



醫院管理局
HOSPITAL
AUTHORITY

HOSPITAL AUTHORITY
ANNUAL REPORT
醫院管理局年報
2024 - 2025



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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

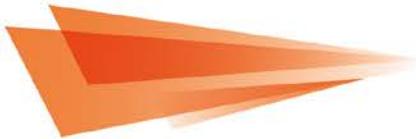
機構策略

The Hospital Authority (HA) aims to achieve its corporate VMV by adopting four strategic goals as outlined in the HA Annual Plan 2024-2025:

醫院管理局(醫管局)採納 2024-2025 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：

Provide Smart Care

提供智慧醫療



Develop Smart Hospitals

發展智慧醫院



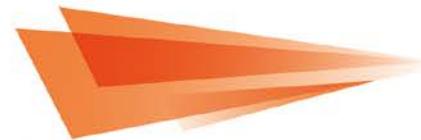
Nurture Smart Workforce

培育智慧團隊



Enhance Service Supply

增加服務供應



The Authority formulated corresponding programme targets under the above strategic goals with 22 strategies for 2024-25. Implementation progress of the Annual Plan was reported quarterly to the Board and available for public access on the Authority's website. Overall, while most of the programme targets in 2024-25 were achieved on schedule or partially achieved, some programmes were deferred due to manpower limitations and related works progress. 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 2024-25 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，2024-25 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人手限制及相關工程進度影響，需要調整原定的進度。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



**Mr Lawrence CHAN
Man-tyu**
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



**Ms Ann CHAN
Wai-yan, JP**
陳慧欣女士

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

- Appointed on 5 August 2024
- Representing Secretary for Financial Services and the Treasury of HKSAR Government
- 於 2024 年 8 月 5 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 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, JP
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

(up to 30.11.2024)
(任期至 2024 年 11 月 30 日)

- 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
何超蕸女士

- 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, MH, JP
禮惠儀女士

- 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



Ms Tennessy HUI
Mei-sheung, MH, JP
許美wend女士

- Appointed on 1 December 2024
- Practising solicitor
- 於 2024 年 12 月 1 日獲委任
- 執業律師



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



Mr Matthew KWOK

Pui-ho

郭沛濠先生

- Appointed on 1 April 2024
- Senior Occupational Therapist of Pok Oi Hospital
- 於 2024 年 4 月 1 日獲委任
- 博愛醫院高級職業治療師



Dr Ronald LAM

Man-kin, JP

林文健醫生

Director of Health
衛生署署長

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



Mrs Sylvia LAM YU
Ka-wai, SBS

林余家慧女士

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



Prof LAU Chak-sing,
BBS, JP
劉澤星教授

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



Mr Aaron LIU
Kong-cheung, JP
廖廣翔先生

Deputy Secretary for Financial Services and the Treasury
(up to 4.8.2024)

財經事務及庫務局副秘書長
(任期至 2024 年 8 月 4 日)

- 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, MH

羅鳳儀教授

(up to 30.11.2024)

(任期至 2024 年 11 月 30 日)

- 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



**Prof Janet WONG
Yuen-ha**
黃婉霞教授

- Appointed on 1 December 2024
- Dean and Professor of the School of Nursing and Health Sciences of Hong Kong Metropolitan University
- 於 2024 年 12 月 1 日獲委任
- 香港都會大學護理及健康學院院長及教授



**Prof ZHANG
Zhang-jin**
張樟進教授

- Appointed on 1 April 2024
- Professor and Coordinator of Chinese Medicine Service for Hospital & Development of the School of Chinese Medicine of the University of Hong Kong
- 於 2024 年 4 月 1 日獲委任
- 香港大學中醫藥學院教授及醫院中醫服務及發展統籌

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 2024-25 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 2024-25.

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 2025, the Board consisted of 28 members, comprising the Chairman who is not a public officer, three public officers, one principal officer who is the HA Chief Executive, and 23 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 2024-25 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 2024-25 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 2025 年 3 月 31 日，大會有 28 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 23 名非公務員，詳情載於附錄 1。



In 2024-25, 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.

The year 2024-25 was surrounded by reform initiatives. In July 2024, the HA Board set up the Review Committee on the Management of the Public Hospital System in response to several high-profile medical incidents at our hospitals, with a view to enhancing patient safety, healthcare management and organisational effectiveness. The HA Board also set up in December 2024 a high-level Governance and Structure Reform Committee which was tasked to provide strategic guidance, oversight, and reform advice on implementing governance and structure reforms, so as to drive healthcare sustainability, enhance service efficiency and patient safety.

The Board also strived to enhance its operational efficiency while upholding the strict governance in HA. In this regard, the Board in 2024 implemented a number of initiatives including, amongst others, updating the Code of Corporate Governance Practices; streamlining the approval mechanism and workflow for handling applications for business travel outside Hong Kong and acceptance of sponsorship by Board Members and Chief Executive; and streamlining the Board's operation. 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.

在 2024-25 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。

2024-25 年度被改革措施圍繞。於 2024 年 7 月，醫管局大會就多宗廣受關注的公立醫院醫療事件，成立公立醫院系統管理檢討委員會，以提升病人安全、醫療管理及機構效能。醫管局大會亦於 2024 年 12 月成立一個高層次的管治及架構改革委員會，負責就推行管治及架構改革提出策略督導、監督及建議，以促進醫療服務的可持續發展，並提升服務效率及病人安全。

大會在維護醫管局嚴謹管治制度的同時，亦致力提升其運作效率。為此，大會於 2024 年推行多項措施，包括更新《機構管治守則》；精簡審批大會成員及行政總裁境外公幹及接受贊助的機制及程序；以及理順大會的運作。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。

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 2024-25, the Task Group together with its subgroups paid specific attention to a wide array of strategies crucial to HA's sustainability, such as enhancement in performance and efficiency in various areas including service model and clinical pathway, fixed costs and variable costs; management of cancer service; development of clinical research; and strengthening of patient-centric and telehealth services in addition to enhancement of staff recruitment and retention; management of waiting time; development of smart initiatives; etc.

Board Committees

For optimal performance of its roles and exercise of powers, the HA Board has established various functional committees. As of 31 March 2025, 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 2024-25 are outlined in Appendix 3.

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 2024-25 年度，專責小組及其各個分組重點研討多項可影響醫管局持續發展的重要策略事宜，包括提升服務模式與臨床工作流程、固定與變動成本等多個範疇的表現與效率；癌症服務管理；臨床研究發展；加強以病人為本及遙距醫療服務；加強招聘及挽留員工；輪候時間管理；以及發展智慧措施等。

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 2025 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 2024-25 年度的成員名單、職權範圍及工作概況載於附錄 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 2024-25, a total of 132 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.

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 biannual Meeting of the Council of Chairmen of HGC cum Forum for HGC Members, 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. Designated Task Groups on Enhancing Patient-centric Services established in respective HGCs continued their sustained efforts in steering the implementation of a wide range of initiatives to improve patient-centric services and staff convenience, and enhance experience of patients and visitors. These initiatives included, amongst others, application and integration of telehealth in different services; music broadcasts and wall paintings in patient areas; increase of charging facilities and provision of wider food choices for inpatients; enhancement of communication with family members on patients' operation status through the HA mobile app "HA Go"; better blood-taking arrangements; streamlining of patient journey for outpatients; enhancement of hospital navigation etc. Besides, 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 continuous improvement.

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 2024-25 年度，33 個醫院管治委員會共召開 132 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。

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，包括舉行半年一次的醫院管治委員會主席聯席會議暨成員論壇、由聯網總監於醫院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，而醫管局主席及行政總裁亦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」繼續致力督導醫院推行各類措施，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。這些措施包括將遙距醫療技術應用在不同服務並加以整合；在病人區域播放音樂和增設壁畫；為住院病人提供更多充電設施和膳食選擇；透過醫管局流動應用程式「HA Go」就病人手術情況加強與家屬溝通；改善抽血安排；簡化門診病人就診流程；加強院內導航等。此外，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。





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 2024-25, 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.

Executive Management

The executive management team of HA is outlined in Appendix 2(b). The executives are charged by the HA Board with the responsibility to manage and administer day-to-day business and operations of the Authority. To ensure that the management can discharge duties in an effective and efficient manner, the HA Board has set out clear delegated authority, policies and codes of conduct. The Board approved the 2024-25 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.

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2024-25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。

行政管理

附錄2(b)載有行政管理團隊的名單。各行政人員獲醫管局大會授權管理及執行醫管局的日常事務及運作。為確保管理層可快捷有效地履行其職責，大會已清楚列出授予權力、政策及操守準則。大會批核由行政人員根據大會所立方針制訂的2024-25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，旨在於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。

Chairman's Review

主席匯報

Serving as the public healthcare safety net for all, the Hospital Authority (HA) is committed to providing professional, efficient and affordable healthcare services. Nevertheless, the public healthcare system is facing enormous burden brought about by the soaring service demand. In 2024-25, HA addressed these challenges in a pragmatic way to embark on a comprehensive reform, with a view to ensuring the provision of high-quality, safe and effective healthcare services in the long run.

作為全港市民的公共醫療安全網，醫院管理局（醫管局）一直致力提供專業、高效及可負擔的醫療服務。然而，與日俱增的服務需求令公營醫療系統負擔非常沉重。醫管局於2024-25年度務實應對重重考驗，開始進行全面的改革，以確保能持續地為市民提供優質、安全及具效益的醫療服務。



The Review Committee on the Management of the Public Hospital System (Review Committee) was set up by the HA Board in July 2024 to conduct a comprehensive review of the systemic issues and reform needs in public hospital management. The Review Committee's report included 31 recommendations, which aim to assist HA in enhancing risk management, strengthening governance and reinforcing safety. HA has since been actively following up and taking forward these recommendations. All recommendations were implemented by June 2025 as planned. This is indeed a valuable opportunity for HA to deepen governance and structure reforms. For this purpose, the HA Board has established a high-level Governance and Structure Reform Committee (Reform Committee) in December 2024 to provide strategic direction to drive the sustainable development of public healthcare services. The Reform Committee would examine initiatives to enhance service efficiency and optimise clinical outcomes, thereby promoting healthcare sustainability.

醫管局大會在 2024 年 7 月成立公立醫院系統管理檢討委員會(檢討委員會)，全面檢視公立醫院管理的系統性問題和改革需要。檢討委員會的報告涵蓋 31 項建議，旨在協助醫管局提升風險管理、強化管治、鞏固安全。醫管局隨即積極跟進，並按計劃於 2025 年 6 月底前落實全部建議。這是醫管局深化管治及架構改革的良好契機，醫管局大會遂於 2024 年 12 月成立了一個高層次的管治及架構改革委員會(改革委員會)，為推動公營醫療服務的可持續發展提供策略性方向。改革委員會會提升醫管局的服務效率和臨床成效，促進醫療服務可持續發展。





Healthcare services are inextricably linked, and the reform of public healthcare fees and subsidies is an indispensable aspect. In accordance with the Government's overall healthcare reform, HA has completed the review of the structure and levels of the fees and charges of public healthcare services. It is expected that the fee reform will provide incentive to the public for better use of healthcare resources, reduce wastage and abuse, and enhance healthcare protection for "poor, acute, serious, critical" patients on all fronts, thereby ensuring our precious public resources are put to good use. My heartfelt gratitude goes to the HKSAR Government for its strong support for the reform proposal, as well as its commitment to plough back the additional revenue generated from the reform into the public healthcare system. This clearly reflects the HKSAR Government's firm commitment to deepening the healthcare reform and determination to achieve sustainable public healthcare services.

The Task Group on Sustainability formed under the HA Board continued to lead HA examining major sustainability issues and formulate strategic directions and initiatives to drive HA forward. We have dedicated ongoing efforts to developing smart hospital projects with extensive use of Artificial Intelligence and digital technology across clinical services and daily administrative operations, significantly enhancing healthcare delivery. Our flagship mobile app "HA Go" is a key initiative in the development of smart care, providing patients and their carers with one-stop convenience in self-care, from appointment management, telehealth and rehabilitation services, electronic payment and arranging medication delivery service, etc. At the same time, we have been actively pursuing the first Hospital Development Plan to scale up healthcare infrastructure in tandem with the ever-increasing service demand. The sound and sustainable development of HA services relies heavily on the strong support of the HKSAR Government. Under the third triennial funding cycle, the Government has allocated \$93.5 billion of recurrent subvention to HA in 2024-25. I sincerely thank the Government for demonstrating its support to public healthcare services despite facing substantial pressure on public finances.

醫療服務環環緊扣，公營醫療收費和資助方面的改革是必不可少的一環。醫管局配合政府推動整體醫療改革，檢討公營醫療的收費架構及水平。我們期望收費改革能鼓勵市民善用醫療資源、減少浪費濫用，並全方位加強對「貧、急、重、危」病人的醫療保障，從而確保珍貴的公共資源能更有效運用。我衷心感謝香港特區政府大力支持改革方案，並承諾改革收費後的額外收入會全額投放於公營醫療系統。這充份反映特區政府堅定推動深化醫療改革的承擔、實現公營醫療服務可持續發展的決心。

醫管局大會下的「持續發展專責小組」繼續帶領醫管局探討主要的可持續發展事宜，並制訂策略方向和措施，促進醫管局邁步向前。我們繼續發展智慧醫院，從臨床服務至日常行政運作，均廣泛應用人工智能和數碼科技，大幅提高醫療服務水平。醫管局流動應用程式「HA Go」是發展智慧醫療的重要舉措，一站式的預約管理、遙距診症及復康服務、電子付款，以至安排藥物送遞服務等，便利病人及其照顧者管理個人健康。同時，我們全力推展第一個醫院發展計劃，拓展醫療基建，以配合不斷攀升的服務需求。醫管局服務得以穩健地持續發展，實有賴香港特區政府的鼎力支持。在第三個三年撥款周期安排下，特區政府於 2024-25 年度向醫管局撥款 935 億元經常撥款。我懇切感謝特區政府在面對公共財政壓力下，仍然展現對公營醫療服務的支持。

Talent is the key to achieving public healthcare sustainability. While the ongoing recruitment of non-locally trained doctors from around the world achieved encouraging responses, vigorous efforts have been made to visit different regions to recruit suitable non-locally trained nurses, following the passage of Nurses Registration (Amendment) Ordinance 2024. Furthermore, multiple channels have been established to attract non-locally trained doctors to join HA, whilst the depth and breadth of the Mainland Healthcare Talents Visiting Programmes have been progressively enhanced, with partners spreading across cities in the Guangdong-Hong Kong-Macao Greater Bay Area (GBA), Shanghai and Beijing, etc. In 2024-25, over 80 Mainland and overseas doctors have completed or commenced exchanges in HA through various programmes. HA also sent medical professionals of different disciplines to visit hospitals in Mainland for exchanges. The "Chinese Medicine Enhanced Inpatient Training Programme with GBA" has commenced in the year, where Hong Kong Chinese medicine practitioners were arranged to visit and participate in frontline clinical work in Chinese medicine hospitals in GBA. HA also sent a healthcare team comprising experts in infectious diseases, infection control and microbiology to visit the health authorities and a number of infectious disease hospitals and healthcare institutions in Beijing for professional exchanges on infectious diseases management and infection control. I am deeply grateful to the staunch support from Mainland authorities and the HKSAR Government in facilitating these valuable exchange opportunities.

人才是公營醫療達致可持續發展的關鍵所在。醫管局繼續在全球招聘非本地培訓醫生，反應令人鼓舞，並且在《2024年護士註冊(修訂)條例》通過後，積極到訪不同地區招攬合適的非本地培訓護士。此外，醫管局透過多個渠道，吸引非本地培訓醫生加入醫管局；內地醫療人才交流計劃的深度和廣度亦逐步提升，合作夥伴遍及大灣區、上海及北京等城市。在2024-25年度，逾80名內地及海外醫生透過不同計劃於醫管局完成或展開交流。醫管局亦派出不同專業的醫療人員到訪內地醫院參與交流。「大灣區進階中醫住院臨床培訓計劃」在年內開展，安排香港中醫師到訪大灣區內的中醫醫院參與前線臨床工作。醫管局又派出由傳染病科、感染控制科及微生物學專家組成的醫護團隊，到訪北京市的衛生部門及多家傳染病醫院和醫療設施，就傳染病管理和感染控制進行專業交流。我由衷感謝內地當局及香港特區政府的大力支持，促成這些寶貴的交流機會。



In addition to talent development, HA has leveraged on the immense support from our country to forge close partnership with the Mainland's healthcare professions. HA has been actively promoting the establishment of chest pain centre and stroke centre in accordance with national accreditation standards to streamline the treatment process of critical illnesses. The first chest pain centre in Hong Kong commenced operation at Queen Mary Hospital according to national accreditation standards. Meanwhile, the Pamela Youde Nethersole Eastern Hospital and Prince of Wales Hospital were accredited by the China's International Hospital Accreditation Standards (2021 Version) in the year, which reaffirms that the management and service standards of the hospitals have reached international levels and align with the national healthcare service system.

除了人才發展，醫管局憑藉國家給予的強大支持，與內地醫療專業界別建立緊密的夥伴關係。醫管局積極推動按國家認證標準建設胸痛中心及中風中心，理順危急重症的治療流程。其中，位於瑪麗醫院的全港首間胸痛中心已按照國家胸痛中心的認證標準投入服務。與此同時，東區尤德夫人那打素醫院及威爾斯親王醫院於年內通過《國際醫院評審認證標準(中國)》(2021 版)評審認證，反映醫院的管理及服務水平達到國際標準，並且與國家醫療衛生服務體系接軌。





I am thankful to all members of the HA Board, Regional Advisory Committees, Hospital Governing Committees and the co-opted members of the Functional Committees for their invaluable advice and guidance to HA over the years. I welcome Mr Matthew Kwok Pui-ho, Prof Zhang Zhang-jin, Ms Tennessy Hui Mei-sheung and Prof Janet Wong Yuen-ha for joining the HA Board last year. Their professionalism and wealth of experience shall bring innovative ideas to the development of HA. We also thank the outgoing members, including Mr Ambrose Ho, Prof Agnes Tiwari Fung-ye, Mr Lawrence Chan Man-iyu, Prof Chan Wai-ye and Mr Philip Tsai Wing-chung, who rendered significant contribution to HA with their wise counsel. In addition, we thank all parties including members of the Legislative Council and District Councils, patient groups, volunteers and the general public for their unwavering support and recognition to the works of HA.

My genuine appreciation goes to all members of HA who dedicated concerted and tireless efforts to the public healthcare system in Hong Kong in the past year. Now is the opportune time for HA to set sail to advance reforms and propel. We will all do our utmost to support the Government's reform direction, with the aim of realising the sustainable development of our public healthcare services and progressing into a brighter future.

Henry Fan Hung-ling
Chairman

我衷心感謝醫管局大會、區域諮詢委員會、醫院管治委員會所有成員，以及專責委員會的增選成員，多年來向醫管局惠予寶貴意見和指導。我謹歡迎於本年度加入醫管局大會的郭沛濠先生、張樟進教授、許美端女士及黃婉霞教授，他們的專業和豐富經驗，定為醫管局的發展注入創見。我亦感謝去年卸任的大會成員，包括何沛謙先生、羅鳳儀教授、陳文耀先生、陳偉儀教授及蔡永忠先生，他們多年來向醫管局惠予善策良方。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，對醫管局工作的堅定支持和肯定。

我誠摯感謝醫管局全體員工，在過去一年齊心協力為香港公營醫療系統作出重大貢獻。風正帆懸正是改革開始的好時機，醫管局上下會全力配合政府的改革方向，實現公營醫療服務持續發展，邁向更美好的未來。

主席
范鴻齡

Chapter 3

第三章

Chief Executive's Report

行政總裁匯報

In response to the multiple challenges of an ageing population, the increasing prevalence of chronic diseases, shortage of healthcare manpower, and rising medical costs, the Hospital Authority (HA) embarked on a journey of reform in the year of 2024-25 to enhance service efficiency, whilst maintaining safe and quality healthcare services for needy patients, thereby enhancing the sustainability of the public healthcare system. My deepest gratitude goes to all members of the HA who uphold patients' well-being with their perseverance and selfless dedication, notwithstanding the many challenges.

面對人口老化、慢性疾病日益普遍、醫療人手短缺及服務成本上升等多重挑戰，醫院管理局(醫管局)於 2024-25 年度踏上改革之路，致力提高服務效率，為有需要的病人提供優質、安全的醫療服務，從而提升公營醫療體系的可持續性。醫管局全體同事一直毋懼挑戰、堅守崗位，以病人福祉為先，我對他們的無私奉獻致以最衷心的謝意。



In order to strengthen protection for citizens and achieve precise allocation of public healthcare resources to help the persons most in need, we are committed to implementing the fees and charges reform. Under the leadership of the Health Bureau, the HA has completed public healthcare fees and charges reform review, and published policy recommendations subsequently. The goals of the measures are to reform the subsidisation structure to rationalise the relative demands across various public hospital services, reduce wastage and misuse, and most importantly to enhance healthcare protection for "poor, acute, serious, critical" patients. We will press ahead with the implementation of the reform, with a view to enhancing the quality and efficiency of the public healthcare system while ensuring its financial sustainability, providing the public with appropriate healthcare protection in the long run.

為加強市民保障，確保公共醫療資源精準投放予有需要人士，醫管局積極推動公營醫療收費改革。在醫務衛生局的帶領下，醫管局完成公營醫療收費改革檢討，並公布政策建議。一系列措施旨在改革資助架構，以理順各項公立醫院服務的需求，減少浪費濫用；更重要的是，加強對「貧、急、重、危」病人的醫療保障。我們會全力推動落實有關改革，一方面提升公共醫療系統的質素和效率，同時確保財政的可持續性，長遠為市民提供妥善合適的醫療保障。





Concurrently, to manifest the HA's commitment to continuous improvement of public healthcare services, we have implemented the 31 recommendations proposed by the Review Committee on the Management of the Public Hospital System as planned, with the goal of strengthening governance, enhancing accountability, and fostering a culture of "Safe Care for All". Furthermore, to drive HA's reform in a positive way, the Governance and Structure Reform Committee was formed under the HA Board to provide strategic guidance, oversight, and reform advice on implementing governance and structure reforms, all aiming to ensure the sustainable development of the public healthcare system.

A robust and innovative team is essential for driving successful healthcare reform and achieving sustainability. To this end, the HA continued to adopt a multi-pronged approach to strengthen the healthcare workforce. In 2024-25, we recruited over 750 doctors, 2 600 nurses, and 900 allied health professionals, while continuing to bolster manpower by recruiting part-time healthcare professionals through the Locum Office. Furthermore, the HA has always attached great importance to the professional development of our staff. In addition to providing structured training programmes through the Hospital Authority Academy, we have sponsored over 2 600 staff members to participate in overseas training programmes during the year to broaden their horizons.

與此同時，為體現醫管局對於持續改善公營醫療服務的承諾，我們按計劃積極落實公立醫院系統管理檢討委員會提出的31項建議，全面強化管治、提高問責性，及培養「安全醫療，惠澤社群」的文化。為推動正面改革，醫管局大會更成立管治及架構改革委員會，提出策略督導、監督及改革建議，以落實醫管局的管治及架構改革，令公營醫療體系得以持續發展。

要成功推動醫療改革及可持續發展，必須擁有穩健及具創新思維的團隊。醫管局繼續多管齊下建立醫療團隊，在2024-25年度招聘逾750名醫生、2 600名護士及900名專職醫療人員，並透過自選兼職招聘計劃增聘人手。我們十分重視員工的專業發展機會，除了透過醫院管理局學院提供系統性的培訓課程，亦於年內資助超過2 600名員工參加境外培訓，讓員工拓闊視野。

With a view to enhancing the overall standard of the healthcare profession and reinforcing Hong Kong's role as a global hub for healthcare talent, the HA has been encouraging professional exchanges between local healthcare professionals and their counterparts worldwide via various forms of exchange programmes. We have therefore reached out to various countries and regions including the United Kingdom, Singapore and Malaysia in the year to introduce the development opportunities in our public hospitals, in order to attract eligible non-locally trained healthcare talent to work in Hong Kong. As of March 2025, about 300 non-locally trained doctors were working or on exchange with the HA, representing a significant increase of 90% over last year; while about 110 non-locally trained nurses have been employed since the enactment of the Nurses Registration (Amendment) Ordinance 2024.

Leveraging on Hong Kong's strategic advantages, we have deepened ties and collaborations with the Mainland cities in Guangdong-Hong Kong-Macao Greater Bay Area (GBA) and beyond. Multiple visits to the healthcare institutions and universities in the Mainland have been made by the HA delegations to learn about their latest development in healthcare services, and to promote the pathways for non-locally trained doctors to exchange and work in Hong Kong. Moreover, we expanded our Mainland Healthcare Talents Visiting Programmes, which now include not only the GBA but also other major cities such as Shanghai and Beijing. This resulted in an increased number of participating doctors, nurses, radiographers, and Chinese medicine (CM) experts from a wider range of specialties. Additionally, we launched a new "CM Enhanced Inpatient Training Programme with GBA", which enabled local CM practitioners to receive advanced inpatient clinical training in GBA CM institutions, fostering exchanges and professional development among CM professionals in both regions.

Meanwhile, the HA continued to adopt advanced digital technology and Artificial Intelligence infrastructure to advance smart care development. We accelerated the development of telehealth service and applied it in different outpatient, day inpatient, inpatient, and outreach services. Serving as an important tool for patient empowerment, the functions of the HA mobile app "HA Go" have been further upgraded for better patient experience. A new function "Family Touch" has been rolled out, allowing users to stay updated on the operation status of their family members. The medication delivery service was enhanced with the addition of over 100 community collection points, offering more drug collection choices for patients. Other new features included viewing of radiology reports, rescheduling of blood-taking appointments, and a new function under "carer mode" which enables users to remotely accompany family members during tele-consultations.

醫管局一直鼓勵本地醫護人員與世界各地的同業，透過不同形式的交流項目進行專業交流，從而提升整體醫療專業水平，推動香港發展成為環球醫療人才樞紐。年內，我們前往不同國家和地區，包括英國、新加坡及馬來西亞，推廣在本港公立醫院的發展機遇，吸引合資格的非本地培訓醫療人才來港工作。截至2025年3月，近300名非本地培訓醫生於醫管局工作或交流，人數較去年大幅增加90%；並在《2024年護士註冊(修訂)條例》通過後，取錄約110名非本地培訓護士。

我們同時借助香港的獨特優勢，深化包括大灣區內外多個城市的交流和合作。醫管局代表團多次訪問內地醫療機構及大學，了解內地醫療服務最新發展，以及推廣非本地培訓醫生來港交流及工作的途徑。此外，醫管局內地醫療人才交流計劃的合作夥伴由大灣區擴展至上海及北京等城市，參與的醫生、護士、放射技師及中醫專家的人數和專科亦有所增加。我們另推出「大灣區進階中醫住院臨床培訓計劃」，讓本港中醫師赴大灣區中醫醫院，接受高階住院臨床培訓，促進兩地中醫師的交流和專業發展。

醫管局亦繼續採納各種先進數碼科技和人工智能基建，大力推動智慧醫療發展。我們進一步發展遙距醫療，並應用於不同的門診、日間住院、住院及外展服務。作為病人賦能的重要平台，醫管局流動應用程式「HA Go」功能繼續加強，以提升病人體驗。程式推出「智慧諮詢」功能，讓病人家屬隨時掌握病人的手術進度。「藥物送遞服務」增設超過100個社區取藥點，為病人提供更多取藥模式。其他新增功能包括查閱放射報告、自助更改預約抽血期，及於「照顧者模式」內加入新功能，讓用戶可以遙距方式陪伴家人參與視像會診。

To dovetail with the Government's policy direction to elevate the healthcare standards of Hong Kong, the HA has implemented a number of key healthcare projects. During the year, the Pamela Youde Nethersole Eastern Hospital and Prince of Wales Hospital have been successfully accredited under China's International Hospital Accreditation Standards (2021 Version). The first chest pain centre in Hong Kong was set up in accordance with the national accreditation standards and commenced services in Queen Mary Hospital (QMH) in November 2024, further improving the diagnosis process and treatment outcomes for cardiovascular patients. The Hong Kong Breast Milk Bank was also established in the year, providing safe and high-quality donor breast milk to premature or critically ill newborns. In addition, a series of measures have been in place to promote clinical research development, which included streamlining the procedures of ethics review of clinical research, establishing the Central Clinical Research and Innovation Office to coordinate all clinical research work conducted in HA, as well as setting up Cluster Clinical Research Support Office in seven clusters to provide advice and support for frontline staff.

Various hospital redevelopment and expansion projects have been underway to upgrade healthcare facilities, with good progress observed in multiple key projects under the Hospital Development Plan. Among all, the North District Community Health Centre was completed with the general outpatient services commenced by the end of 2024; while the HA Supporting Services Centre commenced operation in phases starting from March 2025. Also, phase 1 redevelopment of QMH was largely completed in the fourth quarter of 2024. Besides, the main works of the expansion of North District Hospital (NDH) has commenced in the year of 2024-25.

醫管局亦配合政府提升香港醫療水平的政策方向，推行多個重點醫療項目。東區尤德夫人那打素醫院和威爾斯親王醫院於年內率先通過《國際醫院評審認證標準(中國)》(2021 版)評審，並成功取得認證；全港首間按國家認證標準成立的胸痛中心於 2024 年 11 月在瑪麗醫院投入服務，進一步改良心血管疾病病人的診症流程，提升治療成效。香港母乳庫亦於年內成立，為早產及患有危疾的初生嬰兒提供安全優質的捐贈母乳。此外，醫管局已落實一系列措施，以促進臨床研究發展，包括理順臨床研究倫理審批流程、成立中央臨床研究及創新辦公室，統籌於醫管局進行的臨床研究工作，並於各聯網設立聯網臨床研究支援辦公室，為前線員工提供諮詢和支援。

醫管局正全力推進各項醫院重建及擴建計劃，以提升醫療設施。多個醫院發展計劃下的重點項目取得良好進展，其中北區社區健康中心已經落成，並於 2024 年底開展普通科門診服務；醫管局支援服務中心亦已於 2025 年 3 月分階段投入服務；瑪麗醫院第一期重建計劃的建造工程則於 2024 年第四季大致竣工。此外，北區醫院擴建計劃的主要工程已於 2024-25 年度展開。





Senior appointments in 2024-25 included, in chronology, Dr So Wing-yee was appointed as Hospital Chief Executive (HCE) of NDH; Dr Gladys Kwan Wai-man as HCE of Caritas Medical Centre; as well as Dr Ada Yu Hoi-yan as HCE of Bradbury Hospice, Cheshire Home, Shatin, and Shatin Hospital.

Over more than three decades, I have served in different positions within the HA where I have witnessed our colleagues tirelessly working to ensure the health of the people of Hong Kong, and propel the HA to new heights, making it one of the most efficient healthcare systems in the world. I strongly believe that with the professional care of the HA team, as well as the support from the HKSAR Government and the society, the health and well-being of the people of Hong Kong will be better safeguarded, and a sustainable public healthcare system is on the way.

年內的高層人員聘任按時序包括：蘇詠儀醫生出任北區醫院行政總監，關慧敏醫生出任明愛醫院行政總監，以及余海欣醫生出任白普理寧養中心、沙田慈氏護養院及沙田醫院行政總監。

在過去超過三十載，我在醫管局內不同崗位，見證全體同事為香港市民健康打拼，推動醫管局追求卓越，成為全球最高效的醫療體系之一。我深信在醫管局團隊的專業守護下，加上香港特區政府和社會各界的支持，香港市民的健康和福祉定能得到更好的保障，公營醫療系統亦會朝著可持續發展的方向進一步邁進。

Tony Ko Pat-sing
Chief Executive



行政總裁
高拔陞

Hospital Authority at a Glance 2024-25

醫院管理局 2024-25 年度概覽

Total Manpower of Hospital Authority¹

No. of Full-time Equivalent Staff
(as at 31 Mar 2025)

醫院管理局人手總計¹

等同全職人員數目

(2025 年 3 月 31 日數字)

94,396



Medical
醫療

7,716

Nursing
護理

29,684

Allied Health²
專職醫療²

9,855

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

其他(包括護理支援、管理 / 行政及其他)

47,141



Number of hospital beds³

(as at 31 Mar 2025)

醫院病床數目³

(截至 2025 年 3 月 31 日)

30,824

43

Number of Hospitals and
Institutions under the Hospital
Authority (as at 31 Mar 2025)

醫院管理局轄下醫院及機構數目
(截至 2025 年 3 月 31 日)

49

Number of Specialist Outpatient
Clinics (as at 31 Mar 2025)

專科門診診所數目
(截至 2025 年 3 月 31 日)

74

Number of General Outpatient
Clinics (as at 31 Mar 2025)

普通科門診診所數目
(截至 2025 年 3 月 31 日)

Total Specialist Outpatient
(Clinical) attendances³
專科門診(臨床)就診總人次³

8,688,753

Total Allied Health (Outpatient) attendances³
專職醫療(門診)就診總人次³

3,611,278

Total Inpatient and Day Inpatient
discharges and deaths³
住院及日間住院病人出院人次
及死亡人數³

2,015,933

General Outpatient attendances³
普通科門診就診人次³

6,249,089

Total Accident and Emergency attendances³
急症室就診總人次³

2,024,269

Family Medicine Specialist Clinic
attendances³
家庭醫學專科門診就診人次³

375,437

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. HA has established the new grade "Bioinformatician" and "Genetic Counsellor" with effect from April 2024.
3. For detailed statistics of the services of HA, please refer to Appendix 9 of this Annual 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. 自2024年4月起，醫管局增設「生物信息學家」及「遺傳輔導員」職系。
3. 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 2024



The Hospital Authority (HA) delegation participated in recruitment activities in London and Manchester, the United Kingdom, during which they promoted the working and training pathways in Hong Kong to overseas healthcare talent, with a view to attracting more non-locally trained doctors to join the public healthcare system in Hong Kong.

醫院管理局(醫管局)代表團赴英國倫敦及曼徹斯特參與招聘活動，向海外醫療人才推廣來港工作及培訓途徑，以吸引更多非本地培訓醫生加入本港公營醫療體系服務。

04 2024

The HA hosted a welcome ceremony for more than 100 healthcare professionals from Guangdong Province who came to Hong Kong for exchanges under the "Greater Bay Area (GBA) Healthcare Talents Visiting Programmes". Meanwhile, HA launched the "Chinese Medicine Enhanced Inpatient Training Programme with GBA", which arranged for local Chinese medicine practitioners to acquire Mainland practicing license and to conduct inpatient clinical work at the Chinese medicine hospitals in GBA, with a view to enhancing their professional skills.

醫管局舉行「大灣區醫療人才交流計劃」歡迎儀式，歡迎新一批超過 100 名廣東省醫護人員來港交流。同時，醫管局開展了「大灣區進階中醫住院臨床培訓計劃」，安排香港中醫師獲取內地執業醫師資格，到大灣區中醫醫院參與住院臨床工作，藉此提升他們的專業技能。



04 2024

The HA delegation visited Shanghai and Hangzhou and met with the Shanghai Municipal Health Commission to strengthen the mutual exchange of healthcare talent between Hong Kong and the Mainland. The delegation also visited universities and hospitals to understand the latest development of smart care and Artificial Intelligence, and exchange on the strategies of developing digital transformation and smart care.

醫管局代表團到訪上海及杭州，與上海市衛生健康委員會會面，探討加強香港和內地醫療人才的雙向交流，並訪問當地大學及醫院，了解智慧醫療和人工智能的發展現況，互相分享數碼化轉型和智慧醫療方面的發展策略。



05 2024

The HA further expanded the Integrated Chinese-Western Medicine (ICWM) services by gradually piloting a new ICWM programme in respiratory care at Haven of Hope Hospital, Kowloon Hospital (KH), Ruttonjee Hospital and Grantham Hospital starting from April. Later in May, a brand new integrated clinic service model was piloted for ICWM in knee osteoarthritis care at Pok Oi Hospital, Yan Chai Hospital, United Christian Hospital (UCH) and Pamela Youde Nethersole Eastern Hospital (PYNEH) in phases.

醫管局進一步推展中西醫協作服務，於4月起逐步在靈實醫院、九龍醫院、律敦治醫院及葛量洪醫院開展全新的中西醫協作呼吸科治療先導項目；其後在5月起先後在博愛醫院、仁濟醫院、基督教聯合醫院(聯合醫院)及東區尤德夫人那打素醫院(東區醫院)，試行以中西醫協作診所服務模式提供中西醫協作膝骨關節炎治療服務。



06 2024

The HA collaborated closely with healthcare authorities of the Mainland by visiting Wuhan, Guangdong Province, Beijing and Zhejiang Province between June to November to share the latest development of the "Global Healthcare Talent Scheme" and various exchange programmes carried out by HA in different Mainland provinces and cities and exchanged views on various medical and healthcare issues.

醫管局與內地醫療單位保持緊密交流及合作，於6月至11月期間先後到訪武漢、廣東省、北京及浙江省，分享醫管局「環球醫療人才匯聚計劃」以及在內地不同省市開展各項人才交流計劃的情況，並就不同醫療衛生課題交換意見。

07 2024

The first batch of two new drugs for treating cancer, approved for registration in Hong Kong after review under the new mechanism for registration of New Drugs ("1+" mechanism), were listed on HA Drug Formulary. Patients prescribed with these new drugs under specified clinical application, could have their medication fees substantially subsidised, which is expected to benefit about 300 patients each year.

首批經新藥審批機制(「1+」機制)評審，獲准在香港註冊的兩款治療癌症新藥獲納入醫管局藥物名冊。在特定的臨床應用下獲處方該兩款藥物的病人，藥費可獲得大幅資助，預計每年約有300名病人受惠。



07 2024

The Chairman of HA, Mr Henry Fan Hung-ling, received the "ESG Leadership" Award in "The 3rd MI x HSU ESG Award" for his contribution of leading HA to establish a sustainable public healthcare system. The award was also a recognition to HA's commitment in pursuing sustainability in its corporate development strategies and daily operations.

醫管局主席范鴻齡先生獲「灼見名家 x 恒生大學第三屆ESG大獎」頒發「ESG 卓越領導獎」，以表揚他領導醫管局建設可持續公營醫療系統的貢獻，並肯定醫管局在機構發展策略和日常運作中積極實踐可持續發展的原則。

07 2024

The HA was awarded the Stage 7, the highest level of the Electronic Medical Record Adoption Model, by the Healthcare Information and Management Systems Society, marking the first time for a healthcare organisation in Hong Kong to attain this achievement. This accomplishment across all 43 HA public hospitals and institutions recognises HA's effort to integrate advanced electronic medical records and analytics to enhance patient services and operational efficiency.

醫管局獲醫療信息管理系統協會頒發電子病歷應用模式最高等級的第七級認證，為本港首個醫療機構獲頒此認證，涵蓋醫管局 43 間醫院及醫療機構，以表揚局方在整合先進的電子醫療紀錄與數據分析，藉此提升病人服務及運作效率方面的努力。



08 2024

Following the passage of the Nurses Registration (Amendment) Ordinance 2024, the HA delegation joined the 35th International Nursing Research Congress held in Singapore in July, and visited Malaysia in August, to introduce the latest pathways for working in Hong Kong to the local nursing professionals.

自《2024 年護士註冊(修訂)條例》通過後，醫管局代表團先後於 7 月參加在新加坡舉行的「第 35 屆國際護理研究會議」，及於 8 月赴馬來西亞，向當地護理界人士介紹來港工作的最新途徑。

09 2024

Partnering with large chain pharmacies, HA further enhanced its medication delivery service by adding over 100 community collection points. Patients attending hospitals and clinics of HA can choose to collect the HA-dispensed medications at any of the community collection points through the "HA Go" mobile app.

醫管局提升藥物送遞服務，與大型連鎖藥房協作新增逾百社區取藥點。在醫管局轄下醫院和診所應診的病人，均可透過醫管局手機應用程式「HA Go」選擇於社區取藥點領取由醫管局配發的藥物。



10 2024

A research team at PYNEH was awarded the 2024 Global Innovation and Tech Excellence Award for Innovative E-Health Solutions Award (Public Sector) from the World Innovation, Technology and Services Alliance, recognising their efforts in developing a new technology for creating ultrasound-visible anatomical models with tactile reality, which can enhance simulation training for healthcare professionals and continually improve patient safety.

東區醫院研發團隊獲世界創新科技與服務聯盟嘉許，頒發「2024年環球創新及科技卓越成就獎—創新電子健康解決方案獎(公營機構)」，表揚團隊成功研發新技術製作出「超聲波可見的人體觸感模型」，有助加強醫護模擬訓練，持續提升病人安全。



11 2024

Hong Kong's first chest pain centre commenced operations at Queen Mary Hospital, aimed at improving the diagnosis process and treatment outcomes for cardiovascular patients. The Centre successfully obtained the national accreditation, becoming the first accredited chest pain centre in Hong Kong.

全港首間胸痛中心於瑪麗醫院投入服務，旨在改良心血管疾病病人的診症流程，提升治療成效。中心成功通過國家胸痛中心的評審，是本港首間獲得認證的胸痛中心。

11 2024

The HA and the Zhongshan Ophthalmic Center of Sun Yat-Sen University signed a three-year collaborative agreement to strengthen exchanges and collaboration and to enhance the standard and quality of ophthalmology services in both places.

醫管局與中山大學中山眼科中心簽訂為期三年的合作協議，藉此加強雙方交流協作，提升兩地的眼科服務水平和質量。





11 2024

The HA released the report of the Review Committee on the Management of the Public Hospital System, and has gradually been implementing all 31 improvement recommendations, with a view to strengthening HA's governance and safety. Later in December, the Governance and Structure Reform Committee was formed under the HA Board, aiming to provide strategic guidance, oversight, and reform advice on implementing governance and structural reforms for HA.

醫管局公布公立醫院系統管理檢討委員會的報告，並有序落實全部 31 項改善建議，以提升醫管局的管治及鞏固安全。其後醫管局大會於 12 月成立管治及架構改革委員會，就落實醫管局的管治和架構改革提出策略督導、監督及改革建議。

12 2024

The North District Community Health Centre Building was completed, as one of the key projects in the first Hospital Development Plan of HA. The North District Family Medicine Centre commenced services, which cover not only general outpatient services, but also multi-disciplinary nursing, allied health, patient education and support services, offering comprehensive one-stop primary and community healthcare services for residents in the North District.



北區社區健康中心大樓落成，為醫管局第一個醫院發展計劃的重點項目。當中的北區家庭醫學中心開展服務，除了普通科門診服務外，亦設有跨專業護理、專職醫療、病人教育和支援服務等，為北區居民提供全面的一站式基層及社區醫療服務。



12 2024

Hong Kong's first magnetic resonance-guided focused ultrasound system was introduced by HA, and commenced services at Tuen Mun Hospital Neuroscience Centre, offering non-invasive treatment option for patients with essential tremor.

醫管局引入全港首個磁力共振引導高強度聚焦超聲波(磁波刀)系統，在屯門醫院神經醫學中心投入服務，為原發性震顫患者提供無創治療選擇。

12 2024

The PYNEH and Prince of Wales Hospital have been accredited under the China's International Hospital Accreditation Standards (2021 Version) in December 2024 and March 2025 respectively, recognising that the management and service quality of the hospitals are on a par with international standards.

東區醫院及威爾斯親王醫院分別於 2024 年 12 月及 2025 年 3 月成功通過《國際醫院評審認證標準(中國)》(2021 版)的評審認證，確認醫院的管理及服務質量達到國際水平。



01 2025

In celebration of KH's centenary, a series of "Musical Journey" activities have been curated. Through the arts of music, it is aimed to convey a positive energy to patients, their families, as well as healthcare staff.

為慶祝九龍醫院邁向 100 周年，院方特意籌辦一系列「音樂之旅」活動，以音樂藝術向病人及家屬、醫護人員傳遞正能量。



01 2025

The Hong Kong Breast Milk Bank commenced services, aiming to provide safe and high-quality donor breast milk to premature or critically ill newborns. As of March 2025, over 160 mothers have successfully registered as breast milk donors, and approximately 550 litres of breast milk have been collected.

香港母乳庫投入服務，旨在向有臨床需要的極早產及患有危疾的初生嬰兒提供安全優質的捐贈母乳。截至 2025 年 3 月，逾 160 名媽媽成功登記為母乳捐贈者，並收集到約 550 公升母乳。

02 2025

Princess Margaret Hospital (PMH) has kicked-off its golden jubilee celebration in early 2025. Among the rich array of celebratory events, the "PMH 50th Anniversary Fundraising Walkathon" attracted participation of over 250 hospital staff and their friends and families, raising funds to support staff development activities of the Kowloon West Cluster.

瑪嘉烈醫院於 2025 年初起舉行一連串金禧紀念慶祝活動，其中「瑪嘉烈醫院 50 周年海濱慈善樂步行」獲逾 250 位醫院同事及親友參加，籌得善款用以資助九龍西聯網的員工發展活動。



03 2025

The HA has completed the review of public healthcare fees and charges reform and announced the policy recommendations considered by the Health Bureau. The reform aims to strengthen healthcare protection, rationalise public hospital service subsidies, reduce wastage and misuse, and enhance the sustainability of the public healthcare system by reforming the public healthcare subsidy framework. The new fee schedule will take effect in January 2026.

醫管局完成公營醫療收費改革檢討，公布經醫務衛生局審議的改革政策，期望透過改革公營醫療資助架構，加強醫療保障、理順公立醫院的服務資助和減少浪費濫用，提升公營醫療系統的可持續性。新的收費將於 2026 年 1 月生效。

03 2025

The Hospital Authority Supporting Services Centre (HASSC) has commenced operation in phases, providing laundry, patient catering, critical personal protective equipment and key linen storage, and data centre services. The establishment of the HASSC enhances patient support services in public hospitals and strengthens their capability to handle emergencies.

醫管局支援服務中心分階段投入服務，提供中央洗衣、病人膳食、緊急個人防護裝備和主要被服用品儲存及數據中心服務。該中心的落成有助提升公立醫院的病人支援服務，並加強公立醫院應對突發事件的能力。



03 2025

The HA sent healthcare professionals to join the Hong Kong Special Administrative Region Government's search and rescue team to the earthquake-stricken areas in Myanmar, assisting in the search and rescue work. In addition to taking care of the health of other rescue team members, the HA medical representatives also joined the national team to another area to provide free medical consultation and medication to the victims.

醫管局派出醫護人員參與特區政府救援隊，前往緬甸地震災區協助搜救。他們除了負責照顧救援隊員健康，亦跟隨國家隊到另一區域為災民義診及提供藥物。

03 2025

The UCH has begun the preparation work for accreditation under the China's International Hospital Accreditation Standards (2021 Version). Experts from Shenzhen Hospital Accreditation Research Center were invited for a consultancy visit at UCH in March 2025.

聯合醫院開展《國際醫院評審認證標準(中國)》(2021版)認證的籌備工作，於2025年3月邀請了深圳市衛健醫院評審評價研究中心的評審專家到院進行現場輔導。



Engagement and Teamwork

凝聚力量 群策群力

The Hospital Authority (HA) prioritises communication with staff. The management is committed to exchanging views 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, emails and letters to all staff, etc., so as to strengthen connection with staff.

醫院管理局(醫管局)重視與員工溝通，管理層致力透過多個平台，就現行政策及新措施與前線員工交流意見，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，並經電郵和向員工發信等方式與員工加強連繫。





The HA Chairman and Chief Executive also visited hospitals from time to time to listen to frontline staff's feedback on corporate matters through staff forums. 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 engaged staff constantly through regular staff forums, meetings and newsletters.

HA staff can access and handle HR-related information and matters at ease with the myHR App. As of 31 March 2025, the myHR App served over 100 000 appointees, serving staff and retirees of HA, whilst achieving 100% usage among serving staff. In 2024-25, the app introduced several new key features including support for business travel and training approvals; Duty Request Management for Nursing to streamline duty requests of nurses, as well as the rollout of Phase II of the Electronic Sick Leave Reporting System, which covered all general sick leave applications, and added iAM Smart+ as a new feature for digital signature. Also, a new function of Staff Letter Box was launched to facilitate the reporting of risk-related issues and enhance the effectiveness of following up on comments to foster a speak-up culture.

A Focused Staff Survey on staff retention was conducted in the year, targeting Nursing and Allied Health staff with less than five years' working experience in HA. Over 8 000 target staff participated in the survey and provided valuable and constructive comments, with an overall response rate reaching a record high of 85%. The survey aimed to understand the intention to stay at HA of the respondents and the effectiveness of the prevailing staff retention measures.

In 2024-25, the "My Country, My Family" training series was launched to enhance HA staff's understanding of Chinese culture and national development. The training series covered the Constitution, the Basic Law, the National Security Law, and introduced national political and legal systems, social culture, economy and finance, scientific research and environmental

醫管局主席及行政總裁亦不時到訪醫院及出席員工座談會，了解前線員工對機構事宜的意見。同時，我們透過員工通訊《協力》和醫管局各大社交平台，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，與員工保持恒常溝通。

醫管局員工可使用「我的人資源應用程式」(「myHR App」)便捷地瀏覽及處理人資源相關資訊和事宜。截至2025年3月31日，超過100 000名即將入職、在職及退休員工使用程式，現職員工的使用率則高達100%。在2024-25年度，「myHR App」增設了多項主要功能，包括支援境外公幹及培訓的批核；推行護士更期管理功能，簡化申請流程；以及推行第二階段「電子病假申報系統」，以涵蓋所有一般病假申報，及新增「智方便+」數碼簽署功能。同時，我們推出「職員信箱」新功能，便利員工通報風險相關事宜，並提高跟進意見的效率，進一步鼓勵員工表達意見。

年內，醫管局進行以員工留任為主題的焦點職員意見調查，對象為入職五年內的護理及專職醫療人員。超過8 000名目標員工參與並提供了寶貴及具建設性的意見，整體回應率達85%，為歷年新高。調查結果有助醫管局了解受訪者的留任意向，並檢視現行挽留員工措施的成效。

為了加深員工對中國文化及國家發展的認識，醫管局在2024-25年度推出了「我國我家」培訓系列，內容涵蓋國家憲法、基本法和國安法教育，並介紹國家政治法制、社會文化、經濟金融、科研及環境保護等範疇。培訓模式多元化，包括舉辦

protection, etc. Diversified training approach was adopted including lectures and seminars, e-learning courses, mobile quiz games and inter-team competitions. The series engaged over 47 000 participations in the first year of implementation, and will be more comprehensively promoted to all levels of staff.

