



醫院管理局
HOSPITAL
AUTHORITY



23

HOSPITAL AUTHORITY
ANNUAL REPORT
醫院管理局年報

24

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Roles

任務

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

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

The Hospital Authority is responsible for:

- Managing and controlling public hospitals
- Advising the Government of the needs of the public for hospital services and of the resources required to meet those needs
- Managing and developing the public hospital system
- Recommending to the Secretary for Health appropriate policies on fees for the use of hospital services by the public
- Establishing public hospitals
- Promoting, assisting and taking part in the education and training of persons involved in hospital or related services

醫院管理局的職能：

- 管理及掌管公立醫院
- 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
- 管理及發展公立醫院系統
- 就公眾使用醫院服務須付的費用，向醫務衛生局局長建議恰當的政策
- 設立公立醫院
- 促進、協助及參與培育提供醫院或有關服務的人士

Vision, Mission and Values

願景、使命及核心價值

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

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

Vision 願景

Healthy People
市民健康

Happy Staff
員工開心

Trusted by the Community
大眾信賴

Mission 使命

Helping People Stay Healthy
與民攜手 保健安康

Values 核心價值

People-centred Care
以人為先

Professional Service
專業為本

Committed Staff
敬業樂業

Teamwork
群策群力

Corporate Strategies

機構策略

The Hospital Authority (HA) aims to achieve its corporate VMV by adopting four strategic goals as outlined in the HA Annual Plan 2023-2024:

醫院管理局(醫管局)採納 2023-2024 年度工作計劃書所載的四項策略目標，達至前述的機構願景、使命及核心價值：



The Authority formulated corresponding programme targets under the above strategic goals with 22 strategies for 2023-24. Implementation progress of the Annual Plan was reported quarterly to the Board and available for public access on the Authority's website. Overall, most of the programme targets in 2023-24 were achieved on schedule or partially achieved, while some programme deferrals due to related works progress and manpower shortage were noted. Major achievements made during the year are set out in The Head Office and Cluster Reports in Chapter 6.

醫管局根據上述策略目標共 22 個策略制訂 2023-24 年度工作計劃。推行工作計劃的進展會每季向醫管局大會匯報，並上載至醫管局網站供公眾閱覽。整體而言，2023-24 年度大部分工作計劃已如期完成或部分完成，另有部分工作計劃因應相關工程進度及人手短缺影響下延期。醫管局年內達成的主要成績載於第六章總辦事處及醫院聯網工作匯報。

Membership of the Hospital Authority

醫院管理局成員



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

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



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

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



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

- (up to 31.1.2024)
(任期至 2024 年 1 月 31 日)*
- Appointed on 1 April 2013
 - Former 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前任院長



**Mr Lawrence CHAN
Man-yiu**
陳文耀先生

- Appointed on 1 April 2023
- Director of an international hotel group
- 於 2023 年 4 月 1 日獲委任
- 國際酒店集團董事



Prof CHAN Wai-yeo
陳偉儀教授

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



Mr CHAN Wing-kai
陳永佳先生

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



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

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



The Hon Duncan CHIU
邱達根先生

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

Prof Philip CHIU
Wai-yan
趙偉仁教授

- Appointed on 27 February 2024
- Dean of the Faculty of Medicine of the Chinese University of Hong Kong
- 於 2024 年 2 月 27 日獲委任
- 香港中文大學醫學院院長

Ms Anita FUNG
Yuen-mei, BBS, JP
馮婉眉女士

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

Mr Ambrose HO,
SBS, SC, JP
何沛謙先生

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



Ms Maisy HO Chiu-ha,
BBS, JP
何超蓮女士

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

Ms Mary HUEN
Wai-yi, JP
禤惠儀女士

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

Mr JAT Sew-tong,
SBS, SC, JP
翟紹唐先生

- Appointed on 1 April 2023
- Senior Counsel
- 於 2023 年 4 月 1 日獲委任
- 資深大律師

Membership of the Hospital Authority

醫院管理局成員



Dr Tony KO Pat-sing, JP
高拔陞醫生

Chief Executive, HA
醫院管理局行政總裁

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



Dr Ronald LAM Man-kin, JP
林文健醫生

Director of Health
衛生署署長

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



Mrs Sylvia LAM YU Ka-wai, SBS
林余家慧女士

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



Prof LAU Chak-sing, BBS, JP
劉澤星教授

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



Dr LEUNG Wing-cheong
梁永昌醫生

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



Mr Aaron LIU Kong-cheung, JP
廖廣翔先生

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

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



Prof David SHUM Ho-keung
岑浩強教授

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



**Prof Agnes TIWARI
Fung-yee
羅鳳儀教授**

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



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

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



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

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



**Mr Anthony TSANG
Hin-fun
曾憲芬先生**

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



**Dr Thomas TSANG
Ho-fai, BBS
曾浩輝醫生**

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



**Mr WAN Man-yee,
BBS, JP
溫文儀先生**

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



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

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

Chapter 1

第一章

Corporate Governance

機構管治

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

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

This Chapter provides an overview of the overarching corporate governance principles and framework of the HA, as well as major achievements made by the HA in 2023-24 for further enhancing corporate governance. The Governance section under the Environmental, Social and Governance Report in Chapter 7 sets out further information on the key structure and mechanisms in HA to facilitate implementation of effective corporate governance, and elaborates on the related initiatives and achievements in 2023-24.

Principles

Good governance is at the heart of HA and will continue to be of the highest importance as the Authority continues to develop. The Board acknowledges its responsibility for and commitment to corporate governance principles and recognises that the Authority's stakeholders expect the highest standards of performance, accountability and conduct.

Hospital Authority Board

Under the HA Ordinance, the Chief Executive of the HKSAR appoints members to the HA Board. The HA Board membership is not remunerated. As of 31 March 2024, the Board consisted of 27 members, comprising the Chairman who is not a public officer, three public officers, one principal officer who is the HA Chief Executive, and 22 non-public officers. Details of the membership are listed in Appendix 1.

本章概述醫管局的整體機構管治原則和框架，以及醫管局在 2023-24 年度進一步加強機構管治的主要成果。第七章「環境、社會及管治報告」的「管治」部分則詳細載列醫管局促進實行有效機構管治的主要架構和機制，並闡述 2023-24 年度的相關措施和成果。

原則

良好的機構管治乃醫管局的核心所在，並將一直是醫管局持續發展的首要重心。醫管局大會明白不同持份者期望醫管局在工作表現、問責性及道德操守方面須達最高標準，並確認其奉行機構管治原則的責任與承諾。

醫院管理局大會

根據《醫管局條例》，醫管局大會成員由香港特別行政區行政長官任命，並且不獲酬金。於 2024 年 3 月 31 日，大會有 27 名成員，包括主席(不屬公務員)、三名公務員、一名主要行政人員(醫管局行政總裁)及另外 22 名非公務員，詳情載於附錄 1。



The HA Board meets formally about 12 times a year and any other times as required. In 2023-24, the Board conducted 15 meetings and considered over 110 agenda items. They covered an array of important matters in leading and managing HA, including formulation of policies and strategies; steering and monitoring of the planning, development and operation of hospital services and facilities; collaboration projects; resource management; risk management and internal control; preparedness for contingency and demand surge; corporate governance, etc. The Board also steered and monitored organisation-wide risk management in HA across different functional areas and management structures, covering both clinical and non-clinical risk management in the Authority.

As in the past, the Board proactively reviewed and enhanced its governance structure to ensure the structure dovetails with the service development and organisational change in HA. In this regard, the Board upgraded a subcommittee to a functional committee, viz. the Development and Works Committee, in 2023-24 to serve as a dedicated platform for overseeing and advising on the planning and delivery of major capital projects and other works related subjects under the Hospital Development Plans. The Board also continued to pay dedicated effort in enlarging the talent pool for appointments to its Hospital Governing Committees (HGCs) and Regional Advisory Committees (RACs) to tap the community resources for enhancing governance of hospital services and operation, and succession management of the Committees, and continued to strengthen empowerment of the HGCs in the governance of the hospitals.

In addition, the Task Group on Sustainability (Task Group) formed under the HA Board in December 2019 continued to examine various major challenges facing HA amid the constantly changing environment, and monitor the implementation of the endorsed strategies to drive for the sustainable development of HA in the public healthcare system. In 2023-24, the Task Group, together with its subgroups, examined strategic issues on a wide array of strategies crucial to HA's sustainability, including manpower recruitment, development and retention; service model review; smart hospital and smart manpower development; management of waiting time; environmental initiatives; strategic procurement; patient-centric services, hospital safety, etc.

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 2023-24 年度，大會共召開 15 次會議，審議超過 110 個項目，涵蓋領導及管理醫管局的重要事宜，包括制訂政策和策略；督導及監察醫院服務與設施的規劃、發展和運作；協作項目；資源管理；風險管理和內部監控；應對緊急狀況及服務需求高峰的準備工作；以及機構管治事宜等。大會亦督導和監察醫管局機構層面的風險管理，涵蓋不同職能範疇和管理架構，包括臨床及非臨床的風險管理。

大會一如既往地積極檢討和強化其管治架構，確保能配合醫管局的服務發展和組織變動。就此，大會於 2023-24 年度將一個小組委員會提升為專責委員會，即「工程拓展委員會」，專責監察醫院發展計劃下各主要基本工程及其他相關工程的規劃和推展工作，並提供意見。此外，大會亦繼續致力擴展委任醫院管治委員會及區域諮詢委員會成員的人才庫，善用社區資源提升醫院的服務和運作管治、加強有關委員會的繼任管理，並持續賦權醫院管治委員會強化對醫院的管治。

此外，醫管局大會在 2019 年 12 月成立的「持續發展專責小組」繼續探討醫管局在持續轉變環境中所面對的主要挑戰，並監察已批核策略的實施，以促進醫管局在公營醫療系統內的可持續發展。在 2023-24 年度，專責小組及其各個分組審視了多項可影響醫管局持續發展的重要策略事宜，包括招聘、發展及挽留人才；檢視服務模式；發展智慧醫院和智慧團隊；輪候時間管理；環保措施；策略性採購；病人為本服務；醫院安全等。





Board Committees

For optimal performance of its roles and exercise of powers, the HA Board has established various functional committees. As of 31 March 2024, the 12 functional committees established under the HA Board include: Audit and Risk Committee, Development and Works Committee, Executive Committee, Emergency Executive Committee, Finance Committee, Human Resources Committee, Information Technology Services Committee, Main Tender Board, Medical Services Development Committee, Public Complaints Committee, Staff Appeals Committee and Supporting Services Development Committee. Among all, Executive Committee continues to advise the Board on changes to the Board and Functional Committee structure to address the service evolution and development. Membership of the committees and their terms of reference and focus of work in 2023-24 are outlined in Appendix 3.

Hospital Governing Committees

To enhance community participation and governance of public hospitals, HGCs were established in the hospitals and institutions, and appointments to the HGCs are made by the Board in accordance with the HA Ordinance. These committees are listed in Appendix 4. In 2023-24, a total of 133 meetings were conducted by the 33 HGCs. HGCs received regular management reports from Hospital Chief Executives, monitored operational and financial performance of the hospitals, reviewed risk management issues, provided policy guidance on hospital management, and participated in human resource and procurement functions, as well as hospital and community partnership activities.

大會轄下的委員會

為協助醫管局大會有效發揮其職能及行使職權，大會成立了多個專責委員會。於2024年3月31日，於大會轄下成立的12個專責委員會包括審計及風險管理委員會、工程拓展委員會、行政委員會、緊急應變策導委員會、財務委員會、人力資源委員會、資訊科技服務委員會、中央投標委員會、醫療服務發展委員會、公眾投訴委員會、職員上訴委員會及支援服務發展委員會。其中，行政委員會持續就醫管局大會及專責委員會的架構變動，向大會提供意見，以配合服務演進及發展。各委員會2023-24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，醫管局大會按《醫管局條例》就轄下醫院 / 機構成立醫院管治委員會並委任其成員。附錄4載有各醫院管治委員會一覽。在2023-24年度，33個醫院管治委員會共召開133次會議。各醫院管治委員會審閱醫院行政總監的定期管理報告、監察醫院在運作和財務方面的表現、審視風險管理事宜、指導醫院管理政策，以及參與人力資源及採購工作和醫院及社區的夥伴協作活動。

The Board maintains close connection with HGCs in developing corporate policies and strategies. During the year, continuous efforts were made to actively engage HGCs in corporate-wide issues and two-way communication, such as regular briefings by Cluster Chief Executives at HGC meetings, following-up on and reporting of comments and views of HGCs to the HA Board and courtesy visits by HA Chairman and Chief Executive to HGCs. Besides, designated Task Groups on Enhancing Patient-centric Services established in respective HGCs provided significant contribution in driving the development of a wide range of initiatives to improve patient-centric services and staff convenience, and enhance experience of patients and visitors. These initiatives included convenient medication pick-up via HA mobile app "HA Go"; improved access to charging facilities for mobile devices; wider food choices at hospitals, streamlining of patient journey for outpatients, enhancement of visiting arrangement, etc. HGCs also actively participated in the work on enhancing hospital safety. In line with the practice adopted by the HA Board and its functional committees, HGCs also conducted annual self-assessment to drive for continuous improvement.

Regional Advisory Committees

To provide HA with advice on the healthcare needs for specific regions of Hong Kong and assist the Authority with better performance of its functions in relation to the regions, HA has established three RACs. Appointments to the RACs are made by the Board in accordance with the HA Ordinance. These committees and their respective membership are listed in Appendix 5.

In 2023-24, each of the RACs met four times and received reports on various corporate initiatives. Each RAC was also briefed on annual plan progress and targets of the respective clusters, as well as key development of services and programmes.

醫管局大會與醫院管治委員會在制訂機構政策和策略方面維持緊密聯繫。年內，醫管局持續推動醫院管治委員會參與醫管局的機構事務及促進雙向溝通，包括由聯網總監於管治委員會會議上作定期簡報、跟進及向醫管局大會匯報委員會的意見和觀點，醫管局主席及行政總裁亦會造訪不同醫院管治委員會。各醫院管治委員會特別成立的「優化以病人為本服務專責小組」亦大力推動發展一連串措施，加強以病人為本的服務和為員工提供更大便利，並提升病人和訪客的體驗。這些措施包括透過醫管局流動應用程式「HA Go」實現便利的取藥安排；增加提供流動裝置充電設施；在醫院提供更多膳食選擇；簡化門診病人就診流程；改善醫院探訪安排等。醫院管治委員會亦積極參與加強醫院安全的工作。參照醫管局大會及其專責委員會的做法，各醫院管治委員會每年亦會進行自我評核，不斷求進。

區域諮詢委員會

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

三個區域諮詢委員會在 2023-24 年度各自召開四次會議，收閱醫管局多方面事項的報告，亦聽取了所屬區域聯網的年度工作計劃進度和目標，以及服務和計劃項目的主要發展情況。





Executive Management

The executive management team of HA is outlined in Appendix 2(b). The executives are charged by the HA Board with the responsibility to manage and administer day-to-day business and operations of the Authority. During the year, a dedicated division was established at Head Office level to oversee the planning and delivery of capital works. To ensure that the management can discharge duties in an effective and efficient manner, the HA Board has set out clear delegated authority, policies and codes of conduct. The Board approved the 2023-24 annual plan prepared by the executives in accordance with the Board's direction. Regular executive reports on the progress of agreed performance indicators and targets were presented to the Board.

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

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。年內，醫管局在總辦事處層面增設一個部門，專責監督工程項目的規劃和推行工作。為確保管理層可快捷有效地履行其職責，大會已清楚列出授予權力、政策及操守準則。大會批核由行政人員根據大會所立方針制訂的 2023-24 年度工作計劃，行政人員亦定期向大會提交進度報告，包括議定的表現指標及工作目標的進度。

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

Chapter 2

第二章

Chairman's Review

主席匯報

With the end of COVID-19 pandemic, the Hong Kong society had swiftly regained its vibrance with a sense of renewed vigour. The Hospital Authority (HA) also resumed its normal services, and had been pressing ahead on various fronts to drive the sustainability of the public healthcare system. A wide array of policies and initiatives had been implemented in stages in 2023-24. HA had been vigorously developing smart hospital projects and promoting "Smart Care" with the application of advanced technologies, with a view to enhancing patient experience and improving workflow. Among which, the wider use of the HA mobile app "HA Go" and telehealth enabled convenient healthcare management for patients, as well as enhanced accessibility to HA's services.

香港社會於疫後迅速重拾活力，展現一番新氣象。醫院管理局（醫管局）亦已恢復正常服務，並馬不停蹄向多方面推進，建構可持續發展的公營醫療系統。在 2023-24 年度，一系列具體政策和措施正逐步落實，當中包括大力發展更多智慧醫院項目，借助先進科技推展「智慧醫療」，從而提升病人體驗及改善運作流程。醫管局流動應用程式「HA Go」以及遙距醫療的應用亦更為廣泛，便利病人管理個人健康及使用醫管局服務。



Video of Chairman's Review
主席匯報影片

Meanwhile, we had been proactively revamping our service models through promoting ambulatory care, strengthening Integrated Chinese-Western Medicine services, developing Integrated Model of Specialist Outpatient Service through Nurse Clinics, launching medication delivery services, etc., so as to provide more treatment choices for patients. With good use of existing facilities supported by our country, we implemented the Ambulatory Diagnostic Radiology Service Pilot Programme and other healthcare services at the Central Government-Aided Emergency Hospital, which had greatly shortened the waiting time for patients. My sincere thanks to the Central People's Government for its staunch support to Hong Kong healthcare which benefited the public at large.

As an indispensable part of a robust public healthcare system, modernised infrastructure and facilities are conducive to reinforcing positive health outcomes and patient experience, and thus achieving clinical excellence. We continued to press ahead with the two public Hospital Development Plans to upgrade hospital hardware with an aim to modernise our services and meet the growing healthcare needs of the community. With a view to providing a full spectrum of leadership for the tremendous increase in magnitude of hospital development bestowed to HA, the HA Board had strengthened the organisational structure of HA Head Office and established a new functional committee at the Board level, namely the Development and Works Committee to steer and oversee the related work. The HKSAR Government has been staunchly backing HA up for its long-term development, and had allocated to HA a total of \$89.2 billion of recurrent subvention in 2023-24 under the triennial funding arrangement. I would like to express my sincere gratitude to the HKSAR Government for its sterling support and commitment to the public healthcare despite the pressure on public finance.

同時，我們積極重整服務模式，透過發展日間醫療、推動中西醫協作服務、發展綜合模式專科門診護土診所，以及推展藥物送遞服務等，為病人提供更多治療選擇。我們善用國家援建的中央援港應急醫院，推行「日間放射診斷服務先導計劃」等的醫療服務，大大縮短病人的輪候時間。我謹此感謝中央人民政府鼎力支持本港醫療服務，讓廣大市民受惠。

現代化的醫療設施有助提高醫療成效和病人體驗，推動臨床服務取得卓越成就，對完善公營醫療不可或缺。我們繼續全力發展兩個公營醫院發展計劃，更新醫院硬件，提供現代化的服務以應付殷切的醫療需求。為了更全面領導大幅擴展的公立醫院發展項目，醫管局大會強化了醫管局總辦事處的組織架構，並成立名為「工程拓展委員會」的專責委員會，專責督導和監察相關工作。香港特區政府一直堅定支持醫管局的長遠持續發展，於 2023-24 年度繼續以三年期撥款安排，向醫管局撥款 892 億元經常撥款。我懇切感謝特區政府即使面對公共財政壓力，仍然展現對公營醫療服務的承擔。



Talent is the driving force that boosts the development of medical services. HA strived to retain, attract and nurture healthcare talent, with a view to building a sustainable workforce that could respond and adapt to the dynamic medical environment, so as to expand and groom the talent pool for our public healthcare system. Not only did we reach out to different countries and regions to participate in recruitment activities, we also provided short-to-medium term exchange opportunities in Hong Kong public hospitals for non-locally trained healthcare professionals through the Global Healthcare Talent Scheme. Further, we established the HA Global Healthcare Professional Recruitment Centre in late 2023 to coordinate the recruitment and exchange programmes of global healthcare professionals, including doctors, nurses and allied health professionals. In parallel, we endeavoured to increase training opportunities for colleagues and foster staff's professional development through the establishment of the Hospital Authority Academy which consolidated training resources.

人才是促進醫療服務發展的動力。為了建立可持續的人力資源，以應對瞬息萬變的醫療環境，醫管局致力挽留、吸引和培育醫療專才，進一步擴大香港公營醫療體系的人才庫。我們除了到訪不同國家和地區招攬全球人才之外，亦推出「環球醫療人才匯聚計劃」，吸引非本地培訓醫療專才到香港公立醫院參與短、中期交流。另外，為更有效統籌非本地培訓醫生、護士及專職醫療人員等的招聘工作及交流計劃，我們更於 2023 年底成立「醫管局環球醫療人才招聘中心」。與此同時，我們亦致力增加同事的培訓機會，年內成立醫院管理局學院以整合人力培訓資源，促進員工的專業發展。





On the other hand, HA had also actively commenced various exchange programmes and collaboration agreements with major Mainland cities in the Guangdong-Hong Kong-Macao Greater Bay Area (GBA). The GBA Healthcare Talents Visiting Programmes had been further developed this year, with doctors, nurses, Chinese medicine experts and radiographers from the Mainland coming to Hong Kong public hospitals for experience and knowledge exchange. HA also sent our doctors, nurses, radiographers and medical physicists to various renowned hospitals in the Mainland so they could learn from each other. HA would continue to capitalise on the opportunities arising from the development of GBA to deepen the professional exchange of healthcare talents to achieve mutual benefits.

另一方面，醫管局積極與大灣區多個城市合作，開展多元化的交流計劃和合作協議。「大灣區醫療人才交流計劃」於本年度進一步發展，多名醫生、護士、中醫專家及放射技師分批由內地來港，在公立醫院參與經驗和知識交流。醫管局亦派出醫生、護士、放射技師及醫學物理家到訪內地多間知名醫院，與當地同業相砥礪。醫管局會繼續抓緊大灣區發展的機遇，深化兩地醫療專才的專業交流，以達致互惠互利的成果。

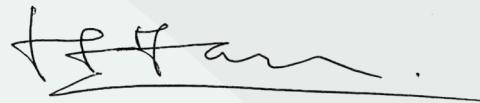


My heartfelt appreciation goes to all members of the HA Board, Regional Advisory Committees and Hospital Governing Committees, and co-opted members of the Functional Committees, whose valuable guidance and advice had enabled HA making promising headway in various areas. We welcome Mr Lawrence Chan Man-jiu, Mr Jat Sew-tong and Prof Philip Chiu Wai-yan for joining the Board last year. Their expertise and rich experience shall inject fresh ideas and impetus to HA. We also thank the outgoing members Prof Francis Chan Ka-leung, Mr David Fong Man-hung, Mr Franklin Lam Fan-keung and Dr Leung Wing-cheong, who made significant contribution to HA with their wise counsel. In addition, I am indebted to all parties including members of the Legislative Council and District Councils, patient groups, volunteers, as well as the wider community for their unfailing support to the works of HA.

醫管局能夠在多方面取得良好進展，有賴醫管局大會、區域諮詢委員會、醫院管治委員會所有成員，以及專責委員會的增選成員，給予殷切的指導和寶貴意見，我謹此衷心致謝。我謹歡迎陳文耀先生、翟紹唐先生及趙偉仁教授，於本年度加入醫管局大會，他們的專長和豐富經驗，定為醫管局注入新思維和動力。我亦感謝去年卸任的大會成員，包括陳家亮教授、方文雄先生、林奮強先生及梁永昌醫生，他們多年來惠予真知灼見，貢獻良多。另外，我由衷感謝社會各界包括立法會和區議會成員、病友組織、義工以及市民大眾，堅定不移支持醫管局的工作。

Last but not least, I would like to express my gratitude to all dedicated and passionate members of the HA. Through all challenging times, their determination in safeguarding people's health has never wavered. I am deeply honoured to be able to continue joint endeavour with such an outstanding team serving Hong Kong citizens. There is a long way to go along the pathway of a sustainable public healthcare, but the HA team shall stay united and dauntless, and forge ahead bravely, towards a promising future.

最後，我要感謝醫管局全體員工，即使面對無數考驗，依然滿懷熱誠，對守護市民健康的決心從未動搖。我能繼續與如此專業、優秀的團隊一同服務香港市民，深感榮幸。實現可持續的公營醫療道阻且長，醫管局團隊定必上下一心，無懼挑戰向著目標奮進。



Henry Fan Hung-ling
Chairman



主席
范鴻齡



Chapter 3

第三章

Chief Executive's Report

行政總裁匯報

Similar to many other developed economies, Hong Kong is facing an ageing population, a growing prevalence of chronic diseases, as well as a shortage of healthcare manpower. In 2023-24, the Hospital Authority (HA) continued to weather the challenges and pursue sustainable development of the public healthcare system on various fronts. All HA staff go above and beyond the call of duty in their positions, providing care to patients with conscientious effort. Their tireless devotion and contribution are truly remarkable, and my gratitude is beyond words.

與許多其他先進經濟體相似，香港面臨人口老化、慢性疾病愈趨普及，和醫療人力資源不足的問題。醫院管理局(醫管局)在2023-24 年度繼續迎難而上，從多方面著手，推動公營醫療服務可持續發展。全體醫管局員工在不同的崗位各施其職，盡忠職守，為病人提供適切照顧，我謹此衷心感謝他們的熱忱與貢獻。



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

The success of public healthcare services hinges on a robust pipeline of talent. In this regard, the first and foremost task we had undertaken in 2023-24 is to recruit suitable healthcare professionals with our utmost efforts. HA had proactively reached out to various parts of the world to promote the latest pathway for medical students and medical practitioners to join HA. Positive responses were received. The number of non-locally trained doctors coming to Hong Kong for work or exchange has more than doubled to nearly 140 in 2023-24. Separately, the passing of the Nurses Registration (Amendment) Bill 2023 would help attract eligible non-locally trained nurses to join HA.

At the same time, HA implemented multi-pronged measures to recruit local healthcare professionals. In 2023-24, we recruited over 660 doctors, 2 530 nurses and 920 allied health professionals, while continued to increase manpower by recruiting part-time healthcare professionals via Locum Office and introducing flexible employment options. We also spared no effort in retaining and nurturing the serving HA team, by enhancing promotion prospects, improving remuneration packages, as well as providing great opportunities for training. To this end, the Hospital Authority Academy (HAA) was established, integrating the current corporate training institutes of different staff groups. HAA coordinates over 4 000 courses each year with the commitment to providing structured, comprehensive, and innovative training to power skills and nurture a stable and smart workforce.

穩健的人力資源是公營醫療服務賴以成功的關鍵。醫管局於 2023-24 年度盡力羅致合適的醫療人才，走訪不同國家和地區，向當地醫科學生和醫生介紹來港工作的最新途徑，吸引他們在公立醫院服務，反應都十分正面，年內來港工作或交流的非本地培訓醫生增加一倍多至近 140 名。另外，在《2023 年護士註冊(修訂)條例草案》通過後，將有助吸納合資格的非本地培訓護士加入醫管局工作。

與此同時，我們多管齊下聘用本地醫療人才，在 2023-24 年招聘逾 660 名醫生、2 530 名護士及 920 名專職醫療人員，並繼續聘請兼職醫護人員和採取更靈活的招聘策略，以增加人手。另外，我們著力維繫和強化現職團隊，為員工改善晉升前景、提升待遇，並且提供豐富培訓機會。年內亦成立「醫院管理局學院」，整合醫管局轄下各員工組別的培訓學院，統籌每年逾 4 000 個課程，以系統化、全面而新穎方式推行持續進修和培訓，以培育穩健且具備適切技能的智慧團隊。





Adhering to the vision of sustainability, HA continued to uplift service quality and efficiency, so that the public healthcare system could take care of the healthcare needs of our citizens in the long run. Ceaseless efforts were devoted in the development of smart hospitals and the provision of "Smart Care", with new service models implemented leveraging the application of innovative technology. One of our key focuses was to enhance the capability of the HA mobile app "HA Go" as the "Digital Front Door" of HA's services. The functions of "BookHA" in "HA Go" were enhanced to facilitate patients to book new case appointments for services of six allied health specialties, including Dietetics, Occupational Therapy, Physiotherapy, and more. In addition, the Medication Delivery Service had been extended, and was made available to all patients attending specialist outpatient clinics (SOPCs), general outpatient clinics, and those discharged from the hospital, and receiving accident and emergency services by end of April 2024, providing patients with a convenient choice of medication collection. HA had been actively expanding the scope of telehealth services as well, including outpatient, day patient, inpatient and outreach services, so that more suitable patients could receive healthcare services from HA at ease.

To address the issue of long waiting time for specialist outpatient services, we introduced various measures to enhance services in the SOPCs, which included strengthening referral management, streamlining cross-specialty consultation services, as well as expanding Public-Private Partnership programmes, etc. With all these enhancement measures, HA successfully achieved the target set in The Chief Executive's 2022 Policy Address to reduce the waiting time for stable new case bookings for Medicine specialist outpatient services by 20% in 2023-24. We will continue our efforts in improving the service.

醫管局繼續秉持可持續發展理念，提升服務質素和效率，致力令公營醫療體系長遠能照顧市民需要。我們大力發展智慧醫院，應用創新科技推展新的服務模式，提供「智慧醫療」，其中一項重要舉措，就是進一步發揮醫管局流動應用程式「HA Go」作為醫管局「數碼大門」的角色。程式內的「預約通」功能已經提升，方便門診的新症病人預約營養服務學、職業治療、物理治療等六項專職醫療服務。而「藥物送遞服務」亦繼續推展，並於2024年4月底前涵蓋所有專科門診、普通科門診、出院及急症室病人，為病人提供便捷的取藥選擇。我們亦積極擴展遙距醫療服務的領域，包括門診、日間住院、住院和外展服務，為更多合適的病人帶來便利的醫療服務。

因應專科門診新症輪候時間長的情況，醫管局致力加強轉介管理、理順跨專科診症，以及擴大公私營協作計劃等，提高專科門診的服務能力。透過不斷加強各項措施，醫管局已經達到《行政長官2022年施政報告》提出在2023-24年度將內科專科門診穩定新症的最長輪候時間縮減20%的目標，我們會繼續努力提升服務。

To facilitate a sustainable healthcare service in HA, we had adopted new service models including ambulatory care, community-based care, as well as more Integrated Model of Specialist Outpatient Service through Nurse Clinics so that timely and appropriate treatment and care would be provided to patients on the waiting list for specialist outpatient services by multi-disciplinary teams. In 2023-24, there were a total of 117 Nurse Clinics in HA's SOPCs, covering 23 specialties and sub-specialties. We had also set up pharmacist clinics in a number of hospitals, where pharmacists provided personalised drug counselling and assessments for patients with cardiac diseases and relatively stable conditions, so as to alleviate the demand for specialist outpatient services.

In addition, in support of the Government to promote Chinese medicine, HA had regularised the Integrated Chinese-Western Medicine (ICWM) services and further expanded the services to 26 public hospitals, adding up the hospital sites from eight to 53, providing ICWM services to patients under the designated disease areas, including stroke care, musculoskeletal pain management, cancer palliative care and cancer care pilot programme. HA had also increased the annual quota of Government subsidised Chinese medicine services in the Chinese Medicine Clinics cum Training and Research Centres from about 600 000 to 800 000, with a view to enhancing the role of Chinese medicine in primary healthcare and to benefitting more patients.

為促進醫管局服務的可持續性，我們採用新的服務模式，例如日間醫療護理、社區為本護理，以及綜合模式專科門診護士診所，由跨專業團隊為輪候專科門診的病人提供適時及適切的治療。在 2023-24 年度，醫管局專科門診共有 117 間護士診所，涵蓋 23 個專科及附屬專科服務。我們又在多間醫院開設藥劑師診所，藥劑師會為患有心臟病及病情相對穩定的病人，提供個人化藥物輔導及評估，以紓緩對專科門診的服務需求。

此外，醫管局配合政府推動中醫藥發展，將中西醫協作服務常規化，並於年內擴展服務至 26 間公立醫院，指定服務點亦由八個增加至 53 個，為選定病種包括中風治療、肌肉及骨骼痛症治療、癌症紓緩治療，以及癌症治療先導項目的住院病人提供中西醫協作治療。醫管局亦增加中醫診所暨教研中心的政府資助中醫門診服務籌額由每年約 60 萬個至每年 80 萬個，以加強中醫藥在基層醫療服務的角色，惠及更多病人。



Expanding and enhancing the hospital infrastructure and facilities to meet future service needs and models of care is essential. A series of hospital development and improvement projects are underway, among which the Phase 1 Building of the Kwong Wah Hospital Redevelopment Project commenced services in the second quarter of 2023. Projects commenced in 2023-24 included main works for redevelopment of Prince of Wales Hospital, phase 2 (stage 1), Kwong Wah Hospital, phase 2 and Grantham Hospital, phase 1 as well as expansion of Lai King Building in Princess Margaret Hospital. Following the establishment of the Development and Works Committee under HA Board, HA Head Office set up a Development & Works Division to oversee and execute the strategies and works projects set in the HA Hospital Development Plans.

為配合未來的服務需求和護理模式的發展，我們必須繼續擴充和提升醫院基建設施。醫管局繼續推展醫院發展，其中廣華醫院第一期新大樓已於 2023 年第二季投入服務。於 2023-24 年度展開的工程項目包括威爾斯親王醫院重建計劃二期(第一階段)、廣華醫院重建計劃二期、葛量洪醫院重建計劃第一期，及瑪嘉烈醫院荔景大樓擴建計劃的主要工程。因應醫管局大會成立「工程拓展委員會」，醫管局總辦事處設立「工程拓展部」，負責統籌及執行醫管局醫院發展計劃下的各項策略與工程項目。



kind efforts, the taste is so sweet.
s a shelter, ready for others' retreat.
dy through their magnificent skill.
heart by their benevolent will.



Senior appointments in 2023-24 included, in chronology, Dr Bonnie Siu was appointed as Hospital Chief Executive (HCE) of Castle Peak Hospital and Siu Lam Hospital; Dr Frank Chan as HCE of Hong Kong Buddhist Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital; as well as Dr Flora Tsang Hau-fung as HCE of Grantham Hospital and Tung Wah Hospital. At the Head Office, Ir Kelvin Lo served as Director (Development and Works).

Safeguarding the health and well-being of the community is no easy task. Only with the full backing of the HKSAR Government and all sectors of society, as well as the professionalism of all HA staff, HA was able to tide over any adversities through the years. Regardless of the challenges and difficulties we may face, so long as we stride forward resolutely in the right direction, it will lead to a broad runway for a sustainable public healthcare system.

Tony Ko Pat-sing
Chief Executive

年內的高層人員聘任按時序包括：蕭慧敏醫生出任青山醫院及小欖醫院行政總監，陳允健醫生出任香港佛教醫院、聖母醫院和東華三院黃大仙醫院行政總監，以及曾巧峰醫生出任葛量洪醫院及東華醫院行政總監。總辦事處則有盧國華工程師出任工程拓展總監。

守護民康之路道阻且長，全賴香港特區政府和社會各界的不懈支持，以及全體員工的專業精神，與我們攜手跨越重重困難。無論前路有幾許挑戰，只要我們朝著正確的方向堅定前行，定會踏上公營醫療系統可持續發展的康莊大道。



行政總裁
高拔陞

Hospital Authority at a Glance 2023-24

醫院管理局 2023-24 年度概覽



Total Manpower of Hospital Authority¹
No. of Full-time Equivalent Staff
(as at 31 Mar 2024)
醫院管理局人手總計¹
等同全職人員數目
(2024年3月31日數字)

90,785



Medical 醫療

7,350

Nursing 護理

28,865

Allied Health 專職醫療

9,497

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

45,073



30,671



Number of hospital beds²
(as at 31 Mar 2024)
醫院病床數目²
(截至2024年3月31日)

43

Number of Hospitals and
Institutions under the Hospital
Authority (as at 31 Mar 2024)
醫院管理局轄下醫院 / 機構數目
(截至2024年3月31日)

49

Number of Specialist Outpatient
Clinics (as at 31 Mar 2024)
專科門診診所數目
(截至2024年3月31日)

74

Number of General Outpatient
Clinics (as at 31 Mar 2024)
普通科門診診所數目
(截至2024年3月31日)

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

8,368,107



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

6,008,083



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

3,301,186



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

2,142,830



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

1,955,999



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

351,698



Remarks:

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

備註：

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

Chapter 4

第四章

Milestones of the Year

大事回顧



04 | 2023

The Hospital Authority (HA) held a welcome ceremony for the Greater Bay Area (GBA) Healthcare Talents Visiting Programmes to greet more than 80 healthcare professionals from Guangdong Province coming to Hong Kong. With the successful implementation of the programmes, more doctors, nurses, Chinese medicine experts and radiographers from Guangdong Province came to participate in the exchange in the year. HA also sent our medical professionals to various renowned hospitals in the Mainland for experience and knowledge exchange.

醫院管理局（醫管局）舉行「大灣區醫療人才交流計劃」歡迎儀式，歡迎 80 多名廣東省醫護人員來港交流。計劃在年內成功推展，更多廣東省醫生、護士、中醫專家及放射技師相繼來港參與計劃，醫管局亦派出醫護人員到訪內地多間知名醫院，互相交流經驗和知識。

04 | 2023

The HA launched the Ambulatory Diagnostic Radiology Service Pilot Programme. Patients with suitable clinical conditions were invited to receive radiological diagnostic services at the Central Government-Aided Emergency Hospital (CGAEH). The scope of services of CGAEH was further expanded from October, with the increased service capacity for Computed Tomography (CT) scan, the launch of contrast CT scan and ultrasound scan services, an endoscopy service pilot scheme, provision of sleep test, as well as multi-drug resistant organism screening.

醫管局推出「日間放射診斷服務先導計劃」，邀請臨床情況合適的病人轉往中央援港應急醫院（應急醫院）接受放射診斷服務。應急醫院服務範圍在 10 月起進一步擴展，除增加電腦掃描服務量外，亦展開顯影電腦掃描造影服務及超聲造影服務、推行「內視鏡服務先導計劃」、提供睡眠測試服務，並提供多重耐藥性菌類篩查。





04 | 2023

The HA delegation staged recruitment events in London and Sydney in April and June respectively to promote the latest registration arrangements for working in Hong Kong to medical students and medical practitioners, with a view to attracting more non-locally trained doctors to serve in the public healthcare system in Hong Kong.

醫管局代表團先後於 4 月及 6 月前往倫敦和悉尼舉辦招聘活動，向當地醫學生及執業醫生介紹來港工作的最新註冊安排，期望吸引更多非本地培訓醫生加入本港公營醫療體系服務。

05 | 2023

The Phase 1 Building of the Kwong Wah Hospital Redevelopment Project was completed. Following the commencement of services in phases in late April, the new Accident and Emergency (A&E) Department opened on 31 May, to provide a more comprehensive 24-hour emergency medical care to patients.

廣華醫院重建計劃第一期新大樓竣工，並於 4 月下旬開始分階段投入服務，而新急症室亦於 5 月 31 日起啟用，為病人提供更全面的 24 小時急症醫療服務。



06 | 2023

The HA announced the report of the Review Committee on Medical Equipment and Facility Maintenance, and has actively followed up on various improvement recommendations about the maintenance of medical equipment and facilities in public hospitals, so as to protect the safety of patients and staff.

醫管局公布「檢視醫療儀器及設施保養維修事宜委員會」的報告，積極跟進各項有關公立醫院醫療儀器及設施保養的改善建議，以保障病人和員工的安全。



06 | 2023

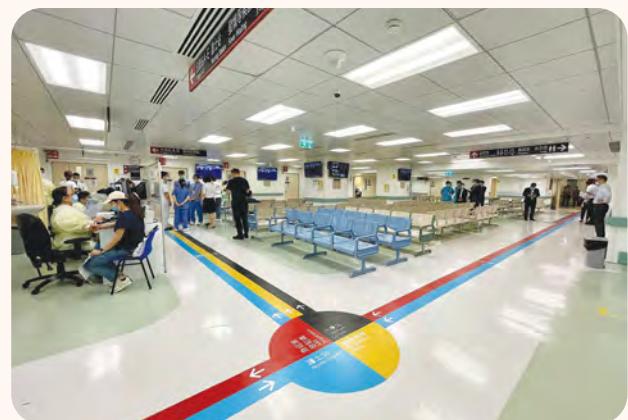
A cluster-based cardiology team formed by the cardiology teams from Princess Margaret Hospital, Caritas Medical Centre and Yan Chai Hospital was set up to provide 24-hour Primary Percutaneous Coronary Intervention service for patients with acute myocardial infarction.

瑪嘉烈醫院、明愛醫院和仁濟醫院的心臟科團隊組成以聯網為基礎的心臟科團隊，為患有急性心肌梗塞病人提供 24 小時緊急冠狀動脈介入治療服務。

06 | 2023

The Tuen Mun Hospital Operating Theatre Extension Block commenced operation in phases since late 2022. The extension part of the A&E Department, Intensive Care Unit, as well as operating theatres were gradually put in service during the year.

屯門醫院手術室擴建大樓自 2022 年底分階段投入服務，其中急症室擴建部分、深切治療部及手術室於年內先後啟用。



06 | 2023

United Christian Hospital has become the eighth public hospital that obtained "Baby-Friendly Hospital" accreditation.

基督教聯合醫院成為第八間獲得「愛嬰醫院」認證的公立醫院。



07 | 2023

The HA took up the Clinical Genetic Service previously under the Department of Health to dovetail with the latest developments in genomic medicine and to strengthen the provision of one-stop multi-disciplinary support for patients with genetic diseases and their families.

醫管局接辦衛生署轄下的醫學遺傳服務，以配合基因組醫學的最新發展，及加強為遺傳病患者及其家庭提供一站式的跨專業支援。

08 | 2023

The HA and the Health Bureau of the Government of the Macao Special Administrative Region renewed a collaboration agreement to continuously strengthen the developments of healthcare and medical administrative management between the two places and fully support the healthcare collaboration in the Guangdong-Hong Kong-Macao Greater Bay Area.

醫管局與澳門特別行政區政府衛生局續簽合作協議，進一步推動雙方在醫療衛生及醫務行政管理等領域的共同發展，並全力支持粵港澳大灣區醫療協作。



09 | 2023

The HA delegation participated in the Thematic Exhibition on Health Services of the 2023 China International Fair for Trade in Services to showcase HA's achievements in medical technology and innovation to the participants from around the world.

醫管局代表團參與 2023 年中國國際服務貿易交易會健康衛生服務專題展，與來自世界各地的參加者分享醫管局的醫療科技創新工作成果。

09 | 2023

The HA signed a collaboration agreement with the Hong Kong Science and Technology Parks Corporation (HKSTP) to establish a data platform in the Hong Kong Science Park, allowing eligible scientific research companies in the Science Park to access the HA's healthcare data for scientific research and development purposes. The HKSTP HA Data Collaboration Lab was officially opened in March 2024, which would help promote the development of healthcare technology and enhance the standard of clinical research in Hong Kong.

醫管局與香港科技園公司簽署合作協議，於香港科學園內設置一個數據平台，允許園內合資格的科研企業使用醫管局的醫療數據進行科學研究和技術開發。「科學園 — 醫管局數據實驗室」於 2024 年 3 月正式開放，有助推動醫療科技的發展，提升香港的臨床科研水平。



10 | 2023

The scope of HA Medication Delivery Service was gradually expanded, with the extension to all specialist outpatient clinics in August, and all patients discharged from the hospital and those receiving A&E services in October. The service was further rolled out to all general outpatient clinics from January 2024 onwards. Patients can place a delivery request through the HA mobile app "HA Go" to receive their medications at home.

醫管局的藥物送遞服務逐步推展，先後於 8 月和 10 月推展至所有專科門診診所，以及所有出院和急症室病人，並於 2024 年 1 月起陸續推展至普通科門診病人。病人可透過醫管局手機應用程式「HA Go」安排送遞藥物至家中。

10 | 2023

The HA actively developed Chinese medicine services by increasing the annual quota of Government subsidised Chinese medicine services in the Chinese Medicine Clinics cum Training and Research Centres to 800 000 starting from October. In addition, in the first quarter of 2024, the Integrated Chinese-Western Medicine (ICWM) services have been expanded to 26 public hospitals, adding up the total number of hospital sites to 53, providing ICWM services to patients under the designated disease areas.

醫管局積極拓展中醫服務，由 10 月起，中醫診所暨教研中心的政府資助中醫門診服務籌額每年增加至 80 萬。此外，醫管局於 2024 年首季將中西醫協作服務擴展至 26 間公立醫院，指定服務點增加至 53 個，為指定病種的病人提供中西醫協作服務。



11 | 2023

The HA provided gene therapy to a patient with spinal muscular atrophy with the drug Nusinersen for the first time, which is the first of its kind in Hong Kong.

醫管局首次引入新藥「阿哌奧諾基」，為脊髓肌肉萎縮症患者提供基因療法，成為全港首例。

11 | 2023

The HA established the Hong Kong Poison Control Centre to coordinate poison control work in the public healthcare sector of Hong Kong, with a view to enhancing clinical toxicology and treatment for patients suffering from poisoning.

醫管局成立「香港中毒控制中心」統籌香港公共醫療的中毒防控工作，藉此提升臨床毒理學及中毒病人的治療服務。



12 | 2023

The HA established the Hospital Authority Global Healthcare Professional Recruitment Centre to coordinate the recruitment and exchange programmes of non-locally trained doctors, nurses and allied health professionals from around the world, with an aim to expand the manpower pool of the Hong Kong public healthcare system.

醫管局成立「醫院管理局環球醫療人才招聘中心」，統籌非本地培訓醫療人才的招聘工作及交流計劃，吸納來自世界各地的醫生、護士及專職醫療人員，藉此擴大香港公營醫療體系的人才庫。



12 | 2023

Queen Mary Hospital and the University of Hong Kong-Shenzhen Hospital signed a collaborative agreement to promote exchange and cooperation, thereby enhancing the level of medical services in both places.

瑪麗醫院與香港大學深圳醫院簽署「結對發展」合作協議，加強雙方的交流協作，共同提升兩地醫療服務水平。

01 | 2024

In response to the announcement of resumption of hospital accreditation in 2022 and 2023 Policy Address, the HA invited experts from Shenzhen Hospital Accreditation Research Center to hold briefings at HA Head Office, Pamela Youde Nethersole Eastern Hospital (PYNEH) and Prince of Wales Hospital (PWH) to share with colleagues the standards of China's International Hospital Accreditation Standards, followed by the first consultancy visits at PYNEH and PWH in March 2024.

因應 2022 及 2023 年《施政報告》提出重啟醫院認證計劃，醫管局邀請了深圳市衛健醫院評審評價研究中心的評審專家，到醫管局總辦事處、東區尤德夫人那打素醫院和威爾斯親王醫院，介紹《國際醫院評審認證標準（中國）》的準則，並於 2024 年 3 月到兩院進行第一次現場輔導。





01 | 2024

The HA and the Peking Union Medical College Hospital signed a collaborative agreement to strengthen exchanges and cooperation between the two parties in the development and management of public hospitals.

醫管局與北京協和醫院簽署合作協議，加強雙方在公立醫院發展和管理方面的交流合作。

01 | 2024

The inauguration ceremony of the Hospital Authority Academy (HAA) was held, marking an important milestone in talent training for Hong Kong's public healthcare industry. The HAA consolidates the current corporate training institutes under HA to strengthen collaboration with external training institutes, and enhance training programme credentials.

醫院管理局學院舉行成立典禮，為香港公共醫療行業人才培訓奠下重要里程碑。學院整合醫管局轄下的機構培訓學院，以加強與外間訓練學院的合作，及提升課程的專業認受性。





02 | 2024

To cope with the service demand surge during and after the Chinese New Year holidays, various special measures were implemented, which included a special refund arrangement in A&E Departments that allowed stable and less severe patients to have more flexibility in choosing alternative healthcare arrangements, thus alleviating the service pressure on A&E Departments. The special arrangement was implemented again during the following Easter and Ching Ming Festival public holidays.

醫管局實施一系列特別措施，以應對農曆新年長假期及假期後的服務高峰，當中包括首次在急症室推出特別退款安排，方便病情穩定及較輕微的病人更有彈性地選擇其他就診安排，藉此減輕急症室服務的壓力。相關安排於隨後的復活節及清明節公眾假期再次實施。

02 | 2024

The HA delegation visited the Sun Yat-sen University and the First Affiliated Hospital, Sun Yat-sen University (FAH-SYSU) to promote healthcare talent exchange in GBA. In March 2024, HA and FAH-SYSU signed a collaboration agreement to foster exchanges and collaborations in hospital management, healthcare services development and talent nurturing.

醫管局代表團到訪中山大學及中山大學附屬第一醫院，推動大灣區醫療人才交流合作。其後，醫管局與中山大學附屬第一醫院於 2024 年 3 月簽署合作協議，促進雙方在醫院管理、醫療服務發展及人才培訓等方面的交流和合作。



03 | 2024

The HA Board established the Development and Works Committee to serve as a dedicated platform with construction and development experts to focus on planning and delivery of major and minor capital works as well as facility management in HA in January 2024. Subsequently, HA Head Office established a Development and Works Division in March 2024 to oversee the capital projects and execute the strategies and works projects set in the HA Hospital Development Plans.

醫管局大會於 2024 年 1 月成立「工程拓展委員會」，以提供一個專用平台予建築專業人員就規劃和推行醫管局主要基本工程、小型工程以及設施管理方面提供意見。總辦事處其後於 2024 年 3 月成立「工程拓展部」，專責統籌醫管局的基本工程項目，及執行醫管局醫院發展計劃下的各項策略與工程項目。

Chapter 5

第五章

Engagement and Teamwork

凝聚力量 群策群力

The Hospital Authority (HA) values the voice of its staff. The management has all along actively communicated with frontline staff on prevailing policies and new initiatives through various platforms, including regular meetings with the staff representatives of all six Staff Group Consultative Committees and Central Consultative Committee, as well as liaison with staff via means such as emails, blogs and letters to all staff, with the aim of strengthening staff cohesion and fostering teamwork in better serving the public.

醫院管理局(醫管局)向來重視員工聲音，管理層積極善用不同平台，與前線員工就現行政策及新措施坦誠溝通，其中包括與六個職員協商委員會及中央協商委員會的員工代表定期舉行會議，並經電郵、網誌和向員工發信等渠道與員工保持聯繫，以提升員工凝聚力，攜手合力服務市民。



The HA Chairman and Chief Executive also listened to staff's opinions on corporate matters through staff forums and hospital visits. Moreover, the online and newly launched mobile version of staff letter box facilitated colleagues to raise their concerns and suggestions, and to read the management's responses. Staff could also stay up-to-date with the latest corporate news via staff newsletters HASLink and various HA social media platforms. At the local level, Cluster Chief Executives and Hospital Chief Executives exchanged views with staff through regular staff forums, meetings and newsletters. As the public hospitals scaled down the response level from Emergency Response Level to Alert Response Level, the last issue of staff publication COVID-19 Bulletin was published at the end of May 2024. Over the past three years, 320 issues of bulletin were published, keeping HA staff abreast of the COVID-19 situation.

The myHR App has enabled HA staff to access and handle HR-related information and matters at their fingertips. As of 31 March 2024, the myHR App was used by over 98% of all HA staff members. In 2023-24, the myHR App was further upgraded with new functions, including the Electronic Sick Leave System (Phase 1) that makes sick leave application more convenient.

A Focused Staff Survey was conducted in early 2024 targeting junior supporting staff with less than two years' working experience in HA. This survey served to understand the supporting staff's intention to stay at HA, evaluate the relevance of staff measures in recent years to their needs and tap on their intelligence for the formulation of more effective staff retention measures. Based on the feedbacks collected, a series of follow-up measures will be formulated and implemented by the Head Office and clusters to address colleagues' concerns and improve staff well-being continuously.

Meanwhile, occupational safety and health (OSH) for staff is of prime concern to HA. We have maintained a zero-tolerance policy towards workplace violence (WV), supported by a wide range of training initiatives including de-escalation techniques and control and restraint methods, to improve our staff's ability in handling WV

醫管局主席及行政總裁亦不時探訪醫院和出席員工座談會，聆聽前線員工對機構事宜的意見。我們亦設有網上職員信箱，並新推出手機版信箱，方便同事提問或提出建議，及閱覽管理層的回應；又透過員工通訊《協力》和醫管局各大社交平台和頻道，發放有關機構的最新資訊。在醫院層面，聯網總監及醫院行政總監則透過定期員工座談會、會面、出版刊物等，與員工交流意見。隨著公立醫院應變級別由「緊急」調低至「戒備」級別，最後一期員工通訊《防疫快訊》於2023年5月底出版，在過去三年共出版320期，向同事適時發布最新的疫情資訊。

「我的人資源應用程式」(「myHR App」)讓員工便捷地瀏覽及處理人資源相關資訊和事宜。截至2024年3月31日，已有逾98%醫管局員工使用程式。在2023-24年度，我們進一步提升「myHR App」的功能，包括推行第一階段「電子病假申報系統」，便利同事申報病假。

醫管局於2024年初推行了一項焦點職員意見調查，邀請入職不多於兩年的初級支援職系員工回答問卷，以了解他們留任的意向，和評估醫管局近年的員工措施是否切合他們需要，從而制定更有效挽留人才的措施。總辦事處及聯網將根據調查所得的意見，訂立及落實一系列跟進措施，以回應前線同事的關注及持續改善員工福祉。

與此同時，醫管局高度重視保障員工的職業安全與健康(職安健)。我們對工作間暴力採取零容忍政策，因此提供一系列訓練課程教授緩和激化溝通技巧及控制與約束方法，以提升員工處理工作間暴力事件的

incidents. In response to the new "Guidance Notes on Prevention of Heat Stroke at Work" issued by the Labour Department, we updated our Safety Guideline on Heat Stress Assessment and Management to deploy targeted preventive measures and adjust work-rest schedules, further reducing the risk of heat stroke when working in a hot environment. Additionally, our OSH training programmes were designed to address specific risks, including simulation training for the prevention of sharps injuries, workshops with practicum on ergonomics, management of ventilation, prevention of dog bites and laboratory safety. We have also continually enhanced staff awareness and engagement in our safety culture by releasing OSH information through the "myOSH" module in myHR App.

Following the end of the COVID-19 epidemic, various recreational, sports and family activities for staff have been gradually resumed to promote a healthy lifestyle. New types of activities, such as HA eSports Championship and "Chill N Stay", have also been explored and launched to attract and engage staff, in particular the young generation in HA. "Chill N Stay" allowed staff to enjoy hotel staycation with their family and friends at a special price subsidised by HA. In view of the enthusiastic responses, the enrolment quotas were expanded to enable more staff participation.

To recognise staff for their distinguished performance, HA presents the Outstanding Staff and Teams and Young Achievers Award annually. In 2024, 13 Young Achievers were awarded, nine staff and seven teams won the Outstanding Staff and Teams Awards respectively. A further five staff and six teams were honoured with Merit Staff and Teams Awards, and another five staff received Young Achievers (Merit Award).

能力。另因應勞工處推出《預防工作時中暑指引》，醫管局已更新《熱壓力評估及管理安全指引》，實施針對性預防中暑措施及調整工休時間表，進一步降低員工在酷熱環境工作而中暑的風險。此外，我們針對特定風險設計職安健訓練計劃，例如預防針刺模擬訓練、人體工學實務工作坊、通風管理、預防狗咬及實驗室安全等；亦透過在「myHR App」內的「職安健」單元發布職安健信息，持續提升同事的職安健意識及促進安全文化。

隨著疫情過去，醫管局逐步恢復舉辦各式各樣康樂、體育及合家歡活動，向員工推廣健康生活模式。我們致力構思及推行多元化的員工活動，包括醫管局電競盃及「奇妙宿一宵」，冀吸引員工尤其是年輕新世代參與；其中「奇妙宿一宵」活動，由醫管局津貼員工以優惠價格入住酒店，與親友歡度一夜。有見反應熱烈，我們特意增加活動名額，讓更多同事參與其中。

為表彰工作表現卓越的同事，醫管局每年頒發傑出員工及團隊獎及優秀青年獎。2024 年度共有 13 位員工獲頒「優秀青年獎」，九名員工及七個團隊獲得傑出獎；另有五名員工及六個團隊獲得優異獎，五名員工獲得「優秀青年優異獎」。



Full list of awardees
完整得獎名單



Highlights of HA Outstanding Staff and Teams and Young Achievers Award 2024
2024年度醫管局傑出員工及團隊及優秀青年獎精華短片

Outstanding Teams

PYNEH Robotic Surgery Team

Pamela Youde Nethersole Eastern Hospital (Hong Kong East Cluster)

Heart Transplant Team

Grantham Hospital / Queen Mary Hospital (Hong Kong West Cluster)

Multidisciplinary Care of Parents and Babies at Perivable Gestations

Queen Mary Hospital (Hong Kong West Cluster)

Operation "New KWH" Squad

Kwong Wah Hospital (Kowloon Central Cluster)

Central Government-Aided Emergency Hospital Team

New Territories East Cluster / Hospital Authority Head Office

New Territories West Cluster (NTWC)

Integrated Acute Stroke Care Team

Tuen Mun Hospital / Pok Oi Hospital / Tin Shui Wai Hospital
(New Territories West Cluster)

HA Go Health in Your Hand

Hospital Authority Head Office

Outstanding Staff

Dr SIU Yuet-chung, Axel

Chief of Service (Accident & Emergency)

Ruttonjee & Tang Shiu Kin Hospitals (Hong Kong East Cluster)

Dr TSUI Sik-hon

Deputy Hospital Chief Executive / Consultant (Accident & Emergency)

Queen Mary Hospital (Hong Kong West Cluster)

Dr LEUNG Wing-cheong

Consultant (Obstetrics & Gynaecology)

Kwong Wah Hospital (Kowloon Central Cluster)

Dr TSANG Ka-kit

Nurse Consultant (Orthopaedics & Traumatology)

Queen Elizabeth Hospital (Kowloon Central Cluster)

Miss FUNG Chi-king

Ward Manager (Anaesthesia and Operating Theatre Services)

Tseung Kwan O Hospital (Kowloon East Cluster)

Dr TSANG Tak-yin, Owen

Consultant (Medicine and Geriatrics) /

Medical Director (Hospital Authority Infectious Disease Centre)

Princess Margaret Hospital (Kowloon West Cluster)

Mr SHEUNG Ka-sang

Patient Care Assistant II (Accident & Emergency)

Prince of Wales Hospital (New Territories East Cluster)

Ms MA Angel Cho-kan

Ward Manager (Medicines and Therapeutics)

Prince of Wales Hospital (New Territories East Cluster)

Dr AU YEUNG Kam-chuen, Sidney

Consultant (Obstetrics & Gynaecology)

Tuen Mun Hospital / Pok Oi Hospital (New Territories West Cluster)

傑出團隊獎

東區醫院機械人手術團隊

東區尤德夫人那打素醫院(港島東醫院聯網)

心臟移植團隊

葛量洪醫院 / 瑪麗醫院(港島西醫院聯網)

關愛邊緣存活新生兒和父母團隊

瑪麗醫院(港島西醫院聯網)

新廣華入伙團隊

廣華醫院(九龍中醫院聯網)

中央援港應急醫院團隊

新界東醫院聯網 / 醫院管理局總辦事處

新界西急性中風綜合治療團隊

屯門醫院 / 博愛醫院 / 天水圍醫院
(新界西醫院聯網)

HA Go Health in Your Hand

醫院管理局總辦事處

傑出員工獎

蕭粵中醫生

部門主管(急症科)

律敦治及鄧肇堅醫院(港島東醫院聯網)

徐錫漢醫生

副醫院行政總監 / 顧問醫生(急症科)

瑪麗醫院(港島西醫院聯網)

梁永昌醫生

顧問醫生(婦產科)

廣華醫院(九龍中醫院聯網)

曾家傑博士

顧問護師(矯形及創傷外科(骨科))

伊利沙伯醫院(九龍中醫院聯網)

馮紫荊小姐

病房經理(麻醉科及手術室服務部)

將軍澳醫院(九龍東醫院聯網)

曾德賢醫生

顧問醫生(內科及老人科) /

醫務總監(醫院管理局傳染病中心)

瑪嘉烈醫院(九龍西醫院聯網)

常加生先生

二級病人服務助理(急症科)

威爾斯親王醫院(新界東醫院聯網)

馬楚芹女士

病房經理(內科及藥物治療學系)

威爾斯親王醫院(新界東醫院聯網)

歐陽錦全醫生

顧問醫生(婦產科)

屯門醫院 / 博愛醫院(新界西醫院聯網)

Chapter 6

第六章

Head Office and Cluster Reports

總辦事處及醫院聯網 工作匯報

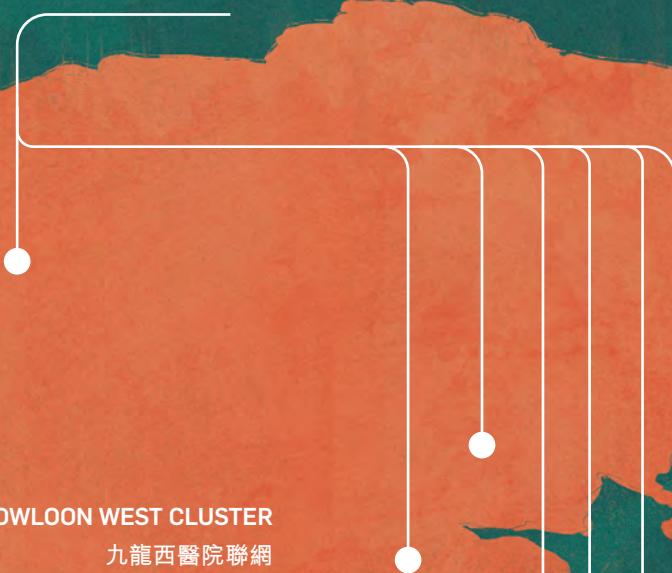
The Hospital Authority (HA) provides public healthcare services to the people of Hong Kong through its Head Office and seven hospital clusters. This chapter presents an overview of the performance of HA Head Office (HAHO) and the clusters under four corporate strategic goals, while the performance and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

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



**NEW TERRITORIES
EAST CLUSTER**

新界東醫院聯網



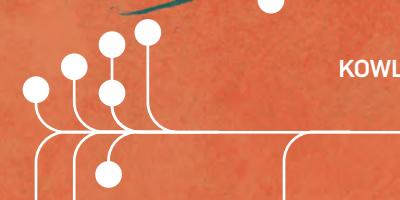
KOWLOON WEST CLUSTER

九龍西醫院聯網



KOWLOON CENTRAL CLUSTER

九龍中醫院聯網



KOWLOON EAST CLUSTER

九龍東醫院聯網



HONG KONG EAST CLUSTER

港島東醫院聯網

HONG KONG WEST CLUSTER

港島西醫院聯網



HAHO aligns corporate values and directions. It plays a strategic role in leading corporate development and supporting hospital clusters through interactive collaboration of eight divisions, namely Cluster Services, Corporate Services, Development & Works, Finance, Human Resources, Information Technology & Health Informatics, Quality & Safety, and Strategy & Planning. In 2023-24, HAHO initiated corresponding programme targets under the four strategic goals outlined in the HA Annual Plan.

醫管局總辦事處(總辦事處)設有八個部門，包括聯網服務部、機構事務部、工程拓展部、財務部、人力資源部、資訊科技及醫療信息部、質素及安全部和策略發展部。總辦事處負責協調機構價值和帶領發展方向，透過各部門的互動合作，推動機構發展，並為醫院聯網提供支援。在2023-24年度，總辦事處根據醫管局工作計劃所訂四大策略目標，推行相應的工作項目。

Strategic goal: Provide smart care

In 2023-24, HA continued to provide Smart Care with the aid of technology, promote ambulatory care and community-based care to develop personalised care for patients and alleviate pressure on inpatient services, thereby driving the sustainability of healthcare services.

We actively explored and implemented diversified healthcare and care options. Services of the Integrated Model of Specialist Outpatient (SOP) through Nurse Clinics for joint replacement and chest pain were enhanced at Hong Kong East Cluster (HKEC) and Hong Kong West Cluster (HKWC) with the provision of additional attendances to meet the service demand. To enhance the safety and effective use of medications, pharmacist clinics were established in various hospitals to provide personalised drug counselling and assessments for SOP patients with cardiac diseases and relatively stable conditions. Meanwhile, HA re-orientated service models and promoted ambulatory care, including the provision of additional Geriatric Day Hospital places and additional related attendances at Tuen Mun Hospital (TMH) to enhance the ambulatory care for geriatric services. Rehabilitation day attendances for cluster-based cardiac day rehabilitation services at Kowloon West Cluster (KWC) were also augmented.

策略目標：提供智慧醫療

為促進醫療服務的可持續性，醫管局在2023-24年度繼續善用科技提供智慧醫療，推動日間醫療及社區為本護理，致力發展個人化護理服務，並紓緩住院服務的壓力。

我們積極發展更多醫療及護理服務選項，於港島東及港島西聯網增加了骨科(關節置換手術)及心臟科(胸痛)綜合模式專科門診護士診所的服務人次，以應付服務需求。另外，我們在多間醫院開設藥劑師診所，藥劑師會為患有心臟病及病情相對穩定的專科門診病人，提供個人化藥物輔導及評估，以提升用藥安全和成效，並紓緩對專科門診的服務需求。同時，醫管局重整服務模式，推動日間醫療護理，包括於屯門醫院增加老人科日間醫院名額及就診人次，加強老人科的日間服務。我們又以聯網為基礎，於九龍西聯網提供心臟科日間康復服務，並增加相關服務就診人次。





HA is dedicated to utilising technology to enhance patient-centric services, and the development of telehealth is one of the key directions. We have been proactively expanding telehealth services to more suitable service areas, including outpatient, day patient, inpatient, and outreach services, so that patients with stable condition and who do not require physical examination can attend follow-up consultations without visiting hospitals or clinics. Allied health telehealth services have been successfully implemented in the outpatient departments of Clinical Psychology, Dietetics, Occupational Therapy, Physiotherapy, Prosthetic & Orthotic and Speech Therapy to provide patients with a choice of treatment modes. In 2023-24, around 15 000 allied health telehealth attendances, including outpatient and community services were provided.

