



**For information
on 29.6.2023**

AOM-P1870

Hospital Authority

Report on Key Performance Indicators **(KPI Report No. 58, up to March 2023)**

Advice Sought

Members are invited to comment on the quarterly report on Key Performance Indicators (KPI) of the Hospital Authority (HA), covering KPIs of clinical services, human resources (HR) and financial performance for the period ended March 2023¹. Detailed reports on the KPI performance of clinical services, HR and finance were reported to the Medical Services Development Committee (MSDC), Human Resources Committee (HRC) and Finance Committee (FC) respectively via circulation or at the meeting held in May/June 2023².

Background

2. The period covered in this report is mainly from **April 2022 to March 2023**, unless otherwise specified. Key observations on KPI performance are highlighted in the ensuing paragraphs, while the detailed statistical reports are available electronically at the Members' Corner for reference.

3. **During the reporting period from April 2022 to March 2023**, HA's services had been alternated between service resumption and service adjustment. After the substantial service adjustment arising from the unprecedented challenges posed by the fifth wave of Coronavirus Disease 2019 (COVID-19) in the first quarter of 2022, service resumption took place in a gradual and risk-controlled manner since the second quarter after the epidemic was generally stabling down. However, some non-emergency services were subsequently adjusted in light of the occasional resurgence in confirmed cases in the second half of 2022 as well as the demand surge for other non-COVID-19 services during winter. With Hong Kong moving towards normalcy in full since early 2023, resumption of services further accelerated in the first quarter. Nonetheless, with the 12-month rolling effect in the reporting, the impact of the intermittent service adjustments was still observed during the reporting period.

¹ The last quarterly report on KPIs (up to December 2022) was submitted to the Board on 8 March 2023 via Administrative and Operational Meeting Paper No. 1839.

² Via MSDC Paper No. 694; HRC Paper No. 728; and FC Paper No. 956.

Key Observations

Clinical Services (Appendix 1)

4. With the society resuming to full normalcy since the first quarter of 2023, HA has been actively taking a more progressive approach towards resuming its services, with overall service throughput for most items from the Controlling Officer's Report (COR) demonstrated tangible signs of recovery in the first quarter of 2023. However, under the impact of service adjustments amid the volatile epidemic situation in earlier quarters, the yearly service throughput was still below the estimates (which was formulated under the assumption of "no COVID-19" effect) for most items in the full year of 2022-23, including inpatient, outpatient, day hospital, community and outreach services. Among these, day hospital services (i.e. rehabilitation day and palliative care day attendances, geriatric day attendances and psychiatric day attendances), being the more affected services during the COVID-19 epidemic due to more stringent infection control measures to protect the respective groups of vulnerable patients, still had more than 40% negative variance against the yearly estimates despite noticeable resumption in the first quarter of 2023. Separately, services in some general outpatient clinics (GOPCs) were curtailed to support the operation of Designated Clinics (DCs) for COVID-19 patients in the community since February 2022, resulting in a drop in general outpatient (GOP) attendances when compared with prior year. Following the Government's cancellation of issuing isolation orders starting from 30 January 2023, the operation of DCs was ceased and all GOPCs of HA, including the seven GOPCs which served as DCs for COVID-19 confirmed cases, resumed normal outpatient clinic service on the same day. With the cessation of DC operation, support to COVID-19 patients has been enhanced through reserving designated service quotas in GOPCs for these patients. It is expected that service volume of GOP will henceforth gradually resume to expected service level.

5. HA has been suitably **re-engineering the service models** where practicable to continue serving patients to tie in with service adjustments. To this end, different types of workflow have been explored to continue patient care through the use of information technology. For instance, HA has been actively applying telehealth to suitable clinical services, including specialist outpatients (SOP), allied health (AH) services and outreach services, so as to better meet patients' needs and improve patient experience. HA has also strengthened collaboration with the private sector through expanding the service scope of some of the existing Public-Private Partnership (PPP) Programmes³ and launched new public-private collaboration initiatives⁴, with a view to diverting suitable HA patients to receive treatment or taking diagnostic investigation in the private sector. In particular, the inpatient transfer programme, in addition to the prevailing Low-charge Beds referral mechanism, has been reinforced under the fifth wave of COVID-19 epidemic for transferring suitable HA patients to private hospitals for treatment.

³ Examples include Cataract Surgeries Programme, Haemodialysis PPP Programme, Project on Enhancing Radiological Investigation Services through Collaboration, and Colon Assessment PPP Programme.

⁴ Examples include Trauma Operative Service Collaboration Programme, Breast Cancer Operative Service Collaboration Programme, Oesophago-Gastro-Duodenoscopy Collaboration Programme.

Waiting time for Accident & Emergency (A&E) services

6. HA's overall **percentage of A&E patient attendances seen within target waiting time**⁵ for Triage I (critical) and II (emergency) met the targets. For Triage III (urgent) and IV (semi-urgent), HA overall fell short of the targets by 15.7% points (74.3% vs. target 90%) and 12.9% points (62.1% vs. target 75%) respectively. Compared with prior year, improvement of 1.9% points and 3.8% points were observed on Triage III and IV respectively for HA overall in meeting the target waiting time. Despite the upsurge of COVID-19 cases and service demand surge in the second half of 2022, the waiting time for A&E services improved after the severe hit of the fifth wave in prior year.

Waiting time for SOP new case bookings

7. HA's overall **median waiting time for first appointment for Priority 1 (P1) and Priority 2 (P2) cases** were within the respective targets of two weeks and eight weeks. On the **90th percentile waiting time for Routine cases**, amongst the eight specialties being monitored, HA overall's waiting time for **Medicine (MED), Ophthalmology (OPH) and Surgery (SUR)** were at 100 weeks or above, i.e. at 102 weeks, 100 weeks and 101 weeks respectively.

8. HA has put in efforts along the **three-pronged strategy (narrowing upstream, diverting midstream and collaborating downstream) to improve the SOP waiting time**. With the implementation of a basket of initiatives⁶, the waiting time for MED and OPH had considerably shortened by 20 weeks and 39 weeks respectively as compared with prior year. For SUR, waiting time had lengthened by five weeks, which was mainly attributed to the growth in service demand, particularly in urology clinics, alongside manpower shortage. In addition, to demonstrate HA's determination on improving SOP waiting time, as announced in the Hong Kong Special Administrative Region Chief Executive's 2022 Policy Address, HA aims to reduce the 90th percentile waiting time of Routine cases for MED by 20% in 2023-24, in consideration of the large patient volume and the relatively long waiting time in MED. SOP waiting time would be continuously monitored at various platforms in HA.

⁵ Performance indicators for different triage categories are Triage I (critical cases: 0 minute, 100%); Triage II (emergency cases: < 15 minutes, 95%); Triage III (urgent cases: < 30 minutes, 90%); and Triage IV (semi urgent cases: < 120 minutes, 75%).

⁶ Short-term measures implemented by the clusters to improve the SOP waiting time include (a) Special Honorarium Scheme (SHS) to devote extra hours to see SOP new cases; (b) demand management by diverting cases from a SOPC with longer waiting time to another SOPC within the same cluster with a shorter waiting time to even service demand; (c) review of booking pattern to ensure SOPC quotas are well utilised; and (d) internal referral management, such as regular monitoring and gatekeeping by Triage Clinics. Other medium-and long-term measures implemented include (i) on narrowing upstream : enhancement of gatekeeping and monitoring on SOPC referrals, establishment of Secondary Consultation of Family Medicine (FM) and specialty to discuss case management and keep the stable cases in Family Medicine Specialist Clinics (FMSCs), enhancement of FMSC Triage Clinics to see and manage stable cases in FMSCs; (ii) on diverting midstream: enhancement of demand management and review of booking patterns, and development of more integrated clinics involving nurses and AH professions; (iii) on collaborating downstream: enhancement of case close by having seniors to monitor case close and review stable cases and enhance mechanism for case review to facilitate case close, enhancement of download of stable cases to FMSCs or GOPCs, and download of stable cases to private General Practitioners for further management via the Co-care Service Model under GOPC PPP Programme.