HA has always attached great importance to staff Occupational Safety and Health (OSH) while promoting trust and harmonious culture by preventing, reducing and eliminating incidents of workplace violence (WV). These efforts are supported by media engagement and regular WV forums to raise awareness among the public and staff. We have also formulated various prevention and training programmes for targeted workplace hazards based on the analysis of Injury on Duty cases. These programmes covered areas of sharps injury prevention, advanced ergonomics workshops, de-escalation techniques, and chemical management to boost safety awareness. Additionally, HA has been strengthening the effectiveness of OSH risk management through ongoing enhancement and adoption of OSH Electronic Monitoring Systems. We have also raised staff awareness in building a safety culture through regularly disseminating OSH news and smart tips to employees via the "myOSH" module in myHR App.

HA has endeavoured to enhance staff engagement and promote a healthy lifestyle to staff. Various sports and recreational activities were organised regularly to promote work-life balance such as the "HA Run and Fun", which was held in a theme park with over 3 000 participants, including staff and their family members. At the same time, HA joined the "10 000 Steps a Day" Walking Challenge organised by the Health Bureau and Department of Health, and won the Gold Award for Outstanding Overall Performance with colleagues' enthusiastic participation. In addition, HA Volunteer Team has been established in the year to engage staff to actively participate in community services.

To commend staff members with outstanding performance, HA presents the Outstanding Staff and Teams Award and Young Achievers Award annually. In 2025, 14 Young Achievers were awarded, seven staff and six teams won the Outstanding Staff and Teams Awards. Various promulgation means have been adopted to share the stories of the awardees with colleagues and the general public.

講座與研討會、網上學習課程、手機問答遊戲及團隊競賽，以提升員工的參與度和學習成效。該系列在推行首年已吸引超過 47 000 人次參與，未來將更全面地推廣至各級員工。

醫管局向來重視員工的職業安全與健康（「職安健」），透過預防、減少和消除工作間暴力事件，建立「和諧尊重、互信溝通」的文化。我們透過媒體宣傳及定期舉辦預防工作間暴力研討會，提升公眾及員工對工作間暴力的關注。此外，我們藉著分析工傷意外個案，針對各種工作間危害制定預防和訓練計劃，例如預防刺傷、進階人體工學工作坊、緩和激化的技巧，及化學品管理等，以加強員工的安全意識。我們亦持續優化及運用職業安全與健康管理電子監察系統，加強對職安健風險的管理效能。「myHR App」內的「職安健」單元定期向員工發放職安健資訊及提示，以持續提升同事對安全文化的意識。

醫管局致力凝聚員工，推廣健康生活方式。我們定期舉辦各類康體活動，提倡工作與生活平衡，例如在主題公園舉行「醫管局繽紛跑」，共有超過 3 000 名員工及家屬參加。同時，我們參加了由醫務衛生局及衛生署舉辦的「日行萬步」步行挑戰活動，同事積極參與為醫管局贏得「總表現傑出大獎」金獎。醫管局亦於年內成立了「醫管局義工隊」，藉此凝聚員工服務社會，積極參與公益事務。

為嘉許表現卓越的同事，醫管局每年頒發傑出員工及團隊獎及優秀青年獎。2025 年度共有 14 位員工獲頒「優秀青年獎」，七名員工及六個團隊獲得傑出獎，各得獎者的故事透過不同形式與同事和公眾分享。



Outstanding Teams

Dreams*2Gather (Paediatrics)

Queen Elizabeth Hospital (Kowloon Central Cluster)

GCRS-STAR HKWC Pioneer Team

Queen Mary Hospital (Hong Kong West Cluster)

HKEC Stoma and Wound Care Team

Hong Kong East Cluster

Mind Space

Castle Peak Hospital (New Territories West Cluster)

NTEC Happiness Navigators around You

New Territories East Cluster

Nurturing Our Young Generation (NOYG) Team

Hospital Authority Head Office

傑出團隊獎

追夢・愛同行(兒科)

伊利沙伯醫院(九龍中醫院聯網)

「智慧標本追蹤」港島西聯網開發團隊

瑪麗醫院(港島西醫院聯網)

港島東造口及傷口護理小組

港島東醫院聯網

精神健康體驗館

青山醫院(新界西醫院聯網)

新界東醫院聯網智友幸福導航者

新界東醫院聯網

Nurturing Our Young Generation (NOYG) Team

醫院管理局總辦事處

Outstanding Staff

Mr KUNG Chak-man, Andy

Senior Manager (Infection, Emergency & Contingency) /

Major Incident Control Centre Coordinator

Hospital Authority Head Office

傑出員工獎

龔澤民先生

高級行政經理(感染及應急事務) /

重大事故控制中心聯絡人

醫院管理局總辦事處

Dr LEE Kang-yin, Michael

Consultant (Medicine) / Head of Cardiology

Queen Elizabeth Hospital (Kowloon Central Cluster)

李耿淵醫生

顧問醫生(內科) / 心臟科主管

伊利沙伯醫院(九龍中醫院聯網)

Dr LUI Sing-leung

Deputy Hospital Chief Executive /

Consultant (Medicine) [Current Consultant]

Tung Wah Hospital (Hong Kong West Cluster)

雷聲亮醫生

副醫院行政總監 /

顧問醫生(內科) [現職顧問醫生]

東華醫院(港島西醫院聯網)

Dr TSE Man-li

Medical Director, Hong Kong Poison Control Centre /

Consultant (Hong Kong Poison Information Centre)

[Current Consultant]

United Christian Hospital (Kowloon East Cluster)

謝萬里醫生

香港中毒控制中心總監 /

顧問醫生(香港中毒諮詢中心)

[現職顧問醫生]

基督教聯合醫院(九龍東醫院聯網)

Ms WONG Shuk-ching

Senior Nursing Officer (Infection Control Team)

Hong Kong West Cluster

黃淑貞女士

高級護理主任(感染控制組)

港島西醫院聯網

Dr WUN Yiu-chung

Deputy Hospital Chief Executive /

Chief of Service (Orthopaedics & Traumatology)

Tuen Mun Hospital (New Territories West Cluster)

尹耀宗醫生

醫院副行政總監 /

部門主管(矯形及創傷科(骨科))

屯門醫院(新界西醫院聯網)

Ms YIU Lai-ping, Alice

Department Operations Manager (Medicine and Therapeutics)

Prince of Wales Hospital (New Territories East Cluster)

姚麗萍女士

部門運作經理(內科及藥物治療學系)

威爾斯親王醫院(新界東醫院聯網)



Full list of awardees
完整得獎名單



Highlights of HA Outstanding Staff and Teams and Young Achievers Award 2025
2025 年度醫管局傑出員工及團隊及優秀青年獎精華短片

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、社會及管治」方面的表現及措施則會於第七章「環境、社會及管治報告」詳述。



● HONG KONG EAST CLUSTER
港島東醫院聯網

● HONG KONG WEST CLUSTER
港島西醫院聯網

● KOWLOON CENTRAL CLUSTER
九龍中醫院聯網

● KOWLOON EAST CLUSTER
九龍東醫院聯網

● KOWLOON WEST CLUSTER
九龍西醫院聯網

● NEW TERRITORIES EAST CLUSTER
新界東醫院聯網

● NEW TERRITORIES WEST CLUSTER
新界西醫院聯網

HAHO aligns corporate values and directions. It plays a strategic role in leading corporate development and supporting hospital clusters through interactive collaboration of eight divisions, namely Cluster Services, Corporate Services, Development & Works, Finance, Human Resources, Information Technology & Health Informatics, Quality & Safety, and Strategy & Planning. In 2024-25, 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2024-25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 2024-25, HA continued to re-orientate service models and leverage advanced technology to promote smart healthcare, providing personalised patient-centred care, while enhancing healthcare efficiency and alleviating the pressure on inpatient services.

HA has been committed to developing and delivering healthcare services in more diversified modes. Dedicated efforts have been made to promote ambulatory care through the provision of additional urology ambulatory procedures at Hong Kong East Cluster (HKEC), additional urology day surgeries at Hong Kong West Cluster (HKWC), additional haematology day inpatient attendances at Yan Chai Hospital, and additional gynaecology day inpatient attendances at Pok Oi Hospital. Meanwhile, services of the Integrated Model of Specialist Outpatient through Nurse Clinics for cataract surgery, perioperative care, osteoporosis and inflammatory bowel disease management were enhanced in multiple clusters with the provision of additional attendances. Additional nurse clinic attendances were also provided at Kowloon West Cluster to strengthen care for breast cancer survivors, while additional nurse clinic and pharmacist clinic attendances were provided at New Territories West Cluster to implement systemic anti-cancer therapy.

策略目標：提供智慧醫療

醫管局在2024-25年度繼續重整服務模式，善用科技推動智慧醫療，提供以病人為本的個人化護理，並且提高醫療效率，減輕住院服務壓力。

醫管局致力發展及提供多元化的醫療及護理選擇。我們重點推展日間醫療，包括增加港島東聯網泌尿科日間醫療護理程序節數、港島西聯網泌尿科日間手術節數、仁濟醫院血液科日間住院病人服務人次、以及博愛醫院婦產科日間住院病人服務人次。同時，我們於多個聯網增加綜合模式專科門診護士診所的服務人次，以加強白內障手術、圍手術期、骨質疏鬆症和炎症性腸病的護理服務；又在九龍西聯網增加護士診所服務人次，提升對乳癌康復者的護理；並於新界西聯網加強護士診所及藥劑師診所服務人次，以推行系統性抗癌治療。





Furthermore, we enhanced pharmacist clinic services by providing additional service attendances across clusters, setting up a Pharmacist Diabetes Mellitus Clinic at HKEC, as well as setting up a pharmacist-led clinic at HKWC to manage patients with suspected penicillin allergy. Besides, designated medical clinics have been set up in clusters to provide one-off specialist consultations to patients referred from the Chronic Diseases Co-Care Pilot Scheme.

HA also continued to apply telehealth extensively in different outpatient, day inpatient, inpatient and outreach services, improving both patient experience and service quality. Clinical staff would arrange suitable patients to receive follow-up consultations, training and rehabilitation services through telehealth, while community outreach services for patients in Residential Care Homes for the Elderly (RCHEs) would be conducted with the aid of telehealth in accordance with clinical needs. Moreover, allied health telehealth services have been implemented in the outpatient departments of Clinical Psychology, Dietetics, Occupational Therapy, Physiotherapy, Prosthetic & Orthotic and Speech Therapy to provide patients with an alternative treatment option. In 2024-25, over 26 000 allied health telehealth attendances, including outpatient and community services, were provided.

To improve the inborn errors of metabolism (IEM) services, the database of uncommon disorders has been updated with clinical information of 11 types of uncommon disorders. We have also established a diseases-related nursing team at the Hong Kong Children's Hospital, and expanded the transferal of adult IEM patients to receive IEM service at Princess Margaret Hospital (PMH). In addition, ovarian tissue cryopreservation services were commenced at the Prince of Wales Hospital (PWH) to serve children and adolescents requiring cancer treatment. In line with the Government's policy direction of supporting assisted reproductive services, additional in-vitro fertilisation services were offered at Kwong Wah Hospital (KWH) and PWH.

我們亦在各聯網加強藥劑師診所服務，增加服務人次，並在港島東聯網設立藥劑師主導的糖尿病診所，以及於港島西聯網設立藥劑師主導的診所，為懷疑對盤尼西林過敏的病人作出跟進。另外，我們於各聯網設立指定內科診所，為經「慢性疾病共同治理先導計劃」轉介的病人提供一次性專科診症服務。

醫管局繼續將遙距醫療廣泛應用於門診、日間住院、住院及外展服務，提升病人體驗及服務質素。醫護人員會安排合適的病人以遙距醫療進行覆診、接受訓練及復康服務，以及按臨床需要以遙距醫療為安老院舍的病人提供社區外展服務。此外，專職醫療遙距服務已於臨床心理部、營養部、職業治療部、物理治療部、義肢及矯形部，以及言語治療部的門診推行，為病人提供多一項治療模式選擇。醫管局於2024-25年度，提供逾26 000專職醫療遙距醫療服務人次，涵蓋門診及社區服務。

此外，為加強先天性代謝病服務，醫管局於不常見疾病資料庫中增加11種疾病資料，並於香港兒童醫院建立相關護士團隊，及轉介更多先天性代謝成年病人至瑪嘉烈醫院接受代謝病服務。我們又在威爾斯親王醫院開展卵巢組織冷凍保存服務，為需要接受癌症治療的兒童和青少年提供服務。為響應政府支援輔助生育的政策方向，醫管局在廣華醫院及威爾斯親王醫院增加人工受孕服務名額。



To enhance the community psychiatric services, we have recruited more case managers across clusters to provide additional psychiatric outreach attendances to better support patients with mental illness in the community. Also, more allied health outpatient attendances were provided at Tseung Kwan O Hospital (TKOH) to render psycho-social rehabilitation for individuals attending psychiatric outpatient clinic. Besides, multiple clusters have bolstered support for senior patients residing in RCHEs through the provision of additional geriatric outreach attendances.

For renal services, patient capacities for automated peritoneal dialysis were augmented in all clusters. To promote self-care of renal patients, additional patient capacities for home automated peritoneal dialysis and haemodialysis were offered at Kowloon East Cluster (KEC) and New Territories East Cluster (NTEC). As for the enhanced prevention and control of viral hepatitis, HA has formulated the action plan and strategies on viral hepatitis management for 2025-30, and implemented the collaborative model on chronic hepatitis B management between Internal Medicine and Family Medicine.

During the year, HA continued to implement various Public-Private Partnership (PPP) Programmes to alleviate the pressure on public hospital services and provide patients with more treatment choices. These programmes included Cataract Surgeries Programme, Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector, Haemodialysis PPP Programme and more. HA also launched the Investigation PPP Programme in 2024, under which laboratory services, including testing of blood, urine and sputum and electrocardiogram, are provided to the patients of General Outpatient Clinic PPP Programme by designated private laboratories.

為優化社區精神科服務，我們在多個聯網增聘個案經理，提供額外外展服務人次，為社區內的精神病患者提供更多支援。我們亦於將軍澳醫院增加專職醫療門診就診人次，為精神科門診病人提供心理社交康復服務。另外，多個聯網均增加了老人科外展服務人次，加強支援居於院舍的年長病人。

腎科服務方面，我們於各聯網增加自動腹膜透析病人名額；並於九龍東及新界東聯網增加家居自動腹膜透析和血液透析名額，提升病人自我照顧的能力。而為加強預防及控制病毒性肝炎，醫管局已制定 2025-30 年應對病毒性肝炎的行動計劃和策略，並推行內科和家庭醫學科治療慢性乙型肝炎的協作模式。

醫管局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」及「共析計劃」等。另外，醫管局於 2024 年推出了「化驗檢查協作計劃」，由指定的私營化驗所為「普通科門診公私營協作計劃」的病人提供血液、尿液、痰液的化驗及心電圖檢查服務。

Strategic goal: Develop smart hospitals

HA continued to develop and apply innovative technologies and Artificial Intelligence (AI) to advance smart hospital development. Currently, AI is widely used in different clinical services, such as facilitating the analysis of chest X-ray images, detection of hip fracture and nasogastric tube malposition and more, greatly enhancing service quality and patient safety. To improve work efficiency, generative AI technology has been deployed to assist doctors in drafting medical reports and to automate document classification. Additionally, the Neurosurgical Outcomes Monitoring and Improvement Programme has been rolled out to enhance the efficiency of data analysis with a systemic monitoring system.

We have been striving to promote smart hospital management, by establishing command centres at Pamela Youde Nethersole Eastern Hospital (PYNEH) and Ruttonjee & Tang Shiu Kin Hospitals (RTSKH) and strengthening the manpower of command centre at HKWC to enhance operational efficiency. Cluster Command Centre (Patient Transfer) has been implemented in multiple clusters to facilitate bed management and patient transfer, while Cluster Command Centre (Situation Awareness) has been piloted in HA Major Incident Control Centre and Queen Elizabeth Hospital (QEH), aiming to support timely decision making and resource management. Furthermore, the eResus service model has been rolled out to PYNEH, St. John Hospital, QEHD and TKOH, and relevant system enhancement was carried out at North Lantau Hospital and RTSKH, all aimed to improve workflow efficiency in resuscitation rooms at the Accident and Emergency Departments (AEDs). Meanwhile, over 400 smart robots have been adopted in 43 hospitals and institutions across seven clusters to assist in delivery, cleaning and companion services in support of hospital operation.

策略目標：發展智慧醫院

醫管局持續開發和應用創新科技及人工智能，發展智慧醫院。目前，人工智能技術已廣泛應用於胸肺X光片診斷、髓關節骨折檢測、鼻胃管錯位檢測等臨床服務，大大提升服務質素及病人安全。我們已於部分醫院試行使用生成式人工智能技術，協助醫生撰寫醫療報告及自動分類文件，提高工作效率。我們亦推行「神經外科成效監察及改善計劃」，建立監察系統以提升數據分析的效率。

醫管局致力推動智慧醫院管理，在東區尤德夫人那打素醫院(東區醫院)及律敦治及鄧肇堅醫院成立指揮中心，並增加港島西聯網指揮中心人手，以提升運作效率。聯網指揮中心(病人運送)在多個聯網推行，以改善病床管理及病人運送流程；聯網指揮中心(態勢感知)則在醫管局重大事故控制中心及伊利沙伯醫院試行，支援適時決策及資源管理。另外，我們於東區醫院、長洲醫院、伊利沙伯醫院和將軍澳醫院推行「急救房電子化計劃」，及在北大嶼山醫院和律敦治及鄧肇堅醫院推行相關系統升級工作，進一步提高急症室急救房的工作效率。七個聯網共43間醫院及機構已引入400多個智慧機械人協助運送、清潔及陪伴等服務，支援醫院的運作。





Also, the management of wards and medication has been improved with the implementation of various smart clinical systems with the aim to ensure patient safety. While eVitals and enhanced Smart Panels have been installed in approximately 95% of wards, over 65 sets of smart cabinets have been set up to offer a safer and more efficient medication inventory and management solution, optimising the ward operation. To improve the accuracy of drug prescription and management, the Inpatient Medication Order Entry (IPMOE) system and Closed-Loop IPMOE project were extended to the Intensive Care Unit (ICU) of United Christian Hospital and Kwai Chung Hospital respectively. Additionally, the first phase, the "Packing Module", of the HA "Wound and Packing Module" has been implemented in all HA hospitals to minimise recording errors and enhance patient safety.

In addition, various new smart care products have been rolled out to improve patient experience. These included "oneConsent for Multiple Procedures" which streamlines the process of obtaining patient's consent, "Smart Booking" which facilitates flexible reappointment scheduling, the pilot Radiology Appointment Kiosks and more. To empower patients, the functions of the HA mobile app "HA Go" have been upgraded continuously. We have launched the "Family Touch" to help carers keep track of their family members' latest hospitalisation status. Meanwhile, the functions of the Medical Fee Assistance App were enhanced to improve patients' convenience and expedite the application process by enabling patients to submit applications of Samaritan Fund and Community Care Fund Medical Assistance Programmes for preview by medical social workers. Besides, we have continued to scale up telehealth and medication delivery services through "HA Go", and introduced more new health management functions such as rescheduling of specialist outpatient clinic (SOPC) blood taking appointments, and chronic disease management features.

我們推展多個智慧臨床系統，加強病房及藥物管理，確保病人安全。我們已於約 95% 病房裝設自助維生指數機及升級版的電子病床控制板；並安裝逾 65 套智能藥櫃，以更安全及高效方式管理及儲存藥物，優化病房運作。住院病人藥物處方系統已擴展至基督教聯合醫院深切治療部，而閉環式住院病人藥物處方系統則推展至葵涌醫院，提升藥物處方及管理的準確性。醫管局「傷口和填充料記錄系統」第一階段的「包紮單元」已於所有公立醫院推行，減少記錄出錯，提升病人安全。

此外，我們新推出多個智慧醫療項目，提升病人應診體驗，如適用於多項醫療程序的「oneConsent」，有助簡化取得病人知情同意的程序；「Smart Booking」便利病人彈性預約覆診；及試行「放射科服務自助預約」電子服務站等。為協助病人自強，醫管局流動應用程式「HA Go」功能持續升級。我們推出「智慧諮詢」功能，讓照顧者掌握病人的最新住院情況；同時提升了「醫療費用援助一站通」功能，方便病人提交撒瑪利亞基金及關愛基金醫療援助項目的申請供醫務社工預覽，從而加快其申請程序。我們亦透過「HA Go」持續提升遙距醫療服務及藥物送遞服務，並新增更改專科門診抽血預約、慢性疾病管理等功能，助病人管理健康。

To support HA's new model of digital healthcare, the fourth generation of Clinical Management System (CMS IV) has undergone further development. In 2024-25, 28 projects were launched under CMS IV. For examples, the "Integration of "Generic Clinical Request System - Paperless Label Management with UPI and Scheduling (GCRS-PLUS)" in AED" ensures correct patient identification at AEDs; and the "Electronic Ophthalmology Form" has been implemented in all hospitals with ophthalmic services to reduce manual processing of paper records. Moreover, proactive efforts have been made to drive digital workplace, by incorporating technologies to deliver seamless, efficient, and paperless workflows across clinical and administrative operations. Measures included providing staff self-services via communication tools such as myHR App, as well as deploying digitalised administrative workflows in over 1 400 wards / units for works of non-clinical eHandover and ward equipment management to improve work efficiency.

Strategic goal: Nurture smart workforce

To develop a robust, agile, and innovative smart workforce to provide high-quality healthcare services for the public, HA has adopted a multi-faceted approach to attract and retain talents. In 2024-25, we have recruited over 750 doctors, 2 600 nurses and 900 allied health professionals. The implementation of "Policy of Extending Employment beyond Retirement" was continued to attract experienced retired staff to take up further employment in HA. As at 31 March 2025, about 180 doctors, 600 nurses, 120 allied health professionals and 3 010 supporting and other grades staff were serving in HA on contract full-time terms after retirement.

We have also made some good progress in our global recruitment efforts, with about 300 non-locally trained doctors working and engaging in exchange programmes at HA as of March 2025, while about 110 non-locally trained nurses have already been employed. Separately, we have attracted more than 80 visiting doctors to HA for exchanges through various programmes such as the "Guangdong-Hong Kong-Macao Greater Bay Area (GBA) Healthcare Talents Visiting Programmes", "Global Healthcare Talent Scheme", as well as the talent exchange programmes with healthcare institutes of various Mainland cities such as Shanghai and Beijing, while facilitating over 20 Macao doctors to receive specialist training at public hospitals in Hong Kong. In addition, HA has been collaborating with the Health Commission of Guangdong Province to launch the "Guangdong Hong Kong Macao GBA Specialty Nursing Knowledge-exchange Programme", under which near 100 Guangdong nurses have completed clinical exchange at HA during the year.

為支援醫管局的數碼醫療新模式，我們繼續發展第四代臨床醫療管理系統。在2024-25年度，我們在系統內推行了28個項目，例如將「智慧標本採集」與急症室電子系統連結，以加強確認急症室病人身分；及於全部設有眼科的醫院推行「電子眼科記錄系統」，減省人手處理紙本紀錄的工序。我們亦積極推行數碼工作間，運用創新科技實現無縫、高效率及無紙化的臨床及行政工作流程，以培育智慧團隊。措施包括透過通訊工具如「我的人力資源應用程式」（「myHR App」）提供員工自助服務；以及於超過1 400個病房/單位推行數碼化行政工作流程，例如非臨床電子交更和病房設備管理，以提高工作效率。

策略目標：培育智慧團隊

醫管局通過多項措施吸引並挽留人才，以建立穩健、靈活且具備創新能力的智慧團隊，為市民提供優質醫療服務。2024-25年度，醫管局聘請逾750名醫生、2 600名護士及900名專職醫療人員；並繼續推行「退休後延任政策」，吸引具經驗的退休員工，留在醫管局繼續服務。於2025年3月31日，共有約180名醫生、600名護士、120名專職醫療人員及3 010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。

我們的海外招聘工作亦取得良好進展。截至2025年3月，在醫管局工作及交流的非本地培訓醫生約有300名，另約有110名非本地培訓護士已獲取錄。我們又透過「粵港澳大灣區（大灣區）醫療人才交流計劃」、「環球醫療人才匯聚計劃」，以及與內地多個省市例如上海及北京等地的醫療機構合作開展的人才交流計劃，吸引逾80名訪問醫生到醫管局交流；並協助超過20名澳門醫生在本港公立醫院接受專科培訓。而與廣東省衛生健康委員會合作推出的「粵港澳大灣區專科護理知識交流計劃」，年內有近百名廣東省護士在醫管局完成臨床交流。

Meanwhile, we are committed to improving the career prospects of all staff grades by providing more development opportunities. Regarding the doctors, additional promotion opportunities were continued to provide through the centrally coordinated additional Associate Consultant (AC) promotion mechanism, enhancing the promotion prospects of doctors. Moreover, HA upgraded AC posts to Consultant posts as planned, aiming to enhance development opportunities of doctors and retain more talents. As at March 2025, about 400 upgraded Consultant posts were created.

In terms of stabilising the nursing workforce, efforts have been made to develop structured succession planning and enhance career structure for nurses. In addition to continuously 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 were also enhanced. To encourage and recognise the professional development of nurses, we continued to offer Specialty Nurse Allowance to eligible RNs, and training sponsorship to ENs who undertook RN Conversion Programmes to support their clinical practicum. Additionally, a training subsidy programme has been launched to support nurses who have completed post-registration nursing-related programmes at tertiary institutions.

As for retaining allied health staff and promoting the professional development of relevant services, more training opportunities were offered with increased frequency and training places for Advanced Specialty Programmes, while the implementation of the time-limited measure of adding an additional pay point was continued in the year. Besides, starting from April 2024, Specialty Allied Health Professional Allowance had been granted to resident allied health professionals who have completed the New Recruit programme and recognised specialty training, and have contributed to the related allied health specialty service. In addition, training subsidies were offered to allied health staff who participated in recognised service-related post-graduate programmes in the year.

同時，我們致力提升各職系的職業前景，為員工提供更多發展機會。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，提升醫生事業前景。我們亦按計劃將副顧問醫生職位提升至顧問醫生，以增加醫生的晉升機會及挽留人才。截至2025年3月，約400個副顧問醫生職位已獲晉升至顧問醫生。

在鞏固護理團隊方面，醫管局推動系統性的繼任規劃，改善護士的晉升階梯。我們持續增設顧問護師及副顧問護師職位，並增加登記護士晉升為註冊護士，以及註冊護士晉升至資深護師的機會。為肯定和鼓勵護士的專業發展，醫管局繼續向合資格的註冊護士發放專科護士津貼；向參加註冊護士轉職課程的登記護士提供培訓資助，支援其臨床實習；並開展培訓資助計劃，向在大專院校完成與護理相關課程的護士提供資助。

為挽留專職醫療人才及推動相關服務的發展，醫管局繼續增加高階專科培訓課程的名額及次數，以及實施額外增加一個薪級點的時限性措施。由2024年4月起，完成新入職人員培訓課程和認可的專科訓練、並對相關專職醫療專科服務有貢獻的駐院專職醫療人員，可獲發專科專職醫療人員津貼。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。





To attract and retain supporting staff, we continued to implement the normalised progression exercise for Patient Care Assistant of inpatient services on 24-hour shift and Executive Assistant (Ward) to enhance career development opportunities of relevant staff groups. The training sponsorship programme for supporting staff to undergo EN (General) training has also been sustained in the year. This programme aims to enhance the career development pathways for supporting staff by offering them the training opportunity to attain EN (General) qualifications.

HA has always attached great importance to employees' training and development. Various kinds of training opportunities such as simulation training programmes, specialty nursing programmes, competence enhancement programmes were offered for doctors, nurses and allied health professionals in different specialties. A wide range of core clinical training series were also provided to pharmacists and dispensers. Furthermore, midwifery training programmes were provided to more than 80 trainees in the year to better address the demand for maternity services in public hospitals. Mandatory cardiotocography training was also offered to midwives and obstetricians to enhance their professional knowledge.

Besides, over 270 corporate scholarships for overseas training were provided to doctors, nurses, and allied health professionals to keep them abreast of the latest healthcare technology and to lead the development of clinical services in HA. Training opportunities were offered to Infection Disease and Infection Control healthcare professionals, enabling them to participate in attachment programmes, international conferences or short courses held in the Mainland and other regions. We also continued to organise the Executive Partnership Programme for related executives to enhance their capability on emergency response.

At HA, we prioritise the mental well-being of our staff. We actively promote a positive and caring culture through a variety of mental health activities, including mindful self-compassion retreats, relaxation / mindfulness sessions, and mental health talks. Our goal is to strengthen our staff's well-being, self-compassion and resilience through these initiatives.

在吸引和挽留支援職系人員方面，醫管局持續為提供 24 小時住院病人服務的病人服務助理及行政助理(病房)推行恆常化的晉升計劃，藉此提升相關員工的職業發展機會。另外，我們繼續推行「資助支援組別員工修讀登記護士(普通科)訓練課程計劃」，給予同事取得登記護士(普通科)資格的培訓機會，促進事業發展。

醫管局十分注重員工培訓和發展，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。為應付公立醫院分娩服務的需求，醫管局年內為逾 80 名實習護理人員提供助產士培訓；另為助產士及產科醫生提供強制性連續性心律紀錄法培訓，以加強他們的專業知識。

此外，醫管局為逾 270 名醫生、護士及專職醫療人員提供機構獎學金，支持員工到海外接受培訓，掌握最新的醫療科技，推動臨床服務的發展。我們亦為傳染病及感染控制的醫護人員提供培訓機會，支持他們參加在內地及其他地區舉行的實習、國際會議及短期課程；又繼續推行行政人員夥伴計劃，提升員工的緊急應變能力。

醫管局一向關顧員工的心理健康，積極推動正向及關愛文化。我們透過舉辦多元化的心理健康活動，如靜觀自我關懷退修日、放鬆 / 靜觀活動及心理健康講座等，提升員工的心理健康、自我關懷及應對逆境的能力。

Strategic goal: Enhance service supply

To meet the increasing demand brought by the ageing local population, HA is expanding its service capacity on all fronts. In 2024-25, the capacity of inpatient services was augmented by adding acute beds, ICU beds and high dependency unit beds in various hospitals. We have also provided more acute inpatient beds and acute surgery beds at PMH and KWH respectively, and added extended care beds at Shatin Hospital. Meanwhile, we provided additional SOPC new case attendances across clusters, and increased the attendances at the Nam Cheong Family Medicine Clinic as well as North District Community Health Centre to address the public's demand for primary healthcare services. To improve the standard of care for acute ischaemic stroke patients, the 24-hour intra-arterial mechanical thrombectomy service has been further extended to Kowloon Central Cluster, KEC and NTEC, achieving a territory-wide service coverage in the year.

We have also strived to enhance the testing capacity of HA laboratories by increasing polymerase chain reaction tests for respiratory viruses across clusters; and providing additional Multi-Drug Resistant Organisms screening at HKEC, with an aim to enhance both service capacity and infection control service. The provision of NT-proBNP service has been implemented in all clusters in phases, providing preliminary diagnostic service for patients with clinical symptoms of heart failure, facilitating timely diagnosis and treatment.

For pharmacy services, drug refill services for selected high-risk elderly patients were provided in SOPCs at Hong Kong Buddhist Hospital and Kowloon Hospital, enhancing medication safety while reducing risks of excessive drug storage by patients. We expanded coverage of drugs in the HA Drug Formulary for the management of respiratory diseases by repositioning one self-financed drug as Special Drugs, and extending the therapeutic application of ten Special Drugs for treating renal, musculoskeletal and joint, cardiovascular, respiratory diseases, diabetes mellitus, and cancer. Another drug class for treating cancer was repositioned as Special Drugs, with therapeutic application extended. In addition, the Antidote Coordination Centre and Drug of Abuse Early Warning Centre have been established under the Hong Kong Poison Control Centre. The Antidote Coordination Centre is responsible for central stockpiling and coordinating the application of antidotes, as well as enhancing collaborations with neighbouring areas. Meanwhile, the Drug of Abuse Early Warning Centre aims to strengthen surveillance on the emergence of novel drugs of abuse or new psychoactive substances to safeguard public health and safety.

策略目標：增加服務供應

香港人口持續老化，醫管局正採取一系列措施擴大服務量，以滿足日益增長的需求。2024-25 年度，我們在多間醫院增設急症病床、深切治療部及加護病床，在瑪嘉烈醫院及廣華醫院分別增設急症住院病床及急症外科病床，並在沙田醫院增設延續護理病床，以提高住院服務量。我們又於各聯網增加了專科門診新症診症名額，並於南昌家庭醫學診所及北區社區健康中心增加就診人次，回應市民對基層醫療服務的需求。此外，為提升急性缺血性中風病人的護理水平，我們將 24 小時動脈取栓術服務進一步擴展至九龍中、九龍東及新界東聯網，服務現時已覆蓋全港。

我們亦致力提升醫管局化驗室檢測能力，在各聯網增加呼吸道病毒聚合酶鏈式反應測試；並在港島東聯網增加多重耐藥性細菌檢測，加強實驗室服務量及感染控制服務。年內醫管局將「N 末端 B 型利納肽前體」檢測服務逐步擴展至所有聯網，為有心臟衰竭臨床症狀的病人提供初步診斷服務，有助及時診斷和治療。

藥劑服務方面，我們於香港佛教醫院及九龍醫院的專科門診，為高風險年長病人提供覆配藥物服務，減低病人過量存放藥物的風險，提高用藥安全。我們亦進一步擴大《醫管局藥物名冊》，將一種用於治療呼吸系統疾病的自費藥物改列為專用藥物，並擴大十種用於治療腎臟、肌肉骨骼及關節、心血管、呼吸系統的疾病，以及糖尿病和癌症專用藥物的治療範圍。此外，另一類用於治療癌症的藥物類別則改列為專用藥物，並擴大其治療用途。我們在香港中毒控制中心下設立解毒劑協調中心，負責中央儲存及協調運用解毒劑，促進與鄰近地區的合作；同時設立毒品早期預警中心，加強監察濫用藥物或新興毒品的情況，維護公眾衛生和安全。

HA has implemented various measures to improve cancer services. Apart from enhancing chemotherapy services, we also provided additional SOPC new case attendances and allied health outpatient attendances at the KEC oncology centre; as well as additional operations for colorectal cancer and liver cancer at PYNEH and Queen Mary Hospital (QMH) respectively. Moreover, additional plasma Epidermal Growth Factor Receptor tests for newly diagnosed lung cancer patients with metastasis or recurrent cases were provided at all clusters. Meanwhile, to enhance cancer treatments using radiotherapy to meet service demand, linear accelerators at PYNEH and PWH were installed and commenced operation in the year, while preparation work for installing a linear accelerator in Tuen Mun Hospital was in progress.

As for ophthalmological services, we have provided additional allied health outpatient attendances and set up a multi-disciplinary integrated clinic for providing additional pre-assessment attendances at Hong Kong Eye Hospital. We have also provided additional intravitreal injections in HKEC and NTEC to increase ophthalmology service capacity.

In support of the Government's policy direction in the development of Chinese medicine, HA has progressively expanded the Integrated Chinese-Western Medicine (ICWM) services to 26 public hospitals, with the number of hospital sites increased to 65, covering three designated disease areas, namely stroke care, musculoskeletal pain management and cancer palliative care. Two new pilot programmes in respiratory care and knee osteoarthritis care were commenced in the year, while the cancer care pilot programme was further extended, benefiting more patients.

此外，醫管局實施了多項措施提升癌症服務。除加強化療服務外，我們於九龍東聯網腫瘤中心增加專科門診新症及專職醫療門診就診人次；於東區醫院及瑪麗醫院分別增加腸癌及肝癌手術服務；並於各聯網為有轉移的肺癌新症或復發病人額外提供表皮生長因子受體檢測。同時，我們在東區醫院及威爾斯親王醫院安裝直線加速器並已展開臨床運作，而屯門醫院亦為安裝直線加速器作準備工作，加強放射治療以應付癌症治療的需求。

至於眼科服務，我們於香港眼科醫院提供額外專職醫療就診人次，並設立跨專科綜合服務診所以增加手術前評估人次；另於港島東聯網及新界東聯網增加玻璃體內注射服務，以提升眼科服務量。

配合政府推動中醫藥發展的方向，醫管局積極拓展中西醫協作服務至 26 間公立醫院。截至 2025 年 3 月，指定服務點已增至 65 個，涵蓋三個指定病種，包括中風治療、肌肉及骨骼痛症治療，以及癌症緩和治療；年內亦推行了「呼吸科治療」和「膝骨關節炎治療」兩項新先導項目，而癌症治療先導項目亦獲擴展，藉此惠及更多病人。



The Government continued its staunch support to sustain the development of public healthcare. Since 2018-19, subvention to HA has been increased under the triennium funding arrangement having regard to population growth and demographic changes. With the second triennium funding cycle ended in 2023-24, the Government supported the third triennium funding arrangement for HA. For the year of 2024-25, HA's total income was \$101.2 billion, representing an increase of 2.8% from \$98.4 billion in 2023-24. Similar to past years' practice, HA continued to exercise prudent financial measures to ensure the proper and effective use of resources. Through the annual planning exercise, 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 2024-25 was \$100.7 billion, representing an increase of 3.4% when compared to \$97.4 billion in 2023-24. After setting aside some of the year's funding for meeting HA's future needs as agreed with the Government, HA recorded an overall underspending of \$0.5 billion for 2024-25. With this underspending, the Revenue Reserve increased to \$9.9 billion as at 31 March 2025. Such reserve will serve as an important safeguard to help maintain financial stability of HA in the event of unexpected contingency.

To enhance the sustainability of the public healthcare system, HA finalised the public healthcare fees and charges reform review during 2024-25, aiming to strengthen healthcare protection, rationalise public hospital service subsidies and reduce wastage and misuse. The new fees will take effect on 1 January 2026.

To ensure long term financial viability, HA will continue to critically review the cost effectiveness of its services, and consider ways to optimise resources use. HA will also 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 the ever-increasing service demands arising from the growing and ageing population in a sustainable manner.

政府繼續堅定支持公營醫療持續發展，自 2018-19 年度起透過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。隨著第二個三年撥款周期於 2023-24 年度完結，政府已落實支持第三個三年期的撥款安排。在 2024-25 年度，醫管局的總收入為 1,012 億元，較 2023-24 年度 (984 億元) 上升 2.8%。一如以往，醫管局繼續審慎理財確保資源用得其所及符合成本效益。透過周年工作規劃，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 2024-25 年度的總營運開支達 1,007 億元，較 2023-24 年度 (974 億元) 上升 3.4%。在政府同意預留年內部分撥款以應對醫管局未來需要的安排後，醫管局在 2024-25 年度錄得五億元總餘款。截至 2025 年 3 月 31 日，儲備總額增至 99 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。

為提升公營醫療體系的可持續性，醫管局已於 2024-25 年度完成公營醫療收費改革檢討，旨在加強醫療保障、理順公立醫院的服務資助及減少浪費濫用。新收費將由 2026 年 1 月 1 日起生效。

為確保財政的可持續性，醫管局將繼續審視其服務的成本效益，並研究如何優化資源運用。醫管局亦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因人口增長和高齡化而不斷增加的服務需求。

Forging national and global connectivity

In line with the Government's direction, HA has actively expanded its network across the nation and around the world, with a view to shaping Hong Kong into an important global healthcare hub. Collaborative endeavours with global healthcare institutions enable HA to import advanced knowledge to enhance the quality of public healthcare in Hong Kong, while sharing our achievements worldwide, stepping up Hong Kong's contribution to global healthcare advancement. As of March 2025, HA has established strategic partnership with 15 Mainland and overseas partners with collaboration agreements signed. The collaborative framework covers exchange activities in various forms which include visits, meetings, exchange activities such as clinical attachments and trainings, focusing on a series of healthcare issues including manpower and expertise exchanges, service development, Chinese medicine service development, and clinical research and innovation.

Sealing ties with the Mainland

In 2024-25, exchange activities and visits involving partners in the GBA and other Mainland cities were organised with proactive efforts, so as to learn the latest developments of healthcare institutions and technology in the Mainland, promoting mutual medical co-operation and exchanges. These included visits and meetings with the Beijing Municipal Health Commission, the Health Commission of Guangdong Province, Zhongshan Hospital Affiliated to Fudan University and more. We also hosted multiple visits by prestigious institutes in the Mainland, which included the delegation from the First Affiliated Hospital of Sun Yat-sen University, and held a high-level exchange meeting with the representatives from Peking Union Medical College Hospital.

聯通內地與全球夥伴

配合政府的發展方向，醫管局積極拓展在內地及國際間的網絡，促進香港成為重要的環球醫療樞紐。我們與全球醫療健康機構建立合作關係，一方面引進先進的知識，以提升本地公共醫療服務的質量；同時輸出卓越的成果，深化香港對全球醫療發展的貢獻。截止 2025 年 3 月，醫管局已與 15 個內地及海外夥伴建立策略合作關係並簽訂合作協議，合作範疇涵蓋不同形式的訪問、會面、交流活動如臨床實習和培訓，並就一系列醫療相關的議題展開協作，包括人才及專業知識交流、服務發展、中醫服務發展，以及臨床研究及創新。

深化內地協作

在 2024-25 年度，醫管局積極與大灣區及其他內地城市的夥伴進行交流及訪問活動，以了解內地醫療機構及醫療技術最新發展，促進彼此的合作和交流。其中醫管局代表團先後拜會了北京市衛生健康委員會、廣東省衛生健康委員會、復旦大學附屬中山醫院等。我們亦接待了內地多個主要機構到訪，包括中山大學附屬第一醫院代表團，以及與北京協和醫院代表團舉行高層次交流會議。





The Mainland Healthcare Talents Visiting Programmes have received positive responses since its launch in 2022. Close to 80 doctors and a total of about 170 nurses from the Mainland have come to HA on exchange, covering GBA cities as well as other major cities such as Shanghai and Beijing. Meanwhile, doctors, nurses, radiographers and medical physicists have also been arranged by HA to conduct bilateral on-site clinical training and knowledge exchanges in Mainland institutions. Building on the success of these exchanges, HA has successfully developed a bilateral exchange programme for Chinese medicine between Hong Kong and GBA. In 2024, the Chinese Medicine Enhanced Inpatient Training Programme with GBA was launched, providing local Chinese medicine practitioners with opportunities to receive advanced inpatient clinical training in GBA Chinese medicine hospitals, promoting the development of the ICWM services.

The deep collaboration with our counterparts in the Mainland has propelled the continuous improvement of healthcare services. During the year, the PYNEH and PWH have been successfully accredited under China's International Hospital Accreditation Standards (2021 Version), while the first chest pain centre in Hong Kong was set up in accordance with the national accreditation standards and commenced operation in QMH. These signify that the service standards of Hong Kong public hospitals have reached international levels and are aligned with the national healthcare service system. In March 2025, HA and the Shenzhen Hospital Accreditation Research Center signed the "Memorandum of Understanding on Cooperation of Promoting International Accreditation for Hong Kong Public Hospitals in 2025", establishing a strong partnership to promote continuous improvement across the hospitals in the GBA.

內地醫療人才交流計劃自 2022 年推出以來取得良好進展，已有近 80 位來自內地的醫生和共約 170 名護士到醫管局交流，夥伴遍及大灣區及其他內地城市如北京、上海等。醫管局亦派出醫生、護士、放射師及醫學物理學家到內地醫療機構，進行雙向實地臨床培訓和知識交流。在這個良好基礎下，醫管局成功構建香港與大灣區的中醫雙向交流計劃，於 2024 年開展「大灣區進階中醫住院臨床培訓計劃」，安排本地中醫師於大灣區中醫醫院接受高階住院臨床培訓，推動中西醫協作服務發展。

醫管局與內地同業的緊密協作，有助推動醫療服務持續進步。年內，東區醫院及威爾斯親王醫院成功取得《國際醫院評審認證標準(中國)》(2021 版)的認證，而位於瑪麗醫院的全港首間胸痛中心亦通過國家胸痛中心的評審並投入服務，標誌著香港公立醫院服務達到國際標準，並能夠與國家標準制度接軌。2025 年 3 月，醫管局與深圳市衛健醫院評審評價研究中心簽署《推進 2025 年度香港公立醫院國際認證合作備忘錄》，建立了穩固的合作夥伴關係，以推動大灣區各醫院醫療質素的持續改進。

International connectivity

Meanwhile, HA has all along maintained close partnerships with healthcare authorities around the world. We have had regular and close communication with Consulate-Generals of various countries in Hong Kong, including France, Indonesia, the Philippines and Finland, etc. Among which, the positive experience of exchanges with representatives from the Consulate-General of France in Hong Kong and Macao and French counterparts, have led to the signing of a declaration of intent between HA and the National Conference of University Hospital General Managers of France in May 2025. This initiative aims to strengthen collaborations and exchanges between the two parties in various areas of hospital management and development.

Additionally, HA visited Singapore in January 2025, where meeting and exchanges with MOH Holdings Pte Ltd (MOHH) and several public healthcare institutions were conducted. The trip laid the groundwork for renewing the Memorandum of Understanding with MOHH in April 2025, further deepening the cooperation between both parties.

HA also spared no efforts to recruit healthcare talents globally. During the year, HA delegation participated in recruitment activities in London and Manchester, the United Kingdom, to promote the working and training pathways in Hong Kong to non-locally trained doctors. Meanwhile, meetings and visits have been conducted with the Consulate-General of Indonesia in Hong Kong, while holding recruitment activity in Malaysia and attending the 35th International Nursing Research Conference held in Singapore to learn about the latest developments of nursing profession, and introduce to local nursing professionals the latest working opportunities in Hong Kong.



建立全球聯繫

與此同時，醫管局一直與世界各地的醫療機構建立緊密的夥伴關係。我們與多國駐香港總領事館包括法國、印尼、菲律賓及芬蘭等，保持定期及緊密溝通。其中，醫管局與法國駐港澳總領事館及法國醫療機構代表的良好交流，促成醫管局與法國全國大學醫院總經理大會於2025年5月簽署合作意向聲明，加強雙方在有關醫院管理和發展等多個領域的合作交流。

此外，醫管局亦於2025年1月訪問新加坡，與新加坡衛生部控股(MOHH)及多間公營醫療機構進行交流會面，其後於4月與MOHH續簽合作備忘錄，進一步深化合作關係。

醫管局亦放眼世界，招攬全球醫療人才。年內，醫管局代表團赴英國倫敦及曼徹斯特參與招聘活動，向非本地培訓醫生推廣來港工作及培訓的途徑。我們又與印尼駐港總領事館代表會面及訪問、赴馬來西亞舉辦推廣活動，並參加在新加坡舉行的「第35屆國際護理研究會議」，以了解護理專業最新發展，並向當地護理人員介紹非本地培訓護士來港工作的全新途徑。

Hong Kong East Cluster (HKEC)

港島東醫院聯網（港島東聯網）

HKEC has always prioritised service quality and patient safety. A landmark achievement was made in this year, with PYNEH being accredited under the China's International Hospital Accreditation Standards (2021 Version) and becoming the first hospital in Hong Kong to obtain such accreditation. This demonstrates that the hospital's management systems, service levels and healthcare quality meet international standards while aligning with national systems.

HKEC has continuously adopted a multi-pronged approach to address the rising service demand. The measures included augmenting capacity of pharmacist clinics, allied health services and intravitreal injections, as well as adding operating theatre sessions at PYNEH to support desperate emergencies, endovascular intervention and intra-arterial mechanical thrombectomy for acute stroke management. To boost acute and critical care capacity, acute neurosurgery beds catered for ventilator-assisted care patients were introduced, while Intensive Care Unit care at PYNEH was also strengthened. With regard to cancer care, PYNEH expanded its colorectal cancer surgical services and introduced an additional Linear Accelerator to improve the precision of radiotherapy. HKEC also fostered patients' emotional well-being and social interaction by promoting group activities for patients at adult psychiatric and psychogeriatric day hospitals, and establishing the Sensorium Garden, a multisensory therapeutic garden at PYNEH.

Meanwhile, HKEC is committed to strengthening inter-hospital coordination and cross-disciplinary collaboration. PYNEH and Ruttonjee Hospital (RH) established Hospital Command Centres to streamline patient admission and discharge processes, and improve resource management, leading to efficient use of hospital beds. At RH, a newly established Pharmacist Diabetes Mellitus Clinic enhanced medication safety through close collaboration among multi-disciplinary teams. For chronic disease management, HKEC set up a designated medical clinic to actively support the Chronic Disease Co-Care Pilot Scheme by providing one-off specialist consultations.