We continued to enhance genetic and genomic services of HA by strengthening manpower to support the clinical services arising from HA's participation in the pilot phase of Hong Kong Genome Project. In support of the transfer of clinical genetic services from the Department of Health (DH) to HA, Hong Kong Children's Hospital (HKCH) built up the infrastructure and augmented the attendances for clinical consultation and genetic counselling services, as well as clinical consultation and neonatal genetic screening services, in addition to providing neonatal screening tests and genetic and genomic tests. We also increased the testing capacity of laboratory by providing additional tests for minimal residual disease assays and Next-Generation Sequencing (NGS) panels for adult with myeloid blood cancers at Queen Mary Hospital (QMH), Queen Elizabeth Hospital (QE) and Prince of Wales Hospital (PWH), while additional tests by NGS for lung cancer patients were provided in all clusters. HA also supported the Government's initiative on newborn screening by piloting Spinal Muscular Atrophy screening tests and regularising Severe Combined Immune Deficiency screening tests at HKCH for all live births born in public hospitals.

醫管局致力採納先進科技提升「病人為本」服務，而發展遙距醫療是其中一個主要方向。我們正積極將遙距醫療推展至更多合適的服務，包括門診、日間、住院及外展服務，讓病情穩定且無需進行臨床檢查的病人透過遙距醫療進行覆診，無需親身前往醫院或診所。專職醫療遙距醫療服務已於多個部門推行，包括臨床心理部、營養部、職業治療部、物理治療部、義肢及矯形部和言語治療部的門診部，為病人提供多一個治療模式的選擇。在 2023-24 年度，醫管局提供約 15 000 個專職醫療遙距醫療服務就診人次，涵蓋門診及社區服務。

我們持續加強遺傳及基因組服務，增加人手以支援醫管局參與香港基因組計劃先導階段的臨床服務。因應醫管局接辦衛生署轄下的醫學遺傳服務，香港兒童醫院提升硬件設施，並增加臨床會診和遺傳輔導、臨床會診和新生嬰兒遺傳篩查的服務人次，以及提供新生嬰兒篩查和遺傳及基因組檢測。我們又提升化驗室的檢測能力，於瑪麗醫院、伊利沙伯醫院及威爾斯親王醫院為骨髓性血癌成年病人額外提供微量殘存病分析和次世代定序測試，及於各聯網為肺癌病人額外提供次世代定序測試。另外，醫管局支援政府的初生嬰兒篩查計劃，於香港兒童醫院為在公立醫院出生的初生嬰兒試行脊髓肌肉萎縮症檢測，以及將嚴重聯合免疫缺陷症篩查檢測恆常化。



For cancer services, we provided molecular tests for additional biomarker count at Pamela Youde Nethersole Eastern Hospital (PYNEH), QMH and PWH, so as to improve the diagnosis of patients with high-grade glioma. Besides, modernised treatment was arranged for patients with Glioblastoma Multiforme by providing additional Tumor Treating Field therapy across clusters. In PWH, the capacity of Chimeric Antigen Receptor T Cell Therapy was increased to treat patients with blood cancer. In terms of rehabilitation services, additional early mobilisation treatment sessions were arranged for patients in Intensive Care Units at HKEC, Kowloon East Cluster (KEC), KWC, New Territories East Cluster (NTEC) and New Territories West Cluster to maintain physical mobility and improve functional status of patients.

HA continued to expand various Public-Private Partnership (PPP) Programmes in the year to alleviate the pressure on public hospital services and provide patients with more treatment choices. These included Cataract Surgeries Programme, Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector, General Outpatient Clinic (GOPC) PPP Programme and Co-care Service Model, Colon Assessment PPP Programme, Glaucoma PPP Programme and more.

Strategic goal: Develop smart hospitals

HA has been striving to adopt digital technology and artificial intelligence (AI)-enabled tools in the clinical workflow and healthcare facilities to develop Smart Hospitals. Continued efforts were made to develop and utilise AI and data analytics products to improve clinical efficiency. These included the implementation of AI Chest X-ray in GOPCs and the launch of Feeding Tube AI in a number of hospitals. Meanwhile in all Accident and Emergency (A&E) Departments, we conducted additional screening for "mass and nodule" with an enhanced algorithm, and piloted hip fracture detection to support clinical decision.

癌症服務方面，我們於東區尤德夫人那打素醫院、瑪麗醫院及威爾斯親王醫院為額外的生物標記提供分子測試服務，加強對高級別神經膠質瘤患者的診斷；並於各聯網為患有多形性膠質母細胞瘤的病人提供額外的腫瘤電場治療，提供更現代化的治療服務。威爾斯親王醫院增加嵌合抗原受體T細胞治療名額，為血癌病人提供治療。而在康復服務方面，醫管局於港島東、九龍東、九龍西、新界東及新界西聯網為深切治療部病人增加早期運動介入復健節數，以保持病人的活動能力及改善身體機能。

醫管局於年內繼續擴展各項公私營協作計劃，以紓緩公立醫院服務壓力，並為病人提供更多治療選擇，包括「耀眼行動（白內障手術計劃）」、「公私營協作放射診斷造影計劃」、「普通科門診公私營協作計劃」及共同醫治模式、「腸道檢查公私營協作計劃」及「青光眼治療協作計劃」等。

策略目標：發展智慧醫院

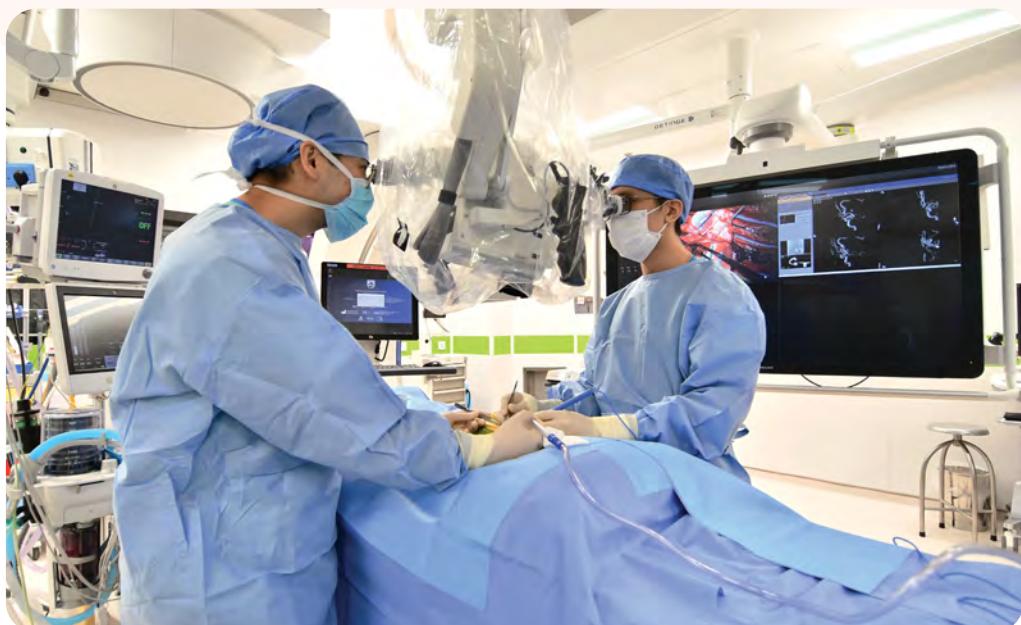
醫管局致力於臨床流程和醫療設施引入數碼科技及人工智能，建設智慧醫院。我們繼續開發和應用人工智能和數據分析工具，藉此提升臨床效率，例如在普通科門診診所推行人工智能胸腔X光片診斷，以及在多間醫院推行人工智能餵食管檢測。我們亦於所有急症室採用更先進的演算法，對腫瘤及結節進行額外篩檢，並試行髋部骨折檢測以支援臨床決定。

To facilitate smart hospital management, command centres were set up at KEC, KWC and NTEC to enhance operational efficiency. A number of acute hospitals have also implemented Capacity and Resource Command Centres to support service planning and resources deployment. We continued to implement electronic bed panels and eVitals in various wards, while the latter was piloted in selected clinics, in addition to the rollout of other IT solutions including Corporate Queue Management System, Smart Kiosks, hospital navigation app and blood-taking scheduling system in specialist outpatient clinics (SOPCs) to support the operation of smart hospitals and smart clinics. Meanwhile, modernised pharmaceutical services were provided through Supply Chain Standardisation to support the development of smart dispensing and new automations. To optimise medication safety, the Closed-Loop Inpatient Medication Order Entry system was extended to Kwong Wah Hospital (KWH) and Kwai Chung Hospital (KCH). Besides, various robotic solutions have been piloted across seven clusters to support hospital operation in delivery, cleansing and patrol, together with a pilot of tele-visit solution with robotics in several wards to provide convenient access for carers of patients.

The HA mobile app "HA Go" was further developed to facilitate the digitalisation of HA's services. The new case appointment booking function in "HA Go" was extended to cover six allied health specialties, facilitating appointment booking for patients at fingertips. Through "HA Go", we have also expanded telehealth services and rolled out medication delivery service so that patients can request to receive their medications at home. To facilitate the public accessing "HA Go" services, the registration process was streamlined so that citizens could register online via "iAM Smart" and "eHealth".

為加強智慧醫院管理，醫管局在九龍東、九龍西及新界東聯網設立指揮中心，以提升運作效率。多間急症醫院亦實施床位及資源調配指揮中心，以支援服務規劃和資源調配。我們繼續於病房裝設自助維生指數機及電子病床控制板；另在選定診所試行自助維生指數機，以及應用其他技術方案如機構輪候管理系統、智能自助服務站、醫院導航應用程式，及專科門診抽血預約系統等，以支援智慧醫院和智慧診所的運作。同時，我們透過標準化供應鏈，提供現代化的藥劑服務，以支援智慧配藥及自動化藥劑服務的發展。而閉環式控制的住院病人藥物處方系統亦已推展至廣華醫院及葵涌醫院，進一步提升處方藥物的準確性。此外，我們亦在七個聯網試行使各種機械人技術方案，協助運送、清潔和保安等工作，另在部分病房試行機械人輔助遙距探病方案，便利照顧者探望病人。

我們繼續發展醫管局流動應用程式「HA Go」，進一步將醫管局的服務數碼化。「HA Go」的新症預約功能推展至六類專職醫療服務，讓病人可隨時隨地預約新症。我們亦透過「HA Go」擴展遙距醫療服務，同時推展「藥物送遞服務」，讓病人可透過「HA Go」安排藥物送遞至家中。為了方便市民使用「HA Go」服務，我們進一步簡化註冊程序，用戶可透過「智方便」及「醫健通」進行網上註冊。





To support HA's new model of digital healthcare, the fourth generation of Clinical Management System (CMS IV) was further developed along the fundamental principles of providing paperless, protocol-driven, closed-loop, personalised and patient-centred services. In 2023-24, 25 projects were launched under CMS IV. For instance, "IT Features for eAED" improved patient safety and quality care with enhanced record comprehensiveness for A&E patients. "Medication Safety – Clinical Intention" was implemented to ensure medication safety during the transition of care and subsequent clinical care. We also implemented the centralised Anaesthesia Clinical Information System at Tseung Kwan O Hospital and Caritas Medical Centre to improve central coordination and risk management at HA.

HA remained the technical agency to assist the Health Bureau in the development of the Electronic Health Record Sharing System, and was engaged as the technical agency to provide IT services for development and implementation of the Clinical Information Management System Stage II Project for the DH.

Strategic goal: Nurture smart workforce

Cultivating smart workforce to create a pool of robust, adaptable and flexible talents is crucial to maintaining professional healthcare services. During the year, ongoing and substantial efforts were devoted to attract and retain talents, with over 660 doctors, 2 530 nurses and 920 allied health professionals recruited. HA set up the HA Global Healthcare Professional Recruitment Centre to coordinate the recruitment and exchange programmes of non-locally trained healthcare professionals worldwide, and conducted recruitment and promotion activities all over the world to recruit suitable healthcare professionals. The number of serving non-locally trained doctors under the Limited Registration Scheme or the Special Registration Scheme in HA was significantly increased to 138 in 2023-24.

為了支援醫管局的數碼醫療新模式，我們按照無紙化、規程為本、閉環式設計、個人化及以病人為本的基本原則，進一步發展醫管局第四代臨床管理系統的功能。在 2023-24 年度，我們在該系統推行了 25 個項目，例如「急症室資訊科技功能」項目提供更完善的急症室病人紀錄，有助提升病人安全及服務質素；「藥物安全—臨床意向」項目則保障護理過渡時及其後臨床治理的藥物安全。我們又於將軍澳醫院和明愛醫院推行中央「麻醉臨床資訊系統」，以改善中央協調及風險管理。

醫管局繼續擔任醫務衛生局電子健康紀錄互通系統的技術代理，同時獲衛生署委任為技術代理，為其臨床資訊管理系統第二階段計劃的開發和實施提供資訊科技服務。

策略目標：培育智慧團隊

培育智慧團隊建立穩健、適應力強和靈活變通的人才庫，對維持專業醫療服務至為關鍵。醫管局持續投放資源吸引和挽留人才，在年內聘請逾 660 名醫生、2 530 名護士及 920 名專職醫療人員。醫管局成立「醫管局環球醫療人才招聘中心」，統籌全球非本地培訓醫療人員的招聘及交流計劃，並在不同國家和地區舉辦招聘及宣傳活動，致力招攬合適的人才。在 2023-24 年度，以有限度註冊形式或特別註冊形式在醫管局服務的非本地培訓醫生大幅增加至 138 名。

The implementation of the “Policy of Extending Employment beyond Retirement” was continued to attract experienced staff to take up further employment in HA upon reaching or passing their retirement age. In 2023-24, 154 doctors, 468 nurses, 92 allied health professionals and 2 990 supporting and other grades staff were serving in HA on contract full-time terms after retirement.

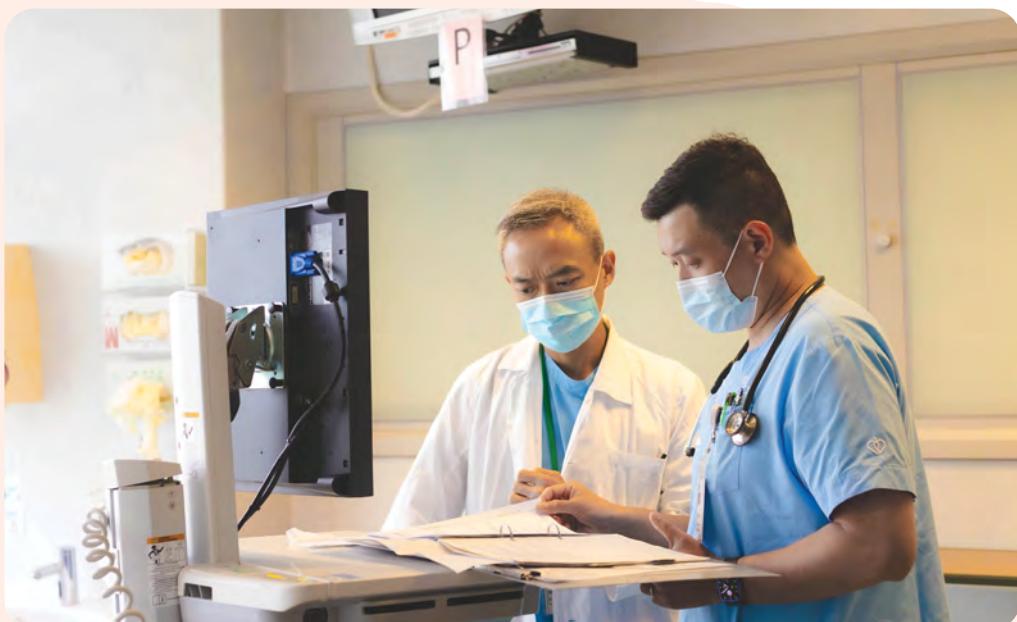
At the same time, we committed to enhancing the career prospects and promotion ladders for all staff grades. For doctors, additional promotion opportunities were continued to provide through the centrally coordinated additional Associate Consultant (AC) promotion mechanism. Moreover, HA upgraded AC posts to Consultant posts as planned to address the service, manpower and training needs. The HA Board approved to scale up the promotion scheme in 2021. As at March 2024, around 300 upgraded Consultant posts were created.

To develop structured succession planning for nurses, HA has deployed various strategies, including the enhancement of career structure, increasing promotion opportunities, improvement of clinical supervision, provision of specialty training, etc. Apart from increasing Nurse Consultant and Associate Nurse Consultant posts, opportunities for Enrolled Nurses (ENs) promoting to Registered Nurses (RNs) and for RNs promoting to Advanced Practice Nurses (APNs) were also enhanced. To encourage and recognise the professional development of nurses, HA introduced the Specialty Nurse Allowance to eligible RNs, as well as offering training sponsorship to ENs who undertake RN Conversion Programmes to support their clinical practicum.

醫管局繼續推行「退休後延任政策」，吸引具經驗的員工於年屆或已過退休年齡後，繼續在醫管局服務。於 2023-24 年度，醫管局內共有 154 名醫生、468 名護士、92 名專職醫療人員及 2 990 名支援及其他職系員工在退休後延任，以合約形式全職在醫管局工作。

此外，我們致力提升各職系的職業前景和晉升階梯。在醫生方面，醫管局繼續透過由中央統籌的副顧問醫生額外晉升機制，提供更多晉升機會。另外，醫管局亦按計劃將副顧問醫生職位提升至顧問醫生，以應付醫管局的服務、人手及培訓需要。醫管局大會於 2021 年批准擴大有關計劃，截至 2024 年 3 月，約 300 個副顧問醫生職位已獲提升至顧問醫生。

醫管局亦從多方面制訂系統性的護士繼任規劃，包括改善職業架構、增加晉升機會、加強臨床指導、提供專科培訓等。我們額外提供顧問護師和副顧問護師職位，並增加登記護士晉升至註冊護士，及註冊護士晉升至資深護師的機會。為鼓勵及肯定護士的專業發展，醫管局向合資格的註冊護士發放專科護士津貼；並向參加註冊護士轉換課程的登記護士提供培訓資助，以支援其臨床實習。



In regard to the career development of allied health professionals, HA upgraded 40 advanced practice posts of physiotherapists, occupational therapists and radiographers to senior posts in phases, based on service needs and the senior-to-junior ratio of allied health departments. Besides, in order to retain junior and middle-level allied health professionals, we have introduced a number of measures after conducting a review of the career ladder of allied health professionals, including the implementation of the time-limited measure of adding an additional pay point from 1 April 2023 onwards, which is subject to review in 2025-26.

Meanwhile, the regularised progression exercise for Patient Care Assistant (PCA) of inpatient services on 24-hour shift, Operation Assistant (OPA) in inpatient services, and Executive Assistant (EA) (Ward) was continued to improve the career development opportunities for related staff. In addition, IIIA and IIIB ranks of PCA, OPA and EA have been merged into one rank respectively, and the entry pay for new recruits during training has been increased to attract and retain staff to support clinical services.

We have also put forward a series of training strategies and initiatives with a view to enhancing staff professional knowledge and competencies. Training opportunities in various types were offered for doctors, nurses and allied health professionals in different specialties, including simulation training programmes, specialty nursing programmes, competence enhancement programmes, and more. A number of core clinical training series were also provided to pharmacists and dispensers. APNs were recruited by clusters as part-time clinical preceptors to provide guidance to junior nurses. Furthermore, HA developed a training subsidy programme to provide subsidies to nurses taking nursing-related courses in tertiary institutions to promote the professional development of the nursing workforce. Meanwhile, training subsidies were offered to allied health staff who participated in recognised service-related postgraduate programmes.

在專職醫療人員方面，醫管局按各專職醫療部門的服務需求及資深員工比例，分階段將40名資深物理治療師、職業治療師及放射師提升至高級職位，增加晉升機會。此外，為挽留初、中級專職醫療人才，我們在進行專職醫療人員職業階梯檢討後推出多項措施，其中包括自2023年4月1日起實施額外增加一個薪級點的時限性措施，並於2025-26年度就有關措施進行檢討。

另外，我們繼續為提供24小時住院病人服務的病人服務助理、支援住院病房服務運作的運作助理，及行政助理(病房)推行恆常化的晉升計劃，藉此改善相關員工的職業發展機會。另外，我們合併三A級及三B級的病人服務助理、運作助理及行政助理的職級，並提升相關新入職員工在職培訓期間的薪酬，以進一步吸引及挽留人手支援臨床服務。

我們亦推行一系列培訓策略及措施，以提升員工的專業知識和能力。我們為不同專科的醫生、護士和專職醫療人員提供各類型的模擬訓練、專科護理培訓課程、能力提升課程等；以及為藥劑師及配藥員推出多個核心臨床培訓課程系列。各聯網亦聘請了資深護師擔任兼職臨床啟導員，為初級護士提供指導。此外，為推動護士的專業發展，醫管局開展培訓資助計劃，為在大專院校修讀與護理相關課程的護士提供資助。另外，我們亦向修讀與服務相關的認可碩士課程的專職醫療人員提供培訓津貼。



In order to meet the demand for maternity services in public hospitals, HA offered an 18-month midwifery training programme to about 80 trainees in the year. Mandatory cardiotocography training was also offered to all obstetricians and midwives to enhance their professional knowledge. In addition, 240 overseas training scholarships were provided to doctors, nurses and allied health professionals to keep them abreast of the latest healthcare technology and lead the development of clinical services in HA.

Last but not least, we have always attached great importance to the mental well-being of staff. We actively enhanced staff's well-being and cultivated caring culture by implementing diversified activities, including various psychological trainings, treatment groups and mental health promotion campaigns, so as to improve colleagues' psychological competency and resilience.

Strategic goal: Enhance service supply

HA is committed to bolstering its service capacity to cope with the rising tide of public healthcare demand due to a growing and ageing population. In 2023-24, we have augmented the capacity of inpatient services by adding acute medical beds at various hospitals, extended care and rehabilitation beds at Kowloon Hospital, and psychiatric beds at KCH. Meanwhile, the SOPC service capacity was increased with the provision of additional new case service quotas, while manpower was mobilised flexibly and the service capacity of GOPCs was strengthened during service demand surge period to cater for the medical needs of the community.

To address the service demand, we continued to build up the capacity of diagnostic radiology services, by installing a new angiography system at Alice Ho Miu Ling Nethersole Hospital, an additional computed tomography scanner at the A&E Department of Ruttonjee Hospital, as well as a new Magnetic Resonance Imaging scanner at Yan Chai Hospital. Additional attendances for ultrasound scan were provided in KWC, while the manpower of care-related supporting staff for diagnostic radiology services were strengthened across all clusters. The service capacity of the laboratory testing of HA was also augmented with the provision of additional tests for pathology services at HKWC, Kowloon Central Cluster, KEC and NTEC. Furthermore, we established specialised drug of abuse testing service for high-risk neonates and children by providing extra tests capacity at the Toxicology Reference Laboratory of Princess Margaret Hospital (PMH). In enhancing endoscopy services, three additional endoscopy sessions for ear, nose and throat per week were provided at HKEC.

為應付市民對公立醫院分娩服務的需求，醫管局年內為近 80 名實習護理人員提供為期 18 個月的助產士培訓。我們又為所有產科醫生和助產士提供必修的連續性心律紀錄法培訓，以加強他們的專業知識。此外，醫管局為 240 名醫生、護士及專職醫療人員提供機構獎學金，到海外接受培訓，有助他們掌握最新的醫療科技，推動醫管局臨床服務的發展。

醫管局一向重視員工的心理健康。我們積極推行多元化的心靈健康和培養關愛文化活動，包括各種心理培訓、治療小組及心靈健康推廣活動，從而提升同事的心理質素和抗逆力。

策略目標：增加服務供應

隨著人口增長和老化，公營醫療服務需求有增無減，醫管局竭力提高服務量，以應付服務需要。在 2023-24 年度，我們在多間醫院增設急症內科病床，在九龍醫院增設延續護理病床和復康病床，及在葵涌醫院增設精神科病床，以加強住院服務量。同時，我們增加了專科門診新症診症名額，並在服務需求高峰期靈活調動人手及增加普通科門診診所服務量，以應付病人的求診需要。

為應付服務需求，我們繼續加強放射診斷造影服務，除了於雅麗氏何妙齡那打素醫院安裝新的血管掃描造影機，及於律敦治醫院的急症室安裝電腦掃描造影機外，我們亦於仁濟醫院安裝新的磁力共振掃描造影機。九龍西聯網則增加了超聲造影檢查名額，而各聯網亦增加了放射診斷造影服務的支援人員人手。同時，我們提升醫管局化驗室的檢測能力，於港島西、九龍中、九龍東及新界東聯網增加病理科的檢測數量。另外，我們設立了專門為高風險初生嬰兒及兒童提供的濫用藥物檢測服務，在瑪嘉烈醫院的毒理學參考化驗室增設測試配額，提供相關測試。我們又提升耳鼻喉科內視鏡服務量，於港島東聯網每星期增加三個耳鼻喉科內視鏡服務節數。



Pharmacy services were further strengthened in the year. Clinical pharmacy services on discharge medication management for patients admitted to acute medical wards and medical wards were rolled out to various hospitals. Moreover, clinical pharmacy services for haematology oncology patients were implemented at PYNEH. Drug refill services were launched in medical SOPCs in QEH, KWH, PMH, and North Lantau Hospital for high-risk elderly patients to enhance medication safety while reducing risks of excessive drug storage by patients. In addition, with reference to current clinical evidence and international guidelines on the use of drugs, HA expanded the coverage of drugs in the HA Drug Formulary. Three self-financed drugs were repositioned as special drugs for managing cancer and ulcerative colitis, while the therapeutic application of five special drugs was extended for treating asthma, tuberculosis, diabetes mellitus and cardiovascular disease.

As for uplifting the quality of cancer care, we provided additional inpatient consultations of hepatobiliary and pancreatic oncology services at HKWC, and enhanced chemotherapy services by providing additional SOPC follow-up attendances at NTEC. Meanwhile, we prepared for the installation of an additional Linear Accelerator at HKEC, and strengthened the manpower at NTEC to support radiotherapy services for cancer patients. Efforts have also been made to improve care for renal patients. Additional stations for haemodialysis were installed at Tung Wah Hospital, while additional patient capacity for automated peritoneal dialysis were provided across clusters to expand the capacity of renal replacement therapy for patients with end-stage renal disease.

In support of the Government's policy direction in the development of Chinese medicine, HA has actively expanded the Integrated Chinese-Western Medicine (ICWM) services to 26 public hospitals. This expansion added up from the original eight hospital sites to

年內，我們持續提升藥劑服務，於多間醫院推展臨床藥劑服務，為急症內科住院病人及內科住院病人提供出院藥物管理服務；另於東區尤德夫人那打素醫院推展血液腫瘤科臨床藥劑服務。我們亦於伊利沙伯醫院、廣華醫院、瑪嘉烈醫院及北大嶼山醫院的內科專科門診，為高風險年長病人提供覆配藥物服務，從而減低病人過量存放藥物的風險，提高用藥安全。另一方面，醫管局參考最新臨床實證及藥物應用的國際指引，繼續擴大《醫管局藥物名冊》，將三種自費藥物改列為專用藥物，用以治療癌症及潰瘍性結腸炎；並將五種專用藥物的治療應用範圍擴展到治療哮喘、結核病、糖尿病及心血管疾病。

為提升癌症服務質素，我們增加港島西聯網肝膽胰腺癌住院病人的會診人次，以加強服務；又於新界東聯網加強化療服務，增加專科門診跟進服務的就診人次。同時我們在港島東聯網為安裝直線加速器作準備工作，並於新界東聯網加強人手，支援對癌症病人的放射治療服務。我們亦加強對腎科病人的照顧，於東華醫院增設血液透析機，以及在各個聯網增加自動腹膜透析病人名額，為末期腎病患者提供腎臟替代治療服務。

醫管局積極支持政府發展中醫藥的政策方向，於年內將中西醫協作服務擴展至26間公立醫院，並由原來的八個服務點增加至53個，涵蓋三個指定病種，包

53 sites, covering three designated disease areas including stroke care, musculoskeletal pain management and cancer palliative care. A new pilot programme on cancer treatment was also launched at PMH and TMH. The annual quota of Government subsidised Chinese medicine services in the Chinese Medicine Clinics cum Training and Research Centres was increased to 800 000 at the same time. HA will continue to explore the feasibility of extending the ICWM services to cover more disease areas with a view to benefiting more patients.

Following the subsiding of local COVID-19 epidemic situation and cessation of various anti-epidemic measures since early 2023, HA's services have generally resumed to normal in 2023-24.

In 2023-24, the Government continued its staunch support to sustain the development of public healthcare and provided increasing subvention to HA, having regard to population growth and demographic changes, under the prevailing triennium funding arrangement. During the financial year ended 31 March 2024, HA's total income was \$98.4 billion, representing an increase of 3.1% from \$95.4 billion in 2022-23. To ensure the proper and efficient use of resources, HA continued to undertake prudent financial measures through the annual planning exercise, whereby resource allocation was guided by the Government's healthcare priorities, HA's strategic priorities and service directions as well as the operational readiness of proposals.

HA's total expenditure for 2023-24 was \$97.4 billion, representing an increase of 2.6% when compared to \$94.9 billion in 2022-23. With the subsiding of local COVID-19 epidemic situation, HA has been progressively resuming its services. The cessation of anti-epidemic measures has resulted in lower operational spending, and HA recorded an underspending for 2023-24. Upon Government's agreement for HA to set aside some of the year's funding for meeting HA's future needs, HA recorded an overall underspending of \$1 billion for the year. With this underspending, the Revenue Reserve increased to \$9.3 billion as at 31 March 2024. Such reserve will serve as an important safeguard to help maintain financial stability of HA in the event of unexpected contingency.

To move towards a sustainable healthcare service, HA is implementing various strategies to drive for better performance and efficiency improvement, through evaluation of service outcome and funding utilisation at different levels and development of internal service cost control and benchmarking. To meet the ever-increasing service demands arising from the growing and ageing population, HA will continue to work out a viable funding arrangement with the Government and exercise extra prudence in the use of its available financial resources for meeting service needs in a sustainable manner.

括中風治療、肌肉及骨骼痛症治療，以及癌症緩和治療；另外亦在瑪嘉烈醫院及屯門醫院推出癌症治療先導項目。中醫診所暨教研中心的政府資助中醫門診服務籌額亦增加至每年 80 萬個。醫管局會繼續探討擴展中西醫協作服務至更多病種的可行性，藉此惠及更多病人。

隨著新冠疫情在本港漸趨緩和，各項防疫措施自 2023 年年初起相繼取消，醫管局的服務亦已在 2023-24 年度大致恢復正常。

在 2023-24 年度，政府繼續堅定支持公營醫療持續發展，以現行三年為一周期的撥款安排，按人口增長和人口結構變動，向醫管局增加撥款。醫管局年內總收入為 984 億元，較 2022-23 年度（954 億元）上升 3.1%。為了確保資源用得其所及符合成本效益，醫管局繼續審慎理財，透過周年工作規劃分配資源。資源分配會優先考慮政府的醫療政策、醫管局的服務優次和方針，以及建議的計劃是否準備就緒。

醫管局在 2023-24 年度的總營運開支達 974 億元，較 2022-23 年度（949 億元）上升 2.6%。因應新冠疫情在本港逐漸緩和，醫管局逐步推動服務回復正常，而鑑於取消各項防疫措施後相關開支減少，醫管局在 2023-24 年度錄得餘款。在政府同意醫管局預留年內部分撥款以應對醫管局未來需要的安排後，醫管局本年度錄得 10 億元總餘款。截至 2024 年 3 月 31 日，儲備總額增至 93 億元。累積的儲備能確保醫管局保持財政穩定，應付意料之外的財務需要。

為推動醫療服務的持續發展，醫管局正實行多方面策略以提升運作表現和效率，包括透過評估不同層面的服務成果及資金運用情況，並制訂內部服務成本控制及衡量標準。為應對因人口增長和高齡化而不斷增加的服務需求，醫管局會繼續與政府制定切實可行的撥款安排，加倍審慎運用現有財政資源，以可持續性的方式應對服務需求。

Hong Kong East Cluster (HKEC)

港島東醫院聯網（港島東聯網）

To manage the rapid growing service demand associated with the ageing population in the catchment area, HKEC made every endeavour to enhance its service capacity and quality by providing additional acute orthopaedics and traumatology beds at PYNEH, and commencing audiology service at Ruttonjee Hospital (RH). HKEC also took advantage of new technology and equipment to provide Smart Care, which included introducing robotic-arm technology for total joint replacement surgery in PYNEH, as well as installing an additional computed tomography scanner at the Accident and Emergency Department of RH. RTSKH, TWEH and CCH also fully adopted electronic vital signs and smart bed panels during the year.

In addition, collaborative efforts were channelled into optimising patient experience. For instance, cross-hospital blood-taking services were made available to enhance service accessibility for patients, especially for those residing on outlying Islands within the catchment area of HKEC. The use of electronic kiosks and mobile application "HA Go" were actively promoted with the support of patient service ambassadors team. Patients were also provided with one-stop service for managing referrals and follow-up appointments upon hospital discharge via the integrated patient service station.

Celebrating its 30th anniversary, PYNEH organised a series of activities to share the hospital's achievements with staff and community stakeholders and to express gratitude for their unwavering support. Additionally, the year 2024 marked the 30th anniversary of the Accident & Emergency Training Centre, which highlighted its significant contribution in providing comprehensive training opportunities for healthcare professionals, government departments and citizens. Staff of HKEC were recognised for their outstanding performance with the 2023 HA Outstanding Staff Award and Young Achiever Award, while the HKEC End-of-Life Community Care Project Team received the Outstanding Team Award. PYNEH also received widespread local and international recognition for its innovative concept and invention of 3D printed organ replica models for clinical trainings and pre-operative planning processes, which contributes to improved surgical outcomes.

As one of the first batch of hospitals participating in the resumption of Hospital Accreditation Programme, PYNEH will continue to strive for improvement and work towards attaining the accreditation target. HKEC will also keep on enhancing the quality of patient care by promoting smart healthcare in accordance with the strategies outlined in the HKEC Clinical Services Plan.



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

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

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

SJH - St. John Hospital 長洲醫院

TWEH - Tung Wah Eastern Hospital 東華東院

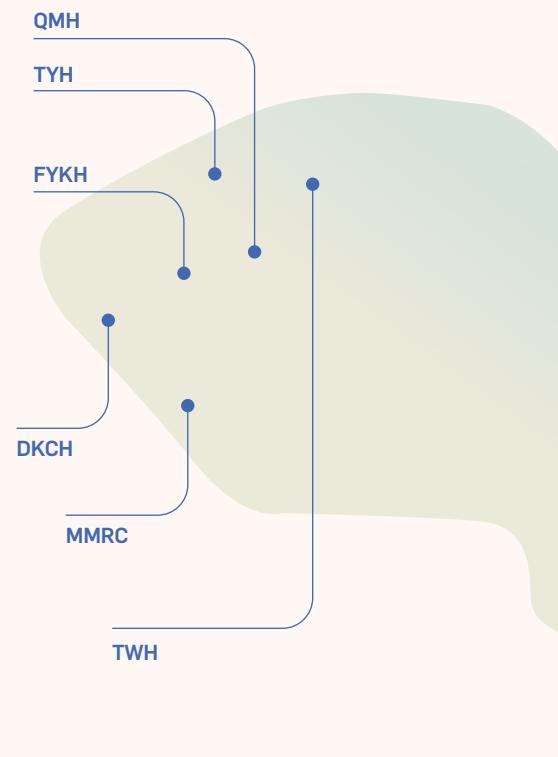
WCHH - Wong Chuk Hang Hospital 黃竹坑醫院

為應對區內人口老化導致醫療服務需求急速上升，港島東聯網竭力提升服務量及質素，包括於東區醫院增設急症矯形及創傷外科(骨科)病床，並於律敦治醫院提供聽力服務。聯網亦利用新技術及儀器推行智慧醫療項目，包括於東區醫院採用機械臂輔助手術方式進行關節置換手術，並於律敦治醫院的急症室增設電腦掃描造影機。而律敦治及鄧肇堅醫院、東華東院及春磡角慈氏護養院亦於年內全面使用維生指數監察系統及電子病床控制板。

另一方面，聯網各醫院及部門互相合作，採取一系列措施提升病人應診體驗，包括提供跨院抽血服務，為病人帶來便利，尤其惠及聯網內的離島居民。聯網又安排病人服務大使於專科門診診所積極推廣及協助公眾使用自助服務機和「HA Go」流動應用程式。病人亦可使用綜合病人服務站，一站式處理出院後的各種轉介及覆診安排。

年內東區醫院慶祝 30 周年誌慶，舉辦一系列活動與員工和社區夥伴分享醫院服務成果，並感謝各界的鼎力支持。急症科訓練中心同樣於 2024 年迎來 30 周年誌慶，標誌著中心在過去三十載為醫護人員、政府部門及市民提供全方位培訓的貢獻。此外，聯網員工憑著卓越表現，獲頒 2023 年度醫管局傑出員工及優秀青年獎，而港島東醫院聯網安寧頌計劃團隊亦獲得傑出團隊獎。東區醫院團隊採用 3D 打印技術製作器官模型，用於培訓和手術前的規劃，提高手術成效，其創新意念及發明在本地和國際備受肯定，屢獲殊榮。

作為醫管局重啟醫院認證計劃的首批醫院，東區醫院會繼續精益求精，竭力獲取認證。港島東聯網亦會繼續按照「臨床服務計劃」的策略，持續推動智慧醫療並提升服務質素。



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

HKWC has been working in line with the HA's strategic goals to implement Smart Care in managing the demands of hospital services. Capacity of high demanding services was enhanced through re-orientating service models and strengthening ambulatory services. In 2023-24, additional Family Medicine Specialist Clinics attendances were provided under the collaborative model of Family Medicine and Medicine departments in HKWC. Also, there were additional day patient attendances provided for patients with coronary artery disease for comprehensive cardiologist assessment, medical consultation and cardiac investigation at QMH. The service hours of the Integrated Ambulatory Centre in QMH were extended with the provision of additional day patient attendances. Further, in support of HA's participation in the Hong Kong Genome Project (HKGP), the manpower was reinforced to provide clinical care. Over 1 700 patients had been served under HKGP at QMH in the year, and mobile team services of HKGP were made available at DKCH, GH and TWH.

Patient-centric care has been further enhanced with a view to providing patients with better experience throughout the entire healthcare journey. Smart Care initiatives such as tele-consultation, electronic result screening, electronic payment, medication delivery and tele-pharmacy service were implemented to provide the patients with greater convenience. For inpatient services, improvement measures were put into action to optimise the treatment process in a holistic manner. For examples, patient information checklists for pre-admission and discharge were provided, and the patient's outfits and beddings during hospitalisation were re-designed to enhance patient's comfort. In addition, the Geriatric team conducted a pilot study, with an aim to integrate multiple subspecialties follow-up (Cardiac clinic, Geriatric clinic, Endocrine clinic and Respiratory clinic) into a single holistic follow-up, so that patients are able to have their follow-up consultations for various specialties in one go without having to travel long distances repeatedly.

To equip for tomorrow's healthcare challenges, QMH and the University of Hong Kong-Shenzhen Hospital signed a collaborative agreement for future collaborations to enhance interaction and exchange on talent training, management, academic, innovation and technology, quality and safety, and clinical development. This serves to promote complementary advantages and enhancement in the level of medical services in both institutes, so as to benefit patients of both places.



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

uous population growth has resulted in pressing demand for services, posing a major challenge for NTWC. It is estimated population in the catchment area will grow from 1.17 million to 1.29 million in 2029, with a significant increase of 47% in elderly population in particular. The cluster is implementing the clinical strategies and service directions outlined in the Clinical Plan for NTWC, to expand service capacity by adopting a staged approach.

4, additional acute surgical beds as well as Geriatric Day places and attendances were provided at TMH. Besides, renal care were enhanced by providing additional patient capacities for peritoneal dialysis, while laboratory capacity was built up with addition of additional tests by Next-Generation Sequencing panels for our patients. To cope with the increasing demand for allied health care the cluster offered more quotas for optometry, physiotherapy services, as well as additional early mobilisation treatment for Intensive Care Unit patients. On pharmacy services, a new clinic for anti-coagulant therapy was set up at POH, coupled with provision of additional pharmacist clinic attendances. In TMH, a new pharmacy service on discharge medication management for patients admitted to acute medical wards was implemented.

so working towards the strategic direction of developing smart by utilising advanced technology and automation in clinical which helps improve patient experience and safety. More were invested in nurturing professional team by recruiting practice nurses as part-time clinical preceptors to guide junior additional promotion opportunities for nurses and allied healthals were also provided in order to retain talents.

the completion of the first phase of TMH Operating Theatre extension project, various facilities are being commissioned as there was a 40% increase in the number of seats in the patient area of the Accident and Emergency (A&E) Department extension, with additional triage stations and consultation rooms, which will enhance the A&E service capacity of NTWC. The cluster will take forward the remaining alteration and addition works of Operating Theatre Block extension project for TMH, with a view to providing quality patient care to the residents of New Territories West upon completion of the project.



- Castle Peak Hospital 青山醫院
 - Pok Oi Hospital 博愛醫院
 - Siu Lam Hospital 小瀝醫院
 - Tin Shui Wai Hospital 天水圍醫院
 - Tuen Mun Hospital 屯門醫院

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

ITEC covers a vast area and serves a population of over 1.3 million. In response to the service demand derived from the ageing population, IITEC has made unremitting efforts to enhance both the quantity and quality of services through various measures, including the introduction of new service models and reinforcement of ambulatory care.

aimed at shortening specialist outpatient clinic (SOPC) waiting times, additional attendances for the Family Medicine Specialist Clinic (FMS) and allied health outpatient services were provided under the collaborative model of Family Medicine (FM) with Medicine Departments at PWH and AHNH, as well as FM with Orthopaedics and Traumatology Department at AHNH. Moreover, SOPC new case attendances for gynaecological and ophthalmological services were augmented at NTEC.

ITEC continued to enhance service provision on various fronts. With regards to Accident and Emergency (A&E) services, additional acute inpatient beds were opened and manpower of nurses and supporting staff in the A&E Department were scaled up at PWH. The cluster also set up a specialist-led team at NDH in phases to address the A&E Triage Categories I (urgent) waiting time. For cancer services, the cluster built the capacity for CAR-T Cell therapy to serve more patients at PWH. Laboratory capacity was expanded to provide additional tests of minimal residual disease assays and Next-Generation Sequencing panels for adults with myeloid blood cancers, as well as molecular tests for patients with high-grade glioma.

On drug services, clinical pharmacy services on discharge medication management for patients admitted to acute medical wards were implemented at PWH and AHNH. The drug refill services of pharmacokinetics clinics were extended to all medical SOPCs of AHNH, NDH and PWH, as well as the FMSC at PWH.

Quality healthcare services are made possible by the dedication of our cluster colleagues. In light of this, the cluster strengthened the workforce to facilitate the implementation of smart hospital projects. Meanwhile, more associate nurse consultant positions and promotional opportunities for allied health professionals were created to enhance their career prospects. NTEC also strengthened clinical leadership of WH anaesthetic services by upgrading additional consultants.

Various capital projects including the North District Community Health Centre, PWH redevelopment project, and NDH expansion project are progressing. Smart hospital elements would be integrated into the new designs of these capital projects to optimise patient experience.



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

新界東聯網幅員廣闊，服務超過 130 萬人口。面對人口高齡化衍生的醫療服務需求，聯網採取多項措施，包括發展新服務模式及日間醫療服務，竭力提升服務量和質素。

為縮短專科門診輪候時間，聯網於威爾斯親王醫院和雅麗氏何妙齡那打素醫院推行內科與家庭醫學的協作模式，並於雅麗氏何妙齡那打素醫院推行骨科與家庭醫學協作模式，提供額外家庭醫學專科門診和專職醫療門診診症名額。另外，婦科和眼科的專科門診新症就診人次亦有所增加。

聯網持續從多方面增加服務供應。在急症服務方面，威爾斯親王醫院增設急症住院病床，並增加急症室的護士及支援人員人手；北區醫院則分階段設立專家團隊，以改善第三類別（緊急）的輪候時間。在癌症服務方面，威爾斯親王醫院增加嵌合抗原受體T細胞療法名額；並增加測試服務量，例如為骨髓性血癌成年病人增加微量殘存病分析和次世代定序測試，以及為高級別神經膠質瘤患者增加分子測試。

在藥物服務方面，威爾斯親王醫院和雅麗氏何妙齡那打素醫院為急症內科住院病人提供出院藥物管理服務。覆配藥物服務則推展至雅麗氏何妙齡那打素醫院、北區醫院和威爾斯親王醫院的所有內科專科門診，以及威爾斯親王醫院的家庭醫學專科門診。

優質的醫療服務全賴聯網同事悉心付出。聯網已加強人手，支援推行智慧醫院項目；同時提供額外副顧問護師職位，及增加專職醫療人員的晉升機會，以促進員工的職業前景。聯網亦晉升更多顧問醫生，為威爾斯親王醫院麻醉服務加強臨床督導。

新界東聯網繼續協調多個基建工程，包括北區社區健康中心、威爾斯親王醫院重建項目和北區醫院擴建項目，這些項目的新設計將加入智慧醫院元素，藉此提升病人體驗。

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

With a greater proportion of the elderly population in the catchment area, KWC is committed to responding to the growing service demand through stepping up coordination among the hospitals within the cluster and multi-disciplinary collaboration, with the aim of optimising bed capacity and ensuring effective resources allocation.

KWC launched a 24-hour Primary Percutaneous Coronary Intervention (PCI) service in the year. The service is provided by the cardiology teams of PMH, CMC and YCH, forming a dedicated cluster-based cardiology team to provide round-the-clock emergency PCI surgery for patients with acute myocardial infarction. Moreover, the Integrated Chinese-Western Medicine programme for stroke and cancer palliative care patients started in CMC. Weekly Stroke Multidisciplinary grand rounds, as well as Palliative Care Multidisciplinary case discussions with Chinese medicine practitioners were held regularly to facilitate communication and integration between the clinical teams, enabling patients to receive more comprehensive treatment and care.

Meanwhile, KWC continued to leverage technology and adopt electronic vital signs and smart bed panels in more non-emergency departments and outpatient clinics to improve work efficiency. In addition, patients of NLTH and PMH can choose to have their blood taking at either one of the two hospitals when making appointments since the introduction of two-way sharing among NLTH and PMH's blood taking appointment systems in 2024, which is particularly convenient for patients residing in Tung Chung who might need to travel to PMH for conducting blood test.

On the other hand, the cluster devoted efforts to strengthen ambulatory service and enhance medical-social collaboration. Apart from scaling up day patient and cardiac rehabilitation day services, additional community nurse attendances in Sham Shui Po were offered. As for KCH, a series of forest bathing activities were organised to take the persons-in-recovery and caregivers on a walk through the forest to relax their body and mind by experiencing the five senses in nature. Hospitalised patients could also enjoy an immersive experience of forest bathing by using Virtual Reality technology.

Several major capital projects in the cluster are in progress, including the expansion of Lai King Building at PMH, the redevelopment of KCH, and the construction of the Hospital Authority Supporting Services Centre under the development of NLTH project. Automation, smart solutions and patient-centric design would be integrated into the design of these capital projects to align with HA's corporate direction.



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

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

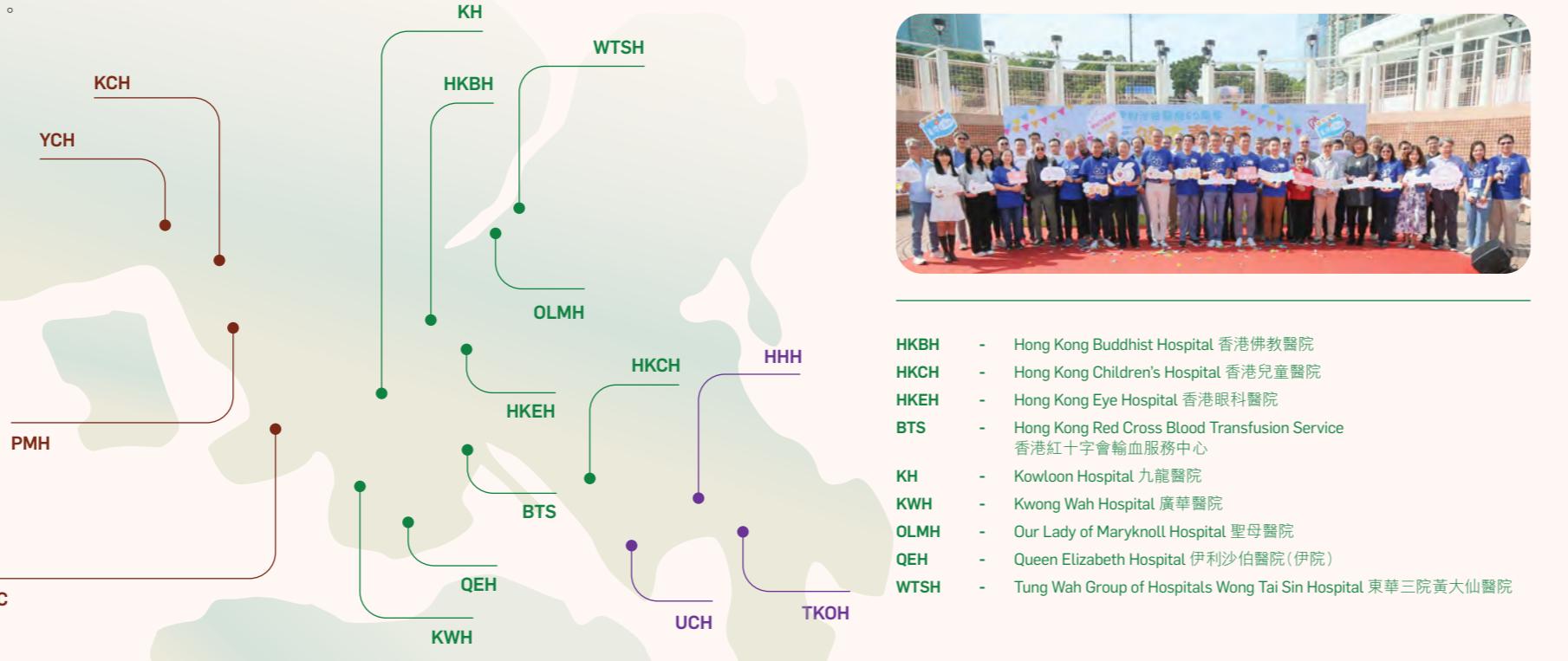
隨著聯網服務地區的老年人口比例增加，九龍西聯網致力滿足不斷增長的服務需求，透過加強聯網醫院之間的協調及跨專科協作，進一步善用每張病床及確保資源有效分配。

年內，九龍西聯網正式推行 24 小時冠狀動脈介入治療服務，由瑪嘉烈醫院、明愛醫院和仁濟醫院的心臟科醫療人員組成以聯網為基礎的團隊，全天候為急性心肌梗塞病人提供緊急「通波仔」手術。而明愛醫院則分別為中風及接受紓緩治療的癌症病人，提供中西醫協作計劃下的治療。西醫和中醫專家團隊每周均會進行中風治療跨部門巡房及紓緩治療跨部門個案討論，以促進團隊之間的溝通及融合，讓病人得到更全面的治療和照顧。

同時，聯網繼續善用科技，於更多非緊急部門和門診應用維生指數監察系統及電子病床控制板，以提升工作效率。北大嶼山醫院及瑪嘉烈醫院的抽血預約系統於 2024 年正式互通，病人預約抽血時，可選擇到其中一間醫院抽血，此舉尤其便利居於東涌的病人，無需長途跋涉到瑪嘉烈醫院抽血。

另一方面，聯網致力加強日間醫療服務和醫社合作，除了增加日間病人服務和心臟科日間復康服務名額，聯網亦在深水埗區增加社康護士服務人次。另外，葵涌醫院舉辦了一系列森林浴活動，帶領復元人士及照顧者漫步森林，透過體驗五感方式，感受大自然放鬆身心；又運用虛擬實境技術，讓住院病人體驗森林浴的樂趣。

聯網的多項基建工程正持續推進，包括瑪嘉烈醫院荔景大樓擴建計劃、葵涌醫院重建計劃，以及北大嶼山醫院發展計劃下的醫院管理局支援服務中心興建工程。這些工程項目將融入自動化、智慧方案和以病人為本的設計，以配合醫管局的發展方向。



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

Despite the challenges of ageing infrastructure, inadequate space and persistent threats by infectious diseases, our professional team of KEC has steadfastly upheld its commitment to delivering exceptional patient care, and is dedicated to strengthening service capacity, while keeping the community engaged.

The year 2023 marked a significant milestone in the healthcare development of KEC. While celebrating the 50th anniversary of UCH with a series of commemorative activities, several pivotal service centres were launched by the cluster in response to the community's diverse healthcare needs. Among these, the Children's Skin Centre at UCH was established to address the specialised dermatological needs of Hong Kong's young population. Besides, the Hong Kong Poison Control Centre (HKPCC), one of China's two poison centres recognised by the World Health Organisation, was opened in November 2023 and rooted in UCH. The HKPCC is responsible for coordinating poison control work in the public healthcare sector of Hong Kong and treatment for poisoning cases, as well as enhancing poison control measures via collaboration with international entities. In addition, the Integrated Carers' Support Centre, situated within HHH, was set up to provide holistic support to caregivers in the community, equipping them with essential caring skills and alleviating the stress they face while caring for patients.

The cluster has accelerated the development of Smart Care. Dynamic communication platforms were established with esteemed healthcare institutions of the Mainland as well as overseas for exchange of experiences in the application of digital solution and technology, whereby KEC's remarkable strides made within the realm of smart hospital advancements were showcased. During the year, the medical grade 3D printing office was established to improve surgical outcome. The carbon fiber laboratory was also set up to advance the design of prostheses for the provision of more personalised prosthetic and orthotic services at KEC.

KEC always places immense importance on staff retention, development, and well-being. To this end, career prospects for staff members and training programmes for their professional development were noticeably enhanced. To promote well-being and healthy lifestyle, a walkathon "Walk for KEC" was organised to engage not only colleagues but also their families in a spirited 13-kilometer journey linking the locations of the three KEC hospitals.

The expansion project of UCH is actively underway. Whilst advancing towards the completion of UCH's new ambulatory block, KEC team shall remain committed to delivering modernised healthcare services, scaling up service capacity, enhancing operational efficiency, and supporting primary healthcare, with discernment and dedication.



儘管面對設施老化、空間不足、流行性傳染病持續威脅等挑戰，九龍東聯網團隊一直恪守專業，盡心為病人提供一絲不苟的關顧，並致力加強服務，與社區夥伴保持連繫。

九龍東聯網服務在 2023 年踏入重要的里程。適逢聯合醫院創院 50 周年，聯網除了舉辦一連串慶祝和紀念活動，同時設立了多個重要的服務中心，以回應社會對各類醫療服務的需求。聯合醫院新增設兒童皮膚中心，因應飽受皮膚病困擾的病童的需要，提供全面的診斷及治療。此外，設於聯合醫院的香港中毒控制中心於 2023 年 11 月成立，為國內兩個獲世界衛生組織認受的中毒中心之一，負責統籌香港公共醫療的中毒防控及治療工作，並透過與其他國際組織加強協作，進一步提升中毒防控的能力。全新的綜合照顧者支援中心亦於靈實醫院投入服務，為社區內的照顧者提供全面的支援服務，藉此幫助他們提升照顧能力並紓緩壓力。

聯網積極發展智慧醫療，透過匯聚內地及海外的知名醫療機構代表，交流發展和應用數碼科技的經驗，同時也展示聯網在智慧醫院領域的卓越成果。聯網於年內成立了醫療級別立體打印辦公室，有效提高手術的成效；又開設碳纖維實驗室，有助改良義肢的設計，以提供更個人化的義肢矯形服務。

挽留人才、照顧員工福祉和專業發展，同樣是聯網發展目標的重中之重。為此，聯網顯著增加了員工的晉升機會和加強個人培訓。為了促進員工的身心健康及推廣健康生活，聯網舉辦了「健步行」活動，鼓勵員工與家屬一同參與，完成串連三間聯網醫院的 13 公里徒步之旅。

聯合醫院擴建工程正如火如荼地進行，展望新日間醫療服務大樓落成之際，聯網團隊將繼續秉持謹慎和堅毅的態度，為病人提供先進的醫療護理、增加服務量、提升工作成效，以及促進基層醫療服務的發展。

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

Throughput 服務量	HKEC 港島東聯網	HKWC 港島西聯網	KCC 九龍中聯網	KEC 九龍東聯網	KWC 九龍西聯網	NTEC 新界東聯網	NTWC 新界西聯網
Patient discharges* 出院病人數目*							
	196 710	217 697	387 623	220 334	326 541	348 893	258 201
Total A&E attendances 急症室就診 總人次	198 552	117 148	332 509	286 182	448 042	364 680	395 717
							
Total specialist outpatient (clinical) attendances 專科門診(臨床) 就診總人次	885 236	899 870	1 547 024	968 181	1 465 256	1 412 468	1 190 072
							
General outpatient attendances 普通科門診就診人次	562 176	393 380	1 105 808	887 088	1 083 957	1 017 184	958 490
							
Number of hospital beds 醫院病床數目	3 336	3 079	6 076	3 010	5 059	5 212	4 899
							
Number of general outpatient clinics 普通科門診 診所數目	12	6	13	8	17	10	8
							
Full-time equivalent staff 等同全職 人員數目	9 244	8 469	18 363	10 253	14 237	14 316	12 913

* Total inpatient and day inpatient discharges and deaths

住院及日間住院病人出院人次及死亡人數

Chapter 7

第七章

Environmental, Social and Governance Report

環境、社會及管治報告



The Hospital Authority (HA) is a statutory body assuming a vital role in providing quality public healthcare services to the people of Hong Kong and driving the sustainable development of the healthcare system. HA has embedded Environmental, Social and Governance (ESG) considerations into its corporate development strategies and daily operations, and is determined to shoulder its social responsibilities, with a view to creating long-term and sustainable value. To this end, HA adheres to the highest standard of corporate governance, and is committed to maintaining a robust system and good corporate culture in pursuit of sustainable development. We have endeavoured to implement energy saving and emission reduction measures to protect the environment; continued to develop Smart Care to optimise patient services, and maintain close ties with various stakeholders in the community. We regard staff as our most valuable asset and have implemented multiple measures to protect their health, safety and well-being. A multi-pronged approach is also adopted to attract and retain talents, so as to build a smart, flexible and sustainable workforce to serve the Hong Kong population. Our ESG effort in the year of 2023-24 are highlighted in this chapter.

醫院管理局(醫管局)屬法定機構，為香港市民提供優質公營醫療服務，並肩負推動醫療系統可持續發展的重任。醫管局在制定發展策略和日常運作中，積極考慮環境、社會及管治等因素，承擔社會責任，創造長遠和可持續的價值。為此，我們恪守最高的機構管治標準，致力維持穩健的制度及良好文化，推動機構的可持續發展。我們亦致力推行節能減排措施，保護環境；並且持續發展智慧醫療以完善病人服務，與社區的持份者保持緊密連繫。醫管局視員工為最寶貴的資產，透過多項措施保障員工的健康、安全和福祉，並多管齊下吸引及挽留優秀人才，建立智慧、靈活及可持續發展的員工隊伍為市民服務。這一章節將展示醫管局於2023-24年度在機構管治、環境和社會方面的工作。

Governance 管治

Good governance is at the heart of HA and will continue to be of the highest importance as the Authority continues to develop. A robust and rigorous governance structure and mechanism is in place to guide the development of corporate strategies and policies, oversee the execution of relevant initiatives, and ensure that HA's operations and practices are in line with the principle of sustainability.

良好的機構管治乃醫管局的核心所在，並一直是醫管局持續發展的首要重心。醫管局設有一套健全、嚴謹的管治架構和機制，領導機構策略與政策的制定工作、監督措施的執行，並確保機構的營運及作業方法貫徹可持續發展的原則。



Robust and effective governance structure

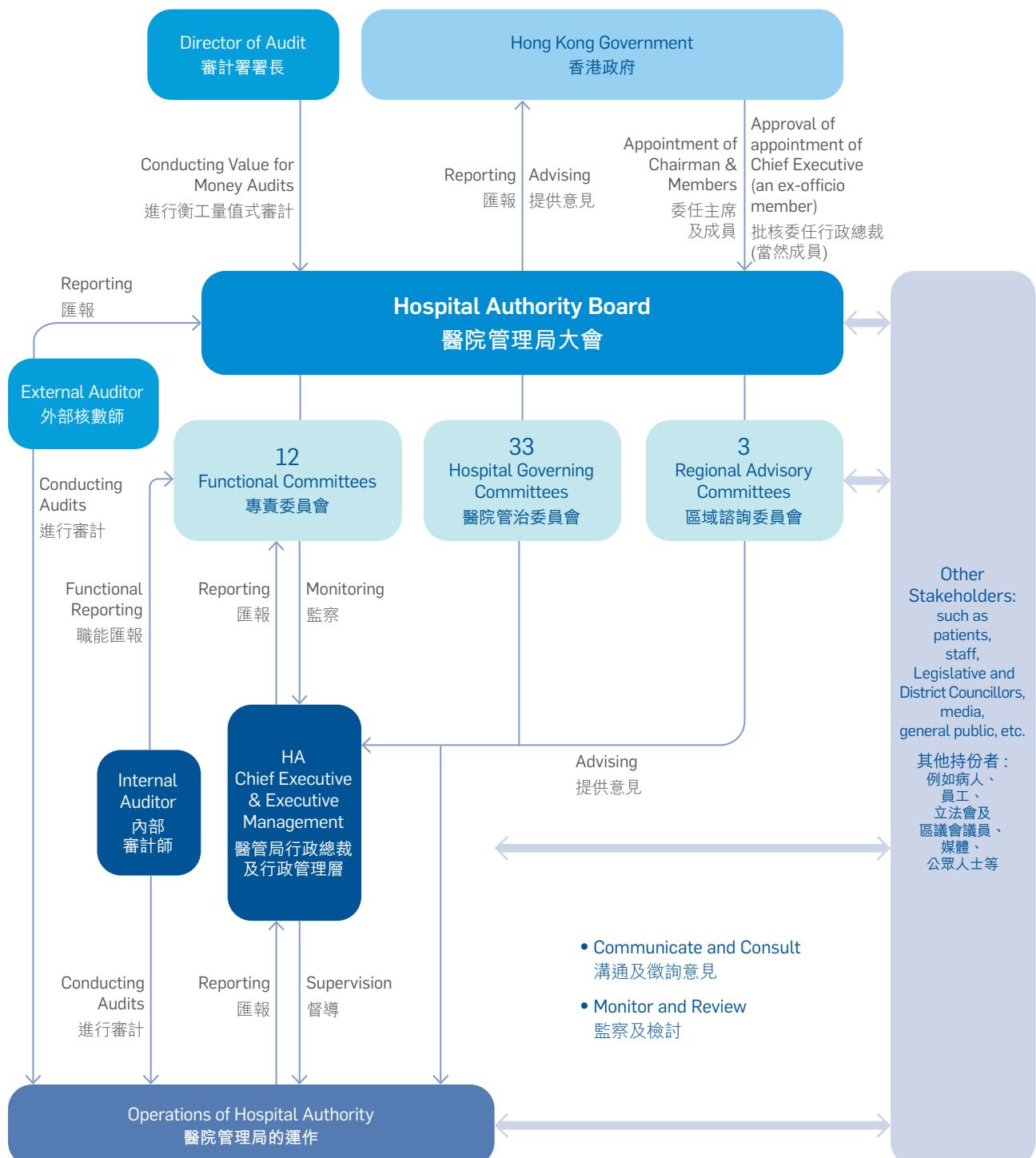
- The HA adheres to robust corporate governance, ensuring that the organisation operates ethically and transparently to safeguard the interests of the general public and our stakeholders. For optimal performance of its roles and exercise of powers, the HA Board has established **12 functional committees** for the better performance of its functions and exercise of its power, **33 Hospital Governing Committees (HGCs)** to enhance governance in the management and operation of hospitals, **and three Regional Advisory Committees** to advise on healthcare needs for specific regions.
- HA's **Group Internal Audit** is established as an integral part of its governance and control framework. It is operationally independent of the HA management and functionally reports direct to the Audit and Risk Committee in accordance with the best governance practice. In addition to the financial audit conducted by external auditor, HA is subject to Value for Money audits by the Director of Audit of the Government, who submits reports to the Public Accounts Committee of the Legislative Council. HA works closely with its stakeholders, including the Government, the Legislative Council, District Councils, the general public, staff, patients, and a wide range of organisations and community groups.