Waiting time for elective surgery

9. During the reporting period, HA had adjusted non-emergency and non-essential services to conserve manpower and resource in managing emergency cases in response to the occasional resurgence of COVID-19 cases and the service demand surge. The shortage of anaesthetic staff has also affected the service level. With the reduction in elective Operating Theatre (OT) sessions, some elective surgeries had been rescheduled to support service adjustment. For **total joint replacement (TJR), waiting time at 90th percentile for patients receiving the treatment** was 74 months for HA overall, which was lengthened by four months when compared with prior year. To address the growing service demand brought by the ageing population, HA has increased its capacity of TJR surgery since the fourth quarter of 2022⁷. Furthermore, to enhance the management of patients waiting for TJR surgery, HA has started the implementation of structured non-surgical treatment programme in phases since 2020-21, which aims to facilitate regular monitoring of patients by case management approach and optimise physical functions of patients with structured physiotherapy programme.

Disease specific quality indicators

10. With the OT capacity being impacted owing to the reduction in elective OT sessions amid elective service adjustments and the anaesthetic manpower shortage, performance of other surgery-related indicators was also affected. For example, 42.0% of patients indicated for **surgery on hip fracture were provided with surgery within two days after admission through A&E**, representing a drop of 9.2% points when compared with prior year. Also, some patients were tested positive for COVID-19 on admission and required stabilisation before surgery, which in turn lengthened the pre-operative waiting time for surgery.

11. For **colorectal cancer and breast cancer**, their respective waiting time at **90th percentile for patients receiving first treatment after diagnosis** (October 2021 to September 2022) were at 91 days and 81 days respectively, which were lengthened by 11 days and 10 days respectively when compared with prior year. Apart from surgical treatment being impacted by the reduction in elective OT sessions, service capacity for chemotherapy and radiotherapy (RT) was also affected under the enhanced infection measures during the epidemic, especially in the first quarter of 2022 due to the fifth wave. During the reporting period, patients infected with COVID-19 were required to reschedule their chemotherapy or RT planning / treatment commencement until fully recovered from COVID-19. High attrition rate of radiation therapists further limited the capacity of radiotherapy services. Apart from the implementation of SHS to augment the manpower resources for cancer treatment, HA has leveraged the capacity of private healthcare providers through (a) the Breast Cancer Operative Service Collaboration PPP programme to divert eligible patients to receive specific Breast Cancer Operative Service at the private sector since 2020-21; and (b) the sponsorship from the Li Ka Shing Foundation to refer colorectal cancer patients for surgery in private sector during the fifth wave of COVID-19 epidemic.

⁷ Hong Kong East Cluster increased its capacity of TJR surgery by 300 surgeries annually under an annual plan programme in 2022-23.

For RT services, PPP programme was also implemented for HA's oncology centres to refer suitable patients to receive RT treatment in private hospitals. With subsiding outbreak situation, it is expected that the service capacity and the lengthening of waiting time will be improved. Clusters and grade management offices have been monitoring the manpower situation and taking measures to tackle the issue.

Human Resources (Appendix 2)

12. As at 31 March 2023, HA had a **staffing position of 89 966**, which represented a growth of 0.2% when compared with prior year. There was an increase in workforce in "Medical", AH, and "Supporting (Care-related)" staff groups, while "Nursing" staff group which had decreased by 0.8%. As for the **attrition (wastage) rate of full-time staff**, the HA overall rate was 12.8%, in which the "Others"⁸ staff group had the highest rate (16.2%).

13. The overall **average sick leave days taken per staff** was 10.3 days, which represented a 30.4% increase when compared with prior year. There was also a significant increase of 58.3% for "Medical" staff group when compared with that of the prior year. The **proportion of staff taken long sick leave (≥ 50 days)** in HA (2.5%) had slightly decreased.

14. The overall **number of injury on duty (IOD) cases per 100 full time equivalent (FTE) staff** had decreased from 4.2 cases to 3.3 cases when compared with prior year. AH staff group had the lowest rate (1.3 cases), whereas "Supporting (Care-related)" staff group had the highest rate (5.4 cases). As for the **number of IOD leave days per 100 FTE staff**, HA overall was 66.1 days, representing a decrease of 9.1 days. "Nursing", AH, and "Supporting (Care-related)" staff groups had significant reduction of 7.2 days, 25.7 days, and 22.5 days respectively, while that of "Medical" staff group had increased by 2.9 days, and that of "Others" staff group remained unchanged.

15. During the period from April 2022 to March 2023, the **total training days** attended by permanent and contract full-time and part-time staff on headcount basis were 344 483.3 days, which was decreased by 10.2% when compared with prior year. The **average training days per staff** were four days, as compared to 4.4 days of the prior year. Among various staff groups, the total training days attended by "Nursing" staff group was relatively higher at 227 207.5 days with average training days per staff at 8.4 days, which was mainly attributed to the increase of online courses on essential training for nursing staff.

16. Training activities during 2022-23 were both affected by the cancellation and deferment of a number of non-essential local training activities during the fifth wave of COVID-19 epidemic. Upon the relaxation of infection control measures announced by the Government since the first quarter of 2023, clinical attachments, local and overseas training had been gradually resumed to normalcy. The impact of COVID-19 epidemic on training activities in particular overseas training is expected to be lessened in 2023-24, hence positive implications to the total training days and average training days per staff in 2023-24 are anticipated. With the increasing trend of online training under the new normal, the practice

⁸ Staff group of "Others" includes management/administrative staff as well as other supporting staff, e.g. clerks, secretaries, workmen, operation assistants, executive assistants, etc.

for granting study leave for staff to attend training programmes / events via online or in person has been aligned according to the current HR policy. HA will continue to review the arrangement of overseas professional training when necessary.

Finance

17. Under HA's 2022-23 original budget, an overall budget underspending of \$0.6 billion was expected for the year. This budgeted underspending was mainly attributable to the unutilised resources anticipated from the ongoing recruitment difficulties/high attrition and the lower-than-usual service volume expected for the year (taken into account the envisaged aftereffect of the fifth wave during early part of 2022-23).

18. During the year, HA's manpower shortage situation had become more intense than expected, resulted in an increase in unspent Personal Emoluments. Other operating costs of HA was also lower than expected under the COVID-19 situation during the year. Moreover, HA had received higher-than-expected interest income in 2022-23 due to the hikes in interest rate during the second half of 2022. The final 2022-23 operating results of HA is now under review by the external auditor, and the Audited Financial Statements for 2022-23 will be presented to the HA Board later in 2023.

Way Forward

19. With all anti-epidemic measures applicable to the general public being lifted, the Government has announced that the focus of anti-epidemic measures is on protecting the high-risk groups. HA will continue to fully support the Government's overall management strategy and maintain operational readiness to tackle occasional service demand surge. As the society restores to full normalcy, service throughput is expected to recover further in 2023-24. Meanwhile, in light of the potential pressure arising from occasional service demand surge due to the co-circulation of influenza and COVID-19, coupled with the increasingly stretched manpower condition, there remains a certain degree of uncertainty in the impact on HA's services as reflected in KPI performance in the coming round of reporting.

Report on Key Performance Indicators - Clinical Services
For reporting to the Administrative and Operational Meeting in June 2023
(KPI Report No. 58, up to March 2023)

*** The figures serve as comparison/reference only. They are not pledged performance/target of the Hospital Authority. ***

Reporting Period : 2022/23 (unless specified) for Service Growth in response to Population Change & Ageing Effect ;

1.4.2022 - 31.3.2023 (unless specified) for other items

Special note

Figures of current year / period presented in this report are provisional. Figures of prior year / previous period have been revised after data reprocessing and may be different from those presented in the reports earlier.

Rounding of figures

There may be a slight discrepancy between the variance and the change derived from individual items as shown in the tables due to rounding.