The PYNEH team continued to apply new technologies to create 3D-printed anatomical models with tactile reality to facilitate healthcare professionals' training and surgical rehearsals, ultimately enhancing patient safety. The PYNEH Robotic Surgery Team has received the 2024 HA Outstanding Team Award for its innovative use of an advanced robotic surgery system to overcome the limitations of traditional minimally invasive surgery. The 30th anniversary of the Accident & Emergency (A&E) Training Centre at Tang Shiu Kin Hospital marked another major milestone in HKEC for simulation training. Its training target has expanded from A&E staff to cover various specialties, government departments and community partners, leveraging its extensive experience to better respond to community needs.



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

港島東聯網一向重視服務質素與病人安全，年內迎來重大里程碑 — 東區醫院成為全港首間通過《國際醫院評審認證標準(中國)》(2021版)評審的公立醫院，彰顯其管理制度、服務水平及醫療質素達到國際水平，並與國家體系接軌。

聯網繼續多管齊下應對持續上升的醫療需求，包括增加藥劑師診所、專職醫療及眼科玻璃體注射的服務量；東區醫院增加手術室服務節數，以加強緊急手術服務、血管內介入治療以及急性中風的動脈取栓治療。為提升急症及重症監護能力，東區醫院為需呼吸機輔助治療的病人設立神經外科急症病床，並加強深切治療服務。癌症服務方面，東區醫院增加腸癌手術服務，並增設一台直線加速器，以提升放射治療的精準度。聯網亦加強精神科及老齡精神科日間醫院病人的小組活動，並在東區醫院設立融合多種感官元素的療癒花園「賞心庭園」，促進病人情緒健康及社交互動。

聯網致力提高醫院間的協調及跨專科協作，東區醫院及律敦治醫院成立醫院指揮中心，完善病人出入院流程和資源管理，提升病床使用效率。律敦治醫院新設由藥劑師主導的糖尿病診所，透過跨專科團隊緊密協作，促進藥物安全。在慢性疾病管理方面，聯網設立指定內科專科門診，積極支援「慢性疾病共同治理先導計劃」提供一次性的專科諮詢。

東區醫院研發團隊持續運用嶄新技術製作3D打印人體觸感模型，輔助醫護培訓及手術預演，以加強病人安全。此外，東區醫院機械人手術團隊運用先進的機械人手術系統，突破傳統微創手術限制，榮獲2024年度醫管局傑出團隊獎。位於鄧肇堅醫院的急症科訓練中心成立30周年，標誌著聯網在模擬訓練領域的另一重要里程碑。中心的訓練對象由急症室醫護人員，擴展至涵蓋不同專科、政府部門以至社區夥伴，善用經驗回應社區需要。



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

HKWC has launched a series of services, in line with HA's direction to provide patient-centric care. At QMH, a wide range of initiatives were introduced, spanning across specialist outpatient service, inpatient service, dedicated geriatric care, patient meal service and nutritional support, etc. to enhance patients' experience in a holistic manner. On specialist outpatient service, renovation project was carried out in 3/F of QMH Hospital Specialist Clinic to modernise the clinic environment. Smart elements were integrated into the patients' toilets on each floor, such as installation of occupancy sensors, indoor air quality sensors, AI life sense alert system, etc. For inpatient nursing care, pre-admission checklists for patients were prepared to facilitate their preparation prior to admission. Moreover, better designed operating theatre gown and obstetric patient dress, forced-air warming blanket, and special amenity kit for those without family support or admitted unexpectedly were offered. In addition, QMH has improved the hospital's catering services by providing modified meal with attractive food tray for paediatric patients, increasing food varieties, modifying the soft meals for patients in need, alongside the provision of oral nutritional supplement, soup, dessert and nourishing drinks.

Hong Kong's first Chest Pain Centre at QMH commenced operation in November 2024, featuring a Green Channel for expedited investigations and treatments. It has successfully achieved national accreditation standards in May 2025, which validates QMH's expertise in acute cardiac care, emphasising a patient-centred approach that continuously enhances healthcare quality through multi-disciplinary collaboration, streamlined processes and innovative technology. The Centre aims to optimise diagnostic and treatment processes for cardiovascular patients to improve treatment outcomes and survival rates. QMH's experience will serve as a valuable reference for developing similar services across other hospital clusters.

In accordance with the 2022 Policy Address, QMH has been preparing to set up a stroke centre, which aims to provide integrated services for stroke patients requiring multi-disciplinary professional support, streamline treatment flow and improve diagnostic and treatment processes. The QMH Stroke Centre also features a Green Channel in the Accident & Emergency Department to facilitate rapid diagnosis and multi-disciplinary collaboration, thereby seizing the critical time for patient treatment. QMH experts visited various stroke centres in the Mainland to learn from their experiences in managing stroke patients, while Mainland experts were invited to Hong Kong to exchange insights in preparation for developing operational procedures. QMH will strive to achieve national accreditation for the Stroke Centre by 2025.

The phase 1 redevelopment of QMH was in good progress, with the Clinical Block 1 substantially completed in December 2024. Subsequent to the service commissioning from the fourth quarter of 2025 onwards, a new chapter of modernised and advanced facilities as well as patient-oriented services would be on provision.



TYH - Tsan Yuk Hospital 賽育醫院
MMRC - MacLehose Medical Rehabilitation Centre 麥理浩復康院
FYKH - Tung Wah Group of Hospitals Fung Yiu King Hospital 東華三院鴻鳴啟醫院
QMH - Queen Mary Hospital 瑪麗醫院
DKCH - The Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院

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

港島西聯網配合醫管局的政策方向，推行一系列以病人為中心的服務。瑪麗醫院實施了多項措施，涵蓋專科門診服務、住院服務、老年護理服務、病人膳食及營養等，全方位提升病人的就診體驗。在專科門診服務方面，瑪麗醫院專科門診大樓三樓進行了翻新工程，以改善門診環境，並在每層的病人洗手間引入智能元素，例如安裝佔用感應器、室內空氣質素感應器及人工智能緊急意外警報系統等。在住院護理方面，醫院為病人準備了住院護理方面的檢查表，以協助他們在入院前做好準備；改進並重新設計手術服和產婦服，提供加熱毯，和為沒有家庭支援或意外入院的患者準備特別待客包等，致力提升病人的住院體驗。瑪麗醫院亦改進了院內膳食，例如為兒童患者修改餐點，提供更吸引的餐盤，增加食物種類，改善有需要病人的軟餐，及提供口服營養補充劑、湯水及甜點和滋養飲品。

香港首家位於瑪麗醫院的胸痛中心已於2024年11月開始運作，設立綠色通道，以加快診斷及治療流程。胸痛中心已於2025年5月成功獲得國家認證，印證了瑪麗醫院在急性心臟護理方面的專業水平，堅守以病人為本的方針，透過跨專科協作、理順治療流程及引進創新科技，不斷提升醫療服務質素。中心旨在優化心血管患者的診斷和治療流程，以提高治療效果和存活率。瑪麗醫院的經驗將成為其他聯網開展相關服務的寶貴參考。

另一方面，瑪麗醫院亦配合2022年《施政報告》的工作計劃，籌備成立中風中心，為需要跨專科支援的中風患者提供綜合服務，並優化治療流程，提高診斷和治療成效。瑪麗醫院中風中心在急症室亦設有綠色通道，以促進快速診斷和跨學科合作，幫助把握病人治療的關鍵時間。團隊到訪內地各個中風中心，汲取管理中風病人的經驗，同時亦邀請內地專家到香港，就制定運作程序進行交流。瑪麗醫院將致力在2025年內為中風中心取得國家認證。

瑪麗醫院第一期重建計劃順利推展，臨床大樓1已於2024年12月大致完工，預計於2025年第四季開始投入服務，將提供現代化和先進的設施，以及以病人為中心的服務。



TSWH - Tin Shui Wai Hospital 天水圍醫院
TMH - Tuen Mun Hospital 屯門醫院

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

NTWC serves a population of approximately 1.2 million. To address the challenges of growing and ageing population, NTWC is committed to expanding service provision. Acute beds were provided at TMH in 2024-25, while the TMH Operating Theatre Extension Block provided additional operating theatre sessions for patients.

NTWC is dedicated to developing TMH Neuroscience Centre. TMH has officially commenced Hong Kong's first Intraoperative Magnetic Resonance Imaging service. The Magnetic Resonance Imaging (MRI) scanning room is adjacent to the operating theatre, allowing patients to be transferred to the scanning room for imaging examinations during surgery, thereby enhancing surgical outcomes. Also located at TMH Neuroscience Centre, the Hong Kong first-ever Magnetic Resonance guided Focused Ultrasound treatment system was used to provide non-invasive treatment to patients with essential tremor. The system uses real-time MRI to monitor patient's temperature in the brain and ensures the ultrasound beams are precisely focused on the target tremor-causing brain regions.

NTWC has continued to introduce innovative technology to develop smart hospitals with the aim of enhancing patient experience and clinical standard. The inpatient wards in TSWH piloted "Clinical Internet of Medical Things and Mobile Integration enabling Safe and Efficient Patient-monitoring in Smart-ward" to connect ventilators, infusion pumps and other monitoring instruments in wards. The Internet of Things technology alerts ward staff to abnormal conditions such as dyspnea or loose tubes and enables timely assistance or treatment. Moreover, automated AI model has been piloted at POH to detect possible deterioration of inpatients. The system automatically analyses clinical data and alerts healthcare teams on deterioration risks. The cluster also launched the "i-Enquire" self-service enquiry system which allows patients or their relatives to instantly access information about patients' consultation process and location.

Apart from providing comprehensive psychiatric treatments to patients, CPH has also actively promoted mental health education to the community. CPH organised "Mental Health Day" in 2024, gathering medical, social and educational sectors to support mental health of adolescents, and distributed educational kits to over 500 secondary schools across Hong Kong. The kit was developed by CPH, based on cognitive behavioural therapy and dialectical behaviour therapy theories to help students learn to manage their emotions.

NTWC has been taking forward the remaining alteration and expansion works of the Operating Theatre Block extension project for TMH, including the second phase of Accident and Emergency Department extension where urgent patients will be treated, so as to continue to provide quality patient care to the residents in the district.



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

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

As the largest cluster of HA in terms of geographic coverage, NTEC has strived to deliver quality patient-centric services to over 1.3 million populations, which account for around 18% of the overall Hong Kong population. Persistent rising service demand derived from the growing and ageing population has posed pressure on both our inpatient and outpatient services. In face of the various challenges, unremitted efforts have been made by NTEC to strengthen its service capacity and efficiency by introducing new service models and ambulatory care.

In 2024-25, NTEC provided additional acute inpatient beds and convalescent and rehabilitation inpatient beds to address the inpatient service demand. Besides, psychiatric rehabilitation beds were upgraded to admission beds to enhance service capacity and elevate the quality of care for psychiatric patients. To increase the healthcare capacity and improve patient accessibility, on-site haematology consultation sessions were provided at AHNH and NDH. 24-hour intra-arterial mechanical thrombectomy service for acute ischaemic stroke patients was also provided to enhance service for stroke patients. Furthermore, the cluster augmented laboratory services for identifying patients with potential heart failure, provided plasma Epstein-Barr virus DNA tests, as well as additional tests for respiratory viruses and lung cancer patients. Additional specialist outpatient clinic (SOPC) new case attendances for internal medicine services at PWH and AHNH, as well as Ear, Nose & Throat and Ophthalmology and Visual Sciences at NTEC were also provided. Apart from reprogramming the general outpatient clinics and mobile medical services in the North District Community Health Centre, two family medicine specialist clinics have been implemented to alleviate the demand for medical SOPC services at NTEC.

On providing smart care, PWH provided ovarian tissue cryopreservation service for young female cancer patients aged below 18, and offered additional in-vitro fertilisation services. In addition, NTEC enhanced inflammatory bowel disease care services with additional nurse clinic attendances in SOPC.

Our dedicated staff are always our most valuable assets. The cluster has continued to nurture and retain talents by strengthening staff career structure and prospects. In line with the corporate strategy, NTEC has implemented smart hospital initiatives and continued to support local IT operation in NTEC hospitals.

NTEC has continued to coordinate various capital projects including the PWH redevelopment project, and NDH expansion project. Smart hospital elements would be integrated into the new designs of these projects to enhance patients' experience.

作為醫管局覆蓋面積最大的聯網，新界東聯網致力為超過130萬人口提供以病人為本的優質服務，佔全港總人口約18%。人口增長和老化令醫療需求持續增加，對聯網的住院和門診服務構成壓力。面對重重挑戰，聯網透過引入新的服務模式和推行日間服務，以提高服務容量及效率。

在2024-25年度，新界東聯網增設急症住院病床和康復住院病床，以解決住院服務需求。此外，聯網將精神康復病床提升為收症病床，以增加服務量和提高精神病患者的護理質素。為提升服務量及便利病人，聯網於雅麗氏何妙齡那打素醫院和北區醫院提供駐院血液科會診診斷數；並為急症缺血性中風病人提供24小時動栓取栓服務，加強對中風病人的服務。聯網亦加強檢測服務，以篩查有心臟衰竭風險的病人；又提供鼻咽癌病毒基因血液檢測、增加呼吸道病毒和肺癌病人的檢測。同時，威爾斯親王醫院和雅麗氏何妙齡那打素醫院的內科，以及聯網的耳鼻喉科、眼科及視覺科的專科門診新症人次亦有所增加。聯網除了重置北區社區健康中心的普通科門診和流動醫療服務外，還提供兩個家庭醫學專科診所，以紓緩新界東聯網內科專科門診的服務需求。

在提供智慧醫療方面，威爾斯親王醫院開展卵巢組織冷凍保存服務，為18歲以下年輕的女性癌症病人提供服務，同時增加人工受孕治療服務。此外，聯網於專科門診增加護士診所服務人次，以加強發炎性腸道疾病的護理服務。

盡責敬業的員工一直是聯網寶貴的資產，我們繼續加強晉升架構和前景以培養和挽留人才。為配合醫管局機構策略，聯網繼續實施智慧醫院計劃及支持轄下醫院的資訊科技服務。

新界東聯網繼續協調各個基建工程，包括威爾斯親王醫院重建項目和北區醫院擴建項目，並將智慧醫院元素融入這些項目的新設計中，以提升病人的就診體驗。



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

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

In view of the ageing population and chronic disease prevalence in the district, KWC remains unwavering in its commitment to delivering high-quality, patient-centred care and medical services through continuously promoting multi-disciplinary collaborations, expanding ambulatory services, and optimising service integration through our cluster-based approach, with the aim of increasing service and bed capacity.

In 2024-25, to enhance the capacity of the cluster's inpatient services, additional acute inpatient beds and acute day beds were provided at PMH, while high dependency unit beds and intensive care unit bed were added at YCH and CMC respectively. The scope of Integrated Chinese-Western Medicine services has been expanded at YCH with the new "Knee Osteoarthritis Care Pilot Programme" commenced in July 2024, providing suitable patients with pain relief and treatment options. The Ventilator Team Services Centre of PMH Medicine and Geriatrics Department has been put into service after renovation, providing consultation service and training of using sleep testing equipment for suspected sleep apnea patients. In addition, ongoing efforts have been devoted to promote telehealth of which patients with chronic diseases resided in the Island District were arranged to receive telehealth consultations and collect medications via the medication delivery service, bringing patients more convenience.

In line with the trend of medical-social collaboration, KWC launched the "CONNECT Hospital-to-Community Cancer Survivor Programme" in partnership with the Hong Kong Medical Association to strengthen cancer survivorship care for oncology patients. Additionally, the medical-community support centre "Genesis Hub" at PMH commenced operation in May 2024, providing patients and carers with a variety of health management resources, facilities and support services. To promote public awareness on physical and mental well-being, KCH has organised a series of activities, including sound bathing, a concert by the inclusive band "Music Buddies", the Recovery Chapter seminar and more. Besides, in celebration of the 60th anniversary of CMC, a series of activities were organised to bring together staff members and community partners to commemorate this remarkable milestone.

With the service commencement of the Hospital Authority Supporting Services Centre in the first quarter of 2025, the public hospitals' patient support services and capability to handle emergencies have been significantly enhanced. Meanwhile, several major capital projects of KWC are underway, including the expansion of the Lai King Building at PMH, and the redevelopment of KCH. Automation, smart solutions and patient-centric design would be integrated into the design of these capital projects to align with the HA's corporate direction of building smart hospitals with higher service efficiency.



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 East Cluster (KEC) 九龍東醫院聯網（九龍東聯網）

Faced with an ageing population and rising service demand in the community, KEC remains steadfastly committed to enhancing smart and patient-centred care. This commitment is strategically guided by the "C.A.R.E." (Cancer, Ambulatory, Rehabilitation, and Emergency) roadmap. Key service enhancements exemplified this approach, which included bolstering capacity of oncology specialist outpatient clinics; expanding access to home automated peritoneal dialysis and home hemodialysis for patients with advanced kidney diseases; and strengthening community outreach services to ensure timely assessment and intervention for psychological problems of community members. Furthermore, to improve recovery for patients with chronic lung diseases, KEC piloted an Integrated Chinese-Western Medicine programme in the respiratory wards of HHH starting April 2024. Building upon the legacy of "Hospital Without Walls", KEC continued to empower patients and strengthen their self-care and management skills through collaborations with community partners.

In pursuit of the smart hospital vision, KEC continued to make progress with wide adoption of technology for optimising workflow, boosting efficiency as well as ensuring patient safety. Being one of the three public hospitals designated by the HA for smart hospital development, TKOH focuses on integrating technological advances into clinical setting and to achieve administrative enhancement. With the aid of the Government's Innovation and Technology Fund, TKOH has piloted cross-building robotic transportation of theatre sterile supplies, of which the autonomous navigation has been made possible through the concerted efforts by different departments. TKOH's achievements in promoting smart healthcare have attracted exchange visits from the Mainland and overseas healthcare institutions, resulting in fruitful discussions and exchanges of insights and experience regarding digital solutions.

KEC's major capital projects are in full swing, including the expansion of UCH and the construction of the new Tseung Kwan O South Family Medicine Clinic. These projects will not only uplift the overall service capacity of KEC, but also drive forward smart care centering on patient needs with enhanced service efficiency and quality.

Besides, to ensure its management and services attaining international standards, UCH has embarked on the hospital accreditation programme with the formal assessment scheduled in October 2025. The robust and collective efforts from all staff in preparing the hospital accreditation has underscored KEC's dedication to ensure high-quality care, patient safety and continuous improvement.



HKBH - Hong Kong Buddhist Hospital 香港佛教醫院
HKCH - Hong Kong Children's Hospital 香港兒童醫院
HKEH - Hong Kong Eye Hospital 香港眼科醫院
BTS - Hong Kong Red Cross Blood Transfusion Service 香港紅十字會輸血服務中心
KH - Kowloon Hospital 九龍醫院

HHH - Haven of Hope Hospital 素實醫院
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)

QEH - Queen Elizabeth Hospital 伊利沙伯醫院
WTSW - Tung Wah Group of Hospitals Wong Tai Sin Hospital 東華三院黃大仙醫院

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

KCC is facing the challenges posed by a rapid growth in service demand associated with the ageing population. To address the issue, the cluster has made every endeavour to enhance its service capacity and quality to alleviate overcrowding in wards during service surge periods and meet cross-cluster demand for specialist outpatient (SOP) services.

With the opening of the phase 1 Building of the Kwong Wah Hospital redevelopment project, KWH enhanced its ambulatory service by increasing day bed provision, adding new operating theatre sessions, and providing extra endoscopy services. To bolster inpatient service capacity, a discharge support team was established at KWH to facilitate early discharge planning for long-stay patients, thereby expediting hospital bed turnover. For acute services, the cluster provided the 24-hour intra-arterial mechanical thrombectomy service for acute ischaemic stroke patients, leading to better treatment outcome and recovery rate.

Adhering to the commitment to providing patient-centred services, KCC continued to strengthen the services of SOP, pharmacist clinics and allied health clinics, as well as enhancing collaborations with Family Medicine Specialist Clinics, so as to offer additional consultation quotas, resulting in shorter waiting time. Furthermore, a multi-disciplinary integrated ophthalmology clinic was set up at HKEH to improve pre-assessment service. The cluster's community services have also been enhanced through the expanded geriatric outreach to Residential Care Homes for the Elderly and the establishment of a designated medical clinic at QEH to provide one-off specialist consultations for patients referred through the Chronic Disease Co-Care Pilot Scheme.

As a tertiary referral centre, HKCH continues to specialise in complex, serious, and uncommon paediatric disorders requiring multi-disciplinary management. To strengthen diagnosis and treatment for patients with uncommon disorders, a diseases-related nursing team was established at HKCH and information of 11 uncommon disorders was added to the database. Furthermore, the Hong Kong Breast Milk Bank (HKBMB) was established at HKCH in January 2025, marking a milestone in Hong Kong's neonatal medical service. As of March 2025, the HKBMB has recruited over 160 donors and collected around 550 liters of breast milk for premature or critically ill newborns.

Various capital projects of KCC, including the OLMH redevelopment project, phase 2 of the KWH redevelopment project, and the New Acute Hospital in the Kai Tak Development Area, are progressing according to plan. Smart hospital initiatives and patient-centric components are integrated into these projects' designs to deliver high-quality patient services.



KWH - Kwong Wah Hospital 廣華醫院
OLMH - Our Lady of Maryknoll Hospital 聖母醫院
QEH - Queen Elizabeth Hospital 伊利沙伯醫院
WTSH - Tung Wah Group of Hospitals Wong Tai Sin Hospital 東華三院黃大仙醫院

HKCH - Hong Kong Children's Hospital 香港兒童醫院
HKEH - Hong Kong Eye Hospital 香港眼科醫院
BTS - Hong Kong Red Cross Blood Transfusion Service 香港紅十字會輸血服務中心

KH - Kowloon Hospital 九龍醫院

受人口高齡化影響，九龍中聯網正面對服務需求快速增長的挑戰。為此，聯網竭盡所能提升服務能力與質素，以緩解服務高峰期病房擁擠的狀況，及跨聯網專科門診服務需求。

隨著廣華醫院重建計劃第一期大樓啟用，該院透過增加日間病床、增設手術室時段及提供額外內窺鏡檢查，以提升日間服務。而為提升住院服務量，九龍醫院成立出院支援團隊，為長期住院病人制定早期出院計劃，加快病床流轉。急症服務方面，聯網為急症缺血性中風患者提供 24 小時動脈取栓服務，提升救治成效及康復比率。

本著「以病人為本」的服務精神，聯網持續加強專科門診、藥劑師診所、專職醫療診所服務，以及優化與家庭醫學專科診所的協作，以增加診症名額，從而縮短病人輪候時間。香港眼科醫院亦設立了跨專科綜合服務診所，以優化術前評估服務。同時，聯網擴大對安老院舍長者的外展服務，並在伊院設立指定內科診所，為經「慢性疾病共同治理先導計劃」轉介的患者提供一次性的專科診療服務，進一步加強社區服務。

香港兒童醫院作為三級轉介中心，持續專注處理需要多方協作的複雜、重症及罕見兒科病例。該院成立了「不常見疾病相關護士團隊」，並於不常見疾病資料庫增加 11 種疾病資料，以加強對相關病人的診斷和治療。香港母乳庫於 2025 年 1 月在該院成立，標誌著香港新生兒醫療服務的重要里程碑。截至 2025 年 3 月，母乳庫已招募超過 160 名捐贈者，並收集約 550 公升母乳用於早產或危重新生兒治療。

九龍中聯網持續推進多項基建工程，包括聖母醫院重建計劃、廣華醫院重建計劃第二期，以及啟德發展區新急症醫院。這些項目設計均融入了智慧醫院及病人為本的元素，以期為病人提供更優質的醫療服務。

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*							
	207 368	226 449	395 959	226 785	326 510	365 219	267 643
Total A&E attendances 急症室就診 總人次	188 950	114 325	325 913	268 922	412 929	342 844	370 386
							
Total specialist outpatient (clinical) attendances 專科門診(臨床) 就診總人次	918 141	940 044	1 600 792	1 017 853	1 511 143	1 460 452	1 240 328
							
General outpatient attendances 普通科門診就診人次	560 215	397 671	1 189 489	954 681	1 132 524	1 045 665	968 844
							
Number of hospital beds 醫院病床數目	3 336	3 079	6 093	3 032	5 090	5 266	4 928
							
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	9 538	8 728	19 199	10 677	14 884	14 951	13 181
							

* 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

Environmental, Social and Governance Report

環境、社會及管治報告

The Hospital Authority (HA) assumes an important role in providing quality public healthcare services to the people of Hong Kong and driving the sustainable development of the healthcare system. Environmental, Social and Governance (ESG) considerations have been incorporated into HA's corporate development strategies and daily operations. HA 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. The year 2024-25 was surrounded by reform initiatives. A Governance and Structure Reform Committee was formed under the HA Board to provide strategic guidance, oversight, and reform advice on implementing governance and structure reforms, so as to drive public healthcare sustainability, enhance service efficiency and patient safety.

醫院管理局(醫管局)肩負為香港市民提供優質公營醫療服務和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。2024-25 年度亦是被改革措施圍繞，我們在醫管局大會轄下成立了管治及架構改革委員會，為推行管治及架構改革提出策略督導、監督及建議，促進公營醫療服務的可持續發展，並提升服務效率及病人安全。

On the environmental and social side, we continue to implement energy saving and emission reduction measures for environmental protection; develop Smart Care for optimisation of patient services, and maintain close ties with various stakeholders in the community. Staff is regarded as our most valuable asset, with multiple measures implemented to protect their health, safety and well-being. A multi-pronged approach is also adopted to attract and retain talents in building a smart, flexible and sustainable workforce to serve the Hong Kong population. Our effort in the aspects of ESG in the year of 2024-25 are highlighted in this chapter.

在環境及社會方面，我們亦持續推行節能減排措施，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 2024-25 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 (RACs)** to advise on healthcare needs for specific regions. Please refer to Chapter 1 "Corporate Governance" for details of functional committees, HGCs, RACs and Task Group on Sustainability which form an integral part of HA's governance.
- 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.

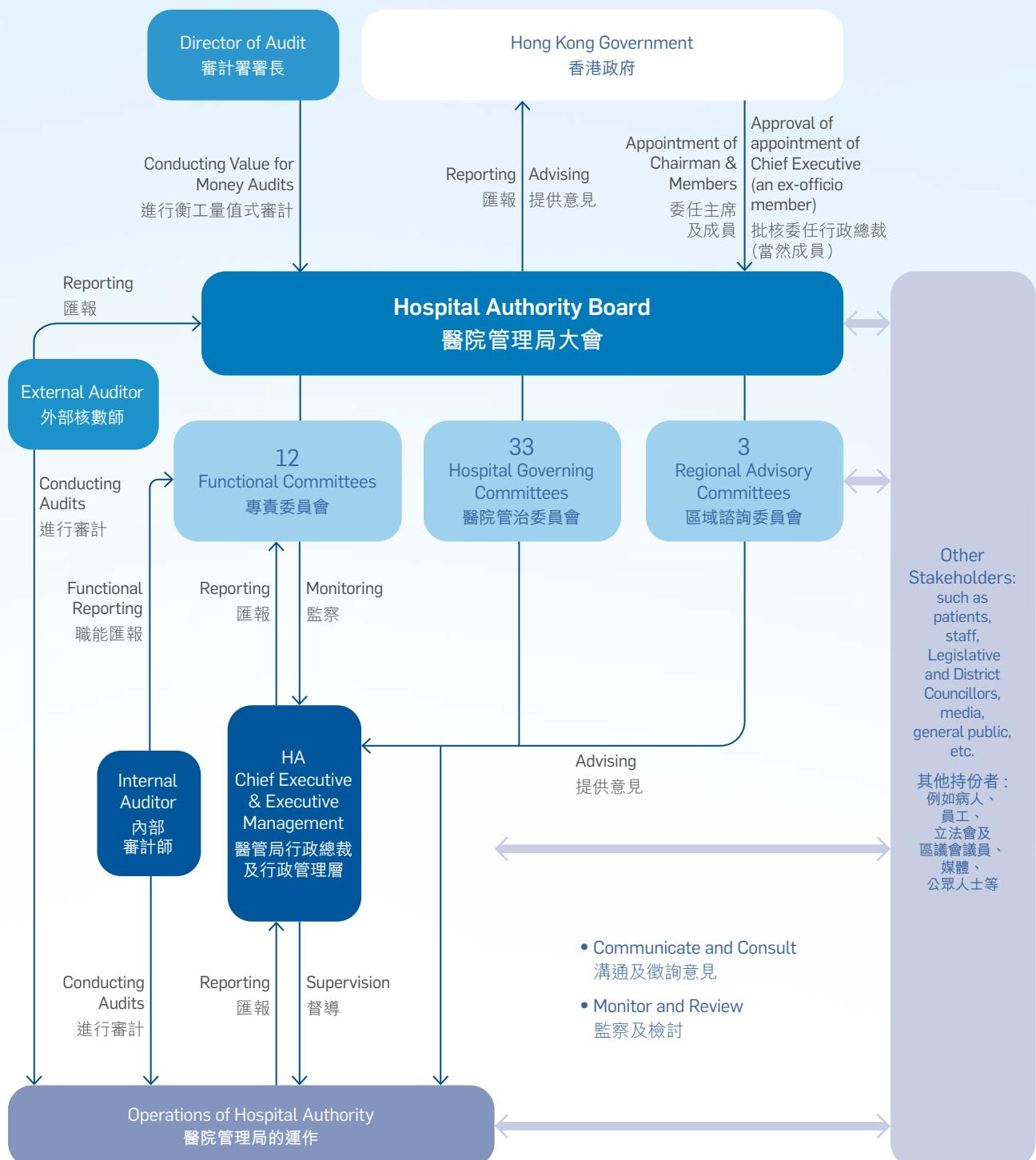
高效完善的管治架構

- 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。專責委員會、醫院管治委員會、區域諮詢委員會及持續發展專責小組是醫管局管治的重要部分，詳情請參閱第一章「機構管治」。

- 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 "Corporate Governance" and Appendix 1 to 6 of this Annual Report.
- 有關醫管局的管治架構，以及各委員會的成員名單、職權範圍和工作重點，均載於本年報第一章「機構管治」及附錄 1 至 6。

- In 2024-25, members of the HA Board (including co-opted members) continued to participate actively in the discussion of important matters in leading and managing HA:

- 2024-25 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：

	Number of meetings held 會議次數	Average attendance rate 平均出席率
Board [#] 醫管局大會 [#]	15	77%
Hospital Governing Committees 醫院管治委員會	132	78%
Regional Advisory Committees 區域諮詢委員會	12	87%

[#] 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 Hong Kong Special Administrative Region (HKSAR) under the Hospital Authority Ordinance (HA Ordinance). As of 31 March 2025, the Board consisted of 28 members, comprising:



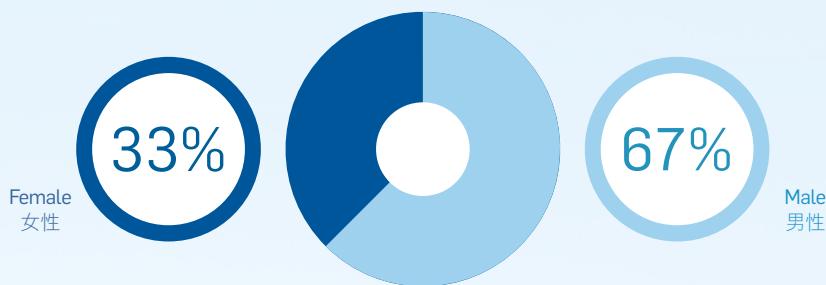
- To meet the functional needs of the Board, HA Board Members belong to different professions and possess diverse expertise, skills, perspectives and experience. There are also members related to interests and voices of patients and staff respectively.

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 2025 年 3 月 31 日，大會有 28 名成員，包括：

- 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。

- As of 31 March 2025, among all 28 members of the HA Board, if taking aside seven position-tied memberships*, there were seven female members, achieving **33% in gender diversity**.
- 於 2025 年 3 月 31 日，醫管局大會 28 名成員中，若不計及七名因職位身分而出任成員者*，有七名為女性成員，性別多元達 33%。



- 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 2025, if taking aside seven position-tied memberships*, the HA Board achieved **100% compliance with the "six-year rule"**, with 13 out of the 21 members (i.e. 62%) 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 2025 年 3 月 31 日，若不計及七名因職位身分而出任成員者*，醫管局大會完全符合「六年任期」指引，而該 21 名大會成員當中有 13 名（即 62%）在任年期不超過四年。



- 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 28 Board Members as of 31 March 2025.
- 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 2025 年 3 月 31 日的 28 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 (ICAC). In 2024, the Code was updated, taking into consideration the recommendations from ICAC, following a review of the Code with reference to the updated version of ICAC’s “Sample Code of Conduct for Members of Public Bodies”. 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. In 2024, for streamlining purpose while ensuring the integrity of the internal control process, a corporate approval mechanism and workflow in handling applications for business travel outside Hong Kong and acceptance of sponsorship by Board Members and CE has been introduced.
- As a statutory and publicly funded organisation, HA respects and upholds the constitutional order, and all HA staff must comply with all laws in force in Hong Kong, including the requirements of the Basic Law of the HKSAR of the People's Republic of China, the Law of the People's Republic of China on Safeguarding National Security in the HKSAR, the Safeguarding National Security Ordinance and other relevant laws for safeguarding national security in the HKSAR. 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.

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》。2024年，醫管局根據廉政公署的建議並參考其《公共機構成員行為守則範本》的更新版本，檢視並更新《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。醫管局在2024年檢視了審批大會成員及行政總裁境外公幹及接受贊助的機制，一方面精簡程序，另一方面確保其在內部監控及程序方面的完整性。

- 作為一個法定及公帑資助機構，醫管局尊重及維護憲制秩序，所有醫管局員工必須遵守香港所有現行法律，包括《中華人民共和國香港特別行政區基本法》、《中華人民共和國香港特別行政區維護國家安全法》、《維護國家安全條例》及其他與香港特別行政區維護國家安全相關的法律要求。《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。



- 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 enable staff, patients and other relevant parties, e.g. contractors, suppliers, service providers, etc. to report their concerns about perceived misconduct, malpractices or irregularities of a serious nature in HA services and the activities undertaken by the staff members. 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.
- 為確保員工誠信，醫管局亦有程序提醒員工在履行職責時，若遇到任何與他們職責有實際或被認為有利益衝突的情況，必須鄭重作出申報，例如個人投資，以及與職位申請人、員工、專業團體、供應商或承包商的個人關係等。醫管局亦制定及推行**舉報政策**，讓員工、病人及其他相關方如承包商、供應商及服務提供者等能夠舉報他們於醫管局服務以及員工執行的活動中，所察覺的嚴重不當行為、舞弊或違規情況等疑慮。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.

Review of Board operation

- The operation of the Board and its committees is reviewed from time to time to ensure their operations are efficient and effective whilst maintaining the Board's governance and accountability, in particular having regard to its fiduciary duties and role as a managing Board. Upon the review conducted in October 2024, a basket of streamlining initiatives has been implemented to enable the Board and its committees to operate in a more efficient manner, contributing to HA's overall performance and efficiency.

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.

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。

檢討大會運作

- 醫管局不時檢討大會及其委員會的運作，以確保其運作具成效及效率，並同時維持大會按其受信職權的管治及責任。醫管局就 2024 年 10 月進行的檢討推行一系列理順措施，推動大會及其委員會更有效率地運作，從而提升醫管局的整體表現和效率。

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。

High-level reforms

- Facing the challenges of ageing population, increase of chronic diseases and rising medical cost, the HA needs to undergo fundamental reforms to maintain its sustainability to continue provide high quality services to the community. The HA has therefore in 2024-25 taken forward various reforms.
- In July 2024, the HA Board set up the Review Committee on the Management of the Public Hospital System in response to several high-profile medical incidents at our hospitals, with a view to enhancing patient safety, healthcare management and organisational effectiveness. The Committee submitted its report in September 2024 with a total of 31 recommendations primarily focusing on strengthening governance, enhancing accountability and fostering a culture of safety. HA management has since been vigilantly taking forward these recommendations with full completion by June 2025 as planned.
- The HA Board has in December 2024 set up a high-level Governance and Structure Reform Committee (Reform Committee). Aside from the Chairman and CE of HA as ex-official members, the Reform Committee has two high ranking officials from the Health Bureau and five lay community members. The Reform Committee is tasked to provide strategic guidance, oversight, and reform advice on implementing governance and structure reforms, so as to drive healthcare sustainability, enhance service efficiency and patient safety.

高層次改革

- 面對人口老化、慢性疾病個案增加及醫療成本持續上升的挑戰，醫管局必須從根本著手改革以維持其持續發展，繼續為社區提供優質服務。就此，醫管局在2024-25年度推動多項改革。
- 2024年7月，醫管局大會就多宗廣受關注的公立醫院醫療事件，成立公立醫院系統管理檢討委員會，以提升病人安全、醫療管理及機構效能。委員會於2024年9月提交的報告中合共提出31項建議，內容主要包括強化管治、加強責任及培育安全文化。管理層積極就各項建議採取行動，並按計劃於2025年6月前實施全部31項建議。
- 醫管局大會於2024年12月成立一個高層次的管治及架構改革委員會(改革委員會)，除了醫管局主席及行政總裁出任當然成員外，亦包括兩名來自醫務衛生局的高級官員及五名社會知名人士。改革委員會為醫管局推行管治及架構改革提出策略督導、監督及建議，以促進醫療服務的可持續發展，並提升服務效率及病人安全。



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。



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

HA Strategic Plan 2022-2027

醫管局 2022 至 2027 年 策略計劃



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

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:

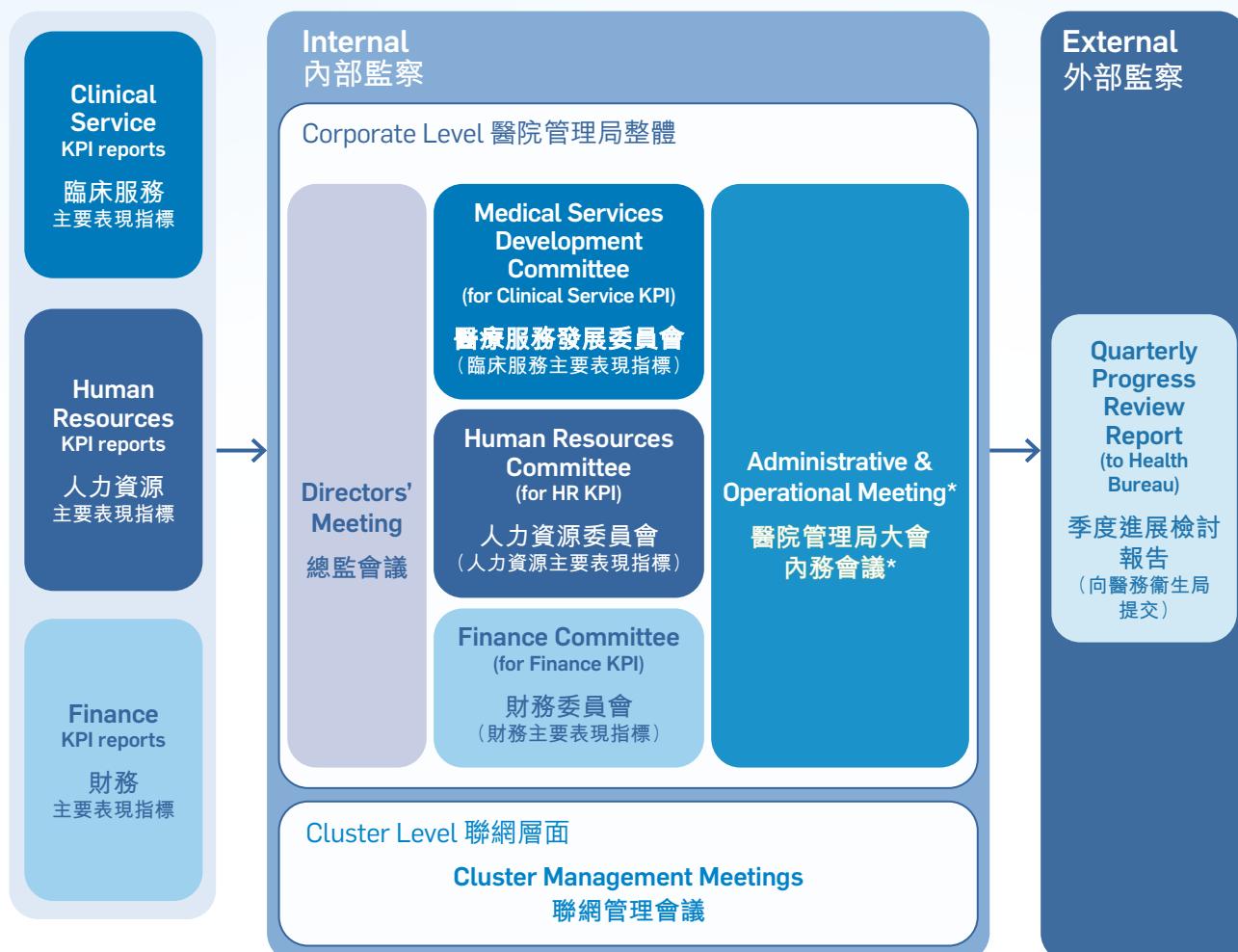
- The **Controlling Officer's Report** of the annual Estimates of Expenditure for the Health Bureau, which sets out HA's key activity targets and indicators in support of policy objectives related to public healthcare services;
- Quantitative **Key Performance Indicators (KPIs)** covering three pillars, namely clinical service, human resources and finance, to identify areas for attention and drive service improvement; 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，臚列醫管局為公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**，涵蓋臨床服務、人力資源及財務三大範疇，以識別需要注意的地方並推動服務改善；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 115 to 185 of this Annual Report.

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 115 頁至 185 頁。

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 2024, 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 2024 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, 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 2025, the energy consumption reduction of around 8% 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 at least 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 **2025 年 3 月**，更節省了約 8% 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**至少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。



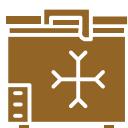
- Several newly constructed public hospitals have adopted more energy-efficient water-cooled air-conditioning systems to achieve around 20% more electricity savings compared to the current air-cooled air-conditioning systems. While continuing to implement high-efficiency innovative energy conservation measures by following the successful deployment of a renewable landfill gas driven combined heat and power system at Alice Ho Miu Ling Nethersole Hospital (AHNH), HA has further capitalised on the use of landfill gas to operate a combined cooling, heat and power system in the North District Hospital (NDH) expansion project. The facilities demonstrate how HA utilises nearby renewable landfill gas through proactive and innovative energy-saving initiatives to pursue carbon neutrality. The systems reduce electricity demand by approximately 2 800 000 kWh for AHNH (about 10 180 typical three-member household's average monthly electricity consumption*) and projected 7 800 000 kWh for NDH (about 28 360 typical three-member household's average monthly electricity consumption*) per annum.
- 多間新建公立醫院採用水冷式製冷系統，相比現行的風冷式系統，可節省約 20% 的用電量。醫管局持續推行高效節能措施，繼雅麗氏何妙齡那打素醫院成功應用「電熱聯供系統」後，北區醫院擴建項目亦會引入「冷熱電三聯供系統」，進一步利用鄰近堆填區的可再生氣體發電、製冷及供熱。此舉展現醫管局積極透過創新技術，應用可再生能源，致力實踐碳中和的目標。系統每年可分別為雅麗氏何妙齡那打素醫院和北區醫院減少用電約 2 800 000 千瓦時（約 10 180 個三人家庭單月平均用電量*）和預計 7 800 000 千瓦時（約 28 360 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

Energy saving

節約能源



During 2024-25, HA has launched the replacement project for 15 chillers. With the measurement and verification of chiller replacement projects made since 2018, as of March 2025, the accumulated saving of electricity consumption per annum was around:

40 000 000 kWh
千瓦時

= About 145 400 typical three-member household's average monthly electricity consumption*
約 145 400 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. By March 2025, various projects of intelligent LED luminaires being completed so far have provided accumulated saving of electricity consumption per annum around:

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。截至 2025 年 3 月，已完成的智能 LED 燈具項目累計每年節省用電量約：

5 500 000 kWh
千瓦時

= About 20 000 typical three-member household's average monthly electricity consumption*
約 20 000 個三人家庭單月平均用電量*



All 43 public hospitals and the HA Building joined the Government's "Energy Saving Charter 2024" 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《2024 年節能約章》，推動能源效率及節約能源。



The Retro-Commissioning (RCx) Energy Saving studies for HA hospitals / buildings have been commenced progressively and relevant works were in progress. By March 2025, the completed RCx works have provided accumulated saving of electricity consumption per annum around:

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。截至 2025 年 3 月，已完成的「重新校驗」工程累計每年可節省用電量約：

2 200 000 kWh
千瓦時

= About 8 000 typical three-member household's average monthly electricity consumption*
約 8 000 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 **installed solar panels across existing and new healthcare facilities**, including the Operating Theatre Block of Tuen Mun Hospital, Kwong Wah Hospital Phase 1 Building, North District Community Health Centre, and Hospital Authority Supporting Services Centre, contributing annual electricity generation capacity of approximately:

醫管局已在現有及新建醫療設施中安裝太陽能板，其中包括屯門醫院手術室大樓、廣華醫院第一期大樓、北區社區健康中心及醫院管理局支援服務中心，這些太陽能板每年可產生電力約：

370 000 kWh
千瓦時 =

About **1 340** typical three-member household's average monthly electricity consumption*
約 **1 340** 個三人家庭單月平均用電量*



HA has actively participated in other stakeholders' energy saving efforts. HA enrolled in the Feed-in Tariff (FiT) Scheme for solar photovoltaic systems installed across its hospitals. This scheme allows HA to export a portion of the electricity generated to the grid, resulting in additional rebates. Moreover, HA actively participated in the Power Company's Peak Demand Management Scheme, which focuses on reducing electricity consumption during peak hours – particularly in air-conditioning and lighting systems. Some hospitals also conducted energy audits to identify opportunities for energy savings. Additionally, HA has leveraged CLP Power Hong Kong Limited's Eco Building Fund and The Hongkong Electric Company Limited's Smart Power Building Fund to implement projects aimed at further improving energy efficiency. HA has also enrolled in special rebate schemes for gas boilers and special gas tariff for dual-fuel boilers supported by the Hong Kong and China Gas Company Limited (Towngas) across hospitals.

醫管局積極參與其他持份者的節能工作。醫管局轄下的醫院已參加安裝太陽能光伏系統的上網電價計劃。根據該計劃，系統產生的部分電力會輸送至電網，為醫管局帶來額外的電費回扣。此外，醫管局亦積極參與電力公司的「高峰需求管理」計劃，實施多項節能措施，特別是在空調和照明系統方面，以降低用電高峰時段的耗電量。部分醫院更會進行能源審計，以識別可以節能的地方。醫管局同時運用中華電力有限公司的「綠適樓宇基金」及香港電燈有限公司的「智借用電樓宇基金」，推行各類能源效益改善項目。另外，香港中華煤氣有限公司推出的燃氣鍋爐及雙燃料鍋爐回贈計劃已在醫院內實施。



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 design and build the hospitals as green buildings to the highest level practicable in a cost-effective and efficient manner.
- In assessing tenders, HA has been following the Government's practice to incorporate the direction of ESG as part of HA's procurement goals and good practices.

Compliance with environmental regulations

- HA ensures compliance with Hong Kong's Waste Disposal (Clinical Waste) (General) Regulation by deploying colour-coded bins and bags for precise clinical waste segregation, complemented by secure sharps containers. Collection rounds are distinctly separated from domestic waste, utilising dedicated storage areas and licensed collectors who transport waste to the government-operated Chemical Waste Treatment Centre. HA hospitals hold valid registered waste producer licenses and diligently track waste weight for full transparency. A comprehensive manual guides staff, while regular updates ensure outreach services comply with regulatory exemptions for safe waste transport. Through rigorous audits, ongoing staff training, and regular drills, HA maintains stringent environmental and public health standards, promoting sustainable waste management practices across its extensive network of public hospitals.

- HA supports sustainable healthcare practices and reduces medication waste via introducing staged medication supply and reducing supply of "as needed" medication in phases since March 2025. Clinical waste includes medication waste such as unused or expired medications. Promoting rational use of drugs and patient education on medication management supports sustainable healthcare practices, as a key step towards a sustainable environment and community.