高效完善的管治架構

- 醫管局致力維持嚴謹的機構管治，確保運作符合職業操守和具透明度，以保障市民和持份者的利益。為更有效地執行職能和行使權力，醫管局大會下設有 **12 個專責委員會**以助其執行職能和行使權力、**33 個醫院管治委員會**以加強醫院管理及運作的管治，以及三個區域諮詢委員會就個別區域的醫療服務需求提供意見。
- 醫管局**內部審計組**的設立，是機構管治及規管架構的一個組成部分，其運作完全獨立於管理層，職能上直接向審計及風險管理委員會匯報，符合機構管治最佳常規。除外聘獨立核數師進行的財務審計外，政府審計署署長可對醫管局進行衡工量值式審計，並將報告提呈立法會的政府帳目委員會。醫管局與各方持份者緊密協作，包括政府、立法會、區議會、社會大眾、員工、病人及眾多組織和社區團體。

The HA's corporate governance structure and its relationships with major stakeholders are illustrated in the following diagram:

下圖展示醫管局的機構管治架構及與主要持份者的關係：



- Details of HA's corporate governance structure as well as membership, terms of references and issues discussed at respective Committees are outlined in Chapter 1 and Appendix 1 to 6 of this Annual Report.
- 有關醫管局的管治架構，以及各委員會的成員名單、職權範圍和工作重點，均載於本年報第一章「機構管治」及附錄1至6。

- In 2023-24, members of the HA Board (including co-opted members) continued to participate actively in the discussion of important matters in leading and managing HA:

	Number of meetings held 會議次數	Average attendance rate 平均出席率
Board [#] 醫管局大會 [#]	15	78%
Hospital Governing Committees 醫院管治委員會	133	78%
Regional Advisory Committees 區域諮詢委員會	12	86%

[#] Note: Please refer to Appendix 1 of this Annual Report for the number of plenary meetings attended by individual Board Members during the year
註：有關各大會成員年內出席全體大會次數請參閱本年報附錄 1

Board diversity

- Membership of the HA Board is appointed by the Chief Executive of the HKSAR under the Hospital Authority Ordinance (HA Ordinance). As of 31 March 2024, the Board consisted of 27 members, comprising:



1	Chairman (who is not a public officer) 主席 (不屬公務員)
1	Principal officer (HA Chief Executive) 主要行政人員 (醫管局行政總裁)

- To meet the functional needs of the Board, HA Board Members belong to different professions and possess diverse expertise, skills, perspectives and experience. There are also members related to interests and voices of patients and staff respectively.
- As of 31 March 2024, among all 27 members of the HA Board, if taking aside seven position-tied memberships*, there were six female members, achieving **30% in gender diversity**.

Gender diversity 性別多元



- 2023-24 年度，醫管局大會轄下成員（包括增選成員）均積極參與審議醫管局領導及管理方面的重要事宜：

多元化成員組合

- 根據《醫院管理局條例》(《醫管局條例》)，醫管局大會成員由香港特別行政區行政長官任命。於 2024 年 3 月 31 日，大會有 27 名成員，包括：

3	Public officers 公務員
22	Non-public officers 非公務員

- 醫管局大會成員來自不同專業界別，具備多元化的專業知識、技能、視野及經驗，亦有病人及員工代表，反映不同持份者的意見及利益。
- 於 2024 年 3 月 31 日，醫管局大會 27 名成員中，若不計及七名因職位身分而出任成員者*，有六名為女性成員，性別多元達 **30%**。

- The HA Board embraces the Government's "six-year rule" in appointment of members so as to ensure a healthy turnover. As of 31 March 2024, the HA Board achieved **100% compliance with the "six-year rule"**. Taking aside seven position-tied memberships*, 13 out of 20 members (i.e. 65%) had no more than four years of service in the Board.
- 醫管局大會遵循政府「六年任期」指引（即成員任期以六年為上限），以維持良好的成員更替。於2024年3月31日，醫管局大會完全符合「六年任期」指引。若不計及七名因職位身分而出任成員者*，20名大會成員當中有13名（即65%）在任年期不超過四年。

Length of Service

任期



100% < 6 years 年

65% < 4 years 年

- Having regard to the diversified background of Board Members, **induction meetings** are organised for newly appointed Members to provide an overview on healthcare services in Hong Kong, HA's statutory functions, strategies, operations and governance and the latest development of the HA, in addition to briefings on specific areas or topics as and when required. Members are also invited to join the Chief Executive (CE)'s visits to public hospitals which enable them to familiarise and keep up-to-date with public hospital operations and provide valuable opportunity to interact with frontline staff.
- Please refer to pages 4 to 7 of this Annual Report for the appointment date and profession of each of the 27 Board Members as of 31 March 2024.
- 因應大會成員的多元化背景，我們為新委任成員舉辦**就任簡介會**，綜合介紹香港的醫療服務概況、醫管局的法定職能、策略、運作及管治和最新發展；亦會視乎需要向大會成員簡介個別服務範疇或議題。此外，成員亦會獲邀參加行政總裁到公立醫院的巡訪活動，藉以熟悉和了解醫院運作的最新情況，並把握機會與前線員工交流。
- 有關2024年3月31日的27名大會成員的委任日期及專業背景，請參閱本年報第4至7頁。

* Note: Including public officers, HA CE, and Deans of Faculty of Medicine / Faculty of Health and Social Sciences of universities

註：包括公務員成員、醫管局行政總裁及大學醫學院／醫療及社會科學院院長





Good corporate governance

- The HA Board has promulgated the “**Hospital Authority Board – Code of Corporate Governance Practices**” (the Code) which sets out a range of principles and best practices for the HA Board in relation to its authority, accountability, stewardship, leadership, direction and control exercised in the HA. HA is committed to attaining the highest standards of conduct in discharging their duties. The Code is regularly reviewed with references to the best practices of other organisations and advice of Independent Commission Against Corruption. A two-tier declaration of interest reporting system is in place for Board Members. Regular report of duty visit, entertainment, and bestowing and receipt of gift of the Board and CE is prepared for scrutiny by the Audit and Risk Committee.

良好機構管治

- 醫管局大會發布《醫管局大會機構管治守則》(《管治守則》)，載列醫管局大會在醫管局權限、問責、管理、領導、指示及監控等方面的基本原則和最佳常規。醫管局在履行職責方面致力遵從最高操守標準，並會參照其他組織的最佳常規和廉政公署的意見定期檢視《管治守則》。醫管局成員須遵守兩層申報利益制度。醫管局大會和行政總裁的外訪、酬酢、餽贈及收受禮物事宜，均會定期向審計及風險管理委員會匯報，以供審議。

- As a statutory and publicly funded organisation, HA respects and upholds the constitutional order enshrined under the Basic Law, and all HA staff must comply with all laws in force in Hong Kong. The **HA Code of Conduct** is an official document of the HA, stating its commitment to ensuring the ethical conduct and standard of its employees. It forms an integral part of the HA rules and regulations with which an employee must comply as part of the staff's employment terms and conditions. It underscores HA staff's obligation to deliver professional services for all patients equally without discrimination, through a culture of honesty, integrity and respect for each other. In conjunction with the codes of practice of the respective professions guiding and applicable to the staff, the Code of Conduct serves as the foundation for staff's performance standards.
- Procedures are also in place to remind staff members to make conscious effort to declare any actual or perceived conflict of interests in any situations associated with their discharge of duties, for instance, personal investments and personal relationship with any job applicants, staff members, professional bodies, suppliers or contractors to ensure integrity. HA also formulates and implements its **whistleblowing policy** to allow reporting by staff of suspected misconduct, illegal acts or failure to act. The Audit and Risk Committee and the Human Resources Committee receive regular reports from the management and advise on the related matters. HA makes every effort to protect the whistleblowers from any unfair treatment or retaliation.
- 作為一個法定及公帑資助機構，醫管局尊重及維護《基本法》確立的憲制秩序，所有醫管局員工必須遵守香港所有現行法律。《醫院管理局行為守則》是醫管局的官方文件，確保僱員的道德行為標準。《行為守則》是醫管局規則及規例的一部分，為僱用條件及條款之一，所有醫管局員工必須遵守。《行為守則》強調醫管局的員工有責任為所有病人提供一視同仁的專業服務，貫徹誠信互敬文化。《行為守則》與為員工提供指引及適用於員工的各專業行為守則，為員工表現準則的基礎。
- 為確保員工誠信，醫管局亦有程序提醒員工在履行職務時注意申報任何實際或被視為潛在的利益衝突，例如個人投資，及與任何應徵者、員工、專業團體、供應商或合約承辦商的個人關係等。醫管局亦制定及推行舉報政策，讓員工舉報懷疑違反操守或法律的行為或不作為。審計及風險管理委員會和人力資源委員會定期收閱管理層就有關事宜的報告並提供意見。醫管局致力保護舉報者免受任何不公平對待或報復行為。

Matters reserved for the Board

- The HA Board has developed a formal schedule of matters reserved for its decision in order to ensure that the direction and control of the HA is specifically and demonstrably in the hands of the Board. The "**Schedule of Matters Reserved for the Board**" is subject to regular review in light of regulatory changes applicable and the latest developments in the HA. Delegated authority to executive management is granted by the Board on specific functional areas such as human resources, finance and procurement, taking into account the importance of relevant policy and implication of decision, ranking of staff concerned, and volume of operational work involved, etc.

大會專責事項

- 醫管局大會訂定「**大會專責事項**」，臚列各項須由大會決議的事項，確保醫管局的服務方向和監督均由大會策導。大會不時會因應相關規管的轉變和醫管局的最新發展情況而檢討及更新「**大會專責事項**」。大會亦會權衡政策的重要性及決策影響、所涉員工職級和工作量等因素，在不同範疇上，例如人力資源、財務及採購等，對行政管理層作出權力轉授。

Strategic planning and annual planning

- At the corporate governance level, the HA Board and its committees, is responsible for giving leadership and strategic direction, controlling the organisation, supervising the executive management, and reporting on stewardship and performance of HA. The HA Board has established systems and process to direct and control HA's operations. Strategic planning in HA plays an important role in providing the overall direction to address key challenges and to ensure that HA's operations were effective and efficient. **Strategic Plan 2022-2027** of the HA is the overarching document for guiding all aspects of HA's planning and development within the five-year period. It sets out the corporate-wide directions and strategies for the organisation to pursue, and provides the basis on which clinicians and executives develop and align their programme initiatives in the annual planning process.
- HA prepares an **Annual Plan** each year to support the strategic goals and strategies outlined in the Strategic Plan. The Annual Plan sets out key objectives, service priorities and programme targets and provides a basis for detailed services, resources and budget planning. Both the Annual Plan and the associated budget, which are approved by the HA Board at the beginning of each financial year, serve as an important management tool for subsequent performance monitoring.

策略規劃及周年工作計劃

- 在機構管治層面，醫管局大會及其委員會負責提供領導和策略方向、掌管機構、監督行政管理層及就醫管局的管理和表現作出匯報。醫管局大會設有既定機制和程序，以指示和監察醫管局的運作。醫管局的策略規劃是擬訂醫管局整體方向的重要一環，以應對醫管局面對的主要挑戰及確保醫管局的運作具成效和效率。醫管局的《**2022 至 2027 年策略計劃**》是五年期的醫管局總體綱領，為各方面的規劃與發展提供指引。臨床和行政人員會根據策略計劃臚列的整體發展方向和策略進行每年的工作規劃，從而制定各項相應的計劃措施。
- 醫管局每年制定**周年工作計劃**，落實策略計劃臚列的策略目標和策略。周年工作計劃載列各項主要目標、服務重點項目和計劃目標，以便就服務、資源和預算進行具體規劃。周年工作計劃及相關預算會在每個財政年度初經醫管局大會審批，作為其後監察表現的重要管理工具。



Planning Framework for 2023-24 (according to the HA Strategic Plan 2022-2027)

2023-24 年度工作計劃 (根據《2022 至 2027 年策略計劃》制定)

Provide Smart Care

提供智慧醫療

- Develop personalised care
發展個人化護理
- Build up telemedicine and telecare
推動遠程醫療和遠程護理
- Promote ambulatory care
推廣日間醫療護理
- Enhance community-based care
加強社區為本護理
- Empower patients for self-care
提升病人自我照顧能力
- Implement alternative options for specialist outpatient service
推行專科門診以外的醫療選項
- Enhance and develop different Public-Private Partnership options
加強和發展各種公私營協作計劃

Nurture Smart Workforce

培育智慧團隊

- Conduct long-term manpower planning of healthcare staff
進行長遠醫療人力規劃
- Enhance staff recruitment and employment options
優化員工招聘及聘任安排
- Foster staff's career prospects
提升職業前景
- Strengthen staff relations, management and recognition
加強員工關係、管理及嘉許
- Drive Digital Workplace
推行數碼化工作間
- Reinforce staff training programmes
強化員工培訓課程
- Facilitate staff to attend training
協助員工參加培訓

Develop Smart Hospitals

發展智慧醫院

- Provide Artificial Intelligence support for data-driven care
為數據主導護理提供人工智能技術
- Develop smart ward, smart clinic and smart pharmacy
發展智慧病房、智慧診所和智慧藥房
- Roll out "Mobile Patient" initiatives
推出「流動病人」措施
- Automate services via IT tools / solutions and robotics
以資訊科技工具和機械人技術
實行服務自動化
- Establish IT platforms to facilitate operational efficiency
建立資訊科技平台提升營運效率

Enhance Service Supply

增加服務供應

- Implement Hospital Development Plans
推行「醫院發展計劃」
- Bolster the capability of healthcare facilities in meeting demand
提升醫療設施滿足服務需求的能力
- Work out a viable funding arrangement with the Government
與政府制定切實可行的撥款安排

HA Strategic Plan
2022-2027

醫管局 2022 至 2027 年
策略計劃



Management and control

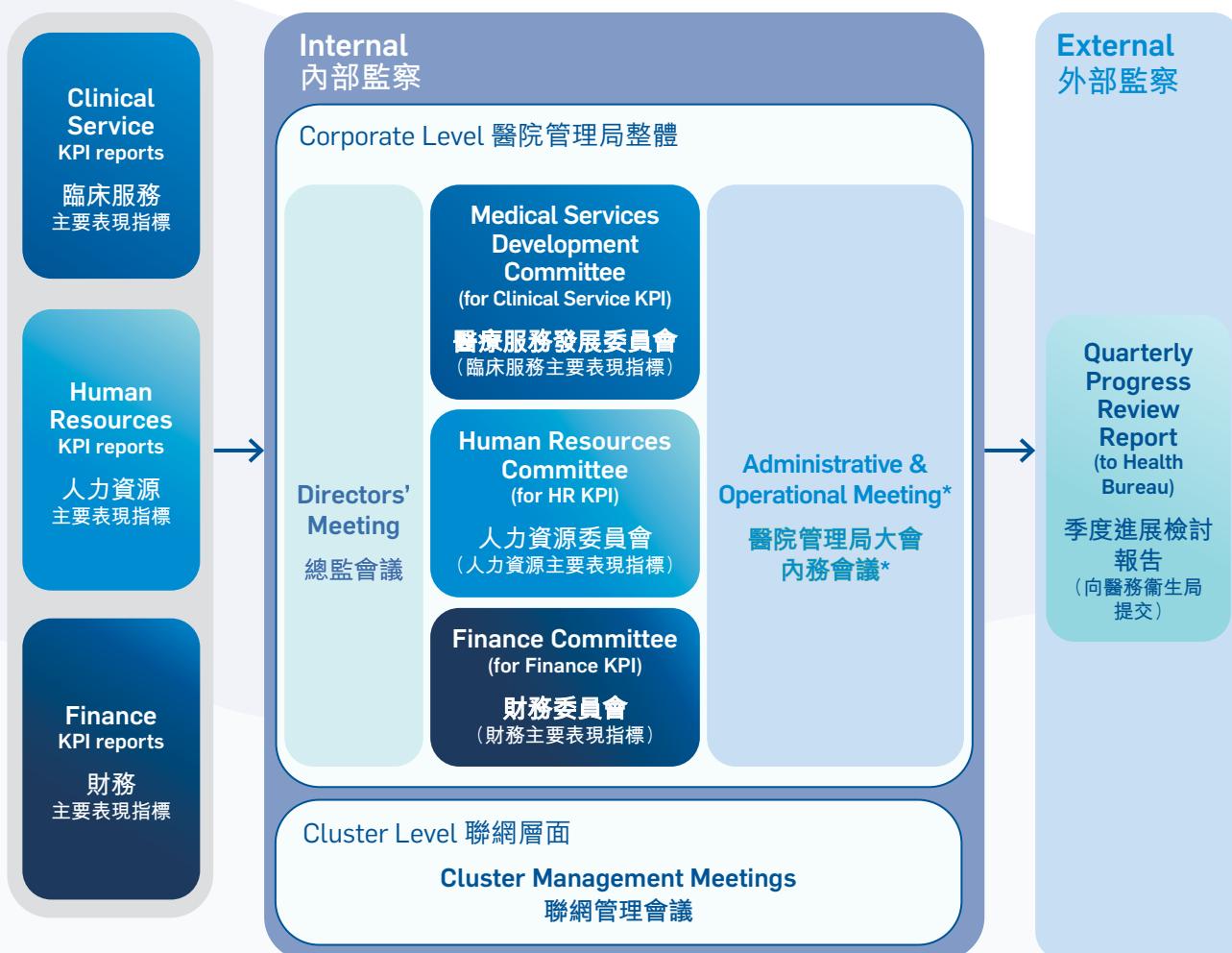
- HA has put in place performance management mechanisms to ensure its accountability to the public for the management and control of the public hospitals system as required under the HA Ordinance. The three major performance monitoring tools in HA include:
 - The **Controlling Officer's Report** of the annual Estimates of Expenditure for the Health Bureau, which sets out HA's key activity targets and indicators in support of policy objectives related to public healthcare services;
 - Quantitative **Key Performance Indicators (KPIs)** to drive service improvement through performance benchmarking; and
 - **Performance monitoring of funded programmes** against pre-set targets or deliverables formulated through the annual planning exercise of the HA.

管理及監管

- 為確保按照《醫管局條例》的規定就管理及掌管公立醫院系統對公眾負責，醫管局設立了表現管理機制。醫管局三項主要的監察表現工具包括：
 - 《管制人員報告》，屬於醫務衛生局的周年開支預算，臚列醫管局為經營醫療服務的政策目標而訂立的主要工作目標和指標；
 - 量化的**主要表現指標**，透過訂立表現基準推動服務改善；及
 - **資助項目的表現監察**，按照醫管局周年工作規劃預設的目標或成果，監察資助項目的表現。

KPI Monitoring and Reporting

主要表現指標 監察及報告



* Note: KPI reports, presented to the Administrative & Operational Meetings, are accessible to the public on HA's website

註：主要表現指標報告在醫管局大會內務會議中匯報後，會上載至醫管局網站供公眾人士查閱

Risk management

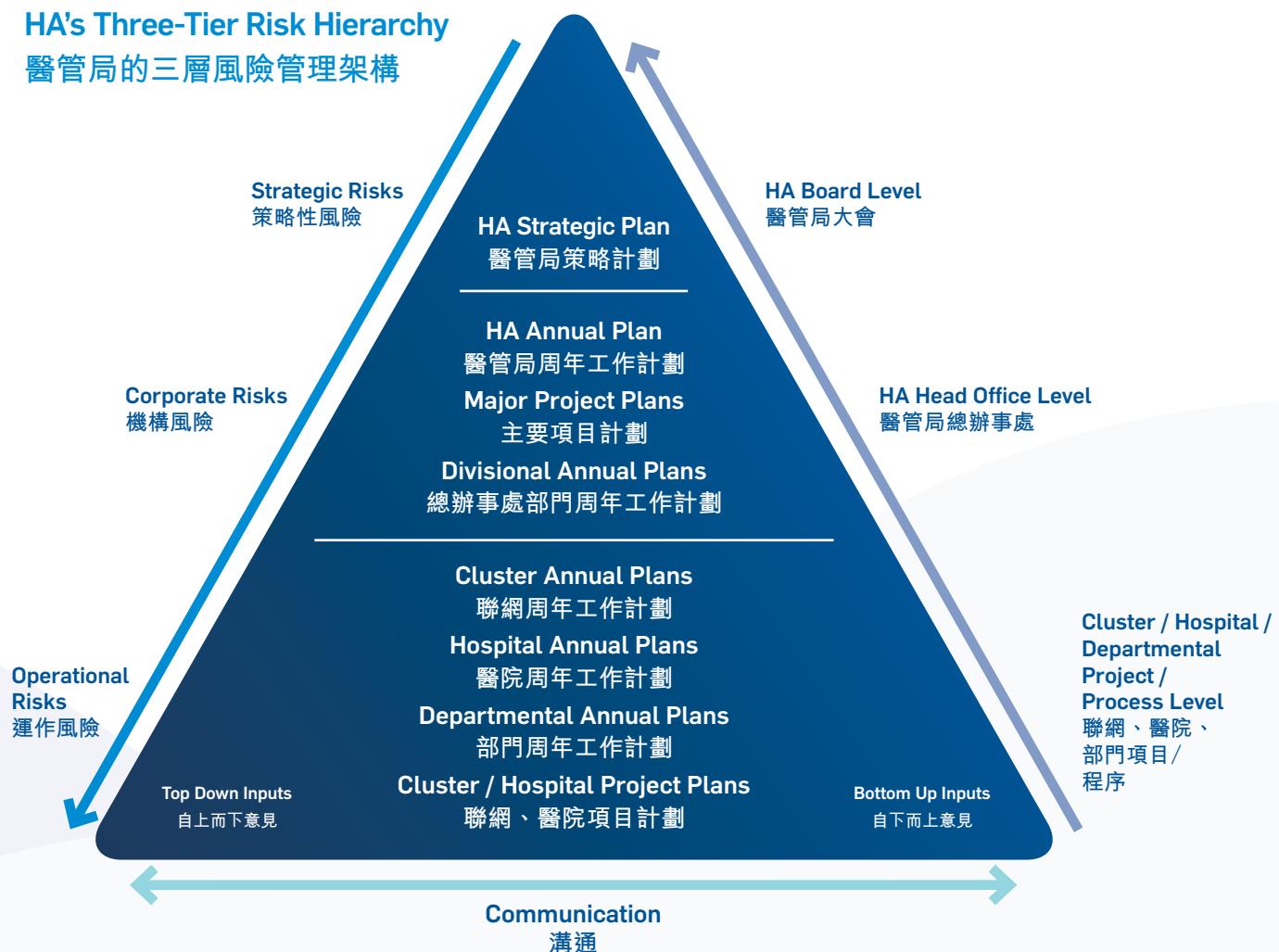
- Managing risk is an integral part of HA's overall approach to good corporate governance. The **Organisation-wide Risk Management** (ORM) Policy and Strategy is overseen and approved by the HA Board. It demonstrates HA's commitment to managing and continuously improving the risk management process across HA. It provides a holistic and standardised approach to risk management, incorporating both clinical and non-clinical risks across HA, and further promotes risk awareness across HA. HA adopts a "top down" and "bottom up" approach in managing risk through HA's Three-Tier Risk Hierarchy in the ORM framework.

風險管理

- 風險管理是醫管局達致優質機構管治不可或缺的一環。醫管局的**機構風險管理**政策和策略由醫管局大會審視及批核，反映醫管局致力管理風險及持續改進整個機構的風險管理流程。相關政策和策略有助醫管局在臨床及非臨床方面，推行全面和統一的風險管理模式，並推廣風險意識。醫管局根據機構風險管理的框架下的三層架構，透過由「自上而下」和「自下而上」的方法去管理風險。

HA's Three-Tier Risk Hierarchy

醫管局的三層風險管理架構



- HA has established a risk governance structure for identifying and reporting risks. It has designated the roles and responsibilities for risk management in HA from the hospital, Cluster and Head Office level through to the Audit and Risk Committee and HA Board. Risk profiles are produced annually by the Head Office and Clusters to identify the top risks across major functions, both clinical and non-clinical. Based on their risk profiles, major risks and challenges at the local level are addressed by risk mitigation measures by Clusters and Head Office Divisions. Additional resources for risk mitigations will be sought through the annual planning process as appropriate.

- 醫管局建立了一套風險管治架構以識別及匯報風險，並釐定不同層面在風險管理上特定的角色和責任，當中涵蓋醫院、聯網和總辦事處，以至審計及風險管理委員會和醫管局大會。總辦事處及聯網每年會釐定風險概況，識別各主要部門在臨床及非臨床範疇方面的最高風險，並由各部門審視其面對的主要風險及挑戰，及制定適當的緩解措施。各部門亦可透過周年工作計劃申請額外資源，落實措施。

Financial transparency

- Under Section 10 of the HA Ordinance, annual financial statements of the HA are prepared in accordance with Hong Kong Financial Reporting Standards issued by the Hong Kong Institute of Certified Public Accountants. To ensure transparency and accountability on the proper use of public funds, these audited financial statements, together with the independent auditor's report, are submitted to the HA Board for approval, and incorporated into the Annual Report for tabling at the Legislative Council via the Secretary for Health and posted onto the HA's website to be made publicly available.
- Independent Auditor's Report and Audited Financial Statements for this year are set out on pages 97 to 163 of this Annual Report.

Self-assessment

- The HA Board and its functional committees as well as HGCs conduct **annual self-assessment** via a standard survey questionnaire which will be refined from time to time, having regard to Members' views and the need to cater for the evolving changes and the unique operating environment faced by individual committees.
- The Board highly values the self-assessment exercise for identifying potential opportunities for further enhancing its effectiveness in the future. Action plans are drawn up to implement enhancements proposed by Members.

財務透明

- 根據《醫管局條例》第 10 條，醫管局的年度財務報表是按照香港會計師公會頒布的《香港財務報告準則》擬備。為確保透明度及符合公帑運用得宜的責任，經審核的財務報表及獨立核數師報告會呈交醫管局大會審批，並載入醫管局年報，經由醫務衛生局局長提交立法會省覽，及上載醫管局網頁予公眾瀏覽。
- 本年度的獨立核數師報告及經審核的財務報表載於本年報第 97 頁至 163 頁。

自我評核

- 醫管局大會及轄下專責委員會和醫院管治委員會以統一的調查問卷進行**年度自我評核**。醫管局會因應成員的意見及個別委員會的演變和所面對的獨特運作環境而不時修訂該問卷。
- 自我評核活動有助大會探討進一步提高運作成效的可行性，備受大會重視。醫管局會因應成員的意見擬訂行動計劃，落實成員提出的改善建議。

Environmental 環境

The HA is committed to protecting the environment. Adhering to the "Environmental Policy Statement", we strive to achieve the best practicable environmental standards and practices throughout our operations, so as to contribute to the betterment of the environment. We are committed to reducing HA's carbon and water footprints, as well as sewage and waste generation. In particular, as HA's electricity consumption accounted for around 3% of HK's total electricity consumption in 2023, a multi-pronged approach has been adopted to reduce the consumption. The following are the key environmental measures implemented and performance achieved by the HA to promote environmental sustainability in the year.

醫管局致力保護環境，堅守其《環保政策宣言》以落實良好措施，確保在運作上貫徹最可行的環保標準和守則，為保護環境作出貢獻。我們竭力減少醫管局的碳足跡、水足跡，以及污水和廢物的產生。醫管局在 2023 年的耗電量佔全港總耗電量約 3%，因此我們已採取多管齊下的措施節省用電。以下為本年度醫管局在推動環境可持續發展方面的主要措施及成效。



Enhancing environmental governance

- To strengthen environmental management and formulate holistic environmental strategies in HA, **the Steering Committee on Environmental Management was formed** in February 2024, assuming the below key responsibilities:
 - Set out a holistic environmental strategy
 - Lead and drive the overall environmental agenda across HA
 - Define a framework for environmental management and staff engagement
 - Establish an organisation-wide mechanism to enhance the planning, monitoring and reporting of key environmental targets

加強環境管治

- 為加強環境管治及制定機構整體的環境策略，醫管局於 2024 年 2 月成立**環境管理督導委員會**，專門負責：
 - 制定全面的環境策略
 - 主導和推動整體環境議程
 - 確定環境管理和員工參與的框架
 - 建立機構層面的機制，以加強主要環境目標的規劃、監察和報告

Striving to achieve our goals

- To align with the Government's "**Hong Kong's Climate Action Plan 2050**", Carbon Neutrality has been integrated as a target within the "Energy Management" principle of HA's "Environmental Policy Statement". A medium-to-long-term roadmap has been formulated, **targeting to achieve a reduction of 15 to 20% in electricity consumption by 2035 and 30 to 40% by 2050.**
- HA signed the Government's **4T Charter** in 2016 with a pledge to cut energy consumption by 5% by 2023 (baseline against 2015). Through implementation of various energy-saving measures, HA has already achieved 6.1% reduction in energy consumption by 31 March 2023, exceeding the original target. **As of March 2024, energy consumption reduction of around 7% has been achieved.**

Building green hospitals

The HA actively promotes environmental sustainability as a corporate direction. From introducing green elements in daily operations to adopting environmentally friendly designs in new hospital projects, we have strived to contribute to carbon neutrality and develop sustainable healthcare facilities. Specifically, all Hospital Development Plan projects are committed to achieving second highest rating (Gold) certification under the Hong Kong Green Building Council's Hong Kong Building and Environmental Assessment Method (HK BEAM PLUS). This certification demonstrates HA's dedication to environmental stewardship through adopting green building standards and energy efficient building service systems to create more sustainable and patient-centred healthcare facilities.

訂立目標 奮力邁進

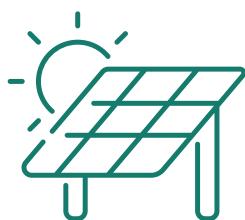
- 為配合特區政府的《香港氣候行動藍圖 2050》，碳中和已被納入醫管局《環保政策宣言》中「管理能源應用」範疇的其中一個目標。我們亦制定了中長期路線圖，目標是在 2035 年和 2050 年分別減少 15 至 20% 和 30 至 40% 的用電量。
- 醫管局於 2016 年簽署了《4T約章》，訂立目標在 2023 年前節能 5%(以2015 年為基準)。透過實施多項節能措施，我們於 2023 年 3 月底已經節省了 6.1% 的能源消耗量，超過原訂的目標；截至 2024 年 3 月，更節省了約 7% 的能源消耗量。

建設綠色醫院

醫管局積極按機構方針推動環境可持續發展，從日常運作中處處引入環保概念，而在新醫院發展項目亦廣納環保設計，致力實現碳中和並建設可持續發展醫療設施。具體而言，所有醫院發展計劃的工程項目，均竭力取得香港綠色建築議會的綠色建築認證系統「綠建環評」第二高級別（金級）認證。此認證反映醫管局在環境管理方面的努力，透過採用綠色建築標準和節能建築服務系統，從而建設可持續發展及以病人為本的醫療設施。



Energy saving



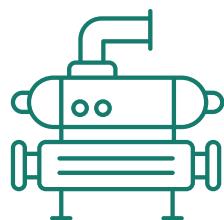
HA has installed over 900 solar panels in 13 public hospitals so far, generating electricity per annum was in the region of:

240 000 kWh
千瓦時

節約能源

醫管局已於 13 間公立醫院合共安裝超過 900 塊太陽能電池板，每年可產生電力約：

About 880 typical three-member household's average monthly electricity consumption*
約 880 個三人家庭單月平均用電量*



HA has completed the replacement of 59 ageing chillers since 2018. In 2023-24, HA also launched the replacement project for an additional 13 chillers. With the measurement and verification, as of March 2024, the accumulated saving of electricity consumption per annum was around:

34 000 000 kWh
千瓦時

醫管局自 2018 年以來完成了 59 台老化的冷水機組的更換工程。在 2023-24 年度，我們開展另外 13 台冷水機組的更換工程。通過測量和驗證，截至 2024 年 3 月，每年的累計節電量約：

About 123 600 typical three-member household's average monthly electricity consumption
約 123 600 個三人家庭單月平均用電量

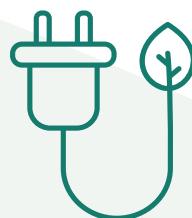


The Retro-Commissioning (RCx) Energy Saving studies for HA hospitals / buildings have been commenced progressively and relevant works were in progress. HA was also preparing to expand the studies to other hospitals in 2023-24. By March 2024, the completed RCx works have provided accumulated saving of electricity consumption per annum around:

1 800 000 kWh
千瓦時

醫管局陸續為醫院 / 大樓開展「重新校驗」計劃研究及相關校驗工程。在 2023-24 年度，醫管局亦籌備將計劃研究擴展至其他醫院。截至 2024 年 3 月，已完成的「重新校驗」工程累計每年可節省用電量約：

About 6 500 typical three-member household's average monthly electricity consumption
約 6 500 個三人家庭單月平均用電量



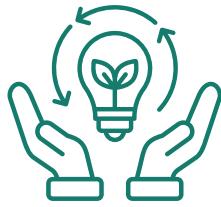
HA continued to install intelligent LED luminaires in various hospitals and buildings to save energy and reduce replacement and maintenance costs. Ten new projects for intelligent LED luminaires were launched in 2023-24. By March 2024, projects of intelligent LED luminaires completed so far have provided accumulated saving of electricity consumption per annum around:

3 000 000 kWh
千瓦時

醫管局持續為各醫院和大樓安裝智能 LED 燈具，以節省能源、更換和維修成本，10 個新的智能 LED 燈具項目已於 2023-24 年度開展。截至 2024 年 3 月，已完成的智能 LED 燈具項目累計每年節省用電量約：

About 11 000 typical three-member household's average monthly electricity consumption
約 11 000 個三人家庭單月平均用電量

* Note: Based on the monthly consumption of 275 kilowatt-hours (kWh) by a three-member household
註：以一個三人家庭每月用電量 275 度計算



HA has built an **Energy Management Database System (EMDS)** to monitor and analyse energy usage in hospitals. The EMDS provides detailed reports, helping HA identify areas for improvement, enhance energy efficiency, and devise more efficient energy management strategies. Currently, the system covers all 43 public hospitals under HA.

醫管局建立了一套能源管理數據庫系統，監察和分析醫院的能源使用情況，並提供詳細報告，以識別有待改進的地方，提升能源效率，及制定更有效的能源管理策略。現時，系統已覆蓋醫管局轄下 43 家公立醫院。

All 43 public hospitals and the HA Building **joined the Government's "Energy Saving Charter 2023"** to promote energy efficiency and energy saving.

全部 43 間公立醫院及醫管局大樓加入了政府的《2023 年節能約章》，推動能源效率及節約能源。



Green procurement

- The HA has laid down the direction and guidance in the "Procurement and Materials Management Manual" that hospitals / departments are required to take into account environmental considerations when procuring goods and services. When involving in the acquisitions of goods, equipment, products, materials and services, HA staff are reminded to make reference to the "Reference Guide on Green Procurement" which covers the general principles and practices that should be considered in the procurement process in order to reduce environmental impact.
- In taking forward hospital projects, we will design and build the hospitals as green buildings to the highest level practicable in a cost-effective and efficient manner.

綠色採購

- 醫管局已在《採購及物料管理手冊》中訂明方向和指引，要求醫院 / 部門在採購產品和服務時考慮環境因素，並提醒員工在採購產品、儀器設備、貨物、材料及服務時，應該參考《綠色採購參考指南》，當中說明了採購過程中應考慮的一般原則和做法，以減少對環境造成影響。
- 在進行醫院發展項目時，我們將在切實可行的情況下，以符合成本效益和高效的方式，設計和建造醫院成為綠色建築。

Waste reduction and recycling

減廢及回收

Recycling waste papers, plastics, metals, glass and food waste in the year over:

年內**回收**廢紙、塑膠、金屬、玻璃、廚餘超過：

5 900 Tonnes
公噸



- Proper handling of food waste:

- HA hospitals delivered over seven tonnes of food waste per day to various government treatment facilities, such as Organic Resources Recovery Centre Phase 1 and 2 (O·PARK1 and O·PARK2), Food Waste / Sewage Sludge Anaerobic Co-digestion Trial Scheme at Sha Tin and Tai Po, in order to raise food waste treatment capacity and alleviate pressure of landfills. Meanwhile, the hospitals continued using decomposers to convert food waste into liquid fertilizer.
- With funding from the Environment and Conservation Fund, Tung Wah Group of Hospitals Wong Tai Sin Hospital and Tung Wah Group of Hospitals Fung Yiu King Hospital have adopted the food waste pre-treatment system "Food TranSmarter" to liquefy food waste into slurry before transportation to the O·PARK1 for further processing. This could allow the collection and shipping of food waste to be more efficient, clean and hygienic.
- Promoting waste reduction at source and offering **low-carbon menu** in multiple hospitals

- 妥善處理廚餘：

- 公立醫院每日運送逾七噸廚餘到多個政府廚餘處理設施，包括有機資源回收中心(第一期和第二期) (O·PARK1 及 O·PARK2)及位於沙田及大埔的廚餘 / 污泥厭氧消化試驗計劃，以提升處理廚餘的能力，並減低堆填區的壓力；同時繼續使用廚餘機將廚餘轉化為液體肥料。
- 東華三院黃大仙醫院及東華三院馮堯敬醫院獲「環境及自然保育基金」資助，採用名為「廚餘再生俠」的廚餘預處理系統，先把醫院收集到的廚餘化成漿液，再送往 O·PARK1 回收，令廚餘收集和運輸的過程更有效率、潔淨和衛生。
- 推動源頭減廢，於多間醫院提供低碳餐單以減少廚餘

Going paperless 邁向無紙化

Clinical and patient services 臨床及病人服務

“Result Screening” mobile app 「檢驗結果篩查」應用程式

Doctors could view laboratory and radiology results on mobile devices, improving the review processes

醫生可在流動裝置上查看化驗及放射報告，改善覆檢程序

Saved over in the year 年內節省逾

5 000 000

sheets of paper 張紙

“eConsent” mobile app 「病人電子同意書」應用程式

Patients could sign consent forms on tablets

病人可在平板電腦上簽署同意書

Saved about in the year 年內節省約

4 900 000

sheets of paper 張紙

“GCRS-PLUS” system

「GCRS-PLUS」系統

Healthcare staff could arrange blood tests and laboratory tests on mobile devices, enhancing the efficiency and accuracy of the processes

醫護人員可在流動裝置上安排抽血及化驗項目，提升相關流程的效率及準確度

Saved about in the year 年內節省約

5 600 000

sheets of paper 張紙

“HA Go” mobile app

「HA Go」應用程式

Users can now opt out from receiving paper bills

用戶現可選擇不再接收紙本賬單

“Electronic Medical Certificate”

「電子醫生證明書」

Patients could view and save the certificates via the HA mobile app “HA Go” and save papers

病人可透過醫管局流動應用程式「HA Go」查閱及儲存文件，減少用紙

Saved over in the year 年內節省逾

62 000

sheets of paper 張紙

Administrative operation 行政運作

“HA eForm” system 「HA 表格通」系統

Paper request forms in hospitals could be digitalised with this new product, moving towards the goal of paperless wards

將醫院實體表格轉成數碼版的新工具，有助實現病房無紙化

Digital human resources tools 人力資源工作數碼化工具

The new products "eSick Leave" and "eContract" have respectively supported

新推出的「電子病假」和「電子合約」至今已處理

Over 逾

250 000

electronic sick leave applications
個電子病假申請

Over 逾

4 000

electronic contracts
份電子合約

Team collaboration platform “HA Team” 「HA Team」團隊協作平台

It incorporates various products including “HA Meeting”, “HA Drive”, “HA TeamShare” and “HA Workgroup”, enabling effective collaboration, file storage and sharing, thus reducing the amount of printing. Since piloted in March 2022

整合「HA Meeting」、「HA Drive」、「HA TeamShare」和「HA Workgroup」等多種產品，促進協作，文件儲存和共享，減少列印。自 2022 年 3 月試行以來

Stored over 已儲存超過

1 800 000

documents 份文件

Electronic signature solution “HA Sign” 「HA Sign」電子簽署系統

It enables paperless workflow in procurement, recruitment, payment claims and more

促進採購、招聘及支付等流程無紙化

Saved about in the year 年內節省約

66 000

sheets of paper 張紙

Saved over in the year 年內節省逾



15 600 000

sheets of paper 張紙

Saved about 拯救約



1 870

trees
棵樹

(1 Tree 棵樹 = 8 333 Papers 張紙*)

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

Reducing the water footprint in HA

- Following government practice of “Tips for Saving Water”, HA continuously promotes water saving strategies such as implementing touchless and water saving devices to reduce water use while improving hygiene. In terms of facilities management, smart early water leakage detection system is being extensively launched for prompt identification of water leakage. Based on the ongoing water efficiency practices, **HA accounted for around 1.65% reduction in water consumption in 2023 compared to the 2015 basis**. In the coming year, more signage will be posted around hospitals to promote water-saving practices and encourage engagement from patients and visitors. The implementation of water conservation practices will lead to water saving and contribute to a more sustainable environment in our public healthcare facilities.

減少水足跡

- 醫管局遵從政府的「節約用水貼士」，持續推動節約用水策略，例如採用非觸式及節水器具，以減少用水量，同時改善衛生情況。在設施管理方面，我們廣泛採用早期滲漏智能檢測系統，有助及早發現漏水情況。持續落實節約用水措施後，醫管局在 **2023 年的用水量較 2015 年減少約 1.65%**。來年，醫管局會在醫院各處張貼更多標示，推廣並鼓勵病人及訪客節約用水。實踐節約用水將有助減少用水量，為公共醫療設施締結可持續的環境。

Green investment

- To support the Government's initiative in strengthening Hong Kong's position as a green and sustainable finance hub in the region, HA has integrated this factor to include more green bonds in its investment portfolio in 2023-24. Proceeds of these green bonds are applied by the issuers to fund projects including green buildings, renewable energy, clean transportation, sustainable water management and other green infrastructures. HA will continue exploring opportunities in green investment with a view to delivering both positive environmental impact and investment return.

Achievements and awards

- All new public hospital projects are designed according to the standards of Gold ratings under the **BEAM Plus certification** of the Hong Kong Green Building Council, with the goal of attaining the **Gold or higher Platinum rating**. Currently, hospital projects that have achieved Gold or Platinum rating include:
 - The expansion of Haven of Hope Hospital
 - Hong Kong Children's Hospital
 - Tin Shui Wai Hospital
- HA was awarded the **American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) Hong Kong Chapter 2024 Technology Award (Category III: Health Care Facilities (Existing))** in recognition of our outstanding performance in the design and operation of energy efficient buildings.
- A number of HA hospitals and institutions (including HA Head Office) were given the below Green Certificates issued by the **Hong Kong Green Organisation Certification**, recognising our environmental efforts and performances:
 - Carbon Reduction Certificate: 32 units
 - Wastewi\$e Certificate: 37 units

綠色投資

- 為支持特區政府強化香港作為區內綠色和可持續金融樞紐地位的倡議，醫管局結合此因素，於2023-24年度把更多綠色債券加入在其投資組合中。債券發行人將募集的資金用於綠色建築、可再生能源、清潔運輸及可持續水資源管理及綠色基建設施等項目。醫管局會繼續探索綠色債券的投資機會，以達至正面的環境效益和投資回報。

成就及獎項

- 所有醫管局新醫院項目均按照香港綠色建築議會的**綠建環評金級認證標準**進行設計，以達到**金級或更高的白金級評級**。目前已達到金級或白金級評級的醫院項目包括：
 - 靈實醫院擴建計劃
 - 香港兒童醫院
 - 天水圍醫院
- 醫管局榮獲**美國採暖、製冷與空調工程師學會(ASHRAE)香港分會2024年科技大獎(第三類：醫療設施(現有))**，以表彰醫管局在設計和營運節能建築方面的卓越表現。
- 多間醫管局醫院及機構(包括醫管局總辦事處)獲得**「香港綠色機構認證」**的證書認證，以肯定我們在環保方面的努力及表現：
 - 減碳證書：32單位
 - 減廢證書：37單位



Social 社會

Carrying the core value of "people-first", HA always places patients, staff and the community partners at the forefront of all our endeavours. Through our unwavering dedication to improve the quality and safety of healthcare services, we leave no stone unturned in our quest to deliver exceptional care to the public and safeguard their health. Various major measures were implemented to fulfill corporate responsibilities and meet the diverse needs of different stakeholders in the year.

醫管局堅守「以人為先」的核心價值，視病人、員工及社區夥伴為工作的核心。我們努力提升醫療服務的質素和安全，竭盡所能為市民提供優質醫療服務，守護大眾健康。醫管局在年內為履行機構社會責任和滿足不同持份者需要，推行了多項重點措施。



Patient-centric services 以病人為本的服務

Upholding the patient-centred care ethos, HA has adopted a multi-pronged approach to enhance the quality and efficiency of healthcare services, so as to cater the needs of patients and optimise their healthcare journey.

醫管局貫徹以病人為本的服務精神，多管齊下提高服務質素和效率，以滿足病人的需要和提升他們的就診體驗。

Expediting Smart Care to empower patients in managing own health

- By leveraging the HA mobile app "HA Go" as the digital front door of our services, HA has continued to expedite the use of Smart Care throughout the entire patient journey. With the ongoing development of "HA Go", patients and their carers are able to manage their own health at fingertips, from managing appointments, tele-consultation, e-payment, drug delivery to rehabilitation training, etc.:
 - **Expanding the "BookHA" feature to new case appointments booking for six allied health specialties** including Dietetics, Occupational Therapy, Physiotherapy, Prosthetic and Orthotic, Podiatry, and Speech Therapy
 - **Further enhancing the telehealth services** to support patients receiving community Dietetic, Occupational Therapy and Physiotherapy services from November 2023. **Around 15 000 allied health telehealth attendances**, including outpatient and community services, were provided in 2023-24

發展智慧醫療 助病人掌管健康

- 我們利用醫管局流動應用程式「HA Go」作為醫管局服務的數碼大門，持續發展智慧醫療。「HA Go」的功能不斷發展，從管理預約、視像診症、電子支付、藥物送遞至復康訓練等服務盡在指尖，方便病人與其照顧者管理個人健康：
 - 「預約通」功能擴展至六個專職醫療服務的新症預約，包括營養服務學、職業治療、物理治療、義肢及矯形服務、足病診療及言語治療
 - **進一步加強遙距醫療服務**，於2023年11月起，擴展至營養服務學、職業治療及物理治療的社區服務。年內合共提供約**15 000**個包括門診及社區服務的**專職醫療遙距服務就診人次**

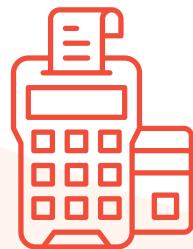


- Gradually **extending the medication delivery service** to all specialist outpatient clinics, all patients discharged from the hospital and those receiving accident and emergency services, and covering all general outpatient clinics from January 2024
- **Strengthening support for carers in managing patients' health** by launching "Family Touch" function which keeps carers updated on patient's operation status, allowing joint attendance of patients and carers during tele-consultation and tele-training sessions and facilitating carers' access to patient's laboratory and radiology results

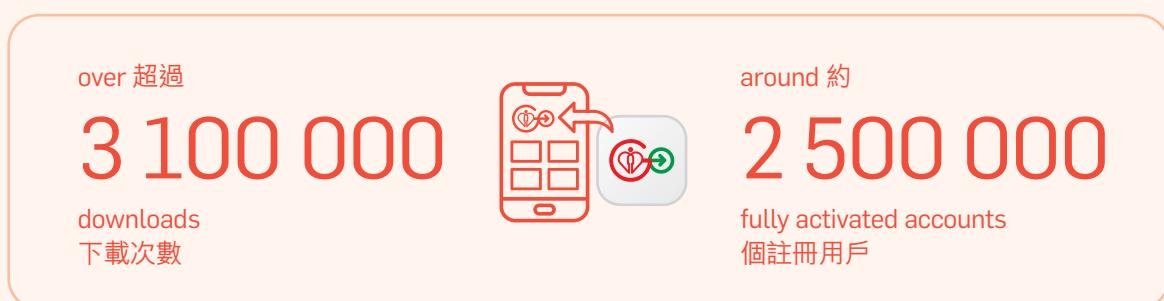
○ 逐步擴大藥物送遞服務至所有專科門診、所有出院和急症室病人，並於2024年1月起陸續推展至普通科門診服務

○ 加強支援照顧者管理病人健康，推出「智慧諮詢」查看病人手術進程功能，容許照顧者一同參與病人的遙距診症和遙距訓練，及查看病人的化驗和放射檢測結果

- Rolling out the new functions of paying drug delivery service charges and settling inpatient bill upon discharge via “Pay HA” module in “HA Go”. Payment can be made anywhere anytime with popular electronic payment means provided for patients' choice. By March 2024, around 40% of HA's fee receipt transactions were handled through “Pay HA” and electronic kiosks
- 新增經「HA Go」的「繳費服務」程式支付藥物送遞服務費用，及出院後自助繳付住院賬單的功能，可讓市民隨時隨地進行支付，還提供多種流行的電子支付方式供病人選擇。截至 2024 年 3 月，約 40% 的醫管局收費交易通過「繳費服務」程式和一站式電子服務站完成



- Streamlining the registration process so that registration can be made online via “iAM Smart” and “eHealth”
- As of March 2024, “HA Go” was recorded with:
- 簡化註冊程序，用戶可透過「智方便」及「醫健通」進行網上註冊
- 截至 2024 年 3 月，「HA Go」已錄得：



Reinforcing cyber resilience and data protection

- Enhancing control framework by promulgating and incorporating “Privacy by design” into system and product development, and regularly reviewing and strengthening patient data protection schemes and access control framework to mitigate privacy risks
- Regularly refreshing training updates with a new refresher e-course published, to promote HA staff's understanding and abilities to protect patient data privacy, identify emerging security and privacy risks and respond to incidents
- Executing cybersecurity strategy with various security measures including strengthened internal security controls, advanced security detection and response for information technology infrastructure, revamped security management processes as well as intelligence-led detection and response capabilities to deal with the ever increasing cyberattacks

保障網絡及資料安全

- 提升管控框架，推動「隱私設計」並將其納入系統和產品的開發過程，又定期檢討和加強病人資料保護設計和存取控制架構，以緩減私隱風險
- 定期更新培訓及新推出網上重溫課程，以提高員工在保護病人私隱、識別安全及私隱風險，以及處理相關事故的認識和能力
- 實施網絡安全策略，採取多項保安措施，包括加強內部保安管控、為資訊科技基礎設施配置先進保安監測及應對設備、提升保安管理程序以及情報主導的偵測及應對能力，以應付日益頻密的網絡攻擊

Patient safety and risk management

- HA upholds high standard of corporate responsibility and transparency by employing multiple channels to share important information regarding clinical incidents, which ensures both staff and the public receive comprehensive data and information, thereby enhancing their understanding on medical incident and risks:
 - Releasing the “**Annual Report on Sentinel and Serious Untoward Events**”, which provides in-depth analysis and valuable insights into clinical incidents, enabling healthcare professionals to learn from past experiences and improve incident management in their daily clinical practice
 - Publishing the “**Hospital Authority Risk Alert**” quarterly to share the highlights on clinical incidents and recommendations on patient safety enhancement. This enhances comprehension on healthcare safety and risk management strategies by HA staff, thereby fostering continuous improvement throughout the healthcare system
 - Organising **staff forums** bi-annually to encourage frontline colleagues to actively engage in in-depth discussions on incident management and strategies for safety enhancement
 - Organising **Clinical Incident Management Seminar Series** which covers various topics including best practices for managing clinical incidents, mastering media communications, and navigating medico-legal claims, equipping attendees with essential skills and insights to enhance patient safety

病人安全及事故管理

- 醫管局致力履行機構的社會責任和秉持高透明度，透過多元渠道公開醫療事故的重要資訊，確保員工和公眾接收全面的數據及資訊，從而增進他們對醫療事故和風險的認識：
 - 發布《醫療風險警示事件及重要風險事件周年報告》，深入分析醫療事故個案和提出改善建議，促進醫護人員從中學習，並在日常臨床實務中提升處理醫療事故的能力
 - 每季發布《醫管局風險通報》，分享醫療事故的重點和改善病人安全建議，以提高員工對醫療安全及風險管理策略的認識，促進整個醫療系統持續改進
 - 每半年舉辦一次**員工論壇**，鼓勵前線同事積極就醫療事故管理和提升安全策略作深入討論
 - 舉辦**醫療事故管理研討會系列**，涵蓋醫療失誤管理、媒體溝通技巧和醫療法律索賠等重要主題，全面提升員工對病人安全的關注和認知



Financial assistance to needy patients

- To ensure that no one will be denied adequate medical treatment due to lack of means, financial assistance is provided to needy HA patients via the **medical fee waiver mechanism, the Samaritan Fund (SF), and the Community Care Fund Medical Assistance Programmes (CCF)**. HA has also continuously strengthened its support to needy patients through enhancing the above safety nets.
- The Government and HA have further refined the means test mechanism for the SF and CCF in 2021, alleviating the financial burden of patients especially for those requiring long-term medication. With the implementation of the new measures and the introduction of new drugs / items under the SF and CCF, **a total of around 14 200 applications were approved in 2023-24**.

為有需要的病人提供經濟援助

- 為確保市民不會因經濟原因而無法得到適當的醫療照顧，醫管局通過**醫療費用減免機制、撒瑪利亞基金、關愛基金醫療援助項目**向有需要的病人提供經濟援助，並不斷優化上述安全網以加強支援有需要的病人。
- 政府及醫管局於 2021 年進一步改進撒瑪利亞基金及關愛基金醫療援助項目的經濟審查機制，紓緩病人（特別是需要長期用藥的病人）所面對的財政壓力。上述措施生效後連同新增資助藥物 / 項目，**2023-24 年度共有約 14 200 宗獲批資助個案**。



- The **coverage of drugs in the HA Drug Formulary was broadened** to benefit more patients. Three self-financed drugs with or without safety net coverage were repositioned as special drugs for the management of cancer and ulcerative colitis, while the therapeutic application of five special drugs was extended for treating asthma, tuberculosis, diabetes mellitus and cardiovascular disease.
- 我們繼續擴大《醫管局藥物名冊》的涵蓋範圍，讓更多病人受惠。三種已納入或未納入安全網的自費藥物改列為專用藥物，用以治療癌症及潰瘍性結腸炎；同時將五種專用藥物的治療應用範圍擴展到治療哮喘、結核病、糖尿病及心血管疾病。



Patient engagement and empowerment

- Collecting patient feedback on HA service development and Annual Plans through the **Patient Advisory Committee**
- Conducting **Patient Group Forums** with patient groups, to exchange views on subjects including the HA Drug Formulary, SF and CCF
- **Expanding volunteer services** such as promoting "HA Go" and assisting patients to use e-payment kiosks to support smart hospital development with concerted efforts of Patient Resource Centres (PRCs), volunteers and community organisations. The **total volunteer service hours in 2023-24 exceeded 390 000 hours**
- **Organising medical social collaboration symposiums** to foster collaboration between clinical teams and community partners

凝聚社區 賦能病人

- 透過病人諮詢委員會，就醫管局服務發展及周年工作計劃收集病人意見
- 舉行「醫院管理局與病友組織交流會」，就醫管局藥物名冊、撒瑪利亞基金及關愛基金醫療援助項目等議題與病友組織代表交換意見
- 病人資源中心與義工和社區組織合作，擴展義工服務內容如推廣「HA Go」、協助病人使用電子繳費機等，以配合智慧醫院的發展。**2023-24 年度的義工服務總時數逾 390 000 小時**
- 舉辦醫社合作研討會，加強醫療團隊與社區夥伴的合作





- Strengthening mutual support among patients and helping patients to better understand disease management and treatment through the **collaboration of HA Health InfoWorld and PRCs with over 200 patient groups**
- Providing comprehensive information on disease, caring tips, healthcare and community resources, and patient empowerment activities via **HA Smart Patient website** to empower patients and their carers on disease management and self-care skills
- Making use of various channels, including television and radio interviews, newspaper columns and production of various kinds of health educational materials such as leaflets and posters to promote health education and information to the public
- Conducting the "**Patient Experience Survey on Inpatient Service 2023**" in the year, interviewing around 10 000 patients who have been discharged from 26 selected public hospitals with the aim of better understanding patients' experiences, feelings and feedback in receiving inpatient services for the purpose of continuous service improvement
- 醫管局健康資訊天地及病人資源中心與超過 200 個病友組織攜手合作，協助病人發揮互助精神，加深病人對疾病管理及治療的認識
- 醫管局的「智友站」網頁為病人及其照顧者提供全面的疾病資訊、護理貼士、醫療及社區資源和病人賦能活動資訊，從而加強他們疾病管理和自我照顧的技巧
- 通過各種渠道，包括電視及電台訪問、報章專欄文章，和製作各類健康教材如單張及海報等，向大眾推廣健康教育資訊
- 年內進行「**2023 年住院病人經驗調查**」，共訪問近一萬名曾於 26 間選定公立醫院出院的病人，旨在了解住院病人接受治療的經歷、感受及對服務的意見，以持續提升服務質素

Support the medical needs of Hong Kong citizens residing in the GBA

- Through the Pilot Scheme for Supporting Patients of the Hospital Authority in the Guangdong-Hong Kong-Macao Greater Bay Area (GBA), eligible Hong Kong citizens residing in the GBA are able to receive subsidised consultation services at the University of Hong Kong-Shenzhen Hospital, sparing them the tiring journeys between the Mainland and Hong Kong.

支援居於大灣區香港市民的醫療需要

- 透過政府推出的「支援粵港澳大灣區醫院管理局病人先導計劃」，讓居住於大灣區的合資格香港市民可於香港大學深圳醫院接受資助診症服務，免卻舟車勞頓往返香港。

Nurturing smart workforce

培育智慧團隊

People are at the heart of healthcare. HA therefore remains steadfast in nurturing and sustaining a capable smart workforce, with its unfaltering efforts to attract and retain staff, as well as to strengthen staff's professional development.

人才是醫療服務的核心。醫管局致力吸引和挽留人才，以及促進員工的專業發展，以培育出優秀的智慧團隊。

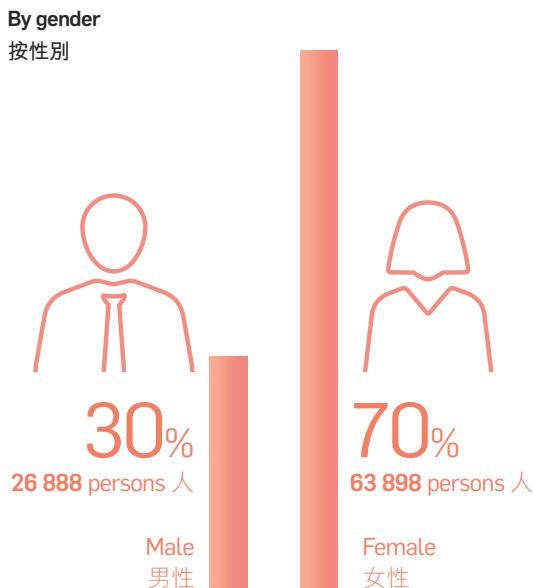


Manpower situation

- The total manpower of HA (number of full-time equivalent staff) is 90 785* as of 31 March 2024. We strive to providing fair, equal and inclusive work environments, promoting equal employment opportunities for all individuals, irrespective of their race, nationality, gender, age, family status, religion and other background factors.

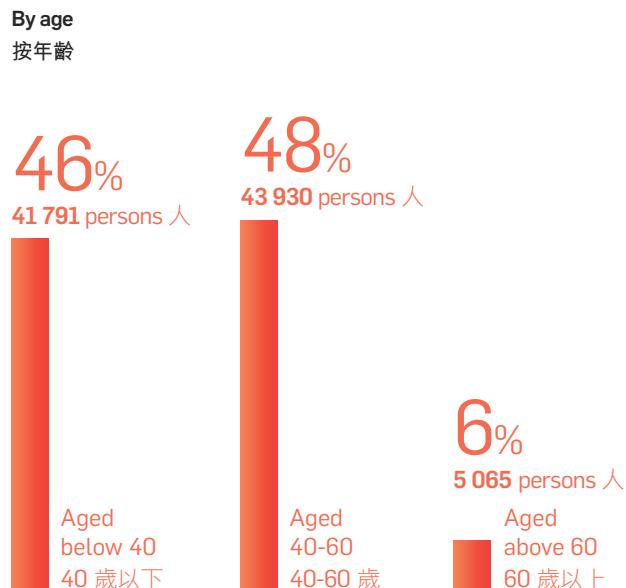
Manpower distribution*

人手分布*



人力資源狀況

- 截至 2024 年 3 月 31 日，醫管局人手總計為 90 785*。我們致力提供公正、公平和包容的工作環境，不論種族、國籍、性別、年齡、家庭狀況、宗教等背景，為所有人提供平等工作機會。



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

- 醫管局的詳細人手狀況載於本年報附錄 11

* Note: The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA. Individual figures may not add up to the total due to rounding.

註：人手按「等同全職人員」計，包括醫管局常額、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。



Ensuring manpower sustainability

Sustainable manpower is crucial to the effectiveness of delivering quality medical services. HA is committed to investing in human capital through training and development, enhancing staff career prospects and well-being, ensuring a safe and healthy working environment and attracting talent across the globe, aiming to build a robust pool of diversified and competent workforce.

Training and development

- The **Hospital Authority Academy** was established for consolidating the current five corporate training institutes under HA to enhance training programme credentials and offer appropriate structured training to staff in support of HA's service and development needs
- All staff members are required to participate in "**Mandatory Training**" on a regular basis which cover areas of "Infection Control", "Fire Safety", "Data Privacy and Security", "Case Sharing on Personal Data Privacy Protection" and "Cybersecurity Awareness". **The total attendances in 2023-24 were 342 809**
- **Training programmes promoting understandings about different community groups** such as people of diverse race and sexual minorities were offered to staff
- To enhance staff awareness and understanding of the Code of Conduct, **promotion and trainings on the HA Code of Conduct** were conducted via various channels

確保可持續的人力資源

可持續的人力資源是優質醫護服務成效的關鍵。醫管局積極投入擴充人力資源，加強員工培訓、改善員工晉升前景和福祉，提供安全和健康的工作環境，並不斷吸納不同地區的人才，以建立穩健、多元而能幹的員工團隊。

培訓和發展

- 成立**醫院管理局學院**，整合醫管局轄下的五個機構培訓學院，提升課程的專業認受性，並按醫管局服務發展需要為員工舉辦適切的系統性培訓
- 所有同事均須定期參加「必修課程」包括「感染控制」、「消防安全」、「保障病人資料私隱及安全」、「個人資料保安個案分享」和「網絡安全意識培訓」，**2023-24 年度參與總人次為 342 809**
- 提供培訓課程，以增加**員工對社會上不同群體的認識**，包括多元種族人士和性小眾
- 透過不同渠道**推廣及培訓員工了解《醫院管理局行為守則》**，提高員工的意識及對守則的了解

- **Developing 114 new e-courses** through the **HA eLearning Centre** during the year, facilitating colleagues' convenient access to e-learning; over 80 000 access via the "myLearning" module in "myHR App" was recorded per month
- **Strengthening the training for management staff**, including enriching the training series for Chief of Services, organising a series of webinars on management, and introducing the leadership programme by IVEY Business School

Enhancing career pathway

- **Increasing the number of Resident Trainee posts** and **creating more opportunities** for Associate Consultants **to be promoted to Consultant**

增加駐院受訓醫生職位數目，及為副顧問醫生增加晉升為顧問醫生的機會



- **Adopting the career ladder review for allied health grades and implementing other initiatives** such as renaming of job titles, granting additional pay points to entry rank allied health staff upon completion of training, as well as increasing promotion opportunities for selected middle rank allied health professionals

檢討專職醫療人員職業階梯，並推行其他措施包括更改職稱、向完成培訓課程的新入職專職醫療人員發放額外薪級點，以及增加個別專職醫療職系中級人員的晉升機會等

- 善用醫管局網上學習中心，年內新推出**114**個網上課程，方便員工隨時隨地網上學習；經「我的人資應用程式」(myHR App)瀏覽「我的學習」單元的每月人次逾**80 000**

- 加強對管理人員的培訓，包括豐富專為部門主管而設的培訓系列、舉辦一系列管理研討會，並引入由「毅偉商學院」設計及主講的高級領導培訓課程

擴闊職業發展途徑



- **Increasing the number of Nurse Consultants and Associate Nurse Consultants** to strengthen the career ladder for nursing staff, and continuing the **provision of Specialty Nurse Allowance** to eligible Registered Nurses

增加顧問護師及副顧問護師職位數目以加強護理人員的晉升階梯，以及繼續為合資格的註冊護士提供專科護士津貼





- Continuing with the regularised progression exercise for supporting staff including Patient Care Assistant (PCA) of inpatient services on 24-hour shift, Operation Assistant (OPA) in inpatient services, and Executive Assistant (EA) (Ward). In addition, IIIA and IIIB ranks of PCA, OPA and EA have been merged into one rank respectively, and the entry pay for new recruits during training has been increased

繼續為支援職系員工推行恒常化的晉升計劃，包括 24 小時住院病人服務的病人服務助理、支援住院病房服務運作的運作助理，以及行政助理（病房）。我們又合併三A級及三B級的病人服務助理、運作助理及行政助理的職級，並提升相關新入職員工在職培訓期間的薪酬

Expanding workforce diversity

- **The Greater Bay Area Healthcare Talents Visiting Programmes:** facilitating bilateral on-site clinical training between healthcare professionals in Hong Kong and Guangdong Province. Over 100 doctors, nurses, radiographers, and Chinese medicine practitioners from the Mainland had come to Hong Kong for exchange in the year
- **Global Healthcare Talent Scheme:** offering short-to-medium term exchange or working opportunities for non-locally trained healthcare professionals to attract talents from all over the world to work in Hong Kong's public hospitals

擴大多元人才庫

- **大灣區醫療人才交流計劃：**促進香港和廣東省兩地的醫護人員進行雙向實地臨床培訓和交流。年內，逾百名來自內地的醫生、護士、放射師和中醫師分批來港交流
- **環球醫療人才匯聚計劃：**為非本地培訓醫療專才提供短、中期交流或來港工作的機會，藉此吸納來自世界各地的醫療人才到本港公立醫院工作



Building a better and safer workplace

- Developing and adopting Occupational Safety and Health (OSH) Management Monitoring Systems, which includes the implementation of the Electronic Chemical Inventory System, electronic Display Screen Equipment Assessment, and Sharps Injury and Mucosal Exposure Surveillance System to ensure compliance with OSH legislative requirements
- Improving mental health of staff through the provision of diversified mental health activities and professional and confidential counselling services by HAHO Corporate Clinical Psychology Service "Oasis – Center for Personal Growth and Crisis Intervention"

建構更佳及更安全工作間

- 發展及善用智能職業安全與健康管理監察系統，包括電子化化學品管理系統、顯示屏幕設備電子風險評估，以及電子化利器刺傷管理系統等，以確保符合職安健法例規定
- 總部臨床心理服務「心靈綠洲 — 個人成長及危機處理中心」為員工設計多元化的心靈健康活動，並提供專業和保密的心理輔導，旨在促進同事的心理健康



- Conducting a **Focused Staff Survey** targeting junior supporting staff with less than two years' working experience in HA to collect staff's views on HA with a view of improving staff well-being
- Ongoing staff welfare initiatives such as the **Staff Radiology Programme** and **Enhanced HLISS (Home Loan Interest Subsidy Scheme)** were in place. In 2023-24, around 3 500 HA employees and 1 420 eligible family members and retirees enrolled in the Staff Radiology Programme, and about 1 350 applications for Enhanced HLISS were received as of March 2024

Achievements and Awards

- HA was awarded the "Good MPF Employer Awards 5 Years+", "e-Contribution Award", and "MPF Support Award" for 2022-23 by **Mandatory Provident Fund Schemes Authority** to honour its efforts on enhancing retirement protection for employees.

