patients with end-stage renal disease was enhanced with additional home automated peritoneal dialysis treatment. The Cluster also strengthened cardiac care by providing extended hour emergency percutaneous coronary intervention service at TMH.

For mental health services, recovery-oriented treatment programmes for patients in psychiatric wards were provided. NTWC also recruited case managers for the provision of integrated care and enhance community support for children with special care needs such as those with mental retardation or physical disabilities. Besides, a new computed tomography (CT) scanner was installed in TMH to alleviate waiting time through enhancing the capacity by 3,000 more CT examinations.

面對屯門、元朗及天水圍區人口增長及老化的挑戰，新界西聯網在年內推行多項措施，回應社區對醫療服務日增的需求。

年內，屯門醫院及博愛醫院合共增設 52 張新病床，紓緩病房擠迫情況。另外，博愛醫院增加手術節數，並設立全關節置換中心，提升聯網整體手術服務量。

在日間及門診服務方面，博愛醫院開設了老人科日間醫院，提供 20 個日間名額，並加強日間泌尿科服務，提供額外診療節數，治理 80 個來自專科門診的新症。聯網轄下的普通科門診診所共增加了 7,300 個偶發性疾病診症名額，應付目標病人對公營基層醫療服務日增的需求，提升便捷度。聯網為末期腎病患者加強透析治療服務，增加家居自動腹膜透析名額，此外亦加強心臟科服務，延長屯門醫院緊急冠狀動脈介入治療的服務時間。

精神科服務方面，聯網為住院病人提供復元為本的治理計劃。對於有特殊照顧需要（例如智力遲緩或肢體殘障）的兒童，聯網聘請了個案經理，提供綜合醫療護理及加強社區支援。為縮短病人輪候時間，屯門醫院增設一部電腦斷層掃描器，提供額外 3,000 個檢查名額。





The Cluster has recruited more doctors and nurses to tackle increasing workload. More allied health professionals were hired to enhance support for patients requiring multi-disciplinary care and rehabilitation. The Cluster also enhanced the manpower of patient care assistants to share out simple clinical tasks and relieve the clerical workload of allied health professionals.

To strengthen service quality and safety, TMH has rolled out surgical instrument tracking system this year to support the improvement of sterilisation in operating theatres. A barcode-based tracking and archiving system in anatomical pathology laboratories was also implemented to ensure correct identification of anatomical pathology specimens. With a newly set up minimally invasive surgery suite in TMH, the facilities and equipment in operating theatres were modernised. Minimally invasive surgery technique has been applied in 70% of the hysterectomy surgeries for suitable gynaecological patients.

NTWC has strengthened business and administrative support to facilitate further expansion of clinical services of POH and the construction works of Tin Shui Wai Hospital.

聯網持續增聘人手，包括醫生和護士，以應付不斷增加的工作量；另亦增聘專職醫療人員，為需要跨專業治療和復康的病人加強支援；此外亦增加病人服務助理人手，分擔簡單的臨床職務，並減輕專職醫療人員的文書工作。

為提升服務質素及安全水平，屯門醫院推行了手術器具追查系統，改善手術室的消毒服務，此外亦在解剖病理學實驗室推行條碼式追蹤及存檔系統，確保正確識別樣本。屯門醫院設立微創外科手術室，提供現代化手術室設施及設備。聯網亦為合適的婦科病人進行微創子宮切除手術，達致70%的整體目標。

博愛醫院在未來數年會繼續擴展臨床服務，而天水圍醫院的建築工程現正如期進行，聯網已加強業務及行政支援，確保各項計劃如期完成。

Independent Auditor's Report and Audited Financial Statements

獨立核數師報告及經審查的財務報表

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Independent Auditor's Report

To The Members of the Hospital Authority

We have audited the consolidated financial statements of the Hospital Authority ("HA") and its subsidiaries set out on pages 92 to 142, which comprise the consolidated and HA balance sheets as at 31 March 2015, and the consolidated statement of income and expenditure, the consolidated statement of comprehensive income, the consolidated statement of cash flows and the consolidated statement of changes in net assets for the year then ended, and a summary of significant accounting policies and other explanatory information.

The Hospital Authority's Responsibility for the Consolidated Financial Statements

The Hospital Authority is responsible for the preparation of consolidated financial statements that give a true and fair view in accordance with Hong Kong Financial Reporting Standards issued by the Hong Kong Institute of Certified Public Accountants, and for such internal control as the Hospital Authority determines is necessary to enable the preparation of consolidated financial statements that are free from material misstatement whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit and to report our opinion solely to you, as a body, in accordance with section 10 of the Hospital Authority Ordinance and for no other purpose. We do not assume responsibility towards or accept liability to any other person for the contents of this report.

We conducted our audit in accordance with Hong Kong Standards on Auditing issued by the Hong Kong Institute of Certified Public Accountants. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

獨立核數師報告

致醫院管理局成員

本核數師(以下簡稱「我們」)已審核列載於第92頁至142頁醫院管理局(「醫管局」)及其附屬機構的綜合財務報表，此綜合財務報表包括於二零一五年三月三十一日的綜合及醫管局資產負債表與截至該日止年度的綜合收支結算表、綜合全面收益表、綜合現金流動報表和綜合淨資產變動報表，以及主要會計政策概要及其他附註解釋資料。

醫院管理局就綜合財務報表須承擔的責任

醫院管理局須負責根據香港會計師公會頒佈的香港財務報告準則編製的綜合財務報表，以令綜合財務報表作出真實而公平的反映，及落實其認為編製綜合財務報表所必要的內部控制，以使綜合財務報表不存在由於欺詐或錯誤而導致的重大錯誤陳述。

核數師的責任

我們的責任是根據我們的審計對該等綜合財務報表作出意見，並按照醫院管理局條例第十條僅向整體之醫院管理局成員報告，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。

我們已根據香港會計師公會頒佈的香港審計準則進行審計。這些準則要求我們遵守道德規範，並規劃及執行審計，以合理確定此等綜合財務報表是否不存在任何重大錯誤陳述。



羅兵咸永道

Independent Auditor's Report

Auditor's Responsibility (Continued)

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of consolidated financial statements that give a true and fair view 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 entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the management, as well as evaluating the overall presentation of the consolidated financial statements.

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

Opinion

In our opinion, the consolidated financial statements give a true and fair view of the financial position of HA and its subsidiaries as at 31 March 2015 and of their financial performance and cash flows for the year then ended in compliance with Hong Kong Financial Reporting Standards.

PricewaterhouseCoopers
Certified Public Accountants

Hong Kong, 24 September 2015

獨立核數師報告

核數師的責任 (續)

審計涉及執程序以獲取有關綜合財務報表所載金額及披露資料的審核憑證。所選定的程序取決於核數師的判斷，包括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。在評估該等風險時，核數師考慮與該機構編製綜合財務報表以作出真實而公平的反映相關的內部控制，以設計適當的審計程序，但目的並非對機構的內部控制的效能發表意見。審核亦包括評價管理層所採用的會計政策的合適性及所作出的會計估計的合理性，以及評價綜合財務報表的整體列報方式。

我們相信，我們所獲得的審核憑證是充足和適當地為我們的審計意見提供基礎。

意見

我們認為，該等綜合財務報表已根據香港財務報告準則真實而公平地反映醫管局及其附屬機構於二零一五年三月三十一日的財務狀況及截至該日止年度的財務表現和現金流量。

羅兵咸永道會計師事務所
執業會計師

香港，二零一五年九月二十四日

Consolidated Balance Sheet 綜合資產負債表

	Note 附註	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元	At 31 March 2014 HK\$'000 2014年3月31日 港幣千元
Non-Current Assets 非流動資產			
Property, plant and equipment 物業、機器及設備	5	4,638,538	4,130,741
Intangible assets 無形資產	6	514,664	479,286
Loans receivable 應收債款	7	4,193	5,597
Placement with the Exchange Fund 外匯基金存款	8	13,300,000	6,000,000
Fixed income instruments 固定入息工具	9	1,650,000	–
		20,107,395	10,615,624
Current Assets 流動資產			
Inventories 存貨	10	1,313,568	1,368,619
Loans receivable 應收債款	7	1,053	1,240
Accounts receivable 應收賬款	11	353,110	293,317
Other receivables 其他應收賬款	12	216,529	156,302
Deposits and prepayments 按金及預付款項	13	279,630	252,091
Placement with the Exchange Fund 外匯基金存款	8	962,359	408,438
Bank deposits with original maturity over three months 原來到期日超過三個月之銀行存款	14	17,737,531	13,369,608
Cash and cash equivalents 現金及現金等值	14	3,066,200	14,658,206
		23,929,980	30,507,821
Current Liabilities 流動負債			
Balance with Samaritan Fund 撒瑪利亞基金結餘	15	669,972	408,438
Creditors and accrued charges 債權人及應付費用	16	10,348,841	9,026,349
Deposits received 已收按金	17	208,052	172,454
		11,226,865	9,607,241
Net Current Assets 流動資產淨值		12,703,115	20,900,580
Total Assets Less Current Liabilities 總資產減流動負債		32,810,510	31,516,204
Non-Current Liabilities 非流動負債			
Balance with Samaritan Fund 撒瑪利亞基金結餘	15	6,000,000	6,000,000
Death and disability liabilities 死亡及傷殘福利責任	18	237,892	199,687
Deferred income 遞延收益	19	12,756,119	13,408,766
		18,994,011	19,608,453
Net Assets 資產淨值		13,816,499	11,907,751
Capital subventions and capital donations 資本補助及資本捐贈	20	5,153,202	4,610,027
Designated fund 指定基金	21	5,077,369	5,077,369
Revenue reserve 收入儲備		3,585,928	2,220,355
Total Funds 基金總額		13,816,499	11,907,751



Dr KAM Pok Man 甘博文 博士
Chairman
Finance Committee
財務委員會主席



Dr LEUNG Pak Yin, JP 梁栢賢 醫生
Chief Executive
行政總裁

The notes on pages 98 to 142 are an integral part of these consolidated financial statements. 第 98 至 142 頁的附註是本綜合財務報表的一部分。

Balance Sheet 資產負債表

	Note 附註	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元	At 31 March 2014 HK\$'000 2014年3月31日 港幣千元
Non-Current Assets 非流動資產			
Property, plant and equipment 物業、機器及設備	5	4,638,538	4,130,741
Intangible assets 無形資產	6	512,718	477,925
Loans receivable 應收債款	7	4,193	5,597
Placement with the Exchange Fund 外匯基金存款	8	13,300,000	6,000,000
Fixed income instruments 固定入息工具	9	1,650,000	–
		20,105,449	10,614,263
Current Assets 流動資產			
Inventories 存貨	10	1,313,568	1,368,619
Loans receivable 應收債款	7	1,053	1,240
Accounts receivable 應收賬款	11	353,110	293,317
Other receivables 其他應收賬款	12	216,529	156,302
Deposits and prepayments 按金及預付款項	13	279,547	252,008
Placement with the Exchange Fund 外匯基金存款	8	962,359	408,438
Bank deposits with original maturity over three months 原來到期日超過三個月的銀行存款	14	17,737,531	13,369,608
Cash and cash equivalents 現金及現金等值	14	3,066,200	14,658,206
		23,929,897	30,507,738
Current Liabilities 流動負債			
Balance with Samaritan Fund 撒瑪利亞基金結餘	15	669,972	408,438
Creditors and accrued charges 債權人及應付費用	16	10,348,764	9,026,272
Deposits received 已收按金	17	208,052	172,454
		11,226,788	9,607,164
Net Current Assets 流動資產淨值			
		12,703,109	20,900,574
Total Assets Less Current Liabilities 總資產減流動負債			
		32,808,558	31,514,837
Non-Current Liabilities 非流動負債			
Balance with Samaritan Fund 撒瑪利亞基金結餘	15	6,000,000	6,000,000
Death and disability liabilities 死亡及傷殘福利責任	18	237,892	199,687
Deferred income 遞延收益	19	12,756,119	13,408,766
		18,994,011	19,608,453
Net Assets 資產淨值			
		13,814,547	11,906,384
Capital subventions and capital donations 資本補助及資本捐贈			
Designated fund 指定基金	20	5,151,256	4,608,666
Revenue reserve 收入儲備	21	5,077,369	5,077,369
Total Funds 基金總額		13,814,547	11,906,384



Dr KAM Pok Man 甘博文博士
Chairman
Finance Committee
財務委員會主席



Dr LEUNG Pak Yin, JP 梁栢賢醫生
Chief Executive
行政總裁

The notes on pages 98 to 142 are an integral part of these consolidated financial statements. 第 98 至 142 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 2015 HK\$'000 截至2015年 3月31日止年度 港幣千元	For the year ended 31 March 2014 HK\$'000 截至2014年 3月31日止年度 港幣千元
Income 收入			
Recurrent Government subvention 經常性政府補助		48,037,806	43,717,781
Capital Government subvention for building projects 建築工程的資本性政府補助		808,545	1,156,191
Hospital/clinic fees and charges 醫院／診療所收費	22	3,422,811	3,181,876
Donations 捐贈		13	98
Transfers from 轉調自：			
Designated donation fund 指定捐贈基金	19	229,599	182,755
Minor Works Projects Fund 小型工程項目基金	19	1,011,020	207,583
Capital subventions 資本補助	20	673,485	787,916
Capital donations 資本捐贈	20	110,317	127,508
Investment income 投資收益		266,914	195,003
Other income 其他收益		668,952	697,526
		55,229,462	50,254,237
Expenditure 支出			
Staff costs 員工成本	23	(37,234,711)	(34,459,087)
Drugs 藥物		(5,328,465)	(4,940,504)
Medical supplies and equipment 醫療物品及設備		(2,326,445)	(2,118,174)
Utilities charges 公用開支		(1,201,717)	(1,131,095)
Repairs and maintenance 維修及保養		(1,741,345)	(1,520,377)
Building projects funded by the Government 由政府撥款的建築工程	2(g)(ii) & 及 (iii)	(1,819,565)	(1,363,774)
Operating lease expenses 營運租賃開支		(156,117)	(131,409)
Depreciation and amortisation 折舊及攤銷	5 & 及 6	(779,103)	(909,338)
Other operating expenses 其他營運開支	24	(3,265,135)	(3,015,447)
		(53,852,603)	(49,589,205)
Surplus for the year 年內盈餘		1,376,859	665,032

The notes on pages 98 to 142 are an integral part of these consolidated financial statements. 第 98 至 142 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 2015 HK\$'000 截至2015年 3月31日止年度 港幣千元	For the year ended 31 March 2014 HK\$'000 截至2014年 3月31日止年度 港幣千元
Surplus for the year 年內盈餘		1,376,859	665,032
Other comprehensive income 其他全面收益			
Items that will be reclassified subsequently to income or expenditure: 其後會重新分類為收入或支出的項目：			
– Additions to capital subventions and capital donations 資本補助及資本捐贈增加	20	1,301,538	1,142,216
– Transfers from Minor Works Projects Fund 轉調自小型工程項目基金	20	25,439	–
– Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	20	(783,802)	(915,424)
Item that will not be reclassified to income or expenditure: 不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	18	(11,286)	22,725
Total comprehensive income for the year 年內全面收益總額		1,908,748	914,549

Consolidated Statement of Cash Flows 綜合現金流動報表

	Note 附註	For the year ended 31 March 2015 HK\$'000 截至2015年 3月31日止年度 港幣千元	For the year ended 31 March 2014 HK\$'000 截至2014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	27	1,416,049	2,627,854
<hr style="border-top: 1px dashed black;"/>			
Investing activities 投資活動			
Investment income received 已收投資收益		255,592	195,003
Purchases of property, plant and equipment 購置物業、機器及設備	5	(1,199,257)	(980,603)
Purchases of intangible assets 購置無形資產	6	(127,720)	(161,613)
Net increase in bank deposits with original maturity over three months 原來到期日超過三個月之銀行存款之淨額增加		(4,367,923)	(4,482,925)
(Increase)/decrease in fixed income instruments 固定入息工具(增加)/減少		(1,650,000)	300,001
Increase in placement with the Exchange Fund 外匯基金存款增加		(7,300,000)	-
Net cash used in investing activities 投資活動所用現金淨額		(14,389,308)	(5,130,137)
<hr style="border-top: 1px dashed black;"/>			
Net cash outflow before financing activities 融資前之現金淨額流出		(12,973,259)	(2,502,283)
<hr style="border-top: 1px dashed black;"/>			
Financing activities 融資活動			
Minor Works Projects Fund 小型工程項目基金	19	-	13,000,000
Interest earned for Minor Works Projects Fund 小型工程項目基金所獲利息		79,715	15,684
Capital subventions 資本補助	20	1,143,643	1,015,202
Capital donations 資本捐贈	20	157,895	127,014
Net cash generated from financing activities 融資活動所得之現金淨額		1,381,253	14,157,900
<hr style="border-top: 1px dashed black;"/>			
(Decrease)/increase in cash and cash equivalents 現金及現金等值之(減少)/增加		(11,592,006)	11,655,617
Cash and cash equivalents at beginning of year 年初之現金及現金等值		14,658,206	3,002,589
Cash and cash equivalents at end of year 年終之現金及現金等值	14	3,066,200	14,658,206

Note: The cash flow for the placement 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 15.

註：代撒瑪利亞基金存於外匯基金的存款之現金流量已經扣除於撒瑪利亞基金的結餘，詳細安排於附註15披露。

Consolidated Statement of Changes in Net Assets 綜合淨資產變動報表

	Capital subventions and capital donations [Note 20] HK\$'000 資本補助 及資本捐贈 [附註 20] 港幣千元	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 1 April 2013 於二零一三年四月一日	4,383,235	5,077,369	1,532,598	10,993,202
Total comprehensive income for the year 年內全面收益總額	226,792	-	687,757	914,549
At 31 March 2014 於二零一四年三月三十一日	4,610,027	5,077,369	2,220,355	11,907,751
Total comprehensive income for the year 年內全面收益總額	543,175	-	1,365,573	1,908,748
At 31 March 2015 於二零一五年三月三十一日	5,153,202	5,077,369	3,585,928	13,816,499

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 HA staff and research relating to hospital services.

Pursuant to Section 5(a) of the Hospital Authority Ordinance, an agreement was 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 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.

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

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

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

財務報表附註

1. 醫院管理局

(a) 背景

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

- 就公眾對醫院服務之需求及所需之資源，向香港特別行政區政府（「政府」）提供意見；
- 管理及發展公立醫院系統；
- 就公眾使用醫院服務須繳付的費用，向食物及衛生局局長建議恰當的政策；
- 設立公立醫院；及
- 促進、協助及參與有關醫院服務的教育、員工培訓及科研。

根據醫院管理局條例第5(a)條，政府與醫管局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及建於其上的醫院、診所、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。

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

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

作為政府的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由二零零三年七月起轉讓予醫管局，政府的正式批准於二零零六年六月發出，有關資產以無價值轉讓。

Notes to the Financial Statements

1. The Hospital Authority (Continued)

(a) Background (Continued)

In order to promote the development and research of Chinese medicine in Hong Kong, HA's subsidiary, HACM Limited entered into agreements with 10 non-governmental organisations ("NGOs") in collaboration with certain universities in Hong Kong to operate 18 Chinese Medicine Centres for Training and Research ("CMCTRs"). Under the agreements with the NGOs, HACM Limited has provided an annual subvention to the NGOs for operating CMCTRs in Hong Kong. These NGO clinics have provided Chinese medicine outpatient services including the prescription of Chinese herbal medicine and related services. HACM Limited has also provided funding to three NGOs of the tripartite CMCTRs for provision of Chinese medicine services to HA patients under the Integrated Chinese-Western Medicine ("ICWM") Pilot Programme which have been implemented at three hospitals for three disease areas since 22 September 2014.

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 2015, HA recognised HK\$246,150,000 (2014: HK\$283,816,000) as other income to match with the expenditure incurred in relation to the eHR related projects.

On 19 October 2011, HA set up a subsidiary, eHR HK Limited, to act as a custodian to hold, maintain and license the intellectual property rights and assets related to the eHR programme.

(b) Hospitals and other institutions

At 31 March 2015, 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 Eye Hospital
Kowloon Hospital
Kwai Chung Hospital
Kwong Wah Hospital
MacLehose Medical Rehabilitation Centre

財務報表附註

1. 醫院管理局 (續)

(a) 背景 (續)

為促進香港中醫藥發展及科研，醫管局及其附屬機構「醫院管理局中醫藥服務有限公司」與十間志願團體簽訂協議，與香港一些大學合作開辦十八間中醫臨床教研中心。根據與志願團體的協議，醫院管理局中醫藥服務有限公司每年提供一筆資助予這些志願團體在香港開辦及營運中醫臨床教研中心。這些診所會提供中醫門診服務，包括處方中藥及相關服務。三間公立醫院自二零一四年九月二十二日起就三類病種推行中西醫協作項目先導計劃，醫院管理局中醫藥服務有限公司向三間營運中醫臨床教研中心的志願團體提供資助，為參加先導計劃的醫管局病人提供中醫藥服務。

政府推行的電子健康記錄互通系統計劃，是醫療改革一個重要部分。醫管局獲政府委託作為技術代理機構，運用發展臨床管理系統的經驗和專業知識，協助政府推行計劃。作為政府的技術代理機構，醫管局須進行不同範疇的電子健康記錄互通系統相關的計劃，這些計劃由政府的經常性補助及其他指定撥款提供經費。截至二零一五年三月三十一日止之財政年度，醫管局確認港幣246,150,000元(二零一四年：港幣283,816,000元)的款項作為其他收入，以支付電子健康記錄互通系統相關計劃的開支。

於二零一一年十月十九日，醫管局成立eHR HK Limited作為其附屬機構，此機構作為保管人，持有、保管及特許有關電子健康記錄互通系統計劃的知識產權及資產。

(b) 醫院及其他機構

在二零一五年三月三十一日，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
香港眼科醫院
九龍醫院
葵涌醫院
廣華醫院
麥理浩復康院

Notes to the Financial Statements

1. The Hospital Authority (Continued)

(b) Hospitals and other institutions (Continued)

Hospitals (Continued):

North District Hospital
North Lantau Hospital
Our Lady of Maryknoll Hospital
Pamela Youde Nethersole Eastern Hospital
Pok Oi Hospital
Prince of Wales Hospital
Princess Margaret Hospital
Queen Elizabeth Hospital
Queen Mary Hospital
Ruttonjee & Tang Shiu Kin Hospitals
Shatin Hospital
Siu Lam Hospital
St John Hospital
Tai Po 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 Eye Hospital Charitable Trust
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
HACare (ceased operation of the long stay care home on 31
December 2004 and voluntary liquidation was in progress)
HACM Limited
Hong Kong Red Cross Blood Transfusion Service
Rehabaid Centre
Specialist outpatient clinics
General outpatient clinics
Other clinics and associated units

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) :

北區醫院
北大嶼山醫院
聖母醫院
東區尤德夫人那打素醫院
博愛醫院
威爾斯親王醫院
瑪嘉烈醫院
伊利沙伯醫院
瑪麗醫院
律敦治及鄧肇堅醫院
沙田醫院
小欖醫院
長洲醫院
大埔醫院
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
香港眼科醫院慈善信託基金
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
荔康居 (此長期護理院在二零零四年十二月
三十一日結束運作，現正進行自願清盤程序)
醫院管理局中醫藥服務有限公司
香港紅十字會輸血服務中心
復康專科及資源中心
專科門診診所
普通科門診診所
其他診療所及相關科組

Notes to the Financial Statements

1. The Hospital Authority (Continued)

(c) Principal office

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

2. Principal accounting policies

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

(a) Basis of preparation

The financial statements have been prepared in accordance with Hong Kong Financial Reporting Standards ("HKFRSs") issued by the Hong Kong Institute of Certified Public Accountants ("HKICPA") as appropriate to Government subvented and not-for-profit organisations. They have been prepared 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 2015.

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.

財務報表附註

1. 醫院管理局 (續)

(c) 主要辦事處

醫院管理局的主要辦事處設於香港九龍亞皆老街147號B醫院管理局大樓。

2. 主要會計政策

編製綜合財務報表所用的主要會計政策列述如下，除非另作說明，這些政策一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》，以及根據慣用的原值成本法編製，而某些以公允價值列出的財務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二零一五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。

Notes to the Financial Statements

2. Principal accounting policies (Continued)

(c) Subsidiaries (Continued)

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

At 31 March 2015, the principal subsidiaries of HA comprise:

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) 醫院管理局中醫藥服務有限公司 (擔保有限公司)	To steer the development and delivery of Chinese medicine services 規劃中醫藥服務的發展與供應	Hong Kong 香港	100
eHR HK Limited (limited by guarantee) (擔保有限公司)	To act as a custodian to hold, maintain and license the intellectual property rights and assets related to eHR programme 作為保管人，持有、保管及特許有關電子健康記錄互通系統計劃的知識產權及資產	Hong Kong 香港	100

(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 standard which are effective for the Group's financial year beginning 1 April 2014 are relevant to the Group:

Amendments to HKAS 32	Offsetting Financial Assets and Financial Liabilities
Amendments to HKAS 36	Recoverable Amount Disclosures for Non-Financial Assets

財務報表附註

2. 主要會計政策 (續)

(c) 附屬機構 (續)

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，未實現之虧損亦已減除，除非交易能提供證明所轉移的資產有耗損。附屬機構的會計政策與集團採用的會計政策一致。

在二零一五年三月三十一日，醫管局的主要附屬機構有：

(d) 採用新訂／經修訂的《香港財務報告準則》

香港會計師公會頒布了多項在此期間生效的新訂／經修訂的《香港財務報告準則》，包括對現有準則的詮釋、修訂或改良。以下的修訂準則在集團二零一四年四月一日開始之財政年度生效，並適用於集團：

《香港會計準則》第32號修訂	財務資產及財務負債之抵銷
《香港會計準則》第36號修訂	非財務資產可收回金額之披露

Notes to the Financial Statements

2. Principal accounting policies (Continued)

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

The amendments to HKAS 32 clarify the criteria of offsetting financial assets and financial liabilities on the balance sheet and the amendments to HKAS 36 address the disclosure of information about the recoverable amount of impaired assets if that amount is based on fair value less costs of disposal. These amendments have no impact on the results and financial position of the Group.

The HKICPA has also issued a number of new/revised HKFRSs which are effective for accounting period beginning on or after 1 April 2015. The Group has not early adopted these new/revised HKFRSs in the financial statements for the financial year ended 31 March 2015. The Group is in the process of making an assessment but is not yet in a position to quantify 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 programs or capital items that are recognised when the related expenditure is incurred as set out in note 2(r).

Hospital/clinic fees and charges 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 and Minor Works Projects 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》(續)

《香港會計準則》第32號的修訂，是釐清資產負債表有關抵銷財務資產與財務負債的準則，而《香港會計準則》第36號的修訂，是訂明若減值資產的可收回金額乃根據公平值扣除出售成本時，則須作額外披露。這些修訂對集團營運結果及財務狀況並無影響。

香港會計師公會亦頒布了多項在二零一五年四月一日或之後開始的會計期生效之新訂／經修訂的《香港財務報告準則》。集團在截至二零一五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》。集團現正作出評估，但現在尚未可量化這些新訂／經修訂準則對集團營運結果及財務狀況的影響。

(e) 收入之確認

除非是指定計劃或資本項目的補助按附註2(r)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。

醫院／診療所收費於提供服務時確認。

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。

資本補助及小型工程項目基金之轉調按附註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

Properties, computer software and systems donated to the Group each with a value below HK\$250,000 each and other donated assets with a value below HK\$100,000 each are recorded as income and expenditure in the year of receipt of the assets.

Properties, computer software and systems donated to the Group each with a value of HK\$250,000 or above and other donated assets each with a value of HK\$100,000 or above are capitalised on receipt of assets according to the policy set out in note 2(g)(i) and note 2(i). The amount of the donated assets is recognised in other comprehensive income and accumulated in total funds 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 capital donations to the statement of income and expenditure.

(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)(i) or note 2(i), 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 note 2(g)(iv) and note 2(i) respectively are recognised in other comprehensive income and accumulated in total funds 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 capital donations 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.

財務報表附註

2. 主要會計政策 (續)

(f) 捐贈

(i) 捐贈資產

捐贈予集團而每項價值少於港幣25萬元的物業、電腦軟件及系統，以及其他每項價值少於港幣10萬元的捐贈資產，於收取時在該年度之收支賬目內記賬。

捐贈予集團而每項價值港幣25萬元或以上的物業、電腦軟件及捐贈，以及其他每項價值港幣10萬元或以上的捐贈資產，按附註2(g)(i)及附註2(i)所列的政策，於收取時資本化。捐贈資產的金額於其他全面收益確認，並在基金總額之下的資本捐贈累積。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資本捐贈轉調往收支結算表。

(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)(i)或附註2(i)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)(iv)的物業、機器及設備或附註2(i)的無形資產，會於其他全面收益確認，並在基金總額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資本捐贈轉調往收支結算表。

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。

Notes to the Financial Statements

2. Principal accounting policies (Continued)

(g) Capitalisation of property, plant and equipment

- (i) Effective from 1 December 1991, the following categories of assets which give rise to economic benefits have been capitalised:

Building projects costing HK\$250,000 or more; and
All other assets costing HK\$100,000 or more on an individual basis.

The accounting policy for depreciation of property, plant and equipment is set out in note 2(h).

- (ii) For expenditure on subsequent improvement to properties the ownership of which has not been vested with HA, the amount spent is capitalised only if the improvement does not form part of the properties and can be re-used by HA when re-located. Otherwise, the expenditure is charged to the statement of income and expenditure in the year as incurred.
- (iii) For properties which are funded by the Government through HA but are owned by an ex-subservient governing body, the associated expenditure is charged to the statement of income and expenditure in the year as incurred. Under the agreements with ex-subservient governing bodies, the ownership of building projects, although funded by the Government through HA, is vested with the governing bodies.
- (iv) Expenditure on furniture, fixtures, equipment, motor vehicles and computer hardware is capitalised (subject to the minimum expenditure limits set out in note 2(g)(i) above) and the corresponding amounts are recognised under capital subventions and capital donations for capital expenditure funded by the Government and donations respectively.
- (v) Property, plant and equipment transferred from the hospitals to HA at 1 December 1991 was recorded at nil value.