The following symbols are used throughout the report

- Figures equal zero

N.A. Not applicable

§ Figures within 0 and 0.5 (for Service Capacity only) / within 0% and 0.05% / within 0%pt and 0.05%pt

		Current Year	Estimate		Prior Year	
		2022/23	2022/23	Variance	2021/22	Variance
		A	B	C = (A - B) or (A - B) / B	D	E = (A - D) or (A - D) / D
Service Growth in response to Population Change & Ageing Effect						
Service Capacity	* No. of hospital beds (overall)	30 568	30 568	-	30 169	+ 399
(as at 31 Mar 2023)					(as at 31 Mar 2022)	
	* No. of geriatric day places	757	727	+ 30	703	+ 54
					(as at 31 Mar 2022)	
	* No. of psychiatric day places	909	909	-	899	+ 10
					(as at 31 Mar 2022)	
Inpatient Services	No. of inpatient discharges and deaths					
	* Overall	994 540	1 239 270	- 19.7%	1 024 571	- 2.9%
	* General (acute and convalescent)	974 193	1 217 700	- 20.0%	1 004 190	- 3.0%
	No. of inpatient patient days					
	* Overall	7 975 631	8 769 000	- 9.0%	7 926 440	+ 0.6%
	* General (acute and convalescent)	6 498 766	7 165 000	- 9.3%	6 408 581	+ 1.4%
	* No. of day inpatient discharges and deaths	731 487	780 500	- 6.3%	732 499	- 0.1%
Accident & Emergency (A&E) Services	* No. of A&E attendances	1 741 091	2 203 000	- 21.0%	1 840 029	- 5.4%
	No. of A&E first attendances					
	* triage I (Critical cases)	26 825	22 900	+ 17.1%	27 159	- 1.2%
	* triage II (Emergency cases)	50 852	48 700	+ 4.4%	52 253	- 2.7%
	* triage III (Urgent cases)	673 997	748 600	- 10.0%	704 932	- 4.4%
Specialist Outpatient (SOP) Services	* No. of SOP (clinical) first attendances	829 581	877 000	- 5.4%	831 540	- 0.2%
	* No. of SOP (clinical) follow-up attendances	7 214 049	7 274 000	- 0.8%	7 133 293	+ 1.1%
	* Total no. of SOP (clinical) attendances	8 043 630	8 151 000	- 1.3%	7 964 833	+ 1.0%
Primary Care Services	* No. of general outpatient attendances	4 995 229	6 275 000	- 20.4%	5 762 282	- 13.3%
	* No. of family medicine specialist clinic attendances	322 258	332 600	- 3.1%	321 790	+ 0.1%
	* Total no. of primary care attendances	5 317 487	6 607 600	- 19.5%	6 084 072	- 12.6%
Allied Health Outpatient Services	* No. of allied health (outpatient) attendances	3 007 234	3 129 000	- 3.9%	2 927 419	+ 2.7%
Day Hospital Services	* No. of rehabilitation day and palliative care day attendances	64 514	119 300	- 45.9%	45 327	+ 42.3%
	* No. of geriatric day attendances	89 271	158 800	- 43.8%	79 481	+ 12.3%
	* No. of psychiatric day attendances	79 615	236 200	- 66.3%	34 436	+ 131.2%
Community & Outreach Services	* No. of community nurse attendances	869 159	939 000	- 7.4%	882 713	- 1.5%
	* No. of allied health (community) attendances	27 024	36 800	- 26.6%	25 234	+ 7.1%
	* No. of geriatric outreach attendances	770 143	768 600	+ 0.2%	814 619	- 5.5%
	* No. of geriatric elderly persons assessed for infirmary care service	1 876	1 850	+ 1.4%	1 659	+ 13.1%
	* No. of psychiatric outreach attendances	272 245	326 700	- 16.7%	221 952	+ 22.7%
	* No. of psychogeriatric outreach attendances	99 835	114 600	- 12.9%	86 432	+ 15.5%

Blue

> 5% above estimate / prior year

Green

> 5% below estimate / prior year

Remark:

* COR item

Current period (R58)								Previous period		
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA		
Apr 2022 - Mar 2023								Apr 2021 - Mar 2022	Variance	
								A	B	C = (A - B)

Quality Improvement

Waiting Time for Accident & Emergency (A&E) Services		% of A&E patient attendances seen within target waiting time	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Apr 2021 - Mar 2022	Variance
*		triage I (critical cases : 0 minute, 100%)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-
*		triage II (emergency cases : < 15 minutes, 95%)	98.1%	98.4%	96.9%	99.2%	97.2%	95.8%	96.7%	97.2%	95.7%	+ 1.5%pt
*		triage III (urgent cases : < 30 minutes, 90%)	75.5%	84.4%	78.4%	66.1%	68.9%	72.1%	82.8%	74.3%	72.4%	+ 1.9%pt
		triage IV (semi-urgent cases : < 120 minutes, 75%)	60.1%	63.9%	71.4%	50.4%	60.5%	71.1%	56.5%	62.1%	58.3%	+ 3.8%pt
Waiting Time for Specialist Outpatient (SOP) New Case Bookings		Median waiting time (weeks) for first appointment at specialist outpatient clinics (SOPCs)	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Apr 2021 - Mar 2022	Variance
*		Priority 1 (P1) cases	<1	<1	<1	<1	<1	<1	<1	<1	<1	-
*		Priority 2 (P2) cases	5	5	4	6	5	5	5	5	5	-
		Ear, Nose and Throat										
		% of P1 cases at SOPCs with waiting time within 2 weeks	99.8%	99.2%	98.4%	99.6%	98.7%	98.6%	99.7%	99.1%	99.1%	+§
		% of P2 cases at SOPCs with waiting time within 8 weeks	99.0%	98.7%	98.8%	99.0%	97.4%	97.1%	99.1%	98.4%	98.0%	+ 0.4%pt
Δ		90 th percentile waiting time (weeks) of Routine cases at SOPCs	77	83	92	92	97	89	76	93	104	- 11
		Gynaecology										
		% of P1 cases at SOPCs with waiting time within 2 weeks	99.4%	99.0%	98.5%	98.3%	96.8%	98.1%	96.1%	98.1%	98.4%	- 0.3%pt
		% of P2 cases at SOPCs with waiting time within 8 weeks	98.5%	98.3%	99.1%	98.9%	98.8%	91.0%	96.1%	97.8%	97.6%	+ 0.2%pt
Δ		90 th percentile waiting time (weeks) of Routine cases at SOPCs	28	50	64	78	88	89	66	80	77	+ 3
		Medicine										
		% of P1 cases at SOPCs with waiting time within 2 weeks	99.1%	97.8%	98.8%	93.6%	95.6%	98.3%	98.0%	97.1%	97.7%	- 0.6%pt
		% of P2 cases at SOPCs with waiting time within 8 weeks	99.2%	94.4%	99.5%	93.7%	95.2%	97.6%	98.5%	96.6%	97.5%	- 0.9%pt
Δ		90 th percentile waiting time (weeks) of Routine cases at SOPCs	94	105	96	108	95	114	80	102	122	- 20
		Ophthalmology										
		% of P1 cases at SOPCs with waiting time within 2 weeks	99.5%	99.3%	99.6%	99.7%	99.7%	99.0%	99.3%	99.4%	99.2%	+ 0.2%pt
		% of P2 cases at SOPCs with waiting time within 8 weeks	98.7%	99.1%	99.2%	99.1%	60.4%	98.6%	99.3%	91.5%	90.0%	+ 1.5%pt
Δ		90 th percentile waiting time (weeks) of Routine cases at SOPCs	85	75	86	98	216	96	88	100	139	- 39
		Orthopaedics and Traumatology										
		% of P1 cases at SOPCs with waiting time within 2 weeks	99.3%	91.0%	99.8%	99.2%	99.5%	98.2%	98.9%	98.3%	99.0%	- 0.7%pt
		% of P2 cases at SOPCs with waiting time within 8 weeks	98.9%	98.0%	99.7%	98.2%	98.8%	96.0%	99.1%	98.5%	98.1%	+ 0.4%pt
Δ		90 th percentile waiting time (weeks) of Routine cases at SOPCs	92	83	98	95	79	86	76	91	97	- 6
		Paediatrics and Adolescent Medicine										
		% of P1 cases at SOPCs with waiting time within 2 weeks	98.7%	100.0%	98.9%	98.6%	99.5%	97.2%	97.7%	98.9%	98.6%	+ 0.3%pt
		% of P2 cases at SOPCs with waiting time within 8 weeks	98.8%	99.2%	98.5%	95.3%	98.4%	89.1%	95.1%	97.0%	96.5%	+ 0.5%pt
Δ		90 th percentile waiting time (weeks) of Routine cases at SOPCs	14	17	25	44	19	29	32	29	26	+ 3
		Psychiatry										
		% of P1 cases at SOPCs with waiting time within 2 weeks	99.7%	99.4%	100.0%	100.0%	100.0%	99.4%	99.5%	99.6%	99.8%	- 0.2%pt
		% of P2 cases at SOPCs with waiting time within 8 weeks	99.9%	100.0%	100.0%	100.0%	99.7%	98.3%	99.9%	99.5%	99.8%	- 0.2%pt
Δ		90 th percentile waiting time (weeks) of Routine cases at SOPCs	60	87	55	95	93	93	87	92	93	- 1
		Surgery										
		% of P1 cases at SOPCs with waiting time within 2 weeks	98.6%	98.1%	96.4%	98.7%	95.9%	96.0%	96.4%	97.0%	97.8%	- 0.8%pt
		% of P2 cases at SOPCs with waiting time within 8 weeks	98.8%	99.0%	89.7%	98.7%	97.7%	96.2%	89.9%	95.3%	95.8%	- 0.5%pt
Δ		90 th percentile waiting time (weeks) of Routine cases at SOPCs	84	87	111	105	100	75	78	101	96	+ 5