- 以入職不多於兩年的初級支援職系員工為對象進行**焦點職員意見調查**，收集員工對醫管局的意見，以改善員工福祉
- 繼續推行**員工造影計劃**和「**員工置業貸款計劃**」等福利措施。在 2023-24 年度，共有約 3 500 名醫管局員工和 1 420 名合資格家屬和退休僱員參與造影計劃；截至 2024 年 3 月，共收到約 1 350 份「**員工置業貸款計劃**」的申請

成就及獎項

- 醫管局榮獲強制性公積金計劃管理局頒發 2022-23 年度的「**積金好僱主 5年+**」、「**電子供款獎**」及「**積金推廣獎**」獎項，以表揚醫管局致力為僱員提供更完善的退休保障安排。



Building rapport with the community

建設和諧社區

HA embraces the value of integrity, openness and accountability, sparing no effort in engaging with the public through multiple communicating channels and supporting different groups in the community, with the ultimate aim to build a harmonious and caring community.

醫管局抱持誠信、公開和問責的態度，積極透過多元渠道與公眾溝通，並多方面支援社會上不同的社群，共建和諧關愛社區。



Youth empowerment

- HA participated in a **youth work experience programme** organised by a non-governmental organisation the Child Development Initiative Alliance, and arranged 39 grassroots youths aged between 16 and 21 to join volunteer services at HA, so as to gain understanding and exposure in the healthcare industry.
- **Pre-volunteering briefing, on-the-job coaching, and supervision** to the youth were provided by HA. Upon completion of the volunteer service, Cluster HR coordinated to **offer employment opportunities in HA** to those aged 18 or above for consideration.

扶育青年

- 醫管局參與由非政府組織「青少年發展聯盟」主辦的青少年工作體驗計劃，安排39名年齡介乎16至21歲的基層青少年，參加醫管局的義工服務，藉機了解和體驗醫護行業的工作。
- 醫管局為參加者提供**義工服務事前簡介、在職輔導和指導**；完成**義工服務**後，聯網人力資源部門會協調為18歲或以上的參加者提供**在醫管局工作的就業機會**。



Responsible procurement to encourage employment of people with disabilities

- Adopting a marking scheme with **scores allocated for bidders committing to employing staff with disability in tender evaluation** to encourage outsourced service providers to hire disabled employees

Support services for people of diverse race and persons with disabilities

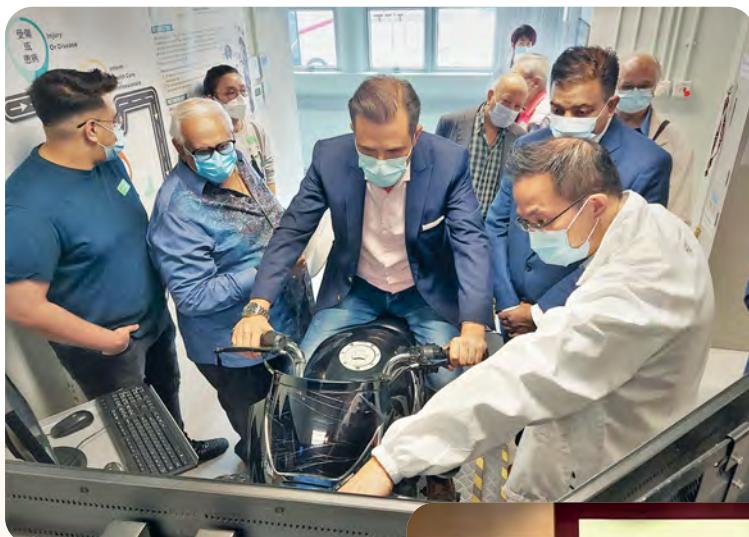
- Using a **dedicated website for people of diverse race** to provide the essential service information on HA website including information about the Accident and Emergency Department and general outpatient clinic services, as well as some disease management information on the HA Smart Patient website into eight languages
- Providing **interpretation service for 17 languages** (Arabic, Bahasa (Indonesian), Bengali, etc.) in public hospitals and clinics
- Providing **sign language interpretation service** in HA's Open Board Meeting press briefing, which is broadcast live on social media, to promote inclusive communication

責任採購 鼓勵聘用殘疾人士

- 為鼓勵外判服務供應商聘請殘疾人士，醫管局在相關標書中使用計分制，僱用殘疾人士的投標者會獲得加分

支援多元種族人士及殘疾人士

- 透過**多元種族人士專用網頁**，將醫管局網站主要服務資訊如急症室及普通科門診診所資料等，以及「智友站」網頁內部分疾病管理資訊，翻譯成八種語言
- 在**公立醫院及診所提供的 17 種語言**（阿拉伯語、印尼語、孟加拉語等）的**傳譯服務**
- 在**醫管局大會會議新聞發布會上提供手語傳譯服務**，並在**社交媒體上直播**，以促進**共融溝通**





Multi-pronged communications

- Using multiple online platforms including HA internet website, HA Facebook page, YouTube channel, Instagram page, LinkedIn and mobile app "HA Go" for public information dissemination
- Communicating updates on the latest service arrangements, healthcare information and important news through various means including the quarterly Open Board Meeting, media activities, press releases, contributed articles in various media platforms, and HA blogs
- Maintaining close communication with members of the Legislative Council, district councillors and community members, to provide them with timely updates on latest developments in HA policies and services
- Conducting community focus groups for citizens and community partners to discuss and express their valuable viewpoints on specific public healthcare issues

多管齊下 加強與公眾溝通

- 善用不同網上平台包括醫管局互聯網站、醫管局Facebook專頁、YouTube頻道、Instagram專頁、LinkedIn及「HA Go」流動應用程式發放訊息，加強與公眾溝通
- 透過每季公開舉行的醫管局大會會議、記者會及傳媒活動、發放新聞稿、在不同傳媒平台發布專欄文章、發表網誌，回應傳媒和社區人士查詢，同時讓市民掌握有關醫管局服務、健康資訊及最新消息
- 與立法會議員、區議員和社區人士保持聯繫，適時介紹醫管局政策和服務的最新發展
- 舉辦社區聚焦小組，邀請市民及社區夥伴就特定公共醫療服務議題進行深入的小組討論，為醫管局提供寶貴建議

Two-tier complaint handling mechanism

- HA adopts a **two-tier complaint handling mechanism** to provide an easily accessible, efficient and effective avenue for addressing complaints fairly and impartially, both for the complainants and those complained against. The first tier is at the hospital level which covers the handling of all complaints lodged for the first time. The second tier is for complainant who is not satisfied with the outcome for appeal to the Public Complaints Committee of the HA, which comprises members from different sectors of the community to independently consider and decide on all appeal cases, to identify room for improvement in the delivery of service, and to advise on appropriate follow-up actions.
- HA was awarded "**The Ombudsman's Awards 2023 for Public Organisations**" by Office of The Ombudsman to honour its commitment and efforts all along in complaint management.

兩層公眾投訴處理機制

- 醫管局設立了一個兩層的公眾投訴處理機制，提供方便有效的機制處理公眾投訴，並確保對投訴人及被投訴人均公平公正。第一層投訴處理著重在醫院層面解決問題，所有初次提出的投訴均會先由有關醫院處理。如投訴人不滿投訴結果，則可透過第二層機制，向醫管局的公眾投訴委員會上訴。委員會成員來自社會各界，負責獨立地審視及決定所有上訴個案、檢討服務可改善之處，以及建議適當的跟進行動。
- 醫管局榮獲申訴專員公署頒發「**2023年申訴專員嘉許獎**」中的「**公營機構獎**」，以表揚醫管局一直以來在投訴管理工作方面的決心和努力。

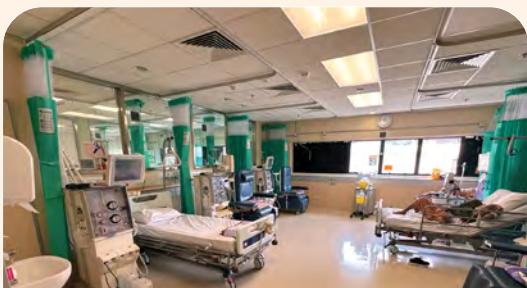


Enhancing medical and healthcare services via donation

- HA is a statutory body responsible for managing public hospitals in Hong Kong. Although HA is highly subsidised by the Government, generous donations from the public are welcomed as an important form of community support. The additional funding also helps alleviate our stress in facing with the elevating medical cost. Every dollar donated would inject new momentum to HA for the provision of better medical and healthcare services to the public.
- Donations were fully utilised to enhance the service development and facilities of HA through allocation of funding to various programmes, including introduction of advanced medical technology and equipment, patient empowerment programmes, enhancement of environment in clinical areas, strengthening staff training to enhance service quality, etc. Some of the donation projects were already put into services in 2023-24.

善用捐款 提升醫療健康服務

- 醫管局是負責管理香港公立醫院的法定機構。儘管我們獲政府高額資助，但亦歡迎公眾慷慨捐贈作為對社會的支持，並為我們提供額外的資源，緩解醫療成本持續上漲的壓力。捐贈所得的每分每毫都為我們注入新動力，為市民提供更佳的醫療保健服務。
- 善款會全數分配至不同項目，以用作優化醫療服務及設施，包括引進先進醫療技術及設備、推行病人賦能計劃、改善醫療環境、加強員工訓練以提升服務質素等。在 2023 至 2024 年度，部分捐贈項目及設施已正式投入服務。



Renal Day Centre
腎科日間中心



One-stop Breast Care Centre
一站式乳健中心



Maternal and Neonatal Care Patient Simulator & Accessory
母嬰護理模擬病人和配件



Advanced Robotic Exoskeleton Upper Limb Training Equipment
機械外骨骼上臂訓練儀器



Magnetic Resonance Imaging Scanner
磁力共振掃描儀

INDEPENDENT AUDITOR'S REPORT AND AUDITED FINANCIAL STATEMENTS

獨立核數師報告及經審核的財務報表

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INDEPENDENT AUDITOR'S REPORT

To The Members of the Hospital Authority

Opinion

What we have audited

The consolidated financial statements of the Hospital Authority ("HA") and its subsidiaries (together, the "Group"), which are set out on pages 102 to 163, comprise:

- the consolidated and HA balance sheets as at 31 March 2024;
- the consolidated statement of income and expenditure for the year then ended;
- the consolidated statement of comprehensive income for the year then ended;
- the consolidated statement of cash flows for the year then ended;
- the consolidated statement of changes in total funds for the year then ended; and
- the notes to the consolidated financial statements, comprising material accounting policy information and other explanatory information.

Our opinion

In our opinion, the consolidated financial statements give a true and fair view of the financial position of HA and the consolidated financial position of the Group as at 31 March 2024, and of the Group's consolidated financial performance and its consolidated cash flows for the year then ended in accordance with Hong Kong Financial Reporting Standards ("HKFRSs") issued by the Hong Kong Institute of Certified Public Accountants ("HKICPA").

Basis for Opinion

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

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

獨立核數師報告

致醫院管理局成員

意見

我們已審計的內容

醫院管理局(「醫管局」)及其附屬機構(以下統稱「貴集團」)列載於第102至163頁的綜合財務報表，包括：

- 於二零二四年三月三十一日的綜合及醫管局資產負債表；
- 截至該日止年度的綜合收支結算表；
- 截至該日止年度的綜合全面收益表；
- 截至該日止年度的綜合現金流動報表；
- 截至該日止年度的綜合基金總額變動報表；及
- 綜合財務報表附註，包括重大會計政策信息及其他解釋信息。

我們的意見

我們認為，該等綜合財務報表已根據香港會計師公會頒布的《香港財務報告準則》真實而中肯地反映了於二零二四年三月三十一日醫管局的財務狀況及貴集團的綜合財務狀況，以及貴集團截至該日止年度的綜合財務表現及綜合現金流量。

意見的基礎

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

我們相信，我們所獲得的審計憑證能充足及適當地為我們的審計意見提供基礎。

INDEPENDENT AUDITOR'S REPORT

To The Members of the Hospital Authority (Continued)

Basis for Opinion (Continued)

Independence

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

Other Information

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

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

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

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

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

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

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

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

獨立核數師報告

致醫院管理局成員 (續)

意見的基礎 (續)

獨立性

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

其他信息

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

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

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

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

醫管局及管治層就綜合財務報表須承擔的責任

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

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

管治層須負責監督貴集團的財務報告過程。

INDEPENDENT AUDITOR'S REPORT

To The Members of the Hospital Authority (Continued)

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

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

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

- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Group's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by HA.
- Conclude on the appropriateness of HA's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Group's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the consolidated financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Group to cease to continue as a going concern.

獨立核數師報告

致醫院管理局成員(續)

核數師就審計綜合財務報表承擔的責任

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

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

- 識別和評估由於欺詐或錯誤而導致綜合財務報表存在重大錯誤陳述的風險、設計及執行審計程序以應對這些風險，以及獲取充足和適當的審計憑證，作為我們意見的基礎。由於欺詐可能涉及串謀、偽造、蓄意遺漏、虛假陳述，或凌駕於內部控制之上，因此未能發現因欺詐而導致的重大錯誤陳述的風險高於未能發現因錯誤而導致的重大錯誤陳述的風險。
- 了解與審計相關的內部控制，以設計適當的審計程序，但目的並非對貴集團內部控制的有效性發表意見。
- 評價醫管局所採用會計政策的恰當性及作出會計估計和相關披露的合理性。
- 對醫管局採用持續經營會計基礎的恰當性作出結論。根據所獲取的審計憑證，確定是否存在與事項或情況有關的重大不確定性，從而可能導致對貴集團的持續經營能力產生重大疑慮。如果我們認為存在重大不確定性，則有必要在核數師報告中提請使用者注意綜合財務報表中的相關披露。假若有關的披露不足，則我們應當發表非無保留意見。我們的結論是基於核數師報告日止所取得的審計憑證。然而，未來事項或情況可能導致貴集團不能持續經營。

INDEPENDENT AUDITOR'S REPORT

To The Members of the Hospital Authority (Continued)

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

- Evaluate the overall presentation, structure and content of the consolidated financial statements, including the disclosures, and whether the consolidated financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Obtain sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the Group to express an opinion on the consolidated financial statements. We are responsible for the direction, supervision and performance of the group audit. We remain solely responsible for our audit opinion.

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

獨立核數師報告

致醫院管理局成員 (續)

核數師就審計綜合財務報表承擔的責任 (續)

- 評價綜合財務報表的整體列報方式、結構和內容，包括披露，以及綜合財務報表是否中肯反映交易和事項。
- 就貴集團內實體或業務活動的財務信息獲取充足、適當的審計憑證，以便對綜合財務報表發表意見。我們負責貴集團審計的方向、監督和執行。我們為審計意見承擔全部責任。

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



PricewaterhouseCoopers
Certified Public Accountants

Hong Kong, 23 September 2024



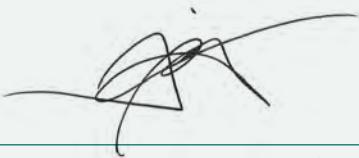
羅兵咸永道會計師事務所
執業會計師

香港，二零二四年九月二十三日

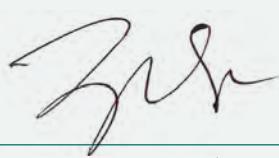
CONSOLIDATED BALANCE SHEET

綜合資產負債表

	Note 附註	At 31 March 2024 HK\$'000 2024年3月31日 港幣千元	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元
Non-Current Assets 非流動資產			
Property, plant and equipment 物業、機器及設備	5	9,420,819	8,624,062
Intangible assets 無形資產	6	547,472	412,808
Right-of-use assets 使用權資產	7	529,966	675,132
Placements with the Exchange Fund 外匯基金存款	8	13,000,000	18,600,000
Fixed income instruments 固定入息工具	9	134,700	496,115
		23,632,957	28,808,117
Current Assets 流動資產			
Inventories 存貨	10	3,431,837	5,140,227
Loans receivable 應收債款	11	118,425	-
Accounts receivable 應收帳款	12	393,407	443,309
Other receivables 其他應收帳款	13	1,604,863	811,750
Deposits and prepayments 按金及預付款項	14	522,291	421,978
Placements with the Exchange Fund 外匯基金存款	8	6,708,813	3,667,203
Fixed income instruments 固定入息工具	9	1,969,015	883,766
Cash and bank balances 現金及銀行結餘	15	51,892,607	41,594,804
		66,641,258	52,963,037
Total Assets 總資產		90,274,215	81,771,154
Funds 基金			
Designated fund 指定基金	16	5,077,369	5,077,369
Revenue reserve 收入儲備		9,287,473	8,357,897
Total Funds 基金總額		14,364,842	13,435,266
Current Liabilities 流動負債			
Balance with Samaritan Fund 撒瑪利亞基金結餘	17	5,874,525	64,866
Creditors and accrued charges 債權人及應付費用	18	40,412,941	33,425,853
Deposits received 已收按金	19	657,071	616,075
Lease liabilities 租賃負債	7	258,225	343,368
		47,202,762	34,450,162
Non-Current Liabilities 非流動負債			
Balance with Samaritan Fund 撒瑪利亞基金結餘	17	-	5,600,000
Death and disability liabilities 死亡及傷殘福利責任	20	287,100	191,109
Deferred income 遲延收益	21	8,193,892	8,728,083
Deferred income - capital subventions and capital donations	22	9,968,291	9,036,870
遞延收益 — 資本補助及資本捐贈			
Lease liabilities 租賃負債	7	257,328	329,664
Public-Private Partnership Endowment Fund	23	10,000,000	10,000,000
公私營協作留本基金			
		28,706,611	33,885,726
Total Liabilities 總負債		75,909,373	68,335,888
Total Funds and Total Liabilities 基金及負債總額		90,274,215	81,771,154



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



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

The notes on pages 108 to 163 are an integral part of these consolidated financial statements.

第 108 至 163 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 2024 HK\$'000 2024年3月31日 港幣千元	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元
Non-Current Assets 非流動資產			
Property, plant and equipment 物業、機器及設備	5	9,420,819	8,624,062
Intangible assets 無形資產	6	533,273	402,679
Right-of-use assets 使用權資產	7	529,966	675,132
Placements with the Exchange Fund 外匯基金存款	8	13,000,000	18,600,000
Fixed income instruments 固定入息工具	9	134,700	496,115
		23,618,758	28,797,988
Current Assets 流動資產			
Inventories 存貨	10	3,431,837	5,140,227
Loans receivable 應收債款	11	118,425	-
Accounts receivable 應收帳款	12	393,407	443,309
Other receivables 其他應收帳款	13	1,604,863	811,750
Deposits and prepayments 按金及預付款項	14	522,161	421,854
Placements with the Exchange Fund 外匯基金存款	8	6,708,813	3,667,203
Fixed income instruments 固定入息工具	9	1,969,015	883,766
Cash and bank balances 現金及銀行結餘	15	51,892,607	41,594,804
		66,641,128	52,962,913
Total Assets 總資產		90,259,886	81,760,901
Funds 基金			
Designated fund 指定基金	16	5,077,369	5,077,369
Revenue reserve 收入儲備		9,287,467	8,357,891
Total Funds 基金總額		14,364,836	13,435,260
Current Liabilities 流動負債			
Balance with Samaritan Fund 撒瑪利亞基金結餘	17	5,874,525	64,866
Creditors and accrued charges 債權人及應付費用	18	40,412,817	33,425,735
Deposits received 已收按金	19	657,071	616,075
Lease liabilities 租賃負債	7	258,225	343,368
		47,202,638	34,450,044
Non-Current Liabilities 非流動負債			
Balance with Samaritan Fund 撒瑪利亞基金結餘	17	-	5,600,000
Death and disability liabilities 死亡及傷殘福利責任	20	287,100	191,109
Deferred income 遲延收益	21	8,193,892	8,728,083
Deferred income - capital subventions and capital donations 遲延收益 — 資本補助及資本捐贈	22	9,954,092	9,026,741
Lease liabilities 租賃負債	7	257,328	329,664
Public-Private Partnership Endowment Fund 公私營協作留本基金	23	10,000,000	10,000,000
		28,692,412	33,875,597
Total Liabilities 總負債		75,895,050	68,325,641
Total Funds and Total Liabilities 基金及負債總額		90,259,886	81,760,901

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

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

The notes on pages 108 to 163 are an integral part of these consolidated financial statements.

第 108 至 163 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 2024 HK\$'000 截至2024年 3月31日止年度 港幣千元	For the year ended 31 March 2023 HK\$'000 截至2023年 3月31日止年度 港幣千元
Income 收入			
Recurrent Government subvention 經常性政府補助	24	84,773,807	83,426,071
Hospital / clinic fees and charges 醫院 / 診療所收費		5,865,712	5,236,123
Donations 捐贈		105	7
Transfers from 轉調自：			
Designated donation fund 指定捐贈基金	21	93,585	269,482
Minor Works Projects Fund 小型工程項目基金	21	2,174,621	2,422,370
Public-Private Partnership Fund 公私營協作基金	21	656,215	530,392
Enhanced HLISS 員工置業貸款計劃	21	7,515	-
Capital subventions 資本補助	22	1,581,463	1,585,038
Capital donations 資本捐贈	22	152,762	155,956
Investment income 投資收益		1,986,817	788,779
Other income 其他收益		1,086,525	992,845
		98,379,127	95,407,063
Expenditure 支出			
Staff costs 員工成本	25	(62,414,171)	(59,419,009)
Drugs 藥物		(13,126,702)	(12,451,347)
Medical supplies and equipment 醫療物品及設備		(5,387,855)	(6,325,443)
Utilities charges 公用開支		(2,025,184)	(1,807,736)
Repairs and maintenance 維修及保養		(3,497,285)	(3,218,039)
Minor works projects funded by the Government 由政府撥款的小型工程項目		(2,174,621)	(2,422,370)
Depreciation and amortisation 折舊及攤銷	5-7	(2,042,848)	(2,014,923)
Finance costs 財務費用	7	(19,319)	(10,038)
Other operating expenses 其他營運開支	26	(6,704,860)	(7,260,139)
		(97,392,845)	(94,929,044)
Surplus for the year 年內盈餘		986,282	478,019

The notes on pages 108 to 163 are an integral part of these consolidated financial statements.

第 108 至 163 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 2024 HK\$'000 截至2024年 3月31日止年度 港幣千元	For the year ended 31 March 2023 HK\$'000 截至2023年 3月31日止年度 港幣千元
Surplus for the year 年內盈餘		986,282	478,019
Other comprehensive income 其他全面收益			
Item that may not be reclassified to income or expenditure: 未必會重新分類為收入或支出的項目：			
- Remeasurement of death liability 死亡福利責任重新計量	20	(56,706)	67,545
Total comprehensive income for the year 年內總全面收益		929,576	545,564

The notes on pages 108 to 163 are an integral part of these consolidated financial statements.

第 108 至 163 頁的附註是本綜合財務報表的一部分。

CONSOLIDATED STATEMENT OF CASH FLOWS

綜合現金流動報表

	Note 附註	For the year ended 31 March 2024 HK\$'000 截至2024年 3月31日止年度 港幣千元	For the year ended 31 March 2023 HK\$'000 截至2023年 3月31日止年度 港幣千元
Net cash generated from operating activities 營運活動所得現金淨額	29(a)	10,279,500	9,139,487
Investing activities 投資活動			
Investment income received 已收投資收益		1,803,430	497,497
Purchases of property, plant and equipment 購置物業、機器及設備	5	(2,338,455)	(2,282,776)
Purchases of intangible assets 購置無形資產	6	(327,191)	(263,005)
Increase in bank deposits with original maturity over three months 原來到期日超過三個月的銀行存款額增加		(3,934,952)	(13,768,454)
Increase in fixed income instruments 固定入息工具增加		(751,078)	(252,198)
Partial principal withdrawal from placements with the Exchange Fund 從外匯基金存款中提取的部分本金		2,000,000	-
Net cash used in investing activities 投資活動所用現金淨額		(3,548,246)	(16,068,936)
Financing activities 融資活動			
Payment of principal portion of lease liabilities 支付租賃負債本金部分	29(b)	(350,072)	(310,788)
Finance costs paid 已付財務費用		(19,319)	(10,038)
Net cash used in financing activities 融資活動所用現金淨額		(369,391)	(320,826)
Net increase / (decrease) in cash and cash equivalents 現金及現金等值之淨增加 / (減少)		6,361,863	(7,250,275)
Cash and cash equivalents at the beginning of the year 年初之現金及現金等值		2,107,109	9,374,218
Effect of foreign exchange rate changes on cash and cash equivalents 外幣匯率變動對現金及現金等值的影響		(4,600)	(16,834)
Cash and cash equivalents at the end of the year 年終之現金及現金等值	15	8,464,372	2,107,109

Note:

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

註:

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

The notes on pages 108 to 163 are an integral part of these consolidated financial statements.

第 108 至 163 頁的附註是本綜合財務報表的一部分。

CONSOLIDATED STATEMENT OF CHANGES IN TOTAL FUNDS

綜合基金總額變動報表

	Designated fund HK\$'000 指定基金 港幣千元	Revenue reserve HK\$'000 收入儲備 港幣千元	Total HK\$'000 總計 港幣千元
At 31 March 2022 於 2022 年 3 月 31 日	5,077,369	7,812,333	12,889,702
Total comprehensive income for the year 年內總全面收益	-	545,564	545,564
At 31 March 2023 於 2023 年 3 月 31 日	5,077,369	8,357,897	13,435,266
Total comprehensive income for the year 年內總全面收益	-	929,576	929,576
At 31 March 2024 於 2024 年 3 月 31 日	5,077,369	9,287,473	14,364,842

The notes on pages 108 to 163 are an integral part of these consolidated financial statements.

第 108 至 163 頁的附註是本綜合財務報表的一部分。

1 The Hospital Authority

(a) Background

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

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

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

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

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

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

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

1 醫院管理局

(a) 背景

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

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

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

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

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

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

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

1 The Hospital Authority (Continued)

(a) Background (Continued)

The Government announced in the 2016 Policy Address that HK\$200 billion would be used to implement a Ten-year Hospital Development Plan (HDP). Given the significant number and scale of Schedule 1 hospital projects in the HDP, the Government has entrusted HA to carry out and complete a number of capital works projects for Schedule 1 hospitals which are funded by the Government. Similarly, HA is undertaking the capital works projects for Schedule 2 hospitals which are funded by the Government and the governing bodies of the ex-subvented hospitals. As at 31 March 2024, there were one major capital works project completed and 13 major capital works projects in progress (of which 9 projects were managed by HA), and the total funding approved by the Government was HK\$190,628,400,000. Further details of the recognition of Government funding for building projects are set out in note 2(q)(i).

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

In order to support the Government-led electronic health record ("eHR") programme, which is an essential part of the healthcare reform, HA has been engaged to serve as the technical agency to the Government, leveraging its experience and know-how in the Clinical Management System ("CMS"). With this role, HA undertakes multiple streams of eHR related projects, which are funded by the recurrent subvention and other designated funding from the Government. During the financial year ended 31 March 2024, HA recognised HK\$570,808,000 (2023: HK\$443,651,000) as other income to match with the expenditure incurred in relation to the eHR related projects.

In order to support Department of Health ("DH") to enhance its information technology ("IT") system so as to better provide healthcare service to the public, HA was appointed as the technical agency to deliver the IT systems required for 19 Clinical Services Improvement projects ("CIMS2") under Initiative 1 of the First Stage of the Strategic Plan to Re-engineer and Transform Public Services of DH ("SPRINT-1") as well as to undertake Maintenance Service for CIMS2, which are funded by the designated funding from the Government. During the financial year ended 31 March 2024, HA recognised HK\$158,670,000 (2023: HK\$176,338,000) as other income to match with the expenditure incurred in relation to the project.

1 醫院管理局 (續)

(a) 背景 (續)

政府在二零一六年施政報告中宣布預留港幣二千億元推行十年醫院發展計劃。由於計劃涉及的附表1醫院工程項目為數多、規模大，政府委託了醫管局執行及完成多個由政府撥款的附表1醫院基本工程項目。同樣，醫管局亦負責執行由政府及前補助醫院管治機構提供經費的附表2醫院基本工程項目。截至二零二四年三月三十一日，共有一個已完成的基本工程項目及十三個正在進行的基本工程項目(其中九個由醫管局管理)，政府批出的總撥款額為港幣190,628,400,000元。有關建築工程的政府撥款確認入帳的詳情載於附註2(q)(i)。

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

政府推行的電子健康紀錄互通系統計劃，是醫療改革的一個重要部分。醫管局獲政府委託作為技術代理機構，運用發展臨床管理系統的經驗和專業知識，協助政府推行計劃。作為政府的技術代理機構，醫管局須進行不同範疇的電子健康紀錄互通系統相關的計劃，這些計劃由政府的經常性補助及其他指定撥款提供經費。截至二零二四年三月三十一日止之財政年度，醫管局確認港幣570,808,000元(二零二三年：港幣443,651,000元)的款項作為其他收入，以支付電子健康紀錄互通系統相關計劃的開支。

衛生署致力提升其資訊科技系統，以便更好地為公眾提供醫療服務。醫管局獲委任為技術代理機構，就衛生署第一期的「重整及改革公共服務策略計劃」措施一一改善臨床服務中的十九個項目(第二階段的臨床訊息管理系統項目)提供開發資訊科技系統方面的協助，以及為第二階段的臨床訊息管理系統提供維護與支援服務，並由政府的指定撥款提供經費。截至二零二四年三月三十一日止之財政年度，醫管局確認港幣158,670,000元(二零二三年：港幣176,338,000元)的款項作為其他收入，以支付相關項目的開支。

1 The Hospital Authority (Continued)

(b) Hospitals and other institutions

At 31 March 2024, HA had under its management and control the following hospitals, charitable trusts and institutions:

Hospitals:

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

1 醫院管理局 (續)

(b) 醫院及其他機構

在二零二四年三月三十一日，由醫管局管理及掌管的醫院、慈善信託基金及機構如下：

醫院：

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

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

1 The Hospital Authority (Continued)

(b) Hospitals and other institutions (Continued)

Charitable Trusts:

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

Other Institutions:

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

(c) Principal office

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

1 醫院管理局 (續)

(b) 醫院及其他機構 (續)

慈善信託基金：

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

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

其他機構：

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

(c) 主要辦事處

醫管局的主要辦事處設於香港九龍亞皆老街 147 號 B 醫院管理局大樓。

2 Material accounting policies

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

(a) Basis of preparation

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

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

During the year, the Group adopted the following amendments to existing standards, which are relevant to the Group's operations:

- Amendments to HKAS 1 and HKFRS Practice Statement 2 - Disclosure of Accounting Policies
- Amendments to HKAS 8 - Definition of Accounting Estimates

The adoption of these amendments does not have a significant impact on the Group's results, financial position and disclosure.

The Group has not early adopted amendments and interpretations to existing standards which may be relevant to the Group but are not yet effective for the financial year ended 31 March 2024. The Group is in the process of making an assessment but is not yet in a position to conclude the impact on its result of operations and financial position.

(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 2024.

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

2 重大會計政策

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

(a) 編製之基準

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

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

年內，集團採用下列與其業務相關之已修改財務報告準則：

- 《香港會計準則》第 1 號及《香港財務報告準則》實務說明第 2 條「會計政策的披露」的修訂
- 《香港會計準則》第 8 號「會計估計的定義」的修訂

有關修訂對集團的營運結果、財務狀況及披露並無重大影響。

集團並未提前採用可能與集團有關但對截至二零二四年三月三十一日止財政年度尚未生效的修訂準則及詮釋。集團現正進行評估，但未能確定對集團營運結果及財務狀況的影響。

(b) 綜合呈列之基準

集團的財務報表包括截至二零二四年三月三十一日之財政年度內由其管理及掌管的總辦事處、附屬機構、所有醫院、慈善信託基金、專科門診診所、普通科門診診所及其他機構的收入和支出。

本財務報表反映集團所擁有之資產及所承擔之負債的有紀錄帳面值。

2 Material accounting policies (Continued)

(c) Subsidiaries

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

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

Particulars of the subsidiaries as at 31 March 2024 and 31 March 2023 are as follows:

2 重大會計政策（續）

(c) 附屬機構

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

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

附屬機構於二零二四年三月三十一日及二零二三年三月三十一日之詳情如下：

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	
			2024	2023
HACM Limited (limited by guarantee) 醫院管理局中醫藥發展有限公司(擔保有限公司)	To steer the development and delivery of Chinese medicine services 規劃中醫藥服務的發展與供應	Hong Kong 香港	100	100
eHR HK Limited (limited by guarantee) eHR HK Limited (擔保有限公司)	To act as a custodian to hold, maintain and license the intellectual property rights and assets related to eHR programme 作為保管人，持有、保管及特許有關電子健康紀錄互通系統計劃的知識產權及資產	Hong Kong 香港	100	100

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

2 Material accounting policies (Continued)

(d) Recognition of income

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

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

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

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

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

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

(e) Donations

(i) Donated assets

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

(ii) Cash donations

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

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

2 重大會計政策（續）

(d) 收入之確認

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

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

指定用途捐贈基金及資本捐贈之轉調按附註 2(e) 的方式確認。

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

來自固定入息工具的投資收益按附註 2(j) 的方式確認。

來自銀行存款之投資收益採用實際利息法按時間比例入帳。

(e) 捐贈

(i) 捐贈資產

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

(ii) 現金捐贈

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

作為一般營運之用的非指定用途捐贈，於收款時列入該年度之收支結算表內。

2 Material accounting policies (Continued)

(f) Property, plant and equipment

- (i) Completed building projects transferred from the Government and individual governing bodies of ex-subvented hospitals are recorded at nominal value and included in property, plant and equipment.
- (ii) Property, plant and equipment other than completed building projects which give rise to future economic benefits are capitalised and the corresponding amounts are recognised as deferred income - capital subventions and capital donations for capital expenditure funded by the Government and donations respectively.
- (iii) Property, plant and equipment other than completed building projects are stated at cost less any accumulated depreciation and impairment. Additions represent new or replacement of specific components of an asset. An asset's carrying value is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.
- (iv) The cost of assets acquired and the fair value of donated assets received by the Group are depreciated using the straight-line method over the expected useful lives of the assets as follows:

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

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

(g) Intangible assets

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

2 重大會計政策（續）

(f) 物業、機器及設備

- (i) 由政府及個別前補助醫院管治機構轉調的已完成建築工程以名義價值入帳，列為物業、機器及設備。
- (ii) 除已完成建築工程外，可帶來未來經濟效益的物業、機器及設備應資本化，並會視乎是政府撥款或捐贈而將相應款額分別在遞延收益—資本補助及資本捐贈確認。
- (iii) 除已完成建築工程外，物業、機器及設備乃按成本值減任何累積折舊及減值入帳。年內增加代表某項資產新加或更換的組件。若資產的帳面價值高於估計可收回價值，其帳面價值會即時減至為可收回價值。
- (iv) 集團所取得的資產的成本或捐贈資產的公允價值的折舊，是按資產的預計可使用年期以直線法如下計算：

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

(g) 無形資產

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

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

2 Material accounting policies (Continued)

(h) Leases

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

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

(i) Right-of-use assets

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

(ii) Lease liabilities

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

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

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

2 重大會計政策（續）

(h) 租賃

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

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

(i) 使用權資產

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

(ii) 租賃負債

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

(i) 按公允價值列帳及在損益處理之金融資產

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

2 Material accounting policies (Continued)

(j) Fixed income instruments

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

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

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

(k) 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.

(l) Accounts receivable

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

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

2 重大會計政策（續）

(j) 固定入息工具

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

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

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

(k) 存貨

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

(l) 應收帳款

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

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

2 Material accounting policies (Continued)

(l) Accounts receivable (Continued)

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

(m) 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.

(n) 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.

(o) Provisions and contingent liabilities

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

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

(p) Employee benefits

(i) Retirement benefits costs

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

2 重大會計政策（續）

(l) 應收帳款（續）

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

(m) 現金及現金等值

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

(n) 非金融資產減值

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

(o) 撥備及或然負債

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

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

(p) 僱員福利

(i) 退休福利開支

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

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

2 Material accounting policies (Continued)

(p) Employee benefits (Continued)

(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.

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

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

(iv) Other employee benefits costs

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

(q) Government subvention

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

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

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

2 重大會計政策（續）

(p) 僱員福利（續）

(ii) 離職福利開支

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

(iii) 死亡及傷殘福利開支

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

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。

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

有關死亡及傷殘福利責任的詳情見附註 20。

(iv) 其他僱員福利開支

其他僱員福利如年假及約滿酬金於應付時入帳。

(q) 政府補助

除下列外，本年度經核准的政府補助金列為經常性補助金。

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

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

NOTES TO THE FINANCIAL STATEMENTS

2 Material accounting policies (Continued)

(q) Government subvention (Continued)

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

(r) 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.

(s) Related parties

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

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

財務報表附註

2 重大會計政策（續）

(q) 政府補助（續）

- (iii) 政府向醫管局撥款港幣10,000,000,000元設立留本基金，以推行公私營協作計劃。公私營協作留本基金的投資回報，連同政府給予醫管局公私營協作計劃的一次性指定撥款於二零一六年三月三十一日的結餘在遞延收益—公私營協作基金確認。每年，公私營協作計劃的支出款額在適用情況下由遞延收益轉調往收支結算表或遞延收益—資本補助。有關公私營協作基金的詳情載於附註21(b)。
- (iv) 指定用作推行員工置業貸款計劃的政府撥款及相關投資回報在遞延收益—員工置業貸款計劃確認。每年，員工置業貸款計劃的支出款額按照適用情況由遞延收益轉調往收支結算表或遞延收益—資本補助。有關員工置業貸款計劃的詳情載於附註21(c)。
- (v) 用於附註2(f)(ii)物業、機器及設備或附註2(g)無形資產支出的政府補助，在遞延收益項下的資本補助累積。有關金額會資本化，分別列為物業、機器及設備或無形資產。每年，一筆相等於該等資產折舊或攤銷的金額及出售資產的帳面淨值會由遞延收益轉調往收支結算表。

(r) 外幣換算

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

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

(s) 關聯人士

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

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 Financial risk management

(a) Financial risk factors

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

With regard to investments, in accordance with the Group's policies and guidelines, the primary objectives are to meet liquidity requirements, protect capital and provide a reasonable investment return. The investment portfolio ("Portfolio") as at 31 March 2024 consisted of bank deposits, fixed income instruments and placements with the Exchange Fund. Based on the risk control measures as summarised below, the risk of default by the counterparties is considered minimal and the Portfolio has no significant concentration of credit risk. Besides, the Group has no significant currency risk since its financial assets and liabilities are substantially denominated in Hong Kong dollar, which is the Group's functional and presentation currency.

(i) Credit risk

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

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

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

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

3 財務風險管理

(a) 財務風險因素

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

就投資方面，根據集團有關政策及指引，其主要目標是符合流動資金的需要、保障資金及提供合理投資回報。截至二零二四年三月三十一日的投資組合（「組合」），包括銀行存款、固定入息工具及外匯基金存款。根據下文所列的風險控制措施，有關交易對方的拖欠風險應可減至最低，而組合亦沒有重大的信貸集中風險。此外，由於組合的金融資產及負債大體上都以港元為單位，即集團的功能及呈列貨幣，故無重大的貨幣風險。

(i) 信貸風險

集團的信貸風險是交易對方可能拖欠其銀行存款、固定入息工具及外匯基金存款。

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

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

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

3 Financial risk management (Continued)

(a) Financial risk factors (Continued)

(ii) Interest rate risk

The Portfolio's interest rate risk arises from interest bearing cash at bank, bank deposits and fixed income instruments. Cash at bank, which earns interest at variable rates, gives rise to cash flow interest rate risk. Fixed rate bank deposits and fixed income instruments expose the Portfolio to fair value interest rate risk. Sensitivity analyses have been performed by the Group with regard to interest rate risk as at 31 March 2024. If interest rates had been increased or decreased by 25 basis points and all other variables were held constant, the effect on the Group's operating results and total funds is insignificant.

(iii) Liquidity risk

Liquidity risk is the risk that an entity will encounter difficulty in meeting obligations associated with liabilities. The Group's cash flows are monitored on a regular basis and its investments are managed with the primary objective of maintaining adequate liquidity to meet the capital and operational requirements.

In order to meet the Groups' liquidity requirements, the Group has maintained adequate cash and bank balances and banking facilities. As at 31 March 2024, the Group held cash and bank balances of HK\$51,892,607,000 (2023: HK\$41,594,804,000) as disclosed in note 15 and undrawn banking facilities of HK\$5,450,000,000 (2023: HK\$5,450,000,000). As the Group has a strong liquidity position, it has a very low level of liquidity risk.

(iv) Price risk

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

(v) 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.

3 財務風險管理（續）

(a) 財務風險因素（續）

(ii) 利率風險

組合的利率風險來自所獲利息的銀行現金、銀行存款及固定入息工具。銀行現金賺取浮動利率，會有流動現金利率風險；而賺取固定息率的銀行存款及固定入息工具，則有公允價值利率風險。集團在二零二四年三月三十日就利率風險進行敏感度分析。當利率升降 25 點子，而所有其他變動因素維持不變，這對集團營運結果及基金總額不會有重大影響。

(iii) 流動資金風險

流動資金風險指一個實體在履行其負債相關責任時遇到困難的風險。集團定期監察現金流，並在維持充足流動資金以滿足資本及營運需要的大前提下管理其投資。

為配合集團的流動資金需要，集團備有足夠現金及銀行結餘和授信額。於二零二四年三月三十日，集團的現金及銀行結餘為港幣 51,892,607,000 元（二零二三年：港幣 41,594,804,000 元）（附註 15），而未動用的銀行授信額為港幣 5,450,000,000 元（二零二三年：港幣 5,450,000,000 元）。由於集團擁有充裕的流動資金，其流動資金風險水平甚低。

(iv) 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。

(v) 貨幣風險

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

3 Financial risk management (Continued)

(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.

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.

3 財務風險管理（續）

(b) 公允價值估計

(i) 按公允價值列帳的金融資產

集團以公允價值計量的金融工具按以下公允價值的計量架構進行分類：

第一層 — 相同資產或負債於活躍市場之報價(未經調整)。

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

第三層 — 資產或負債並不是根據可觀察市場數據的輸入(即不可觀察輸入)。

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

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

如一項或多項重大輸入並非根據可觀察市場數據，這些工具屬於第三層。

用以估值金融工具的特定估值技術包括：

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

其他技術，例如折算現金流分析，用以釐定其餘金融工具的公允價值。

3 Financial risk management (Continued)

(b) Fair values estimation (Continued)

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

The placements with the Exchange Fund are included in level 3. The following table presents the changes in level 3 instruments for the financial years ended 31 March 2024 and 31 March 2023:

The Group and HA 集團及醫管局

	For the year ended 31 March 2024 HK\$'000 截至2024年 3月31日止年度 港幣千元	For the year ended 31 March 2023 HK\$'000 截至2023年 3月31日止年度 港幣千元
At the beginning of the year 於年初	22,267,203	23,329,251
Withdrawal 提取	(2,000,000)	(400,000)
Interest earned / accrued interest 所獲利息 / 應計利息	812,186	1,174,867
Interest withdrawn 提取利息	(1,370,576)	(1,836,915)
At the end of the year [note 8] 於年終 [附註 8]	19,708,813	22,267,203

(ii) Financial assets at amortised cost

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

The Group and HA 集團及醫管局

	Carrying Value [Note 9] 帳面價值 [附註 9]		Fair Value 公允價值	
	At 31 March 2024 HK\$'000 2024年3月31日 港幣千元	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元	At 31 March 2024 HK\$'000 2024年3月31日 港幣千元	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元
Fixed income instruments 固定入息工具	2,103,715	1,379,881	2,099,263	1,359,871

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

3 財務風險管理 (續)

(b) 公允價值估計 (續)

(i) 按公允價值列帳的金融資產(續)

外匯基金存款屬於第三層。下表呈列截至二零二四年三月三十一日止及二零二三年三月三十一日止年度第三層工具的變動：

The Group and HA 集團及醫管局

	For the year ended 31 March 2024 HK\$'000 截至2024年 3月31日止年度 港幣千元	For the year ended 31 March 2023 HK\$'000 截至2023年 3月31日止年度 港幣千元
At the beginning of the year 於年初	22,267,203	23,329,251
Withdrawal 提取	(2,000,000)	(400,000)
Interest earned / accrued interest 所獲利息 / 應計利息	812,186	1,174,867
Interest withdrawn 提取利息	(1,370,576)	(1,836,915)
At the end of the year [note 8] 於年終 [附註 8]	19,708,813	22,267,203

(ii) 按攤餘成本列帳的金融資產

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

The Group and HA 集團及醫管局

	Carrying Value [Note 9] 帳面價值 [附註 9]		Fair Value 公允價值	
	At 31 March 2024 HK\$'000 2024年3月31日 港幣千元	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元	At 31 March 2024 HK\$'000 2024年3月31日 港幣千元	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元
Fixed income instruments 固定入息工具	2,103,715	1,379,881	2,099,263	1,359,871

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

3 Financial risk management (Continued)**(c) Capital management**

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

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

In this regard, the capital of the Group comprises revenue reserve, designated fund and deferred income as shown in the consolidated balance sheet. At 31 March 2024, the capital of the Group was HK\$32,527,025,000 (2023: HK\$31,200,219,000).

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

3 財務風險管理（續）**(c) 資本管理**

根據《醫院管理局條例》，集團的資源包括：

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

故此，集團的資本包括綜合資產負債表所載的收入儲備、指定基金及遞延收益。截至二零二四年三月三十一日，集團的資本為港幣 32,527,025,000 元（二零二三年：港幣 31,200,219,000 元）。

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

NOTES TO THE FINANCIAL STATEMENTS

4 Critical accounting estimates and judgments

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

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

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

(b) Provision for medical malpractice claims

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

(c) Death and disability liabilities

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

財務報表附註

4 關鍵會計估計及判斷

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

(a) 物業、機器及設備及無形資產的可使用年期和剩餘價值

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

(b) 醫療失誤申索撥備

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

(c) 死亡及傷殘福利責任

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

NOTES TO THE FINANCIAL STATEMENTS 財務報表附註

5 Property, plant and equipment

5 物業、機器及設備

The Group and HA 集團及醫管局

	Buildings 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 2023 於 2023 年 4 月 1 日	1,107,257	16,842,636	414,528	900,888	19,265,309
Additions 增加	16,193	2,168,527	56,857	96,878	2,338,455
Disposals 出售	-	(954,744)	(12,586)	(33,617)	(1,000,947)
At 31 March 2024 於 2024 年 3 月 31 日	1,123,450	18,056,419	458,799	964,149	20,602,817
Accumulated depreciation 累積折舊					
At 1 April 2023 於 2023 年 4 月 1 日	589,246	9,073,084	321,845	657,072	10,641,247
Charge for the year 本年度之折舊	25,086	1,357,437	40,045	89,418	1,511,986
Disposals 出售	-	(925,180)	(12,585)	(33,470)	(971,235)
At 31 March 2024 於 2024 年 3 月 31 日	614,332	9,505,341	349,305	713,020	11,181,998
Net book value 帳面淨值					
At 31 March 2024 於 2024 年 3 月 31 日	509,118	8,551,078	109,494	251,129	9,420,819

The Group and HA 集團及醫管局

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

6 Intangible assets**6 無形資產**

The Group 集團	For the year ended 31 March 2024 HK\$'000 截至2024年 3月31日止年度 港幣千元	For the year ended 31 March 2023 HK\$'000 截至2023年 3月31日止年度 港幣千元
Cost 成本		
At the beginning of the year 於年初	2,495,511	2,234,239
Additions 增加	327,191	263,005
Disposals 出售	(3,144)	(1,733)
At the end of the year 於年終	2,819,558	2,495,511
Accumulated amortisation 累積攤銷		
At the beginning of the year 於年初	2,082,703	1,761,943
Charge for the year 本年度之攤銷	192,527	322,080
Disposals 出售	(3,144)	(1,320)
At the end of the year 於年終	2,272,086	2,082,703
Net book value 帳面淨值		
At the end of the year 於年終	547,472	412,808
HA 醫管局		
	For the year ended 31 March 2024 HK\$'000 截至2024年 3月31日止年度 港幣千元	For the year ended 31 March 2023 HK\$'000 截至2023年 3月31日止年度 港幣千元
Cost 成本		
At the beginning of the year 於年初	2,462,132	2,207,804
Additions 增加	318,115	256,061
Disposals 出售	(3,144)	(1,733)
At the end of the year 於年終	2,777,103	2,462,132
Accumulated amortisation 累積攤銷		
At the beginning of the year 於年初	2,059,453	1,746,825
Charge for the year 本年度之攤銷	187,521	313,948
Disposals 出售	(3,144)	(1,320)
At the end of the year 於年終	2,243,830	2,059,453
Net book value 帳面淨值		
At the end of the year 於年終	533,273	402,679

7 Leases

The Group has leased buildings, mainly for offices, blood donation centres, clinics, data centres, storerooms and warehouses. Lease terms are negotiated on an individual basis and contain a wide range of different terms and conditions. To maximise operational flexibility for the Group's operations, extension and termination options are provided for a number of leases and are only included in the lease term if the lease is reasonably certain to be extended (or not terminated). At 31 March 2024, the future cash outflows for lease not yet commenced but committed by the Group amounted to HK\$7,169,000 (2023: HK\$12,891,000).

(a) Amounts recognised in the consolidated balance sheet

- (i) Right-of-use assets

The Group and HA 集團及醫管局		At 31 March 2024 HK\$'000 2024年3月31日 港幣千元	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元
Buildings 物業		529,966	675,132

Additions to the right-of-use assets for the financial year ended 31 March 2024 were HK\$193,169,000 (2023: HK\$475,572,000).

- (ii) Lease liabilities

Contractual maturities of lease liabilities are as follows:

集團租用的物業主要用作辦公室、捐血中心、診所、數據中心、儲藏室及倉庫。租賃年期乃個別商議，當中包括多種不同條款及條件。為增加集團的營運彈性，多項租賃均包括延長或終止租賃的選擇權，並當可以合理地確定延長租賃(或不會終止)時才計入租賃年期。於二零二四年三月三十一日，尚未開始但集團已承擔的租賃未來現金流出為港幣 7,169,000 元(二零二三年：港幣 12,891,000 元)。

(a) 在綜合資產負債表確認的款項

- (i) 使用權資產

於截至二零二四年三月三十一日止之財政年度，使用權資產的增加為港幣 193,169,000 元(二零二三年：港幣 475,572,000 元)。

- (ii) 租賃負債

租賃負債的合約到期情況如下：

The Group and HA 集團及醫管局		Total contractual cash flows					
		Between 1 and 2 years HK\$'000 1年内 港幣千元	Between 2 and 5 years HK\$'000 1-2年 港幣千元	Over 5 years HK\$'000 2-5年 港幣千元	Carrying amount HK\$'000 合約現金流量總額 港幣千元	Carrying amount HK\$'000 帳面價值 港幣千元	
At 31 March 2024 於 2024 年 3 月 31 日		270,748	121,537	140,145	7,632	540,062	515,553
Less: non-current portion							(257,328)
減：非流動部分							
Current portion 流動部分							258,225
At 31 March 2023 於 2023 年 3 月 31 日		356,516	192,022	142,427	7,468	698,433	673,032
Less: non-current portion							(329,664)
減：非流動部分							
Current portion 流動部分							343,368

7 Leases (Continued)**(b) Amounts recognised in the consolidated statement of income and expenditure**

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

The Group 集團	For the year ended 31 March 2024 HK\$'000 截至2024年 3月31日止年度 港幣千元	For the year ended 31 March 2023 HK\$'000 截至2023年 3月31日止年度 港幣千元
Depreciation 折舊	338,335	293,779
Expenses relating to short-term leases (included in other operating expenses) 短期租賃相關開支(包括在其他營運開支內)	79,434	258,270
Finance costs 財務費用	19,319	10,038

Total cash outflow for leases for the financial year ended 31 March 2024 was HK\$445,347,000 (2023: HK\$653,624,000).

綜合收支結算表呈列之租賃相關款額如下：

The Group 集團	For the year ended 31 March 2024 HK\$'000 截至2024年 3月31日止年度 港幣千元	For the year ended 31 March 2023 HK\$'000 截至2023年 3月31日止年度 港幣千元
Depreciation 折舊	338,335	293,779
Expenses relating to short-term leases (included in other operating expenses) 短期租賃相關開支(包括在其他營運開支內)	79,434	258,270
Finance costs 財務費用	19,319	10,038

截至二零二四年三月三十一日止之財政年度，租賃之現金流出總額為港幣445,347,000元(二零二三年：港幣653,624,000元)。

8 Placements with the Exchange Fund

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

The interest on the placements is at a fixed rate determined annually in January and payable annually in arrears on 31 December. Currently, the rate of return is calculated on the basis of the average annual rate of return on certain investment portfolio of the Exchange Fund over the past six years or the average annual yield of three-year Government Bond in the previous year (subject to a minimum of zero percent), whichever is the higher. This rate of return has been fixed at 3.7% per annum for both January to December 2023 and January to December 2024. The interest earned but not yet withdrawn by HA would continue to accrue interest at the same rate payable for the principal amount.

8 外匯基金存款

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

這筆存款按照每年一月釐定的固定利率於每年十二月三十一日支付當年利息。現時的回報率是按外匯基金若干投資組合過往六年的平均投資回報率或三年期政府債券過去一年的平均年度收益率計算(最低為0%)，以較高者為準。二零二三年一月至十二月及二零二四年一月至十二月的年回報率均定為3.7%。醫管局所獲而未提取的利息會按本金可享利率繼續積存利息。

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財務報表附註

8 Placements with the Exchange Fund (Continued)

The placements with the Exchange Fund are analysed as follows:

8 外匯基金存款 (續)

外匯基金存款分析如下：

The Group and HA 集團及醫管局								
	Custodian for Samaritan Fund [Notes 8(a) and 17] 作為撒瑪利亞基金 的保管人 [附註 8(a) 及 17]	PPP Fund and PPP Endowment Fund [Notes 8(b), 21(b) and 23] 公私營協作基金及 公私營協作留本基金 [附註 8(b), 21(b) 及 23]	HLISS Fund [Notes 8(c) and 16] 購屋貸款利息津貼 計劃基金 [附註 8(c) 及 16]			Total 總計		
	At 31 March 2024 HK\$'000 2024年 3月31日 港幣千元	At 31 March 2023 HK\$'000 2023年 3月31日 港幣千元	At 31 March 2024 HK\$'000 2024年 3月31日 港幣千元	At 31 March 2023 HK\$'000 2023年 3月31日 港幣千元	At 31 March 2024 HK\$'000 2024年 3月31日 港幣千元	At 31 March 2023 HK\$'000 2023年 3月31日 港幣千元	At 31 March 2024 HK\$'000 2024年 3月31日 港幣千元	At 31 March 2023 HK\$'000 2023年 3月31日 港幣千元
Principal amount 本金	5,600,000	5,600,000	10,000,000	10,000,000	3,000,000	5,000,000	18,600,000	20,600,000
Interest earned but not withdrawn at the reporting date 在報告日所獲但沒有 提取的利息收入	220,975	-	682,262	657,234	-	794,191	903,237	1,451,425
Accrued interest 應計利息	53,550	64,866	98,271	98,050	53,755	52,862	205,576	215,778
	5,874,525	5,664,866	10,780,533	10,755,284	3,053,755	5,847,053	19,708,813	22,267,203
Less: non-current portion 減：非流動部分	-	(5,600,000)	(10,000,000)	(10,000,000)	(3,000,000)	(3,000,000)	(13,000,000)	(18,600,000)
Current portion 流動部分	5,874,525	64,866	780,533	755,284	53,755	2,847,053	6,708,813	3,667,203

NOTES TO THE FINANCIAL STATEMENTS

8 Placements with the Exchange Fund (Continued)

(a) Custodian for Samaritan Fund

During the financial year ended 31 March 2023, HA withdrew the principal of HK\$400,000,000 together with the interest of HK\$1,126,915,000 from the placement with the Exchange Fund for meeting the cash outflows of the Samaritan Fund in future years. Since the placement with Exchange Fund will be matured on 8 November 2024, the remaining principal of HK\$5,600,000,000 and interest earned / accrued of HK\$274,525,000 as at 31 March 2024 (2023: HK\$64,866,000) were classified as current assets.

(b) PPP Fund and PPP Endowment Fund

During the financial year ended 31 March 2024, HA withdrew the interest of HK\$362,000,000 (2023: HK\$710,000,000) from the placement with the Exchange Fund to support the operation of the PPP programmes. In addition, as agreed with HKMA, HA renewed the placement of HK\$10,000,000,000 with the Exchange Fund for another six years upon maturity on 12 July 2022. Subject to the approval from the appropriate authority, HA may exercise an option of up to two principal withdrawals during the periods from 1 April 2024 to 31 March 2025 and 1 April 2026 to 31 March 2027 (not exceeding HK\$2,000,000,000 in aggregate) to address the potential funding needs.

(c) HLISS Fund

During the financial year ended 31 March 2024, HA withdrew the principal of HK\$2,000,000,000 together with the interest of HK\$1,008,576,000 from the placement with the Exchange Fund in order to meet the funding requirements for Enhanced HLISS in future years.

財務報表附註

8 外匯基金存款 (續)

(a) 作為撒瑪利亞基金的保管人

於截至二零二三年三月三十一日止之財政年度，醫管局從外匯基金存款中提取港幣 400,000,000 元的本金連同港幣 1,126,915,000 元的利息，以應付撒瑪利亞基金在未來年度的現金支出。由於存於外匯基金的款項將於二零二四年十一月八日到期，因此港幣 5,600,000,000 元的剩餘本金連同截至二零二四年三月三十一日的港幣 274,525,000 元所獲 / 應計利息(二零二三年：港幣 64,866,000 元)被列為流動資產。

(b) 公私營協作基金及公私營協作留本基金

於截至二零二四年三月三十一日止之財政年度，醫管局從外匯基金存款中提取利息港幣 362,000,000 元(二零二三年：港幣 710,000,000 元)，作為公私營協作計劃營運之用。此外，根據醫管局與金管局的協議，為數港幣 10,000,000,000 元的存款已於二零二二年七月十二日到期後續存於外匯基金，為期六年。期間醫管局可在獲得有關當局批准下行使選擇權，在二零二四年四月一日至二零二五年三月三十一日及二零二六年四月一日至二零二七年三月三十一日提取最多兩次本金(總額不超過港幣 2,000,000,000 元)，以解決潛在的資金需求。

(c) 購屋貸款利息津貼計劃基金

於截至二零二四年三月三十一日止之財政年度，醫管局從外匯基金存款中提取港幣 2,000,000,000 元的本金連同港幣 1,008,576,000 元的利息，以應付員工置業貸款計劃於未來年度的資金需要。

9 Fixed income instruments

The fixed income instruments substantially represent Hong Kong dollar certificates of deposits and bonds with maturity periods within five years from the date of purchase. The investment yields at the reporting date were between 1.59% and 5.30% (2023: between 0.95% and 5.04%).

At 31 March 2024, the fixed income instruments held by the Group and HA are as follows:

The Group and HA 集團及醫管局

	At 31 March 2024 HK\$'000 2024年3月31日 港幣千元	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元
Maturing within one year 一年內到期	1,969,015	883,766
Maturing between one and five years 一至五年內到期	134,700	496,115
	2,103,715	1,379,881

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

固定入息工具主要是由購買日期起計五年內到期的港元存款證及債券，在報告日的投資收益介乎1.59%至5.30%之間(二零二三年：介乎0.95%至5.04%之間)。

於二零二四年三月三十一日，集團及醫管局持有的固定入息工具如下：

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

10 Inventories

The Group and HA 集團及醫管局

	At 31 March 2024 HK\$'000 2024年3月31日 港幣千元	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元
Drugs 藥物	1,934,956	3,349,910
Medical consumables 醫療消耗品	1,458,975	1,752,712
General consumables 一般消耗品	37,906	37,605
	3,431,837	5,140,227

The carrying value of inventories has been adjusted to its net realisable value by HK\$397,931,000 (2023: HK\$506,247,000) during the financial year ended 31 March 2024.

於截至二零二四年三月三十一日止之財政年度，存貨的帳面價值調整港幣 397,931,000 元(二零二三年：港幣 506,247,000 元)至其可變現淨值。

11 Loans receivable

Enhanced HLISS was launched in late December 2022. Under Enhanced HLISS, downpayment assistance in the form of a staff loan with interest subsidy provided by HA will be offered to eligible employees to assist their ownership of a residential property for self-occupancy so that employees will effectively be paying interest on the staff loan at a preferential interest rate. The repayment period of the staff loan is the shorter of the bank mortgage loan and employee's benefits entitlement.

Loans receivable as at 31 March 2024 of HK\$118,425,000 (2023: Nil) is neither past due nor impaired. According to the terms and conditions of the scheme, staff loans are secured by second legal charge or mortgage or equitable mortgage and that monthly repayment of staff loans are deducted from the employees' wages. In order to transfer out the credit risk and provide liquidity to cater for more loan applications from staff, HA has engaged Hong Kong Mortgage Corporation ("HKMC") as the loan purchasing institution under which staff loans have been sold to HKMC on a quarterly basis from October 2023 onwards. On this basis, the loans receivable is classified as current assets and considered to be fully recoverable.

11 應收債款

員工置業貸款計劃於二零二二年十二月底推出。在此計劃下，醫管局會為合資格的僱員提供首期資助，以員工貸款及利息津貼的形式，協助僱員購置自住物業，讓僱員以優惠利率支付員工貸款利息。員工貸款的還款期為銀行按揭貸款期或僱員福利資格有效期，以較短者為準。

於二零二四年三月三十一日，應收債款為港幣 118,425,000 元(二零二三年：無)，當中並無逾期或減值。根據該計劃的條款及條件，員工貸款以第二法定押記或按揭或衡平法按揭作抵押，而員工貸款的每月還款會從員工的工資中扣除。為轉移信貸風險及提供流動資金以應付更多員工貸款申請，醫管局已聘用香港按揭證券有限公司（「按揭證券公司」）為購買貸款機構，由二零二三年十月起按季向按揭證券公司出售員工貸款。在此基礎上，應收債款被列為流動資產並視作可全額收回。

12 Accounts receivable**12 應收帳款****The Group and HA 集團及醫管局**

	At 31 March 2024 HK\$'000 2024年3月31日 港幣千元	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元
Bills receivable [note 12(a)] 應收帳單 [附註 12(a)]	433,730	453,611
Accrued income [note 12(b)] 應計收入 [附註 12(b)]	22,526	50,838
	456,256	504,449
Less: Allowance for expected credit losses [notes 12(c) and 12(d)] 減：預期信用損失撥備 [附註 12(c) 及 12(d)]	(62,849)	(61,140)
	393,407	443,309

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

(a) 應收帳單的帳齡分析如下：

The Group and HA 集團及醫管局

	At 31 March 2024 HK\$'000 2024年3月31日 港幣千元	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元
Within 30 days 30 日內	302,238	283,176
Between 31 and 60 days 31 至 60 日	55,268	72,295
Between 61 and 90 days 61 至 90 日	14,531	17,455
Over 90 days 超過 90 日	61,693	80,685
	433,730	453,611

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

集團有關病人帳單的政策如下：

- (i) Patients attending outpatient and Accident and Emergency services are required to pay fees before services are performed.
- (ii) Private patients and non-eligible persons are required to pay deposit on admission to hospital.
- (iii) Interim bills are sent to patients during hospitalisation. Final bills are sent if the outstanding amounts have not been settled on discharge.
- (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.