(h) Depreciation

Property, plant and equipment are stated at cost less any accumulated depreciation and impairment. Additions represent new or replacement of specific components of an asset. An asset's carrying value is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

財務報表附註

2. 主要會計政策 (續)

(g) 物業、機器及設備資本化

- (i) 由一九九一年十二月一日起，下列各類可帶來經濟效益的資產經已資本化：

費用在港幣 25 萬元或以上的建築工程；及
以個別計算，費用在港幣 10 萬元或以上的所有其他資產。

物業、機器及設備的折舊會計政策列於附註 2(h)。

- (ii) 至於非由醫管局擁有的物業的隨後改善開支，只要改善不構成物業的一個附連部分及在遷移後可供醫管局重新使用，有關開支應資本化。否則，有關開支會記入開支發生的該年度的收支結算表內。
- (iii) 由政府透過醫管局撥款但由前補助機構管治團體擁有的財產，有關開支於支出時記入收支結算表列作開支入賬。根據與前補助機構管治團體的協議，建築工程雖然由政府透過醫管局撥款，但擁有權是屬於有關的管治團體。
- (iv) 家具、固定裝置、設備、汽車及電腦硬件的開支應資本化(根據上文附註 2(g)(i) 所列的最低限額)。此資本開支，會視乎是政府撥款或捐贈撥款而將相應款額分別在資本補助及資本捐贈確認。
- (v) 於一九九一年十二月一日由醫院轉調往醫管局的物業、機器及設備以無價值入賬。

(h) 折舊

物業、機器及設備乃按成本值減任何累積折舊及減值入賬。年內增加代表某項資產新加或更換的組件。若資產的賬面價值高於估計可收回價值，其賬面價值會即時減至為可收回價值。

Notes to the Financial Statements

2. Principal accounting policies (Continued)

(h) Depreciation (Continued)

The historical cost of assets acquired and the value of donated assets received by the Group since 1 December 1991 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 根據租賃之年數
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

The residual values and useful lives of assets are reviewed and adjusted, if appropriate, at each reporting date.

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.

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

(i) Intangible assets

Computer software and systems including related development costs costing HK\$250,000 or more each, which give rise to economic benefits are capitalised as intangible assets. 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)

(h) 折舊 (續)

集團自一九九一年十二月一日起所取得的資產的原值成本或捐贈資產的價值，是按資產的預計可使用年期以直線法計算折舊如下：

Leasehold improvements 租賃物業裝修	Over the life of the lease to which the improvement relates 根據租賃之年數
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

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。

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。

未完成的資本開支在資產啟用前不提折舊。

(i) 無形資產

費用在港幣 25 萬元或以上可帶來經濟效益的電腦軟件及系統連開發費用，已資本化列為無形資產。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)

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

HA has designated the placement with the Exchange Fund as a "financial asset at fair value through profit or loss". HA determines the classification of its financial assets at initial recognition, and such classification depends on the purpose for which the financial assets were acquired. 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 classified as held-to-maturity investments on the basis that the Group has the positive intention and ability to hold the investments to maturity.

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財務資產

醫管局指定外匯基金存款為「按公允價值列賬及在損益處理之財務資產」。醫管局在最初確認其財務資產時決定其分類，而有關分類視乎獲取該財務資產的目的。按公允價值列賬及在損益處理之財務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，便會終止確認該財務資產。按公允價值列賬及在損益處理之財務資產其後按公允價值列賬。

(k) 固定入息工具

固定入息工具歸類為持至到期日的投資，基於集團有意及具能力持有此等投資直至到期日。

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發生的折扣或溢價，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 provision for impairment. A provision for impairment of accounts receivable is established when there is objective evidence that the Group will not be able to collect all amounts due according to the original terms of the receivables. Significant financial difficulties of the debtor, probability that the debtor will default or delinquency in payments are considered indicators that the receivable is impaired. The amount of the provision is the difference between the carrying amount of the accounts receivable and the present value of estimated future cash flows, discounted at the original effective interest rate. The carrying amount of the accounts receivable is reduced through the use of an allowance account, and the amount of the loss is recognised as an expense in the statement of income and expenditure. Decrease in the previously recognised impairment loss shall be reversed by adjusting the allowance account. When an accounts receivable is uncollectible and eventually written off, the respective uncollectible amount is offset against the allowance account for accounts receivable. Subsequent recoveries of amounts previously written off are credited against the current year's expense in the statement of income and expenditure.

(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.

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

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，按攤餘成本減去壞賬撥備後確認。當有客觀證據顯示集團將不能按原來條款收回所有應收賬款，應收賬款便會作出減值撥備。欠款人有重大經濟困難，或欠款人可能拖欠款項或過期不付款，均被視為應收賬款作出減值的跡象。撥備款項是應收賬款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。應收賬款的賬面價值會利用備抵賬戶減值，虧損額在收支結算表確認為開支。先前確認的壞賬額如減少，會在備抵賬戶作出調整。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備抵賬戶抵銷，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。

(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) 非財務資產減值

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。

(p) 撥備及或然負債

當集團因過往事件而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流出，而涉及金額亦能可靠地作出估量，撥備便會予以確認。當集團預期撥備會獲發還，例如受保險合約保障，在款額肯定獲發還時，有關款額會作為獨立資產予以確認。

Notes to the Financial Statements

2. Principal accounting policies (Continued)

(p) Provisions and contingent liabilities (Continued)

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 an expense as they fall due. Payments made to the Mandatory Provident Fund Scheme are dealt with as payments to defined contribution plans where the 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.

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.

財務報表附註

2. 主要會計政策 (續)

(p) 撥備及或然負債 (續)

倘經濟效益流出未能肯定，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，除非經濟效益流出的可能性極低。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。

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，即時在其他全面收益確認。

Notes to the Financial Statements

2. Principal accounting policies (Continued)

(q) Employee benefits (Continued)

(iii) Death and disability benefits costs (Continued)

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 18.

(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.

Government grants for building projects are classified and recognised as capital subvention income when the amount is spent on expenditure which does not meet the capitalisation policy of property, plant and equipment as set out in notes 2(g)(i), 2(g)(ii) and 2(g)(iii).

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 other comprehensive income as appropriate. Further details of the deferred income – Minor Works Projects Fund are set out in note 19(b).

Government subventions that are spent on property, plant and equipment or intangible assets as set out in note 2(g)(iv) and note 2(i) respectively are recognised in other comprehensive income and accumulated in total funds under capital subventions, and the corresponding amounts are capitalised as property, plant and equipment or intangible assets respectively. This includes capital expenditure on furniture, fixtures, equipment, motor vehicles, computer hardware, software and systems. 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 capital subventions to the statement of income and expenditure.

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)

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 18。

(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。

建築工程的政府補助，當支出款額不符合附註 2(g)(i), 2(g)(ii) 及 2(g)(iii) 物業、機器及設備資本化規定時，會列作及確認為資本補助收入。

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全面收益表。遞延收益 – 小型工程項目基金的詳情載於附註 19(b)。

用於附註 2(g)(iv) 物業、機器及設備或附註 2(i) 無形資產支出的政府補助，在其他全面收益確認，並在基金總額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。這個項目已包括家具、固定裝置、設備、汽車、電腦硬件、軟件及系統。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資本補助轉調往收支結算表。

Notes to the Financial Statements

2. Principal accounting policies (Continued)

(s) Operating leases

Leases in which a significant portion of the risks and rewards of ownership are retained by the lessor are classified as operating leases. Payments made under operating leases (net of any incentives received from the lessor) are recognised as expenses in the statement of income and expenditure on a straight line basis over the period of the lease.

(t) 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 except for Minor Works Projects Fund, which are recognised as deferred income.

(u) 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.

3. Financial risk management

(a) Financial risk factors

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

財務報表附註

2. 主要會計政策 (續)

(s) 營運租賃

如有關租賃的大部分風險及擁有權回報歸出租人所有，均分類為營運租賃。根據營運租賃所支付的款項（減去出租人給予的任何優惠）按租賃年期以直線方式於收支結算表確認。

(t) 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，惟小型工程項目基金則除外，會確認為遞延收益。

(u) 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。

3. 財務風險管理

(a) 財務風險因素

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

Notes to the Financial Statements

3. Financial risk management (Continued)

(a) Financial risk factors (Continued)

With regard to investments, in accordance with the Group's policies and guidelines, the primary objectives are to meet liquidity requirements, to protect capital and to provide a reasonable return. The investment portfolio ("Portfolio") as at 31 March 2015 consisted of bank deposits, fixed income instruments and placement with the Exchange Fund. Based on the risk control measures as summarised below, the risk of default by the counterparties is considered minimal and the Portfolio has no significant concentration of credit risk. Besides, the Group has no significant currency risk because substantially all assets and liabilities are denominated in Hong Kong dollar, the Group's functional and presentation currency. The Group manages its cash flow requirements and risk as disclosed in note 3(c).

(i) Credit risk

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

Bank deposits are placed with the Group's approved banks which are of investment grade as determined by Standard and Poor's and Moody's. For bank deposits, banks must meet the minimum credit rating not lower than Moody's Baa3 or equivalent.

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

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

(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 2015. If interest rates had been increased or decreased by 50 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 surplus and net assets is insignificant.

財務報表附註

3. 財務風險管理 (續)

(a) 財務風險因素 (續)

就投資方面，根據集團有關政策及指引，其主要目標是符合流動資金的需要、保障資金及提供合理回報。截至二零一五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，有關銀行的拖欠風險應可減至最低，而組合亦沒有重大的信貸集中風險。此外，由於組合的資產及負債大體上都以港元為單位，即集團的功能及呈列貨幣，故無重大的貨幣風險。集團對流動現金需要及風險的管理，於附註 3(c) 披露。

(i) 信貸風險

集團的信貸風險是交易對手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的認可銀行，銀行乃根據標準普爾及穆迪釐定的投資評級。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。

所有固定入息工具的交易是在交收後透過認可銀行結算／支付。固定入息工具發行商的信貸風險乃根據標準普爾及穆迪釐定的信貸評級。若投資於固定入息工具（即存款證），有關發行商的最低信貸評級須不低於穆迪 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在投資時須不低於穆迪 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。

(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。集團在二零一五年三月三十一日就利率風險進行敏感度分析。當利率升降 50 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，這對集團的盈餘及資產淨值不會有重大影響。

Notes to the Financial Statements

3. Financial risk management (Continued)

(a) Financial risk factors (Continued)

(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 note 3(a)(i) and note 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).

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.

財務報表附註

3. 財務風險管理 (續)

(a) 財務風險因素 (續)

(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

集團財務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) 按公允價值列賬的財務資產

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)。

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。

Notes to the Financial Statements

3. Financial risk management (Continued)

(b) Fair values estimation (Continued)

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

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.

The placement with the Exchange Fund is included in level 3. The following table presents the changes in level 3 instruments for the financial years ended 31 March 2014 and 31 March 2015:

	For the year ended 31 March 2015 HK\$'000 截至2015年 3月31日止年度 港幣千元	For the year ended 31 March 2014 HK\$'000 截至2014年 3月31日止年度 港幣千元
At beginning of year 於年初	6,408,438	6,124,158
Addition [note 19(b)] 增加[附註19(b)]	7,300,000	-
Interest 利息	553,921	284,280
At end of year [note 8] 於年終[附註8]	14,262,359	6,408,438

(ii) Financial assets not reported at fair values

The fair values of fixed income instruments (i.e. certificates of deposits) at the reporting date are provided by the banks from whom the instruments are purchased. These instruments are summarised below:

財務報表附註

3. 財務風險管理 (續)

(b) 公允價值估計 (續)

(i) 按公允價值列賬的財務資產 (續)

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。

外匯基金存款屬於第三層。下表呈列截至二零一四年三月三十一日止及二零一五年三月三十一日止年度第三層工具的變動：

(ii) 非以公允價值呈列的財務資產

固定入息工具(即存款證)在報告日的公允價值由向其購買工具的銀行提供，現概列如下：

Notes to the Financial Statements

3. Financial risk management (Continued)

(b) Fair values estimation (Continued)

- (ii) Financial assets not reported at fair values (Continued)

The Group and HA 集團及醫管局				
	Carrying Value 賬面價值		Fair Value 公允價值	
	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元	At 31 March 2014 HK\$'000 2014年3月31日 港幣千元	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元	At 31 March 2014 HK\$'000 2014年3月31日 港幣千元
Fixed income instruments 固定入息工具	1,650,000	–	1,658,626	–

- (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.

(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, capital subventions, capital donations and deferred income as shown in the consolidated balance sheet. At 31 March 2015, the capital of the Group was HK\$26,572,618,000 (2014: HK\$25,316,517,000).

財務報表附註

3. 財務風險管理 (續)

(b) 公允價值估計 (續)

- (ii) 非以公允價值呈列的財務資產 (續)

- (iii) 其他財務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。

(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、資本補助、資本捐贈及遞延收益。截至二零一五年三月三十一日，集團的資本為港幣26,572,618,000元(二零一四年：港幣25,316,517,000元)。

Notes to the Financial Statements

3. Financial risk management (Continued)

(c) Capital management (Continued)

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 health care system. As in previous years, the Group undertook a budget planning process to work out a viable budget plan for the financial year ended 31 March 2015. The annual budget is compiled by assessing the total resources required for HA to meet its needs on baseline services, pressure areas, as well as programmes approved for the year and other initiatives incorporated in the HA annual plan. The projected requirement has been mapped against the funding indicated by the Government together with other sources of income, including medical and non-medical fee income and alternative sources of income. The Group targeted to contain the overall expenditure within the total funding available. The Group will also make every endeavour to meet the rising service demand and ensure the best use of public resources. To enhance accountability for the appropriate use of resources, key performance indicators have been developed to measure performance of hospitals/clusters and monthly financial report on HA and clusters' performance has been reviewed to monitor the spending level against budget on an ongoing basis.

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 doctors' and non-doctors' claims

165 doctors had filed claims against HA for alleged failure to grant rest days, statutory holidays, public holidays and overtime worked over a period going back to 1996 in High Court Action No. 1924 of 2002. Similar claims were lodged by other doctors in the Labour Tribunal between 2006 and 2012 and they were adjourned pending assessment of the High Court claim.

HA paid out HK\$525,434,000 during the financial year ended 31 March 2007 and HK\$222,640,000 between the financial years ended 31 March 2011 and 31 March 2013 under two settlement packages implemented in 2006 and 2010 respectively.

Following the Court of Final Appeal ruling in October 2009 and the assessment of damages for the three lead plaintiffs in High Court Action No. 1924 of 2002 in June 2012, damages in respect of the three lead plaintiffs were paid in September 2012. HA has since settled over 90% of remaining claims in High Court Action No. 1924 of 2002 and the Labour Tribunal.

財務報表附註

3. 財務風險管理 (續)

(c) 資本管理 (續)

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。集團一如過往，透過預算規劃過程就截至二零一五年三月三十一日止財政年度訂制穩健的預算計劃。在制訂年度財政預算時，是根據所獲得的政府撥款及其他收入來源，包括醫療及非醫療費用和其他類別的收入，評估及訂出預計整體資源需求，以維持基線及壓力範疇的服務需要，以及推行醫管局工作計劃內載列的批核項目及其他措施。集團的目標是達至預算平衡，將整體開支控制於政府每年補助額內，並盡力切合日增的服務需求，確保公共資源用得其所。為加強適當運用資源的問責性，集團制訂了主要成效指標，以持續量度醫院／聯網的表現，並審閱反映醫管局及聯網表現的每月財政報告，按規劃預算監察開支情況。

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運用重大判斷，包括作出估計及假設。以下所列是一些需要運用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) 醫生及非醫生職員補償之撥備

165名醫管局醫生因一九九六年起未獲給予休息日、法定假期、公眾假期及超時工作補償而向醫管局申索賠償，高等法院案件編號為1924-2002。其他醫生在二零零六至二零一二年期間經由勞資審裁處提出的類似申索，勞資審裁處已暫停審理，等待高院對案件的評估。

醫管局在二零零六年及二零一零年先後推出兩個和解方案，分別於截至二零零七年三月三十一日止之財政年度支付了港幣525,434,000元，及截至二零一一年三月三十一日止至二零一三年三月三十一日止之財政年度支付了港幣222,640,000元。

根據終審法院在二零零九年十月的判令，以及高等法院於二零一二年六月對三名主要原告人的賠償評估（高等法院案件編號1924-2002），醫管局於二零一二年九月向三名主要原告人支付了賠償。至此，就高等法院案件編號1924-2002及向勞資審裁處提出的餘下申索，超過90%已接受醫管局的和解方案。

Notes to the Financial Statements

4. Critical accounting estimates and judgments

(Continued)

(a) Provision for doctors' and non-doctors' claims (Continued)

Meanwhile, HA paid out HK\$63,294,000 between the financial years ended 31 March 2013 and 31 March 2015 under the call payment offer to eligible non-doctors approved by the HA Board. A number of non-doctors had filed claims against HA in the Labour Tribunal for rest days, statutory and public holidays or claims under the call payment offer. These claims were either settled or adjourned by the Labour Tribunal.

Presently, uncertainties remain in relation to the eventual outcome of the outstanding claims and/or potential claims. A provision of HK\$121,224,000 (2014: HK\$129,342,000) has been made in the financial statements as at 31 March 2015, representing management's best estimates after making reference to the court rulings and an independent qualified actuary.

(b) Provision for medical malpractice claims

The Group co-insures and retains a designated sum for each medical malpractice claim. For those professional liability claims in excess of the retained sum, the claims will be borne by the insurer. In view of the complex nature and long development period of the claims, a Claims Review Panel consisting of the participating medical malpractice insurers, the external panel law firms appointed by the insurers and HA's in-house experts review the status of potential and active claims semi-annually and assess the provision required on each significant case. An independent qualified actuary also assists the Group on the assessment of the exposure of other reported cases based on historical development trend of the claims settlement. With reference to the assessments and the analysis by the Claims Review Panel and the external actuarial consultant respectively, management reviews the claims exposure and determines the provision required to cover the Group's exposure at each reporting date. Such provision is included in accrued charges and other payables in note 16.

(c) Death and disability liabilities

The Group engages an independent qualified actuary to assess the present value of obligations for its death and disability scheme at each year end date. Major actuarial assumptions include the discount rate and salary inflation rate which are set out in note 18. 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(續)

(a) 醫生及非醫生職員補償之撥備(續)

另一方面，醫管局大會通過向合資格的非醫生職員推出候召補償方案，醫管局在截至二零一三年三月三十一日止至二零一五年三月三十一日止的財政年度支付了港幣63,294,000元。一批非醫生職員就休息日、法定假期及公眾假期或根據候召補償方案的補償，經勞資審裁處向醫管局提出申索，這些申索已經接受和解，或已為勞資審裁處暫停審理。

現時，有關餘下及／或可能申索的最終結果仍未能確定。截至二零一五年三月三十一日的財務報表已作出港幣121,224,000元(二零一四年：港幣129,342,000元)撥備，這筆金額是管理層經參考法庭判令及合資格獨立精算師的意見所作的最近估計。

(b) 醫療失誤申索撥備

集團就醫療失誤申索採用共同保險制，並為每項醫療失誤申索預留指定款額。超出預留款額的專業責任申索，會由保險公司承擔。鑑於此等申索的複雜性質及漫長進展，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16的「應付費用及其他賬款」。

(c) 死亡及傷殘福利責任

集團委託了合資格的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18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 集團					
	Building and improvements HK\$'000 建築物及裝修 港幣千元	Furniture, fixtures and equipment HK\$'000 家具、固定 裝置及設備 港幣千元	Motor vehicles HK\$'000 汽車 港幣千元	Computer equipment HK\$'000 電腦設備 港幣千元	Total HK\$'000 總計 港幣千元
Cost 成本					
At 1 April 2014 於2014年4月1日	1,053,138	9,069,214	242,734	693,545	11,058,631
Reclassifications 重新分類	–	3,950	–	(3,950)	–
Additions 增加	13,658	1,068,393	17,932	99,274	1,199,257
Disposals 出售	(2,045)	(339,223)	(6,979)	(56,234)	(404,481)
At 31 March 2015 於2015年3月31日	1,064,751	9,802,334	253,687	732,635	11,853,407
Accumulated depreciation 累積折舊					
At 1 April 2014 於2014年4月1日	363,475	5,898,653	157,937	507,825	6,927,890
Reclassifications 重新分類	–	2,682	–	(2,682)	–
Charge for the year 本年度之折舊	23,181	567,579	25,653	70,584	686,997
Disposals 出售	(1,087)	(336,191)	(6,979)	(55,761)	(400,018)
At 31 March 2015 於2015年3月31日	385,569	6,132,723	176,611	519,966	7,214,869
Net book value 賬面淨值					
At 31 March 2015 於2015年3月31日	679,182	3,669,611	77,076	212,669	4,638,538
HA 醫管局					
	Building and improvements HK\$'000 建築物及裝修 港幣千元	Furniture, fixtures and equipment HK\$'000 家具、固定 裝置及設備 港幣千元	Motor vehicles HK\$'000 汽車 港幣千元	Computer equipment HK\$'000 電腦設備 港幣千元	Total HK\$'000 總計 港幣千元
Cost 成本					
At 1 April 2014 於2014年4月1日	1,053,138	9,069,214	242,734	690,908	11,055,994
Reclassifications 重新分類	–	3,950	–	(3,950)	–
Additions 增加	13,658	1,068,393	17,932	99,274	1,199,257
Disposals 出售	(2,045)	(339,223)	(6,979)	(56,234)	(404,481)
At 31 March 2015 於2015年3月31日	1,064,751	9,802,334	253,687	729,998	11,850,770
Accumulated depreciation 累積折舊					
At 1 April 2014 於2014年4月1日	363,475	5,898,653	157,937	505,188	6,925,253
Reclassifications 重新分類	–	2,682	–	(2,682)	–
Charge for the year 本年度之折舊	23,181	567,579	25,653	70,584	686,997
Disposals 出售	(1,087)	(336,191)	(6,979)	(55,761)	(400,018)
At 31 March 2015 於2015年3月31日	385,569	6,132,723	176,611	517,329	7,212,232
Net book value 賬面淨值					
At 31 March 2015 於2015年3月31日	679,182	3,669,611	77,076	212,669	4,638,538

Notes to the Financial Statements

財務報表附註

5. Property, plant and equipment (Continued)

5. 物業、機器及設備(續)

The Group 集團					
	Building and improvements HK\$'000 建築物及裝修 港幣千元	Furniture, fixtures and equipment HK\$'000 家具、固定 裝置及設備 港幣千元	Motor vehicles HK\$'000 汽車 港幣千元	Computer equipment HK\$'000 電腦設備 港幣千元	Total HK\$'000 總計 港幣千元
Cost 成本					
At 1 April 2013 於2013年4月1日	1,051,770	8,554,987	216,782	654,110	10,477,649
Reclassifications 重新分類	–	(160)	–	160	–
Additions 增加	1,368	881,004	33,750	64,481	980,603
Disposals 出售	–	(366,617)	(7,798)	(25,206)	(399,621)
At 31 March 2014 於2014年3月31日	1,053,138	9,069,214	242,734	693,545	11,058,631
Accumulated depreciation 累積折舊					
At 1 April 2013 於2013年4月1日	340,736	5,661,946	138,752	462,473	6,603,907
Charge for the year 本年度之折舊	22,739	597,685	26,983	70,111	717,518
Disposals 出售	–	(360,978)	(7,798)	(24,759)	(393,535)
At 31 March 2014 於2014年3月31日	363,475	5,898,653	157,937	507,825	6,927,890
Net book value 賬面淨值					
At 31 March 2014 於2014年3月31日	689,663	3,170,561	84,797	185,720	4,130,741
HA 醫管局					
	Building and improvements HK\$'000 建築物及裝修 港幣千元	Furniture, fixtures and equipment HK\$'000 家具、固定 裝置及設備 港幣千元	Motor vehicles HK\$'000 汽車 港幣千元	Computer equipment HK\$'000 電腦設備 港幣千元	Total HK\$'000 總計 港幣千元
Cost 成本					
At 1 April 2013 於2013年4月1日	1,051,770	8,554,987	216,782	651,473	10,475,012
Reclassifications 重新分類	–	(160)	–	160	–
Additions 增加	1,368	881,004	33,750	64,481	980,603
Disposals 出售	–	(366,617)	(7,798)	(25,206)	(399,621)
At 31 March 2014 於2014年3月31日	1,053,138	9,069,214	242,734	690,908	11,055,994
Accumulated depreciation 累積折舊					
At 1 April 2013 於2013年4月1日	340,736	5,661,946	138,752	459,836	6,601,270
Charge for the year 本年度之折舊	22,739	597,685	26,983	70,111	717,518
Disposals 出售	–	(360,978)	(7,798)	(24,759)	(393,535)
At 31 March 2014 於2014年3月31日	363,475	5,898,653	157,937	505,188	6,925,253
Net book value 賬面淨值					
At 31 March 2014 於2014年3月31日	689,663	3,170,561	84,797	185,720	4,130,741

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 2015 HK\$'000 截至 2015 年 3 月 31 日止年度 港幣千元	For the year ended 31 March 2014 HK\$'000 截至 2014 年 3 月 31 日止年度 港幣千元
Cost 成本		
At beginning of year 於年初	1,102,768	941,376
Additions 增加	127,720	161,613
Disposals 出售	(66,359)	(221)
At end of year 於年終	1,164,129	1,102,768
Accumulated amortisation 累積攤銷		
At beginning of year 於年初	623,482	431,883
Charge for the year 本年度之攤銷	92,106	191,820
Disposals 出售	(66,123)	(221)
At end of year 於年終	649,465	623,482
Net book value 賬面淨值		
At end of year 於年終	514,664	479,286
HA 醫管局		
	For the year ended 31 March 2015 HK\$'000 截至 2015 年 3 月 31 日止年度 港幣千元	For the year ended 31 March 2014 HK\$'000 截至 2014 年 3 月 31 日止年度 港幣千元
Cost 成本		
At beginning of year 於年初	1,093,906	933,875
Additions 增加	126,598	160,252
Disposals 出售	(66,359)	(221)
At end of year 於年終	1,154,145	1,093,906
Accumulated amortisation 累積攤銷		
At beginning of year 於年初	615,981	425,248
Charge for the year 本年度之攤銷	91,569	190,954
Disposals 出售	(66,123)	(221)
At end of year 於年終	641,427	615,981
Net book value 賬面淨值		
At end of year 於年終	512,718	477,925

Notes to the Financial Statements

7. Loans receivable

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 1.395% as at 31 March 2015 (2014: 1.395%). Downpayment Loan Scheme has been suspended since April 2002.

At 31 March 2015, the downpayment loans advanced to eligible staff which are fully secured by charges over the properties are as follows:

The Group and HA 集團及醫管局	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元	At 31 March 2014 HK\$'000 2014年3月31日 港幣千元
Repayable within one year 一年內償還	1,053	1,240
Repayable beyond one year 超過一年償還	4,193	5,597
	5,246	6,837

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.

8. Placement with the Exchange Fund

HA has designated the placement with the Exchange Fund as a "financial asset 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 placement is denominated in Hong Kong dollar. Its fair value is determined with reference to the estimated rates of investment return for future years and approximates its carrying value.

財務報表附註

7. 應收債款

在醫管局推行的購屋貸款利息津貼計劃下，一些合資格僱員可獲得首期貸款以購置居所（「首期貸款計劃」）。首期貸款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，於二零一五年三月三十一日時為1.395%（二零一四年：1.395%）。首期貸款計劃自二零零二年四月起已暫停。

在二零一五年三月三十一日，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：

應收債款並無過期或減值。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「醫管局公積金計劃」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。

8. 外匯基金存款

醫管局將存放於外匯基金的款項列為「按公允價值列賬及在損益處理之財務資產」。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，與其賬面價值相若。

Notes to the Financial Statements

8. Placement with the Exchange Fund (Continued)

The interest on the placement is at a fixed rate determined annually in January and payable annually in arrears on 31 December. 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 Exchange Fund Notes in the previous year (subject to a minimum of zero percent), whichever is the higher. This rate of return has been fixed at 3.6% and 5.5% per annum for January to December 2014 and January to December 2015, respectively. HA did not withdraw the interest earned up to 31 December 2014 which would continue to accrue interest at the same rate payable for the principal amount.

The placement with the Exchange Fund is analysed as follows:

	Minor Works Projects Fund [Note 19(b)] 小型工程項目基金 [附註 19(b)]		Custodian for Samaritan Fund [Note 15] 作為撒瑪利亞基金的 保管人[附註 15]		Total 總計	
	At 31 March 2015 HK\$'000 2015年 3月31日 港幣千元	At 31 March 2014 HK\$'000 2014年 3月31日 港幣千元	At 31 March 2015 HK\$'000 2015年 3月31日 港幣千元	At 31 March 2014 HK\$'000 2014年 3月31日 港幣千元	At 31 March 2015 HK\$'000 2015年 3月31日 港幣千元	At 31 March 2014 HK\$'000 2014年 3月31日 港幣千元
Principal Amount 本金	7,300,000	–	6,000,000	6,000,000	13,300,000	6,000,000
Interest earned but not withdrawn at the reporting date 報告日所獲但沒有提取的利息收入	190,800	–	580,726	352,053	771,526	352,053
Accrued interest 應計利息	101,587	–	89,246	56,385	190,833	56,385
	7,592,387	–	6,669,972	6,408,438	14,262,359	6,408,438
Less: non-current portion 減：非流動部分	(7,300,000)	–	(6,000,000)	(6,000,000)	(13,300,000)	(6,000,000)
Current portion 流動部分	292,387	–	669,972	408,438	962,359	408,438

9. Fixed income instruments

The fixed income instruments represent Hong Kong dollar certificates of deposits with maturity periods within five years from the date of purchase. The investment yield for the year ended 31 March 2015 is between 1.75% and 2.55%.

At 31 March 2015, the fixed income instruments held by the Group and HA are as follows:

	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元	At 31 March 2014 HK\$'000 2014年3月31日 港幣千元
Maturing within one year 一年內到期	–	–
Maturing between one and five years 一至五年內到期	1,650,000	–
	1,650,000	–

財務報表附註

8. 外匯基金存款(續)

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。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，或三年期外匯基金債券過去一年的平均年度收益率計算(最低為0%)，以較高者為準。二零一四年一月至十二月及二零一五年一月至十二月的每年回報率分別為3.6%及5.5%。醫管局沒有支取截至二零一四年十二月三十一日賺取的利息，這些款項會按本金可享息率繼續積存利息。

外匯基金存款分析如下：

9. 固定入息工具

固定入息工具是指由購買日期起計五年內到期的港元存款證，二零一五年三月三十一日止年度的投資收益在1.75%至2.55%之間。

於二零一五年三月三十一日，集團及醫管局持有的固定入息工具如下：

Notes to the Financial Statements

9. Fixed income instruments (Continued)

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.

10. Inventories

The Group and HA 集團及醫管局		
	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元	At 31 March 2014 HK\$'000 2014年3月31日 港幣千元
Drugs 藥物	1,086,706	1,150,776
Medical consumables 醫療消耗品	199,220	188,338
General consumables 一般消耗品	27,642	29,505
	1,313,568	1,368,619

11. Accounts receivable

The Group and HA 集團及醫管局		
	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元	At 31 March 2014 HK\$'000 2014年3月31日 港幣千元
Bills receivable [note 11(a)] 應收賬單 [附註 11(a)]	384,690	335,167
Accrued income 應計收入	14,824	16,050
	399,514	351,217
Less: Provision for doubtful debts [note 11(b)] 減：呆賬撥備 [附註 11(b)]	(46,404)	(57,900)
	353,110	293,317

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

The Group and HA 集團及醫管局		
	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元	At 31 March 2014 HK\$'000 2014年3月31日 港幣千元
Below 30 days 30日以下	164,370	130,647
Between 31 and 60 days 31至60日	61,342	66,432
Between 61 and 90 days 61至90日	95,794	40,375
Over 90 days 超過90日	63,184	97,713
	384,690	335,167

財務報表附註

9. 固定入息工具 (續)

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

10. 存貨

11. 應收賬款

(a) 應收賬單的賬齡分析如下：

Notes to the Financial Statements

11. Accounts receivable (Continued)

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

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

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

The Group and HA 集團及醫管局	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元	At 31 March 2014 HK\$'000 2014年3月31日 港幣千元
Past due by: 過期：		
Below 30 days 30日以下	129,195	92,058
Between 31 and 60 days 31至60日	47,178	51,386
Between 61 and 90 days 61至90日	86,095	30,160
Over 90 days 超過90日	26,121	49,517
	288,589	223,121

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.