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

Remarks:

* COR item

Δ With effect from 1 October 2022, the waiting time for new case booking at Specialist Out-patient Clinics has incorporated integrated clinics.

Current period (R58)								Previous period	
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
Apr 2022 - Mar 2023								Apr 2021 - Mar 2022	Variance
A								B	C = (A - B)

Quality Improvement (continued)

		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Apr 2021 - Mar 2022	Variance
Waiting Time for Allied Health Outpatient (AHOP) New Case Bookings	Dietetics										
	% of P1 cases at AHOP clinics with waiting time within 2 weeks	99.6%	100.0%	97.3%	97.2%	99.5%	98.5%	98.8%	98.5%	96.9%	+ 1.6%pt
	% of P2 cases at AHOP clinics with waiting time within 8 weeks	99.5%	99.1%	99.2%	96.3%	99.5%	97.9%	99.0%	98.6%	96.8%	+ 1.9%pt
	90 th percentile waiting time (weeks) of Routine cases at AHOP clinics	10	13	13	16	11	17	17	16	17	- 1
	Occupational Therapy										
	% of P1 cases at AHOP clinics with waiting time within 2 weeks	98.1%	98.4%	98.9%	99.3%	97.7%	99.4%	99.0%	98.7%	98.6%	+ 0.1%pt
	% of P2 cases at AHOP clinics with waiting time within 8 weeks	99.2%	97.4%	95.9%	98.2%	98.8%	99.4%	95.4%	97.9%	97.1%	+ 0.8%pt
	90 th percentile waiting time (weeks) of Routine cases at AHOP clinics	21	20	31	42	35	33	19	30	27	+ 3
	Physiotherapy										
	% of P1 cases at AHOP clinics with waiting time within 2 weeks	98.6%	97.9%	97.3%	98.3%	97.7%	97.4%	97.6%	97.7%	97.7%	-§
	% of P2 cases at AHOP clinics with waiting time within 8 weeks	99.2%	98.4%	97.3%	96.5%	92.4%	97.6%	94.2%	96.0%	96.9%	- 0.9%pt
	90 th percentile waiting time (weeks) of Routine cases at AHOP clinics	30	23	38	33	40	26	40	36	34	+ 2

Blue > 5% / 5%pt above previous period
Green > 5% / 5%pt below previous period

	Current period (R58)								Previous period		
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA		
	Apr 2022 - Mar 2023								Apr 2021 - Mar 2022	Variance	
	A								B	C = (A - B)	
Quality Improvement (continued)											
Waiting Time for Elective Surgery	Total Joint Replacement										
	Waiting time (months) at 90 th percentile for patients receiving the treatment of total joint replacement	80	68	48	64	57	63	90	74	70	+ 4
	Benign Prostatic Hyperplasia										
	% of patients provided with surgery within 2 months for P1 patients (Jan - Dec 2022)	91.1%	35.6%	21.7%	25.5%	48.0%	45.9%	21.9%	42.5%	47.5%	- 4.9%pt (Jan - Dec 2021)
	% of patients provided with surgery within 12 months for P2 patients (Apr 2021 - Mar 2022)	99.3%	85.2%	60.6%	72.5%	77.8%	44.1%	61.1%	73.6%	82.1%	- 8.5%pt (Apr 2020 - Mar 2021)
Waiting Time for Diagnostic Radiological Investigations	CT										
	% of urgent cases with examination done within 24 hours	97.4%	99.6%	98.9%	97.8%	99.5%	99.1%	99.2%	98.9%	98.9%	- 0.1%pt
	Median waiting time (weeks) of P1 cases	4	3	29	3	1	<1	3	3	5	- 2
	Median waiting time (weeks) of P2 cases	24	34	73	37	26	64	17	36	35	+ 1
	90 th percentile waiting time (weeks) of Routine cases	208	297	225	229	216	181	119	224	214	+ 10
	MRI										
	% of urgent cases with examination done within 24 hours	100.0%	98.6%	97.5%	94.1%	94.7%	97.8%	93.6%	96.9%	97.3%	- 0.4%pt
	Median waiting time (weeks) of P1 cases	2	<1	15	1	3	3	4	3	4	- 1
	Median waiting time (weeks) of P2 cases	20	10	81	35	19	33	49	34	29	+ 5
	90 th percentile waiting time (weeks) of Routine cases	102	183	198	133	126	136	103	168	148	+ 20
	Ultrasonography										
	% of urgent cases with examination done within 24 hours	99.7%	97.7%	97.5%	95.6%	94.4%	92.4%	97.7%	95.8%	95.7%	+ 0.1%pt
	Median waiting time (weeks) of P1 cases	1	1	3	<1	1	2	1	1	1	-
	Median waiting time (weeks) of P2 cases	24	25	52	23	41	26	69	34	27	+ 7
	90 th percentile waiting time (weeks) of Routine cases	157	126	284	204	190	142	159	170	186	- 16
	Mammogram										
	Median waiting time (weeks) of P1 cases	2	2	3	<1	1	1	2	1	2	- 1
	Median waiting time (weeks) of P2 cases	16	24	48	49	16	15	13	26	20	+ 6
	90 th percentile waiting time (weeks) of Routine cases	132	225	216	110	188	201	181	195	192	+ 3

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

Quality Improvement (continued)

Access Block
MonitoringNumber / percentage of patients with access block time more than [4 hours, 12 hours] ^{N1}**Exception Reporting**Hospitals with **more than 5% of patients with access block time above 4 hours will be listed.**

Their number and percentage of patients with access block time more than 12 hours will also be shown.

Current period

Jan - Mar 2023

	No. / % of patients with access block time more than 4 hours		No. / % of patients with access block time more than 12 hours	
	No.	%	No.	%
Alice Ho Miu Ling Nethersole Hospital	768	12.2%	-	-
Caritas Medical Centre	523	5.0%	24	0.2%
Kwong Wah Hospital	666	6.6%	33	0.3%
North District Hospital	436	6.4%	-	-
Prince of Wales Hospital	1 951	13.7%	-	-
Queen Elizabeth Hospital	1 894	9.8%	178	0.9%
United Christian Hospital	1 479	12.7%	250	2.1%

Previous period

Oct - Dec 2022

	No. / % of patients with access block time more than 4 hours		No. / % of patients with access block time more than 12 hours	
	No.	%	No.	%
Alice Ho Miu Ling Nethersole Hospital	1 170	19.0%	10	0.2%
Caritas Medical Centre	1 882	17.8%	23	0.2%
Kwong Wah Hospital	1 700	18.0%	90	1.0%
North District Hospital	752	11.2%	-	-
Pok Oi Hospital	463	8.5%	8	0.1%
Prince of Wales Hospital	3 100	20.8%	-	-
Pamela Youde Nethersole Eastern Hospital	1 340	10.8%	132	1.1%
Queen Elizabeth Hospital	4 155	22.9%	340	1.9%
Tin Shui Wai Hospital	379	17.2%	18	0.8%
United Christian Hospital	2 365	20.5%	409	3.6%
Yan Chai Hospital	608	7.5%	3	§

Remark:

N1 Hospitals with admission ward managed by same clinical team of AED are excluded from KPI reporting.