- (i) 病人到門診診所及急症室求診須於接受診治前繳付費用。
- (ii) 私家病人及非符合資格人士入院時須繳付訂金。
- (iii) 醫院會向住院病人發出中期帳單。假如病人在出院時未繳付尚欠的費用，醫院會發出最後帳單通知。
- (iv) 就二零零七年七月一日或之後所提供的醫療服務，若逾期支付費用須另繳行政費。如在帳單發出後 60 日仍未清繳費用，會另外徵收欠款 5% 作為行政費，每項帳單上限為港幣 1,000 元；如在帳單發出後 90 日仍未清繳費用，則會另外徵收欠款 10% 作為行政費，每項帳單上限為港幣 10,000 元。
- (v) 集團會就拖欠的帳款按個別情況採取法律行動。有經濟困難的病人，集團會考慮予以費用減免。

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財務報表附註

12 Accounts receivable (Continued)

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

The Group and HA 集團及醫管局	At 31 March 2024 HK\$'000 2024年3月31日 港幣千元	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元
Past due by 逾期：		
Within 30 days 30 日內	253,687	231,597
Between 31 and 60 days 31 至 60 日	36,207	54,781
Between 61 and 90 days 61 至 90 日	3,711	7,562
Over 90 days 超過 90 日	6,163	30,123
	299,768	324,063

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

- (b) Accrued income for hospital fees and charges represent contract assets, which are recognised when the Group has provided services before the debtors pay consideration or before payment is due.
- (c) At 31 March 2024, bills receivable of HK\$133,962,000 (2023: HK\$129,548,000) were impaired by HK\$62,849,000 (2023: HK\$61,140,000). The ageing analysis of these receivables is as follows:

12 應收帳款 (續)

逾期但沒有減值的應收帳單的帳齡分析如下：

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

- (b) 醫院收費的應計收入屬合約資產，當集團在債務人支付代價或費用到期前提供服務便予確認。
- (c) 於二零二四年三月三十一日，港幣133,962,000元(二零二三年：港幣129,548,000元)的應收帳單減值港幣62,849,000元(二零二三年：港幣61,140,000元)。這些應收帳單的帳齡分析如下：

The Group and HA 集團及醫管局	At 31 March 2024 HK\$'000 2024年3月31日 港幣千元	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元
Within 30 days 30 日內		
Between 31 and 60 days 31 至 60 日	48,551	51,579
Between 61 and 90 days 61 至 90 日	19,061	17,514
Over 90 days 超過 90 日	10,820	9,893
	55,530	50,562
	133,962	129,548

12 Accounts receivable (Continued)

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

The Group and HA 集團及醫管局	For the year ended 31 March 2024 HK\$'000 截至2024年 3月31日止年度 港幣千元	For the year ended 31 March 2023 HK\$'000 截至2023年 3月31日止年度 港幣千元
At the beginning of the year 於年初	61,140	70,325
Additional provision 撥備增加	48,203	29,368
Uncollectible amounts written off 註銷的未收回款額	(46,494)	(38,553)
At the end of the year 於年終	62,849	61,140

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.

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

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

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

The Group and HA 集團及醫管局	Lifetime Expected Credit Loss HK\$'000 整個存續 期的預期 信用損失 港幣千元	Net Carrying Amount HK\$'000 帳面淨值 港幣千元	Weighted Average Lifetime Expected Credit Loss Rate 加權平均 預期信用 損失率
At 31 March 2024 於 2024 年 3 月 31 日			
Within 6 months 6 個月內	431,465	(41,835)	389,630
Between 6 and 12 months 6 至 12 個月	14,199	(11,355)	2,844
Over 12 months 超過 12 個月	10,592	(9,659)	933
	456,256	(62,849)	393,407
At 31 March 2023 於 2023 年 3 月 31 日			
Within 6 months 6 個月內	455,100	(42,867)	412,233
Between 6 and 12 months 6 至 12 個月	13,727	(8,143)	5,584
Over 12 months 超過 12 個月	35,622	(10,130)	25,492
	504,449	(61,140)	443,309

The lifetime expected credit loss balances disclosed above include HK\$38,781,000 (2023: HK\$33,306,000) which were related to receivables individually determined to be impaired. These mainly related to non-eligible persons, the recoverability of which are considered to be low after taking all possible debt recovery actions.

上述披露的整個存續期的預期信用損失結餘包括港幣 38,781,000 元 (二零二三年：港幣 33,306,000 元)，與個別決定減值的應收帳單有關，主要涉及非符合資格人士。雖然已採取所有可能行動向他們追收欠款，但成功收回機會不大。

13 Other receivables

13 其他應收帳款

The Group and HA 集團及醫管局	At 31 March 2024 HK\$'000 2024年3月31日 港幣千元	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元
Donations receivable 應收捐款	47,722	29,569
Interest receivable 應收利息	589,922	421,991
Receivable from the Government for reimbursement or refund of expenditure incurred on capital projects [note 13(a)] 政府付還或退還基本工程項目所涉開支的應收款項 [附註 13(a)]	692,501	122,190
Others 其他	274,718	238,000
	1,604,863	811,750

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

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

The Group and HA 集團及醫管局	For the year ended 31 March 2024 HK\$'000 截至2024年 3月31日止年度 港幣千元	For the year ended 31 March 2023 HK\$'000 截至2023年 3月31日止年度 港幣千元
At the beginning of the year 於年初	122,190	(628,846)
Government funding received on capital projects 就基本工程項目收到的政府撥款	(5,879,522)	(4,796,699)
Amount incurred on capital projects 基本工程項目所涉款項	6,449,833	5,547,735
At the end of the year 於年終	692,501	122,190

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

The Group and HA 集團及醫管局	For the year ended 31 March 2024 HK\$'000 截至2024年 3月31日止年度 港幣千元	For the year ended 31 March 2023 HK\$'000 截至2023年 3月31日止年度 港幣千元
At the beginning of the year 於年初	-	-
Contributions received from the governing bodies of ex-subvented hospitals on capital projects 所收到前補助醫院管治機構就基本工程項目承擔款項	(187,517)	(28,500)
Amount incurred on capital projects 基本工程項目所涉款項	187,517	28,500
At the end of the year 於年終	-	-

14 Deposits and prepayments**14 按金及預付款項**

The Group 集團	At 31 March 2024 HK\$'000 2024年3月31日 港幣千元	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元
Utility and other deposits 公用事業及其他按金	65,194	60,015
Prepayments to Government departments 向政府部門預付的款項	5,468	4,103
Maintenance contracts and other prepayments 保養合約及其他預付款項	451,629	357,860
	522,291	421,978

HA 醫管局	At 31 March 2024 HK\$'000 2024年3月31日 港幣千元	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元
Utility and other deposits 公用事業及其他按金	65,064	59,891
Prepayments to Government departments 向政府部門預付的款項	5,468	4,103
Maintenance contracts and other prepayments 保養合約及其他預付款項	451,629	357,860
	522,161	421,854

15 Cash and bank balances**The Group and HA 集團及醫管局**

	At 31 March 2024 HK\$'000 2024年3月31日 港幣千元	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元
Cash at bank and in hand 銀行存款及手持現金	2,673,754	919,526
Bank deposits with original maturity within three months 原來到期日不超過三個月的銀行存款	5,790,618	1,187,583
Cash and cash equivalents 現金及現金等值	8,464,372	2,107,109
Bank deposits with original maturity over three months 原來到期日超過三個月的銀行存款	43,428,235	39,487,695
	51,892,607	41,594,804

The cash and bank balances included amounts designated for HLISS and Enhanced HLISS, Minor Works Projects Fund and PPP Fund of HK\$8,371,102,000 (2023: HK\$4,000,663,000), HK\$624,285,000 (2023: HK\$2,471,970,000) and HK\$194,102,000 (2023: HK\$438,349,000) respectively. The effective interest rate on short term bank deposits is between 2.60% and 4.78% (2023: 2.60% and 4.70%). These deposits have an average maturity of 64 days (2023: 55 days).

現金及銀行結餘包括購屋貸款利息津貼計劃及員工置業貸款計劃、小型工程項目基金及公私營協作基金的指定款項，分別為港幣 8,371,102,000 元(二零二三年：港幣 4,000,663,000 元)、港幣 624,285,000 元(二零二三年：港幣 2,471,970,000 元)及港幣 194,102,000 元(二零二三年：港幣 438,349,000 元)。短期銀行存款的實際利率為 2.60% 至 4.78% 之間(二零二三年：2.60% 至 4.70% 之間)，這些存款的平均到期日為 64 天(二零二三年：55 天)。

16 Designated fund - HLISS

The Group offers eligible employees under HLISS ("the original scheme") an interest subsidy to finance the purchase of a residence in Hong Kong. The original scheme is funded by HA through the recurrent subvention from the Government. With the implementation of Enhanced HLISS in late December 2022 (as set out in note 21(c)), the designated fund previously set aside for the original scheme will be used to meet the funding requirements for Enhanced HLISS applications in future years.

As agreed with HKMA, HK\$5,000,000,000 has been placed with the Exchange Fund since 19 August 2019 for a period of six years. As stated in note 8(c), HA withdrew the principal of HK\$2,000,000,000 from the placement during the financial year ended 31 March 2024. The remaining fund balance, including the amount withdrawn from the placement with the Exchange Fund, is maintained in designated bank accounts which was included under cash and bank balances.

16 指定基金 — 購屋貸款利息津貼計劃

根據購屋貸款利息津貼計劃(原有津貼計劃)，集團為合資格僱員提供利息津貼，以資助他們在本港購置居所。原有津貼計劃由醫管局透過政府的經常性補助予以資助，而隨著員工置業貸款計劃於二零二二年十二月底推行(如附註 21(c) 所列)，先前預留用以支付原有津貼計劃開支的指定基金將會用作應付員工置業貸款計劃於未來年度的資金需要。

根據醫管局與金管局的協議，醫管局由二零一九年八月十九日起將港幣 5,000,000,000 元的款項存於外匯基金，為期六年。如附註 8(c) 所列，醫管局於截至二零二四年三月三十一日止之財政年度從外匯基金存款中提取港幣 2,000,000,000 元的本金。連同已從外匯基金存款中提取的款項在內的基金結餘存於指定銀行戶口內，列入現金及銀行結餘。

17 Balance with Samaritan Fund

During the financial year ended 31 March 2013, the Government injected HK\$10,000,000,000 to support the operation of the Samaritan Fund, which was established in 1950 by resolution of the Legislative Council for the purpose of providing financial assistance to needy patients. As instructed by the Government, HK\$4,000,000,000 was vested immediately in the Samaritan Fund. The balance of HK\$6,000,000,000 not immediately required by the Samaritan Fund was placed with the Exchange Fund since 8 November 2012 by way of a credit facility entered into between HA and HKMA for a fixed period of six years. As agreed with HKMA, HA renewed the principal amount of HK\$6,000,000,000 for another six years at its maturity on 8 November 2018. During the financial year ended 31 March 2023, HA returned principal of HK\$400,000,000 and interest of HK\$1,126,915,000 withdrawn from the placement with the Exchange Fund to the Samaritan Fund.

As HA is acting as a custodian for the Samaritan Fund, the accrued interest as at 31 March 2024 was recorded together with the principal amount as balance with Samaritan Fund, which is unsecured, interest free and denominated in Hong Kong dollar. Since the remaining principal of HK\$5,600,000,000 and interest earned / accrued will be returned to the Samaritan Fund upon maturity of placement with the Exchange Fund on 8 November 2024, the balance with Samaritan Fund as at 31 March 2024 was classified as current liabilities as shown below:

17 撒瑪利亞基金結餘

撒瑪利亞基金於一九五零年經立法局決議成立，目的是向有需要的病人提供資助。於截至二零一三年三月三十一日止之財政年度，政府向撒瑪利亞基金注資港幣 10,000,000,000 元，以支持基金的運作。根據政府指示，為數港幣 4,000,000,000 元的款項即時投入基金，而餘下非即時需要的港幣 6,000,000,000 元，根據醫管局與金管局所訂的信貸安排，由二零一二年十一月八日起存入外匯基金，年期固定為六年。根據醫管局與金管局的協議，該筆港幣 6,000,000,000 元的本金於二零一八年十一月八日到期後續存於外匯基金，為期六年。於截至二零二三年三月三十一日止之財政年度，醫管局已從外匯基金存款中提取港幣 400,000,000 元的本金及港幣 1,126,915,000 元的利息歸還予撒瑪利亞基金。

由於醫管局作為撒瑪利亞基金的保管人，於外匯基金存款的本金連同截至二零二四年三月三十一日的應計利息，皆列作撒瑪利亞基金結餘。這筆款項沒抵押及免息，並以港元為單位。由於港幣 5,600,000,000 元的剩餘本金連同所獲/應計利息將於二零二四年十一月八日外匯基金的存款到期後歸還予撒瑪利亞基金，於二零二四年三月三十一日的撒瑪利亞基金結餘被列為流動負債如下：

The Group and HA 集團及醫管局

	At 31 March 2024 HK\$'000 2024年3月31日 港幣千元	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元
Principal amount 本金	5,600,000	5,600,000
Interest earned but not withdrawn at the reporting date 在報告日所獲但沒有提取的利息收入	220,975	-
Accrued interest 應計利息	53,550	64,866
Less: non-current portion 減：非流動部分	5,874,525	5,664,866
Current portion 流動部分	-	(5,600,000)
	5,874,525	64,866

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

18 Creditors and accrued charges

18 債權人及應付費用

The Group 集團	At 31 March 2024 HK\$'000 2024年3月31日 港幣千元	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元
Trade payables [note 18(a)] 應付貿易帳款 [附註 18(a)]	2,243,339	1,482,360
Accrued charges and other payables [note 18(b)] 應付費用及其他帳款 [附註 18(b)]	10,691,193	9,854,412
Current account with the Government [note 18(c)] 與政府之間的來往帳目 [附註 18(c)]	27,478,409	22,089,081
	40,412,941	33,425,853

HA 醫管局	At 31 March 2024 HK\$'000 2024年3月31日 港幣千元	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元
Trade payables [note 18(a)] 應付貿易帳款 [附註 18(a)]	2,243,256	1,482,360
Accrued charges and other payables [note 18(b)] 應付費用及其他帳款 [附註 18(b)]	10,642,431	9,798,977
Current account with the Government [note 18(c)] 與政府之間的來往帳目 [附註 18(c)]	27,478,409	22,089,081
Current account with a subsidiary 與附屬機構之間的來往帳目	48,721	55,317
	40,412,817	33,425,735

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

(a) 應付貿易帳款的帳齡分析如下：

The Group 集團	At 31 March 2024 HK\$'000 2024年3月31日 港幣千元	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元
Within 30 days 30 日內	2,065,977	1,428,772
Between 31 and 60 days 31 至 60 日	66,589	38,856
Between 61 and 90 days 61 至 90 日	26,432	7,463
Over 90 days 超過 90 日	84,341	7,269
	2,243,339	1,482,360

HA 醫管局	At 31 March 2024 HK\$'000 2024年3月31日 港幣千元	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元
Within 30 days 30 日內	2,065,894	1,428,772
Between 31 and 60 days 31 至 60 日	66,589	38,856
Between 61 and 90 days 61 至 90 日	26,432	7,463
Over 90 days 超過 90 日	84,341	7,269
	2,243,256	1,482,360

All trade payables as at 31 March 2024 are expected to be settled within one year.

二零二四年三月三十一日的應付貿易帳款應於一年內繳付。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

18 Creditors and accrued charges (Continued)

- (b) Accrued charges and other payables of the Group and HA included accrual for annual leave of HK\$2,561,115,000 (2023: HK\$2,741,626,000) and contract gratuity accrual of HK\$3,034,344,000 (2023: HK\$2,676,251,000).
- (c) The balance mainly included Government funding that was already received and set aside for designated programmes or specific items for future uses as agreed with the Government. The unutilised balances as at 31 March 2024 were as follows:
- HK\$6,468,000,000 for meeting the funding requirements of future new / enhanced initiatives (2023: HK\$3,468,000,000);
 - HK\$6,139,000,000 for medical and IT equipment replacement and maintenance (2023: HK\$3,146,000,000);
 - HK\$3,000,000,000 for commissioning of new and re-developed hospitals (2023: HK\$1,000,000,000); and
 - HK\$2,000,000,000 for eHealth related initiatives (2023: HK\$2,000,000,000).

19 Deposits received

The Group and HA 集團及醫管局	At 31 March 2024 HK\$'000 2024年3月31日 港幣千元	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元
Patient deposits [note 19(a)] 病人按金 [附註 19(a)]	45,572	39,302
Other deposits [note 19(b)] 其他按金 [附註 19(b)]	611,499	576,773
	657,071	616,075

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

18 債權人及應付費用 (續)

- (b) 集團及醫管局的應付費用及其他帳款包括未放年假撥備港幣 2,561,115,000 元(二零二三年：港幣 2,741,626,000 元)，以及應計合約酬金港幣 3,034,344,000 元(二零二三年：港幣 2,676,251,000 元)。
- (c) 結餘主要包括已收到並根據與政府的協議預留作指定計劃或特定項目供未來使用的政府撥款。於二零二四年三月三十一日的未動用結餘如下：
- 港幣 6,468,000,000 元(二零二三年：港幣 3,468,000,000 元)用於日後的新增/加強措施的資金需要；
 - 港幣 6,139,000,000 元(二零二三年：港幣 3,146,000,000 元)，以作醫療及資訊科技設備更換和保養之用；
 - 港幣 3,000,000,000 元(二零二三年：港幣 1,000,000,000 元)用作籌備及啟用新醫院及重建醫院；及
 - 港幣 2,000,000,000 元(二零二三年：港幣 2,000,000,000 元)用於數碼健康相關項目。

19 已收按金

	At 31 March 2024 HK\$'000 2024年3月31日 港幣千元	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元
Patient deposits [note 19(a)] 病人按金 [附註 19(a)]	45,572	39,302
Other deposits [note 19(b)] 其他按金 [附註 19(b)]	611,499	576,773
	657,071	616,075

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

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

20 Death and disability liabilities

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

The amounts recognised in the balance sheet are as follows:

The Group and HA 集團及醫管局	At 31 March 2024 HK\$'000 2024年3月31日 港幣千元	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元
Present value of funded obligations 注資責任的現值	299,223	233,496
Fair value of plan assets 計劃資產的公允價值	(12,123)	(42,387)
	287,100	191,109

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

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：

注資責任之現值變動如下：

The Group and HA 集團及醫管局	For the year ended 31 March 2024 HK\$'000 截至2024年 3月31日止年度 港幣千元	For the year ended 31 March 2023 HK\$'000 截至2023年 3月31日止年度 港幣千元
At the beginning of the year 於年初	233,496	273,022
Current service cost 現行服務開支	38,856	43,771
Interest cost 利息開支	7,870	5,785
Benefits paid 已付福利	(10,949)	(10,073)
Remeasurement of disability liability 傷殘福利責任重新計量	4,850	(27,738)
Remeasurement of death liability 死亡福利責任重新計量	25,100	(51,271)
At the end of the year 於年終	299,223	233,496

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

20 Death and disability liabilities (Continued)

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 2024 HK\$'000 截至2024年 3月31日止年度 港幣千元	For the year ended 31 March 2023 HK\$'000 截至2023年 3月31日止年度 港幣千元
At the beginning of the year 於年初	42,387	26,433
Adjustment on plan assets (excluding interest income) 計劃資產的調整(不包括利息收入)	(31,606)	16,274
Employer contributions 僱主供款	12,291	9,753
Benefits paid 已付福利	(10,949)	(10,073)
At the end of the year 於年終	12,123	42,387

The death benefits are insured by a group life insurance policy and the current insurance policy covers the period up to 31 July 2024. The fair value of plan assets was estimated based on the present value of the expected death benefits covered by the policy period from 1 April 2024 up to 31 July 2024.

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 2024 HK\$'000 截至2024年 3月31日止年度 港幣千元	For the year ended 31 March 2023 HK\$'000 截至2023年 3月31日止年度 港幣千元
Current service cost 現行服務開支	38,856	43,771
Interest cost 利息開支	7,870	5,785
Remeasurement of disability liability 傷殘福利責任重新計量	4,850	(27,738)
Total, included in staff costs [note 25] 總計(包括在員工成本內)[附註 25]	51,576	21,818
Remeasurement of death liability 死亡福利責任重新計量	25,100	(51,271)
Adjustment on plan assets (excluding interest income) 計劃資產的調整(不包括利息收入)	31,606	(16,274)
Total, included in other comprehensive income 總計(包括在其他全面收益內)	56,706	(67,545)

20 死亡及傷殘福利責任 (續)

計劃資產的公允價值變動如下：

The Group and HA 集團及醫管局	For the year ended 31 March 2024 HK\$'000 截至2024年 3月31日止年度 港幣千元	For the year ended 31 March 2023 HK\$'000 截至2023年 3月31日止年度 港幣千元
At the beginning of the year 於年初	42,387	26,433
Adjustment on plan assets (excluding interest income) 計劃資產的調整(不包括利息收入)	(31,606)	16,274
Employer contributions 僱主供款	12,291	9,753
Benefits paid 已付福利	(10,949)	(10,073)
At the end of the year 於年終	12,123	42,387

醫管局透過團體人壽保險為僱員提供死亡福利保障，現行保險計劃有效期至二零二四年七月三十一日。計劃資產的公允價值根據由二零二四年四月一日至二零二四年七月三十一日止的保單有效期內之預期死亡福利的現值作估算。

下列是根據精算估值得出並在綜合收支結算表及綜合全面收益表予以確認的款額：

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

20 Death and disability liabilities (Continued)

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

The Group and HA 集團及醫管局	For the year ended 31 March 2024 截至2024年 3月31日止年度 %	For the year ended 31 March 2023 截至2023年 3月31日止年度 %
Discount rate 貼現率	3.70	3.60
Assumed rate of future salary increases 假設未來薪金增幅	2.50	2.50

The analysis below shows how the present value of the funded obligations as at 31 March 2024 would have increased / (decreased) as a result of the following changes in the principal actuarial assumptions:

The Group and HA 集團及醫管局	Increase in 50 basis points HK\$'000 利率升 50 點子 港幣千元	Decrease in 50 basis points HK\$'000 利率降 50 點子 港幣千元
Discount rate 貼現率	(12,053)	13,128
Assumed rate of future salary increases 假設未來薪金增幅	14,071	(12,979)

20 死亡及傷殘福利責任 (續)

精算估值採用的主要精算假設如下：

下列分析是根據以下主要精算假設的改變，得出二零二四年三月三十一日注資責任現值的增加 / (減少)：

NOTES TO THE FINANCIAL STATEMENTS 財務報表附註

21 Deferred income

21 遲延收益

The Group and HA 集團及醫管局

	Designated donation fund [Note 2(e)]	Minor Works Projects Fund [Note 21(a)]	PPP Fund [Note 21(b)]	Enhanced HLISS [Note 21(c)]	Total HK\$'000 總計 港幣千元
	HK\$'000 指定捐贈 基金 [附註 2(e)]	HK\$'000 小型工程 項目基金 [附註 21(a)]	HK\$'000 公私營 協作基金 [附註 21(b)]	HK\$'000 員工置業 貸款計劃 [附註 21(c)]	
At 1 April 2022 於 2022 年 4 月 1 日	713,442	4,647,422	1,033,537	-	6,394,401
Additions during the year 年內增加	253,592	-	11,301	-	264,893
Interest earned 所獲利息	-	71,993	548,685	-	620,678
Transfers to deferred income - capital subventions and capital donations 轉調往遞延收益 — 資本補助及資本捐贈	-	(17,549)	-	-	(17,549)
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(269,482)	(2,422,370)	(530,392)	-	(3,222,244)
Reclassifications 重新分類	-	-	-	4,687,904	4,687,904
At 31 March 2023 於 2023 年 3 月 31 日	697,552	2,279,496	1,063,131	4,687,904	8,728,083
Additions during the year 年內增加	148,904	-	14,726	1,340,401	1,504,031
Interest earned 所獲利息	-	73,451	409,078	448,661	931,190
Transfers to deferred income - capital subventions and capital donations 轉調往遞延收益 — 資本補助及資本捐贈	-	(32,753)	-	(4,723)	(37,476)
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(93,585)	(2,174,621)	(656,215)	(7,515)	(2,931,936)
At 31 March 2024 於 2024 年 3 月 31 日	752,871	145,573	830,720	6,464,728	8,193,892

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

21 Deferred income (Continued)

(a) Minor Works Projects Fund

During the financial year ended 31 March 2014, the Government advanced HK\$13,000,000,000 (under Subhead 8083MM) to HA for minor works projects to improve the existing facilities in public hospitals and clinics. The one-off grant has replaced the annual block funding allocation under Capital Works Reserve Fund - Improvement Works Block Vote (Subhead 8100MX) and covers minor works projects under five planned programmes, with costing not more than HK\$75 million for each individual item. The five programmes are facility rejuvenation programme, capacity enhancement programme, safe engineering programme, universal accessibility programme and regular maintenance / minor works and preparatory works for major capital works projects. The approved grant, together with the related investment income, will be fully used to meet the costs of the minor works projects in the coming 10 years or so starting from April 2014. HA will seek prior approval from the Government for each individual item of expenditure to be funded by the one-off grant.

(b) PPP Fund

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

During the financial year ended 31 March 2024, the Government provided recurrent subvention of HK\$14,726,000 (2023: HK\$11,301,000) to HA for pay adjustment of staff deployed on PPP programmes. The subvention was transferred to the PPP Fund and was recognised in the deferred income – PPP Fund when the subvention was received.

(c) Enhanced HLISS

The HA Board approved in March 2020 to designate the Government funding contributed for HLISS and related investment income, after meeting the expenditure for the original scheme, for Enhanced HLISS from the financial year ended 31 March 2021 onwards. Having considered that the HA Board approved in June 2022 the introduction of Enhanced HLISS which was launched in late December 2022 and the designated funding would be fully allocated for meeting the cash outflow for staff loan remittance and interest subsidy payments to HKMC in 2023/24 and subsequent years, total funds set aside for Enhanced HLISS of HK\$4,687,904,000 as at 31 March 2023 was reclassified as deferred income from current account with the Government under creditors and accrued charges. The accounting policy for Government funding designated for Enhanced HLISS and related investment income is set out in note 2(q)(iv).

21 遲延收益 (續)

(a) 小型工程項目基金

於截至二零一四年三月三十一日止的財政年度內，政府預支港幣13,000,000,000元(分目8083MM項下)予醫管局，以供進行小型工程項目，改善公立醫院及診所的現時設施。這筆一次性撥款已代替每年透過基本工程儲備基金—改善工程的整體撥款(分目8100MX)，並按五個擬定計劃進行每項上限為港幣7,500萬元的小型改善工程。五個計劃包括設施修復計劃、服務量提升計劃、安全機電計劃、加強人人暢道通行計劃，以及定期維修/小型工程及主要工程計劃的預備工作。獲批撥款連同有關投資收入將用以支付由二零一四年四月起未來約十年的小型工程項目開支。醫管局會就動用該筆一次性撥款的每個開支項目事先徵求政府批准。

(b) 公私營協作基金

於二零一六年三月三十一日，政府向醫管局撥款港幣10,000,000,000元設立留本基金(附註23)，利用所得投資回報以恆常營運和優化持續推行的臨床公私營協作計劃，以及在日後推行新的計劃。醫管局可利用投資回報，連同政府之前給予的一次性指定撥款的結餘，持續營運自二零一六年四月起推行的公私營協作計劃。

於截至二零二四年三月三十一日止的財政年度，政府向醫管局提供港幣14,726,000元(二零二三年：港幣11,301,000元)經常性補助，用作公私營協作計劃職員的薪酬調整。有關補助於收到時轉調往公私營協作基金，並確認為遞延收益—公私營協作基金。

(c) 員工置業貸款計劃

醫管局大會於二零二零年三月批准由截至二零二一年三月三十一日止的財政年度起，將原定用於購屋貸款利息津貼計劃的政府撥款及相關投資收入(在支付該津貼計劃的開支後)改用於員工置業貸款計劃。鑑於員工置業貸款計劃於二零二二年六月獲醫管局大會批准設立並於二零二二年十二月底推出，而指定款項會全數用於在二零二三/二四年度及其後各年度員工貸款匯款及向按揭證券公司支付利息津貼的現金支出，截至二零二三年三月三十一日為員工置業貸款計劃預留為數港幣4,687,904,000元的資金總額，已由債權人及應付費用下的與政府之間的來往帳目，重新分類為遞延收益。指定用於推行員工置業貸款計劃的政府撥款及有關投資收入之會計政策載於附註2(q)(iv)。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

22 Deferred income - capital subventions and capital donations

22 遲延收益 — 資本補助及資本捐贈

The Group 集團	Capital subventions [Note 2(q)] HK\$'000 資本補助 [附註 2(q)] 港幣千元	Capital donations [Note 2(e)] HK\$'000 資本捐贈 [附註 2(e)] 港幣千元	Total HK\$'000 總計 港幣千元
At 1 April 2022 於 2022 年 4 月 1 日	7,104,781	1,127,302	8,232,083
Additions during the year 年內增加	2,406,602	121,630	2,528,232
Transfers from Minor Works Projects Fund	17,549	-	17,549
轉調自小型工程項目基金			
Transfers to consolidated statement of income and expenditure	(1,585,038)	(155,956)	(1,740,994)
轉調往綜合收支結算表			
At 31 March 2023 於 2023 年 3 月 31 日	7,943,894	1,092,976	9,036,870
Additions during the year 年內增加	2,532,463	95,707	2,628,170
Transfers from Enhanced HLISS	4,723	-	4,723
轉調自員工置業貸款計劃			
Transfers from Minor Works Projects Fund	32,753	-	32,753
轉調自小型工程項目基金			
Transfers to consolidated statement of income and expenditure	(1,581,463)	(152,762)	(1,734,225)
轉調往綜合收支結算表			
At 31 March 2024 於 2024 年 3 月 31 日	8,932,370	1,035,921	9,968,291
HA 醫管局	Capital subventions [Note 2(q)] HK\$'000 資本補助 [附註 2(q)] 港幣千元	Capital donations [Note 2(e)] HK\$'000 資本捐贈 [附註 2(e)] 港幣千元	Total HK\$'000 總計 港幣千元
At 1 April 2022 於 2022 年 4 月 1 日	7,093,464	1,127,302	8,220,766
Additions during the year 年內增加	2,399,658	121,630	2,521,288
Transfers from Minor Works Projects Fund	17,549	-	17,549
轉調自小型工程項目基金			
Transfers to statement of income and expenditure	(1,576,906)	(155,956)	(1,732,862)
轉調往收支結算表			
At 31 March 2023 於 2023 年 3 月 31 日	7,933,765	1,092,976	9,026,741
Additions during the year 年內增加	2,523,387	95,707	2,619,094
Transfers from Enhanced HLISS	4,723	-	4,723
轉調自員工置業貸款計劃			
Transfers from Minor Works Projects Fund	32,753	-	32,753
轉調自小型工程項目基金			
Transfers to statement of income and expenditure	(1,576,457)	(152,762)	(1,729,219)
轉調往收支結算表			
At 31 March 2024 於 2024 年 3 月 31 日	8,918,171	1,035,921	9,954,092

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

23 Public-Private Partnership Endowment Fund

As approved by the Government, the endowment fund of HK\$10,000,000,000 has been placed with the Exchange Fund for a period of six years since 12 July 2016. As agreed with HKMA, HA renewed the placement of HK\$10,000,000,000 for another six years upon maturity on 12 July 2022.

24 Hospital / clinic fees and charges

The charges for hospital services provided by the Group are levied in accordance with those stipulated in the Gazette. Since the Government has established a set of policies and procedures on granting fee waivers to the needy patients, the hospital / clinic fees and charges recognised as income in the consolidated statement of income and expenditure are stated net of such waivers. The amount of hospital / clinic fees and charges waived for the financial year ended 31 March 2024 amounted to HK\$1,158,367,000 (2023: HK\$1,112,018,000).

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

23 公私營協作留本基金

政府批准醫管局由二零一六年七月十二日起將港幣 10,000,000,000 元的留本基金存於外匯基金，為期六年。根據醫管局與金管局的協議，該筆港幣 10,000,000,000 元的存款於二零二二年七月十二日到期後續存於外匯基金，為期六年。

24 醫院/診療所收費

集團所提供的醫療服務，是根據憲報刊載的收費表而收取費用。由於政府已制訂一套給予經濟有困難病人費用減免的政策及程序，故在綜合收支結算表中確認為收入的醫院/診療所收費，已扣除了這些減免數額。在截至二零二四年三月三十一日止之財政年度內，獲減免的醫院/診療所收費為港幣 1,158,367,000 元（二零二三年：港幣 1,112,018,000 元）。

在一段時間內或在某一時點獲得的各類醫院/診療所收費（已扣除減免數額）如下：

The Group 集團		Over time HK\$'000 在一段時間內 港幣千元	At a point in time HK\$'000 在某一時點 港幣千元	Total HK\$'000 總計 港幣千元
For the year ended 31 March 2024				
截至 2024 年 3 月 31 日止年度				
Inpatient fees 住院收費	724,780	-	724,780	
Outpatient fees 門診收費	-	1,402,210	1,402,210	
Itemised charges 分項收費	87,494	3,595,817	3,683,311	
Other medical fees 其他醫療收費	1,510	53,901	55,411	
	813,784	5,051,928	5,865,712	
For the year ended 31 March 2023				
截至 2023 年 3 月 31 日止年度				
Inpatient fees 住院收費	564,055	-	564,055	
Outpatient fees 門診收費	-	1,235,108	1,235,108	
Itemised charges 分項收費	49,015	3,283,543	3,332,558	
Other medical fees 其他醫療收費	1,537	102,865	104,402	
	614,607	4,621,516	5,236,123	

25 Staff costs**25 員工成本**

The Group 集團	For the year ended 31 March 2024 HK\$'000 截至 2024年 3月31日止年度 港幣千元	For the year ended 31 March 2023 HK\$'000 截至 2023年 3月31日止年度 港幣千元
Basic salaries and other short term employee benefits 基本薪金及其他短期僱員福利	58,428,711	55,542,999
Post-employment benefits 離職後福利 :		
- Contribution to HA Provident Fund Scheme [note 25(a)] 醫院管理局公積金計劃供款 [附註 25(a)]	2,828,930	2,795,836
- Contribution to Mandatory Provident Fund Scheme [note 25(b)] 強制性公積金計劃供款 [附註 25(b)]	1,104,954	1,058,356
Death and disability benefits [note 20] 死亡及傷殘福利 [附註 20]	51,576	21,818
	62,414,171	59,419,009

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

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

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

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

At 31 March 2024, the total membership was 25,523 (2023: 26,404). The scheme's net asset value as at 31 March 2024 was HK\$69,809,369,000 (2023: HK\$68,481,724,000).

(a) 醫院管理局公積金計劃

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

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

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

於二零二四年三月三十一日，計劃共有25,523名成員(二零二三年：26,404名)，計劃的資產淨值為港幣69,809,369,000元(二零二三年：港幣68,481,724,000元)。

25 Staff costs (Continued)

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

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

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

At 31 March 2024, the total membership was 80,140 (2023: 78,780). During the financial year ended 31 March 2024, total members' contributions were HK\$960,823,000 (2023: HK\$920,914,000). The net asset value as at 31 March 2024, including assets transferred from members' previous employment, was HK\$13,132,452,000 (2023: HK\$12,319,094,000).

26 Other operating expenses

Other operating expenses comprise office supplies, hospital supplies, non-capitalised project expenditure and other administrative expenses. For the financial year ended 31 March 2024, other operating expenses included external auditor's remuneration of HK\$1,050,000 (2023: HK\$1,050,000).

25 員工成本 (續)

(b) 強制性公積金計劃

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

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

於二零二四年三月三十一日，計劃共有 80,140 名成員(二零二三年：78,780 名)。在截至二零二四年三月三十一日止之財政年度內，成員的供款總額為港幣 960,823,000 元(二零二三年：港幣 920,914,000 元)。於二零二四年三月三十一日，計劃的資產淨值，包括成員先前職位轉調的資產，為港幣 13,132,452,000 元(二零二三年：港幣 12,319,094,000 元)。

26 其他營運開支

其他營運開支包括辦公室用品、醫院物資、非資本化項目開支及其他行政開支。截至二零二四年三月三十一日止之財政年度，其他營運開支包括核數師酬金港幣 1,050,000 元(二零二三年：港幣 1,050,000 元)。

NOTES TO THE FINANCIAL STATEMENTS

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

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

Name of Executives / Position 行政人員姓名 / 職位	For the year ended 31 March 2024 HK\$'000 截至2024年 3月31日止年度 港幣千元
Dr Tony KO Pat-sing 高拔陞醫生 Chief Executive 行政總裁	6,867
Dr Nelson WAT Ming-sun 屈銘伸醫生 Hospital Chief Executive (Caritas Medical Centre) 明愛醫院行政總監	5,736
Dr Theresa LI Tak-lai 李德麗醫生 Cluster Chief Executive (Hong Kong West) 港島西聯網總監	5,542
Dr CHUNG Kin-lai 鍾健禮醫生 Cluster Chief Executive (New Territories East) 新界東聯網總監	5,373
Dr Deacons YEUNG Tai-kong 楊諦岡醫生 Cluster Chief Executive (Kowloon East) 九龍東聯網總監	5,298
	28,816

Note:

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

財務報表附註

27 大會成員及五名最高薪行政人員的酬金

- (a) 所有出任大會成員的人士均沒有因以成員身份提供服務而領取酬金。
- (b) 年內的員工成本已包括支付予以下五名最高薪行政人員(包括行政總裁、聯網總監、總辦事處各總監及其他部門主管和醫院行政總監)的酬金，當中已計入基本薪金及其他短期僱員福利及離職後福利：

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

財務報表附註

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

27 大會成員及五名最高薪行政人員的酬金 (續)

Name of Executives / Position 行政人員姓名 / 職位		For the year ended 31 March 2023 HK\$'000 截至2023年 3月31日止年度 港幣千元
Dr Tony KO Pat-sing 高拔陞醫生 Chief Executive 行政總裁		6,555
Dr Nelson WAT Ming-sun 屈銘伸醫生 Hospital Chief Executive (Caritas Medical Centre) 明愛醫院行政總監		5,418
Dr Theresa LI Tak-lai 李德麗醫生 Cluster Chief Executive (Hong Kong West) 港島西聯網總監		5,297
Dr CHUNG Kin-lai 鍾健禮醫生 Cluster Chief Executive (New Territories East)* 新界東聯網總監* Director (Quality & Safety)* 質素及安全總監*	1,541 3,668	5,209
Dr David SUN Tin-fung 孫天峯醫生 Hospital Chief Executive (North District Hospital) 北區醫院行政總監		5,071
		27,550

Note:

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

* Dr CHUNG Kin-lai was appointed as Cluster Chief Executive (New Territories East) with effect from 15 December 2022. Prior to this appointment, he served as Director (Quality & Safety).

註：

所有行政人員並不獲取與表現掛鈎的不定額薪酬。

* 鍾健禮醫生為前任質素及安全總監，於二零二二年十二月十五日起獲委任為新界東聯網總監。

28 Related party transactions

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

- (a) HA has a number of contracts with the Electrical and Mechanical Services Department ("EMSD") of the Government for providing biomedical and general electronics engineering services, electrical, mechanical, air-conditioning, building services and other services (e.g. capital and improvement works) to the Group. The amounts incurred for these services for the financial year ended 31 March 2024 amounted to HK\$2,481,695,000 (2023: HK\$2,493,316,000).
- (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 2024, revenue foregone in respect of medical services provided to these persons amounted to HK\$366,925,000 (2023: HK\$312,629,000). The cost of such services has been taken into account in the Government's subvention to the Group.
- (c) HA has entered into short-term licence agreements with the AsiaWorld-Expo Management Limited, which is wholly owned by the Airport Authority Hong Kong, to permit HA on using licenced area for the operation of Hong Kong Infection Control Centre during the periods from 1 February 2023 to 31 January 2024 and 1 February 2024 to 31 July 2024. Total license fees recognised in the statement of income and expenditure during the financial year ended 31 March 2024 amounted to HK\$54,000,000 (2023: HK\$9,000,000).
- (d) Under a master mortgage sale and purchase agreement with HKMC, HA has sold the staff loans offered to its eligible employees under Enhanced HLISS to HKMC on a quarterly basis from October 2023 onwards (note 11). During the financial year ended 31 March 2024, total settlement amount received from HKMC, being outstanding principal balance on staff loans, amounted to HK\$234,883,000.

28 與關聯人士的交易

集團與關聯人士所作的重大交易計有：

- (a) 醫管局與政府機電工程署訂立了數份合約，由該署向集團提供生物醫學及一般電子工程服務、電力、機械、空調、樓宇服務及其他服務(如基本工程及改善工程)。截至二零二四年三月三十一日止之財政年度內有關服務涉及的款額為港幣 2,481,695,000 元(二零二三年：港幣 2,493,316,000 元)。
- (b) 醫管局與政府訂立了協議，為現職及退休公務員、其合資格的家屬及其他符合資格人士免費或按《公務員事務規則》所訂收費提供公立醫院及診療所的服務及設施。截至二零二四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 366,925,000 元(二零二三年：港幣 312,629,000 元)，這些服務的費用已包括在政府給集團的補助內。
- (c) 醫管局與亞洲國際博覽館管理有限公司(由香港機場管理局全資擁有)簽訂短期租用協議，容許醫管局於二零二三年二月一日至二零二四年一月三十一日及二零二四年二月一日至二零二四年七月三十一日期間在租用的地方營運香港感染控制中心。在截至二零二四年三月三十一日止之財政年度，租用場地費用總額為港幣 54,000,000 元(二零二三年：港幣 9,000,000 元)，並在收支結算表內確認。
- (d) 根據與按揭證券公司簽訂的總抵押貸款買賣協議，醫管局由二零二三年十月起，按季向按揭證券公司出售在員工置業貸款計劃下向合資格員工提供的員工貸款(附註 11)。於截至二零二四年三月三十一日止之財政年度，從按揭證券公司收到的總結算金額(即員工貸款的未償還本金餘額)為港幣 234,883,000 元。

28 Related party transactions (Continued)

(e) Remuneration of key management personnel

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

Total remuneration of the key management personnel is shown below:

	For the year ended 31 March 2024 HK\$'000 截至2024年 3月31日止年度 港幣千元	For the year ended 31 March 2023 HK\$'000 截至2023年 3月31日止年度 港幣千元
Basic salaries and other short term employee benefits 基本薪金及其他短期僱員福利	69,051	69,695
Post-employment benefits 離職後福利	6,766	6,723
	75,817	76,418

- (f) Other significant related party transactions with the Government include annual recurrent grants, capital subventions (note 22) and designated funds (notes 16 and 21). Details of transactions relating to the Group's retirement schemes are included in note 25.
- (g) Outstanding balances with the Government as at 31 March 2023 and 31 March 2024 are disclosed in notes 8, 13, 14, 17, 18 and 23. The current account with a subsidiary, HACM Limited, is disclosed in note 18.

28 與關聯人士的交易 (續)

(e) 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、總辦事處各總監及其他部門主管。

主要管理人員的薪酬總額如下：

	For the year ended 31 March 2024 HK\$'000 截至2024年 3月31日止年度 港幣千元	For the year ended 31 March 2023 HK\$'000 截至2023年 3月31日止年度 港幣千元
Basic salaries and other short term employee benefits 基本薪金及其他短期僱員福利	69,051	69,695
Post-employment benefits 離職後福利	6,766	6,723
	75,817	76,418

- (f) 與政府進行的其他重大關聯人士交易包括每年經常性補助、資本補助(附註 22)及指定基金(附註 16 及 21)，有關集團退休計劃的交易詳情載於附註 25。
- (g) 截至二零二三年及二零二四年三月三十一日與政府之間的未清帳款於附註 8, 13, 14, 17, 18 及 23 披露，與附屬機構「醫院管理局中醫藥發展有限公司」之間的來往帳目於附註 18 披露。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

29 Notes to the consolidated statement of cash flows

(a) Net cash generated from operating activities

The Group 集團

29 綜合現金流動報表附註

(a) 營運活動所得現金淨額

	For the year ended 31 March 2024 HK\$'000 截至2024年 3月31日止年度 港幣千元	For the year ended 31 March 2023 HK\$'000 截至2023年 3月31日止年度 港幣千元
Surplus for the year 年內盈餘	986,282	478,019
Investment income 投資收益	(1,986,817)	(788,779)
Interest for Minor Works Projects Fund 小型工程項目基金利息	108,315	43,987
Income transferred from Minor Works Projects Fund 轉調自小型工程項目基金之收入	(2,174,621)	(2,422,370)
Interest for PPP Fund 公私營協作基金利息	382,520	716,965
Income transferred from PPP Fund 轉調自公私營協作基金之收入	(656,215)	(530,392)
Interest for Enhanced HLISS 員工置業貸款計劃利息	1,250,116	-
Income transferred from Enhanced HLISS 轉調自員工置業貸款計劃之收入	(7,515)	-
Capital subventions for property, plant and equipment and intangible assets 物業、機器及設備及無形資產之資本補助	2,532,463	2,406,602
Capital donations for property, plant and equipment and intangible assets 物業、機器及設備及無形資產之資本捐贈	95,707	121,630
Income transferred from capital subventions and capital donations 轉調自資本補助及資本捐贈之收入	(1,734,225)	(1,740,994)
Disposal of property, plant and equipment and intangible assets 出售物業、機器及設備及無形資產	29,712	19,850
Adjustment of inventories to net realisable value 存貨調整至可變現淨值	(108,316)	425,480
Depreciation and amortisation 折舊及攤銷	2,042,848	2,014,923
Finance costs 財務費用	19,319	10,038
Increase in death and disability liabilities 死亡及傷殘福利責任增加	39,285	12,065
Increase / (decrease) in deferred income 遲延收益增加 / (減少)	1,410,446	(4,588)
Decrease / (increase) in inventories 存貨減少 / (增加)	1,816,706	(1,093,596)
(Increase) / decrease in loans receivable 應收債款(增加) / 減少	(118,425)	11
Decrease in accounts receivable 應收帳款減少	49,902	3,141
Increase in other receivables 其他應收帳款增加	(625,182)	(187,773)
(Increase) / decrease in deposits and prepayments 按金及預付款項(增加) / 減少	(100,889)	314,462
Increase in creditors and accrued charges 債權人及應付費用增加	6,987,088	9,270,455
Increase in deposits received 已收按金增加	40,996	70,351
Net cash generated from operating activities 營運活動所得現金淨額	10,279,500	9,139,487

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

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

(b) Reconciliation of liabilities arising from financing activities

29 綜合現金流動報表附註 (續)

(b) 融資活動產生的負債對帳

The Group 集團	Lease liabilities HK\$'000 租賃負債 港幣千元
At 1 April 2022 於 2022 年 4 月 1 日	509,397
Cash flow changes 現金流量變動	
Payment of principal portion of lease liabilities 支付租賃負債本金部分	(310,788)
Non-cash changes 非現金項目變動	
Additions of leases 租賃增加	474,423
At 31 March 2023 於 2023 年 3 月 31 日	673,032
Cash flow changes 現金流量變動	
Payment of principal portion of lease liabilities 支付租賃負債本金部分	(350,072)
Non-cash changes 非現金項目變動	
Additions of leases 租賃增加	192,593
At 31 March 2024 於 2024 年 3 月 31 日	515,553

30 Donations from the Hong Kong Jockey Club Charities Trust

During the financial year ended 31 March 2024, the Hong Kong Jockey Club Charities Trust made donations totalling HK\$5,388,000 (2023: HK\$17,971,000) to the following institutions:

30 來自香港賽馬會慈善信託基金的捐贈

截至二零二四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向下列機構捐出港幣 5,388,000 元(二零二三年：港幣 17,971,000 元)：

	HK\$'000 港幣千元
Pok Oi Hospital 博愛醫院	4,250
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	978
Kowloon Hospital 九龍醫院	160
	5,388

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

根據附註 2(e)(ii) 所載的會計政策，捐贈列入指定捐贈基金內。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

31 Net proceeds from fund raising activities under Public Subscription Permits ("PSP") granted by the Social Welfare Department

The net proceeds from fund raising activities under PSP granted by the Social Welfare Department of the Government during the stated period are set out below:

31 獲社會福利署發給公開籌款許可證進行籌款活動所得淨收入

獲政府社會福利署發給公開籌款許可證在指定期間進行籌款活動所得淨收入如下：

Institution 機構	PSP No. 公開籌款 許可證編號	Purpose 目的	Period Covered 涵蓋期間	Gross Income Raised HK\$'000	Gross Expenditure Incurred HK\$'000	Net Proceeds HK\$'000
				收入總額 港幣千元	開支總額 港幣千元	淨收入 港幣千元
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	2023/021/1	Improving the quality of patient care services 改善病人服務質素	1/4/2023 - 31/3/2024	27	0	27
Bradbury Hospice 白普理寧養中心	2022/095/1	To raise funds for patient care 籌款用作病人福利	1/11/2022 - 31/10/2023	11	0	11
Caritas Medical Centre 明愛醫院	2022/032/1	To raise funds for patient services of Caritas Medical Centre 籌款用作明愛醫院病人服務	1/5/2022 - 30/4/2023	59	3	56
Castle Peak Hospital 青山醫院	2022/142/1	To raise funds for mental health promotion 籌款用作精神健康教育推廣	1/1/2023 - 31/12/2023	18	14	4
Cheshire Home, Shatin 沙田慈氏護養院	2022/046/1	To raise funds for developing patient related services 籌款用作發展與病人相關的服務	8/7/2022 - 30/6/2023	20	0	20
Grantham Hospital 葛量洪醫院	2023/009/1	To raise funds for improving patient services of Grantham Hospital 籌款用作改善葛量洪醫院病友服務	1/2/2023 - 31/1/2024	31	0	31
Haven of Hope Hospital 靈實醫院	2023/027/1	To raise funds for services of Haven of Hope Hospital 籌款用作靈實醫院的服務	1/4/2023 - 31/3/2024	97	1	96
Hong Kong Buddhist Hospital 香港佛教醫院	2023/008/1	To raise funds for the purchase of medical instruments / equipment and office equipment, improvement of hospital premises and supporting patient related activities 籌款用作購買醫療儀器及辦公室設備，改善醫院環境及病人活動經費	1/2/2023 - 31/1/2024	70	1	69

NOTES TO THE FINANCIAL STATEMENTS

31 Net proceeds from fund raising activities under Public Subscription Permits ("PSP") granted by the Social Welfare Department (Continued)

財務報表附註

31 獲社會福利署發給公開籌款許可證進行籌款活動所得淨收入(續)

Institution 機構	PSP No. 公開籌款 許可證編號	Purpose 目的	Period Covered 涵蓋期間	Gross Income Raised 港幣千元	Gross Expenditure Incurred 港幣千元	Net Proceeds 港幣千元
				HK\$'000 收入總額 港幣千元	HK\$'000 開支總額 港幣千元	HK\$'000 淨收入 港幣千元
North District Hospital Charitable Foundation 北區醫院慈善信託基金	2022/138/1	To raise funds for North District Hospital Charitable Foundation so as to support North District Hospital in improving the physical and mental health of the public in the community and to promote health education, medical education and research 籌款用作「北區醫院慈善信託基金」以支持北區醫院改善社區內公眾人士的身體和精神健康，並促進健康教育、醫學教育和研究	1/1/2023 - 31/12/2023	110	0	110
Our Lady of Maryknoll Hospital 聖母醫院	2023/023/1	To raise funds for improvement of patient services 籌款用作改善對病人的服務	1/4/2023 - 31/3/2024	21	4	17
Prince of Wales Hospital Charitable Foundation 威爾斯親王醫院慈善信託基金	2022/072/1	To raise funds for supporting the services of the Prince of Wales Hospital, improving the physical and mental health in the community and promote medical education & research 籌款用作支援威爾斯親王醫院服務，改善區內公眾的身心健康以及推動醫學教育和研究	1/9/2022 - 31/8/2023	908	9	899
Queen Mary Hospital 瑪麗醫院	2023/024/1	To raise funds for hospital service enhancement 籌款用作提升醫院服務	1/4/2023 - 31/3/2024	70	0	70
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	2023/025/1	To raise funds for volunteer services, patient related activities and improvement of hospital service 籌款用作義工服務、病人活動及改善醫院服務	1/4/2023 - 31/3/2024	46	4	42
Shatin Hospital 沙田醫院	2022/112/1	To raise funds for developing patient service 籌款用作發展病人服務	1/12/2022 - 30/11/2023	5	0	5
St. John Hospital 長洲醫院	2022/144/1	To raise funds for enhancing the services of St. John Hospital 籌款用作提升長洲醫院的服務質素	16/1/2023 - 31/12/2023	11	1	10
Tai Po Hospital 大埔醫院	2023/022/1	Improving of the quality of patient care services 改善病人服務質素	1/4/2023 - 31/3/2024	17	0	17

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

31 Net proceeds from fund raising activities under Public Subscription Permits ("PSP") granted by the Social Welfare Department (Continued)

31 獲社會福利署發給公開籌款許可證進行籌款活動所得淨收入 (續)

Institution 機構	PSP No. 公開籌款 許可證編號	Purpose 目的	Period Covered 涵蓋期間	Gross Income Raised HK\$'000 收入總額 港幣千元	Gross Expenditure Incurred HK\$'000 開支總額 港幣千元	Net Proceeds HK\$'000 淨收入 港幣千元
The Hospital Authority Charitable Foundation 醫院管理局慈善基金	2023/019/1	To raise funds for the Hospital Authority Charitable Foundation to promote healthy living, subsidise medical expenses of needy patients, support activities of patient groups, promote health education and develop volunteer services in Hong Kong 籌款用作支持醫院管理局慈善基金的工作，包括推廣健康生活、幫助危困病人支付醫療費用、資助病人組織的活動、推廣健康教育以及發展義工服務	1/4/2023 - 31/3/2024	928	0	928
The Pamela Youde Nethersole Eastern Hospital Charitable Trust 東區尤德夫人那打素醫院 慈善信託基金	2022/071/1	To raise funds for enhancing the services of Pamela Youde Nethersole Eastern Hospital or any other non-profit making hospitals / medical facilities in Hong Kong 籌款用作提升東區尤德夫人那打素醫院或香港其他非牟利醫院 / 醫療機構的服務質素	1/9/2022 - 31/8/2023	634	11	623
	2023/099/1	To raise funds for enhancing the services of Pamela Youde Nethersole Eastern Hospital 籌款用作提升東區尤德夫人那打素醫院的服務質素	29/9/2023 - 11/11/2023	81	12	69
The Princess Margaret Hospital Charitable Trust 瑪嘉烈醫院慈善基金	2022/107/1	To raise funds for Princess Margaret Hospital for enhancement of patient services quality 籌款用作瑪嘉烈醫院改善病人服務質素	26/11/2022 - 25/11/2023	32	1	31
The Queen Elizabeth Hospital Charitable Trust 伊利沙伯醫院慈善信託 基金	2023/034/1	To raise funds for supporting hospital services at Queen Elizabeth Hospital 籌款用作伊利沙伯醫院服務	13/4/2023 - 31/3/2024	934	144	790
Tseung Kwan O Hospital 將軍澳醫院	2022/082/1	To raise funds for patients benefit and enhancement of hospital services 籌款用作病人福利及提升醫療服務	25/9/2022 - 24/9/2023	21	0	21

NOTES TO THE FINANCIAL STATEMENTS

31 Net proceeds from fund raising activities under Public Subscription Permits ("PSP") granted by the Social Welfare Department (Continued)

財務報表附註

31 獲社會福利署發給公開籌款許可證進行籌款活動所得淨收入(續)

Institution 機構	PSP No. 公開籌款 許可證編號	Purpose 目的	Gross Income Raised Period Covered	Gross Expenditure Incurred HK\$'000	Gross Net Proceeds HK\$'000	
			涵蓋期間	收入總額 港幣千元	開支總額 港幣千元	淨收入 港幣千元
Tuen Mun Hospital 屯門醫院	2022/036/1	To raise funds for: (I) Patient benefits / services uses; (II) Health and diseases education; (III) Patient Resources Centre; (IV) Medical research and development projects for the betterment of the community 籌款用作： (I) 病人福利 / 服務 (II) 健康及疾病教育 (III) 病人資源中心 (IV) 醫療研究及發展計劃以改善社區	1/6/2022 - 31/5/2023	30	0	30
United Christian Hospital 基督教聯合醫院	2023/028/1	To raise funds for patient's benefit and enhancement of hospital services of United Christian Hospital 籌款用作病人福利及提升基督教聯合醫院的醫療 服務	1/4/2023 - 31/3/2024	193	2	191
Yan Chai Hospital 仁濟醫院	2023/007/1	To raise funds for improving hospital services and hospital facilities 籌款用作改善醫院服務及醫院設施	1/2/2023 - 31/1/2024	728	3	725

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

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

32 Capital commitments

At 31 March 2024, the Group and HA had the following capital commitments:

The Group and HA 集團及醫管局	At 31 March 2024 HK\$'000 2024年3月31日 港幣千元	At 31 March 2023 HK\$'000 2023年3月31日 港幣千元
Authorised but not contracted for 已獲授權但未訂契約	76,680,463	77,229,834
Contracted for but not provided 已訂契約但未撥備	67,563,992	26,652,234
	144,244,455	103,882,068

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

於二零二四年三月三十一日，集團及醫管局有以下的資本承擔：

33 Taxation

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

上述所列的資本承擔包括(i)將會資本化的物業、機器及設備或無形資產費用；(ii)不符合資本化規定及將記入收支結算表的開支；及(iii)根據附註2(q)(i)所述的會計政策，醫管局代政府及前補助醫院管治機構執行建築工程項目所涉的費用。

34 Contingent liabilities

As adequate provisions have been made in the financial statements after reviewing the status of outstanding claims and taking into account legal advice received, the Group has no material contingent liability as at 31 March 2024 (2023: Nil).

醫管局按《醫院管理局條例》獲豁免繳稅，故並無作出稅項準備。

35 Approval of financial statements

The financial statements were approved by members of HA on 23 September 2024.