財務報表附註

11. 應收賬款 (續)

集團有關病人賬單的政策如下：

- (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，若過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10,000元。
- (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。

過期但沒有減值的應收賬單的賬齡分析如下：

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

Notes to the Financial Statements

11. Accounts receivable (Continued)

(b) At 31 March 2015, bills receivable of HK\$96,101,000 (2014: HK\$112,046,000) were impaired by HK\$46,404,000 (2014: HK\$57,900,000) of which HK\$20,718,000 (2014: HK\$30,203,000) 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. Remaining allowance for impairment of HK\$25,686,000 (2014: HK\$27,697,000) was made by reference to historical past due recovery patterns. It was assessed that a portion of the receivables is expected to be recovered. The aging analysis of these receivables is as follows:

The Group and HA 集團及醫管局		
	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元	At 31 March 2014 HK\$'000 2014年3月31日 港幣千元
Below 30 days 30日以下	35,175	38,589
Between 31 and 60 days 31至60日	14,164	15,046
Between 61 and 90 days 61至90日	9,699	10,215
Over 90 days 超過90日	37,063	48,196
	96,101	112,046

Movements in the provision for impairment of accounts receivable are as follows:

The Group and HA 集團及醫管局		
	For the year ended 31 March 2015 HK\$'000 截至2015年 3月31日止 港幣千元	For the year ended 31 March 2014 HK\$'000 截至2014年 3月31日止 港幣千元
At beginning of year 於年初	57,900	49,094
Additional provision 撥備增加	52,227	45,052
Uncollectible amounts written off 註銷的未收回款額	(63,723)	(36,246)
At end of year 於年終	46,404	57,900

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.

財務報表附註

11. 應收賬款 (續)

(b) 於二零一五年三月三十一日，港幣96,101,000元(二零一四年：港幣112,046,000元)的應收賬單減值港幣46,404,000元(二零一四年：港幣57,900,000元)，其中港幣20,718,000元(二零一四年：港幣30,203,000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。在參考以往的過期欠款追收情況後，繼而作出了港幣25,686,000元(二零一四年：港幣27,697,000元)餘額減值備抵，估計部分賬款應可收回。這些應收賬單的賬齡分析如下：

應收賬款減值撥備的變動如下：

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. Other receivables

12. 其他應收賬款

The Group and HA 集團及醫管局	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元	At 31 March 2014 HK\$'000 2014年3月31日 港幣千元
Donations receivable 應收捐款	96,432	67,161
Interest receivable 應收利息	82,589	60,524
Receivable from the Government for reimbursement or refund of expenditure incurred on capital projects 政府付還或退還基本工程項目所涉開支的應收款項	2	-
Others 其他	37,506	28,617
	216,529	156,302

Other receivables do not contain impaired assets. The maximum exposure to credit risk at the reporting date is the fair value of each class of receivable mentioned above. The Group does not hold any collateral as security.

其他應收款項並無減值資產。在報告日，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。

13. Deposits and prepayments

13. 按金及預付款項

The Group 集團	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元	At 31 March 2014 HK\$'000 2014年3月31日 港幣千元
Utility and other deposits 公用事業及其他按金	23,799	24,834
Prepayments to Government departments 向政府部門預付的款項	72,725	57,287
Maintenance contracts and other prepayments 保養合約及其他預付款項	183,106	169,970
	279,630	252,091

HA 醫管局	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元	At 31 March 2014 HK\$'000 2014年3月31日 港幣千元
Utility and other deposits 公用事業及其他按金	23,716	24,751
Prepayments to Government departments 向政府部門預付的款項	72,725	57,287
Maintenance contracts and other prepayments 保養合約及其他預付款項	183,106	169,970
	279,547	252,008

Notes to the Financial Statements

14. Cash and bank balances

The Group and HA 集團及醫管局	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元	At 31 March 2014 HK\$'000 2014年3月31日 港幣千元
Cash at bank and in hand 銀行存款及手持現金	725,252	1,030,810
Bank deposits with original maturity within three months 原來到期日不超過三個月之銀行存款	2,340,948	13,627,396
Cash and cash equivalents 現金及現金等值	3,066,200	14,658,206
Bank deposits with original maturity over three months 原來到期日超過三個月之銀行存款	17,737,531	13,369,608
	20,803,731	28,027,814

The effective interest rate on short term bank deposits is between 0.01% and 1.11% (2014: 0.01% and 1.60%). These deposits have an average maturity of 49 days (2014: 56 days).

15. 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 the Hong Kong Monetary Authority for a fixed period of six years during which time HA would not be able to withdraw the principal amount.

As HA is acting as a custodian for the Samaritan Fund, the cumulative investment return up to 31 March 2015 was recorded together with the principal amount as balance with Samaritan Fund, which is unsecured, interest free and denominated in Hong Kong dollar. The principal amount is repayable upon the maturity of the placement.

The balance with Samaritan Fund is analysed as follows:

	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元	At 31 March 2014 HK\$'000 2014年3月31日 港幣千元
Principal Amount 本金	6,000,000	6,000,000
Interest earned but not withdrawn at the reporting date 報告日所獲但沒有提取的利息收入	580,726	352,053
Accrued interest 應計利息	89,246	56,385
	6,669,972	6,408,438
Less: non-current portion 減：非流動部分	(6,000,000)	(6,000,000)
Current portion 流動部分	669,972	408,438

財務報表附註

14. 現金及銀行結餘

短期銀行存款的實際利率為0.01%至1.11%之間(二零一四年：0.01%至1.60%之間)，這些存款的平均到期日為49天(二零一四年：56天)。

15. 撒瑪利亞基金結餘

在截至二零一三年三月三十一日止之財政年度，政府向撒瑪利亞基金注資港幣10,000,000,000元，以支持基金的運作。撒瑪利亞基金於一九五零年經立法局決議成立，目的是向有需要的病人提供資助。根據政府指示，為數港幣4,000,000,000元的款項即時投入基金，而餘下未即時需要的港幣6,000,000,000元，根據醫管局與金管局所訂的信貸安排，由二零一二年十一月八日起存入外匯基金，年期固定為六年。在此段期間，醫管局不能支取這筆本金。

由於醫管局是作為撒瑪利亞基金的保管人，基金截至二零一五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，並於到期日付還。

撒瑪利亞基金結餘分析如下：

Notes to the Financial Statements

財務報表附註

16. Creditors and accrued charges

16. 債權人及應付費用

The Group 集團	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元	At 31 March 2014 HK\$'000 2014年3月31日 港幣千元
Trade payables [note 16 (a)] 應付貿易賬款 [附註 16(a)]	362,125	207,301
Accrued charges and other payables [note 16 (b)] 應付費用及其他賬款 [附註 16(b)]	4,875,208	4,364,721
Current account with the Government [note 16 (c)] 與政府之間的來往賬目 [附註 16(c)]	5,111,508	4,454,327
	10,348,841	9,026,349

HA 醫管局	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元	At 31 March 2014 HK\$'000 2014年3月31日 港幣千元
Trade payables [note 16 (a)] 應付貿易賬款 [附註 16(a)]	362,125	207,301
Accrued charges and other payables [note 16 (b)] 應付費用及其他賬款 [附註 16(b)]	4,874,660	4,364,525
Current account with the Government [note 16 (c)] 與政府之間的來往賬目 [附註 16(c)]	5,111,508	4,454,327
Current account with a subsidiary 與附屬機構之間的來往賬目	471	119
	10,348,764	9,026,272

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

(a) 應付貿易賬款的賬齡分析如下：

The Group and HA 集團及醫管局	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元	At 31 March 2014 HK\$'000 2014年3月31日 港幣千元
Below 30 days 30日以下	285,545	194,731
Between 31 and 60 days 31至60日	38,935	10,098
Between 61 and 90 days 61至90日	20,854	1,719
Over 90 days 超過90日	16,791	753
	362,125	207,301

All trade payables as at 31 March 2015 are expected to be settled within one year. The Group has maintained adequate cash flows and banking facilities for settlement of trade payables.

二零一五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融資繳付應付貿易賬款。

Notes to the Financial Statements

16. Creditors and accrued charges (Continued)

- (b) Accrued charges and other payables included accrual for annual leave of HK\$1,756,146,000 (2014: HK\$1,659,186,000) and contract gratuity accrual of HK\$1,233,794,000 (2014: HK\$1,099,314,000). The balance also included a provision for doctors' and non-doctors' claims of HK\$121,224,000 (2014: HK\$129,342,000) as described in note 4(a).
- (c) The balance mainly included Government funding for designated programmes or specific items that were already received and will be recognised as income over the periods in which the related expenditure is incurred and charged to the statement of income and expenditure.

17. Deposits received

The Group and HA 集團及醫管局	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元	At 31 March 2014 HK\$'000 2014年3月31日 港幣千元
Patient deposits 病人按金	38,235	39,476
Deposits received from the Government in respect of building projects 就建築工程從政府所收的按金	8,710	-
Other deposits 其他按金	161,107	132,978
	208,052	172,454

18. 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 2015 HK\$'000 2015年3月31日 港幣千元	At 31 March 2014 HK\$'000 2014年3月31日 港幣千元
Present value of funded obligations 注資責任的現值	239,936	206,350
Fair value of plan assets 計劃資產的公允價值	(2,044)	(6,663)
	237,892	199,687

財務報表附註

16. 債權人及應付費用 (續)

- (b) 應付費用及其他賬款包括未放年假撥備港幣1,756,146,000元(二零一四年:港幣1,659,186,000元),以及應計合約酬金港幣1,233,794,000元(二零一四年:港幣1,099,314,000元)。結餘亦包括一筆港幣121,224,000元撥備(二零一四年:港幣129,342,000元),用以支付附註4(a)所述給醫生及非醫生職員的補償金額。
- (c) 結餘主要包括從政府收到對指定計劃或特定項目的撥款,這些撥款待有關開支發生及已記入收支結算表時確認作收入。

17. 已收按金

18. 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:

Notes to the Financial Statements

18. Death and disability liabilities (Continued)

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

The Group and HA 集團及醫管局	For the year ended 31 March 2015 HK\$'000 截至 2015 年 3 月 31 日止年度 港幣千元	For the year ended 31 March 2014 HK\$'000 截至 2014 年 3 月 31 日止年度 港幣千元
At beginning of year 於年初	206,350	207,103
Current service cost 現行服務開支	27,447	30,844
Interest cost 利息開支	5,048	2,848
Benefits paid 已付福利	(6,543)	(4,727)
Remeasurement of disability liability 傷殘福利責任重新計量	1,606	(2,403)
Remeasurement of death liability 死亡福利責任重新計量	6,028	(27,315)
At end of year 於年終	239,936	206,350

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

The Group and HA 集團及醫管局	For the year ended 31 March 2015 HK\$'000 截至 2015 年 3 月 31 日止年度 港幣千元	For the year ended 31 March 2014 HK\$'000 截至 2014 年 3 月 31 日止年度 港幣千元
At beginning of year 於年初	6,663	10,079
Adjustment on plan assets 計劃資產的調整	(5,258)	(3,286)
Employer contributions 僱主供款	7,182	4,597
Benefits paid 已付福利	(6,543)	(4,727)
At end of year 於年終	2,044	6,663

The death benefits are insured by a group life insurance policy and the current insurance policy covers the period up to 31 July 2015. 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.

財務報表附註

18. 死亡及傷殘福利責任(續)

注資責任之現值變動如下：

計劃資產的公允價值變動如下：

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二零一五年七月三十一日。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。

Notes to the Financial Statements

18. Death and disability liabilities (Continued)

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:

The Group and HA 集團及醫管局	For the year ended 31 March 2015 HK\$'000 截至 2015 年 3 月 31 日止年度 港幣千元	For the year ended 31 March 2014 HK\$'000 截至 2014 年 3 月 31 日止年度 港幣千元
Current service cost 現行服務開支	27,447	30,844
Interest cost 利息開支	5,048	2,848
Remeasurement of disability liability 傷殘福利責任重新計量	1,606	(2,403)
Total, included in staff costs [note 23] 總計(包括在員工成本內)[附註23]	34,101	31,289
Remeasurement of death liability 死亡福利責任重新計量	6,028	(27,315)
Recognition of previously unrecognised actuarial loss 確認以往未予確認的精算估值虧損	-	1,304
Adjustment on plan assets (excluding interest income) 計劃資產的調整(不包括利息收入)	5,258	3,286
Total, included in other comprehensive income 總計(包括在其他全面收益內)	11,286	(22,725)

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 2015 截至 2015 年 3 月 31 日止年度 %	For the year ended 31 March 2014 截至 2014 年 3 月 31 日止年度 %
Discount rate 貼現率	1.60	2.50
Assumed rate of future salary increases 假設未來薪金增幅	3.70	3.60

Notes to the Financial Statements

18. Death and disability liabilities (Continued)

The analysis below shows how the present value of the funded obligations as at 31 March 2015 would have increased/(decreased) as a result of the following changes in the principal actuarial assumptions:

	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	(13,386)	14,619
Assumed rate of future salary increases 假設未來薪金增幅	14,109	(13,052)

19. Deferred income

19. 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	Tseung Kwan O Hospital Fund [Note 19(a)] HK\$'000 將軍澳醫院 基金 [附註 19(a)] 港幣千元	Minor Works Projects Fund [Note 19(b)] HK\$'000 小型工程 項目基金 [附註 19(b)] 港幣千元	Total HK\$'000 總計 港幣千元
At 1 April 2013 於 2013 年 4 月 1 日	417,642	72,786	–	490,428
Additions during the year 年內增加	299,002	–	13,000,000	13,299,002
Interest earned 所獲利息	–	–	15,684	15,684
Utilisation during the year 年內應用	–	(6,010)	–	(6,010)
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(182,755)	–	(207,583)	(390,338)
At 31 March 2014 於 2014 年 3 月 31 日	533,889	66,776	12,808,101	13,408,766
Additions during the year 年內增加	230,760	–	–	230,760
Interest earned 所獲利息	–	–	382,845	382,845
Utilisation during the year 年內應用	–	(194)	–	(194)
Transfers to consolidated statement of comprehensive income 轉調往綜合全面收益表	–	–	(25,439)	(25,439)
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(229,599)	–	(1,011,020)	(1,240,619)
At 31 March 2015 於 2015 年 3 月 31 日	535,050	66,582	12,154,487	12,756,119

下列分析是根據以下主要精算假設的改變，得出二零一五年三月三十一日注資責任現值的增加／（減少）：

Notes to the Financial Statements

19. Deferred income (Continued)

(a) Tseung Kwan O Hospital Fund

During the financial year ended 31 March 1996, the Government advanced HK\$2,047,290,000 to HA for the construction of Tseung Kwan O Hospital. All interest earned from this grant is repaid annually to the Government. The hospital was commissioned during the financial year ended 31 March 2000. The remaining fund balance will be used for project costs and any unspent balance will be repaid to the Government.

(b) 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. 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.

Minor Works Projects Fund balance predominantly comprised non-current items.

財務報表附註

19. 遞延收益 (續)

(a) 將軍澳醫院基金

於截至一九九六年三月三十一日止的財政年度內，政府預支港幣 2,047,290,000 元予醫管局，以興建將軍澳醫院。所有來自這筆款項的利息每年歸還政府。將軍澳醫院已於截至二零零零年三月三十一日止的財政年度內啟用。基金的尚餘款額將用以支付項目開支，未經使用的餘額會退還給政府。

(b) 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。

小型工程項目基金結餘主要包括非流動項目。

Notes to the Financial Statements

財務報表附註

20. Capital subventions and capital donations

20. 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 2013 於2013年4月1日	3,164,315	1,218,920	4,383,235
Additions during the year 年內增加	1,015,202	127,014	1,142,216
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(787,916)	(127,508)	(915,424)
At 31 March 2014 於2014年3月31日	3,391,601	1,218,426	4,610,027
Additions during the year 年內增加	1,143,643	157,895	1,301,538
Transfers from Minor Works Projects Fund 轉調自小型工程項目基金	25,439	-	25,439
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(673,485)	(110,317)	(783,802)
At 31 March 2015 於2015年3月31日	3,887,198	1,266,004	5,153,202

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 2013 於2013年4月1日	3,163,449	1,218,920	4,382,369
Additions during the year 年內增加	1,013,841	127,014	1,140,855
Transfers to statement of income and expenditure 轉調往收支結算表	(787,050)	(127,508)	(914,558)
At 31 March 2014 於2014年3月31日	3,390,240	1,218,426	4,608,666
Additions during the year 年內增加	1,142,521	157,895	1,300,416
Transfers from Minor Works Projects Fund 轉調自小型工程項目基金	25,439	-	25,439
Transfers to statement of income and expenditure 轉調往收支結算表	(672,948)	(110,317)	(783,265)
At 31 March 2015 於2015年3月31日	3,885,252	1,266,004	5,151,256

Notes to the Financial Statements

21. Designated Fund – Home Loan Interest Subsidy Scheme

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

22. Hospital/clinic fees and charges

The charges for hospital services provided by the Group are levied in accordance with those stipulated in the Gazette. Since the Government has established a set of policies and procedures on granting fee waivers to the needy patients, the hospital/clinic fees and charges recognised as income in the consolidated statement of income and expenditure are stated net of such waivers. The amount of hospital/clinics fees and charges waived for the financial year ended 31 March 2015 amounted to HK\$538,499,000 (2014: HK\$526,516,000).

23. Staff costs

財務報表附註

21. 指定基金 – 購屋貸款利息津貼計劃

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，並存於指定銀行投資戶口，分別列入現金、銀行及固定入息工具結餘內。

22. 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。在截至二零一五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538,499,000元（二零一四年：港幣526,516,000元）。

23. 員工成本

The Group 集團	For the year ended 31 March 2015 HK\$'000 截至2015年 3月31日止年度 港幣千元	For the year ended 31 March 2014 HK\$'000 截至2014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	34,415,031	31,829,230
Post-employment benefits 離職後福利：		
– Contribution to HA Provident Fund Scheme [note 23 (a)] 醫管局公積金計劃供款[附註 23 (a)]	2,266,007	2,166,017
– Contribution to Mandatory Provident Fund Schemes [note 23 (b)] 強積金計劃供款[附註 23 (b)]	519,572	432,551
Death and disability benefits [note 18] 死亡及傷殘福利[附註 18]	34,101	31,289
	37,234,711	34,459,087

Notes to the Financial Statements

23. Staff costs (Continued)

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

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

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

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

At 31 March 2015, the total membership was 29,989 (2014: 30,809). The scheme's net asset value as at 31 March 2015 was HK\$58,006,082,000 (2014: HK\$53,135,506,000).

(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 2015, the total membership was 44,013 (2014: 40,244). During the financial year ended 31 March 2015, total members' contributions were HK\$436,790,000 (2014: HK\$352,257,000). The net asset value as at 31 March 2015, including assets transferred from members' previous employment, was HK\$5,940,981,000 (2014: HK\$4,877,162,000).

財務報表附註

23. 員工成本 (續)

(a) 醫院管理局公積金計劃

「醫院管理局公積金計劃」是一項界定供款計劃。現行計劃是根據二零零三年一月二十九日的信託契約與規則，於二零零三年四月一日成立及受其監管，並根據香港職業退休計劃條例第十八條註冊。

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。

於二零一五年三月三十一日，計劃共有29,989名成員(二零一四年：30,809名)，計劃的資產淨值為港幣58,006,082,000元(二零一四年：港幣53,135,506,000元)。

(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」，而合約及臨時僱員須參加「強制性公積金計劃」，除非獲得豁免。

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。

於二零一五年三月三十一日，計劃共有44,013名成員(二零一四年：40,244名)。在截至二零一五年三月三十一日止之財政年度內，成員的供款總額為港幣436,790,000元(二零一四年：港幣352,257,000元)。於二零一五年三月三十一日，計劃的資產淨值，包括成員先前職位轉調的資產，為港幣5,940,981,000元(二零一四年：港幣4,877,162,000元)。

Notes to the Financial Statements

24. 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 2015, other operating expenses included an accrual for auditor's remuneration of HK\$3,050,000 (2014: HK\$2,770,000).

25. Remuneration of Members of the Board and Five Highest Paid Executives

- (a) No Board members are remunerated in the capacity as Board members.
- (b) The remuneration of the five highest paid executives, which 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:

財務報表附註

24. 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。截至二零一五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3,050,000元(二零一四年：港幣2,770,000元)。

25. 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成員身份而領取酬金。
- (b) 年內的員工成本已包括支付予以下五名最高薪行政人員的酬金，當中已計入基本薪金及其他短期僱員福利及離職後福利：

Current Position/Name of Executives 現時職位／行政人員姓名	For the year ended 31 March 2015 HK\$'000 截至2015年 3月31日止年度 港幣千元
Chief Executive 行政總裁 Dr Pak Yin LEUNG 梁栢賢醫生	5,293
Director (Cluster Services) 聯網服務總監 Dr Wai Lun CHEUNG 張偉麟醫生	4,724
Cluster Chief Executive (Hong Kong West) 港島西聯網總監 Dr Che Chung LUK 陸志聰醫生	4,537
Cluster Chief Executive (Kowloon West) 九龍西聯網總監 Dr Sau Ying TUNG 董秀英醫生	4,537
Cluster Chief Executive (New Territories East) 新界東聯網總監 Dr Chi Tim HUNG 熊志添醫生	4,411
	23,502

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。

Notes to the Financial Statements

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

Current Position/Name of Executives 現時職位／行政人員姓名	For the year ended 31 March 2014 HK\$'000 截至2014年 3月31日止年度 港幣千元
Chief Executive 行政總裁 Dr Pak Yin LEUNG 梁栢賢醫生	5,045
Director (Cluster Services) 聯網服務總監 Dr Wai Lun CHEUNG 張偉麟醫生	4,462
Cluster Chief Executive (Hong Kong West) 港島西聯網總監 Dr Che Chung LUK 陸志聰醫生	4,140
Cluster Chief Executive (Kowloon Central) 九龍中聯網總監 Dr Chi Yuen LO* 盧志遠醫生*	4,140
Cluster Chief Executive (Kowloon West) 九龍西聯網總監 Dr Sau Ying TUNG 董秀英醫生	4,140
	<u>21,927</u>

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

* Dr LO transferred from Cluster Chief Executive (New Territories West) to Cluster Chief Executive (Kowloon Central) with effective from 1 January 2014.

26. Related party transactions

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

- (a) HA has entered into agreements with the Electrical and Mechanical Services Department ("EMSD") of the Government for providing biomedical and general electronics engineering services, hospital engineering services and health building maintenance services to the Group. According to the terms of agreements, the amounts incurred for these services for the financial year ended 31 March 2015 amounted to HK\$866,675,000 (2014: HK\$826,131,000). Other services provided by the EMSD for the year (e.g. routine maintenance and improvement works) were approximately HK\$475,803,000 (2014: HK\$273,038,000).
- (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 2015, revenue foregone in respect of medical services provided to these persons amounted to HK\$353,111,000 (2014: HK\$346,519,000). The cost of such services has been taken into account in the Government's subvention to the Group.

財務報表附註

25. 大會成員及五名最高薪行政人員的酬金 (續)

註：所有行政人員並不獲取與表現掛鈎的不定額薪酬。

* 盧醫生前為新界西聯網總監，於二零一四年一月一日起轉任九龍中聯網總監。

26. 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協議，由該署向集團提供醫學及一般電子工程服務、醫院工程服務及醫療建築保養服務。根據協議條款，截至二零一五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866,675,000元(二零一四年：港幣826,131,000元)。年內機電工程署提供其他服務(如例行保養及改善工程)的費用約為港幣475,803,000元(二零一四年：港幣273,038,000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所的服務及設施。截至二零一五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353,111,000元(二零一四年：港幣346,519,000元)，這些服務的費用已包括在政府給集團的補助內。

Notes to the Financial Statements

26. Related party transactions (Continued)

(c) Remuneration of key management personnel

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

Total remuneration of the key management personnel is shown below:

	For the year ended 31 March 2015 HK\$'000 截至2015年 3月31日止年度 港幣千元	For the year ended 31 March 2014 HK\$'000 截至2014年 3月31日止年度 港幣千元
Basic salaries and other short term employee benefits 基本薪金及其他短期僱員福利	55,739	53,093
Post-employment benefits 離職後福利	5,541	5,071
	61,280	58,164

(d) Other significant related party transactions with the Government include annual recurrent grants, capital subventions (note 20) and designated funds (notes 19 and 21). Details of transactions relating to the Group's retirement schemes are included in note 23.

(e) Outstanding balances with the Government as at 31 March 2014 and 2015 are disclosed in notes 8, 12, 13, 15, 16 and 17. The current account with a subsidiary, HACM Limited, is disclosed in note 16.

財務報表附註

26. 與關聯人士的交易 (續)

(c) 主要管理人員薪酬

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

主要管理人員的薪酬總額如下：

	For the year ended 31 March 2015 HK\$'000 截至2015年 3月31日止年度 港幣千元	For the year ended 31 March 2014 HK\$'000 截至2014年 3月31日止年度 港幣千元
Basic salaries and other short term employee benefits 基本薪金及其他短期僱員福利	55,739	53,093
Post-employment benefits 離職後福利	5,541	5,071
	61,280	58,164

(d) 與政府關聯人士進行的其他重大交易包括每年經常性補助、資本補助(附註20)及指定基金(附註19及21)，有關集團退休計劃的交易詳情載於附註23。

(e) 截至二零一四年及二零一五年三月三十一日與政府之間的未清賬款於附註8,12,13,15,16及17披露，與附屬機構「醫院管理局中醫藥服務有限公司」之間的來往賬目於附註16披露。

Notes to the Financial Statements

財務報表附註

27. Net cash generated from operating activities

27. 營運活動所得現金淨額

The Group 集團	For the year ended 31 March 2015 HK\$'000 截至 2015 年 3 月 31 日止年度 港幣千元	For the year ended 31 March 2014 HK\$'000 截至 2014 年 3 月 31 日止年度 港幣千元
Surplus for the year 年內盈餘	1,376,859	665,032
Investment income 投資收益	(266,914)	(195,003)
Income transferred from Minor Works Projects Fund 轉調自小型工程項目基金之收入	(1,011,020)	(207,583)
Income transferred from capital subventions and capital donations 轉調自資本補助及資本捐贈之收入	(783,802)	(915,424)
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	4,699	6,086
Depreciation and amortisation 折舊及攤銷	779,103	909,338
Increase in death and disability liabilities 死亡及傷殘福利責任增加	26,919	26,692
Increase in deferred income 遞延收益增加	967	110,237
Decrease/(increase) in inventories 存貨減少/(增加)	55,051	(116,705)
Decrease in loans receivable 應收債款減少	1,591	2,089
Increase in accounts receivable 應收賬款增加	(59,793)	(32,949)
Increase in other receivables 其他應收款項增加	(38,162)	(55,520)
(Increase)/decrease in deposits and prepayments 按金及預付款項(增加)/減少	(27,539)	26,375
Increase in creditors and accrued charges 債權人及應付費用增加	1,322,492	2,361,977
Increase in deposits received 已收按金增加	35,598	43,212
Net cash generated from operating activities 營運活動所得現金淨額	1,416,049	2,627,854

28. Funds held in trust

At 31 March 2015, funds held in trust for the Government but not included in the financial statements are set out below:

28. 信託基金

於二零一五年三月三十一日，集團為政府管理但未列入財務報表的信託基金數額如下：

The Group and HA 集團及醫管局	At 31 March 2015 HK\$'000 2015 年 3 月 31 日 港幣千元	At 31 March 2014 HK\$'000 2014 年 3 月 31 日 港幣千元
Health Care and Promotion Fund 健康護理及促進基金	36,874	39,681
Health Services Research Fund 醫療服務研究基金	-	86
	36,874	39,767

Notes to the Financial Statements

29. Donations from the Hong Kong Jockey Club Charities Trust

During the financial year ended 31 March 2015, the Hong Kong Jockey Club Charities Trust made donations totalling HK\$88,446,000 (2014: HK\$51,166,000) to the following institutions:

	HK\$'000 港幣千元
Jockey Club Inpatient Facilities Modernisation Scheme (Various hospitals) 賽馬會安寢輕移計劃(不同醫院)	56,619
Princess Margret Hospital 瑪嘉烈醫院	12,343
United Christian Hospital 基督教聯合醫院	10,375
Caritas Medical Centre 明愛醫院	6,250
Kowloon Hospital 九龍醫院	1,660
Hospital Authority Head Office 醫院管理局總辦事處	817
Shatin Hospital 沙田醫院	382
	88,446

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

30. Commitments

At 31 March 2015, the Group and HA had the following commitments:

(a) Capital commitments

The Group 集團	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元	At 31 March 2014 HK\$'000 2014年3月31日 港幣千元
Authorised but not contracted for 已獲授權但未訂契約	6,614,976	4,770,389
Contracted for but not provided 已訂契約但未撥備	1,301,598	1,494,359
	7,916,574	6,264,748
HA 醫管局	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元	At 31 March 2014 HK\$'000 2014年3月31日 港幣千元
Authorised but not contracted for 已獲授權但未訂契約	6,611,300	4,766,887
Contracted for but not provided 已訂契約但未撥備	1,301,510	1,486,406
	7,912,810	6,253,293

財務報表附註

29. 來自香港賽馬會慈善信託基金的捐贈

截至二零一五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88,446,000元(二零一四年：港幣51,166,000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。

30. 承擔

於二零一五年三月三十一日，集團及醫管局有以下之承擔：

(a) 資本承擔

Notes to the Financial Statements

30. Commitments (Continued)

(a) Capital commitments (Continued)

The capital commitments disclosed above include both costs to be capitalised under property, plant and equipment or intangible assets and also costs which are to be charged to the statement of income and expenditure in accordance with the accounting policy set out in note 2(g).

(b) Operating lease commitments

At 31 March 2015, the Group and HA had commitments for future minimum payments under non-cancellable operating leases which fall due as follows:

The Group and HA 集團及醫管局	At 31 March 2015 HK\$'000 2015年3月31日 港幣千元	At 31 March 2014 HK\$'000 2014年3月31日 港幣千元
Buildings 樓宇		
Within one year 一年內期滿	36,401	29,390
Between one and five years 一至五年內期滿	121,918	115,911
Beyond five years 超過五年期滿	43,092	75,003
	201,411	220,304
Equipment 設備		
Within one year 一年內期滿	48,401	60,081
Between one and five years 一至五年內期滿	6,979	43,338
	55,380	103,419

31. Taxation

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

32. 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.