Current period (R58)								Previous period		
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA		
Apr 2022 - Mar 2023								Apr 2021 - Mar 2022		
								A	B	Variance C = (A - B) or (A - B) / B

Quality Improvement (continued)

Access to General Outpatient Clinic (GOPC) Episodic Illness Service	GOPC quota availability (for elders) (%)	98.6%	98.4%	95.8%	98.6%	96.0%	94.3%	99.4%	96.9%	97.9%	- 1.0%pt
Appropriateness of Care	Standardised admission rate for A&E patients (%)	45.4%	47.0%	39.5%	33.7%	39.0%	39.8%	34.2%	38.8%	37.6%	+ 1.2%pt
	* Unplanned readmission rate within 28 days for general inpatients (%) (Mar 2022 - Feb 2023)	10.5%	9.8%	10.4%	11.4%	11.3%	10.4%	11.5%	10.8%	10.8%	+§ (Mar 2021 - Feb 2022)
Breastfeeding Rate	Breastfeeding rate on discharge (%) (Mar 2022 - Feb 2023)	87.0%	88.7%	77.5%	75.3%	74.5%	83.8%	71.0%	79.0%	82.7%	- 3.7%pt (Mar 2021 - Feb 2022)
Infection Rate	MRSA bacteraemia in acute beds per 1 000 acute patient days	0.1878	0.1128	0.1308	0.1678	0.1694	0.1251	0.1654	0.1510	0.1639	- 7.9%

Blue	> 5% / 5%pt above previous period
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Green	> 5% / 5%pt below previous period
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Remark:

* COR item

Current period (R58)								Previous period		
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA		
Apr 2022 - Mar 2023								Apr 2021 - Mar 2022		
								A	B	C = (A - B)

Quality Improvement (continued)

Disease Specific Quality Indicators	Stroke	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Apr 2021 - Mar 2022	Variance
% of acute ischaemic stroke patients received IV tPA treatment		9.5%	12.0%	9.3%	13.4%	16.0%	12.6%	11.8%	12.3%	12.9%	- 0.6%pt
Hip Fracture											
% of patients indicated for surgery on hip fracture with surgery performed ≤ 2 days after admission through A&E		66.4%	83.8%	16.6%	35.4%	42.9%	34.5%	50.7%	42.0%	51.2%	- 9.2%pt
Cancer											
Waiting time (days) at 90 th percentile from decision to treat to start of radiotherapy (RT) for cancer patients requiring radical RT		31	28	28	N.A.	27	29	28	28	28	-
Waiting time (days) at 90 th percentile for patients with colorectal cancer receiving first treatment after diagnosis <i>(Oct 2021 - Sep 2022)</i>		73	104	99	84	86	92	87	91	80	+ 11
Waiting time (days) at 90 th percentile for patients with breast cancer receiving first treatment after diagnosis <i>(Oct 2021 - Sep 2022)</i>		61	56	97	51	71	109	79	81	71	+ 10
Waiting time (days) at 90 th percentile for patients with nasopharynx cancer receiving first treatment after diagnosis <i>(Oct 2020 - Sep 2021)</i>		68	72	73	N.A.	65	67	60	67	63	+ 4
Diabetes Mellitus											
% of diabetes mellitus patients with HbA1c < 7%		57.5%	62.0%	59.2%	52.7%	54.2%	59.2%	60.0%	57.6%	56.0%	+ 1.6%pt
Hypertension											
% of hypertension patients treated in GOPCs with blood pressure < 140/90 mmHg		72.6%	74.3%	77.2%	66.0%	73.8%	73.0%	73.0%	73.0%	77.8%	- 4.7%pt
End Stage Renal Disease											
% of end stage renal disease patients receiving haemodialysis treatment <i>(as at 31 Dec 2022)</i>		27.6%	33.9%	29.0%	24.8%	26.9%	25.4%	21.7%	26.6%	26.8%	- 0.2%pt
Mental Health Services											
Average length of stay (LOS) (days) of acute inpatient care (with LOS ≤ 90 days)		31.0	36.7	31.9	32.9	31.3	34.9	32.1	32.4	31.0	+ 1.4
% of compulsory psychiatric admissions under the Mental Health Ordinance via AED for patients receiving active Personalised Care Programme care		1.4%	1.6%	1.3%	1.5%	1.9%	1.8%	2.2%	1.8%	1.8%	- \$
Cardiac Services											
% of acute myocardial infarction patients prescribed with Statin at discharge		94.0%	92.8%	87.1%	92.1%	91.5%	82.4%	85.6%	88.4%	88.1%	+ 0.3%pt
% of ST-elevation myocardial infarction patients received primary percutaneous coronary intervention		33.6%	66.2%	80.6%	39.6%	29.9%	49.3%	52.8%	52.1%	46.5%	+ 5.6%pt

Blue > 5% / 5%pt above previous period
Green > 5% / 5%pt below previous period

Current period (R58)								Previous period		
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA		
Apr 2022 - Mar 2023								Apr 2021 - Mar 2022		
A								B	C = (A - B) or (A - B) / B	

Efficiency in Use of Resources

Capacity and Throughput of Specialist Outpatient (SOP) Services	Throughput for SOP services / Waiting list management	Current period (R58)								Previous period	
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Apr 2021 - Mar 2022	Variance
	Ear, Nose and Throat										
	No. of SOP first attendances per doctor	728	379	751	596	624	727	666	646	706	- 8.5%
	No. of SOP follow-up attendances per doctor	3 806	1 924	2 226	2 655	2 324	2 919	2 194	2 523	2 560	- 1.4%
	Growth of waiting list against throughput (%)	- 3.0%	11.9%	- 1.3%	7.5%	- 6.6%	7.7%	12.4%	3.4%	- 7.5%	+ 10.9%pt
	Gynaecology										
	No. of SOP first attendances per doctor	187	156	152	194	262	218	144	183	183	- 0.3%
	No. of SOP follow-up attendances per doctor	1 057	1 187	1 039	963	861	734	715	936	915	+ 2.3%
	Growth of waiting list against throughput (%)	3.4%	- 10.4%	9.0%	5.4%	12.1%	0.6%	- 5.3%	3.0%	4.0%	- 1.0%pt
	Medicine										
	No. of SOP first attendances per doctor	60	64	75	113	74	88	58	77	78	- 2.0%
	No. of SOP follow-up attendances per doctor	1 601	1 468	1 204	1 056	1 679	1 420	1 494	1 410	1 401	+ 0.6%
	Growth of waiting list against throughput (%)	16.8%	- 3.9%	- 3.5%	- 17.9%	- 0.5%	- 6.5%	- 10.7%	- 5.2%	2.0%	- 7.2%pt
	Ophthalmology										
	No. of SOP first attendances per doctor	664	446	683	776	735	651	675	670	653	+ 2.6%
	No. of SOP follow-up attendances per doctor	5 375	4 507	6 411	5 181	6 389	5 183	6 709	5 782	5 680	+ 1.8%
	Growth of waiting list against throughput (%)	- 4.1%	18.4%	- 19.7%	5.6%	7.4%	12.0%	9.2%	1.9%	0.7%	+ 1.2%pt
	Orthopaedics and Traumatology										
	No. of SOP first attendances per doctor	199	177	178	216	182	222	213	198	202	- 1.6%
	No. of SOP follow-up attendances per doctor	1 585	1 246	1 441	1 410	1 489	1 355	1 438	1 421	1 428	- 0.5%
	Growth of waiting list against throughput (%)	- 12.1%	3.5%	- 0.2%	- 0.7%	1.7%	- 6.5%	- 26.5%	- 5.7%	- 9.8%	+ 4.1%pt
	Paediatrics and Adolescent Medicine										
	No. of SOP first attendances per doctor	30	61	25	73	74	48	54	46	43	+ 4.8%
	No. of SOP follow-up attendances per doctor	419	450	409	643	500	460	593	472	450	+ 5.1%
	Growth of waiting list against throughput (%)	1.8%	0.9%	8.0%	5.3%	4.7%	11.2%	9.2%	6.7%	7.8%	- 1.1%pt
	Psychiatry										
	No. of SOP first attendances per doctor	74	71	63	128	128	90	65	90	91	- 0.2%
	No. of SOP follow-up attendances per doctor	2 039	2 018	1 734	2 751	3 190	1 929	2 252	2 323	2 306	+ 0.7%
	Growth of waiting list against throughput (%)	19.3%	4.0%	27.6%	5.3%	12.5%	10.0%	34.9%	15.1%	3.5%	+ 11.6%pt
	Surgery										
	No. of SOP first attendances per doctor	202	131	189	259	193	242	231	203	204	- 0.4%
	No. of SOP follow-up attendances per doctor	1 342	1 192	1 161	1 341	1 155	1 042	1 167	1 181	1 158	+ 2.0%
	Growth of waiting list against throughput (%)	4.9%	6.3%	13.7%	9.0%	16.4%	- 0.1%	- 3.5%	6.9%	6.7%	+ 0.2%pt
Operating Theatre (OT) Utilisation	Ratio of scheduled to expected elective OT session hours (%)	101.2%	97.3%	95.8%	99.6%	96.3%	96.8%	98.2%	97.5%	97.4%	+ 0.1%pt
	Utilisation rate of scheduled elective OT sessions (%)	96.4%	102.9%	94.9%	86.1%	92.6%	99.8%	97.0%	95.9%	95.5%	+ 0.4%pt