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，以減少對環境造成的影响。

- 在進行醫院發展項目時，我們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。

- 在評審標書時，醫管局一直遵循政府的做法，將環境、社會及管治的方向納入醫管局採購目標和良好做法的一部分。

遵守環境法規

- 醫管局確保全面符合香港《廢物處置(醫療廢物)(一般)規例》的法定要求，採用指定顏色編碼的塑膠桶和膠袋，以及安全的利器收集箱，精確地分類各種醫療廢物。各醫院均設有獨立貯存專區，將醫療廢物的收集與一般家居廢物完全分隔，並由持牌收集商將廢物運送至政府營運的化學廢物處理中心。醫管局轄下所有醫院均持有效的廢物產生者登記牌照，並嚴格記錄廢物的重量，確保醫療廢物處理全程透明。此外，醫管局為員工提供全面的指引手冊，並會定期更新，以確保外展服務符合安全運輸的法規豁免條款。透過嚴格的審核、持續的員工培訓以及定期進行演習，醫管局致力維持嚴格的環境及公共衛生標準，在龐大的公立醫院網絡中推廣可持續的廢物管理方法。

- 醫管局支持可持續發展的醫療實踐，並於2025年3月起分階段推行配發藥物及適當處方「有需要時服用藥物」以減少藥物浪費。臨床廢棄物包括藥物廢棄物，例如未使用或過期的藥物。推廣合理用藥和病患藥物管理教育有助推動可持續的醫療實踐，是邁向環境和社區可持續發展的關鍵一步。

Waste reduction and recycling initiatives in 2024-25

- Collected over 6 100 tonnes of recyclables, including waste papers, plastics, metals, glass bottles and food waste
- Delivered over 7.3 tonnes of food waste daily to various government treatment facilities, including 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 the pressure of landfills. Meanwhile, the remaining hospitals continued using decomposers to convert food waste into liquid fertiliser.
- Piloted innovative “Food TranSmarter” food waste pre-treatment system, funded by Environment and Conservation Fund, at Tung Wah Group of Hospitals Wong Tai Sin Hospital and Tung Wah Group of Hospitals Fung Yiu King Hospital, liquefying food waste into slurry for more hygienic and efficient transportation to O•PARK1.
- Continued to implement source reduction measures and offered **low-carbon menus** in multiple hospitals

2024-25 年度減廢及回收措施

- 回收量逾 6 100 噸，包括廢紙、塑膠、金屬、玻璃瓶及廚餘
- 每日運送逾 7.3 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，試行「廚餘再生俠」廚餘預處理系統，將廚餘液化後運往 O•PARK1，提升運輸效率及衛生標準。
- 繼續推行源頭減廢及於多間醫院提供低碳菜單



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

9 400 000

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

8 200 000

sheets of paper 張紙

“GCRS-STAR” system

「智慧標本追蹤 (GCRS-STAR)」系統

The services eliminate handwritten records to improve the traceability of specimens through the use of technology and the integration of clinical workflows. During the pilot implementation in Tin Shui Wai Hospital and Queen Mary Hospital

醫護人員通過使用這系統整合臨床工作流程，取代手寫記錄，以提高標本的可追溯性。系統在天水圍醫院和瑪麗醫院試行期間

Saved about 節省約

3 640

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

12 400 000

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

86 000

sheets of paper 張紙

Paperless ECG

「數碼化心電圖」

The system automates the upload of ECG images, enabling the storage and access of ECG records electronically

系統自動上傳心電圖影像，使心電圖記錄能夠以電子方式存取

Saved over in the year 年內節省逾

330 900

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

Saved about in the year 年內節省約

232 500

sheets of paper 張紙

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

5 853 000

documents 份文件

Saved over in the year 年內節省逾

30 800 000

sheets of paper
張紙

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

158 800

sheets of paper 張紙

Digital human resources tools

人力資源電子工具

The digital platforms products that have been developed and launched in 2024-25 have achieved the following:

- Over **19 000** applicants claimed allowance through “eAllowance” system per month
- Over **240 000** electronic sick leave applications have been processed. “eSick Leave” has supported over **490 100** electronic sick leave applications since its launch
- Over **90 000** staff members applied leave through “eLeave” system
- Over **2 700** newly joined nurses, doctors, and serving Executive Assistants, Patient Care Assistants and Operation Assistants accepted and signed eContract. “eContract” has supported over **7 500** electronic contracts since its launch

於 2024-25 年度開發及應用的電子工具取得以下成果：

- 每月超過 **19 000** 名員工透過「電子津貼」系統申領津貼
- 處理超過 **240 000** 個電子病假申請；「電子病假」自推出以來已處理超過 **490 100** 個電子病假申請
- 超過 **90 000** 名員工透過「電子假期」系統申請年假假期
- 超過 **2 700** 名新入職護士、醫生及現職行政助理、病人服務助理及運作助理已採用數碼簽署接收電子合約及簽回聘書；「電子合約」自推出以來已處理超過 **7 500** 份電子合約

Saved about 拯救約

3 690

trees*
棵樹*

* Note: One tree produces about 8 333 sheets of papers. Reference: “Data, Statistics, and Useful Numbers for Environmental Sustainability”.
註：一棵樹可製作約 8 333 張紙。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 has achieved 1.7% reduction in water consumption in 2024 when compared to the 2015 basis**. More signage will continue to 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.

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**. The following hospital projects have achieved Gold or Platinum rating in 2024-25:



Hospital Authority Supporting Services Centre
(Provisional Platinum)

醫院管理局支援服務中心
(暫定鉑金級別)

North District Community Health Centre
(Provisional Platinum)

北區社區健康中心
(暫定鉑金級別)



Redevelopment of Queen Mary Hospital (Phase 1)
(Provisional Gold)

瑪麗醫院重建計劃第一期
(暫定金級別)

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 2024 年的用水量較 2015 年減少約 1.7%**。醫管局會繼續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。

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鉑金級評級。於 2024-25 年度獲得金級或鉑金級評級的醫院項目包括：

- HA has received several awards in 2024-25 in recognition of its outstanding performance in the design and operation of energy-efficient buildings, which include:
- 醫管局榮獲多項獎項，以表彰醫管局在設計和營運節能建築方面的卓越表現。在 2024-25 年獲頒獎項包括：

Organiser 主辦機構	Award Achieved 獎項名稱
CLP Power Hong Kong Limited 中華電力有限公司	Energy Management Grand Award 2024
The Hong Kong Management Association 香港管理專業協會	2024 Hong Kong Sustainability Award Certificate of Excellence (Large Organisation Category)
Master Insight (MI) and the Research Centre for ESG of The Hang Seng University (HSU) of Hong Kong 灼見名家及香港恒生大學 (恒生大學)ESG 研究中心	2024 Hong Kong Sustainability Award 2024 香港可持續發展大獎 卓越獎(大型機構組別)
American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHARE) Hong Kong Chapter 美國採暖、製冷與空調工程師學會 香港分會	MI x HSU ESG Award 2024 ESG Leadership Award – Chairman of HA Mr Henry Fan Hung-ling 灼見名家 x 恒生大學 ESG 大獎 2024 ESG 卓越領導獎 — 醫管局主席范鴻齡先生
American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHARE) 美國採暖、製冷與空調工程師學會	ASHARE Region XIII Technology Award 2024 美國採暖、製冷與空調工程師學會第十三區 2024 年科技大獎
	ASHRAE Technology Award 2025: Society Level – Honorable Mention 美國採暖、製冷與空調工程師學會 2025 年度科技大獎 — 特別嘉許



- 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: 36 units
 - Wastewi\$e Certificate: 39 units
- 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：36 單位
 - 減廢證書：39 單位



Green investment

- To support the Government in consolidating Hong Kong's position as a green and sustainable finance hub regionally and internationally, HA has integrated this factor into HA's investment strategy and continued to make green investment in 2024-25. In addition to green bonds, investment in green deposit was also first made during the year. Proceeds of these green investments are applied by the issuers or the bank to finance projects including green buildings, renewable energy, clean transportation, water and wastewater management as well as other green infrastructures. HA will continue exploring opportunities in green investment with a view to delivering both positive environmental impact and investment return.

綠色投資

- 為支持特區政府鞏固香港作為區內及國際綠色和可持續金融樞紐地位，醫管局將此因素融入其投資策略，並於2024-25年繼續進行綠色投資。除了綠色債券外，醫管局亦於本年度首次投資綠色存款。債券發行人或銀行將募集的資金支持多項綠色項目，包括綠色建築、可再生能源、清潔運輸、水資源和污水管理及綠色基建設施等。醫管局會繼續探索綠色投資的機會，以達至正面的環境效益和投資回報。

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.:

- **Further enhancing the telehealth services with around 24 000 allied health telehealth attendances**, including outpatient and community services, were provided in 2024-25
- Further enhancing the medication delivery service to **provide a new option of the community collection service** from September 2024. Patients attended specialist outpatient clinics, general outpatient clinics, discharged from hospitals and attended Accident and Emergency (A&E) services of all HA hospitals and clinics can choose to pick up the HA-dispensed medications at more than 100 community collection points. Community pharmacists will provide medication counselling when patients collect their medications in order to enhance medication safety
- **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
- In support of enhanced patient experience and environmental protection, HA has implemented various electronic payment (ePayment) channels for the settlement of fees and charges. Patients can now pay through the "Pay HA" module in "HA Go" or the electronic kiosks which are quicker and more convenient than making payment at the shroff office. In particular, payment can be made anywhere anytime for "Pay HA". Besides, popular ePayment means are provided for patients' choice such as credit card, Octopus and electronic wallets.

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：

- 進一步加強遙距醫療服務，年內合共提供約 24 000 個包括門診及社區服務的專職醫療遙距服務就診人次
- 進一步提升病人取藥服務的體驗，藥物送遞服務於 2024 年 9 月起新增社區取藥服務，所有醫管局轄下專科門診、普通科門診、出院及急症室的病人可選擇於超過 100 個社區取藥點領取由醫管局配發的藥物。社區藥劑師會於病人取藥時提供藥物輔導服務，加強用藥安全
- 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
- 為提升病人的就診體驗和保護環境，醫管局一直致力開拓不同電子支付方式，便利病人繳付費用。病人現可通過「HA Go」的「繳費服務」或一站式電子服務站進行支付，較在繳費處付款快捷及方便，而「繳費服務」更可讓市民隨時隨地進行支付。此外，醫管局還提供了多種流行的電子支付方式供病人選擇，例如信用卡、八達通和電子錢包等。



- Starting from January 2025, patients who make payment at electronic kiosks for bills and discharge payment may select to receive electronic receipt via “**Pay HA**” module in “**HA Go**” instead of collecting paper receipt. By March 2025, around 90% of HA's fee receipt transactions were settled through electronic payment, about 50% of which were handled through “Pay HA” and electronic kiosks.
- **Streamlining the registration process** so that registration can be made online via “iAM Smart” and “eHealth”
- HA was awarded “**The Ombudsman's Awards 2024 - Information Technology Application and Creativity Award**” by Office of The Ombudsman to recognise its commitment and efforts in exploring the use of innovative methods and technology to enhance service quality and improve patient experience. The Ombudsman commended that HA kept improving the “**HA Go**” App and extended the coverage of the medication delivery service to provide more efficient and convenient services to members of the public, especially the elderly persons and mobility-handicapped who can now choose to have the drugs delivered to their prescribed address.
- 從 2025 年 1 月起，病人於一站式電子服務站支付賬單和出院費用，可選擇透過「**HA Go**」的「繳費服務」程式接收電子收據，無需再領取紙本收據。截至 2025 年 3 月，約 90% 醫管局收費交易透過電子支付，當中約50% 的交易通過「繳費服務」程式和一站式電子服務站完成。
- **簡化註冊程序**，用戶可透過「智方便」及「健健通」進行網上註冊
- 醫管局榮獲申訴專員公署頒發「**2024 年申訴專員嘉許獎**」中的「**科技應用及創意獎**」，以表揚醫管局致力創新及應用科技提升服務和病人就診體驗。申訴專員表示，醫管局近年推出並不斷優化「**HA Go**」流動應用程式，以及擴展了藥物送遞服務，方便市民大眾尤其是長者和行動不便的人士，可選擇安排藥物送遞至他們指定的地址。



As of March 2025, “HA Go” was recorded with:
截至 2025 年 3 月，「HA Go」已錄得：

over 超過

3 800 000

downloads
下載次數



over 超過

3 000 000

full membership registrations
個註冊用戶

Enhancing healthcare efficiency and patient experience through digital innovation

- The Hospital Command Centre (HCC) initiative demonstrates our commitment to operational excellence and high-quality patient care by leveraging real-time data to optimise resource allocation and patient flow across our network.

- **Key achievements (2022 – 2024):**

- **Reduced patient waiting times:** Streamlined admission processes through the HCC have significantly improved patient experience. The proportion of patients waiting over four hours for admission from emergency departments was reduced from around 12% (Q4 2022) to around 3% (Q3 2024).
- **Increased operational efficiency:** Enhanced discharge planning has expedited bed turnover, improving capacity for new patients. The rate of medical discharges before 1:00 pm rose from around 19% (Q4 2022) to around 25% (Q3 2024) across all acute hospitals.
- **Optimised resource utilisation:** The integration of disparate data into a centralised dashboard provides actionable insights, allowing for superior management of assets and personnel. This has led to a 9.5% reduction in Non-emergency Ambulance Transfer Service vehicles idle time, lowering emissions and improving service efficiency.
- This strategic digital transformation, fully implemented across all 17 acute hospitals by Q3 2024, underscores our dedication to responsible governance and creating positive social impact through innovative, data-driven solutions.

透過數碼創新 提升醫療效率及病人體驗

- 醫院指揮中心運用實時數據，優化資源運用及病人流轉安排，展現我們對卓越營運及優質病人護理的承擔。

- **主要成果(2022 – 2024年)：**

- **縮短病人等候時間：**透過醫院指揮中心理順病人入院流程，顯著提升病人體驗。由急症室入院的病人，等候時間超過四小時的比例由約 12% (2022 年第四季)，減少至約 3% (2024 年第三季)。
- **提升運作效率：**優化出院規劃以加快病床流轉，提高接收新症的能力。在所有急症醫院中，下午一時前出院或轉院的內科病人比例，由約 19% (2022 年第四季)上升至約 25% (2024 年第三季)。
- **優化資源運用：**醫院指揮中心將分散的數據整合為中央資訊板，便利管理資產及人手。此舉使非緊急救護運送服務車輛的閒置時間減少 9.5%，有效降低排放量並提升服務效率。
- 這項數碼轉型策略已於 2024 年第三季在全港 17 間急症醫院推行，彰顯我們致力透過創新及數據主導方案，實踐負責任的業務管治，並為社會帶來正面影響。



Governance of data security and privacy: proactive cyber resilience initiatives

- Protecting patients' privacy and safeguarding sensitive data are fundamental to HA's operational integrity and public trust. In response to the evolving cyber threat landscape, HA has implemented a multi-faceted strategy to reinforce our cyber resilience and ensure the robust protection of all patient data.
- **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**

資料保安及私隱管理：積極保護網絡安全

- 醫管局致力保護病人私隱和敏感數據以確立營運誠信及獲取公眾信賴。面對不斷演變的網絡安全威脅，醫管局已實施多方面策略，以強化網絡安全並確保所有病人數據得到穩妥的保障。
- **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**

The image shows two screenshots. The left screenshot is from the eLC website, displaying the 'Cybersecurity Awareness Refresher Training 2024' course. It includes details like launch date (2024-06), latest version (2024-06), courseware ID (3666), test settings (full marks: 100, pass percentage: 60%), and compatibility information for desktop and mobile devices. The right screenshot is a digital newsletter titled 'CYBERSECURITY EXPRESS 網絡保安快訊' for October 2024, featuring tips for staying safe online, such as 'Think Twice before Click' and 'Verify in Official Websites'.

Commitment to patient safety and risk management excellence

- HA maintains an unwavering commitment to advancing patient safety through a proactive, system-wide approach to risk management. Our initiatives are designed to foster a culture of continuous learning, transparency, and collaboration, aligning with our core values of accountability and clinical excellence.
- Key initiatives include:
 - Releasing the **“Annual Report on Sentinel and Serious Untoward Events”**: This comprehensive report provides an in-depth analysis of sentinel events (SE) and serious untoward events (SUE), offering valuable insights and lessons learned. The findings support healthcare professionals in refining systems and workflows, ultimately enhancing daily clinical practices and safety outcomes
 - Publishing the **“Hospital Authority Risk Alert (HARA)”**: Published quarterly, HARA highlights SE and key SUE while offering actionable recommendations for enhancing patient safety. By sharing this publication with both staff and the public, we promote transparency and encourage collective learning across the healthcare system
- **Engaging staff and stakeholders**: In addition to public-facing initiatives, efforts to engage and empower staff are emphasised through dedicated forums and targeted training programmes:
 - **Staff forums on SE & SUE**: These forums provide a bi-annual platform for frontline colleagues to discuss selected SE and high-priority SUE in-depth. The sessions focus on sharing lessons learned, exploring strategies for safety enhancement, and fostering collaboration among frontline colleagues
 - **Corporate-Wide Root Cause Analysis (RCA) Training**: This intensive training programme is targeted at staff responsible for investigating clinical incidents. Participants are equipped with the tools and methodologies needed to identify root causes, develop effective recommendations, and implement corrective actions. External RCA experts, human factors specialists, and patient group representatives are invited to provide diverse perspectives. The inclusion of patient feedback and multi-disciplinary approaches reinforces the importance of addressing systemic issues that contribute to risks. This ensures that improvements are not only reactive but also preventive and sustainable.

致力提升病人安全及加強風險管理

- 醫管局積極透過系統化的風險管理方法，致力提升病人安全。各項措施旨在培養持續學習、公開透明及加強協作的文化，以符合我們勇於承擔責任與追求臨床卓越的核心價值。
- **主要措施包括：**
 - 發布《醫療風險警示事件及重要風險事件周年報告》：報告深入分析年度醫療風險警示事件及重要風險事件，提出經驗分享與總結，協助醫護人員優化系統及臨床流程，從而提升日常醫療服務的安全成效
 - 發布《風險通報》：每季度出版的《風險通報》重點闡述醫療風險警示事件及重要風險事件，並提供具體可行的建議以提升病人安全。該刊物向員工及公眾發布，促進跨醫療體系的坦誠溝通與協作學習
- **與員工及持份者的協作**：除公眾層面的措施外，醫管局亦透過專題平台及培訓計劃強化員工參與和專業賦能：
 - **醫療風險警示事件及重要風險事件員工論壇**：每半年一次的員工論壇讓前線同事深度討論醫療風險警示事件及重要風險事件，聚焦分享事故改善措施、探索強化安全策略，並促進團隊協作
 - **機構根源分析培訓**：此強化培訓以負責調查臨床事故的員工為對象，學習事故根本原因識別、制定改善建議及實施糾正措施等工具和方法。課程特邀外部根源分析專家、人因工程學專家及病人組織代表參與，提供多元視角。透過整合病人反饋及跨專業協作，機構強調須從系統層面化解風險成因，確保改善措施兼具前瞻性、預防性及可持續性。

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, from time to time, review the coverage and means test mechanism of SF and CCF, with the aim of providing financial assistance to needy patients for specified self-financed items under the safety net coverage.

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。
- 政府及醫管局不時檢視撒瑪利亞基金及關愛基金醫療援助項目的涵蓋範圍和經濟審查機制，旨在為有需要的病人，就符合安全網保障範圍的特定自費項目提供經濟援助。



Total SF and CCF approved applications in 2024-2025

於 2024 - 25 年度撒瑪利亞基金及關愛基金
醫療援助項目獲批資助個案共有

around 約

15 700 cases 宗

- The **scope of the HA Drug Formulary was widened** to cover more drugs with accumulated scientific evidence on clinical safety and efficacy, so as to benefit more patients. A self-financed drug was repositioned as Special Drug for managing respiratory diseases, while the therapeutic applications of ten Special Drugs were extended for treating renal, musculoskeletal and joint, cardiovascular, respiratory diseases, diabetes mellitus and cancer. In addition, another drug class for treating cancer was repositioned as Special Drug with therapeutic application extended.

- 我們繼續擴闊《醫管局藥物名冊》以涵蓋更多具實證療效的藥物，讓更多病人受惠。一種自費藥物改列為專用藥物，用以治療呼吸系統疾病；同時將十種專用藥物的治療應用範圍擴闊至治療腎病、肌骨骼及關節疾病、心血管疾病、呼吸系統疾病、糖尿病及癌症。另一類治療癌症的藥物類別則改列為專用藥物，並擴大了治療應用。



Patient engagement and empowerment

- Collecting patient feedback on HA service development and Annual Plans through the **Patient Advisory Committee**
- Completion of the 9th batch of **Patient Partnership in Action programme (PPIA)** training course and alumni gathering. This programme is designed for patient groups representatives to enhance their understanding of HA and local healthcare system so as to strengthen the relationship between healthcare professionals and patients. **Over 200 PPIA graduates** are now contributing to patients and HA at various fronts
- Organising **medical social collaboration seminars** to foster collaboration between clinical teams and community partners. An example included a cross-sectoral end-of-life care seminar in promulgating dying in place in residential care homes for the elderly **with over 1 000 enrollments**

凝聚社區 賦能病人

- 就醫管局服務發展及周年工作計劃，收集病人諮詢委員會病人委員的意見
- 圓滿舉辦第九班「薈智力量」課程及「薈智大使」重聚日，此計劃旨在增加病友組織代表對醫管局及本地醫療系統的認識，並成為醫護人員與患者的橋樑。**累計超過 200 名薈智大使畢業**，在各方面為病友及醫管局作出貢獻
- 舉辦**醫社合作研討會**，加強醫療團隊與社區夥伴的合作。其中一場跨界別協作舉辦的「安老院舍居處離世專題研討會」**逾1 000 人士報名參加**



- Launched a new series for patient empowerment seminars - “**Smart Patient Series**” to enhance practical knowledge on disease management and self-care from patients' perspective. The first series in 2024-25 comprised four talks themed “Unveiling Medication Mysteries” covering medication-related topics including interactions between Chinese and western medicines, use of antibiotics, Diabetes Mellitus and breast cancer treatment, **reaching over 2 000 participants including over 500 onsite audiences**
- 舉辦「智友集」系列講座，從患者的角度出發提升病人在疾病管理及自我照顧方面的實用知識。2024-25 年度首四場「智友集」以「藥『密』解鎖」為題，涵蓋中西藥相互作用、妙用抗菌素、糖尿病及乳癌治療的藥物話題，逾 2 000 人次收看，包括超過 500 名觀眾現場參與



- **Driving service improvement using patients' feedback:** The result of the “**Patient Experience Survey on Inpatient Service 2023**” revealed a positive overall rating with 91% of the respondents rating 7 or above (along a scoring scale of 0-10) and an average score of 8.1. For further service enhancement, HA will prioritise its efforts in strengthening compassionate care communication and provision of information to patients / carers for better self-care. New proactive short surveys via “HA Go” were piloted to timely collect patients' experience on their specialist outpatient attendance and use of functions of “HA Go”.
- **聆聽意見，改善服務：**「**2023 年住院病人經驗調查**」結果顯示受訪者的整體住院經驗良好，91% 受訪病人對住院服務的整體經驗評分在 7 分或以上(以 10 分為滿分)，平均評分達 8.1 分。為進一步改善服務，醫管局會優先加強醫護人員的關懷溝通，以及完善為病人 / 照顧者提供的資訊，提高病人自我照顧的能力。此外，醫管局亦試行以「HA Go」流動應用程式推送簡短問卷，適時了解病人在專科門診求診後及使用「HA Go」各功能的體驗。



- **Enhancing volunteer services** with concerted efforts of Patient Resource Centres (PRCs), volunteers and community organisations such as supporting stroke patients' rehabilitation along their patient journey from hospitals to community, and mobilising volunteering support from corporate staff via centralised coordination of corporate-wide volunteer collaboration to support festive concern visits to patients and various hospital events. **The total volunteer service hours in 2024-25 exceeded 405 000 hours**

- 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**.
- Conducting **Patient Group Forums** to engage patient groups on subjects including the HA Drug Formulary, SF and CCF Medical Assistance Programmes, with **around 100 patient group representatives joining the forums**

- 病人資源中心與義工和社區組織合作，加強義工服務，例如為中風患者從醫院到社區的康復道路上提供支援，及統籌並動員企業員工參與醫院義工服務，如參與節慶病人探訪活動及醫院各項活動。**2024-25 年度的義工服務總時數逾 405 000 小時**

- 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，發揮互助精神，加深病人對疾病管理及治療的認識。

- 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交換意見，約 100 位病友組織代表出席

- Completed revamp of the HA Smart Patient website to improve user experience and allow easier access to information of disease management, caring tips, healthcare and community resources, and patient empowerment activities with an aim to empower patients and their carers on disease management and self-care skills. Since 2009, the Smart Patient website recorded more than 68 000 000 hit counts
- 完成優化醫管局「智友站」網頁，提升用家體驗，可以便捷地查找疾病管理資訊、護理貼士、醫療及社區資源和病人賦能活動資訊等，從而加強病人及其照顧者疾病管理的能力和自我照顧技巧。自 2009 年推出至今，「智友站」已累積逾 68 000 000 點擊次數



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 94 396* as of 31 March 2025. **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.

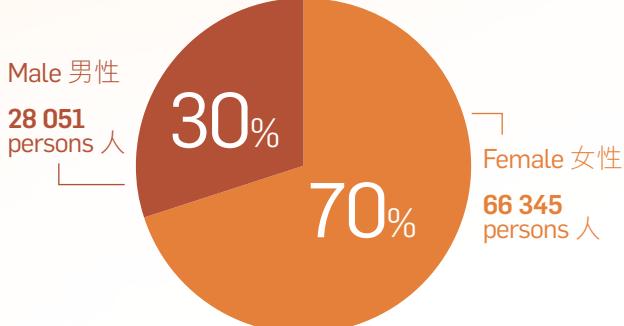
人力資源狀況

- 截至 2025 年 3 月 31 日，醫管局人手總計為 94 396*。我們致力提供公正、公平和包容的工作環境，不論種族、國籍、性別、年齡、家庭狀況、宗教等背景，為所有人提供平等工作機會。

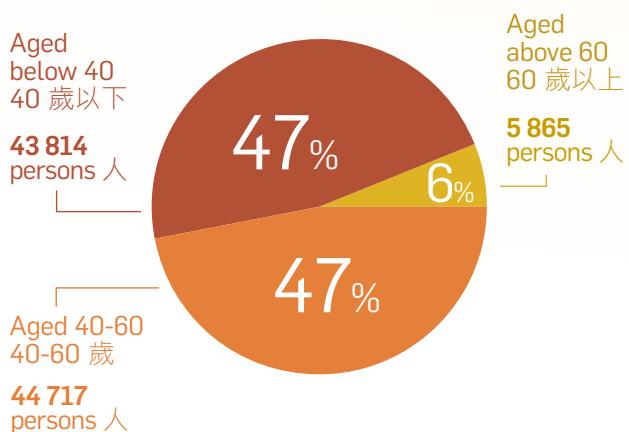
Manpower distribution*

人手分布*

By gender
按性別



By age
按年齡



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

- 醫管局的詳細人手狀況載於本年報附錄 11

* Notes:

- 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.
- Full-time equivalent for temporary part-time staff is calculated based on their actual working hours starting from January 2024.

* 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。
- 自 2024 年 1 月起，等同全職人員的臨時兼職員人手數目是按他們實際已工作時數計算。

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
- **Ensuring Mandatory Training compliance:** All staff members were required to complete essential regular training in critical areas including "Infection Control", "Fire Safety", "Data Privacy and Security", "Case Sharing on Personal Data Privacy Protection" and "Cybersecurity Awareness". **The total attendance in 2024-25 reached over 380 000**
- **Understanding national security, national development and strategies:** HA strengthens staff understanding of national security, the country's policy objectives and development by providing structured national education studies, with a view to enhancing their sense of national identity. These initiatives have connected with over 250 HA management and senior executives through seminars and visits, and the total number of participants in interactive online quizzes and e-learning resources reached over 47 000
- 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
- **確保必修培訓合規：**所有員工必須定期完成必修課程，內容涵蓋多個重要範疇，包括「感染控制」、「消防安全」、「保障資料私隱及安全」、「個人資料保安個案分享」和「網絡安全意識培訓」。**2024-25 年度參與總人次逾 380 000**
- **加深對國家安全、國家發展和策略的了解：**醫管局透過一系列有系統的國情教育，增強員工對國家安全、國家政策方針及發展的認識，致力提升員工的國家觀念。自推出以來超過 250 位醫管局管理層及高級行政人員出席領袖研討會及參觀，參與互動網上問答遊戲及學習課程的總人次超過 47 000
- **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**



- **Promoting a culture of inclusiveness:** HA cultivates a respectful and inclusive environment by investing in comprehensive training on equal opportunities, anti-discrimination, people of diverse race, harassment prevention and holistic care.
- **Empowering staff via digital learning:** The HA eLearning Centre offers 1 100 e-courses, marking an increase of 120% compared to last year. In addition to desktop computers, mobile learning via myHR App recorded over 100 000 monthly accesses, providing anywhere, anytime learning. The content covers professional knowledge, communication skills, language training, teamwork, medical technologies and more.
- **Strengthening the training for management staff**, including enriching the training series for Chief of Services, organising a series of webinars on management, and continuing the leadership programme by IVEY Business School
- **推廣共融文化**：醫管局透過全面的培訓，積極推廣平等機會、反歧視、對多元種族人士的文化敏感度、預防騷擾及全人關顧，致力建立互相尊重和共融的環境。
- **推動數碼學習發展**：醫院管理局網上學習中心現已提供 1 100 個網上課程，較去年增長 120%，員工可透過電腦及流動電話隨時隨地學習，當中以「我的人資應用程式」(myHR App) 學習的每月使用人次超過 100 000。內容涵蓋專業知識、溝通技巧、語言培訓、團隊合作及醫療科技等。
- **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，以及繼續與「毅偉商學院」合辦高級領導培訓課程



Enhancing career pathway

- **Cultivating future leaders:** HA strengthens its leadership pipeline through targeted succession planning and comprehensive development initiatives including the Hospital Authority Executive Leadership Programme, structured local executive development programmes, and personalised senior executive coaching.

擴闊職業發展途徑

- **培育領袖人才**：醫管局透過策略性提名擴展領導人才梯隊，並通過醫院管理局行政領導課程、本地行政人員發展培訓及高級行政人員指導計劃，全面提升領導才能。



- **Increasing the number of Resident Trainee posts and enhancing promotion opportunities for Residents and Associate Consultants**

增加駐院受訓醫生職位數目，及為駐院醫生和副顧問醫生增加晉升機會

- **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



- **Managing career progression for supporting staff** including Patient Care Assistant and Operation Assistant in inpatient services, and Executive Assistant (Ward)

為支援職系員工推行晉升計劃，包括支援住院病房服務的病人服務助理、運作助理，以及行政助理(病房)

- **Adopting the career ladder review for allied health grades and implementing other initiatives** such as granting additional pay points to entry rank allied health staff upon completion of training, Specialty Allied Health Professional Allowance to eligible resident allied health staff, as well as increasing promotion opportunities for selected middle rank allied health professionals and training places and frequency of the Advanced Specialty Programme

檢討專職醫療人員職業階梯，並推行其他措施包括向完成培訓課程的新入職專職醫療人員發放額外薪級點、向合資格駐院專職醫療人員發放「專科專職醫療人員津貼」，以及增加個別專職醫療職系中級人員的晉升機會，和高階專科課程的名額及次數等



Expanding workforce diversity

- **Recruitment of Non-locally Trained Healthcare Professionals (NLTPs):** HA has been stepping up efforts to recruit eligible non-locally trained doctors (NLTDs) and nurses (NLTNs) to beef up its manpower pool, in particular after the enactment of the Nurses Registration (Amendment) Ordinance 2024. As at end-March 2025, a total of 296 NLTDs workforce and exchange talents were working in HA. Moreover, 112 NLTN candidates were interviewed and recommended for employment, of which three commenced work in HA in the first quarter of 2025. The recruitment of NLTPs in HA attracted talents from different parts of the world to serve the patients.
- **The "Greater Bay Area Healthcare Talents Visiting Programmes":** Facilitating bilateral on-site clinical training between healthcare professionals in Hong Kong and GBA. Over 200 GBA healthcare professionals had commenced or completed exchange in 2024-25. Reciprocally, over 65 HA healthcare professionals and over 15 Chinese medicine practitioners also attended mutual exchange or training in the hospitals in GBA.
- **Mutual talent exchanges with various Mainland cities:** HA has also actively fostered talent exchange by taking forward collaboration with various Mainland cities, such as Beijing and Shanghai. In 2024-25, over ten healthcare professionals from Beijing and Shanghai came for attachment or exchange. Reciprocally, about 15 HA healthcare professionals also joined mutual exchange or training at hospitals in the Mainland.

擴大多元人才庫

- **招聘非本地培訓醫療人才：**醫管局一直致力招聘合資格的非本地培訓醫生及護士，特別是在《2024年護士註冊(修訂)條例》通過後，以擴大香港公營醫療體系的人才庫。截至2025年3月底，共有296名非本地培訓醫生及訪問醫生在醫管局工作；另有112名非本地培訓護士通過面試並獲聘用，其中3名護士已於2025年第一季加入醫管局工作。醫管局的招聘措施成功吸納了來自全球各地的醫療人才來港工作，為病人提供服務。
- **「大灣區醫療人才交流計劃」：**計劃旨在促進香港和大灣區醫護人員之間的雙向臨床培訓和交流。年內，200多名來自大灣區的醫護人員在港開始或完成交流。與此同時，醫管局亦派出逾65名醫護人員及超過15名本地中醫師前往大灣區的醫院進行交流或培訓。
- **與內地其他城市建立雙向人才交流：**醫管局積極與北京、上海等多個內地城市協作，進一步深化香港與內地醫療人才的專業交流。在2024-25年度，已有超過十名來自北京和上海的醫護人員來港交流或進行臨床觀摩；醫管局亦派出約15名醫護人員前往內地醫院作相互學習及培訓。





- **"Global Healthcare Talent Scheme"**: HA continued to offer medium-term exchange opportunities to foster talent exchange and provide opportunities for NLTD specialists, or those who are close to completing specialist training from other jurisdictions to join HA for clinical and professional development. Over 20 NLTDs had commenced or completed exchange in 2024-25 under the Scheme.

Building a better and safer workplace

- Continue optimising and implementing intelligent Occupational Safety and Health (OSH) Management Monitoring Systems, to foster a safer workplace environment. The Electronic Chemical Inventory System provides tracking features and real-time access to chemicals information such as storage quantities, enhancing chemical hazard communication and assisting in locating relevant information for emergency response. With the use of the Sharps Injury and Mucosal Exposure Surveillance System, timely analysis on root causes of sharps injuries can be made for devising appropriate control measures. Additionally, the automated Electronic Display Screen Equipment Assessment System strengthens the monitoring of compliance with statutory risk assessment requirements. These system enhancements are vital for ongoing monitoring and overall efficiency in OSH management.
- **Implementing equal opportunities and anti-sexual harassment strategies** in various ways, such as policy guidelines, training and support to frontline supervisors and staff

- 「環球醫療人才匯聚計劃」：醫管局繼續為持有專科資格或接近完成專科培訓的非本地醫生提供中期的交流機會，促進臨床專業發展。在 2024-25 年度，已有超過 20 名非本地培訓醫生透過計劃來港開展或完成交流。

建構更佳及更安全工作間

- 持續優化及運用智能職業安全與健康管理監察系統，以促進更安全的工作環境。電子化的「化學品管理系統」提供追蹤功能及實時查閱化學品信息，例如貯存數量，加強化學品危害溝通並協助尋找相關信息以應對緊急情況。透過電子化的「利器刺傷和黏膜接觸監察系統」，可及時進行利器刺傷的根本原因分析，從而制定相應的控制措施。此外，電子化的「顯示屏幕設備風險評估系統」有助強化對法定要求的風險評估監控。這些系統的優化對職業安全健康風險管理和管理效能具有關鍵作用。

- 通過多種方式實施平等機會和預防性騷擾的策略，例如制定政策指引、培訓及對前線主管和員工的支援

- 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 – Centre for Personal Growth and Crisis Intervention”
- **Enhancing staff engagement and feedback:** HA actively collected staff feedback through comprehensive focused staff surveys, achieving an 85% response rate with over 8 000 participants and thousands of constructive comments. The 2024 survey results demonstrate improvements across all areas, reflecting the organisation's commitment to addressing staff concerns and fostering a positive environment.
- **Committing to being a “Supportive Family-friendly Good Employer”** through introducing and enhancing employee-oriented family-friendly benefits such as Marriage and Compassionate Leaves and Enhanced Home Loan Interest Subsidy Scheme (HLISS) with 1 420 applicants granted approval-in-principle as of March 2025.
- Ongoing staff welfare initiatives such as the **Staff Radiology Programme** were in place. In 2024-25, more than 5 400 eligible applications for Staff Radiology Programme were received, among which over 3 900 from HA employees and over 1 500 from eligible family members and retirees.
- 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
- **提升員工參與及意見回饋：**醫管局積極透過焦點職員意見調查收集員工意見，參與人數超過 8 000 人，回覆率達 85%，並收集到千多項具建設性的意見。2024 年調查結果顯示各個範疇均錄得改善，反映醫管局致力回應員工訴求，並營造正面積極的工作環境。
- 致力成為「支持家庭友善好僱主」，透過推出和優化以員工為本的家庭友善措施，展現作為關愛僱主的承諾，例如引入婚假和優化恩恤假以及「員工置業貸款計劃」。截至 2025 年 3 月，已有 1 420 名員工置業貸款計劃申請者獲得原則上批准。
- 繼續推行**員工造影計劃**等福利措施。在 2024-25 年度，共收到超過 5 400 份合資格「員工造影計劃」的申請，其中逾 3 900 份來自醫管局員工和逾 1 500 份來自合資格家屬和退休僱員。





- HA prioritises employee well-being and engagement to build a resilient and motivated workforce. **Wellness and recreation programmes**, including inter-cluster sports competitions, staycations and interest classes were organised regularly throughout the year. To further promote family-friendliness and work-life balance, family members were also invited to participate in some of the activities. To engage young generations, we also organised initiatives like eSports Competition. In addition, "Hospital Authority Volunteer Team" has been formed to benefit both employees and the community. In 2025, seven outstanding staff members, six outstanding teams and 14 Young Achievers were honoured with the Outstanding Staff and Teams and Young Achievers Award for their significant contributions. These awards signify their exceptional performance, commitment to quality patient-centred care, teamwork, and overall operational effectiveness.
- 醫管局一直重視員工福祉和員工敬業度，從而建立一支有韌性和積極的團隊。年中定期舉辦各類型員工康體活動，包括跨醫院聯網的體育比賽、酒店住宿優惠及興趣班等。為了進一步促進家庭友善和工作與生活的平衡，部分活動亦歡迎員工的家庭成員一同參加。而為了吸引年輕一代的參與，我們亦舉辦了電競比賽等活動。此外，醫管局成立了「醫管局義工隊」，以凝聚員工並造福社區。於 2025 年度，共有七位傑出員工、六個傑出團隊和 14 位優秀青年，因其卓越貢獻而獲頒發傑出員工及團隊獎及優秀青年獎。獎項標誌著他們優秀的表現、竭誠以護理患者為中心、團隊精神以及整體運作成效。

Achievements and Awards

- HA was awarded the "Good MPF Employer", "e-Contribution Award", and "MPF Support Award" for 2023-24 by **Mandatory Provident Fund Schemes Authority** to honour its efforts on enhancing retirement protection for employees.
- HA received the **certificate of Good Employer Charter 2024 from the Labour Department**, honouring HA's commitment to being an employee-oriented employer and adopting good human resource management practices.

成就及獎項

- 醫管局榮獲強制性公積金計劃管理局頒發 2023-24 年度的「積金好僱主」、「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。
- 醫管局榮獲勞工處頒發《好僱主約章》2024 證書，以表揚醫管局致力成為一個以僱員為本的僱主，並實施良好的人事管理措施。

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 **Strive and Rise programme** of the Government, with mentors and group visits to HA facilities to support the exposure and development of teenagers.
- HA participated in a **youth work experience programme** organised by a non-governmental organisation, the Child Development Initiative Alliance, and arranged 64 grassroots youths aged between 16 and 22 to join volunteer services at HA to gain understanding and exposure in the healthcare industry. HA provided **pre-volunteering briefing, on-the-job coaching, and supervision** to the youth. 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

- 醫管局參與由政府組織的「共創明『Teen』計劃」，提名義務友師並安排參觀醫管局設施，以擴闊學員視野及協助他們展開人生規劃。
- 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 64 名年齡介乎 16 至 22 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

- Following the Government's practice to incorporate the direction of ESG as part of HA's procurement goals and good practices
- Adopting a marking scheme weighting distinctly for assessment of ESG measures, with **scores allocated for bidders committing to employ 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

- A **dedicated website for people of diverse race** provides the essential service information on HA website including information about the A&E Department and general outpatient clinic services in eight languages
- A disease information webpage with content in multiple languages has been set up on **Smart Patient website**. The revamped version further enhances search function, which **facilitates easier access to disease information by people of diverse race**
- Providing **interpretation service for 17 languages** (Arabic, Bahasa (Indonesian), Bengali, etc.), **including sign language**, 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

- 遵循政府做法，將環境、社會及管治方向納入醫管局採購目標及良好實踐的一部分。
- 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，分配特定分數評估環境、社會及管治措施，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

- 多元種族人士專用網頁設有八種語言，提供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
- 「智友站」設有疾病專頁提供多種語言選擇，全新版本的網站更提升了搜尋功能，方便不同種族人士查閱疾病資訊
- 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)，**包括手語的傳譯服務**
- 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



Enhancing public healthcare services through donation

- HA would like to express its sincere gratitude for the strong support received from all sectors of the community all along, including donation support in the form of both cash and in-kind donations, which has significantly helped ease the financial strain posed by rising medical costs. Donations received are carefully allocated to support HA in enhancing public hospital services and fulfilling our vision of "Helping People Stay Healthy". We are committed to ensuring that these contributions make a meaningful impact on advancing healthcare for the community.
- Generous donations from the public have enabled HA to fund essential initiatives aimed at advancing our services. These initiatives include the procurement of cutting-edge medical equipment and the subsidisation of patient support groups to facilitate empowerment programmes, among others. The following donation projects have been gradually put into service during 2024-25:

善用捐款 提升公共醫療服務

• 醫管局衷心感謝各界一直以來對我們的強力支持，包括以現金捐款和實物捐贈形式提供的捐贈支援，這對於減輕醫療費用上漲帶來的財務壓力有著重要的幫助。所有收到的捐贈都被仔細分配，用於支持醫管局提升公立醫院服務、並實現我們的願景 —「與民攜手 保健安康」。我們致力於確保這些捐贈能真正推動醫療服務的進步，並造福社區。

• 來自公眾的慷慨捐贈能夠協助醫管局籌集必要的資源來推動旨在提升我們服務的關鍵舉措，當中包括購買先進醫療設備、為患者支援團體提供資助以舉辦病人賦能計劃，以及其他重要項目。以下是一些已於 2024-25 年期間逐步投入使用的項目：



Acquisition of Next Generation Sequencing equipment for the Molecular Pathology Laboratory of Hong Kong East Cluster in Pamela Youde Nethersole Eastern Hospital (PYNEH)

東區尤德夫人那打素醫院(東區醫院)的港島東醫院聯網分子病理學化驗室 — 購置次世代基因排序儀

Service enhancement for psychiatric patients (Sensorium Garden Project) in PYNEH

東區醫院精神科服務優化計劃 — 構建多感官療癒空間「賞心庭園」



Acquisition of a Laser, Femtosecond Pulse surgical unit in Hong Kong Eye Hospital for improving the surgical outcome for complex cornea and cataract cases

香港眼科醫院購置激光、飛秒脈衝手術裝置，以改善複雜眼角膜及白內障手術的手術效果



Acquisition of one set of Power Wheelchair Simulator in Kowloon Central Cluster for enhanced assessment and training for patients with potential needs in using power wheelchair

九龍中醫院聯網購置「電動輪椅模擬器」以提升為病人進行的電動輪椅評估及訓練服務

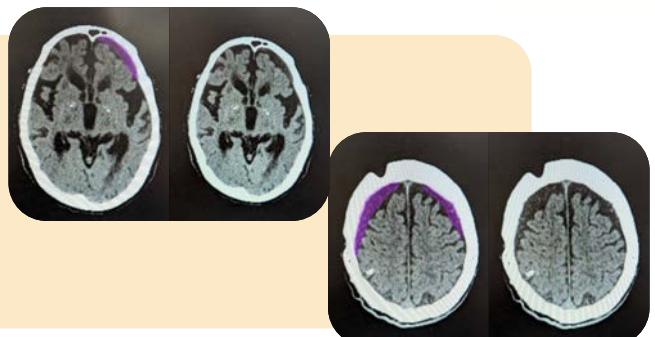
Jockey Club Smart Geriatric Day Hospital Project in Pok Oi Hospital

博愛醫院 — 賽馬會智慧老人科日間醫院計劃



Adoption of Artificial Intelligence in diagnostic imaging in the A&E Departments of 17 public hospitals in HA

醫管局 17 間公立醫院急症室採用人工智能分析電腦斷層掃描影像



Responding to emergencies, disasters and crisis in the community

- As one of the public service agencies, HA has devised a structured emergency and crisis management system to respond to emergencies, disasters and crises in the community. It ensures continuity of care, minimises risk to patients and staff, and maintains operational stability during major incidents. Below are the pillar components of the framework:
 - Emergency preparedness and planning with regular risk assessments (e.g. natural disasters, pandemics, terrorist attacks, cyber threats, etc.);
 - Contingency and recovery plans, which cover a variety of response protocols for different situations; for example, infectious disease outbreaks, civil disasters, radiation hazards, etc.;
 - Resource management to determine the inventory of essential supplies such as personal protective equipment, medications, backup power, etc.;
 - Incident command structure with clearly defined roles and responsibilities of incident commanders, crisis communications spokespersons, logistical and administrative support, and specialists; etc.; and
 - Regular training and drills to keep employees prepared and focused on crisis response
- HA has been committed to dovetailing the directives of the Government and fulfilling its social responsibilities by strengthening preparedness for large-scale adversity and major incidents. Established in 2023, the Special Duty Cadre (SDC) comprises more than 120 multi-disciplinary members to provide special emergency medical services in various situations as required. The establishment of the SDC not only demonstrates the competence and professionalism of HA staff, but also reflects their spirit of solidarity and collaboration, while providing medical support beyond the walls of hospitals.

應對社會緊急情況、災難和危機

- 作為公共服務機構之一，醫管局制訂了一套緊急和危機管理系統，以應對社會發生不同的緊急情況、災難和危機。它確保傷病護理的連續性，降低病人和員工的風險，並在大型事故期間保持運作的穩定性。以下是該框架的關鍵元素：
 - 通過定期風險評估(例如自然災害、流行病、恐怖襲擊、網路威脅等)進行應急準備和規劃；
 - 應急和恢復計劃：涵蓋針對不同情況的各種應變計劃，例如傳染病爆發、民事災難、輻射危害等；
 - 資源管理：以確定個人防護設備、藥物、備用電源等基本用品的庫存；
 - 指揮架構：明確界定事件指揮官、危機溝通發言人、後勤和行政支援以及專家等角色和職責；以及
 - 定期進行培訓和演習：讓員工對危機應變加強了解並做好準備
- 醫管局一直致力配合特區政府的目標，履行社會責任，加強對突發大型事故的準備。醫管局於2023年成立了一支特勤隊伍，由超過120名跨專業組員組成，目的在有需要的情況下提供特別緊急醫療服務。醫管局特勤隊伍的成立，展現醫管局員工的專業能力及協作精神，在院外提供專業醫療支援。

- Rescue and disaster relief efforts know no borders. In 2024-25, the SDC participated in the international search and rescue mission in the Myanmar earthquake. In response to Myanmar's formal request for international assistance, the HKSAR Government quickly dispatched a 51-member Hong Kong Search and Rescue Team, comprising a dedicated medical team formed by two doctors and two nurses from HA. This mission is of particular historic significance, marking a major step forward in our emergency response capabilities. Within seven hours of notification, HA managed to mobilise and assemble the team rapidly and prepare all the necessary medicines, equipment and logistics. HA's swift response not only demonstrates the good coordination between the HA and all relevant organisations, but also demonstrates HA's contribution beyond the hospital.

- 救援和救災工作不分國界，特勤隊伍於2024-25年期間參加了緬甸地震的國際搜救任務。為響應緬甸的正式國際援助請求，香港特區政府迅速派出一支由51人組成的香港搜救隊，成員包括醫管局兩名醫生和兩名護士組成的專責醫療隊。這項任務具有特別的歷史意義，標誌著醫管局的緊急應變能力向前邁進了一大步。在接到通知後的七小時內，醫管局設法快速地動員及組建了團隊並準備了所有必要的藥品、設備和後勤。醫管局的迅速反應，不單顯示醫管局與所有相關機構的良好協調，亦顯示醫管局在醫院以外的貢獻。



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 and healthcare information through various means including the quarterly Open Board Meeting, press conferences and media briefings, press releases, contributed articles in various media platforms, as well as radio and television programmes
- **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

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.

多管齊下 加強與公眾溝通

- 醫管局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、出席電台及電視節目，讓市民掌握有關醫管局服務的最新消息及健康資訊
- 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

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。

INDEPENDENT AUDITOR'S REPORT AND AUDITED FINANCIAL STATEMENTS

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INDEPENDENT AUDITOR'S REPORT

To The Members of the Hospital Authority

Opinion

What we have audited

The consolidated financial statements of the Hospital Authority ("HA") and its subsidiaries (together, the "Group"), which are set out on pages 120 to 185, comprise:

- the consolidated and HA balance sheets as at 31 March 2025;
- 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 2025, and of the Group's consolidated financial performance and its consolidated cash flows for the year then ended in accordance with HKFRS Accounting Standards as 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") as 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 120 至 185 頁的綜合財務報表, 包括:

- 於二零二五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《香港財務報告會計準則》真實而中肯地反映了於二零二五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 HKFRS Accounting Standards as 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《香港財務報告會計準則》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.
- Plan and perform the group audit to obtain sufficient appropriate audit evidence regarding the financial information of the entities or business units within the Group as a basis for forming an opinion on the consolidated financial statements. We are responsible for the direction, supervision and review of the audit work performed for purposes 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.

The engagement partner on the audit resulting in this independent auditor's report is Chan Sung Lai, Arthur (practicing certificate number: P05714).