33. Comparative figures

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

34. Approval of financial statements

The financial statements were approved by members of HA on 24 September 2015.

財務報表附註

30. 承擔 (續)

(a) 資本承擔 (續)

根據附註2(g)所述的會計政策，上述所列的資本承擔包括將會資本化的物業、機器及設備或無形資產費用，以及行將記入收支結算表的開支。

(b) 營運租賃承擔

在二零一五年三月三十一日，集團及醫管局有各項於下列時間到期的不可撤銷營運租賃之未來最低付款承擔：

31. 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。

32. 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。

33. 比較數字

若干比較數字已重新呈列，以符合本年度的呈報方式。

34. 財務報表的通過

本財務報表已於二零一五年九月二十四日獲醫管局成員通過。

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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 2014-15	Committee participation in 2014-15* 2014-15 年度參與的委員會*
	2014-15 年度 出席全體大會次數	
Prof John LEONG Chi-yan, SBS, JP <i>Chairman, HA</i> 梁智仁教授 醫院管理局主席	14/15	Chairman of plenary meetings, EC and EEC 全體大會、行政委員會及緊急應變策導委員會主席
Mr CHAN Bing-woon, SBS, JP <i>(up to 30.11.2014)</i> 陳炳煥先生 <i>(截至2014年11月30日)</i>	8/9	Member of HRC, MTB and PCC; Chairman of HRAC <i>(all up to 30.11.2014)</i> ; HGC Chairman of Castle Peak Hospital and Siu Lam Hospital 人力資源委員會、中央投標委員會及公眾投訴委員會成員；港島區域諮詢委員會主席 <i>(全截至2014年11月30日)</i> ；青山醫院及小欖醫院管治委員會主席
Mr William CHAN Fu-keung, BBS 陳富強先生	13/15	Vice-Chairman of MTB and HRC; Member of MSDC; HGC Chairman of Tuen Mun Hospital 中央投標委員會及人力資源委員會副主席；醫療服務發展委員會成員；屯門醫院管治委員會主席
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, JP 陳家亮教授	7/15	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
Ms Anita CHENG Wai-ching 鄭瑋青女士	11/15	Member of ITGC <i>(from 2.5.2014)</i> and MTB 資訊科技服務管治委員會 <i>(由2014年5月2日起)</i> 及中央投標委員會成員
Mr CHENG Yan-kee, BBS, JP 鄭恩基先生	10/15	Chairman of SSDC; Vice-Chairman of ITGC; Member of EC, EEC and MTB; HGC Member of Yan Chai Hospital 支援服務發展委員會主席；資訊科技服務管治委員會副主席；行政委員會、緊急應變策導委員會及中央投標委員會成員；仁濟醫院管治委員會成員
Ms CHIANG Lai-yuen, JP 蔣麗婉女士	8/15	Vice-Chairman of SSDC; Member of MTB; HGC Chairman of North District Hospital 醫療服務發展委員會副主席、中央投標委員會成員；北區醫院管治委員會主席
Ms Quince CHONG Wai-yan, JP 莊偉茵女士	10/15	Member of HRC, MTB and SAC; HGC Chairman of Kwai Chung Hospital and Princess Margaret Hospital 人力資源委員會、中央投標委員會及職員上訴委員會成員；葵涌醫院及瑪嘉烈醫院管治委員會主席
Mr Ricky FUNG Choi-cheung, SBS, JP 馮載祥先生	15/15	Chairman of PCC; Member of ARC, EC and EEC; HGC Member of Hong Kong Eye Hospital, Kowloon Hospital and Rehabaid Centre 公眾投訴委員會主席；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、九龍醫院及復康專科及資源中心管治委員會成員
Mr Andrew FUNG Hau-chung, JP 馮孝忠先生	12/15	Member of FC and MTB 財務委員會及中央投標委員會成員

Appendix 1

附錄 1

Name 姓名	No. of plenary meetings attended in 2014-15 2014-15 年度 出席全體大會次數	Committee participation in 2014-15* 2014-15 年度參與的委員會*
	Mr Lester Garson HUANG, JP 黃嘉純先生	10/15
Dr KAM Pok-man 甘博文博士	15/15	Chairman of FC; Member of ARC, EC, EEC, MSDC and SSDC 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、醫療服務發展委員會及支援服務發 展委員會成員
Mr Andy LAU Kwok-fai (<i>passed away on 17 April 2015</i>) 劉國輝先生 (於 2015 年 4 月 17 日辭世)	13/15	Member of HRC, PCC, MTB and SSDC; Chairman of HRAC (<i>from 1.12.2014</i>); HGC Member of Queen Elizabeth Hospital 人力資源委員會，公眾投訴委員會、中央投標委員會及支 援服務發展委員會成員；港島區域諮詢委員會主席 (由 2014 年 12 月 1 日起)；伊利沙伯醫院管治委員會成員
Mr Stephen LEE Hoi-yin 李開賢先生	15/15	Member of ARC, FC and MTB 審計及風險管理委員會、財務委員會及中央投標委員會成 員
Prof Diana LEE Tze-fan 李子芬教授	10/15	Member of HRC, MSDC and MTB; Chairman of KRAC; HGC Member of Cheshire Home, Shatin and Tseung Kwan O 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；九龍區域諮詢委員會主席；沙田慈氏護養院及將軍 澳醫院管治委員會成員
Ms Esther LEUNG Yuet-yin, JP <i>Deputy Secretary for Financial Services and the Treasury (Treasury)</i> 梁悅賢女士 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
Prof Gabriel Matthew LEUNG, GBS, JP 梁卓偉教授	11/15	Member of MSDC and MTB; HGC Member of Queen Mary Hospital and Tsan Yuk Hospital 醫療服務發展委員會及中央投標委員會成員；瑪麗醫院及 贊育醫院管治委員會成員
Mrs Margaret LEUNG KO May-ye, SBS, JP 梁高美懿女士	3/15	Member of FC and MTB 財務委員會及中央投標委員會成員
Dr LEUNG Pak-yin, JP <i>Chief Executive, HA</i> 梁栢賢醫生 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
Dr LI Chi-kong, JP 李志光醫生	13/15	Member of HRC, MSDC and MTB; HGC Member of Hong Kong Red Cross Blood Transfusion Service 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；香港紅十字會輸血服務中心管治委員會成員
Prof Raymond LIANG Hin-suen, SBS, JP 梁憲孫教授	13/15	Member of MSDC, MTB and PCC; HGC Member of North Lantau Hospital 醫療服務發展委員會、中央投標委員會及公眾投訴委員會 成員；北大嶼山醫院管治委員會成員
Dr LO Wai-kwok, SBS, MH, JP (<i>from 1.12.2014</i>) 盧偉國博士 (由 2014 年 12 月 1 日起)	3/6	Member of MTB and SSDC (<i>both from 22.1.2015</i>) 中央投標委員會及支援服務發展委員會成員 (同由 2015 年 1 月 22 日起)

Appendix 1

附錄 1

Name 姓名	No. of plenary meetings attended in 2014-15	Committee participation in 2014-15* 2014-15 年度參與的委員會*
	2014-15 年度 出席全體大會次數	
Mr Patrick MA Ching-hang, BBS, JP 馬清鏗先生	11/15	Chairman of HRC; Member of ARC, EC, EEC and FC; HGC Chairman of Tai Po Hospital 人力資源委員會主席；審計及風險管理委員會、行政委員會、緊急應變策導委員會及財務委員會成員；大埔醫院管治委員會主席
Miss Winnie NG 伍穎梅女士	13/15	Member of MTB and SSDC; HGC Member of Prince of Wales Hospital and Queen Elizabeth Hospital 中央投標委員會及支援服務發展委員會成員；威爾斯親王醫院及伊利沙伯醫院管治委員會成員
Mr PANG Yiu-kai, SBS, JP 彭耀佳先生	14/15	Member of FC, MSDC and MTB; HGC Chairman of Queen Mary Hospital and Tsan Yuk Hospital 財務委員會、醫療服務發展委員會及中央投標委員會成員；瑪麗醫院及贊育醫院管治委員會主席
Mr WONG Kwai-huen, BBS, JP 王桂壘先生	12/15	Member of FC, MTB, PCC (up to 8.1.2015) and SSDC; Chairman of NRAC; HGC Member of Tseung Kwan O Hospital 財務委員會、中央投標委員會、公眾投訴委員會 (截至 2015 年 1 月 8 日) 及支援服務發展委員會成員；新界區域諮詢委員會主席；將軍澳醫院管治委員會成員
Prof Maurice YAP Keng-hung, JP 葉健雄教授	15/15	Chairman of MTB and MSDC; Member of ARC, EC, EEC and HRC; HGC Member of Grantham Hospital 中央投標委員會及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及人力資源委員會成員；葛量洪醫院管治委員會成員
Mr Richard YUEN Ming-fai, JP <i>Permanent Secretary for Food and Health (Health)</i> 袁銘輝先生 食物及衛生局常任秘書長(衛生)	15/15	Member of EEC, FC, HRC, MSDC and SSDC 緊急應變策導委員會、財務委員會、人力資源委員會、醫療服務發展委員會及支援服務發展委員會成員

* Note

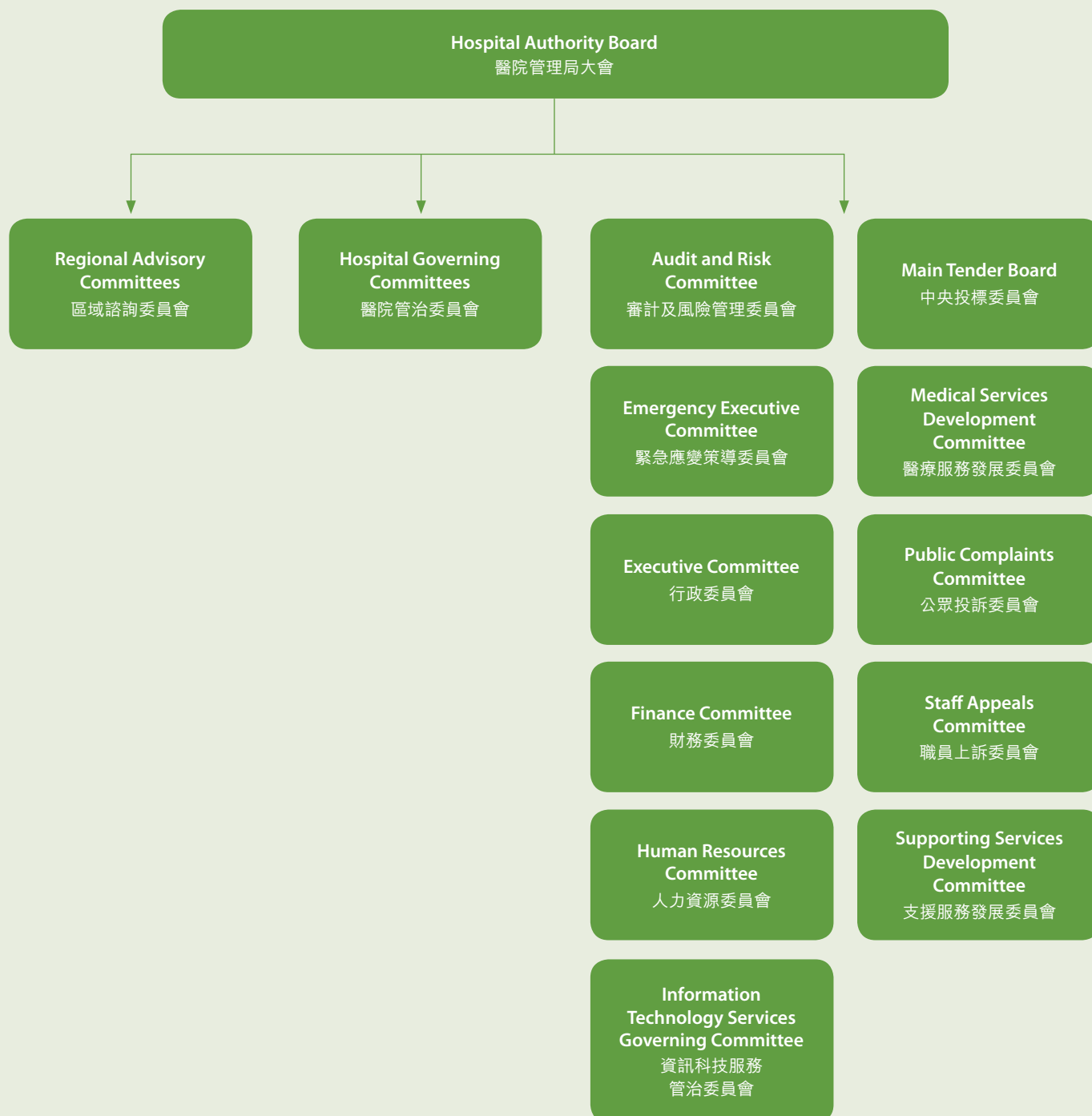
Apart from the principal officer (the Hospital Authority Chief Executive), other members are not remunerated in the capacity as Board members. They discharge the role of governance of the Authority through formulating policies and directions and overseeing executive performance at Board meetings, as 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	-	Regional Advisory Committee of Hong Kong
HRC	-	Human Resources Committee
ITGC	-	Information Technology Services Governing Committee
KRAC	-	Regional Advisory Committee of Kowloon
MSDC	-	Medical Services Development Committee
MTB	-	Main Tender Board
NRAC	-	Regional Advisory Committee of New Territories
PCC	-	Public Complaints Committee
SAC	-	Staff Appeals Committee
SSDC	-	Supporting Services Development Committee

* 註：

除主要行政人員(醫院管理局行政總裁)外，其他成員均沒有因大會成員的身份而領取任何薪酬。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



* 雷醫生的最後工作日是 2014 年 6 月 27 日，其任職期於 2014 年 6 月 30 日完結

資訊科技及醫療信息部主管的職銜自 2014 年 9 月 3 日起，由「資訊服務總管」改稱「資訊科技及醫療信息主管」

* 27.6.2014 was the last day of duty of Dr LUI and his last day of service was 30.6.2014

Post title of the Head of IT&HI Division is changed from CIO to Head of IT&HI effective from 3.9.2014

Membership and Terms of Reference of Functional Committee

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 Lester Garson HUANG, JP 黃嘉純先生
Members 成員	:	Mr Ricky FUNG Choi-cheung, SBS, JP 馮載祥先生
		Dr KAM Pok-man 甘博文博士
		Mr Stephen LEE Hoi-yin 李開賢先生
		Mr Patrick MA Ching-hang, BBS, JP 馬清鏗先生
		Prof Maurice YAP Keng-hung, JP 葉健雄教授
		Mr Paul YU Shiu-tin, BBS, JP 余嘯天先生
		Ms Wendy YUNG Wen-yee 容韻儀女士
In attendance 列席	:	Mr Richard YUEN Ming-fai, JP, <i>Permanent Secretary for Health</i> 袁銘輝先生 食物及衛生局常任秘書長 (衛生)
		Dr LEUNG Pak-yin, JP, <i>Chief Executive</i> 梁栢賢醫生 行政總裁

Terms of Reference

- Exercise an active oversight of the internal audit function to ensure that its:
 - mandate, resources and organisational status are appropriate;
 - plans and activities are adequate to provide systematic coverage of the internal control and risk management systems put in place by the Management; and
 - findings are actioned appropriately and timely;
- 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;
- Consult with the External Auditor on all relevant matters including the:
 - nature and scope of the audit;
 - audited financial statements and the audit opinion;
 - management letter and management's response; and
 - matters of which the External Auditor may wish to draw attention;

職權範圍

- 積極監察醫管局的內部審計職能，以確保：
 - 其職責範圍、資源及組織狀況適切恰當；
 - 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
 - 能就審計所得結果採取適當及時的行動；
- 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；
- 就所有有關事項諮詢外聘核數師，包括：
 - 審計評核的性質和範圍；
 - 經審計的每年財務報表及審計意見；
 - 核數師致管理層的函件及管理層的回應；
 - 外聘核數師提出的任何事項；

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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:
 - (a) periodic review of:
 - (i) HA's policies and process for the identification, assessment and prioritisation of risk;
 - (ii) the HA Risk Framework including reports on the enterprise wide risk profile; and
 - (iii) significant risk issues reported to it by the Chief Executive;
 - (b) monitoring HA's financial and administrative control processes, including those designed to ensure the safeguarding of resources and operational efficiency, through the results of internal and external audit;
 6. Oversee the processes implemented by the Management for monitoring:
 - (a) compliance with pertinent statutes and regulations;
 - (b) compliance with HA's Code of Conduct;
 - (c) effectiveness of controls against conflicts of interest and fraud; and
 - (d) effectiveness of HA's whistleblowing mechanism
- Note: It should be noted that 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.

Focus of Work in 2014-15

The Committee met six times in 2014-15 to exercise an active oversight of the 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 accordance with the Terms of Reference of the Committee. Key focus of the Committee in 2014-15 was broadly summarised as follows:-

- (a) In regard to the internal audit function, the Committee received quarterly progress reports from Chief Internal Auditor on completed audit results and follow-up actions. Among the various internal audit reports reviewed during the year, some of the key operational audits included "Management of Intensive Care Unit Services", "Arrangements for Training of Healthcare Professionals (Medical Sub-group)", "Impact of Measures to Relieve Workload of Doctors and Nurses", "Inpatient Identification – Newborns", "General Outpatient Clinic Quota Management", "Measures to Address Winter Surge", "Community Mental Health Services", "Key Financial and Reporting Controls for One-off Grant", "Quality and Safety of Food Supplies", "Drug Allergy Checking", "Follow-up Audit on Day Surgery", "Follow-up on Director of Audit Report on Public-Private Partnership", and "Security Incident and Response Management". In 2014-15, the Committee also considered and approved the audit analytics strategy for clinical systems and its implementation in phases, as well as the Internal Audit Plan for 2015-16.

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) 定期檢討：
 - (i) 醫管局的風險識別、評估及排序政策和程序；
 - (ii) 醫管局的風險框架，包括機構風險概況報告；及
 - (iii) 行政總裁向委員會匯報的重大風險事宜；
 - (b) 透過內部及外界的審計評核結果，監察醫管局的財務及行政規管程序，包括確保資源及運作效率的有關程序；
 6. 監察醫管局用以管控以下事宜所訂立的程序：
 - (a) 對有關法例及規例的遵循；
 - (b) 對醫管局行為守則的遵循；
 - (c) 對利益衝突及欺詐行為的規管成效；及
 - (d) 醫管局舉報機制的成效。
- 註：雖然審計及風險管理委員會的職能涵蓋廣泛，惟其權限並不包括純屬醫療性質之事宜（例如醫療倫理）。

2014-15 年度工作概況

在 2014-15 年度，委員會共召開六次會議，根據其職權範圍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。委員會在 2014-15 年度的工作重點概述如下：

- (a) 內部審計職能方面，委員會收閱總內部審計師有關已完成審計結果及跟進行動的季度報告。年內經審閱的內部審計報告中，一些主要運作審計包括「深切治療服務管理」、「醫護專業人員（醫生組別）培訓安排」、「紓緩醫生及護士工作量措施的影響」、「住院病人身份識別 - 新生嬰兒」、「普通科門診所診症名額管理」、「處理與傳媒的溝通」、「應對冬季流感高峰期措施」、「社區精神健康服務」、「一次過撥款的主要財政及呈報規管」、「膳食供應質量及安全」、「藥物過敏查核」、「日間手術的跟進審核」、「跟進審計署署長有關公私營協作計劃報告書」，以及「安全事故及應變管理」。在 2014-15 年度，委員會亦審議及批核臨床系統及其分期實施的審計分析策略，以及 2015-16 年度的內部審計計劃。

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- (b) In the area of external audit, the Committee reviewed and endorsed the HA's draft financial statements for 2013-14 in a joint meeting with the Finance Committee, as well as the external auditor's internal control memorandum in a subsequent regular meeting. Besides, the Committee reviewed the evaluation results of the external auditor's performance upon renewal of the audit services.
- (b) 由外聘核數師進行的審計方面，委員會與財務委員會一同開會，審核及通過醫管局2013-14年度財務報表擬本，並在隨後一個定期會議審核及通過外聘核數師的內部監控備忘錄。此外，醫管局與外聘核數師續簽審計服務合約時，委員會亦審閱了外聘核數師的表現評核報告。
- (c) In regard to the risk management, the Committee considered and endorsed the action plan to implement measures for moving towards an organisation-wide risk management approach. During the year, it also received reports on mitigation strategies for key risk items relating to the Electronic Health Record Programme, Inpatient Medication Order Entry System, management of multi-drug resistant organisms, specialist outpatient clinics waiting time, medication safety, manpower shortage of supporting staff, major capital works and error proofing in IT Operations. As part of the risk reporting, the Integrity Risk Report and the Key Organisation-wide Risk Report for 2015 were also reviewed by the Committee.
- (c) 風險管理方面，委員會審議及通過行動方案，推行措施以邁向機構風險管理模式。年內，委員會收閱有關主要風險項目的風險緩減策略報告，包括電子健康紀錄互通系統、住院病人藥物指令輸入系統、多重抗藥性細菌防控、專科門診輪候時間、用藥安全、支援服務人手短缺、大型基本工程及資訊科技操作防錯措施。委員會亦審閱2015年誠信風險報告及主要機構風險報告，作為風險呈報的一部分。
- (d) To maintain good governance and high level of probity, the Committee considered the recommendations from the ICAC Corruption Prevention Department made in the assignment reports respectively on HA's administration of Chinese Medicine Centres for Training and Research and the performance management of pharmaceutical manufacturers and suppliers in HA, as well as the responses and follow-up actions proposed by the management. The recommendations on HA's specialist outpatient services for elderly patients and the implementation progress of follow-up actions, which were resulted from the value for money audit conducted by the Director of Audit on the provision of health services for the elderly were also discussed by the Committee.
- (d) 為維持良好管治及高度廉潔，委員會審議了廉政公署防止貪污處審查報告所作的建議，包括有關醫管局中醫藥臨床教研中心的管理，以及醫管局藥物製造商及供應商的表現管理，並審議管理層就該報告所作的建議及跟進行動。另亦討論了審計署署長就長者病人醫療服務進行的專科的衡工量值審計，及其報告當中有關醫管局長者病人專科門診服務的建議，以及各項跟進行動的實施進度。
- (e) As a good corporate governance practice, the Committee conducted a self-assessment exercise in reviewing its activities in the past year according to its Terms of Reference.
- (e) 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。

Executive Committee 行政委員會

Membership List 成員名單

Chairman 主席	:	Prof John LEONG Chi-yan, SBS, JP 梁智仁教授
Member 成員	:	Mr CHENG Yan-kee, BBS, JP 鄭恩基先生
		Mr Ricky FUNG Choi-cheung, SBS, JP 馮載祥先生
		Mr Lester Garson HUANG, JP 黃嘉純先生
		Dr KAM Pok-man 甘博文博士
		Dr LEUNG Pak-yin, JP, <i>Chief Executive</i> 梁栢賢醫生 行政總裁
		Mr Patrick MA Ching-hang, BBS, JP 馬清鏗先生
		Prof Maurice YAP Keng-hung, JP 葉健雄教授

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

職權範圍

1. 審議有關長遠策略規劃、風險管理、機構管治、绩效管理及繼任規劃的重要事宜及整體政策方針，並協助醫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

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- (e) review the performance of Chief Executive, Directors, Heads of Division and Cluster Chief Executives;
- 7. Convene as the Emergency Executive Committee (EEC) in accordance with HA's Emergency Contingency Plan (supplemented by a senior Food & Health Bureau official when meeting as EEC).

Focus of Work in 2014-15

In 2014-15, the Committee met nine times to discuss or approve 46 papers (including nine through circulation). Major matters considered included appointment and remuneration matters of senior executives at HA Head Office and clusters, job evaluation of selected senior executive positions, career posting and succession of senior executives, progress of the Government's Review on Hospital Authority, implementation progress on recommendations of the Corporate Governance Review, the Capital Works Resource Allocation Exercise, succession in Board Committees and membership of Hospital Governing Committees, the HA Budget and Annual Plan for 2015-16, HA Strategic Plan 2017-2022, HA's Key Enterprise-wide Risk Profile, reports on staff complaints against senior executives, HA's stance on Government's Public Consultations on Voluntary Health Insurance Scheme and Review of Regulation of Private Healthcare Facilities, etc.

As a good corporate governance practice, the Committee conducted a self-assessment exercise in reviewing its activities in the past year according to its Terms of Reference.

- (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。)

2014-15 年度工作概況

在 2014-15 年度，委員會共召開九次會議，討論或通過 46 份文件（包括九份傳閱文件），主要事項包括總辦事處及聯網高級行政人員的聘任及薪酬事宜、選定高級行政職位工作評估、高級行政人員調任安排及繼任規劃、政府督導的醫管局檢討的進展、機構管治檢討建議的實施進度、基本工程計劃撥款申請及結果、醫管局大會轄下委員會繼任事宜及醫院管治委員會成員名單、醫管局 2015-16 年度財政預算及工作計劃、醫管局 2017 至 2022 年策略計劃、醫管局主要機構風險概況、職員對高級行政人員投訴的報告、醫管局就政府自願醫保計劃及私營醫療機構規管檢討公眾諮詢的立場等。

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。

Emergency Executive Committee 緊急應變策導委員會

Membership List 成員名單

Chairman 主席	:	Prof John LEONG Chi-yan, SBS, JP <i>(In his absence, the Emergency Executive Committee chairmanship should be elected among its standing members)</i> 梁智仁教授 (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)
Member 成員	:	Mr CHENG Yan-kee, BBS, JP 鄭恩基先生 Mr Ricky FUNG Choi-cheung, SBS, JP 馮載祥先生 Mr Lester Garson HUANG, JP 黃嘉純先生 Dr KAM Pok-man 甘博文博士 Dr LEUNG Pak-yin, JP, Chief Executive <i>(In his absence, the Deputising CE)</i> 梁栢賢醫生 行政總裁 (行政總裁不在時，由代理行政總裁出任) Mr Patrick MA Ching-hang, BBS, JP 馬清鏗先生 Miss Janice TSE, JP <i>(representing the Permanent Secretary for Health)</i> 謝小華女士 [代表食物及衛生局常任秘書長(衛生)] Prof Maurice YAP Keng-hung, JP 葉健雄教授

Note: The Emergency Executive Committee (EEC) was set up by the Board on 15 January 2004. It 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：緊急應變策導委員會於 2004 年 1 月 15 日由醫管局大會成立。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，委員會即展開運作。

Terms of Reference

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

職權範圍

- 代表醫管局大會運作，並行使其權力及職能，包括：
 - 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
 - 設立小組委員會或專責小組處理具體事項。
- 為醫管局面對的緊急情況，鑑辨目標及評估風險；
- 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；
- 統籌其他醫管局委員會，包括醫院管治委員會的行動；
- 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
- 須向醫管局大會負責，並於可行範圍內盡快向醫院管理局大會成員報告。

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Focus of Work in 2014-15

In 2014-15, the Committee met on 30 December 2014 in response to a confirmed case of human H7N9 (Avian) influenza infection on 27 December 2014 and the subsequent activation of the Serious Response Level (S2) following the Government's activation of the Serious Response Level under the Government's Preparedness Plan for Influenza Pandemic.

At the meeting, the Committee was briefed on the details of the index case and the latest position of the situation. Members noted the actions taken or to be taken by the HA, including contact tracing and quarantine arrangement, activation of the Clinical Management System's eH7 platform for early alert and notification, triage arrangement at the Accident and Emergency Departments, isolation facilities of the hospitals, enhanced infection control measures, arrangements for visiting and volunteer services as well as clinical attachment, and enhanced laboratory network service.

As at 31 March 2015, Serious Response Level (S2) remained in force.

2014-15 年度工作概況

在 2014-15 年度，委員會曾於 2014 年 12 月 30 日召開會議，處理 2014 年 12 月 27 日的人類感染 H7N9 禽流感確診個案，以及因應政府啟動流感大流行應變計劃的嚴重應變級別而啟動嚴重應變級別 (S2)。

委員會在會上聽取了首宗確診個案的詳情及最新情況。成員亦獲悉醫管局已經及將會採取的措施，包括追蹤接觸個案與防疫安排、啟動臨床資訊管理系統的 eH7 警示及通報平台、急症室分流安排、醫院隔離設施、加強感染控制的措施、醫院探病及義工服務和臨床派駐實習的安排，以及加強化驗網絡的服務。

於 2015 年 3 月 31 日，嚴重應變級別 (S2) 仍然有效。

Finance Committee 財務委員會

Membership List 成員名單

Chairman 主席	:	Dr KAM Pok-man 甘博文博士
Member 成員	:	Mr Andrew FUNG Hau-chung, JP 馮孝忠先生
		Mr Stephen LEE Hoi-yin 李開賢先生
		Mrs Margaret LEUNG KO May-yee, SBS, JP 梁高美懿女士
		Ms Esther LEUNG Yuet-yin, JP / Ms Karyn CHAN (representing the Secretary for Financial Services and the Treasury) 梁悅賢女士／陳靜婉女士 (代表財經事務及庫務局局長)
		Dr LEUNG Pak-yin, JP, Chief Executive 梁栢賢醫生 行政總裁
		Mr Patrick MA Ching-hang, BBS, JP 馬清鏗先生
		Mr PANG Yiu-kai, SBS, JP 彭耀佳先生
		Miss Janice TSE Siu-wa, JP (representing the Permanent Secretary for Health) 謝小華女士 [代表食物及衛生局常任秘書長(衛生)]
		Mr WONG Kwai-huen, BBS, JP 王桂壠先生

Terms of Reference

1. Advise and make recommendations on the financial aspects of the HA Corporate Plan and Annual Plan;
2. Advise and make recommendations on the financial planning, control, performance, monitoring and reporting aspect of the HA;
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 HA on the financial statements (audited and unaudited) of the HA;
6. Liaise with the Trustees of the HA Provident Fund Scheme and make recommendations to the HA;
7. Monitor the financial position of the HA; 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 HA.