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

Current period (R58)									Previous period		
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA		Overall HA		
<i>Apr 2022 - Mar 2023</i>									<i>Apr 2021 - Mar 2022</i>		
									A	B	C = (A - B)

Efficiency in Use of Resources (continued)

		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	Variance	
		<i>Apr 2022 - Mar 2023</i>									<i>Apr 2021 - Mar 2022</i>	<i>C = (A - B)</i>
Bed Management	Inpatient bed occupancy rate (%)											
	* Overall	79.1%	67.1%	80.4%	89.8%	91.9%	81.9%	80.5%	82.1%	82.0%	+ 0.1%pt	
	* General (acute and convalescent)	83.5%	66.3%	81.1%	90.5%	98.6%	84.5%	89.9%	85.2%	84.6%	+ 0.7%pt	
	* Average length of stay (days) for general inpatients	6.9	5.6	7.2	6.9	6.1	7.0	6.8	6.7	6.4	+ 0.3	
Day and Same Day Surgery Services	Rate of day surgery plus same day surgery (%)											
	Surgery	62.6%	51.5%	42.1%	81.3%	59.3%	65.0%	64.1%	59.5%	58.2%	+ 1.3%pt	
	Orthopaedics and Traumatology	66.6%	27.4%	47.9%	85.4%	51.0%	66.3%	56.7%	56.7%	56.1%	+ 0.6%pt	
	Ophthalmology	75.6%	48.1%	88.7%	85.8%	76.0%	81.8%	27.2%	72.4%	67.7%	+ 4.7%pt	

Blue > 5% / 5%pt above previous period

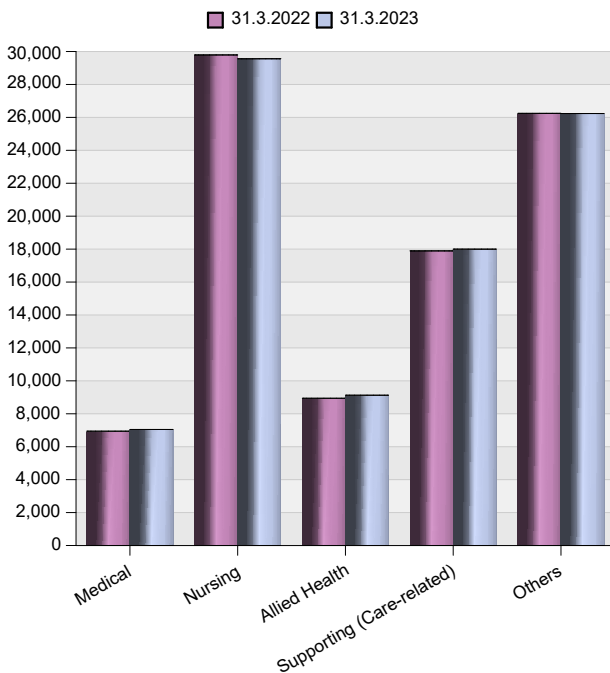
Green > 5% / 5%pt below previous period

Remark:

* COR item

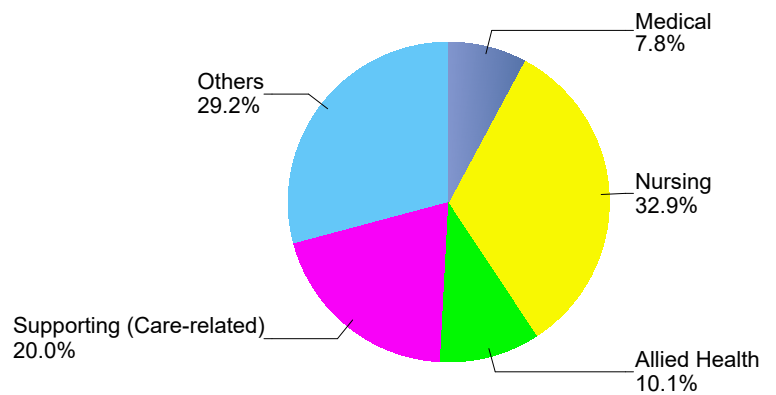
Staff group	Prior year	Current year	COR Revised Estimate as at 31.03.2023 ⁽²⁾	Variance from			
	31.03.2022	31.03.2023 ⁽¹⁾		COR estimate		prior year	
	A	B		D = B - C	D / C	E = B - A	E / A
Medical ⁽³⁾	6,941	7,047	6,975	+ 72	+ 1.0%	+ 106	+ 1.5%
Nursing	29,793	29,561	29,000	+ 561	+ 1.9%	- 232	- 0.8%
Allied Health	8,941	9,126	9,180	- 54	- 0.6%	+ 185	+ 2.1%
Supporting (Care-related)	17,893	17,997	45,460	- 1,228	- 2.7%	+ 104	+ 0.6%
Others	26,244	26,235				- 9	- 0.0%
Total⁽⁴⁾	89,812	89,966	90,615	- 649	- 0.7%	+ 154	+ 0.2%

Blue >3% above COR estimate/prior year
 Green >3% below COR estimate/prior year

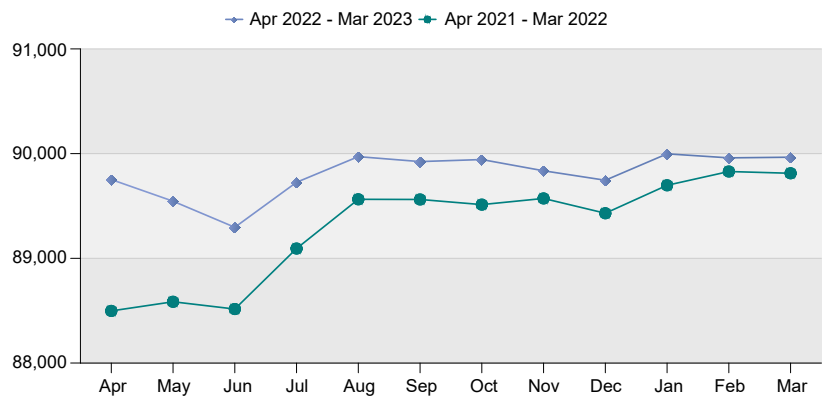


	Medical	Nursing	Allied Health	Supporting (Care-related)	Others
Prior Year 31.03.2022	6,941	29,793	8,941	17,893	26,244
Current Year 31.03.2023	7,047	29,561	9,126	17,997	26,235

Distribution % by Staff Group (as at 31.03.2023)