經評估尚未解決申索個案的狀況，並根據所得法律意見，本財務報表已作出足夠的撥備，因此集團在二零二四年三月三十一日並無重大或然負債(二零二三年：無)。

35 財務報表的通過

本財務報表已於二零二四年九月二十三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 2023-24 2023-24 年度 出席全體大會次數	Committee participation in 2023-24* 2023-24 年度參與的委員會*
Mr Henry FAN Hung-ling, SBS, JP <i>Chairman, HA</i> 范鴻齡先生 醫院管理局主席	15/15	Chairman of plenary meetings, EC and EEC 全體大會、行政委員會及緊急應變策導委員會主席
Mr Thomas CHAN Chung-ching, JP <i>Permanent Secretary for Health</i> 陳松青先生 醫務衛生局常任秘書長	15/15	Member of DWC (<i>from 1.1.2024</i>), EEC, FC, HRC, MSDC and SSDC 工程拓展委員會(由 2024 年 1 月 1 日起)、緊急應變策導委員會、財務委員會、人力資源委員會、醫療服務發展委員會及支援服務發展委員會成員
Prof Francis CHAN Ka-leung, SBS, JP <i>(up to 31.1.2024)</i> 陳家亮教授 (截至 2024 年 1 月 31 日)	6/12	Member of HRC, MSDC and MTB (<i>all up to 31.1.2024</i>); 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(全截至 2024 年 1 月 31 日)；威爾斯親王醫院管治委員會成員
Mr Lawrence CHAN Man-yiu 陳文耀先生	13/15	Member of MTB 中央投標委員會成員
Prof CHAN Wai-yee 陳偉儀教授	10/15	Vice-Chairman of MSDC; Member of HRC and MTB; HGC Chairman of North District Hospital 醫療服務發展委員會副主席；人力資源委員會及中央投標委員會成員；北區醫院管治委員會主席
Mr CHAN Wing-kai 陳永佳先生	9/15	Chairman of PCC; Member of EC, EEC, ITSC and MSDC; HGC Member of Kwong Wah Hospital & Tung Wah Group of Hospitals Wong Tai Sin Hospital 公眾投訴委員會主席；行政委員會、緊急應變策導委員會、資訊科技服務委員會及醫療服務發展委員會成員；廣華醫院及東華三院黃大仙醫院管治委員會成員
Ms Margaret CHENG Wai-ching, JP 鄭惠貞女士	13/15	Chairman of HRC; Member of EC, EEC and SAC; HGC Member of United Christian Hospital 人力資源委員會主席；行政委員會、緊急應變策導委員會及職員上訴委員會成員；基督教聯合醫院管治委員會成員
The Hon Duncan CHIU 邱達根先生	11/15	Chairman of ITSC; Member of ARC (<i>from 28.7.2023</i>), EC, EEC and FC; HGC Chairman of Tin Shui Wai Hospital; Member of NRAC 資訊科技服務委員會主席；審計及風險管理委員會(由2023 年 7 月 28 日起)、行政委員會、緊急應變策導委員會及財務委員會成員；天水圍醫院管治委員會主席；新界區域諮詢委員會成員
Prof Philip CHIU Wai-yan <i>(from 27.2.2024)</i> 趙偉仁教授 (由 2024 年 2 月 27 日起)	1/3	Member of HRC, MSDC (<i>both from 20.3.2024</i>) and MTB (<i>from 27.2.2024</i>) 人力資源委員會、醫療服務發展委員會(均由 2024 年 3 月 20 日起)及中央投標委員會成員(由 2024 年 2 月 27 日起)

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Name 姓名	No. of plenary meetings attended in 2023-24 2023-24 年度 出席全體大會次數	Committee participation in 2023-24* 2023-24 年度參與的委員會*
Ms Anita FUNG Yuen-mei, BBS, JP 馮婉眉女士	13/15	Member of FC, ITSC and MTB 財務委員會、資訊科技服務委員會及中央投標委員會成員
Mr Ambrose HO, SBS, SC, JP 何沛謙先生	11/15	Member of ARC, MTB and SAC 審計及風險管理委員會、中央投標委員會及職員上訴委員會成員
Ms Maisy HO Chiu-ha, BBS, JP 何超蘋女士	13/15	Member of HRC, MSDC (<i>up to 15.1.2024</i>) and MTB; HGC Chairman of Shatin Hospital 人力資源委員會、醫療服務發展委員會(截至2024年1月15日)及中央投標委員會成員；沙田醫院管治委員會主席
Ms Mary HUEN Wai-yi, JP 禤惠儀女士	12/15	Member of FC and MTB; HGC Member of United Christian Hospital (<i>from 25.5.2023</i>) 財務委員會及中央投標委員會成員；基督教聯合醫院管治委員會成員(由2023年5月25日起)
Mr JAT Sew-tong, SBS, SC, JP 翟紹唐先生	10/15	Vice-Chairman of PCC (<i>from 1.1.2024</i>); Member of MTB (<i>from 5.6.2023</i>) and PCC (<i>from 5.6.2023 to 31.12.2023</i>) 公眾投訴委員會副主席(由2024年1月1日起)；中央投標委員會(由2023年6月5日起)及公眾投訴委員會(由2023年6月5日至2023年12月31日)成員
Dr Tony KO Pat-sing, JP <i>Chief Executive, HA</i> 高拔陞醫生 醫院管理局行政總裁	15/15	Member of DWC (<i>from 1.1.2024</i>), EC, EEC, FC, HRC, ITSC, MSDC, MTB, SSDC, all RACs and HGCs 工程拓展委員會(由2024年1月1日起)、行政委員會、緊急應變策導委員會、財務委員會、人力資源委員會、資訊科技服務委員會、醫療服務發展委員會、中央投標委員會、支援服務發展委員會、各區域諮詢委員會及各醫院管治委員會成員
Dr Ronald LAM Man-kin, JP <i>Director of Health</i> 林文健醫生 衛生署署長	15/15	Member of MSDC 醫療服務發展委員會成員
Mrs Sylvia LAM YU Ka-wai, SBS 林余家慧女士	11/15	Chairman of SSDC (<i>from 1.1.2024</i>); Member of DWC, EC, EEC (<i>all from 1.1.2024</i>), ITSC, MTB and SSDC (<i>both up to 31.12.2023</i>); HGC Member of Queen Elizabeth Hospital 支援服務發展委員會主席(由2024年1月1日起)；工程拓展委員會、行政委員會、緊急應變策導委員會(全由2024年1月1日起)、資訊科技服務委員會、中央投標委員會及支援服務發展委員會成員(均截至2023年12月31日)；伊利沙伯醫院管治委員會成員
Prof LAU Chak-sing, BBS, JP 劉澤星教授	10/15	Member of ITSC, MSDC and MTB; HGC Member of Hong Kong Children's Hospital 資訊科技服務委員會、醫療服務發展委員會及中央投標委員會成員；香港兒童醫院管治委員會成員
Dr LEUNG Wing-cheong 梁永昌醫生	15/15	Member of HRC, MSDC and MTB 人力資源委員會、醫療服務發展委員會及中央投標委員會成員

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Name 姓名	No. of plenary meetings attended in 2023-24 2023-24 年度 出席全體大會次數	Committee participation in 2023-24* 2023-24 年度參與的委員會*
Mr Aaron LIU Kong-cheung, JP <i>Deputy Secretary for Financial Services and the Treasury</i> 廖廣翔先生 財經事務及庫務局副秘書長	15/15	Member of FC and MSDC 財務委員會及醫療服務發展委員會成員
Prof David SHUM Ho-keung 岑浩強教授	11/15	Chairman of MTB; Member of EC, EEC, HRC (<i>up to 27.9.2023</i>) and MSDC; Chairman of HRAC; HGC Chairman of Pamela Youde Nethersole Eastern Hospital 中央投標委員會主席；行政委員會、緊急應變策導委員會、 人力資源委員會(截至 2023 年 9 月 27 日)及醫療服務發展委員會成員；港島區域諮詢委員會主席；東區尤德夫人那打素醫院管治委員會主席
Prof Agnes TIWARI Fung-yee 羅鳳儀教授	11/15	Vice-Chairman of HRC; Member of MSDC, MTB and SSDC; Chairman of NRAC; HGC Member of Hong Kong Red Cross Blood Transfusion Service 人力資源委員會副主席；醫療服務發展委員會、中央投標委員會及支援服務發展委員會成員；新界區域諮詢委員會主席；香港紅十字會輸血服務中心管治委員會成員
Mr Henry TONG Sau-chai, BBS, MH, JP 湯修齊先生	9/15	Member of ARC (<i>from 28.7.2023</i>), MTB and SAC; Member of NRAC; HGC Member of Castle Peak Hospital & Siu Lam Hospital 審計及風險管理委員會(由 2023 年 7 月 28 日起)、中央投標委員會及職員上訴委員會成員；新界區域諮詢委員會成員；青山醫院及小欖醫院管治委員會成員
Mr Philip TSAI Wing-chung, BBS, JP 蔡永忠先生	14/15	Chairman of FC; Member of ARC, EC, EEC and SSDC; HGC Chairman of Queen Mary Hospital & Tsan Yuk Hospital 財務委員會主席；審計及風險管理委員會、行政委員會、緊急應變策導委員會及支援服務發展委員會成員；瑪麗醫院及贊育醫院管治委員會主席
Mr Anthony TSANG Hin-fun 曾憲芬先生	11/15	Chairman of ARC; Member of DWC (<i>from 1.1.2024</i>), EC, EEC, FC and SSDC; Member of NRAC; HGC Member of Tuen Mun Hospital 審計及風險管理委員會主席；工程拓展委員會(由 2024 年 1 月 1 日起)、行政委員會、緊急應變策導委員會、財務委員會及支援服務發展委員會成員；新界區域諮詢委員會成員；屯門醫院管治委員會成員
Dr Thomas TSANG Ho-fai, BBS 曾浩輝醫生	13/15	Chairman of MSDC; Member of ARC, DWC (<i>from 1.1.2024</i>), EC and EEC; HGC Chairman of Queen Elizabeth Hospital 醫療服務發展委員會主席；審計及風險管理委員會、工程拓展委員會(由 2024 年 1 月 1 日起)、行政委員會及緊急應變策導委員會成員；伊利沙伯醫院管治委員會主席

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Name 姓名	2023-24 年度 出席全體大會次數	No. of plenary meetings attended in 2023-24	Committee participation in 2023-24* 2023-24 年度參與的委員會*
Mr WAN Man-yee, BBS, JP 溫文儀先生	15/15		Chairman of DWC (<i>from 1.1.2024</i>) and SSDC (<i>up to 31.12.2023</i>); Member of EC, EEC, ITSC, MSDC, MTB and SSDC (<i>from 1.1.2024</i>); HGC Member of Tseung Kwan O Hospital 工程拓展委員會(由 2024 年 1 月 1 日起)及支援服務發展委員會主席(截至 2023 年 12 月 31 日); 行政委員會、緊急應變策導委員會、資訊科技服務委員會、醫療服務發展委員會、中央投標委員會及支援服務發展委員會成員(由 2024 年 1 月 1 日起); 將軍澳醫院管治委員會成員
Ir Billy WONG Wing-hoo, BBS, JP 黃永灝先生	12/15		Member of DWC (<i>from 1.1.2024</i>), MTB and SSDC; Chairman of KRAC; HGC Member of Kwai Chung Hospital & Princess Margaret Hospital 工程拓展委員會(由 2024 年 1 月 1 日起)、中央投標委員會及支援服務發展委員會成員；九龍區域諮詢委員會主席；葵涌醫院及瑪嘉烈醫院管治委員會成員

* Note:

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

* 註：

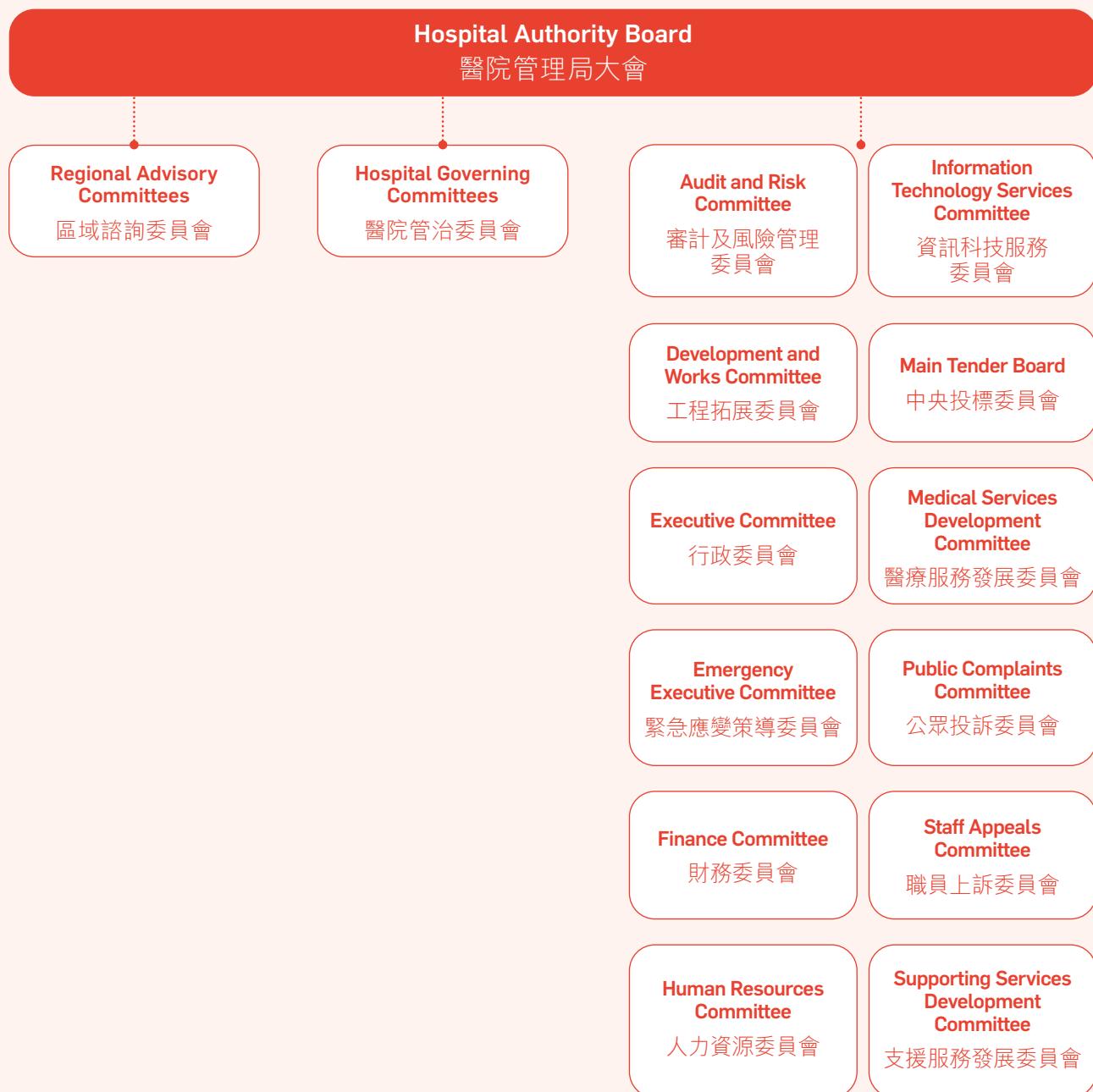
大會成員不獲額外酬金。大會成員透過在全體會議上制訂政策 / 路向、監察管理層的工作成效，以及指導醫管局專責委員會的工作，一同參與醫管局的管治。

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

APPENDIX 2(a)

附錄 2(a)

Hospital Authority Committee Structure 醫院管理局委員會架構



Note:

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

註：

各委員會成員名單載於附錄 3、4 及 5。

APPENDIX 2(b)

附錄 2(b)

Hospital Authority Executive Structure

醫院管理局行政架構



Note:

The Hospital Authority Board approved to establish a Development & Works Division and to appoint a Director (Development & Works) to oversee the capital projects in the Authority. Ir Kelvin LO Kwok-wah was appointed as the Director (Development & Works) with effect from 6 March 2024.

註：

醫院管理局(醫管局)大會通過成立工程拓展部及委任工程拓展總監，專責統籌醫管局的基本工程項目。盧國華工程師獲委任為工程拓展總監，於 2024 年 3 月 6 日履新。

APPENDIX 3

附錄 3

Membership and Terms of Reference of Functional Committees **專責委員會成員及職權範圍**

Audit and Risk Committee

審計及風險管理委員會

Membership List

成員名單

Chairman: Mr Anthony TSANG Hin-fun

主席：曾憲芬先生

Members : The Hon Duncan CHIU (*from 28.7.2023*)

成員：邱達根先生(由 2023 年 7 月 28 日起)

Mr Ambrose HO, SBS, SC, JP

何沛謙先生

Mr Henry TONG Sau-chai, MH, JP (*from 28.7.2023*)

湯修齊先生(由 2023 年 7 月 28 日起)

Mr Philip TSAI Wing-chung, BBS, JP

蔡永忠先生

Dr Thomas TSANG Ho-fai, BBS

曾浩輝醫生

In Attendance: Dr Tony KO Pat-sing, JP, *Chief Executive*

列席：高拔陞醫生 行政總裁

Mr Thomas CHAN Chung-ching, JP

Permanent Secretary for Health

陳松青先生

醫務衛生局常任秘書長

APPENDIX 3

附錄 3

Terms of Reference

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

Note:

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

職權範圍

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

註：

雖然審計及風險管理委員會的職能涵蓋廣泛，惟其權限並不包括純屬醫療性質之事宜(例如醫療倫理)。

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Focus of Work in 2023-24

In 2023-24, the Committee met six times to exercise active oversight of internal audit function of the Hospital Authority (HA), considered matters related to the audit of HA's financial statements, and oversaw the effectiveness of risk management and internal controls at HA.

In regard to HA's internal audit function, the Committee received from the Chief Internal Auditor quarterly progress reports on audit results over HA's operational areas, as well as an annual report on audit analytics of clinical systems. The discussions focused on the audit conclusions, major audit observations and corresponding follow-up actions. Key internal audits considered by the Committee in 2023-24 covered different hospital operation and corporate management areas, including management of shortage of supporting staff, management of hyperbaric oxygen treatment chamber service, security, monitoring and investigative capability of audit trails on critical clinical systems, cluster Information Technology (IT) asset management, donation management, electronic payment, the Computerised Order Processing and Project Execution System, compliance with Dangerous Drugs Ordinance, waiting list and waiting time management in endoscopy unit, smart hospital support – Corporate Queue Management System and smart robots, and firewall security and demilitarised zone controls. In planning for 2024-25, the Committee took part in prioritising areas for internal audits and approved the focus areas for internal audits in 2024-25.

Jointly with the Finance Committee, the Committee reviewed and endorsed HA's draft audited financial statements for 2022-23. The Committee considered reports from the external auditor on 2022-23 internal control matters, results of the external auditor's risk assessment of HA and 2023-24 financial statement audit work plan. The Committee also reviewed the evaluation results over the performance of external auditor of HA for the financial year of 2022-23.

For risk management, the Committee oversaw implementation of HA's organisation-wide risk management systems across HA. In February 2024, the Committee examined the annual Key Organisation-wide Risk Report 2024 and commented on the planned mitigation actions for the 13 key risks, which were consolidated from functional risk reports reviewed by the concerned functional committees during December 2023 to February 2024. During the year, the Committee deliberated on risk management reports on specific areas, including service capacity, manpower shortage, data privacy protection, cybersecurity, IT skills shortfall, capital works, infection and infection control, Clinical Public-Private Partnership (PPP) Programmes, the Electronic Health Record Programme and the Blood Bank Computing System. The Committee also received respective reports on compliance with HA related ordinances, management of integrity risk and handling of whistleblowing cases in HA.

On internal control, the Committee received implementation progress update on the recommendations of the Corruption Prevention Department of the Independent Commission Against Corruption on administration of PPP Programmes for healthcare services, and letting and administration of service contracts. The Committee also received an update on the implementation of HA's Code of Conduct and the internal audit recommendations on Special Rental Allowance.

2023-24 年度工作概況

在 2023-24 年度，委員會共召開六次會議，積極監察醫管局（醫管局）的內部審計職能、審議有關醫管局財務報表審計的事宜，以及監察醫管局風險管理及內部管控的成效。

在醫管局內部審計職能方面，委員會收閱總內部審計師提交有關醫管局不同運作範疇審計結果的季度報告，以及臨床系統審計分析年度報告。委員會集中討論審計結論、審計師的主要意見及相應的跟進行動。年內審閱的主要內部審計項目涵蓋醫院運作及機構管理的不同範疇，包括支援人員短缺的處理、高壓氧治療艙的服務管理、關鍵臨床系統審計追蹤紀錄的保安、監控及調查能力、聯網資訊科技資產管理、機構籌募管理、電子支付事宜、電腦化訂單處理及項目執行系統、《危險藥物條例》合規事宜、內窺鏡服務輪候名單及輪候時間管理、支援智慧醫院的候診管理系統及智慧機械人，以及網絡防火牆安全和隔離區的控制。就 2024-25 年度審計工作的規劃，委員會參與訂定內部審計的優先範疇，並批核 2024-25 年度內部審計的重點範疇。

委員會在與財務委員會的聯席會議上，審閱及通過醫管局 2022-23 年度經審核的財務報表擬本。委員會亦審閱外聘核數師就 2022-23 年度內部規管事宜作出的報告、醫管局風險評估結果以及 2023-24 年度財務報表審計工作計劃。委員會亦檢視醫管局外聘核數師於 2022-23 財政年度表現的評估結果。

在風險管理方面，委員會監察醫管局全面推行的機構風險管理機制。委員會於 2024 年 2 月審閱 2024 年度機構主要風險報告，當中按各專責委員會於 2023 年 12 月至 2024 年 2 月審訂的相關職能風險報告歸納 13 個主要風險，委員會亦就相應的緩減計劃提供意見。年內，委員會審議多份特定範疇的風險管理報告，包括服務承載量、人手短缺、私隱資料保障、網絡安全、資訊科技技能短缺、基本工程、感染和感染控制、公私營協作計劃、電子健康紀錄計劃及血庫管理系統。委員會亦收閱有關醫管局遵例合規事宜、廉潔風險及處理舉報個案的報告。

在內部管控方面，委員會就有關廉政公署防止貪污處就醫療服務公私營協作計劃的管理、租賃和服務合約管理所提的建議，收閱最新推行進度報告；並收閱有關推行醫管局行為守則和內部審計就特別租賃津貼所提建議的最新進度報告。

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附錄 3

Development and Works Committee

工程拓展委員會

Membership List

成員名單

Chairman: Mr WAN Man-yee, BBS, JP
主席：溫文儀先生

Members : Dr CHAN Man-wai
成員：陳文偉博士

Mr Nelson CHENG Wai-hung
鄭偉雄先生

Mr Sam HUI Chark-shum, JP
[representing the Permanent Secretary for Health]
許澤森先生
[代表醫務衛生局常任秘書長]

Mr Anthony HUI Tai-shun
許大絢先生

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

Mr Daniel LAM Chun, SBS, JP
林濬先生

Mrs Sylvia LAM YU Ka-wai, SBS
林余家慧女士

Mr Ricky LEUNG Wing-kee
梁永基先生

Ir Vincent TONG Wing-shing, BBS
湯永成先生

Mr Anthony TSANG Hin-fun
曾憲芬先生

Dr Thomas TSANG Ho-fai, BBS
曾浩輝醫生

Mr Rick TSUI Hin-fai
徐憲輝先生

Ir Billy WONG Wing-hoo, BBS, JP
黃永灝先生

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Terms of Reference

1. In the context of the portfolio of capital works under the Hospital Authority, including the two Hospital Development Plans, advise on the strategic direction and policies related to the planning, land matters, design for excellence, standardisation, works-related tender requirements, forms of contract, cost management and construction as well as the building operation and maintenance of Hospital Authority facilities;
2. Monitor the implementation of works-related facilities management, including those related actions under The Review Committee on Medical Equipment and Facility Maintenance (June 2023) and capital projects in the Hospital Authority, including financial monitoring;
3. Advise on the adoption of better practices, industry innovations and environmental protection initiatives of capital projects and works-related facilities management in the Hospital Authority; and
4. Consider periodically matters relating to risk, risk management and risk mitigation relevant to works-related facilities management and capital projects in the Hospital Authority under the purview of the Committee.

Focus of Work in 2023-24

In November 2023, the Hospital Authority (HA) Board upgraded the Capital Works Subcommittee (formerly a sub-committee under the Supporting Services Development Committee to a separate Functional Committee (named Development and Works Committee (DWC)) to serve as a dedicated platform with construction and development experts to focus on planning and delivery of major and minor capital works as well as facility management in HA. DWC was established on 1 January 2024. The former Capital Planning Department now renamed as Development and Works Division on 6 March 2024 with a new director, reports to DWC. DWC met for the first time on 29 January 2024.

To support the effective and efficient operation of DWC, designated work groups were formed under DWC to focus on specific projects and initiatives. In 2023-24, 18 workshop meetings were held to review the projects under the First Hospital Development Plan (HDP), identify lessons learnt and to develop works disciplines for the Second HDP.

The Committee received reports from the management on the implementation progress and financial position of major capital works and minor works projects. It kept a close watch on works-related incidents and related remedial measures. The Committee also received the progress update of the action plan to implement the facility maintenance related recommendations of the Review Committee on Medical Equipment and Facility Maintenance. Moreover, the Committee reviewed the annual capital expenditure planning for 2023-24 and endorsed the plan for 2024-25, which covered major capital works projects for development of public hospital services and minor works projects for facilities improvement.

In accordance with the HA organisation-wide risk management framework, the Committee assessed the risks relating to capital works and minor works projects in 2024, including the effectiveness of risk mitigation measures taken in 2023, risks anticipated for 2024 and the planned actions, covering consultant and contractor performance, construction safety and in-house capacity and capability.

職權範圍

1. 因應醫院管理局的基本工程項目範疇（包括兩個醫院發展計劃），就醫院管理局設施的規劃、土地事宜、卓越設計、統一標準、與工程相關的招標要求、合約形式、成本管理、建造及樓宇設施運作與保養的策略方針及政策提供意見；
2. 監察與工程相關的設施管理，包括與「檢視醫療儀器及設施保養維修事宜委員會」(2023年6月)相關的跟進工作，以及監察醫院管理局的基本工程項目，包括其財務狀況；
3. 就醫院管理局在基本工程項目及與工程相關的設施管理上採納業內更佳做法、專業創新及環境保護措施提供意見；及
4. 定期審議屬委員會職權範圍內，有關醫院管理局內與工程相關的設施管理及基本工程項目的風險、風險管理及風險緩減事宜。

2023-24 年度工作概況

在 2023 年 11 月，醫院管理局（醫管局）大會將「基本工程小組委員會」（原為「支援服務發展委員會」轄下的小組委員會）升格為一個獨立的專責委員會（即「工程拓展委員會」），以提供一個專用平台予建築專業人員就規劃和推行醫管局主要基本工程、小型工程以及設施管理方面提供意見。工程拓展委員會於 2024 年 1 月 1 日成立。而基本工程規劃組亦於 2024 年 3 月 6 日易名為工程拓展部，由新任總監帶領，向工程拓展委員會報告事務。工程拓展委員會在 2024 年 1 月 29 日召開了第一次會議。

為確保工程拓展委員會能以有效及具效率的方式運作，工程拓展委員會轄下成立了多個指定工作小組，集中討論特定項目及措施。指定工作小組於 2023-24 年度共召開了 18 次會議，審視第一個醫院發展計劃並總結經驗，以制定第二個醫院發展計劃的工作要律。

工程拓展委員會收閱管理人員提交的主要基本工程及小型工程定期報告，以監察相關工程進度及財務狀況。委員會密切留意與工程相關的事故及補救措施，並收閱「檢視醫療儀器及設施保養維修事宜委員會」對設施保養維修事宜建議行動計劃的進展報告。此外，委員會還審視了 2023-24 年度的基本工程開支，並通過 2024-25 年度的預算，其中涵蓋發展公立醫院服務的主要基本工程項目和改善設施的小型工程項目。

因應醫管局機構風險管理架構，委員會在 2024 年就醫管局的基本工程及小型工程項目進行風險評估，範圍包括各項風險緩減措施在 2023 年的成效、2024 年的預計風險及緩減計劃，當中涵蓋顧問和承建商表現、施工安全以及機構內部能力及效能。

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Executive Committee

行政委員會

Membership List

成員名單

Chairman: Mr Henry FAN Hung-ling, SBS, JP
主席：范鴻齡先生

Members : Mr CHAN Wing-kai
成員：陳永佳先生

Ms Margaret CHENG Wai-ching, JP
鄭惠貞女士

The Hon Duncan CHIU
邱達根先生

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

Mrs Sylvia LAM YU Ka-wai, SBS (*from 1.1.2024*)
林余家慧女士 (由 2024 年 1 月 1 日起)

Prof David SHUM Ho-keung
岑浩強教授

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

Mr Anthony TSANG Hin-fun
曾憲芬先生

Dr Thomas TSANG Ho-fai, BBS
曾浩輝醫生

Mr WAN Man-yee, BBS, JP
溫文儀先生

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Terms of Reference

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

Focus of Work in 2023-24

In 2023-24, the Executive Committee (EC) met 11 times to discuss and consider various matters of strategic importance as well as policies and directions of the Hospital Authority (HA). As approved by the HA Board in December 2019, a Task Group on Sustainability (TG), which was a dedicated group formed by the HA Board with wide participation from Board Members, was set up under EC to lead and steer discussions of HA sustainability issues. In the past year, TG continued to brainstorm on HA's major sustainability issues, steer and lead the management to formulate and implement various strategies and initiatives to cope with the sustainability challenges faced by HA, and to enhance performance and efficiency of HA in its use of resources for continuous improvement. Progress report on the work of TG and implementation of the action plans were regularly reported to EC for steering and monitoring.

職權範圍

1. 審議有關長遠策略規劃、風險管理、機構管治、績效管理及繼任規劃的重要事宜及整體政策方針，並協助醫院管理局(醫管局)大會履行這方面的職責。
2. 就管理人員建議的醫管局大會會議議程提供意見，包括每年的預設議程及專責委員會主席提出的重要事宜。
3. 討論有關領導及監察醫管局工作的重大事宜。
4. 就大會及專責委員會的架構及程序（包括職權範圍）的變動提供意見、監察其自我評核，以及就專責委員會主席、副主席及增選成員的委任向大會提供意見。
5. 就醫管局總辦事處及其部門的組織架構及職能，向大會提供意見。
6. 就以下的職員事宜，行使醫管局大會授予的權力：
 - (a) 就行政總裁的聘任、薪酬及合約變動事宜，向大會提供意見；
 - (b) 就聯網總監及部門總監的聘任，向大會提供意見；
 - (c) 審批聯網總監及部門總監的續約、薪酬與合約變動及同級調職 / 職位輪調事宜；
 - (d) 審批醫院行政總監及部門主管的聘任、續約、薪酬與合約變動及同級調職 / 職位輪調事宜；及
 - (e) 檢討行政總裁、總監、部門主管及聯網總監的工作表現。
7. 根據醫管局緊急應變計劃召開「緊急應變策導委員會」。(如召開「緊急應變策導委員會」，則需增補一名醫務衛生局的高級官員。)

2023-24 年度工作概況

在2023-24年度，行政委員會舉行了11次會議，討論和考慮醫院管理局(醫管局)的重要策略事宜和整體政策方針。醫管局大會於2019年12月批准在行政委員會之下成立「持續發展專責小組」(專責小組)，由大會成員廣泛參與，帶領和指導有關醫管局可持續發展事宜的討論。在過去一年，專責小組繼續探討醫管局主要的可持續發展事宜，領導管理層制訂及推行各項策略和措施，以應對醫管局持續發展所面臨的挑戰，並加強醫管局的資源運用成效和效益，不斷求進。委員會定期收閱有關專責小組的工作及實施行動計劃的進展報告，並督導及監察相關進展。

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During the year, EC considered and supported a wide range of strategic initiatives, which included HA's strategies in attracting and recruiting non-locally trained doctors; strategic direction and participation in the Guangdong-Hong Kong-Macao Greater Bay Area (GBA) development such as various collaboration initiatives with GBA for two-way training and exchange of talents and expertise; formation of the Review Committee on Medical Equipment and Facility Maintenance to enhance the safety of patients, staff and visitors in hospitals; implementation of enhancement measures led by designated Hospital Governing Committee Task Groups on Enhancing Patient-centric Services; enhancement measures on donation management; strengthening of clinical research in HA; development of expertise to support Genetic and Genomic Services in HA; restructuring of retirement benefit schemes of HA; reorganisation of HA Head Office (HAHO) structure including the establishment of a new division named as the Development and Works Division to lead and steer the planning and implementation of major and minor capital works projects in HA, etc.

Other strategic matters considered by EC included the formulation of HA Budget and Annual Plan for 2024-25; HA's Action Items under The Chief Executive's 2022 and 2023 Policy Addresses; implementation of Hospital Development Plan; development of integrated Chinese-Western Medicine service in HA, and HA's initiatives to dovetail with the development of Chinese medicine under the direction of the Government. EC also noted the progress on the establishment of a new body corporate under HA to explore IT service collaborations and service provision in GBA; the latest development on the HA Academy; HA's strategy and measures taken to continuously enhance HA's cybersecurity; review of HA's fees and charges, etc.

EC determined a wide range of matters concerning HA's talent management, including the appointment and remuneration matters of senior executives at HAHO and clusters, career posting and succession of senior executives, reports on staff complaints against senior executives, etc.

Internally for the Board, EC reviewed the "HA Board - Code of Corporate Governance Practices" to drive for continuous improvement in corporate governance; and the approval mechanism and workflow in handling applications for business travel outside Hong Kong and acceptance of related sponsorship by the Board. EC also endorsed the restructuring of the HA Board's Committees through upgrading the Capital Works Subcommittee under the Supporting Services Development Committee to a designated functional committee named as the Development and Works Committee to focus on planning and delivery of major capital works and other works related subjects. Moreover, EC regularly reviewed succession planning for the Board's Committees, and membership matters relating to Hospital Governing Committees (HGCs) and Regional Advisory Committees. It received annual summary report on activities and feedbacks of HGCs.

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

年內，委員會考慮並支持多項策略事宜，包括就醫管局吸引及招聘非本地培訓醫生的策略；參與粵港澳大灣區(大灣區)發展的策略方針，例如多項專業人才培訓及雙向交流合作計劃；成立「檢視醫療儀器及設施保養維修事宜委員會」以加強醫院內病人、員工及訪客的安全；推行醫院管治委員會轄下「優化以病人為本服務專責小組」提出的優化措施；加強機構籌募管理；促進醫管局的臨床科研；發展在醫管局推行遺傳及基因組服務的專業能力；重整醫管局的退休福利計劃；重整醫管局總辦事處的架構，包括成立新的工程拓展部，專責帶領和指導醫管局的大小工程項目。

委員會審議的其他策略事宜包括制訂醫管局2024-25年度財政預算及工作計劃；醫管局配合2022及2023年《行政長官施政報告》的工作計劃；推行兩個醫院發展計劃；醫管局中西醫協作服務發展及配合政府方向發展中醫藥服務的措施。委員會亦備悉醫管局成立新公司以探討在大灣區開展資訊科技服務協作及提供服務等方面的工作進展；醫管局學院的最新發展；醫管局持續加強網絡安全的策略及措施；醫管局服務收費檢討等。

委員會決了多項有關醫管局人才管理的事宜，包括醫管局總辦事處及聯網高級行政人員的聘任及薪酬、高級行政人員調任安排及繼任規劃、職員投訴高級行政人員的相關報告等。

就醫管局大會內務方面，行政委員會檢討了《醫院管理局大會機構管治守則》，推動持續完善機構管治；以及審批醫管局成員境外公幹及接受相關贊助申請的機制及處理流程。委員會亦通過重整醫管局大會轄下的委員會，把原屬支援服務發展委員會轄下的基本工程小組委員會提升為專責委員會，定名為「工程拓展委員會」，集中處理主要基本工程及其他相關工程項目的規劃及執行事宜。此外，委員會亦定期審視醫管局大會轄下委員會的繼任安排，以及醫院管治委員會和區域諮詢委員會成員委任的相關事宜，並收閱醫院管治委員會活動及意見的年度簡報。

委員會定期審議管理層建議予醫管局大會的議程討論事項。

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Emergency Executive Committee

緊急應變策導委員會

Membership List

成員名單

Chairman:

主席：

Mr Henry FAN Hung-ling, SBS, JP

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

范鴻齡先生

(主席不在時，緊急應變策導委員會的主席應自常任成員中選出)

Members :

成員：

Mr Thomas CHAN Chung-ching, JP

Permanent Secretary for Health

(or his nominated representative)

陳松青先生

醫務衛生局常任秘書長

(或其委任代表)

Mr CHAN Wing-kai

陳永佳先生

Ms Margaret CHENG Wai-ching, JP

鄭惠貞女士

The Hon Duncan CHIU

邱達根先生

Dr Tony KO Pat-sing, JP, *Chief Executive*

高拔陞醫生 行政總裁

Mrs Sylvia LAM YU Ka-wai, SBS (*from 1.1.2024*)

林余家慧女士(由 2024 年 1 月 1 日起)

Prof David SHUM Ho-keung

岑浩強教授

Mr Philip TSAI Wing-chung, BBS, JP

蔡永忠先生

Mr Anthony TSANG Hin-fun

曾憲芬先生

Dr Thomas TSANG Ho-fai, BBS

曾浩輝醫生

Mr WAN Man-yee, BBS, JP

溫文儀先生

Note:

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

註:

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

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Terms of Reference

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

Focus of Work in 2023-24

For responding to the COVID-19 epidemic, the Emergency Executive Committee (EEC) was activated on 6 January 2020 in accordance with the Hospital Authority (HA) Response Plan for Major Incident. Under its terms of reference, EEC acted for the Board and exercised its powers and functions including, inter alia, altering, amending and overriding existing HA policies, standards, guidelines and procedures in order to deal with emergencies.

Following the Government's announcement on the lowering of the response level under the Preparedness and Response Plan for Novel Infectious Disease of Public Health Significance from the Emergency to Alert level with effect from 30 May 2023, HA correspondingly lowered the response level in all public hospitals from "Emergency" to "Alert" level. EEC was then deactivated on the same day.

No meeting was convened in 2023-24.

職權範圍

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

2023-24 年度工作概況

為應對新冠疫情，醫管局根據重大事故應變計劃在2020年1月6日啟動緊急應變策導委員會並展開運作。根據職權範圍，委員會代表醫管局大會運作，並行使其權力及職能，其中包括對現有醫管局政策、標準、指引及程序作出更改和修訂，並訂立凌駕性措施，以應對緊急情況。

隨著政府宣布於2023年5月30日起將「對公共衛生有重要性的新型傳染病準備及應變計劃」下的應變級別由「緊急」調低至「戒備」級別，醫管局亦相應將所有公立醫院的應變級別由「緊急」調低至「戒備」級別。緊急應變策導委員會亦隨即於同日停止運作。

委員會在 2023-24 年度並無舉行會議。

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Finance Committee

財務委員會

Membership List

成員名單

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

Members : The Hon Duncan CHIU
成員：邱達根先生

Mr Thomas CHAN Chung-ching, JP
Permanent Secretary for Health /
Mr Sam HUI Chark-shum, JP (*from 11.4.2023*)
[representing the Permanent Secretary for Health]
陳松青先生
醫務衛生局常任秘書長 /
許澤森先生(由 2023 年 4 月 11 日起)
[代表醫務衛生局常任秘書長]

Ms Anita FUNG Yuen-mei, BBS, JP
馮婉眉女士

Ms Mary HUEN Wai-yi, JP
禰惠儀女士

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

Mr Aaron LIU Kong-cheung, JP /
Ms Jessica LEE Wing-tung (*up to 3.3.2024*) /
Miss Pinky WONG Nga-ping (*from 4.3.2024*)
[representing the Secretary for Financial Services and the Treasury]
廖廣翔先生 /
李詠彤女士(截至 2024 年 3 月 3 日) /
黃雅萍女士(由 2024 年 3 月 4 日起)
[代表財經事務及庫務局局長]

Mr Anthony TSANG Hin-fun
曾憲芬先生

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Terms of Reference

1. Advise and make recommendations on the financial aspects of the Hospital Authority Corporate Plan and Annual Plan;
2. Advise and make recommendations on the financial planning, control, performance, monitoring and reporting aspect of the Hospital Authority;
3. Advise on policy guidelines for all financial matters, including investment, business and insurance;
4. Advise and make recommendations on the resource allocation policies;
5. Advise and recommend to the Hospital Authority on the financial statements (audited and unaudited) of the Hospital Authority;
6. Liaise with the Trustees of the Hospital Authority Provident Fund Scheme on financial and control related matters and make recommendations to the Hospital Authority where appropriate;
7. Monitor the financial position of the Hospital Authority; and
8. Consider periodically matters relating to risk, risk management and risk mitigation relevant to finance operations and other relevant areas contributing to the financial risk profile of the Hospital Authority.

Focus of Work in 2023-24

In 2023-24, the Committee met seven times to assist the Hospital Authority (HA) Board in ensuring proper stewardship and effective use of public funds through making recommendations to the Board on various finance related matters for the Authority.

In support of the corporate strategy and services development of HA, the Committee noted the Government's funding arrangement for HA under the third triennium funding cycle starting from 2024-25, the establishment of a Task Force on Performance and Efficiency and three designated Working Groups in HA to drive its performance and efficiency, and the development of Total Patient Journey Costing. On HA's annual service and resource planning, the Committee examined the proposed 2024-25 HA budget, resource allocation and future financial arrangement, with due consideration to the economic outlook and the growing service demand.

Jointly with the Human Resources Committee (HRC), the Committee received the 2022-23 Operation Report of the HA Provident Fund Scheme (HAPFS) and the key recommendations made by the Task Force for Review on Retirement Benefits Schemes of HA on enhancing HAPFS, such as the introduction of Hong Kong Dollar Time Deposits Fund and increasing fund switching frequency, and endorsed the restructuring of the retirement benefits schemes of HA with an aim to enhance the governance, operations and sustainability of both HAPFS and HA Mandatory Provident Fund Scheme. A study was also proposed to be conducted to draw up a proposal for the future development of the retirement benefits schemes of HA. Apart from receiving progress update on the Enhanced Home Loan Interest Subsidy Scheme (HLISS), the Committee deliberated on the future development of the Scheme at the joint meetings with HRC.

職權範圍

1. 就醫院管理局整體發展計劃及周年工作計劃的財務方面，提供意見及作出建議；
2. 就醫院管理局的財政規劃、規管、表現、監察及匯報等方面，提供意見及作出建議；
3. 就所有財務事宜，包括投資、業務及保險的政策指引，提供意見；
4. 就資源分配政策提供意見及作出建議；
5. 就醫院管理局的財務報表(經審核及未經審核)，向醫院管理局提供意見及作出建議；
6. 就財務及規管相關事宜與醫院管理局公積金計劃的信託人保持聯繫，並在適當時候向醫院管理局作出建議；
7. 監察醫院管理局的財政狀況；及
8. 就醫院管理局財務運作及其他引致財務風險的範疇，定期審議相關的風險、風險管理及風險緩減事宜。

2023-24 年度工作概況

在2023-24年度，委員會共召開七次會議，就醫院管理局(醫管局)的財務相關事宜向醫管局大會作出建議，協助大會確保妥善管理和有效運用公帑。

為支援醫管局的整體策略及服務發展，委員會備悉政府就2024-25年度開始的第三個三年撥款周期下對醫管局的撥款安排、在醫管局成立表現及效益專責小組及三個指定工作小組以提升表現和效益，以及病人歷程成本分析的發展。在醫管局的年度服務及資源規劃方面，委員會審議醫管局2024-25年度預算、資源分配及未來財務安排建議，當中已考慮經濟前景和不斷增加的服務需求。

在與人力資源委員會的聯席會議上，委員會收閱醫管局公積金計劃2022-23年度運作報告以及醫管局退休福利計劃檢討專責小組就優化醫管局公積金計劃作出的主要建議，例如引入港元定期存款基金及增加基金轉換次數，並通過重整醫管局的退休福利計劃，以加強醫管理局公積金計劃及醫管局強制性公積金計劃的管治、運作和可持續性。專責小組亦建議醫管局進行研究，擬訂其退休福利計劃的未來發展方案。委員會除了收閱員工置業貸款計劃的最新進度報告外，亦在與人力資源委員會的聯席會議上討論有關計劃的未來發展。

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In respect of monitoring of HA's financial position and financial performance, the Committee received regular financial reports and reviewed HA's preliminary financial position for 2022-23 and mid-year financial outturn for 2023-24, and considered matters relating to other key financial performance indicators, waivers and write-off of hospital fees and charges and debt management of HA and the latest electronic payment initiatives for settlement of hospital fees of HA. On accountability reporting, the Committee, jointly with the Audit and Risk Committee, reviewed and endorsed HA's draft audited financial statements for 2022-23 and endorsed the accounting policy for funding designated for Enhanced HLISS. The Committee also considered and endorsed the 2022-23 audited financial statements / accounts for a number of designated programmes undertaken by HA, including the Samaritan Fund, the Community Care Fund Medical Assistance Programmes, the HA Charitable Foundation, the HA Public-Private Partnership (PPP) Fund, the minor works funded under the Capital Works Reserve Fund, the development of Clinical Services Improvement Projects for the Department of Health and the territory-wide Electronic Health Record Programme.

With the assistance of its Treasury Panel (TP), the Committee considered matters related to HA's treasury management and operations, investment performance and related initiatives via regular progress reports. Key matters considered by the Committee covered the arrangement related to the placements with the Exchange Fund for both PPP Fund and HLISS Fund to support operations, addition of new approved banks of HA, arrangement for custody services as well as payroll and collection services, and appointments to TP. For financial risk management, the Committee reviewed and endorsed the 2024-25 insurance renewal approach and direction of HA. In accordance with the HA organisation-wide risk management framework, the Committee reviewed the effectiveness of risk mitigation actions on finance matters taken in 2023, and proactively assessed key financial risks anticipated for 2024 and considered corresponding action plans.

The Committee also reviewed the annual work plan of the Finance Division to guide the effective and efficient functioning of various finance related matters of HA.

在監察醫管局的財務狀況及財務表現方面，委員會收閱定期財務報告，並審議 2022-23 年度醫管局財務狀況的初步結果以及 2023-24 年度財務狀況的中期預測。委員會亦審議其他主要財務表現指標、豁免及註銷醫院收費，以及醫管局的賬款管理和最新的醫院費用電子繳費措施等事宜。在問責報告方面，委員會在與審計及風險管理委員會的聯席會議上，審閱並通過醫管局 2022-23 年度經審核的財務報表擬本。委員會亦審議及通過由醫管局推行的若干指定計劃之 2022-23 年度經審核財務報表 / 帳目，包括撒瑪利亞基金、關愛基金醫療援助計劃、醫管局慈善基金、醫管局公私營協作基金、基本工程儲備基金所撥款的小型工程、為衛生署進行的臨床服務提升項目，以及全港電子健康紀錄計劃。

委員會在其庫務小組協助下，透過定期進度報告審議有關醫管局的庫務管理及運作、投資表現及相關事宜，當中的主要事項包括為公私營協作計劃基金及購屋貸款利息津貼計劃基金存放於香港外匯基金的款項安排，以支持有關計劃的運作；新增醫管局認可銀行事項；託管服務和發薪與收款服務安排；以及委任庫務小組成員事宜。在財務風險管理方面，委員會審閱並通過 2024-25 年度醫管局保險計劃的續保形式和方向。此外，根據醫管局整體機構風險管理框架，委員會亦審視在 2023 年度所進行的財務風險緩減措施之成效，以及積極評估 2024 年度的主要財務風險並計劃相應行動。

委員會亦審閱財務部的周年工作計劃，讓醫管局各項財政相關事宜得以快捷有效地運作。

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Human Resources Committee

人力資源委員會

Membership List

成員名單

Chairman: Ms Margaret CHENG Wai-ching, JP
主席：鄭惠貞女士

Vice-Chairman: Prof Agnes TIWARI Fung-yee
副主席：羅鳳儀教授

Members : Prof Francis CHAN Ka-leung, SBS, JP (*up to 31.1.2024*)
成員：陳家亮教授(截至 2024 年 1 月 31 日)

Ms Ellen CHAN Sheung-man
[representing the Permanent Secretary for Health]
陳尚敏女士
[代表醫務衛生局常任秘書長]

Prof CHAN Wai-yee
陳偉儀教授

Prof Philip CHIU Wai-yan (*from 20.3.2024*)
趙偉仁教授(由 2024 年 3 月 20 日起)

Ms Maisy HO Chiu-ha, BBS, JP
何超蓮女士

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

Dr LEUNG Wing-cheong
梁永昌醫生

Prof David SHUM Ho-keung (*up to 27.9.2023*)
岑浩強教授(截至 2023 年 9 月 27 日)

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Terms of Reference

1. Advise on manpower planning;
2. Advise on staff training and development matters;
3. Advise, review and make recommendations on human resources policies and related issues;
4. Advise, review and make recommendations to the Hospital Authority on the terms and conditions of employment for staff;
5. Advise, review and make recommendations to the Hospital Authority on staff pay awards and overall staffing structure;
6. Advise, review and make recommendations to the Hospital Authority on any other staff related matters;
7. Consider periodically matters relating to risk, risk management and risk mitigation relevant to human resources management;
8. Monitor the performance of the Hospital Authority Mandatory Provident Fund Schemes and make recommendations to the Hospital Authority as and when necessary; and
9. Liaise with the Trustees of the Hospital Authority Provident Fund Scheme on member and communication related matters and make recommendations to the Hospital Authority where appropriate.

Focus of Work in 2023-24

In 2023-24, the Committee met nine times (including three joint meetings with the Finance Committee) to discuss and consider various human resources (HR) matters of the Hospital Authority (HA).

The Committee considered and advised on a variety of HR initiatives for attracting and retaining talents in HA, including enhancements in recruiting and retaining non-locally trained doctors; development of healthcare talent exchange programmes with the Mainland and overseas countries; introduction of a special employment package for visiting doctors from Macao; and implementation of enhanced and new measures for improving manpower supply, retaining and nurturing nurses, allied health professionals and supporting staff. The Committee also endorsed the proposed creation of two new grades of Bioinformatics and Genetic Counselling for developing expertise to support the delivery of genetic and genomic services in HA; and the proposed establishment of a dedicated division, namely the Development and Works Division, to enhance the capacity of the HA's capital project team and strengthening its manpower in order to better deliver the two Hospital Development Plans and other works projects. In June 2023, the Committee endorsed in principle that HA should follow the 2023-24 Civil Service Annual Pay Adjustment for eligible HA employees.

職權範圍

1. 就人力規劃提供意見；
2. 就職員培訓及發展事宜提供意見；
3. 就人力資源政策及有關事宜提供意見，進行檢討及作出建議；
4. 就職員的僱用條件向醫院管理局(醫管局)提供意見，進行檢討及作出建議；
5. 就職員薪酬及整體人手架構向醫管局提供意見，進行檢討及作出建議；
6. 就其他任何與職員有關的事宜向醫管局提供意見，進行檢討及作出建議；
7. 定期審議人力資源管理範疇的相關風險、風險管理及風險緩減事宜；
8. 監察醫管局強積金計劃的表現，並按需要向醫管局提出建議；以及
9. 就有關醫管局公積金計劃成員及溝通方面事宜與信託人保持聯繫，並在適當時向醫管局作出建議。

2023-24 年度工作概況

在 2023-24 年度，委員會共召開九次會議(包括三次與財務委員會的聯席會議)，討論及審議醫院管理局(醫管局)各項人力資源事宜。

委員會審議了多項醫管局吸引及挽留人才的人力資源措施，並提供意見，包括加強招聘及挽留非本地培訓醫生；與內地及海外國家開展醫療人才交流計劃；為來自澳門的訪問醫生推出特別聘用安排；以及加強和新增措施以改善人手供應、挽留及培育護士、專職醫療人員及支援人員。委員會亦通過開設生物信息及遺傳輔導兩個新職系的建議，以支援醫管局提供遺傳及基因服務建立專業能力；又通過成立工程拓展部以提升醫管局基本工程團隊能力並加強相關人手的建議，更妥善地推展兩個醫院發展計劃及其他工程項目。在 2023 年 6 月，委員會原則上通過醫管局跟隨 2023-24 年度公務員薪酬調整方案，為醫管局合資格僱員調整薪酬。

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The Committee also endorsed various initiatives for augmenting manpower to cope with the service demand surge and specific pressure areas in HA. These included the implementation of a team-based piece rate remuneration scheme to cope with the increasing service demand in elective cataract operations and drive sustainability in Ophthalmology services; refinements to the Special Scheme for Radiologists which aimed to provide extra incentive with case-based remuneration to help unleashing workforce to increase reporting capacity; enhancement of locum recruitment via creation of a new rank of Consultant Specialist (Locum) and the offer of a higher pay for experienced locum specialists; and planning of a special scheme for specialists performing emergency interventions during off site call periods or unsocial hours.

On staff development and succession planning in HA, the Committee endorsed the proposed Health Services Management Elite Development Programme which aimed at developing university graduates / young management elites to become future leaders / senior executives of HA. It also supported the updated permanent terms employment arrangement for Ward Manager and senior management staff in HA; enhancement of arrangements for selection board, staff transfer and replacement; and revision to the undertaking arrangements for training outside Hong Kong. In 2023-24, the Committee received three reports from the Central Training and Development Committee before the latter ceased its operation following the establishment of the HA Academy in 2023; and continued to adopt training key performance indicators (KPIs) for regular review along with the quarterly review of other HR KPIs on manpower situation and staff wellness.

On staff benefits and well-being, the Committee endorsed the restructuring of the Hospital Authority Provident Fund Scheme (HAPFS) and Hospital Authority Mandatory Provident Fund Scheme (HAMPFS) in response to the recommendations of the Task Force for Review on Retirement Benefits Schemes of HA in March 2024, and monitored the implementation progress of the Enhanced Home Loan Interest Subsidy Scheme. It also considered the key findings of the HA Focused Staff Survey conducted on junior nurses and allied health professionals in 2023 and various staff engagement initiatives to foster communication, recognition, professionalism and work-life balance in HA. The Committee also acknowledged the enhanced heat stress management and mitigating measures implemented in HA in response to the Guidance Notes on Prevention of Heat Stroke at Work and Heat Stress at Work Warning issued by the Labour Department in May 2023.

To address the evolving needs of HA and hence the need to modernise its HR policies, the Committee received updates on the progress in taking forward the recommendations from the Task Force on Human Resources Policy Review and modernisation of HR services via the Human Resources Service Centre. The Committee also endorsed the proposal of streamlining the application of business travel and training outside Hong Kong, and supported the introduction of marriage leave and enhancement of compassionate leave for HA employees.

In accordance with the HA organisation-wide risk management framework, the Committee considered the People Resources Risk Assessment by reviewing the effectiveness of risk mitigation actions taken on HR front in 2023, and proactively assessed HR risks anticipated for 2024 and considered the corresponding action plans. It also received annual reports on a wide range of HR-related matters, including the HAPFS Annual Operation Report, Annual Report on HAMPFS, Annual Report on Occupational Safety and Health and Workplace Violence, Report on Staff Complaints Received in 2022, as well as the Whistleblowing Report 2022.

委員會亦通過多項加強人手的措施，應對服務需求高峰期及醫管局個別壓力範疇，包括推行團隊件工制薪酬計劃，以應付非緊急白內障手術不斷增加的服務需求，並推動眼科服務的持續發展；優化放射科醫生特別計劃，透過引入個案報酬方式以釋放更多人力資源提高報告撰寫能力；新設顧問專科醫生(自選兼職)職級以及較高薪招聘富經驗的自選兼職專科醫生，加強自選兼職招聘工作；以及籌備為專科醫生在院外候召期間或非一般工作時間執行緊急介入職務制訂特別計劃。

在醫管局員工培訓及繼任規劃方面，委員會通過推出醫療管理晉星計劃的建議，以培育大學畢業生 / 年輕管理精英成為醫管局的未來領袖 / 高級行政人員。委員會亦支持修訂醫管局病房經理及資深管理人員的常額聘用安排；改進遴選委員會、員工調職及接替的安排；以及修訂員工接受境外培訓的承諾安排。在 2023-24 年度，委員會收閱中央培訓及發展委員會因應醫管局學院於 2023 年成立而停止運作為止所提交的三份報告；並在人手及員工福祉等其他人力資源主要表現的季度匯報外，繼續將培訓列為定期審視的表現指標。

在員工福利及福祉方面，因應檢討醫管局退休福利計劃專責小組的建議，委員會於 2024 年 3 月通過重整醫管局公積金計劃及醫管局強制性公積金計劃(醫管局強積金計劃)的方案；並監察員工置業貸款計劃的推行進度。委員會亦審視於 2023 年進行以初級護士及專職醫療人員為對象的醫管局焦點職員意見調查主要結果，並備悉醫管局為促進溝通、認可表現、專業精神及工作與生活的平衡而推出的多項凝聚員工的措施。委員會亦備悉醫管局就勞工處於 2023 年 5 月推出的《預防工作時中暑指引》及工作暑熱警告而加強的熱壓力管理及緩減措施。

醫管局需要現代化的人力資源政策以配合其不斷變化的需要。為此，委員會備悉由人力資源政策檢討工作小組所提出的建議的推行進度及經人力資源服務中心推行人力資源服務現代化的進展情況。委員會亦通過精簡境外公幹及培訓申請的建議，並支持向醫管局員工提供婚假及優化恩恤假的安排。

根據醫管局機構風險管理架構，委員會檢視人力資源風險評估，審視 2023 年人力資源風險緩減措施的成效，並主動評估 2024 年人力資源方面的預計風險及審議有關緩減計劃。委員會亦收閱多項與人力資源事宜相關的年度報告，包括醫管局公積金計劃年度運作報告、醫管局強積金計劃年度報告、職安健及工作間暴力年報、2022 年職員投訴報告、以及有關 2022 年所接獲舉報個案的報告。

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Information Technology Services Committee

資訊科技服務委員會

Membership List

成員名單

Chairman: The Hon Duncan CHIU
主席：邱達根先生

Members : Mr CHAN Wing-kai
成員：陳永佳先生

Mr Raymond CHENG Siu-hong
鄭小康先生

Prof Herbert CHIA Pun-kok, JP
車品覺教授

Ms Anita FUNG Yuen-mei, BBS, JP
馮婉眉女士

Mr Sam HUI Chark-shum, JP (*from 11.4.2023*)

Deputy Secretary for Health 1
許澤森先生(由 2023 年 4 月 11 日起)
醫務衛生局副秘書長 1

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

Mrs Sylvia LAM YU Ka-wai, SBS
林余家慧女士

Prof LAU Chak-sing, BBS, JP
劉澤星教授

Dr Charleston SIN Chiu-shun (*from 1.12.2023*)
冼超舜博士(由 2023 年 12 月 1 日起)

Mr WAN Man-yee, BBS, JP
溫文儀先生

Ir Tony WONG Chi-kwong, JP
Government Chief Information Officer Note
黃志光先生
政府資訊科技總監 ^註

Note:

The title of Government Chief Information Officer has been changed to Commissioner for Digital Policy with effect from 25 July 2024.

註：

「政府資訊科技總監」之職稱已由 2024 年 7 月 25 日起改變為「數字政策專員」。

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Terms of Reference

1. Advise and make recommendations on IT strategy, IT planning and enterprise architecture;
2. Endorse, advise and make recommendations on Annual Work Plan of Hospital Authority Information Technology & Health Informatics Division, including IT Block Vote submission;
3. Receive performance and progress reports on IT service development and management, project management and system delivery, and technical operations;
4. Advise on finance and sourcing, and IT talent management or any other IT-related matters put forward by the management;
5. Consider matters relating to risk, risk management and risk mitigation relevant to IT across Hospital Authority; and
6. Receive reports from Information Technology Technical Advisory Sub-committee.

職權範圍

1. 就資訊科技策略、資訊科技規劃及企業架構提供意見及建議；
2. 審議醫院管理局資訊科技及醫療信息部的年度工作計劃，包括資訊科技整體撥款申請，批准計劃並提供建議；
3. 收閱有關資訊科技服務發展及管理、項目管理及系統推展，以及技術運作方面的表現和進度報告；
4. 就管理層提出的財政及採購事宜、資訊科技人才管理及任何其他資訊科技相關事宜提供意見；
5. 審議醫院管理局資訊科技範疇的相關風險、風險管理及風險緩減事宜；及
6. 收閱信息技術諮詢小組委員會的報告。

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Focus of Work in 2023-24

In 2023-24, the Committee met four times to discuss issues relating to the strategic development and implementation of information technology (IT) systems in the Hospital Authority (HA). During the period, the Committee received updates on various key IT strategies and initiatives, including IT product and operating model transformation from project-based to product-centric approach and adoption of the HA Lean Enterprise Agile Product model; adoption of the Objective and Key Result framework for IT performance management; HA's refined Artificial Intelligence (AI) strategy to accelerate AI initiatives and outcomes; strategic execution framework for the implementation of the Digital Health Platform of HA; the realisation of the Smart Hospital Strategy and outcomes of Smart Hospital projects; the latest cybersecurity landscape and HA's cyber defence measures; the IT spin off initiative; and the organisation-wide IT staff transformation being implemented to facilitate IT product transformation and foster a lean and product-centric culture. The Committee also supported the arrangement proposed by the Health Bureau and the Department of Health (DH) for HA to continue the provision of system operation, support and maintenance services for the Clinical Information Management System Stage II (CIMS2) for DH as technical agency for 2026-27 and onwards.

On plans to meet the growing demand for IT systems to support the operation of HA, the Committee endorsed the IT Block Vote Submission for 2024-25. The Committee also approved the 2024-25 Annual Work Plan of the IT and Health Informatics Division (IT&HID), which incorporated the main focus areas to sustain services, achieve key IT targets and the resultant budget and manpower requirements.

To fulfil its overseeing functions, the Committee monitored the implementation of the IT&HID Annual Work Plan by considering, amongst others, the performance and status reports of respective IT functions. Among the standing agenda items were regular progress updates on various IT projects relating to HA's own services, including clinical systems related projects; HA Go related projects; smart hospital related projects; AI and Data Analytics related projects; as well as IT projects relating to agency services for the Government, such as Electronic Health Record (eHR) Systems related projects; CIMS2 projects; and Chinese Medicine Information System projects. The Committee also endorsed the draft audited accounts related to eHR Programme and the Clinical Services Improvement Projects for DH in which HA was acted as technical agent. In addition, in accordance with the HA organisation-wide risk management framework, the Committee considered the key risks identified in the IT Operational Risk Assessment 2024 and the management actions taken during 2023 and planned for 2024 onwards.

The Committee received regular progress reports from the Information Technology Technical Advisory Subcommittee (ITTASC), a subcommittee formed under the Committee to advise on major IT initiatives and IT technical matters proposed for implementation in HA, and approved appointments of ITTASC membership.

2023-24 年度工作概況

在 2023-24 年度，委員會共召開四次會議，審議醫管局各項資訊科技策略發展及系統執行方面的事宜。年內，委員會備悉多個主要資訊科技策略和計劃的進展情況，包括產品開發及運作由項目為本轉型至以產品為中心，並採納「精益機構敏捷生產」模式；採用目標與關鍵成果系統進行資訊科技表現管理；醫管局改進人工智能策略以加快推動人工智能措施及實現成果；推行醫管局數碼健康平台的策略執行架構；智慧醫院策略的實行情況及智慧醫院項目成果；最新的網絡安全情況及醫管局的網絡保安措施；分拆資訊科技服務的建議；以及在醫管局全面推行資訊科技人員轉型計劃，以促進資訊科技產品轉型及營造精益管理和以產品為中心的文化。委員會亦支持醫務衛生局及衛生署的建議安排，從 2026-27 年度開始由醫管局繼續擔任技術代理，為衛生署的臨床訊息管理系統第二期提供系統運作、支援及維修服務。

為應付對資訊科技系統不斷增長的需求，以配合機構運作需要，委員會經審議後通過 2024-25 年度資訊科技整體撥款申請。委員會亦批核了資訊科技及醫療信息部 2024-25 年度工作計劃，包括維持現行服務、推行資訊科技主要策略目標和相應的資金及人手預算。

為履行監督職能，委員會監察資訊科技及醫療信息部年度工作計劃的實施，其中包括審閱相關資訊科技範疇的表現及狀況報告。委員會會議的常規議程項目包括醫管局多個資訊科技項目的定期進展報告，涵蓋臨床系統相關項目、流動應用程式「HA Go」相關項目、智慧醫院相關項目、人工智能及數據分析相關項目，以及為政府擔任技術代理的資訊科技項目，當中包括電子健康紀錄計劃相關項目、二期臨床訊息管理系統相關項目及中醫藥資訊系統相關項目。委員會亦通過醫管局為衛生署擔任技術代理的電子健康紀錄計劃及臨床服務提升項目的經審核帳目擬稿。此外，根據醫管局的機構風險管理架構，委員會亦收閱 2024 年資訊科技運作風險評估，備悉當中發現的主要風險情況以及 2023 年採取的管理行動和就 2024 年及其後擬訂的行動。

委員會亦定期收閱轄下信息技術諮詢小組委員會的進度報告及批核其成員委任事宜。該小組委員會負責就資訊科技方面建議推行的主要措施及技術事宜對醫管局提供意見。

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Main Tender Board

中央投標委員會

Membership List

成員名單

Chairman: Prof David SHUM Ho-keung
主席：岑浩強教授

Vice-Chairmen: Mr Gregory LEUNG Wing-lup, SBS
副主席：梁永立先生

Mr Ivan SZE Wing-hang, BBS, JP
施榮恆先生

Ex-officio members: Dr Tony KO Pat-sing, JP, *Chief Executive (or his nominated representative)*
當然成員：高拔陞醫生 行政總裁
(行政總裁或其委任代表)

Ms Anita CHAN Shuk-yu, *Director (Finance) (or her nominated representative)*
陳淑瑜女士 財務總監
(財務總監或其委任代表)

Members : **Two of the following members on rotation:**
成員：以下其中兩位輪值成員：

Prof Francis CHAN Ka-leung, SBS, JP (*up to 31.1.2024*)
陳家亮教授(截至 2024 年 1 月 31 日)

Mr Lawrence CHAN Man-yiu
陳文耀先生

Prof CHAN Wai-yee
陳偉儀教授

Mr Stanley CHEUNG Tak-kwai
張德貴先生

Prof Philip CHIU Wai-yan (*from 27.2.2024*)
趙偉仁教授(由 2024 年 2 月 27 日起)

Prof Joanne CHUNG Wai-yee
鍾慧儀教授

Ms Anita FUNG Yuen-mei, BBS, JP
馮婉眉女士

Mr Ambrose HO, SBS, SC, JP
何沛謙先生

Ms Maisy HO Chiu-ha, BBS, JP
何超蓮女士

Ms Mary HUEN Wai-yi, JP
禤惠儀女士

Mr JAT Sew-tong, SBS, SC, JP (*from 5.6.2023*)
翟紹唐先生(由 2023 年 6 月 5 日起)

Mrs Sylvia LAM YU Ka-wai, SBS (*up to 31.12.2023*)
林余家慧女士(截至 2023 年 12 月 31 日)

Prof LAU Chak-sing, BBS, JP
劉澤星教授

Dr LAU Chau-ming
劉秋銘博士

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Dr James LAU Chi-wang, BBS, JP
劉志宏博士

Mr William LEUNG Shu-yin
梁樹賢先生

Dr LEUNG Wing-cheong
梁永昌醫生

Mr Wilson MOK Yu-sang
莫裕生先生

Prof Agnes TIWARI Fung-yee
羅鳳儀教授

Mr Alec TONG Chi-chiu
湯志超先生

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

Ir Vincent TONG Wing-shing, BBS
湯永成先生

Mr WAN Man-yee, BBS, JP
溫文儀先生

Ir Billy WONG Wing-hoo, BBS, JP
黃永灝先生

Dr Frederick YIP Yeung-fai
葉揚輝博士

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Terms of Reference

1. To consider and approve tenders and contract variations in the Hospital Authority in accordance with the delegation of authority limits approved by the Board, including:
 - (a) To review and assess the recommendations made by the assessment panel;
 - (b) To review the procedures and criteria adopted by the assessment panel in the course of its selection; and
 - (c) To approve the selection made by the assessment panel after satisfying itself that (a) and (b) are in order and such approval should be final.
2. To receive management reporting of acceptance of offer approved in the Head Office by a Director in exercising Special Authority for Urgent Direct Purchase.

Note:

Under the prevailing Hospital Authority Procurement and Materials Management Manual approved by the Board, the schedule of authority limits in respect of the Main Tender Board includes approval of tender exceeding \$1.5 million centrally coordinated by Hospital Authority Head Office, or exceeding \$4.5 million for those arranged by the clusters / hospitals.

Focus of Work in 2023-24

The Main Tender Board (MTB) is organised into two Tender Boards, each meeting once a month, with MTB (1) mainly focusing on tenders for pharmaceutical products and medical consumables, while MTB (2) on tenders of other subjects (e.g. medical equipment, contract services, consultancies, etc.). In 2023-24, MTB considered some 750 papers on procurement of various supplies and services, each at a value over \$1.5 million for the Hospital Authority (HA) Head Office, or over \$4.5 million for clusters and hospitals. Tenders for procurement of supplies mainly covered purchases of pharmaceutical products, medical devices, medical and laboratory equipment as well as their consumables, whereas service tenders were mainly related to hospital supporting services, maintenance of medical and laboratory equipment, laboratory services as well as information technology systems and services. Capital works tenders mainly involved hospital redevelopment projects and minor works improvements for maintenance of hospital premises.

To strengthen MTB's governance on HA's performance in procurement related areas, an annual briefing was conducted to provide MTB Members with an overview of HA's procurement policies and strategies, a summary of the work of MTB, as well as analyses of tenders / contracts approved by MTB in the preceding financial year. The briefing also served as an orientation to new Members and annual meet-up for Members to exchange views on the work of MTB.

職權範圍

1. 根據醫院管理局(醫管局)大會授予的執行權限，審議及批核醫管局的採購投標及合約更改，包括：
 - (a) 檢視及確定評估小組所作的建議；
 - (b) 檢視評估小組在甄選過程中採用的程序及準則；及
 - (c) 在確立上述(a)及(b)項為適切後，就評估小組的甄選作最終批核。
2. 聽取有關審批直接採購合約的管理匯報，該等合約已獲總辦事處總監行使「緊急直接採購特別權力」批核。

註：

根據大會批核的《醫院管理局採購及物料管理手冊》，現時中央投標委員會的權限範圍包括批核由醫管局總辦事處統籌 150 萬元以上的採購投標，或由聯網／醫院安排 450 萬元以上的採購投標。

2023-24 年度工作概況

中央投標委員會分為兩個投標委員會，每月各舉行一次會議。委員會(1)主要負責藥物和醫療消耗品的投標；而委員會(2)則處理其他項目(例如醫療設備、合約服務、顧問服務等)的投標。在 2023-24 年度，委員會共審議超過 750 份採購物資和服務的投標文件，當中醫管局總辦事處每宗合約所涉價值為 150 萬元以上，而聯網及醫院每宗合約所涉價值則為 450 萬元以上。有關物資採購的投標項目主要涉及購買藥物、醫療儀器、醫療及化驗設備與消耗品；服務採購的投標則主要涉及醫院支援服務、醫療及化驗設備保養、化驗服務和資訊科技系統與服務；而基本工程的投標主要涉及醫院重建項目及醫院建築物保養的小型改善工程。

為加強委員會對醫管局採購事宜的績效管治，醫管局管理人員每年為委員會舉行簡介會，向成員介紹醫管局的採購政策及策略、委員會在上一個財政年度的工作摘要，以及所批核的投標 / 合約分析報告。簡介會亦為新成員提供迎新資訊，並讓各成員每年聚首一堂，就委員會的工作交流意見。

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Medical Services Development Committee

醫療服務發展委員會

Membership List

成員名單

Chairman: Dr Thomas TSANG Ho-fai, BBS
主席：曾浩輝醫生

Vice-Chairman: Prof CHAN Wai-yee
副主席：陳偉儀教授

Members : Mr Thomas CHAN Chung-ching, JP
成員：
Permanent Secretary for Health
陳松青先生
醫務衛生局常任秘書長

Prof Francis CHAN Ka-leung, SBS, JP (*up to 31.1.2024*)
陳家亮教授(截至 2024 年 1 月 31 日)

Mr CHAN Wing-kai
陳永佳先生

Prof Philip CHIU Wai-yan (*from 20.3.2024*)
趙偉仁教授(由 2024 年 3 月 20 日起)

Ms Maisy HO Chiu-ha, BBS, JP (*up to 15.1.2024*)
何超蓮女士(截至 2024 年 1 月 15 日)

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

Dr Ronald LAM Man-kin, JP
Director of Health
林文健醫生
衛生署署長

Prof LAU Chak-sing, BBS, JP
劉澤星教授

Mr Aaron LIU Kong-cheung, JP /
Ms Jessica LEE Wing-tung (*up to 3.3.2024*) /
Miss Pinky WONG Nga-ping (*from 4.3.2024*)
[representing the Secretary for Financial Services and the Treasury]
廖廣翔先生 /
李詠彤女士(截至 2024 年 3 月 3 日) /
黃雅萍女士(由 2024 年 3 月 4 日起)
[代表財經事務及庫務局局長]

Dr LEUNG Wing-cheong
梁永昌醫生

Prof David SHUM Ho-keung
岑浩強教授

Prof Agnes TIWARI Fung-yee
羅鳳儀教授

Mr WAN Man-yee, BBS, JP
溫文儀先生

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Terms of Reference

1. Examine, review and make recommendations on the changing needs of the community in respect of clinical services provided by public hospitals and institutions;
2. Advise and make recommendations on the overall policies, directions and strategies relating to the provision, planning and development of the public hospitals and related services, having regard to the availability of technology, staff and other resources and the need to provide a patient-centred, outcome-focused quality healthcare service by a knowledge-based organisation;
3. Consider and make recommendations on the overall priorities for the planning and development of the public hospitals and related services in order to ensure an optimal utilisation of available resources;
4. Consider, review and make recommendations on any other matters related to the planning and development of the public hospitals and related services;
5. Consider periodically matters relating to risk, risk management and risk mitigation relevant to medical services development; and
6. Exercise powers delegated by the Board on the following matters:
 - (a) approve the scope of coverage of the Samaritan Fund, on the recommendation of the Management Committee of the Samaritan Fund;
 - (b) approve the scope of coverage of the Hospital Authority Public-Private Partnership Fund, on the recommendation of the Management Committee for the Hospital Authority Public-Private Partnership Fund and Clinical Public-Private Partnership Programmes; and
 - (c) approve clinical service plans on specialty services and redevelopment projects, except those involving decisions on financial provisions.