Focus of Work in 2014-15

To assist the HA Board in ensuring proper stewardship and effective use of public funds, the Committee met five times in 2014-15 to advise and make recommendations to the Board on various finance related matters for the Authority. Key focus of the Committee in 2014-15 was broadly summarised as follows:-

職權範圍

1. 就醫管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. 就醫管局的財政規劃、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. 就醫管局的每年財務報表（經審核及未經審核），向醫管局提供意見及作出建議；
6. 與醫管局公積金計劃的信託人聯繫，並向醫管局作出建議；
7. 監察醫管局的財政狀況；及
8. 就醫管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。

2014-15 年度工作概況

為協助醫管局大會妥善督導和有效運用公帑，委員會在 2014-15 年度共召開五次會議，就醫管局的各項財務相關事宜，向大會提供意見及作出建議。委員會於 2014-15 年度的工作重點概述如下：

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- (a) In support of the corporate strategy and policies development of HA, the Committee deliberated the future development direction and refinement proposals for HA's Internal Resource Allocation model and its applications. During this process, due consideration was given to the preliminary discussions of the Government's Steering Committee on Review of HA with respect to the review area of resource management. Besides, the Committee also considered an update on the HA fees and charges review for 2014-15 and the way forward for periodic review to fulfil HA's fiduciary duties on advising the Government of the fee policies for public hospital services.
- (b) Dovetailing with HA's service and resource planning process, the Committee examined the proposed 2015-16 HA budget and resource allocation. On financial risk management, the Committee reviewed the risk mitigation measures taken in 2014, and considered the planned mitigation actions for the key financial risk facing HA in 2015. In addition, it also considered and endorsed HA's insurance renewal approach and direction for 2015-16.
- (c) On accountability reporting and monitoring of HA's financial position, the Committee reviewed and endorsed HA's draft financial statements for 2013-14. Besides, it considered the 2013-14 audited financial statements for a number of designated programmes undertaken by HA, including the Electronic Health Record Programme Development, the Samaritan Fund, the Community Care Fund Medical Assistance Programmes and the HA Charitable Foundation. In addition to receiving monthly financial reports during the year, the Committee also considered a mid-year financial review of HA together with the unaudited financial statements for the six months ended 30 September 2014. Specifically, on management of medical fee income, regular reports on major write-off /waiver cases (over HK\$1 million each) were presented to the Committee. In addition, it considered a review of HA's overall debt management framework together with the related accountability reporting arrangement, and also examined findings from the first stage of post-implementation review of the new Patient Billing and Revenue Collection System. With regard to investment management, the Committee also received regular progress updates from the Treasury Panel on HA's treasury management and operations.
- (d) On people development for the Finance function in HA, the Committee received a progress update on the various organisation and staff development strategies undertaken for the Finance grade, and supported the way forward for initiating a review to further identify improvement opportunities for building a sustainable Finance workforce. Last but not least, the Committee also reviewed the Annual Work Plan of the Finance Division and the proposed key strategic areas for 2015-16.
- (a) 為支援醫管局制訂整體策略及政策，委員會審議醫管局內部資源分配機制及有關應用的未來發展方向及優化建議，過程中亦適切考慮政府的醫院管理局檢討督導委員會就資源管理所作的初步討論。此外，委員會審議醫管局 2014-15 年度收費檢討，以及定期檢討的未來路向，以履行醫管局就公立醫院服務收費政策向政府作出建議的受托職責。
- (b) 委員會亦配合醫管局的服務及資源規劃進程，審議醫管局 2015-16 年度預算及資源分配建議。就財務風險管理方面，委員會審閱 2014 年採取的風險緩減措施，並審議就醫管局 2015 年主要財務風險所擬訂的風險緩減計劃。此外亦審議及通過醫管局 2015-16 年度保險續保模式及方針。
- (c) 在問責報告及監察醫管局財務狀況方面，委員會審閱及通過醫管局 2013-14 年度的財務報表擬本，亦審議醫管局推行的若干指定計劃於 2013-14 年度的經審核財務報表，包括電子健康紀錄系統開發計劃、撒瑪利亞基金、關愛基金醫療援助計劃，以及醫院管理局慈善基金。年內委員會除收閱每月財務報告外，亦審議醫管局的年中財政檢討，以及截至 2014 年 9 月 30 日止六個月未經審核的財務報表。就醫療費用收入管理方面，委員會收閱大額註銷／豁免收費個案（每宗超過一百萬港元）的定期報告，另亦審議醫管局整體債務管理框架及有關問責報告安排，並審閱新的病人帳單系統實施後第一階段檢討的結果。就投資管理方面，委員會定期收閱庫務小組就醫管局庫務管理及運作所提呈的進度報告。
- (d) 有關醫管局的財務人力發展，委員會收閱為財務職系訂定各項組織及員工發展策略的進展報告，並支持實施檢討的未來路向，就建立可持續財務職員隊伍作進一步改善。最後，委員會亦審閱財務部 2015-16 年度工作計劃及建議的主要策略範疇。

As a good corporate governance practice, the Committee conducted a self-assessment exercise in reviewing its activities in the past year according to its Terms of Reference.

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。

Human Resources Committee 人力資源委員會

Membership List 成員名單

Chairman 主席	:	Mr Patrick MA Ching-hang, BBS, JP 馬清鏗先生
Vice-Chairman 副主席	:	Mr William CHAN Fu-keung, BBS 陳富強先生
Members 成員	:	Mr CHAN Bing-woon, SBS, JP (<i>up to 30.11.2014</i>) 陳炳煥先生 (截至 2014 年 11 月 30 日)
		Prof Francis CHAN Ka-leung, JP 陳家亮教授
		Ms Quince CHONG Wai-yan, JP 莊偉茵女士
		Mr Andy LAU Kwok-fai (<i>passed away on 17 April 2015</i>) 劉國輝先生 (於 2015 年 4 月 17 日辭世)
		Ms Angela LEE Chung-yan (<i>representing the Permanent Secretary for Health</i>) 李頌恩女士 [代表食物及衛生局常任秘書長 (衛生)]
		Prof Diana LEE Tze-fan 李子芬教授
		Dr LEUNG Pak-yin, JP, <i>Chief Executive</i> 梁栢賢醫生 行政總裁
		Dr LI Chi-kong, JP 李志光醫生
		Prof Maurice YAP Keng-hung, JP 葉健雄教授

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 HA on the terms and conditions of employment for staff;
5. Advise, review and make recommendations to the HA on staff pay awards and overall staffing structure;
6. Advise, review and make recommendations to the HA on any other staff related matters;
7. Consider periodically matters relating to risk, risk management and risk mitigation relevant to human resources management; and
8. Monitor the performance of the Hospital Authority Mandatory Provident Fund Schemes and make recommendations to the HA as and when necessary.

Focus of Work in 2014-15

In 2014-15, the Committee met six times to discuss and consider various human resources (HR) matters of HA.

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；以及
8. 監察醫院管理局強積金計劃的表現，並按需要向醫管局提出建議。

2014-15 年度工作概況

在 2014-15 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。

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Along the strategic direction of HA to allay staff shortage and high turnover, the Committee considered and endorsed various HR recommendations and measures that were initiated to improve manpower situation and employment terms and conditions, such as following-up the proposals on the Optometrist Grade Review in 2013-14, recommendations from the job evaluation of senior management positions, changes to the Continuous Night Shift Scheme, as well as an initiative for employment beyond the normal retirement age of 60 for serving staff. It gave comments on the development of senior HR executives, noted the Finance organisation development, received a progress update on Call Payment Offer Exercise for staff other than clinical doctors, and monitored the HA Mandatory Provident Fund Scheme through a regular update. Endorsement-in-principle was also granted for the proposed 2014-15 annual pay adjustment for HA employees. On the other hand, having considered that no apparent need was anticipated for further overseas recruitment of Diagnostic Radiographer, Radiation Therapist and Podiatrist grades in the near future, the Committee agreed to discontinue the enhanced overseas package for overseas new recruits of these grades.

To further promote staff health and wellness, the Committee discussed and endorsed the implementation details of the pilot project on the enhancement of staff access to radiological services endorsed in 2013-14, reviewed the user eligibility of the HA staff clinics and telephone booking system, and noted the findings and full roll-out plan of the Personal Health Record Pilot Project – Electronic Access of Staff Health Record.

In terms of staff training and development, besides receiving a regular update from the HA Head Office Training and Development Team, the Committee commented on the functions and roles of HA in providing professional training for the healthcare workforce (including medical, nursing, allied health and pharmacy grades staff); and considered the challenges and issues faced by HA. In addition, the Committee considered the staff orientation and induction initiatives in HA.

During the year, the Committee discussed the HR risk assessment for 2015 with planned mitigation actions, provided feedback on the key performance indicators of HR functions, and deliberated on the agenda forecast for 2015-16. It also received a report on staff complaints received in 2014.

As a good corporate governance practice, the Committee conducted a self-assessment exercise in reviewing its activities in the past year according to its Terms of Reference. It also received a report on Staff Complaints Management Audit in 2013-14 and considered the findings and corresponding follow-up actions.

委員會根據醫管局紓緩人手短缺和職員流失的策略方向，審議及通過多項人力資源建議和措施，以改善人手情況及僱用條件，包括跟進 2013-14 年度視光師職系檢討的建議、高層管理職位工作評估作出的建議、連續夜間當值計劃修訂，以及現職僱員在 60 歲正常退休年齡後的聘任計劃。委員會亦就高級人力資源管理人員的發展提出意見、備悉財務部的組織發展、收閱非醫生職員候召補償方案的進展報告，以及審閱醫管局強制性公積金計劃定期報告，監察計劃運作。委員會亦原則上同意 2014-15 年度醫管局僱員的年度薪酬調整。此外，由於預計在可見將來沒有明顯需要就放射師、放射治療師及足病治療師職系進行海外招聘，委員會同意停止為這些職系新聘的海外人員提供優化聘用條件。

為進一步促進員工健康及福利，委員會審議及通過 2013-14 年度批核的優化員工使用放射服務先導計劃的實施詳情、檢討醫管局職員診所及電話預約系統的使用者資格，以及備悉個人健康紀錄先導計劃 - 職員電子健康紀錄計劃的詳情及全面推展計劃。

員工培訓及發展方面，委員會除了收閱總辦事處人力資源部培訓及發展組的定期報告，亦就醫管局為醫護人員（包括醫生、護士、專職醫療及藥劑職系）提供專業培訓的職能及角色提出意見，並審議醫管局面對的挑戰和事宜。此外，委員會亦審議醫管局的職員迎新及入職指導計劃。

年內，委員會審議 2015 年的人力資源風險評估，以及擬定的風險緩減措施，並就人力資源職能的主要表現指標提出意見，另亦擬定 2015-16 年度的預設議程，以及收閱 2014 年所接獲員工投訴的報告。

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。此外，委員會收閱 2013-14 年度的職員投訴管理審核報告，並審議有關結果及相應的跟進行動。

Information Technology Services Governing Committee 資訊科技服務管治委員會

Membership List

成員名單

Chairman 主席	:	Dr LEUNG Pak-yin, JP, <i>Chief Executive</i> 梁栢賢醫生 行政總裁
Vice-Chairman 副主席	:	Mr CHENG Yan-kee, BBS, JP 鄭恩基先生
Members 成員	:	Ms Anita CHENG Wai-ching (<i>from 2.5.2014</i>) 鄭瑋青女士 (由 2014 年 5 月 2 日起) Mr Davey CHUNG Pui-hong <i>Deputy Secretary for Food and Health (Health)</i> 鍾沛康先生 食物及衛生局常任秘書長 (衛生) Mr Daniel LAI, BBS, JP 賴錫璋先生 Mr Victor LAM, JP <i>Government Chief Information Officer (Acting) (from 26.2.2015)</i> 林偉喬先生 政府資訊科技總監 (代理) (由 2015 年 2 月 26 日起) Mr Stephen LAU Ka-men, JP 劉嘉敏先生 Hon Charles Peter MOK, JP 莫乃光議員

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 HA Board; and
8. Consider matters relating to risk, risk management and risk mitigation relevant to Information Technology across HA.

職權範圍

1. 通過醫管局的資訊科技／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。

Appendix 3

附錄 3

Focus of Work in 2014-15

In 2014-15, the Committee met four times to discuss various issues relating to the strategic development of IT/information systems in HA. During this period, the Committee discussed and endorsed the management structure review of Information Technology Division (ITD) including the renaming of the Division as "Information Technology and Health Informatics Division" (IT&HID) with effect from September 2014 to better reflect the unique functionality of two streams of expertise in healthcare IT structure. The Committee also considered and deliberated on the interim findings of and the actions arising from the respective consultancy reviews of HA Strategy on IT and IT Sourcing Strategy. It received various reports relating to assessing risks, identifying actionable mitigating measures and enhancing the risk management processes. These included IT Operational Risk Assessment, IT Technology Heat Map Analysis and IT Quality Assurance and Risk Management Programme. In the area of privacy and data protection, the Committee provided advice on matters concerning the revision of HA's key privacy and security policies and the establishment of a centralised library for IT&HID documents. To meet the growing demand for IT systems to support the operation of the organisation, the Committee also discussed on the IT Block Vote Submission for 2015-16 and the IT&HID Annual Work Plan 2015-16 for responding to challenges in continuing existing service delivery and delivering the major strategic IT-enabled projects.

To fulfil its overseeing functions, the Committee monitored the implementation of the work stipulated in the IT&HID Annual Plan by considering, amongst others, the performance and status reports of respective IT functions at each of its meeting, the comments of which would be conveyed to the relevant working teams under IT&HID for follow-up actions. Progress Update on Clinical Management System Phase III, Business Supporting IT Systems, eHealth Record Projects and IT Services Performance were among the standing agenda items of the Committee's meetings. The Committee also monitored the ongoing efforts of IT&HID on development of the Government's Electronic Health Record Programme with HA as the technical agent and endorsed the related draft audited financial statements annually.

To support HA's service needs with the latest trend of IT technical development, the Committee received advice from the Information Technology Technical Advisory Subcommittee on the IT technical architectures and technology selections proposed by IT&HID which included mobile strategy; HA IT technology refresh approach; data privacy compliance and training; database platform review for clinical systems; approach in business and IT alignment etc.

As a good corporate governance practice, the Committee conducted a self-assessment exercise in reviewing its activities in the past year according to its Terms of Reference.

2014-15 年度工作概況

在 2014-15 年度，委員會共召開四次會議，討論醫管局資訊科技／資訊系統策略發展的各個事項。年內，委員會討論及審議醫管局資訊科技部管理架構檢討，包括該部門於 2014 年 9 月起改稱「資訊科技及醫療信息部」，以反映醫療資訊科技架構兩個不同的職系專長。委員會亦審議醫管局資訊科技策略顧問檢討的中期檢討結果的跟進工作，以及資訊科技採購策略顧問檢討的進展報告。此外，委員會收閱與風險評估、應對措施和加強風險管理有關的報告，包括資訊科技運作風險評估報告、資訊科技技術熱圖分析報告和資訊科技質素保證及風險管理計劃。在保障病人資料及私隱方面，委員會就更新資訊科技的相關政策，以及建立資訊科技及醫療信息部中央文件庫提供意見。委員會亦討論及審議 2015-16 年度資訊科技整體撥款申請，以及資訊科技及醫療信息部 2015-16 年度工作計劃，務求回應當前挑戰，維持現行服務及推行各項倚重資訊科技的主要策略性項目。

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，在各次會議上均有審閱不同資訊科技職能的表現及狀況報告，有關意見會向部門相關組別傳達，以供跟進。委員會的常規議程項目包括第三期臨床醫療管理系統、業務支援資訊科技系統、電子健康紀錄互通系統及資訊科技服務表現的進展報告。委員會亦監察資訊科技及醫療信息部作為政府的技術代理，為政府開發電子健康紀錄互通系統的持續進度，並每年通過有關的經審核財務報表擬本。

為有效利用最新資訊科技發展以支援醫管局的業務需要，委員會收閱信息技術諮詢小組委員會就資訊科技及醫療信息部建議的資訊科技架構及選擇方案提供的意見，包括流動化策略、醫管局資訊科技技術更新模式、資料私隱合規性及培訓、臨床系統資料庫平台功能檢討，以及業務與資訊科技的銜接等。

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。

Main Tender Board 中央投標委員會

Membership List 成員名單

- Chairman**
主席 : Prof Maurice YAP Keng-hung, JP
葉健雄教授
- Vice-Chairmen**
副主席 : Mr William CHAN Fu-keung, BBS
陳富強先生
Mr Lincoln TSO Lai
曹禮先生
- Ex-officio members**
當然成員 : Dr LEUNG Pak-yin, JP, *Chief Executive (or his nominated representative)*
梁栢賢醫生 行政總裁
(行政總裁或其委任代表)
Ms Clara CHIN Sheung-chi, *Director (Finance) (or her nominated representative)*
錢湘芷女士 財務總監
(財務總監或其委任代表)
- Members**
成員 : Two of the following rotating members:
以下其中兩位輪值成員 :
- Mr CHAN Bing-woon, SBS, JP (*up to 30.11.2014*)
陳炳煥先生 (截至 2014 年 11 月 30 日)
- Prof Francis CHAN Ka-leung, JP
陳家亮教授
- Ms Anita CHENG Wai-ching
鄭瑋青女士
- Mr CHENG Yan-kee, BBS, JP
鄭恩基先生
- Ms CHIANG Lai-yuen, JP
蔣麗婉女士
- Ms Quince CHONG Wai-yan, JP
莊偉茵女士
- Mr Andrew FUNG Hau-chung, JP
馮孝忠先生
- Mr Andy LAU Kwok-fai (*passed away on 17 April 2015*)
劉國輝先生 (於 2015 年 4 月 17 日辭世)
- Prof Diana LEE Tze-fan
李子芬教授
- Mr Stephen LEE Hoi-yin
李開賢先生
- Prof Gabriel Matthew LEUNG, GBS, JP
梁卓偉教授
- Mrs Margaret LEUNG KO May-yee, SBS, JP
梁高美懿女士
- Dr LI Chi-kong, JP
李志光醫生
- Prof Raymond LIANG Hin-suen, SBS, JP
梁憲孫教授
- Dr LO Wai-kwok, SBS, MH, JP (*from 22.1.2015*)
盧偉國博士 (由 2015 年 1 月 22 日起)

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Ms Winnie NG
伍穎梅女士

Mr PANG Yiu-kai, SBS, JP
彭耀佳先生

Mr WONG Kwai-huen, BBS, JP
王桂壘先生

Terms of Reference

The main function of the HA Main Tender Board is to consider and approve tender of order value above HK\$4 million;

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

Focus of Work in 2014-15

In 2014-15, the Main Tender Board (MTB) met 24 times to consider a total of 699 tender papers for procurement of supplies and services with value of over HK\$1 million for HA Head Office, and above HK\$4 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 domestic and supporting services, maintenance of medical and laboratory equipment, information technology systems and maintenance services and data hosting facilities. Capital works tenders were mainly concerned with hospital redevelopment projects and minor works improvements for maintenance of hospital premises. During the year, Members of MTB sought clarifications or made suggestions for the management to follow up on 27 tender papers, and action was taken for most of them while one tender paper was finally not approved.

As a good corporate governance practice, the Committee conducted a self-assessment exercise in reviewing its activities in the past year according to its Terms of Reference.

職權範圍

醫管局中央投標委員會的主要職能是審議及通過涉及價值 400 萬元以上的投標；

1. 就評估小組所作的建議，進行檢討及評核；
2. 就評估小組遴選時所採用的程序及準則，進行檢討；及
3. 在確立上述 (1) 及 (2) 項的適切性後，就評估小組的選擇作最終的批核。

2014-15 年度工作概況

在 2014-15 年度，委員會共召開 24 次會議，審議共 699 份採購物資和服務的投標文件，每宗合約所涉價值為：醫管局總辦事處 100 萬元以上；聯網及醫院 400 萬元以上。有關採購物資的投標主要涉及購買藥物、醫療及化驗設備與消耗品；服務採購的投標主要涉及醫院庶務及支援服務、醫療及化驗設備保養、資訊科技系統和保養及數據寄存設施；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。年內，委員會成員曾就 27 份投標文件要求管理層釐清或建議管理人員跟進，其中大部分建議已落實執行，有一份投標文件最終不獲通過。

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。

Medical Services Development Committee 醫療服務發展委員會

Membership List

成員名單

Chairman 主席	:	Prof Maurice YAP Keng-hung, JP 葉健雄教授
Members 成員	:	Dr Constance CHAN Hon-ye, JP <i>Director of Health</i> 陳漢儀醫生 衛生署署長
		Mr William CHAN Fu-keung, BBS 陳富強先生
		Prof Francis CHAN Ka-leung, JP 陳家亮教授
		Dr KAM Pok-man 甘博文博士
		Prof Diana LEE Tze-fan 李子芬教授
		Ms Esther LEUNG Yuet-yin, JP/Ms Karyn CHAN (<i>representing the Secretary for Financial Services and the Treasury</i>) 梁悅賢女士／陳靜婉女士 (代表財經事務及庫務局局長)
		Prof Gabriel Matthew LEUNG, GBS, JP 梁卓偉教授
		Dr LEUNG Pak-yin, JP, <i>Chief Executive</i> 梁栢賢醫生 行政總裁
		Dr LI Chi-kong, JP 李志光醫生
		Prof Raymond LIANG Hin-suen, SBS, JP 梁憲孫教授
		Mr PANG Yiu-kai, SBS, JP 彭耀佳先生
		Mr Richard YUEN Ming-fai, JP <i>Permanent Secretary for Health</i> 袁銘輝先生 食物及衛生局常任秘書長(衛生)

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

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

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6. Exercise powers delegated by the Board on the following matters:
- approve the scope of coverage of the Samaritan Fund as recommended by the Management Committee of the Samaritan Fund,
 - approve clinical service plans on specialty services and redevelopment projects, except those involving decisions on financial provisions.

Focus of Work in 2014-15

In 2014-15, the Committee met six times to discuss issues relating to the planning, development and management of clinical services. On clinical services planning and development, the Committee considered and deliberated on the development of respective clinical services plans for the Kowloon Central Cluster, Kowloon East Cluster and New Territories East Cluster; service development of the Hong Kong Children's Hospital; commissioning of the Tin Shui Wai Hospital; development of the Integrated Chinese-Western Medicine pilot programme; and the setting up of Phase 1 Clinical Trial Centres in the two teaching hospitals.

The Committee considered and gave advice on a wide range of clinical management issues, including relating to the introduction of new drugs and indications to be covered by the Samaritan Fund from 2014-15; management of the HA Drug Formulary; HA's guidelines on Resuscitation and guidance on advance directives; hospital accreditation; framework on credentialing and defining scope of practice in HA; Enrolled Nurse training; development of the Complaints and Feedback Management System; HA's support for the administration of an additional Licensing Examination of the Medical Council of Hong Kong in 2014; winter surge preparation; annual review on key performance indicators; and the patient service and care risks and the proposed risk reduction plans for 2015.

The Committee also received progress reports of various clinical programmes, including the Service Management Report of the Chinese Medicine Centres for Research and Training under the tripartite arrangement; Filmless HA Project; HA Patient Experience and Satisfaction Survey; Patient Engagement Study 2013; and progress of various public-private partnership service programmes.

As a good corporate governance practice, the Committee conducted a self-assessment exercise in reviewing its activities in the past year according to its Terms of Reference.

6. 就以下事宜行使醫院管理局大會授予的權力：
- 批核撒瑪利亞基金管理委員會建議的基金涵蓋範圍；
 - 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。

2014-15 年度工作概況

在 2014-15 年度，醫療服務發展委員會共召開六次會議，討論臨床服務的規劃、發展及管理事項。在臨床服務規劃及發展方面，委員會考慮及審議九龍中、九龍東及新界東醫院聯網臨床服務計劃的制訂、香港兒童醫院服務發展、天水圍醫院啟用籌劃、中西醫協作先導計劃，以及在兩間教學醫院興建一期臨床試驗中心。

委員會審議不同醫療管理事項，並提供意見，包括撒瑪利亞基金在 2014-15 年度起納入新藥及適應症、醫管局藥物名冊管理、醫管局心肺復甦術指引及預設醫療指示指引、醫院認證、資歷認證及確定醫管局臨床實務範圍制度框架、登記護士培訓、投訴及意見管理電子系統的建立、醫管局支援香港醫務委員會於 2014 年加開一次執業資格試的相關安排、冬季流感高峰期應對準備、主要表現指標年度檢討，以及 2015 年病人服務及治療風險與風險防範計劃建議。

委員會亦收閱各項臨床服務計劃的進展報告，包括三方合作模式中醫藥教研中心的服務管理報告、醫管局數碼圖像計劃、醫管局病人經驗及服務滿意度調查、2013 年「病人參與」研究，以及各項公私營協作服務計劃的進展。

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。

Public Complaints Committee 公眾投訴委員會

Membership List 成員名單

Chairman 主席	:	Mr Ricky FUNG Choi-cheung, SBS, JP* 馮載祥先生 *
Members 成員	:	Mr CHAN Bing-woon, SBS, JP (<i>up to 30.11.2014</i>) 陳炳煥先生 (截至 2014 年 11 月 30 日)
		Rev Canon Dr Alan CHAN Chor-choi 陳佐才法政牧師
		Dr Jane CHAN Chun-kwong (<i>from 1.12.2014</i>) 陳真光醫生 (由 2014 年 12 月 1 日起)
		Mr CHAN Shu-ying, SBS, JP 陳樹鏌先生
		Ms Christine Barbara CHAN So-han 陳素嫻女士
		Mr CHAN Wing-kai (<i>from 1.12.2014</i>) 陳永佳先生 (由 2014 年 12 月 1 日起)
		Sister Nancy CHEUNG Chu-kin (<i>up to 30.11.2014</i>) 張柱見修女 (截至 2014 年 11 月 30 日)
		Ms Peggy CHING Pui-ki (<i>from 1.12.2014</i>) 程佩琪女士 (由 2014 年 12 月 1 日起)
		Mr CHOI Chi-sum 蔡志森先生
		Mr Antonio CHU Lok-sang 朱樂生先生
		Prof Joanne CHUNG Wai-yee 鍾慧儀教授
		Mr HO Sau-him 何守謙先生
		Mr HUI Chung-shing, SBS, MH, JP (<i>from 1.12.2014</i>) 許宗盛先生 (由 2014 年 12 月 1 日起)
		Mr Samuel HUI Kwok-ting 許國定先生
		Mr KWOK Jing-keung, SBS, FSDSM (<i>from 1.12.2014</i>) 郭晶強先生 (由 2014 年 12 月 1 日起)
		Mr KWOK Leung-ming, SBS, CSDSM (<i>from 1.12.2014</i>) 郭亮明先生 (由 2014 年 12 月 1 日起)
		Mr Alex LAM Chi-yau 林志釉先生
		Mr Andy LAU Kwok-fai (<i>passed away on 17 April 2015</i>) 劉國輝先生 (於 2015 年 4 月 17 日辭世)
		Dr Robert LAW Chi-lim* 羅致廉醫生 *
		Dr Agnes LAW Koon-chui, JP 羅觀翠博士
		Ms Maggie LEUNG Yee-mei (<i>from 1.12.2014</i>) 梁綺眉女士 (由 2014 年 12 月 1 日起)
		Prof Raymond LIANG Hin-suen, JP* 梁憲孫教授 *
		Dr MAK Sin-ping, BBS* 麥倩屏醫生 *
		Mr Simon MOK Sai-man, MH (<i>from 1.12.2014</i>) 莫世民先生 (由 2014 年 12 月 1 日起)

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Prof WAN Chin-chin
尹葉芊芊教授

Mr WONG Kwai-huen, JP (up to 8.1.2015)
王桂壘先生 (截至 2015 年 1 月 8 日)

Dr WONG Kwok-chun (up to 30.11.2014)
黃國俊博士 (截至 2014 年 11 月 30 日)

Mrs Elizabeth WONG YEUNG Po-wo, MBE
黃楊寶和女士

Ms Lina YAN Hau-yee, MH, JP
殷巧兒女士

Ms Lisa YIP Sau-wah, JP*
葉秀華女士

* 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.
2. The PCC shall independently :
 - (a) consider and decide upon complaints from members of the public who are dissatisfied with the response of the HA/hospital to which they have initially directed their complaints.
 - (b) monitor HA's handling of complaints.
3. Pursuant to Para 2 above, the PCC shall independently advise and monitor the HA on the PCC's recommendations and their implementation.
4. In handling complaint cases, the PCC shall follow the PCC Complaint Handling Guidelines (Annex) which may be amended from time to time.
5. The PCC shall from time to time and at least once a year, make reports to the HA Board and public, including statistics or raising important issues where applicable.

職權範圍

1. 公眾投訴委員會 (委員會) 是醫院管理局 (醫管局) 內最終的投訴處理及上訴機制；
2. 委員會須獨立地：
 - (a) 審議及裁決公眾人士的投訴，這些投訴最初向醫管局／醫院提出，但投訴人對有關回覆不滿意；以及
 - (b) 監察醫管局對投訴的處理；
3. 為執行上述第 2 段所述職能，委員會會獨立地向醫管局提出建議，並監察建議的推行；
4. 委員會在處理投訴個案時，須依循委員會不時修訂的投訴處理指引；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。

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 (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.
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.

附件

公眾投訴委員會 (委員會) 處理投訴個案指引

1. 委員會是醫院管理局 (醫管局) 內的上訴機構，負責考慮公眾人士對醫管局服務的上訴。委員會按其職權範圍，制訂了以下投訴處理指引。
2. 如有以下情形，委員會通常不會受理有關投訴：
 - (a) 在醫管局提供服務後超過兩年，投訴人方才就該項服務提出投訴。但如委員會信納在某一個案的特別情況下，對該逾期提出的投訴進行調查是恰當者，則屬例外；
 - (b) 匿名投訴及／或投訴人無從識別或下落不明；
 - (c) 投訴人於提出投訴時，未有取得病人 (有關服務對象) 同意 (但假如病人已逝世或因任何理由未能自己作主，則本限制並不適用)；
 - (d) 投訴的主要內容已轉交或正由死因裁判官考慮或審裁；
 - (e) 投訴涉及事宜已有既定法定申訴程序處理；
 - (f) 投訴人或有關病人已採取法律行動，或已表示將向醫管局、有關醫院或提供有關服務的任何人士採取法律行動 (無論如何，委員會都不會受理任何索償的要求)；
 - (g) 投訴涉及醫管局既定政策的爭議，例如醫管局服務的收費政策；
 - (h) 投訴關乎醫護人員根據任何法定計劃所作的醫療評估，而該等計劃本身已有既定上訴渠道，例如根據香港法例第 282 章僱員補償條例規定簽發病假；
 - (i) 關於人事問題、合約或商業事宜的投訴；
 - (j) 瑣屑無聊、無理取鬧，或並非出於真誠的投訴；或
 - (k) 投訴或性質極為相近的投訴，屬委員會早前已裁決個案的主要內容。
3. 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。

Appendix 3

附錄 3

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 2014-15:

In 2014-15, the Public Complaints Committee held 17 meetings and handled a total of 281 cases, of which 206 were related to medical services, 39 related to administrative procedure, 28 related to staff attitude and eight others. In addition to the handling of appeal cases, the Committee also advised on HA's complaint handling policies to improve the efficiency and effectiveness of the Authority's complaints system, and make recommendations for system change and improvement of healthcare services. Regular internal and external communication programmes were conducted to enhance the transparency and credibility of the Authority's complaints system and the Committee as the final appeal body. Through its Secretariat, the Committee also shared important lessons learned for risk management and enhanced the complaint handling skills of frontline staff through regular specialist complaint management training including applied mediation skills training.