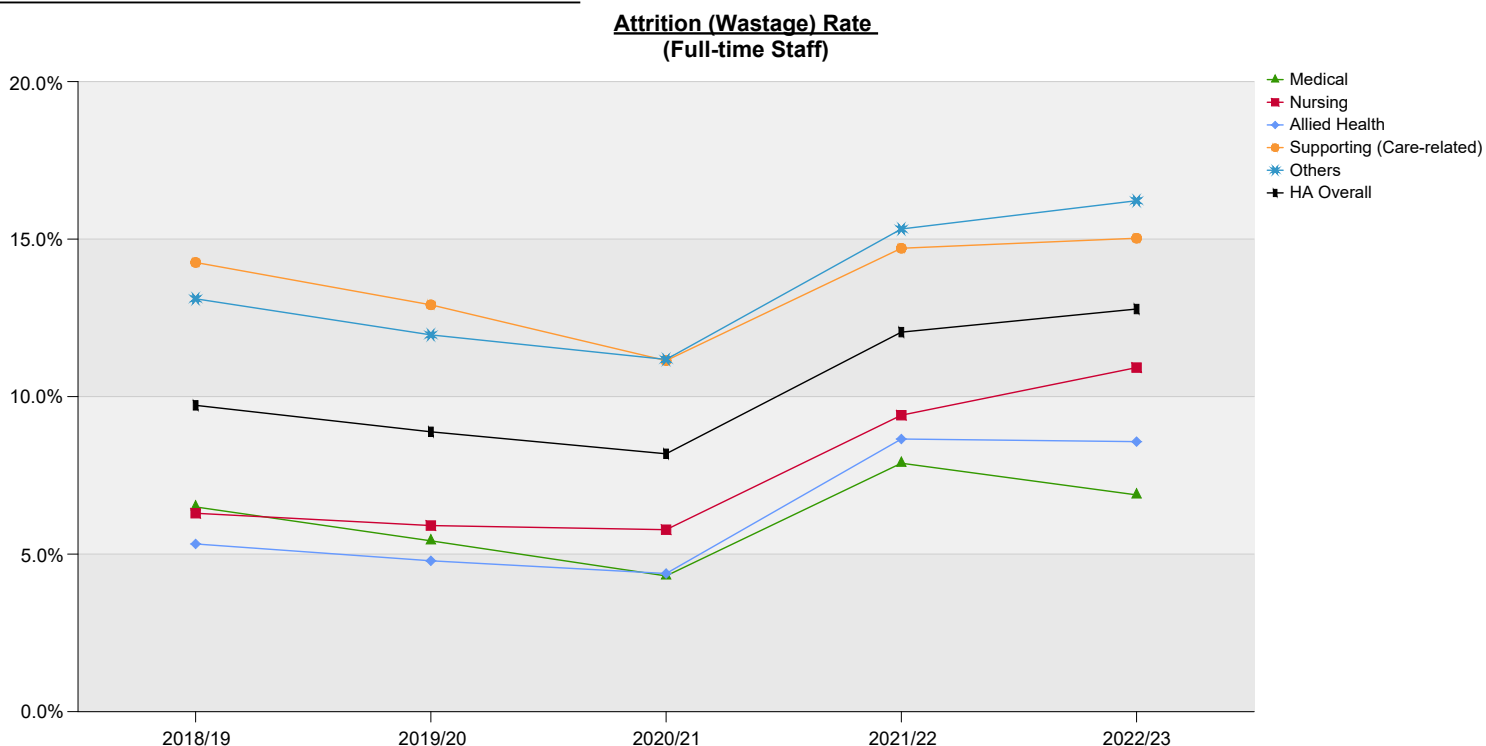
HA Total



Remarks:

- (1) Provisional data for reference only. The data will be updated in the following month to include any backdated transactions
- (2) Grouping is based on COR
- (3) Medical staff group includes Intern & Dental Officers
- (4) Individual figures may not add up to the total due to rounding

Attrition (Wastage) Rate (%)⁽¹⁾ by Staff Group



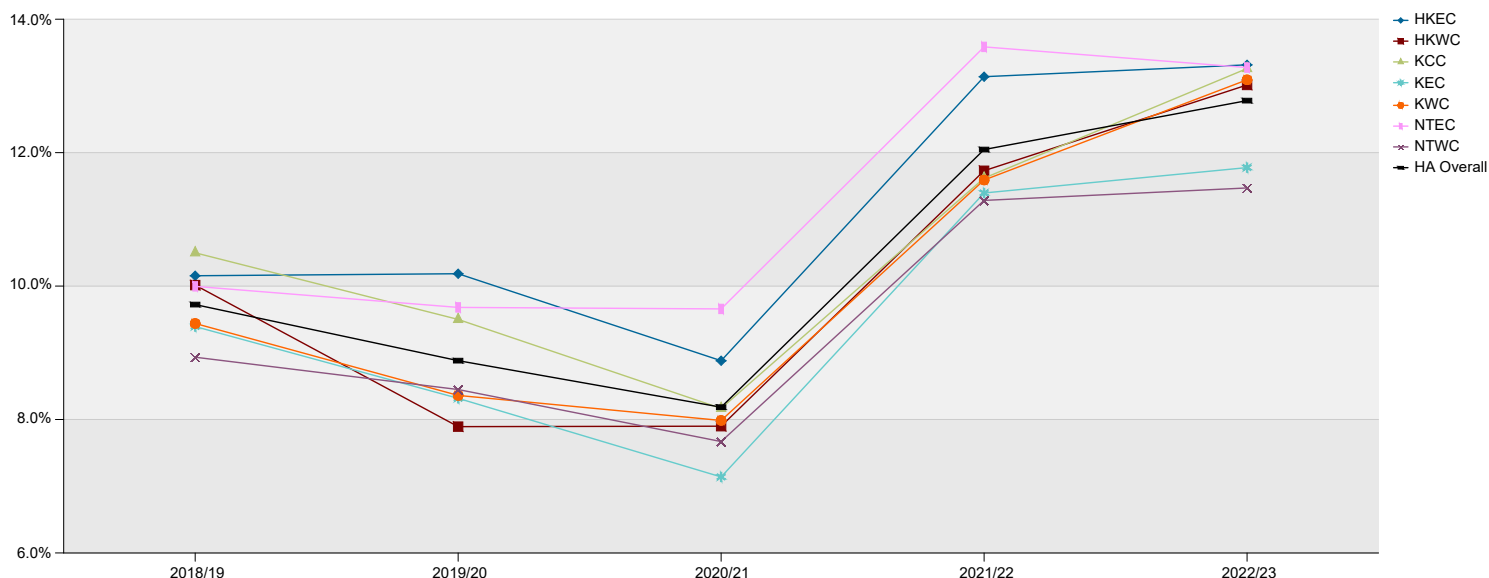
Staff Group	Full-time ⁽⁴⁾					Part-time ⁽⁴⁾⁽⁵⁾				
	2018/19	2019/20	2020/21	2021/22	2022/23 (Rolling from Apr 22 to Mar 23) ⁽³⁾	2018/19	2019/20	2020/21	2021/22	2022/23 (Rolling from Apr 22 to Mar 23) ⁽³⁾
Medical ⁽²⁾	6.5%	5.4%	4.3%	7.9%	6.9%	24.3%	15.6%	11.5%	17.8%	12.8%
Nursing	6.3%	5.9%	5.8%	9.4%	10.9%	15.6%	15.7%	15.0%	26.2%	17.2%
Allied Health	5.3%	4.8%	4.4%	8.7%	8.6%	15.4%	13.9%	8.3%	21.8%	25.6%
Supporting (Care-related)	14.3%	12.9%	11.1%	14.7%	15.0%	14.5%	17.0%	10.2%	20.3%	22.4%
Others	13.1%	12.0%	11.2%	15.3%	16.2%	38.5%	28.3%	31.4%	34.8%	42.8%
HA Overall	9.7%	8.9%	8.2%	12.0%	12.8%	21.0%	16.4%	13.9%	22.5%	18.3%

Remarks:

- (1) Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on Headcount basis
- (2) Medical staff group includes Intern & Dental Officers
- (3) Rolling Attrition (Wastage) Rate = Total no. of staff left HA in the past 12 months / Average strength in the past 12 months x 100%
- (4) Under situation where the total count of staff left HA in the 12-month period is higher than the average strength in the period, the attrition (wastage) rate will be higher than 100%
- (5) "N/A" will be displayed when the average staff strength (part-time) is ≤ 3 staff