PricewaterhouseCoopers
Certified Public Accountants

Hong Kong, 25 September 2025

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。
- 計劃和執行集團審計，以獲取關於集團內實體或業務單位財務信息的充足和適當的審計憑證，作為對綜合財務報表形成意見的基礎。我們負責指導、監督和覆核就集團審計目的而執行的審計工作。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。

出具本獨立核數師報告的審計項目合夥人是陳崇禮 (執業證書編號: P05714)。



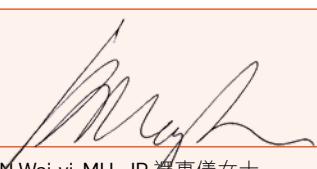
羅兵咸永道會計師事務所
執業會計師

香港，二零二五年九月二十五日

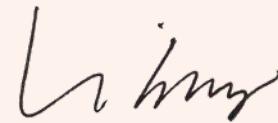
CONSOLIDATED BALANCE SHEET

綜合資產負債表

Note 附註	At 31 March 2025		At 31 March 2024	
	HK\$'000 2025年3月31日 港幣千元		HK\$'000 2024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	10,097,426	9,420,819	
Intangible assets 無形資產	6	711,831	547,472	
Right-of-use assets 使用權資產	7	395,160	529,966	
Placements with the Exchange Fund 外匯基金存款	8	-	13,000,000	
Fixed income instruments 固定入息工具	9	194,500	134,700	
		11,398,917	23,632,957	
Current Assets 流動資產				
Inventories 存貨	10	2,944,480	3,431,837	
Loans receivable 應收債款	11	132,292	118,425	
Accounts receivable 應收帳款	12	472,031	393,407	
Other receivables 其他應收帳款	13	3,650,890	1,604,863	
Deposits and prepayments 按金及預付款項	14	403,706	522,291	
Placements with the Exchange Fund 外匯基金存款	8	13,725,471	6,708,813	
Fixed income instruments 固定入息工具	9	5,244,688	1,969,015	
Cash and bank balances 現金及銀行結餘	15	57,833,006	51,892,607	
		84,406,564	66,641,258	
Total Assets 總資產		95,805,481	90,274,215	
Funds 基金				
Designated fund 指定基金	16	5,077,369	5,077,369	
Revenue reserve 收入儲備		9,895,918	9,287,473	
Total Funds 基金總額		14,973,287	14,364,842	
Current Liabilities 流動負債				
Balance with Samaritan Fund 撒瑪利亞基金結餘	17	-	5,874,525	
Creditors and accrued charges 債權人及應付費用	18	48,944,989	40,412,941	
Deposits received 已收按金	19	701,219	657,071	
Lease liabilities 租賃負債	7	195,294	258,225	
Public-Private Partnership Endowment Fund	20	10,000,000	-	
公私營協作留本基金		59,841,502	47,202,762	
Non-Current Liabilities 非流動負債				
Death and disability liabilities 死亡及傷殘福利責任	21	239,314	287,100	
Deferred income 遲延收益	22	9,743,053	8,193,892	
Deferred income - capital subventions and capital donations 遲延收益 - 資本補助及資本捐贈	23	10,809,257	9,968,291	
Lease liabilities 租賃負債	7	199,068	257,328	
Public-Private Partnership Endowment Fund	20	-	10,000,000	
公私營協作留本基金		20,990,692	28,706,611	
Total Liabilities 總負債		80,832,194	75,909,373	
Total Funds and Total Liabilities 基金及負債總額		95,805,481	90,274,215	


Ms Mary HUEN Wai-yi, MH, JP 潤惠儀女士
Chairman, Finance Committee
財務委員會主席

The notes on pages 126 to 185 are an integral part of these consolidated financial statements.


Dr Libby LEE Ha-yun 李夏茵醫生
Chief Executive
行政總裁

第 126 至 185 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 2025 2025年3月31日	At 31 March 2024 2024年3月31日
	HK\$'000 港幣千元	HK\$'000 港幣千元
Non-Current Assets 非流動資產		
Property, plant and equipment 物業、機器及設備	5 10,094,457	9,420,819
Intangible assets 無形資產	6 703,640	533,273
Right-of-use assets 使用權資產	7 395,160	529,966
Placements with the Exchange Fund 外匯基金存款	8 -	13,000,000
Fixed income instruments 固定入息工具	9 194,500	134,700
	11,387,757	23,618,758
Current Assets 流動資產		
Inventories 存貨	10 2,944,480	3,431,837
Loans receivable 應收債款	11 132,292	118,425
Accounts receivable 應收帳款	12 472,031	393,407
Other receivables 其他應收帳款	13 3,650,890	1,604,863
Deposits and prepayments 按金及預付款項	14 403,564	522,161
Placements with the Exchange Fund 外匯基金存款	8 13,725,471	6,708,813
Fixed income instruments 固定入息工具	9 5,244,688	1,969,015
Cash and bank balances 現金及銀行結餘	15 57,833,006	51,892,607
	84,406,422	66,641,128
Total Assets 總資產	95,794,179	90,259,886
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
Total Funds 基金總額	14,973,281	14,364,836
Current Liabilities 流動負債		
Balance with Samaritan Fund 撒瑪利亞基金結餘	17 -	5,874,525
Creditors and accrued charges 債權人及應付費用	18 48,944,853	40,412,817
Deposits received 已收按金	19 701,219	657,071
Lease liabilities 租賃負債	7 195,294	258,225
Public-Private Partnership Endowment Fund 公私營協作留本基金	20 10,000,000	-
	59,841,366	47,202,638
Non-Current Liabilities 非流動負債		
Death and disability liabilities 死亡及傷殘福利責任	21 239,314	287,100
Deferred income 遲延收益	22 9,743,053	8,193,892
Deferred income - capital subventions and capital donations 遲延收益 — 資本補助及資本捐贈	23 10,798,097	9,954,092
Lease liabilities 租賃負債	7 199,068	257,328
Public-Private Partnership Endowment Fund 公私營協作留本基金	20 -	10,000,000
	20,979,532	28,692,412
Total Liabilities 總負債	80,820,898	75,895,050
Total Funds and Total Liabilities 基金及負債總額	95,794,179	90,259,886


Ms Mary HUEN Wai-yi, MH, JP 潘蕙儀女士
Chairman, Finance Committee
財務委員會主席

The notes on pages 126 to 185 are an integral part of these consolidated financial statements.


Dr Libby LEE Ha-yun 李夏茵醫生
Chief Executive
行政總裁

第 126 至 185 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 2025 HK\$'000 截至2025年 3月31日止年度 港幣千元		For the year ended 31 March 2024 HK\$'000 截至2024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		87,533,531		84,773,807
Capital Government subvention for Minor Works Projects 小型工程項目的資本性政府補助		1,280,951		-
Hospital / clinic fees and charges 醫院 / 診療所收費	24	6,255,344		5,865,712
Donations 捐贈		-		105
Transfers from 轉調自：				
Designated donation fund 指定捐贈基金	22	125,721		93,585
Minor Works Projects Fund 小型工程項目基金	22	137,057		2,174,621
Public-Private Partnership Fund 公私營協作基金	22	672,885		656,215
Enhanced HLISS 員工置業貸款計劃	22	19,175		7,515
Capital subventions 資本補助	23	1,764,991		1,581,463
Capital donations 資本捐贈	23	137,744		152,762
Investment income 投資收益		2,075,570		1,986,817
Other income 其他收益		1,246,342		1,086,525
		101,249,311		98,379,127
Expenditure 支出				
Staff costs 員工成本	25	(65,822,525)		(62,414,171)
Drugs 藥物		(12,749,878)		(13,126,702)
Medical supplies and equipment 醫療物品及設備		(5,896,107)		(5,387,855)
Utilities charges 公用開支		(1,902,485)		(2,025,184)
Repairs and maintenance 維修及保養		(3,703,270)		(3,497,285)
Minor works projects funded by the Government 由政府撥款的小型工程項目		(1,418,008)		(2,174,621)
Depreciation and amortisation 折舊及攤銷	5-7	(2,157,416)		(2,042,848)
Finance costs 財務費用	7	(12,214)		(19,319)
Other operating expenses 其他營運開支	26	(7,063,408)		(6,704,860)
		(100,725,311)		(97,392,845)
Surplus for the year 年內盈餘		524,000		986,282

The notes on pages 126 to 185 are an integral part of these consolidated financial statements.

第 126 至 185 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 2025 HK\$'000 截至2025年 3月31日止年度 港幣千元	For the year ended 31 March 2024 HK\$'000 截至2024年 3月31日止年度 港幣千元
	524,000	986,282
Surplus for the year 年內盈餘		
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	21 84,445	(56,706)
Total comprehensive income for the year 年內總全面收益	608,445	929,576

The notes on pages 126 to 185 are an integral part of these consolidated financial statements.

第 126 至 185 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 2025 HK\$'000 截至2025年 3月31日止年度 港幣千元		For the year ended 31 March 2024 HK\$'000 截至2024年 3月31日止年度 港幣千元
Net cash generated from operating activities 營運活動所得現金淨額	29(a)	9,950,625	10,279,500
Investing activities 投資活動			
Investment income received 已收投資收益		2,333,037	1,803,430
Purchases of property, plant and equipment 購置物業、機器及設備	5	(2,305,980)	(2,338,455)
Purchases of intangible assets 購置無形資產	6	(437,721)	(327,191)
Decrease / (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減少 / (增加)		9,119,898	(3,934,952)
Increase in fixed income instruments 固定入息工具增加		(3,303,109)	(751,078)
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 generated from / (used in) investing activities 投資活動所得 / (所用)現金淨額		5,406,125	(3,548,246)
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)	(263,420)	(350,072)
Finance costs paid 已付財務費用		(12,214)	(19,319)
Net cash used in financing activities 融資活動所用現金淨額		(275,634)	(369,391)
Net increase in cash and cash equivalents 現金及現金等值之淨增加		15,081,116	6,361,863
Cash and cash equivalents at the beginning of the year 年初之現金及現金等值		8,464,372	2,107,109
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		(26,164)	(4,600)
Cash and cash equivalents at the end of the year 年終之現金及現金等值	15	23,519,324	8,464,372

Note:

The cash flow on the placements with the Exchange Fund on behalf of the Samaritan Fund was netted off with the changes on 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現金流已和撒瑪利亞基金的結餘變動互相抵銷，詳細安排於附註 17 披露。

The notes on pages 126 to 185 are an integral part of these consolidated financial statements.

第 126 至 185 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 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
Total comprehensive income for the year 年內總全面收益	-	608,445	608,445
At 31 March 2025 於 2025 年 3 月 31 日	5,077,369	9,895,918	14,973,287

The notes on pages 126 to 185 are an integral part of these consolidated financial statements.

第 126 至 185 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.

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。

1 The Hospital Authority (Continued)**(a) Background (Continued)**

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

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.

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 2025, there were 4 major capital works projects completed and 11 major capital works projects in progress (of which 9 projects were managed by HA), and the total funding approved by the Government was HK\$191,617,800,000. 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.

1 醫院管理局 (續)**(a) 背景 (續)**

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

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。

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。截至二零二五年三月三十一日，共有四個已完成的基本工程項目及十一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191,617,800,000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。

1 The Hospital Authority (Continued)

(a) Background (Continued)

For exploration of information technology ("IT") collaborations in Hong Kong and other regions in the Guangdong-Hong Kong-Macao Greater Bay Area relating to hospital services or other services relevant to public health, HA established the EH Plus Digital Technology Limited ("EHPD") in July 2024. As a HA's subsidiary, EHPD was set up to unlock healthcare's potential by unleashing digital capabilities to improve healthcare technology and to better serve HA, citizens of Hong Kong and regional healthcare as a whole.

In order to develop and support the Government-led Electronic Health Record Sharing System (eHealth), 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 eHealth related projects, which are funded by the recurrent subvention and other designated funding from the Government. During the financial year ended 31 March 2025, HA recognised HK\$667,482,000 (2024: HK\$570,808,000) as other income to match with the expenditure incurred in relation to the eHealth related projects.

In order to support Department of Health ("DH") to enhance its 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 2025, HA recognised HK\$174,044,000 (2024: HK\$158,670,000) 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)

為開拓本地及粵港澳大灣區的醫療及其他公眾健康相關服務的資訊科技協作，醫管局於二零二四年七月成立了附屬機構「醫弘數碼科技有限公司」。該公司旨在透過數碼化以釋放醫療健康領域的潛力，從而提升醫療技術水平，及更好地服務醫管局、香港市民以至整個區域的醫療。

政府推行的醫健通計劃，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醫健通相關的計劃，這些計劃由政府的經常性補助及其他指定撥款提供經費。截至二零二五年三月三十一日止之財政年度，醫管局確認港幣 667,482,000 元 (二零二四年：港幣 570,808,000 元) 的款項為其他收入，以支付醫健通相關計劃的開支。

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。截至二零二五年三月三十一日止之財政年度，醫管局確認港幣 174,044,000 元 (二零二四年：港幣 158,670,000 元) 的款項為其他收入，以支付相關項目的開支。

1 The Hospital Authority (Continued)

(b) Hospitals and other institutions

At 31 March 2025, 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

在二零二五年三月三十一日，由醫管局管理及掌管的醫院、慈善信託基金及機構如下：

醫院：

雅麗氏何妙齡那打素醫院
 白普理寧養中心
 明愛醫院
 青山醫院
 春磡角慈氏護養院
 沙田慈氏護養院
 大口環根德公爵夫人兒童醫院
 葛量洪醫院
 靈實醫院
 香港佛教醫院
 香港兒童醫院
 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
 賛育醫院
 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

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
EH Plus Digital Technology 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
醫弘數碼科技有限公司
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 HKFRS Accounting Standards as 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 HKFRS Accounting Standards 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.

The HKICPA has issued a number of new / revised HKFRS Accounting Standards, including interpretation, amendments, or improvements to the existing standards, which has become effective in the current year.

During the year, the Group adopted the following amendment to the existing standard, which is relevant to the Group's operations:

- Amendment to HKAS 1 - Classification of Liabilities as Current or Non-current

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

The Group has not early adopted new and amended HKFRS Accounting Standards and interpretations which may be relevant to the Group but are not yet effective for the financial year ended 31 March 2025. The Group is in a process of making an assessment but is not yet in a position to conclude the impact of these new / revised HKFRS Accounting Standards on its results 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 2025.

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《香港財務報告會計準則》，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《香港財務報告會計準則》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。

香港會計師公會已頒布多項在本年度生效的新訂/經修訂《香港財務報告會計準則》，包括對現有準則的詮釋、修訂或改良。

本年度內，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「將負債分類為流動或非流動」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二零二五年三月三十一日止財政年度尚未生效的新訂及經修訂《香港財務報告會計準則》及詮釋。集團現正進行評估，但未能確定該等新訂 / 經修訂《香港財務報告會計準則》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二零二五年三月三十一日之財政年度內由其管理及掌管的總辦事處、附屬機構、所有醫院、慈善信託基金、專科門診診所、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 2025 and 31 March 2024 are as follows:

Name 名稱	Principal activities 主要業務	Place of incorporation / operation 註冊成立 / 營運地點	Issued share capital 已發行股份	Effective percentage directly held by the Group 集團直接持有的有效份額	
				2025	2024
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	Nil 無	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 eHealth programme 作為保管人，持有、保管及特許醫健通相關計劃的知識產權及資產	Hong Kong 香港	Nil 無	100	100
EH Plus Digital Technology Limited (limited by shares) 醫弘數碼科技有限公司(股份有限公司)	To support the exploration of IT collaborations in Hong Kong and other regions in the Guangdong-Hong Kong-Macao Greater Bay Area relating to hospital services or other services relevant to public health 開拓本地及粵港澳大灣區的醫療及其他公眾健康相關服務的資訊科技協作	Hong Kong 香港	HK\$1 港幣1元	100	Not applicable 不適用

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。

附屬機構於二零二五年三月三十一日及二零二四年三月三十一日之詳情如下：

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.

Subventions for minor works projects (under Subhead 8096MM) are recognised as set out in note 2(q)(v).

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, Public-Private Partnership ("PPP") Fund and Enhanced HLISS 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.

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。

小型工程項目補助 (分目 8096MM 項下) 按附註 2(q)(v) 的方式確認。

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、公私營協作基金及員工置業貸款計劃之轉調按附註 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。

2 Material accounting policies (Continued)**(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)**(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。

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 21.

(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.

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 21。

(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被列為流動資產，而醫管局收取用以支付日後工程費用的預先撥款被列為流動負債。詳情載於附註 13。

2 Material accounting policies (Continued)

(q) Government subvention (Continued)

- (ii) 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.
- (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 22(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 22(c).
- (v) Subventions for minor works projects (under Subhead 8096MM) are recognised as capital subvention income in the statement of income and expenditure or deferred income – capital subventions as appropriate when the amount spent on minor works projects is incurred.
- (vi) 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 22(a).

2 重大會計政策 (續)

(q) 政府補助 (續)

- (ii) 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。
- (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22(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22(c)。
- (v) 小型工程項目補助(分目8096MM項下)在用於小型工程項目的支出款額時，在適用情況下於收支結算表或遞延收益—資本補助中確認為資本補助收入。
- (vi) 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22(a)。

2 Material accounting policies (Continued)**(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.

2 重大會計政策 (續)**(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、指令及管控集團事務的主要管理人員。

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

3 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 2025 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。截至二零二五年三月三十一日的投資組合（「組合」），包括銀行存款、固定入息工具及外匯基金存款。根據下文所列的風險控制措施，有關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 2025. 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 Group's liquidity requirements, the Group has maintained adequate cash and bank balances and banking facilities. As at 31 March 2025, the Group held cash and bank balances of HK\$57,833,006,000 (2024: HK\$51,892,607,000) as disclosed in note 15 and undrawn banking facilities of HK\$4,450,000,000 (2024: 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。集團在二零二五年三月三十一日就利率風險進行敏感度分析。當利率升降 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。於二零二五年三月三十一日，集團的現金及銀行結餘為港幣 57,833,006,000 元(二零二四年：港幣 51,892,607,000 元)(附註 15)，而未動用的銀行授信額為港幣 4,450,000,000 元(二零二四年：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。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

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 2025 and 31 March 2024:

The Group and HA 集團及醫管局

	For the year ended 31 March 2025 HK\$'000 截至2025年 3月31日止年度	For the year ended 31 March 2024 HK\$'000 截至2024年 3月31日止年度
At the beginning of the year 於年初	19,708,813	22,267,203
Withdrawal 提取	(5,600,000)	(2,000,000)
Interest earned / accrued interest 所獲利息 / 應計利息	647,233	812,186
Interest withdrawn 提取利息	(1,030,575)	(1,370,576)
At the end of the year [note 8] 於年終 [附註 8]	13,725,471	19,708,813

(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 2025 HK\$'000 2025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 2025 HK\$'000 2025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
Fixed income instruments 固定入息工具	5,439,188	2,103,715	5,439,396	2,099,263

(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。下表呈列截至二零二五年三月三十一日止及二零二四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 2025 HK\$'000 截至2025年 3月31日止年度	For the year ended 31 March 2024 HK\$'000 截至2024年 3月31日止年度
At the beginning of the year 於年初	19,708,813	22,267,203
Withdrawal 提取	(5,600,000)	(2,000,000)
Interest earned / accrued interest 所獲利息 / 應計利息	647,233	812,186
Interest withdrawn 提取利息	(1,030,575)	(1,370,576)
At the end of the year [note 8] 於年終 [附註 8]	13,725,471	19,708,813

(ii) 按攤餘成本列帳的金融資產

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

The Group and HA 集團及醫管局

	Carrying Value [Note 9] 帳面價值 [附註 9]		Fair Value 公允價值	
	At 31 March 2025 HK\$'000 2025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 2025 HK\$'000 2025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
Fixed income instruments 固定入息工具	5,439,188	2,103,715	5,439,396	2,099,263

(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 ("LegCo") 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 2025, the capital of the Group was HK\$35,525,597,000 (2024: HK\$32,527,025,000).

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 such as hospital facility / capacity. 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。截至二零二五年三月三十一日，集團的資本為港幣 35,525,597,000 元 (二零二四年：港幣 32,527,025,000 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，醫管局亦會考慮當前限制，例如醫院設施或服務量。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。

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 21. 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.

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 21 所述的貼現率及薪金通脹率。集團用以支付此等責任的現值，是根據與有關責任年期相若的香港政府債券的市場回報按貼現率計算，而長遠的薪金通脹率一般是以市場預期的長遠價格通脹率為依據。

NOTES TO THE FINANCIAL STATEMENTS 財務報表附註

5 Property, plant and equipment

5 物業、機器及設備

The Group 集團

	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 2024 於 2024 年 4 月 1 日	1,123,450	18,056,419	458,799	964,149	20,602,817
Additions 增加	14,644	2,091,401	53,419	146,516	2,305,980
Reclassifications 重新分類	-	(297)	-	-	(297)
Disposals 出售	(37,286)	(742,552)	(34,138)	(44,462)	(858,438)
At 31 March 2025 於 2025 年 3 月 31 日	1,100,808	19,404,971	478,080	1,066,203	22,050,062
Accumulated depreciation 累積折舊					
At 1 April 2024 於 2024 年 4 月 1 日	614,332	9,505,341	349,305	713,020	11,181,998
Charge for the year 本年度之折舊	26,157	1,446,225	38,141	95,982	1,606,505
Disposals 出售	(37,082)	(720,185)	(34,138)	(44,462)	(835,867)
At 31 March 2025 於 2025 年 3 月 31 日	603,407	10,231,381	353,308	764,540	11,952,636
Net book value 帳面淨值					
At 31 March 2025 於 2025 年 3 月 31 日	497,401	9,173,590	124,772	301,663	10,097,426

HA 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 2024 於 2024 年 4 月 1 日	1,123,450	18,056,419	458,799	964,149	20,602,817
Additions 增加	11,675	2,091,401	53,419	146,516	2,303,011
Reclassifications 重新分類	-	(297)	-	-	(297)
Disposals 出售	(37,286)	(742,552)	(34,138)	(44,462)	(858,438)
At 31 March 2025 於 2025 年 3 月 31 日	1,097,839	19,404,971	478,080	1,066,203	22,047,093
Accumulated depreciation 累積折舊					
At 1 April 2024 於 2024 年 4 月 1 日	614,332	9,505,341	349,305	713,020	11,181,998
Charge for the year 本年度之折舊	26,157	1,446,225	38,141	95,982	1,606,505
Disposals 出售	(37,082)	(720,185)	(34,138)	(44,462)	(835,867)
At 31 March 2025 於 2025 年 3 月 31 日	603,407	10,231,381	353,308	764,540	11,952,636
Net book value 帳面淨值					
At 31 March 2025 於 2025 年 3 月 31 日	494,432	9,173,590	124,772	301,663	10,094,457

NOTES TO THE FINANCIAL STATEMENTS 財務報表附註

5 Property, plant and equipment (Continued)

5 物業、機器及設備 (續)

The Group and HA 集團及醫管局

	Furniture, fixtures and equipment HK\$'000				Total HK\$'000 港幣千元
	Buildings and improvements HK\$'000 建築物 及裝修 港幣千元	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	
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

6 Intangible assets

6 無形資產

The Group 集團		For the year ended 31 March 2025 HK\$'000 截至2025年 3月31日止年度 港幣千元	For the year ended 31 March 2024 HK\$'000 截至2024年 3月31日止年度 港幣千元
Cost 成本			
At the beginning of the year 於年初	2,819,558	2,495,511	
Additions 增加	437,721	327,191	
Reclassifications 重新分類	297	-	
Disposals 出售	(615)	(3,144)	
At the end of the year 於年終	3,256,961	2,819,558	
Accumulated amortisation 累積攤銷			
At the beginning of the year 於年初	2,272,086	2,082,703	
Charge for the year 本年度之攤銷	273,659	192,527	
Disposals 出售	(615)	(3,144)	
At the end of the year 於年終	2,545,130	2,272,086	
Net book value 帳面淨值			
At the end of the year 於年終	711,831	547,472	
 HA 醫管局			
	For the year ended 31 March 2025 HK\$'000 截至2025年 3月31日止年度 港幣千元	For the year ended 31 March 2024 HK\$'000 截至2024年 3月31日止年度 港幣千元	
Cost 成本			
At the beginning of the year 於年初	2,777,103	2,462,132	
Additions 增加	430,170	318,115	
Reclassifications 重新分類	297	-	
Disposals 出售	(615)	(3,144)	
At the end of the year 於年終	3,206,955	2,777,103	
Accumulated amortisation 累積攤銷			
At the beginning of the year 於年初	2,243,830	2,059,453	
Charge for the year 本年度之攤銷	260,100	187,521	
Disposals 出售	(615)	(3,144)	
At the end of the year 於年終	2,503,315	2,243,830	
Net book value 帳面淨值			
At the end of the year 於年終	703,640	533,273	

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 2025, the future cash outflows for lease not yet commenced but committed by the Group amounted to HK\$2,859,000 (2024: HK\$7,169,000).

(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 2025 HK\$'000 2025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
Buildings 物業	395,160	529,966

Additions to the right-of-use assets for the financial year ended 31 March 2025 were HK\$142,446,000 (2024: HK\$193,169,000).

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。於二零二五年三月三十一日，尚未開始但集團已承擔的租賃未來現金流出為港幣 2,859,000 元（二零二四年：港幣 7,169,000 元）。

(a) 在綜合資產負債表確認的款項

(i) 使用權資產

(ii) Lease liabilities

Contractual maturities of lease liabilities are as follows:

於截至二零二五年三月三十一日止之財政年度，使用權資產的增加為港幣 142,446,000 元（二零二四年：港幣 193,169,000 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

	Within 1 year HK\$'000 1年內 港幣千元	Between 1 and 2 years HK\$'000 1-2年 港幣千元			Between 2 and 5 years HK\$'000 2-5年 港幣千元			Over 5 years HK\$'000 5年以上 港幣千元			Total contractual cash flows HK\$'000 合約現金 流量總額 港幣千元	Carrying amount HK\$'000 帳面價值 港幣千元
At 31 March 2025 於 2025 年 3 月 31 日	204,305	115,009		91,079				-	410,393		394,362	
Less: non-current portion 減：非流動部分											(199,068)	
Current portion 流動部分											195,294	
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 減：非流動部分											(257,328)	
Current portion 流動部分											258,225	

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 2025 HK\$'000 截至2025年 3月31日止年度 港幣千元	For the year ended 31 March 2024 HK\$'000 截至2024年 3月31日止年度 港幣千元
Depreciation 折舊		277,252	338,335
Expenses relating to short-term leases (included in other operating expenses)		51,323	79,434
短期租賃相關開支(包括在其他營運開支內)			
Finance costs 財務費用		12,214	19,319

Total cash outflow for leases for the financial year ended 31 March 2025 was HK\$317,674,000 (2024: HK\$445,347,000).

7 租賃 (續)

(b) 在綜合收支結算表確認的款項

綜合收支結算表呈列之租賃相關款額如下：

截至二零二五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 317,674,000 元(二零二四年：港幣 445,347,000 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% and 4.4% per annum for January to December 2024 and January to December 2025 respectively. 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。二零二四年一月至十二月及二零二五年一月至十二月的年回報率分別定為 3.7% 及 4.4%。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。

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), 20 and 22(b)] 公私營協作基金及 公私營協作留本基金 [附註 8(b), 20 及 22(b)]	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 2025 HK\$'000 2025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 2025 HK\$'000 2025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 2025 HK\$'000 2025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 2025 HK\$'000 2025年 3月31日 港幣千元	
Principal amount 本金	-	5,600,000	10,000,000	10,000,000	3,000,000	3,000,000	13,000,000	18,600,000
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	441,001	682,262	137,156	-	578,157	903,237
Accrued interest 應計利息	-	53,550	113,278	98,271	34,036	53,755	147,314	205,576
	-	5,874,525	10,554,279	10,780,533	3,171,192	3,053,755	13,725,471	19,708,813
Less: non-current portion 減：非流動部分	-	-	-	(10,000,000)	-	(3,000,000)	-	(13,000,000)
Current portion 流動部分	-	5,874,525	10,554,279	780,533	3,171,192	53,755	13,725,471	6,708,813

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

8 Placements with the Exchange Fund (Continued)

(a) Custodian for Samaritan Fund

The placement with the Exchange Fund matured on 8 November 2024. HA withdrew and immediately transferred the principal of HK\$5,600,000,000 (2024: Nil) together with the interest earned of HK\$404,575,000 (2024: Nil) to the Samaritan Fund to meet its operational needs in future years.

(b) PPP Fund and PPP Endowment Fund

The placement with the Exchange Fund of the principal of HK\$10,000,000,000 was initially fixed for a period of six years commencing from 12 July 2016. Upon the maturity in July 2022, the placement with the Exchange Fund was renewed for another six years until July 2028.

During the financial year ended 31 March 2025, HA withdrew the interest of HK\$626,000,000 (2024: HK\$362,000,000) from the placement with the Exchange Fund to support the operation of the PPP programmes.

In February 2025, the Government proposed in its 2025-26 Budget to bring back a portion of the unspent balance from the PPP Fund to the Government's account in 2025-26. The Finance Committee of LegCo subsequently approved to bring back HK\$8,698,000,000 from the PPP Fund to the Government's account. In this connection, the Placement with the Exchange Fund was terminated on 1 August 2025.

(c) HLISS Fund

HK\$5,000,000,000 has been placed with the Exchange Fund since 19 August 2019 for a period of six years, of which the principal of HK\$2,000,000,000 together with the interest earned of HK\$1,008,576,000 were withdrawn during the financial year ended 31 March 2024 for meeting the funding requirements for Enhanced HLISS in future years.

Since HA has not renewed the placement with the Exchange Fund upon maturity on 19 August 2025, the remaining principal of HK\$3,000,000,000 and interest earned / accrued of HK\$171,192,000 as at 31 March 2025 (2024: HK\$53,755,000) were classified as current assets.

8 外匯基金存款 (續)

(a) 作為撒瑪利亞基金的保管人

外匯基金存款已於二零二四年十一月八日到期。醫管局提取港幣5,600,000,000元(二零二四年:無)的本金連同港幣404,575,000元(二零二四年:無)的利息，並即時轉調往撒瑪利亞基金，用以應付未來年度的營運需要。

(b) 公私營協作基金及公私營協作留本基金

醫管局由二零一六年七月十二日起將港幣10,000,000,000元的本金存於外匯基金，為期六年。該筆外匯基金存款於二零二二年七月到期後，續存六年至二零二八年七月。

於截至二零二五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626,000,000元(二零二四年:港幣362,000,000元)的利息，作為公私營協作計劃營運之用。

於二零二五年二月，政府在二零二五至二六年度財政預算案中建議於該年度從公私營協作基金回撥部分未動用的結餘至政府帳目。立法會財務委員會其後批准從公私營協作基金回撥港幣8,698,000,000元至政府帳目。因此，外匯基金存款已於二零二五年八月一日終止。

(c) 購屋貸款利息津貼計劃基金

醫管局將港幣5,000,000,000元的款項由二零一九年八月十九日起存於外匯基金，為期六年，並於截至二零二四年三月三十一日止之財政年度提取港幣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。

由於醫管局未有續存於二零二五年八月十九日到期的外匯基金存款，因此港幣3,000,000,000元的剩餘本金連同截至二零二五年三月三十一日止的港幣171,192,000元(二零二四年:港幣53,755,000元)所獲/應計利息被列為流動資產。

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 2.70% and 4.81% (2024: between 1.59% and 5.30%).

At 31 March 2025, 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 2025 HK\$'000 2025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
Maturing within one year 一年內到期	5,244,688	1,969,015
Maturing between one and five years 一至五年內到期	194,500	134,700
	5,439,188	2,103,715

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2.70%至4.81%之間(二零二四年：介乎1.59%至5.30%之間)。

於二零二五年三月三十一日，集團及醫管局持有的固定入息工具如下：

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 2025 HK\$'000 2025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
Drugs 藥物	1,953,959	1,934,956
Medical consumables 醫療消耗品	960,648	1,458,975
General consumables 一般消耗品	29,873	37,906
	2,944,480	3,431,837

The carrying value of inventories has been adjusted to its net realisable value by HK\$167,502,000 (2024: HK\$397,931,000) during the financial year ended 31 March 2025.

於截至二零二五年三月三十一日止之財政年度，存貨的帳面價值調整港幣 167,502,000 元(二零二四年：港幣 397,931,000 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 2025 of HK\$132,292,000 (2024: HK\$118,425,000) 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。

於二零二五年三月三十一日，應收債款為港幣 132,292,000 元(二零二四年：港幣 118,425,000 元)，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 2025 HK\$'000 2025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
Bills receivable [note 12(a)] 應收帳單 [附註 12(a)]	481,732	433,730
Accrued income [note 12(b)] 應計收入 [附註 12(b)]	51,868	22,526
	533,600	456,256
Less: allowance for expected credit losses [notes 12(c) and 12(d)] 減：預期信用損失撥備 [附註 12(c) 及 12(d)]	(61,569)	(62,849)
	472,031	393,407

(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 2025 HK\$'000 2025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
Within 30 days 30 日內	325,775	302,238
Between 31 and 60 days 31 至 60 日	85,889	55,268
Between 61 and 90 days 61 至 90 日	12,644	14,531
Over 90 days 超過 90 日	57,424	61,693
	481,732	433,730

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

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

集團有關病人帳單的政策如下：

- (i) 病人到門診診所及急症室求診須於接受診治前繳付費用。
- (ii) 私家病人及非符合資格人士入院時須繳付訂金。
- (iii) 醫院會向住院病人發出中期帳單。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。

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 2025 HK\$'000 2025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
Past due by 逾期：		
Within 30 days 30 日內	281,130	253,687
Between 31 and 60 days 31 至 60 日	71,296	36,207
Between 61 and 90 days 61 至 90 日	2,486	3,711
Over 90 days 超過 90 日	8,352	6,163
	363,264	299,768

Bills receivables that are past due but not impaired include outstanding debts to be settled by Government departments, charitable organisations and 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 2025, bills receivable of HK\$118,468,000 (2024: HK\$133,962,000) were impaired by HK\$61,569,000 (2024: HK\$62,849,000). 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、慈善團體及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) 於二零二五年三月三十一日，港幣118,468,000元(二零二四年：港幣133,962,000元)的應收帳單減值港幣61,569,000元(二零二四年：港幣62,849,000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 2025 HK\$'000 2025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
Within 30 days 30 日內		
Within 30 days 30 日內	44,645	48,551
Between 31 and 60 days 31 至 60 日	14,593	19,061
Between 61 and 90 days 61 至 90 日	10,158	10,820
Over 90 days 超過 90 日	49,072	55,530
	118,468	133,962

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 2025 HK\$'000 截至2025年 3月31日止年度 港幣千元	For the year ended 31 March 2024 HK\$'000 截至2024年 3月31日止年度 港幣千元
At the beginning of the year	於年初	62,849	61,140
Additional provision	撥備增加	47,723	48,203
Uncollectible amounts written off	註銷的未收回款額	(49,003)	(46,494)
At the end of the year	於年終	61,569	62,849

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:

The Group and HA 集團及醫管局		Lifetime Expected Credit Loss	Net	Weighted Average Lifetime Expected Credit Loss
		Gross Carrying Amount HK\$'000 帳面總值 港幣千元	Carrying Amount HK\$'000 帳面淨值 港幣千元	Credit Loss Rate 加權平均 預期信用 損失率
At 31 March 2025 於 2025 年 3 月 31 日				
Within 6 months	6 個月內	498,100	(34,545)	7%
Between 6 and 12 months	6 至 12 個月	20,840	(12,601)	60%
Over 12 months	超過 12 個月	14,660	(14,423)	98%
		533,600	(61,569)	472,031
At 31 March 2024 於 2024 年 3 月 31 日				
Within 6 months	6 個月內	431,465	(41,835)	10%
Between 6 and 12 months	6 至 12 個月	14,199	(11,355)	80%
Over 12 months	超過 12 個月	10,592	(9,659)	91%
		456,256	(62,849)	393,407

The lifetime expected credit loss balances disclosed above include HK\$38,725,000 (2024: HK\$38,781,000) 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.

12 應收帳款 (續)

應收帳單預期信用損失撥備的變動如下：

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：

上述披露的整個存續期的預期信用損失結餘包括港幣 38,725,000 元(二零二四年：港幣 38,781,000 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 2025 HK\$'000 2025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
Donations receivable 應收捐款	44,285	47,722
Interest receivable 應收利息	410,065	589,922
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)]	2,867,123	692,501
Others 其他	329,417	274,718
	3,650,890	1,604,863

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 2025 HK\$'000 截至2025年 3月31日止年度 港幣千元	For the year ended 31 March 2024 HK\$'000 截至2024年 3月31日止年度 港幣千元
At the beginning of the year 於年初	692,501	122,190
Government funding received on capital projects 就基本工程項目收到的政府撥款	(8,732,859)	(5,879,522)
Amount incurred on capital projects 基本工程項目所涉款項	10,907,481	6,449,833
At the end of the year 於年終	2,867,123	692,501

(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 2025 HK\$'000 截至2025年 3月31日止年度 港幣千元	For the year ended 31 March 2024 HK\$'000 截至2024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	(12,537)	(187,517)
Amount incurred on capital projects 基本工程項目所涉款項	12,537	187,517
At the end of the year 於年終	-	-

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

(a) 政府就基本工程項目所涉開支的撥款結餘變動如下：

For the year ended
31 March 2025
HK\$'000
截至2025年
3月31日止年度
港幣千元

For the year ended
31 March 2024
HK\$'000
截至2024年
3月31日止年度
港幣千元

692,501 122,190

(8,732,859) (5,879,522)

10,907,481 6,449,833

2,867,123 **692,501**

(b) 前補助醫院管治機構就基本工程項目承擔款項變動如下：

For the year ended
31 March 2025
HK\$'000
截至2025年
3月31日止年度
港幣千元

For the year ended
31 March 2024
HK\$'000
截至2024年
3月31日止年度
港幣千元

- -

(12,537) (187,517)

12,537 187,517

- -

14 Deposits and prepayments

14 按金及預付款項

The Group 集團

	At 31 March 2025 HK\$'000 2025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
Rental and other deposits 租賃及其他按金	57,555	65,194
Prepayments to Government departments 向政府部門預付的款項	1,963	5,468
Maintenance contracts and other prepayments 保養合約及其他預付款項	344,188	451,629
	403,706	522,291

HA 醫管局

	At 31 March 2025 HK\$'000 2025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
Rental and other deposits 租賃及其他按金	57,425	65,064
Prepayments to Government departments 向政府部門預付的款項	1,963	5,468
Maintenance contracts and other prepayments 保養合約及其他預付款項	344,176	451,629
	403,564	522,161

15 Cash and bank balances

15 現金及銀行結餘

The Group and HA 集團及醫管局	At 31 March 2025 HK\$'000 2025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
Cash at bank and in hand 銀行存款及手持現金	1,951,329	2,673,754
Bank deposits with original maturity within three months 原來到期日不超過三個月的銀行存款	21,567,995	5,790,618
Cash and cash equivalents 現金及現金等值	23,519,324	8,464,372
Bank deposits with original maturity over three months 原來到期日超過三個月的銀行存款	34,313,682	43,428,235
	57,833,006	51,892,607

The cash and bank balances included amounts designated for HLISS and Enhanced HLISS, PPP Fund and Minor Works Projects Fund of HK\$7,666,079,000 (2024: HK\$8,371,102,000), HK\$180,656,000 (2024: HK\$194,102,000) and nil (2024: HK\$624,285,000) respectively. The effective interest rate on short term bank deposits is between 1.60% and 4.17% (2024: 2.60% and 4.78%). These deposits have an average maturity of 60 days (2024: 64 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、公私營協作基金及小型工程項目基金的指定款項，分別為港幣 7,666,079,000 元 (二零二四年：港幣 8,371,102,000 元)、港幣 180,656,000 元 (二零二四年：港幣 194,102,000 元) 及無 (二零二四年：港幣 624,285,000 元)。短期銀行存款的實際利率為 1.60% 至 4.17% 之間 (二零二四年：2.60% 至 4.78% 之間)，這些存款的平均到期日為 60 天 (二零二四年：64 天)。

16 Designated fund - HLISS

16 指定基金 — 購屋貸款利息津貼計劃

The Group offers eligible employees under HLISS ("the original scheme") an interest subsidy to finance the purchase of a residence in Hong Kong. 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 22(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 and investment accounts which are included under cash and bank and fixed income instruments balances respectively.

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，而隨着員工置業貸款計劃於二零二二年十二月底推行(如附註 22(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及投資戶口內，分別列入現金及銀行結餘，以及固定入息工具結餘。

17 Balance with Samaritan Fund

17 撒瑪利亞基金結餘

The Group and HA 集團及醫管局

	At 31 March 2025 HK\$'000 2025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
Principal amount 本金	-	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
	-	5,874,525

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 LegCo 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. The placement with the Exchange Fund matured on 8 November 2024. HA withdrew and immediately transferred the principal of HK\$5,600,000,000 together with the interest earned of HK\$404,575,000 to the Samaritan Fund to meet its operational needs in future years.

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。外匯基金存款已於二零二四年十一月八日到期。醫管局提取港幣5,600,000,000元的本金連同港幣404,575,000元的利息並即時轉調往撒瑪利亞基金，用以應付未來年度的營運需要。

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 2025		At 31 March 2024	
	HK\$'000		HK\$'000	
	2025年3月31日	港幣千元	2024年3月31日	港幣千元
Trade payables [note 18(a)] 應付貿易帳款 [附註 18(a)]	1,823,550		2,243,339	
Accrued charges and other payables [note 18(b)] 應付費用及其他帳款 [附註 18(b)]	11,695,402		10,691,193	
Current account with the Government [note 18(c)] 與政府之間的來往帳目 [附註 18(c)]	35,426,037		27,478,409	
	48,944,989		40,412,941	

HA 醫管局	At 31 March 2025		At 31 March 2024	
	HK\$'000		HK\$'000	
	2025年3月31日	港幣千元	2024年3月31日	港幣千元
Trade payables [note 18(a)] 應付貿易帳款 [附註 18(a)]	1,822,604		2,243,256	
Accrued charges and other payables [note 18(b)] 應付費用及其他帳款 [附註 18(b)]	11,642,006		10,642,431	
Current account with the Government [note 18(c)] 與政府之間的來往帳目 [附註 18(c)]	35,426,037		27,478,409	
Current account with subsidiaries 與附屬機構之間的來往帳目	54,206		48,721	
	48,944,853		40,412,817	

(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 2025		At 31 March 2024	
	HK\$'000		HK\$'000	
	2025年3月31日	港幣千元	2024年3月31日	港幣千元
Within 30 days 30 日內	1,770,612		2,065,977	
Between 31 and 60 days 31 至 60 日	27,348		66,589	
Between 61 and 90 days 61 至 90 日	10,616		26,432	
Over 90 days 超過 90 日	14,974		84,341	
	1,823,550		2,243,339	

HA 醫管局	At 31 March 2025		At 31 March 2024	
	HK\$'000		HK\$'000	
	2025年3月31日	港幣千元	2024年3月31日	港幣千元
Within 30 days 30 日內	1,769,666		2,065,894	
Between 31 and 60 days 31 至 60 日	27,348		66,589	
Between 61 and 90 days 61 至 90 日	10,616		26,432	
Over 90 days 超過 90 日	14,974		84,341	
	1,822,604		2,243,256	

All trade payables as at 31 March 2025 are expected to be settled within one year.

二零二五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\$2,525,576,000 (2024: HK\$2,561,115,000) and contract gratuity accrual of HK\$3,471,536,000 (2024: HK\$3,034,344,000).

(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 2025 were as follows:

- HK\$7,908,187,000 for medical and IT equipment replacement and maintenance (2024: HK\$6,139,000,000);
- HK\$7,354,728,000 for meeting the funding requirements of future new / enhanced initiatives (2024: HK\$6,468,000,000);
- HK\$5,400,000,000 for commissioning of new and re-developed hospitals (2024: HK\$3,000,000,000); and
- HK\$1,994,942,000 for eHealth related initiatives (2024: HK\$2,000,000,000).

19 Deposits received

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 2,525,576,000 元(二零二四年：港幣 2,561,115,000 元)，以及應計合約酬金港幣 3,471,536,000 元(二零二四年：港幣 3,034,344,000 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。於二零二五年三月三十一日的未動用結餘如下：

- 港幣 7,908,187,000 元(二零二四年：港幣 6,139,000,000 元)，以作醫療及資訊科技設備更換和保養之用；
- 港幣 7,354,728,000 元(二零二四年：港幣 6,468,000,000 元)用於日後的新增/加強措施的資金需要；
- 港幣 5,400,000,000 元(二零二四年：港幣 3,000,000,000 元)用作籌備及啟用新醫院及重建醫院；及
- 港幣 1,994,942,000 元(二零二四年：港幣 2,000,000,000 元)用於醫健通相關項目。

19 已收按金

The Group and HA 集團及醫管局

	At 31 March 2025 HK\$'000 2025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
Patient deposits [note 19(a)] 病人按金 [附註 19(a)]	53,446	45,572
Other deposits [note 19(b)] 其他按金 [附註 19(b)]	647,773	611,499
	701,219	657,071

(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.

(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。

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財務報表附註

20 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.

In February 2025, the Government proposed in its 2025-26 Budget to bring back a portion of the unspent balance from the PPP Fund to the Government's account in 2025-26. The Finance Committee of LegCo subsequently approved to bring back HK\$8,698,000,000 from the PPP Fund to the Government's account. In this connection, the Placement with the Exchange Fund was terminated on 1 August 2025. The endowment fund of HK\$10,000,000,000 as at 31 March 2025 was classified as current liabilities.

21 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 2025 HK\$'000 2025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
Present value of funded obligations 注資責任的現值	291,956	299,223
Fair value of plan assets 計劃資產的公允價值	(52,642)	(12,123)
	239,314	287,100

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

The Group and HA 集團及醫管局

	For the year ended 31 March 2025 HK\$'000 截至2025年 3月31日止年度 港幣千元	For the year ended 31 March 2024 HK\$'000 截至2024年 3月31日止年度 港幣千元
At the beginning of the year 於年初	299,223	233,496
Current service cost 現行服務開支	55,085	38,856
Interest cost 利息開支	10,279	7,870
Benefits paid 已付福利	(12,375)	(10,949)
Remeasurement of disability liability 傷殘福利責任重新計量	(17,026)	4,850
Remeasurement of death liability 死亡福利責任重新計量	(43,230)	25,100
At the end of the year 於年終	291,956	299,223

20 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。

於二零二五年二月，政府在二零二五至二六年度財政預算案中建議於該年度從公私營協作基金回撥部分未動用的結餘至政府帳目。其後，立法會財務委員會批准從公私營協作基金回撥港幣8,698,000,000元至政府帳目。因此，外匯基金存款已於二零二五年八月一日終止。於二零二五年三月三十日，留本基金的港幣10,000,000,000元被列為流動負債。

21 死亡及傷殘福利責任

根據僱用條件，醫管局的僱員可享有死亡及傷殘福利保障。該計劃由醫管局透過政府的經常性補助予以資助。

資產負債表予以確認的款額如下：

21 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 2025 HK\$'000 截至2025年 3月31日止年度 港幣千元	For the year ended 31 March 2024 HK\$'000 截至2024年 3月31日止年度 港幣千元
At the beginning of the year 於年初	12,123	42,387
Adjustment on plan assets (excluding interest income) 計劃資產的調整(不包括利息收入)	41,215	(31,606)
Employer contributions 僱主供款	11,679	12,291
Benefits paid 已付福利	(12,375)	(10,949)
At the end of the year 於年終	52,642	12,123

The death benefits are insured by a group life insurance policy and the current insurance policy covers the period up to 31 July 2027. 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 2025 up to 31 July 2027.

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 2025 HK\$'000 截至2025年 3月31日止年度 港幣千元	For the year ended 31 March 2024 HK\$'000 截至2024年 3月31日止年度 港幣千元
Current service cost 現行服務開支	55,085	38,856
Interest cost 利息開支	10,279	7,870
Remeasurement of disability liability 傷殘福利責任重新計量	(17,026)	4,850
Total, included in staff costs [note 25] 總計(包括在員工成本內)[附註 25]	48,338	51,576
Remeasurement of death liability 死亡福利責任重新計量	(43,230)	25,100
Adjustment on plan assets (excluding interest income) 計劃資產的調整(不包括利息收入)	(41,215)	31,606
Total, included in other comprehensive income 總計(包括在其他全面收益內)	(84,445)	56,706

21 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 2025 HK\$'000 截至2025年 3月31日止年度 港幣千元	For the year ended 31 March 2024 HK\$'000 截至2024年 3月31日止年度 港幣千元
At the beginning of the year 於年初	12,123	42,387
Adjustment on plan assets (excluding interest income) 計劃資產的調整(不包括利息收入)	41,215	(31,606)
Employer contributions 僱主供款	11,679	12,291
Benefits paid 已付福利	(12,375)	(10,949)
At the end of the year 於年終	52,642	12,123

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二零二七年七月三十一日。計劃資產的公允價值根據由二零二五年四月一日至二零二七年七月三十一日止的保單有效期內之預期死福利的現值作估算。

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：

21 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 2025 截至2025年 3月31日止年度 %	For the year ended 31 March 2024 截至2024年 3月31日止年度 %
Discount rate 貼現率		3.50	3.70
Assumed rate of future salary increases 假設未來薪金增幅		0.00 - 2.00	2.50

The analysis below shows how the present value of the funded obligations as at 31 March 2025 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		(11,561)	12,589
Assumed rate of future salary increases 假設未來薪金增幅		13,518	(12,348)

21 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，得出二零二五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

22 Deferred income

22 遲延收益

The Group and HA 集團及醫管局

	Designated donation fund [Note 2(e)] HK\$'000 [附註 2(e)] 港幣千元	Minor Works Projects Fund [Note 22(a)] HK\$'000 [附註 22(a)] 港幣千元	Enhanced HLISS [Note 22(b)] HK\$'000 [附註 22(b)] 港幣千元	Total HK\$'000 [附註 22(c)] 港幣千元
At 1 April 2023 於 2023 年 4 月 1 日	697,552	2,279,496	1,063,131	8,728,083
Additions during the year 年內增加	148,904	-	14,726	1,504,031
Interest earned 所獲利息	-	73,451	409,078	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)	-	(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	8,193,892
Additions during the year 年內增加	171,493	-	17,078	1,598,684
Interest earned 所獲利息	-	6,360	414,752	922,969
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	-	(14,876)	-	(17,654)
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(125,721)	(137,057)	(672,885)	(19,175) (954,838)
At 31 March 2025 於 2025 年 3 月 31 日	798,643	-	589,665	8,354,745 9,743,053

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

22 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, have been fully used to meet the costs of the minor works projects since April 2014.