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。)

2014-15 年度工作概況

在 2014-15 年度，公眾投訴委員會共召開 17 次會議及處理 281 宗個案，其中 206 宗關於醫療服務、39 宗關於行政程序、28 宗關於員工態度、8 宗屬其他投訴。委員會除處理上訴個案外，亦就投訴處理政策提供意見，以改善醫管局投訴處理機制的效率及成效，並提出建議以加強機制和改善醫療服務。對內及對外的溝通計劃亦定期進行，以提升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定期舉辦投訴處理的專門訓練班，其中包括應用調解技巧訓練，與有關人員分享所汲取的經驗，從而促進風險管理及增強前線人員的投訴處理技巧。

Staff Appeals Committee 職員上訴委員會

Membership List 成員名單

Chairman 主席	:	Mr Peter LO Chi-lik 羅志力先生
Members 成員	:	Ms Quince CHONG Wai-yan, JP 莊偉茵女士 Mr Lawrence LEE Kam-hung, JP 李金鴻先生 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 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 HA's decision and shall be final.
4. The Committee shall make annual reports to the HA Board.

Focus of Work in 2014-15

The Committee was set up on 19 December 2002 to hear appeals from staff members who had raised grievances through the established channels of HA but who wished to make further appeal against a decision made. The Committee comprises individuals who are not staff members of HA.

In 2014-15, the Committee considered six appeals including a case carried forward from the previous year. Among the five cases received this year, the Committee did not handle one case as the appellant had instituted legal proceedings against HA. The Committee found that in all cases the complainants had fully presented their cases, and the relevant evidence had been carefully gathered and considered thoroughly by the HA management. The Committee deliberated that the conclusions reached were justified. Appropriate observations by the Committee in the process of investigations were duly passed on to the management teams in question for follow up.

As a good corporate governance practice, the Committee conducted a self-assessment exercise in reviewing its activities in the past year according to its Terms of Reference.

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。

2014-15 年度工作概況

委員會於 2002 年 12 月 19 日成立。醫管局職員如已循既定渠道提出投訴但不滿有關裁決，並作出上訴，委員會會就這些上訴個案進行聆訊。委員會的成員全部均非醫管局的職員。

在 2014-15 年度，委員會共審議六宗上訴個案，包括一宗上年度未完成處理的個案。在本年度收到的五宗個案中，其中一宗的上訴人已向醫管局提出法律訴訟，故委員會未有處理。委員會認為在所有個案中，投訴人已確切提出其申訴，醫管局的管理人員已小心蒐集及詳細審視相關證據。委員會認為就個案所作的結論均合乎理據。委員會在調查過程中觀察所得的適切事項，已轉達有關的管理人員跟進。

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。

Supporting Services Development Committee 支援服務發展委員會

Membership List

成員名單

Chairman 主席	:	Mr CHENG Yan-kee, BBS, JP 鄭恩基先生
Vice-Chairman 副主席	:	Ms CHIANG Lai-yuen, JP 蔣麗婉女士
Member 成員	:	Prof Edwin CHAN Hon-wan 陳漢雲教授
		Dr Andrew CHAN Ping-chiu, BBS 陳炳釗博士
		Mr Lester Garson HUANG, JP 黃嘉純先生
		Dr KAM Pok-man 甘博文博士
		Mr Andy LAU Kwok-fai (<i>passed away on 17 April 2015</i>) 劉國輝先生 (於 2015 年 4 月 17 日辭世)
		Ms Angela LEE Chung-yan (<i>representing the Permanent Secretary for Health</i>) 李頌恩女士 [代表食物及衛生局常任秘書長 (衛生)]
		Mr Peter LEE Kwok-wah 李國華先生
		Dr LEUNG Pak-yin, JP <i>Chief Executive</i> 梁栢賢醫生 行政總裁
		Mr Gregory LEUNG Wing-lup, SBS 梁永立先生
		Dr LO Wai-kiwok, SBS, MH, JP (<i>from 22.1.2015</i>) 盧偉國博士 (由 2015 年 1 月 22 日起)
		Ms Winnie NG 伍穎梅女士
		Mr WONG Kwai-huen, BBS JP 王桂壠先生

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 HA;
2. Review and monitor the annual capital expenditure plan approved by the HA Board;
3. Review and advise on the implementation and monitoring of Capital Works Projects in the HA;
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 HA; and
6. Consider periodically matters relating to risk, risk management and risk mitigation relevant to business support services and capital expenditure projects and other areas under the purview of the Committee.

職權範圍

1. 就發展業務支援服務及環境保護工作的方針和政策提供意見，務求最有效地支援醫管局的醫療服務；
2. 檢討及監察醫管局大會批核的周年資本開支計劃；
3. 檢討醫管局基本工程項目的推行和監察，並提供意見；
4. 檢討業務支援服務的新措施，例如改善供應鏈管理、設備管理、非核心服務的策略性外判及公私營協作，以及發展支援服務以增加收入，並提供意見；
5. 就醫管局規劃和推行業務支援服務及基本工程項目時，採納業內更佳做法和創新，提供意見；
6. 就業務發展及支援服務、資本開支項目及其他委員會職權範圍內的範疇，定期審議相關的風險、風險管理及風險緩減事宜。

Focus of Work in 2014-15

In 2014-15, the Committee held four meetings to advise on the directions and policies related to the development of Business Support Services and Capital Planning to best support clinical service delivery in HA. It reviewed reports on hospital security services, the enhancement of supply chain services to clinical users in clusters, and the contracts with price adjustment approved via Authorise and Direct granted by the Main Tender Board. It endorsed the recommendation of the consultancy review of HA's procurement strategies and Manual, and supported the proposed revision to the delegation of authority limits on procurement and materials management in HA. The Committee also endorsed the way forward for the outsourced patient food service project. The Committee followed through the replacement of medical and engineering equipment in 2014-15 and the plan for up to 2017-18, as well as the progress of advertising services. It also revisited the key operational risks in relation to business support services, pharmaceutical supplies and capital planning.

The Committee considered the formulation of the annual capital expenditure plan, the one-off grant for minor works projects, and regular reports on the progress of major capital works projects. It reviewed reports on the site supervision for major capital works projects managed by HA, and the latest updates on environmental management in HA. It supported the use of district cooling system in Hong Kong Children's Hospital and the replacement plan to adopt high efficiency air-conditioning chillers in HA premises. It endorsed the request for resumption of management and control of parts of Haven of Hope Hospital by Haven of Hope Christian Service, and the return of a portion of land at Ruttonjee Hospital and a store located in Prince Philip Dental Hospital to the Government. The Committee commented on the maintenance of slopes under management of HA and the latest development of the proposed columbarium outside Pok Oi Hospital. It also reviewed the consultancy study on construction induced vibration impacts on medical equipment, and the regular progress reports from the Capital Works Sub-Committee which was established under the Committee to oversee and advise on capital works / project related items.

As a good corporate governance practice, the Committee conducted a self-assessment exercise in reviewing its activities in the past year according to its Terms of Reference.

2014-15 年度工作概況

在 2014-15 年度，委員會共召開四次會議，履行其職權範圍的職責，主要就業務支援服務及基本工程規劃的發展方針及政策提供意見，務求提供最能切合醫管局醫療服務模式的支援服務。委員會收閱有關醫院保安服務、為聯網臨床用家加強供應鏈服務，以及經由中央投標委員會指令授權批准調整合約價格的報告。委員會亦通過醫管局採購策略及守則顧問檢討的建議，並支持醫管局採購及物料管理授予權限範圍的建議修訂，以及外判病人膳食服務項目的未來路向。委員會審閱 2014-15 年度更換醫療及工程設備與截至 2017-18 年度的規劃，以及廣告計劃的進展。此外，委員會檢討業務支援服務、藥物供應及基本工程規劃組涉及的主要運作風險。

委員會亦審議制訂每年資本開支計劃、小型工程項目一筆過撥款，以及大型基本工程項目的定期進展報告。委員會審閱有關醫管局轄下大型基本工程項目工地監督，以及醫管局環境管理最新情況的報告。委員會支持香港兒童醫院採用區域供冷系統，以及醫管局建築物改用高效能空調製冷機的計劃；亦通過基督教靈實協會恢復掌管靈實醫院部分土地的要求，以及向政府歸還律敦治醫院部分土地及位於菲臘牙科醫院的一個倉庫。委員會亦就醫管局轄下斜坡的保養，以及博愛醫院附近興建骨灰龕建議的最新發展提出意見，並審閱建築工程引起的震動對醫療儀器影響的顧問研究，以及轄下基本工程小組委員會的定期進展報告，該小組委員會負責審議基本工程及項目的相關事項。

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。

Membership of Hospital Governing Committees 醫院管治委員會成員

Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院

Chairman 主席	:	Rt Rev Dr Thomas SOO Yee-po, JP 蘇以葆主教
Ex-officio members 當然成員	:	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	:	Mr Derek CHAN Man-foon 陳文寬先生 Bishop Ben CHANG Chun-wa 張振華監督 Mr CHEUNG Wing-fai, MH 張榮輝先生 Ms Michelle CHOW Yan-wai 周恩惠女士 Mr Richard FUNG Lap-chung 馮立中先生 Ms KO Sui-fun 高瑞芬女士 Mr Michael LAI Kam-cheung, BBS, MH, JP 賴錦璋先生 Mr Roger LEE Chee-wah 李志華先生 Dr Pamela LEUNG, JP 梁明娟醫生 Mr John LI Kwok-heem, MH 李國謙先生 Rev Dr LI Ping-kwong, SBS 李炳光牧師 Mr Wilson MOK Yu-sang 莫裕生先生 Rev PO Kam-cheong 蒲錦昌牧師 Mr Herman TSOI Hak-chiu 蔡克昭先生 Dr WONG Fook-yee 王福義博士 Ms Peggy WONG Pik-kiu, MH, JP 黃碧嬌女士

Bradbury Hospice 白普理寧養中心

Chairman 主席	:	Dr Joseph LEE Man-ho 李文豪醫生
Ex-officio members 當然成員	:	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	:	Dr Hubert CHAN Chung-yee, JP 陳重義博士 Miss Mable Shadalla CHOW Sui-ming 周瑞明小姐 Dr Amy CHOW Yin-man 周燕雯博士 Dr David KAN 簡錦輝醫生 Prof Samantha PANG Mei-che 彭美慈教授 Mr SHUM Si-ki 沈士基先生 Dr Vincent TSE Kin-chuen 謝建泉醫生 Mr Paul WU Wai-keung 胡偉強先生

Caritas Medical Centre 明愛醫院

Chairman 主席	:	Prof David CHEUNG Lik-ching 張力正教授
Ex-officio members 當然成員	:	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	:	Dr Wallace CHAN Chi-ho 陳智豪博士 Mr CHAN Wai-ming, MH 陳偉明先生 Dr Denis CHANG, JP 張健利博士 Mr Augustine CHOI Chi-wa, BBS 蔡志華先生 Mr CHOW Yick-hay, BBS, JP 周奕希先生 Dr Daniel FANG Tak-sang 方德生醫生 Prof Frederick HO Wing-huen, SBS 何永煊教授 Dr Conrad LAM Kui-shing, JP 林鉅成醫生 Mr Anthony WONG Luen-kin, JP 黃鑾堅先生 Mr Charles YANG Chuen-liang, BBS, JP 楊傅亮先生 The Most Rev Michael YEUNG 楊鳴章主教 Rev Joseph YIM Tak-lung 閻德龍神父

Castle Peak Hospital & Siu Lam Hospital 青山醫院及小欖醫院

Chairman 主席	:	Mr CHAN Bing-woon, SBS, JP 陳炳煥先生
Ex-officio members 當然成員	:	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	:	Mr CHAN How-chi, MH 陳孝慈先生 Mr Edward PONG Chong, BBS, JP 龐創先生 Prof SHAM Pak-chung 沈伯松教授 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 Prof Thomas WONG Kwok-shing, JP 汪國成教授 Ms Nora YAU Ho-chun, MH, JP 邱可珍女士

Cheshire Home, Chung Hom Kok 春磡角慈氏護養院

Chairman 主席	:	Dr Albert WONG Chi-chiu 王志釗醫生
Ex-officio members 當然成員	:	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	:	Mrs Shelley M CHOW 周慧思女士 Mr Hilbert KA Ping-wah 賈秉華先生 Ms Betty KO Lan-fun 高蘭芬女士 Dr Bernard KONG Ming-hei 江明熙醫生 Mr Peter LI Lan-yiu 李蘭耀先生 Dr Leonard LI Sheung-wai 李常威醫生 Ms Janice MORTON 莫珍妮女士 Mr Simon TAM Chi-ming 譚智明先生 Dr Paul YOUNG Tze-kong, JP 楊子剛博士

Cheshire Home, Shatin 沙田慈氏護養院

Chairman 主席	:	Mrs Linda WONG LEUNG Kit-wah 王梁潔華女士
Ex-officio members 當然成員	:	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	:	Mrs Shelley M CHOW 周慧思女士 Ms Janet LAI Keng-chok 黎勁竹女士 Prof Diana LEE Tze-fan 李子芬教授 Dr Edward LEUNG Man-fuk 梁萬福醫生 Dr Pamela LEUNG Ming-kuen, JP 梁明娟醫生 Prof Mark MACALPINE (<i>passed away in May 2014</i>) 麥家平教授 (於 2014 年 5 月辭世) Mr Paul MAK Chun-nam 麥鎮南先生 Ms Janice MORTON 莫珍妮女士 Mr Alfred POON Sun-biu 潘新標先生

The Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院

Chairman 主席	:	Mr Vivian LEE Wai-man 李偉文先生
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	:	Prof Godfrey CHAN Chi-fung 陳志峰教授 Prof Kenneth CHEUNG Man-chee 張文智教授 Mr CHEUNG Tat-tong 張達棠先生 Mr Renny LIE Ken-jie 李國良先生 Mr Gordon Gilbert LOCH Han-van 陸漢峰先生 Ms Helen LUI Wai-hing 雷慧卿女士 Dr POON Tak-lun, JP 潘德鄰醫生 Mr Douglas SO Cheung-tak 蘇彰德先生 Dr Barbara TAM Sau-man 譚秀雯醫生

Grantham Hospital 葛量洪醫院

Chairman 主席	:	Mr Steve LAN Yee-fong 藍義方先生
Ex-officio members 當然成員	:	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	:	Dr CHENG Chun-ho 鄭俊豪醫生 Mr Raymond CHOW Wai-kam, JP 周偉淦先生 Mr Edward HO Man-tat 何聞達先生 Prof Peggy LAM, GBS, JP 林貝聿嘉教授 Prof Karen LAM Siu-ling 林小玲教授 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, JP 梁永鏗博士 Prof LO Chung-mau, JP 盧龍茂教授 Mrs Purviz Rusy SHROFF Prof Sydney TANG Chi-wai 鄧智偉教授 Prof Maurice YAP Keng-hung, JP 葉健雄教授 Mr Rocco YIM Sen-kee, BBS, JP 嚴迅奇先生

Haven of Hope Hospital 靈實醫院

Chairman 主席	:	Mr Charles C Y CHIU 趙宗義先生
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 Jonathan CHAN Pok-chi 陳博智先生 Mr CHAU Kwok-woon 鄒國煥先生 Mr Stuart CHEN Seng-tek 陳升揚先生 Ms Clara CHONG Ming-wah 臧明華女士 Dr HO Wai-ip 何煒業醫生 Prof Joseph KWAN Kai-cho 關繼祖教授 Dr LAM Ching-choi, BBS, JP 林正財醫生 Dr Andrew LUK Leung 陸亮博士 Dr George NG Sze-fuk, GBS, JP 吳仕福博士

Hong Kong Buddhist Hospital 香港佛教醫院

Chairman 主席	:	Mr Keith LAM Hon-keung, JP 林漢強居士
Ex-officio members 當然成員	:	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	:	Ms Kelly CHAN Yuen-sau 陳遠秀女士 Mr HO Tak-sum, MH 何德心居士 Ven KOK Kwong, GBM (<i>Passed away in November 2014</i>) 覺光法師 (於 2014 年 11 月辭世) Mr LAI Sze-nuen, BBS, JP 黎時煖居士 Mr Anthony LAM Chi-tat 林志達居士 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, SBS 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 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 Dr WONG Kam-chiu, MH 黃錦超博士

Hong Kong Eye Hospital & Kowloon Hospital 香港眼科醫院及九龍醫院

Chairman 主席	:	Mr LO Chung-hing, SBS 盧重興先生
Ex-officio members 當然成員	:	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	:	Dr Connie CHAN CHENG Yuk-ye, MH 陳鄭玉而博士 Mrs Sheilah CHENG CHATJAVAL 陳鄭兆齡女士 Dr Jennifer CHEUNG NG Chui-yiu 張伍翠瑤博士 Dr Charles CHEUNG Wai-bun, JP 張惠彬博士 Mr Ricky FUNG Choi-cheung, SBS, JP 馮載祥先生 Ms Mavis LEE Ming-pui 李明佩女士 Mr Louis LOONG Hon-biu 龍漢標先生 Prof Julia TAO LAI Po-wah 陶黎寶華教授 Dr WONG Yee-him 黃以謙醫生 Mr James YIP Shiu-kwong 葉兆光先生

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

Chairman 主席	:	Mr Philip TSAI Wing-chung, JP 蔡永忠先生
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Members 成員	:	Mr CHAN Kai-ming 陳啟明先生 Mr Ambrose HO Pui-him, SBS, JP 何沛謙先生 Dr HO Chung-ping, MH, JP 何仲平醫生 Ms Ada LAM Wai-ming 林慧明女士 Dr LI Chi-kong, JP 李志光醫生 Mrs Patricia LING WOO Sau-ha, MH, JP 林胡秀霞女士 Ms Clara SHEK Ka-lai 石嘉麗女士 Mr Luke WONG Sui-kwong 黃兆光先生 Mrs Irene YAU LEE Che-yun, JP 丘李賜恩女士

Kwai Chung Hospital & Princess Margaret Hospital 葵涌醫院及瑪嘉烈醫院

Chairman 主席	:	Ms Quince CHONG Wai-yan, JP 莊偉茵女士
Ex-officio members 當然成員	:	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	:	Prof Chetwyn CHAN Che-hin 陳智軒教授 Mr Stanley CHEUNG Tak-kwai 張德貴先生 Mrs Nina LAM LEE Yuen-bing, MH 林李婉冰女士 Prof Hon Joseph LEE Kok-long, SBS, JP 李國麟教授 Dr John LEE Sam-yuen, BBS 李三元博士 Mr Stephen LIU Wing-ting, JP 廖榮定先生 Mr Henry TONG Sau-chai, MH, JP 湯修齊先生 Dr Peter TSOI Ting-kwok 蔡定國醫生 Mr William WONG Kuen-wai, BBS, MH 黃權威先生 Mr WONG Yiu-chung, MH 黃耀聰先生

Kwong Wah Hospital & TWGHs Wong Tai Sin Hospital 廣華醫院及東華三院黃大仙醫院

Chairman 主席	:	Mr Ivan SZE Wing-hang, BBS 施榮恒先生
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	:	Mrs Viola CHAN MAN Yee-wai, BBS 陳文綺慧女士 Dr Ina CHAN Un-chan, BBS 陳婉珍博士 Mr Charles CHANG Juo-hwa, BBS 張佐華先生 Mr CHOW Chun-fai, BBS, JP 仇振輝先生 Dr CHU Chor-lup 朱初立醫生 Ms Maisy HO 何超蓮女士 Dr John LEE Sam-yuen, BBS 李三元博士 Dr LEE Yuk-lun, JP 李添麟博士 Mr Billy LEUNG Ting-yu, BBS 梁定宇先生 Mrs Katherine MA 馬陳家歡女士 Mr Stephen NG Chi-wing, BBS 吳志榮先生 Mr Sunny TAN 陳祖恒先生 Ms Wendy TSANG Wan-man 曾韻雯女士 Mr Vinci WONG 王賢誌先生 Mr Stephen YUEN Kwok-keung 袁國強先生

MacLehose Medical Rehabilitation Centre 麥理浩復康院

Chairman 主席	:	Dr Eric CHIEN Ping 錢平醫生
Ex-officio members 當然成員	:	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	:	Prof Chetwyn CHAN Che-hin 陳智軒教授 Mr Calvin CHAN Man-yin 陳文彥先生 Mr Vincent CHENG Wing-ming 鄭榮銘先生 Prof Kenneth CHEUNG Man-chee 張文智教授 Dr Daniel FANG Tak-sang 方德生醫生 Dr Edith MOK KWAN Ngan-hing, MH 莫關雁卿博士 Mr NG Hang-sau 伍杏修先生 Mr Sammy NG Wai-tong 吳偉堂先生 Mr Adrian WONG Koon-man, BBS, MH, JP 黃冠文先生 Mr David YAU Po-wing 游寶榮先生 Mr YU See-ho 余斯好先生

North District Hospital 北區醫院

Chairman 主席	:	Ms CHIANG Lai-yuen, JP 蔣麗婉女士
Ex-officio members 當然成員	:	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	:	Mr DENG Kai-rong, MH 鄧開榮先生 Mr HUNG Siu-ling 洪少陵先生 Mr LIU Sui-biu 廖瑞彪先生 Mr MA Ching-nam, JP 馬清楠先生 Ir George PANG Chun-sing, MH 彭振聲先生 Mr Charlie YIP Wing-tong 葉永堂先生 Mr Thomas YIU Kei-chung 姚紀中先生

North Lantau Hospital 北大嶼山醫院

Chairman 主席	:	Ms Sandra LEE Suk-yee, GBS, JP 李淑儀女士
Ex-officio members 當然成員	:	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	:	Mr CHAN How-chi, MH 陳孝慈先生 Ms CHAU Chuen-heung, BBS, MH, JP 周轉香女士 Dr Robert LAW Chi-lim 羅致廉醫生 Ms Elizabeth LAW Kar-shui, MH 羅嘉穗小姐 Prof Raymond LIANG Hin-suen, SBS, JP 梁憲孫教授

Our Lady of Maryknoll Hospital 聖母醫院

Chairman 主席	:	Mr Lester Garson HUANG, JP 黃嘉純先生
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	:	Father Brian R BARRONS 王朋神父 Dr Gabriel CHOI Kin 蔡堅醫生 Ms CHOW Lai-hing 周麗卿女士 Mr John J CLANCEY Dr Nancy FOK 霍麗玲醫生 Dr Lawrence LAI Fook-ming, BBS, JP 賴福明醫生 Dr LAM Siu-keung 林兆強醫生 Mrs Marigold LAU, SBS, JP 劉賴筱韞女士 Sister Marilu LIMGENCO 林敏妮修女 Ms June LO Hing-yu 羅慶好女士 Mr Rex MOK Chung-fai, MH, JP 莫仲輝先生 Rev Edward PHILLIPS Mrs Elizabeth WONG YEUNG Po-wo 黃楊寶和女士 Sister Marya ZABOROWSKI 章慈雲修女

Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院

Chairman 主席	:	Mr Lawrence LEE Kam-hung, JP 李金鴻先生
Ex-officio members 當然成員	:	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	:	Ms Ophelia CHAN, BBS 陳肖齡女士 Mr Roland CHOW Kun-chee 周近智先生 Rev CHU Yiu-ming 朱耀明牧師 Ms KO Siu-wah, SBS, JP 高茗華女士 Mr Alex KONG Chack-ho, MH 江澤濠先生 Ms Ka-shi LAU, BBS 劉嘉時女士 Mr Peter LEE Kwok-wah 李國華先生 Mr John LI Kwok-heem, MH 李國謙先生 Dr Yvonne LUI Lai-kwan 呂麗君博士 Rt Rev Dr Thomas SOO Yee-po, JP 蘇以葆主教 Prof TAM Sheung-wai, GBS, JP 譚尚涓教授 Mr YEUNG Po-kwan, JP 楊寶坤先生 Dr Dominic YOUNG Ying-nam 楊應南醫生

Pok Oi Hospital 博愛醫院

Chairman 主席	:	Dr HO Wing-tim, MH 何榮添博士
Ex-officio members 當然成員	:	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	:	Mr Michael CHAN Kee-huen 陳記煊先生 Mrs CHAN LI Lei 陳李妮女士 Dr CHONG Man-yuk 莊文煜醫生 Ms Yvonne CHUA 蔡映媚女士 Mr Matthew LAM Kin-hong, MH 林建康先生 Mr PANG Siu-hin 彭少衍先生 Mrs Winnie TAM KEUNG May-chu 譚姜美珠女士 Mr TSANG Yiu-cheung, MH 曾耀祥先生 Mr Alan WONG Wai-kai, MH 王惠琪先生 Ms WONG Wai-ling 黃煒鈴女士 Mr Chris YIP Yiu-shing, MH 葉曜丞先生

Prince of Wales Hospital 威爾斯親王醫院

Chairman 主席	:	Ms Winnie NG 伍穎梅女士
Ex-officio members 當然成員	:	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	:	Prof Francis CHAN Ka-leung, JP 陳家亮教授 Mr Larry KWOK Lam-kwong, BBS, JP 郭琳廣先生 Mr Peter LEE Kwok-wah 李國華先生 Ir Prof Peter MOK Kwok-woo 莫國和教授 Ms Maggie NG Miu-man 伍妙敏女士 Mr Philip WONG Chak-piu, MH 黃澤標先生 Dr WONG Kwai-lam 黃桂林博士 Prof Richard YU Yue-hong, SBS 余宇康教授

Queen Elizabeth Hospital 伊利沙伯醫院

Chairman 主席	:	Mr John LEE Luen-wai, BBS, JP 李聯偉先生
Ex-officio members 當然成員	:	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	:	Dr Eliza C H CHAN, SBS, JP 陳清霞博士 Ms Maisy HO 何超蕙女士 Dr James HWANG Shu-tak, BBS 黃樹德醫生 Mr Chris IP Ngo-tung 葉傲冬先生 Mr Emmanuel KAO Chu-chee 高主賜先生 Mr Andy LAU Kwok-fai (<i>passed away on 17 April 2015</i>) 劉國輝先生 (於 2015 年 4 月 17 日辭世) Mr David MUI Ying-yuen, MH, JP 梅應源先生 Ms Winnie NG 伍穎梅女士 Ms Catherine YEN Kai-shun 嚴嘉洵女士 Dr YU Yuk-ling 余毓靈醫生

Queen Mary Hospital & Tsan Yuk Hospital 瑪麗醫院及贊育醫院

Chairman 主席	:	Mr PANG Yiu-kai, SBS, JP 彭耀佳先生
Ex-officio members 當然成員	:	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	:	Dr Steven J CANNON (<i>from 26.6.2014</i>) 康諾恩博士 (由 2014 年 6 月 26 日起) Mr Stephen CHAN Chit-kwai, BBS, JP 陳捷貴先生 Mr Wilson KWONG Wing-tsun 鄭永銓先生 Prof John LEE Chi-kin, JP 李子建教授 Prof Gabriel Matthew LEUNG, GBS, JP 梁卓偉教授 Mr Joseph LO Kin-ching 勞健青先生 Prof Amy TSUI Bik-may (<i>Resigned on 17.6.2014</i>) 徐碧美教授 (於 2014 年 6 月 17 日辭任) Ms Catherine YEN Kai-shun 嚴嘉洵女士 Mr Paul YU Shiu-tin, BBS, JP 余嘯天先生

Rehabaid Centre 復康專科及資源中心

Chairman 主席	:	Mr Thomas Joseph MULVEY, JP 馬偉東先生
Ex-officio members 當然成員	:	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	:	Dr Joseph BOSCO 林舟博士 Hon Judge Kevin Anthony BROWNE (<i>Resigned on 3.9.2014</i>) 鮑理賢先生 (於 2014 年 9 月 3 日辭任) Ms Kelly CHAN Yuen-sau 陳遠秀女士 Dr Eddie CHOW Siu-lun 鄒兆麟醫生 Mr Ricky FUNG Choi-cheung, SBS, JP 馮載祥先生 Mr Robin GILL 喬樂平先生 Hon Judge Patrick LI Hon-leung 李瀚良先生 Dr Leonard LI Sheung-wai 李常威醫生 Ir TSANG Chiu-kwan, JP 曾昭群先生

Ruttonjee & Tang Shiu Kin Hospitals 律敦治醫院及鄧肇堅醫院

Chairman 主席	:	Dr Vitus LEUNG Wing-hang, JP 梁永鏗博士
Ex-officio members 當然成員	:	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	:	Ir Lillian CHAN Lit-ye 陳烈兒女士 Mr Raymond CHOW Wai-kam, JP 周偉淦先生 Mr Steve LAN Yee-fong 藍義方先生 Mr Edwin LEUNG Chung-ching 梁仲清先生 Dr LIU Ka-ling 廖嘉齡醫生 Mr Norman LO Kam-wah, MH, JP 盧錦華先生 Mrs Gloria NG WONG Yee-man, BBS, JP 吳王依雯女士 Mr PANG Yuk-ling, SBS, JP 彭玉陵先生 Mr Burji S SHROFF Mr Noshir N SHROFF Mrs Purviz Rusy SHROFF Mr SHUM Choi-sang, SBS, JP 岑才生先生 Ms Anna TANG King-yung, BBS, MH 鄭琴淵女士 Mr Richard TANG Yat-sun, BBS, JP 鄧日樂先生 Ms Alice WOO Wai-see 吳慧思女士

Shatin Hospital 沙田醫院

Chairman 主席	:	Mrs Yvonne LAW SHING Mo-han, JP 羅盛慕嫻女士
Ex-officio members 當然成員	:	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	:	Mr 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 Prof Joanne CHUNG Wai-yee 鍾慧儀教授 Mr FONG Cheung-fat, JP 方長發先生 Prof LAM Tai-hing, BBS, JP 林大慶教授 Mr LAU Kim-hung 劉劍雄先生

Tai Po Hospital 大埔醫院

Chairman 主席	:	Mr Patrick MA Ching-hang, BBS, JP 馬清鏗先生
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Members 成員	:	Ms Nancy KIT Kwong-chi, JP 關港子女士 Dr Benny KWONG Kai-sing 鄭啟成博士 Mr Gregory LEUNG Wing-lup, SBS 梁永立先生 Mr LEUNG Wo-ping, JP 梁和平先生 Mr Arthur LI Ka-tat 李家達先生 Mr MAN Chen-fai, BBS, MH 文春輝先生 Ms Gigi PANG Che-kwan 彭芷君女士 Dr YIP Ka-chee 葉嘉池醫生

Tseung Kwan O Hospital 將軍澳醫院

Chairman 主席	:	Dr Eliza C H CHAN, SBS, JP 陳清霞博士
Ex-officio members 當然成員	:	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	:	Mr Raymond CHAN Wai-man 陳偉文先生 Mr Clifford King CHIU 邱令智先生 Mr KAN Shun-ming 簡迅鳴先生 Prof Joseph KWAN Kai-cho 關繼祖教授 Prof Diana LEE Tze-fan 李子芬教授 Mr Stephen LIU Wing-ting, JP 廖榮定先生 Dr Hayles WAI Heung-wah 衛向華醫生 Mr WAN Yuet-cheung, BBS, MH, JP 溫悅昌先生 Mr WONG Kwai-huen, BBS, JP 王桂壩先生 Mr WONG Kwing-keung 黃焯強先生