Attrition (Wastage) Rate (%)⁽¹⁾ by Cluster

**Attrition (Wastage) Rate
(Full-time Staff)**



Cluster	Full-time ⁽³⁾					Part-time ⁽³⁾⁽⁴⁾				
	2018/19	2019/20	2020/21	2021/22	2022/23 (Rolling from Apr 22 to Mar 23) ⁽²⁾	2018/19	2019/20	2020/21	2021/22	2022/23 (Rolling from Apr 22 to Mar 23) ⁽²⁾
HKEC	10.2%	10.2%	8.9%	13.1%	13.3%	22.8%	18.0%	16.8%	21.8%	20.6%
HKWC	10.0%	7.9%	7.9%	11.7%	13.0%	25.3%	21.0%	17.5%	31.1%	24.7%
KCC	10.5%	9.5%	8.2%	11.6%	13.3%	24.7%	19.1%	9.3%	16.7%	14.3%
KEC	9.4%	8.3%	7.1%	11.4%	11.8%	15.0%	14.6%	13.4%	23.9%	22.8%
KWC	9.4%	8.4%	8.0%	11.6%	13.1%	21.5%	8.5%	11.4%	22.6%	10.5%
NTEC	10.0%	9.7%	9.7%	13.6%	13.3%	17.8%	19.4%	20.3%	22.0%	24.8%
NTWC	8.9%	8.4%	7.7%	11.3%	11.5%	15.7%	11.1%	10.3%	16.1%	11.2%
HA Overall	9.7%	8.9%	8.2%	12.0%	12.8%	21.0%	16.4%	13.9%	22.5%	18.3%

Remarks:

- (1) Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on Headcount basis
- (2) Rolling Attrition (Wastage) Rate = Total no. of staff left HA in the past 12 months / Average strength in the past 12 months x 100%
- (3) Under situation where the total count of staff left HA in the 12-month period is higher than the average strength in the period, the attrition (wastage) rate will be higher than 100%
- (4) "N/A" will be displayed when the average staff strength (part-time) is ≤ 3 staff

Resignation Number and Rate

Staff Group		No. of resignations					Resignation rate			
		2022			2023	Previous period	Current period	Previous period	Current period	Variance from previous period % pt
		2Q	3Q	4Q	1Q	(Apr21 - Mar22)	(Apr22 - Mar23)	(Apr21 - Mar22) %	(Apr22 - Mar23) %	
Doctor	Senior Staff ⁽¹⁾	46	52	51	50	246	199	8.4%	6.7%	- 1.7
	Junior Staff ⁽²⁾	14	49	32	33	149	128	4.4%	3.8%	- 0.6
	Overall	60	101	83	83	395	327	6.2%	5.2%	- 1.0
Nursing	Senior Staff ⁽³⁾	85	75	64	54	303	278	4.5%	3.9%	- 0.6
	Junior Staff ⁽⁴⁾	458	488	523	511	1,678	1,980	8.1%	10.0%	+ 1.9
	Overall	543	563	587	565	1,981	2,258	7.2%	8.4%	+ 1.2
Allied Health ⁽⁵⁾ Overall		127	155	117	99	532	498	6.1%	5.7%	- 0.4
Supporting (Care-related) Overall		387	543	424	466	1,784	1,820	10.3%	10.4%	+ 0.1

Remarks:

- (1) Doctor Senior Staff include permanent and contract full time staff in the rank group of Consultant, Associate Consultant and Senior Medical Officer
- (2) Doctor Junior Staff include permanent and contract full time staff in the rank group of Medical Officer/Resident and Medical Officer (Specialist)/Resident (Specialist)
- (3) Nursing Senior Staff include permanent and contract full time staff in the rank group of Chief Nursing Officer, Department Operations Manager, Nurse Consultant, Senior Nursing Officer, Ward Manager, Associate Nurse Consultant, Advanced Practice Nurse, Nurse Specialist and Nursing Officer
- (4) Nursing Junior Staff include permanent and contract full time staff in the rank group of Registered Nurse, Enrolled Nurse, Midwife, Student Nurse
- (5) Allied Health includes radiographers, medical technologists/ medical laboratory technicians, occupational therapists, physiotherapists, pharmacists, medical social workers, etc

Sick Leave ⁽¹⁾⁽²⁾

(A) Average sick leave days taken per staff

Staff Group	Previous period	Current period	Variance from previous period
	Apr 21 - Mar 22	Apr 22 - Mar 23	
	A	B	$C = (B - A) / A$
Medical	3.6	5.7	+ 58.3%
Nursing	8.7	11.4	+ 31.0%
AlliedHealth	5.4	8.1	+ 50.0%
Supporting(Care-related)	9.9	12.2	+ 23.2%
Others	7.8	9.9	+ 26.9%
HA Overall	7.9	10.3	+ 30.4%

(B) % of staff with sick leave taken ≥ 50 day

Staff Group	Previous period	Current period	Variance from previous period
	Apr 21 - Mar 22	Apr 22 - Mar 23	
	A	B	$C = B - A$
	%	%	% pt
Medical	1.2	0.8	- 0.4
Nursing	3.2	2.9	- 0.3
AlliedHealth	1.5	1.4	- 0.1
Supporting(Care-related)	3.1	3.0	- 0.1
Others	2.4	2.4	0
HA Overall	2.6	2.5	- 0.1

Remarks:

- (1) Include sick leave for full time HA staff on permanent & contract terms of employment, Civil Servants & subvented staff.
Exclude sick leave for temporary & part-time staff.
- (2) Exclude EC (employee compensation) sick leave.

Injury on Duty

(A) No. of IOD cases per 100 FTE staff

Staff Group	Previous period	Current period	Variance from previous period
	Apr 21 - Mar 22	Apr 22 - Mar 23	
	A	B	
Medical	4.4	3.9	- 0.5
Nursing	4.6	3.4	- 1.2
Allied Health	1.6	1.3	- 0.3
Supporting (Care-related)	7.2	5.4	- 1.8
Others	2.8	2.3	- 0.5
HA Overall	4.2	3.3	- 0.9

(B) No. of IOD leave days per 100 FTE staff ⁽¹⁾

Staff Group	Previous period	Current period	Variance from previous period
	Apr 21 - Mar 22	Apr 22 - Mar 23	
	A	B	
Medical	6.9	9.8	+ 2.9
Nursing	54.9	47.7	- 7.2
Allied Health	47.2	21.5	- 25.7
Supporting (Care-related)	136.4	113.9	- 22.5
Others	83.2	83.2	0
HA Overall	75.2	66.1	- 9.1

Remarks:

(1) As per audit recommendation, with effect from June 2011 report, all leave days taken in the reporting period will be counted, regardless of the year in which the IOD took place.

Training Day ⁽¹⁾⁽²⁾⁽³⁾⁽⁴⁾

(a) Total Training Days

Staff Group	Previous period	Current period ⁽⁵⁾	Variance from previous period C = (B - A) / A
	Apr 21 - Mar 22	Apr 22 - Mar 23	
	A	B	
Medical	25,804.9	34,374.6	+ 33.2%
Nursing	267,928.7	227,207.5	- 15.2%
Allied Health	33,374.1	35,272.5	+ 5.7%
Supporting (Care-related)	35,990.6	28,258.5	- 21.5%
Others	20,660.9	19,370.2	- 6.2%
HA Overall	383,759.2	344,483.3	- 10.2%

(b) Average Training Days per Staff

Staff Group	Previous period	Current period ⁽⁵⁾	Variance from previous period C = B - A
	Apr 21 - Mar 22	Apr 22 - Mar 23	
	A	B	
Medical	3.6	4.8	+ 1.2
Nursing	9.7	8.4	- 1.3
Allied Health	3.8	4.0	+ 0.2
Supporting (Care-related)	2.1	1.6	- 0.5
Others	0.8	0.8	0
HA Overall	4.4	4.0	- 0.4

Remarks

(1) Include Permanent and Contract staff on headcount basis

(2) Include training activities with reference to the prevailing Human Resources policies of HA

(3) Exclude eLearning, on-the-job training and fellowship training organised by HKAM for HA doctors (records not available within HA)

(4) According to Training Data Governance Framework, training organizers are allowed 3-month time for date-back input. The training KPI will be finalized on 1 Jul every year and reported in the next reporting year.

(5) Provisional data for reference only.