職權範圍

1. 審查及檢討市民對公立醫院和機構所提供的、不斷變化的醫療服務需求，並作出建議；
2. 根據現行可提供的科技、職員人手及其他資源，並顧及作為知識為本機構所需提供的「以病人及成效為中心」的優質醫護服務，就提供、規劃及發展公立醫院及相關服務的整體政策、方針和策略，提供意見及作出建議；
3. 審議規劃發展公立醫院及相關服務的整體優先次序，並作出建議，確保最有效地運用所獲資源；
4. 審議及檢討規劃發展公立醫院及相關服務的任何其他事宜，並作出建議；
5. 定期審議醫療服務發展範疇的相關風險、風險管理及風險緩減事宜；及
6. 就以下事宜行使醫院管理局(醫管局)大會授予的權力：
 - (a) 批核撒瑪利亞基金管理委員會建議的基金涵蓋範圍；
 - (b) 批核醫管局公私營協作基金及臨床公私營協作計劃管理委員會建議的基金涵蓋範圍；及
 - (c) 批核專科服務及重建項目的臨床服務計劃，惟涉及財政撥款的決定者除外。

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Focus of Work in 2023-24

In 2023-24, the Committee met five times to discuss and consider matters relating to the planning, development and management of clinical services of the Hospital Authority (HA).

Along the corporate strategy and planned future service directions of HA, the Committee considered the formulation of Clinical Services Plan for Kowloon Central Cluster (Phase 3) in relation to the relocation of most of the services of Queen Elizabeth Hospital to the New Acute Hospital at Kai Tak Development Area upon its completion. The Committee also noted the phased commissioning of medical services under the redevelopment of Kwong Wah Hospital and progress report of the commissioning of the Central Government-Aided Emergency Hospital.

For clinical services development, the Committee had discussed the genetic and genomic services development in HA and the related manpower development plan, as well as the development of telehealth and the implementation framework of clinical artificial intelligence in HA. During the period, the Committee also deliberated on the establishment of breastmilk bank, Integrated Cardiovascular Disease Centre and Neuroscience Centre and uncommon disorder registry in HA; arrangements for proton beam therapy (PBT) to HA indicated paediatric cancer patients; and enhancements on cardiac services. The Committee also received updates on organ transplant and donation services, medication collection and delivery services in HA and commissioning plan of Hong Kong Poison Control Centre. The Committee noted the recommendations from the Advisory Committee on Mental Health on mental health services enhancement as well as the follow-up action plan for the enhanced measures proposed by the Government in relation to HA. In relation to Chinese medicine, the Committee received progress report of the Subcommittee on Chinese Medicine formed under the Committee, and the latest development of Integrated Chinese-Western Medicine Programme. The Committee also considered the service collaboration between HA and the Gleneagles Hospital and various clinical Public-Private Partnership Programmes, which aimed to share out demand with the private sector and enhance patient choices.

The Committee considered and deliberated on a wide range of clinical management issues, including approval of new drugs / indications, non-drug items to be covered by the Samaritan Fund (SF) in 2023-24 and arrangements for PBT in HA (under the collaboration with a private hospital) to the coverage of SF for HA paediatric cancer patients; specialist outpatient clinic new case waiting time management; and service sustainability in ophthalmology, given the rising demand for elective cataract operations in HA. On risk management and risk mitigation, the Committee monitored clinical risk management through considering the report on patient service and patient care, which assessed the effectiveness of the risk mitigation actions taken in 2023, and focused on the risks anticipated for 2024 and the planned mitigation actions. The Committee also noted the progress of resumption of hospital accreditation in HA, update on credentialing and defining scope of clinical practice, and information technology system enhancements to support Antibiotic Stewardship Programme in HA. Relating to contingencies, the Committee considered a report on service demand surge preparation, including various measures to increase the overall capacity to address the increase in service demand.

The Committee also considered proposals/regular reports on other matters, including the Controlling Officer's Report in 2023-24 and development / monitoring / review of clinical service key performance indicators.

2023-24 年度工作概況

在 2023-24 年度，醫療服務發展委員會共召開五次會議，討論醫院管理局(醫管局)臨床服務的規劃、發展及管理事宜。

根據醫管局的整體策略及擬定的未來服務方向，委員會審議九龍中醫院聯網臨床服務計劃(第三期)，以訂定伊利沙伯醫院在啟德發展區新急症醫院落成後遷移大部分服務的相關安排。委員會亦備悉廣華醫院重建計劃中分階段開展的醫療服務，以及中央援港應急醫院開展服務的進度報告。

在臨床服務發展方面，委員會討論了醫管局的遺傳及基因組醫學服務的發展與相關人力資源規劃、遙距醫療的發展，以及在醫管局臨床人工智能實施框架。年內，委員會亦審議在醫管局成立母乳庫、開設心血管疾病綜合醫療中心及神經科學中心及建立不常見疾病資料庫；為醫管局適用的兒科癌症病人安排質子治療；以及加強心臟科服務事宜。委員會亦收閱器官移植及捐贈服務、醫管局藥物領取及送遞服務，以及香港中毒控制中心啟用計劃的進度報告。委員會備悉精神健康諮詢委員會就加強精神健康服務的建議，以及政府就醫管局所提出加強措施的跟進工作計劃。在中醫藥方面，委員會收閱轄下中醫藥小組委員會的進度報告，以及中西醫協作計劃的最新發展報告。委員會亦審議醫管局與港怡醫院的服務合作事宜，以及多項臨床公私營協作計劃，以分流服務需求至私營界別，並為病人提供更多選擇。

委員會審議多項醫療管理事宜並提供意見，包括批核撒瑪利亞基金在 2023-24 年度起納入的新藥 / 適應症及醫療項目，以及將醫管局與私家醫院合作為適用的兒科癌症病人安排的質子治療納入撒瑪利亞基金；專科門診新症輪候時間管理；以及眼科服務的可持續發展，以顧及醫管局非緊急白內障手術不斷增長的服務需求。在風險管理及緩減方面，委員會透過審閱病人服務報告以監察臨床風險管理情況，當中檢討 2023 年風險緩減措施的成效，並重點評估 2024 年的預計風險及有關緩減計劃。委員會亦備悉醫管局重啟醫院認證計劃、更新認證標準和界定臨床工作的範圍，以及提升資訊科技系統以支援醫管局抗生素導向計劃的進展。就應急事務方面，委員會審議服務需求高峰期的應對工作報告，包括為提升整體服務能力而推出的多項措施，以應付服務需求的增長。

委員會亦考慮了其他建議 / 定期報告，包括 2023-24 年度管制人員報告，以及臨床服務主要表現指標的制訂、監察和檢討。

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附錄 3

Public Complaints Committee

公眾投訴委員會

Membership List

成員名單

Chairman: Mr CHAN Wing-kai*
主席：陳永佳先生*

Vice-Chairman: Mr WONG Kwai-huen, SBS, JP* (*up to 31.12.2023*)
副主席：王桂壘先生*(截至 2023 年 12 月 31 日)
Mr JAT Sew-tong, SBS, SC, JP* (*from 1.1.2024*)
翟紹唐先生*(由 2024 年 1 月 1 日起)

Members: Ms Rebecca CHAN Chui-mi
成員：陳翠薇女士

Mr Raymond CHAN Kwan-tak
陳君德先生

Mr Vincent CHAN Wing-shing, MH
陳永誠先生

Rev Dr Andrew CHOI Chung-ho
蔡宗灝牧師

Dr CHUNG Chin-hung*
鍾展鴻醫生*

Prof Sylvia FUNG Yuk-kuen, BBS
馮玉娟教授

Mr Herman HUI Chung-shing, GBS, MH, JP
許宗盛先生

Mr JAT Sew-tong, SBS, SC, JP (*from 5.6.2023 to 31.12.2023*)
翟紹唐先生(由 2023 年 6 月 5 日至 2023 年 12 月 31 日)

Mr Joe KWOK Jing-keung, SBS, FSDSM
郭晶強先生

Mr KWOK Leung-ming, SBS, CSDSM
郭亮明先生

Mr Daniel LAU Kim-hung
劉劍雄先生

Mr Peter LEE Shung-tak, BBS, JP (*up to 31.12.2023*)
李崇德先生(截至 2023 年 12 月 31 日)

Prof LI Chi-kong, JP*
李志光教授*

Mr LIU Sui-biu
廖瑞彪先生

Prof Joseph LUI Cho-ze* (*from 1.1.2024*)
雷操奭教授*(由 2024 年 1 月 1 日起)

Ms Manbo MAN Bo-lin, MH
文保蓮女士

Mr Simon MOK Sai-man, MH
莫世民先生

Mr Raymond NG Kwok-ming, IDS
伍國明先生

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The Hon TANG Fei, MH
鄧飛議員

Mr Hermes TANG Yi-hoi, SBS, CDSM, CMSM, JP
鄧以海先生

Mr Frederick TONG Kin-sang
唐建生先生

Prof William TSANG Wai-nam
曾偉男教授

Dr WONG Chun-por, JP* (up to 31.12.2023)
王春波醫生* (截至 2023 年 12 月 31 日)

Mr Paul WU Wai-keung
胡偉強先生

Ms Agnes Garman YEH
葉嘉雯女士

Mr Charlie YIP Wing-tong
葉永堂先生

*Panel Chairman 小組主席

Terms of Reference

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

職權範圍

1. 公眾投訴委員會(委員會)是醫院管理局(醫管局)內最終的投訴處理及上訴機制;
2. 委員會須獨立地:
 - (a) 審議及裁決公眾人士的投訴，這些投訴最初向醫管局/醫院提出，但投訴人對有關回覆不滿意；以及
 - (b) 監察醫管局對投訴的處理；
3. 為執行上述第 2 段所述職能，委員會會獨立地向醫管局提出建議，並監察建議的推行；
4. 委員會在處理投訴個案時，須依循委員會不時修訂的投訴處理指引(附件)；及
5. 委員會須定期並至少每年一次向醫管局大會及公眾人士匯報工作，包括提交有關的統計數字或重要議題。

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Annex

Guidelines on the handling of complaint cases in the Public Complaints Committee (PCC)

1. The PCC is an appeal body within the Hospital Authority (HA) to consider appeals made by the public relating to its services. Based on its Terms of Reference, the following are guidelines set by the PCC to facilitate the handling of complaints.
2. The PCC shall not normally handle a complaint:
 - (a) if the complaint relates to services provided by the HA more than 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 legal proceedings have been instituted, or the complainant or the patient concerned has indicated that he/she will institute legal proceedings, against the HA, the hospital or any persons who provided the services (in any event, the Committee shall not entertain any request for compensation);
 - (g) if the complaint relates to dispute over the established policies of HA, for example fees charging policy of the HA in respect of its services;
 - (h) if the complaint relates to an assessment made by a medical staff pursuant to any statutory scheme whereas such scheme provides for a channel of appeal, for example, the granting of sick leave under the provisions of the Employees' Compensation Ordinance, Cap. 282;
 - (i) if the complaint relates to personnel matters or contractual matters and commercial matters;
 - (j) if the PCC considers that the complaint is frivolous or vexatious or is not made in good faith; or
 - (k) if the complaint, or a complaint of a substantially similar nature, has previously been the subject matter of a complaint which had been decided upon by the PCC.
3. The PCC considers that its meetings shall not be open to the public because of the following grounds:
 - (a) the disclosure of legal privileged documents in an open hearing;
 - (b) the disclosure of personal data in an open hearing;
 - (c) the PCC is not a judicial or quasi-judicial body;
 - (d) an aggrieved party has other channels to seek redress; and
 - (e) the PCC should not duplicate the functions of other institutions such as the courts or the Medical Council.

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

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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.)

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。)

Focus of Work in 2023-24

In 2023-24, the PCC held 15 meetings and concluded 233 cases, majority of cases were alleged against medical services with adverse outcome in clinical care. While the Committee found that the subject matter of most of the complaints had been properly dealt with by the hospitals concerned, 14 cases were considered partially substantiated. In addition to the handling of appeal cases, the Committee also advised on HA's complaint handling with a view to improving the efficiency and effectiveness of its complaints system, and make recommendations for system change and improvement of healthcare services. During the year, the Committee received progress reports from hospitals and / or Head Office (HO) departments concerned on their follow-up actions taken arising from PCC's recommendations and observations, which covered the following major areas:

- Clearer information to patients on clinical procedures / service guides;
- Enhanced communication with relatives on patients' critical conditions;
- Clearer clinical guidance for medical procedures;
- More personalised nursing care procedures in patients' terminal stage of conditions; and
- Better documentation of medical records.

Through its Secretariat, the Committee shared important lessons learnt for safer and better patient services and organised regular complaint management training for enhancing the skills of hospital's Patient Relations Officers (PROs) and clinical staff in conflict resolution. To strengthen collaboration and communication between hospitals and the Committee, a partnership programme was launched to engage PROs and clinical leaders to attend PCC meetings.

To keep abreast of HA's key strategies and developments, the Committee invited HO departments concerned to present development initiatives and corporate policies. For example, the development of smart hospitals by leveraging on advanced technology and digital innovations to reshape the healthcare service model to drive clinical excellence, patient-centred care and operational efficiency. With a view to enhancing patient / visitor experience in hospitals, various patient-centric measures were introduced and implemented in wards and specialist outpatient clinics.

On both internal and external communication, the Committee reported its work to the HA Board, Regional Advisory Committees and patient groups. The HA Annual Report on Public Appreciation, Feedback and Complaints Management was posted on HA website for easy access by the public.

As a good corporate governance practice, the Committee conducted self-assessment exercise to review its activities in the past year, having regard to its Terms of Reference, for continuous improvement.

2023-24 年度工作概況

在 2023-24 年度，公眾投訴委員會共召開 15 次會議及審結 233 宗上訴個案，主要涉及醫療服務。委員會經審視後認為，大部份的投訴事項在醫院層面已作適當跟進，有 14 宗個案評定為部份成立。除處理上訴個案外，委員會亦就投訴處理政策提供意見，以助提升醫管局投訴處理機制的效率及成效，並就改善醫療系統及服務提出建議。年內，委員會收閱相關醫院及 / 或總辦事處部門提交的進度報告，闡述因應委員會所提建議及觀察而採取的跟進行動，當中包括以下主要範疇：

- 向病人提供清晰的醫療程序 / 服務資訊；
- 加強與家屬就病人危重病情的溝通；
- 制定更清晰的醫療程序臨床指引；
- 為臨終病人提供更個人化的護理服務；及
- 在醫療紀錄作清晰記錄。

委員會透過秘書處分享從個案所得經驗，進一步改善病人服務的質素及安全，同時透過定期舉辦投訴處理培訓活動，提升醫院病人聯絡主任及醫療人員解決糾紛的能力。委員會亦會邀請醫院病人聯絡主任及臨床領袖參與其會議，以加強溝通和協作。

為了解醫管局的主要服務策略與發展，委員會邀請總辦事處相關部門簡介最新發展的工作及機構政策。例如醫管局運用先進科技和數碼創新技術發展智慧醫院，將智慧元素融入不同的臨床服務，以提升運作成效及病人服務體驗。此外，公立醫院在病房及專科門診診所推行多項「以病人為本」的服務措施，以優化病人 / 訪客使用醫院服務的體驗。

至於對內及對外的溝通，除向醫管局大會、區域諮詢委員會及病人組織匯報委員會的工作外，公眾亦可透過上載於醫管局網頁的醫管局公眾讚揚、意見及投訴管理年報以了解醫管局及委員會的投訴處理工作。

為體現良好機構管治，委員會進行了自我評核，根據其職權範圍檢討過去一年的工作，不斷求進。

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Staff Appeals Committee

職員上訴委員會

Membership List

成員名單

Chairman: Mr Lawrence LEE Kam-hung, BBS, JP
主席：李金鴻先生

Members: Ms Margaret CHENG Wai-ching, JP
成員：鄭惠貞女士

Mr Ambrose HO, SBS, SC, JP
何沛謙先生

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

Mr WONG Kwai-huen, SBS, JP (*from 1.1.2024*)
王桂壎先生(由 2024 年 1 月 1 日起)

Mr Paul YU Shiu-tin, BBS, JP (*up to 31.12.2023*)
余嘯天先生(截至 2023 年 12 月 31 日)

Terms of Reference

1. To consider and decide upon appeals from staff members who have raised a grievance through the normal internal complaint channels and who wish to appeal against the decision made.
2. The Committee shall:
 - (a) consider whether the appeal cases need further investigation by the management;
 - (b) direct the appeal cases to be investigated;
 - (c) have access to all the relevant information required from the management for making a decision;
 - (d) ensure that appropriate action is taken; and
 - (e) reply to the appellant.
3. The Committee's decision shall represent the Hospital Authority's decision and shall be final.
4. The Committee shall make annual reports to the Hospital Authority Board.

Focus of Work in 2023-24

The Committee serves to consider and decide on appeals from staff members who have raised a grievance and appeal through the normal internal complaint channels established in the Hospital Authority (HA) and who wish to make further appeal against the decision made. The Committee's decision shall represent HA's decision and shall be final.

In 2023-24, the Committee received two new appeal cases in December 2023 and February 2024. Consideration of the two cases was still in progress as of the end of 2023-24.

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。

2023-24 年度工作概況

委員會的宗旨是就已透過醫院管理局(醫管局)既定的內部渠道提出申訴但不滿有關決定的職員上訴個案，進行審議及決定。委員會的決定即為醫管局的最終決定。

在 2023-24 年度，委員會於 2023 年 12 月及 2024 年 2 月收到兩宗職員上訴個案。直至本年度末，有關個案仍在審理中。

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附錄 3

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

Membership List

成員名單

Chairman: Mr WAN Man-yee, BBS, JP (*up to 31.12.2023*)
主席：溫文儀先生(截至 2023 年 12 月 31 日)

Mrs Sylvia LAM YU Ka-wai, SBS (*from 1.1.2024*)
林余家慧女士(由 2024 年 1 月 1 日起)

Members : Ms Ellen CHAN Sheung-man
[representing the Permanent Secretary for Health]
成員：
陳尚敏女士
[代表醫務衛生局常任秘書長]
Dr Tony KO Pat-sing, JP, Chief Executive
高拔陞醫生 行政總裁
Mrs Sylvia LAM YU Ka-wai, SBS (*up to 31.12.2023*)
林余家慧女士(截至 2023 年 12 月 31 日)
Dr James LAU Chi-wang, BBS, JP
劉志宏博士
Mr Gregory LEUNG Wing-lup, SBS (*up to 31.12.2023*)
梁永立先生(截至 2023 年 12 月 31 日)
Prof Agnes TIWARI Fung-yee
羅鳳儀教授
Ir Vincent TONG Wing-shing, BBS
湯永成先生
Mr Philip TSAI Wing-chung, BBS, JP
蔡永忠先生
Mr Anthony TSANG Hin-fun
曾憲芬先生
Mr Lincoln TSO Lai (*up to 31.12.2023*)
曹禮先生(截至 2023 年 12 月 31 日)
Mr WAN Man-yee, BBS, JP (*from 1.1.2024*)
溫文儀先生(由 2024 年 1 月 1 日起)
Ir Billy WONG Wing-hoo, BBS, JP
黃永灝先生

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Terms of Reference

(up to 31.12.2023)

1. Advise on the directions and policies related to the development of Business Support Services and Environmental Protection to best support clinical services delivery in the Hospital Authority;
2. Review and monitor the annual capital expenditure plan approved by the Hospital Authority Board;
3. Review and advise on the implementation and monitoring of Capital Works Projects in the Hospital Authority;
4. Review and advise on the new initiatives in Business Support Services such as improvements in supply chain management, equipment management, strategic outsourcing and public-private-partnership of non-core functions, and the development of supporting services for revenue generation;
5. Advise on the adoption of better practices and industry innovations related to the planning and delivery of Business Support Services and implementation of Capital Works Projects in the Hospital Authority; and
6. Consider periodically matters relating to risk, risk management and risk mitigation relevant to business support services and capital expenditure projects and other areas under the purview of the Committee.

(Revised from 1.1.2024)

1. Advise on the overall procurement policies, strategies and tendering procedures for the Hospital Authority;
2. Advise on the strategic directions and policies related to the planning, development and management of business support services in the Hospital Authority;
3. Advise on the adoption of better practices, industry innovations and green and sustainable initiatives related to the planning, development and management of business support services in the Hospital Authority; and
4. Consider periodically matters relating to risk, risk management and risk mitigation relevant to business support services in the Hospital Authority under the purview of the Committee.

職權範圍

(截至 2023 年 12 月 31 日)

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

(由 2024 年 1 月 1 日起修訂)

1. 就醫院管理局的整體採購政策、策略及招標程序提供意見；
2. 就醫院管理局在規劃、發展及管理業務支援服務上的策略方針及政策提供意見；
3. 就醫院管理局在規劃、發展及管理業務支援服務上採納業內更佳做法、專業創新及環保與可持續發展措施提供意見；及
4. 定期審議屬委員會職權範圍內，有關醫院管理局業務支援服務的風險、風險管理及風險緩減事宜。

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Focus of Work in 2023-24

With the on-going work in the implementation of the First Hospital Development Plan (HDP) and the planning of the Second HDP that would amount to a total expenditure of \$470 billion, the Board considered it necessary to establish a new Committee directly under the Board, namely, the Development and Works Committee (DWC), to supervise capital projects and on-going facility management of existing hospitals. The Terms of Reference (ToR) of the Supporting Services Development Committee (the Committee) were revised as from 1 January 2024 to advise on matters relating to business support services in the Hospital Authority (HA). The division of work amongst the two committees allowed focused discussion on both business support services and capital works related matters at their respective forums. Upon restructuring, the Committee focused on HA's procurement policy and strategies, technology and innovation adoption, green hospital development, as well as planning, development and delivery of business support services in HA.

In 2023-24, the Committee met five times to advise on the directions and policies related to the development of capital planning, business support services and pharmaceutical supplies to support clinical service delivery in HA. Four of the meetings were held before the restructuring and revision of ToR when both business support services and capital works-related matters were discussed. An overall report of the Committee during the session were set out below.

In June 2023, the Review Committee on Medical Equipment and Facility Maintenance (the Review Committee) issued its report, putting forward 23 recommendations. HA welcomed the recommendations and formulated an action plan. The Committee monitored the implementation of the action plan until the restructuring when monitoring of the parts of the action plan related to facility management went to DWC. The Committee noted HA's progress of replacing aged equipment and new purchases in 2023-24 and related planning under the Capital Block Vote up to 2026-27. The Committee supported HA's initiative to centralise procurement of medical equipment to achieve efficiency and economy, proactively source new potential vendors and enhance the resilience of HA's supply chains. The Committee received an annual report on contracts with price adjustments approved by the HA management in 2022 under the "Authorise and Direct" arrangement as delegated by the Main Tender Board (MTB). To enhance its advisory role on HA's procurement matters and promptly follow up on policy matters raised at MTB meetings, the Committee had revisited the linkage between the Committee and MTB, and made recommendations to enhance their working relationship.

Before the restructuring, the Committee received regular updates on HA's major capital works projects under the First HDP, and made suggestions to address the risks identified and challenges encountered in the implementation process. To pave way for the future planning and implementation of hospital development / redevelopment projects, the Committee called on the management to conduct an overall review of the lessons learnt in the previous and on-going projects. Work groups were formed under the Capital Works Sub-committee under the Committee to study the related matters.

2023-24 年度工作概況

隨著首個醫院發展計劃持續推行，並配合正在籌劃的第二個醫院發展計劃(兩個項目合共涉及 4,700 億元開支)，大會認為有需要增設一個直接隸屬大會的工程拓展委員會，負責監督基本工程項目及現有醫院的持續設施管理工作。為此，支援服務發展委員會自 2024 年 1 月 1 日起修訂其職權範圍，就醫院管理局(醫管局)業務支援服務的相關事宜提供意見。兩個委員會的分工有助各自集中討論業務支援服務及基本工程的相關事宜。重組後，支援服務發展委員會專注於處理醫管局採購政策及策略、科技與創新應用、發展綠色醫院，以及規劃、發展及提供醫管局業務支援服務的工作。

在 2023-24 年度，委員會共召開五次會議，就基本工程規劃、業務支援服務及藥物供應的發展方針及政策提供意見，以支援醫管局的醫療服務。其中四次會議於重組及修訂職權範圍前召開，並就業務支援服務及基本工程相關事宜進行討論。以下載列委員會期內的整體報告。

在 2023 年 6 月，檢視醫療儀器及設施保養維修事宜委員會發表報告，並提出 23 項建議。醫管局歡迎有關建議並制訂行動計劃，並由支援服務發展委員會負責監察行動計劃的實施，直至重組後把行動計劃中與設施管理相關的部分轉交工程拓展委員會繼續監察。委員會備悉醫管局就使用非經常性整筆撥款於 2023-24 年度更換舊設備及採購新設備的進展，以及截至 2026-27 年度的相關規劃。委員會支持醫管局中央統籌醫療設備的採購工作以提升效率及經濟效益，主動物色新的潛在供應商，以及加強醫管局供應鏈的穩健性。此外，委員會收閱醫管局管理人員在 2022 年行使中央投標委員會授權所批准調整合約價格的年度報告。為進一步發揮委員會就醫管局採購事宜的諮詢角色和及時跟進在中央投標委員會會議上提出的政策事宜，委員會已重新檢視跟中央投標委員會的聯繫，並提出建議以加強兩者的合作關係。

委員會於重組前收閱醫管局首個醫院發展計劃下主要基本工程項目的定期報告，並提出建議以應對已知的風險和在推行過程中遇到的挑戰。為預備未來醫院發展 / 重建項目的規劃和推行，委員會要求醫管局管理人員因應過往及正在進行的項目所汲取的經驗，展開全面檢討；委員會遂於轄下的基本工程小組委員會下成立工作小組研究相關事宜。

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The Committee endorsed the adjustment to HA's annual capital expenditure plan for 2023-24, taking into account the latest changes, and the annual audited accounts for minor works projects under the one-off grant of the Capital Works Reserve Fund. The Committee suggested HA to revisit the procurement approach for minor works projects for continuous enhancement, and seek resources to support minor works projects in the coming five years starting from 2024-25 to continue with major repairs and asset enhancement. The Committee was given an overview of the application of smart engineering systems in major capital works projects. Progress of smart hospital development and measures to accelerate the adoption of smart hospital products in hospitals were reported.

After the restructuring, the Committee assessed the risks relating to business support services and pharmaceutical supplies in accordance with HA's organisation-wide risk management framework. The assessment included the effectiveness of risk mitigation measures taken in 2023, risks anticipated for 2024 and the planned actions. Suggestions were made to further mitigate risks in building and facility management, in particular on fire safety and flooding risks, and enhance HA's capacity in the supply of medical gases to cater for possible service interruption and demand surge in exigencies. The Committee continued to receive quarterly progress reports on the action plans to implement the recommendations made by the Review Committee on Medical Equipment and Facility Maintenance. The Committee suggested HA to increase manpower provision to strengthen the inspection and monitoring of medical equipment maintenance, and enhance the management of maintenance service contractors. The Committee also advised HA to enhance facility management in a systemic and risk-based approach with strengthened manpower and wider adoption of modern technology.

委員會因應最新變化，通過醫管局2023-24年度資本開支計劃的調整方案，以及在基本工程儲備基金下小型工程項目一次性撥款的經審核年度帳目。委員會建議醫管局檢討小型工程項目的採購方式以達致持續改進，並尋求資源支持由2024-25年度起未來五年的小型工程項目，以繼續進行大型維修及提升醫院設施。委員會亦備悉在主要基本工程項目中應用智慧工程系統的整體情況，並收閱有關智慧醫院發展及促進加快醫院採納智慧醫療產品的報告。

委員會於重組後審視在醫管局的機構風險管理框架下有關業務支援服務及藥物供應的風險。審視範圍包括2023年風險緩減措施的成效、2024年的預計風險，以及相應的緩減計劃。委員會亦就進一步緩減樓宇及設施管理風險提出建議，特別是針對消防安全及水浸方面的風險，以及加強醫管局供應醫療氣體的能力，以應對可能出現的服務中斷或在緊急情況下急增的需求。委員會繼續收閱檢視醫療儀器及設施保養維修事宜委員會所提建議的行動計劃季度進展匯報，並建議醫管局增加人手以加強檢查及監察醫療設備的保養維修，以及加強對維修服務供應商的管理。委員會亦建議醫管局加強人手並廣泛採納現代科技，以風險為本的方式系統性地加強設施管理工作。

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附錄 4

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

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

Chairman : Mr John LI Kwok-heem, MH
主席： 李國謙先生

Ex-officio members: Hospital Authority Chief Executive or his representative
當然成員： 醫院管理局行政總裁或其代表
Hospital Chief Executive
醫院行政總監

Members : Mr Derek CHAN Man-foon
成員： 陳文寬先生
Bishop Rev Ben CHANG Chun-wa (*up to 31.8.2023*)
張振華監督(截至 2023 年 8 月 31 日)
Mr CHU King-yuen, SBS, MH, JP
朱景玄先生
Elder Dr Simon FUNG Siu-hung
馮少雄長老
Rev Canon the Hon Peter Douglas KOON Ho-ming, BBS, JP
管浩鳴法政牧師
Prof Simon KWAN Shui-man
關瑞文教授
Mr LAM Yick-kuen, MH
林奕權先生
Mr Roger LEE Chee-wah
李志華先生
Ms Joyce LEUNG Kam-ling
梁錦玲女士
Rev Augusta LEUNG Lai-ngor
梁麗娥牧師
Ms Yvette LI Yan-yi
李恩怡女士
Mr MAN Chen-fai, BBS, MH
文春輝先生
Mr Wilson MOK Yu-sang
莫裕生先生
Mr Herman TSOI Hak-chiu
蔡克昭先生
Rev WONG Ka-fai
王家輝牧師
Mr Alan YU Kwok-yin
余國賢先生

APPENDIX 4

附錄 4

Bradbury Hospice

白普理寧養中心

Chairman : Ms Rebecca HUNG Tzu-wei
主席：熊子惠女士

Ex-officio members: Hospital Authority Chief Executive or his representative
當然成員：醫院管理局行政總裁或其代表
Hospital Chief Executive
醫院行政總監

Members : Mr CHAN Muk-kwong
成員：陳木光先生
Prof Joanne CHUNG Wai-yee
鍾慧儀教授
Ms Olive Yvonne LEE On-yee
李岸誼女士
Mr Paul MAK Chun-nam
麥鎮南先生
Mr Peter SUEN Yiu-chan
孫耀燦先生
Mr TSOI Ming-yang
蔡明揚先生
Dr Royce YUEN Man-chun, JP
袁文俊博士

APPENDIX 4

附錄 4

Caritas Medical Centre

明愛醫院

Chairman : Prof Joseph LUI Cho-ze
主席： 雷操奭教授

Ex-officio members: Hospital Authority Chief Executive or his representative
當然成員： 醫院管理局行政總裁或其代表
Hospital Chief Executive
醫院行政總監

Members : Dr Denis CHANG Khen-lee, SC, JP
成員： 張健利博士
Dr Louis CHOY Chung-wai
蔡忠偉醫生
Mr Joseph LEE King-chi, BBS
李敬志先生
Dr Vitus LEUNG Wing-hang, BBS, JP
梁永鏗博士
Dr Albert LIE Kwok-wai
李國維醫生
Mr Willie LUI Pok-shek, JP
呂博碩先生
Rev Dominique MUKONDA Kananga
麥冠達神父
Dr Jonathan WAI Heung-on, JP
衛向安醫生
Mr Henry WONG Ho-cheong
黃浩翔先生
Mr Anthony WONG Luen-kin, JP
黃鑾堅先生
Mr Ronald YAM Tak-fai
任德輝先生
Rev Joseph YIM Tak-lung
閻德龍神父

APPENDIX 4

附錄 4

Castle Peak Hospital & Siu Lam Hospital

青山醫院及小欖醫院

Chairman : Dr Peter LEE Kwok-wah
主席： 李國華博士

Ex-officio members: Hospital Authority Chief Executive or his representative
當然成員： 醫院管理局行政總裁或其代表
Hospital Chief Executive
醫院行政總監

Members : Mr Vincent CHAN Chun-hung
成員： 陳鎮洪先生
Mr Nicholas CHAN Hiu-fung, BBS, MH, JP
陳曉峰先生
Mr Michael CHAN Kee-huen
陳記煊先生
Mr Kenny CHENG Tsin-ki
鄭俊基先生
Mr CHOW Kam-cheung, BBS, MH
周錦祥先生
Mr Lothar LEE Hung-sham, BBS, MH
李洪森先生
Mr Henry TONG Sau-chai, BBS, MH, JP
湯修齊先生
Mr Paul WU Wai-keung
胡偉強先生
Mr Boris YEUNG Sau-ming
楊秀明先生

APPENDIX 4

附錄 4

Cheshire Home, Chung Hom Kok

春磡角慈氏護養院

Chairman : Dr Albert WONG Chi-chiu
主席 : 王志釗醫生

Ex-officio members: Hospital Authority Chief Executive or his representative
當然成員 : 醫院管理局行政總裁或其代表
Hospital Chief Executive
醫院行政總監

Members : Mr CHAN Bing-woon, SBS, JP
成員 : 陳炳煥先生
Ms CHIU Kam-chee
趙金枝女士
Dr Shelley M CHOW
周慧思博士
Ms Betty KO Lan-fun
高蘭芬女士
Ms Janice MORTON
莫珍妮女士
Dr TONG Hon-kuan, JP
唐漢軍醫生
Dr WONG Chun-por, JP
王春波醫生
Dr Paul YOUNG Tze-kong, JP
楊子剛博士

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附錄 4

Cheshire Home, Shatin

沙田慈氏護養院

Chairman : Prof Leonard LI Sheung-wai
主席：李常威教授

Ex-officio members: Hospital Authority Chief Executive or his representative
當然成員：醫院管理局行政總裁或其代表
Hospital Chief Executive
醫院行政總監

Members : Dr Shelley M CHOW
成員：周慧思博士
Mr FONG Cheung-fat, JP
方長發先生
Prof Sylvia FUNG Yuk-kuen, BBS
馮玉娟教授
Ms Janet LAI Keng-chok
黎勁竹女士
Dr Edward LEUNG Man-fuk
梁萬福醫生
Dr Pamela LEUNG Ming-kuen, BBS, JP
梁明娟醫生
Dr Victor LUI Wing-cheong
雷永昌醫生
Ms Janice MORTON
莫珍妮女士
Mr Alfred POON Sun-biu
潘新標先生

APPENDIX 4

附錄 4

Grantham Hospital

葛量洪醫院

Chairman : Mr Steve LAN Yee-fong, MH
主席：藍義方先生

Ex-officio members: Hospital Authority Chief Executive or his representative
當然成員：醫院管理局行政總裁或其代表
Hospital Chief Executive
醫院行政總監

Members : Dr the Hon Eliza C H CHAN, GBS, JP
成員：陳清霞博士
Mr William CHAN Fu-keung, BBS
陳富強先生
Prof Stephen CHENG Wing-keung
鄭永強教授
Mr Raymond CHOW Wai-kam, JP
周偉淦先生
Dr Edmund LAM Wing-wo
林永和醫生
Dr Carl LEUNG Ka-kui
梁家駒醫生
Mr William LEUNG Shu-yin
梁樹賢先生
Dr Vitus LEUNG Wing-hang, BBS, JP
梁永鏗博士
Mr Colin LO Chor-cheong
盧楚鏘先生
Mr Abraham SHEK Lai-him, GBS, JP
石禮謙先生
Mrs Purviz Rusy SHROFF, MH
Prof Sydney TANG Chi-wai
鄧智偉教授
Prof TSE Hung-fat
謝鴻發教授

APPENDIX 4

附錄 4

Haven of Hope Hospital

靈實醫院

Chairman : Prof Joseph KWAN Kai-cho
主席： 關繼祖教授

Ex-officio members: Hospital Authority Chief Executive or his representative
當然成員： 醫院管理局行政總裁或其代表
Hospital Chief Executive
醫院行政總監

Members : Mr Simon FOK Man-kin
成員： 霍文健先生
Dr the Hon LAM Ching-choi, SBS, JP
林正財醫生
Mr LAM Sze-chuen
林思尊先生
Prof Diana LEE Tze-fan, JP
李子芬教授
Mr Stephen LIU Wing-ting, JP
廖榮定先生
Mr Gregory LO Chun-hung, SBS, FSDSM
盧振雄先生
Dr William LO Tak-lam
盧德臨醫生
Dr Tommy LO Yiu
盧耀博士
Mr George NG Sze-fuk, GBS, JP
吳仕福先生

APPENDIX 4

附錄 4

Hong Kong Buddhist Hospital

香港佛教醫院

Chairman : Mr HO Tak-sum, BBS, MH
主席：何德心居士

Ex-officio members: Hospital Authority Chief Executive or his representative
當然成員：醫院管理局行政總裁或其代表
Hospital Chief Executive
醫院行政總監

Members : Ms Katherine CHEUNG Shuk-fan
成員：張淑芬居士
Ms Jennifer CHEUNG Wai-yin
張蕙然女士
Mr Spencer KWAN Chor-chung
關佐仲先生
Mr Jonathan LAI Ping-wah
賴炳華先生
Mr Anthony LAM Chi-tat
林志達居士
Mr Nelson LAM Hon-wan
林漢環居士
Ms May LAM Shih-yan
林詩欣居士
Mr LI Tak-hong, SBS, MH, JP
李德康先生
Ven SIK Hong-ming
釋宏明法師
Ven SIK Kuan-yun, MH
釋寬運法師
Ven SIK Miu-chi
釋妙慈法師
Ven SIK Ti-lun
釋提輪法師
Ven SIK Tsang-chit
釋僧徹法師
Ven SIK Yin-chi
釋演慈法師
Prof Julia TAO LAI Po-wah
陶黎寶華教授
Mr Richard TSE Kin-pang
謝建朋先生
Ms WAN Kor-wo
溫果和居士
Ms WAN Yee-ling
溫綺玲居士

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Hong Kong Children's Hospital

香港兒童醫院

Chairman : Mr John LEE Luen-wai, BBS, JP
主席：李聯偉先生

Ex-officio members: Hospital Authority Chief Executive or his representative
當然成員：醫院管理局行政總裁或其代表
Hospital Chief Executive
醫院行政總監

Members : Ms Dana CHAN Dan-nar
成員：陳丹娜女士
Prof FOK Tai-fai, SBS, JP
霍泰輝教授
Mrs Ann KUNG YEUNG Yun-chi, BBS, JP
龔楊恩慈女士
Mrs Nina LAM LEE Yuen-bing, MH
林李婉冰女士
Prof LAU Chak-sing, BBS, JP
劉澤星教授
Mr William LO Chi-chung
羅志聰先生
Mr Patrick MA Ching-hang, BBS, JP
馬清鏗先生
Prof Grace TANG Wai-king, SBS, JP
鄧惠瓊教授
Prof Frances WONG Kam-yuet
黃金月教授
Mr Richard YUEN Ming-fai, GBS, JP
袁銘輝先生

APPENDIX 4

附錄 4

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

Chairman : Mr Daniel LAM Chun, SBS, JP
主席：林濬先生

Ex-officio members: Hospital Authority Chief Executive or his representative
當然成員：醫院管理局行政總裁或其代表
Hospital Chief Executive
醫院行政總監

Members : Dr CHAN Man-wai
成員：陳文偉博士
Mr CHAN Ping-hung
陳炳鴻先生
Mr Donald CHOI Wun-hing, BBS, JP
蔡宏興先生
Mr Victor FONG Tin-chuen
方天俊先生
Dr Kenny KONG Siu-man
鄺紹民博士
Dr Lawrence LAI Fook-ming, BBS, JP
賴福明醫生
Mr Benedict SIN Nga-yan
冼雅恩先生
Mr Johnny WONG Chi-keung, MH
王志強先生
Mr Harry YU Kwok-kuen
余國權先生

APPENDIX 4

附錄 4

Hong Kong Red Cross Blood Transfusion Service

香港紅十字會輸血服務中心

Chairman : Mr Ignatius CHAN Tze-ching, BBS, JP
主席： 陳子政先生

Ex-officio members: Hospital Authority Chief Executive or his representative
當然成員： 醫院管理局行政總裁或其代表
Hospital Chief Executive
醫院行政總監

Members : Ms Natalie CHAN Wo-mi
成員： 陳和美女士
Dr LI Siu-hung
李兆紅博士
Ms Dora LI Yuen-chow
李婉秋女士
Mr Justin LO Chak-tin
盧摘天先生
Mr Kyrus SIU King-wai
蕭景威先生
Ms Bonnie SO Yuen-han
蘇婉嫻女士
Prof Agnes TIWARI Fung-yee
羅鳳儀教授
Prof Eric TSE Wai-choi
謝偉財教授
Mr Sunny WONG Sing-long
黃星朗先生

APPENDIX 4

附錄 4

Kwai Chung Hospital & Princess Margaret Hospital

葵涌醫院及瑪嘉烈醫院

Chairman : Mr Jason YEUNG Chi-wai
主席：楊志威先生

Ex-officio members: Hospital Authority Chief Executive or his representative
當然成員：醫院管理局行政總裁或其代表
Hospital Chief Executive
醫院行政總監

Members : Mr Davis CHAN Chun-bong Junbon
成員：陳振邦先生
Mr Kenny CHAN Ngai-sang, BBS
陳毅生先生
Prof Linda LAM Chiu-wa
林翠華教授
Mr Wilson LEE Hung-wai
李鴻威先生
Mr David LUI Yin-tat, BBS
雷賢達先生
Mr TSO Tat-ming
曹達明先生
Prof Andrew WONG Ho-yuen, GBS, JP
黃灝玄教授
Mr WONG Wai-kit, MH
黃偉傑先生
Ms Daisy WONG Wai-yee
王慧儀女士
Ir Billy WONG Wing-hoo, BBS, JP
黃永灝先生

APPENDIX 4

附錄 4

Kwong Wah Hospital & Tung Wah Group of Hospitals Wong Tai Sin Hospital 廣華醫院及東華三院黃大仙醫院

Chairman : Mr Herman WAI Ho-man, BBS
主席： 章浩文先生

Ex-officio members: Hospital Authority Chief Executive or his representative
當然成員： 醫院管理局行政總裁或其代表
Hospital Chief Executive
醫院行政總監

Members : Mr CHAN Wing-kai
成員： 陳永佳先生
Ms Crystal CHOI Ka-yee
蔡加怡女士
Mr Orlando HO Yau-kai
何猷啟先生
Mr LAM Kin-man
林健文先生
Mr Philip MA Ching-yeung, BBS
馬清揚先生
Ms Ginny MAN, BBS, JP
文頴怡女士
Mr Arthur MUI
梅慶堯先生
Mr Jonathan NG
伍怡先生
Ms Patricia Joy SHIH
施慧明女士
Mr Albert SU Yau-on, MH, JP
蘇祐安先生
Mr Kazaf TAM Chun-kwok, BBS
譚鎮國先生
Ms Mandy TANG Ming-wai
鄧明慧女士
Mr York TSENG Hing-yip
曾慶業先生
Dr Ken TSOI Wing-sing, BBS
蔡榮星博士
Mr Vinci WONG, BBS
王賢誌先生
Ms Queenie YIP Siu-lai
葉笑麗女士
Mr YIU Hung-chi
姚鴻志先生

APPENDIX 4

附錄 4

MacLehose Medical Rehabilitation Centre

麥理浩復康院

Chairman : Prof Cecilia CHAN Lai-wan, JP
主席： 陳麗雲教授

Ex-officio members: Hospital Authority Chief Executive or his representative
當然成員： 醫院管理局行政總裁或其代表
Hospital Chief Executive
醫院行政總監

Members : Prof Henry CHAN Hin-lee
成員： 陳衍里教授
Mr Jeffrey CHAU Sze-ngai (*up to 31.12.2023*)
周思藝先生(截至 2023 年 12 月 31 日)
Mr CHENG Yan-kee, BBS, JP
鄭恩基先生
Dr Eric CHIEN Ping
錢平醫生
Ms Josephine HO Yuen-ling
何婉玲女士
Mr Quinton LAM Chun-ki
林進其先生
Dr Pamela LEUNG Pui-yu
梁佩如博士
Mr Joseph LO Kin-ching
勞建青先生
Dr MAK Kin-cheung
麥建章醫生
Dr POON Tak-lun, JP
潘德鄰醫生
Dr Ricky SZETO Wing-fu
司徒永富博士
Mr Benjamin WONG Kam-ming
黃錦明先生

APPENDIX 4

附錄 4

North District Hospital

北區醫院

Chairman : Prof CHAN Wai-yeo
主席 : 陳偉儀教授

Ex-officio members: Hospital Authority Chief Executive or his representative
當然成員 : 醫院管理局行政總裁或其代表
Hospital Chief Executive
醫院行政總監

Members : Ms Margaret CHAN Ka-man
成員 : 陳嘉敏女士
Mr Kenneth CHOW Wah-tat
周華達先生
Mr Clement FUNG Cheuk-nang, MH
馮卓能先生
Mr KO Yiu-cheung
高耀章先生
Mr Billy LAM Chek-yau, BBS, MH, JP
林赤有先生
Mr LIU Hing-hung
廖興洪先生
Mr MA Siu-leung, BBS, MH
馬紹良先生
Mrs Cherry TSE LING Kit-ching, GBS, JP
謝凌潔貞女士
Mr YIP Yik-shing, MH
葉奕成先生
Ms Annie ZHU Jing
朱璟女士

APPENDIX 4

附錄 4

North Lantau Hospital

北大嶼山醫院

Chairman : Prof Raymond LIANG Hin-suen, SBS, JP
主席： 梁憲孫教授

Ex-officio members: Hospital Authority Chief Executive or his representative
當然成員： 醫院管理局行政總裁或其代表
Hospital Chief Executive
醫院行政總監

Members : Mr Tony CHOI Yuk-kwan, MH
成員： 蔡玉坤先生
Mr Dennis CHOW Chi-in
周志賢先生
Mr CHOW Yick-hay, BBS, JP
周奕希先生
Ms Carmen FUNG Ka-man
馮嘉文女士
Mr Henry LEE Da-cheng
李大成先生
Ms Deborah WAN Lai-yau, BBS, JP
溫麗友女士
Dr WONG Wai-kei
黃偉基醫生

APPENDIX 4

附錄 4

Our Lady of Maryknoll Hospital

聖母醫院

Chairman : Ms June LO Hing-yu
主席： 羅慶好女士

Ex-officio members: Hospital Authority Chief Executive or his representative
當然成員： 醫院管理局行政總裁或其代表
Hospital Chief Executive
醫院行政總監

Members : Mr Daniel AU Tin-che
成員： 歐天賜先生
Dr Nancy CHEUNG Man-ching
張敏貞博士
Ms Maria CHIANG Lai-ling
蔣麗苓女士
Dr Gabriel CHOI Kin
蔡堅醫生
Dr Nancy FOK Lai-ling
霍麗玲醫生
Mr Robin Mark Garvey HUANG
黃嘉為先生
Mr Joseph HUI Kong-yue
許江餘先生
Prof LAU Kwok-yu, JP
劉國裕教授
Ms Christina Maisenne LEE, JP
李美辰女士
Sister Marilu LIMGENCO
林敏妮修女
Ms Brenda LO Yin-cheung
羅燕翔女士
Mr Stephen MA Chak-wa, MH
馬澤華先生
Mr Rex MOK Chung-fai, BBS, MH, JP
莫仲輝先生
Dr Emily NGAN Man-lai
顏文麗博士

APPENDIX 4

附錄 4

Pamela Youde Nethersole Eastern Hospital

東區尤德夫人那打素醫院

Chairman : Prof David SHUM Ho-keung
主席 : 岑浩強教授

Ex-officio members: Hospital Authority Chief Executive or his representative
當然成員 : 醫院管理局行政總裁或其代表
Hospital Chief Executive
醫院行政總監

Members : Mr Derek CHAN Man-foon
成員 : 陳文寬先生
Ms Jessica CHENG
鄭宇凌女士
Ms Karen CHEUNG Tih-loh
張添瑤女士
Mr Roland CHOW Kun-chee
周近智先生
Mr Mico CHOW Man-cheung
周萬長先生
Ms Michelle CHOW Yan-wai
周恩惠女士
Mr Franklin LAM Fan-keung, BBS
林奮強先生
Mr John LI Kwok-heem, MH
李國謙先生
Ms Yvette LI Yan-yi
李恩怡女士
Mr Wilson MOK Yu-sang
莫裕生先生
Rt Rev Dr Thomas SOO Yee-po, JP
蘇以葆主教
Dr Ryan WONG Man-yeung
王文揚醫生
Prof Bernard WU Tak-lung
吳德龍教授

APPENDIX 4

附錄 4

Pok Oi Hospital

博愛醫院

Chairman : Dr CHAN Shou-ming, MH
主席： 陳首銘博士

Ex-officio members: Hospital Authority Chief Executive or his representative
當然成員： 醫院管理局行政總裁或其代表
Hospital Chief Executive
醫院行政總監

Members : Dr CHAN Kwok-ki, MH, JP
成員： 陳國基博士

Dr Lily CHAN LI Lei, MH
陳李妮博士

Mr Danny CHAU Chun-tat
周駿達先生

Ms Veronica HO
何維珊女士

Dr HO Wing-tim, BBS, MH
何榮添博士

Ms HUANG Xiao-jun
黃曉君女士

Ms LAM Kwan, MH
林群女士

Mr Stephen LEE Hoi-yin
李開賢先生

Mrs Winnie TAM KEUNG May-chu, MH
譚姜美珠女士

Mr Charlie YIP Wing-tong
葉永堂先生

Ms YUEN Man-yee, MH
袁敏兒女士

APPENDIX 4

附錄 4

Prince of Wales Hospital

威爾斯親王醫院

Chairman : Ms Priscilla WONG Pui-sze, SBS, JP
主席： 王沛詩女士

Ex-officio members: Hospital Authority Chief Executive or his representative
當然成員： 醫院管理局行政總裁或其代表
Hospital Chief Executive
醫院行政總監

Members : Prof Francis CHAN Ka-leung, SBS, JP
成員： 陳家亮教授
Mr CHEUNG Chi-yin
張子賢先生
Ms Wendy FUNG Ching-suet
馮靜雪女士
Mr HO Sai-king
何世景先生
Ms Vivian HO Wei-wun (*up to 31.8.2023*)
何蔚雲女士(截至 2023 年 8 月 31 日)
Prof Enders NG Kwok-wai
吳國偉教授
Mr WONG Fai-fan
黃輝帆先生

APPENDIX 4

附錄 4

Queen Elizabeth Hospital

伊利沙伯醫院

Chairman : Dr Thomas TSANG Ho-fai, BBS
主席：曾浩輝醫生

Ex-officio members: Hospital Authority Chief Executive or his representative
當然成員：醫院管理局行政總裁或其代表
Hospital Chief Executive
醫院行政總監

Members : Mrs Diana CHAN TONG Chee-ching, JP
成員：陳唐芷青女士

Mrs Sylvia LAM YU Ka-wai, SBS
林余家慧女士

Dr Peter LEE Kwok-wah
李國華博士

Dr John LEE Sam-yuen, BBS
李三元博士

Prof LI Chi-kong, JP
李志光教授

Mr Bernard MAN, SC
文本立先生

Dr David NG Ka-sing
吳家聲博士

Ms Nikki NG Mien-hua
黃敏華女士

Mr Alec TONG Chi-chiu
湯志超先生

Prof WOO King-hang, JP
胡勁恒教授

APPENDIX 4

附錄 4

Queen Mary Hospital & Tsan Yuk Hospital

瑪麗醫院及贊育醫院

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

Ex-officio members: Hospital Authority Chief Executive or his representative
當然成員： 醫院管理局行政總裁或其代表
Hospital Chief Executive
醫院行政總監

Members : Mr Adam KWOK Kai-fai, SBS
成員： 郭基輝先生
Ms Sandra LEE Suk-yee, GBS, JP
李淑儀女士
Mr Lincoln LEONG Kwok-kuen, JP
梁國權先生
Ms Eva SIT Yat-wah, SC
薛日華女士
Prof Grace TANG Wai-king, SBS, JP
鄧惠瓊教授
Ms Jacqueline TONG Chun-ling
湯振玲女士
Dr Victoria WONG Wing-yee
黃穎兒醫生
Ms Wendy YUNG Wen-yee
容韻儀女士

APPENDIX 4

附錄 4

Ruttonjee & Tang Shiu Kin Hospitals

律敦治及鄧肇堅醫院

Chairman : Dr Vitus LEUNG Wing-hang, BBS, JP
主席 : 梁永鏗博士

Ex-officio members: Hospital Authority Chief Executive or his representative
當然成員 : 醫院管理局行政總裁或其代表
Hospital Chief Executive
醫院行政總監

Members : Prof Johnnie Casire CHAN Chi-kau, SBS, JP
成員 : 陳志球教授
Prof Louis CHENG Tsz-wan
鄭子云教授
Mr David FUNG Kai-man
馮啟民先生
Dr Henry KONG Wing-ming
江永明醫生
Prof Peggy LAM, GBS, JP
林貝聿嘉教授
Mr Steve LAN Yee-fong, MH
藍義方先生
Dr Carl LEUNG Ka-kui
梁家駒醫生
Mr Terry NG Sze-yuen
吳士元先生
Dr Jeffrey PONG Chiu-fai, MH
龐朝輝醫生
Mr Burji S SHROFF
Mr Neville S SHROFF, JP
尼維爾先生
Mr Noshir N SHROFF
Mrs Purviz Rusy SHROFF, MH
Mr Robert SHUM Kai-kee
岑啟基先生
Mr Richard TANG Yat-sun, GBS, JP
鄧日燊先生

APPENDIX 4

附錄 4

Shatin Hospital

沙田醫院

Chairman : Ms Maisy HO Chiu-ha, BBS, JP
主席 : 何超蓮女士

Ex-officio members: Hospital Authority Chief Executive or his representative
當然成員 : 醫院管理局行政總裁或其代表
Hospital Chief Executive
醫院行政總監

Members : Mr AU Chi-fai
成員 : 歐志輝先生
Ms Nancy KIT Kwong-chi, JP (*passed away in January 2024*)
關港子女士 (於 2024 年 1 月辭世)
Mr Derek LEE Ho-yin
李浩然先生
Mr Kenneth LEUNG Ka-keung
梁家強先生
Ir Peter MOK Kwok-woo
莫國和先生
Dr David NG Tai-chiu
吳大釗博士
Ms WONG Kam-fung
黃金鳳女士
Mrs Linda WONG LEUNG Kit-wah
王梁潔華女士

APPENDIX 4

附錄 4

Tai Po Hospital

大埔醫院

Chairman : Mr John LI Kwok-heem, MH
主席：李國謙先生

Ex-officio members: Hospital Authority Chief Executive or his representative
當然成員：醫院管理局行政總裁或其代表
Hospital Chief Executive
醫院行政總監

Members : Mr Derek CHAN Man-foon
成員：陳文寬先生

Mr Ali FUNG Wai-cheong
馮偉昌先生

Prof Simon KWAN Shui-man
關瑞文教授

Mr Roger LEE Chee-wah
李志華先生

Ms Jeanne LEE Sai-yin, BBS, JP
李細燕女士

Mr Wilson MOK Yu-sang
莫裕生先生

APPENDIX 4

附錄 4

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

Chairman : Mr CHEUNG Tat-tong, BBS, JP
主席： 張達棠先生

Ex-officio members: Hospital Authority Chief Executive or his representative
當然成員： 醫院管理局行政總裁或其代表
Hospital Chief Executive
醫院行政總監

Members : Mr Boris BONG Ding-yue
成員： 龐定宇先生
Mr Anthony CHENG Kwok-bo
鄭國寶先生
Mr CHENG Ping-chuen
鄭炳全先生
Prof Jason CHEUNG Pui-yin
鍾培言教授
Dr CHOW Chun-bong, BBS, JP
周鎮邦醫生
Mr Renny LIE
李國良先生
Mr NG Wai-yan
吳蕙恩先生
Ir Dr Derrick PANG Yat-bond, JP
彭一邦博士
Ms Bernadette TSUI Wing-suen
徐詠璇女士

APPENDIX 4

附錄 4

Tin Shui Wai Hospital

天水圍醫院

Chairman : The Hon Duncan CHIU
主席 : 邱達根先生

Ex-officio members: Hospital Authority Chief Executive or his representative
當然成員 : 醫院管理局行政總裁或其代表
Hospital Chief Executive
醫院行政總監

Members : Mr CHAN How-chi, MH
成員 : 陳孝慈先生
Mr Kenny CHIEN Kwok-keung
錢國強先生
Dr FOK Mei-ling
霍陳美玲博士
Mr Jacob LEE Chi-hin
李志軒先生
Mr Robert LUI Chi-wang
呂志宏先生
Mr Calvin SZE TO Chun-hin
司徒駿軒先生
Mr Ivan WONG Siu-kei, JP
王紹基先生
Ms Vicky WONG Wai-kei
黃慧琪女士
Ms Lina YAN Hau-yee, MH, JP
殷巧兒女士
Dr YUEN Yin-fun
阮燕芬醫生

APPENDIX 4

附錄 4

Tseung Kwan O Hospital

將軍澳醫院

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

Ex-officio members: Hospital Authority Chief Executive or his representative
當然成員： 醫院管理局行政總裁或其代表
Hospital Chief Executive
醫院行政總監

Members : Dr Lily CHAN Li Lei, MH
成員： 陳李妮博士
Dr CHEUNG Moon-tong
張滿棠醫生
Mr Paul FAN Chor-ho, SBS, JP
范佐浩先生
Dr the Hon David LAM Tzit-yuen
林哲玄醫生
Mr Marthy LI Chak-kwan
李澤昆先生
Dr Desmond NG Tai-wing
吳泰榮博士
Mr WAN Man-yee, BBS, JP
溫文儀先生
Ms Frandia WONG Yuk-king
黃玉琼女士
Mr Henry YEUNG Mun-kin
楊敏健先生
Dr Frederick YIP Yeung-fai
葉揚輝博士

APPENDIX 4

附錄 4

Tuen Mun Hospital

屯門醫院

Chairman : Mr Ivan SZE Wing-hang, BBS, JP
主席：施榮恆先生

Ex-officio members: Hospital Authority Chief Executive or his representative
當然成員：醫院管理局行政總裁或其代表
Hospital Chief Executive
醫院行政總監

Members : Mr Daniel CHAM Ka-hung, BBS, MH, JP
成員：湛家雄先生
The Hon Judy CHAN Kapui, MH, JP
陳家珮女士
Dr Eugene CHAN Kin-keung, SBS, JP
陳建強醫生
Dr Ben FONG Yuk-fai, MH
方玉輝醫生
Dr LAU Chau-ming
劉秋銘博士
Mr Andrew LEUNG Chun-keung
梁進強先生
Ms Alice TAI Yuen-ying, GBS, JP
戴婉瑩女士
Mr Anthony TSANG Hin-fun
曾憲芬先生
Mr YUEN Siu-lam
袁少林先生

APPENDIX 4

附錄 4

Tung Wah Hospital & Tung Wah Eastern Hospital & Tung Wah Group of Hospitals Fung Yiu King Hospital 東華醫院及東華東院及東華三院馮堯敬醫院

Chairman : Mr Herman WAI Ho-man, BBS
主席： 韋浩文先生

Ex-officio members: Hospital Authority Chief Executive or his representative
當然成員： 醫院管理局行政總裁或其代表
Hospital Chief Executive
醫院行政總監

Members : Mr Charles CHAN Wai-dune
成員： 陳維端先生
Ms Crystal CHOI Ka-yee
蔡加怡女士
Mr CHOW Chiu-sheung, JP
周超常先生
Mr Orlando HO Yau-kai
何猷啟先生
Dr Kevin LAU Chung-hang, MH
劉仲恒醫生
Mr Philip MA Ching-yeung, BBS
馬清揚先生
Ms Ginny MAN, BBS, JP
文顯怡女士
Mr Jonathan NG
伍怡先生
Ms Winnie NG, JP
伍穎梅女士
Mr SIN Yat-kin, SBS, CSDSM, JP
單日堅先生
Mr Albert SU Yau-on, MH, JP
蘇祐安先生
Mr Kazaf TAM Chun-kwok, BBS
譚鎮國先生
Ms Mandy TANG Ming-wai
鄧明慧女士
Mr York TSENG Hing-yip
曾慶業先生
Dr Homer TSO Wei-kwok, SBS, JP
左偉國醫生
Dr Ken TSOI Wing-sing, BBS
蔡榮星博士
Mr Vinci WONG, BBS
王賢誌先生

APPENDIX 4

附錄 4

United Christian Hospital

基督教聯合醫院

Chairman : Mr John Li Kwok-heem, MH
主席：李國謙先生

Ex-officio members: Hospital Authority Chief Executive or his representative
當然成員：醫院管理局行政總裁或其代表
Hospital Chief Executive
醫院行政總監

Members : Mr Derek CHAN Man-foon
成員：陳文寬先生
Dr CHAN Sai-kwing
陳世炳醫生
Ms Margaret CHENG Wai-ching, JP
鄭惠貞女士
Ms Margot CHOW Yan-tse
周恩慈女士
Ms Esther CHOW Yin-yung
周燕鏞女士
Ms Mary HUEN Wai-yi, JP (*from 25.5.2023*)
禤惠儀女士(由 2023 年 5 月 25 日起)
Rev Paul KAN Kei-piu
簡祺標牧師
Prof KEUNG Sau-ho
姜秀荷教授
Rt Rev Dr Timothy KWOK Chi-pei
郭志丕主教
Mr LAU Chun-chuen
劉俊泉先生
Mr Michael LI Man-toa
李民滔先生
Rev PO Kam-cheong
蒲錦昌牧師
Mr David SUN Tak-kei, GBS, JP
孫德基先生
Rev TEO Yun-sarm
張苑心牧師
The Hon Paul TSE Wai-chun, JP
謝偉俊先生
Mr Herbert TSOI Hak-kong, BBS, JP
蔡克剛先生
Sr Dr James TSUI Siu-lung, MH
徐小龍博士
Mr David WONG Tat-kee
黃達琪先生
Ms Grace WONG Yuen-ling
黃婉玲女士
Bishop Jackson YEUNG Yau-chi
楊有志監督
Rev YUNG Chuen-hung
翁傳鏗牧師

APPENDIX 4

附錄 4

Yan Chai Hospital

仁濟醫院

Chairman : Mrs Mary SUEN CHOI To-may, MH
主席： 孫蔡吐媚女士

Ex-officio members: Hospital Authority Chief Executive or his representative
當然成員： 醫院管理局行政總裁或其代表
Hospital Chief Executive
醫院行政總監

Members : Mr Leo CHENG Sze-kin
成員： 鄭斯堅先生
Dr Marcella CHEUNG Man-ka
張文嘉博士
Mr Stanley CHEUNG Tak-kwai
張德貴先生
Mr Anthony CHOI Po-kin
蔡寶健先生
Mr Gary CHU Tak-wing, MH
朱德榮先生
Mr Nicholas FONG Lik-ho
方力浩先生
Mr HO Wai-ming
何偉明先生
Ms Wendy LAW Wing-yee
羅穎怡女士
Mr Jason LEUNG Wai-kwong
梁偉光先生
Mr William WONG Kuen-wai, BBS, MH
黃權威先生
Mr Charles YANG Chuen-liang, BBS, JP
楊傳亮先生

APPENDIX 5

附錄 5

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

Hong Kong Regional Advisory Committee

港島區域諮詢委員會

Chairman : Prof David SHUM Ho-keung
主席 : 岑浩強教授

Ex-officio members: Hospital Authority Chief Executive or his representative
當然成員 : 醫院管理局行政總裁或其代表
Director of Health or his / her representative
衛生署署長或其代表

Members : Deputy Hospital Chief Executive, St. John Hospital
成員 : 長洲醫院副醫院行政總監
Ms CHAN Hang, MH, JP
陳杏女士
Prof Cecilia CHAN Lai-wan, JP
陳麗雲教授
Mr CHEUNG Tat-tong, BBS, JP
張達棠先生
Mr Orlando HO Yau-kai
何猷啟先生
Mr HUNG Lin-cham, MH, JP
洪連杉先生
Ms LAM Yuk-chun, BBS, MH
林玉珍女士
Mr Steve LAN Yee-fong, MH
藍義方先生
Ms Yvette LI Yan-yi
李恩怡女士
Dr LIAO Shu-hang
廖舒衡博士
Dr Jeffrey PONG Chiu-fai, MH
龐朝輝醫生
Ms Eva SIT Yat-wah, SC
薛日華女士
Dr Loletta SO Kit-ying, MH
蘇潔瑩醫生
Ms Jacqueline TONG Chun-ling
湯振玲女士
Prof Eric TSE Wai-choi
謝偉財教授
Dr Albert WONG Chi-chiu
王志釗醫生
Ms YAU Chit-yee, MH
邱婕兒女士

APPENDIX 5

附錄 5

Kowloon Regional Advisory Committee

九龍區域諮詢委員會

Chairman : Ir Billy WONG Wing-hoo, BBS, JP
主席：黃永灝先生

Ex-officio members: Hospital Authority Chief Executive or his representative
當然成員：醫院管理局行政總裁或其代表
Director of Health or his / her representative
衛生署署長或其代表

Members :
成員：
Mr CHAN Kwok-wai, MH
陳國偉先生
Mr Kenny CHAN Ngai-sang, BBS
陳毅生先生
Dr Marcella CHEUNG Man-ka
張文嘉博士
Mr Tony CHOI Yuk-kwan, MH
蔡玉坤先生
Mr Simon FOK Man-kin
霍文健先生
Mr HO Hon-man, MH, JP
何漢文先生
Mr Leo HO Kwan-chau
何坤洲先生
Mr HO Tak-sum, BBS, MH
何德心居士
Mr KAI Ping-chung, MH
奚炳松先生
Ms Sophia LEE Shuk-woon
李淑媛女士
Mr Marthy LI Chak-kwan
李澤昆先生
Mr Norman LIN Wei-qiao
林煒橋先生
Rev Van LO Wai-chuen
盧惠銓牧師
Prof Joseph LUI Cho-ze
雷操彥教授
Mr Stephen MA Chak-wa, MH
馬澤華先生
Mr Rex MOK Chung-fai, BBS, MH, JP
莫仲輝先生
Mr Kyrus SIU King-wai
蕭景威先生
Ms Mandy TANG Ming-wai
鄧明慧女士
Mr Alec TONG Chi-chiu
湯志超先生
Mr Herbert TSOI Hak-kong, BBS, JP
蔡克剛先生
Mr WONG Tsz-shing, MH
王子成先生
Ms Rabi YIM Chor-pik
嚴楚碧女士
Mr Harry YU Kwok-kuen
余國權先生
Mr Richard YUEN Ming-fai, GBS, JP
袁銘輝先生

APPENDIX 5

附錄 5

New Territories Regional Advisory Committee

新界區域諮詢委員會

Chairman : Prof Agnes TIWARI Fung-yee
主席： 羅鳳儀教授

Ex-officio members: Hospital Authority Chief Executive or his representative
當然成員： 醫院管理局行政總裁或其代表
Director of Health or his / her representative
衛生署署長或其代表

Members : Dr Lily CHAN LI Lei, MH
成員： 陳李妮博士
Dr CHAN Shou-ming, MH
陳首銘博士
The Hon Duncan CHIU
邱達根先生
Mr Ali FUNG Wai-cheong
馮偉昌先生
Dr Raymond HO Shu-kwong
何樹光博士
Ms Rebecca HUNG Tzu-wei
熊子蕙女士
Ms IP Shun-hing, BBS, MH, JP
葉順興女士
Dr Patrick LAM Hak-chung
林克忠博士
Ms LAM Pik-chu, MH
林碧珠女士
Mr Roger LEE Chee-wah
李志華先生
Mr Derek LEE Ho-yin
李浩然先生
Mr Lothar LEE Hung-sham, BBS, MH
李洪森先生
Prof Leonard LI Sheung-wai
李常威教授
Mr Edwin LIU Chi-hin
廖智軒先生
Mr Jimmy LIU Tsee-ming
劉紀明先生
Mr MA Siu-leung, BBS, MH
馬紹良先生
Prof Enders NG Kwok-wai
吳國偉教授
Mr Almon POON Chin-hung, JP
潘展鴻先生
Mr PUN Kwok-shan, BBS, MH, JP
潘國山先生
Mr Henry TONG Sau-chai, BBS, MH, JP
湯修齊先生
Mr Anthony TSANG Hin-fun
曾憲芬先生
Mr WONG Fai-fan
黃輝帆先生

APPENDIX 6

附錄 6

Membership of the Board of Trustees of the Hospital Authority

Provident Fund Scheme 2023-24

2023-24 年度醫院管理局公積金計劃信託委員會成員

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

Trustees: Mr CHAN Chor-wing (*up to 30.9.2023*)
信託委員 : 陳初榮先生(截至 2023 年 9 月 30 日)

Ms Anita CHAN Shuk-yu
陳淑瑜女士

Ms Margaret CHENG Wai-ching, JP (*from 20.11.2023*)
鄭惠貞女士(由 2023 年 11 月 20 日起)

Mr Alex CHU Wing-jiu
朱永耀先生

Mrs Ann KUNG YEUNG Yun-chi, BBS, JP (*up to 19.11.2023*)
龔楊恩慈女士(截至 2023 年 11 月 19 日)

Ms Antonia LEE Yuen-chee
李苑詞女士

Mr David MAK Chi-wai
麥志偉先生

Mr Dave NGAN Man-kit, CFA
顏文傑先生

Mr QUEK Yat-sum (*up to 30.9.2023*)
郭逸森先生(截至 2023 年 9 月 30 日)

Mr WONG Kwai-huen, SBS, JP
王桂壠先生

Mr WONG Kwok-chiu (*from 1.10.2023*)
黃國超先生(由 2023 年 10 月 1 日起)

Mr WONG Yiu-lun (*from 1.10.2023*)
黃耀麟先生(由 2023 年 10 月 1 日起)

Mr Jason YEUNG Chi-wai
楊志威先生

Dr Joseph YEUNG Shing (*up to 30.9.2023*)
楊誠醫生(截至 2023 年 9 月 30 日)

Dr YIM Tsz-kin (*from 1.10.2023*)
嚴子健醫生(由 2023 年 10 月 1 日起)

APPENDIX 7

附錄 7

Public Feedback Statistics

公眾意見統計

Complaint / Feedback / Appreciation Received (1.4.2023 – 31.3.2024)

投訴 / 意見 / 讚揚數字（2023 年 4 月 1 日 – 2024 年 3 月 31 日）

Public Complaints Committee 公眾投訴委員會		Number of appeal cases 上訴個案數字	
Nature of cases 個案性質		Complaint received 投訴數字	Feedback received 意見數字
Medical services 醫療服務		183	
Staff attitude 職員態度		17	
Administrative procedure 行政程序		28	
Others 其他		5	
Total number of appeal cases handled 處理上訴個案總數		233	

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	1 064	4 659	26 445
Staff attitude 職員態度	421	3 776	12 206
Administrative procedure 行政程序	300	3 540	472
Overall performance 整體表現	131	1 901	136
Others 其他	22	827	1 053
Total number of hospital complaint / feedback / appreciation 醫院投訴 / 意見 / 讚揚總數	1 938	14 703	40 312

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	71	378	1 984
Staff attitude 職員態度	50	544	1 093
Administrative procedure 行政程序	34	639	22
Overall performance 整體表現	4	112	19
Others 其他	0	60	38
Total number of complaint / feedback / appreciation received by GOPC 普通科門診診所投訴 / 意見 / 讚揚總數	159	1 733	3 156

*General outpatient clinics

APPENDIX 8

附錄 8

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

The Hospital Authority (HA) generally achieved its performance targets in 2023-24. With the subsiding of local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's normalcy measures.