With the depletion of the one-off grant (under Subhead 8083MM) during the financial year ended 31 March 2025, HK\$8,000,000,000 funding (under Subhead 8096MM) was approved by the Finance Committee of LegCo on 14 June 2024, to support HA for carrying out minor works projects for about five years starting from the financial year ended 31 March 2025, subject to a financial ceiling of HK\$75 million for each individual item. The accounting policy for recognition of funding under Subhead 8096MM is set out in note 2(q)(v).

(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 20) 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 2025, the Government provided recurrent subvention of HK\$17,078,000 (2024: HK\$14,726,000) 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. With the implementation of Enhanced HLISS in late December 2022, the designated funding will be fully allocated for meeting the cash outflow for staff loan remittance and interest subsidy payments to HKMC. The accounting policy for Government funding designated for Enhanced HLISS and related investment income is set out in note 2(q)(iv).

22 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、加強人入暢道通行計劃，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益已用以支付由二零一四年四月起的小型工程項目開支。

隨著這筆一次性撥款(分目8083MM項下)於截至二零二五年三月三十一日止的財政年度內用完，立法會財務委員會於二零二四年六月十四日批准撥款80億港元(分目8096MM項下)，以支持醫管局執行由截至二零二五年三月三十一日止財政年度起為期約五年的小型工程項目，每個項目的財政上限為港幣7,500萬元。有關確認分目8096MM項下撥款的會計政策載於附註2(q)(v)。

(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20)，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。

於截至二零二五年三月三十一日止的財政年度，政府向醫管局提供港幣17,078,000元(二零二四年：港幣14,726,000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益(在支付該津貼計劃的開支後)改用於員工置業貸款計劃。員工置業貸款計劃於二零二二年十二月底推行，而指定款項會全數用於員工貸款匯款的現金流出及向按揭證券公司支付利息津貼。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益之會計政策載於附註2(q)(iv)。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

23 Deferred income - capital subventions and capital donations

23 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 2023 於 2023 年 4 月 1 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 轉調自員工置業貸款計劃	4,723	-	4,723
Transfers from Minor Works Projects Fund 轉調自小型工程項目基金	32,753	-	32,753
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(1,581,463)	(152,762)	(1,734,225)
At 31 March 2024 於 2024 年 3 月 31 日	8,932,370	1,035,921	9,968,291
Additions during the year 年內增加	2,657,222	68,825	2,726,047
Transfers from Enhanced HLISS 轉調自員工置業貸款計劃	2,778	-	2,778
Transfers from Minor Works Projects Fund 轉調自小型工程項目基金	14,876	-	14,876
Transfers to consolidated statement of income and expenditure 轉調往綜合收支結算表	(1,764,991)	(137,744)	(1,902,735)
At 31 March 2025 於 2025 年 3 月 31 日	9,842,255	967,002	10,809,257

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 2023 於 2023 年 4 月 1 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 轉調自員工置業貸款計劃	4,723	-	4,723
Transfers from Minor Works Projects Fund 轉調自小型工程項目基金	32,753	-	32,753
Transfers to statement of income and expenditure 轉調往收支結算表	(1,576,457)	(152,762)	(1,729,219)
At 31 March 2024 於 2024 年 3 月 31 日	8,918,171	1,035,921	9,954,092
Additions during the year 年內增加	2,646,702	68,825	2,715,527
Transfers from Enhanced HLISS 轉調自員工置業貸款計劃	2,778	-	2,778
Transfers from Minor Works Projects Fund 轉調自小型工程項目基金	14,876	-	14,876
Transfers to statement of income and expenditure 轉調往收支結算表	(1,751,432)	(137,744)	(1,889,176)
At 31 March 2025 於 2025 年 3 月 31 日	9,831,095	967,002	10,798,097

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 2025 amounted to HK\$1,185,686,000 (2024: HK\$1,158,367,000).

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

24 醫院/診療所收費

集團所提供的醫療服務，是根據憲報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。在截至二零二五年三月三十一日止之財政年度內，獲減免的醫院/診療所收費為港幣1,185,686,000元(二零二四年：港幣1,158,367,000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 2025				
截至 2025 年 3 月 31 日止年度				
Inpatient fees 住院收費	708,874	-	708,874	
Outpatient fees 門診收費	-	1,438,956	1,438,956	
Itemised charges 分項收費	80,843	3,970,354	4,051,197	
Other medical fees 其他醫療收費	1,600	54,717	56,317	
	791,317	5,464,027	6,255,344	
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	

25 Staff costs

25 員工成本

The Group 集團

	For the year ended 31 March 2025 HK\$'000 截至 2025年 3月31日止年度 港幣千元	For the year ended 31 March 2024 HK\$'000 截至 2024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	61,735,066	58,428,711
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)]	2,860,510	2,828,930
- Contribution to Mandatory Provident Fund Scheme [note 25(b)] 強制性公積金計劃供款 [附註 25(b)]	1,178,611	1,104,954
Death and disability benefits [note 21] 死亡及傷殘福利 [附註 21]	48,338	51,576
	65,822,525	62,414,171

(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 2025, the total membership was 24,733 (2024: 25,523). The scheme's net asset value as at 31 March 2025 was HK\$69,992,608,000 (2024: HK\$69,809,369,000).

(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。

於二零二五年三月三十一日，計劃共有24,733名成員(二零二四年：25,523名)，計劃的資產淨值為港幣69,992,608,000元(二零二四年：港幣69,809,369,000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 2025, the total membership was 88,128 (2024: 80,140). During the financial year ended 31 March 2025, total members' contributions were HK\$1,030,286,000 (2024: HK\$960,823,000). The net asset value as at 31 March 2025, including assets transferred from members' previous employment, was HK\$15,532,244,000 (2024: HK\$13,132,452,000).

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 2025, other operating expenses included external auditor's remuneration of HK\$1,050,000 (2024: 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。

於二零二五年三月三十一日，計劃共有88,128名成員(二零二四年：80,140名)。在截至二零二五年三月三十一日止之財政年度內，成員的供款總額為港幣1,030,286,000元(二零二四年：港幣960,823,000元)。於二零二五年三月三十一日，計劃的資產淨值，包括成員先前職位轉調的資產，為港幣15,532,244,000元(二零二四年：港幣13,132,452,000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。截至二零二五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(二零二四年：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 2025 HK\$'000 截至2025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	7,071
Dr Theresa LI Tak-lai 李德麗醫生 Cluster Chief Executive (Hong Kong West) 港島西聯網總監	6,366
Dr CHUNG Kin-lai 鍾健禮醫生 Cluster Chief Executive (New Territories East) 新界東聯網總監	5,707
Dr Deacons YEUNG Tai-kong 楊諦岡醫生 Cluster Chief Executive (Kowloon East) 九龍東聯網總監	5,519
Dr Eric CHEUNG Fuk-chi 張復熾醫生 Cluster Chief Executive (Kowloon Central) 九龍中聯網總監	5,518
	30,181

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 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.

註:

所有行政人員並不獲取與表現掛鈎的不定額薪酬。

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 2025 amounted to HK\$2,280,837,000 (2024: HK\$2,481,695,000).
- (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 2025, revenue foregone in respect of medical services provided to these persons amounted to HK\$400,554,000 (2024: HK\$366,925,000). 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 agreement with the AsiaWorld-Expo Management Limited ("AWE"), which is wholly owned by the Airport Authority Hong Kong, to permit HA on using licensed area for the operation of Hong Kong Infection Control Centre during the period from 1 February 2024 to 31 July 2024, and further extended to the period as agreed with AWE. Total licence fees recognised in the statement of income and expenditure during the financial year ended 31 March 2025 amounted to HK\$24,450,000 (2024: HK\$54,000,000).
- (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 2025, total settlement amount received from HKMC, being outstanding principal balance on staff loans, amounted to HK\$314,490,000 (2024: 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)。截至二零二五年三月三十一日止之財政年度內有關服務涉及的款額為港幣2,280,837,000元(二零二四年：港幣2,481,695,000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。截至二零二五年三月三十一日止之財政年度，為上述人士所提供的醫療服務涉及之免收款項為港幣400,554,000元(二零二四年：港幣366,925,000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(亞博館)(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，並進一步與亞博館協議延長租用日期。在截至二零二五年三月三十一日止之財政年度，租用場地費用總額為港幣24,450,000元(二零二四年：港幣54,000,000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)。於截至二零二五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314,490,000元(二零二四年：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 2025 HK\$'000 截至2025年 3月31日止年度 港幣千元	For the year ended 31 March 2024 HK\$'000 截至2024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	75,144	69,051
Post-employment benefits 離職後福利	7,479	6,766
	82,623	75,817

- (f) Other significant related party transactions with the Government include annual recurrent grants, capital subventions (note 23) and designated funds (notes 16 and 22). 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 2024 and 31 March 2025 are disclosed in notes 8, 13, 14, 17, 18 and 20. The current account with subsidiaries 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 2025 HK\$'000 截至2025年 3月31日止年度 港幣千元	For the year ended 31 March 2024 HK\$'000 截至2024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	75,144	69,051
Post-employment benefits 離職後福利	7,479	6,766
	82,623	75,817

- (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23)及指定基金(附註16及22)，有關集團退休計劃的交易詳情載於附註25。
- (g) 截至二零二四年三月三十一日及二零二五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20披露，與附屬機構之間的來往帳目於附註18披露。

NOTES TO THE FINANCIAL STATEMENTS

財務報表附註

29 Notes to the consolidated statement of cash flows

29 綜合現金流動報表附註

(a) Net cash generated from operating activities

(a) 營運活動所得現金淨額

The Group 集團	For the year ended 31 March 2025 HK\$'000 截至2025年 3月31日止年度 港幣千元	For the year ended 31 March 2024 HK\$'000 截至2024年 3月31日止年度 港幣千元
	Surplus for the year 年內盈餘	524,000 986,282
Investment income 投資收益	(2,075,570) (1,986,817)	
Interest for Minor Works Projects Fund 小型工程項目基金利息	8,596 108,315	
Income transferred from Minor Works Projects Fund 轉調自小型工程項目基金之收入	(137,057) (2,174,621)	
Interest for PPP Fund 公私營協作基金利息	642,880 382,520	
Income transferred from PPP Fund 轉調自公私營協作基金之收入	(672,885) (656,215)	
Interest for Enhanced HLISS 員工置業貸款計劃利息	291,155 1,250,116	
Income transferred from Enhanced HLISS 轉調自員工置業貸款計劃之收入	(19,175) (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	2,657,222 2,532,463	
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	68,825 95,707	
Income transferred from capital subventions and capital donations 轉調自資本補助及資本捐贈之收入	(1,902,735) (1,734,225)	
Disposal of property, plant and equipment and intangible assets 出售物業、機器及設備及無形資產	22,571 29,712	
Adjustment of inventories to net realisable value 存貨調整至可變現淨值	(230,429) (108,316)	
Depreciation and amortisation 折舊及攤銷	2,157,416 2,042,848	
Finance costs 財務費用	12,214 19,319	
Increase in death and disability liabilities 死亡及傷殘福利責任增加	36,659 39,285	
Increase in deferred income 遲延收益增加	1,472,963 1,410,446	
Decrease in inventories 存貨減少	717,786 1,816,706	
Increase in loans receivable 應收債款增加	(13,867) (118,425)	
(Increase) / decrease in accounts receivable 應收帳款(增加) / 減少	(78,624) 49,902	
Increase in other receivables 其他應收帳款增加	(2,225,884) (625,182)	
Decrease / (increase) in deposits and prepayments 按金及預付款項減少 / (增加)	118,368 (100,889)	
Increase in creditors and accrued charges 債權人及應付費用增加	8,532,048 6,987,088	
Increase in deposits received 已收按金增加	44,148 40,996	
Net cash generated from operating activities 營運活動所得現金淨額	9,950,625 10,279,500	

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 2023 於 2023 年 4 月 1 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
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		(263,420)
Non-cash changes 非現金項目變動		
Additions of leases 租賃增加		142,229
At 31 March 2025 於 2025 年 3 月 31 日		394,362

30 Donations from the Hong Kong Jockey Club Charities Trust

During the financial year ended 31 March 2025, the Hong Kong Jockey Club Charities Trust made donations totalling HK\$20,214,000 (2024: HK\$5,388,000) to the following institutions:

30 來自香港賽馬會慈善信託基金的捐贈

截至二零二五年三月三十一日止的財政年度內，香港賽馬會慈善信託基金向下列機構捐出港幣 20,214,000 元 (二零二四年：港幣 5,388,000 元)：

	HK\$'000 港幣千元
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	15,560
Pok Oi Hospital 博愛醫院	4,654
	20,214

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	Gross		Gross	
			Period Covered 涵蓋期間	Income Raised 港幣千元	Expenditure Incurred 港幣千元	Net Proceeds 港幣千元
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	2024/037/1	Improving the quality of patient care services 改善病人服務質素	1/4/2024 - 31/3/2025	29	0	29
	2024/100/1		30/9/2024 - 31/3/2025	4	0	4
Bradbury Hospice 白普理寧養中心	2023/106/1	To raise funds for patient care 籌款用作病人福利	1/11/2023 - 31/10/2024	8	0	8
Caritas Medical Centre 明愛醫院	2023/044/1	To raise funds for patient services of Caritas Medical Centre 籌款用作明愛醫院病人服務	1/5/2023 - 30/4/2024	44	2	42
Castle Peak Hospital 青山醫院	2023/158/1	To raise funds for supporting the work of the Institute of Mental Health, Castle Peak Hospital 籌款用作支持青山醫院精神健康學院的工作	1/1/2024 - 31/12/2024	39	4	35
Cheshire Home, Shatin 沙田慈氏護養院	2023/064/1	To raise funds for developing patient related services 籌款用作發展與病人相關的服務	1/7/2023 - 30/6/2024	15	0	15
Grantham Hospital 葛量洪醫院	2024/007/1	To raise funds for improving patient services of Grantham Hospital 籌款用作改善葛量洪醫院病友服務	1/2/2024 - 31/1/2025	22	0	22
Haven of Hope Hospital 靈實醫院	2024/043/1	To raise funds for services of Haven of Hope Hospital 籌款用作靈實醫院的服務	1/4/2024 - 31/3/2025	81	0	81
Hong Kong Buddhist Hospital 香港佛教醫院	2024/011/1	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	1/2/2024 - 31/1/2025	85	1	84

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 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
Hong Kong Eye Hospital 香港眼科醫院	2023/060/1	To raise funds for the Hong Kong Eye Hospital to improve the hospital environment and facilities, purchase equipment and furniture, promote health education, develop volunteer services, facilitate staff development and provide support to staff to enhance the continuous quality improvement of healthcare services in Hong Kong Eye Hospital 籌款用作改善香港眼科醫院的環境及設施、購買器材及傢俱、推廣健康教育、發展義工服務、促進員工發展及支援員工以持續提升香港眼科醫院的醫療服務質素	1/7/2023 - 30/6/2024	26	15	11
Kowloon Hospital 九龍醫院	2023/061/1	To raise funds for the Kowloon Hospital to improve the hospital environment and facilities, purchase equipment and furniture, promote health education, develop volunteer services, facilitate staff development and provide support to staff to enhance the continuous quality improvement of healthcare services in Kowloon Hospital 籌款用作改善九龍醫院的環境及設施、購買器材及傢俱、推廣健康教育、發展義工服務、促進員工發展及支援員工以持續提升九龍醫院的醫療服務質素	1/7/2023 - 30/6/2024	73	32	41
North District Hospital Charitable Foundation 北區醫院慈善信託基金	2023/160/1 2024/023/1	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	1/1/2024 - 31/12/2024 1/3/2024 - 31/12/2024	118 3	12 0	106 3
Our Lady of Maryknoll Hospital 聖母醫院	2024/038/1	To raise funds for improvement of patient services 籌款用作改善對病人的服務	1/4/2024 - 31/3/2025	37	4	33
Prince of Wales Hospital Charitable Foundation 威爾斯親王醫院慈善信託基金	2023/085/1	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	1/9/2023 - 31/8/2024	1,229	5	1,224

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	Gross Expenditure Incurred HK\$'000	Gross 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
Queen Mary Hospital 瑪麗醫院	2024/045/1	To raise funds for hospital service enhancement 籌款用作提升醫院服務	1/4/2024 - 31/3/2025	52	0	52
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	2024/046/1	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	1/4/2024 - 31/3/2025	69	4	65
Shatin Hospital 沙田醫院	2023/127/1	To raise funds for developing patient service 籌款用作發展病人服務	1/12/2023 - 30/11/2024	15	0	15
St. John Hospital 長洲醫院	2023/161/1	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	1/1/2024 - 31/12/2024	10	2	8
Tai Po Hospital 大埔醫院	2024/039/1 2024/099/1	Improving the quality of patient care services 改善病人服務質素 30/9/2024 - 31/3/2025	1/4/2024 - 31/3/2025	12	0	12
The Hospital Authority Charitable Foundation 醫院管理局慈善基金	2024/034/1	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	1/4/2024 - 31/3/2025	832	0	832
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	2023/084/1 2024/116/1	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	1/9/2023 - 31/8/2024 4/10/2024 - 23/11/2024	953	8	945
The Princess Margaret Hospital Charitable Trust 瑪嘉烈醫院慈善基金	2023/098/1 2023/125/1	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 27/11/2023 - 31/8/2024	3/10/2023 - 31/8/2024 27/11/2023 - 31/8/2024	176	37	139
				13	2	11

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 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
The Queen Elizabeth Hospital Charitable Trust 伊利沙伯醫院慈善信託基金	2024/036/1	To raise funds for supporting hospital services at Queen Elizabeth Hospital 籌款用作伊利沙伯醫院服務	1/4/2024 - 31/3/2025	599	5	594
Tseung Kwan O Hospital 將軍澳醫院	2023/094/1	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	25/9/2023 - 24/9/2024	16	0	16
Tuen Mun Hospital 屯門醫院	2023/055/1	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	6/6/2023 - 31/5/2024	16	0	16
	2023/097/1	1/10/2023 - 31/5/2024	2	0	2	2
United Christian Hospital 基督教聯合醫院	2024/044/1	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	1/4/2024 - 31/3/2025	111	2	109
	2024/041/1	To raise funds for improvement of patient service 籌款用作改善病人服務	2/4/2024 - 31/3/2025	53	1	52
Yan Chai Hospital 仁濟醫院	2024/012/1	To raise funds for hospital services and hospital facilities 籌款用作醫院服務及醫院設施	2/2/2024 - 31/1/2025	762	13	749

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 2025, the Group and HA had the following capital commitments:

The Group and HA 集團及醫管局		At 31 March 2025 HK\$'000 2025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
Authorised but not contracted for	已獲授權但未訂契約	47,168,428	76,680,463
Contracted for but not provided	已訂契約但未撥備	85,003,662	67,563,992
		132,172,090	144,244,455

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).

於二零二五年三月三十一日，集團及醫管局有以下的資本承擔：

32 資本承擔

上述所列的資本承擔包括(i)將會資本化的物業、機器及設備或無形資產費用；(ii)不符合資本化規定及將記入收支結算表的開支；及(iii)根據附註2(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。

33 Taxation

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

33 稅項

醫管局按《醫院管理局條例》獲豁免繳稅，故並無作出稅項準備。

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 2025 (2024: Nil).

34 或然負債

經評估尚未解決申索個案的狀況，並根據所得法律意見，本財務報表已作出足夠的撥備，因此集團在二零二五年三月三十一日並無重大或然負債（二零二四年：無）。

35 Approval of financial statements

The financial statements were approved by members of HA on 25 September 2025.

35 財務報表的通過

本財務報表已於二零二五年九月二十五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 2024-25 2024-25 年度 出席全體大會次數	Committee participation in 2024-25* 2024-25 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, EEC, FC, HRC, MSDC and SSDC 工程拓展委員會、緊急應變策導委員會、財務委員會、人力資源委員會、醫療服務發展委員會及支援服務發展委員會成員
Mr Lawrence CHAN Man-jiu 陳文耀先生	10/15	Member of MTB 中央投標委員會成員
Ms Ann CHAN Wai-yan, JP <i>Deputy Secretary for Financial Services and the Treasury (from 5.8.2024)</i> 陳慧欣女士 財經事務及庫務局副秘書長 (由 2024 年 8 月 5 日起)	10/10	Member of FC and MSDC (both from 5.8.2024) 財務委員會及醫療服務發展委員會成員 (均由 2024 年 8 月 5 日起)
Prof CHAN Wai-yeo 陳偉儀教授	11/15	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	10/15	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	11/15	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	7/15	Chairman of ITSC; Member of ARC, EC, EEC and FC; HGC Chairman of Kwai Chung Hospital & Princess Margaret Hospital 資訊科技服務委員會主席；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財務委員會成員；葵涌醫院及瑪嘉烈醫院管治委員會主席
Prof Philip CHIU Wai-yan, JP 趙偉仁教授	1/15	Member of HRC, MSDC and MTB; HGC Member of Prince of Wales Hospital 人力資源委員會、醫療服務發展委員會及中央投標委員會成員；威爾斯親王醫院管治委員會成員

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Name 姓名	No. of plenary meetings attended in 2024-25 2024-25 年度 出席全體大會次數	Committee participation in 2024-25* 2024-25 年度參與的委員會*
Ms Anita FUNG Yuen-mei, BBS, JP 馮婉眉女士	9/15	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 (up to 30.11.2024) 何沛謙先生 (截至 2024 年 11 月 30 日)	7/9	Member of ARC, MTB and SAC (all up to 30.11.2024) 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 (全截至 2024 年 11 月 30 日)
Ms Maisy HO Chiu-ha, BBS, JP 何超蘋女士	11/15	Member of HRC and MTB; HGC Chairman of Shatin Hospital 人力資源委員會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, MH, JP 禤惠儀女士	11/15	Member of FC and MTB; HGC Member of United Christian Hospital 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
Ms Tennessy HUI Mei-sheung, MH, JP (from 1.12.2024) 許美端女士 (由 2024 年 12 月 1 日起)	5/6	Member of ARC, MTB, SAC (all from 1.12.2024) and MSDC (from 20.3.2025) 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 (全由 2024 年 12 月 1 日起) 及醫療服務發展委員會成員 (由 2025 年 3 月 20 日起)
Mr JAT Sew-tong, SBS, SC, JP 翟紹唐先生	13/15	Vice-Chairman of PCC; Member of MTB; Chairman of NRAC (from 1.12.2024) 公眾投訴委員會副主席；中央投標委員會成員；新界區域諮詢委員會主席 (由 2024 年 12 月 1 日起)
Dr Tony KO Pat-sing, JP Chief Executive, HA 高拔陞醫生 醫院管理局行政總裁	15/15	Member of DWC, EC, EEC, FC, HRC, ITSC, MSDC, MTB, SSDC, all RACs and HGCs 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、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
Mr Matthew KWOK Pui-ho 郭沛濠先生	13/15	Member of HRC, ITSC, MSDC and MTB (all from 19.4.2024) 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及中央投標委員會成員 (全由 2024 年 4 月 19 日起)
Dr Ronald LAM Man-kin, JP Director of Health 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	15/15	Chairman of SSDC; Member of DWC, EC, EEC and ITSC; HGC Member of Queen Elizabeth Hospital 支援服務發展委員會主席；工程拓展委員會、行政委員會、緊急應變策導委員會及資訊科技服務委員會成員；伊利沙伯醫院管治委員會成員

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Name 姓名	No. of plenary meetings attended in 2024-25		Committee participation in 2024-25* 2024-25 年度參與的委員會*
	2024-25 年度 出席全體大會次數		
Prof LAU Chak-sing, BBS, JP 劉澤星教授	6/15		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
Mr Aaron LIU Kong-cheung, JP <i>Deputy Secretary for Financial Services and the Treasury</i> (up to 4.8.2024) 廖廣翔先生 財經事務及庫務局副秘書長 (截至 2024 年 8 月 4 日)	5/5		Member of FC and MSDC (both up to 4.8.2024) 財務委員會及醫療服務發展委員會成員 (均截至 2024 年 8 月 4 日)
Prof David SHUM Ho-keung 岑浩強教授	11/15		Chairman of MTB; Member of EC, EEC 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, MH (up to 30.11.2024) 羅鳳儀教授 (截至 2024 年 11 月 30 日)	7/9		Vice-Chairman of HRC (up to 30.11.2024); Member of MSDC, MTB and SSDC (all up to 30.11.2024); Chairman of NRAC (up to 30.11.2024); HGC Member of Hong Kong Red Cross Blood Transfusion Service 人力資源委員會副主席 (截至 2024 年 11 月 30 日)；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 (全截至 2024 年 11 月 30 日)；新界區域諮詢委員會主席 (截至 2024 年 11 月 30 日)；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, MTB and SAC; Member of NRAC; HGC Chairman of Tin Shui Wai Hospital 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；新界區域諮詢委員會成員；天水圍醫院管治委員會主席
Mr Philip TSAI Wing-chung, BBS, JP 蔡永忠先生	15/15		Chairman of FC; Member of ARC, EC, EEC and SSDC; HGC 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	7/15		Chairman of ARC; Member of DWC, EC, EEC, FC and SSDC; HGC Member of Pamela Youde Nethersole Eastern Hospital 審計及風險管理委員會主席；工程拓展委員會、行政委員會、緊急應變策導委員會、財務委員會及支援服務發展委員會成員；東區尤德夫人那打素醫院管治委員會成員

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Name 姓名	2024-25 年度 出席全體大會次數	No. of plenary meetings attended in 2024-25	Committee participation in 2024-25* 2024-25 年度參與的委員會*
Dr Thomas TSANG Ho-fai, BBS 曾浩輝醫生	15/15		Chairman of MSDC; Member of ARC, DWC, 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、行政委員會及緊急應變策導委員會成員；伊利沙伯醫院管治委員會主席
Mr WAN Man-yeo, BBS, JP 溫文儀先生	15/15		Chairman of DWC; Member of EC, EEC, ITSC, MSDC, MTB and SSDC; HGC Member of Tseung Kwan O Hospital 工程拓展委員會主席；行政委員會、緊急應變策導委員會、資訊科技服務委員會、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；將軍澳醫院管治委員會成員
Ir Billy WONG Wing-ho, BBS, JP 黃永灝先生	14/15		Member of DWC, MTB and SSDC; Chairman of KRAC; HGC Member of Kwai Chung Hospital & Princess Margaret Hospital 工程拓展委員會、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
Prof Janet WONG Yuen-ha (from 1.12.2024) 黃婉霞教授 (由 2024 年 12 月 1 日起)	6/6		Member of HRC, MSDC, MTB and SSDC (all from 1.12.2024); HGC Member of North Lantau Hospital 人力資源委員會、醫療服務發展委員會、中央投標委員會及支援服務發展委員會成員(全由 2024 年 12 月 1 日起)；北大嶼山醫院管治委員會成員
Prof ZHANG Zhang-jin 張樟進教授	7/15		Member of MSDC and MTB (both from 8.4.2024) 醫療服務發展委員會及中央投標委員會成員(均由 2024 年 4 月 8 日起)

* Note:

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

ARC	-	Audit and Risk Committee
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

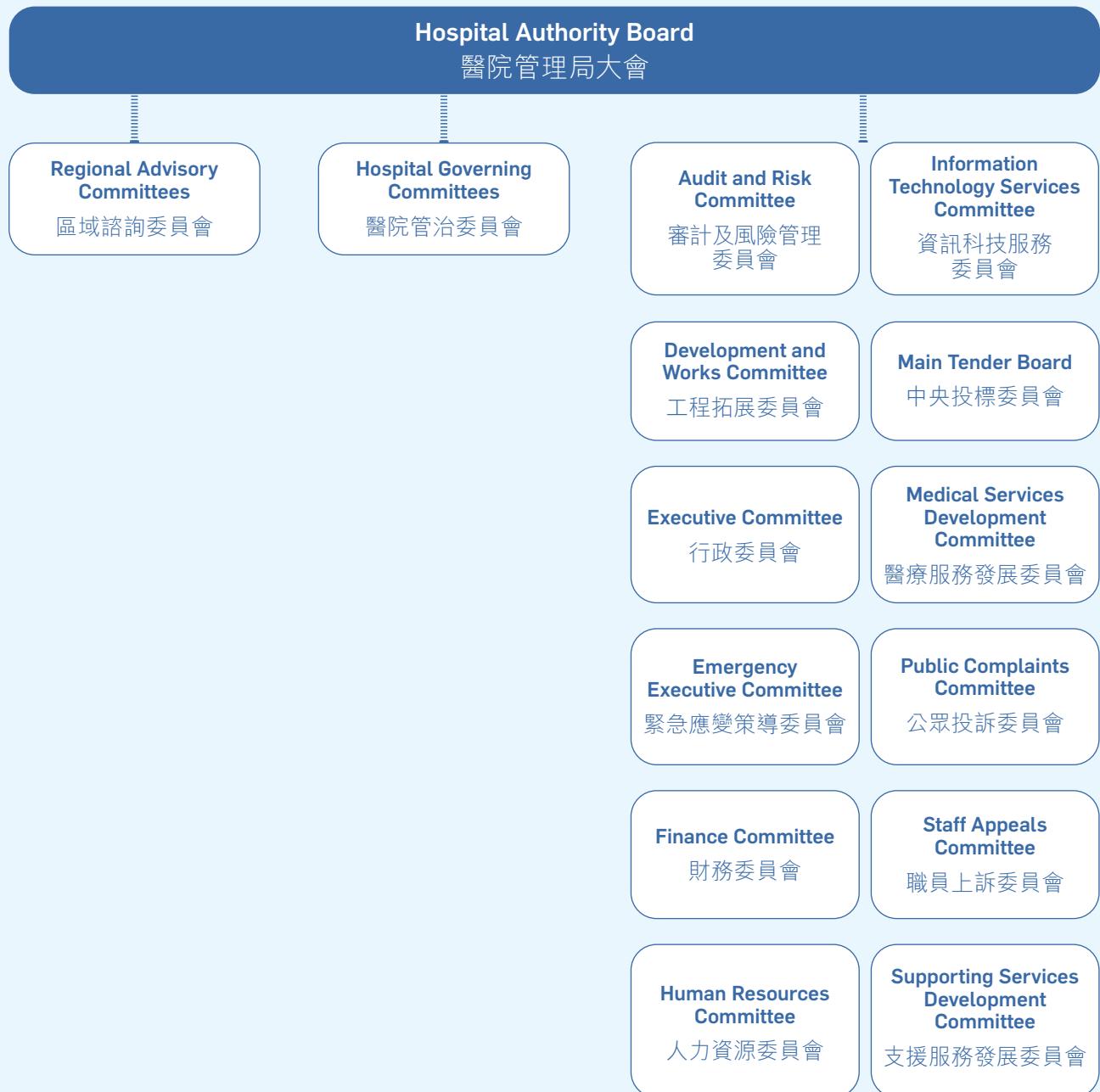
* 註：

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

APPENDIX 2(a)

附錄 2(a)

Hospital Authority Committee Structure 醫院管理局委員會架構



Note:

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

註：

各委員會成員名單載於附錄 3、4 及 5。

APPENDIX 2(b)

附錄 2(b)

Hospital Authority Executive Structure

醫院管理局行政架構



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
成員：邱達根先生
Mr Ambrose HO, SBS, SC, JP (*up to 30.11.2024*)
何沛謙先生 (截至 2024 年 11 月 30 日)
Ms Tennessy HUI Mei-sheung, MH, JP (*from 1.12.2024*)
許美嬪女士 (由 2024 年 12 月 1 日起)
Mr Henry TONG Sau-chai, BBS, MH, JP
湯修齊先生
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

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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 2024-25

In 2024-25, 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 2024-25 covered various areas on hospital operation and corporate management, including eAllowance system, governance, risk management and privacy of HA telehealth, pharmacist clinic, acceptance of sponsorship, special scheme for radiologists, agency nursing and supporting staff utilisation, medical network, HA Chat, Team-Based Piece Rate Remuneration Scheme For Cataract Operations, Non-Emergency Ambulance Transfer Service, smart hospital initiative on hospital command centre and security and controls of remote access to HA systems. The Committee also took part in prioritising areas for internal audits and approved the focus areas for internal audits in 2025-26.

On the audit of financial statements, the Committee reviewed and endorsed HA's draft audited financial statements for 2023-24 and received HA's external auditor's report and internal control memorandum 2023-24 at its joint meeting with the Finance Committee. The Committee also considered report from the external auditor on results of their preliminary risk assessment of HA and 2024-25 financial statement audit work plan. Besides, the Committee reviewed the evaluation results over the performance of external auditor of HA for the financial year of 2023-24 and endorsed the re-appointment of HA's external auditor for the financial years of 2025-26 and 2026-27.

For risk management, the Committee oversaw implementation of HA's organisation-wide risk management systems across HA. In February 2025, the Committee examined the annual Key Organisation-wide Risk Report 2025 and reviewed the planned mitigation actions for the key risks facing HA, which were consolidated from functional risk reports reviewed by the respective functional committees during December 2024 to February 2025. During the year, the Committee deliberated on risk management reports on specific areas, including service capacity, manpower shortage, data privacy protection, cybersecurity, Information Technology (IT) resources and skills shortfall, funding for major IT development, development and works portfolio, infection and infection control, Clinical Public-Private Partnership Programmes, and the Electronic Health Record Programme. The Committee also received respective reports on compliance with HA related ordinances, management of integrity risk and whistleblowing cases received by HA. In regard to the handling of whistleblowing cases, the Committee endorsed the updated Guideline on Arrangements for Handling Whistleblowing Disclosures in HA and the HA Whistleblowing Policy to emphasise HA's commitment to maintaining good corporate governance and enable staff to report their concerns.

The Committee also received implementation progress update on the recommendations of the Corruption Prevention Department of the Independent Commission Against Corruption on death documentation procedures and operation of mortuaries.

2024-25 年度工作概況

在 2024-25 年度，委員會共召開六次會議，積極監察醫院管理局（醫管局）的內部審計職能、審議有關醫管局財務報表審計的事宜，以及監察醫管局風險管理及內部管控的成效。

在醫管局內部審計職能方面，委員會收閱總內部審計師提交有關醫管局不同運作範疇審計結果的季度報告，以及臨床系統審計分析年度報告。委員會集中討論審計報告、審計師的主要意見及相應的跟進行動。年內審閱的內部審計項目涵蓋醫院運作及機構管理的多個範疇，主要包括津貼易系統、醫管局遙距醫療的管治、風險管理和私隱、藥劑師診所、接受贊助的制度、支援放射科特別計劃、中介護士及支援人員的運用、醫療網絡、HA Chat、白內障手術的團隊件工制薪酬計劃、非緊急救護運送服務、醫院指揮中心的智慧醫院方案，以及遙距存取醫管局系統的保安及控制。委員會亦參與訂定內部審計的優先範疇，並批核 2025-26 年度內部審計的重點範疇。

在財務報表審計方面，委員會在與財務委員會的聯席會議上，審閱並通過醫管局 2023-24 年度經審核的財務報表擬本，並收閱 2023-24 年度醫管局外聘核數師報告及內部規管備忘錄。委員會亦審議外聘核數師就醫管局風險初步評估結果及 2024-25 年度財務報表審計工作計劃。此外，委員會檢視醫管局外聘核數師於 2023-24 財政年度表現的評估結果，並通過於 2025-26 及 2026-27 財政年度再度委任其擔任醫管局外聘核數師。

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 2025 年 2 月審閱 2025 年度機構主要風險報告，並審視各專責委員會於 2024 年 12 月至 2025 年 2 月就其職能審訂之風險報告歸納出的醫管局主要風險緩減計劃。年內，委員會審議多份特定範疇的風險管理報告，包括服務量、人手短缺、私隱資料保障、網絡安全、資訊科技資源和技能短缺、主要資訊科技項目的撥款、工程拓展範疇、感染和感染控制、公私營協作計劃，以及電子健康紀錄計劃。委員會亦收閱有關醫管局遵例合規事宜、廉潔風險及接獲的舉報個案。在處理舉報個案方面，委員會通過更新《醫管局處理舉報個案的安排》及《醫管局舉報政策》，以強調醫管局對維持良好機構管治的承諾，並鼓勵員工就他們關注的事宜作出舉報。

委員會亦就有關廉政公署防止貪污處就死亡紀錄程序及殮房運作所提的建議，收閱最新推行進度報告。

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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 (up to 31.12.2024)
林濬先生(截至 2024 年 12 月 31 日)

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.

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。

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Focus of Work in 2024-25

The Development and Works Committee (DWC) serves as a dedicated platform with construction and development experts to focus on planning and delivery of major capital and minor works as well as facility management in Hospital Authority (HA). DWC met for the first time on 29 January 2024 and held five meetings in 2024-25.

The Committee received reports from the management on the annual situation update on the First Hospital Development Plan (HDP), and regular updates 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; and identified lessons learnt from ongoing projects to strengthen risk management and project delivery for future healthcare infrastructure projects. The Committee also received progress updates 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 2024-25 and endorsed the plan for 2025-26, which covered major capital works projects for the development of public hospital services and minor works projects for facilities improvement. Furthermore, the Committee endorsed the annual audited accounts for one-off grants for minor works projects under the Capital Works Reserve Fund.

To support the effective and efficient operation of DWC, designated work groups were formed under DWC to focus on specific projects and initiatives. In 2024-25, 12 work group meetings were held to review the projects and designs under the First HDP, as well as tender practice and contract documents to make recommendations for delivery of the Second HDP. In addition, the Committee had arranged two hospital visits to gain a better understanding of the ambulatory care services model and a visit to the Construction Industry Council for gaining insight into the application of Building Information Modelling and proper Modular Integrated Construction in the construction industry.

With regard to Electrical, Mechanical, Air-conditioning and Building Services operation and maintenance, the Committee endorsed the proposal on consolidating existing maintenance contracts in Schedule 2 hospitals of HA. In relation to industry innovation and environmental protection, the Committee was updated on the application of smart engineering systems and environmental management in HA, and their possible application in HA projects.

In accordance with the HA organisation-wide risk management framework, the Committee assessed the risks relating to capital works and minor works projects in 2025, including the effectiveness of risk mitigation measures taken in 2024, risks anticipated for 2025 and the planned mitigation actions, covering consultant and contractor performance, construction safety and in-house capacity and capability. Besides, the Committee received annual reports on the review of hospital engineering related incidents and mitigation measures; and on accident statistics for capital works projects in 2024.

2024-25 年度工作概況

工程拓展委員會提供一個專用平台予建築專業人員就規劃和推行醫院管理局(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。工程拓展委員會在 2024 年 1 月 29 日召開第一次會議，並於 2024-25 年度舉行了五次會議。

委員會收閱管理人員就第一個醫院發展計劃提交的年度報告，以及主要基本工程和小型工程項目執行進度和財務狀況的定期匯報。委員會密切留意與工程相關的事故及補救措施，並從進行中的項目總結經驗，以加強未來醫療基礎設施項目的風險管理和推展。委員會亦收閱「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。委員會已審視 2024-25 年度的基本工程開支，並通過 2025-26 年度的預算，其中涵蓋發展公營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。此外，委員會亦通過在基本工程儲備基金下小型工程項目一次過撥款的經審核年度帳目。

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 2024-25 年度共召開了 12 次會議，審視第一個醫院發展計劃的項目和設計，並檢視招標工作和合約文件，從而就第二個醫院發展計劃提出建議。此外，委員會安排兩次醫院視察，以加深對日間醫療服務模式的認識；委員會亦造訪建造業議會，了解建築信息模擬和「組裝合成」建築法的適當應用。

在機電、空調及屋宇裝備的運作和保養方面，委員會通過醫管局對其附表 2 醫院現有維修合約的整合方案。在專業創新及環境保護方面，委員會備悉醫管局在智慧工程系統的應用和環境管理的最新情況，以及應用於醫管局項目的可能性。

因應醫管局機構風險管理架構，委員會就醫管局的基本工程及小型工程項目進行 2025 年的風險評估，範圍包括各項風險緩減措施在 2024 年的成效、2025 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。此外，委員會收閱醫院工程相關事故及緩減措施的年度檢討報告，以及 2024 年基本工程項目意外的統計數字。

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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

林余家慧女士

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 2024-25

In 2024-25, the Executive Committee (EC) met nine 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. Specifically, dedicated efforts were paid on strategies and measures 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。)

2024-25 年度工作概況

在 2024-25 年度，行政委員會舉行了九次會議，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。其中，專責小組重點推行提升醫管局資源運用成效與效益的策略和措施，並不斷求進。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 professionals and importing supporting staff; formation of the Review Committee on the Management of Public Hospital System (the Review Committee) to strengthen patient safety, quality of service and HA's governance, which included the establishment of a high level Governance and Structure Reform Committee under EC to steer the formulation and implementation of the recommendations put forward by the Review Committee concerning governance and accountability and other matters relating to remuneration, financial management and clinical service management; repositioning of HA's primary health services and transferal of clinical services from the Department of Health to HA; HA's fees and charges reform; implementation of the recommendations of the Review Committee on Medical Equipment and Facility Maintenance to enhance the safety of patients, staff and visitors in hospitals; operation and maintenance strategy for electrical, mechanical, air-conditioning and building services systems in HA; further enhancement to the Home Loan Interest Subsidy Scheme; collaboration with non-local strategic partners on talent exchange and service development; etc.

Other strategic matters considered by EC included the formulation of HA Budget and Annual Plan for 2025-26; HA's Action Items under The Chief Executive's 2022, 2023 and 2024 Policy Addresses; implementation of Hospital Development Plan; business planning proposals of the HA body corporate (EH Plus Digital Technology Limited). EC also noted the progress on the implementation of smart hospital initiatives; development of the medication delivery service in HA; way forward of HA Public-Private Partnership programmes, etc.

EC determined a wide range of matters concerning HA's talent management, including the recruitment of the HA Chief Executive; 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 considered and supported the proposed streamlining of the operation of the Board and its Committees following a review conducted by the HA Secretariat with a view to identifying room for further enhancing their operational efficiency. 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療人才及引入支援人員的策略；成立「公立醫院系統管理檢討委員會」（檢討委員會）以提升病人安全、服務質素及機構管治，包括在行政委員會之下成立一個高層次的管治及架構改革委員會，督導醫管局制訂和落實由檢討委員會提出與管治及責任相關的建議，以及其他有關薪酬、財務管理和臨床服務管理等事宜；為醫管局基層醫療服務重新定位，並將衛生署的臨床服務轉移至醫管局；醫管局服務收費改革；推行「檢視醫療儀器及設施保養維修事宜委員會」提出的建議以加強醫院內病人、員工及訪客的安全；醫管局電力、機械、空調及樓宇服務系統的運作及維修策略；進一步加強員工置業貸款計劃；與非本地策略夥伴就人才交流及服務發展方面的合作等。

委員會審議的其他策略事宜包括制訂醫管局2025-26年度財政預算及工作計劃；醫管局配合2022、2023及2024年《行政長官施政報告》的工作計劃；推行醫院發展計劃；以及醫管局法人團體（醫弘數碼科技有限公司）的業務規劃建議。委員會亦備悉智慧醫院項目的推行進展；醫管局藥物送遞服務的發展；醫管局公私營協作計劃的未來路向等。

委員會議決了多項有關醫管局人才管理的事宜，包括醫管局行政總裁招聘程序；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，行政委員會審議並支持經醫管局秘書處檢視後提出精簡醫管局大會及其委員會運作的建議，以進一步提升運作效率。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項目。

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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

林余家慧女士

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-yeo, 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 2024-25

No meeting was convened in 2024-25.

職權範圍

1. 代表醫院管理局(醫管局)大會運作，並行使其實力及職能，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。

2024-25 年度工作概況

在 2024-25 年度，委員會並無召開會議。

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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

Ms Anita FUNG Yuen-mei, BBS, JP
馮婉眉女士

Ms Mary HUEN Wai-yi, MH, JP
禤蕙儀女士

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]

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

Mr Aaron LIU Kong-cheung, JP (up to 4.8.2024) /
Ms Ann CHAN Wai-yan, JP (from 5.8.2024) /
Miss Pinky WONG Nga-ping
[representing the Secretary for Financial Services and the Treasury]
廖廣翔先生(截至 2024 年 8 月 4 日) /
陳慧欣女士(由 2024 年 8 月 5 日起) /
黃雅萍女士
[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 2024-25

In 2024-25, the Committee met six times to assist the Hospital Authority (HA) Board in ensuring proper stewardship and effective use of public funds through making recommendations to the Board on various finance related matters for the Authority.

In support of the corporate strategy and services development of HA, the Committee reviewed the overarching principles and key focus of the latest fees and charges review proposal, which was formulated based on the standing guiding principles for reviewing public hospital fees, with a view to ensuring sustainability of the public healthcare system and enhancing healthcare protection. Dovetailed with HA's annual service and resource planning process, the Committee examined the proposed 2025-26 HA budget, resource allocation and future financial arrangement. With due consideration of the tight economic outlook, the Committee noted that HA would endeavour to exert continuous efforts in driving overall performance improvement in terms of efficiency and effectiveness with a view to optimising resource utilisation and minimising wastage.

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。

2024-25 年度工作概況

在 2024-25 年度，委員會共召開六次會議，就醫院管理局(醫管局)的財務相關事宜向醫管局大會作出建議，協助大會確保妥善管理及有效運用公帑。

為支援醫管局的整體策略及服務發展，委員會審視了最新收費檢討建議的總體原則和重點。有關建議是按檢討公營醫療收費的常設指導原則而制訂，以確保公營醫療系統的可持續性及加強醫療保障。為配合醫管局的年度服務及資源規劃，委員會審視了醫管局 2025-26 年度預算、資源分配及未來財務安排建議。委員會備悉醫管局會在偏緊的經濟前景下將繼續致力提升整體運作效率和服務成效，以善用資源及減少浪費。

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Jointly with the Human Resources Committee (HRC), the Committee received the 2023-24 Operation Report of the HA Provident Fund Scheme (HAPFS); endorsed the eligibility of extended membership of HAPFS; and reviewed the enhancements on the extension of the Time Deposit Fund for extended members and Employee Voluntary Contributions and the arrangement of cash-out benefits for HAPFS members leaving the Scheme upon retirement or resignation. At its joint meeting with HRC, the Committee also noted the progress update on the Enhanced Home Loan Interest Subsidy Scheme (HLISS), and endorsed various enhancements to increase the attractiveness of the Scheme to staff, which included extension of maximum period of entitlement / staff loan tenor and reduction in qualifying service requirement. In addition, the Committee supported to keep the existing arrangement for public housing with resale restrictions under the original HLISS at the current stage.

Regarding monitoring of HA's financial position and financial performance, the Committee received regular financial reports and reviewed HA's preliminary financial position for 2023-24 and mid-year financial outturn for 2024-25, and considered matters relating to other key financial performance indicators, waivers and write-off of hospital fees and charges, 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 2023-24 and received HA's External Auditor's Report and Internal Control Memorandum 2023-24. The Committee also considered and endorsed the 2023-24 audited financial statements/accounts for a number of designated programmes undertaken by HA, including the Samaritan Fund, the Community Care Fund Medical Assistance Programmes, the HA Charitable Foundation, the HA Public-Private Partnership Fund, the minor works funded under the Capital Works Reserve Fund and the development of Clinical Services Improvement Projects for the Department of Health, as well as the draft audited accounts of the Preparation for Further Enhancement of Electronic Health Record Sharing System undertaken by HA for the period from 1 September 2022 to 31 July 2024.

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 update. Key matters considered by the Committee covered the investment approach for Enhanced HLISS Fund, arrangement for payroll and collection services as well as custody services, review of HA's Investment Guidelines and the corresponding Internal Operational Guidelines, annual review adjustment of standby overdraft facility, and enhanced membership composition of and appointments to TP. For financial risk management, the Committee reviewed and endorsed the 2025-26 insurance renewal approach and direction of HA. In accordance with HA organisation-wide risk management framework, the Committee reviewed the effectiveness of risk mitigation actions on finance matters taken in 2024, and proactively assessed key financial risks anticipated for 2025 and considered corresponding action plans.