Tuen Mun Hospital 屯門醫院

Chairman 主席	:	Mr William CHAN Fu-keung, BBS 陳富強先生
Ex-officio members 當然成員	:	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	:	Prof Alfred CHAN Cheung-ming, SBS, JP 陳章明教授 Dr Charles CHAN Kam-kwong 陳鑑光博士 Dr Shirley IP Pui-seung 葉珮嫦醫生 Mr KU Moon-lun 古滿麟先生 Mr Lothar LEE Hung-sham, MH 李洪森先生 Dr Sam WONG Chun-sing, MH 王振聲博士 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

Tung Wah Hospital/Tung Wah Eastern Hospital/ TWGHs Fung Yiu King Hospital 東華醫院及東華東院及東華三院馮堯敬醫院

Chairman 主席	:	Mr Ivan SZE Wing-hang, BBS 施榮恒先生
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	:	Mrs Viola CHAN MAN Yee-wai, BBS 陳文綺慧女士 Dr Ina CHAN Un-chan, BBS 陳婉珍博士 Mr Charles CHANG Juo-hwa, BBS 張佐華先生 Ms CHENG Lai-king 鄭麗琼女士 Ms Maisy HO 何超蓮女士 Mr Henry LAI Hin-wing 賴顯榮先生 Dr John LEE Sam-yuen, BBS 李三元博士 Dr LEE Yuk-lun, JP 李添麟博士 Mr Billy LEUNG Ting-yu, BBS 梁定宇先生 Mrs Katherine MA 馬陳家歡女士 Mr Stephen NG Chi-wing, BBS 吳志榮先生 Mr Sunny TAN 陳祖恒先生 Mr TONG Chun-wan 唐振寰先生 Mr Lincoln TSO 曹禮先生 Mr Vinci WONG 王賢誌先生

United Christian Hospital 基督教聯合醫院

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	:	Bishop Jenny CHAN Kin-lai 陳堅麗監督 Mr Derek CHAN Man-foon 陳文寬先生 Ms Margot CHOW Yan-tse 周恩慈女士 Ms Constance CHOY Hok-man 蔡學雯女士 Mr Paul FAN Chor-ho, SBS, JP 范佐浩先生 Mr FUNG Sau-chung (<i>Resigned on 25.11.2014</i>) 馮壽松先生 (於 2014 年 11 月 25 日辭任) Rev Paul KAN Kei-piu 簡祺標牧師 Dr LAM Kin-wah, BBS, MH 林建華博士 Mr Marthy LI Chak-kwan 李澤昆先生 Rev LO Lung-kwong 盧龍光牧師 Dr Danny MA Ping-kwan 馬炳坤醫生 Mr Wilson OR Chong-shing, MH 柯創盛先生 Rev PO Kam-cheong 蒲錦昌牧師 Mr Thomas TSANG Fuk-chuen 曾福全先生 Ms Nancy TSANG Lan-see, JP 曾蘭斯女士 Mr Herbert TSOI Hak-kong, BBS, JP 蔡克剛先生 Rt Rev Louis TSUI Tsan-sang 徐贊生主教 Mr David WONG Tat-kee 黃達琪先生 Ms Grace WONG Yuen-ling 黃婉玲女士 Dr Alice YUK Tak-fun, BBS, JP 郁德芬博士 Rev YUNG Chuen-hung 翁傳鏗牧師

Yan Chai Hospital 仁濟醫院

Chairman 主席	:	Mrs Susan SO CHAN Wai-hang, BBS 蘇陳偉香女士
Ex-officio members 當然成員	:	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Hospital Chief Executive 醫院行政總監
Members 成員	:	Mr William CHAU Chun-wing, MH, JP 周鎮榮先生 Mr Sam CHAU Chung-tung 周松東先生 Dr Baldwin CHENG Shing-fung 鄭承峰博士 Mr CHENG Yan-kee, BBS, JP 鄭恩基先生 Mr Clement FUNG Cheuk-nang 馮卓能先生 Mr Alex LAN Khong-poh 凌宏寶先生 Mr Alfred WONG Wai-kin 黃偉健先生 Mr Vincent WONG Yin-shun 王賢訊先生 Mr YAU Kam-ping, BBS, MH 邱錦平先生 Mrs YIM TSUI Yuk-shan 嚴徐玉珊女士

Membership of Regional Advisory Committees 區域諮詢委員會成員

Hong Kong Regional Advisory Committee 港島區域諮詢委員會

Chairman 主席	:	Mr CHAN Bing-woon, SBS, JP (<i>up to 30.11.2014</i>) 陳炳煥先生 (截至 2014 年 11 月 30 日) Mr Andy LAU Kwok-fai (<i>from 1.12.2014; passed away on 17 April 2015</i>) 劉國輝先生 (由 2014 年 12 月 1 日起 : 於 2015 年 4 月 17 日辭世)
Ex-officio members 當然成員	:	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Director of Health or his/her representative 衛生署署長或其代表
Members 成員	:	Mr AU Lap-sing, MH 歐立成先生 Mr Stephen Chan Chit-kwai, BBS, JP 陳捷貴先生 Dr Eric CHIEN Ping 錢平醫生 Mr JONG Koon-sang 莊冠生先生 Mr Alex KONG Chack-ho, MH 江澤濠先生 Mr Steve LAN Yee-fong 藍義方先生 Dr LAU Chor Chiu, MH 劉楚釗醫生 Mr Peter LEE Kwok-wah 李國華先生 Dr Vitus LEUNG Wing-hang, JP 梁永鏗博士 Ms Helen LUI Wai-hing 雷慧卿女士 Mrs Katherine MA 馬陳家歡女士 Dr Jeffrey PONG Chiu-fai 龐朝輝醫生 Mr TSANG Wing-wah 曾永華先生 Mr Lincoln TSO 曹禮先生 Ms Catherine YEN Kai-shun 嚴嘉洵女士 Dr Paul YOUNG Tze-kong, JP 楊子剛博士 Prof Richard YUEN Man-fung 袁孟峰教授 Mr YUNG Chi-ming, BBS, MH 翁志明先生

Kowloon Regional Advisory Committee 九龍區域諮詢委員會

Chairman 主席	:	Prof Diana LEE Tze-fan 李子芬教授
Ex-officio members 當然成員	:	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Director of Health or his/her representative 衛生署署長或其代表
Members 成員	:	Dr Charles CHEUNG Wai-bun, JP 張惠彬博士 Mr Charles C Y CHIU 趙宗義先生 Mr CHOW Chun-fai, BBS, JP 仇振輝先生 Ms Margot CHOW Yan-tse 周恩慈女士 Mr CHOY Chak-hung 蔡澤鴻先生 Ms Maisy HO 何超蓮女士 Mr HO Tak-sum, MH 何德心居士 Mr HO Yin-fai 何賢輝先生 Mr Chris IP Ngo-tung 葉傲冬先生 Ms Nancy LAM Chui-ling, MH 林翠玲女士 Mrs Nina LAM LEE Yuen-bing, MH 林李婉冰女士 Ms LAM Yuen-pun 林婉瀆女士 Dr Robert LAW Chi-lim 羅致廉醫生 Mr Rex MOK Chung-fai, MH, JP 莫仲輝先生 Mr Thomas Joseph MULVEY, JP 馬偉東先生 Mr SHUM Siu-hung 沈少雄先生 Mr Stanley TAM Lanny 譚領律先生 Dr Hayles WAI Heung-wah (from 29.5.2014) 衛向華醫生 (由 2014 年 5 月 29 日起) Mr WAN Yuet-cheung, BBS, MH, JP (up to 28.5.2014) 溫悅昌先生 (截至 2014 年 5 月 28 日) Mr Anthony WONG Luen-kin, JP 黃鑾堅先生 Mr Luke WONG Sui-kwong 黃兆光先生 Dr WONG Yee-him 黃以謙醫生 Mrs YIM TSUI Yuk-shan 嚴徐玉珊女士

New Territories Regional Advisory Committee 新界區域諮詢委員會

Chairman 主席	:	Mr WONG Kwai-huen, BBS, JP 王桂壘先生
Ex-officio members 當然成員	:	Hospital Authority Chief Executive or his representative 醫院管理局行政總裁或其代表 Director of Health or his/her representative 衛生署署長或其代表
Members 成員	:	Mr Daniel CHAM Ka-hung, BBS, MH, JP 湛家雄先生 Miss Mable Shadalla CHOW Sui-ming 周瑞明小姐 Mr FONG Cheung-fat 方長發先生 Dr HO Wing-tim, MH 何榮添博士 Mr LAM Tak-leung, MH, JP 林德亮先生 Mr LAU Kwok-fan, MH 劉國勳先生 Mr LEUNG Wo-ping, JP 梁和平先生 Mr LI Kwok-ying, BBS, MH, JP 李國英先生 Ir Prof Peter MOK Kwok-woo 莫國和教授 Prof Simon NG Siu-man 吳兆文教授 Mr Alfred POON Sun-biu 潘新標先生 Mr Philip WONG Chak-piu, MH 黃澤標先生 Prof Thomas WONG Kwok-shing, JP 汪國成教授 Ms Peggy WONG Pik-kiu, MH, JP 黃碧嬌女士 Mr Charlie YIP Wing-tong 葉永堂先生 Mr Thomas YIU Kei-chung 姚紀中先生

Membership of the Board of Trustees of the Hospital Authority Provident Fund Scheme 2014-15 醫院管理局公積金計劃信託委員會成員 2014-15

Chairman 主席	:	Mr John LEE Luen-wai, BBS, JP 李聯偉先生
Trustees 信託委員	:	Ms Clara CHIN Sheung-chi 錢湘芷女士
		Dr KAM Pok-man (<i>from 12.9.2014</i>) 甘博文博士 (<i>由 2014 年 9 月 12 日起</i>)
		Mr Peter LO Chi-lik 羅志力先生
		Mr Patrick MA Ching-hang, BBS, JP 馬清鏗先生
		Mr Raymond LEE Wing-hung 李永鴻先生
		Mr Alan Howard SMITH, JP (<i>up to 14.8.2014</i>) 史亞倫先生 (<i>截至 2014 年 8 月 14 日</i>)
		Ms Nancy TSE Sau-ling, JP 謝秀玲女士
		Miss Janice TSE Siu-wa, JP 謝小華女士
		Dr Ernest MA Hon-ming 馬漢明醫生
		Mr Barry NG Kwok-hing 吳國慶先生
		Dr WONG Tak-cheung 黃德祥醫生
		Dr Vincent YEUNG Tok-fai 楊鐸輝醫生

Public Feedback Statistics 公眾意見統計

Complaint / Appreciation Received (1.4.2014 – 31.3.2015) 投訴／讚揚數字（2014年4月1日 – 2015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	206
Staff attitude 職員態度	28
Administrative procedure 行政程序	39
Others 其他	8
Total number of appeal cases handled 處理上訴個案總數	281

Hospital Complaint / Feedback / Appreciation Statistics 醫院投訴／意見／讚揚統計

Nature of complaint / feedback/ appreciation cases 投訴／意見／讚揚個案性質	Complaint received 投訴數字	Feedback received 意見數字	Appreciation received 讚揚數字
Medical services 醫療服務	1,411	4,150	19,620
Staff attitude 職員態度	461	2,651	11,979
Administrative procedure 行政程序	355	2,906	1,912
Overall performance 整體表現	140	1,773	927
Others 其他	32	595	11,732
Total number of hospital complaint / feedback / appreciation 醫院投訴／意見／讚揚總數	2,399	12,075	46,170

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	68	368	2,216
Staff attitude 職員態度	63	292	1,340
Administrative procedure 行政程序	22	354	125
Overall performance 整體表現	13	124	72
Others 其他	11	38	740
Total number of complaint / feedback / appreciation received by GOPC 普通科門診診所投訴／意見／讚揚總數	177	1,176	4,493

* General outpatient clinics

Statistics of the Controlling Officer's Report 管制人員報告統計數字

The Hospital Authority generally achieved its performance targets in 2014-15. The volume of patient care activities across the full range of services in 2014-15 is comparable to the level in 2013-14.

醫院管理局大致上達到二零一四至一五年度的服務表現目標。二零一四至一五年度各類病人醫護服務的整體服務量與二零一三至一四年度的水平相若。

The key activity data in respect of the Hospital Authority are:

有關醫院管理局服務的主要數據如下：

	2013-14	2014-15
(I) Access to services 可取用的服務		
<i>inpatient services 住院服務</i>		
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)	21,132	21,337
infirmary 療養科	2,041	2,041
mentally ill 精神科	3,607	3,607
mentally handicapped 智障科	660	660
overall 總計	27,440	27,645
<i>ambulatory and outreach services 日間及外展服務</i>		
accident and emergency (A&E) services 急症室服務		
percentage of A&E patients within target waiting time 在目標輪候時間內獲處理的急症病人的百分率		
triage I (critical cases - 0 minutes) (%) 第I類別(危殆個案-0分鐘)(%)	100	100
triage II (emergency cases - 15 minutes) (%) 第II類別(危急個案-15分鐘)(%)	96	97
triage III (urgent cases - 30 minutes) (%) 第III類別(緊急個案-30分鐘)(%)	75	75
specialist outpatient services 專科門診服務		
median waiting time for first appointment at specialist clinics 專科診所新症輪候時間中位數		
first priority patients 第一優先就診病人	< 1 week	< 1 week
second priority patients 第二優先就診病人	5 weeks	5 weeks
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 community nurses 社康護士數目	449	468
no. of geriatric day places 老人科日間醫院名額	619	639
psychiatric services (as at 31 March) 精神科服務(截至三月三十一日)		
no. of community psychiatric nurses 精神科社康護士數目	130	129
no. of psychiatric day places 精神科日間醫院名額	889	889

	2013-14	2014-15
(II) Delivery of services 所提供的服務		
<i>inpatient services</i> 住院服務		
no. of discharges and deaths 住院病人出院人次及死亡人數		
general (acute and convalescent) 普通科(急症及康復)	1,005,483	1,035,951
infirmatory 療養科	3,301	3,501
mentally ill 精神科	17,662	17,140
mentally handicapped 智障科	552	531
overall 總計	1,026,998	1,057,123
no. of patient days 病人住院日次		
general (acute and convalescent) 普通科(急症及康復)	5,798,056	5,937,588
infirmatory 療養科	505,244	510,633
mentally ill 精神科	969,898	935,336
mentally handicapped 智障科	205,890	201,122
overall 總計	7,479,088	7,584,679
bed occupancy rate (%) 病床住用率(%)		
general (acute and convalescent) 普通科(急症及康復)	87	88
infirmatory 療養科	87	88
mentally ill 精神科	74	71
mentally handicapped 智障科	87	85
overall 總計	85	85
average length of stay (days)* 平均住院時間(日)*		
general (acute and convalescent) 普通科(急症及康復)	5.8	5.7
infirmatory 療養科	127	141
mentally ill 精神科	60	57
mentally handicapped 智障科	443	420
overall 總計	7.4	7.3
<i>ambulatory and outreach services</i> 日間及外展服務		
day inpatient services 日間住院病人服務		
no. of discharges and deaths 出院人次及死亡人數	542,333	571,563
A&E services 急症室服務		
no. of attendances 就診人次	2,241,006	2,222,901
no. of attendances per 1 000 population 每千人口的就診人次	312	307
no. of first attendances for 首次就診人次分流		
triage I 第I類別	19,358	19,353
triage II 第II類別	41,136	41,344
triage III 第III類別	674,841	677,457
specialist outpatient services 專科門診服務		
no. of specialist outpatient (clinical) new attendances 專科門診(臨床)新症就診人次	704,512	712,500
no. of specialist outpatient (clinical) follow-up attendances 專科門診(臨床)舊症覆診人次	6,336,371	6,479,280
total no. of specialist outpatient (clinical) attendances 專科門診(臨床)就診總人次	7,040,883	7,191,780

Appendix 8

附錄 8

	2013-14	2014-15
primary care services 基層醫療服務		
no. of general outpatient attendances 普通科門診就診人次	5,813,706	5,905,262
no. of family medicine specialist clinic attendances 家庭醫學專科門診就診人次	287,182	289,048
total no. of primary care attendances 基層醫療就診總人次	6,100,888	6,194,310
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	79,483	87,250
no. of home visits by community nurses 社康護士家訪次數	853,821	861,961
no. of allied health (community) attendances 專職醫療(社區)就診人次	32,141	33,165
no. of allied health (outpatient) attendances 專職醫療(門診)就診人次	2,329,162	2,428,470
geriatric services 老人科服務		
no. of outreach attendances 接受外展服務人次	633,416	642,176
no. of geriatric elderly persons assessed for infirmary care service 接受療養服務評核的長者人數	1,701	1,637
no. of geriatric day attendances 老人科日間醫院就診人次	137,695	144,138
no. of Visiting Medical Officer attendances 接受到診醫生治療人次	116,439	113,591
psychiatric services 精神科服務		
no. of psychiatric outreach attendances 接受精神科外展服務人次	260,146	280,120
no. of psychiatric day attendances 精神科日間醫院就診人次	215,375	219,163
no. of psychogeriatric outreach attendances 接受老人精神科外展服務人次	97,995	95,219
(III) Quality of services 服務質素		
no. of hospital deaths per 1 000 population [^] 每千人口中病人在醫院死亡人數 [^]	3.3	3.1
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 (%)	10.5	10.4

	2013-14	2014-15
(IV) Cost of services 服務成本		
cost distribution 成本分布		
cost distribution by service types (%) 按服務類別劃分的成本分布百分率 (%)		
inpatient 住院服務	54.7	54.5
ambulatory and outreach 日間及外展服務	45.3	45.5
cost by service types per 1 000 population (HK\$Mn) 每千人口按服務類別劃分的服務成本(港幣百萬元)		
inpatient 住院服務	3.6	3.9
ambulatory and outreach 日間及外展服務	3.0	3.2
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 (%)	46.0	46.2
cost of services per 1 000 population (HK\$Mn) 每千人口的服務成本(港幣百萬元)	21.3	22.3
unit costs 單位成本		
inpatient services 住院服務		
cost per inpatient discharged (HK\$) 每名出院病人的成本(港元)		
general (acute and convalescent) 普通科(急症及康復)	22,610	23,830
infirmary 療養科	213,800	214,440
mentally ill 精神科	124,400	134,820
mentally handicapped 智障科	481,240	530,550
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)	4,330	4,600
infirmary 療養科	1,400	1,470
mentally ill 精神科	2,270	2,470
mentally handicapped 智障科	1,290	1,400
ambulatory and outreach services 日間及外展服務		
cost per A&E attendance (HK\$) 急症室每次診症的成本(港元)	1,040	1,140
cost per specialist outpatient attendance (HK\$) 專科門診每次診症的成本(港元)	1,080	1,130
cost per general outpatient attendance (HK\$) 普通科門診每次診症的成本(港元)	385	410
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)	1,010	1,100
cost per outreach visit by community nurse (HK\$) 社康護士每次外展服務的成本(港元)	450	490
cost per psychiatric outreach attendance (HK\$) 精神科外展服務每次的成本(港元)	1,350	1,440
cost per geriatric day attendance (HK\$) 老人科日間醫院每次服務的成本(港元)	1,840	1,900
fee waivers ~ 收費減免 ~		
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 (%)	20.2	19.2
percentage of non-CSSA fee waiver (%) 非綜援收費減免百分率 (%)	4.8	5.8

Notes :

- * Derived by dividing the sum of length of stay of inpatients by the corresponding number of inpatients discharged and treated.
- ^ Refers to the standardised hospital death rate covering inpatient and day patient deaths in Hospital Authority hospitals in a particular year. The standardised rate, as a standard statistical technique to facilitate comparison over years, is calculated by applying the Hospital Authority age-specific hospital death rate in that particular year to the "standard" population in mid-2001.
- ~ Refers to the amount waived as percentage to total charge.

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。
- ^ 指某一年度涵蓋醫管局轄下醫院住院及日間病人死亡人數的標準化死亡率。有關標準化死亡率是將醫管局在該年度各個年齡組別的醫院病人死亡率，套用於二零零一年年中的「標準」人口而計算出來的。這是一個標準的統計方法，有助比較不同年份的死亡率。
- ~ 指減免款額佔總收費的百分率。

Statistics on Number of Beds, Inpatient, Accident & Emergency and Outpatient Services in 2014-15

2014-15 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 2015) ² 醫院病床數目 (截至 2015 年 3 月 31 日) ²	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 急症室總就診人次	Total SOP (clinical) attendances ^{3,4} 專科門診 (臨床) 就診總人次 ^{3,4}	Family Medicine Specialist Clinic attendances ³ 家庭醫學專科門診就診人次 ³	Total Allied Health (Outpatient) attendances ^{3,5} 專職醫療 (門診) 就診總人次 ^{3,5}	General Outpatient attendances ^{3,6} 普通科門診就診人次 ^{3,6}
Hong Kong East Cluster 港島東醫院聯網									
Cheshire Home, Chung Hom Kok 春磡角慈氏護養院	240	480	81.8	199.0	-	-	-	200	-
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	1,673	144,921	83.6	5.6	147,409	574,579	57,625	132,864	398,781
Ruttonjee Hospital and Tang Shiu Kin Hospital 律敦治醫院及鄧肇堅醫院	633	26,168	88.1	8.1	78,676	128,231	10,452	96,736	130,486
St John Hospital 長洲醫院	87	3,198	70.9	6.0	10,662	77	-	6,381	33,073
Tung Wah Eastern Hospital 東華東院	278	8,716	83.9	14.4	-	103,850	-	29,769	25,542
Wong Chuk Hang Hospital 黃竹坑醫院	160	166	92.3	411.5	-	-	-	-	-
Sub-total 小計	3,071	183,649	84.9	8.0	236,747	806,737	68,077	265,950	587,882
Hong Kong West Cluster 港島西醫院聯網									
The Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院	133	2,176	55.0	9.5	-	19,955	-	28,347	-
Tung Wah Group of Hospitals Fung Yiu King Hospital 東華三院馮堯敬醫院	272	3,187	78.5	20.9	-	484	-	438	-
Grantham Hospital 葛量洪醫院	372	11,533	71.1	12.5	-	35,052	-	2,870	-
MacLehose Medical Rehabilitation Centre 麥理浩復康院	110	1,089	54.3	21.3	-	312	-	2,790	-
Queen Mary Hospital 瑪麗醫院	1,702	152,544	77.8	4.5	128,855	726,092	20,949	147,192	357,382
Tung Wah Hospital 東華醫院	550	27,117	82.5	15.3	-	47,642	-	5,790	32,069
Tsan Yuk Hospital 贊育醫院	3	172	-	-	-	22,289	-	5,252	-
Sub-total 小計	3,142	197,818	76.0	6.5	128,855	851,826	20,949	192,679	389,451
Kowloon Central Cluster 九龍中醫院聯網									
Hong Kong Buddhist Hospital 香港佛教醫院	324	7,191	85.7	18.6	-	12,064	-	14,214	47,172
Hong Kong Eye Hospital 香港眼科醫院	45	8,704	38.6	3.7	-	227,226	-	21,783	-
Kowloon Hospital 九龍醫院	1,335	15,877	84.3	27.2	-	84,126	-	146,028	-
Queen Elizabeth Hospital 伊利沙伯醫院	1,868	177,838	95.5	5.4	190,391	702,968	7,470	220,300	523,476
Rehabaid Centre ¹ 復康專科及資源中心 ¹	-	-	-	-	-	207	-	23,415	-
Sub-total 小計	3,572	209,610	89.9	8.5	190,391	1,026,591	7,470	425,740	570,648

Appendix 9
附錄 9

Institution 機構	No. of hospital beds (as at 31 March 2015) ² 醫院病床數目 (截至 2015 年 3 月 31 日) ²	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 總就診人次	Total SOP (clinical) attendances ^{3,4} 專科門診 (臨床) 就診總人次 ^{3,4}	Family Medicine Specialist Clinic attendances ³ 家庭醫學 專科門診 就診人次 ³	Total Allied Health (Outpatient) attendances ^{3,5} 專職醫療 (門診)就診 總人次 ^{3,5}	General Outpatient attendances ^{3,6} 普通科門診 就診人次 ^{3,6}
Kowloon East Cluster 九龍東醫院聯網									
Haven of Hope Hospital 靈實醫院	461	7,282	90.7	20.4	-	8,706	-	5,364	-
Tseung Kwan O Hospital 將軍澳醫院	625	53,115	91.7	5.1	137,551	294,158	226	114,691	318,284
United Christian Hospital 基督教聯合醫院	1,405	116,159	85.2	4.6	182,520	492,937	55,556	216,908	626,666
Sub-total 小計	2,491	176,556	87.9	5.7	320,071	795,801	55,782	336,963	944,950
Kowloon West Cluster 九龍西醫院聯網									
Caritas Medical Centre 明愛醫院	1,206	56,054	83.7	6.6	130,870	364,370	1,439	78,896	302,543
Kwai Chung Hospital 葵涌醫院	920	4,215	73.7	65.6	-	219,904	-	32,207	-
Kwong Wah Hospital 廣華醫院	1,206	98,366	79.9	4.4	136,456	360,980	3,034	160,841	208,848
North Lantau Hospital 北大嶼山醫院	40	1,686	80.2	4.3	81,314	4,463	313	24,014	60,901
Our Lady of Maryknoll Hospital 聖母醫院	236	10,693	67.7	8.4	-	65,678	837	35,108	435,230
Princess Margaret Hospital 瑪嘉烈醫院	1,733	147,791	95.9	5.2	137,003	447,202	15,775	115,459	385,513
Tung Wah Group of Hospitals Wong Tai Sin Hospital 東華三院黃大仙醫院	511	8,197	88.3	21.6	-	-	-	863	-
Yan Chai Hospital 仁濟醫院	800	54,840	81.7	4.5	135,904	211,576	2,945	86,383	263,169
Sub-total 小計	6,652	381,842	83.8	6.5	621,547	1,674,173	24,343	533,771	1,656,204
New Territories East Cluster 新界東醫院聯網									
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	536	52,334	83.8	4.4	135,275	237,688	5,101	101,321	235,991
Bradbury Hospice 白普理寧養中心	26	614	90.1	14.0	-	11	-	1,255	-
Cheshire Home, Shatin 沙田慈氏護養院	304	225	68.4	321.2	-	-	-	463	-
North District Hospital 北區醫院	589	44,195	93.6	5.0	106,630	171,450	5,721	57,538	255,017
Prince of Wales Hospital 威爾斯親王醫院	1,580	153,454	86.6	5.1	138,137	711,533	47,063	178,754	455,307
Shatin Hospital 沙田醫院	552	8,790	91.5	19.8	-	518	-	518	-
Tai Po Hospital 大埔醫院	993	9,810	83.5	24.5	-	389	-	309	-
Sub-total 小計	4,580	269,422	85.9	7.3	380,042	1,121,589	57,885	340,158	946,315
New Territories West Cluster 新界西醫院聯網									
Castle Peak Hospital 青山醫院	1,156	2,694	65.2	108.5	-	139,633	-	24,627	-
Pok Oi Hospital 博愛醫院	605	41,484	89.5	5.2	126,292	93,530	32,549	65,624	-
Siu Lam Hospital 小欖醫院	500	504	96.0	436.0	-	-	-	-	-
Tuen Mun Hospital 屯門醫院	1,876	165,107	98.0	5.6	218,956	681,900	21,993	242,958	809,812
Sub-total 小計	4,137	209,789	86.9	9.1	345,248	915,063	54,542	333,209	809,812
GRAND TOTAL 總計	27,645	1,628,686	85.1	7.3	2,222,901	7,191,780	289,048	2,428,470	5,905,262

Appendix 9

附錄 9

Notes:

1. Rehabaid Centre and Hong Kong Red Cross Blood Transfusion Service are Hospital Authority institutions with specific functions but have no hospital bed.
2. Number of hospital beds as at 31 March 2015 is based on the Annual Survey on Hospital Beds in Public Hospitals 2014-15.
3. Outpatient attendances for different clinics are grouped under respective hospital management.
4. Specialist Outpatient (SOP) (clinical) attendances also include attendances from nurse clinics in SOP setting.
5. Total Allied Health (Outpatient) attendances exclude follow-up consultations provided by the Medical Social Services Units.
6. 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

Data prepared in June 2015.