The key activity data in respect of the HA are:

醫院管理局(醫管局)大致上達到 2023-24 年度的服務表現目標。隨着香港的 2019 冠狀病毒病疫情漸趨緩和，以及各項防疫措施於 2023 年年初撤銷，醫管局一直配合政府的復常措施，逐步推動公營醫療服務全面回復正常。

有關醫管局服務的主要數據如下：

	2022-23	2023-24
(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)	24 257	24 325
general (acute and convalescent) 普通科(急症及康復)	3 675	3 710
mentally ill 精神科	675	675
mentally handicapped 智障科	1 961	1 961
infirmary 療養科	30 568	30 671
overall 總計		
<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 patient attendances seen within target waiting time 在目標輪候時間內獲處理的急症病人求診人次百分率		
triage I (critical cases - 0 minute) (%) 第 I 類別(危殆個案 - 0 分鐘)(%)	100	100
triage II (emergency cases - 15 minutes) (%) 第 II 類別(危急個案 - 15 分鐘)(%)	97	96
triage III (urgent cases - 30 minutes) (%) 第 III 類別(緊急個案 - 30 分鐘)(%)	74	71
specialist outpatient services 專科門診服務		
median waiting time for first appointment at specialist outpatient clinics 專科門診新症輪候時間中位數		
priority 1 cases 第一優先類別個案	<1 week 星期	<1 week 星期
priority 2 cases 第二優先類別個案	5 weeks 星期	5 weeks 星期
rehabilitation and geriatric services (as at 31 March) 康復及老人科服務(截至三月三十一日)		
no. of geriatric day places 老人科日間醫院名額	757	787
psychiatric services (as at 31 March) 精神科服務(截至三月三十一日)		
no. of psychiatric day places 精神科日間醫院名額	909	909

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	2022-23	2023-24
(II) Delivery of services 所提供的服務		
<i>inpatient services 住院服務</i>		
overall 總計		
no. of patient days 病人住院日次	7 975 641	8 750 456
bed occupancy rate (%) 病床住用率 (%)	82	88
no. of discharges and deaths 住院病人出院人次及死亡人數	994 539	1 146 494
general (acute and convalescent) 普通科(急症及康復)		
no. of patient days 病人住院日次	6 498 776	7 137 219
bed occupancy rate (%) 病床住用率 (%)	85	91
no. of discharges and deaths 住院病人出院人次及死亡人數	974 192	1 123 107
average length of stay (days)* 平均住院時間(日)*	6.7	6.3
mentally ill 精神科		
no. of patient days 病人住院日次	868 536	995 316
bed occupancy rate (%) 病床住用率 (%)	66	76
no. of discharges and deaths 住院病人出院人次及死亡人數	16 577	19 161
average length of stay (days)* 平均住院時間(日)*	60	55
mentally handicapped 智障科		
no. of patient days 病人住院日次	168 371	166 121
bed occupancy rate (%) 病床住用率 (%)	68	67
infirmary 療養科		
no. of patient days 病人住院日次	439 958	451 800
bed occupancy rate (%) 病床住用率 (%)	81	84
<i>ambulatory and outreach services 日間及外展服務</i>		
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	731 487	809 505
A&E services 急症室服務		
no. of A&E attendances 急症室就診人次	1 741 091	2 142 830
no. of A&E first attendances 急症室首次就診人次		
triage I 第 I 類別	26 825	28 138
triage II 第 II 類別	50 852	56 566
triage III 第 III 類別	673 998	820 353
specialist outpatient services 專科門診服務		
no. of specialist outpatient (clinical) first attendances 專科門診(臨床)首次就診人次	829 584	878 903
no. of specialist outpatient (clinical) follow-up attendances 專科門診(臨床)覆診人次	7 214 160	7 489 204
total no. of specialist outpatient (clinical) attendances 專科門診(臨床)就診總人次	8 043 744	8 368 107
primary care services 基層醫療服務		
no. of general outpatient attendances 普通科門診就診人次	4 995 348	6 008 083
no. of family medicine specialist clinic attendances 家庭醫學專科門診就診人次	322 262	351 698
total no. of primary care attendances 基層醫療就診總人次	5 317 610	6 359 781

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	2022-23	2023-24
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	64 514	100 987
no. of community nurse attendances 接受社康護士服務人次	869 158	916 504
no. of allied health (community) attendances 專職醫療(社區)就診人次	27 058	32 268
no. of allied health (outpatient) attendances 專職醫療(門診)就診人次	3 009 437	3 301 186
geriatric services 老人科服務		
no. of geriatric outreach attendances 接受老人科外展服務人次	770 143	785 239
no. of geriatric elderly persons assessed for infirmary care service 接受療養服務評核的長者人數	1 880	1 767
no. of geriatric day attendances 老人科日間醫院就診人次	89 271	168 425
psychiatric services 精神科服務		
no. of psychiatric outreach attendances 接受精神科外展服務人次	272 345	330 549
no. of psychiatric day attendances 精神科日間醫院就診人次	79 620	194 070
no. of psychogeriatric outreach attendances 接受老人精神科外展服務人次	99 835	113 386
(III) Quality of services 服務質素		
no. of hospital deaths per 1 000 population ^a 每千人口中病人在醫院死亡人數 ^a	2.8	2.7
unplanned readmission rate within 28 days for general inpatients (%) 普通科住院病人在出院後28天內未經預約再入院率 (%)	10.8	10.9
(IV) Cost of services 服務成本		
<i>cost distribution 成本分布</i>		
cost distribution by service types (%) 按服務類別劃分的成本分布百分率 (%)		
inpatient 住院服務	54.2	53.1
ambulatory and outreach 日間及外展服務	45.8	46.9
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 (%)	54.1	54.4
cost of services per 1 000 population (HK\$Mn) 每千人口的服務成本(港幣百萬元)	30.9	30.4
<i>unit costs 單位成本</i>		
<i>inpatient services 住院服務</i>		
cost per patient day (HK\$) 病人每日成本(港元)		
general (acute and convalescent) 普通科(急症及康復)	7,390	6,920
mentally ill 精神科	3,870	3,580
mentally handicapped 智障科	2,420	2,430
infirmary 療養科	2,320	2,310

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	2022-23	2023-24
<i>ambulatory and outreach services 日間及外展服務</i>		
cost per A&E attendance (HK\$) 急症室每次診症的成本(港元)	2,430	2,070
cost per specialist outpatient attendance (HK\$) 專科門診每次診症的成本(港元)	1,620	1,610
cost per general outpatient attendance (HK\$) 普通科門診每次診症的成本(港元)	690	730
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)	1,410	1,450
cost per community nurse attendance (HK\$) 社康護士每次服務的成本(港元)	760	765
cost per psychiatric outreach attendance (HK\$) 精神科外展服務每次的成本(港元)	2,220	1,990
cost per geriatric day attendance (HK\$) 老人科日間醫院每次服務的成本(港元)	3,480	2,670
<i>fee waivers 收費減免</i>		
total amount of waived fees (HK\$Mn) 減免收費總額 (港幣百萬元)	1,112.0	1,158.4
percentage of Comprehensive Social Security Assistance fee waiver (%) ~	14.1	14.0
綜合社會保障援助收費減免百分率 (%) ~		
percentage of Old Age Living Allowance (OALA) fee waiver (%) ~#	13.7	15.2
長者生活津貼收費減免百分率 (%) ~#		
percentage of other fee waiver (%) ~ 其他收費減免百分率 (%) ~	9.9	6.8

Notes:

* Derived by dividing the sum of length of stay of inpatients by the corresponding number of inpatients discharged and treated.

^ Refers to the age-standardised hospital death rate covering inpatient and day inpatient deaths in HA hospitals in a particular year. The standardised rate, as a standard statistical technique to facilitate comparison over years, is calculated by applying the HA age-specific hospital death rate in that particular year to the "standard" population in mid-2001.

~ Refers to the amount waived as percentage to total charge.

As announced in the 2021 Policy Address, the merging of Normal and Higher OALA would be effective from 1 September 2022. Against this background, 2022-23 covers Higher OALA recipients aged 75 or above before the merger and all eligible OALA recipients aged 75 or above upon the merger.

註 :

* 按住院病人住院時間總數除以相對的住院病人出院及接受治療人數計算。

^ 指某一年度涵蓋醫管局轄下醫院住院及日間住院病人死亡人數的年齡標準化死亡率。有關標準化死亡率是將醫管局在該年度各個年齡組別的醫院病人死亡率，套用於2001年年中的「標準」人口而計算出來的。這是一個標準的統計方法，有助比較不同年份的死亡率。

~ 指減免款額佔總收費的百分率。

《二零二一年施政報告》宣布，普通及高額長者生活津貼由2022年9月1日起合併。因此，2022至23年度的數字涵蓋在上述合併前的75歲或以上高額長者生活津貼受惠人，以及合併後的所有75歲或以上長者生活津貼受惠人。

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Statistics on Number of Beds, Inpatient, Accident & Emergency and Outpatient Services in 2023-24

2023-24 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 2024) ¹ 醫院病床數目 (截至 2024 年 3 月 31 日) ¹	Total IP & DP discharges 住院及日間 出院病人	Inpatient bed occupancy rate (%) 住院病人 病床佔用率 (%)	Inpatient patient days 住院病人 住院日次	Inpatient average length of stay (days) - general (acute & convalescent) 住院病人平均 住院時間(日)	Total SOP (clinical) attendances ^{2,3} - 普通科 急症室 (臨床) 就診總人次	Total A&E attendances ^{2,3} - 普通科 急症室 就診總人次	Family Medicine Specialist Clinic 家庭醫學 專科門診 就診總人次 ²	Total Allied Health (Outpatient) attendances ^{2,4} 專職醫療 (門診) 就診總人次 ^{2,4}	General Outpatient attendances ^{2,5} 普通科門診 就診人次 ^{2,5}
Hong Kong East Cluster 港島東醫院聯網										
Cheshire Home, Chung Hom Kok 春磡角慈氏護養院	240	396	71.1	62 431	-	-	-	-	261	-
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	1 929	152 367	86.0	540 485	5.5	118 898	598 344	59 837	239 286	372 603
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	658	31 382	87.4	177 065	5.8	69 783	149 843	8 953	92 679	125 900
St. John Hospital 長洲醫院	87	3 114	48.9	2 683	7.2	9 871	-	-	9 716	37 161
Tung Wah Eastern Hospital 東華東院	262	9 260	95.6	78 344	20.5	-	137 049	-	44 254	26 512
Wong Chuk Hang Hospital 黃竹坑醫院	160	191	88.1	51 585	-	-	-	-	-	-
Sub-total 小計	3 336	196 710	85.7	912 593	6.2	198 552	885 236	68 790	386 196	562 176
Hong Kong West Cluster 港島西醫院聯網										
Grantham Hospital 葛量洪醫院	389	18 490	80.1	112 287	12.5	-	130 681	-	40 879	-
MacLehose Medical Rehabilitation Centre 麥理浩復康院	110	1 003	59.7	22 796	20.5	-	1 670	-	24 794	-
Queen Mary Hospital 瑪麗醫院	1 639	159 152	75.3	391 536	4.2	117 148	675 080	25 617	142 615	361 301
The Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院	136	3 469	52.9	19 113	8.4	-	20 763	-	46 028	-
Tsan Yuk Hospital 賛育醫院	1	159	-	-	-	-	18 491	-	4 670	-
Tung Wah Group of Hospitals Fung Yiu King Hospital 東華三院馮堯敬醫院	272	3 233	68.6	59 896	13.7	-	212	-	321	-
Tung Wah Hospital 東華醫院	532	32 191	71.5	76 407	9.7	-	52 973	-	11 956	32 079
Sub-total 小計	3 079	217 697	73.5	682 035	5.6	117 148	899 870	25 617	271 263	393 380

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Institution 機構	No. of hospital beds (as at 31 March 2024) ¹ 醫院病床數目 (截至 2024 年 3 月 31 日) ¹	Total IP & DP discharges and deaths 住院及日間 出院人次及 死亡人數	Inpatient bed occupancy rate (%) 住院病人 病床佔用率 (%)	Inpatient patient days 住院病人 住院日次	Inpatient average length of stay (days) - general (acute & convalescent) 住院病人平均 住院時間(日) - 普通科 (急症及康復)	Total A&E attendances 急症室 就診總人次	Total SOP (clinical) attendances ^{2,3} 專科門診 (臨床) 就診總人次 ^{2,3}	Family Medicine Specialist Clinic 家庭醫學 專科門診 就診人次 ²	Total Allied Health (Outpatient) attendances ^{2,4} 專職醫療 (門診) 就診總人次 ^{2,4}	General Outpatient attendances ^{2,5} 普通科門診 就診人次 ^{2,5}
Kowloon Central Cluster 九龍中醫院聯網										
Hong Kong Buddhist Hospital 香港佛教醫院	376	13 663	88.6	160 180	13.3	-	15 798	1	24 832	40 939
Hong Kong Children's Hospital 香港兒童醫院	278	19 691	64.4	51 704	7.3	-	60 535	-	14 979	-
Hong Kong Eye Hospital 香港眼科醫院	45	8 722	30.0	2 303	3.8	-	272 053	-	44 101	-
Kowloon Hospital 九龍醫院	1 363	19 218	89.6	451 656	18.6	-	99 631	-	127 951	-
Kwong Wah Hospital 廣華醫院	1 229	100 269	79.8	302 504	4.3	133 082	346 430	6 055	164 760	172 681
Our Lady of Maryknoll Hospital 聖母醫院	236	-	-	-	-	-	64 693	3 034	34 138	383 296
Queen Elizabeth Hospital 伊利沙伯醫院	2 018	214 671	91.6	616 840	5.2	199 427	686 391	9 971	253 300	508 892
Tung Wah Group of Hospitals 東華三院	531	11 389	85.3	167 606	13.6	-	1 493	-	1 944	-
Wong Tai Sin Hospital 黃大仙醫院										
Sub-total 小計	6 076	387 623	86.7	1 752 793	6.6	332 509	1 547 024	19 061	666 005	1 105 808
Kowloon East Cluster 九龍東醫院聯網										
Haven of Hope Hospital 灵實醫院	601	11 127	99.0	240 248	19.4	-	10 957	-	6 514	-
Tseung Kwan O Hospital 將軍澳醫院	835	89 342	99.2	258 185	5.2	128 849	397 422	5 334	213 742	307 019
United Christian Hospital 基督教聯合醫院	1 574	119 865	92.3	426 790	5.7	157 333	559 802	64 620	253 995	580 069
Sub-total 小計	3 010	220 334	95.9	925 223	6.6	286 182	968 181	69 954	474 251	887 088
Kowloon West Cluster 九龍西醫院聯網										
Caritas Medical Centre 明愛醫院	1 297	82 450	89.8	366 212	6.0	118 801	449 493	4 447	145 067	315 034
Kwai Chung Hospital 葵涌醫院	955	5 226	88.3	274 518	-	-	252 142	-	44 342	-
North Lantau Hospital 北大嶼山醫院	180	13 137	109.6	64 194	6.8	90 811	26 989	2 728	45 845	103 843
Princess Margaret Hospital 瑪嘉烈醫院	1 818	161 364	96.8	562 167	5.7	117 378	475 231	20 100	124 553	378 685
Yan Chai Hospital 仁濟醫院	809	64 364	96.8	262 564	5.7	121 052	261 401	5 754	153 245	286 395
Sub-total 小計	5 059	326 541	93.9	1 529 655	5.8	448 042	1 465 256	33 029	513 052	1 083 957
New Territories East Cluster 新界東醫院聯網										
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	620	69 618	85.5	169 003	4.6	101 372	318 832	6 101	146 011	247 545
Bradbury Hospice 白普理寧養中心	26	626	93.9	8 939	14.3	-	89	-	935	-
Cheshire Home, Shatin 沙田慈氏護養院	304	743	66.8	74 289	26.2	-	-	-	185	-
North District Hospital 北區醫院	716	56 935	98.1	237 521	5.8	96 799	230 907	11 994	117 509	273 898
Prince of Wales Hospital 威爾斯親王醫院	1 901	201 525	87.8	511 741	5.5	166 509	861 582	53 471	267 422	495 741
Shatin Hospital 沙田醫院	591	9 461	94.8	194 733	19.8	-	259	-	3 465	-
Tai Po Hospital 大埔醫院	1 054	9 985	94.3	309 621	21.4	-	799	-	1 154	-
Sub-total 小計	5 212	348 893	89.8	1 505 847	6.7	364 680	1 412 468	71 566	536 681	1 017 184

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Institution 機構	No. of hospital beds (as at 31 March 2024) ¹ 醫院病床數目 (截至 2024 年 3 月 31 日) ¹	Total IP & DP discharges 住院及日間 出院人次及 死亡人數	Inpatient bed occupancy 住院病人 率 (%)	Inpatient patient days 住院病人 住院日次	Inpatient average length of stay (days) 住院病人平均 住院時間(日) (急症及康復)	Total A&E attendances ^{2,3} 急症室 就診總人次	Total SOP (clinical) attendances ^{2,3} 專科門診 (臨床) 就診總人次 ^{2,3}	Family Medicine Specialist Clinic attendances ² 家庭醫學 專科門診 就診人次 ²	Total Allied Health (Outpatient) attendances ^{2,4} 專職醫療 (門診) 就診總人次 ^{2,4}	General Outpatient attendances ^{2,5} 普通科門診 就診人次 ^{2,5}
New Territories West Cluster 新界西醫院聯網										
Castle Peak Hospital 青山醫院	1 156	2 980	63.9	267 441	-	-	153 159	-	27 781	-
Pok Oi Hospital 博愛醫院	822	57 716	95.9	245 890	5.8	99 145	199 726	16 913	104 486	-
Siu Lam Hospital 小欖醫院	520	621	77.0	146 519	-	-	-	-	-	-
Tin Shui Wai Hospital 天水圍醫院	300	29 277	95.7	80 672	5.8	122 753	34 001	21 149	31 934	-
Tuen Mun Hospital 屯門醫院	2 101	167 607	100.0	701 788	6.8	173 819	803 186	25 619	289 537	958 490
Sub-total 小計	4 899	258 201	87.3	1 442 310	6.4	395 717	1 190 072	63 681	453 738	958 490
GRAND TOTAL 總計	30 671	1 955 999	88.0	8 750 456	6.3	2 142 830	8 368 107	351 698	3 301 186	6 008 083

Notes:

- Number of hospital beds as at 31 March 2024 is based on the Annual Survey on Hospital Beds in Public Hospitals 2023-24.
- Outpatient attendances for different clinics are grouped under respective hospital management.
- Specialist Outpatient (SOP) (clinical) attendances also include attendances from nurse clinics in SOP setting.
- Total Allied Health (Outpatient) attendances exclude follow-up consultations provided by the Medical Social Services Units.
- General Outpatient (GOP) attendances also include attendances from nurse clinics in GOP setting and attendances in related healthcare reform initiative programmes in primary care.

註 :

- 2024 年 3 月 31 日的醫院病床數目來自 2023-24 年度的公立醫院病床數目調查。
- 各診所的門診就診人次均歸入所屬醫院之下。
- 專科門診(臨床)就診總人次也包括專科護士診所的就診人次。
- 專職醫療(門診)就診總人次不包括由醫務社會服務部提供的跟進個案。
- 普通科門診就診人次也包括普通科護士診所的就診人次及醫療改革服務計劃內的基層醫療服務就診人次。

Abbreviations:

- IP - Inpatient
DP - Day inpatient
A&E - Accident & Emergency
SOP - Specialist Outpatient

APPENDIX 10

附錄 10

Statistics on Community and Rehabilitation Services in 2023-24 2023-24 年度社康及康復服務統計數字

Institution 機構	Community nurse attendances 接受社康護士 服務人次	Psychiatric outreach attendances ¹ 接受精神科 外展服務人次 ¹	Psychogeriatric outreach attendances ² 接受老人 精神科 外展服務人次 ²	Community Geriatric Assessment Service ³ 社區老人評核 服務量 ³	Allied Health (Community) attendances ⁴ 專職醫療(社區) 就診人次 ⁴	Rehabilitation day & palliative		Psychiatric day attendances ⁵ 老人科 日間醫院 就診人次 ⁵
						care day attendances	Geriatric day attendances ⁵	
						康復及緩和 護理日間服務 就診人次	老人科 日間醫院 就診人次	
Hong Kong East Cluster 港島東醫院聯網								
Cheshire Home, Chung Hom Kok 春磡角慈氏護養院	-	-	-	-	-	4	-	-
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	90 389	31 799	12 774	29 121	871	608	17 799	26 453
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	-	-	-	81 289	415	8 305	16 213	-
St. John Hospital 長洲醫院	5 245	-	-	259	1	-	-	-
Tung Wah Eastern Hospital 東華東院	-	-	-	-	87	35 998	-	-
Wong Chuk Hang Hospital 黃竹坑醫院	-	-	-	-	-	-	991	-
Sub-total 小計	95 634	31 799	12 774	110 669	1 378	44 911	35 003	26 453
Hong Kong West Cluster 港島西醫院聯網								
Grantham Hospital 葛量洪醫院	-	-	-	-	4	4 280	-	-
MacLehose Medical Rehabilitation Centre 麥理浩復康院	-	-	-	-	77	6 295	-	-
Queen Mary Hospital 瑪麗醫院	55 339	20 958	18 357	-	971	696	-	14 794
The Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院	-	-	-	-	2	-	-	-
Tsan Yuk Hospital 賛育醫院	-	-	-	-	-	-	-	2 217
Tung Wah Group of Hospitals	-	-	-	65 185	417	-	5 779	-
Fung Yiu King Hospital 東華三院馮堯敬醫院	-	-	-	-	-	89	8 501	6 099
Sub-total 小計	55 339	20 958	18 357	65 185	1 560	19 772	11 878	17 011
Kowloon Central Cluster 九龍中醫院聯網								
Hong Kong Buddhist Hospital 香港佛教醫院	-	-	-	-	154	1 661	-	-
Hong Kong Children's Hospital 香港兒童醫院	-	-	-	-	71	-	-	-
Kowloon Hospital 九龍醫院	81 376	20 404	10 184	41 249	883	3 833	3 100	10 543
Kwong Wah Hospital 廣華醫院	44 637	-	-	79 078	802	-	7 385	-
Our Lady of Maryknoll Hospital 聖母醫院	59 531	-	-	10 776	50	160	-	-
Queen Elizabeth Hospital 伊利沙伯醫院	3 299	-	-	40 224	2 722	5 696	10 564	-
Tung Wah Group of Hospitals	-	-	-	-	81	280	15 889	-
Wong Tai Sin Hospital 東華三院黃大仙醫院	-	-	-	-	-	-	-	-
Sub-total 小計	188 843	20 404	10 184	171 327	4 763	11 630	36 938	10 543
Kowloon East Cluster 九龍東醫院聯網								
Haven of Hope Hospital 靈實醫院	34 838	-	-	8 957	112	1 424	6 189	-
Tseung Kwan O Hospital 將軍澳醫院	-	-	1 441	-	77	3 169	146	-
United Christian Hospital 基督教聯合醫院	131 284	36 586	10 021	55 130	853	1 133	18 079	32 175
Sub-total 小計	166 122	36 586	11 462	64 087	1 042	5 726	24 414	32 175

APPENDIX 10

附錄 10

Institution 機構	Community nurse attendances 接受社康護士 服務人次	Psychiatric outreach attendances ¹ 接受精神科 外展服務人次 ¹	Psychotherapeutic outreach attendances ² 接受老人 精神科 外展服務人次 ²	Community Geriatric Assessment Service ³ 社區老人評核 服務量 ³	Allied Health (Community) attendances ⁴ 專職醫療(社區) 就診人次 ⁴	Rehabilitation		Psychiatric day attendances 老人科 日間醫院 就診人次 ⁵
						day & palliative care day attendances	Geriatric day attendances ⁵ 護理日間服務 就診人次	
Kowloon West Cluster 九龍西醫院聯網								
Caritas Medical Centre 明愛醫院	64 704	-	-	46 166	333	509	13 243	-
Kwai Chung Hospital 葵涌醫院	-	99 361	31 223	-	1 808	-	-	47 190
North Lantau Hospital 北大嶼山醫院	10 963	3 029	-	4 443	818	-	6 747	-
Princess Margaret Hospital 瑪嘉烈醫院	51 810	-	-	46 211	1 497	2 644	14 179	-
Yan Chai Hospital 仁濟醫院	35 317	-	-	48 904	551	-	7 232	-
Sub-total 小計	162 794	102 390	31 223	145 724	5 007	3 153	41 401	47 190
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	39 637	-	587	38 090	2 589	738	-	10 480
Bradbury Hospice 白普理寧養中心	-	-	-	-	19	246	-	-
Cheshire Home, Shatin 沙田慈氏護養院	-	-	-	-	-	-	-	-
North District Hospital 北區醫院	41 599	13 032	8 450	35 573	3 820	3 244	9 343	7 203
Prince of Wales Hospital 威爾斯親王醫院	61 505	-	2 281	33 425	3 994	-	-	-
Shatin Hospital 沙田醫院	-	25 098	3 286	-	526	5 216	18 792	14 436
Tai Po Hospital 大埔醫院	-	11 313	-	-	22	-	11 901	8 136
Sub-total 小計	142 741	49 443	14 604	107 088	10 970	9 444	40 036	40 255
New Territories West Cluster 新界西醫院聯網								
Castle Peak Hospital 青山醫院	-	68 969	14 782	-	2 627	-	-	13 079
Pok Oi Hospital 博愛醫院	32 061	-	-	55 311	484	1 350	8 484	-
Siu Lam Hospital 小欖醫院	-	-	-	-	-	-	-	-
Tin Shui Wai Hospital 天水圍醫院	8 609	-	-	-	492	-	-	-
Tuen Mun Hospital 屯門醫院	64 361	-	-	67 615	3 945	5 001	15 750	7 364
Sub-total 小計	105 031	68 969	14 782	122 926	7 548	6 351	24 234	20 443
GRAND TOTAL 總計	916 504	330 549	113 386	787 006	32 268	100 987	213 904	194 070

Notes:

1. Figures also include home visits and crisis interventions.
2. Figures also include home visits.
3. For Community Geriatric Assessment Service, the activity refers to total number of geriatric outreach attendances and geriatric elderly persons assessed for infirmary care service. Starting from 2020-21, the overall service model for Community Geriatric Assessment Team and Visiting Medical Officer in the Hospital Authority has been streamlined and the number of geriatric outreach attendances also includes attendances from Visiting Medical Officer. Therefore, the service activity is not directly comparable with figures published in the past editions of this report.
4. Allied Health (Community) attendances exclude follow-up consultations provided by the Medical Social Services Units.
5. Geriatric day attendances also include attendances under Integrated Discharge Support Programme for Elderly Patients (IDSP).

The activity performed in different centres and teams are grouped under respective hospital management.

註 :

1. 數字也包括家訪及危機處理服務。
2. 數字也包括家訪。
3. 指接受老人科外展服務的人次及接受療養服務評核的長者人數的總和。由 2020-21 年度起，醫院管理局優化了社區老人評估小組及到診醫生的整體服務模式，接受老人科外展服務的人次也包括接受到診醫生治療人次。因此，社區老人評核服務量不能與較早年報所載列的數字作直接比較。
4. 專職醫療(社區)就診人次不包括由醫務社會服務部提供的跟進個案。
5. 老人科日間醫院就診人次也包括參與離院長者綜合支援計劃的就診人次。

各中心及團隊的服務量均歸入所屬醫院之下。

APPENDIX 11(a)

附錄 11(a)

Manpower Position – by Cluster and Institution

人手狀況 — 按聯網及機構分類

Institution 機構	No. of Full-time Equivalent (FTE) Staff (as at 31.3.2024) ^{1, 2, 3, 4} 等同全職人員數目(2024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	734	3 031	971	4 507	9 244
Cheshire Home, Chung Hom Kok 春磡角慈氏護養院	3	63	10	126	202
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	572	2 061	681	2 959	6 273
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	106	631	187	828	1 752
St. John Hospital 長洲醫院	5	34	9	79	127
Tung Wah Eastern Hospital 東華東院	46	192	81	370	689
Wong Chuk Hang Hospital 黃竹坑醫院	2	50	3	146	201
Hong Kong West Cluster 港島西醫院聯網	760	2 869	1 066	3 775	8 469
The Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院	17	93	59	166	335
Grantham Hospital 葛量洪醫院	46	288	84	369	787
MacLehose Medical Rehabilitation Centre 麥理浩復康院	1	41	44	96	182
Queen Mary Hospital 瑪麗醫院	641	2 068	762	2 593	6 064
TWGHS Fung Yiu King Hospital 東華三院馮堯敬醫院	16	78	32	142	268
Tung Wah Hospital 東華醫院	40	301	85	408	834
Kowloon Central Cluster 九龍中醫院聯網	1 561	5 725	1 988	9 088	18 363
HK Red Cross Blood Transfusion Service 香港紅十字會輸血服務中心	6	81	86	337	510
Hong Kong Buddhist Hospital 香港佛教醫院	21	204	64	344	632
Hong Kong Children's Hospital 香港兒童醫院	191	398	242	828	1 659
Hong Kong Eye Hospital 香港眼科醫院	43	85	30	188	346
Kowloon Hospital 九龍醫院	78	841	206	1 120	2 245
Kwong Wah Hospital 廣華醫院	387	1 245	378	1 659	3 669
Our Lady of Maryknoll Hospital 聖母醫院	67	283	86	356	792
Queen Elizabeth Hospital 伊利沙伯醫院	737	2 317	825	3 830	7 709
TWGHS Wong Tai Sin Hospital 東華三院黃大仙醫院	32	272	70	427	801
Kowloon East Cluster 九龍東醫院聯網	889	3 548	1 054	4 762	10 253
Haven of Hope Hospital 靈實醫院	32	413	112	609	1 166
Tseung Kwan O Hospital 將軍澳醫院	263	1 043	302	1 279	2 887
United Christian Hospital 基督教聯合醫院	595	2 093	640	2 873	6 201
Kowloon West Cluster 九龍西醫院聯網	1 233	4 838	1 544	6 622	14 237
Caritas Medical Centre 明愛醫院	272	1 047	336	1 435	3 090
Kwai Chung Hospital 葵涌醫院	80	846	164	735	1 825
North Lantau Hospital 北大嶼山醫院	53	197	99	348	698
Princess Margaret Hospital 瑪嘉烈醫院	523	1 825	674	2 794	5 816
Yan Chai Hospital 仁濟醫院	306	923	271	1 310	2 809

APPENDIX 11(a)

附錄 11(a)

Institution 機構	No. of Full-time Equivalent (FTE) Staff (as at 31.3.2024) ^{1, 2, 3, 4} 等同全職人員數目(2024年3月31日數字) ^{1, 2, 3, 4}				
	Medical 醫療	Nursing 護理	Allied Health 專職醫療	Others 其他	Total 總計
New Territories East Cluster 新界東醫院聯網	1 172	4 744	1 549	6 851	14 316
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	195	738	289	1 089	2 311
Bradbury Hospice 白普理寧養中心	2	34	8	26	69
Cheshire Home, Shatin 沙田慈氏護養院	3	94	12	147	255
North District Hospital 北區醫院	213	866	281	1 144	2 504
Prince of Wales Hospital 威爾斯親王醫院	667	2 184	755	3 201	6 808
Shatin Hospital 沙田醫院	45	361	102	643	1 151
Tai Po Hospital 大埔醫院	47	468	103	601	1 218
New Territories West Cluster 新界西醫院聯網	986	4 071	1 242	6 615	12 913
Castle Peak Hospital 青山醫院	83	628	112	752	1 575
Pok Oi Hospital 博愛醫院	167	699	215	1 067	2 148
Siu Lam Hospital 小欖醫院	6	142	13	336	497
Tuen Mun Hospital 屯門醫院	669	2 311	785	3 829	7 593
Tin Shui Wai Hospital 天水圍醫院	60	292	117	631	1 100
Total 總計	7 336	28 825	9 415	42 221	87 796

Notes:

- This figure excludes 2 989 staff in the Hospital Authority (HA) Head Office.
- Manpower on full-time equivalent (FTE) basis includes all full-time and part-time staff in HA's workforce i.e. permanent, contract and temporary.
- Individual figures may not add up to the total due to rounding.
- Manpower figures of individual hospitals / institutions include management staff providing hospital and cluster-wide services.

註 :

- 這數字不包括醫院管理局(醫管局)總辦事處的2 989名職員。
- 人手按「等同全職人員」計，包括醫管局所有全職及兼職的常額、合約及臨時職員。
- 由於四捨五入的關係，各項數字相加後可能不等於總數。
- 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。

APPENDIX 11(b)

附錄 11(b)

Manpower Position – by Staff Group

人手狀況 — 按職員組別分類

	No. of Full-time Equivalent (FTE) Staff 2019-20 - 2023-24 ¹ 等同全職人員數目 ¹				
	2019/20	2020/21	2021/22	2022/23	2023/24 ²
Medical 醫療					
Consultant 顧問醫生	961	1 057	1 123	1 222	1 305
Senior Medical Officer / Associate Consultant	2 071	2 076	2 015	2 011	1 991
高級醫生 / 副顧問醫生					
Medical Officer / Resident (excluding Visiting Medical Officer)	3 148	3 310	3 332	3 296	3 499
醫生 / 駐院醫生(不包括到訪醫生)					
Visiting Medical Officer 到訪醫生	15	15	14	12	12
Intern 駐院實習醫生	475	436	445	499	530
Senior Dental Officer / Dental Officer	11	13	12	14	13
高級牙科醫生 / 牙科醫生					
Medical Staff Total 醫療人員總計 :	6 681	6 906	6 941	7 055	7 350
Nursing 護理					
Senior Nursing Officer / Nurse Consultant and above	226	243	268	291	328
高級護士長 / 顧問護師或以上					
Department Operations Manager 部門運作經理	199	202	202	208	206
Temporary Pupil Nurse /					
Temporary Undergraduate Nursing Student	1 554	1 548	1 686	2 028	962
登記護士學生 / 護理學學生					
<i>General 普通科 —</i>					
Ward Manager / Nurse Specialist / Nursing Officer / Advanced Practice Nurse / Associate Nurse Consultant	5 279	5 510	5 848	6 105	6 389
病房經理 / 專科護士 / 護士長 / 資深護師 / 副顧問護師					
Registered Nurse 註冊護士	16 521	17 127	16 807	16 146	16 209
Enrolled Nurse 登記護士	2 476	2 336	2 166	1 981	1 825
<i>Psychiatric 精神科 —</i>					
Ward Manager / Nurse Specialist / Nursing Officer / Advanced Practice Nurse / Associate Nurse Consultant	642	682	704	746	775
病房經理 / 專科護士 / 護士長 / 資深護師 / 副顧問護師					
Registered Nurse 註冊護士	1 547	1 604	1 662	1 686	1 766
Enrolled Nurse 登記護士	513	486	448	409	406
Nursing Staff Total 護理人員總計:	28 957	29 736	29 793	29 599	28 865

APPENDIX 11(b)

附錄 11(b)

	No. of Full-time Equivalent (FTE) Staff 2019-20 - 2023-24 ¹ 等同全職人數目 ¹				
	2019/20	2020/21	2021/22	2022/23	2023/24 ²
Allied Health 專職醫療					
Audiology Technician 聽力學技術員	6	6	6	6	5
Clinical Psychologist 臨床心理學家	188	202	213	211	221
Dietitian 營養師	176	192	196	205	204
Dispenser 配藥員	1 409	1 482	1 487	1 524	1 560
Medical Technologist / Medical Laboratory Technician	1 642	1 732	1 797	1 810	1 883
醫務化驗師 / 醫務化驗員					
Mould Technologist / Mould Laboratory Technician	20	20	16	12	9
製模實驗室技術師 / 製模實驗室技術員					
Optometrist 視光師	70	75	74	75	78
Orthoptist 視覺矯正師	16	17	19	24	23
Occupational Therapist 職業治療師	903	975	982	996	1 043
Pharmacist 藥劑師	741	780	782	813	852
Physicist 物理學家	89	89	97	95	101
Physiotherapist 物理治療師	1 179	1 248	1 202	1 239	1 341
Podiatrist 足病診療師	52	53	53	57	58
Prosthetist-Orthotist 義肢矯形師	150	160	160	168	167
Diagnostic Radiographer / Radiation Therapist 放射師 / 放射治療師	1 174	1 216	1 186	1 194	1 214
Scientific Officer (Medical) 科學主任(醫務)	100	107	124	139	144
Speech Therapist 言語治療師	125	134	141	146	145
Medical Social Worker 醫務社工	376	393	402	414	445
Dental Technician 牙科技術員	4	4	4	4	4
Allied Health Staff Total 專職醫療人員總計：	8 420	8 886	8 941	9 131	9 497
Supporting (Care-related) 護理支援					
Health Care Assistant 健康服務助理	1 005	726	491	409	330
Ward Attendant 病房服務員	93	73	60	44	28
Patient Care Assistant & Other Supporting (Care-related) Staff	15 180	16 434	17 342	17 547	18 024
病人服務助理及其他護理支援人員					
Supporting (Care-related) Staff Total 護理支援人員總計：	16 278	17 233	17 893	18 000	18 382
Direct Patient Care Manpower Total 直接病人護理人手總計：	60 335	62 761	63 569	63 786	64 094
Others 其他					
Chief Executive / Director / Head	7	8	8	8	9
行政總裁 / 總監 / 主管					
Cluster Chief Executive / Hospital Chief Executive	20	20	19	20	19
醫院聯網總監 / 醫院行政總監					
Chief Manager / Senior Manager / Cluster General Manager / General Manager	111	110	110	107	112
總行政經理 / 高級行政經理 / 聯網總經理 / 總經理					
Other Professionals / Administrator, System Manager, Analyst Programmer etc	3 099	3 362	3 468	3 593	3 842
其他專業 / 行政人員、系統經理、系統程序分析編製主任等					
Other Supporting Staff - Clerks, Secretaries, Workmen, Operation Assistants, Executive Assistants etc	20 928	22 428	22 638	22 526	22 709
其他支援人員—文員、秘書、工人、運作助理、行政助理等					
Non-direct Patient Care Manpower Total 非直接病人護理人手總計：	24 166	25 929	26 244	26 254	26 691
HA Manpower Total 醫管局人手總計：	84 501	88 690	89 812	90 040	90 785

Notes:

1. Manpower on FTE includes all full-time and part-time staff in HA's workforce i.e. permanent, contract and temporary. Individual figures may not add up to the total due to rounding.
2. FTE for temporary part-time staff is calculated based on their actual working hours started from January 2024.

註 :

1. 人手按「等同全職人數」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. 自 2024 年 1 月起，「等同全職人數」的臨時兼職員工人手數目是按他們實際已工作時數計算。

APPENDIX 12(a)

附錄 12(a)

Operating Expenditure¹ in 2023-24

2023-24 年度營運開支¹

Cluster 聯網	2023-24 (HK\$Mn) 2023-24 年度(港幣百萬元)
Hong Kong East Cluster 港島東醫院聯網	8,780
Hong Kong West Cluster 港島西醫院聯網	8,749
Kowloon Central Cluster 九龍中醫院聯網	17,761
Kowloon East Cluster 九龍東醫院聯網	9,682
Kowloon West Cluster 九龍西醫院聯網	14,100
New Territories East Cluster 新界東醫院聯網	13,692
New Territories West Cluster 新界西醫院聯網	12,149
Hospital Authority Head Office, and Others ² 醫院管理局總辦事處，及其他 ²	5,253
Total 總計	90,166

Notes:

1. Operating expenditure refers to the expenditure to run Hospital Authority (HA)'s day-to-day services. It covers manpower, drug, consumables and daily maintenance of equipment and facilities, etc. but is separated from expenditure for capital works projects, major equipment acquisition, major corporate-wide information technology (IT) development and transactions of self-financed items paid by patients.

The operating expenditure of a cluster depends not only on the size and demographics of the population residing within its catchment districts, but also on other factors such as service demand generated from cross-cluster movement of patients and the provision of designated services (such as liver transplantation). As such, the scope of hospital facilities and expertise available in different clusters also vary. Therefore, operating expenditure of individual clusters is not directly comparable.

2. Includes corporate-wide expenditures processed by Head Office (such as insurance premium, legal costs, claims paid and salary of medical interns) and on IT, as well as recurrent expenditure for supporting the Government's IT projects (such as Electronic Health Record Programme).

註 :

1. 營運開支是指醫院管理局（醫管局）為提供日常服務所需開支，當中包括人手、藥物、消耗品和日常醫療設備及設施的維修保養等，但基本工程計劃、購置大型醫療設備及主要企業資訊科技發展的開支除外，亦不包括病人自費醫療項目的交易帳目。

各聯網的營運開支不但取決於服務地區的居住人口數目和結構，也視乎其他因素而定，例如病人跨聯網求診和醫院提供指定服務（例如肝臟移植）而產生的服務需求。因此，各聯網的醫院設施規模不盡相同，專長亦有分別。基於以上所述，個別聯網的營運開支不能直接比較。

2. 包括經總辦事處處理的企業開支（如保險費用、法律費用、索償支出及實習醫生薪酬等）和整個機構的資訊科技支出，以及支援政府推行資訊科技計劃的經常性開支（如電子健康紀錄計劃）。

APPENDIX 12(b)

附錄 12(b)

Training and Development Expenditure¹ in 2023-24

2023-24 年度職員培訓及發展開支¹

Cluster 聯網	2023-24 (HK\$Mn) 2023-24 年度(港幣百萬元)
Hong Kong East Cluster 港島東醫院聯網	42.0
Hong Kong West Cluster 港島西醫院聯網	44.7
Kowloon Central Cluster 九龍中醫院聯網	71.5
Kowloon East Cluster 九龍東醫院聯網	30.0
Kowloon West Cluster 九龍西醫院聯網	50.8
New Territories East Cluster 新界東醫院聯網	41.7
New Territories West Cluster 新界西醫院聯網	48.0
Hospital Authority Head Office ² 醫院管理局總辦事處 ²	169.3
Total 總計	498.0

Notes:

1. Expenditure in providing training and development for HA workforce with items including payroll cost of personnel with primary duties in providing or supporting training activities in designated training units, course / conference fees, passages and travel, teaching aids and devices, venue, publications, trainer fees, examination fee and other relevant charges.
2. Expenditure includes a number of corporate-wide training programmes and initiatives centrally coordinated by HA Head Office.

註 :

1. 為醫管局職員提供培訓及發展的開支，包括在指定培訓單位提供或支持培訓活動的職員之工資成本、學費 / 會議費用、旅費及交通費、教材及器具、場地、刊物、導師費用、考試費及其他相關開支。
2. 開支包括醫管局總辦事處中央統籌的培訓課程及活動。

APPENDIX 13

附錄 13

Five-year Financial Highlights

過去五年的財政摘要

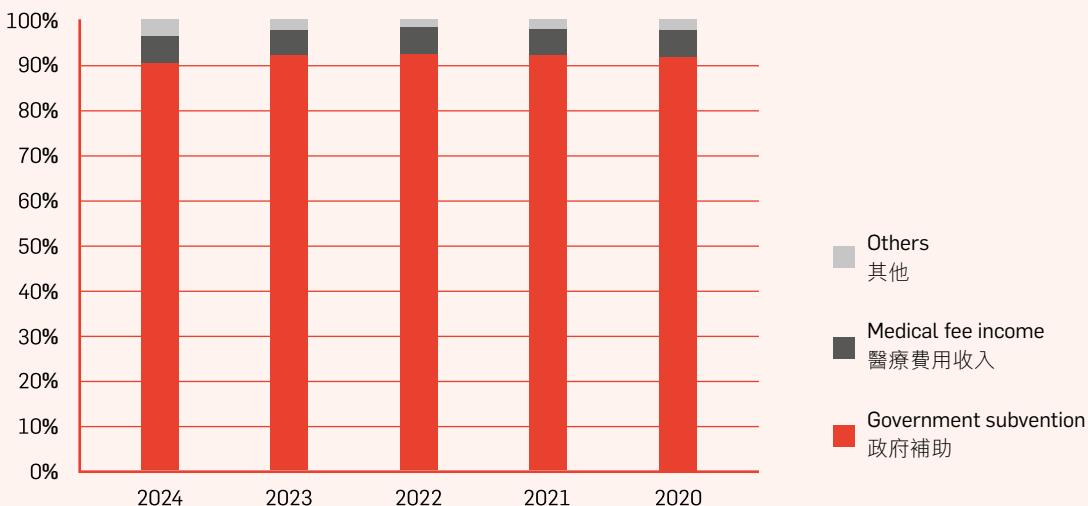
Financial Results (for the Year ended 31 March)

財政情況(截至每年 3 月 31 日)

	2024 HK\$Mn 港幣百萬元	2023 HK\$Mn 港幣百萬元	2022 HK\$Mn 港幣百萬元	2021 HK\$Mn 港幣百萬元	2020 HK\$Mn 港幣百萬元
Income 收入					
Government subvention (recurrent and capital) 政府補助(經常性及資本性)	89,194	87,964	81,585	78,597	73,985
Medical fee income (net of waivers) 醫療費用收入(扣除減免)	5,866	5,236	5,251	4,837	4,827
Non-medical fee income 非醫療費用收入	3,073	1,782	1,162	1,263	1,513
Designated donations 指定捐贈	93	269	159	361	202
Capital donations 資本捐贈	153	156	154	166	159
	98,379	95,407	88,311	85,224	80,686
Expenditure 支出					
Staff costs 員工成本	(62,414)	(59,419)	(58,118)	(57,665)	(53,700)
Drugs 藥物	(13,127)	(12,451)	(9,642)	(8,685)	(8,102)
Medical supplies and equipment 醫療物品及設備	(5,388)	(6,325)	(5,969)	(4,956)	(3,842)
Other operating expenses (include depreciation and amortisation) 其他營運開支(包括折舊及攤銷)	(16,464)	(16,734)	(14,091)	(13,383)	(11,277)
	(97,393)	(94,929)	(87,820)	(84,689)	(76,921)
Results for the year 年度結果	986	478	491	535	3,765

Income by Source (in % of Total Income)

各類收入來源(佔總收入百分比)



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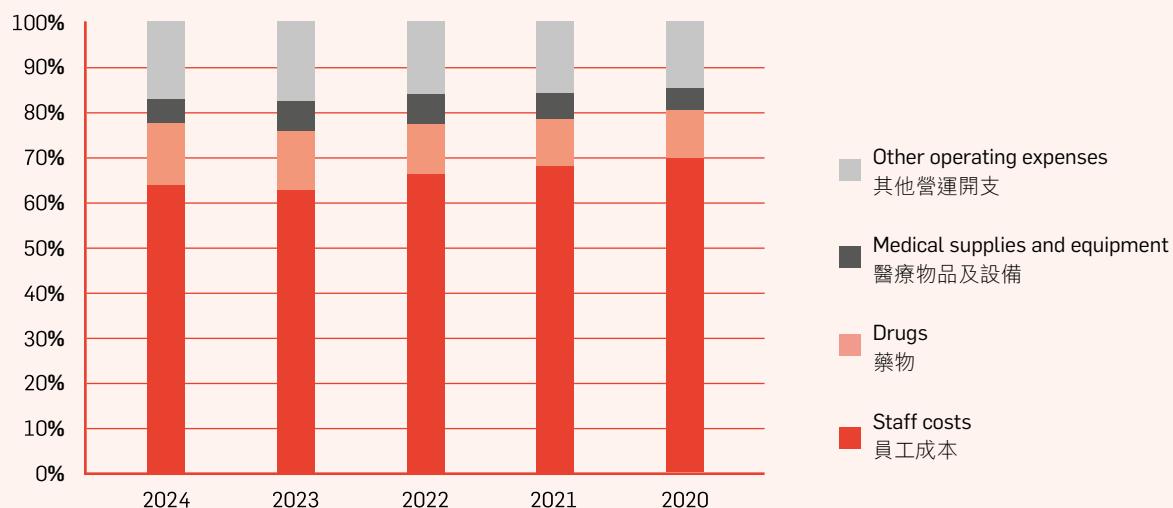
Key Financial Indicators (for the Year ended 31 March)

主要財政指標(截至每年 3 月 31 日)

	2024 HK\$Mn 港幣百萬元	2023 HK\$Mn 港幣百萬元	2022 HK\$Mn 港幣百萬元	2021 HK\$Mn 港幣百萬元	2020 HK\$Mn 港幣百萬元
Medical fee income (Note 1) 醫療費用收入(註 1)					
Inpatient fees 住院收費	1,305	1,095	1,133	1,093	1,228
Outpatient fees 門診收費	1,979	1,805	1,814	1,688	1,802
Itemised charges 分項收費	3,683	3,333	3,264	2,936	2,720
Other medical fees 其他醫療收費	57	115	121	113	109
	7,024	6,348	6,332	5,830	5,859
Less: Waivers (Note 2) 扣除：減免(註 2)	(1,158)	(1,112)	(1,081)	(993)	(1,032)
Medical fee income (net of waivers) 醫療費用收入(扣除減免)	5,866	5,236	5,251	4,837	4,827
Additional allowance for expected credit losses charged to the Statement of Income and Expenditure (Note 3) 在收支結算表內增加的預期信用虧損撥備(註 3)	48	29	32	56	50

Expenditure by Category (in % of Total Expenditure)

各類支出(佔總支出百分比)



APPENDIX 13

附錄 13

Notes:

1. Medical fee income

Fees for hospital services are governed by the Hospital Authority (HA) Ordinance. There are three categories of charges: (i) public charges for Eligible Persons (EP); (ii) public charges for Non-eligible Persons (NEP); and (iii) private charges. The definition of EP and NEP can be found in HA website whilst the fees and charges schedules are listed in the Gazette and HA website.

2. Waivers

Under the Government policy, recipients of Comprehensive Social Security Assistance (CSSA), Level 0 Voucher Holders of the Residential Care Service Voucher for the Elderly (renamed since 1 April 2023) and Old Age Living Allowance (OALA) recipients aged 75 or above (the merging of Normal and Higher OALA was effective from 1 September 2022) can obtain free medical treatment at HA's hospitals and clinics. Other persons with financial difficulties in paying the medical fees and charges can apply for medical fee waivers. The granting of waivers is subject to meeting the criteria under the established waiving mechanism.

The waivers granted to EP and NEP for the year ended 31 March 2024 are HK\$1,009,000,000 and HK\$149,000,000 respectively (for the year ended 31 March 2023 are HK\$951,000,000 and HK\$161,000,000 respectively).

3. Additional allowance for expected credit losses charged to the Statement of Income and Expenditure

Each year, HA would make assessment on the collectability of outstanding hospital fees and charges (accounts receivable). As a result of the assessment, additional allowance (or reversal of allowance) would be charged to the Statement of Income and Expenditure for the year.

註：

1. 醫療費用收入

醫院管理局（醫管局）的醫療服務收費受《醫院管理局條例》規管。醫療收費可分為下列三類：(i) 符合資格人士的公眾收費；(ii) 非符合資格人士的公眾收費；和 (iii) 私家收費。有關「符合資格人士」及「非符合資格人士」之定義，可瀏覽醫管局網頁。詳細收費可參閱憲報及醫管局網頁。

2. 減免

在政府的政策下，領取「綜合社會保障援助」（綜援）、長者院舍照顧服務券計劃級別 0 院舍券持有人（由 2023 年 4 月 1 日起改稱）及 75 歲或以上長者生活津貼受惠人（普通及高額長者生活津貼由 2022 年 9 月 1 日起合併）可獲豁免公立醫療服務收費。其他人士若有經濟困難，可申請費用減免。有關費用減免之批准是會根據既定費用減免機制之準則作評估。

截至 2024 年 3 月 31 日為止對於符合資格人士和非符合資格人士的費用減免分別為港幣 1,009,000,000 元及港幣 149,000,000 元（截至 2023 年 3 月 31 日為止之費用減免分別為港幣 951,000,000 元及港幣 161,000,000 元）。

3. 在收支結算表內增加的預期信用虧損撥備

醫管局每年會評估醫療費用欠款（應收帳款）日後收回的可能性。經評估後，需增加（或撥回）的預期信用虧損撥備會計算在該年的收支結算表內。

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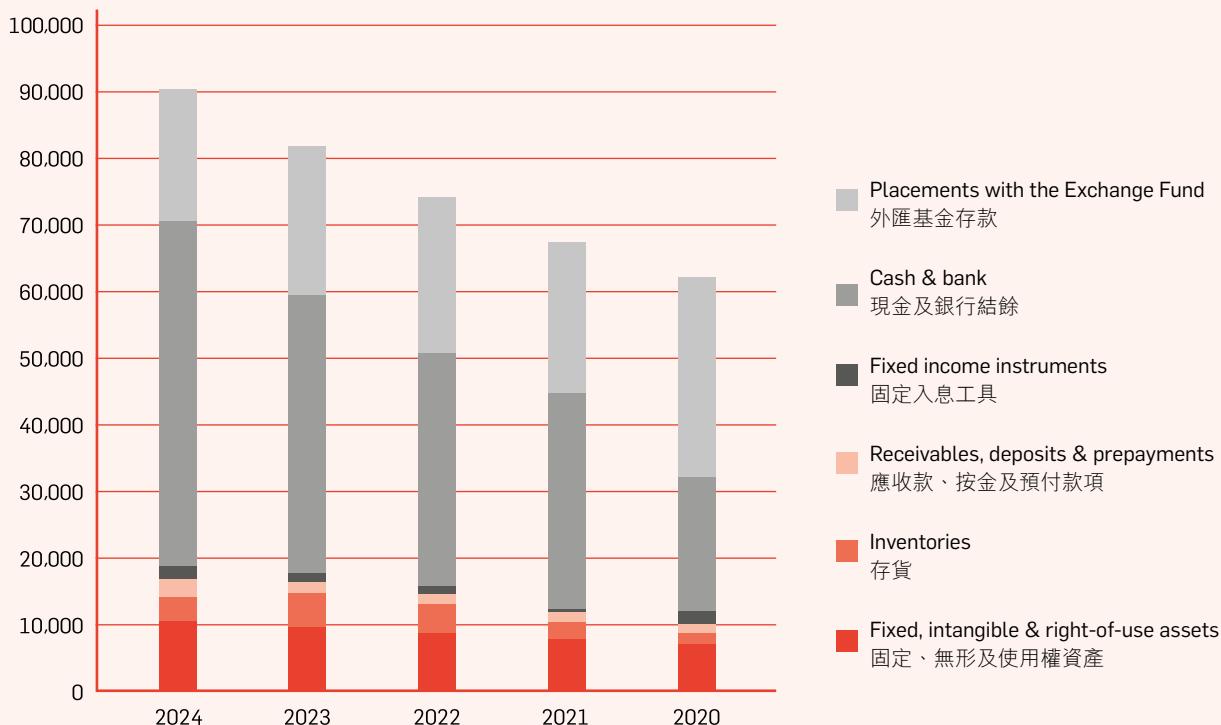
Financial Position (at 31 March)

財政狀況(於每年 3 月 31 日)

	2024 HK\$Mn 港幣百萬元	2023 HK\$Mn 港幣百萬元	2022 HK\$Mn 港幣百萬元	2021 HK\$Mn 港幣百萬元	2020 HK\$Mn 港幣百萬元
Non-current assets 非流動資產	23,633	28,808	27,621	29,190	28,102
Current assets 流動資產	66,641	52,963	46,598	38,163	34,061
Total assets 資產總額	90,274	81,771	74,219	67,353	62,163
Designated fund 指定基金	5,077	5,077	5,077	5,077	5,077
Revenue reserve 收入儲備	9,288	8,358	7,812	7,243	6,672
Total funds 基金總額	14,365	13,435	12,889	12,320	11,749
Current liabilities 流動負債	47,203	34,450	33,233	22,902	17,663
Non-current liabilities 非流動負債	28,706	33,886	28,097	32,131	32,751
Total liabilities 負債總額	75,909	68,336	61,330	55,033	50,414
Total funds and total liabilities 基金及負債總額	90,274	81,771	74,219	67,353	62,163

Total Assets^{Note} (in HK\$ millions)

總資產^註(港幣百萬元)



Note:

Placements with the Exchange Fund have included HK\$5,875,000,000 (2023: HK\$5,665,000,000) held by HA on behalf of the Samaritan Fund.

註：

外匯基金存款包括醫管局代撒瑪利亞基金持有的港幣 5,875,000,000 元 (2023: 港幣 5,665,000,000 元)。

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Key Financial Indicators (at 31 March)

主要財政指標(於每年 3 月 31 日)

	2024 HK\$Mn 港幣百萬元	2023 HK\$Mn 港幣百萬元	2022 HK\$Mn 港幣百萬元	2021 HK\$Mn 港幣百萬元	2020 HK\$Mn 港幣百萬元
Inventories 存貨					
Drugs (Note 1) 藥物(註 1)	1,935	3,350	3,515	1,484	1,410
Other medical and general consumables (Note 2) 其他醫療及一般消耗品(註 2)	1,497	1,790	957	1,058	305
	3,432	5,140	4,472	2,542	1,715

Notes:

- The increase in inventory balance as at 31 March 2023 and 31 March 2022 was mainly due to the oral antiviral drugs for treatment of patient infected with COVID-19.
- For enhanced infection control measures to protect staff and patients, a steady supply of Personal Protective Equipment of six months in general has been maintained.

The average stock holding period for meeting daily operations use, other than those mentioned in note 1 and note 2, is shown below:

註 :

- 截至 2023 年 3 月 31 日及 2022 年 3 月 31 日增加的存貨結餘主要是用於治療感染 2019 冠狀病毒病患者的口服抗病毒藥物。
- 為保護員工及病人的加強感染控制措施，在一般情況下，將個人保護裝備維持六個月的供應量。

除註 1 和註 2 所述外，用於日常運作的平均存貨儲備如下：

	2024	2023	2022	2021	2020
Average stock holding period (weeks) for meeting daily operations					
用於日常運作的平均存貨儲備時間(星期)					
Drugs 藥物	7.5	8.2	8.4	8.5	8.7
Other medical and general consumables 其他醫療及一般消耗品	7.5	7.7	10.2	9.1	8.2

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www.ha.org.hk

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