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 2023-24 年度運作報告；通過醫管局公積金計劃延長成員的資格；並審視為延長成員續存定期存款基金及僱員自願性供款的的改進措施，以及成員在退休或辭職時退出計劃的現金發放安排。委員會亦在聯席會議上備悉員工置業貸款計劃的最新進展，並通過多項措施提升計劃對員工的吸引力，包括延長最高享利年期 / 員工貸款年期，以及縮短合資格服務年資的要求。此外，委員會支持在現階段保留原有購屋貸款利息津貼計劃下對有轉售限制公營房屋的安排。

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 2023-24 年度醫管局財務狀況的初步結果以及 2024-25 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，以及醫管局的帳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 2023-24 年度經審核的財務報表擬本，及收閱 2023-24 年度外聘核數師報告和內部規管備忘錄。委員會亦審議及通過由醫管局推行的若干指定計劃之 2023-24 年度經審核財務報表 / 帳目，包括撒瑪利亞基金、關愛基金醫療援助項目、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，以及醫管局在 2022 年 9 月 1 日至 2024 年 7 月 31 日期間就進一步提升「電子健康紀錄互通系統」所進行的籌備工作而編制的經審核的帳目擬稿。

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。委員會審議的主要項目包括員工置業貸款計劃基金的投資方向、薪酬發放與收款服務及託管服務的安排、醫管局投資指引和相關內部運作指引的檢討、備用透支安排的年度檢討調整，以及庫務小組的新成員組合及委任事宜。在財務風險管理方面，委員會審閱並通過 2025-26 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 2024 年度所進行的財務風險緩減措施之成效，以及積極評估 2025 年度的主要財務風險並計劃相應行動。

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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, MH (*up to 30.11.2024*)
副主席：羅鳳儀教授(截至 2024 年 11 月 30 日)

Members: Ms Ellen CHAN Sheung-man
成員：[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, JP
趙偉仁教授

Ms Maisy HO Chiu-ha, BBS, JP
何超蕸女士

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

Mr Matthew KWOK Pui-ho (*from 19.4.2024*)
郭沛濠先生(由 2024 年 4 月 19 日起)

Prof Janet WONG Yuen-ha (*from 1.12.2024*)
黃婉霞教授(由 2024 年 12 月 1 日起)

APPENDIX 3

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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 2024-25

In 2024-25, the Committee met seven times (including one joint meeting 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 wide range of HR initiatives for attracting and retaining talents in HA, including the implementation of enhanced and new measures for improving manpower supply, retaining and developing doctors, nurses, allied health professionals and supporting staff in HA; employment package for experienced non-locally trained doctors; and enhanced measures for supporting non-locally trained healthcare professionals. The Committee also considered the key findings of the HA focused staff surveys conducted respectively in March 2024 on supporting staff at entry rank for tapping their intelligence and deriving feasible measures on staff retention and in November 2024 on attraction and retention of nurses and allied health professionals. In view of the persistent critical manpower shortage of radiologists, the Committee endorsed further continuation of the Special Scheme for Radiologists in 2025-26. In July 2024, the Committee endorsed that HA should follow the 2024-25 Civil Service Annual Pay Adjustment (APA) for eligible HA employees, and also endorsed that special cases for APA back pay should be considered on a case-by-case basis in view of the increase in types and flexibility in appointments and extended employment after retirement.

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。

2024-25 年度工作概況

在 2024-25 年度，委員會共召開七次會議(包括一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。

委員會審議了醫管局多項吸引及挽留人才的人力資源措施，並提供意見。當中包括加強和新增措施以改善人手供應，並挽留及培育醫管局醫生、護士、專職醫療人員及支援人員；為非本地培訓的資深醫生提供的薪酬待遇；以及為支援非本地培訓醫療人才而推出的加強措施。委員會亦審視了於 2024 年 3 月以初級支援人員為對象、就發揮員工才能和制訂挽留措施而進行的醫管局焦點職員意見調查，以及於 2024 年 11 月就吸引及挽留護士及專職醫療人員而進行的調查之主要結果。鑑於放射科醫生持續嚴重短缺，委員會通過於 2025-26 年度繼續推行放射科醫生特別計劃。在 2024 年 7 月，委員會通過醫管局跟隨 2024-25 年度公務員薪酬調整方案，並因應聘任和退休後延任的種類及彈性安排，通過補發調整薪酬的特殊個案，按個別情況考慮有關安排。

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To dovetail with the Government's future development of the healthcare system in Hong Kong, and the direction of developing Hong Kong into a Health and Medical Innovation Hub, the Committee endorsed the manpower and remuneration arrangements for the transfer of Hospital Dental Services from the Department of Health to HA and the proposed enhancements in invention management to promote clinical research and innovation in HA. The Committee also considered and advised on the proposed dual track appointment of medical staff involving HA and the two local Medical Schools. In line with the Government's direction to create a family-friendly working environment for staff and its policy of encouraging childbirth, the Committee supported the introduction of childcare leave for HA employees with effect from 1 April 2025.

To meet the evolving circumstances and operational needs of HA and hence the need to modernise its HR policies, the Committee received updates on HR digitalisation and the progress in taking forward the recommendations from the Task Force on Human Resources Policy Review to modernise HA's Human Resources policies so as to address HA's evolving needs. The Committee also endorsed the proposed updates on the Delegation of Authority Manual on HR Functions in the hospitals / Head Office of HA upon a periodic review.

On staff benefits and well-being, the Committee continued to monitor the implementation progress of the Enhanced Home Loan Interest Subsidy Scheme (HLISS), and endorsed the proposed further enhancements to HLISS to increase its attractiveness to HA staff. On restructuring of the retirement benefits schemes of HA, the Committee endorsed the proposed confinement of the eligibility of extended membership of HA Provident Fund Scheme (HAPFS), and advised on other proposed enhancements to address HAPFS Members' feedbacks. The Committee also monitored the progress of engagement of additional service providers for HA Mandatory Provident Fund Scheme (HAMPFS), and received the Annual Report on HAMPFS and HAPFS Annual Operation Report.

In 2024-25, the Committee received the Report on Staff Complaints Received, the Whistleblowing Report 2023 and the Annual Report on Occupational Safety and Health and Workplace Violence. In order to encourage a speak-up culture in HA and facilitate reporting of whistleblowing cases, patient safety risks and other issues of concern, the Committee endorsed the proposed HA Whistleblowing Policy and the updated Guideline on Arrangements for Handling Whistleblowing in HA, as well as the proposed enhancements on the staff complaint and appeal procedures. The Committee also endorsed the proposed enhancements of the current Staff Letter Box to improve the overall staff experience in the reporting process.

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 the HR front in 2024, and proactively assessed the HR risks anticipated for 2025 and considered the corresponding action plans. In 2024-25, the Committee 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.

為配合政府提出的香港醫療系統未來發展，以及將香港發展成醫療創新樞紐的方向，委員會通過醫管局接辦衛生署醫院牙科服務的人手及薪酬安排，以及加強發明管理以推動醫管局臨床研究及創新的建議。委員會亦審視了醫管局和本地兩間醫學院醫生的雙軌聘用建議並提供意見。為響應政府為員工締造家庭友善工作環境的政策方向及鼓勵生育的政策，委員會支持由2025年4月1日起為醫管局員工引入育兒假。

醫管局需要現代化的人力資源政策以配合其不斷轉變的環境及運作需要。為此，委員會收閱人力資源數碼化的最新進展，以及由人力資源政策檢討工作小組所提出的建議的推行進度，以推動醫管局人力資源政策現代化，從而應對其不斷轉變的需要。委員會亦通過經定期檢討後對醫管局醫院／總辦事處人力資源職能授權安排手冊提出的更新建議。

在員工福利及福祉方面，委員會繼續監察員工置業貸款計劃的推行進度並通過進一步加強計劃的建議，以提升計劃對醫管局員工的吸引力。在重整醫管局退休福利計劃方面，委員會通過收窄醫管局公積金計劃延長成員資格的建議，並審議因應計劃成員意見而建議的加強措施。委員會亦監察增聘醫管局強制性公積金計劃(醫管局強積金計劃)服務供應商的進度，並收閱醫管局強積金計劃年度報告及醫管局公積金計劃年度運作報告。

於2024-25年度，委員會收閱職員投訴報告、2023年接獲舉報個案報告，以及職安健及工作間暴力年報。為推動醫管局內的敢言文化並促進舉報個案、病人安全風險及其他關注事項的報告，委員會通過制訂醫管局舉報政策的建議、更新《醫管局處理舉報個案的安排指引》，以及改進員工投訴及上訴程序的建議。委員會亦通過改進現有職員信箱的建議，以提升員工在整個報告過程中的體驗。

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2024年人力資源風險緩減措施的成效，並評估2025年人力資源方面的預計風險及審議有關緩減計劃。於2024-25年度，除了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，委員會亦繼續將培訓列為定期審視的表現指標。

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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

Deputy Secretary for Health 1

許澤森先生

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

Mr Matthew KWOK Pui-ho *(from 19.4.2024)*

郭沛濠先生 (由 2024 年 4 月 19 日起)

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

冼超舜博士

Mr WAN Man-yee, BBS, JP

溫文儀先生

Ir Tony WONG Chi-kwong, JP

Commissioner for Digital Policy Note

(Formerly known as Government Chief Information Officer)

黃志光先生

數字政策專員 註

(前稱政府資訊科技總監)

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.

Focus of Work in 2024-25

In 2024-25, 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 the future development directions of Clinical Management System (CMS) involving its integration with other HA digital portfolios, as well as the development roadmap of the fifth generation of CMS Phase 1; the latest development of generative artificial intelligence (AI) in HA; the implementation of the Digital Health Platform (DHP) to enhance HA's digital capabilities; the acceleration of Smart Hospital implementation through product co-delivery with users, the Levels of Smart framework for benchmarking product adoption and the Smart Hospital Portal for sharing of knowledge and resources, as well as the formulation of the Smart Hospital 2.0 model aiming to enhance the overall experience of patients and staff by creating connected patient journeys; the advancements in HA's IT infrastructure and its operational automation; the strategy to enhance the management of IT services relating to office productivity; the business planning proposals of the HA Body Corporate, i.e. EH Plus Digital Technology Limited; the progress of the agency project on the Government's Electronic Health Record Sharing System (eHealth) and its next stage development (eHealth+); HA's continued efforts and future strategies to achieve excellence in IT operation and resilience; the management of cybersecurity risk and the future plan for maintaining HA's cyber resilience capability; and the strategy for maintaining a mission-critical IT system essential for the operations of the Hong Kong Red Cross Blood Transfusion Service. The Committee also noted that in July 2024, HA achieved Stage 7 maturity, which was the highest maturity level, on the Electronic Medical Record Adoption Model of the Healthcare Information and Management Systems Society. This achievement underlined HA's commitment to integrating advanced electronic medical records and analytics to enhance patient-centred care and operational efficiency.

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。

2024-25 年度工作概況

在 2024-25 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，包括臨床醫療管理系統的未來發展方向，當中涉及與醫管局其他數碼範疇的整合，以及第五代臨床醫療管理系統第一階段的發展路線圖；醫管局生成式人工智能的最新發展；推行數碼健康平台以提升醫管局的數碼化能力；透過與用戶共同部署產品、以智慧水平框架作為採納產品基準，及以智慧醫院平台共享知識和資源，加快推行智慧醫院項目，並制訂智慧醫院 2.0 模式，透過建立連貫的病人流程，提升病人和員工的整體體驗；醫管局資訊科技基礎設施及其自動化運作的進展；提升辦公室生產力的資訊科技服務管理策略；醫管局法人團體(即醫弘數碼科技有限公司)的業務規劃建議；為政府擔任技術代理的電子健康紀錄互通系統(醫健通)項目的進展及其下一階段的發展(醫健通+)；醫管局為達致資訊科技運作及穩健性上的卓越表現所作的持續努力及未來策略；網絡安全風險管理及維持醫管局網絡安全的未來計劃；以及香港紅十字會輸血服務中心運作所需的關鍵資訊科技系統的維護策略。委員會亦備悉醫管局於 2024 年 7 月榮獲醫療信息管理系統協會頒發電子病歷應用模式中最高等級的第七級認證，印證醫管局在整合先進電子醫療紀錄與分析以提升病人為本醫療服務及運作效率方面所作的努力。

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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 2025-26. The Committee also approved the 2025-26 Annual Work Plan of the IT and Health Informatics Division (IT&HID), which incorporated the main focus areas to sustain services and 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 projects relating to clinical systems; HA Go; Smart Hospital; AI and Data Analytics; and DHP; as well as IT projects relating to agency services for the Government, such as eHealth related projects; Clinical Information Management System Stage II projects; and Chinese Medicine Information System projects. The Committee also endorsed the draft audited accounts related to the Clinical Services Improvement Projects for the Department of Health and the preparation for further enhancement of eHealth in which HA acted as a 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 2025 and the management actions taken during 2024 and planned for 2025 onwards.

The Committee received regular progress reports from the Information Technology Technical Advisory Sub-committee (ITTASC), a sub-committee 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.

為應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 2025-26 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 2025-26 年度工作計劃，包括維持現行服務，以及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、流動應用程式「HA Go」、智慧醫院、人工智能與數據分析及數碼健康平台的相關項目，以及為政府擔任技術代理的資訊科技項目，包括醫健通、第二期臨床訊息管理系統及中醫藥資訊系統的相關項目。委員會亦通過醫管局為衛生署擔任技術代理的臨床服務提升項目及進一步加強醫健通的準備工作的經審核帳目擬稿。此外，根據醫管局的機構風險管理架構，委員會亦收閱 2025 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 2024 年採取的管理行動和就 2025 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*
當然成員：
(or his nominated representative)
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：

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

Ir Patrick CHEUNG Yuen-fong, BBS, JP (from 1.12.2024)
張遠芳先生 (由 2024 年 12 月 1 日起)

Prof Philip CHIU Wai-yan, JP
趙偉仁教授

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 (up to 30.11.2024)
何沛謙先生 (截至 2024 年 11 月 30 日)

Ms Maisy HO Chiu-ha, BBS, JP
何超蕸女士

Ms Mary HUEN Wai-yi, MH, JP
禤惠儀女士

Ms Tennessy Hui Mei-sheung, MH, JP (from 1.12.2024)
許美嫦女士 (由 2024 年 12 月 1 日起)

Mr JAT Sew-tong, SBS, SC, JP
翟紹唐先生

Mr Matthew KWOK Pui-ho (from 19.4.2024)
郭沛濠先生 (由 2024 年 4 月 19 日起)

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Prof LAU Chak-sing, BBS, JP
劉澤星教授

Dr LAU Chau-ming
劉秋銘博士

Dr James LAU Chi-wang, BBS, JP
劉志宏博士

Mr William LEUNG Shu-yin
梁樹賢先生

Mr Wilson MOK Yu-sang
莫裕生先生

Prof Agnes TIWARI Fung-yee, MH (*up to 30.11.2024*)
羅鳳儀教授(截至 2024 年 11 月 30 日)

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

Mr David WONG Tat-kee
黃達琪先生

Ir Billy WONG Wing-hoo, BBS, JP
黃永灝先生

Prof Janet WONG Yuen-ha (*from 1.12.2024*)
黃婉霞教授(由 2024 年 12 月 1 日起)

Prof ZHANG Zhang-jin (*from 8.4.2024*)
張樟進教授(由 2024 年 4 月 8 日起)

APPENDIX 3

附錄 3

Terms of Reference

1. To consider and approve tenders and contract variations in the Hospital Authority in accordance with the delegation of authority limits approved by the Board, including:
 - (a) To review and assess the recommendations made by the assessment panel;
 - (b) To review the procedures and criteria adopted by the assessment panel in the course of its selection; and
 - (c) To approve the selection made by the assessment panel after satisfying itself that (a) and (b) are in order and such approval should be final.
2. To receive management reporting of acceptance of offer approved in the Head Office by a Director in exercising Special Authority for Urgent Direct Purchase.

Note:

Under the prevailing Hospital Authority Procurement and Materials Management Manual approved by the Board, the schedule of authority limits in respect of the Main Tender Board includes approval of tender exceeding \$1.5 million centrally coordinated by Hospital Authority Head Office, or exceeding \$4.5 million for those arranged by the clusters / hospitals.

Focus of Work in 2024-25

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, information technology (IT), etc.). In 2024-25, MTB considered some 720 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 and their consumables, as well as equipment for hospital redevelopment projects whereas service tenders were mainly related to hospital supporting services, maintenance of medical and laboratory equipment, as well as IT systems and services. Capital works tenders mainly involved minor works improvements for maintenance of hospital premises.

To strengthen MTB's governance on HA's performance in procurement related areas, two briefings were held semi-annually in 2024-25 to provide MTB Members with an overview of HA's procurement policies and strategies, summary of the work of MTB, as well as analyses of tenders / contracts approved by MTB in the preceding financial year. These briefings also served as an orientation to new Members and learning and sharing platform 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。

2024-25 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、資訊科技等)的投標。在 2024-25 年度，委員會共審議超過 720 份有關採購物資和服務投標的會議文件，當中醫管局總辦事處所處理的每宗合約所涉價值為 150 萬元以上，而聯網及醫院所處理的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、醫療和化驗設備及其消耗品，以及用於醫院重建項目的設備；服務採購的投標則主要涉及醫院支援服務、醫療和化驗設備保養，以及資訊科技系統與服務；而基本工程的投標主要涉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，醫管局管理人員於 2024-25 年度為委員會舉行兩場簡介會，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，並讓各成員就委員會的工作互相學習及交流意見。

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附錄 3

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-yeo
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

Mr CHAN Wing-kai
陳永佳先生

Prof Philip CHIU Wai-yan, JP
趙偉仁教授

Ms Tennessy HUI Mei-sheung, MH, JP (*from 20.3.2025*)
許美端女士(由 2025 年 3 月 20 日起)

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

Mr Matthew KWOK Pui-ho (*from 19.4.2024*)
郭沛濠先生(由 2024 年 4 月 19 日起)

Prof LAU Chak-sing, BBS, JP
劉澤星教授

Dr Teresa LI Mun-pik, JP (*from 7.5.2024*)
[representing the Director of Health]
李敏碧醫生(由 2024 年 5 月 7 日起)
[代表衛生署署長]

Mr Aaron LIU Kong-cheung, JP (*up to 4.8.2024*)
Ms Ann CHAN Wai-yan, JP (*from 5.8.2024*) /
Miss Pinky WONG Nga-ping
[representing the Secretary for Financial Services and the Treasury]
廖廣翔先生(截至 2024 年 8 月 4 日)
陳慧欣女士(由 2024 年 8 月 5 日起) /
黃雅萍女士
[代表財經事務及庫務局局長]

Prof David SHUM Ho-keung
岑浩強教授

Prof Agnes TIWARI Fung-yeo, MH (*up to 30.11.2024*)
羅鳳儀教授(截至 2024 年 11 月 30 日)

Mr WAN Man-yeo, BBS, JP
溫文儀先生

Prof Janet WONG Yuen-ha (*from 1.12.2024*)
黃婉霞教授(由 2024 年 12 月 1 日起)

Prof ZHANG Zhang-jin (*from 8.4.2024*)
張樟進教授(由 2024 年 4 月 8 日起)

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Terms of Reference

(Updated version approved by the HA Board on 27.3.2025)

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, including quality governance and patient safety, 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. Review and oversee clinical quality and safety concerns, including matters pertaining 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.

Focus of Work in 2024-25

In 2024-25, the Committee met six 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 discussed the progress update on formulation of Clinical Services Plan for Kowloon Central Cluster (Phase 3), in particular the proposed options for future use of the King's Park site upon relocation of the Queen Elizabeth Hospital to the new acute hospital in Kai Tak Area. For clinical services development, the Committee noted the completion of transferring the genetic and genomic services of the Clinical Genetic Service under the Department of Health to Hong Kong Children's Hospital under HA and received the progress update on the master implementation plan of the HA Strategic Framework for Genetic and Genomic Services, and HA's participation in the Hong Kong Genome Project through partnering arrangement. The Committee also noted the updates on the establishment of the Integrated Neuroscience Centre and the setting up of the Stroke Centre for enhancement of care for patients with neurological and acute stroke diseases.

職權範圍

(2025 年 3 月 27 日醫管局大會批准的更新版本)

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，包括質量管治及病人安全，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. 檢討及監察臨床質量及安全問題，包括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。

2024-25 年度工作概況

在 2024-25 年度，醫療服務發展委員會共召開六次會議，討論醫院管理局(醫管局)臨床服務的規劃、發展及管理事宜。

委員會根據醫管局的整體策略及擬定的未來服務方向，討論九龍中醫院聯網臨床服務計劃(第三期)的進展，特別是伊利沙伯醫院遷移至啟德發展區新急症醫院後京士柏用地日後用途的建議方案。在臨床服務發展方面，委員會備悉醫管局轄下的香港兒童醫院已接管衛生署醫學遺傳服務之遺傳及基因組服務，並收閱《醫管局遺傳及基因組服務策略》整體推行計劃的進展報告，以及醫管局透過夥伴合作安排參與香港基因組計劃的情況。委員會亦備悉為加強對神經系統疾病或急性中風患者的護理而設立神經系統疾病綜合醫療中心及中風中心的進展。

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In relation to mental health services, the Committee noted the progress update of various psychiatric service enhancements in HA. During the period, the Committee considered the plan on repositioning HA's primary healthcare services. Relating to medications / pharmacy-related services, the Committee received the implementation progress of the medication delivery service in the HA, outcomes of service evaluation and the planned initiative to provide medication collection points in the community for further convenience to patients in collecting medications. The Committee deliberated on the proposed optimisation of the roles and functions of drug-related committees in HA to expedite introduction of new drugs on HA Drug Formulary and strategies to promote safe, rational and cost-effective use of drugs. The Committee also considered the proposed strategies of building collaborative service models with community pharmacies and pharmacists as well as the interim measures to optimise drug dispensing within HA. In regard to Chinese medicine, the Committee received the progress reports of the Subcommittee on Chinese Medicine formed under the Committee. The Committee also discussed the initiatives for supporting clinical research and innovation development in HA and received updates on medical device management in HA, including the enhanced "Medical Device Classification Framework" and the development of "Medical Device Formulary". The Committee deliberated the proposal on the introduction of the HA Dietary Supplementary Formulary and its implementation with a two-tier governance structure for the management of dietary supplement in HA. The Committee noted the progress update on the new operation mode of the private clinic of Hong Kong Eye Hospital. The Committee also considered various clinical Public-Private Partnership (PPP) Programmes and the way forward of HA PPP Programmes in line with the Government's overall direction to foster integrated healthcare and maximise health benefits. For clinical manpower, the Committee noted the updated set of service demand and manpower requirement projection, and the strategies to improve the workforce situation and address the anticipated manpower gap for doctors, nurses, allied health and pharmacy professionals.

The Committee considered and deliberated on a wide range of clinical management issues, including approval of new drugs / indications and non-drug items to be covered by the Samaritan Fund in 2024-25; specialist outpatient clinic new case waiting time management; and 2023-24 HA Patient Experience Survey on inpatient service. 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 2024, and focused on the risks anticipated for 2025 and the planned mitigation actions. For enhancing oversight of quality and safety issues, the Committee deliberated and endorsed the action plan for the Recommendation 1 made by the Review Committee on the Management of Public Hospital System to entrust MSDC to take up a leading role in advising, overseeing and improving service quality and patient safety. The Committee also noted the progress of resumption of hospital accreditation in HA; the incident management mechanism of HA; and recent significant adverse events and coroner cases; and received a report on a cluster of Methicillin Resistant Staphylococcus Aureus Cases in Kwong Wah Hospital Neonatal Intensive Care Unit. 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 2024-25 and development / monitoring / review of clinical service key performance indicators.

在精神健康服務方面，委員會備悉提升醫管局各項精神科服務的進展。年內，委員會審議了醫管局基層醫療服務重新定位的計劃。在藥物 / 藥劑服務方面，委員會收閱醫管局推行藥物送遞服務的進展、服務評估結果，以及增設社區取藥點以進一步便利病人取藥的措施。委員會審議完善醫管局內各個與藥物相關的委員會的角色及職能之建議，以加快在《醫管局藥物名冊》引入新藥，以及促進安全、合理及具成本效益的用藥策略。委員會亦審議與社區藥房及藥劑師建立協作服務模式的建議策略，以及完善醫管局內配藥服務的臨時措施。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。委員會亦討論支援醫管局臨床研究及創新發展的措施，並收閱醫管局醫療器械管理的最新發展，包括加強《醫療器械分級框架》，以及《醫療器械名冊》的發展。委員會審議了引入《醫管局膳食補充劑名冊》的建議及推行方案，採用兩層管治架構管理醫管局內的膳食補充劑。委員會備悉香港眼科醫院私家診所推行新運作模式的進展；並審議多項公私營協作計劃及其未來方向，以配合政府促進綜合醫療保健及提升健康效益的整體方針。在醫護人手方面，委員會備悉服務及人手需求預測的最新數據，以及改善醫生、護士、專職醫療和藥劑人員的人手狀況及應對預期人手缺口的策略。

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 2024-25 年度起納入的新藥 / 適應症及非藥物項目；專科門診新症輪候時間管理；以及 2023-24 年度醫管局住院病人經驗調查。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 2024 年風險緩減措施的成效，並重點評估 2025 年的預計風險及有關緩減計劃。為加強對質素及安全事宜的監察，委員會審議並通過就公立醫院系統管理檢討委員會提出的第一項建議而制訂之行動計劃，委託醫療服務發展委員會帶領各項就監管及改善服務質素及病人安全方面的工作。委員會亦備悉醫管局重啟醫院認證計劃、醫管局事故管理機制，以及近期重大醫療事件和死因裁判法庭案件的進展，並收閱廣華醫院新生嬰兒深切治療部抗藥性金黃葡萄球菌個案組群的報告。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 2024-25 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 JAT Sew-tong, SBS, SC, JP*

副主席：翟紹唐先生*

Members: Ms Rebecca CHAN Chui-mi

成員：陳翠薇女士

Mr Raymond CHAN Kwan-tak

陳君德先生

Mr CHAN Muk-kwong (*from 1.1.2025*)

陳木光先生(由 2025 年 1 月 1 日起)

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 (*up to 31.12.2024*)

許宗盛先生(截至 2024 年 12 月 31 日)

Mr KOK Che-leung, BBS (*from 1.1.2025*)

郭志良先生(由 2025 年 1 月 1 日起)

Mr Joe KWOK Jing-keung, SBS, FSDSM (*up to 31.12.2024*)

郭晶強先生(截至 2024 年 12 月 31 日)

Mr KWOK Leung-ming, SBS, CSDSM (*up to 31.12.2024*)

郭亮明先生(截至 2024 年 12 月 31 日)

Mr Stephen LAM Wai-hung (*from 1.1.2025*)

林韋雄先生(由 2025 年 1 月 1 日起)

Mr Daniel LAU Kim-hung

劉劍雄先生

Mr Lothar LEE Hung-sham, BBS, MH (*from 1.1.2025*)

李洪森先生(由 2025 年 1 月 1 日起)

Mr Tony LEUNG Chun-ping (*from 1.1.2025*)

梁振萍先生(由 2025 年 1 月 1 日起)

Prof LI Chi-kong, JP*

李志光教授*

Mr Daryl LI Kin-yat, SBS, FSDSM (*from 1.1.2025*)

李建日先生(由 2025 年 1 月 1 日起)

Mr LIU Sui-biu

廖瑞彪先生

Prof Joseph LUI Cho-ze*

雷操彥教授*

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Ms Manbo MAN Bo-lin, MH
文保蓮女士

Mr Simon MOK Sai-man, MH (up to 31.12.2024)
莫世民先生(截至 2024 年 12 月 31 日)

Mr Raymond NG Kwok-ming, IDS
伍國明先生

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

Mr Paul WU Wai-keung
胡偉強先生

Ms Agnes Garman YEH
葉嘉雯女士

Mr Charlie YIP Wing-tong (passed away in May 2024)
葉永堂先生(於 2024 年 5 月辭世)

*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.

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.

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。

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。

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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.

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.)

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) 琐屑無聊、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。

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。）

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Focus of Work in 2024-25

In 2024-25, the PCC held 15 meetings and concluded 237 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, 21 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 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;
- Better documentation in medical records;
- Enhancing the referral mechanism between General Outpatient Clinics and Allied Health Department;
- Mitigating patient's risk of escape from physical restraint;
- Enhanced communication with patients and their relatives;
- Clearer clinical guidance for medical procedures; and
- Strengthening staff training on communication and hospital's complaints management.

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.

The Committee was briefed and discussed on HA's key strategies and developments in patient relations and complaints management. HA would adopt a three-pronged approach to proactively collect patients' experience and views. With the complementary use of independent comprehensive surveys, short surveys via HA mobile application "HA Go" and volunteer groups as partner patients, HA could have a timely review of its services and the effectiveness of corporate new initiatives. Members also received report on the findings of the 2023 Patient Experience Survey on Inpatient Service and HA's prioritized areas for service enhancements.

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 and for continuous improvement, the Committee conducted self-assessment exercise to review its activities in the past year, having regard to its Terms of Reference. It had also reviewed its role and mode of operation to drive for continuous improvement in the workflow of handling appeal cases.

2024-25 年度工作概況

在 2024-25 年度，公眾投訴委員會共召開 15 次會議及審結 237 宗上訴個案，主要涉及醫療服務。委員會經審視後認為，大部分的投訴事項在醫院層面已作適當跟進，有 21 宗個案評定為部分成立。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 / 或醫管局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：

- 向病人提供更清晰的醫療程序資訊；
- 在醫療紀錄作清晰記錄；
- 優化普通科門診與專職醫療的轉介機制；
- 減低病人掙脫約束衣的風險；
- 加強與病人及家屬就病情的溝通；
- 制定更清晰的醫療程序臨床指引；及
- 加強對職員溝通的培訓及醫院就投訴處理的管理。

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。

委員會聽取並討論醫管局在病人關係及投訴處理方面的主要服務策略與發展。醫管局將透過獨立大型、經流動應用程式「HA Go」及病人義工所進行的病人經驗調查，三管齊下收集病人的經驗和意見，適時反映機構新措施的成效，從而提升整體服務質素。相關部門亦簡介了 2023 年住院病人經驗調查的結果，以及就調查結果推出不同的跟進措施，持續提升病人體驗。

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及不斷求進，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，並檢討了其角色及運作方式，持續完善處理上訴個案的工作流程。

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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 (*up to 30.11.2024*)
何沛謙先生(截至 2024 年 11 月 30 日)

Ms Tennessy HUI Mei-sheung, MH, JP (*from 1.12.2024*)
許美嬌女士(由 2024 年 12 月 1 日起)

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

Mr WONG Kwai-huen, SBS, JP
王桂壠先生

Terms of Reference

1. To consider and decide upon appeals from staff members who have raised a grievance through the normal internal complaint channels and who wish to appeal against the decision made.
2. The Committee shall:
 - (a) consider whether the appeal cases need further investigation by the management;
 - (b) direct the appeal cases to be investigated;
 - (c) have access to all the relevant information required from the management for making a decision;
 - (d) ensure that appropriate action is taken; and
 - (e) reply to the appellant.
3. The Committee's decision shall represent the Hospital Authority's decision and shall be final.
4. The Committee shall make annual reports to the Hospital Authority Board.

Focus of Work in 2024-25

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 2024-25, the Committee received two new appeal cases. Consideration of these cases was still in progress as of the end of 2024-25.

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。

2024-25 年度工作概況

委員會的宗旨是就職員上訴個案，進行審議及決定，個案屬已透過醫院管理局(醫管局)既定的內部渠道提出申訴但不滿有關決定的個案。委員會的決定即為醫管局的最終決定。

在 2024-25 年度，委員會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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Supporting Services Development Committee

支援服務發展委員會

Membership List

成員名單

Chairman: Mrs Sylvia LAM YU Ka-wai, SBS
主席：林余家慧女士

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]

Ir Patrick CHEUNG Yuen-fong, BBS (from 1.12.2024)
張遠芳先生(由 2024 年 12 月 1 日起)

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

Dr James LAU Chi-wang, BBS, JP
劉志宏博士

Prof Agnes TIWARI Fung-yee, MH (up to 30.11.2024)
羅鳳儀教授(截至 2024 年 11 月 30 日)

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 WAN Man-yee, BBS, JP
溫文儀先生

Ir Billy WONG Wing-hoo, BBS, JP
黃永灝先生

Prof Janet WONG Yuen-ha (from 1.12.2024)
黃婉霞教授(由 2024 年 12 月 1 日起)

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Terms of Reference

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.

Focus of Work in 2024-25

In 2024-25, the Committee met four times to advise on the directions and policies related to procurement, business support services (BSS) and pharmaceutical supplies to support clinical service delivery in the Hospital Authority (HA). To strengthen its governance and advisory roles in the planning, development and management of procurement and BSS in HA, an additional co-opted member was enlisted to join the Committee in November 2024.

The Committee supported the five strategic focus areas for BSS development in 2024-25, including (a) enhancing cost efficiency in procurement of medical equipment, (b) rationalising patient catering and laundry services for higher operational efficiency, (c) strengthening risk management in medical equipment maintenance, (d) facilities design for improved operational efficiency of supporting services in new hospitals, and (e) leveraging smart technology through exploration of Generative Artificial Intelligence.

Regarding procurement of medical equipment, the Committee noted HA's initiative to rationalise the procurement strategies to enhance procurement efficiency and market competition so as to achieve cost savings. The Committee deliberated on HA's strategies for improving the cost efficiency and value for money in drug procurement, and practicable means to maximise the potential cost savings to HA.

The Committee supported the revisions of the HA Procurement and Materials Management Manual, including those on approval limits and delegation of authority for approval of the HA Board, following a triennial review of the Manual. The Committee supported the Health Bureau (HHB)'s policy direction to accord preference to buy medical devices listed under the Medical Device Administrative Control System, and was informed of, inter alia, HA's plan to incorporate the national security provisions into its procurement as in line with the Government's practice. The Committee also provided strategic directions on continuous enhancement of HA's procurement. Apart from receiving an annual report on contracts with price adjustments approved by the HA management in 2023 under the "Authorise and Direct" arrangement as delegated by the Main Tender Board (MTB), the Committee also advised on HA's procurement issues in response to MTB Members' feedback, which were reported to the Committee quarterly.

職權範圍

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。

2024-25 年度工作概況

在 2024-25 年度，委員會共召開四次會議，就醫院管理局(醫管局)在採購、業務支援服務及藥物供應方面的方向與政策提供意見，以支援臨床服務的提供。為加強委員會在醫管局採購及業務支援服務的規劃、發展及管理方面的管治和諮詢角色，委員會於 2024 年 11 月增加了一名增選成員。

委員會支持 2024-25 年度發展業務支援服務的五大策略重點範疇，包括：(一)提升醫療儀器採購的成本效益，(二)理順病人膳食及洗衣服務以提高運作效率，(三)加強醫療儀器保養的風險管理，(四)設施設計以提升新醫院支援服務的運作效率，以及(五)探索應用生成式人工智能的方式以善用智能科技。

在採購醫療設備方面，委員會備悉醫管局採取措施理順採購策略，以提高採購效率及促進市場競爭，從而節省成本。委員會討論醫管局在採購藥物方面提高成本效益和物有所值的策略，以及盡量為醫管局節省潛在成本的可行方法。

就醫管局每三年進行的《採購及物料管理手冊》檢討，委員會支持有關修訂，其中包括提交給醫管局大會批准的有關審批限額和授權的修訂。委員會支持醫務衛生局的政策方針，優先採購已於「醫療器械行政管理制度」下表列了的醫療器械。委員會並獲悉醫管局計劃將國家安全條文納入其採購工作，以配合政府的做法。委員會亦定期就持續優化醫管局採購方面提供策略方向。除收閱醫管局管理人員在 2023 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外，委員會亦因應匯集中央投標委員會成員就醫管局採購事宜提出的意見的季度報告提供相關建議。

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Concerning BSS, the Committee noted that, with the service commencement of the HA Supporting Services Centre (HASSC) in March 2025, HA would rationalise the overall food production and laundry services across clusters; and was assured that HA's linen and laundry services were in good state in terms of sustainability, service quality, infection control, resilience and cost-effectiveness. To cater for the projected and long-term demand for essential supporting services arising from the subsequent Hospital Development Plan(s), the Committee supported HA to follow up with HHB on earmarking new sites for establishing additional HASSCs, alongside the development of a master plan for the long-term development of supporting services in HA.

On medical equipment maintenance, the Committee received the final report on the action plan to implement the related recommendations made by the Review Committee on Medical Equipment and Facility Maintenance. The Committee noted that all action items were completed, including launch of the new Medical Equipment Maintenance Management System and strengthening of biomedical engineering manpower to enhance supervision and monitoring of outsourced maintenance services, and further enhancements would be made if such opportunities arise.

In addition, the Committee supported smart applications in strategic BSS areas in line with the corporate direction of smart hospital development.

The Committee received an annual report on hospital security services in 2023-24 and noted the latest environmental management in HA including the various environmental management programmes.

In accordance with the HA organisation-wide risk-management framework, the Committee considered the risks related to BSS and pharmaceutical supplies, including the effectiveness of risk mitigation actions taken in 2024, risks anticipated for 2025 and the planned measures.

在業務支援服務方面，委員會備悉隨着醫管局支援服務中心於2025年3月投入服務，醫管局會理順為各聯網提供的病人膳食和洗衣服務。委員會得悉，醫管局的被服及洗衣服務在可持續性、服務質素、感染控制、應變能力和成本效益方面，均維持良好水平。為應對隨後的醫院發展計劃對主要支援服務的預計和長遠需求，委員會支持醫管局與醫務衛生局跟進預留新用地增建醫管局支援服務中心事宜，並為醫管局支援服務的長遠發展制訂總體規劃。

在醫療儀器保養方面，委員會收閱就落實「檢視醫療儀器及設施保養維修事宜委員會」所提出相關建議行動計劃的最終報告。委員會備悉所有行動項目均已完成，包括推出全新的醫療儀器保養管理系統，以及增加生物醫學工程人手，以加強對外判保養服務的監督和監察。當有適當機會，醫管局將進一步優化措施。

此外，委員會支持在策略性業務支援服務範疇中應用智能科技，以配合發展智慧醫院的整體方向。

委員會收閱2023-24年度醫院保安服務的年度報告，並備悉醫管局在環境管理方面的最新發展，包括推出多項環境管理項目。

委員會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2024年風險緩減措施的成效、2025年的預計風險，以及相應的緩減計劃。

APPENDIX 4

附錄 4

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

Alice Ho Miu Ling Nethersole Hospital

雅麗氏何妙齡那打素醫院

Chairman: Mr Wilson MOK Yu-sang
主席：莫裕生先生

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

Major Minny CHAN TSUI Heung-ying
陳徐香凝少校

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, SBS, JP
管浩鳴法政牧師

Prof Simon KWAN Shui-man
關瑞文教授

Sr Dr Stephen LAI Yuk-fai, JP
賴旭輝博士

Mr LAM Yick-kuen, MH
林奕權先生

Rev Kenneth LAU Wing-kan
劉永勤牧師

Mr Roger LEE Chee-wah
李志華先生

Ms Joyce LEUNG Kam-ling
梁錦玲女士

Mr John LI Kwok-heem, MH
李國謙先生

Ms Yvette LI Yan-yi
李恩怡女士

Mr MAN Chen-fai, BBS, MH
文春輝先生

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 Louis CHOY Chung-wai
成員：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

Ms Fiona NGAI Shut-ying
倪戌英女士

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 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

Mr Raymond CHAN Kwan-tak
陳君德先生

Dr Shelley M CHOW
周慧思博士

Ms Betty KO Lan-fun
高蘭芬女士

Mr KOK Che-leung, BBS
郭志良先生

Dr TONG Hon-kuan, JP
唐漢軍醫生

Dr WONG Chun-por, JP
王春波醫生

Dr Paul YOUNG Tze-kong, JP
楊子剛博士

APPENDIX 4

附錄 4

Cheshire Home, Shatin

沙田慈氏護養院

Chairman: 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: Mr Raymond CHAN Kwan-tak
成員：陳君德先生

Dr Shelley M CHOW
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

Mr Alfred POON Sun-biu
潘新標先生

Dr TSE Man-chung (*from 25.4.2024*)
謝文忠博士(由 2024 年 4 月 25 日起)

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 Lawrence LAN Chuen-leung
藍傳亮醫生

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, GBS, 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

Mr Spencer KWAN Chor-chung
關佐仲先生

Mr Jonathan LAI Ping-wah
賴炳華先生

Mr Joseph LAM Boon-wai
林本偉先生

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, BBS, MH
釋寬運法師

Ven SIK Miu-chi
釋妙慈法師

Ven SIK Ti-lun
釋提輸法師

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

APPENDIX 4

附錄 4

Hong Kong Children's Hospital

香港兒童醫院

Chairman: Mrs Ann KUNG YEUNG Yun-chi, BBS, JP
主席：龔楊恩慈女士

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 Ricky CHAN Wai-keung
成員：陳偉強醫生
Ms Winnie CHIU Wing-kwan, BBS, JP
邱詠筠女士
Prof FOK Tai-fai, SBS, JP
霍泰輝教授
Prof LAU Chak-sing, BBS, JP
劉澤星教授
Mr Oscar LEE Tsan
李臻先生
Mr William LO Chi-chung
羅志聰先生
Prof Frances WONG Kam-yuet
黃金月教授

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

Ms Jennifer CHEUNG Wai-yin
張蕙然女士

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

Dr Harry YU Kwok-kuen
余國權博士

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

Ms Mary Pandora CHEUNG
張瑪莉女士

Mr Justin LO Chak-tin
盧摘天先生

Mr Kyurus SIU King-wai
蕭景威先生

Ms Bonnie SO Yuen-han
蘇婉嫻女士

Prof Agnes TIWARI Fung-yee, MH
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

Ms Titania WOO Chi-kwan (from 25.4.2024)
胡志君女士 (由 2024 年 4 月 25 日起)

APPENDIX 4

附錄 4

Kwai Chung Hospital & Princess Margaret Hospital

葵涌醫院及瑪嘉烈醫院

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 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: Ms Mandy TANG Ming-wai, BBS
主席：鄧明慧女士

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 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 Jason Joseph LEE Kwong-yee
李曠怡先生

Mr Philip MA Ching-yeung, BBS
馬清揚先生

Ms Ginny MAN, BBS, JP
文穎怡女士

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, JP
譚鎮國先生

Mr York TSENG Hing-yip
曾慶業先生

Dr Ken TSOI Wing-sing, BBS, JP
蔡榮星博士

Mr Herman WAI Ho-man, BBS
韋浩文先生

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

Dr Steve CHENG Chun-fai
鄭振輝博士

Mr CHENG Yan-kee, BBS, JP
鄭恩基先生

Dr Eric CHIEN Ping
錢平醫生

Mr FUNG Ka-chuen
馮家聰先生

Mr Quinton LAM Chun-ki
林進其先生

Mr Weymond LAM Hong-wai
林亢威先生

Mr Joseph LO Kin-ching, MH
勞建青先生

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

Mr George WONG Kwok-cheong
黃國昌先生

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 Dennis CHOW Chi-in
成員：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

Prof Janet WONG Yuen-ha
黃婉霞教授

Ms Helen ZEE
徐閔女士

APPENDIX 4

附錄 4

Our Lady of Maryknoll Hospital

聖母醫院

Chairman: Ms June LO Hing-yu
主席： 羅慶妤女士

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

Ms Bonnie CHAN Shum-yue, JP
陳心愉女士

Dr Nancy CHEUNG Man-ching
張敏貞博士

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

Dr James HWANG Shu-tak, BBS
黃樹德醫生

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

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
張添珞女士

Mr Roland CHOW Kun-chee
周近智先生

Mr Mico CHOW Man-cheung
周萬長先生

Ms Michelle CHOW Yan-wai
周恩惠女士

Mr 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

Mr Anthony TSANG Hin-fun
曾憲芬先生

Dr Ryan WONG Man-yeung
王文揚醫生

Mr Bernard WU Tak-lung
吳德龍先生

APPENDIX 4

附錄 4

Pok Oi Hospital

博愛醫院

Chairman: Mr Danny CHAU Chun-tat, MH
主席：周駿達先生

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 Kwok-ki, MH, JP
成員：陳國基博士

Dr Lily CHAN LI Lei, MH
陳李妮博士

Dr CHAN Shou-ming, MH
陳首銘博士

Ms Veronica HO
何維珊女士

Ms HUANG Xiao-jun
黃曉君女士

Mr Stephen LEE Hoi-yin
李開賢先生

Mr Donald MAN Ka-ho, JP (from 27.6.2024)
文嘉豪先生(由 2024 年 6 月 27 日起)

Mr PANG Siu-hin, MH
彭少衍先生

Mrs Winnie TAM KEUNG May-chu, MH
譚姜美珠女士

Mr Simon TSO
曹思豪先生

Mr Charlie YIP Wing-tong (passed away in May 2024)
葉永堂先生(於 2024 年 5 月辭世)

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: Mr CHEUNG Chi-yin
成員：張子賢先生

Prof Philip CHIU Wai-yan, JP
趙偉仁教授

Ms Mimi FUNG Ching-mei
馮靜美女士

Ms Wendy FUNG Ching-suet
馮靜雪女士

Mr HO Sai-king
何世景先生

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 John LEE Sam-yuen, BBS
李三元博士

The Hon Kenneth LEUNG Yuk-wai, MH, JP
梁毓偉先生

Prof LI Chi-kong, JP
李志光教授

Mr Bernard MAN, SC
文本立先生

Ms Nikki NG Mien-hua, BBS
黃敏華女士

Mr Alec TONG Chi-chiu
湯志超先生

Mr Felix TSENG Hing-fai
曾慶輝先生

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：梁永鑑博士

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： 何超蕸女士

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

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

Mr Elvin YU Tin-yau
余天佑先生

APPENDIX 4

附錄 4

Tai Po Hospital

大埔醫院

Chairman: Mr Wilson MOK Yu-sang
主席：莫裕生先生

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 Horace NIP Yun-wing
聶潤榮先生

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

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

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

Ir Sr Jonathan LEE Man-kwong
李文光先生

Mr Andrew LEUNG Chun-keung
梁進強先生

Ms Alice TAI Yuen-ying, GBS, JP
戴婉瑩女士

Ms Daisy YEUNG
楊玳詩女士

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: Ms Mandy TANG Ming-wai, BBS
主席：鄧明慧女士

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 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, BBS, 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 Jason Joseph LEE Kwong-yee
李曠怡先生

Mr Philip MA Ching-yeung, BBS
馬清揚先生

Ms Ginny MAN, BBS, JP
文頴怡女士

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, JP
譚鎮國先生

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, JP
蔡榮星博士

Mr Herman WAI Ho-man, BBS
韋浩文先生

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
Major Norris CHEUNG Yuen-mei (*passed away in June 2024*)
張婉薇少校(於 2024 年 6 月辭世)
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, MH, JP
禡惠儀女士
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 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 (*up to 3.9.2024*)
張苑心牧師(截至 2024 年 9 月 3 日)
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: Dr Marcella CHEUNG Man-ka, MH
主席：張文嘉博士

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 CHAN Shing-jee
成員：陳承志先生

Mr Stanley CHEUNG Tak-kwai
張德貴先生

Mr Anthony CHOI Po-kin
蔡寶健先生

Mr Gary CHU Tak-wing, MH
朱德榮先生

Mr HO Wai-ming
何偉明先生

Ms Wendy LAW Wing-yee
羅穎怡女士

Mr Jason LEUNG Wai-kwong
梁偉光先生

Miss Linda SO Hoi-yan
蘇凱欣小姐

Mr William WONG Kuen-wai, BBS, MH
黃權威先生

Mr Charles YANG Chuen-liang, SBS, JP
楊傳亮先生

Miss Carmen YIM Kei-man
嚴紀雯小姐

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 representative
衛生署署長或其代表

Members: Deputy Hospital Chief Executive, St. John Hospital (up to 2.6.2024)
成員：長洲醫院副醫院行政總監(截至 2024 年 6 月 2 日)

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 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 LAN Yim-hung (from 3.6.2024)
蘭艷紅女士(由 2024 年 6 月 3 日起)

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

Prof Walter SETO Wai-kay
司徒偉基教授

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

Mr York TSENG Hing-yip
曾慶業先生

Dr Albert WONG Chi-chiu
王志釗醫生

Ms YAU Chit-yeo, 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 representative
衛生署署長或其代表

Members: Mr CHAN Kwok-wai, MH
成員：陳國偉先生

Mr Kenny CHAN Ngai-sang, BBS
陳毅生先生

Mr Gary CHU Tak-wing, MH
朱德榮先生

Mr Simon FOK Man-kin
霍文健先生

Ms Carmen FUNG Ka-man
馮嘉文女士

Mr HO Hon-man, MH, JP
何漢文先生

Mr Leo HO Kwan-chau
何坤洲先生

Mr Orlando HO Yau-kai
何猷啟先生

Mr KAI Ping-chung, MH
奚炳松先生

Ms Sophia LEE Shuk-woon, MH
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

Mr William LO Chi-chung
羅志聰先生

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

Ven SIK Ti-lun
釋提輪法師

Mr Kyrus SIU King-wai
蕭景威先生

Mr Simon SIU Miu-man, MH
蕭妙文先生

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

Dr Harry YU Kwok-kuen
余國權博士

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, MH (up to 30.11.2024)
主席：羅鳳儀教授(截至 2024 年 11 月 30 日)

Mr JAT Sew-tong, SBS, SC, JP (from 1.12.2024)
翟紹唐先生(由 2024 年 12 月 1 日起)

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 representative
衛生署署長或其代表

Members: Dr Lily CHAN LI Lei, MH
成員：陳李妮博士

Mr Danny CHAU Chun-tat
周駿達先生

Dr Ben FONG Yuk-fai, MH
方玉輝醫生

Mr Ali FUNG Wai-cheong
馮偉昌先生

Dr Raymond HO Shu-kwong
何樹光博士

Ms Rebecca HUNG Tzu-wei
熊子惠女士

Ms IP Shun-hing, SBS, 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

Dr Edward LEUNG Man-fuk
梁萬福醫生

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 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 2024-25

2024-25 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: Ms Anita CHAN Shuk-yu
信託委員：陳淑瑜女士

Ms Margaret CHENG Wai-ching, JP
鄭惠貞女士

Mr Alex CHU Wing-jiu
朱永耀先生

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 WONG Kwai-huen, SBS, JP
王桂壻先生

Mr WONG Kwok-chiu
黃國超先生

Mr WONG Yiu-lun
黃耀麟先生

Mr Jason YEUNG Chi-wai
楊志威先生

Dr YIM Tsz-kin
嚴子健醫生

APPENDIX 7

附錄 7

Public Feedback Statistics

公眾意見統計

Complaint / Feedback / Appreciation Received (1.4.2024 – 31.3.2025)

投訴 / 意見 / 讚揚數字（2024 年 4 月 1 日 – 2025 年 3 月 31 日）

Public Complaints Committee 公眾投訴委員會			
Nature of cases 個案性質		Number of appeal cases 上訴個案數字	
Medical services 醫療服務		185	
Staff attitude 職員態度		18	
Administrative procedure 行政程序		29	
Others 其他		5	
Total number of appeal cases handled 處理上訴個案總數		237	

Complaint / Feedback / Appreciation Statistics (Hospitals and GOPCs*)			
投訴 / 意見 / 讚揚統計(醫院及普通科門診診所)			
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	1 035	5 326	38 751
Staff attitude 職員態度	379	4 868	17 367
Administrative procedure 行政程序	252	4 161	766
Overall performance 整體表現	74	2 108	458
Others 其他	12	988	1 100
Total number of complaint / feedback / appreciation received 投訴 / 意見 / 讚揚總數	1 752	17 451	58 442

Complaint / Appreciation Rate 投訴 / 讚揚率			
Rate per 10 000 Discharge & Death / Attendance 每10 000出院人次及死亡人數 / 就診人次計			
Service Type 服務類別	Complaint 投訴	Appreciation 讚揚	
Inpatient and Day Patient Services 住院及日間住院服務	3.3	174.0	
Specialist Outpatient Services 專科門診診所	0.5	4.8	
General Outpatient Services 普通科門診診所	0.2	7.7	

*General outpatient clinics

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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 2024-25, with full service resumption of public healthcare services. The volume of patient care activities across the full range of services in 2024-25 is higher than the level in 2023-24.