註：

1. 復康專科及資源中心和香港紅十字會輸血服務中心屬醫院管理局機構，各有特定職能，兩間中心均不設病床。
2. 2015年3月31日的醫院病床數目來自2014-15年度的公立醫院病床數目調查。
3. 各診所的門診就診人次均歸入所屬醫院之下。
4. 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。
5. 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。
6. 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。

資料於2015年6月擬備。

Statistics on Community and Rehabilitation Services in 2014-15

2014-15 年度社康及康復服務統計數字

Institution 機構	Home visits by community nurses 社康 護士家訪次數	Psychiatric outreach attendances ¹ 接受精神科 外展服務人次 ¹	Psycho- geriatric outreach attendances ² 接受老人精神科 外展服務人次 ²	Community Geriatric Assessment Service ³ 社區老人 評核服務量 ³	Visiting Medical Officer attendances ⁴ 接受到診醫生 治療人次 ⁴	Rehabilitation		Geriatric day attendances ⁵ 老人科 日間醫院 就診人次 ⁶	Psychiatric day attendances 精神科 日間醫院 就診人次
						Allied Health day & palliative (Community) attendances ⁵ 專職醫療 (社區) 就診人次 ⁵	care day attendances 康復及紓緩 護理日間 服務就診人次		
Hong Kong East Cluster 港島東醫院聯網									
Cheshire Home, Chung Hom Kok 春磡角慈氏護養院	-	-	-	-	-	81	-	-	-
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	102,910	23,896	11,105	-	-	817	280	16,131	30,587
Ruttonjee Hospital and Tang Shiu Kin Hospital 律敦治醫院及鄧肇堅醫院	-	-	-	122,328	23,105	1,881	5,431	18,122	-
St John Hospital 長洲醫院	4,805	-	-	-	-	-	-	-	-
Tung Wah Eastern Hospital 東華東院	-	-	-	-	-	85	32,366	-	-
Wong Chuk Hang Hospital 黃竹坑醫院	-	-	-	-	-	11	-	2,428	-
Sub-total 小計	107,715	23,896	11,105	122,328	23,105	2,875	38,077	36,681	30,587
Hong Kong West Cluster 港島西醫院聯網									
The Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院	-	-	-	-	-	1	-	-	-
Tung Wah Group of Hospitals Fung Yiu King Hospital 東華三院馮堯敬醫院	-	-	-	40,793	11,984	1,935	-	5,668	-
Grantham Hospital 葛量洪醫院	-	-	-	-	-	150	4,430	-	-
MacLehose Medical Rehabilitation Centre 麥理浩復康院	-	-	-	-	-	86	14,564	-	-
Queen Mary Hospital 瑪麗醫院	58,172	19,381	13,543	-	-	946	-	-	18,758
Tung Wah Hospital 東華醫院	-	-	-	-	-	269	7,775	6,210	-
Sub-total 小計	58,172	19,381	13,543	40,793	11,984	3,387	26,769	11,878	18,758
Kowloon Central Cluster 九龍中醫院聯網									
Hong Kong Buddhist Hospital 香港佛教醫院	-	-	-	-	-	129	2,896	-	-
Kowloon Hospital 九龍醫院	68,767	19,743	8,822	39,827	5,513	1,749	888	2,618	10,350
Queen Elizabeth Hospital 伊利沙伯醫院	-	-	-	35,176	7,310	1,313	-	10,849	-
Rehabaid Centre 復康專科及資源中心	-	-	-	-	-	860	-	-	-
Sub-total 小計	68,767	19,743	8,822	75,003	12,823	4,051	3,784	13,467	10,350

Appendix 10
附錄 10

Institution 機構	Home visits by community nurses 社康 護士家訪次數	Psychiatric outreach attendances ¹ 接受精神科 外展服務人次 ¹	Psycho- geriatric outreach attendances ² 接受老人精神科 外展服務人次 ²	Community Geriatric Assessment Service ³ 社區老人 評核服務量 ³	Visiting Medical Officer attendances ⁴ 接受到診醫生 治療人次 ⁴	Rehabilitation Allied Health day & palliative (Community) attendances ⁵ 專職醫療 (社區) 康復及舒緩 護理日間 服務就診人次		Geriatric day attendances ⁶ 老人科 日間醫院 就診人次 ⁶	Psychiatric day attendances 精神科 日間醫院 就診人次
						care day attendances	就診人次 ⁵		
Kowloon East Cluster 九龍東醫院聯網									
Haven of Hope Hospital 靈實醫院	31,766	-	-	6,611	1,091	636	1,444	5,007	-
Tseung Kwan O Hospital 將軍澳醫院	-	-	-	-	-	74	-	-	-
United Christian Hospital 基督教聯合醫院	134,744	30,152	10,046	36,430	10,397	1,152	2,963	19,888	31,762
Sub-total 小計	166,510	30,152	10,046	43,041	11,488	1,862	4,407	24,895	31,762
Kowloon West Cluster 九龍西醫院聯網									
Caritas Medical Centre 明愛醫院	79,760	-	-	42,204	3,408	129	1,183	13,687	-
Kwai Chung Hospital 葵涌醫院	-	85,130	25,280	-	-	2,693	-	-	64,164
Kwong Wah Hospital 廣華醫院	37,071	-	-	48,710	9,206	966	-	8,375	-
North Lantau Hospital 北大嶼山醫院	6,325	-	-	3,364	-	209	1,658	-	-
Our Lady of Maryknoll Hospital 聖母醫院	45,520	-	-	15,269	279	125	680	-	-
Princess Margaret Hospital 瑪嘉烈醫院	85,581	-	-	38,961	6,024	782	1,241	14,632	-
Tung Wah Group of Hospitals Wong Tai Sin Hospital 東華三院黃大仙醫院	-	-	-	-	-	70	-	11,020	-
Yan Chai Hospital 仁濟醫院	-	-	-	41,323	5,721	250	-	4,371	-
Sub-total 小計	254,257	85,130	25,280	189,831	24,638	5,224	4,762	52,085	64,164
New Territories East Cluster 新界東醫院聯網									
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	36,087	-	787	27,813	7,390	2,675	106	11,296	9,376
Bradbury Hospice 白普理寧養中心	-	-	-	-	-	65	232	-	-
Cheshire Home, Shatin 沙田慈氏護養院	-	-	-	-	-	2	-	-	-
North District Hospital 北區醫院	36,251	11,446	7,231	28,501	6,824	3,314	330	9,824	11,881
Prince of Wales Hospital 威爾斯親王醫院	51,347	-	-	22,380	7,745	4,473	-	-	-
Shatin Hospital 沙田醫院	-	21,006	5,439	-	-	126	5,988	13,557	16,232
Tai Po Hospital 大埔醫院	-	9,546	212	-	-	9	-	-	7,811
Sub-total 小計	123,685	41,998	13,669	78,694	21,959	10,664	6,656	34,677	45,300
New Territories West Cluster 新界西醫院聯網									
Castle Peak Hospital 青山醫院	-	59,820	12,754	-	-	1,620	-	-	13,042
Pok Oi Hospital 博愛醫院	-	-	-	2,926	-	525	-	2,581	-
Tuen Mun Hospital 屯門醫院	82,855	-	-	91,197	7,594	2,957	2,795	13,624	5,200
Sub-total 小計	82,855	59,820	12,754	94,123	7,594	5,102	2,795	16,205	18,242
GRAND TOTAL 總計	861,961	280,120	95,219	643,813	113,591	33,165	87,250	189,888	219,163

Appendix 10 附錄 10

Notes:

1. Figures also include home visits and crisis intervention.
2. Figures also include home visits and consultation-liaison attendances.
3. For Community Geriatric Assessment Service, the activity refers to total number of outreach attendances and geriatric elderly persons assessed for infirmary care service.
4. Visiting Medical Officer attendances refer to the attendances receiving services provided to elderly persons living in Resident Care Homes for the Elderly under the Visiting Medical Officers Scheme introduced in 2003/04.
5. Allied Health (Community) attendances exclude follow-up consultations provided by the Medical Social Services Units.
6. Geriatric day attendances also include attendances in Integrated Discharge Support Program (IDSP) for elderly patients.

The activity performed in different centers and teams are grouped under respective hospital management.

Data prepared in June 2015.

註：

1. 數字也包括家訪及危機處理服務。
2. 數字也包括家訪及諮詢會診。
3. 指接受相關外展服務的人次及接受療養服務評核的長者人數的總和。
4. 接受到診醫生治療人次指 2003-04 年度推出的「到診醫生計劃」中為安老院舍長者所提供的到診服務。
5. 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。
6. 老人科日間醫院就診人次也包括離院長者綜合支援計劃的就診人次。

各中心及團隊的服務量均歸入所屬醫院之下。

資料於 2015 年 6 月擬備。

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 31.3.2015) ^{1,2,3,4} 等同全職人員數目 (2015 年 3 月 31 日數字) ^{1,2,3,4}				
	Medical 醫療	Nursing 護理	Allied Health 專職醫療	Others 其他	Total 總計
Hong Kong East Cluster 港島東醫院聯網	623	2,517	762	3,800	7,702
Cheshire Home, Chung Hom Kok 春崗角慈氏護養院	3	56	10	116	185
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	486	1,673	516	2,428	5,102
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	87	522	159	718	1,486
St John Hospital 長洲醫院	6	35	8	78	127
Tung Wah Eastern Hospital 東華東院	39	182	65	336	621
Wong Chuk Hang Hospital 黃竹坑醫院	2	49	4	125	180
Hong Kong West Cluster 港島西醫院聯網	670	2,679	883	3,518	7,750
Duchess of Kent Children's Hospital 大口環根德公爵夫人兒童醫院	12	69	43	135	259
Grantham Hospital 葛量洪醫院	27	223	51	281	582
MacLehose Medical Rehabilitation Centre 麥理浩復康院	1	38	30	82	151
Queen Mary Hospital ⁵ 瑪麗醫院 ⁵	575	1,959	651	2,478	5,664
TWGHs Fung Yiu King Hospital 東華三院馮堯敬醫院	15	82	29	147	274
Tung Wah Hospital 東華醫院	39	308	79	395	821
Kowloon Central Cluster 九龍中醫院聯網	746	3,275	989	4,535	9,546
HK Red Cross Blood Transfusion Service 香港紅十字會輸血服務中心	6	90	69	255	420
Hong Kong Buddhist Hospital 香港佛教醫院	12	146	35	181	374
Hong Kong Eye Hospital 香港眼科醫院	37	73	18	166	294
Kowloon Hospital 九龍醫院	63	770	186	936	1,955
Queen Elizabeth Hospital 伊利沙伯醫院	628	2,196	668	2,984	6,477
Rehabaid Centre 復康專科及資源中心	0	0	13	13	26
Kowloon East Cluster 九龍東醫院聯網	693	2,613	706	3,270	7,281
Haven of Hope Hospital 靈實醫院	20	280	61	393	754
Tseung Kwan O Hospital 將軍澳醫院	174	663	184	758	1,779
United Christian Hospital 基督教聯合醫院	498	1,669	461	2,120	4,747

Appendix 11(a)
附錄 11(a)

Institution 機構	No. of Full-time Equivalent (FTE) Staff (as at 31.3.2015) ^{1,2,3,4} 等同全職人員數目 (2015 年 3 月 31 日數字) ^{1,2,3,4}				
	Medical 醫療	Nursing 護理	Allied Health 專職醫療	Others 其他	Total 總計
Kowloon West Cluster 九龍西醫院聯網	1,417	5,608	1,566	7,092	15,683
Caritas Medical Centre 明愛醫院	254	864	237	1,137	2,491
Kwai Chung Hospital 葵涌醫院	72	651	119	584	1,427
Kwong Wah Hospital 廣華醫院	340	1,208	330	1,477	3,355
North Lantau Hospital 北大嶼山醫院	32	84	61	190	367
Our Lady of Maryknoll Hospital 聖母醫院	84	272	90	384	831
Princess Margaret Hospital 瑪嘉烈醫院	428	1,634	494	2,096	4,651
TWGHs Wong Tai Sin Hospital 東華三院黃大仙醫院	25	240	46	303	614
Yan Chai Hospital 仁濟醫院	181	655	190	920	1,947
New Territories East Cluster 新界東醫院聯網	966	3,897	1,081	5,084	11,028
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	157	571	199	901	1,828
Bradbury Hospice 白普理寧養中心	3	27	5	25	60
Cheshire Home, Shatin 沙田慈氏護養院	1	89	9	136	235
North District Hospital 北區醫院	176	674	177	809	1,836
Prince of Wales Hospital 威爾斯親王醫院	548	1,857	545	2,315	5,265
Shatin Hospital 沙田醫院	42	317	74	420	852
Tai Po Hospital 大埔醫院	40	364	72	478	954
New Territories West Cluster 新界西醫院聯網	756	3,163	831	4,576	9,324
Castle Peak Hospital 青山醫院	74	571	95	663	1,403
Pok Oi Hospital 博愛醫院	115	496	131	689	1,431
Siu Lam Hospital 小欖醫院	5	127	2	300	434
Tuen Mun Hospital 屯門醫院	562	1,969	602	2,923	6,056
Total 總計	5,871	23,751	6,818	31,874	68,315

Note:

1. This figure excludes 1979 staff in the Hospital Authority Head Office.
2. Manpower on full-time equivalent (FTE) basis includes all full-time & part-time staff in HA's workforce i.e. permanent, contract and temporary.
3. Individual figures may not add up to the total due to rounding.
4. Manpower figures of individual hospitals/institutions include management staff providing hospital and cluster-wide services.
5. Manpower providing services for Tsan Yuk Hospital is included in Queen Marry Hospital.

註:

1. 這數字不包括醫管局總辦事處的 1979 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。

Manpower Position – by Staff Group 人手狀況 – 按職員組別分類

	No. of Full-time Equivalent (FTE) Staff 2010-11 - 2014-15 ¹ 等同全職人員數目 ¹				
	2010/11	2011/12	2012/13	2013/14	2014/15
Medical 醫療					
Consultant 顧問醫生	630	699	729	761	799
Senior Medical Officer/Associate Consultant 高級醫生／副顧問醫生	1,296	1,504	1,639	1,733	1,785
Medical Officer/Resident(excluding Visiting Medical Officer) 醫生／駐院醫生(不包括到訪醫生)	3,110	2,945	2,875	2,866	2,872
Visiting Medical Officer 到訪醫生	16	16	16	16	18
Intern 駐院實習醫生	280	275	280	311	401
Senior Dental Officer/Dental Officer 高級牙科醫生／牙科醫生	5	7	6	8	8
Medical Total: 醫療人員總計：	5,337	5,447	5,546	5,695	5,884
Nursing 護理					
Senior Nursing Officer and above 高級護士長或以上	81	127	156	174	181
Department Operations Manager 部門運作經理	163	168	176	181	182
<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	3,283	3,526	3,760	3,978	4,114
Registered Nurse 註冊護士	11,971	12,293	12,722	13,258	13,848
Enrolled Nurse 登記護士	2,199	2,290	2,373	2,425	2,447
Midwife/Others 助產士／其他	25	23	19	9	4
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	406	447	437	434	653
<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	436	493	510	532	545
Registered Nurse 註冊護士	1,059	1,025	1,085	1,153	1,205
Enrolled Nurse 登記護士	473	509	578	614	613
Student Nurse/Pupil Nurse 註冊護士學生／登記護士學生	6	0	0	0	0
Nursing Total: 護理人員總計：	20,102	20,901	21,816	22,759	23,791

Appendix 11(b)
附錄 11(b)

	No. of Full-time Equivalent (FTE) Staff 2010-11 - 2014-15¹ 等同全職人員數目 ¹				
	2010/11	2011/12	2012/13	2013/14	2014/15
Allied Health 專職醫療					
Audiology Technician 聽力學技術員	9	7	7	6	6
Clinical Psychologist 臨床心理學家	100	110	134	139	155
Dietitian 營養師	92	106	118	128	141
Dispenser 配藥員	971	997	1,055	1,129	1,186
Medical Technologist/Medical Laboratory Technician 醫務化驗師/醫務化驗員	1,176	1,221	1,270	1,310	1,347
Mould Technologist/Mould Laboratory Technician 製模實驗室技術師/製模實驗室技術員	27	27	27	26	26
Optometrist 視光師	42	60	61	67	67
Orthoptist 視覺矯正師	14	13	14	14	15
Occupational Therapist 職業治療師	573	613	673	698	731
Pharmacist 藥劑師	392	437	488	522	574
Physicist 物理學家	58	61	68	71	73
Physiotherapist 物理治療師	775	814	846	869	886
Podiatrist 足病治療師	27	31	35	35	39
Prosthetist-Orthotist 義肢矯形師	105	116	123	126	135
Diagnostic Radiographer/Radiation Therapist 放射師/放射治療師	907	925	947	1,002	1,017
Scientific Officer (Medical) 科學主任(醫務)	67	71	76	82	82
Speech Therapist 言語治療師	59	69	77	82	91
Medical Social Worker 醫務社工	224	265	282	301	315
Dental Technician 牙科技術員	2	2	2	3	3
Allied Health Total: 專職醫療人員總計：	5,618	5,944	6,302	6,609	6,888
Care-related Support Staff² 護理支援²					
Health Care Assistant 健康服務助理	3,087	2,878	2,630	2,395	2,179
Ward Attendant 病房服務員	478	400	342	295	247
General Services Assistant/Technical Services Assistant (Care-related)/Theatre Technical Assistant/Patient Care Assistant & Other Care-related Support Staff 支援服務助理/技術服務助理(護理)/ 手術室技術助理/病人服務助理及其他護理支援人員	5,661	7,111	8,076	9,447	11,290
Care-related Support Staff Total: 護理支援人員總計：	9,226	10,389	11,048	12,137	13,716
Direct Patient Care Total: 直接病人護理人手總計：	40,283	42,680	44,713	47,200	50,278

Appendix 11(b)
附錄 11(b)

	No. of Full-time Equivalent (FTE) Staff 2010-11 - 2014-15 ¹ 等同全職人員數目 ¹				
	2010/11	2011/12	2012/13	2013/14	2014/15
Others 其他					
Chief Executive/Director/Deputy Director/Head 行政總裁／總監／副總監／主管	6	7	7	7	7
Cluster Chief Executive/Hospital Chief Executive 醫院聯網總監／醫院行政總監	27	27	26	26	26
Chief Manager/Senior Manager/Executive Manager/ General Manager 總行政經理／高級行政經理／行政經理／總經理	87	90	92	95	94
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	1,522	1,745	1,984	2,099	2,297
Other Supporting Staff - Clerical, Secretarial, Workman, Property Attendant etc 其他支援人員－文員、秘書、工人、產業看管員等	16,594	16,679	17,392	18,180	17,591
Non-direct Patient Care Total: 非直接病人護理人手總計：	18,235	18,548	19,501	20,407	20,015
HA Total: 醫管局人手總計：	58,518	61,228	64,213	67,607	70,293

Note:

1. Manpower on full-time equivalent (FTE) includes all full-time & part-time staff in HA's workforce i.e. permanent, contract and temporary. Individual figures may not add up to the total due to rounding.
2. With effect from April 2014 manpower data, a revised classification of Care-related Supporting staff group is adopted.

註：

1. 人手按「等同全職人員」計，包括醫管局所有全職及兼職的常額、合約及臨時職員。由於四捨五入的關係，各項數字相加後可能不等於總數。
2. 從 2014 年 4 月起，護理支援人員分類已修訂。

Operating Expenditure¹ in 2014-15 2014-15 年度日常營運開支¹

Cluster 聯網	2014-15 (HK\$Mn) 2014-15 年度 (港幣百萬元)
Hong Kong East Cluster 港島東醫院聯網	5,291
Hong Kong West Cluster 港島西醫院聯網	5,612
Kowloon Central Cluster 九龍中醫院聯網	6,602
Kowloon East Cluster 九龍東醫院聯網	5,119
Kowloon West Cluster 九龍西醫院聯網	11,086
New Territories East Cluster 新界東醫院聯網	7,844
New Territories West Cluster 新界西醫院聯網	6,312
Hospital Authority Head Office, and Others ² 醫院管理局總辦事處，及其他 ²	2,165
Total 總計	50,031

Note:

1. Operating expenditure does not include capital works projects, major equipment acquisition, corporate-wide Information Technology development projects and drug expenditure self-financed by patients.
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 resources for supporting the Government's electronic health initiatives.

註：

1. 日常營運開支並不包括基本工程計劃、購置大型醫療設備、企業資訊科技發展項目及病人自費藥物等開支。
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、實習醫生薪酬等）和整個機構的資訊科技支出，以及支援政府推行電子健康紀錄的所用資源。

Hospital Authority Training and Development Expenditure 醫院管理局職員培訓及發展開支

Cluster 聯網	Training and Development Expenditure for 2014-15 ¹ (HK\$Mn) 2014-15 年度培訓及發展開支 ¹ (港幣百萬元)
Hong Kong East Cluster 港島東醫院聯網	9.2
Hong Kong West Cluster 港島西醫院聯網	8.7
Kowloon Central Cluster 九龍中醫院聯網	11.4
Kowloon East Cluster 九龍東醫院聯網	5.0
Kowloon West Cluster 九龍西醫院聯網	9.6
New Territories East Cluster 新界東醫院聯網	11.2
New Territories West Cluster 新界西醫院聯網	6.1
Hospital Authority Head Office 醫院管理局總辦事處	68.3 ²
Total 總計	129.5

Note:

- Expenditure in providing training and development for HA workforce with items including course/conference fees, passages and travel, scholarships, subsistence allowances, teaching aids and devices, publications, trainer fees, refund of examination fee and other relevant charges.
- Expenditure includes a number of corporate-wide training programmes and initiatives centrally coordinated by Hospital Authority Head Office.

註：

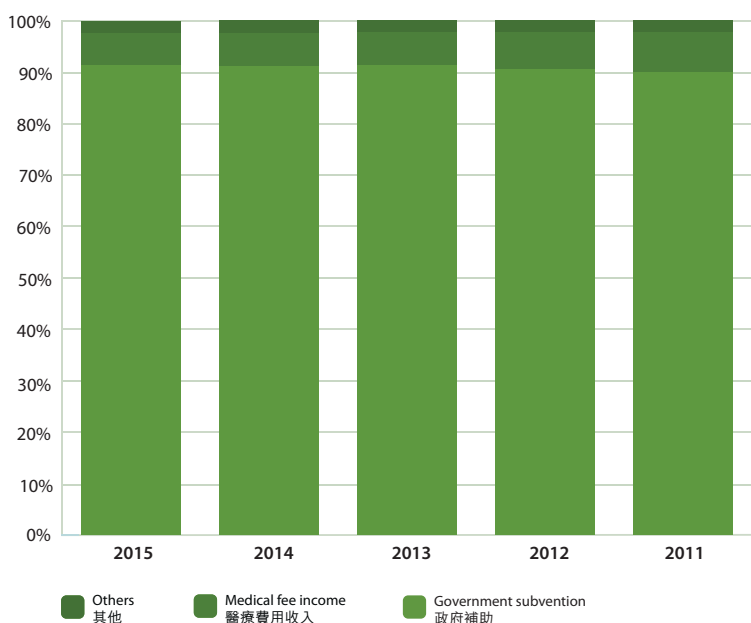
- 為醫管局職員提供培訓及發展的開支，包括學費／會議費用、旅費及交通費、獎學金、膳宿津貼、教材及器具、刊物、導師費用、退還考試費及其他相關開支。
- 開支包括醫院管理局總辦事處中央統籌的培訓課程及活動。

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)

	2015 HK\$Mn 港幣百萬元	2014 HK\$Mn 港幣百萬元	2013 HK\$Mn 港幣百萬元	2012 HK\$Mn 港幣百萬元	2011 HK\$Mn 港幣百萬元
Income 收入					
Government subvention (recurrent and capital) 政府補助(經常性及資本性)	50,531	45,869	43,159	38,348	34,366
Medical fee income (net of waivers) 醫療費用收入(扣除豁免)	3,423	3,182	2,951	3,030	2,994
Non-medical fee income 非醫療費用收入	936	892	775	685	562
Designated donations 指定捐贈	230	183	149	145	143
Capital donations 資本捐贈	110	128	120	109	113
	55,230	50,254	47,154	42,317	38,178
Expenditure 支出					
Staff costs 員工成本	(37,235)	(34,459)	(32,290)	(29,616)	(26,904)
Drugs 藥物	(5,328)	(4,941)	(4,479)	(4,069)	(3,639)
Medical supplies and equipment 醫療物品及設備	(2,326)	(2,118)	(1,999)	(1,846)	(1,354)
Other operating expenses (include depreciation and amortisation) 其他營運開支(包括折舊及攤銷)	(8,964)	(8,071)	(7,288)	(6,289)	(6,039)
	(53,853)	(49,589)	(46,056)	(41,820)	(37,936)
Surplus for the Year 年度盈餘	1,377	665	1,098	497	242

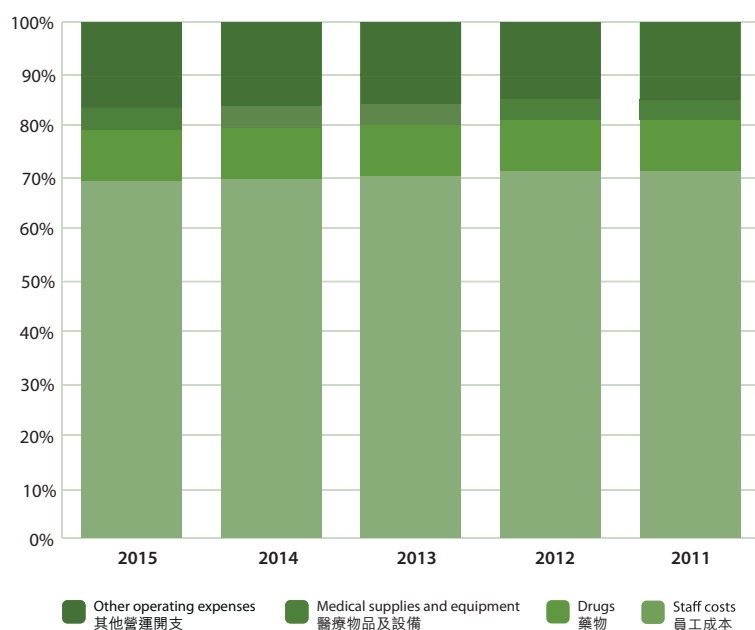
Income by Source (in % of Total Income)
各類收入來源 (佔總收入百分比)



Key Financial Indicators (for the Year ended 31 March) 主要財政指標 (截至每年 3 月 31 日)

	2015 HK\$Mn 港幣百萬元	2014 HK\$Mn 港幣百萬元	2013 HK\$Mn 港幣百萬元	2012 HK\$Mn 港幣百萬元	2011 HK\$Mn 港幣百萬元
Medical fee income (Note 1) 醫療費用收入 (註 1)					
Inpatient fees 住院收費	993	943	939	1,164	1,269
Outpatient fees 門診收費	1,285	1,258	1,218	1,188	1,169
Itemised charges 分項收費	1,595	1,420	1,231	1,134	1,032
Other medical fees 其他醫療收費	88	88	81	71	66
	3,961	3,709	3,469	3,557	3,536
Less: Waivers (Note 2) 扣除：豁免 (註 2)	(538)	(527)	(518)	(527)	(542)
Medical fee income (net of waivers) 醫療費用收入 (扣除豁免)	3,423	3,182	2,951	3,030	2,994
Additional provision for doubtful debts charged to the Statement of Income and Expenditure (Note 3) 在收支結算表內增加的呆賬撥備 (註 3)	52	45	45	33	37

Expenditure by Category (in % of Total Expenditure) 各類支出 (佔總支出百分比)



Note:

1. **Medical fee income**

Fees for hospital services are governed by the HA Ordinance. There are 3 categories of charges: (i) public charges for Eligible Persons (EP); (ii) public charges for Non-eligible Persons (NEP); and (iii) private charges. The definition of EP and NEP can be found in HA website whilst the fees and charges schedules are listed in the Gazette and HA website.

2. **Waivers**

Under the Government policy, recipients of Comprehensive Social Security Assistance (CSSA) 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 through Medical Social Workers. 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 2015 are \$466,000,000 and \$72,000,000 respectively (for the year ended 31 March 2014 are \$475,000,000 and \$52,000,000 respectively).

3. **Additional provision for doubtful debts 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 provision (or reversal of provision) would be charged to the Statement of Income and Expenditure for the year.

註：

1. **醫療費用收入**

醫院管理局的醫療服務收費受醫院管理局條例規管。醫療收費可分為下列三類：(i) 符合資格人士的公眾收費；(ii) 非符合資格人士的公眾收費；和 (iii) 私家收費。有關「符合資格人士」及「非符合資格人士」之定義，可瀏覽醫院管理局網頁。詳細收費可參閱憲報及醫院管理局網頁。

2. **豁免**

在政府的政策下，領取「綜合社會保障援助」(綜援)的人士可獲豁免公立醫療服務收費。其他人士若有經濟困難，可聯絡醫務社工申請費用減免。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 2015 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豁免分別為港幣 466,000,000 及港幣 72,000,000 (截至 2014 年 3 月 31 日為止之費用豁免分別為港幣 475,000,000 及港幣 52,000,000)。

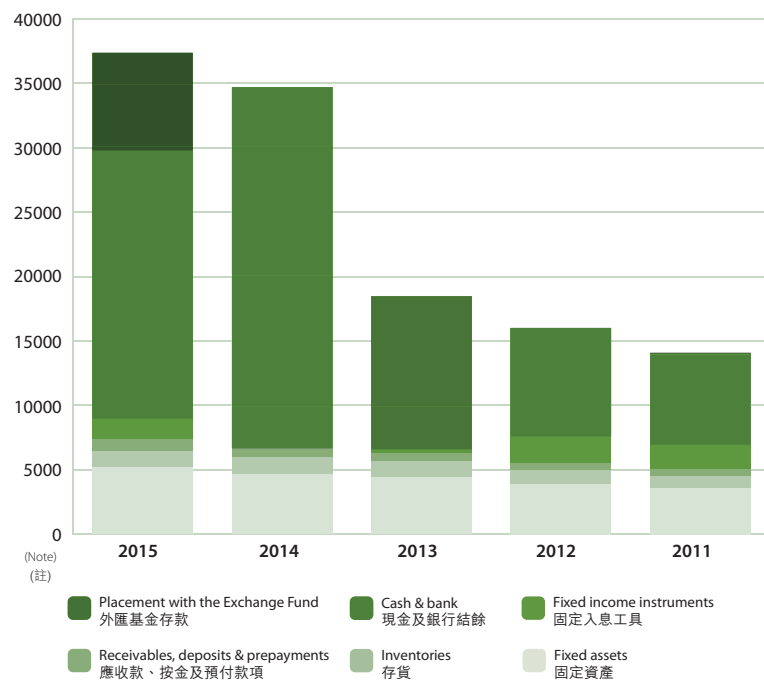
3. **在收支結算表內增加的呆賬撥備**

醫管局每年會評估醫療費欠款日後收回的可能性(應收賬款)。經評估後，需增加(或撥回)的呆賬撥備會計算在該年度的收支結算表內。

Financial Position (at 31 March) 財政狀況 (於每年 3 月 31 日)

	2015 HK\$Mn 港幣百萬元	2014 HK\$Mn 港幣百萬元	2013 HK\$Mn 港幣百萬元	2012 HK\$Mn 港幣百萬元	2011 HK\$Mn 港幣百萬元
Non-current assets 非流動資產	20,107	10,615	10,391	4,204	5,636
Current assets 流動資產	23,930	30,508	14,206	11,815	8,425
Current liabilities 流動負債	(11,227)	(9,607)	(6,918)	(5,929)	(4,795)
Net current assets 流動資產淨值	12,703	20,901	7,288	5,886	3,630
Non-current liabilities 非流動負債	(18,994)	(19,609)	(6,686)	(683)	(658)
Net assets 資產淨值	13,816	11,907	10,993	9,407	8,608
Capital subventions and capital donations 資本補助及資本捐贈	5,153	4,610	4,383	3,895	3,593
Designated fund 指定基金	5,077	5,077	5,077	5,077	5,077
Revenue reserve 收入儲備	3,586	2,220	1,533	435	(62)
	13,816	11,907	10,993	9,407	8,608

Total Assets (in HK\$ millions)
總資產 (港幣百萬元)



Note: Exclude the placement with the Exchange Fund of HK\$6,669,972,000 (2014: HK\$6,408,438,000) as HA is acting as a custodian for the Samaritan Fund.

註: 不包括醫管局作為撒瑪利亞基金保管人存放於外匯基金港幣6,669,972,000元的款項 (2014: 港幣6,408,438,000元)。

Key Financial Indicators (at 31 March) 主要財政指標 (於每年 3 月 31 日)

	2015 HK\$Mn 港幣百萬元	2014 HK\$Mn 港幣百萬元	2013 HK\$Mn 港幣百萬元	2012 HK\$Mn 港幣百萬元	2011 HK\$Mn 港幣百萬元
Inventories 存貨					
Drugs 藥物	1,087	1,151	1,043	840	713
Other medical and general consumables 其他醫療及一般消耗品	227	218	209	209	180
	1,314	1,369	1,252	1,049	893
Average stock holding period (weeks) 平均存貨儲備時間(星期)					
Drugs 藥物	10.5	12.0	12.0	10.8	10.2
Other medical and general consumables 其他醫療及一般消耗品	8.1	8.6	8.7	10.0	9.4

醫院管理局致力保護環境，
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