The key activity data in respect of the HA are:

醫院管理局(醫管局)大致上達到 2024-25 年度的服務表現目標，並已全面恢復公營醫療服務。2024-25 年度各類病人醫護服務的整體服務量較 2023-24 年度為高。

有關醫管局服務的主要數據如下：

	2023-24	2024-25
(I) Access to services 可取用的服務		
inpatient services 住院服務		
no. of hospital beds (as at 31 March) 醫院病床數目(截至三月三十一日)		
general (acute and convalescent) 普通科(急症及康復)	24 325	24 478
mentally ill 精神科	3 710	3 710
mentally handicapped 智障科	675	675
infirmary 療養科	1 961	1 961
overall 總計	30 671	30 824
ambulatory and outreach services 日間及外展服務		
accident and emergency (A&E) services 急症室服務		
percentage of A&E patient attendances seen within target waiting time 在目標輪候時間內獲處理的急症病人求診人次百分率		
triage I (critical cases - 0 minute) (%) 第 I 類別(危殆個案 - 0 分鐘)(%)	100	100
triage II (emergency cases - 15 minutes) (%) 第 II 類別(危急個案 - 15 分鐘)(%)	96	97
triage III (urgent cases - 30 minutes) (%) 第 III 類別(緊急個案 - 30 分鐘)(%)	71	79
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	787	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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	2023-24	2024-25
(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	8 750 456	8 773 115
bed occupancy rate (%) 病床住用率 (%)	88	87
no. of discharges and deaths 住院病人出院人次及死亡人數	1 146 494	1 152 078
general (acute and convalescent) 普通科(急症及康復)		
no. of patient days 病人住院日次	7 137 219	7 149 251
bed occupancy rate (%) 病床住用率 (%)	91	90
no. of discharges and deaths 住院病人出院人次及死亡人數	1 123 107	1 128 072
average length of stay (days)* 平均住院時間(日)*	6.3	6.3
mentally ill 精神科		
no. of patient days 病人住院日次	995 316	1 005 879
bed occupancy rate (%) 病床住用率 (%)	76	76
no. of discharges and deaths 住院病人出院人次及死亡人數	19 161	19 964
average length of stay (days)* 平均住院時間(日)*	55	54
mentally handicapped 智障科		
no. of patient days 病人住院日次	166 121	165 421
bed occupancy rate (%) 病床住用率 (%)	67	68
infirmary 療養科		
no. of patient days 病人住院日次	451 800	452 564
bed occupancy rate (%) 病床住用率 (%)	84	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	809 505	863 855
A&E services 急症室服務		
no. of A&E attendances 急症室就診人次	2 142 830	2 024 269
no. of A&E first attendances 急症室首次就診人次		
triage I 第 I 類別	28 138	26 311
triage II 第 II 類別	56 566	56 287
triage III 第 III 類別	820 353	798 811
specialist outpatient services 專科門診服務		
no. of specialist outpatient (clinical) first attendances	878 903	907 233
專科門診(臨床)首次就診人次		
no. of specialist outpatient (clinical) follow-up attendances	7 489 204	7 781 520
專科門診(臨床)覆診人次		
total no. of specialist outpatient (clinical) attendances	8 368 107	8 688 753
專科門診(臨床)就診總人次		
primary care services 基層醫療服務		
no. of general outpatient attendances 普通科門診就診人次	6 008 083	6 249 089
no. of family medicine specialist clinic attendances 家庭醫學專科門診就診人次	351 698	375 437
total no. of primary care attendances 基層醫療就診總人次	6 359 781	6 624 526
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	100 987	110 418
no. of community nurse attendances 接受社康護士服務人次	916 504	949 199
no. of allied health (community) attendances 專職醫療(社區)就診人次	32 268	37 255
no. of allied health (outpatient) attendances 專職醫療(門診)就診人次	3 301 186	3 611 278
geriatric services 老人科服務		
no. of geriatric outreach attendances 接受老人科外展服務人次	785 239	801 455
no. of geriatric elderly persons assessed for infirmary care service 接受療養服務評核的長者人數	1 767	1 630
no. of geriatric day attendances 老人科日間醫院就診人次	168 425	181 978
psychiatric services 精神科服務		
no. of psychiatric outreach attendances 接受精神科外展服務人次	330 549	365 149
no. of psychiatric day attendances 精神科日間醫院就診人次	194 070	234 197
no. of psychogeriatric outreach attendances 接受老人精神科外展服務人次	113 386	115 253

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	2023-24	2024-25
(III) Quality of services 服務質素		
no. of hospital deaths per 1 000 population [^] 每千人口中病人在醫院死亡人數 [^]	2.7	2.5
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 (%)	10.9	11.0
(IV) Cost of services 服務成本		
cost distribution 成本分布		
cost distribution by service types (%) 按服務類別劃分的成本分布百分率 (%)		
inpatient 住院服務	53.1	52.3
ambulatory and outreach 日間及外展服務	46.9	47.7
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 (%)	54.4	55.0
cost of services per 1 000 population (HK\$Mn) 每千人口的服務成本(港幣百萬元)	30.4	30.3
unit costs 單位成本		
inpatient services 住院服務		
cost per patient day (HK\$) 病人每日成本(港元)		
general (acute and convalescent) 普通科(急症及康復)	6,920	7,060
mentally ill 精神科	3,580	3,670
mentally handicapped 智障科	2,430	2,530
infirmary 療養科	2,310	2,300
ambulatory and outreach services 日間及外展服務		
cost per A&E attendance (HK\$) 急症室每次診症的成本(港元)	2,070	2,150
cost per specialist outpatient attendance (HK\$) 專科門診每次診症的成本(港元)	1,610	1,630
cost per general outpatient attendance (HK\$) 普通科門診每次診症的成本(港元)	730	670
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)	1,450	1,420
cost per community nurse attendance (HK\$) 社康護士每次服務的成本(港元)	765	775
cost per psychiatric outreach attendance (HK\$) 精神科外展服務每次的成本(港元)	1,990	1,980
cost per geriatric day attendance (HK\$) 老人科日間醫院每次服務的成本(港元)	2,670	2,540
fee waivers 收費減免		
total amount of waived fees (HK\$Mn) 減免收費總額(港幣百萬元)	1,158.4	1,185.7
percentage of Comprehensive Social Security Assistance (CSSA) fee waiver (%) [~] 綜合社會保障援助收費減免百分率 (%) [~]	14.0	13.7
percentage of Old Age Living Allowance (OALA) fee waiver (%) [~] 長者生活津貼收費減免百分率 (%) [~]	15.2	15.9
percentage of other fee waiver (%) [~] 其他收費減免百分率 (%) [~]	6.8	6.6

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.

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。

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Statistics on Number of Beds, Inpatient, Accident & Emergency and Outpatient Services in 2024-25

2024-25 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 2025) ¹ 醫院病床數目 (截至 2025 年 3 月 31 日) ¹	Total IP & DP discharges and deaths 住院及日間 住院病人 出院人次及 死亡人數	Inpatient bed occupancy rate (%) 住院病人 病床佔用率 (%)	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 SOP (clinical) attendances ^{2,3} 急症室 就診總人次	Total A&E attendances ^{2,3} 急症室 就診總人次	Family Medicine Specialist Clinic			General Outpatient attendances ^{2,5} 專職醫療 (門診) 就診總人次 ^{2,4}	General Outpatient attendances ^{2,5} 普通科門診 就診總人次 ^{2,5}
								專科門診 (臨床) 就診總人次 ^{2,3}	家庭醫學 專科門診 (臨床) 就診總人次 ^{2,3}	就診總人次 ^{2,3}		
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	309	69.5	60 876	-	-	-	-	-	228	-	-
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	1 929	159 837	81.4	518 914	5.2	112 407	620 965	62 202	253 322	368 033		
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	658	32 185	85.8	186 156	6.0	67 698	156 192	9 381	112 929	125 016		
St. John Hospital 長洲醫院	87	4 371	38.2	2 090	5.8	8 845	-	-	-	10 079	38 696	
Tung Wah Eastern Hospital 東華東院	262	10 486	94.1	76 760	18.9	-	140 984	-	45 263	28 470		
Wong Chuk Hang Hospital 黃竹坑醫院	160	180	87.8	51 277	-	-	-	-	-	-	-	
Sub-total 小計	3 336	207 368	82.4	896 073	5.9	188 950	918 141	71 583	421 821	560 215		
Hong Kong West Cluster 港島西醫院聯網												
Grantham Hospital 葛量洪醫院	389	18 823	80.1	111 988	12.4	-	140 082	-	43 082	-	-	-
MacLehose Medical Rehabilitation Centre 麥理浩復康院	110	1 168	69.2	26 948	22.7	-	1 735	-	27 302	-	-	-
Queen Mary Hospital 穎麗醫院	1 639	166 330	75.6	394 979	4.2	114 325	704 583	27 350	154 870	365 145		
The Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院	136	3 638	46.9	17 682	6.9	-	21 766	-	48 191	-		
Tsan Yuk Hospital 賛育醫院	1	141	-	-	-	-	13 752	-	4 693	-	-	-
Tung Wah Group of Hospitals Fung Yiu King Hospital 東華三院馮堯敬醫院	272	3 481	64.2	58 780	12.2	-	290	-	350	-	-	-
Tung Wah Hospital 東華醫院	532	32 868	71.6	76 271	9.8	-	57 836	-	12 819	32 526		
Sub-total 小計	3 079	226 449	73.3	686 648	5.7	114 325	940 044	27 350	291 307	397 671		

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Institution 機構	No. of hospital beds [as at 31 March 2025] ¹ 醫院病床數目 (截至 2025 年 3 月 31 日) ¹	Total IP & DP discharges and deaths	Inpatient bed occupancy rate (%)	Inpatient patient days	Inpatient 住院病人 住院日次	Inpatient 住院病人 平均 住院時間(日) (急症及康復)	Inpatient average length of stay (days) - general (acute & convalescent)	Total SOP (clinical)	Total A&E attendances ^{2,3}	Total SOP (clinical)	Family Medicine Specialist Clinic	Family Medicine Specialist Clinic	Total Allied Health (Outpatient) attendances ⁴	Total Allied Health (Outpatient) attendances ⁴	General Outpatient attendances ⁵
Kowloon Central Cluster 九龍中醫院聯網															
Hong Kong Buddhist Hospital 香港佛教醫院	376	14 330	91.5	148 894	13.2	-	15 336	-	30 451	57 496					
Hong Kong Children's Hospital 香港兒童醫院	278	19 478	65.3	54 793	8.4	-	66 169	-	16 144	-					
Hong Kong Eye Hospital 香港眼科醫院	45	9 020	29.9	2 293	3.9	-	285 335	-	46 772	-					
Kowloon Hospital 九龍醫院	1 363	18 640	86.0	435 049	18.4	-	106 564	-	137 966	-					
Kwong Wah Hospital 廣華醫院	1 245	110 152	81.8	326 364	4.3	134 389	365 087	7 185	182 162	179 947					
Our Lady of Maryknoll Hospital 聖母醫院	236	-	-	-	-	-	66 835	4 680	37 328	391 468					
Queen Elizabeth Hospital 伊利沙伯醫院	2 019	212 930	93.4	620 005	5.3	191 524	693 872	13 366	277 274	560 578					
Tung Wah Group of Hospitals	531	11 409	85.8	182 896	13.8	-	1 594	-	1 856	-					
Wong Tai Sin Hospital 東華三院黃大仙醫院															
Sub-total 小計	6 093	395 959	86.9	1 770 294	6.6	325 913	1 600 792	25 231	729 953	1 189 489					
Kowloon East Cluster 九龍東醫院聯網															
Haven of Hope Hospital 灵實醫院	601	11 590	99.3	245 788	19.1	-	12 025	-	9 328	-					
Tseung Kwan O Hospital 將軍澳醫院	847	91 929	96.2	253 553	5.5	118 366	420 621	4 716	241 259	329 695					
United Christian Hospital 基督教聯合醫院	1 584	123 266	89.8	425 368	5.8	150 556	585 207	65 378	295 309	624 986					
Sub-total 小計	3 032	226 785	93.9	924 709	6.8	268 922	1 017 853	70 094	545 896	954 681					
Kowloon West Cluster 九龍西醫院聯網															
Caritas Medical Centre 明愛醫院	1 298	79 596	88.4	356 908	6.1	102 250	467 269	5 112	154 659	342 013					
Kwai Chung Hospital 葵涌醫院	955	5 187	86.3	283 179	-	-	263 649	-	48 238	-					
North Lantau Hospital 北大嶼山醫院	180	11 906	87.3	51 012	6.7	82 476	28 992	3 342	50 149	106 878					
Princess Margaret Hospital 瑪嘉烈醫院	1 846	163 266	95.9	558 636	5.7	110 410	476 870	20 860	131 531	391 967					
Yan Chai Hospital 仁濟醫院	811	66 555	98.0	265 375	5.6	117 793	274 363	6 058	161 653	291 666					
Sub-total 小計	5 090	326 510	92.2	1 515 110	5.8	412 929	1 511 143	35 372	546 230	1 132 524					
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	640	73 796	83.1	167 348	4.6	92 703	329 074	6 763	162 943	250 225					
Bradbury Hospice 白普理寧養中心	26	592	93.9	8 907	15.1	-	84	-	884	-					
Cheshire Home, Shatin 沙田慈氏護養院	304	764	65.8	72 969	34.3	-	-	-	185	-					
North District Hospital 北區醫院	724	62 224	101.8	247 072	5.4	93 090	241 122	13 908	129 657	290 642					
Prince of Wales Hospital 威爾斯親王醫院	1 917	208 256	89.2	523 970	5.5	157 051	887 753	57 187	289 185	504 798					
Shatin Hospital 沙田醫院	601	9 769	95.2	196 635	19.9	-	306	-	3 338	-					
Tai Po Hospital 大埔醫院	1 054	9 818	98.7	323 064	23.4	-	2 113	-	1 007	-					
Sub-total 小計	5 266	365 219	91.3	1 539 965	6.7	342 844	1 460 452	77 858	587 199	1 045 665					

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Institution 機構	No. of hospital beds (as at 31 March 2025) ¹ 醫院病床數目 (截至 2025 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 率 (%)	Inpatient patient days 住院病人 住院日次	Inpatient average length of stay (days) - general (acute & convalescent)	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	3 289	62.8	262 078	-	-	162 258	-	28 684	-
Pok Oi Hospital 博愛醫院	822	60 763	95.9	250 077	5.6	92 950	211 728	18 078	111 735	-
Siu Lam Hospital 小欖醫院	520	546	76.9	145 942	-	-	-	-	-	-
Tin Shui Wai Hospital 天水圍醫院	300	33 010	93.5	82 891	5.5	111 932	38 516	21 929	36 410	-
Tuen Mun Hospital 屯門醫院	2 130	170 035	98.4	699 328	6.8	165 504	827 826	27 942	312 043	968 844
Sub-total 小計	4 928	267 643	86.4	1 440 316	6.4	370 386	1 240 328	67 949	488 872	968 844
GRAND TOTAL 總計	30 824	2 015 933	87.4	8 773 115	6.3	2 024 269	8 688 753	375 437	3 611 278	6 249 089

Notes:

- Number of hospital beds as at 31 March 2025 is based on the Annual Survey on Hospital Beds in Public Hospitals 2024-25.
- 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:

- 2025 年 3 月 31 日的醫院病床數目來自 2024-25 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 2024-25 2024-25 年度社康及康復服務統計數字

Institution 機構	Community nurse attendances 接受社康護士 服務人次	Psychiatric outreach attendances ¹ 接受精神科 外展服務人次 ¹	Psychogeriatric outreach attendances ² 接受老人 精神科 外展服務人次 ²	Community Geriatric Assessment Service ³ 社區老人評核 服務量 ³	Allied Health (Community) attendances ⁴ 專職醫療(社區) 就診人次 ⁴	Rehabilitation day & palliative care day attendances 康復及緩 護理日間服務 就診人次	Geriatric day attendances ⁵ 老人科 日間醫院 就診人次 ⁵	Psychiatric day attendances 精神科 日間醫院 就診人次
Hong Kong East Cluster 港島東醫院聯網								
Cheshire Home, Chung Hom Kok 春磡角慈氏護養院	-	-	-	-	-	6	-	-
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	93 757	39 738	12 933	61 267	1 077	850	19 672	30 321
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	-	-	-	51 020	609	9 044	16 857	-
St. John Hospital 長洲醫院	4 532	-	-	558	-	-	-	-
Tung Wah Eastern Hospital 東華東院	-	-	-	-	90	35 297	-	-
Wong Chuk Hang Hospital 黃竹坑醫院	-	-	-	-	-	-	1 416	-
Sub-total 小計	98 289	39 738	12 933	112 845	1 782	45 191	37 945	30 321
Hong Kong West Cluster 港島西醫院聯網								
Grantham Hospital 葛量洪醫院	-	-	-	-	32	5 738	-	-
MacLehose Medical Rehabilitation Centre 麥理浩復康院	-	-	-	-	117	9 716	-	-
Queen Mary Hospital 瑪麗醫院	57 091	25 121	18 625	-	989	548	-	17 190
The Duchess of Kent Children's Hospital at Sandy Bay 大口環根德公爵夫人兒童醫院	-	-	-	-	24	-	-	-
Tsan Yuk Hospital 賛育醫院	-	-	-	-	-	-	-	2 852
Tung Wah Group of Hospitals	-	-	-	72 834	370	-	5 883	-
Fung Yiu King Hospital 東華三院馮堯敬醫院	-	-	-	-	-	63	8 519	6 172
Sub-total 小計	57 091	25 121	18 625	72 834	1 595	24 521	12 055	20 042
Kowloon Central Cluster 九龍中醫院聯網								
Hong Kong Buddhist Hospital 香港佛教醫院	-	-	-	-	144	2 024	-	-
Hong Kong Children's Hospital 香港兒童醫院	-	-	-	-	69	-	-	-
Kowloon Hospital 九龍醫院	78 427	22 568	10 648	43 943	1 195	4 111	3 277	13 013
Kwong Wah Hospital 廣華醫院	47 025	-	-	85 822	1 051	-	9 175	-
Our Lady of Maryknoll Hospital 聖母醫院	56 793	-	-	5 318	59	158	-	-
Queen Elizabeth Hospital 伊利沙伯醫院	8 939	-	-	37 872	2 727	5 779	11 819	-
Tung Wah Group of Hospitals	-	-	-	-	86	324	16 155	-
Wong Tai Sin Hospital 東華三院黃大仙醫院	-	-	-	-	-	-	-	-
Sub-total 小計	191 184	22 568	10 648	172 955	5 331	12 396	40 426	13 013
Kowloon East Cluster 九龍東醫院聯網								
Haven of Hope Hospital 靈實醫院	40 411	-	-	9 094	152	2 251	5 652	-
Tseung Kwan O Hospital 將軍澳醫院	-	-	1 473	-	138	3 237	499	-
United Christian Hospital 基督教聯合醫院	143 507	38 913	10 346	53 936	771	1 734	18 703	34 437
Sub-total 小計	183 918	38 913	11 819	63 030	1 061	7 222	24 854	34 437

APPENDIX 10

附錄 10

Institution 機構	Community nurse attendances 接受社康護士 服務人次	Psychiatric outreach attendances ¹ 接受精神科 外展服務人次 ¹	Psychogeriatric outreach attendances ² 接受老人 精神科 外展服務人次 ²	Community Geriatric Assessment Service ³ 社區老人評核 服務量 ³	Allied Health (Community) attendances ⁴ 專職醫療(社區) 就診人次 ⁴	Rehabilitation day & palliative care day attendances 康復及舒緩 護理日間服務 就診人次	Geriatric day attendances ⁵ 老人科 日間醫院 就診人次 ⁵	Psychiatric day attendances 精神科 日間醫院 就診人次
Kowloon West Cluster 九龍西醫院聯網								
Caritas Medical Centre 明愛醫院	65 871	-	-	46 919	412	1 216	13 172	-
Kwai Chung Hospital 葵涌醫院	-	107 932	31 166	-	2 796	-	-	65 672
North Lantau Hospital 北大嶼山醫院	12 127	3 253	-	3 742	961	-	6 905	-
Princess Margaret Hospital 瑪嘉烈醫院	53 168	-	-	53 025	1 801	3 937	14 368	-
Yan Chai Hospital 仁濟醫院	36 231	-	-	52 773	590	-	7 996	-
Sub-total 小計	167 397	111 185	31 166	156 459	6 560	5 153	42 441	65 672
New Territories East Cluster 新界東醫院聯網								
Alice Ho Miu Ling Nethersole Hospital	40 395	-	604	35 370	2 961	881	-	12 056
雅麗氏何妙齡那打素醫院	-	-	-	-	-	-	-	-
Bradbury Hospice 白普理寧養中心	-	-	-	-	35	308	-	-
Cheshire Home, Shatin 沙田慈氏護養院	-	-	-	-	25	-	-	-
North District Hospital 北區醫院	40 401	14 515	8 847	34 245	4 950	2 817	10 194	11 716
Prince of Wales Hospital 威爾斯親王醫院	62 357	-	2 302	30 629	4 344	-	-	-
Shatin Hospital 沙田醫院	-	26 196	3 499	-	669	6 051	20 458	17 570
Tai Po Hospital 大埔醫院	-	12 896	-	-	54	-	12 178	8 915
Sub-total 小計	143 153	53 607	15 252	100 244	13 038	10 057	42 830	50 257
New Territories West Cluster 新界西醫院聯網								
Castle Peak Hospital 青山醫院	-	74 017	14 810	-	2 769	-	-	13 122
Pok Oi Hospital 博愛醫院	31 853	-	-	59 516	484	1 293	8 712	-
Siu Lam Hospital 小欖醫院	-	-	-	-	-	-	-	-
Tin Shui Wai Hospital 天水圍醫院	9 259	-	-	-	413	-	-	-
Tuen Mun Hospital 屯門醫院	67 055	-	-	65 202	4 222	4 585	19 007	7 333
Sub-total 小計	108 167	74 017	14 810	124 718	7 888	5 878	27 719	20 455
GRAND TOTAL 總計	949 199	365 149	115 253	803 085	37 255	110 418	228 270	234 197

Notes:

- Figures also include home visits and crisis interventions.
- Figures also include home visits.
- For Community Geriatric Assessment Service, the activity refers to total number of geriatric outreach attendances and geriatric elderly persons assessed for infirmary care service. Starting from 2020-21, the overall service model for Community Geriatric Assessment Team and Visiting Medical Officer in the 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.
- Allied Health (Community) attendances exclude follow-up consultations provided by the Medical Social Services Units.
- Geriatric day attendances also include attendances under Integrated Discharge Support Programme for Elderly Patients (IDSP).
- 專職醫療(社區)就診人次不包括由醫務社會服務部提供的跟進個案。
- 老人科日間醫院就診人次也包括參與離院長者綜合支援計劃的就診人次。

註:

- 數字也包括家訪及危機處理服務。
- 數字也包括家訪。
- 指接受老人科外展服務的人次及接受療養服務評核的長者人數的總和。由 2020-21 年度起，醫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。
- 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 31.3.2025) ^{1, 2, 3, 4} 等同全職人員數目 (2025 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	789	3 059	1 012	4 679	9 538
Cheshire Home, Chung Hom Kok 春磡角慈氏護養院	3	66	10	131	210
Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	625	2 094	706	3 059	6 484
Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	109	623	197	878	1 806
St. John Hospital 長洲醫院	5	35	8	83	130
Tung Wah Eastern Hospital 東華東院	46	194	86	384	710
Wong Chuk Hang Hospital 黃竹坑醫院	2	47	4	145	198
Hong Kong West Cluster 港島西醫院聯網	821	2 953	1 095	3 859	8 728
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	53	170	332
Grantham Hospital 葛量洪醫院	49	293	85	369	796
MacLehose Medical Rehabilitation Centre 麥理浩復康院	2	42	45	97	186
Queen Mary Hospital 瑪麗醫院	690	2 147	791	2 664	6 292
TWGHS Fung Yiu King Hospital 東華三院馮堯敬醫院	19	80	35	148	282
Tung Wah Hospital 東華醫院	45	297	87	411	839
Kowloon Central Cluster 九龍中醫院聯網	1 621	5 993	2 069	9 516	19 199
HK Red Cross Blood Transfusion Service 香港紅十字會輸血服務中心	7	79	90	347	524
Hong Kong Buddhist Hospital 香港佛教醫院	22	238	61	354	675
Hong Kong Children's Hospital 香港兒童醫院	196	418	251	851	1 715
Hong Kong Eye Hospital 香港眼科醫院	48	88	32	199	367
Kowloon Hospital 九龍醫院	83	898	219	1 143	2 343
Kwong Wah Hospital 廣華醫院	406	1 308	399	1 807	3 920
Our Lady of Maryknoll Hospital 聖母醫院	67	278	90	362	797
Queen Elizabeth Hospital 伊利沙伯醫院	761	2 413	854	4 023	8 050
TWGHS Wong Tai Sin Hospital 東華三院黃大仙醫院	32	274	72	431	809
Kowloon East Cluster 九龍東醫院聯網	930	3 645	1 087	5 014	10 677
Haven of Hope Hospital 靈實醫院	33	424	111	641	1 210
Tseung Kwan O Hospital 將軍澳醫院	272	1 073	305	1 317	2 966
United Christian Hospital 基督教聯合醫院	625	2 148	671	3 056	6 501
Kowloon West Cluster 九龍西醫院聯網	1 263	4 963	1 604	7 055	14 884
Caritas Medical Centre 明愛醫院	271	1 067	344	1 525	3 207
Kwai Chung Hospital 葵涌醫院	83	850	177	784	1 893
North Lantau Hospital 北大嶼山醫院	59	204	104	403	770
Princess Margaret Hospital 瑪嘉烈醫院	530	1 902	702	2 954	6 088
Yan Chai Hospital 仁濟醫院	319	940	278	1 390	2 926

APPENDIX 11(a)

附錄 11(a)

Institution 機構	No. of Full-time Equivalent (FTE) Staff (as at 31.3.2025) ^{1, 2, 3, 4} 等同全職人員數目 (2025 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	1 239	4 906	1 628	7 178	14 951
Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	206	783	308	1 129	2 427
Bradbury Hospice 白普理寧養中心	2	35	7	30	74
Cheshire Home, Shatin 沙田慈氏護養院	3	97	13	157	269
North District Hospital 北區醫院	228	932	291	1 200	2 650
Prince of Wales Hospital 威爾斯親王醫院	706	2 231	802	3 344	7 082
Shatin Hospital 沙田醫院	45	373	108	668	1 194
Tai Po Hospital 大埔醫院	50	455	99	650	1 254
New Territories West Cluster 新界西醫院聯網	1 036	4 122	1 278	6 744	13 181
Castle Peak Hospital 青山醫院	85	637	116	754	1 592
Pok Oi Hospital 博愛醫院	164	716	226	1 085	2 191
Siu Lam Hospital 小欖醫院	6	150	13	342	511
Tuen Mun Hospital 屯門醫院	715	2 326	801	3 913	7 756
Tin Shui Wai Hospital 天水圍醫院	64	294	123	650	1 130
Total 總計	7 698	29 641	9 773	44 046	91 157

Notes:

1. This figure excludes 3 238 staff in the Hospital Authority (HA) Head Office.
2. 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.
3. Individual figures may not add up to the total due to rounding.
4. Manpower figures of individual hospitals / institutions include management staff providing hospital and cluster-wide services.

註:

1. 這數字不包括醫院管理局(醫管局)總辦事處的3 238名職員。
2. 人手按「等同全職人員」計，包括醫管局所有全職及兼職的常額、合約及臨時職員。
3. 由於四捨五入的關係，各項數字相加後可能不等於總數。
4. 各醫院人手數目包括負責醫院及聯網整體事務的管理人員。

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 2020-21 - 2024-25 ¹ 等同全職人員數目 ¹				
	2020/21	2021/22	2022/23	2023/24 ²	2024/25 ²
Medical 醫療					
Consultant 顧問醫生	1 057	1 123	1 222	1 305	1 387
Senior Medical Officer / Associate Consultant 高級醫生 / 副顧問醫生	2 076	2 015	2 011	1 991	1 963
Medical Officer / Resident (excluding Visiting Medical Officer) 醫生 / 駐院醫生(不包括到訪醫生)	3 310	3 332	3 296	3 499	3 812
Visiting Medical Officer 到訪醫生	15	14	12	12	14
Intern 駐院實習醫生	436	445	499	530	524
Senior Dental Officer / Dental Officer 高級牙科醫生 / 牙科醫生	13	12	14	13	15
Medical Staff Total 醫療人員總計 :	6 906	6 941	7 055	7 350	7 716
Nursing 護理					
Senior Nursing Officer / Nurse Consultant and above 高級護士長 / 顧問護師或以上	243	268	291	328	343
Department Operations Manager 部門運作經理	202	202	208	206	206
Temporary Pupil Nurse / Temporary Undergraduate Nursing Student 登記護士學生 / 護理學學生	1 548	1 686	2 028	962	1 136
<i>General 普通科</i> —					
Ward Manager / Nurse Specialist / Nursing Officer/ Advanced Practice Nurse / Associate Nurse Consultant 病房經理 / 專科護士 / 護士長 / 資深護師 / 副顧問護師	5 510	5 848	6 105	6 389	6 605
Registered Nurse 註冊護士 Enrolled Nurse 登記護士	17 127	16 807	16 146	16 209	16 661
	2 336	2 166	1 981	1 825	1 727
<i>Psychiatric 精神科</i> —					
Ward Manager / Nurse Specialist / Nursing Officer / Advanced Practice Nurse / Associate Nurse Consultant 病房經理 / 專科護士 / 護士長 / 資深護師 / 副顧問護師	682	704	746	775	790
Registered Nurse 註冊護士 Enrolled Nurse 登記護士	1 604	1 662	1 686	1 766	1 825
	486	448	409	406	391
Nursing Staff Total 護理人員總計 :	29 736	29 793	29 599	28 865	29 684

APPENDIX 11(b)

附錄 11(b)

	No. of Full-time Equivalent (FTE) Staff 2020-21 - 2024-25 ¹ 等同全職人員數目 ¹				
	2020/21	2021/22	2022/23	2023/24 ²	2024/25 ²
Allied Health 專職醫療					
Audiology Technician 聽力學技術員	6	6	6	5	5
Bioinformatician ³ 生物信息學家 ³	-	-	-	-	7
Clinical Psychologist 臨床心理學家	202	213	211	221	225
Dietitian 營養師	192	196	205	204	208
Dispenser 配藥員	1 482	1 487	1 524	1 560	1 587
Genetic Counsellor ³ 遺傳輔導員 ³	-	-	-	-	14
Medical Technologist / Medical Laboratory Technician	1 732	1 797	1 810	1 883	1 949
醫務化驗師 / 醫務化驗員					
Mould Technologist / Mould Laboratory Technician	20	16	12	9	9
製模實驗室技術師 / 製模實驗室技術員					
Optometrist 視光師	75	74	75	78	83
Orthoptist 視覺矯正師	17	19	24	23	22
Occupational Therapist 職業治療師	975	982	996	1 043	1 084
Pharmacist 藥劑師	780	782	813	852	882
Physicist 物理學家	89	97	95	101	102
Physiotherapist 物理治療師	1 248	1 202	1 239	1 341	1 431
Podiatrist 足病診療師	53	53	57	58	57
Prosthetist-Orthotist 義肢矯形師	160	160	168	167	168
Diagnostic Radiographer / Radiation Therapist 放射師 / 放射治療師	1 216	1 186	1 194	1 214	1 276
Scientific Officer (Medical) 科學主任(醫務)	107	124	139	144	138
Speech Therapist 言語治療師	134	141	146	145	150
Medical Social Worker 醫務社工	393	402	414	445	453
Dental Technician 牙科技術員	4	4	4	4	4
Allied Health Staff Total 專職醫療人員總計 :	8 886	8 941	9 131	9 497	9 855
Supporting (Care-related) 護理支援					
Health Care Assistant 健康服務助理	726	491	409	330	258
Ward Attendant 病房服務員	73	60	44	28	16
Patient Care Assistant & Other Supporting (Care-related) Staff	16 434	17 342	17 547	18 024	18 778
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 :	17 233	17 893	18 000	18 382	19 052
Direct Patient Care Manpower Total 直接病人護理人手總計 :	62 761	63 569	63 786	64 094	66 307

APPENDIX 11(b)

附錄 11(b)

	No. of Full-time Equivalent (FTE) Staff 2020-21 - 2024-25 ¹ 等同全職人員數目 ¹				
	2020/21	2021/22	2022/23	2023/24 ²	2024/25 ²
Others 其他					
Chief Executive / Director / Deputy Director / Head 行政總裁 / 總監 / 副總監 / 主管	8	8	8	9	9
Cluster Chief Executive / Hospital Chief Executive 醫院聯網總監 / 醫院行政總監	20	19	20	19	21
Chief Manager / Senior Manager / Cluster General Manager / General Manager 總行政經理 / 高級行政經理 / 聯網總經理 / 總經理	110	110	107	112	121
Other Professionals / Administrator, System Manager, Analyst Programmer etc 其他專業 / 行政人員、系統經理、系統程序分析編製主任等	3 362	3 468	3 593	3 842	4 095
Other Supporting Staff - Clerks, Secretaries, Workmen, Operation Assistants, Executive Assistants etc 其他支援人員—文員、秘書、工人、運作助理、行政助理等	22 428	22 638	22 526	22 709	23 843
Non-direct Patient Care Manpower Total : 非直接病人護理人手總計：	25 929	26 244	26 254	26 691	28 089
HA Manpower Total 醫管局人手總計：	88 690	89 812	90 040	90 785	94 396

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 starting from January 2024.
3. The HA has established the new grade "Bioinformatician" and "Genetic Counsellor" with effect from April 2024.

註:

1. 人手按「等同全職人員」計，包括醫管局所有全職及兼職的常額、合約及臨時職員。由於四捨五入的關係，各項數字相加後可能不等於總數。
2. 自 2024 年 1 月起，「等同全職人員」的臨時兼職員工人手數目是按他們實際已工作時數計算。
3. 自 2024 年 4 月起，醫管局增設「生物信息學家」及「遺傳輔導員」職系。

APPENDIX 12(a)

附錄 12(a)

Operating Expenditure¹ in 2024-25

2024-25 年度營運開支¹

Cluster 聯網	2024-25 (HK\$Mn) 2024-25 年度(港幣百萬元)
Hong Kong East Cluster 港島東醫院聯網	9,067
Hong Kong West Cluster 港島西醫院聯網	9,156
Kowloon Central Cluster 九龍中醫院聯網	18,608
Kowloon East Cluster 九龍東醫院聯網	10,098
Kowloon West Cluster 九龍西醫院聯網	14,568
New Territories East Cluster 新界東醫院聯網	14,360
New Territories West Cluster 新界西醫院聯網	12,602
Hospital Authority Head Office, and Others ² 醫院管理局總辦事處，及其他 ²	4,902
Total 總計	93,361

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 eHealth).

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(如醫健通)。

APPENDIX 12(b)

附錄 12(b)

Training and Development Expenditure¹ in 2024-25

2024-25 年度職員培訓及發展開支¹

Cluster 聯網	2024-25 (HK\$Mn) 2024-25 年度(港幣百萬元)
Hong Kong East Cluster 港島東醫院聯網	41.2
Hong Kong West Cluster 港島西醫院聯網	48.7
Kowloon Central Cluster 九龍中醫院聯網	100.7
Kowloon East Cluster 九龍東醫院聯網	34.7
Kowloon West Cluster 九龍西醫院聯網	56.5
New Territories East Cluster 新界東醫院聯網	46.5
New Territories West Cluster 新界西醫院聯網	55.4
Hospital Authority Head Office ² 醫院管理局總辦事處 ²	186.7
Total 總計	570.4

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

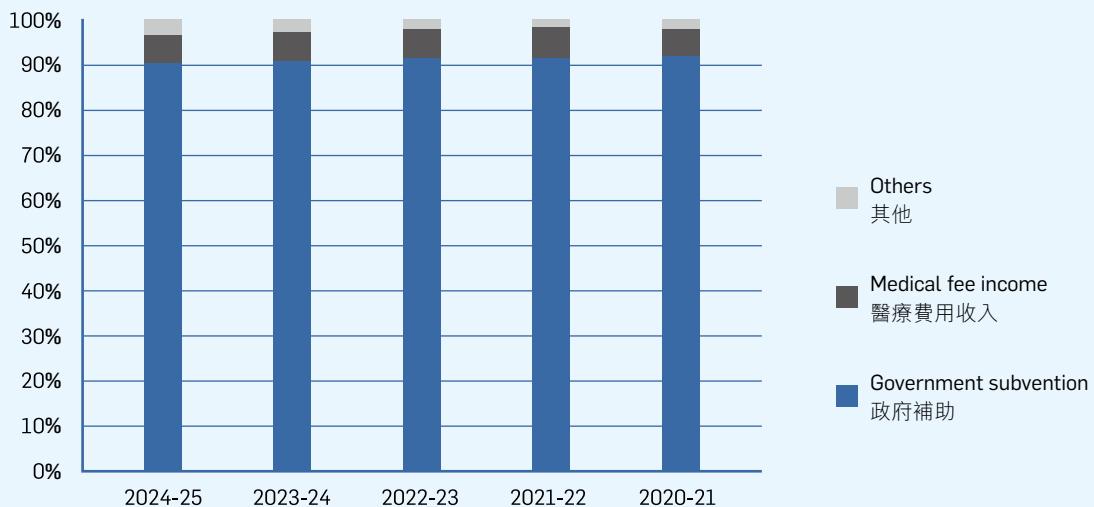
Financial Results

財政情況

	2024-25 HK\$Mn 港幣百萬元	2023-24 HK\$Mn 港幣百萬元	2022-23 HK\$Mn 港幣百萬元	2021-22 HK\$Mn 港幣百萬元	2020-21 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)	91,409	89,194	87,964	81,585	78,597
Medical fee income (net of waivers) 醫療費用收入(扣除減免)	6,255	5,866	5,236	5,251	4,837
Non-medical fee income 非醫療費用收入	3,322	3,073	1,782	1,162	1,263
Designated donations 指定捐贈	125	93	269	159	361
Capital donations 資本捐贈	138	153	156	154	166
	101,249	98,379	95,407	88,311	85,224
Expenditure 支出					
Staff costs 員工成本	(65,823)	(62,414)	(59,419)	(58,118)	(57,665)
Drugs 藥物	(12,750)	(13,127)	(12,451)	(9,642)	(8,685)
Medical supplies and equipment 醫療物品及設備	(5,896)	(5,388)	(6,325)	(5,969)	(4,956)
Other operating expenses (include depreciation and amortisation) 其他營運開支(包括折舊及攤銷)	(16,256)	(16,464)	(16,734)	(14,091)	(13,383)
	(100,725)	(97,393)	(94,929)	(87,820)	(84,689)
Results for the year 年度結果					
	524	986	478	491	535

Income by Source (in % of Total Income)

各類收入來源(佔總收入百分比)



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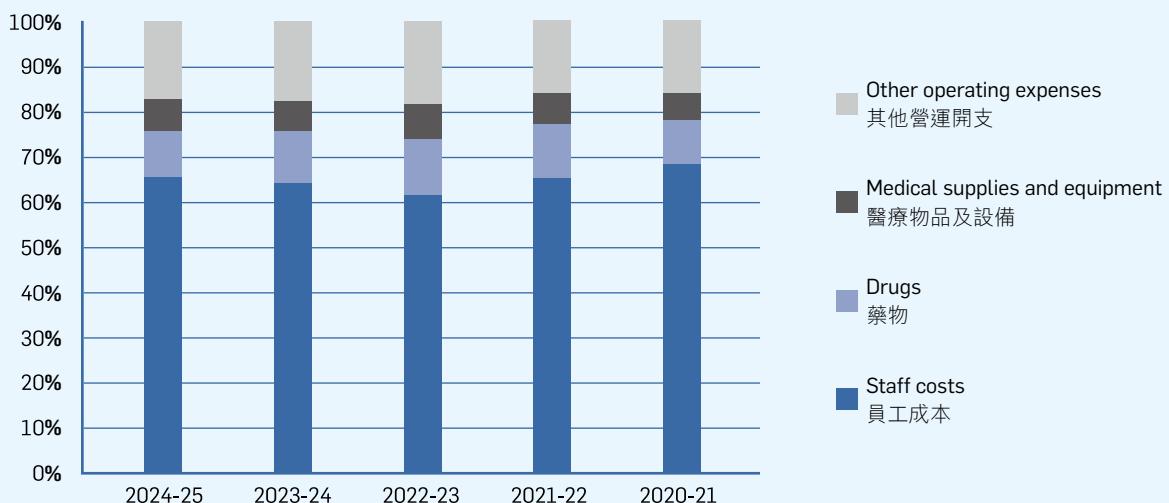
Key Financial Indicators

主要財政指標

	2024-25 HK\$Mn 港幣百萬元	2023-24 HK\$Mn 港幣百萬元	2022-23 HK\$Mn 港幣百萬元	2021-22 HK\$Mn 港幣百萬元	2020-21 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	1,286	1,305	1,095	1,133	1,093
Outpatient fees 門診收費	2,047	1,979	1,805	1,814	1,688
Itemised charges 分項收費	4,052	3,683	3,333	3,264	2,936
Other medical fees 其他醫療收費	56	57	115	121	113
	7,441	7,024	6,348	6,332	5,830
Less: Waivers (Note 2) 扣除：減免(註 2)	(1,186)	(1,158)	(1,112)	(1,081)	(993)
Medical fee income (net of waivers) 醫療費用收入(扣除減免)	6,255	5,866	5,236	5,251	4,837
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	48	29	32	56

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 2025 are HK\$1,043,000,000 and HK\$143,000,000 respectively (for the year ended 31 March 2024 are HK\$1,009,000,000 and HK\$149,000,000 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 2025 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 1,043,000,000 元及港幣 143,000,000 元(截至 2024 年 3 月 31 日為止之費用減免分別為港幣 1,009,000,000 元及港幣 149,000,000 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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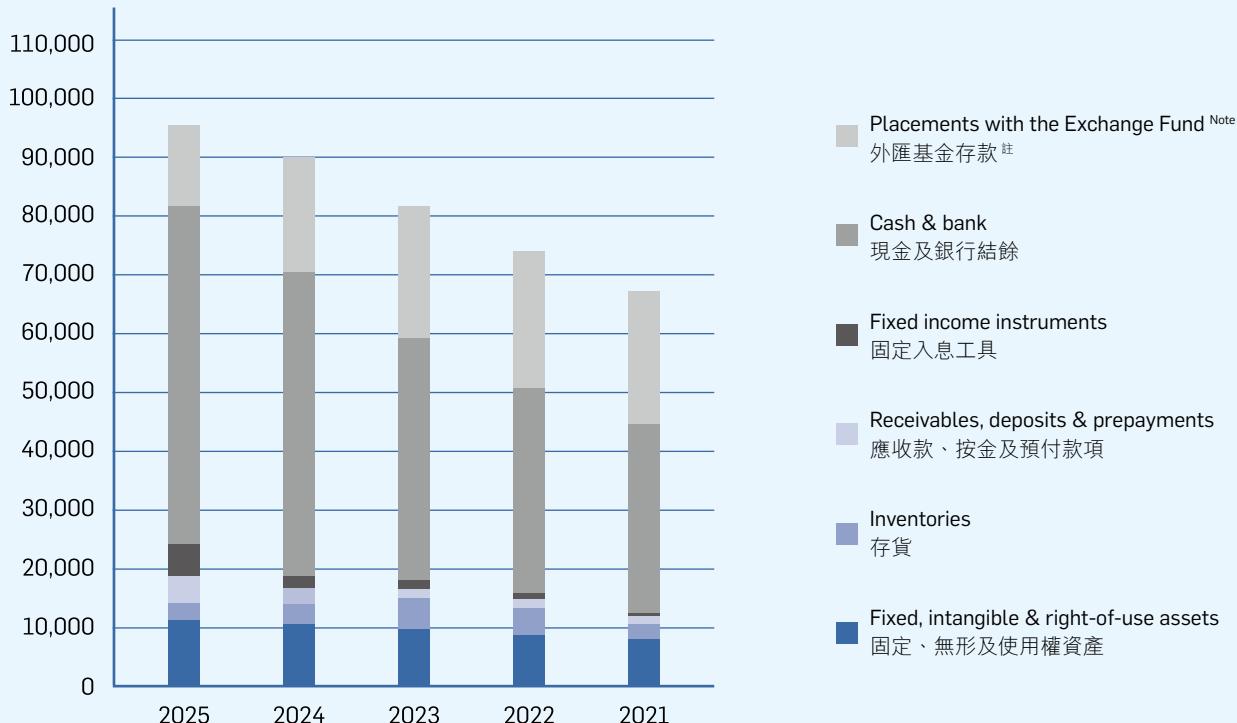
Financial Position (at 31 March)

財政狀況(於每年 3 月 31 日)

	2025 HK\$Mn 港幣百萬元	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
Non-current assets 非流動資產	11,399	23,633	28,808	27,621	29,190
Current assets 流動資產	84,406	66,641	52,963	46,598	38,163
Total assets 資產總額	95,805	90,274	81,771	74,219	67,353
Designated fund 指定基金	5,077	5,077	5,077	5,077	5,077
Revenue reserve 收入儲備	9,896	9,288	8,358	7,812	7,243
Total funds 基金總額	14,973	14,365	13,435	12,889	12,320
Current liabilities 流動負債	59,841	47,203	34,450	33,233	22,902
Non-current liabilities 非流動負債	20,991	28,706	33,886	28,097	32,131
Total liabilities 負債總額	80,832	75,909	68,336	61,330	55,033
Total funds and total liabilities 基金及負債總額	95,805	90,274	81,771	74,219	67,353

Total Assets (in HK\$ millions)

總資產(港幣百萬元)



Note: As at 31 March 2025, the placement with the Exchange Fund did not comprise any balance held by HA on behalf of the Samaritan Fund (2024: \$5,875,000,000)

註：截至 2025 年 3 月 31 日，外匯基金存款並沒有醫管局代表撒瑪利亞基金持有的款項(2024 年：港幣 5,875,000,000 元)。

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Key Financial Indicators (at 31 March)

主要財政指標(於每年 3 月 31 日)

	2025 HK\$Mn 港幣百萬元	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
Inventories 存貨					
Drugs (Note 1) 藥物(註 1)	1,954	1,935	3,350	3,515	1,484
Other medical and general consumables (Note 2)	990	1,497	1,790	957	1,058
其他醫療及一般消耗品(註 2)					
	2,944	3,432	5,140	4,472	2,542

Notes:

1. 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.
2. 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:

1. 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。
2. 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：

	2025	2024	2023	2022	2021
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	7.7	7.5	8.2	8.4	8.5
Other medical and general consumables	7.5	7.5	7.7	10.2	9.1
其他醫療及一般消耗品					

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醫院管理局致力保護環境，此年報已上載本局網站
www.ha.org.hk

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